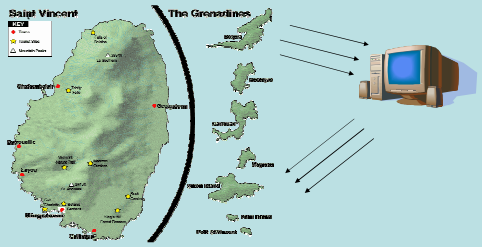
St. Vincent and the Grenadines Health Information System



Overview of Current HIS

1. Basic paper base system supported by fragmented electronic applications in Microsoft Access, Excel and Word.
   - No networking/integration among essential health care programmes within the MOHE.
   - District level reporting is based on a purely paper based system which has its limitations.
   - National adaption of some regional software which allows for regional synchronization.
2) Some limitations exist:
   - System only captures selected health conditions and health care services.
   - Difficulty to use information in a holistic manner.
   - Information generation is not readily available.

Processes

1. Formation of a general committee that consists of numerous stakeholders (Nursing services, Pharmaceuticals and Medical stores, Laboratory, Medical services, General Administration).
2. Division of general committee into sub-committees based on modules being implemented.
3. Contractual review from the software company.
4. On- going assessment of proposed software product (ACCESSTEC) and infrastructure:
   - Sub-committees are reviewing specific departmental needs
   - IT personnel assessment and projecting network requirements at both district and central levels

Challenges

1. Lack of adequate documents to guide the implementation process in terms of legislative documents, policies and guidelines.
2. Overcome the resistance of the healthcare workers to the proposed new system.
3. Human resource issue.

Final Thoughts

- MOH-SVG is relying on a system that would alleviate the current healthcare burden.
- MOH-SVG is looking forward to a great system that works and gives us great value for our money.
- We trust that ACCESSTEC software would be the appropriate route.

Milton Cato Memorial Hospital (MCMH)