

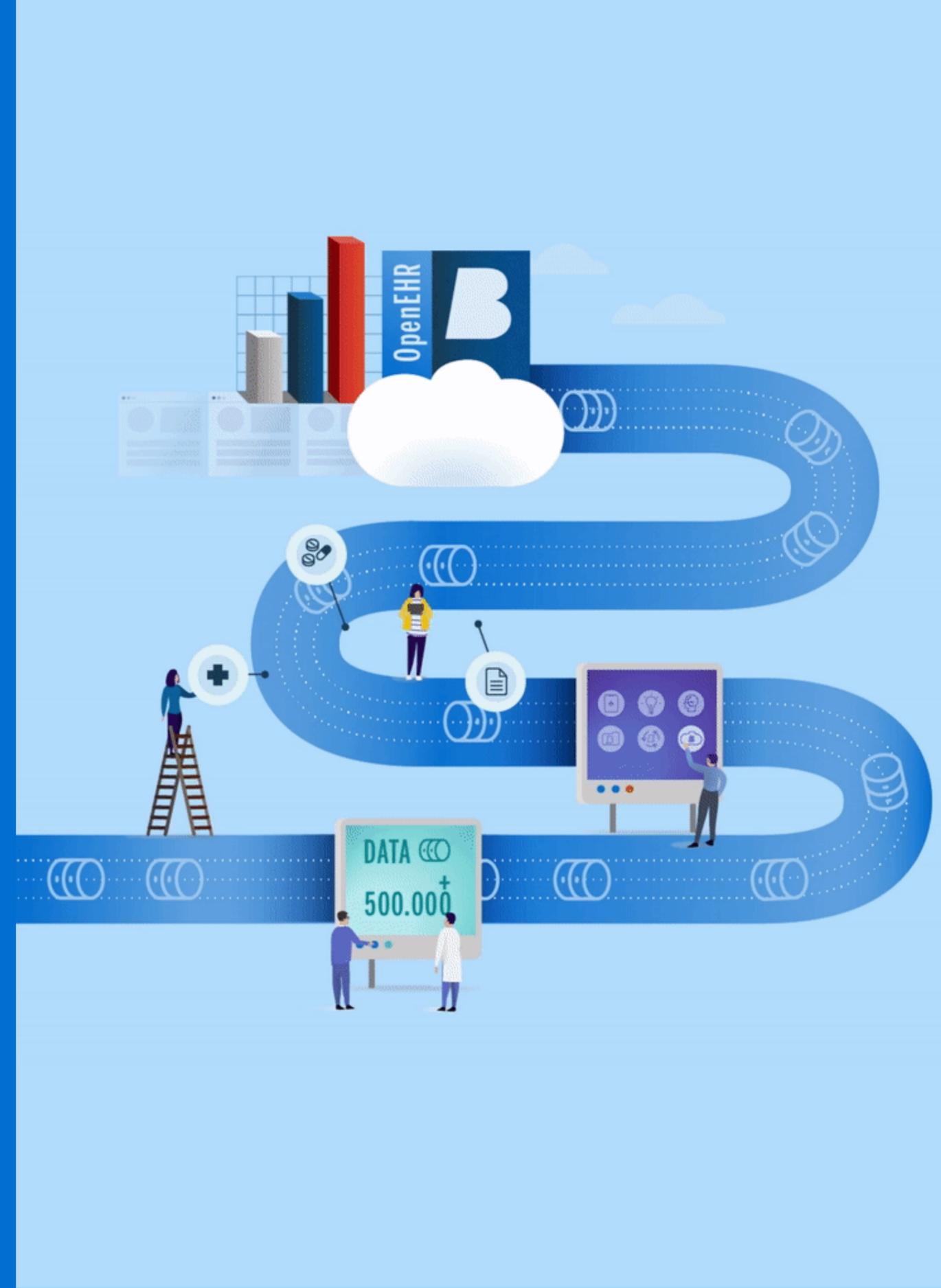


Our openEHR journey

Tomaž Gornik

Founder and CEO, Better

Co-chair, openEHR Foundation



Better in numbers



17

markets



20 +

partners



30 + million

unique patient EHRs stored



1000 +

healthcare institutions
connected



30 +

years in healthcare IT

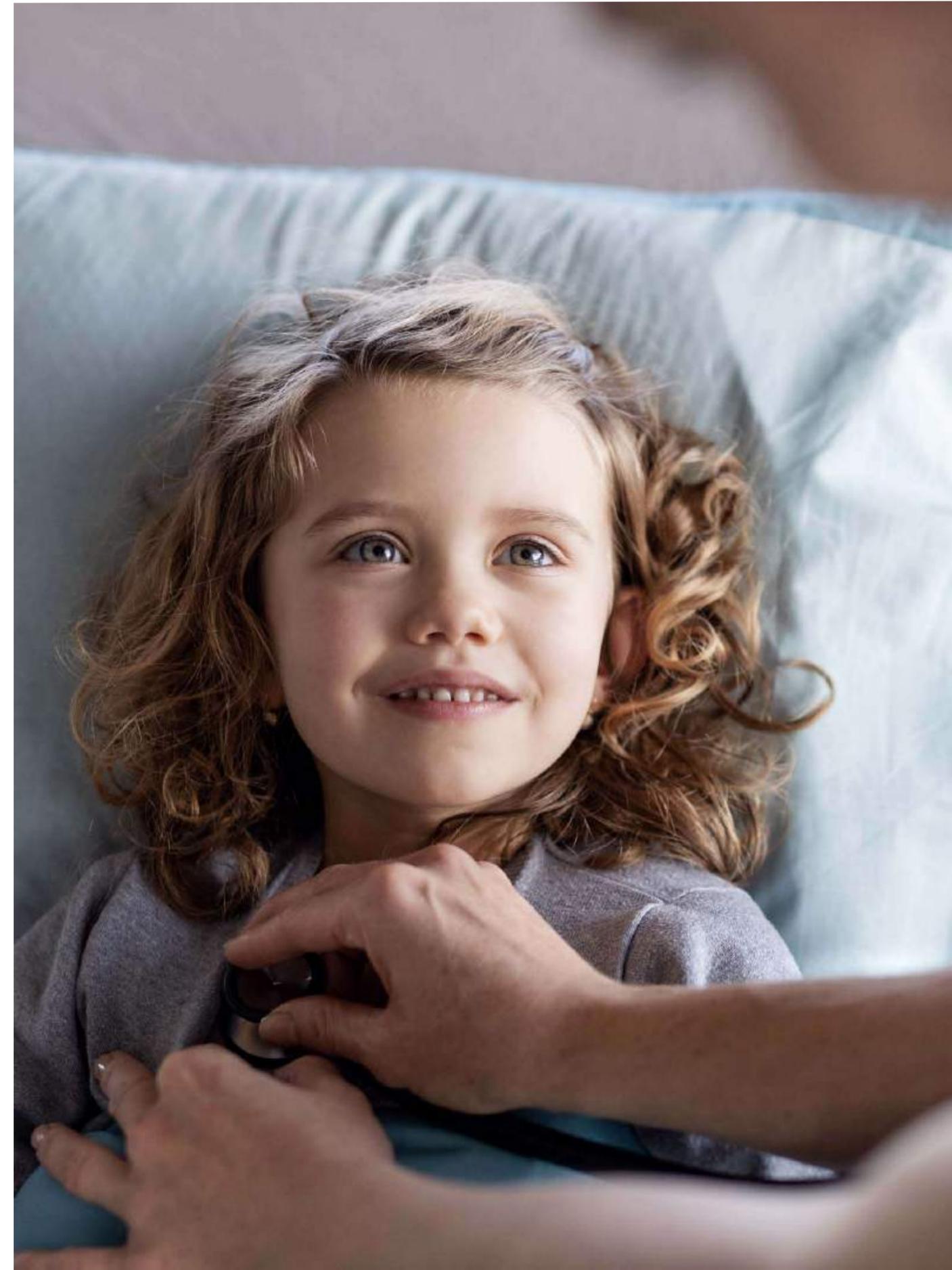


150 +

coworkers in UK, Germany,
Ireland and Slovenia

Mission

Our mission is to **improve health and care** by **simplifying the work** of care teams and to **accelerate digital transformation** underpinned by **data for life**.

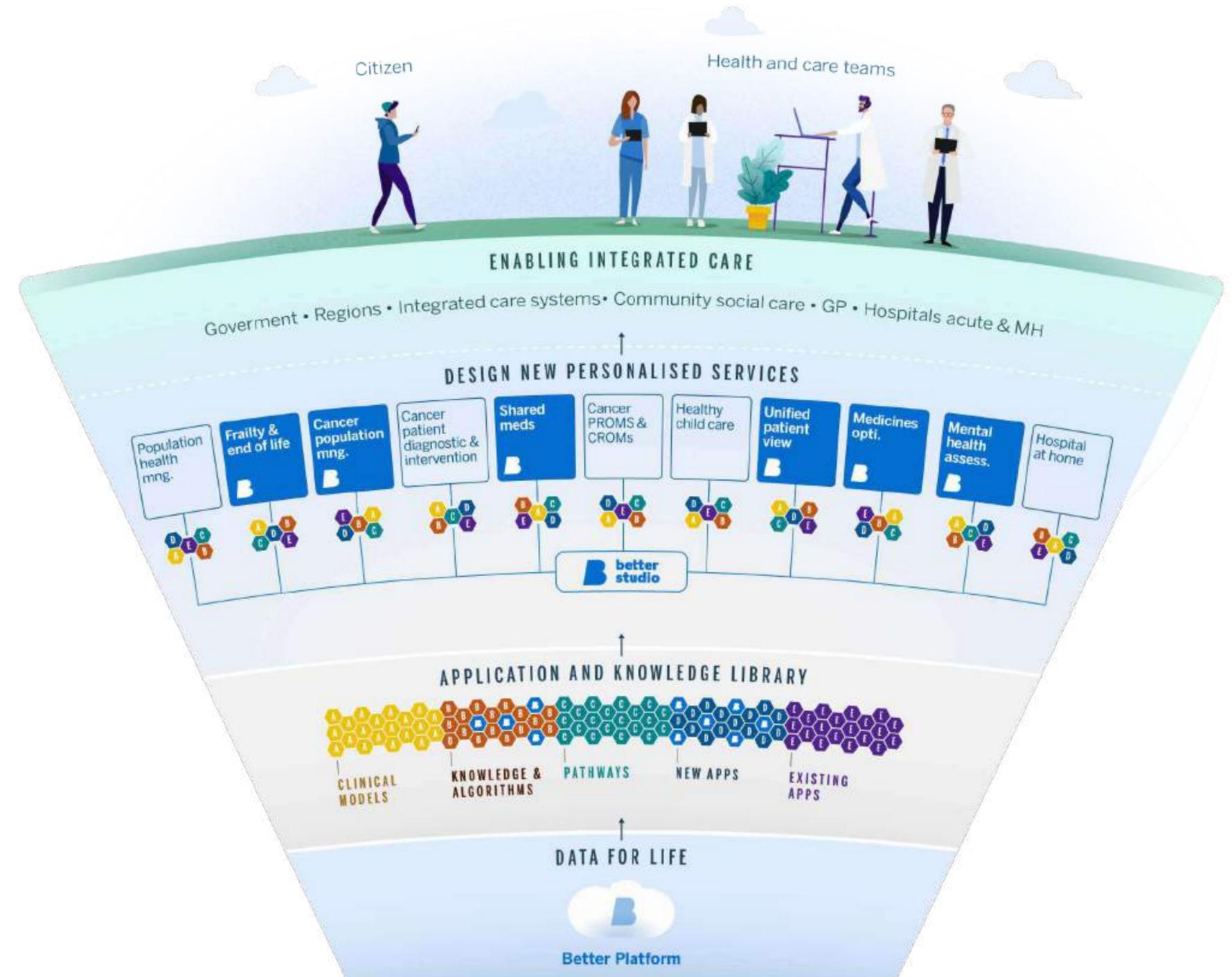


Digital Health Platform

Unified, personalised application experience portal and design system

Fast delivery of applications low-code tools

Vendor-neutral data core longitudinal care record



100+ healthcare providers and organisations use Better Platform



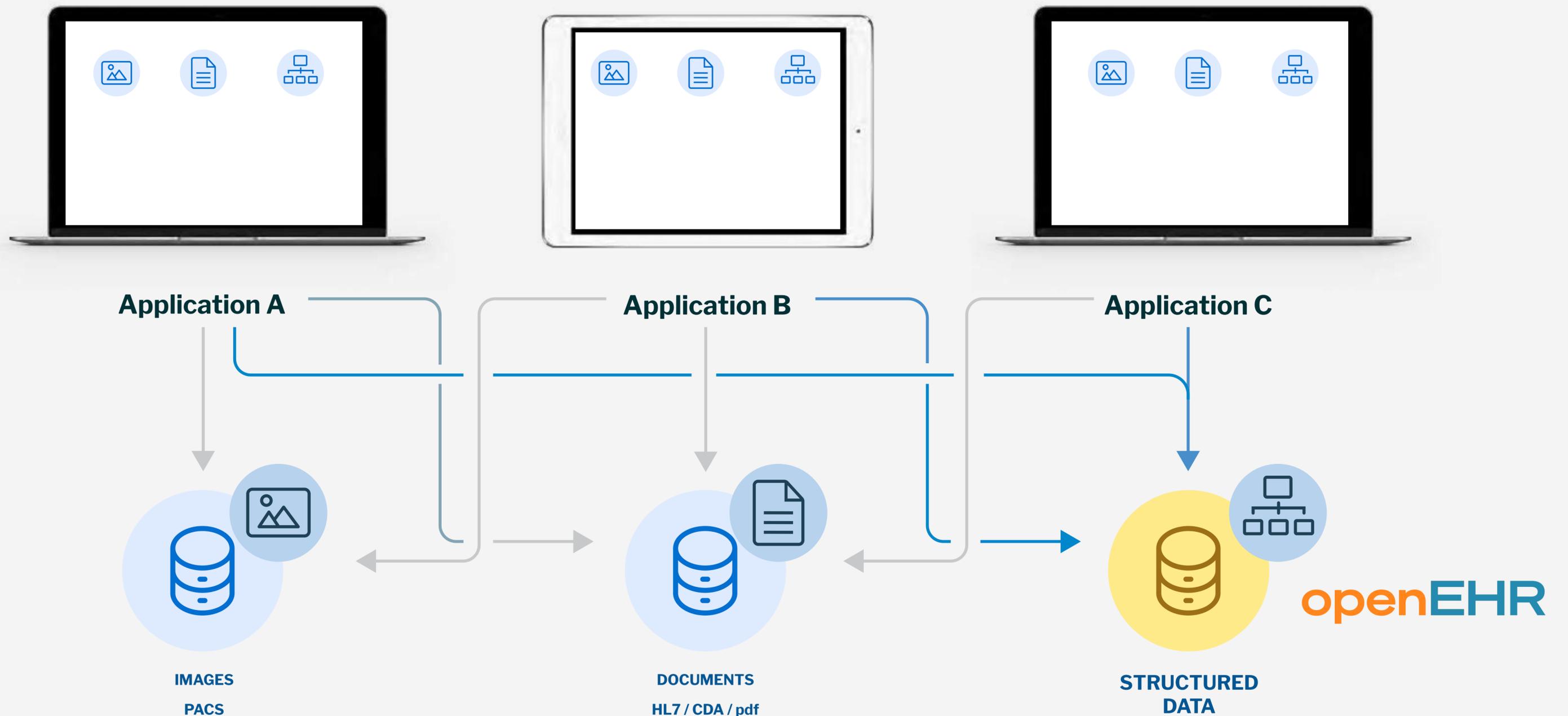
Select Partners



Thought Leadership

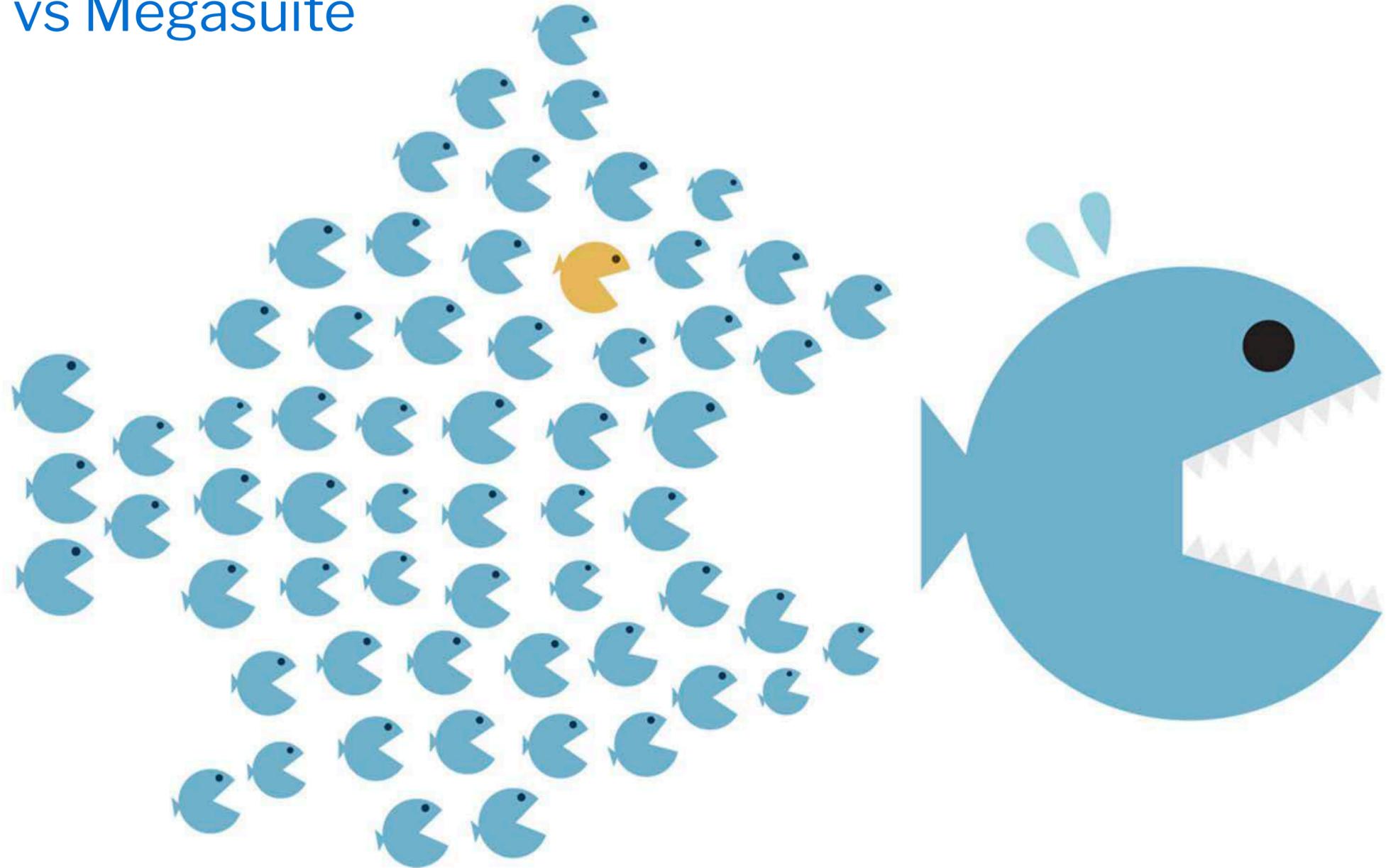
Thought leadership

Separating data from applications



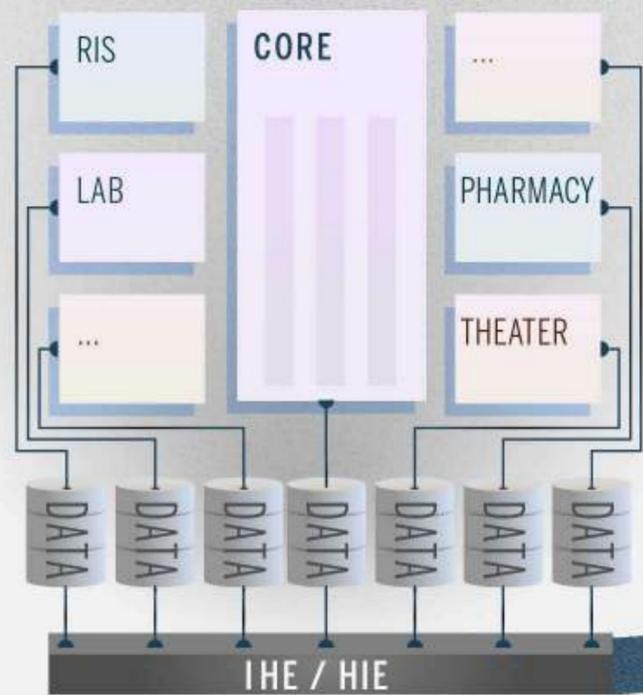
Thought leadership

Ecosystem vs Megasuite



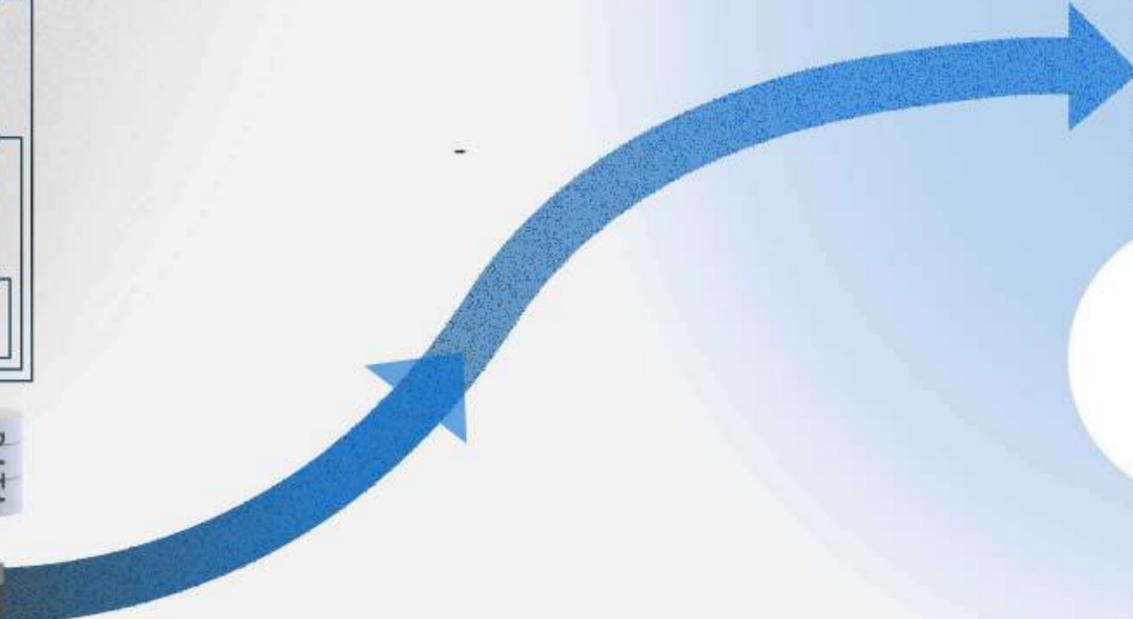
Thought leadership

Postmodern EHR



API

OpenEHR



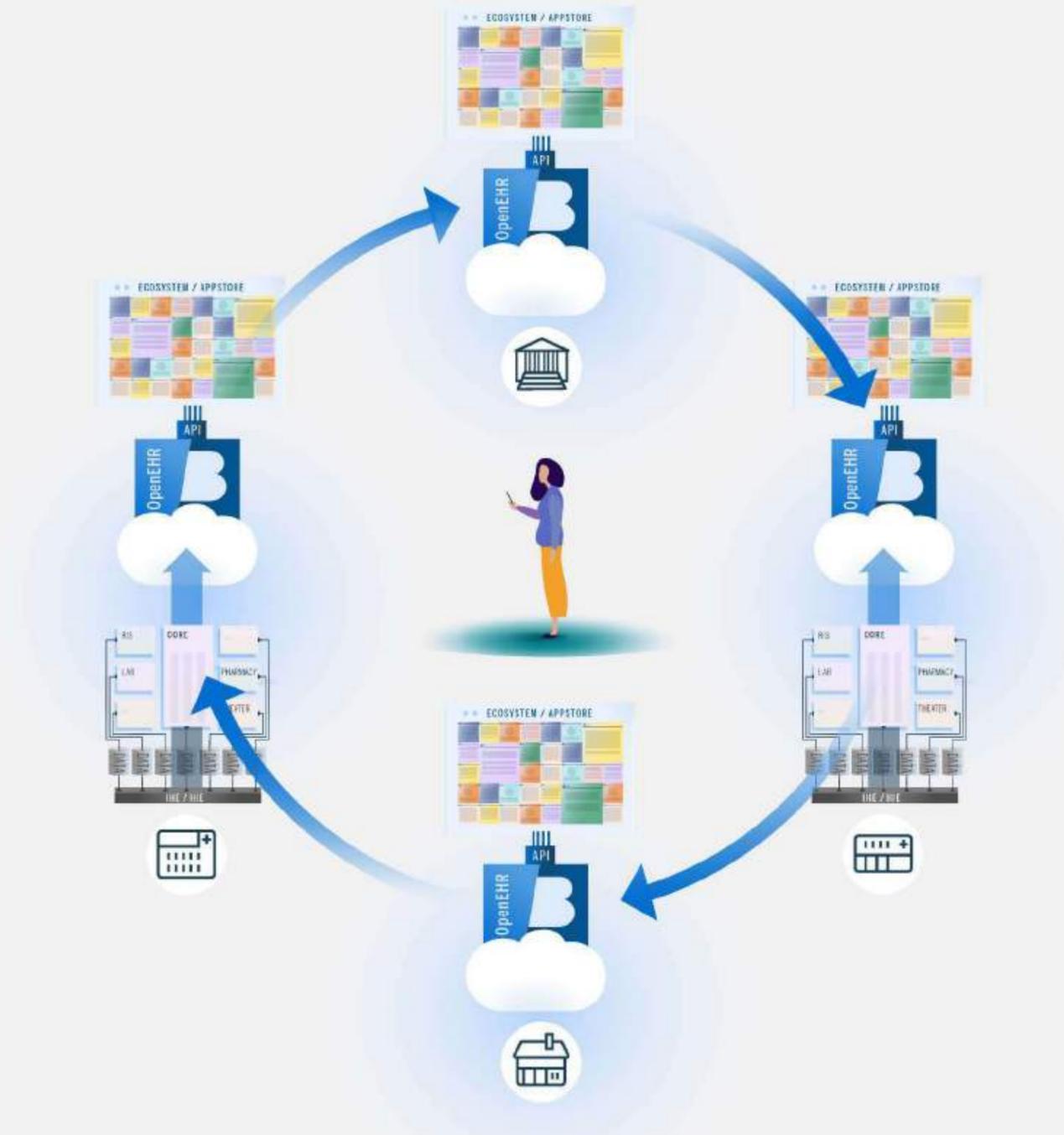
Thought leadership

Digital Health Platform

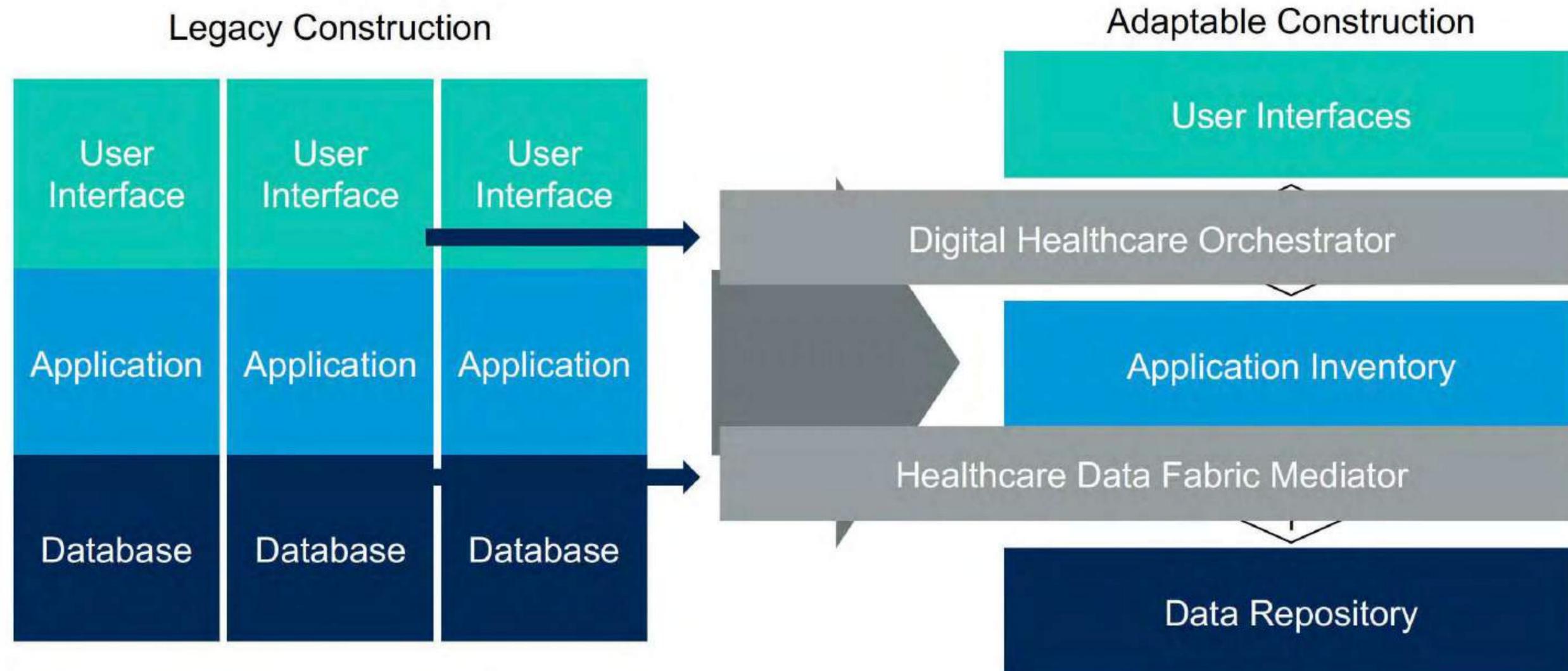
Rich care record built around the patient, **not institution:**
“one patient, one record”.

Governance of **data models**,
choice of **apps, vendors**.

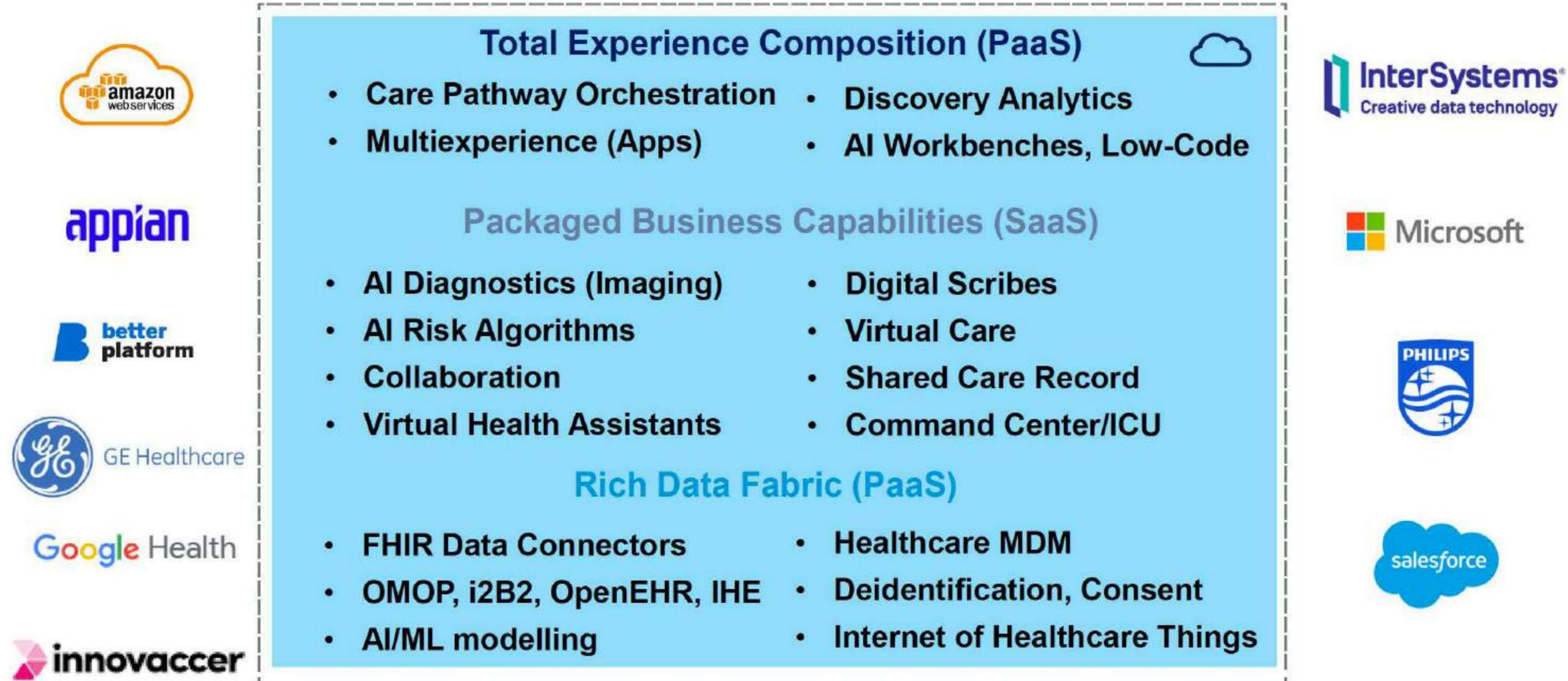
Ecosystem of **apps, built once**.



The target architecture is clear enough



Digital Health Platform





“With the **increasing demand** for **effective collaboration** between all involved in providing healthcare, the **pain** of our current vendor-driven system landscape is rapidly rising too. By embracing **openEHR**, as the **only international open health data standard** that can cater for the complexity of health semantics and is **designed for persistency**, we can solve this conundrum in the coming years.”

Erik Vermeulen

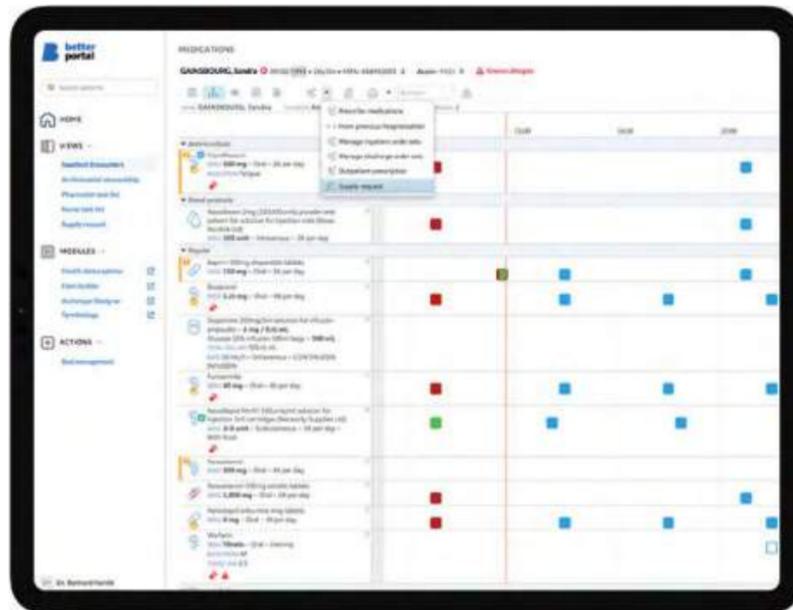
EY Global Health Technology Leader



Products

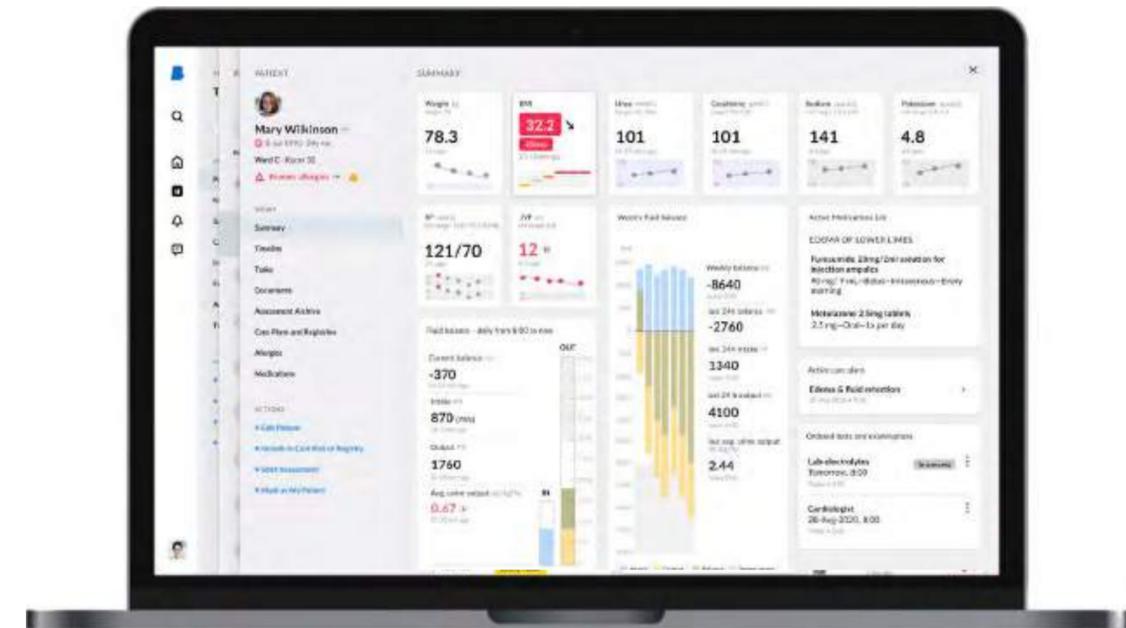


Products



Collaborative medication management

Enhance patient safety through an efficient and transparent electronic prescribing and medication administration solution



A digital health platform

Build personalised application experiences using a portal, design system and low-code tools on top of a longitudinal care record

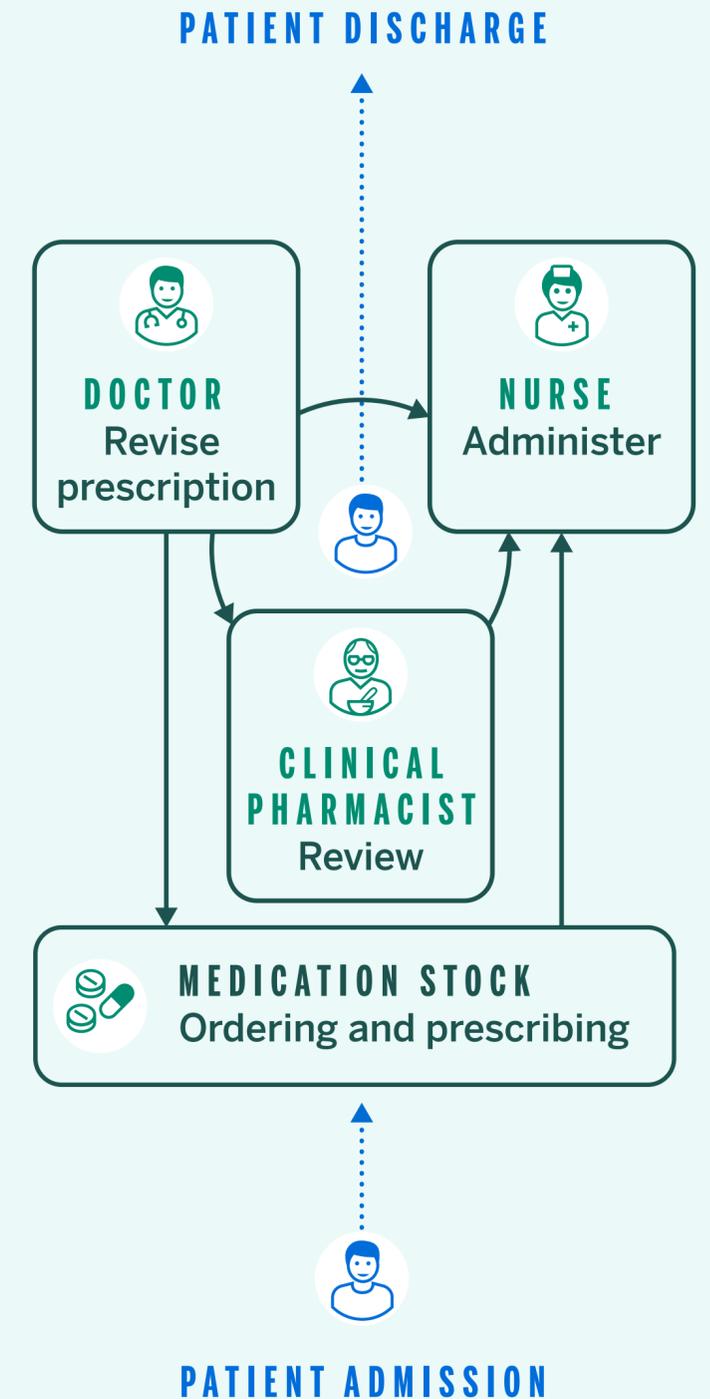


Ready-to-use, flexible, and scalable application for **electronic medication management** in any hospital department

- ✔ State-of-the-art **future-proof** application for end-to-end medication management
- ✔ Helps **reduce medication errors** and missed doses
- ✔ **Gain efficiency** in medication-related workflows with reduced time spent

The best openEHR based medication management solution

- ✔ intuitive and easy-to-use by clinical staff
- ✔ closed-loop medication management
- ✔ CE-marked dose calculator
- ✔ BI reporting





Better Universal Care Planning Platform

Dynamic care planning

Predefined & custom new workflows, supports care planning and coordination at all levels of care including patient access.

Design system

Consists of style guides, application-building components, clinical forms and health data visualisations.

Better Portal

Includes User Management, User Dashboards, Patient Lists, Patient Dashboards, Patient Banners, Views, Actions and Auditing.

Better Low-Code Platform

Application Assembly Studio

User-friendly low-code environment to quickly create clinical forms and applications.

Design system

Consists of style guides, application-building components, clinical forms and health data visualisations.

Better Portal

Includes User Management, User Dashboards, Patient Lists, Patient Dashboards, Patient Banners, Views, Actions and Auditing.

Clinical Data Repository

Clinical Data Management

High-performance, vendor-neutral clinical data repository based on openEHR.

Demographics Data Management

High-performance, vendor-neutral demographics data repository based on FHIR.

Interoperability

Open API, IHE, ETL, Terminology Server, Events & Notifications, FHIR Connect, common FHIR APIs, ADT integrations.

Low-Code Platform

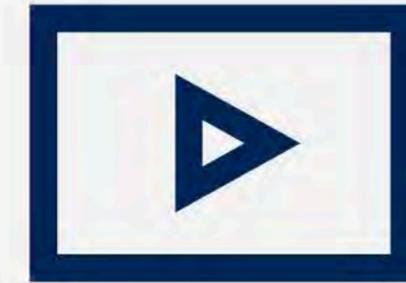
Consumer Experience: We All Have Been There



Vinyl: All or Nothing



Mix Tapes: For the Well-Equipped



Playlists: Active Personalization

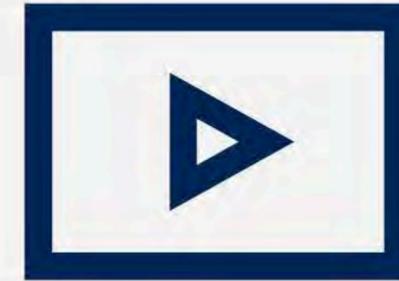
Consumer Experience: We All Have Been There



**Monolithic
Applications:
All or Nothing**



**Application
Integration:
For the Well-
Equipped**



**Composable
Enterprise:
Active
Personalization**

Consumer Experience: We All Have Been There



**Monolithic
Applications:
All or Nothing**



**Application
Integration:
For the Well-
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**Composable
Enterprise:
Active
Personalization**



Menu
Soup
Main Course
Dessert

Bride

Groom



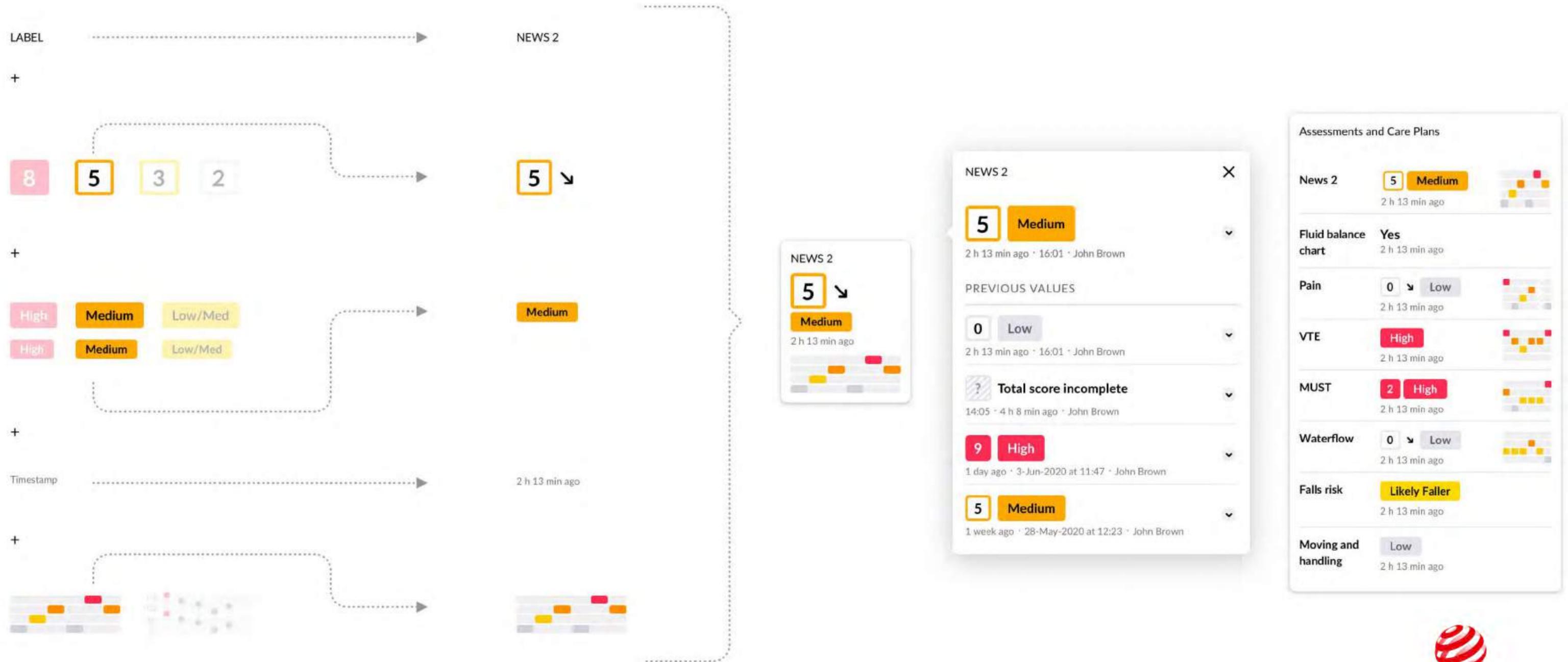


By 2023, 40% of professional workers will orchestrate their business application experiences and capabilities like they do their music streaming experience.

By 2023, the number of active citizen developers at large enterprises will be at least four times the number of professional developers.

By 2025, 70% of new applications developed by enterprises will use low-code/no-code technologies

Better Design System



Better Design System

Example: Clinical score & scales results

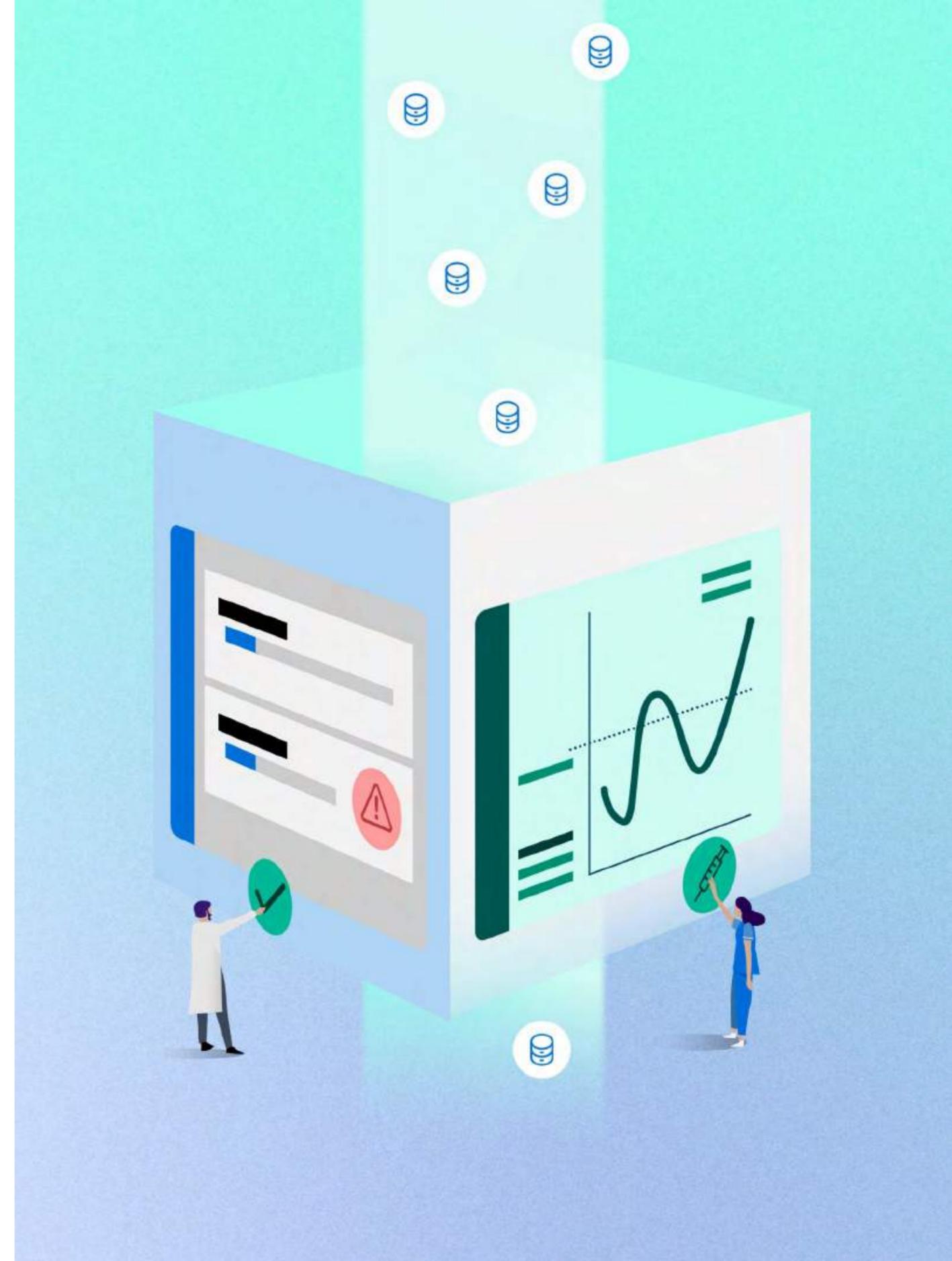
	Clinical Frailty scale		Clinical Frailty scale		PHQ-9	VTE Caprini	MUST	Waterlow	NEWS 2	NYHA
Prognosis stage	Clinical Frailty	Clinical Frailty	Clinical Frailty	Clinical Frailty	PHQ-9	VTE Caprini	MUST	Waterlow	NEWS 2	NYHA
Prognosis stage	Clinical Frailty	Clinical Frailty	Clinical Frailty	Clinical Frailty	PHQ-9	VTE Caprini	MUST	Waterlow	NEWS 2	NYHA
Prognosis stage	Clinical Frailty	Clinical Frailty	Clinical Frailty	Clinical Frailty	PHQ-9	VTE Caprini	MUST	Waterlow	NEWS 2	NYHA
Prognosis stage	Clinical Frailty	Clinical Frailty	Clinical Frailty	Clinical Frailty	PHQ-9	VTE Caprini	MUST	Waterlow	NEWS 2	NYHA
Prognosis stage	Prognosis stage	Clinical Frailty	Clinical Frailty	Clinical Frailty	PHQ-9		MUST	Waterlow	NEWS 2	NYHA
Prognosis stage	Prognosis stage	Clinical Frailty	Clinical Frailty	Clinical Frailty	PHQ-9		MUST	Waterlow	NEWS 2	NYHA
Prognosis stage	Prognosis stage	Clinical Frailty	Clinical Frailty	Clinical Frailty	PHQ-9			Waterlow	NEWS 2	NYHA
					PHQ-9					

Better Studio

Better low-code Studio helps health and care teams accelerate digital transformation by converting problems and ideas into production applications faster and more cost-effectively than traditional development approaches.

Benefits

- **Faster time to value** and improved responsiveness to changing needs
- **Better collaboration** between development teams and health and care teams
- **Higher adoption** through solutions that address user needs





The Christie NHS Foundation Trust

MANCHESTER, UK

Better Low-Code Platform as a foundation for:

- Clinical forms
- PROMs
- Core EHR
- Research



The Christie
NHS Foundation Trust



Templates < Bug review HF VW Patient Summary and progress note / New page

Observations - Remote monitoring

Weight c
137 L **↗**
77 days ago

BMI c
137 L **↗**
77 days ago

Blood Pressure c
137 L **↗**
77 days ago

Heart Rate c
137 L **↗**
77 days ago

O2 Sat c
137 L **↗**
77 days ago

Symptom Tracking - Remote monitoring

Shortness of breath worsening? ? 🔒

Further details ? 🔒 🔄

Date & time 📅 🔒
dd/MM/yyyy HH : MM

Fatigue worsening? ? 🔒

Date & time 📅 🔒
dd/MM/yyyy HH : MM

Further details ? 🔒 🔄

Oedema worsening? ? 🔒

Further details ? 🔒 🔄

Date & time 📅 🔒
dd/MM/yyyy HH : MM

Risk of admission based on symptoms

Text 🔄

Design Content

LABEL Further details

Placeholder en Add helper text to input field

DEFAULT VALUE getoedema Please_provide_further...

FIELD

Required

Readonly

Hidden

Display in 2 line/s

Autosize

LAYOUT Label position |← ↑ ×

SIZE Element 12 Inherit

API connectors Compare Dependency inspector Dependencies Custom script

Generics Widgets <
Body map - Juvenile idiopathic arthritis (JIA)
Preview Save
> Design Content

Search...

Inputs

abc| Text

123| Numeric

1/2 Proportion

abc (1) Select

abc (1) Ordinal

Boolean

45|bpm Quantity

Date

Time

Date & time

Layout

Group

2 Columns

4 Columns

Spacer

Content

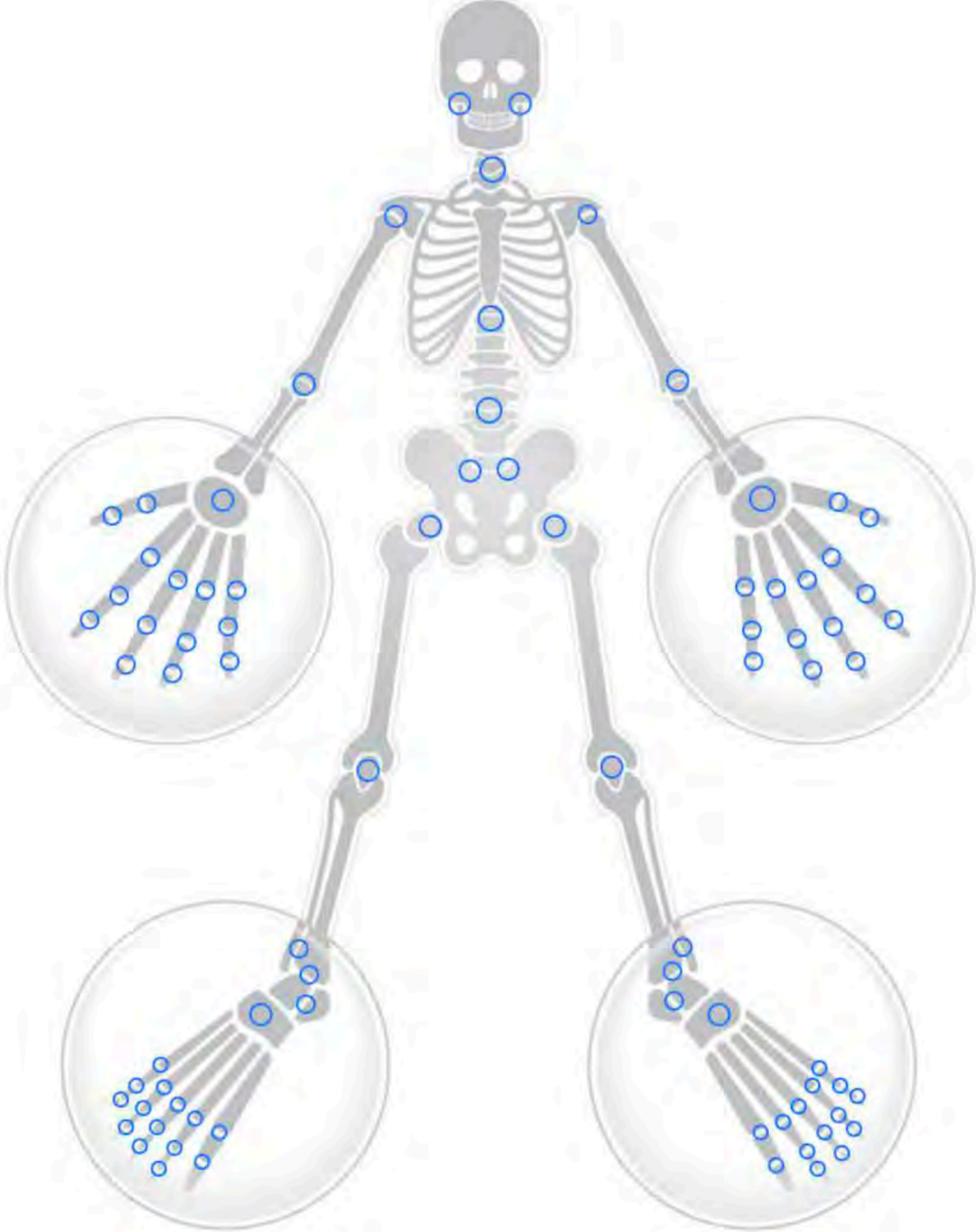
Rich text

HTML

Notification

API connectors Compare Dependency inspector Errors Dependencies Custom script

Since there are abnormalities detected, please select all active joints:



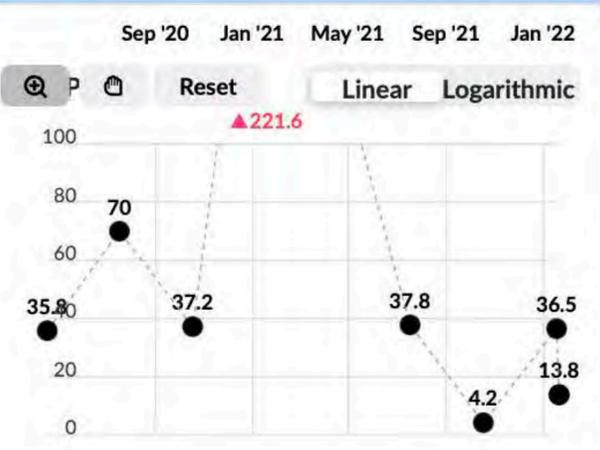
List of active joints: >_- 🔒 ↻

Select joints in the figure to see the list here. //

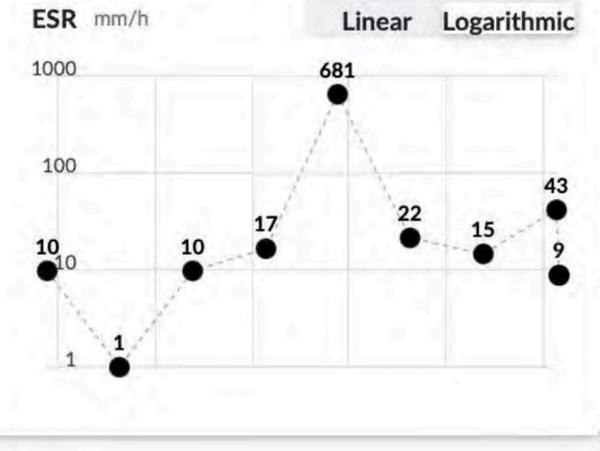
Total number of active joints >_- 🔒 ↻

Sep '20 Jan '21 May '21 Sep '21 Jan '22

Reset Linear Logarithmic



ESR mm/h Linear Logarithmic



Reason

Expiry Date dd/MM/yyyy HH : MM

FIELD

ReadOnly

Hidden

LAYOUT

Widget position |← →|

SIZE

Image 12

Universal Care Planning Platform

Diagnostic journey of a patient with heart failure

Patient:
Golf Stone



- **Age:** 56-y/o
- **Gender:** male
- **Past medical history:**
healthy, no medications, smoker
- **Allergy:** Penicillin

56-y/o previously healthy male patient with a PMH of smoking visited his GP (July 7th) due to 5-week history of progressive shortness of breath, decreased exercise capacity and new-onset lower limb swelling. He does not report any palpitations, loss of consciousness, or history of febrile illness. He does not take any regular medical therapy.

GP: Dr. Morales

Cardiologist: Dr. Silvermann



1

Diagnostic journey of a patient with heart failure

Patient:
Golf Stone



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GP: Dr. Morales

Cardiologist: Dr. Silvermann


VISIT TO GP
Initial problems

 UNIFIED REGIONAL PATIENT RECORD

- Current complaint
- Clinical status:
 - blood pressure 142/85 mmHg
 - heart rate 98/min
 - oxygen saturation (SpO2 95%)
 - distended jugular veins,
 - basal end-inspiratory crackles
 - mid-systolic murmur
 - pitting edema of lower limbs
- ECG: sinus rhythm, 98/min, QRS 168 ms (LBBB)
- Chest x-ray: shows pulmonary congestion with enlarged heart silhouette
- Blood biochemical analysis
- Previous & new Therapy
- Referral: cardiology outpatient clinic

2

Diagnostic journey of a patient with heart failure

Patient:
Golf Stone

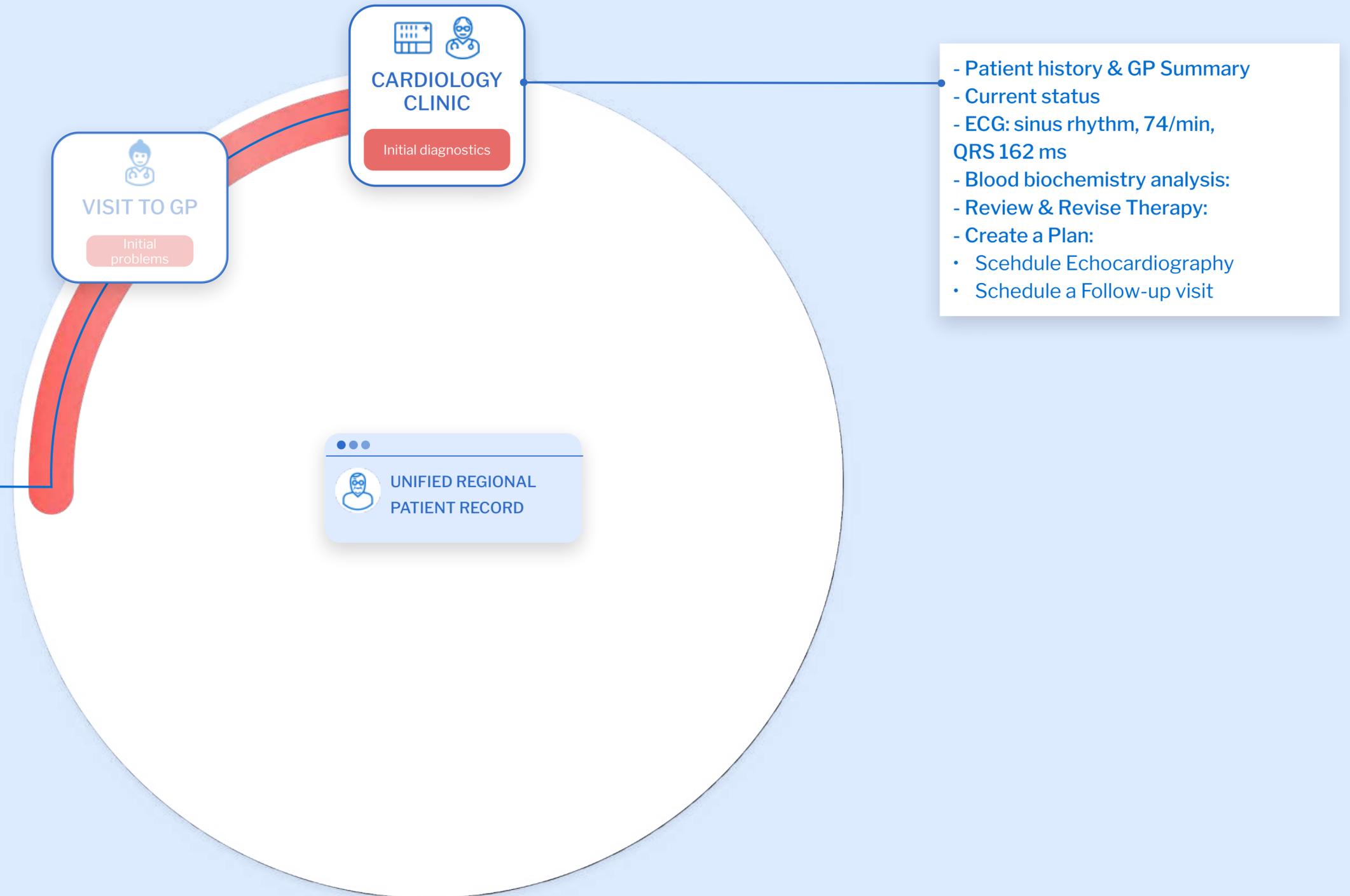


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- **Past medical history:** healthy, no medications, smoker
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56-y/o previously healthy male patient with a PMH of smoking visited his GP (July 7th) due to 5-week history of progressive shortness of breath, decreased exercise capacity and new-onset lower limb swelling. He does not report any palpitations, loss of consciousness, or history of febrile illness. He does not take any regular medical therapy.

GP: Dr. Morales

Cardiologist: Dr. Silvermann



2

Diagnosis of a patient with heart failure

Patient: **Golf Stone**

- **Age:** 56-y/o
- **Gender:** male
- **Past medical history:** healthy, no medication
- **Allergy:** Penicillin

56-y/o previously healthy. PMH of smoking visited to 5-week history of progressive breathlessness, decreased exercise tolerance, onset lower limb swelling, palpitations, loss of weight, history of febrile illness. No regular medical therapy.

GP: Dr. Morales

Cardiologist: Dr. Silvermann

PATIENT

Golf Stone 8-Jul-1966 - 56y 7m
Ward A - Room 6

Known allergies
Patient Alerts (4)

Cardiac Snapshot

Timeline

Tasks

Documents

Assessment Archive

Care Plans and Registries

Allergies

Medications

SHORTCUTS

[Start Assessment](#)

[Edit Patient](#)

[Include in Care Plan or Registry](#)

[Mark as My Patient](#)

CARDIAC SNAPSHOT

Golf Stone 8-Jul-1966 - 56y 4m **Known allergies** **Patient Alerts (4)** **Diagnosis** Chronic heart failure (disorder) 48447003

Blood Pressure mmHg

118/75 ↘

Heart Rate beats/min

74 ↘

SpO2 %

95

Weight kg

71.2 ↘

NT-proBNP pg/mL

2478 ↘

NYHA SYMPTOMS

II/III ↘

Active problems list
Last edit: 24-Jul-2023

Shortness of breath

Lower limbs edema

End-inspiratory crackles

Mid-systolic ejection murmurs

Biochemistry lab results

Electrolytes
24-Jul-2023

Na mmol/l **142** ↗

K mmol/l **4.79** ↘

Cl mmol/l **104** ↘

HCO3 mmol/l **34** ↘

Ca mmol/l **9.4** ↘

Mg mmol/l **1.5**

Phos mmol/l **4.1** ↘

Urea mmol/l **11** ↗

Glucose mmol/l **5.6** ↘

Creatinine μmol/L **135** ↗

eGFR ml/h/1.73m² **47** ↘

Liver panel
7-Jul-2023

ALT IU/L **38**

AST IU/L **32**

ALP IU/L **78**

Active prescriptions list
Last edit: 24-Jul-2023

CARDIOVASCULAR

Furosemide
DOSE 40 mg · Morning · Oral

Perindopril
DOSE 4 mg · 2x per day · Oral

Bisoprolol
DOSE 2.5 mg · 1x per day · Oral

Patient Journey

- Cardiology office Follow up 11-Oct-2023 **planned**
- Echocardiography Imaging Lab at regional hospital 27-Jul-2023 **planned**
- Cardiology office 24-Jul-2023
- GP Office 7-Jul-2023

Documents

- Cardiology office 24-Jul-2023
- GP office visit report 7-Jul-2023
- Chest x-ray report 7-Jul-2023

HEART FAILURE CLINIC VISIT SUMMARY

Occasional use

Date Ceased **07/01/2022** HH : MM

Pack Years

Snuff use status

Current snuff user

Former snuff user

Never used snuff

Snuff use details

Pattern of Use

Regular, daily use

Occasional use

Other Tobacco Use

Comment

Breathlessness lying flat

Symptom name **SNOMEDCT | 62744007 | orthopnoea**

Intensity

Degree

(0) Not present

(1) Trivial

(2) Mild

(5) Moderate

(8) Severe

(9) Very severe

Save

& GP Summary

...m, 74/min,

...stry analysis:

...e Therapy:

...cardiography

...ow-up visit

3

Diagnostic journey of a patient with heart failure

Patient:
Golf Stone

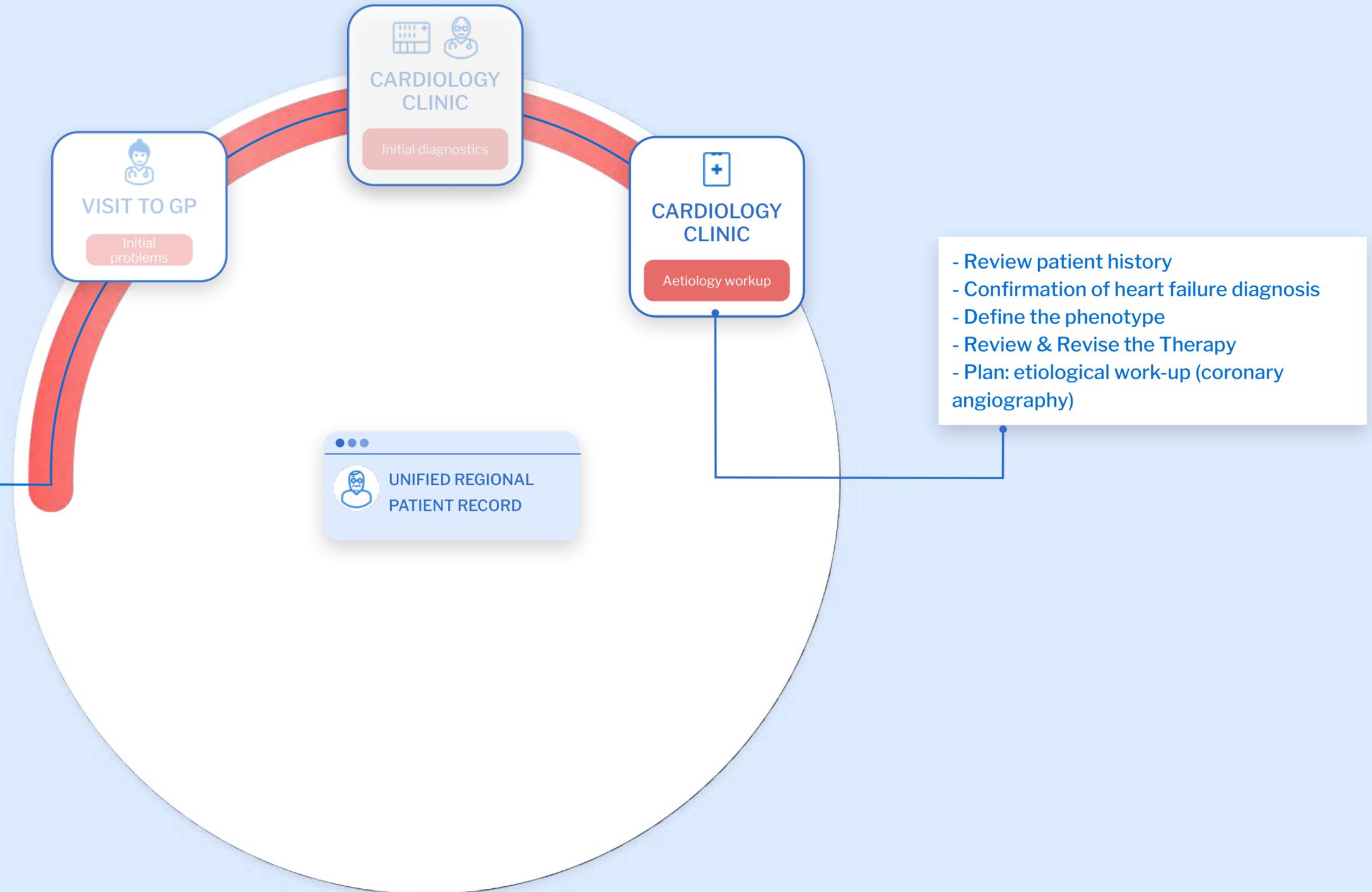


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GP: Dr. Morales

Cardiologist: Dr. Silvermann



2

Diagnosis of a patient with heart failure

Patient: **Golf Stone**

- Age: 56-y/o
- Gender: male
- Past medical history: previously healthy, no medical conditions
- Allergy: Penicillin

56-y/o previously healthy with a PMH of smoking visited with a 5-week history of exertional breathlessness, decreased exercise tolerance, and lower limb swelling. Onset of symptoms was insidious with no palpitations, loss of consciousness, or syncope. History of febrile illness and regular medical therapy.

GP: Dr. Morales

Cardiologist: Dr. Sil

PATIENT
SUMMARY
Updated 5 min ago 24-Jul-2023
Update

Golf Stone
8-Jul-1966 · 56y 7m

Ward A · Room 6

Known allergies
Flags (4)

VIEWS

Cardiac snapshot

Timeline

Tasks

Documents

Assessment Archive

Allergies

Medications

VIEWS

[Start assessment](#)

[Edit patient](#)

[Include in Care Plan or Registry](#)

[Mark as My Patient](#)

Golf Stone 8-Jul-1966 · 56y 7m · NHS 234 456 789

Known allergies **Patient alerts (4)**

Blood pressure mmHg

118/75 ↓

Heart Rate bpm

74 ↓

SpO₂ Scale 1 %

95

Weight kg

71.2 ↓

NT-proBNP pg/mL

2478 (H) ↓

NYHA

III ↗

Medium

Active problems list
Last edit: 24-Jul-2023

Congestive cardiomyopathy; Phenotype: Nonischemic dilated cardiomyopathy

Decreased renal function

Active prescriptions list
Last edit: 24-Jul-2023

CARDIOVASCULAR

Furosemide
DOSE: 40 mg · Morning · Oral

Perindopril
DOSE: 4 mg · 2x per day · Oral

Bisoprolol
DOSE: 2.5 mg · 1x per day · Oral

Spironolactone
DOSE: 25 mg · 1x per day · Oral

Biochemistry lab results
24-Jul-2023

Electrolytes	Value	Trend
Na mmol/l	142	↗
K mmol/l	4.79	↓
Cl mmol/l	104	↓
HCO ₃ mmol/l	34	↓
Ca mmol/l	9.4	↓
Mg mmol/l	1.5	
Phos mmol/l	4.1	↓
Urea	11	(H) ↓

[More items below](#)

Documents

Coronary angiography 12-Aug-2023

Cardiology office 24-Jul-2023

GP visit report 7-Jul-2023

Chest x-ray report 7-Jul-2023

SOAP notes

ICU in Hospital
2-Sep-2023 · Dr. Mckiewicz

SUBJECTIVE

The patient is initially admitted to the step-down ICU for levosimendan infusion, followed by continuous furosemid infusion.

OBJECTIVE

With this a negative fluid balance of 15 liters is achieved and the patient got recompensated.

Cardiac MRI (August 31st) and genetic testing (September 2nd) were performed (as planned by the treating cardiologist) during hospital admission.

Cardiology office
15-Sep-2023 · Dr. Morales

OBJECTIVE

Blood pressure 125/74 mmHg.
ECG: Sinus: 68/min normal axis, QRS 168 ms (LBBB) and QTc 417 ms.

Laboratory:
- creatinine 108 mmol/L (improved)

[More items below](#)

4

Diagnostic journey of a patient with heart failure

Patient:
Golf Stone

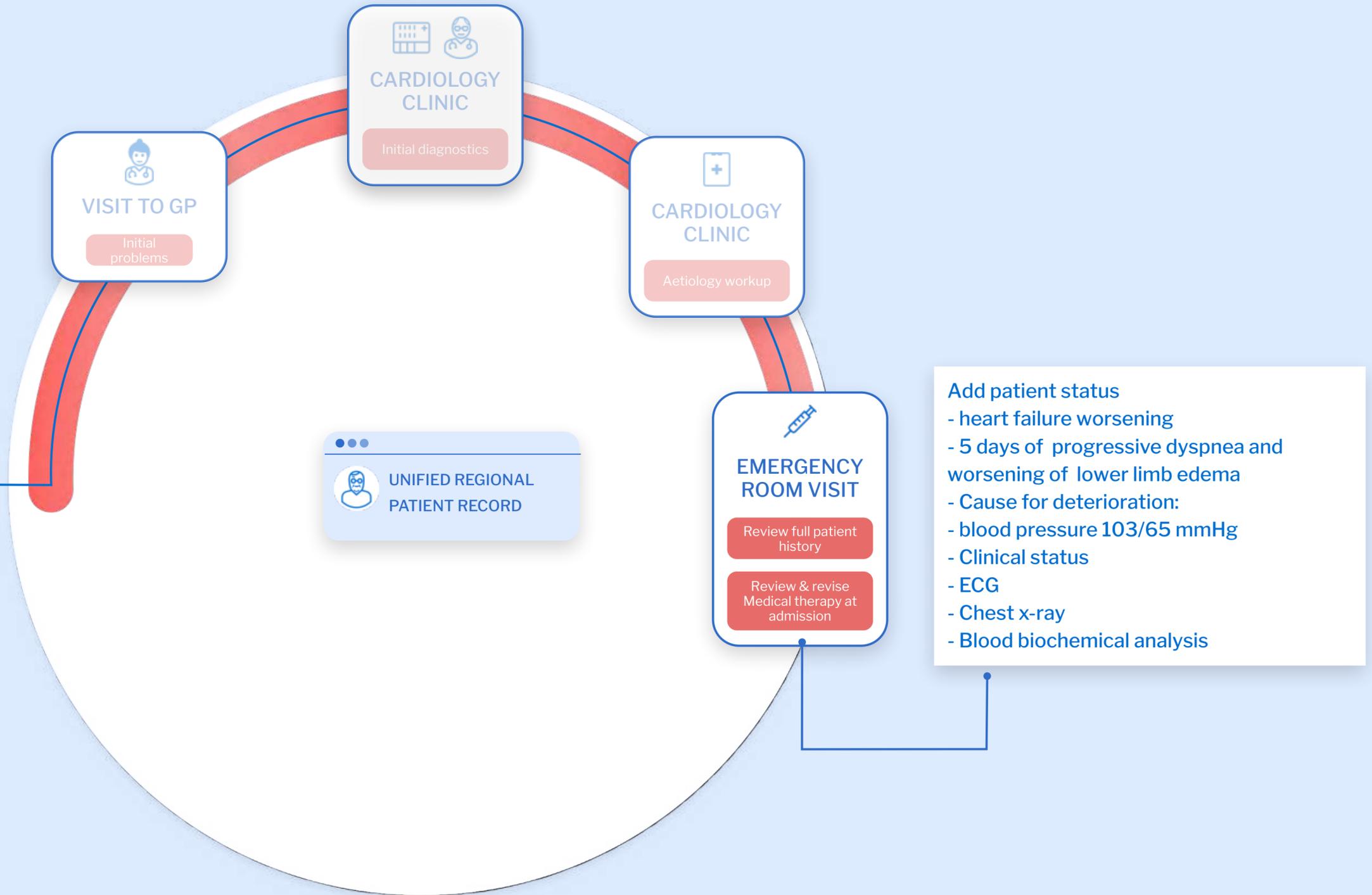


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GP: Dr. Morales

Cardiologist: Dr. Silvermann



Add patient status

- heart failure worsening
- 5 days of progressive dyspnea and worsening of lower limb edema
- Cause for deterioration:
- blood pressure 103/65 mmHg
- Clinical status
- ECG
- Chest x-ray
- Blood biochemical analysis

4 Diagnosis of a patient with heart failure

Patient: **Golf Stone**

- Age: 56-y/o
- Gender: male
- Past medical history: healthy, no medications
- Allergy: Penicillin

56-y/o previously healthy with PMH of smoking with a 5-week history of decreased breath, decreased exercise tolerance, onset lower limb swelling, any palpitations, loss of weight, history of febrile illness, regular medical therapy.

GP: Dr. Morales

Cardiologist: Dr. Si

OVERVIEW									
Cardiac ICU									
Search									
Name	Location	Allergies	Flags	NEWS 2	Vitals	Assesments	Tasks	High risk medications	
Mary Acker 8-Jul-1943 · 78y 6m HIC 893107581	Eliot Room 6 Bed 3	Known allergies		8 High	RR 26 H ↑ SpO2 89 L ↓ Temp 38.6 H ↑	Waterlow Medium VTE Low	Replace IV catheter Today Collect blood ⚠ Due 2h ago	Cefazolin 3 days	
Golf Stone 16-Apr-1954 · 66y 8m HIC 936342247	Eliot Room 8 Bed 1	Known allergies Amoxicillin Likely Funnel web spider venom antiserum Confirmed	Likely faller Suspected dementia Low sodium diet	4 Medium	RR 18 ↓ SpO2 89 L ↓ BP 105/56 L ↓ HR 72 AVPU Alert Temp 37.2	Waterlow Low VTE Medium NYHA III/C MUST Low Wells DVT High	Turn off Flowtron Today Encourage hydration Due 1h Call relatives regarding EoL Due 1h	Clozapine 3 days	
James Clayton 12-Nov-1950 · 71y 2m HIC 130580933	Eliot Room 6 Bed 5	No allergy info		2 Low	RR 12 ↓ HR 89 ↓ Temp 37.5	Waterlow Low VTE Low		Fondaparinux	
Jennifer Denver 23-Jul-1931 · 92y 8m HIC 289743638	Eliot Room 12 Bed 1	No known allergies		2 Low	RR 14 ↓ HR 92 ↓ Temp 37.0	Frailty High Waterlow High	Turn around Today Chart IV fluids intake Due 2h		
Robert Jones 3-Oct-1938 · 83y 4m HIC 101010101	Eliot Room 7 Bed 3	No known allergies		2 Low	RR 13 ↑ HR 72 ↓ Temp 38.5 H ↑	Waterlow Low VTE Medium	Collect sample for MRSA recheck Due 1h	Bactrim 14 days	
Olivia Langley 12-Nov-1952 · 69y 4m HIC 101010101	Eliot Room 2 Bed 3	Known allergies		4 Medium	RR 16 ↓ HR 88 ↓ Temp 36.8 ↓	VTE High MUST Low	Apply TED stockings Due 1h	LMWH	

5

Diagnostic journey of a patient with heart failure

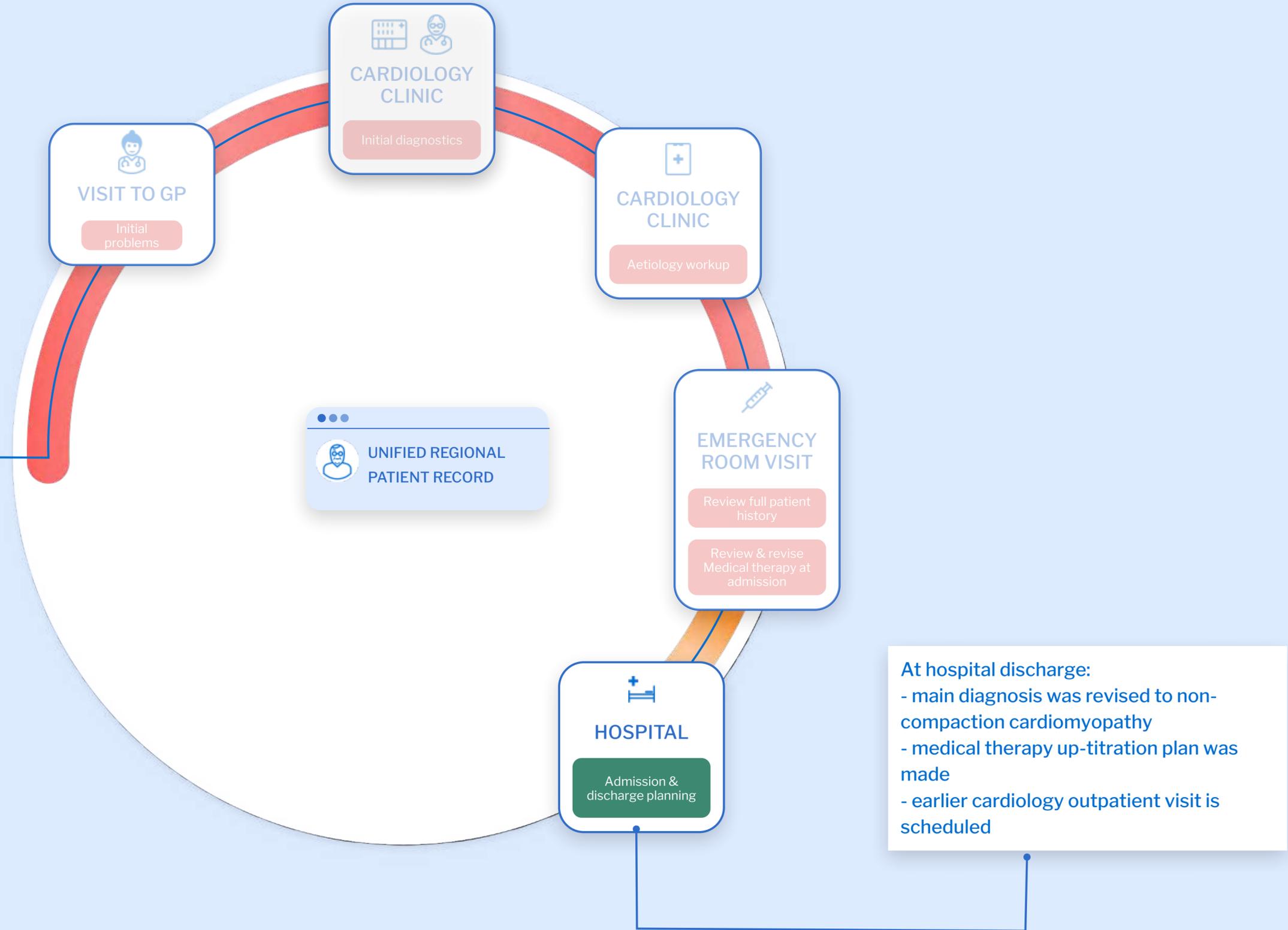
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GP: Dr. Morales

Cardiologist: Dr. Silvermann



At hospital discharge:

- main diagnosis was revised to non-compaction cardiomyopathy
- medical therapy up-titration plan was made
- earlier cardiology outpatient visit is scheduled

5 Diagnosis of a patient with heart failure

Patient:
Golf Stone

- Age: 56-y/o
- Gender: male
- Past medical history: healthy, no medications,
- Allergy: Penicillin

56-y/o previously healthy PMH of smoking visited his doctor with a 5-week history of progressive shortness of breath, decreased exercise tolerance, and lower limb swelling. He also reported a history of febrile illness. He is on no regular medical therapy.

GP: Dr. Morales

Cardiologist: Dr. Silverman

PATIENT
Golf Stone ...
 8-Jul-1966 · 56y 7m
 Ward A · Room 6
 Known allergies
 Patient Alerts (4)

CARDIAC SNAPSHOT

Blood pressure mmHg: 103/65
Heart rate beats/min: 63
SpO2 %: 84
Weight kg: 82.6
NT-proBNP pg/mL: 18589
NYHA SYMPTOMS: IV
Fluid input from 8 am mL: 1.213 (53%)
Urine output from 8 am mL: 1.820

Active problems list
 Last edit: 25-Aug-2023
 Distended jugular veins
 Diffuse end-inspiratory crackles
 Holo-systolic murmur
 Pitting edema of lower limbs
 Edematous groin

Biochemistry lab results
 25-Aug-2023
Electrolytes
 Na mmol/L: 142
 K mmol/L: 4.79
 Cl mmol/L: 104
 HCO3 mmol/L: 34
 Ca mmol/L: 9.4
 Mg mmol/L: 1.5
 Phos mmol/L: 4.1
Urea mmol/L: 22
Glucose mmol/L: 5.6
Creatinine μmol/L: 248
eGFR mL/h/1.73m²: 24
Liver panel
 25-Aug-2023
 ALT IU/L: 56
 AST IU/L: 48
 ALP IU/L: 92

Active prescriptions list
 Last edit: 24-Jul-2023
CARDIOVASCULAR
 Levosimendan 12.5mg/5ml solution for infusion vials
 + Glucose 5 % infusion 150 mL bags · 250mL
 DOSE 0.2 microgram/ kg/minute · 22.5 mL/h
 RATE 19.6 mL/h · TOTAL VOLUME 275 mL · IV
 Continuous infusion
 Furosemide 250mg/25ml solution for injection ampoules · 250mg/25 mL
 + Sodium chloride 0.9 % infusion 250 mL bags
 250mL · 0.5 mg/kg/d · RATE 1.83 mL/h
 TOTAL VOLUME 250 mL · IV
 Continuous infusion
 Stopped
 Furosemide
 DOSE 40 mg · Morning · Oral
 Stopped
 Perindopril
 DOSE 4 mg · 2x per day · Oral
 Stopped
 Bisoprolol
 DOSE 2.5 mg · 1x per day · Oral
 Stopped
 Spironolactone
 DOSE 25 mg · 1x per day · Oral

Fluid balance
 mL
 M T W T F S S
 Weekly balance: -14,640
 today 8:00
 Last 24h intake: 1340
 today 8:00
 Last 24h output: 4100
 today 8:00
 Last avg. urine output mL/kg/hr: 2.44
 today 13:00

Patient Journey
 Imaging Lab at regional hospital Echocardiography 14-Jan-2024 planned
 Cardiology office Follow up visit 15-Sep-2023 planned
 Step-down ICU in Hospital Management of the disease Cardiac MRI Genetic testing 25-Aug-2-Sept-2023
 Emergency department 25-Aug-2023
 Coronary angiography Imaging Lab at regional hospital 12-Aug-2023
 Echocardiography Imaging Lab at regional hospital 27-Jul-2023
 Cardiology office 24-Jul-2023
 GP Office 7-Jul-2023

Documents
 Cardiac MRI 29-Aug-2023
 Genetic testing 27-Aug-2023
 Coronary angiography report 12-Aug-2023
 Echocardiography report 27-Jul-2023

SOAP notes
Emergency room visit
 25-Aug-2023 Dr. McKlewitz
SUBJECTIVE
 The patient worsens over the course of 5 days with progressive shortness of breath and worsening of lower limb edema.
OBJECTIVE
 Patient's history reveals non-compliance with fluid intake limitations due to viral upper respiratory tract infection (Covid19 excluded). A clinical examination shows blood pressure 103/65 mmHg, low blood oxygen saturation (SpO2 84%) without supplemental oxygen, distended jugular veins, diffuse end-inspiratory crackles, holo-systolic murmur (5th intercostal

discharge:
 diagnosis was revised to non-cardiomyopathy
 therapy up-titration plan was
 biology outpatient visit is

6

Diagnostic journey of a patient with heart failure

Patient:
Golf Stone

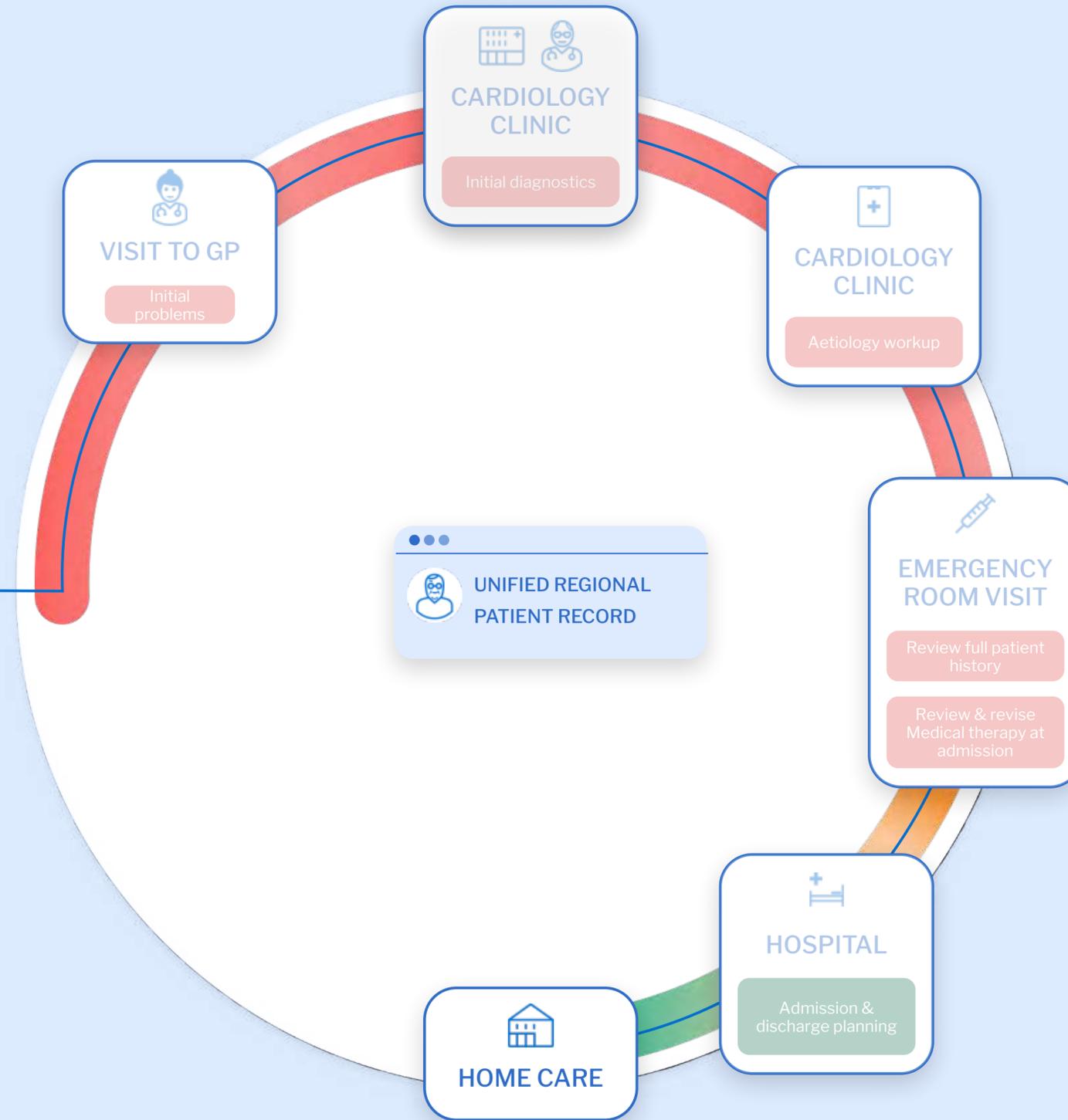


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HF VIRTUAL WARD DASHBOARD



Last update: less than a minute ago [Update now](#)



Patient

Weight change risk

Hover over for info

Heart rate

O2 saturation

Blood Pressure

SOB worse?

Oedema worse?



MORECAMBE, Mark
15-Apr-1944 · 79y 1m

-0.5 Low risk
3 days ago

Heart Rate **66** bpm
3 days ago

O2 **92** %
3 days ago

Blood pressure **122/65** mm[Hg]
3 days ago

NO **NO**



SUDLOW, Bob
11-Nov-1947 · 75y 6m

0.5 Low risk
1 day ago

Heart Rate **78** bpm
1 day ago

O2 **98** %
1 day ago

Blood pressure **140/89** mm[Hg]
1 day ago

YES **YES**



MARTINEZ, Maria
13-Apr-1953 · 70y 1m

1 Low risk
1 day ago

Heart Rate **87** bpm
1 day ago

O2 **99** %
1 day ago

Blood pressure **154/78** mm[Hg]
1 day ago

YES **YES**



GOLF, Stone
25-Aug-1960 · 62y 9m

-1.5 Low risk
3 days ago

Heart Rate **66** bpm
3 days ago

O2 **97** %
3 days ago

Blood pressure **126/78** mm[Hg]
3 days ago

NO **YES**



CLEARWATER, Karl
14-Aug-1950 · 72y 9m

3 High risk
3 days ago

Heart Rate **73** bpm
3 days ago

O2 **97** %
3 days ago

Blood pressure **127/73** mm[Hg]
3 days ago

NO **YES**



TOWEY, Alice
24-May-1940 · 83y

0 Low risk

Heart Rate **67** bpm
4 days ago

O2 **94** %
4 days ago

Blood pressure **120/77** mm[Hg]
4 days ago

NO **NO**



Version info

7

Diagnostic journey of a patient with heart failure

Patient:
Golf Stone

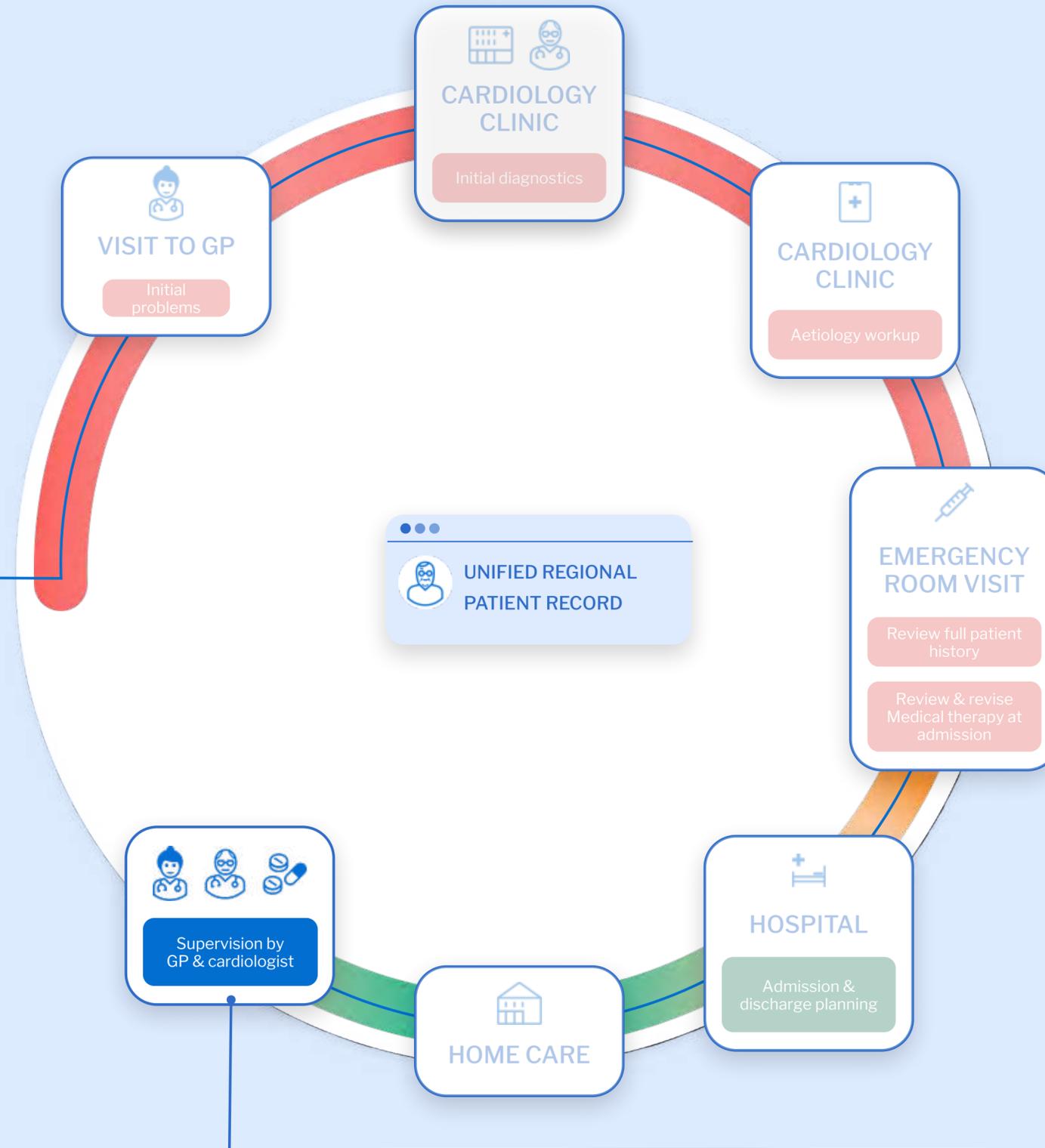


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- Review Current status
- slight improvement
- heart rate
- mild pulmonary congestion
- Mid-systolic murmurs over 5th intercostal space are still present and unchanged
- NYHA class II/III.
- ECG
- Blood biochemistry analysis
- Review & revise Therapy
- Define the Plan:
- Medication titration and decision on CRT-D
- Echocardiography follow-up
- Schedule Follow-up visit

Diagnostic journey of a patient with heart failure

Patient:
Golf Stone

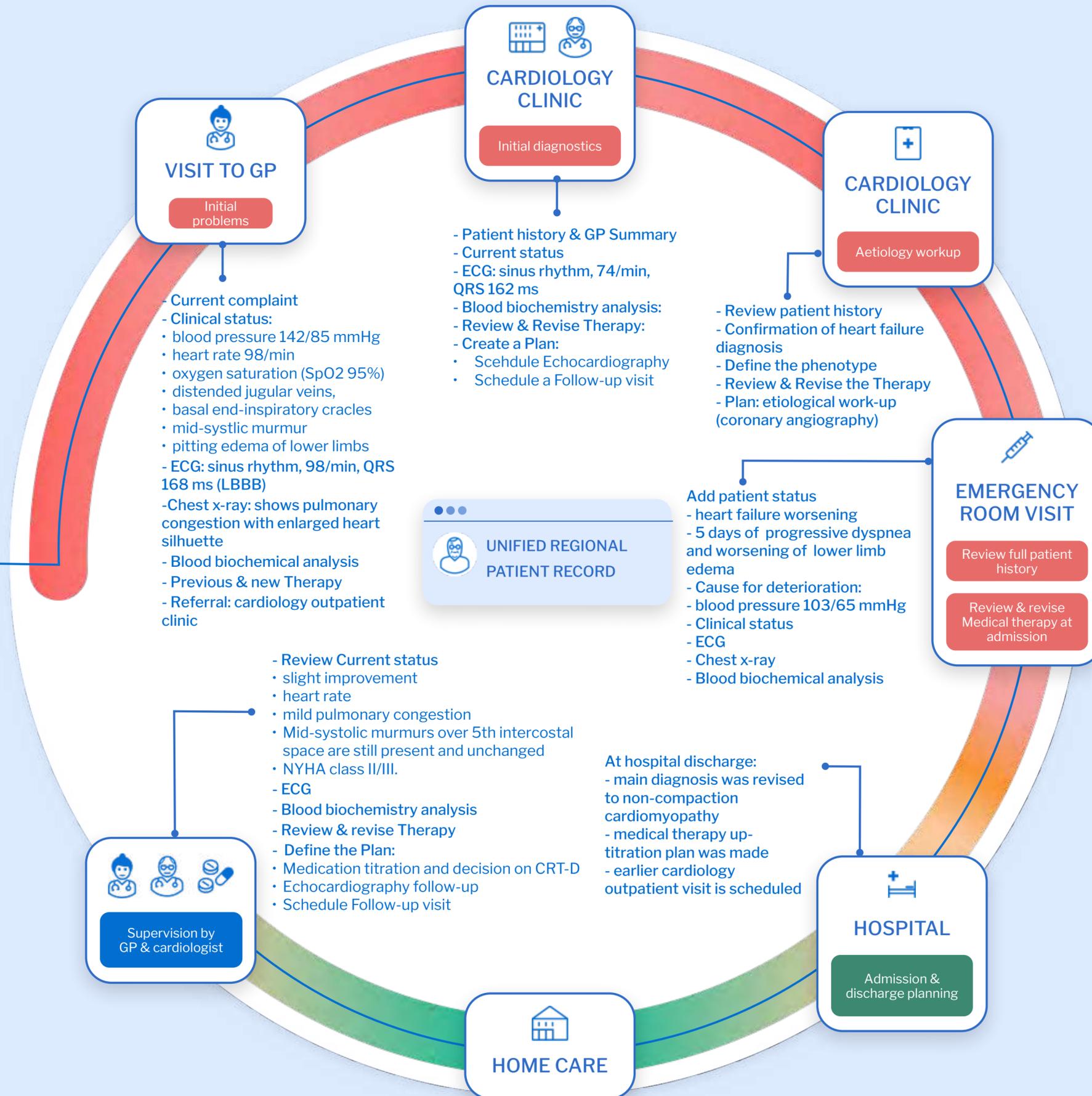


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OneLondon Universal Care Plan

LONDON, UK

Better Universal Care Planning Platform
deployed to coordinate care for London's
10 million citizens across 5 Integrated
Care Systems



What's Next?

In line with our core values
open, vendor-neutral, no lock-in

We are building a **community**

Where content is **freely shared** and
immediately executable



**Better data,
better care.**

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