Retrospective Analysis of a newly-implemented Web-Based, Mobile-Friendly Infectious Disease Notification System for the Infectious Diseases Prevention & Control Unit (IDCU)

Stefan Buttigieg – Ministry for Health
"What gets measured gets done."

Anonymous
Overview

• Implementation
• Methodology
• Insights
• Lessons Learnt
How was the solution implemented?

IMPLEMENTATION
Implementation

- Analysis of existing forms
- Requirements Analysis and Discussion
- Review available options
  - Sharepoint Forms
- Discussion with IMU and review
- Implementation
- Marketing & Dissemination of Information
Forms – Old Version

INFECTION DISEASE CERTIFICATE

Patient Data
Name: ____________________________ Tel: No: ____________________________
Surname: __________________________

Age: ______ Male ______ Female ______ Employment: ____________________________
Address: __________________________

Doctor Data
Name: ____________________________ Tel: No: ____________________________
Surname: __________________________

Signature: ____________________________

IN CASES REQUIRING URGENT ACTION CONTACT ST. LUKE’S HOSPITAL ON 21248125

All data collected in accordance with article 13F of the Public Health Act and the Data Protection Act 1998. The health data is required for medical and research purposes in the interests of public health.

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Forms Analysis

- 71 Legally Notifiable Diseases
- Total of 9 Forms were outlined
- Discussions with Stakeholders (GU Clinic, Information Management Unit & IDCU Doctors)
- Workflow Identified
notifyinfectiousdisease.gov.mt

Notifications from Fully Licensed Doctors only accepted
Notification Information

This is the official infectious diseases notification form to be used ONLY by doctors registered with the Malta Medical Council.

All data collected is processed in accordance with Article 27(3) of the Public Health Act and the Data Protection Act 2001.

The health data is required for statistics and research purposes in the interest of Public Health.

IF URGENT ACTION IS REQUIRED KINDLY CONTACT: +35679004731

IDCU E-mail: disease_surveillance@gov.mt

Infectious Diseases Form

Patient Name and Surname*

Patient ID*

Patient Contact Number*

Infectious Disease*

Acquired Immune Deficiency Syndrome

Doctor Name and Surname*

Doctor Location*

Doctor Contact Number*

Doctor E-mail*

Submit Notification
Did it work?

INSIGHTS
PRESENT AND FUTURE
What’s taking place?

- GU Clinic which had the highest percentage of Post Submissions have very recently switched to Electronic System
- Integration with myHealth – Work in Progress
- Nation-wide Web-based Electronic Disease Surveillance System integrated with future implementations of the EPR and EHR
THANK YOU!