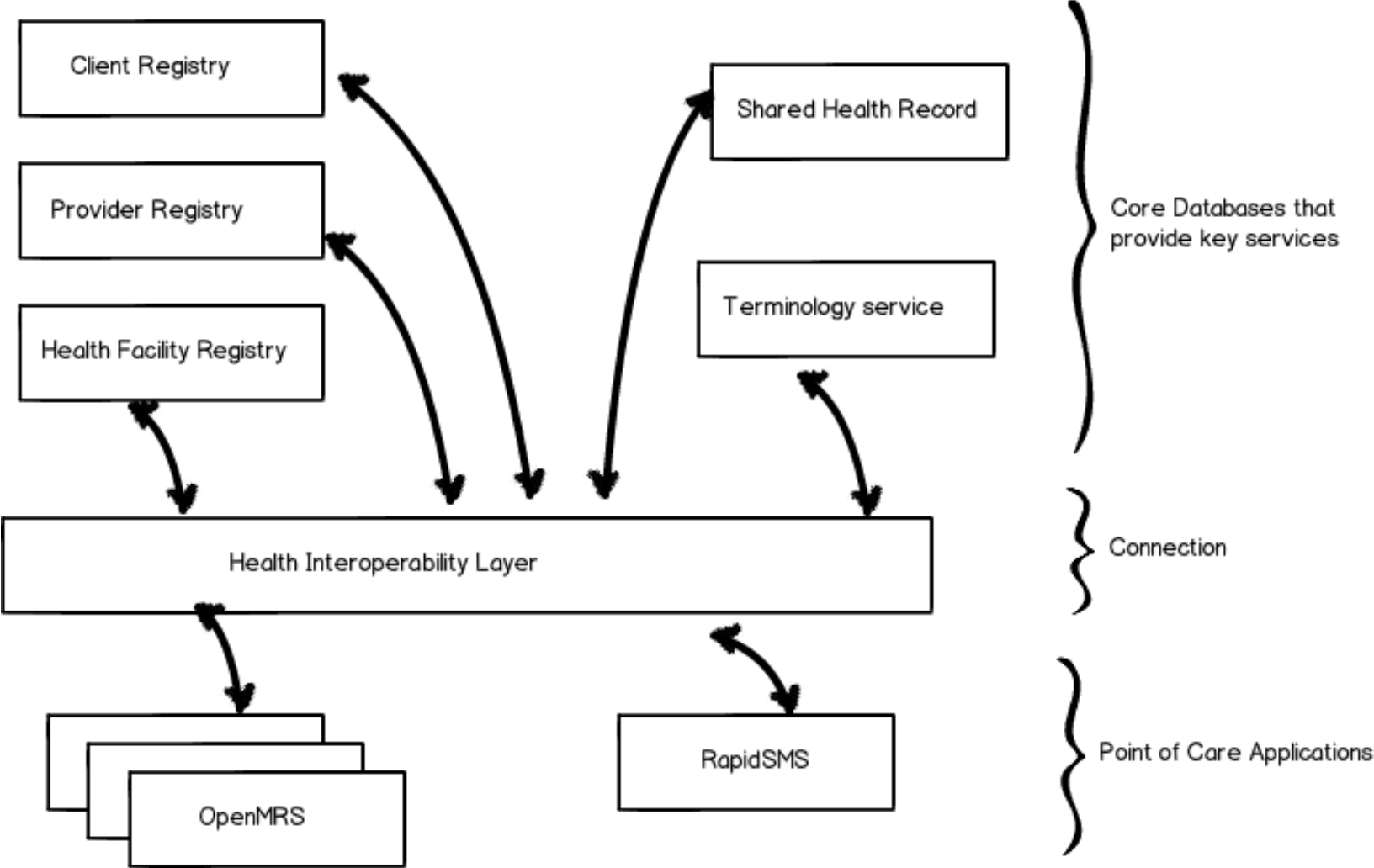
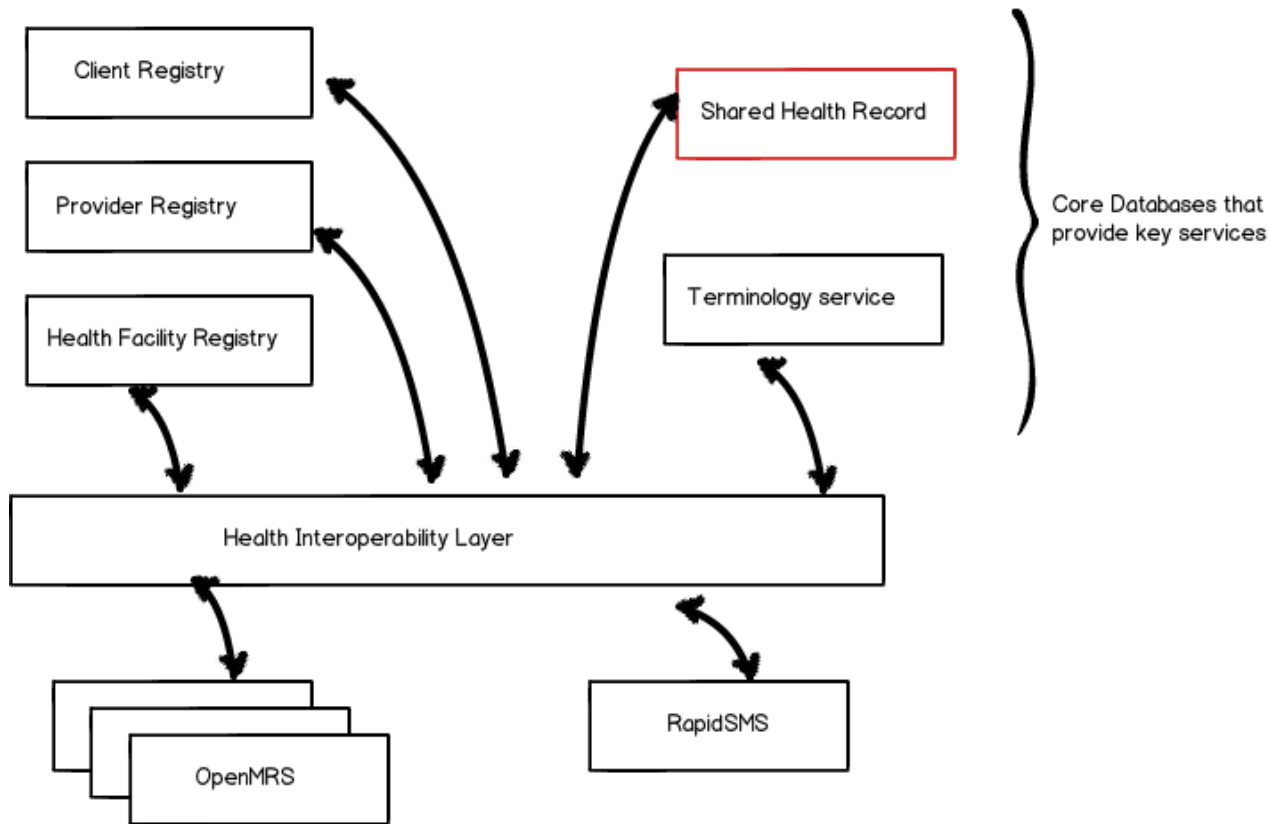


RHEA HIE Overview

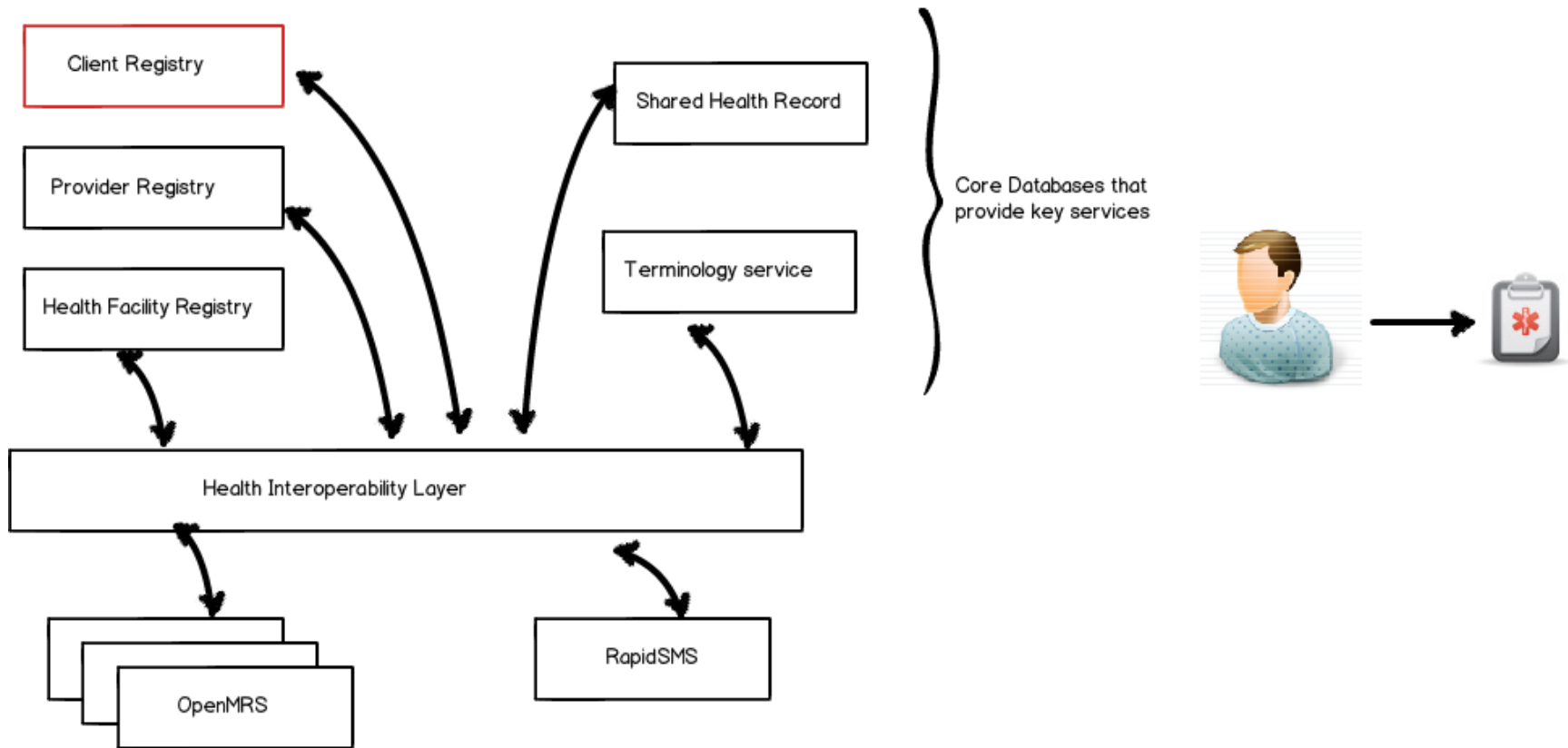
Health Information Exchange (HIE)



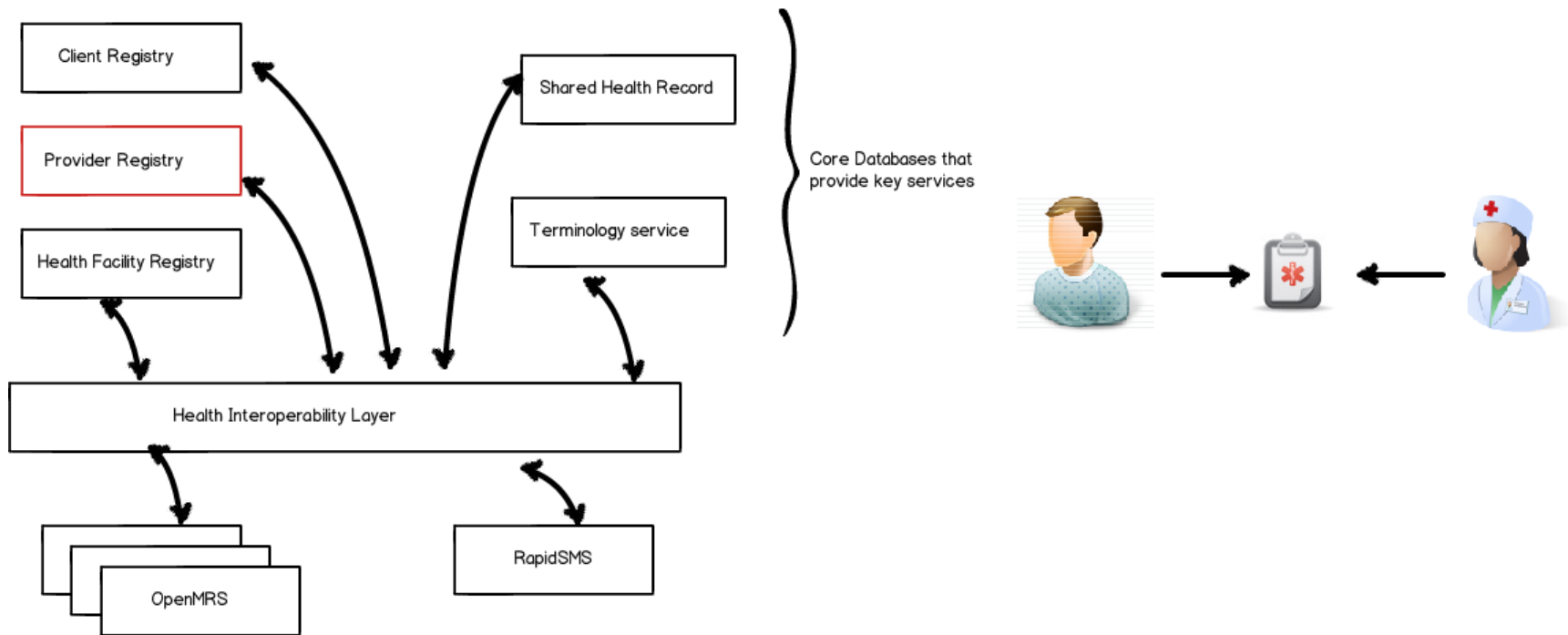
Shared Health Record



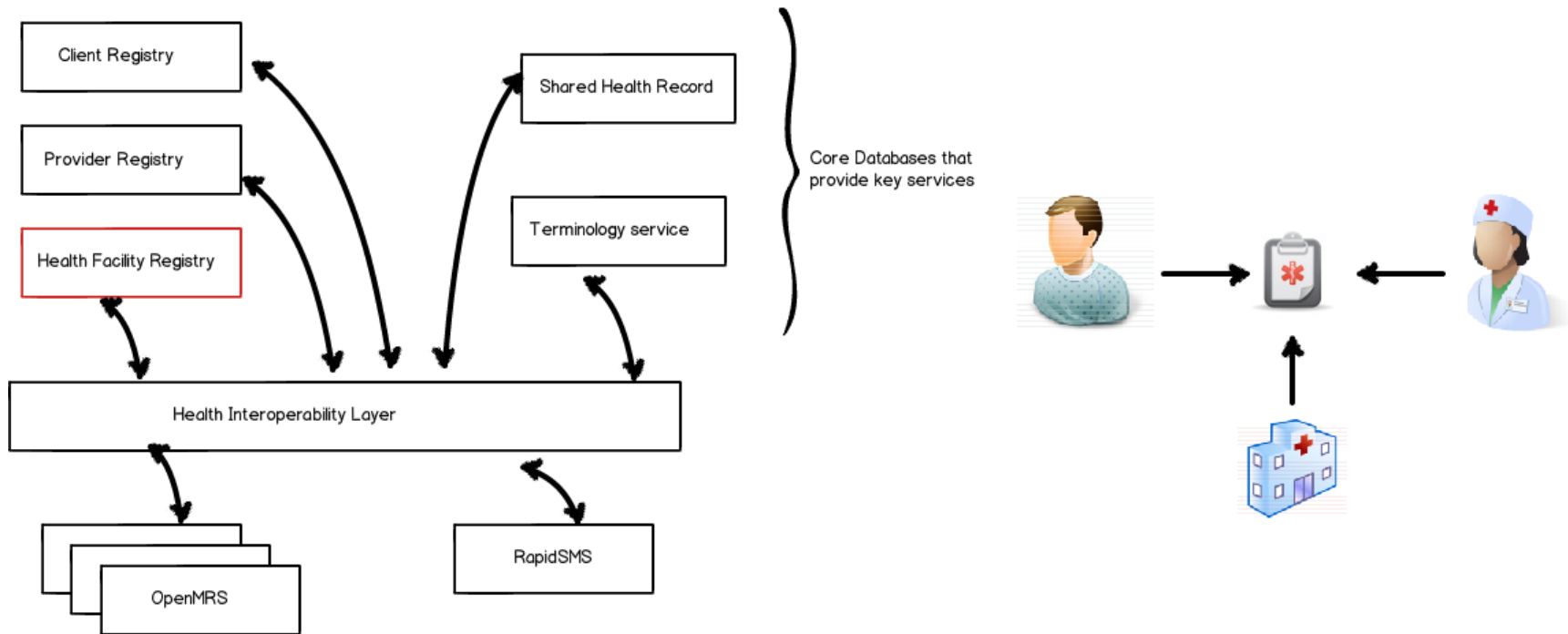
Client Registry



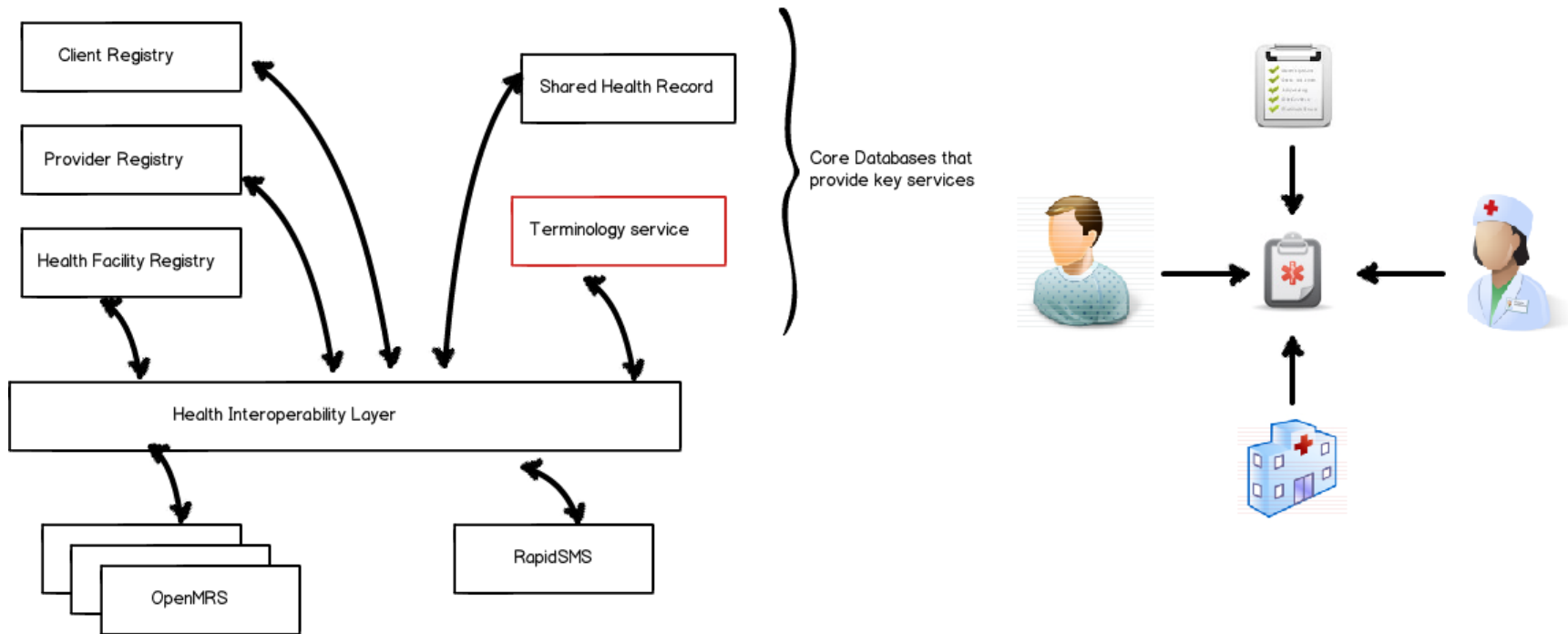
Provider Registry



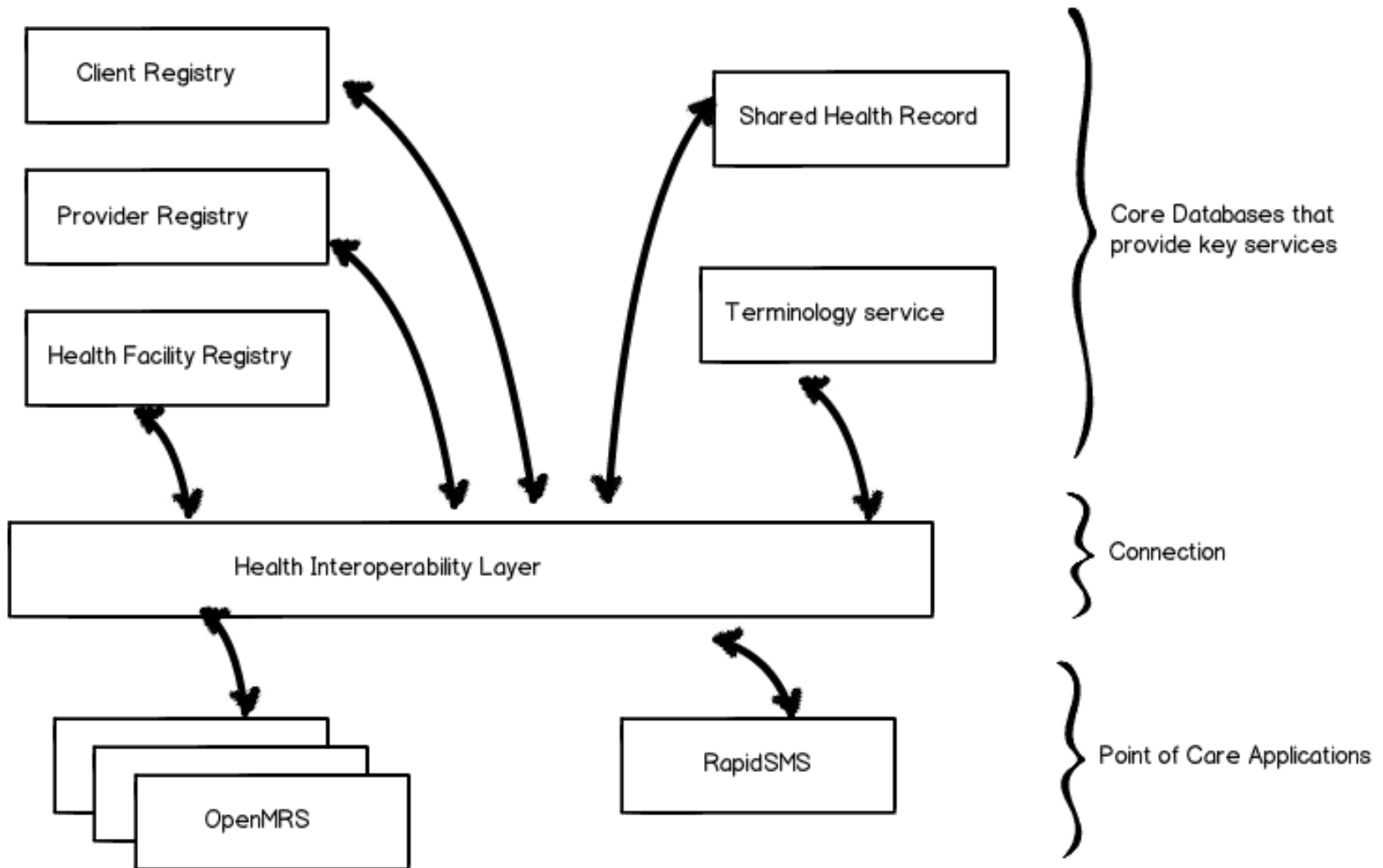
Health Facility Registry



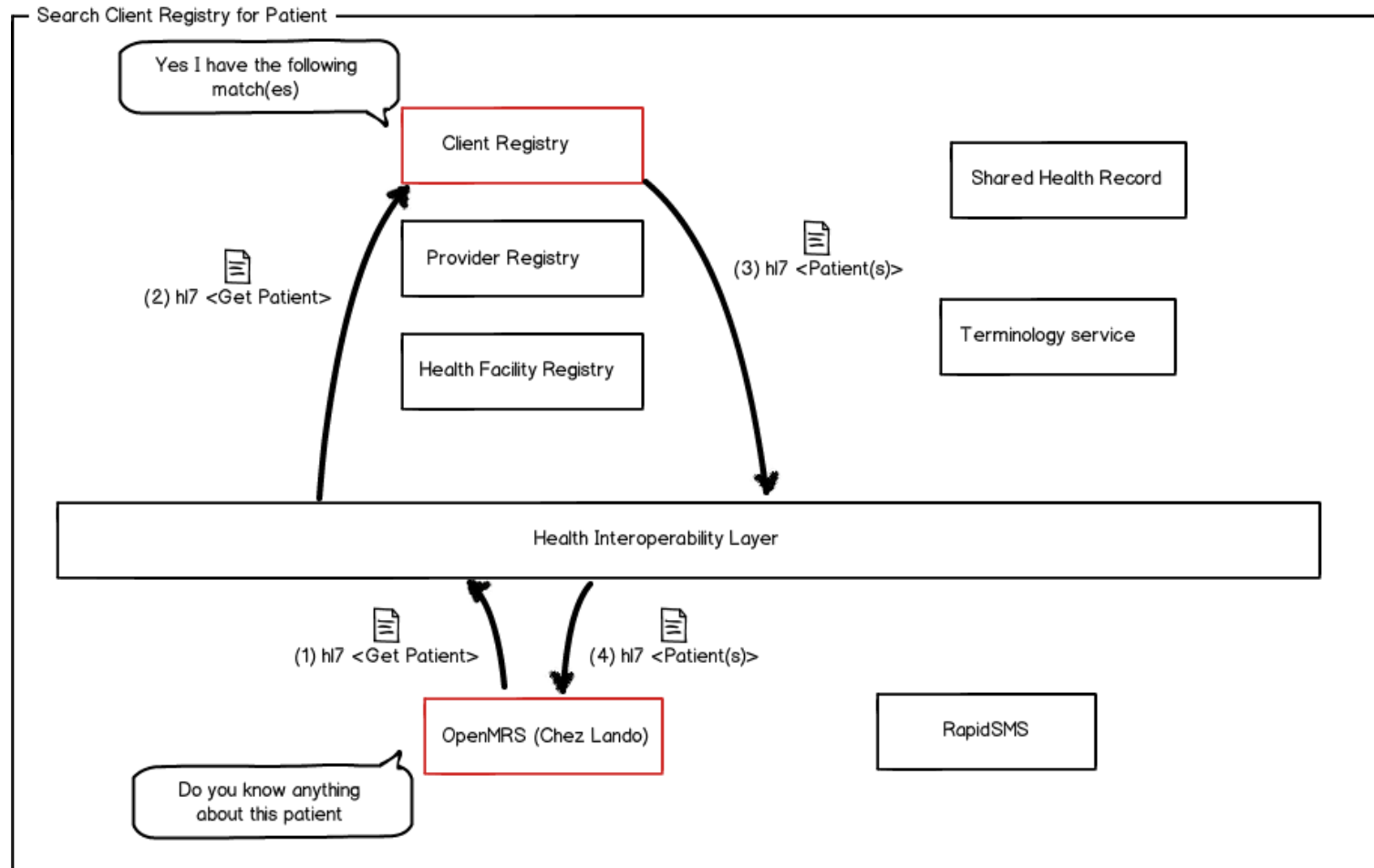
Terminology Service



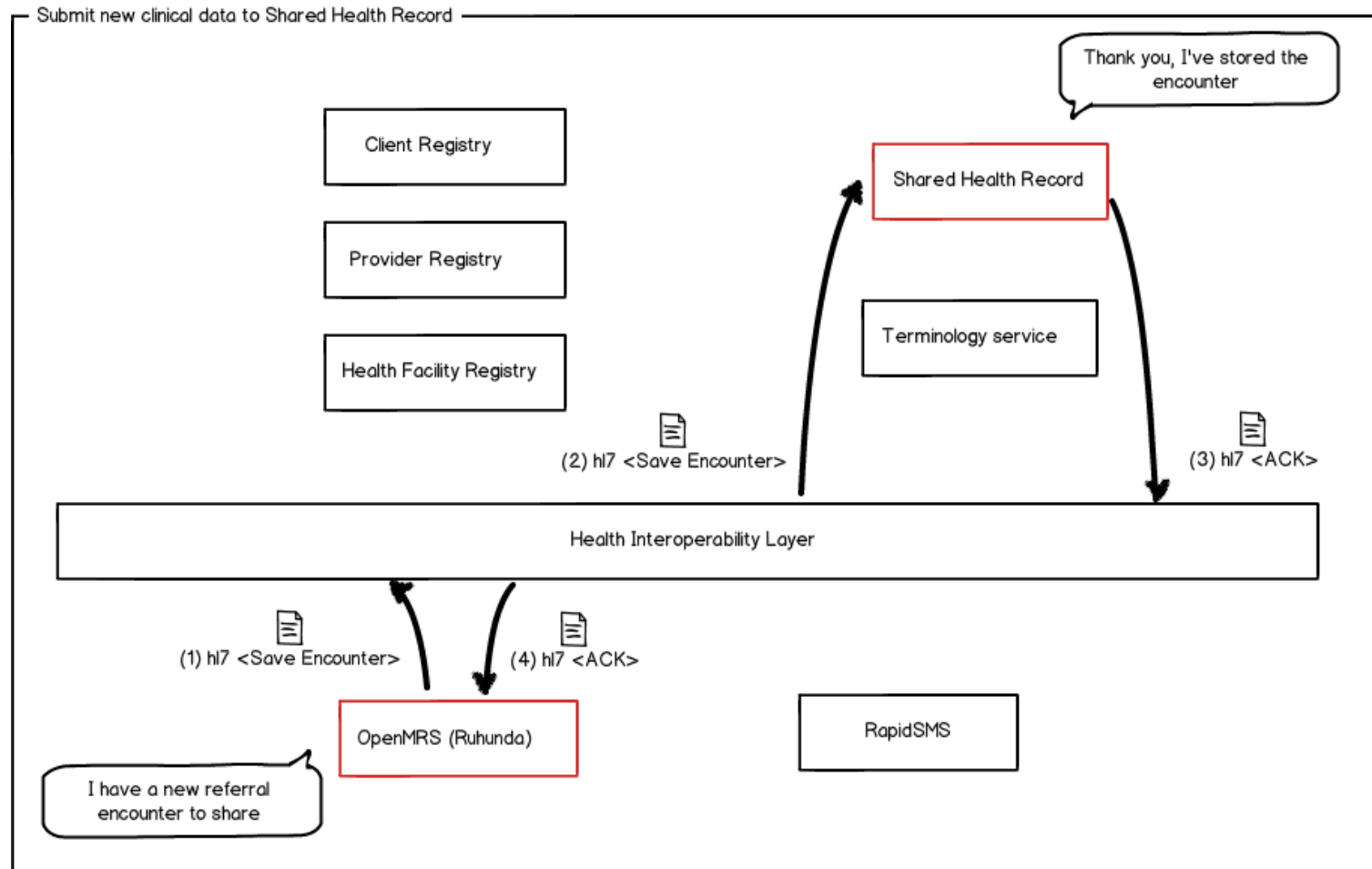
Health Information Exchange



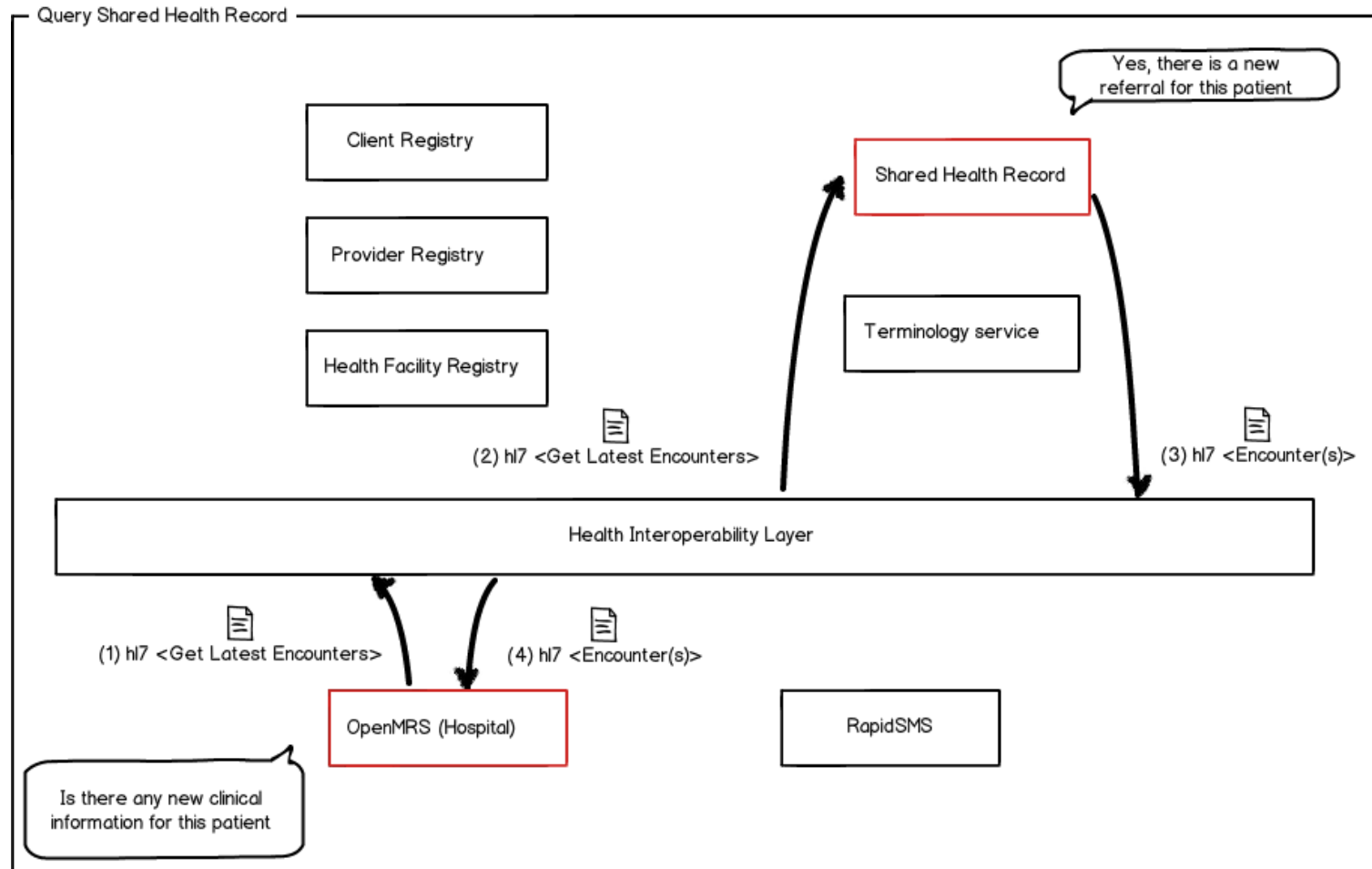
Patient Search



Sharing patient data across facilities



Sharing patient data across facilities



Referral Guideline

RHEA Referral Form (v1.0)

1. Encounter Details

Date: (mm/dd/yyyy)

Location:

Provider:

2. Referral Information

Referral Request Date: (mm/dd/yyyy)

Refer Patient To:

Rwamagana hospital clinic

Reason For Referral:

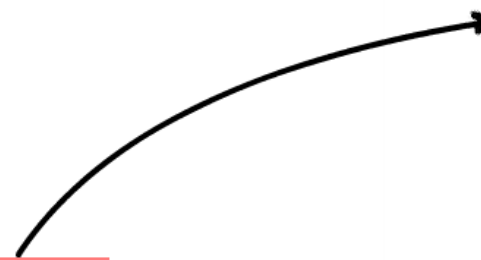
Elevated BP 168/90,
headaches, no edema

Referral Urgency:

Immediate Referral Urgent Routine

Referral Guidelines

- Immediate = Same day
- Urgent = 3 days from referral date
- Routine = 10 days from referral date



Automated Reminders via SMS

