

**BOW MEDICAL**

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Patient Data Management System

Anesthesia or Intensive care - Information to collect

Hospital Name	
Address	
Website	
Dräger contact for Bow Medical <u>Bow Medical will not have direct communication with the customer</u>	Project Manager (name, mail and phone) Account Manager (name, mail and phone) IT Specialist (name, mail and phone)
Medical decision maker	(name, mail and phone)
IT Department project manager	(name, mail and phone)
Innovian site PDMS in place	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Project	Offer date: Decision date: Starting date:
Purpose of the project	Anesthesia <input type="checkbox"/> Adult Intensive Care <input type="checkbox"/> Neonatal Intensive care <input type="checkbox"/> Adult Critical Care <input type="checkbox"/> Adult Sub-acute Care <input type="checkbox"/> OB-Gyn <input type="checkbox"/> Other:

What do you need to know?

To prepare a project you need information about:

- Database and hosting
- Interfaces and interoperability
- Places to equip
 - Pre-anesthetic consultation: method of consultation, places, pre-anesthetic visit, preliminary questionnaire
 - In anesthesia: induction rooms, operating room, recovery room
 - In intensive care: intensive care, intensive care, continuous monitoring beds
 - Additional places: treatment stations, corridors, doctors' office, staff room, etc.
- • Referents or Key-users
- • # of user for training purpose
- • Medical devices to be connected
- • Project planning

Database and Hosting

Main server is used to host the single Diane database is in the hospital, under IT department control.

Database can be:

- Microsoft SQL Server 7.0 or above on a Windows server.
- Oracle on a Windows or Unix server from version 8.1.7 and above
- MySQL on a Windows or Unix or Linux server from version 4.1.
- Data hosting within the hospital, or under hospital responsibility; Passwords belong to the hospital.
- Dataset XML available to export in case of PDMS change (if they stop using Diane Hospital keeps their own data and Database scheme is available; mapping by Bow Medical on request (charges associated); accessible with a FIREDAC driver, included in the Diane server license (owned by the hospital).
- Oracle (SQL server) native driver opensource.

Interfaces and interoperability

You need to collect information about Hospital Information system and Electronic Medical Record in place, prescription, LIS, PACS, Administrative system (storing patient name, address, patient id, User database (MS Active directory or similar)...

#	INTERFACES	Purpose	Editor? Software? Message format? Way of exchange (in or out)?
1	Patient identity (Basic Interop Package)	Patient identity server, for automatic retrieval of patient administrative data	

#	INTERFACES	Purpose	Editor? Software? Message format? Way of exchange (in or out)?
2	Reports (Basic Interop Package)	send report or letters in .doc or .pdf with index information Electronic Medical Record (EMR), by making available Assessment reports and standard letters in Word or PDF format generated within Diane, with contextual elements necessary for their indexing	
3	EMR call (Basic Interop Package)	Open the EMR at the patient's page, the user being already identified. To read patient's information stored in EMR	
4	User Identification (Premium Interop Package)	Interface with MS Active Directory or Single Sign-on or Lightweight Directory Access Protocol (LDAP)	
5	LIS Contextual call (Premium Interop Package)	Open the Lab. Information System (LIS) at the patient's file, user being already authenticated	
6	PACS Contextual call (Premium Interop Package)	Open the Picture Archiving and Communication System (PACS) at the patient's file, user being already authenticated	
7	Drug Knowledge Database (Expert Interop Package)	Link with a drug database i.e. Vidal, Vademecum, BCB - prescription support: Drug monography, Drug-Drug Interactions and redundancies, Drug Allergy... Do not include subscription to the drug database itself	
8	Formulary (Expert Interop Package)	Integrate the Hospital's drug list carried in inventory (includes prices) to prescribe only the drugs available in the hospital. No drug consumption management – Not used for inventory management	
9	LIS Import (Expert Interop Package)	Import LIS structured data to include in Diane patient's file (Biology, Microbiology...)	

#	INTERFACES	Purpose	Editor? Software? Message format? Way of exchange (in or out)?
10	ICU Discharge Prescription (Expert Interop Package)	Send (one way) the drugs and care prescribed into the Care Plan of Hospital EMR. This is not a prescription exchange tool. Complex, subject to excellent cooperation between editors	
11	Appointments (optional)	Collect detail of the appointments list from an agenda	
12	Prescription integration from EMR to Diane (optional)	Collect prescription information from the EMR to be displayed in Diane. Complex, subject to excellent cooperation between editors	
13	Electronic Medical Record Exchange (optional)	2 ways exchange with EMR: patient history, allergies, complications... exchange of XML files. subject to good cooperation between editors	
14	OR Tool (optional)	2-ways exchange Diane/OR planning and procedure events: integrate timeline events and reports subject to good cooperation between editors	

- Working Places**

	Working places	Number
22	# of Pre- Operative Assessment Office	To assess patients
23	# of Intensivist / Anesthetists offices	To work in Diane from an office
24	# of Anesthesiology Dpt. Secretariat	To include the patient in the expected patient list, to print all documents
25	# of Operating Rooms	with Anesthesia Vent.
26	# of Endoscopy Rooms	without Anesthesia Vent.
27	# of Induction Rooms	with Anesthesia Vent.
28	# of Cesarean Rooms	with Anesthesia Vent.
29	# of Birth Rooms	Mother and fetal monitoring

Working places		Number	
30	# of Spare anesthesia station and/or Spare Panel PCs		
31	# of Interventional Rooms	Interventional Cardiology- Vascular -Neuroradiology. Anesthesia Vent. ?	
32	# of Recovery Beds	Monitoring – Ventilation?	
33	# of Sub-acute Beds (1)	Monitoring	
34	# of Critical Care Beds (1)	Monitoring – ventilation? Electric Syringes?	
35	# of Intensive Care Beds (1)	Monitoring – ventilation – Electric Syringes -others?	
36	Nurse central station	# of Diane working station	

(1) When possible get the drawings (or some picture) of the units

Referents or Key-Users

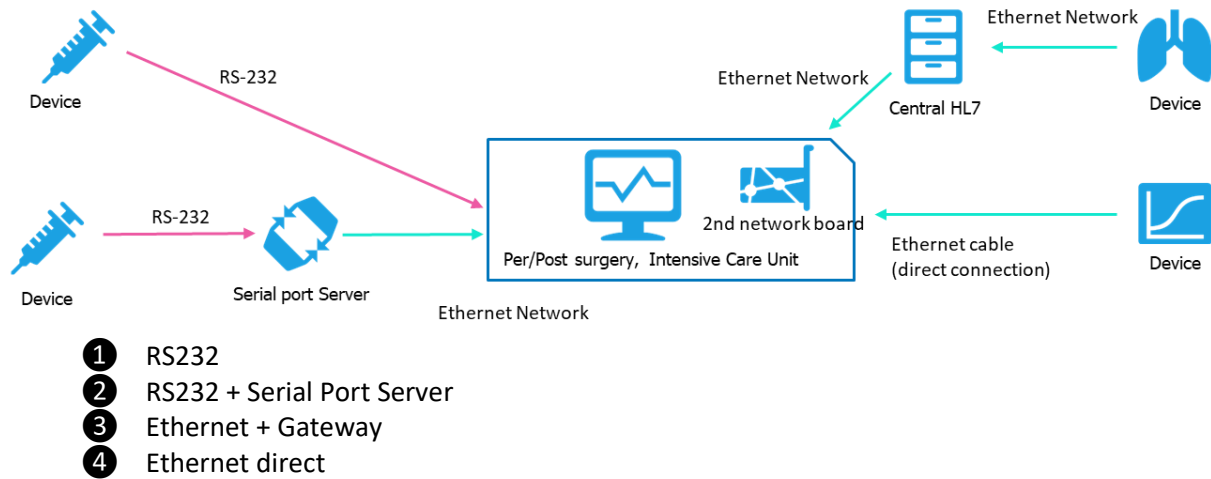
#	Who	Names and mail
37	Medical project manager (has the authority to decide the software set-up)	
38	Anesthetist and/or Intensivist and/or Obstetrician key users	
39	Anesthetist nurse key users	
40	Nurse key users	
41	Head nurse key user	
42	Pharmacist key user	
43	Midwife key user	
44	IT project manager	
45	Biomedical project manager	

User trainings

#	Who is in charge to perform the user training?	Key Users <input type="checkbox"/>	Dräger <input type="checkbox"/>	Dräger with Bow Medical support <input type="checkbox"/>
46	Anesthetists and/or Intensivists and/or Obstetricians	#		
47	Resident or Medical students	#		
48	Anesthetist nurses	#		
49	Nurses	#		

50	Head nurses	#
51	Pharmacists	#
52	Midwives	#

• **Medical devices to connect**



Brand – Type – Data export option included – connection type ① ② ③ ④		
53	Operating Rooms and Interventional	Anesthesia ventilators - - -
54		Monitors - - - Central Stations? -
55		Connectable Electric Syringes Stations - - -
56		ECLS system -
57		Others: -
58		Mobile devices? - -
59		Postoperative recovery rooms
60	Monitoring central station -	

Brand – Type – Data export option included – connection type ① ② ③ ④		
61		Ventilators -
62	Critical Care & Sub-acute care	Ventilators -
63		Monitors -
64		Monitoring central station -
65		Connectable Electric Syringes Stations -
66		Intensive Care and/or
67	PICU and/or NICU	Monitors -
68		Monitoring central station -
69		Connectable Electric Syringes Stations -
70		Pico, Pulsioflex -
71		Dialysis devices -
72		Cardiac output monitoring -
73		Nutrition feeding pump -
74	Obstetrics	Ventilators -
75		Monitors -
76		Monitoring central station -
77		Fetal monitors -

- Project planning**

	What – When — By Whom	Week	Week
78	Set the project team		
79	Fine tune project content and limits		
80	Site Audit per specialty (Anesthesia/ ICU/ Obst.): every room, every device, connectivity, network, ergonomic		
81	Audit Report		
82	Every device to connect has been checked and connection mode is decided		

83	Working station ergonomic is decided (where, connected to, fixation...)		
84	Final financial quotation		
85	First Key user meeting		
86	Order		
87	Workstation (panel PCs) ordering (8-10 weeks)		
88	Interoperability available and tested		
89	Server installation		
90	Key user training – software installation on their PC		
91	Software configuration check: What is missing to start?		
92	Software customization by key users (remote support)		
93	Working station installation		
94	Device connection working		
95	User trainings		
96	Start (asap after training)		
97	User support on site		
98	Hot-line available		
99	Project follow-up		
100	Adjustments		

Please send back this questionnaire to support you:

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