Continuum of Care: Confluent Medical Records
Linkages team

Flow of information between different healthcare entities in Zambia is essential to providing quality healthcare. However, the information flow is minimal, both horizontally and vertically.

The problem of information flow has two major components:
1) Lack of clearly defined health indicators to be collected at each of the levels of healthcare and to be passed between different entities
2) Lack of motivation to collect and transfer information since no clear benefits are recognized.

The key players in providing healthcare in Zambia are home-based care (HBC) programs, associated NGO's, government clinics, and the Ministry of Health. We propose to develop a clear set of indicators to be collected at each of the levels of patient care and transferred between entities. The purpose of the information collected would be to both assist the healthcare givers in providing high quality healthcare directly and in performance monitoring and evaluation. All the entities should be able to recognize the value of information they are collecting- know how this information would help their own performance and how it will benefit entities receiving the information from them.

The HBC workers are caregivers that most frequently see the patients. However the patient information is rarely recorded, kept and passed on to different health entities. Tremendous amount of valuable information is lost. Besides developing an optimal set of indicators to be collected and transfered to associate NGO's, clinics, and government, a patient monitoring chart should be developed/optimized. Patient monitoring chart would allow HBC worker to evaluate the patient health over period of time and it should be an essential part of the medical records accessible to HBC worker.

On the level of the national Ministry of Health (MoH), a central database will maintain individual patient records, staffing numbers at the district level, and cumulative number of patients with HIV/AIDS, TB co-infection, and other opporunitic infections at the district level.   Therefore, possible indicators to measure health status for each district would be as follows:

1) Number of patients with HIV/AIDS
2) Number of patients with TB co-infection
3) Number of physicians/nurses/pharmacists per 100 people

From the new collection of medical records,the Ministry of Health will be able to monitor trends and conduct useful trend analysis in order to measure health progress at the community, district, and national level. Also, the Ministry of Health can monitor inefficiencies in terms of health worker staffing levels in

different parts of the country. As a result, the MoH will be able to allocate resources more productively.

The analysis of current situation is essential to the efforts to improve the flow of medical information between different entities. Data distribution efforts will have tremendous benefit in the process of improving care for HIV/AIDS patients in Zambia. First, data obtained in a systematic way from individual patients and stored in a consistent, reliable manner can improve the care that caregivers are able to give. Observable short and long term trends about a patient's medical history will better inform the caregiver about the health status of the patient. This system allows for more personalized health care for the benefit of the patient. Second, information from patients that is compiled into a central database provides an ideal source of information that could be accessed to obtain epidemiological data to better inform policy-makers and healthcare workers on a larger-scale level. More precise information can allow policy-makers to determine policies that are better suited to the actual needs of patients and could provide a source of data to use in allocating funding and resources.

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