

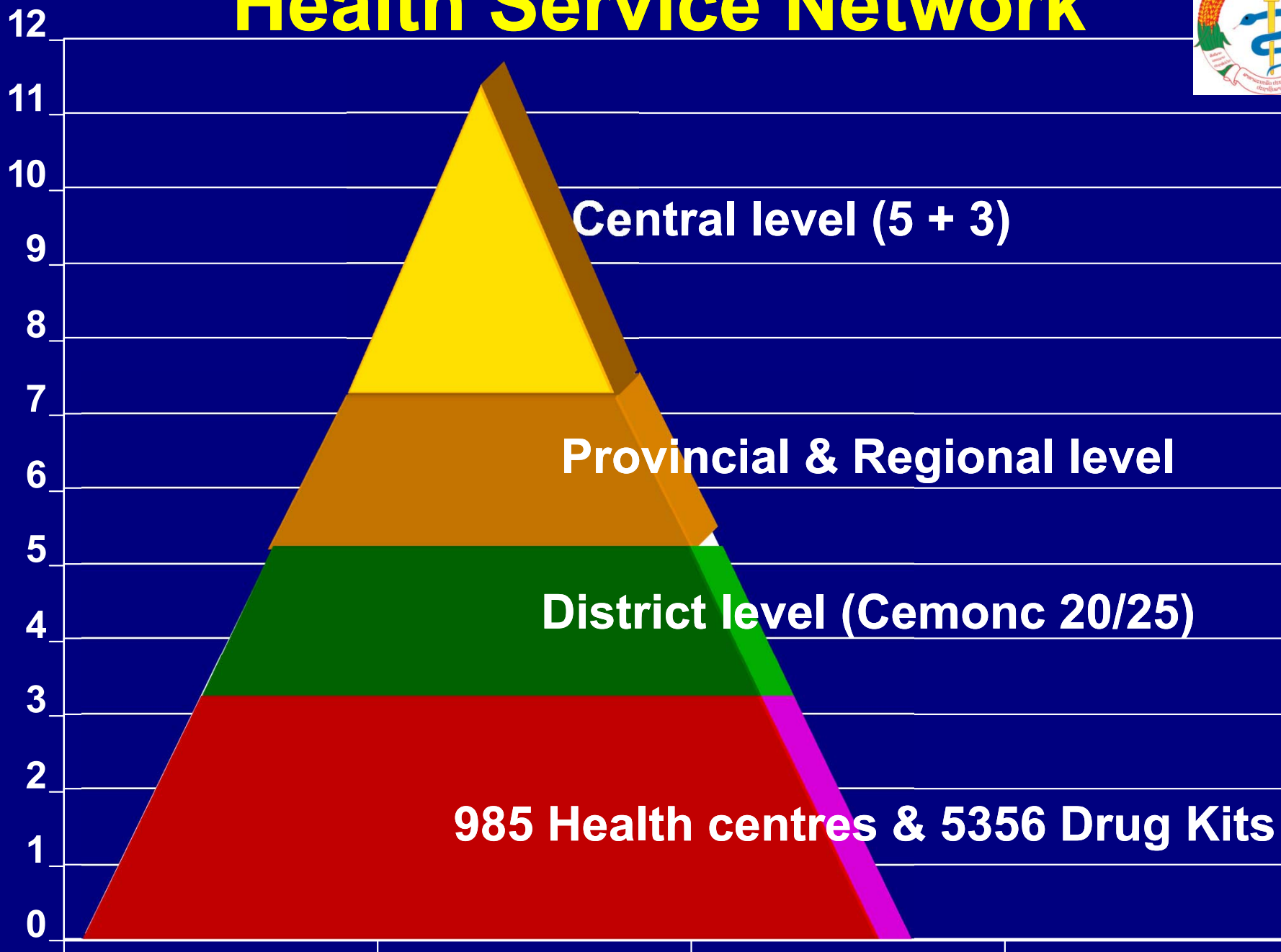


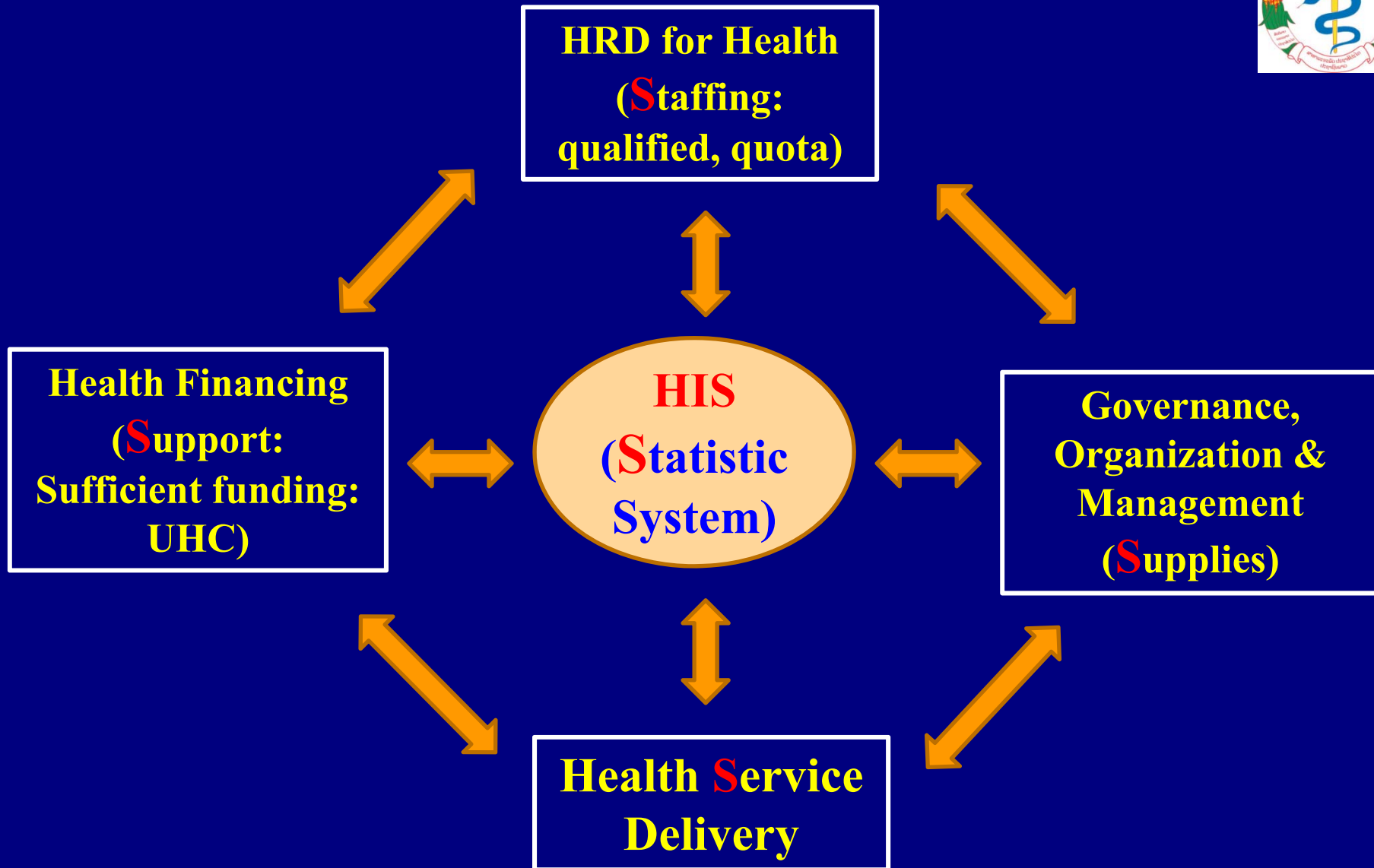
# Health Information System Development & ICD 10 implementation in Lao PDR

*Dr. Founkham Rattnavong*

*MOH, Department of Planning & International Cooperation, June 2016*

# Health Service Network





## HSR Priorities and Linkage

# OBJECTIVES



- Improve HMIS for providing a better health services and UHC monitoring
- Improve M&E from HSDP implementation to be **One Country One System** and focusing on MDGs and SDGs indicators (CRVS)
- Strengthening HIS by using technology for making change from grassroot level to be a routine activities.
- Apply HSR Strategy as HIS is linked and supported to others in planning & budgeting.



# Priority of HIS

1. Health Information Management Strategy and Advance Health Information Centre development for next 5 year
2. DHIS2 implementation (2014) for core health indicators and DLI application (2016)
3. CRVS implementation in coordination with MOHA (2016)
4. Apply ICD10 simplified version with WHO
5. eHealth strategy development

# Obstacles & Challenges



1. HIS has been developed and set up to be one system of the country with low quality of data due to limited of technical skills in different levels.
2. Cause factors of MNCH mortality are highly challenging and can't be solved only by health sector
3. Birth attended by skilled birth personnel is still low with limited capacity for referral system
4. Budget limitation for health especially on HMIS
5. Technical coordination capacity for different project/ program is started with M&E hamonization from all projects/programs based on SDGs as many health related indicators.

# Current situation & Morbidity - mortality tracking



- HMIS has recorded the patient flows in public sector hospitals – online on DHIS2 since 2014
- List of diseases selected by MOH since 2008, including the most common five causes of deaths
- WHO & MOH joint mission (2015) to look at options of:
  - Implementing ICD-10 simplified version, initially for the cause of deaths and morbidity
  - Use of DHIS2 as the software program to support ICD-10 simplified version
- ICT : - All hospitals have access to and knowledge of DHIS2
  - Most district and hospitals have internet connection
  - Use DHIS2 for coding & reporting and link with HMIS

REPORT ON ACTIVITIES AND MORBIDITY - INPATIENT			PATHOLOGY PER PHYSIOLOGICAL SYSTEM		
COMMUNICABLE DISEASE	UNDER 5 YEARS	5 YEARS OVER	UNDER 5 YEARS	5 YEARS OVER	
Diarrhea with blood	2147	3764	Diabetes	8	3598
Diarrhea, no blood, no severe dehydration	18141	23428	Other endocrine pathology	59	1957
Diarrhea severe dehydration	2688	3225	Malnutrition	580	3263
Common cold	6237	12265	Anemia	747	4157
Pneumo-bronchitis	11199	10165	Other blood disease	358	1594
Severe pneumo-bronchitis	3063	2679	Cancer	17	732
Probable malaria, no test	193	1033	Epilepsy	55	375
P. falciparum tested positive	104	2309	Nervous system-non-psych	167	10148
Non P falciparum tested positive	61	2233	Psychiatric	45	276
Malaria tested negative	108	610	Otitis	980	1135
Dengue fever	142	1790	Tonsillitis, pharyngitis	14226	18702
Measles	133	132	Other ear - nose - throat	792	2144
Genital discharge syndrome	4	55	Ophthalmology	200	1790
Genital ulcer syndrome	12	80	Hypertension	22	10854
Helminthes parasites	177	507	Other circulatory and heart	81	3826
All other infections	2495	8923	Asthma	319	1159





INPATIENT DEATHS	UNDER 5 YEARS	5 YEARS OVER
Deaths from diarrhea	35	15
Death from ARI deaths	73	70
Deaths from malaria	3	3
Deaths from Dengue fever	1	3
Deaths, other	509	1615
Number of patients obsconded	18374	
Number of patients transferred to other facility	13999	
<b>IPD PROCEDURES</b>		
Major surgery	14230	
Medium surgery	16298	
Caesarean section	6333	
Male sterilization		
Female sterilization	1102	
<b>IPD UTILIZATION</b>		
Inpatient Days of Care	1054483	
Number of beds	74454	

# Measures & Methods



Apply ICD 10 in each medical service areas at health facilities and medical schools: *Teaching - Learning - Research and Services for sustainable development:*

- 1) Guidelines development and teaching modules with lesson learnt from our neighbors and APN experience.
- 2) TOT team establishment and M&E on quality of health services.
- 3) Training medical staff: central and provincial levels with some TA support and focusing on death notification with DHIS2
- 4) Planning – budgeting with DPs cooperation, coordination and commitment.

# Proposal: Implementation ICD10 simplified version



1. Conduct introductory workshop to inform all stakeholders on ICD-10 simplification and progress made in the region.
2. Establish a national taskforce/ core team
3. Develop technical guidelines & operational procedures
4. Language: ICD-10 should be translated
5. Select criteria for provincial hospitals to start rolling out ICD-10 (maybe start with central and big provincial hospitals).

# Introductory Workshop



❖ **Participants:** Related departments in MOH, central & pro. Hospitals. Centres and UHS

❖ **Goal:**

❖ Develop a roadmap for introducing ICD-10 simplified implementation

❖ **Objectives:**

- Introduce concept of ICD-10 simplification
- Feature of ICD10 simplified version in DHIS2
- Linkage between ICD10 and CRVS
- Good practice and lesson learnt from APN.