

SEPTEMBER 2022 • ISSUE NO. 07



Origin Integrated Studios

THE OFFICIAL NEWSLETTER

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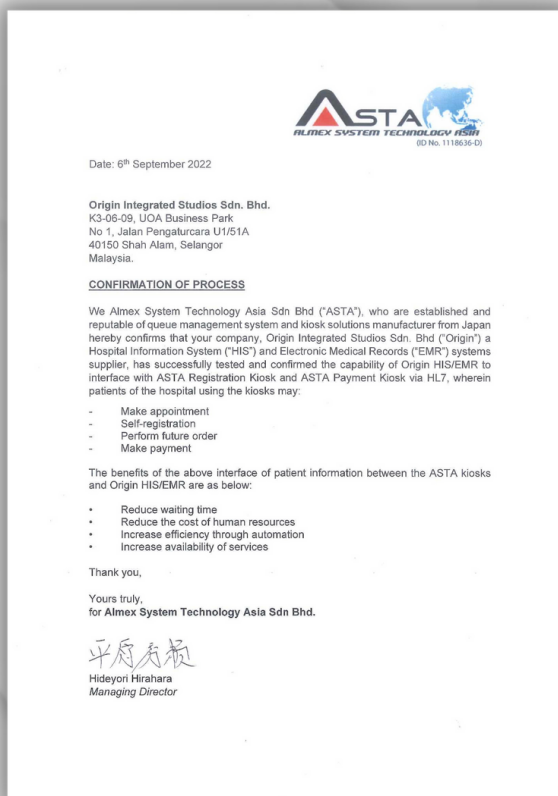
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Strategic Alliance



A strategic partnership alliance between Mr. Hideyori Hirahara (Managing Director of Almix System Technology Asia) "Left" & Mr. Kenneth Kee (CEO of Origin Integrated Studios) "Right" on introducing seamless integration of Origin HIS/EMR with ASTA registration and payment kiosks, to enhance hospital services by reducing waiting time for patients and improving the overall hospital's KPI.

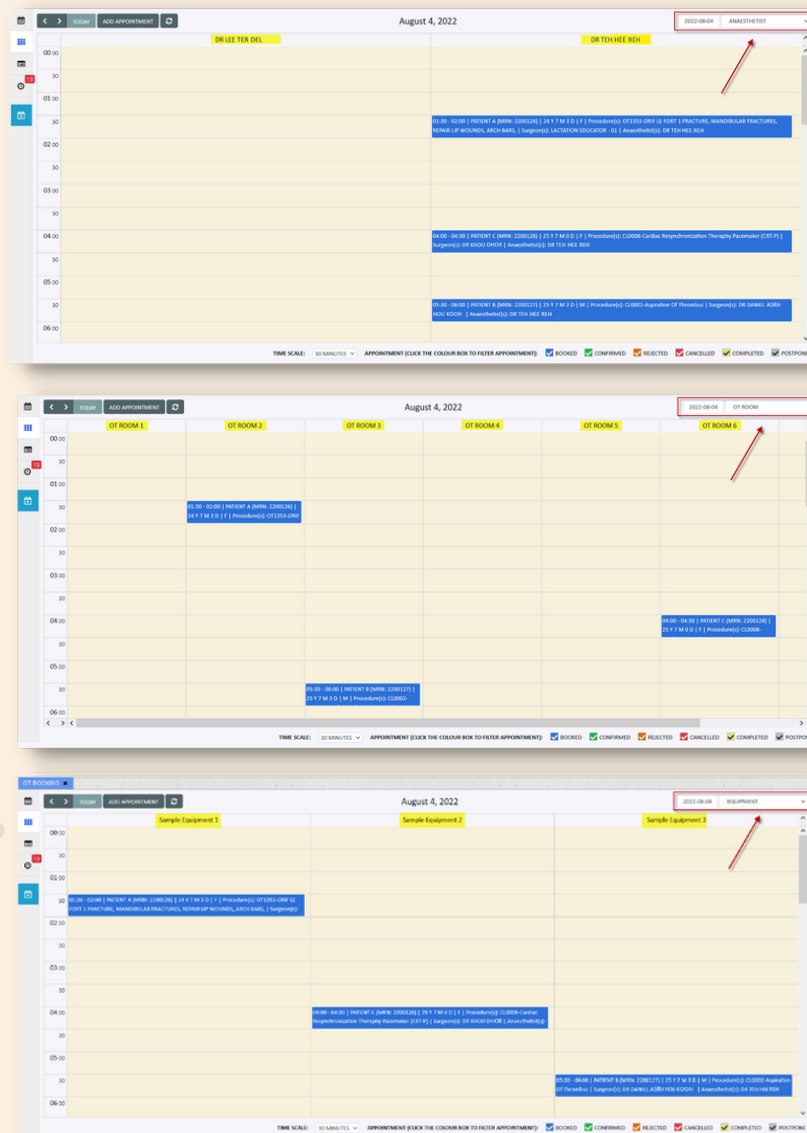


Upcoming Releases

OT Booking

OT booking in Origin have taken on a new look and feel, accommodating OT scheduling features within. Inspired by actual whiteboards common in operating theatres where staff manually writes and plans cases, we can now display case bookings either by toggle of OT room, Anaesthetist, or Equipments. This also means OT booking can now cross check against availability of all the aforementioned, plus surgeon availability. Apart from that, we incorporated drag-and drop feature to ease the appointment schedule changing process.

Information displayed on OT scheduling screen is also catered to what the OT area staff commonly needs to view, namely: patient name, RN, Procedure name, Surgeon, Anaesthetist, Booked time and once the case has started, Starting time. This will allow efficient management and planning of hospital operating theatre appointments all in one same screen.

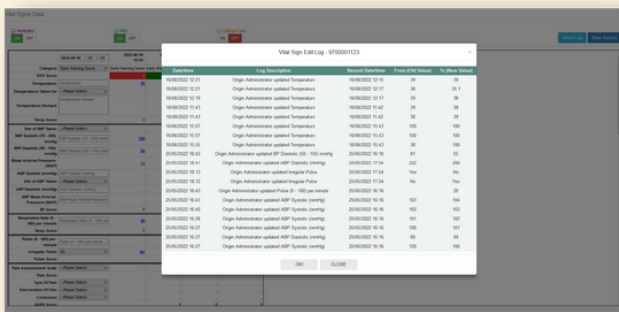
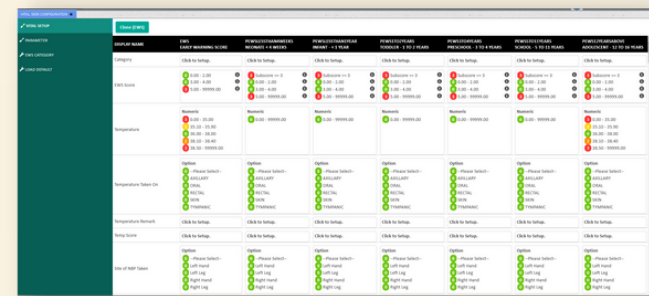
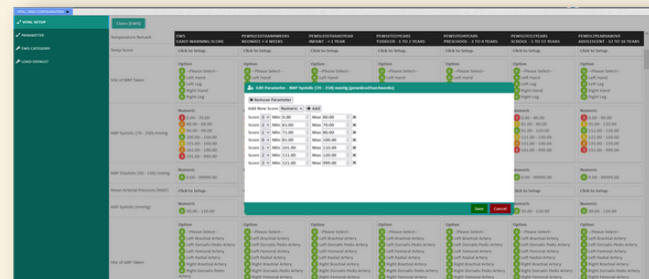
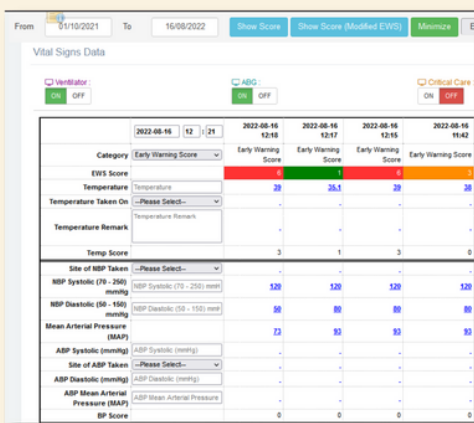




Vital Sign

Enhanced ease of use

- Apart from existing graphical charts, our Early Warning Scoring (EWS) display can now show data in history / timeline view. This trending view helps nurses to keep track and detect score changes
- Critical-care specific parameters can be hidden / displayed by a toggle ensures Vital signs chart is appropriate for the relevant care area
- Easy update of vital signs data with full audit trail if user performs edit within specified time frame which is clinically acceptable



Enhanced interoperability

- Integration with partner medical device companies e.g. Mindray and Seca allows patient parameters / values to seamlessly transfer into patient EMR. This reduces need of transcription and room for error

Enhanced Customizability

- Sequence of parameters in the Vital signs chart can easily be changed via drag and drop feature
- Vital signs and / or EWS protocols are easily configured based on age range and specific parameters can be aligned with clinical practice by allowing either numeric entry or options for users to select
- Able to cater for gold standard EWS practices:
 1. Sub scores
 2. Colour bands as visual highlights
 3. Sharing of few scored parameters which belong in the same group and system can select highest score within specified group (e.g. Paediatric protocols)
 4. Display of subsequent action based on defined total score

SOFTWARE ENGINEERING IN THE HEALTHCARE TECH SPACE — WHAT CAN WE DO?



BY

Erin Lee &
Ng Shien Wee

In the past newsletter article, we spoke about the challenges when developing a system for the healthcare environment. Just as a recap, the major challenges are:

- Myriad of Information overlap and exchange
- Need of almost-instant communication
- Current workflow is difficult to change / cannot be changed


This time round, we will look at the potential ways to overcome said challenges. Nevertheless, the suggested solutions require a lot of teamwork from vendor and client during all phases of project implementation.

1. Clear communication between users and IT vendor with proper management by the Project / IT team

- a. Users have a monitored channel to express pain points and needs
- b. IT vendors are allowed to clarify requests and present design limitations
- c. Project / IT team manages expectations, monitors communication and records requests

2. Utilize resources especially “bridging” personnel

Some companies have roles like application specialists, system analysts or project consultants. These roles are usually filled by



people who are either IT personnel who has healthcare experience or healthcare personnel who has IT experience. Make use of these people as they speak languages from both sides. They will be able to understand users' challenges and developers' limitations and come to a middle landing point. Additionally, with their experience, they will also be able to cross apply experience from past implementations to help brainstorm workarounds if needed.

3. System flexibility

Coherent with one of the first few newsletter articles, a healthcare system must be flexible enough and responsive to need of changes / customization. This is because healthcare is ever-changing and improving. On top of that, hospitals are now moving towards smaller setups but with more focus on being a centre of excellence. Workflow would then become more unique and / or specialized to cater for the best patient experience. This will largely be the system vendor's responsibility to ensure system design is versatile and if it is not, what else can be done to cater for the client's needs. A note to users, sometimes, expressing the intended outcome to your vendor will be easier for them to brainstorm a solution rather than telling the vendor suggestions like "check this, prompt that then alert this".

4. Clear definition of hospital processes

Like a child with his hand in the cookie jar, hospitals usually want to make the most out of a system implementation, asking for all possible features. However, there will always be limitations like time, system design and feasibility of requested functions. This point is positioned as the ending of this article as it also is the most important – Know what is needed and when to stop. Risk of over-engineering is always a fine line we teeter upon, where, if you fall on the right side, you achieve an effective solution but if you accidentally go overboard, you will end up with wasted resources and likely a function that would not be used.

Recently a client asked us to show notifications of X, Y and Z consent form being filled up prior to an operation. Let's just take a step back to think of it – consent forms ultimately require patient's signature which means there will be a physical copy of it, which would be sent to OT with the patient. If you have it in front of your eyes, is there then, a need of a notification function on your screen?

Back to the subtitle of hospital processes, iron out and finalize what has to / should be done clinically and operationally as that is the core of the whole environment. Functions are only there to facilitate. To all readers, remember that the question is not "How is this process done in the system?" but rather, "How are we doing it now and where can it then, be automated / digitized?" A system will never replace hospital processes. Our humble aim is only, to make your life a wee bit better and easier.

A one-pager (or two) will never be enough to fully express our joy and sorrows selling and implementing a healthcare system. Reach out to us if you want to know more. Pssst, even our developers are willing to have a chat and spar ideas with everyone! :D