

Abstract

Background

Thalassaemias are one of the most commonly inherited groups of disorders in Sri Lanka. The project focuses on providing an accessory for the management of Thalassaemia by developing a web based health information system. The current Information System at the Thalassaemia care unit is completely a manual and paper based one. This has resulted in many of the shortcomings that can be expected from such a system, including difficulty in searching for records, inaccuracy of data, redundancy, loss of records and unnecessary expenditure of labour resources for this purpose among others. The general objective of the project was to develop and pilot implement a web based Health Information System. The goal was to customise a Free and Open Source software to be able to collect and visualize data and information.

Method

“Hemals Thalassaemia Care unit” attached to Teaching Hospital Ragama was selected as the study setting. The existing paper based system was studied in detail, the stakeholders were identified and analysed and the System Requirements Specification was developed. The system development was achieved through customisation of Tracker module of DHIS2 software. System was then tested with sample data and detected errors were fixed. System piloting was done following a user training at the same site for a duration of one month.

Results

During the one month of piloting the system 100 patients were registered and enrolled and followed up. Participation of system users were limited due to time constraints. Data aggregation and report generation were done as expected. The system was unable to generate reports, charts and graphs for individual patients which could also be achieved with additional coding. Direct update of reports such as Scan reports to the system was also not possible.

Conclusion

It was evident that a Free and Open source software such as DHIS2 can be customised with additional coding to meet the requirements of such a system. Main challenges facing the system implementation were the time constraints faced by the users, lack of proper infrastructure and trained personal.