MWAVULI360

Health Facility Integration Requirements & Readiness Assessment

A DHA-certified bridge between your existing hospital system and the national Health Information Exchange and SHA claims

Facility		**Form Ref.**	MW-INT-01 / _____
Level / Location		**Date of visit**	
Email Address		**Phone Number**	
Facility lead		**Mwavuli360 lead**	

PART A — FACILITY IDENTIFICATION

A1. Facility particulars

Registered facility name	
Trading / display name (if different)	
Facility level	
Number of Facilities/Branches	
Ownership (Private / Faith-based / NGO / Public)	
Physical address & building	
County / Sub-county / Ward	
Number of beds (inpatient)	
Number of maternity beds	
Daily Number of Patient Visits	
Number of Workers (total staff)	
Number of Stations (computers / service points)	

A2. Key contacts

Name a single Integration Focal Person. All technical correspondence goes to one named person

Role	Full name	Mobile	Email
Medical Superintendent / Director			
Facility Administrator			
Claims / Billing Officer			
IT Officer (if any)			
Finance / Accounts			

PART B — CURRENT DIGITAL & COMPLIANCE STATUS

This part determines whether integration is possible at all, and in what form. Answer it before anything else.

B1. Does the facility currently run a computerized hospital system?

☐ Yes, a full HMIS/EMR ☐ Yes, billing/claims software only ☐ Partially (some departments) ☐ No, paper based

B2. Current system identification

If the facility runs more than one system, describe the primary system here and name the others in the last row.

System / product name	
Vendor / supplier company	
Version currently in use	
Year installed	
Number of branches or instances running this system	
Database used (if known)	
Vendor support contract in place? (Yes / No / Expired)	
Any other systems in use (name each)	

B3. Modules present in the current system

Tick one box per row. Leave a row blank only if the facility genuinely cannot tell.

HMIS module	Available	Not available
Patient registration / master patient index	☐	☐
Outpatient (OPD) consultation & clinical notes	☐	☐
Inpatient (IPD), ward & bed management	☐	☐
Appointments & scheduling	☐	☐
Triage & vital signs	☐	☐
Laboratory (LIS) requests & results	☐	☐
Radiology / imaging	☐	☐
Pharmacy & dispensing	☐	☐
Inventory, stores & procurement	☐	☐
Billing & cashiering	☐	☐
Insurance / claims management	☐	☐
Maternity & antenatal	☐	☐
Theatre / surgery	☐	☐

HMIS module	Available	Not available
Other (specify): _____	☐	☐

B4. System deployment and connectivity

Is the current system online or offline?

☐ Online — hosted on the internet / cloud, reachable from outside the facility

☐ Offline — installed on-premise only, no internet connection to the system

☐ Hybrid — on-premise server with internet access for some functions

Does the facility have a working internet connection? ☐ Yes, permanent ☐ Yes, intermittent ☐ No

Internet provider & link speed	
Server location (on-site room / data centre / cloud provider)	
Backup power available for the server (Yes / No)	

End of form MW-INT-01 v1.1