A meeting of the Clinical Information Network on strengthening use of data for decision making took place on 5th-7th May at the Grace house hotel in Nairobi. Over 50 participants drawn from 14 hospitals that comprise the Clinical Information Network attended the meeting. Health workers comprising of pediatricians, health records officers and senior nurses shared their experiences and challenges on generating quality data, the role of team work and management in improving hospital record systems and how data could be used to strengthen quality of care.

In his closing remarks, Dr. Alfred Owiti representing the Nairobi Chief County Health Officer, Dr. Robert Ayisi urged the hospitals represented in the CIN to work on improving data collection. He commended the long partnership that the Ministry of Health has had with KEMRI-Wellcome Trust and that his office will continue supporting KWTRP in collaborative research as part of an emerging partnership with Nairobi City County.

**Clinical Information Network (CIN) partner hospital locations**
- Machakos
- Embu
- Kiambu
- Kerugoya
- Nyeri
- Mama Lucy
- Kisumu
- Kisumu East
- Mbale
- Vihiga
- Kitale
- Busia
- Kakamega

**CIN ADMISSIONS**
Since September 2013 to present there have been over 20,000 CIN admissions within hospitals in the network.
Voices from the hospitals

Q. Tell us where you work and what you do? I am a health records officer at the Busia County Hospital. My role as senior health records information officer is to ensure proper maintenance of all health records in the hospital and timely reporting of data required by the County. I also work closely with the Ministry of Health, KEMRI Wellcome Trust Research Programme and the Kenya Pediatric Association to ensure data on pediatric admissions is collected. This data has been able to accurately inform us on the main causes of infant and child deaths in our facility.

Through the clinical information network, we have been able to improve data collection and share this data with our senior hospital managers, a move that has enabled us to prioritize our resources and efforts to improve our records. Our aim in this is to work towards minimizing deaths especially from malaria, pneumonia, diarrhoea and dehydration.

Q: Has this data been useful in decision making? Yes indeed it has been. Initially, we had some challenges at the beginning on using the REDcap tool but KEMRI has been providing support. Mike and his team conduct regular site visits to our facility and whenever we have had issues, the data clerk in my health facility is attended to by the KEMRI team. Update trainings have also been conducted and I am happy that there has been improvement in documentation of clinical signs and of blood tests in our health facility.

Q: Has this CIN meeting been of benefit to you and if so how? I have been able to learn a lot, although I retire in the month of May and just about to begin my hand-over. I would say that the meeting has provided a forum where we have been able to discuss and share ideas and learn from each other as health records information officers, hospital administrators and pediatricians. It would appear at times that some issues I am coping with in Busia are unique but I have learnt that it is also a challenge for HRIOs in other facilities for example proper storage of physical records, correct disease classifications and on the administration side, the challenges of working as a team and how to work towards resolving our problems.

I learnt a lot from this meeting on how we can improve our working environment by setting clear goals and priorities, improving internal communication, working as a team, motivating these teams, behavior change and the various roles of managers in hospital settings. There were sessions and role plays which were very practical on problem solving, ‘I hope that in the future, The KEMRI team builds on to this by having more of these meetings’. I would not hesitate to attend if I were available.