Editorial

Nationwide adoption of electronic medical records and its implication on health information management practices in Nigeria

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Electronic medical record is becoming a household name in the Nigeria healthcare system. Though coming so distant, when compared with developed nations, the spate of EMR adoption is becoming alarming albeit, encouraging.

Hitherto, the health sector in Nigeria has been overshadowed with EMIR-related apprehensions. These include implications for violation of privacy, support for personal values, responsibility for public health, complexity of knowledge base on health terminology, perception of high risk, pressure to make critical decisions rapidly, poorly defined outcomes, support for the diffusion of power, fear of job loss among some individuals and misconception about Health IT to dehumanize patient-doctor relationship. Others include unreliable accessibility due to fluctuations in power supply, apprehensions as regards maintenance and sustainability, systems crash might mean loss of a lot of data, poor ICT skills among healthcare providers, shortage of ICT resources occasioned by poor funding for health, lack of locally developed customized software and preponderance of divergent software solutions.

Since the recent directive by the Federal Government of Nigeria through the Federal Ministry of Health and Social Welfare, stakeholders have been on the roll for EMR implementations and full adoption. In her position as the umbrella body of the professionals expected to lead the EMR transition, the Association of Health Records and Information Management Practitioners (AHRIMPN) in her 43rd AGM and National Scientific Conference focused on EMR. This is the same way the regulatory body (HRORBN) has been on the move since 2015 to ensure compliance and full adoption. The agency (HRORBN) even developed EMR/EHR Software for all the training institutions in Nigeria.

It is the hope of all stakeholders that the full adoption of the technologies will bring about better health data management for improved healthcare services to our teeming patients and for patient safety and better health outcome.

In this 7th Volume of our historical publishing, Owolabi *et al.* look at the organizational bottlenecks bedeviling the full adoption of EMR, while Muhibi *et al.* x-rayed the position of HIM in information society in relation to EMR and other technologies. Adebisi *et al.* evaluated the KAP of EMR among healthcare providers in a North-Central federal medical centre and Aliyu *et al.* examined EMR awareness among nurses in the only National Hospital.

Adepoju *et al.* work is on minimum health datasets in relation to EMR and responsibilities for HIM professionals, while Adeleke *et al.* explores likelihood of better clinical documentation and health data quality in the wake of full adoption of EMR. As a step ahead of the prevailing EMR adoption, Sani *et al.* works on how to harness artificial intelligence to better our health data and patient care and Magaji and Mustapha highlighted the roles of HRORBN in the development of EMR Guidelines. In a bit diversion from EMR, Adio *et al.* x-rayed the relevance of Al-Qur'an and the Bible on health information management, focusing mainly on records creation and information filtering, We wish our esteem readers and contributors, happy reading in this 7th year of scholarly publishing.

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