





NORTAL

eHealth here and there

Taavi Einaste



Manufacturing Execution System

Manufacturing Execution System (MES) integrates a company's systems and automation levels into a whole.

LEARN MORE \rightarrow



eHealth Suite

An efficient, modular, standards-based platform delivers operational efficiencies, increases quality of care and enables better decision making on all levels of healthcare administration.

LEARN MORE \rightarrow



e-Government Gateway and Interconnectivity

A self-service governmental on-line portal provides a variety of relevant governmental services for its users in order to get things done fast and stress free.

LEARN MORE →



Nortal eHealth

- 40 specialists only medical IT projects
- eHealth HIS developed originally in co-operation with Tartu University Hospital
 - Hospital information system
 - I Radiology
 - ⊫ Lab
 - Treatment billing
 - Business intelligence
- eHealth now also in East-Tallinn Central Hospital

Nortal eHealth

Labquality – Finnish lab quality control

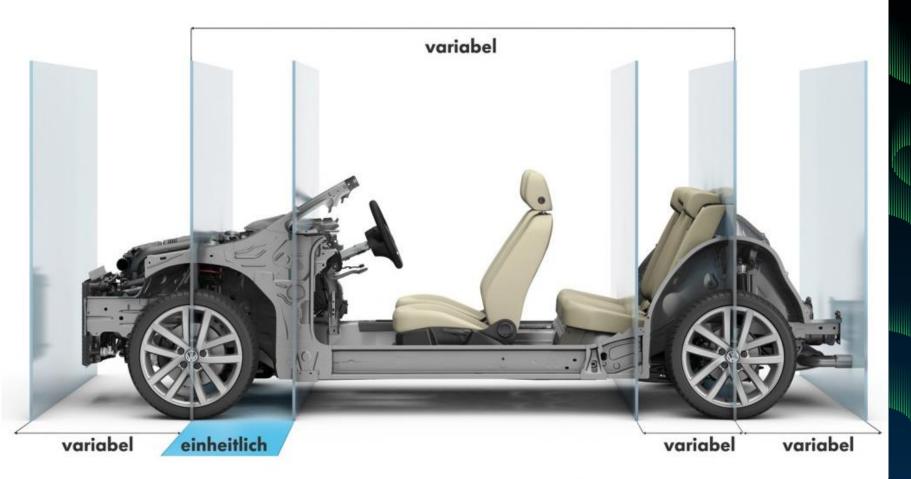
- I Runs from Amazon cloud
- Estonian University of Life Sciences veterinary clinic
 - Runs from Amazon cloud
- Integration solutions for Quattromed
- Daily support for Estonian Medical Image Bank
- To be confirmed
 - þ ...

end of commercial break



Estonia vs ROTW









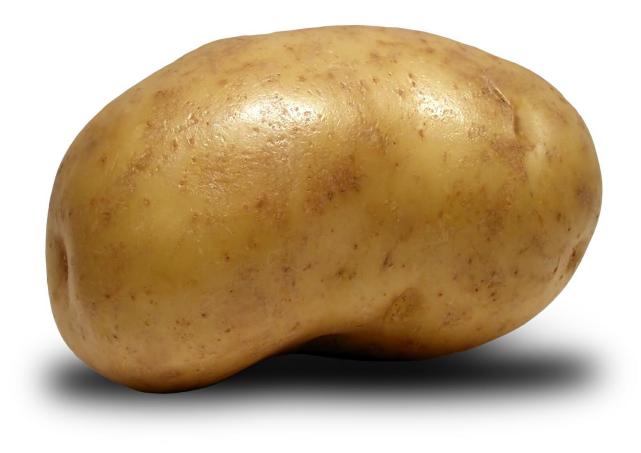








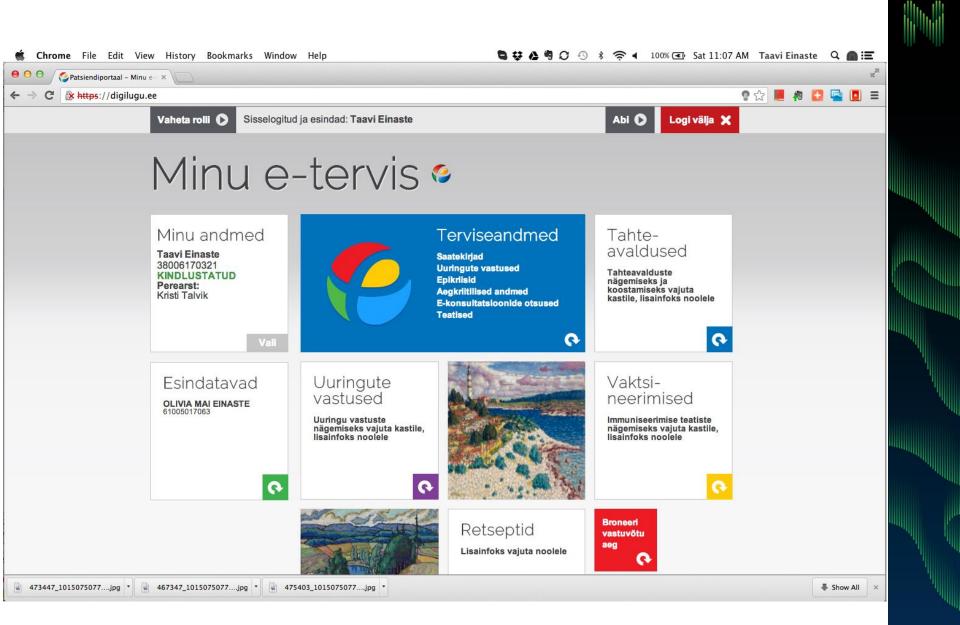


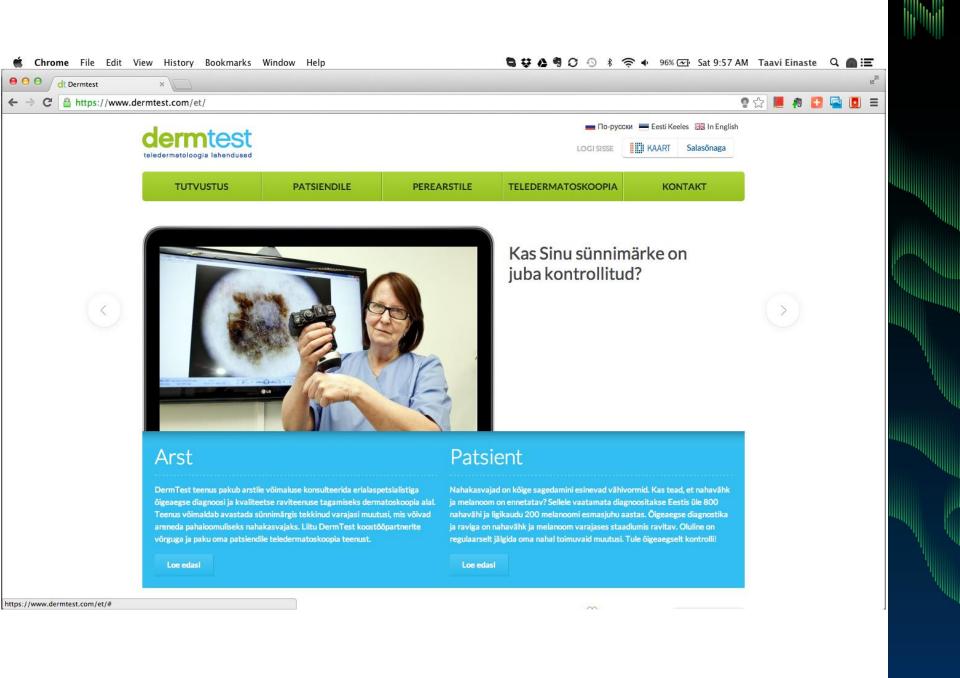


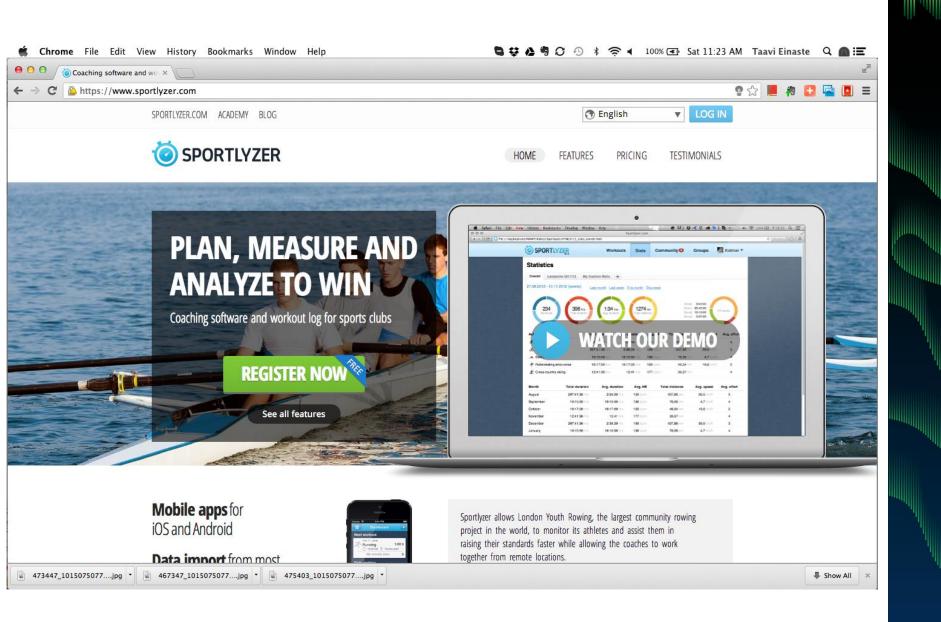


estonian ehealth









Lab Results nr 45365656

Name Gender Birthday Ethnicity	John Doe Male March 12, 1980 Caucasian			Doctor name Collected Printed Address	Dr. Indrek Kask 18/02/2013 23/03/2013 Riga, LV-1013 Latvia	
Eritrociti	4.96 10x12/L	< 4.5	4.5-5.9	> 5.9	some short description comes here. One more sentence. Lorem ipsum dolor sit.	
Hemoglobin	s 151 g/L	< 132	132-175	> 175	some short description comes here. One more sentence. Lorem ipsum dolor sit.	
Hematokriti	s 45 %	< 40	40-51	> 51	some short description comes here. One more sentence. Lorem ipsum dolor sit.	
MCV- vid. Er tilpums	91 fL	< 80	80-100	> 100	some short description comes here. One more sentence. Lorem ipsum dolor sit.	
MCHC-vid. Hb konc Er	330 g/L	< 315	315-360	> 360	some short description comes here. One more sentence. Lorem ipsum dolor sit.	
RDW-Er. sadalijums	15.9 %	< 11.5	11.5-15.5	> 15.5	some short description comes here. One more sentence. Lorem ipsum dolor sit.	
Anizocito	ze					
Trombociti	191 10x9/L	< 150	150-410	> 410	some short description comes here. One more sentence. Lorem ipsum dolor sit.	
Leikociti	4.1 10x9/L	< 4.0	4.0-9.8	> 9.8	some short description comes here. One more sentence. Lorem ipsum dolor sit.	
Anti HVC	Negativs	_		-•	some short description comes here. One more sentence. Lorem	
RPR	Negativs				some short description comes here. One more sentence. Loren	
RPR	Positivs	-		-•	some short description comes here. One more sentence. Loren	
Trombociti	191 10x9/L	< 150	150-410	> 410	some short description comes here. One more sentence. Lorem ipsum dolor sit.	
Leikociti	4.1 10x9/L	< 4.0	4.0-9.8	> 9.8	some short description comes here. One more sentence. Lorem ipsum dolor sit.	

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Laboratorija akreditēta Latvijas Nacionālajā akreditācijas birojā

E. Gulbia Laboratorija Zemitāna laukums 13, Rīga, LV 1006 tel.:67545052,67801112, fakss:67543867 e-pasts : info@egi.lv Testēšanas pārskats Nr. 5991412/1/pabeigts

Adrese :

Vārds, Uzvārds Personas kods Vecums Dzimums Reģistrēts laboratorijā Materiāla raksturojums Nosūtītājs Maksātājs

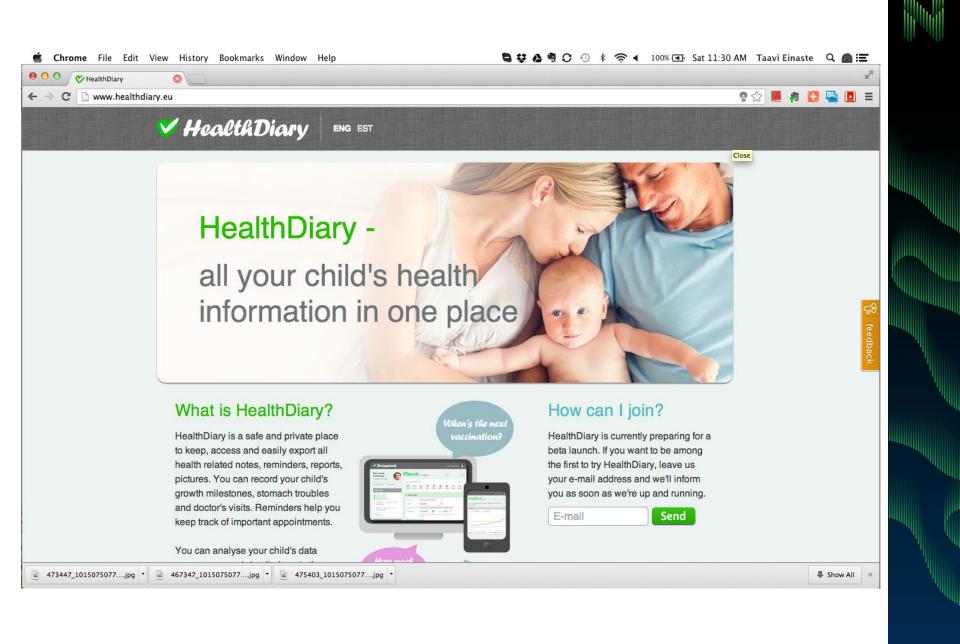
Atbildes saņēmējs : e-pasts proceduras@premiummedical.lv Dr. Dace Clbule. Premium Medical SIA Duntes II Rīga, LV-1013 Latvija

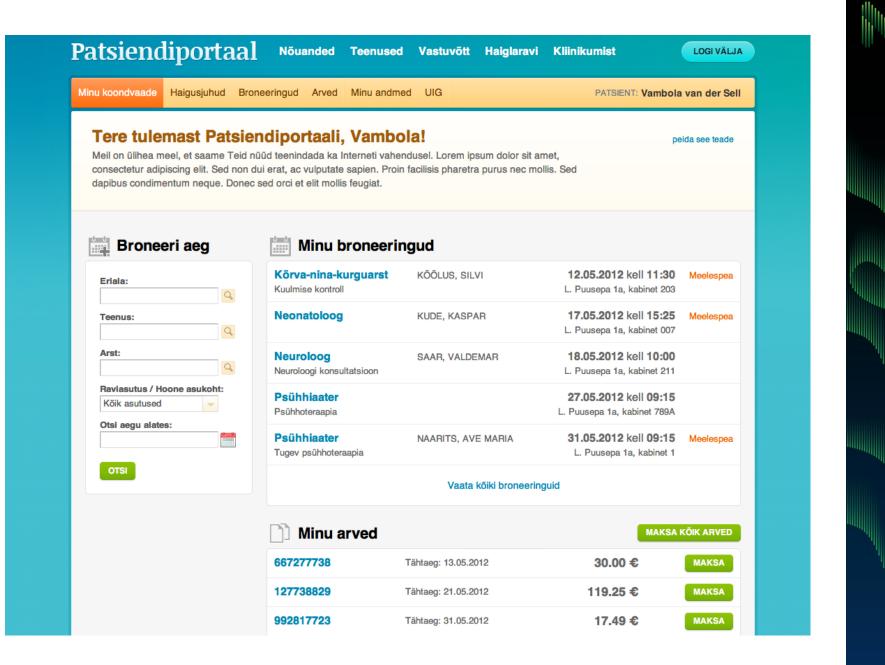
Page 1 of 3

		Rezultāts	References intervāls	Vienības	Iepr.rezult./datums
1/67.A	Hematolog Eritrociti	ģija 4.96	4.5 - 5.9	10×12/L	4.60 / 20.09.12
2/67.A	Hemoglobins	151	132 - 175	g/L	4.60 / 20.09.12
3/67.A	Hematokrits	45	40 - 51	%	44 / 20.09.12
4/67.A	MCV- vid. Er tilpums	91	80 - 100	n.	96 / 20.09.12
5/67.A	MCH-vidējā Hb konc.	31	27 - 33	Pg	31 / 20.09.12
6/67.A	MCHC-vid, Hb konc, Er	330	315 - 360	g/L	320 / 20.09.12
767.A	RDW-Er. sadalījums Anizocitoze	15.9 0	11.5 - 15.5	9/L %	13.8 / 20.09.12
8/67.A	Trombociti	191	150 - 410	10x9/L	202 / 20.09.12
67.A	Leikocīti	4.10	4.0 - 9.8	10×9/L	3.70 / 20.09.12
10/67.A	Leikocitu d	liferencēts skait 45.9 8	5 48 - 72	%	
1/67.A	Neitrofilie abs.	1.87 8	1.92 - 8.00	10x9/L	
2/67.A	Eozinofilie %	2.6	0.3 - 5.4	%	
3/67.A	Eozinofilie abs.	0.11	0.02 - 0.53	10x9/L	
4/67.A	Bazofilie %	1.0	0.0 - 2.0	%	
5/67.A	Bazofilie abs.	0.04	0.00 - 0.20	10x9/L	
6/67.A	Limfocīti %	42.2 0	18.0 - 42.0	%	
7/67,A	Limfocīti abs.	1.71	0.72 - 4.00	10x9/L	
8/67.A	Monociti %	8.3	-2.0 - 11.0	%	
9/67.A	Monociti abs.	0.34	0.08 - 1.21	10x9/L	
0/67.A	EGĀ(Kapilārās fotometrijas metode)	5	1 - 15	mm/h	3 / 20.09.12
	Kliniskā ķi				
	Kreatinīns	75	30 - 106	µmol/L	
2/67.A	Glomerulu filtrācijas ātrums	133	>90	ml/min/1.73 m ²	
			lācija, svar:	s 82 kg	
(3/67.A	Glikoze plazmā	5.10	3.30-5.89	mmol/L	

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small country effect



- Limited money in the system to support complicated homegrown projects
- Limited availability of specialists for development of sophisticated and wide applications
- 1 university teaches all MDs

Result?

almost everything is true from Dr. Kariis' presentation

Result?

- Limited funds for "UI optimization"
- Limited funds to include doctors in development process
- Limited funds for training
- But not....similar processes in hospitals ③

duplication vs competition



- 4 hospital information systems...
- **Each has a separate lab system...**

way out?



the only way out is the way out!



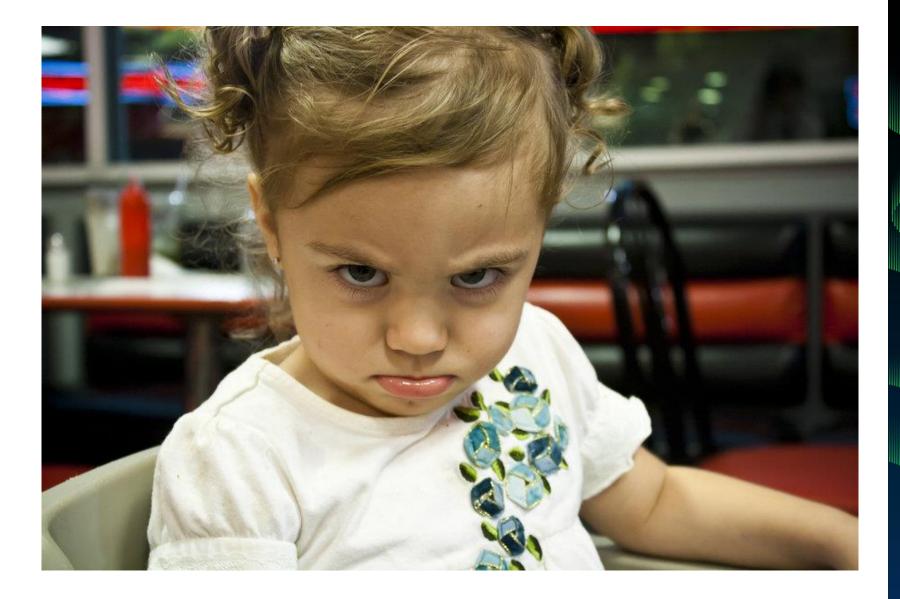


role of medical specialists











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