



SHARING OF DATA

D.T2.6.3 - Design of FNOL platform “SHADA”

Version 1

10 2020





Table of contents

1. Introduction	3
2. Overview of importance of digital tool	4
2.1. Arguments for digital platform FNOL	5
2.2. Breaf description of medical and social care	6
2.3. Presentation of the design concept of digital tool “SHARDA”	7
2.4. Presentation of results	10
2.4.1. Presentation of introduction	11
3. Technical development	11
4. Further possible development	19
5. Conclusion	19
6. References	20
7. Attachment	21



1. Introduction

The current development of a growing and aging population in the Czech Republic (CZE) will continue in the future in aging and as well in decreasing of number of inhabitants. The stagnating birth rate and increasing life expectancy, the last strong birth cohorts from 70th and 80th, which will gradually change into retirement age, are continuously increasing the aging process. The population of CZE will reduce, in general, but the number of the population 65+ will increase quite rapidly in next 40 years. The age index improves growth in the future. It will culminate on 1 January 2063, when, as expected, there will be 277 seniors per 100 children (today 113 seniors). The situation where seniors will be 2.5 times more than children should last the whole second half of the century.¹

This demographic development has very important effects on the health and social system. One of the effects we can predict is the pressure on public spending.

That is why it is important to react to these changes and be prepared for them as quickly as possible. One way to reduce costs in this area is to implement digital tools that enable older people to live a longer life at home as it is planned in Austria.² And of course these tools can offer for example supplementation of physical work, so employees can work on more important tasks. One of these tools is “data traveling” instead of transporting documents between several subjects across city, or whole republic. But it is also the change of thinking what is welcome. Change of process of working with elderly, when we can more coordinate the care through case management using electronical data (see text above) to improve and accelerate too the social and health care.

The development of the platform presented here is based on practical experience from the Bologna eCare network and other EU best practices, etc. For the planned changes to be applicable within the CZE, it is necessary to involve and convince more entities such as health services, health insurance companies, etc. It is also needed to show what time and financial savings IT system brings; therefore, it is necessary to come up with a concrete idea and design of a platform that will replace the need for physical data transfer.

The aim of this document is to provide information for understanding reasons for design of the digital tool. It consists of 2 thematic parts. First provides an overview of information and resources. This overview describes the concept that is the basis of the FNOL platform, possible combinations and possible uses across entities involved in the care of the elderly. Second provides description of technical design of the digital data sharing platform solution.

There are also third thematic sections in the document, which offer further development opportunities in this area.

¹ <https://www.czso.cz/csu/czso/ea002b5947>

² C. Fiori, The eCare Network in Bologna: No longer home alone, page 285, Italy, 2014.



2. Overview of importance of digital tool

The whole system of care for the elderly in CZE has great potential and covers a wide range of topics. One of them is the computerization, draft of digital solutions, which can replace, cheaper, and speed up certain procedures in practice. Care is still quite well available and there are several financial benefits from the state, or procedures paid by insurance companies, etc. The benefits are for covering or contribute the cost for medical, social care, for medicines, and other like payments. Some existing procedures are outdated and they don't use digital tools for many reasons. One of the reasons may also be inadequacy of the digital tools.

In Olomouc is suitable environment for the design of new or modified forms of digital solutions within the care of the elderly. There is university with medical faculty and other supporting medical or nursing disciplines. A lot of specialists, polyclinics, private practices, the University Hospital and the Military Hospital are as well situated in Olomouc. There are also social fields at university and at the college. This might influence number of existing providers of nursing care, social services across target groups (elderly, with handicap, etc.). In the year 2018 there was 102 providers of social services and related social activities in the administrative perimeter of municipality with extended competence Olomouc (Fifth community plan of social services in Olomouc and surroundings for the period 2020 - 2022³). The National telemedicine centrum (NTMC) as the competence center of Ministry of Health for the electronic healthcare is based in Olomouc.

Senior released from the hospital is pushed into the so called "process of paperwork". There is a lot of documents, reports, applications, information, etc. around patient travelling between patient, hospital, general practitioner, family, municipality, nursing and social care providers, insurance company, etc. Some of these can be overtaken by digital tool and this can reduce time and financial demands (see below). Model of case management⁴ is welcome to expand and be common part of care of elderly in the future. It is clear, that convenient digital tool is needed to coordinate care of elderly.

Practice shows, that elderly patient is often confused, weakened because of illness, accident, type of examination, treatment, etc. this all cause stressful situation. After being released from a hospital facility, patient receives a discharge report, a medical report and often also a voucher for home care all in paper form with signature and stamped. Hospital social service contacts home care provider and patient need those reports from hospital, among other things, to prove his entitlement to nursing care and also for general practitioner. Care, based on medical report from hospital, is provided for a limited period - 14 days. If the need of nursing care continuous, the provider must bring request for it to the GP. The discharge report also needs to be delivered to GP, who decides on follow-up care. The following care must be confirmed between home care provider and GP repeatedly and it is controlled by health insurance company. It is also lot of forms about what has been done for patient, what needs to be confirmed by GP for health insurance company every month. If social services are needed, patient can apply for a care allowance, and for that GP needs reports from all specialists (physicians), hospital, etc., so he has enough information for the assessment committee which decides about this benefit.

After release from hospital, seniors mainly need help with basic tasks and receive information in understandable way. Lot of them or their families, need help with coordination of care and with communication around benefits from state etc.

Discussions with home care and social care providers and social workers from Olomouc municipality have found that the current practice of document travel is unsatisfactory and digital solutions would be welcomed.⁵ Experts (social care organizations) try to solve the shortcomings of care for the elderly on their

³ <http://kpss.olomouc.eu/uploaded/download/5-kpss-Olomoucka-2020-2022.pdf>

⁴ <https://www.sue-ryder.cz/clanky/co-je-to-case-management>

⁵ See attachment - interviews with the nursing service.



own, this cause a paradox where "everyone does everything", which is relatively uneconomical, time-consuming and personnel-intensive, and ultimately inefficient for the client (patient). GPs, who are an important element in the current system, are generally more reluctant to embark on new projects, as evidenced by the transition to e-incapacity and e-prescription.⁶ It is usual that new approaches brings worrying and unwillingness to accept them. These are often the views of helping professions, but also, for example, health insurance companies. Lot of them look at modern technologies with a significant dose of skepticism. It should be noted that, for example, the IZIP project leads them in this (The VZP Board of Directors has definitively terminated the IZIP project, 2012).⁷

Another important finding is that GPs do not go to patients' homes, they often do not know their actual health condition at all. They often have full waiting rooms and do not catch up. If a senior needed a consultation or medication in the past, he always went to the doctor where waiting rooms were still full and he waited for a long time. Nowadays, e-recipes already work despite all the negative reactions during their implementation, but seniors lack communication and the possibility of consultation. GP does not have current news about the patient's health, his hospitalizations and visits to specialists.

The evidence of fact that digital tolls works is actual interaction between patients and cardiologist clinic in FNOL. But we must say that everything needs to be carefully prepared.

Coordination and collaboration entail data sharing, which can be a problem. Developing new SW, is relatively expensive and time consuming, the problem sometimes arises by launching up during trial operation. It takes time to make well tuned system, but in this time it becomes obsolete. This could be avoided when creating the SW which would respect easy updates. IT is a field that is not very popular with seniors in terms of user skills, the emphasis must be on the simplicity of the system. SW creation must be specialized according to the target group the service is targeted at, seniors, their family, or to the social service that mediates the service to them, etc.

Increasing number of seniors, that we expect, will not allow us to (personally) cover all sectors of care for them sufficiently. Therefore, some processes that in presence still requires physical interaction need to be digitalized and this will save these employees so they can be working with the senior. The overall design of the solution considers a wider use, which can be suitably complemented depended on needs that will be reflected in the process of implementation in practice. Ability to easily complement digital tools is crucial also for possibility of technology transfer between EU countries.

2.1. Arguments for digital platform FNOL

At the end of hospitalization in the hospital or specialized medical institute, if required by the health condition of the senior, the discharging doctor will recommend home medical (nursing) care. This request is valid for 14 days. During these days physiotherapist and nurse visit the client after discharge and they offer rehabilitation, administration of drugs, etc. Their visit, for first 14 das, is already being arranged by hospital social department. Continuity of home health care after 14 days is subsequently recommended by a general practitioner - he will make new request. The validity of this care can be extended according to the needs of the senior, it is not limited in time. This care is covered by health insurance.

After release, the senior can be provided not only with a follow-up medical service (nursing, rehabilitation, etc.), but also social care, or a combination of services ideally with the help of the senior's surroundings (family, friends, neighbors).

Sometimes it is not possible to release a senior into home care, so he switches to a so-called "social bed" situated in medical facility and from there he is released to one of the residential social services.

⁶ <https://zpravy.aktualne.cz/finance/e-eschopenka/r-0e695f5249a111ea84260cc47ab5f122/>

⁷ <https://ct24.ceskatelevize.cz/domaci/1168590-spravni-rada-vzp-definitivne-ukoncila-projekt-izip>



As mentioned in chapter 2., the path of the document, the following verified problem arises from the practice of FNOL and the home care services:

1. The patient often loses the discharge report, a copy must be made for GP and for the service that sets the nursing care tasks - this means repeated prints, stamps, signatures, etc. all in physical form.
2. After a period of 14 days, the employee of the nursing service physically travels between the office and up to 60 doctors within the Olomouc region to confirm continuation of services. According to the patient's needs - this must be done every month. Also the home care services fill form with operation they did for patient. Subsequently, an employee from the health insurance company comes to check these documents, all is made physically.

The main desired purpose of the digital platform solution is:

- Electronic transmission of documentation to the nursing service.
- Electronic transmission of documentation to GP.
- Electronic transmission of documentation within the follow-up care between the GP and the nursing service. And documents for confirmation by GP to nursing service for health insurance control.
- Access to the system for the health insurance company, which can perform checks in almost real time.

The superstructure can then be, for example:

- Access to insight for social service providers involved in care for the elderly. Social service is in some cases very important in the planning of nursing procedures, for example performing hygiene (social care), before re-bandage (nursing operation).

2.2. Brief description of medical and social care

Home health nursing care (Act No. 372/2011 Coll., On health services and conditions of their provision) is provided in the patient's own social environment.

Home health care means, for example, the following areas:

- Health check - measurement of blood pressure, sugar level, etc.
- Administration of drugs, injectable and non-injectable (insulin, painkillers, blood thinners, etc.).
- Treatment of skin defects (shin ulcers, bedsores, postoperative wounds).
- Prevention of bedsores.
- Care for hydration (watering), monitor fluid intake and output.
- Infusion therapy (pain treatment, hydration).
- Physical and mental activation.
- Taking of blood and other biological material.
- Nursing rehabilitation.
- Permanent catheter care, catheterization, stoma treatment, enema application.

In Olomouc, home health (nursing) care is provided by, for example:

- Pomadol, Dobnerova 718,



- Charita Olomouc, Peškova 1,
- AURA, Masarykova tř. 970,
- SDOP OL, Mišákova 41,
- DOP Pospíšilová Jana, Karolíny Světlé 1186 / 2a,
- Fyzidop s.r.o., Fischerova 4.

Social service (Act 108/2006 Coll., On social services means) - an activity or a set of activities providing assistance and support to persons for the purpose of social inclusion or prevention of social exclusion. Every person is entitled to free basic social counseling on the possibilities of solving or preventing an unfavorable social situation. An unfavorable social situation means weakening or loss of ability due to age, unfavorable health status, due to a crisis social situation, life habits and way of life leading to conflict with society, socially disadvantaged environment, threat to rights and interests by criminal activity of another natural person or from other for serious reasons. It is necessary to emphasize that term "social service" is a legislative term (Act 108/2006 Coll., On social services) and nothing can be called that what would not meet the regulations of the relevant law (from registration, to the method and quality of providing services). The basic division of social services is into field, outpatient and residential. Some services can be provided in all forms.

In Olomouc, home (social) care is provided by, for example:

- Pomadol, Dobnerova 718,
- Charita Olomouc, Peškova 1,
- Sociální služby pro seniory, p.o., Zíkova 14.

2.3. Presentation of the design concept of digital tool “SHARDA”

As mentioned above, one of the aims of digital tool is to simplify the way of documentations forms, etc.

To be able to design proper system we needed to collect and evaluate the data effectively and we need to be in touch with most of the providers mentioned below, as target groups.

Main target groups are:

- Hospital
- Nursing care provider
- GP
- Patient (mostly above 75) who needs nursing care.
- Health insurance company.
- Social care provider.
- Combinations, which make further observation necessary, were worked out.

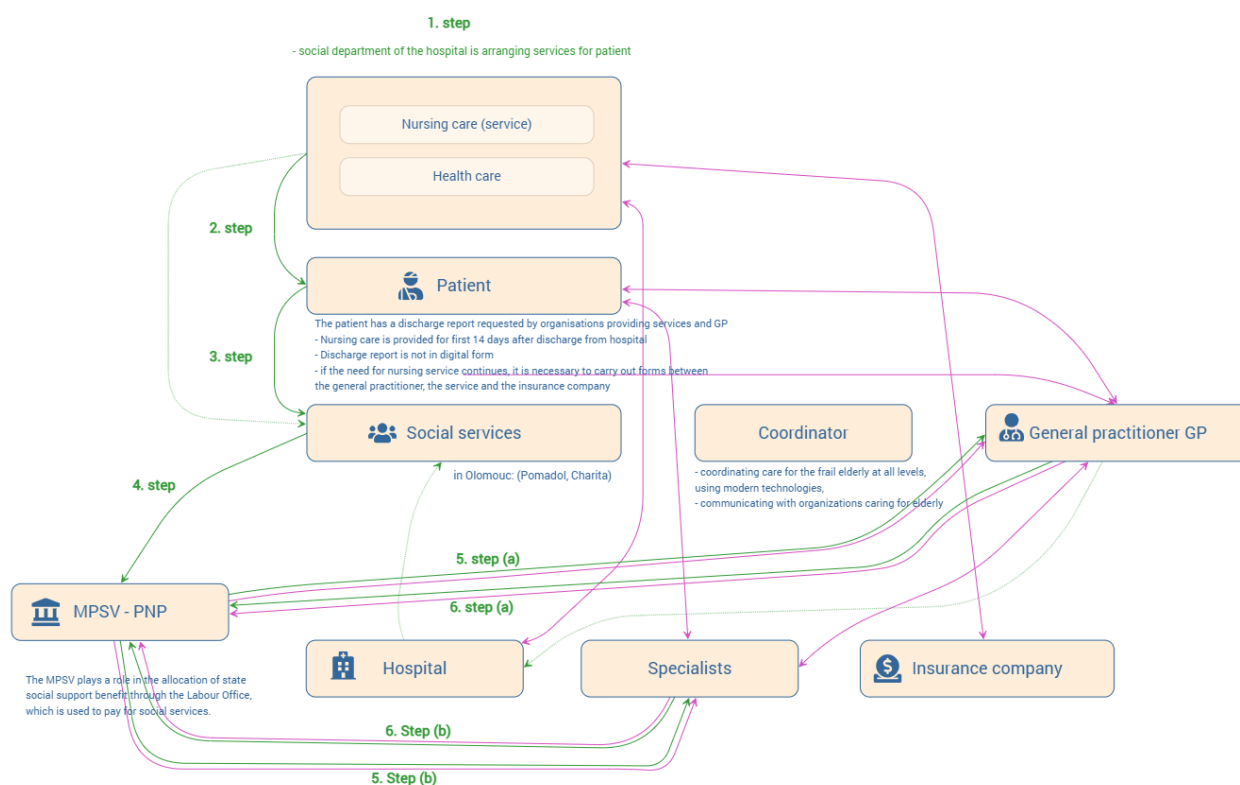
Other targeting groups are or could be:

- Case manager - in future, who will coordinate and check whole system to make sure, all care is quick, fluent and sufficient.
- Labour office (as part of Ministry of Labour and Social Affairs).
- Specialists (doctors).
- Municipality - social workers.

Since the system of digital platform is not used in CZE, there are no specific legal regulations on this.

As you can see in the picture 1, there is bigger bonus coming out from our design, so it can be linked between all the targeted groups.

Figure 1



The development of an electronic tool for managing help in the social and health area, the so-called case management. The digital tool will enable sharing information among desired subjects (see in the appendix - Table 1).

The main desired purpose was mentioned in chapter 2.1 (Approval and verification of applications for the continuation of nursing services between the service provider and the general practitioner with the possibility of control by the health insurance company.). But they are other possibilities how can be system useful. It optimally should have also following functionalities:

- Client login based on SHADA client registration and identification.
- Login of internal users of the SHADA system.
- Login of external users of the SHADA system.
- Establishment, registration and management of information about services,
- Establishment and registration of SHADA system clients.
- Establishment and registration of internal users of the SHADA system (doctors, health professionals, social workers, case-manager, etc.).



-
- Establishment and registration of external entities and their users within the SHADA system (external entities providing services, entities participating in individual cases within Case Management, insurance company).
 - Creation, planning and management of individual cases and individual plans of the client.
 - Taking notes of meetings and activities in relation to the client.
 - Assignment of rights and roles by the case manager, ie access and configuration of the system within the internal administration interface.
 - Communicating with clients through the system. Possibility of video consultations through the system between individual subjects, especially between the patient - doctor. Possibility to send messages, questionnaires, etc. and collect answers and work with received data.
 - The client's access to his cases and information from the public Internet via a public interface.
 - Creation of processes and forms in a simple visual interface, interface for creating and managing Open Data (Opendata),
 - Creation of reports and overviews within the stored system data.
 - Protection and control of documents against misuse.
 - Self-service web portal for internal staff access.
 - Form and workflow module (forms, processes, states and escalations).
 - Module for document management and creation, task and case management, records of individual interactions, activities and client cases.
 - Web user interface of the client's self-service portal, web user interface of the self-service portal of external providers, web user interface for internal users.
 - Mobile interface for field workers.
 - Protected and secure cloud storage under the management of a trusted entity.



2.4. Presentation of results

The "paperwork process" described above saves in case of one patient:

- Printing of a discharge report for the purposes of a general practitioner and nursing service. Sometimes it occurs repeatedly when lost by a patient.
- There is no need to print requests for continuing services. No need to print and deliver forms to be confirmed with description of what operations home care did for the patient. Those forms are checked and controlled by employees from health insurance company if they are properly confirmed by GP, etc.
- There is no need to repeatedly travel between the nursing service and the general practitioner due to the physical transmission and confirmation of requests and the issuance of new requests for the next period, confirmations, etc. - this happens repeatedly every month.
- It is not necessary for an employee of the health insurance company to physically arrive and physically check the printed papers for correct and sufficient filling. He can perform this check online with access to the system. This check could also be performed automatically in the future.

For the above, it is not yet necessary for the digital platform to meet all the plans listed in 2.3., But only a part of them, for the purposes of 2.3.1. it will save dozens of regular rides between the nursing service provider and general practitioners in the Olomouc region. All this saving will be able only if at least basic program will be approved and used for nursing care.



2.4.1. Presentation of introduction

The introduction of the digital platform will take place on a test sample of people released from FNOL for home investigation, where home nursing care follows.

The digital platform will be designed to allow the basic required elements described above to allow documentation sharing.

Selected patients will be covered by a case manager who will coordinate all comprehensive care for a selected sample of seniors, from providing an electronic discharge report to generating a code that the patient will provide to the care service and GP to access the report.

In the program, it should be possible to send a request to the general practitioner for the continuation of the nursing service, which the physician will confirm, and to send the doctor the confirmed elaborated procedures, with the physician confirming them again.

The possibility of video consultation between the patient and the doctor is an additional offer of the application. It can also be based on the evaluation of the nursing service within the work in the patient's home.

It should be followed up in the future by the health insurance company, for control reasons.

3. Technical development

Technical realization of the proposed solution is based on JAVA platform and also enables the involvement of a video interview. So there is enable consultations with GPs, specialists doctors, etc.

The screenshot displays the TM portal FNOL interface. The top navigation bar includes the TM portal FNOL logo, a search bar with 'Heart failure' entered, and a user profile for 'Michal Štybnar (Intern physician)'. The left sidebar contains a menu with options: PATIENT REGISTRATION +, OVERVIEW, LIST OF PATIENTS, CALENDAR, LIST OF MEETINGS, ROOMS OVERVIEW, CONSULTATIONS HISTORY, DRUGS ORDERING, SETTINGS, and CONTACT AND SUPPORT. The main content area is divided into several sections:

- EXAM ROOM:** A blue box showing 'Heart failure' and 'Michal Štybnar' with a status 'Doctor is available'.
- NEXT CONSULTATION:** A blue box showing '11.06.2020 12:00' and 'Heart failure' by 'David Skoda'.
- ADD NEW VIDEOCONSULTATION:** A blue button with 'Click here'.
- PROCESS A REQUEST FOR MEDICATION:** A blue button with 'Click here'.
- ONCOMING CONSULTATIONS:** A table with columns: DATE, EXAM ROOM, PATIENT, TITLE, and DESCRIPTION.

DATE	EXAM ROOM	PATIENT	TITLE	DESCRIPTION
11.06.2020 12:00	Heart failure	David Skoda	regular check	
23.06.2020 12:00	Heart failure	Jan Novak	deterioration	I feel very bad
- MEDICATION REQUESTS:** A table with columns: PATIENT, ORDERED, and NOTE.

PATIENT	ORDERED	NOTE
David Skoda	02.06.2020	I'm running out of medication

At the bottom of the main content area, there is a link 'ALL VIDEOCONSULTATIONS +'. The footer of the interface shows the 'n+c' logo and version 'v1.0.3.1'.

The video consulting platform is based on the principle of a patient's request to contact a health or social care provider. You must be registered within the platform. The health or social worker is registered under



his / her personal number / email and password than they are validated by administrator. Patient has customized dashboard where he can see next confirmed videoconsultation. If patient do the register itself than social or health worker receive through the email notification that somebody did registration and there is need to validate him. Patient or health/social worker fill the “registration request” where are the following information:

- Given name and surname
- Email
- Mobile phone number
- Address
- Patient ID
- Insurance company
- Allergies
- Medication
- Name of the doctor/social worker



Registrace pacienta

NOVÝ PACIENT

Jméno*

Vepište jméno...

Příjmení*

Vepište příjmení...

E-mail*

Vepište email...

Telefon*

Vepište telefon (např. 604 879 412)...

Adresa

Vepište Vaši adresu bydliště...

Rodné číslo*

Vepište Vaše rodné číslo...

Pojišťovna*

Klikněte pro rozbalení nabídky...

Alergie

Vepište alergie...

Ambulance*

Klikněte pro zobrazení nabídky...

Lékař*

Klikněte pro zobrazení nabídky...

Pobírané léky

Začněte psát název léku...

Název léku

Dávkování



Zakliknutím souhlasíte se zpracováním osobních údajů, více informací o ochraně osobních údajů si přečtete [ZDE](#)

ODESLAT



PŘIHLÁŠENÍ
 NOVÁ REGISTRACE

ČASTÉ DOTAZY
 KONTAKT & PODPORA

Fakultní nemocnice Olomouc
Profesionalita a lidský přístup
I. P. Pavlova 6, Olomouc

www.fnol.cz

+420 588 441 111

+420 585 413 841

info@fnol.cz

PŘIHLÁŠENÍ DO PORTÁLU

Login

Heslo

VSTOUPIT ✓

Nemáte ještě účet?
ZAREGISTROVAT SE

Zapomenuté heslo?
RESETOVAT HESLO

Login page to the system

PŘEHLED
 MOJE KARTA
 SCHŮZKY
 OBJEDNÁNÍ LÉKŮ
 ČASTÉ DOTAZY

Fakultní nemocnice Olomouc
Profesionalita a lidský přístup
I. P. Pavlova 6, Olomouc

www.fnol.cz

+420 588 441 111

+420 585 413 841

info@fnol.cz



Detail objednávky

VÝBĚR

Pacient

Michal Štýbnar

Vybrat lék

Začněte psát název léku...

SEZNAM OBJEDNÁVKY

KÓD LÉKU	NÁZEV LÉKU	POPIS BALENÍ	MNOŽSTVÍ	SCHVÁLENO
----------	------------	--------------	----------	-----------

DOKONČENÍ OBJEDNÁVKY

Poznámka pacienta

Sem napište poznámku...

ODESLAT POŽADAVEK

Medication request



ORDINACE
Srdeční selhání
David Škoda
 Lékař je právě k dispozici

DALŠÍ KONZULTACE
- - - - -
Nenaplánováno

ZAŽÁDAT O SCHŮZKU
Klikněte zde

OBJEDNAT LÉKY
Klikněte zde

NADCHÁZEJÍCÍ KONZULTACE

[VŠECHNY KONZULTACE +](#)

ŽÁDOSTI O LÉKY

OBJEDNÁNO	POZNÁMKA	SCHVÁLENO	DOKTOREM
07.12.2020		ANO	Martina Jedličková

Main dashboard



Karta pacienta

DETAIL UŽIVATELE

Jméno

Michal

Příjmení

Štýbnar

Datum narození

02.02.1990

Rodné číslo

9002022545

Email

michal.stybnar@fnol.cz

Telefon

604 879 532

Adresa

Maltézská 89

Zdravotní pojišťovna

205 - Česká průmyslová zdravotní pojišťovna

Alergie

NULL

Poznámka (Srdceční selhání)

UPRAVIT

MOJI LÉKAŘI

Aiglová Renata

Flašík Jakub

Jedličková Martina

Lazářová Marie

Rakovská I. Jitka

Škoda David

Štýbnar Michal

Továřková Irena

Vohratík Tomáš

MOJE MEDIKACE

Přidat léky

NÁZEV LÉKU	DÁVKOVÁNÍ	
PRESTARIUM NEO - POR TBL.FLM 90X5MG	2-0-0	✖
BRUFEN 400 - 400MG TBL.FLM 100	2-0-0	✖
PRESTARIUM NEO FORTE - POR TBL.FLM 90X10MG	2-0-0	✖
BRUFEN 600 MG - POR GRA.EFF 20X600MG	2-0-0	✖
Pampers Premium Care Pack S1 26ks Newborn -		✖
3M Spofaplast 112 Nápl.tučňáci z Madagaskaru 10ks -		✖
335- ortéza pro fixaci prstu - Sanomed		✖

PŘÍLOHY

TYP	NÁZEV	NAHRÁNO	
	RTG_L_Kolene_Stybnar87.jpg	17.06.2020 14:56	✖
	Ambulantní zpráva Štýbnar_1...	17.06.2020 13:37	✖
	Ambulantní zpráva Štýbnar_1...	17.06.2020 13:37	✖
	Ambulantní Štýbnar_05_06_...	17.06.2020 13:37	✖

VYBRAT SOUBORY

NAHRÁT

VYPLNĚNÉ DOTAZNÍKY

DOTAZNÍK	KONZULTACE	VYPLNĚNO
Srdceční selhání 1		13.11.2020 10:39
Srdceční selhání 1		13.10.2020 11:54
Srdceční selhání 1		02.09.2020 11:23
Srdceční selhání 1		25.08.2020 11:43
Srdceční selhání 1	Kontrola ambulance srdcečního selhání	12.08.2020 12:00
Srdceční selhání 1	Pravidelná kontrola	24.07.2020 01:00
Srdceční selhání 1	Zhoršení zdravotního stavu - TEST	21.07.2020 01:30

Patient's card



Historie konzultací

PŘEDEŠLÉ KONZULTACE

☒ Vyřízené ☐ Nevýřízené

ORDINACE	DATUM	NÁZEV	POPIS
Srdeční selhání	10. 12. 2020 08:00	zkouška?????	Konzultaci
Srdeční selhání	26. 10. 2020 12:00	zkouška dotazník	
Srdeční selhání	22. 10. 2020 16:00	zkouška	
Srdeční selhání	20. 10. 2020 15:00	logopedie zkouska	
Srdeční selhání	14. 10. 2020 16:00	zkouška	
Srdeční selhání	12. 10. 2020 12:00	Zkouška spojení	
Srdeční selhání	12. 08. 2020 12:00	Kontrola ambulance srdečního selhání	test

1

2

3

Detail schůzky

ŽÁDOST

Pacient

Štýbnar Michal

Název žádosti

Navrhované datum

Poznámka

ODESLAT ŽÁDOST ✓



Sdílení zdravotnických dat rychle a bezpečně

1. Vložit údaje

Váš e-mail

Vaše jméno

Email příjemce

Předělat

+420 Telefon

Poznámka

2. Vložit dokumenty



Přetáhněte soubory do tohoto okna nebo klikněte sem

3. Odeslat příjemci



ODESLAT SOUBORY

☐ Souhlasím s
[podmínkami](#) pro
užívání systému

Pro zcela bezpečné sdílení a používání dalších služeb je nutno se [registrovat](#) | Více informací o používání [portálu](#).

 niCE-life

Persons

 New Person



Person list

[Home](#) / Person List

Search:

ID	Interviewee Name	Interviewer Name	Actions
6	John Smith	Emily Watson	Show Charts Add Questionary Edit Personal Data

Showing 1 to 1 of 1 entries

Previous 1 Next



4. Further possible development

The digital platform has been created from the beginning as an open system. We assume that it will be necessary to further intervene in the already created program, supplement it and expand it. This is already considered in the IT proposal, which should enable it.

An example of further expansion not mentioned above is the use of the so-called monitoring grid, which is being set up in Austria and which is based on the previous practice in Bologna. This extension could control and predict the patient's condition within AI, which could save considerable costs for the overall care of the patient by residential and outpatient health services, but also by social services, etc. Supervision over the patient should be overtaken by case manager, who should cover the care and connect (coordinate) it appropriately.

5. Conclusion

The result of the digital platform within this document should be its testing in practise on a selected sample of patients.

The creation and testing of a platform should be the gateway for its introduction into the regular system of care for the elderly.

The logical arrangement of care would be under the control of a case manager. This is the logical starting point that some countries have already reached within and outside the EU.



6. References

- <https://www.czso.cz/csu/czso/ea002b5947>
- C. Fiori, The eCare Network in Bologna: No longer home alone, page 285, Italy, 2014
- <http://kpss.olomouc.eu/uploaded/download/5-kpss-Olomoucka-2020-2022.pdf>
- <https://www.sue-ryder.cz/clanky/co-je-to-case-management>
- <https://zpravy.aktualne.cz/finance/e-eschopenka/r~0e695f5249a111ea84260cc47ab5f122/>
- <https://ct24.ceskatelevize.cz/domaci/1168590-spravni-rada-vzp-definitivne-ukoncila-projekt-izip>



7. Attachment

Interviews with the nursing services.