



#### IMSP Group Germany International Medical Student Project

Ernst-Moritz-Arndt University Greifswald, Germany

**E-Health** 

**IMSP-Meeting in Tartu 2013** 

## 1) Documentation of patient's history,



Basic paper documentation
 Digital documentation in
 Lorenzo computer system

Anamnese Datum: 20.06.20 Hausarzt: Patientenaufkleber Einweisender Arzt Reppin, Sebastian Mitbehandelnde Ärzte/Briefe nachrichtlich 24.06. 81 30 Johne Einweisungsdiagnose: unblac Bauchschmerzei Nebendiagnosen: heire Ernährungszustand: @ Obst voge Allergie sut Aligemeinzustand: Jetzige Anamnese: site Richseit Eigenanamnese / OP : Alle von 7 Jahre wagen Pholony sur le brug. stationare Aufenthalte / Unfälle: Familienanamnese: Value, Diab. mellitas II, High FEP, Sofeten: 8 Maller: nicht, bekannt Brade: 0 Allgemeine Anamnese Algonol: Firedondling Mixtion: normal/ & Berchwalk. 2. About / Malade Nixtion: Normal / & Berchwalk. Nixplin: 44 Fy Große: 1.75 cm Gewicht: 68 Kg vor 2 Woch & Z Koffein: 1070554/d Stuhigang: & Boschweich Gewichtsveränderung: 73 Septat: Schichlar beity, Darchschlafpieller Trinkmenge: 1.5 2/2 Appetit: gut Figher. Nachtschweiß: Allepgien: Pollen, Nausstab, Milben, Urauter Medikamente: Soziale Anamnese Schulbildung: gelen ter Zimmen ann Berut Produktions hulfer (Sionan colle) Wohnverhaltnisse scit 2 Jahren in HGW Dobnering Kinder: D. Ledig

### ... examinations in hospital



- > Some are digital as ...
  - radiological scans, sonos
  - endoscopies,
    - lab results

Most consultations on ward are documented in paper including ECG, and mobile sonography

The result is double documentation on paper and computer

## and patients care



Currently no good implementation for treatment course except on the intensive care unit (not compatible to main system)

Klinik für Innere Medizin A					Allergien/Besonderheite
Beruf:				Datum:	
Patientenkleber/Barcode					Falithrom: ja nei Privatpatient: D Diabetiker: (separate B2-Kurve Hausarzt:
Unters./Maßn.	Datum:	Kost: Gr./Gew.:			Notfalladresse:
		BZ:	aew.:	3 6 9 12 15 18 21 24 3 6 9 12 15 18 21 24 3 6 9 12 15 18 21 24 3 6 9 12 15 18 21 24 3 6 9 12 15 18 21	24
		HF	Temp	RR:	Hauptdiagnose (ICD)
		160	40		
		C 0 140	39		
		kat			
		120 D	38		Nebendiagnosen (ICD)
		≥ 100	37		
		80	36		
		60	35		
		Einf Aus Stuł Phy ther Lab	fuhr: nl: sio- apie:		
		Son	st. жi		

## 2) Connection between hospitals



- > A lot of communication is via telephone and fax
- Radiological pictures or examinations are accessible in a digital form for selected hospitals in our region (Pomerania server 2006: Germany/Poland)
- If patients are discharged or moved to another treatment facility paper Inters are written
  - > Plans for the future:
    - Upgrading of the existing "Gesundheitskarte" to save current medication, allergies



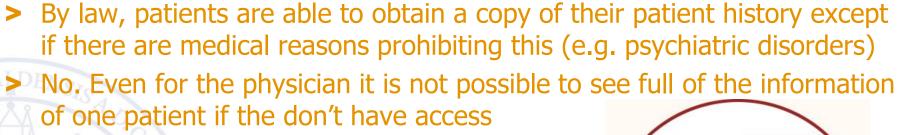
# **3) Are doctors happy with the current work situation**

- > Unfortunate mixture of slow virtualization and slow computers
- Incompatible software solutions for different extensions
- Strong reliance on the computer system and problems in the case of crashes
  - Physicians are unhappy with double documentation
    An upgrade could be: medical typists, full digital work place



4. Can the patients themselves see the data that is written about them in the patients histories somewhere? Is there an eHealth system in place that is accessible for patients?

> No.







### 5. Is the technical equipment you have at your disposal good enough to fulfill the tasks you need? If the computers are too slow, what is the likely cause?

No, there often aren't enough computers for the staff. Especially for students there are no workstations

Universitä

#### > In the radiology:

- not enough workspaces with computers

- some of the computers are so old that they aren't fast enough to work with them

# 6. Is the internet-connection fast enough?





Sood connection speed but old hardware and insufficient virtualization instances

### **7. Information Income**



> Patients call the coordinative office and then the outpatient clinic is called ( $\rightarrow$  A&E)

# 8. Plans for the future / main developmental directions



- > Technical innovations (price decrease)
- Building up a sufficient infrastructure for faster data exchange in rural areas
- > Introduce a general supply of medical care
- > Electronic insurance card
- E-health- guidelines for Germany
- Move the data and not the patient!"

# 9. Country's involvement and interference



#### > Government:

- > Defines rules for the financial support in the economic application
- Very strong "Datenschutz" focus decreases the usability and scope of many applications (German "Gesundheitskarte" contains almost no information)

IT- Summit 2012:

build up an information - and supporting system



#### Thank you very much for your attention



## The problems that persist...



#### The buyers are usually not the users



#### The products seldomly do all the things they supposedly do



© UFS, Inc.