<u>Report</u>

Coordinated Meeting between Clinician and Laboratory Technician on Cambodia Laboratory Information System (CamLIS)

The meeting was being held at Phnom Bros Hotel from Aug 20-22, 2019 with around 100 **participants**. The opening ceremony with delegated of **Dr. SAU Sokunna**-Deputy Director of DHS, **Mr. IENG Vanra**-IT Specialist and Representative from WHO Cambodia.

The delegate honors mentioned some important keys for improving laboratories services in Cambodia response to Diagnostic for treatment and public health function response by using CamLIS System.

- Dr. SAU Sokunna:
 - Working with commitment and interested on their jobs
 - Understand each other lab-healthcare providers
 - Open mind
 - Find solution
- Mr. IENG Vanra:
 - Raise problem and find solution
 - Discussion for further improving CamLIS using
 - Advantage of CamLIS: save time, accuracy, Legibility, confidential, easy to understood...etc.

Group photo and continue by presentation of Dr. Sokunna:

- All together should focusing on role and responsibilities at work
- Communication as team work
- Behavior change
- Understanding each other
- Find solution at each internal facility between lab-healthcare providers and lab-hospital management level, plus sharing between lab-lab and hospital-hospital

Group discussion: lab, physician and management level

- Presentation from team and discussion on the issues and solution

Final Result day 1, 2 and 3:

- Suggestion to participants at hospital make more communication, make understand lab language and open mind to work as family for solving problem, case diagnostic study, result interpretation and discussion.
- Need involve and commitment
- Commitment to Promote Using CamLIS (eg. Mong Russey Referral Hospital)
- Assure available Human Resource (eg. *Pursat* need staff replace retired staff: contract staff/request to PHD)
- Lab tour for lab staff to visit lab that do better

- Try to make "open system" to connect CamLIS with machine analysis
- Suggestion make App for CamLIS
- Make available equipment and facilities, place allocated to support lab quality (eg. Airconditioned at phlebotomy room at *Pursat* lab where patient sample collection is increased)
- Every hospital should initiate *seminar* every week/month to share experience between lab and clinician
- Strengthen PMRS records information
- Every wards should have enough specimen tube collection
- Laboratory must check the specimen before receive and can reject if wards send the specimen not correct
- Meeting every morning to solve any problems , should extract data on Camlis every 2 weeks for discussion
- Should make Lab tour for clinician know about laboratory capacity
- Strengthen laboratory capacity to make accurate result
- Laboratory, clinician and nurse have to understand and give value to each other.
- Commit to make sample collection and Camlis training to ward
- Set up the Internal phone in the hospital
- Suggest to format web page from desktop site to phone site
- Commit to stop delay transferring sample to lab after collection
- Suggest to upgrade Camlis that can add or edit reference range
- Stop make the advance sign or stamp on the lab request sheet
- Make occurrence report after inform the result to ward
- Some lab when got the Request Form from ward, but didn't found any sample
- *Kampot and Sotnikum* promise to: critical value behavior change, increase the usage of Camlis, put the result on the screen in emergency ward, PMRS strengthening