



Cross services citizen flow

Thingamy

# SITUATION

- Transfers and handovers of clients/patients between services are usually ad hoc processes using mail, fax, phone or a mash up of scheduling and other IT tools.
- Thus the information and responsibility transfer suffers, even if using a specific solution like a Health Information Exchange/Network/Bridge.
- Manual methods means breakable flows; things can be forgotten and responsibility is hard to ascertain: Crucial real time feedback of progress and confirmation of reception, accepted information and responsibility is lacking.
- A citizen's wellbeing is often dependent on how well his flow between the social services, healthcare, law enforcement and other citizen services is orchestrated.
- A government is dependent on seeing what is happening in order to best allocate resources and better the services offered to its citizens.



# SOLUTION

## A process based system in the cloud:

- That **handles client/patient handovers** - registration, scheduling, admission, transfer and discharge of person, information and responsibility cross all entities that has an effect on a client/patient.
- Ensuring **total accountability**, a **seamless and unbreakable flow**, instant confirmation and any level of real time transparency wanted.
- **Simplifies the daily work** for all involved parties.
- **Fully compliant** with laws and regulations while surpassing any other system when it comes to privacy and security.
- Ensures full **information separation** between different types of stakeholders like law enforcement, child protection, health services, social services and more. Total **privacy** at any chosen level is a given.

# PURPOSE

- **Safe and effective client/patient handovers.**  
For lower risk of errors, less administration and duplicate work and a seamless and unbreakable client/patient flow cross entities.
- **Resource optimisation.**  
For better use of region-wide resources without limitation to typical healthcare providers, social services or law enforcement - include all services that has an impact on a citizen's outcome.

# PURPOSE DETAILS

- **Safe handovers:**
  - Ensure information transfer.
  - Ensure accountability.
  - Unbreakable.
  - Flow, communication and relevant transparency.
- **Resource optimisation:**
  - Include any public or private service provider.
  - Continuous and real time calculation of waiting times and resource utilisation.
  - Better use of available resources by transparency and inclusion of payers/ government.



# SOLUTION DETAILS

- **Minimal but sufficient information:** Interfaces and what information to include, and who sees what, to be decided in cooperation with the users.
- **Client/patient interface:** Full overview including scheduling and ability to request re-scheduling and communication with care or social services worker as well as history.
- **Stand-alone or integrated:** Delivered as a service in the cloud without affecting any other system as a start. Can at any time be connected to other systems using standard APIs and HL7 standards, or embed such systems as part of relevant interfaces.
- **Expandable:** Can be expanded at any time to include in-house handovers, general workflows, casework flows, diagnostic tools, automatically generated EMR, PAS and accounting/payment functionality and much more.
- **Compliance, privacy and security:** Is compliant with the intent of relevant laws but over-delivers most of the time in regards the letter of the law.

# IMPLEMENTATION

## Steps

## Timeline

- |  |             |
|--|-------------|
| 1. Establish final functionality: Interview user representatives, discuss working (draft) system, map opportunities. | Week 1 - 4  |
| 2. Connect to SSO (Single Sign-On) system if present or finalise chosen on boarding mechanism.                       | Week 5 - 8  |
| 3. Final testing and/or limited pilot. Establish support organisation including local superusers.                    | Week 9 - 15 |
| 4. Launch including PR/Marketing for awareness.  | Week 16     |

# CONTACT

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