



FlowPriority

Et Populationsoverblik

Hvem er vi:

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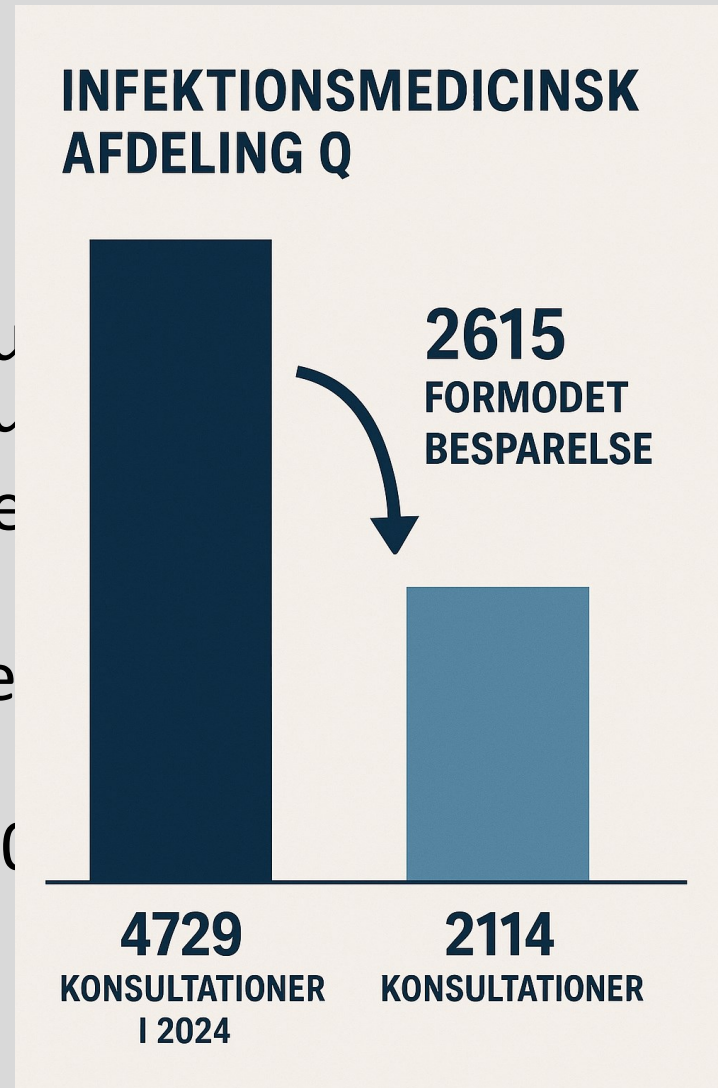
Populationsansvar

- Hvordan får en kliniker overblik over hele sin population?
- Hvad er nødvendig viden for at afgøre næste skridt for en patient?
 - Hvordan skaber klinikerens det overblik?
- Hvis der er afbud i dag-hvem kan vi så ringe ind?

Idé /Agenda

- I Stedet for at gætte på hvornår der er svar og booke der- kan vi så Automatisk løbende monitorere på population?
- Kan vi præsentere de patienter ”der er klar” til handling på en form så det er tilgængeligt i klinikken (via få klik)
- Kan vi flytte forberedelsen af et ambulant til et tidspunkt, hvor man kan nå ikke at planlægge et besøg, der ikke har klinisk relevans

- Reduced visits in our months our minimum
- Reduced medical service work unit)
- Reduced Highly specialized work unit 5-10%)
- Cost so far only 97 (

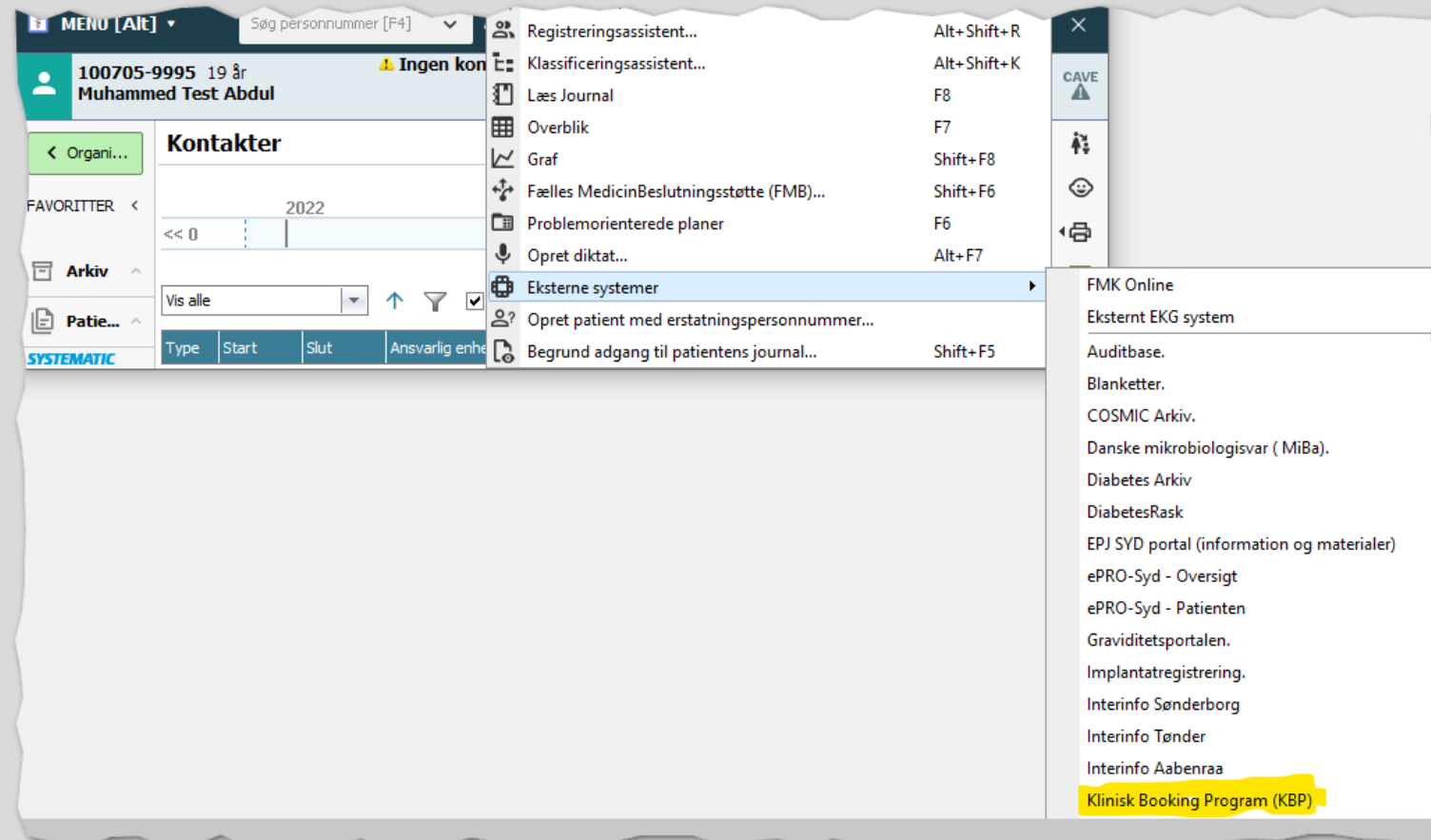


Results

490 to 210 in the first 12
 been live (57%)
 or week (13/18 % annual
 2-4 hours pr week(annual

Safety MVP - Klinisk booking program

The program is fully integrated in EPJ Syd with access prohibited users approved in EPJ Syd. This ensures a high safety of patient data.



Benefits- Flowpriority

- Dynamic automatized workflow with high patient safety.
- Gives a quick view to easier ensure that the patient flow meets the nationally set examination, investigation and treatment time.
- Increase effectiveness and efficient use of staff resources.
- Eliminate waste consultation time and rebooking of patients.
- Simply work smarter with already available data.

Keypoints

- Not one-size fits all-configurable
- Populationdefinition is the main investment
- Reusable moduels, biochemistry, radiology, commorbidity,booking etc.

Future prospects - Flowpriority

- **Blood test results:** we expect to add illustrations/graphs to visibly monitor initial, prior and current results -**tjek**
- **Pathology database:** we are actively working on an automated add-on of the pathology report
- **PRO-data database:** we are in early dialogue with the owners of PRO-data and wish to make an add-on with the patient reported observation database.
- **Microbiology database:** we are considering if an add-on of the microbiological reports would be cost-effective. This could be feasible if the program is upscaled to other departments of the hospital.
- **Upscaling** to all clinical departments in University Hospital Odense. The program can easily be implemented in an even bigger scale setup hopefully funded by BETA.HEALTH.

Data er fremtidens medicin





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