

Trusted partner
for
1 out of 2 hospitals
worldwide



ECM in the hospital- Any idea how far it can help you?

Ghislain Boisseau

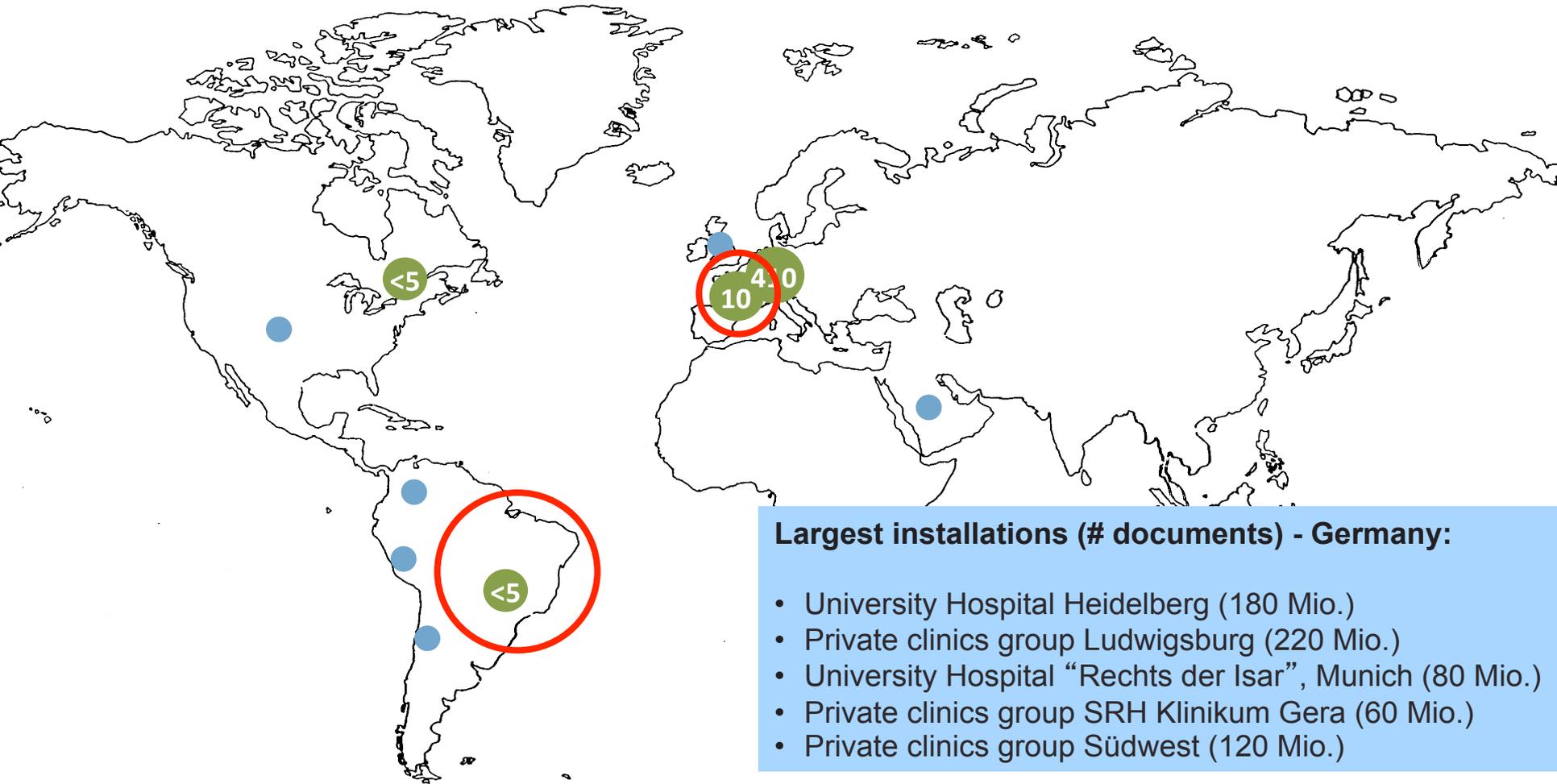
Global Business Manager ECM

Agenda

- Use case Brazil
- Use case France
- ECM in healthcare: what's next?

Agfa Healthcare Enterprise Content Management: 420+ installations worldwide

Germany – Switzerland – Austria – Luxemburg – France – Canada – Brazil



Largest installations (# documents) - Germany:

- University Hospital Heidelberg (180 Mio.)
- Private clinics group Ludwigsburg (220 Mio.)
- University Hospital “Rechts der Isar”, Munich (80 Mio.)
- Private clinics group SRH Klinikum Gera (60 Mio.)
- Private clinics group Südwest (120 Mio.)

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Use case Brazil

▪ Hospital overview

- 410+ beds, 10 rooms for the surgery Center, 1700+ employees
- Reference in Emergency Care for Brazil's Midwest Region
- Hospital de Urgências de Goiânia (HUGO) was one of the first hospital to implement an ECM Solution in Brazil



Use case Brazil

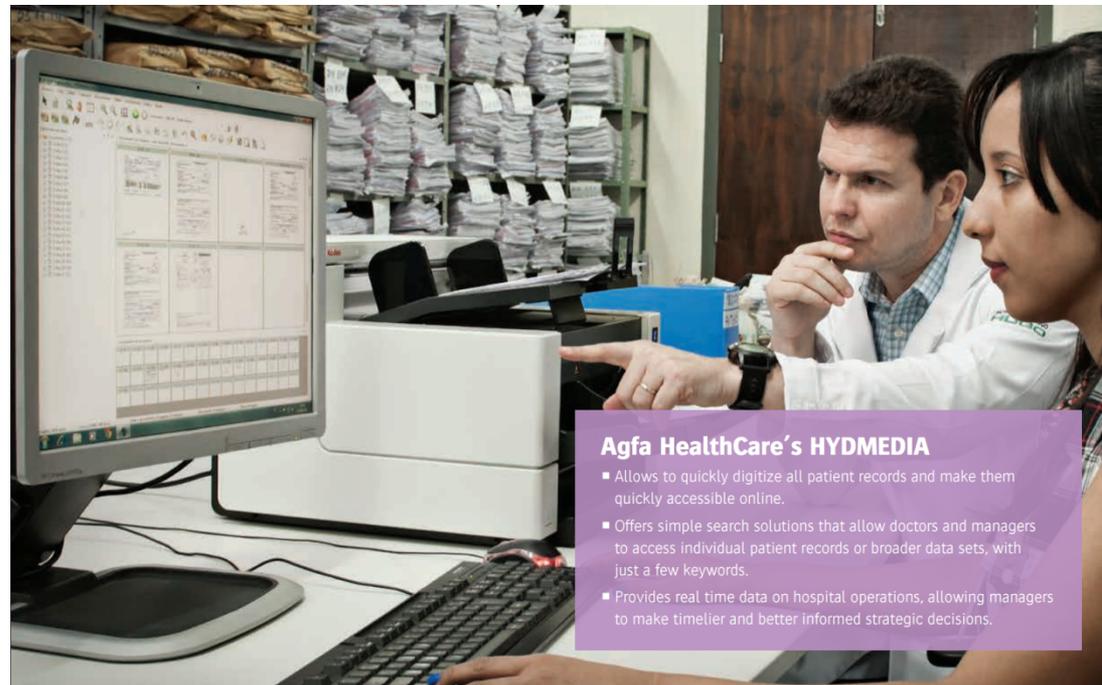
■ Challenges

- Historically, the hospital had
 - **no medical records**,
 - **only records** on **emergency care** and hospital admissions, which were not stored with previous information.
- **New admissions** used to create new record numbers for every new event, which was generating **huge difficulties** in accessing **prior clinical information** of the patients.
- Besides that, there were even more **problems to store and manage paper** based records (space, administration costs, logistics)



▪ Solution

- Deployment of an ECM Solution
- Setup of a dedicated scanning team, with people trained and dedicated to organize and scan documents
- Integration of the ECM solution within the existing IT system



▪ Key value points

- 4 weeks deployment (between the start and the go-Live)
- Significant cost reduction as the records are no longer needed to be accessed in paper
- 100% web based access to patient records
- Client states that documents needed are very easily found and they can be shared with other external users or institutions if needed

“ Accessing the paper records offsite is very difficult and takes time. But with HYDMEDIA, I can digitize those patient records not already in the digital system and then make them quickly accessible online. ”

DR. JOSE MARIO TELES



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HYDMEDIA return of experience Saint-Lô and Coutances Hospitals in Normandy region, France



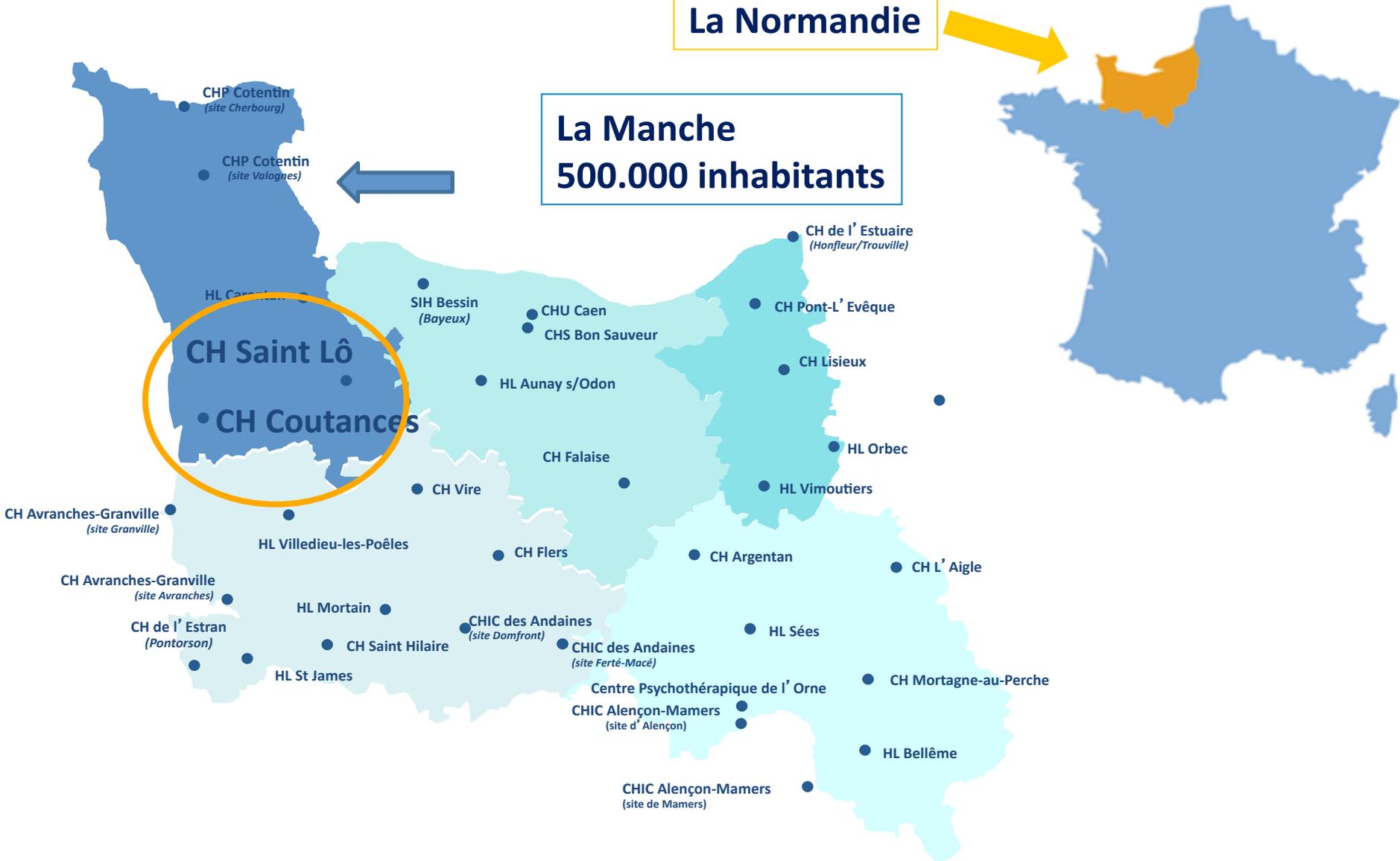
CENTRE HOSPITALIER
COUTANCES



Saint-Lô and Coutances, in Normandy, France

La Normandie

La Manche
500.000 inhabitants



The TACTILIS Project

- Vision
 - Enhance the performance and quality of patient care
 - Bring the information close to the patient using bedside devices
- Challenges
 - deploy a new, modern unique patient record solution
 - become a full paperless organisation by:
 - Producing only electronic clinical documentation
 - Scanning the existing paper medical records
 - make access to patient information smooth and fluid
 - have a successful the deployment of the new EPR



Hospitals overview

CH STLO



Capacity (beds & places)

Medicine : 220

Surgery : 81

Gynecology and obstetrics: 36

medium stay : 30

Long stay : 95

Accommodation : 20

Home "hospitalization" : 55

Total : 537

CHCM

2050

employees

140 Mio. €

budget

170 doctors

CH COUTANCES



Capacity (beds & places)

Medicine : 104

Medium stay : 45

Accommodation : 269

Total : 418

Agfa Healthcare ECM (HYDMedia) solution combined with ORBIS EPR solution

- Integrated archiving solution for both paper and electronic documents
- 2 In-house scanning processes:
 - **Decentralized scanning process by the secretaries (point of care):** each document brought in by a patient is scanned in ORBIS (EPR) and can be retrieved in HYDMedia, like each document produced in ORBIS
 - **Bulk scanning process at the medical records :** scan of the existing paper based patient record (documents of the last 5 years, clearly identified and scanned and indexed in HYDMedia by dedicated staff)
- All documents collected and indexed in the central, standalone ECM solution



Medical records team of the STLO & COUT hospitals



8 FTE (among them 7 half-time) for scanning
2 teams (morning 8h30-12h30 / afternoon 13h-17h00)
1,5 FTE for the indexation
12 scanning workplaces
4 indexing / analysis workplaces



2 Types of scanning workflows

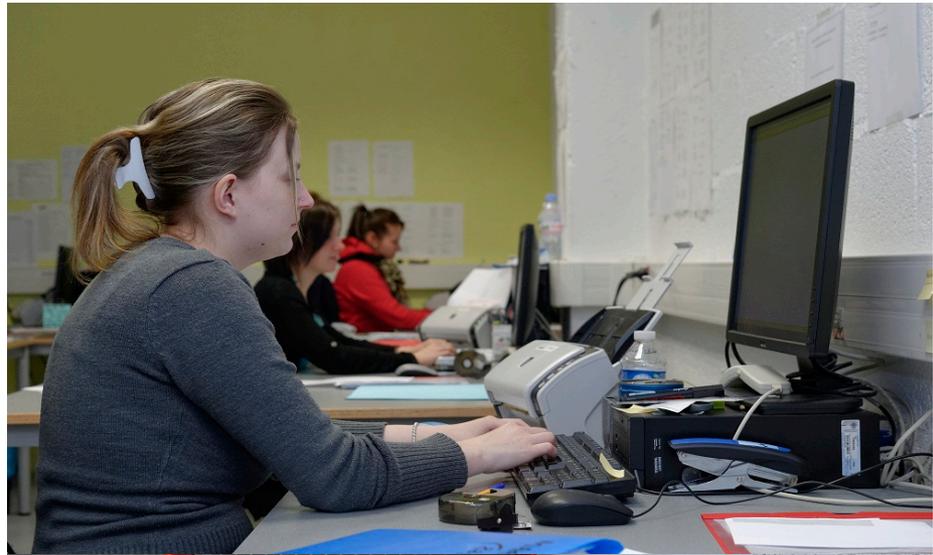
Scan on demand



Bulk scanning at the medical records

Solution and new organization in place – 3/3

Scan area of Saint-Lô – 150m² – 8 workstations



Key value points of HYDMedia for St Lo-Coutances



What are the lessons you have learn from your implementation/use of the system? Any advices for us?

**HYDMedia is a success.
We are convinced that we don't have to keep a paper based record and an electronic patient record**

Tend towards a paperless organization must be a strategic priority of your EPR deployment

You need, from the beginning, to setup a task force, including all services impacted

You need to make an inventory, analyze the scanning processes, test them and install them

You need to analyze and validate with the users, the types of documents and their indexation (classification in HYDMedia)

You need to communicate, train, and accompagny (change management) during the scan project

HYDMedia is the failover solution in case of dysfunction of ORBIS



Use case France: Saint Lo-Coutances hospitals

Proven outcomes



“ HYDMEDIA is to ORBIS what Google is to the internet, providing fast access to a high-performance search tool. ”

DR. PIERRE BALOUET MD
Doctor, Director of the TACTILIS project

From left to right:
Dr. Pierre Balouet, Francis Breuille and Marc Voisin

Hospitals CH de Saint-Lô and CH de Coutances speed up and secure access to information by dematerializing all patient files and “fossilizing” paper archives



150 files

are sent back down to the archives every day now, **versus 250** before 2012.



90%

of the hospital practitioners acknowledge a **time savings** and an ergonomic access to information.

4 seconds

are needed to **access** information.

3 minutes

are needed to fill in the documents for a newborn baby, **versus 25** in the past.



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Healthcare ECM – what's next?

Let's look back

- **Early days:** find a solution to improve the use of paper
 - Better classification and storage
 - Sharing with copy machines, fax...
 - Microfilm
 - Scan to send per email...
- **But:**
 - Still no real improvement
 - In fact, increase of the use of paper, with all its disadvantages



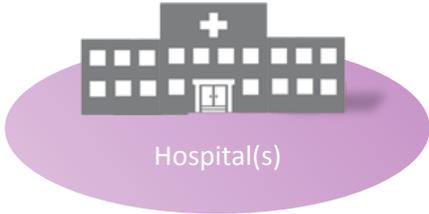
Healthcare ECM – what's next?

Today's situation: paradoxes

- Patient **stays** are always **shorter**, *but...*
... the quantity of clinical **documentation** is **increasing**
- Between 50% and 80% of the clinical **documentation** is produced **electronically**, *but ...*
... the medical **records** are still **paper-based**
... the majority of **external documents** is **paper-based**
- Information **systems** increase the **productivity**, *but...*
... make **document sharing** difficult and generate a lot of **print-outs**
- And:
 - Strong requirements on **auditing**
 - **Fail over** solutions for leading systems
 - **Costs** reductions, while improvement of **processes**
 - Larger scope: **clinical** and **business operations**

Healthcare ECM – what's next?

Today's challenges



Different types of documents, in different systems, in different formats
Hybrid types and format of documents

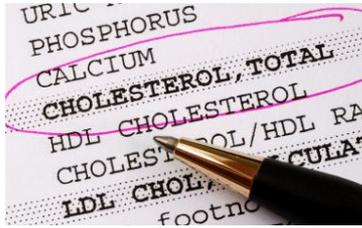
EMR/EPR



Paper records



Other systems (HIS, LIS, ...)



Non clinical systems



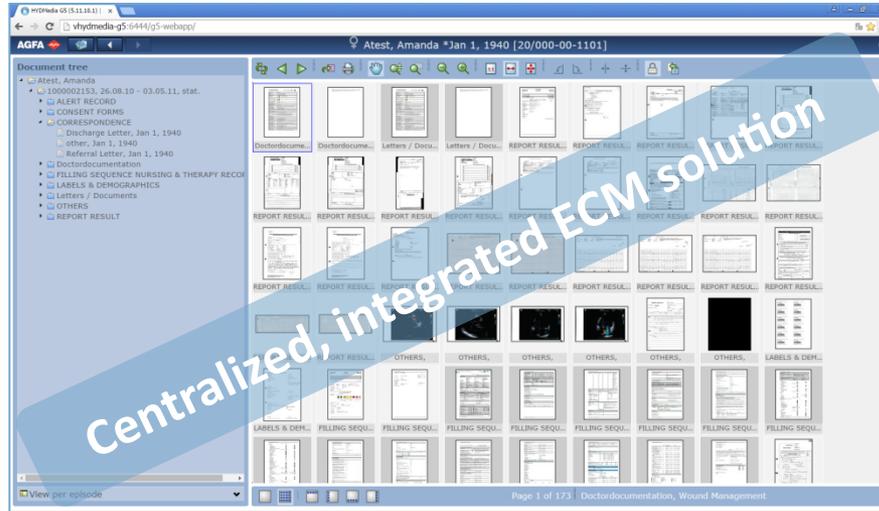
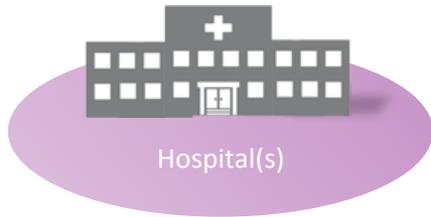
Healthcare ECM – what's next?



**Get the right document,
at the right time,
at the right place,
to the right person**



Healthcare ECM – what's next?



One central integrated solution to *manage and archive hospital documentation*

EMR/EPR

Paper records

Other systems
(HIS, LIS, Sharepoint...)

Non clinical systems

Healthcare ECM – what's next?

- ECM: Swiss knife of the Hospital IT landscape



- But not in a do-it-yourself kit!

Enterprise Content Management - Key value points

- Strong component of a paperless hospital
- Support the deployment of EPR and failover of leading systems
- Improved access authentication and traceability to archived records
- One unique view on all information, coming from different types of sources
- Smooth integration into existing IT infrastructure and portals via web-technology and HL7 compatibility
- Support Information Lifecycle Management and long-term archives
- Legal validity of digitised information
- Pooling of administrative and medical documents with imaging objects

Enterprise Content Management: Fast ROI

- Significant costs reductions possible, like:
 - physical storage of archives (size, maintenance, security...)
 - archival process (transportation, storage, retrieval)
 - staff allocated to the archive department
- Improvement of productivity possible, by:
 - reducing the amount of missing archived patient records
 - reducing the retrieval time of patient records
 - increasing the availability of the archived patient record across different locations
 - maintaining the physical quality of the archived documents
 - automation of clinical and business operation workflows (chart analysis and completion, release of information, invoice management...)

