OpenMRS Implementation Survey

OpenMRS Implementations

Also see...
OpenMRS Implementation Survey 2012

AMPATH (AMRS)

Site
Eldoret, Kenya

Organization
AMPATH Project

What is the scope of the implementation?

- How many patients?
  45,000

- How many users?
  Over 350

- What are the users' roles?
  Providers (physicians, clinical officers, nurses), data managers, data assistants, system managers

- What tasks do users perform?
  Patient care, data export and reporting, data entry, and system maintenance

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  Paper forms are completed in the clinics and transferred to a central site for data entry. The paper forms along with reports are returned to the clinics.

- What would you like to add in terms of capabilities and uses?
  Remote data entry, synchronization, better reporting tools

What is the primary goal and benefit of the implementation?
Clinical care

yes

Reporting to funders

yes

Management/logistics e.g. drug supply

yes

Research studies

yes

- What are the main challenges to making it work?
  Overseeing large amounts of data entry

What systems do you have in place for data management and quality control?
The data managers are charged with generating exports and turning them into necessary reports

Africa Centre-PCIS

Site
Africa Centre-PCIS

Organization
UKZN

What is the scope of the implementation?

- How many users?
  Prototype is 2 clinics with 6 users, the target is 6 clinics.

- What are the users' roles?
  Admin, nurse, supervisor

- What tasks do users perform?
  Admin, consultations, patient registration

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  Interactive and form to OpenMRS

- What would you like to add in terms of capabilities and uses?

What is the primary goal and benefit of the implementation?
Clinical care

> yes

Reporting to funders

> no

Management/logistics e.g. drug supply

> no

Research studies

> no

- What are the main challenges to making it work?
  Biometrics, decentralized data and sites

Millennium Village Project - Sauri, Kenya

Site
Sauri, Kenya

Organization
Millennium Villages Project, Earth Institute, Columbia University

What is the scope of the implementation?

- How many patients?
  ~500 with 100-150 visits/day

- How many users?
  3-5

- Primary language?
  English

- What are the users' roles?
  Registration, data entry, reporting

- What tasks do users perform?
  Registration, data entry, reporting

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  It's mainly based on a standard flow. Separate forms for Adult, Pediatric and Antenatal visits (general medicine) with same form for diagnoses, lab orders/results, medication prescribing

What is the primary goal and benefit of the implementation?
Clinical care

> yes

Reporting to funders

> yes

Management/logistics e.g. drug supply

no

Research studies

yes

- What are the main challenges to making it work?
  Power, connectivity, enough trained data entry-personnel

- What systems do you have in place for data management and quality control?
  Training, regular exports to evaluate and aggregate data, centralized concept management, terminology service bureau

Millennium Village Project - Mayange, Rwanda

Site
Mayange, Rwanda

Organization
Millennium Villages Project, Earth Institute, Columbia University

What is the scope of the implementation?

- How many patients?
  Just starting implementation (forms complete), expect 100-150 visits/day

- How many users?
  3-5

- Primary language?
  French

- What are the users' roles?
  Registration, data entry, reporting

- What tasks do users perform?
  Registration, data entry, reporting

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  It's mainly based on a standard flow, separate forms for Adult, Pediatric general medicine visit along with separate form for medication entry.

What is the primary goal and benefit of the implementation?
Clinical care

yes

Reporting to funders

yes

Management/logistics e.g. drug supply

yes

Research studies

yes

- What are the main challenges to making it work?
  Power, connectivity, enough trained data-entry personnel

- What systems do you have in place for data management and quality control?
  Training, regular exports to evaluate and aggregate data, centralized concept management, terminology service bureau

Partners in Health - Lesotho

Site
Lesotho (Mohana, Bobete)

Organization
Partners in Health

What is the scope of the implementation?

- How many patients?
  400 patients in EMR, 50 with complete data entered

- How many users?
  3

- What are the users' roles?
  System developer(1), data entry(2)

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  standard flow

- What would you like to add in terms of capabilities and uses?
  Synchronization tool, user-editable reporting tool

What is the primary goal and benefit of the implementation?
Clinical care

> yes

Reporting to funders

> yes

; Management/logistics e.g. drug supply

> yes

Research studies

> yes

Reporting to local MOH

> yes

- What are the main challenges to making it work?
  Lack of power, lack of internet access at sites, program bugs, lack of features, getting clinical staff to use forms properly, clunky interface, explaining to staff why paper is entered through forms eg. what is directly entered and why

- What systems do you have in place for data management and quality control?
  Daily back-ups (X3), No quality control system yet

National AIDS Control Programme / University Computing Centre - Tanzania

Sites
Morogoro Regional Hospital (live), Tumbi Hospital Kibaha (in preparations), Ocean Road Cancer Institute (in preparations)

Organization
National AIDS Control Programme / University Computing Centre

What is the scope of the implementation?

- How many users?
  At each clinic 1-2 data entry, 1-2 IT/data manager, 1-2 clinicians

- What are the users' roles?
  Data entry, IT/data manager, clinician

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  Standard flow

- What would you like to add in terms of capabilities and uses?
  Better tools for implementers to set up user-friendly report and analysis features within OpenMRS itself, as at the moment we are relying on an external specially designed "report and export tool" to "talk" to the OpenMRS back end to produce reports

What is the primary goal and benefit of the implementation?
Clinical care

> yes

Reporting to funders

> yes

Management/logistics e.g. drug supply

> no

Research studies

> yes

- What are the main challenges to making it work?
  It works/will work at these heavily supported sites but scaling to other sites without the same capacity in IT personnel and hardware would be a challenge

- What systems do you have in place for data management and quality control?
  Data check printout in the "report and export tool" allows user to tick various checks they wish to do and a printout is produced of the records violating those checks.

WHO - Uganda

Site
Masaka, Mbarara (up and running), Mbule

Organization
World Health Organization

What is the scope of the implementation?

- How many patients?
  4,000 in Mbarara

- How many users?
  4

- What are the users' roles?
  1 developer, 3 data managers

- What tasks do users perform?
  Developer and data managers develop the forms, clinicians design and fill out the paper forms

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  A little interactive, no standard reports yet

- What would you like to add in terms of capabilities and uses?
  Enable grouping for analysis in cohort builder between periods

What is the primary goal and benefit of the implementation?
Clinical care

> Yes- Patient information is available for patient management

Reporting to funders

> Yes

Management/logistics e.g. drug supply

> Yes- Available data to inform drug orders and make forecasts

Research studies

> Data from the three sites will enable our participation in the IEDEA Research

- What are the main challenges to making it work?
  Infrastructure--the sites have to get hardware and hire data clerks to handle the data

- What systems do you have in place for data management and quality control?
  Purely paper-based system for all the government aided sites and PEPFAR/CDC supported EMR for CDC/PEPFAR supported sites

Baobab Health Partnership

Site
Malawi

Organization
Baobab Health Partnership

What is the scope of the implementation?

- How many patients?
  about 1500

- How many users?
  25

- What are the users' roles?
  Registration clerk, vitals clerk, nurse, clinician, pharmacist, admin

- What tasks do users perform?
  Real time data entry

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  Interactive

- What would you like to add in terms of capabilities and uses?
  More real time dashboard-like reporting

What is the primary goal and benefit of the implementation?
Clinical care

Reporting to funders

Management/logistics e.g. drug supply

> yes

Research studies

- What are the main challenges to making it work?
  Funding, human resources (programmers)

What systems do you have in place for data management and quality control?
Quarterly reports to ministry, lots of data validation in real time

Desmond Tutu HIV Center

Site
Cape Town, South Africa

Organization
Desmond Tutu HIV Foundation and Cell-Life

What is the scope of the implementation?

- How many patients?
  4000

- How many users?
  20

- What are the users' roles?
  Data capturers, data managers, doctors, researchers

- What tasks do users perform?
  Data capture, data export, reporting

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  Mainly based on flow from paper to OpenMRS to reports but data are also used for research purposes

- What would you like to add in terms of capabilities and uses?
  Customized reports

What is the primary goal and benefit of the implementation?
Clinical care

Not currently

Reporting to funders

Yes

Management/logistics e.g. drug supply

Not currently

Research studies

Yes

- What are the main challenges to making it work?
  Fulfilling reporting requirements, retrospective data import, connectivity for distributed data capture

- What systems do you have in place for data management and quality control?
  Not very much at the moment (watch this space. . .)

Archive:PARTNERS IN HEALTH - RWANDA

Site
Partners In Health-Eastern Rwanda

Organization
Partners In Health

What is the scope of the implementation?

- How many patients?
  5842

- How many users?
  184

- What are the users' roles?
  System developers, data manager, data assistant, data entry, clinicians, and providers

- What tasks do users perform?
  Data entry, data quality and accuracy review, reporting, clinical summaries view and alerting suspicious values

- Are data used in an interactive way or is it mainly based on a standard flow from paper form to OpenMRS to standard reports?
  In interactive way, initial and encounter forms are filled by clinicians and entered in OpenMRS. As feedback, patient summaries e-patient summaries are printed to be used during patient visits.

- What would you like to add in terms of capabilities and uses?
  Synchronization tool to allow offline/remote data entry, make reporting tools easier to use.

What is the primary goal and benefit of the implementation?

Clinical care

Yes

Reporting to funders

Yes

Management/logistics e.g. drug supply

Yes

Research studies

Yes

- What are the main challenges to making it work?
  IT infrastructure and clinical team interaction with new technologies

- What systems do you have in place for data management and quality control?
  Evaluation of EMR data vs paper chart and automated reports of alerts or exceptions generated from EMR system

Adding Your Implementation

To add your implementation to this page, edit this page and scroll to the bottom. You will find a line like this:

<!-- Copy the text below this line (do not copy this line) -->

Copy the text below that line and paste it up above next to other completed implementation surveys. Edit the parenthetical text "(answer)" and type in your own answers. You can preview your entry with the "Show preview" button and, when you're happy with it, click the "Save Page" button to save your changes.