18.01. Why an HIS module for mSupply?

As mSupply has become more widely used, it has become clear to us that many hospitals that use mSupply now have a functioning computer system in their pharmacies, and not much anywhere else. Other clients have spent close to $1 million on systems that we don't think are financially justified in their environments.

mSupply and mSupply-HIS

While mSupply and the HIS module are integrated, they also operate independently, and it is possible to use either module without using the other one.

By incorporating an HIS module into mSupply, it allows a hospital to cover the basics while sharing a server with the pharmacy, so a hospital that uses mSupply can start using the HIS module with little or no extra hardware costs. mSupply and the HIS module share a common patient database, meaning that the pharmacy and other hospital functions are integrated.

Many of the menu items in HIS mode are similar (or the same) as the equivalent menu items in mSupply e.g. Show clinicians, Show connected users, View log, Misc labels and Reminders.

What does mSupply-HIS do?

First, we should say that mSupply-HIS is not a fully-fledged Hospital Information System. It is designed to concentrate on a subset of a hospital's activities that form the core of its operations. The software is under constant development. As new features and facilities are added, we strive to ensure that the user guide and the graphics that it contains reflect these developments, but occasionally you may find that there are slight differences between the program itself and the documentation. These are usually of a minor nature, but should you have any difficulties, do please send us an email with details of your problem.

It does handle:

- Patient registration and recording common static patient data.
- Recording a hospital's wards and beds.
- Recording inpatient admissions (admitting a patient, assigning them to a ward and bed).
- Recordng ICD10 disease codes for each patient admission. You can assign multiple disease codes, and prioritise them (primary, secondary, etc..).
- Moving patients to different wards/beds.
- Recording discharge data (patient status at time of discharge)
- Reporting on:
    - Bed occupancy rates as a whole and by ward, and other useful statistics e.g. average length of stay.
    - ICD10 statistics.

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From:
https://docs.msupply.org.nz/ - **mSupply documentation wiki**

Permanent link:
https://docs.msupply.org.nz/his:introduction?rev=1569209279

Last update: **2019/09/23 03:27**