





# **OVERVIEW**

# **Country delegation**

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## **Country experiences in EIR**

- Challenges:
  - Transitioning from paper-based systems to a digital EIR.
  - Lack of official documentation or government order on EIR implementation.
  - Shortage of IT professionals with relevant experience.
  - Lack of a clear unique ID to use for the EIR.
- Learning Goals:
  - Understand how other countries implement EIRs (phase approach or countrywide).
  - Learn how other countries engage private stakeholders and public health clinicians to influence EIR use and gain buy-in.

### System descriptions and usage

### • Data entry by providers:

- Public sector: The system is designed to integrate with existing workflow patterns. Therefore, healthcare providers in public hospitals and clinics enter patient immunization data into the EIR after each vaccination.
- Private sector: The EIR will eventually be accessible to private healthcare providers, with similar data entry processes.
- Schools: Trained nurses or healthcare workers enter data during school vaccination programs using mobile devices.
- Special cases: The system will accommodate homebound patients and other special cases through visiting healthcare workers or alternative methods.

### • Data collation and management:

• Data from all sources (public, private, schools) is securely stored in a central database with robust security measures.

# • ID generation:

• Currently under discussion, patient information can be searched for using a combination of name, address, age, and next of kin.

### • Healthcare workers' interface:

• Secure web portal for data entry, retrieval of immunization history, and report generation.

### • Public interface:

• Currently, public access to immunization reports is not available.

### • Software system:

• Based on Ubuntu and runs on Oracle Apex, developed by Guyanese developers.







## • Data collection:

• Currently, data is collected via paper-based systems while the software is in the testing phase.

## Data management and governance

- Data security:
  - o Implemented encryption, access controls, and regular security audits.
- Data quality:
  - Procedures for data entry validation and error correction ensure accuracy and completeness.
- Data access:
  - Clear policies on who can access patient data and for what purposes.
- Standardization and interoperability:
  - Mandates standardized data formats and coding systems for consistency and better data exchange.
- Data access and sharing:
  - Establishes guidelines for accessing and sharing patient data, emphasizing privacy and data security.
- Capacity building and training:
  - Focuses on training healthcare professionals on data security, privacy regulations, and best practices for data management and analysis.

**Relevant achievements and learning goals** 

- Achievements:
  - Progress in implementing an EIR system
- Learning goals:
  - The clinical transformation from a paper-based environment to a digital environment