

digitalhealth

REWIRED

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Headline Sponsors:



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Health

THE FUTURE OF HEALTH

FIVE PILLARS TO SHAPE THE FUTURE OF HEALTH



Making Healthcare Truly Inclusive



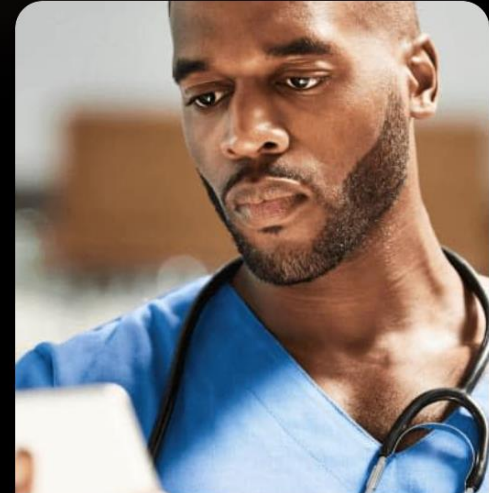
Personalizing and Localizing



Taking on the Infodemic



Preparing More Future Health Professionals



Delivering Insights That Improve Outcomes

Reducing documentation burden: Principles for using digital as an enabler

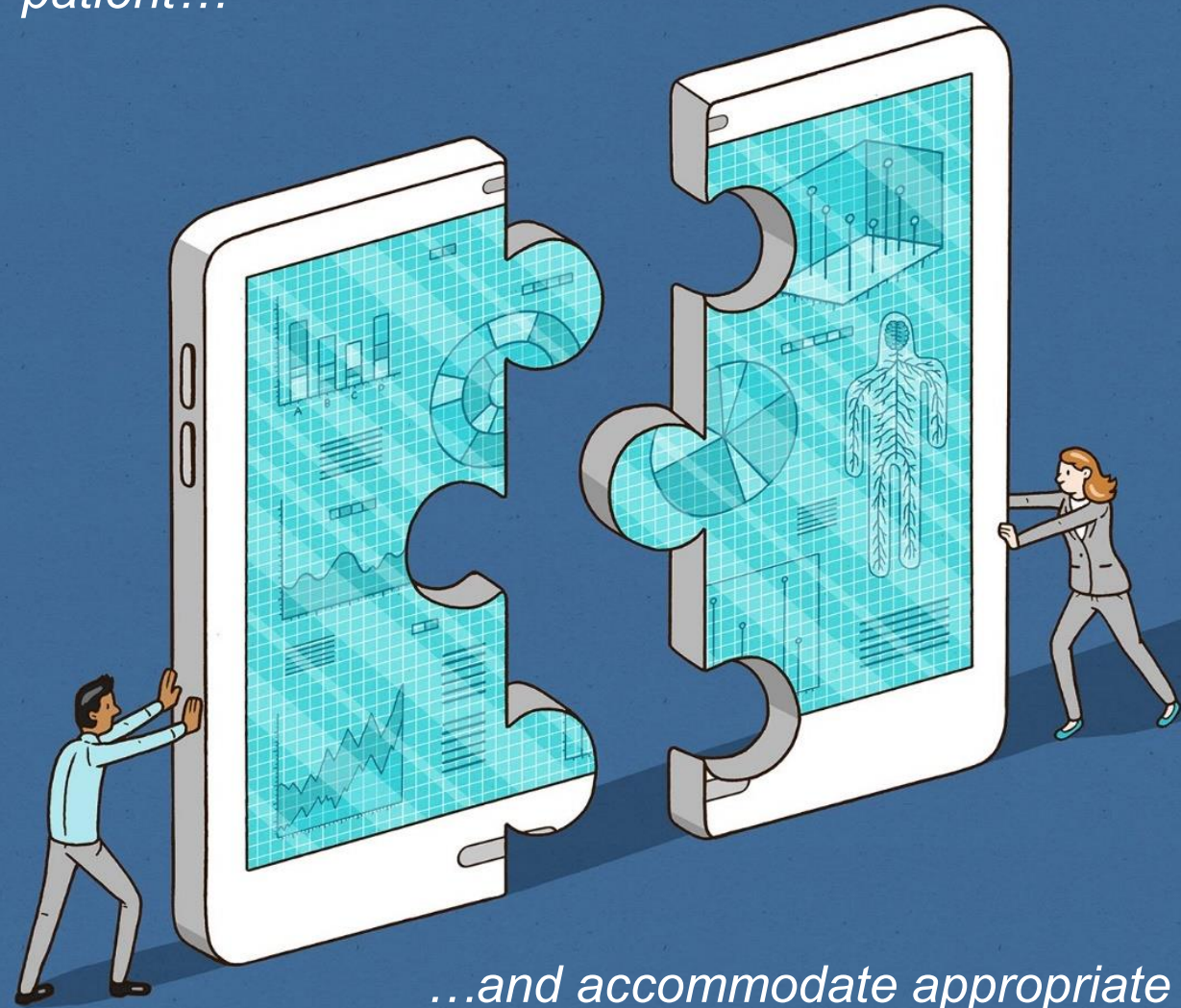


- The **nurse-patient relationship** is a caring interaction which compels a person-centred approach
- The **patient must be the focal point** of the decision-making process, not the IT system
- Clinical decision support must address synchronously the **nurse's and patient's choices** as well as variations in clinical practice
- Clinical decision support must solve the problem of the **nurse's cognitive overload** and create freedom for critical thinking and decision making

Attributes of effective clinical decision support

- Automatic provision of decision support at the time & location of decision making
- Integration with patient data and handling of multiple comorbidities
- Provision of recommendations with justification via evidence and reasoning
- Documentation of reason(s) for not following recommendations; detection and management of medical errors
- Speed and usability; non-duplicative entry only of what is relevant to patient care
- Documentation a by-product of the process of care; provision of results to both clinicians and patients

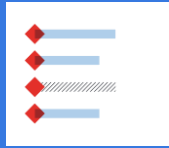
How can we create guidelines and care protocols that can be personalised to each patient...



...and accommodate appropriate variations in work patterns...

...in a cost-efficient way?

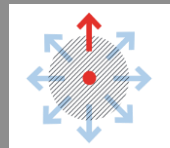
Care Planning



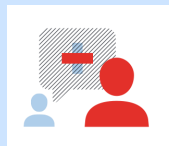
Suggests all potential problems for a diagnosis, treatment, or procedure



Provides evidence-based guidance in the workflow on assessments and interventions for each problem



Automatically sets clinical goals, intervention plans, and interventions for each problem selected



Automatically includes patient education plan for each problem selected

Care Planning

Activate Plan

🔍 surgery



Care plans

Bariatric Surgery (Adult, Obstetrics Inp...

Breast Surgery (Adult Inpatient)

Cardiovascular Surgery (NICU Inpatient)

Cardiovascular Surgery (Pediatric Inpati...

Cardiovascular Surgery (Adult Inpatient)

Eye Surgery (Pediatric Inpatient)

See suggested ^

Bariatric Surgery (Adult, Obstetrics Inpatient)

Expand

- ▼ Problems
 - > Bariatric Surgery Anesthesia Effects
 - > Bariatric Care Environmental Safety
 - > Bariatric Surgery Bleeding
 - > Bariatric Surgery Bowel Motility Impaired
 - > Bariatric Surgery Glycemic Control Impaired
 - > Bariatric Surgery Infection
 - > Bariatric Surgery Pain
 - > Bariatric Surgery Postoperative Nausea and Vomiting
 - > Bariatric Surgery Postoperative Urinary Retention
- ▼ Education
 - Bariatric Surgery: Overview

Summary of your selection

Bariatric Surgery

Problems

- Bariatric Surgery Bleeding
 - Absence of Bleeding
 - Monitor and Manage Bleeding
 - Bleeding Management
- Bariatric Surgery Pain
 - Acceptable Pain Control
 - Prevent or Manage Pain
 - Complementary Therapy
 - Diversional Activities
 - Pain Management Interventions
- Bariatric Surgery Glycemic Control Impaired
 - Blood Glucose Level Within Desired Range
 - Maintain Glycemic Control
 - Glycemic Management

Care Planning

Interdisciplinary Plan of Care

Edit plan

Lucas Dávila Leal M

ID: 123456789

Overall progress

Clinical Goals

Education Goals

Plans

Bariatric Surgery

Problems

Bariatric Surgery Bleeding

Bariatric Surgery Pain

Bariatric Surgery Glycemic Control Impaired

Clinical goals

· Absence of Bleeding

Intervention plans



Monitor and Manage Bleeding



· Bleeding Management



Monitor and Manage Bleeding

- Assess bleeding risk and presence of bleeding; review laboratory result trends, medical history and physical presentation.
- Identify source of bleeding; apply direct pressure to visible bleeding site.
- Maintain body temperature within desired range to optimize clotting ability.
- Monitor and measure drainage amount and characteristics from surgical site, drain and dressing.
- Maintain dressing integrity to avoid disrupting clotting process; reinforce as needed.
- Evaluate for orthostatic hypotension prior to activity.
- Consider need for fluid volume replacement (e.g., intravenous fluid, blood products) to maintain perfusion.

Recent activities

No new activities

Tasks

No pending tasks

Next generation integrated pathways

Customises guidelines to the individual patient

- Merges guidelines for comorbidities
- Integrates patient data with pathway content

Supports localisation and rapid iteration of content

Autogenerates documentation as part of the process of care

- Customises patient leaflets at any time
- Creates referral documentation
- Maintains documentation to support handovers and transfers of care



Delivers patient-specific recommendations

- Provides evidence for any decision
- Captures reasons for variances
- Hides irrelevant information

Maintains an audit trail for each patient

- Captures and encodes clinical data
- Supports clinical audit
- Allows users to join pathway anytime
- Supports tracking of performance measures

12:20

HI **CLINICAL SCREENING**

Social history/सामाजिक इतिहास

तंबाकू का सेवन कभी नहीं

गुटखा या खैनी जैसे धुआं रहित तम्बाकू उत्पादों का सेवन कभी नहीं

महिला रोजाना शराब का सेवन करती है ना

अवैध नशीली दवाओं के प्रयोग कभी नहीं

पति द्वारा हिंसा कभी नहीं

सामान्य स्तर से ऊपर शारीरिक गतिविधि ना

Update
नई जाँच शुरू करें

Summaries

Clinical summary

SUBMIT

12:22

HI **CLINICAL SCREENING**

ANC services/एंटीनटल केयर सेवाएं
रजिस्ट्रेशन के बाद कम से कम तीन बार बच्चे की जांच (एंटी-नेटल चेक अप) कराएं।



हर विज़िट पर ब्लड प्रेशर, खून और पेशाब की जाँच कराएँ।



प्रत्येक जांच के समय अपना वजन अवश्य कराए।



गर्भावस्था में कम से कम 10-12 किलोग्राम वजन बढ़ना चाहिए।
गर्भावस्था के अंतिम 6 महीनों के दौरान हर महीने कम से

SUBMIT

DIISHA

75

English

Antenatal care

Obstetric risk assessment

Reason(s) why pregnancy considered high risk

- Swollen face and hands
- Breathlessness at rest
- Bad obstetric history
- Bad obstetric history due to complications in previous pregnancy
- Bad obstetric history due to previous stillbirth

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ClinicalPath Primary Care

Terms and conditions

DIISHA

75

English

Estimated date of delivery determination

Menses cycle (periods) regularity

Regular

Irregular

Absent e.g. with breast feeding

Method of calculating Expected Date of Delivery (EDD)

Known last menstrual

Date of the FIRST day of the last menstrual period (LMP)

17/08/2022

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ClinicalPath Primary Care

ClinicalPath
Primary Care



ELSEVIER

Looking ahead

User-driven design and development

Change management and adoption

Scalability and cost efficiency

Disruption to fragmented systems





Thank you

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