A Case Study to Assess Implementation of Electronic Health Records at Central Flacq Hospital, Mauritius

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ABSTRACT

The challenges of implementing electronic health records (EHRs) have received some attention, but little is known about the process of transitioning from paper-based to electronic files. In this paper, a mixed approach using combined qualitative and quantitative methods is utilized. The authors enrolled nine administrative managers and 87 employees from different backgrounds, all part of a regional hospital at Flacq in Mauritius, from April to May 2011. Employees responded to a survey on various aspects pertaining to their eagerness to accept the shift to electronic health records and their views on the probability of success. Descriptive and inferential statistics were used to analyze the quantitative results and content analysis was performed on the qualitative data. Nurses performing at middle level agreed that a shift to EHR is positive but felt that it might take a long time to effect the change. With its implementation, they agreed that advantages like up to date information, diminished workload, and cost effectiveness would be easily attained. In contrast, focus groups confirmed that without the collaboration and support of management, implementation of EHR would prove arduous.

Keywords: Change Process, Developing Countries, Electronic Health Record (EHR), Electronic Health Record (EHR) Implementation, Electronic Medical Record

INTRODUCTION

Developed and developing countries have recognized the importance of Information Communication Technology (ICT) in healthcare services and most developed countries are investing significant amounts in nation-wide healthcare information systems. The importance of Electronic Medical Records (EMR) systems for developing countries is also being recognized by researchers and health authorities. This push toward electronic systems is advocated by the World Health Organization (WHO) which has published an electronic health record manual for developing countries (WHO, 2006).
In the wake of an e-health strategy for Mauritius, challenges in implementing electronic health records (EHRs) have received some attention, but little is known about the process of transitioning from paper-based files to electronic filing. Implementing an EMR is probably the most difficult, significant, and potentially beneficial change a practice can make. The change has wide-ranging impact on the experience of everyone in the office, from physicians to staff, and to patients. When done correctly it can yield benefits on the quality of patient care, ease of charting, and improvement in revenue. When done wrong, it creates longer working hours, decreased revenue, employee dissatisfaction with work, and encroachment upon the personal time. Making any change to a large extent is never easy, and most physicians describe starting an EMR in their practice as one of the most difficult organizational experiences that their practice had to face.

COUNTRY PROFILE

Mauritius is situated in the Indian Ocean, 800km east of Madagascar. It has a population of about 1.3 million inhabitants. Mauritius has a free public healthcare service accessible to the entire population. Mauritius is one of the few countries in the world where health services at all levels including costlier medicine, are provided free of charge to each and every citizen of the country. As per the White Paper published by the Ministry of Health and Quality of Life in December 2002, Mauritius wishes to have a modern healthcare service of international standards. The aim of the Ministry of Health & Quality of Life is to provide the highest standard of health care, ensuring access and equity for the whole population, with a view to enhancing the health status of the population (Ministry of Health and Quality of Life, 2002). Therefore, the overall objective of the Ministry is to ensure that communities in towns, villages, rural regions and urban areas enjoy a sound health at all times (Budget Speech, 2005). Recently, there has been much emphasis on the decentralization of public health services thus increasing accessibility to health care services and promoting preventive and curative medicine. Thus, the Ministry of Health and Quality of Life (NCD Report, 2004) has come up with its mission statement as given:

- Enhance the health status of the population.
- Improve the quality of health care delivery with a view to increasing patients’ satisfaction.
- Enhance social equity through the provision of a wider range of health services to the whole population.
- Ensure that the health sector is consolidated and that the health services remain accessible to every citizen.

The health institutions in Mauritius operate through five regions with separate arrangements for Rodrigues Island. Each region has its own Health Advisory Board to advise on the health needs of the region, effectiveness and efficiency of services as well as consumer matters. The management of the region is the responsibility of the Regional Health Director who oversees the day to day running of the region (hospital, area and community health centers).

ELECTRONIC HEALTH RECORDS

Electronic Health Records (EHRs) are patient records stored electronically and accessible through computer networks. Such systems generally provide one consistent set of data for each patient at whichever hospital the data is being used or updated. In general, EHRs are thought of as having the capacity to speed up and improve the flow of work, and hence, the handling of patient cases across occupations, units, and hospitals. One of the main rationales being that replacing paper-based records with EHRs will radically enhance the way information is gathered, stored, distributed, and used. And since information processing is crucial to the treatment and care of patient, better and
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