

















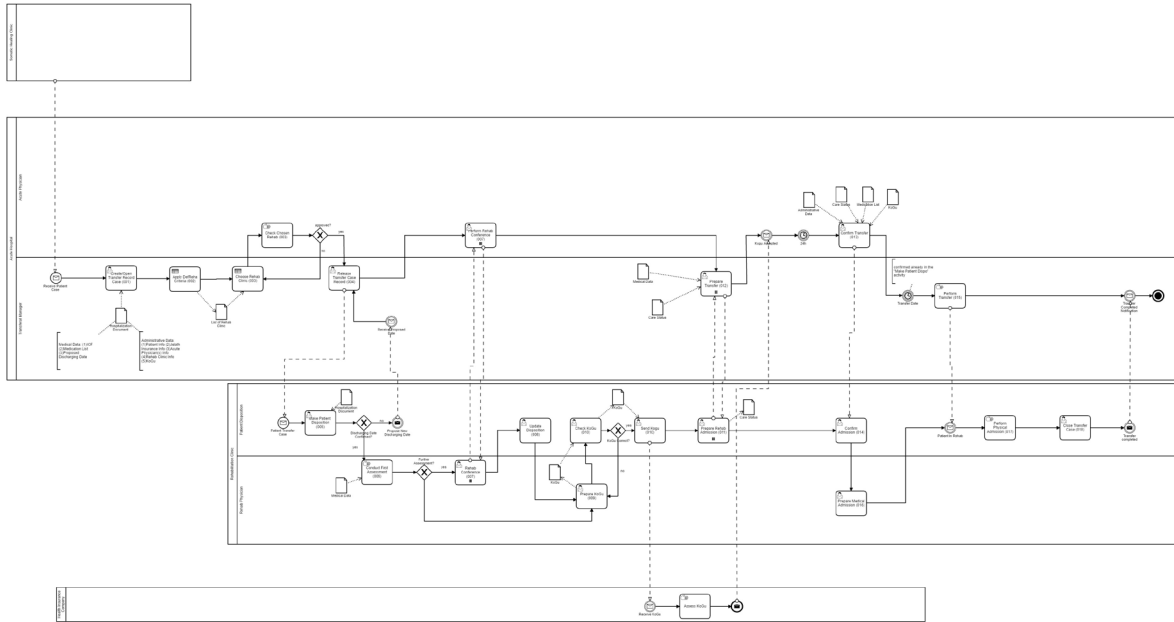


Patient-Radar: Reference Process Activities with Mockups

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1 DIAGRAMM 1



Version: 1.0

Author: Emanuele Laurenzi

1.1 ACUTE HOSPITAL

1.1.1 PROCESS ACTIVITIES

Process activities in this document are introduced with the following structure:

- Description of the activity
- Data objects in input (if applicable)
- Data objects in output (if applicable)
- Pre-conditions, roles and mockups

Each process activity is linked with at least a mockup of the Pat-Rad platform. Roles that are involved in the process are the acute hospital physician, the transferal manager, the patient disposition and finally responsible rehabilitation physician.

1.1.1.1 Create/Open Transfer Case Record (001)

Description

In this activity the transferal manager either initiates to create or (if it exists already) opens a transfer case record, which relates to a patient.

Data objects in input

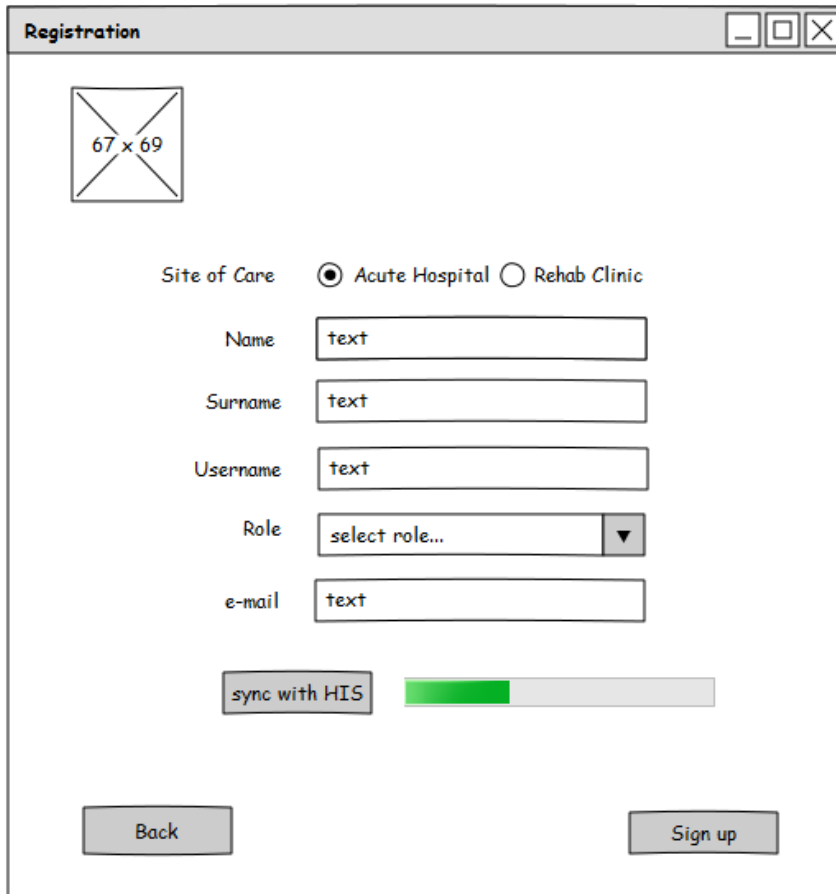
Hospitalization data (Einweisung formular), which includes both administrative and medical data. Data are either retrieved automatically from the PAS (Patient Administration System) / HIS (Hospital Information System), or manually entered by the transferal manager.

Pre-conditions, Roles and Mockups

The user should identify him- herself in the Pat-Rad platform before performing the activity of creating or opening a transfer case record. If the user is registered, should perform the login, else should perform the registration. Figure 1 shows the mockup for the user to register, while Figure 2 shows the mockup for the login.

Registration

The registration mockup (Fig. 1) shows that the user should enter name, surname, username, select whether he/she works in the acute hospital or the rehabilitation clinic and select his/her role, e.g. transferal manger. Additionally, the platform Pat-Rad provides the sync functionality, which enables the user to be identified from the Hospital Information System (HIS). This functionality requires the integration between the Pat-Rad platform and the HIS. Next, as soon as the user clicks on the "Sign-up" button, a confirmation e-mail is sent. If the sync functionality won't be implemented, the registration view should provide the textbox to insert the email.



The mockup shows a window titled "Registration" with standard window controls. Inside, there is a placeholder for a logo (a square with an 'X' and "67 x 69"). Below this, the "Site of Care" section has two radio buttons: "Acute Hospital" (selected) and "Rehab Clinic". The form includes text input fields for "Name", "Surname", "Username", and "e-mail". The "Role" field is a dropdown menu currently showing "select role...". A "sync with HIS" button is positioned next to a progress bar that is approximately one-third full. At the bottom, there are "Back" and "Sign up" buttons.

Figure 1. Mockup for Registration

Login

The login mockup (Fig. 2) shows the username, password, the button to login and the two links to retrieve forgotten password and to sign in.

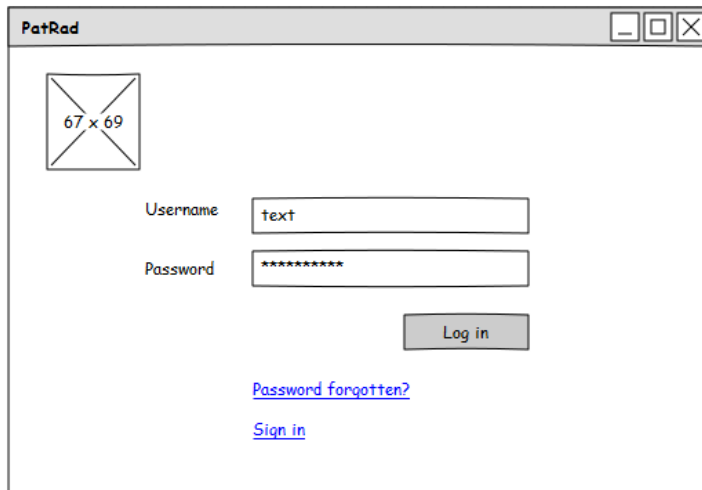


Figure 2. Mockup for the Login

Main View

After the login, the mockup for the main view will show up (Fig. 3). The **transferral manager** can do both creating and opening a transfer case record while the **main acute physician**, the **patient disposition** and the **responsible rehab** can only open a case.

The patient can be searched by name/surname or by master ID. After the patient identification, this can be selected and a case can be either open (if already existing) or opened.

Transferal Management

user profile: [Corinne Zimmermann](#)

67 x 69

new case

☐ Search by Master ID

☒ Search by name

Peter Müll

search

	ID	Name	Case Preogress	Days left
<input checked="" type="checkbox"/>	34586	Peter Müller	60%	5
<input type="checkbox"/>	34455	Peter Mülleback	30%	10

open case

Figure 3. Mockup for the Main View

The creation of a new case leads to the admin data view (Fig. 4). The blue section on top of figure 4 there is a summary of all the most relevant information for the patient. The field "Discharging date" is empty as the transfer case record is just about to be created. If the case was existing and the user had clicked on the "open case" button of fig. 3, the discharging date would also be written.

Figure 4 has four different sections:

1. Admin data (see fig. 4-7),
2. Medical data (see fig. 8 and 10 to 13),
3. Care status (see fig. 21-25),
4. DefReha Criteria (fig. 15),
5. Progress Progress (see fig. 14).

These sections have been inserted as fixed tabs on top each mockup except for the registration and login.

Following we will describe each of the listed section by mentioning the related roles.

Admin Data

The Admin data section has in turn five sub-sections (see the five central grey buttons in fig. 4):

- Patient info (see fig. 5),
- Health insurance info (see fig. 6),

- Acute physician(s) info (see fig. 7),
- Rehab clinic info (*this section is either disabled or it leads to fig. 17*),
- KoGu (*this section is either disabled or it leads to fig. 28 without data*).


The mockup shows a window titled "Transferal Management" with a user profile of "Corinne Zimmermann". On the left is a placeholder for a 67 x 69 image. The main area contains a blue box with patient data: Master Patient ID (2063924645), Age (72), MPI Patient ID (2063924759), Name\Surname (Peter Müller), AHV Number (4578647956), Discharging date (empty), Diagnose ICD (G46.3 Brain stem stroke syndrome), and Health Insurance\N. (Swica 8.476.534). Below this is a "Gen. Cantonal Station" label. A navigation bar includes "Admin Data", "Medical Data", "Care Status", "DefReha Criteria", and "Process Progress". A breadcrumb trail shows "Home > Admin Data". A vertical stack of buttons includes "Patient Info", "Health Insurance Info", "Acute Physician(s) Info", "Rehab Clinic Info", and "KoGu".

Figure 4. Mockup for Admin Data Section

PATIENT INFO

The button "Patient Info" in fig. 4 leads to fig. 5, which depicts the mockup for the patient information retrieved from PAS, e.g. *case number, Master Patient ID, MPI Patient ID, DRG primary code* etc.

Transferal Management


user profile: [Corinne Zimmermann](#)

Admin Data
Medical Data
Care Status
DefReha Criteria
Process Progress

Home > Admin Data

Case n. 2048573592

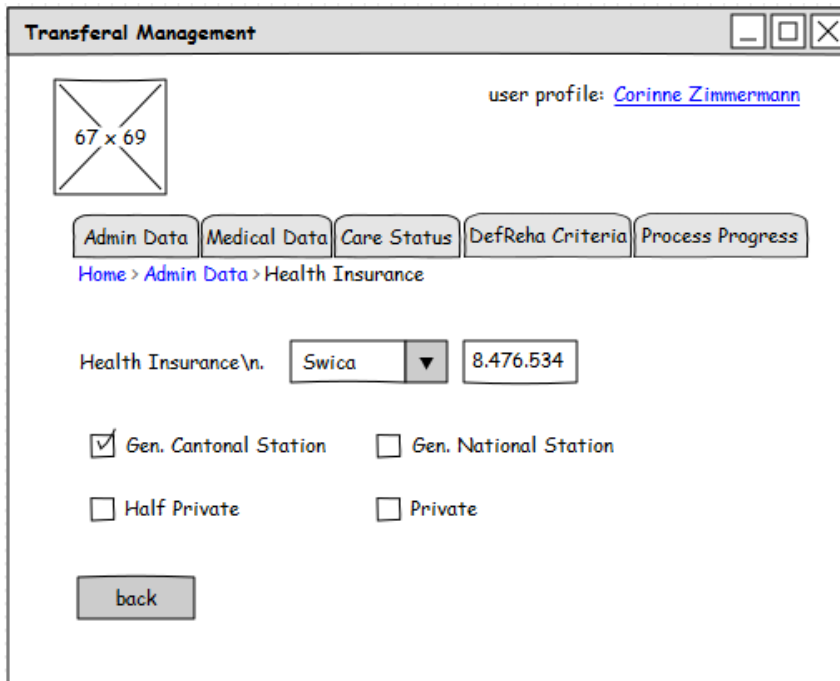
Master Patient ID 2063924645
MPI Patient ID 2063924759
DRG primary code 3947856899 ▼ DRG secondary code select ▼
Name\Surname Peter Müller
Nation Switzerland ▼
Street, n. St. Leonhardstr., 94 City St. Gallen ▼ Canton St. Gallen ▼
Date of birth 4 ▼ 10 ▼ 1940 ▼
City of birth Appenzell ▼ Canton Innerrhoden ▼ Nation Switzerland ▼
Nationality Swiss ▼ Mobile Number 0767024413
Mother tongue German ▼
Job Pensioner ▼
AHV Number 4578647956 Entry Type Emergency ▼
Hospitalization Date 24 ▼ 02 ▼ 2016 ▼

back

Figure 5. Mockup for Patient Info

HEALTH INSURANCE INFO

The mockup health insurance info in fig. 6 shows the health insurance's name, the insurance number as well as the type.



The mockup is a web application window titled "Transferal Management". It features a user profile link "Corinne Zimmermann" and a breadcrumb trail "Home > Admin Data > Health Insurance". The main content area displays the "Health Insurance\n." label, a dropdown menu with "Swica" selected, and the insurance number "8.476.534". Below this, there are four checkboxes: "Gen. Cantonal Station" (checked), "Gen. National Station", "Half Private", and "Private". A "back" button is located at the bottom left.

Transferal Management

user profile: [Corinne Zimmermann](#)

67 x 69

Admin Data Medical Data Care Status DefReha Criteria Process Progress

[Home](#) > [Admin Data](#) > Health Insurance

Health Insurance\n. Swica ▼ 8.476.534

☒ Gen. Cantonal Station ☐ Gen. National Station

☐ Half Private ☐ Private

back

Figure 6. Mockup for Health Insurance Info

ACUTE PHYSICIAN(S) INFO

The mockup in fig.7 depicts info of those acute physicians that follow the case. In this particular case there are two roles: the main and the attending physician. Info displayed in this figure are retrieved from the HIS. The transferal manager can edit, delete or insert info related to physicians.

The mockup is a window titled "Transferal Management" with standard window controls (minimize, maximize, close) in the top right corner. In the top left, there is a placeholder for a profile picture, a square box with an 'X' and the text "67 x 69". In the top right, it says "user profile: [Corinne Zimmermann](#)". Below this is a row of five grey buttons: "Admin Data", "Medical Data", "Care Status", "DefReha Criteria", and "Process Progress". Below the buttons is a breadcrumb trail: "Home > Admin Data > Physician Info". The main content area is divided into two sections by horizontal lines. The first section is for a "Main Physician". It has a "Physician Role" dropdown menu set to "Main Physician". Below this are two input fields for "Name\Surname" containing "Alexander" and "Funk". Below these are two input fields for "Tel. num." containing "0767894417" and "email" containing "alexander.funk@grabs.ch". To the right of the email field is a "Delete" button. The second section is for an "Attending Physician". It has a "Physician Role" dropdown menu set to "Attending Physician". Below this are two input fields for "Name\Surname" containing "Max" and "Höffer". Below these are two input fields for "Tel. num." containing "0766898939" and "email" containing "max.höffer@grabs.ch". To the right of the email field is a "Delete" button. At the bottom of the window are two buttons: "back" on the left and "Assign New Physician" on the right.

Figure 7. Mockup for Acute Physician(s) Info

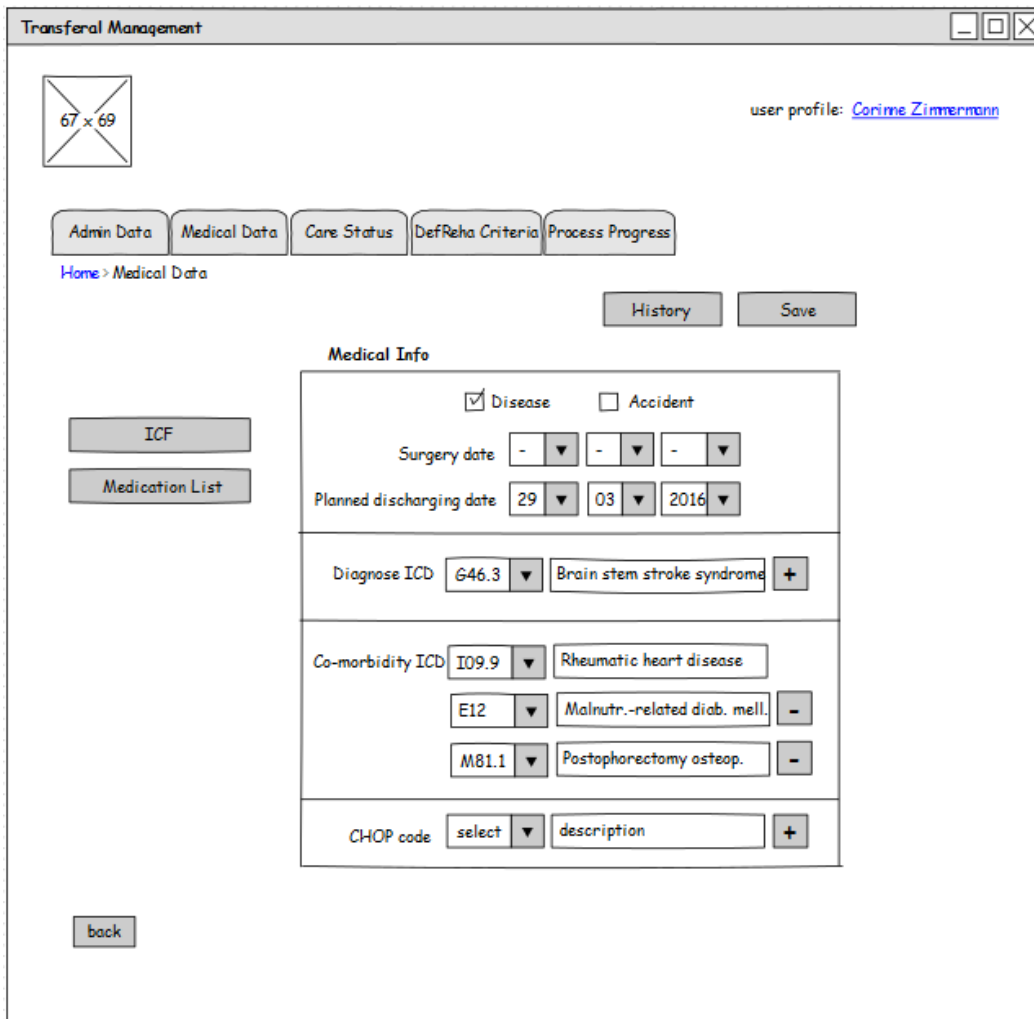
Medical Data

The "Medical Data" section (fig. 8) is reachable by clicking on the second grey button on top of fig. 4. All data depicted in fig. 8 such as the selection of either *disease* or *accident*, or the *surgery data*, etc. are provided by the PAS. The planned discharging data is deduced from the ICD code. The mockup for medical info has also the following three buttons:

- Save - The user can save the current state of the medical info,
- History - The user can see the history of the medical info if any.

Additionally, it has also the following two sub-sections that we will describe below:

- ICF – International classification on functioning and disabilities.
- Medication list.



The mockup shows a web application window titled "Transferal Management". In the top right corner, it displays "user profile: [Carime Zimmermann](#)". Below the title bar, there is a placeholder for a profile picture (67 x 69) and a navigation bar with tabs: "Admin Data", "Medical Data" (selected), "Care Status", "DefReha Criteria", and "Process Progress". Below the tabs, a breadcrumb trail reads "Home > Medical Data". To the right of the breadcrumb are "History" and "Save" buttons. On the left side, there are two buttons: "ICF" and "Medication List". The main content area is titled "Medical Info" and contains several form fields:

- A checkbox for "Disease" (checked) and "Accident" (unchecked).
- "Surgery date" with three dropdown menus for day, month, and year.
- "Planned discharging date" with three dropdown menus for day, month, and year, showing "29", "03", and "2016" respectively.
- "Diagnose ICD" with a dropdown showing "G46.3" and a text field containing "Brain stem stroke syndrome", followed by a "+" button.
- "Co-morbidity ICD" with three rows:
 - Dropdown "I09.9" and text field "Rheumatic heart disease".
 - Dropdown "E12" and text field "Malnutr.-related diab. mell." with a "-" button.
 - Dropdown "M81.1" and text field "Postphorectomy osteop." with a "-" button.
- "CHOP code" with a dropdown showing "select" and a text field "description", followed by a "+" button.

 At the bottom left, there is a "back" button.

Figure 8. Mockup for Medical Data info

ICF

Functional deficits can be described via the International Classification of Functioning, Disability and Health ICF¹ (World Health Organization 2001). The ICF standard includes the taxonomy (web-version²) of the following four macro-categories, also called components:

- *body functions (labelled as **b**),*
- *body structures (labelled as **s**),*
- *activities and participation (labelled as **d**),*
- *environmental factors (labelled as **e**).*

Each component is extended by more than one category (also called chapters – see Table 1). In turn each chapter has more than one category and the latter can go more in details by specifying one or more sub-categories. The same applies to sub-categories. The unique ICF codes are built as a journey from the component to the category or sub-category. For instance, the sub-category “Sustaining attention” has code **b1400**, where **b** is the label for the body functions component (see list above), **b1** refers to its chapter *Mental Functions*, **b140** is the sub-category *Attention functions*, which belongs to the upper category *Specific Mental Functions* that spans from the b140 to b189.

Categories are qualified by a scale that record the extent of functioning or disability, or the extent to which an environmental factor is a facilitator or barrier.

Table 1. ICF categories (World Health Organization 2001)

Body	
Function: <ul style="list-style-type: none"> - Mental Functions - Sensory Functions and Pain - Voice and Speech Functions - Functions of the Cardiovascular, Haematological, - Immunological and Respiratory Systems - Functions of the Digestive, Metabolic, Endocrine Systems - Genitourinary and Reproductive Functions - Neuromusculoskeletal and Movement-Related Functions - Functions of the Skin and Related Structures 	Structure: <ul style="list-style-type: none"> - Structure of the Nervous System - The Eye, Ear and Related Structures - Structures Involved in Voice and Speech - Structure of the Cardiovascular, Immunological and - Respiratory Systems - Structures Related to the Digestive, Metabolic and - Endocrine Systems - Structure Related to Genitourinary and Reproductive Systems - Structure Related to Movement - Skin and Related Structures
Activities and Participation	
<ul style="list-style-type: none"> - Learning and Applying Knowledge - General Tasks and Demands 	

¹ http://www.who.int/classifications/icf/icf_more/en/

² <http://apps.who.int/classifications/icfbrowser/>

<ul style="list-style-type: none"> - Communication <ul style="list-style-type: none"> - Mobility - Self Care - Domestic Life - Interpersonal Interactions and Relationships <ul style="list-style-type: none"> - Major Life Areas - Community, Social and Civic Life
Environmental Factors
<ul style="list-style-type: none"> - Products and Technology - Natural Environment and Human-Made Changes to Environment - Support and Relationships <ul style="list-style-type: none"> - Attitudes - Services, Systems and Policies

Qualifiers of all ICF components use a negative scale, except for the environmental factors component, which uses a positive scale too (see Fig. 9).

Generic qualifier:

- 0 No problem
- 1 Mild problem
- 2 Moderate problem
- 3 Severe problem
- 4 Complete problem
- 8 Not specified
- 9 Not applicable

Qualifier for Environmental factors:

- | | |
|---------------------------|-------------------------------|
| .0 No barrier | +0 No facilitator |
| .1 Mild barrier | +1 Mild facilitator |
| .2 Moderate barrier | +2 Moderate facilitator |
| .3 Severe barrier | +3 Substantial facilitator |
| .4 Complete barrier | +4 Complete facilitator |
| .8 Barrier, not specified | +8 Facilitator, not specified |
| .9 Not applicable | +9 Not applicable |

Figure 9. ICF Qualifiers Scales

Additionally, the **body structures** component includes a second qualifier to indicate the nature of the change in the respective body structure, i.e.:

- 0 no change in structure
- 1 total absence
- 2 partial absence

- 3 additional part
- 4 aberrant dimensions
- 5 discontinuity
- 6 deviating position
- 7 qualitative changes in structure, including accumulation of fluid
- 8 not specified
- 9 not applicable.

Moreover, the *activities and participation* component include **Performance** and **Problem in the person's current environment** as first qualifiers, while **Capacity** and **Limitation without assistance** as second qualifiers. For simplicity reasons in this work only the generic qualifiers are considered.

In the point of time I've conducted the interview, the ICF was not adopted. However, I include it in this work as it is becoming a worldwide common practice for hospitals to describe health functioning and disabilities by means of the ICF standard. In order to describe the relevant ICF components I refer to the ICF core sets for stroke described in (Geyh et al. 2004) – see column "ICF code and category title" of table 3 .

According to the ICF official documentation, the generic qualifier term "problem" is replaced based on the ICF component, i.e. "impairment" for both body functions and body structures, while "difficulty" for activities and participations (see the column "Generic qualifiers" in Table 3).

ICF categories applied to patients may change during their hospital stay. In a workshop conducted on the 4th of October, Prof. Rainer Endl stated the following:

*"categories that belong to components such as **body function, body structure, activity and participation** are likely to change after surgeries".*

The mockup shown in fig. 10 takes this into account enabling the user to change ID & categories and related qualifiers. Additionally, the mockup is compliant with the introduced standard as categories are grouped by the appropriate ICF components. **The transferal manager, together with the acute physician are the only ones that can insert/delete/edit categories and qualifiers.**

Moreover, this mockup includes the status and trend for each ICF component. Namely, the status is reflected by the three traffic light colors – green, yellow and red. The calculation for each status can be done by aggregating values of qualifiers or simply picking the worst value which is then compared to a threshold by a rule, e.g. if the average of qualifier values that belong to an ICF component are below than 2, then show green, while if it's between 2 and 4 show yellow, else show red. This mockup includes a further signal, which we call *trend*. Similar to the status, the trend is calculated by means of a rule. The latter takes into account the current status and compare it with the previous one – if the previous status is worse than the current, an arrow towards up is displayed, while if it's better the arrow will head down, else if the previous status is equal as the current one a flat arrow is displayed.

The right hand-side of fig. 11 has a scroll down bar allowing the user to have a look at all of the info avoiding overwhelming issues.

Finally, the mockup comprises two buttons "Save" that allows saving the current status and "History" with which the user can see the past categories and qualifiers related to a patient.

The conceptualization of the mockup for ICF is realized according to the following principles:

- Compliance with the ICF standard,
- User friendliness,
- Following best practices of nowadays managerial dashboards (e.g. by including status and trend).

Transferal Management

user profile: [Corinne Zimmermann](#)

67 x 69

Admin Data Medical Data Care Status DefReha Criteria Process Progress

[Home](#) > [Medical Data](#) > ICF

Functioning and Disabilities - ICF

History Save

ICF component	Status	Trend	ID & Category	Qualifier	
Body function	●	↗	B140 - Attention functions	xxx.2 Moderate impairment	-
			B114 - Orientation functions	xxx.2 Moderate impairment	-
			B730 - Muscle power functions	xxx.2 Moderate impairment	-
			B110 - Consciousness functions	xxx.3 Severe impairment	-
			B167 - Mental functions of lang.	xxx.3 Severe impairment	-
			B144 - Memory functions	xxx.3 Severe impairment	+
Body structure	●	→	S110 - Structure of Brain	xxx.2 Moderate impairment	-
			S730 - Structure of upper ext.	xxx.2 Moderate impairment	+
Activity and Participation	●	↘	D450 Walking	xxx.3 Severe difficulty	-
			D330 Speaking	xxx.3 Severe difficulty	-
			D330 Speaking	xxx.3 Severe difficulty	-

back

Figure 10. Mockup for ICF

As mentioned above, the ICF component "Body Structure" includes the second qualifier. Hence, in fig. 11 we show the possibility of doing it when trying to add a new category that belongs the body structure.

Transferral Management

67 x 69

user profile: [Corinne Zimmermann](#)

Admin Data

Medical Data

Care Status

DefReha Criteria

Process Progress

[Home](#) > [Medical Data](#) > ICF

Functioning and Disabilities - ICF

History

Save

ICF component	Status	Trend	ID & Category	Qualifier
Body function	●	↗	<div>B140 - Attention functions</div> <div>B114 - Orientation functions</div> <div>B730 - Muscle power functions</div>	<div>xxx.2 Moderate impairment</div> <div>xxx.2 Moderate impairment</div> <div>xxx.2 Moderate impairment</div>
Body structure	●			
Activity and Participation	●	↘	<div>D450 Walking</div> <div>D330 Speaking</div> <div>D330 Speaking</div>	<div>xxx.3 Severe difficulty</div> <div>xxx.3 Severe difficulty</div> <div>xxx.3 Severe difficulty</div>

back

Choose between a generic qualifier and the second qualifier (the second qualifier indicates the nature of the change in the respective body structure).

☐ generic qualifier
 ☒ second qualifier

back

add

Figure 11. Mockup types of qualifier for “Body Structure”

Similarly, the “Activity and Participation” component also includes different types of qualifiers. Fig. 12 shows the mockup with the possible qualifiers to choose when the user tries to add a new category of the ICF component “Activity and Participation”.

Transferral Management

67 x 69

user profile: [Corinne Zimmermann](#)

Admin Data

Medical Data

Care Status

DefReha Criteria

Process Progress

[Home](#) > [Medical Data](#) > [ICF](#)

Functioning and Disabilities - ICF

History

Save

ICF component	Status	Trend	ID & Category	Qualifier
Activity and Participation	●	↘	D530 - Toileting	xxx.8 other specified
			D550 - Eating	xxx.2 Moderate difficulty
			D510 - Washing oneself	xxx.2 Moderate difficulty
			D540 - Dressing	xxx.2 Moderate difficulty
Environmental factors	●			

Choose the type of qualifier you would like to add:

☒ Generic Qualifier
☐ Person's current environment problems

☐ Performance
☐ Limitation without assistance

back

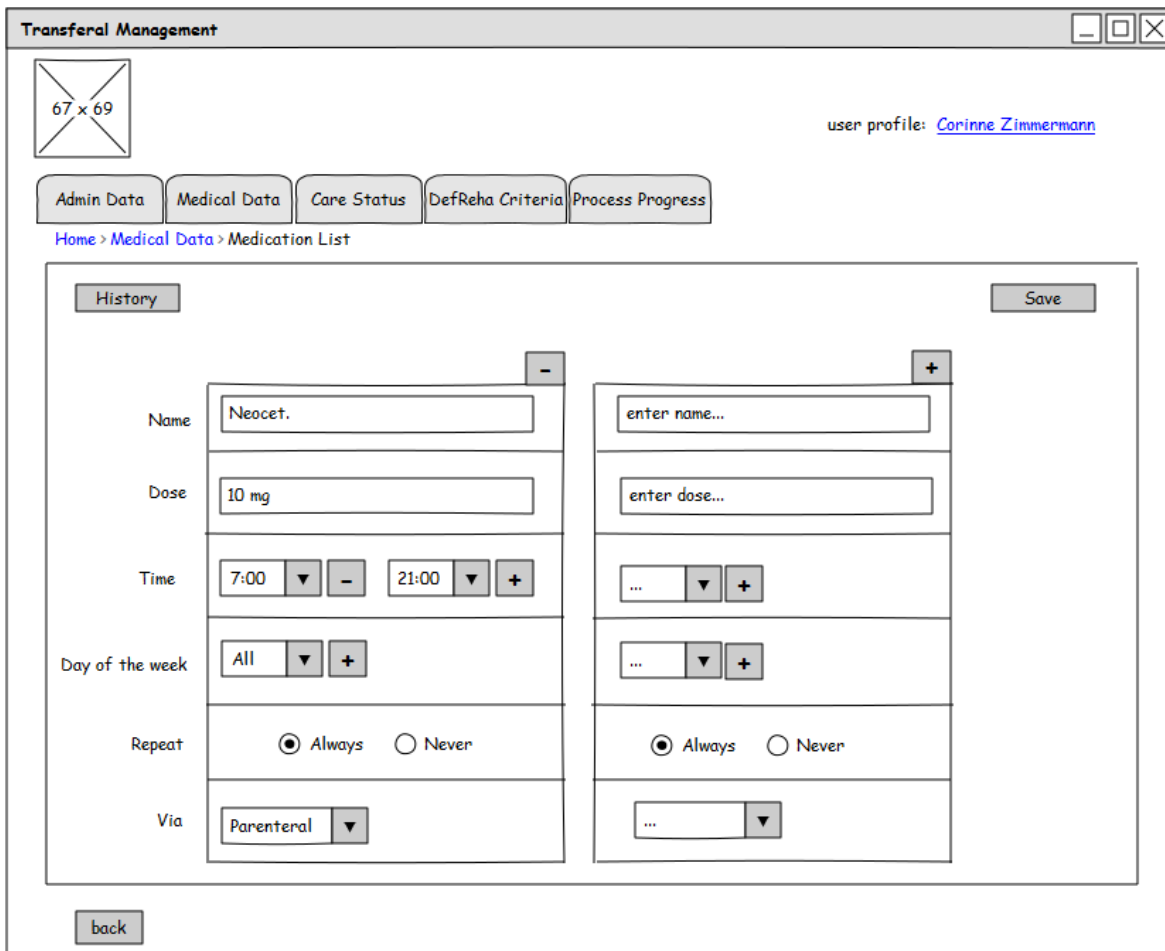
add

back

Figure 12. Mockup types of qualifier for “Activity and Participation”

MEDICATION LIST

The medication list in fig. 13 shows the medicine name, the amount of dose, the time frequency, the day(s) of the week and the consumption type, e.g. parenteral. As fig. 13 depicts, the list of medication is displayed from left to right, including the possibility for the user to add or remove some medication. **The transferal manager and the responsible acute physician can edit, remove or add medications as well as save info to be part of the patient record history. Conversely, the Patient Disposition and the Rehab Physician have read-only access. They can, however, have a look at the history of the patient medication list.**



The mockup shows a web application window titled "Transferal Management". In the top left corner, there is a placeholder for a logo with the text "67 x 69". In the top right corner, the user profile is displayed as "user profile: [Corinne Zimmermann](#)". Below the header, there is a navigation bar with five tabs: "Admin Data", "Medical Data", "Care Status", "DefReha Criteria", and "Process Progress". The "Medical Data" tab is currently selected. Below the navigation bar, the breadcrumb path "Home > Medical Data > Medication List" is shown. The main content area is divided into two sections. The left section, titled "History", contains a list of medication entries. Each entry has a minus sign (-) button to its right. The right section, titled "Save", contains a plus sign (+) button to its right. Both sections have a "Save" button at the top right. The medication entries are organized into rows with the following fields: Name, Dose, Time, Day of the week, Repeat, and Via. The "History" section shows an entry for "Neocet." with a dose of "10 mg", time of "7:00" to "21:00", day of the week "All", repeat "Always", and via "Parenteral". The "Save" section shows a form for adding a new medication entry with placeholder text "enter name...", "enter dose...", and dropdown menus for time, day of the week, repeat, and via.

Field	History (Neocet.)	Save (New Entry)
Name	Neocet.	enter name...
Dose	10 mg	enter dose...
Time	7:00 - 21:00	... - ...
Day of the week	All	...
Repeat	<input checked="" type="radio"/> Always <input type="radio"/> Never	<input checked="" type="radio"/> Always <input type="radio"/> Never
Via	Parenteral	...

Figure 13. Mockup for Medication List

Process Progress

The process progress view is accessible by clicking on the last grey tab on top of the page (from figure 4 onwards). The process progress mockup includes the milestones to achieve along the transferal management process. These have been grouped in three categories, i.e. process status, KoGu status and finally the physical transfer status.

Every step is automatically ticked by events that occur in the Pat-Rad platform. For instance, when data are released from the Acute hospital to the rehabilitation clinic, the first step of the process progress should be ticked and related date and time should be displayed. However, the **transferal manager has the access rights to edit all this info. All the other roles have read-only access to this section. All roles can see, if existing, the history of the process progress.**

The mockup shows a web application window titled "Transferal Management". In the top right corner, it displays "user profile: Corinne Zimmermann". Below the title bar, there is a placeholder for a logo (67 x 69) and a navigation bar with five tabs: "Admin Data", "Medical Data", "Care Status", "DefReha Criteria", and "Process Progress". The "Process Progress" tab is selected, and a breadcrumb trail shows "Home > Process Progress".

Below the navigation bar is a horizontal bar with a series of vertical lines, likely representing a progress bar. To the left of the main content area is a "History" button. The main content area is divided into three sections:

- Process status**: Contains six items, each with a checkbox and a date/time picker (hour, min, sec, day, month, year).
 - ☐ Data released (from Hospital)
 - ☐ Case Accepted (from Patient Dispo)
 - ☐ Patient Accepted (from Rehab)
 - ☐ First Assessment (from Rehab Physician)
 - ☐ Reha Conference
 - ☐ Transfer Date
- KoGu status**: Contains three items, each with a checkbox and a date/time picker (hour, min, sec, day, month, year).
 - ☐ KoGu ready
 - ☐ KoGu sent
 - ☐ KoGu accepted
- Physical transfer status**: Contains three items, each with a checkbox and a date/time picker (hour, min, sec, day, month, year).
 - ☐ Hospital approval
 - ☐ Reha approval
 - ☐ Patient in Reha

A "back" button is located at the bottom left of the main content area.

Figure 14. Mockup for the Process Progress

1.1.1.2 Apply Def-Reha Criteria (002)

Description

In this activity the transferal manager applies the standard DefReha on patient conditions in order to deduce the most suitable rehab clinics for the patient.

The aim of H+ with the DefReha standard is to define the notion of rehabilitation in the national legal framework. For this, the H+ Swiss Hospitals organization introduces a cost reimbursement system for somatic and psychosomatic rehabilitation, which is valid on a national scale. This leads to a unified tariff plan for rehabilitation that enables transparent comparisons among rehabilitation services. The unified tariff plan relies on the definition of several types of rehabilitation as well as of criteria of inclusion and exclusion for each rehabilitation type. Those criteria are applied on the transferal management process, i.e. transferring the patient from an acute hospital to a rehabilitation clinic or to an intensive unit care and then to a rehabilitation clinic.

Data objects in input

- Patient's rehabilitation needs according to his/her medical data, e.g. main and secondary disease from the ICD-10, functioning and disability from the ICF etc. (source: medical data from HIS),
- All rehabilitation clinics with related expertise (e.g. Clinic Valens highly qualified in neurological and geriatric rehabilitation, which would meet the requirements of a patient main and secondary disease of the patient, respectively) (source: HIS),
- List of established collaborations among acute hospitals and rehabilitation clinics (source: HIS).
- Patient's additional info such as family member and/or contact person that live near by the clinic (source: admin data from PAS).

Data objects in output

A list of rehabilitation clinics candidates.

Pre-conditions, Roles and Mockups

The task of applying DefReha activity is performed only by the transferal manger, hence all the other roles have read-only access on this page.

DefReha Criteria

Fig. 15 shows the mockup for the transferal manager to apply DefReha criteria. This can be reached by clicking on the second last grey tab. This mockup includes the rehab type, the transferal interface (e.g. from acute hospital to inpatient neurological rehab), the admission criteria into the rehab destination as well as the exclusion criteria from the rehab destination. Criteria can be updated by the transferal manager at any time along the transferal management process except from the "Confirm Transfer" onwards. Criteria can be ticked either automatically by a rule-based system which takes into account data objects in input above listed, or manually by the transferal manager. Next, the transferal manager can have a look at the rehab clinic candidates by clicking on the link "Rehab clinic candidates" in the bottom left of the page. This will lead to the mockup in fig. 16.

The mockup shows a web application window titled "Transferal Management". In the top right corner, it displays "user profile: [Corinne Zimmermann](#)". Below the title bar, there is a placeholder for a 67 x 69 image. A horizontal navigation bar contains five tabs: "Admin Data", "Medical Data", "Care Status", "DefReha Criteria" (which is highlighted), and "Process Progress". Below the tabs, a breadcrumb trail reads "Home > DefReha Criteria".

The main content area is divided into sections. The first section is labeled "Reha Type" and shows a dropdown menu currently set to "Neurological Rehab". Below this, the "Interface" section shows a dropdown menu with three options: "From acute hospital to inpatient neurological reha", "From reha with compulsory medical monitoring to inpatient neurological reha", and "From acute hospital to a reha with compulsory medical monitoring".

The next section is titled "Admission Crietria into inpatient neurological reha (all criteria need to be ticked to discharge the patient)". It contains a list of five criteria, each with a checked checkbox:

- ☒ The patient mainly has a clear awareness
- ☒ Patient is able to actively participate in activities in more rehabilitative therapy sessions of about 30 minutes
- ☒ Patient is able to interact and communicate, also by means of support devices
- ☒ Patient is able to move, about 3-4 hours per day in wheelchair
- ☒ Patient mainly needs support for daily life activities

The following section is titled "Exclusion Crietria from inpatient neurological reha (if criteria is ticked patient must not be admitted)". It contains one criterion with an unchecked checkbox:

- ☐ Acute worsening of the patient's health conditions, i.e. confused patient and uncooperative

In the bottom right corner, there is a link labeled "Rehab clinic candidates". In the bottom left corner, there is a button labeled "back".

Figure 15. Mockup for DefReha Criteria

Fig. 16 shows the mockup for rehab clinic candidates. The list of clinics is on the bottom left of the page and right above there is a searching textbox which enables to identify a rehabilitation clinic by entering its name. In the next activity we will describe the assignment of the rehabilitation clinic.

Figure 16. Mockup for rehab clinic candidates

1.1.1.3 Choose Reha Clininc (003)

Description

In this activity the transferal manager chooses one rehabilitation clinic for the patient.

Data objects in input

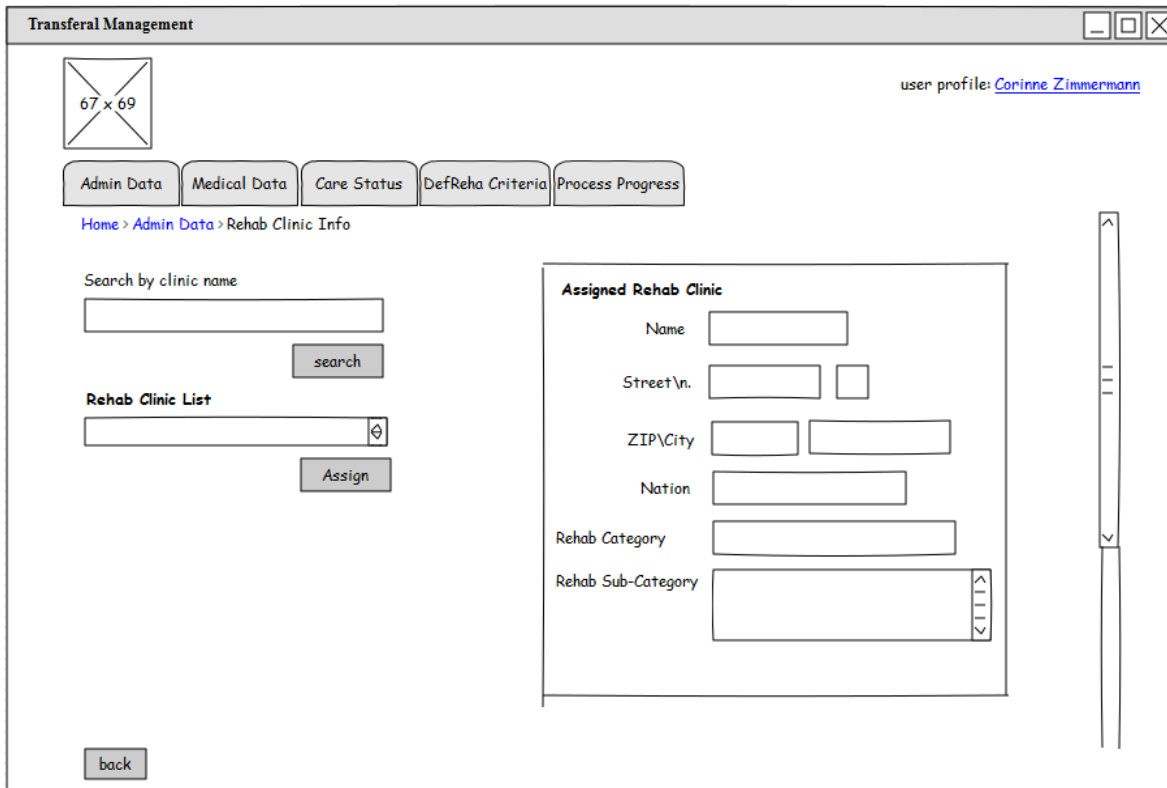
- List of rehab clinics candidates
- Will of the patient and/or relatives, if applicable.

Data objects in output

The chosen rehabilitation clinic with related info, e.g. name, location, category etc.

Pre-conditions, Roles and Mockups

When creating a case, those fields related to rehab clinic info remain empty (section entitled "Assigned Rehab Clinic" in fig. 17).



The mockup is titled "Transferal Management" and shows a user profile of "Corinne Zimmermann". It features a navigation bar with tabs: "Admin Data", "Medical Data", "Care Status", "DefReha Criteria", and "Process Progress". The current view is "Rehab Clinic Info", indicated by the breadcrumb "Home > Admin Data > Rehab Clinic Info".

On the left, there is a search section with a text input "Search by clinic name", a "search" button, and a "Rehab Clinic List" section with a dropdown menu and an "Assign" button. A "back" button is located at the bottom left.

On the right, the "Assigned Rehab Clinic" section contains several form fields: "Name", "Street\In.", "ZIP\City", "Nation", "Rehab Category", and "Rehab Sub-Category". A vertical scrollbar is visible on the right side of the form.

Figure 17. Mockup for Rehab Clinic Info

After applying the DefReha criteria (see task above) the transferal manager can select a rehab clinic and should click on the button "assign" (see fig. 16) in order to assign the rehab clinic to the case. After assigning the rehab clinic, its info will be loaded and displayed (see fig. 18 in the next session activity).

All other roles have read-only access to this mockup.

1.1.1.4 Release Transfer Case Record (004)

Description

In this activity the transferal manager releases the transfer case record to the assigned rehabilitation clinic.

Data objects in input

The assigned rehabilitation clinic.

Data objects in output

Access rights (e.g. via email) of the transfer case to the Patient Disposition in the assigned rehabilitation clinic.

Pre-conditions, Roles and Mockups

After assigning the rehabilitation clinic, all fields in mockup 18 and 19 are filled with the appropriate info, e.g. name of the clinic, street, civic number, etc.

Transferal Manager - Release Transfer Case Record

67 x 69

user profile: [Corinne Zimmermann](#)

Admin Data
Medical Data
Care Status
DefReha Criteria
Process Progress

[Home](#) > [Admin Data](#) > Rehab Clinic Info

Search by clinic name

Rehab Clinic List

Assigned Rehab Clinic

Name

Street\N.

ZIP\City

Nation

Rehab Category

Rehab Sub-Category

Figure 18. Mockup for releasing transfer case record (Part 1)

Fig. 19 has 5 sections:

- Discharging date – the one proposed from the acute hospital, which is automatically loaded and the ones that should be entered by the patient dispo.
- Patient concerns – should be entered by the patient dispo.
- Assigned patient disposition – infos is automatically retrieved by the Pat-Rad sytem after assigning the rehab clinic. Else, the **transferral manager** should manually enter them and the patient disposition can edit it.
- Assigned responsible physician – this is left for the patient disposition.
- Main physician in acute hospital – infos are automatically loaded by the Pat-Rad system. **Only the acute physician can edit them.**

The button “release” on the bottom right of fig. 19 allows the **transferral manager** sharing the case with the **patient disposition** in the rehabilitation clinic. The physician in the rehabilitation clinic has read-only access to mockups in fig. 18 and 19.

The mockup is a web application window titled "Transferral Manager - Release Transfer Case Record". It features a user profile "Corinne Zimmermann" and a breadcrumb trail "Home > Admin Data > Rehab Clinic Info". The interface is divided into several sections:

- Discharging date:** Includes a "Proposed (from Hosp.)" field with the value "29/03/2016" and a "Proposed (from Rehab.)" field with three dropdown menus.
- Patient concerns:** Includes a "Patient ID Rehab" field and a "Rehab Objective" field.
- Assigned Patient Dispo:** Includes a "Name\Surname" dropdown with "Tanja Duran", a "Tel. num." field with "0767894417", and an "email" field with "tanja.duran@valens.ch".
- Assigned Responsible Physician:** Includes a "Name\Surname" dropdown and "Tel. num." and "email" fields.
- Main Physician in Acute Hospital:** Includes a "Name\Surname" field with "Alexander Funk", a "Tel. num." field with "0766898939", and an "e-mail" field with "alexander.funk@gnabs.ch".

Navigation buttons include "back" and "Release". A placeholder for a 67 x 69 image is located in the top left corner.

Figure 19. Mockup for releasing transfer case record (Part 2)

By following the process flow, next activity is described in section 1.2.1.1 “Make disposition of patient (005)”.

See Appendix A for further information concerning this activity.

1.1.1.5 Perform Reha Conference (007)

Description

In this activity the acute hospital responsible physician cooperates with the rehab clinic responsible physician to find a solution for the patient under examination.

Data objects in input

Transfer case record of the patient.

Data objects in output

Transfer case record of the patient, including info on next steps. For instance, discharging the patient in other more appropriate rehab clinic, or agreeing on a new discharging time due to the complexity of the patient, or stopping the discharging process as the patient does not need it anymore.

Pre-conditions, Roles and Mockups

If the rehab clinic responsible physician requests a rehabilitation conference, the activity starts. It is a cooperative activity and it does not have any mockup.

Loop type

Multi-Instance

MI Ordering

Parallel

1.1.1.6 Prepare Transfer (012)

Description

In this activity the transferal manager ensures that the transfer record is complete. He or she needs to synchronize with the patient dispo to prepare the patient transfer.

Data objects in input

Transfer case record of the patient.

Data objects in output

Complete transfer case record of the patient, i.e. mainly medication list and care status data should be updated.

Pre-conditions, Roles and Mockups

After the KoGu is sent to the health insurance and after the discharging date has been agreed upon, the transferal manager ensures that all info related to the transfer case record are updated and complete. Medication list (see Fig. 20) and Care Status (see Fig. 21-25) data are the most likely to change during the patient hospitalization and therefore they have the highest priority.

Transferal Management

67 x 69

user profile: [Corinne Zimmermann](#)

Admin Data
Medical Data
Care Status
DefReha Criteria
Process Progress

[Home](#) > [Medical Data](#) > Medication List

History

Save

-

+

Name

Neocet.

enter name...

Dose

10 mg

enter dose...

Time

7:00 ▼ - 21:00 ▼ +

... ▼ +

Day of the week

All ▼ +

... ▼ +

Repeat

☒ Always
☐ Never

☒ Always
☐ Never

Via

Parenteral ▼

... ▼

back

Figure 20. Mockup for the Medication List

Transferal Management (012) - Acute Hospital Physician (013)

67 x 69

user profile: [Corinne Zimmermann](#)

Admin Data
Medical Data
Care Status
DefReha Criteria
Process Progress

[Home](#) > Care Status

History
Save

Nutrition

☐ Nutrition via probe
☐ Parenteral Nutrition

☐ Complete assistance with eating

☐ Partial assistance with eating

☐ Aspiration aid

☐ Eat alone but with aid/supervision needed

☐ No assistance is required

Other:

Mobility

☐ Bedridden - movement is not possible

☐ Bedridden - movement is possible

☐ Aid

☐ wheelchair
☐ walking frame

☐ crutches

☐ high assistance
☐ low assistance

☐ Movements are possible except for stair climbing

☐ Movements are possible including stair climbing

☐ Partial weightbearing
From Kg Until Kg

☐ Full weightbearing

back

Generate Hospitalization word doc
attached file

Generate Hospitalization PDF
attached file

Figure 21. Mockup Care Status (1/5)

Transferal Management (012) - Acute Hospital Physician (013)

67 x 69

Admin Data

Medical Data

Care Status

DefReha Criteria

Process Progress

[Home](#) > Care Status

History

Save

user profile: [Corinne Zimmermann](#)

Excretion / Toileting

☐ Incontinence chairs
☐ Urinary incontinence
☐ Catheter/cystofix
☐ Breath training
☐ Incontinence material
☐ Lift chair
☒ WC with helping personnel
☐ Dependent on pot/bottle
☐ Independent use of the WC

Personal Hygiene

☐ Total assistance with washing in bed
☐ Partial assistance with washing in bed
☐ High assistance with washing at the sink
☐ Low assistance with washing at the sink
☐ Assistance in terms of aid and supervision
☐ Assistance with shower
☐ No assistance is required

Input/Output system	Since
Tracheostomy <input type="text" value="select type..."/>	day month year
Various access <input type="text" value="select type..."/>	day month year
Drainage <input type="text" value="select type..."/>	day month year
Gastric tube <input type="text" value="select type..."/>	day month year
Urine drainage <input type="text" value="select type..."/>	day month year
Drainage chair <input type="text" value="select type..."/>	day month year
Other <input type="text" value="text"/>	day month year

back

Generate Hospitalization word doc attached file

Generate Hospitalization PDF attached file

Figure 22. Mockup Care Status (2/5)

Transferal Management (012) - Acute Hospital Physician (013)

67 x 69

Admin Data

Medical Data

Care Status

DefReha Criteria

Process Progress

[Home](#) > Care Status

History

Save

Un/dressing

☐ Complete assistance by personnel
☐ High assistance by personnel
☐ Low assistance by personnel
☐ Assistance in terms of aid and supervision
☐ No assistance is required

Understanding

☐ No understanding
☐ Partial understanding, social contact heavily affected
☐ Enough understanding, social contact slightly affected
☐ Social contact not affected

Consciousness

☐ Comatose ☐ Awake
☐ Somnolent ☐ Agitated

Orientation

☐ High disorientation, constant monitoring is needed (high tendency to walk away)
☐ Medium disorientation, high monitoring is needed (low tendency to walk away)
☐ Low disorientation, supervision is needed (absence of tendency to walk away)
☐ Light but relevant orientation disturbs
☐ Temporal, local and autopsychic orientation

back

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Generate Hospitalization PDF attached file

Figure 23. Mockup Care Status (3/5)

Transferal Management (012) - Acute Hospital Physician (013)

67 x 69

user profile: [Corinne Zimmermann](#)

Admin Data
Medical Data
Care Status
DefReha Criteria
Process Progress

[Home](#) > Care Status

History
Save

Social Interaction

☐ Very often distant
☐ Often distant and solitary
☐ Occasionally distant and solitary
☐ Rarely distant and solitary
☐ Normal social interaction

Psyche

Aggressivity
☐ Low
☐ Medium
☐ High

Depression/Apathy
☐ Low
☐ Medium
☐ High

Restlessness
☐ Low
☐ Medium
☐ High

☐ Stable mood
☐ Adequate behavior and psyche

General remarks
-

back

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attached file

Generate Hospitalization PDF
attached file

Figure 24. Mockup Care Status (4/5)

Transferal Management (012) - Acute Hospital Physician (013)

user profile: [Corinne Zimmermann](#)

67 x 69

Admin Data Medical Data Care Status DefReha Criteria Process Progress

[Home](#) > Care Status

History Save

Skin

☐ Decutibus Ulcer Localisation...
Select severity degree...
description...
upload file upload

☐ Skin alteration / Wounds Localisation...
Select Type...
description...
upload file upload

upload document upload

Supporting Services

☐ Social counseling
☐ Nutritional advice

General aid

☐ Glasses
☐ Deaf-aid
☐ Dental prothesis

Special Medication (notify 48 before the patient transfer)

☐ Cytostatics ☐ HIV ☐ Tysabri
☐ Biologica ☐ Other
specify...

Special case

☐ Dyalisis ☐ Other
description...

back

Generate Hospitalization word doc attached file

Generate Hospitalization PDF attached file

Figure 25. Mockup Care Status (5/5)

See Appendix B for further info concerning this activity.

1.1.1.7 Confirm Transfer (013)

Description

In this activity the acute hospital responsible physician ensures performs a final check on the patient transfer record and confirm the transfer.

Data objects in input

Transfer case record of the patient.

Data objects in output

Complete transfer case record of the patient, i.e. mainly medication list and care status data should be updated. The process progress also gets updated. Namely, the label "Hospital approval" is ticked (see Fig 14).

Pre-conditions, Roles and Mockups

KoGu should be accepted by the health insurance and depending on the patient case, the physician confirms the transfer between the 24 to the 48 hours in advance.

See Appendix E for further info concerning this activity.

1.1.1.8 Perform Transfer (015)

Description

In this activity the transferal manager ensures that the patient is transferred to the rehabilitation clinic.

Data objects in input

-

Data objects in output

-

Pre-conditions, Roles and Mockups

Transfer has been confirmed by the acute hospital rehab responsible physician. The transferal manager then ensures that the patient is transferred and afterword he/she ticks the related label in the process progress view "Patient in Reha" (see last label in Fig. 14).

1.2 REHA CLINIC

1.2.1 PROCESS ELEMENTS

1.2.1.1 Make Disposition of Patient (005)

Description

In this activity the patient disposition assesses whether to accept or to reject the case. Namely, he/she receives a notification (e.g. by email) from the transferal manager about the new case. Along with it, he/she receives access rights to the case. Next, he/she assesses whether to accept or reject the case. That is, the patient dispo should mainly look up the current clinical resources and assess whether the case can be accepted within the proposed discharging date. If not, the patient disposition proposes a new date. If, the case is accepted the patient dispo should assign the responsible physician, who in turn is suggested by the Patient-Radar platform according to the ICD code. There might be the case in which the patient dispo rejects the case for lack of resources.

Data objects in input

Transfer case record of the patient, including the hospitalization document.

Data objects in output

Transfer case record of the patient, including discharging time, patients concerns, resources in terms of staff and bed, assigned rehab clinic responsible physician.

Pre-conditions, Roles and Mockups

As soon as the Patient Dispo is notified (e.g. by email), he/she will receive the access rights to the case, e.g. via link. The link would the redirect the patient dispo to Figure 26. Under this view, the patient dispo can either agree on the discharging date proposed by the acute hospital, or propose a new one, and then click on "confirm" (see discharging date section on top-left of Figure 26). Additionally, the patient dispo should assign the case to the appropriate responsible physician. The Patient-Radar platform offers the possibility to suggest a range of responsible physicians among the most appropriate ones so that in big realities the patient dispo is supported.

If the patient dispo accepts the case, the following three actions will take place:

- 1) The transferal manager will be notified and will see the content of the filled form,
- 2) The status of the progress process "Case Accepted" is ticked.
- 3) The assigned responsible physician will be notified with the new case.

If the patient dispo agrees with the discharging time, both the "Reha Approval" and "Hospital Approval" in the process progress section will be ticked. Else, if patient dispo proposes another discharging time, the transferal manager receives the notification and either accepts the new date or proposes a further one. If it's accepted the patient dispo is notified and the status "Hospital approval" is ticked. Then if patient dispo accepts the new proposal, the status "Reha approval" will be ticked and the transferal manager notified.

If the patient dispo rejects the case, only the transferal manager will be notified.

Patient Disposition - Administrative Acceptance

user profile: [Tanja Duran](#)

67 x 69

Admin Data Medical Data Care Status DefReha Criteria Process Progress

Home > Admin Data > Rehab Clinic Info

Discharging date

Proposed (from Hosp.) 29/03/2016

Proposed (from Rehab.) 30 03 2016

confirm

Patient concerns

Patient ID Rehab 34786

Rehab Objective select standard category

insert description...

Main Physician in Acute Hospital

Name/Surname Alexander Funk

Tel. num. 0766898939

e-mail alexander.funk@grabs.ch

Assigned Patient Dispo

Name\Surname Tanja Duran

Tel. num. 0767894417 email tanja.duran@valens.ch

Assign Responsible Physician

Name Sandro Hoffster

Tel. num. 0766898939 email sandro.hoffster@valens.ch

Reject Case Accept Case

back

Figure 26. Mockup for Patient Disposition

See appendix C for further info.

1.2.1.2 Conduct First Assessment

Description

In this activity the responsible physician from the rehabilitation clinic assesses whether to accept or to reject the patient.

Namely, he/she receives a notification (e.g. by email) from the patient dispo about the new patient. Along with it, he/she receives access rights to the patient's case record. Next, he/she assesses whether to accept or reject the patient. That is, the responsible physician mainly looks up the patient's conditions and assesses whether accepting the patient. If patient is accepted, the flow continues to the activity "Prepare KoGu". Conversely, if the patient is rejected, a notification is sent to both transferal manger and patient dispo. If the responsible physician is not sure about his decision, he/she can anytime get in touch with the physician from the acute hospital for the so-called rehab conference.

Data objects in input

Transfer case record of the patient, including data inserted in the 5th activity ("Patient Disposition) and hospitalization document.

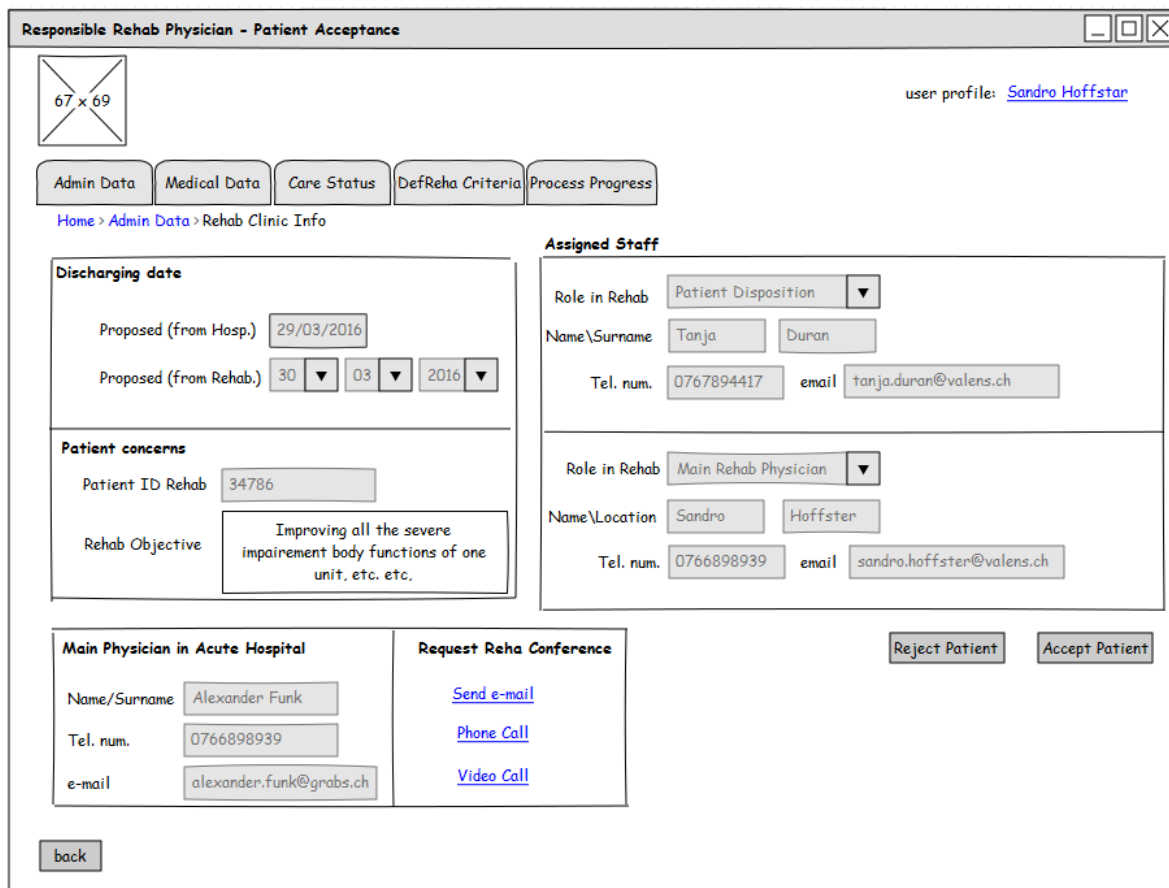
Data objects in output

Notification to the transferal manager in both cases the patient needs further assessments, the patient does not need further assessments; notification to the transferal manager and to the patient dispo in case of rejection or acceptance of the patient.

Pre-conditions, Roles and Mockups

As soon as the responsible physician is notified (e.g. by email), he/she will receive the access rights to the patient record case, e.g. via link. The link would redirect the responsible physician to Figure 27. Under this view, the responsible physician sees all the previously inserted info in "read-only" mode. Only the text box "Rehab Objective" is left active for the physician to be filled. The latter will be filled after the patient assessment or it can also be suggested from the ICF. In case the physician needs to perform further assessments that imply the opinion of the physician from the acute hospital, he/she can request a reha conference via email, phone or video (see Figure 27). If the reha conference is performed, the related status in process progress will be ticked.

If the physician accepts or rejects the patient, both transferal manager and patient dispo are notified and will see the content of the complete form, accordingly.



The mockup is a web application interface titled "Responsible Rehab Physician - Patient Acceptance". It features a user profile "Sandro Hoffster" and a navigation bar with tabs: Admin Data, Medical Data, Care Status, DefReha Criteria, and Process Progress. The breadcrumb trail is "Home > Admin Data > Rehab Clinic Info".

The interface is divided into several sections:

- Discharging date:** Includes fields for "Proposed (from Hosp.)" (29/03/2016) and "Proposed (from Rehab.)" (30/03/2016).
- Patient concerns:** Includes "Patient ID Rehab" (34786) and a "Rehab Objective" text box containing "Improving all the severe impairment body functions of one unit, etc. etc."
- Assigned Staff:** Contains two staff profiles:
 - Tanja Duran:** Role in Rehab: Patient Disposition; Name\Surname: Tanja Duran; Tel. num.: 0767894417; email: tanja.duran@valens.ch
 - Sandro Hoffster:** Role in Rehab: Main Rehab Physician; Name\Location: Sandro Hoffster; Tel. num.: 0766898939; email: sandro.hoffster@valens.ch
- Main Physician in Acute Hospital:** Includes "Alexander Funk" with contact details (Tel. num.: 0766898939, e-mail: alexander.funk@gnabs.ch).
- Request Reha Conference:** Includes links for "Send e-mail", "Phone Call", and "Video Call".
- Buttons:** "Reject Patient" and "Accept Patient" buttons are located at the bottom right.
- Back Button:** A "back" button is located at the bottom left.

Figure 27. Mockup for responsible physician in rehab clinic

1.2.1.3 Prepare KoGu

Description

In this activity the responsible physician from the rehabilitation clinic prepares the KoGu document.

Namely, he/she receives a notification (e.g. a pop-up message), which leads to the KoGu form (see Figure 28-34).

Data objects in input

Transfer case record of the patient, including data inserted in the 6th activity ("First Assessment") and hospitalization document.

Data objects in output

KoGu document in pdf and editable format (e.g. in word); a notification to the Patient Disposition with the access rights to the KoGu document; a notification to the transferal manager with the discharging date ultimately confirmed.

Pre-conditions, Roles and Mockups

As soon as the responsible physician is done with the assessment or the disposition was re-done, he/she will receive the access rights to the patient record case, e.g. a pop up message. The responsible physician will be redirected to Figures 28-34. Under this view, the responsible physician see all the previously inserted info in an editable form (e.g. text boxes or drop-boxes).

The responsible physician at the rehab is the only role who can see editable KoGu in this activity. The other roles will see a "read-only" page.

Responsible Reha Physician - Prepare KoGu Application

67 x 69

user profile: [Sandro Hoffstar](#)

Admin Data Medical Data Care Status DefReha Criteria Process Progress

[Home](#) > [Admin Data](#) > KoGu

First Name Last Name

Date of birth Street, n. ZIP/City

Canton Master Patient ID MPI Patient ID

Insurance/n. Insurance Type

Clinic Name Street/n. ZIP/City

Family Doctor

First Name Last Name Street, n. ZIP/City

Entry Reasons ☒ Disease ☐ Accident

Rehab Type Unit

Duration

Entry Date Start Rehab Surgery date

Hospital Diagnose ICD

Attached KoGu Attached KoGu

Figure 28. Mockup for Prepare KoGu Application (1)

Responsible Reha Physician - Prepare KoGu Application

67 x 69

user profile: [Sandro Hoffstar](#)

Admin Data
Medical Data
Care Status
DefReha Criteria
Process Progress

Home > Admin Data > KoGu

Co-morbidity ICD

I09.9
Rheumatic heart disease

E12
Malnutr.-related diab. mell.

M81.1
Postophorectomy osteop.

Therapy

blah blah blah

Functioning and Disabilities - ICF

Body function	B140 - Attention functions	xxx.2 Moderate impairment	-	insert text...
	B114 - Orientation functions	xxx.2 Moderate impairment	-	insert text...
	B730 - Muscle power functions	xxx.2 Moderate impairment	-	insert text...
	B110 - Consciousness functions	xxx.3 Severe impairment	-	insert text...
	B167 - Mental functions of lang.	xxx.3 Severe impairment	-	insert text...
	B144 - Memory functions	xxx.3 Severe impairment	+	insert text...
Body structure	S110 - Structure of Brain	xxx.2 Moderate impairment	-	insert text...
	S730 - Structure of upper ext.	xxx.2 Moderate impairment	+	insert text...

back

Generate modifiable KoGu
Attached KoGu

Create PDF
Attached KoGu

Figure 29. Mockup for Prepare KoGu Application (2)

67 x 69

user profile: [Sandro Hoffstar](#)

Admin Data

Medical Data

Care Status

DefReha Criteria

Process Progress

[Home](#) > [Admin Data](#) > [KoGu](#)

Activity and Participation	D450 Walking	xxx.3 Severe difficulty	-	insert text...
	D330 Speaking	xxx.3 Severe difficulty	-	insert text...
	D530 - Toileting	xxx.8 other specified	-	insert text...
	D550 - Eating	xxx.2 Moderate difficulty	-	insert text...
	D510 - Washing oneself	xxx.2 Moderate difficulty	-	insert text...
	D540 - Dressing	xxx.2 Moderate difficulty	-	insert text...
	D310 - Communicating with-ne	xxx.3 Severe difficulty	+	insert text...
Environmental factors	E310 - Immediate family	xxx+3 Substantial facilitator	-	insert text...
	E355 - Health professionals	xxx+4 Complete facilitator	-	insert text...
	E580 - Health serv., sys. & pol.	xxx+4 Complete facilitator	+	insert text...

back

Generate modifiable KoGu

Attached KoGu

Create PDF

Attached KoGu

Figure 30.Mockup for Prepare KoGu Application (3)

Responsible Reha Physician - Prepare KoGu Application

67 x 69

user profile: [Sandra Hoffstar](#)

Admin Data
Medical Data
Care Status
DefReha Criteria
Process Progress

[Home](#) > [Admin Data](#) > KoGu

Treatment Goal(s)

blah blah blah

Work inability
☐ no
☒ yes
If yes, since when?

02

02

2016

Percentage

80

%

Confirmation statements by the acute hospital physician

☒ Transfer to further inpatient facility
☒ High frequency therapy needed
☐ Outpatient care tried and failed

References

-

Concordat Number

W1072.17

Physician

Alexander Funk

Tel. num.

0767894417

Transferral Management Contact

Hospital

Walenstadt

Personnel

Karin Zimmermann, Christine Baruffi, Angela Weber

Tel. num.

+41817361158

e-mail

austrittmanagement.walenstadt@srrws.ch

back

Generate modifiable KoGu Attached KoGu

Create PDF Attached KoGu

Figure 31. Mockup for Prepare KoGu Application (4)

Responsible Reha Physician - Prepare KoGu Application

67 x 69

user profile: [Sandro Hoffstar](#)

Admin Data
Medical Data
Care Status
DefReha Criteria
Process Progress

[Home](#) > [Admin Data](#) > [KoGu](#)

Care Info

Nutrition

☐ Nutrition via probe
☐ Parenteral Nutrition

☐ Complete assistance with eating

☐ Partial assistance with eating

☐ Aspiration aid

☐ Eat alone but with aid/supervision needed

☐ No assistance is required

Excretion / Toileting

☐ Incontinence chairs
☐ Urinary incontinence

☐ Catheter/cystofix
☐ Breath training

☐ Incontinence material

☐ Lifting chair
☒ WC with helping personnel

☐ Dependent on pot/bottle

☐ Independent use of the WC

Personal Hygiene

☐ Total assistance with washing in bed

☐ Partial assistance with washing in bed

☐ High assistance with washing at the sink

☐ Low assistance with washing at the sink

☐ Assistance in terms of aid and supervision

☐ Assistance with shower

☐ No assistance is required

Un/dressing

☐ Complete assistance by personnel

☐ High assistance by personnel

☐ Low assistance by personnel

☐ Assistance in terms of aid and supervision

☐ No assistance is required

back

Generate modifiable KoGu
Attached KoGu

Create PDF
Attached KoGu

Figure 32. Mockup for Prepare KoGu Application (5)

Responsible Reha Physician - Prepare KoGu Application

67 x 69

user profile: [Sandra Hoffstar](#)

Admin Data
Medical Data
Care Status
DefReha Criteria
Process Progress

[Home](#) > [Admin Data](#) > [KoGu](#)

Care Info

Mobility

☐ Bedridden - movement is not possible
☐ Bedridden - movement is possible
☐ Aid

☐ wheelchair
☐ walking frame

☐ crutches
☐ high assistance ☐ low assistance
☐ Movements are possible except for stair climbing
☐ Movements are possible including stair climbing
☐ Partial weightbearing From Kg Until Kg
☐ Full weightbearing

Transfer

☐ Transfer not possible. The patient needs more personnel
☐ Transfer with high assistance of one caregiver
☐ Low assistance by the caregiver
☐ Supervision by the caregiver
☐ Independent and secure transfer

Understanding

☐ No understanding
☐ Partial understanding, social contact heavily affected
☐ Enough understanding, social contact slightly affected
☐ Social contact not affected

Orientation

☐ High disorientation, constant monitoring is needed (high tendency to walk away)
☐ Medium disorientation, high monitoring is needed (low tendency to walk away)
☐ Low disorientation, supervision is needed (absence of tendency to walk away)
☐ Light but relevant orientation disturbs
☐ Temporal, local and autopsychic orientation

back

Generate modifiable KoGu
Attached KoGu

Create PDF
Attached KoGu

Figure 33. Mockup for Prepare KoGu Application (6)

The mockup shows a web application window titled "Responsible Reha Physician - Prepare KoGu Application". It includes a user profile "Sandro Hoffstar" and a navigation bar with tabs: Admin Data, Medical Data, Care Status, DefReha Criteria, and Process Progress. The "Admin Data" tab is selected, showing a breadcrumb "Home > Admin Data > KoGu". Below this is a "Care Info" section with two main areas: "Social Interaction" and "Psyche".

Social Interaction

- ☐ Very often distant
- ☐ Often distant and solitary
- ☐ Occasionally distant and solitary
- ☐ Rarely distant and solitary
- ☐ Normal social interaction

Psyche

- Aggressivity ☐ Low ☐ Medium ☐ High
- Depression/Apathy ☐ Low ☐ Medium ☐ High
- Restlessness ☐ Low ☐ Medium ☐ High
- ☐ Stable mood
- ☐ Adequate behavior and psyche

General remarks (wounds, injuries,...)

At the bottom, there are buttons: "back", "Generate modifiable KoGu", "Attached KoGu", "Create PDF", and "Attached KoGu".

Figure 34. Mockup for Prepare KoGu Application (7)

See appendix D for further information.

1.2.1.4 Finalize KoGu

Description

In this activity the patient disposition from the rehabilitation clinic finalizes the KoGu document and send it to the health insurance.

Namely, he/she receives a notification from the responsible physician (e.g. a link via email), which leads to the KoGu form. Figure 35 shows how the initial view of the KoGu form looks like. It is the same as the view in Figure 28 except for the logged in person, i.e. the patient disposition in this case.

Data objects in input

KoGu document in PDF as well as in editable format (word); access rights to the KoGu view (see Figure 35) from the 9th activity.

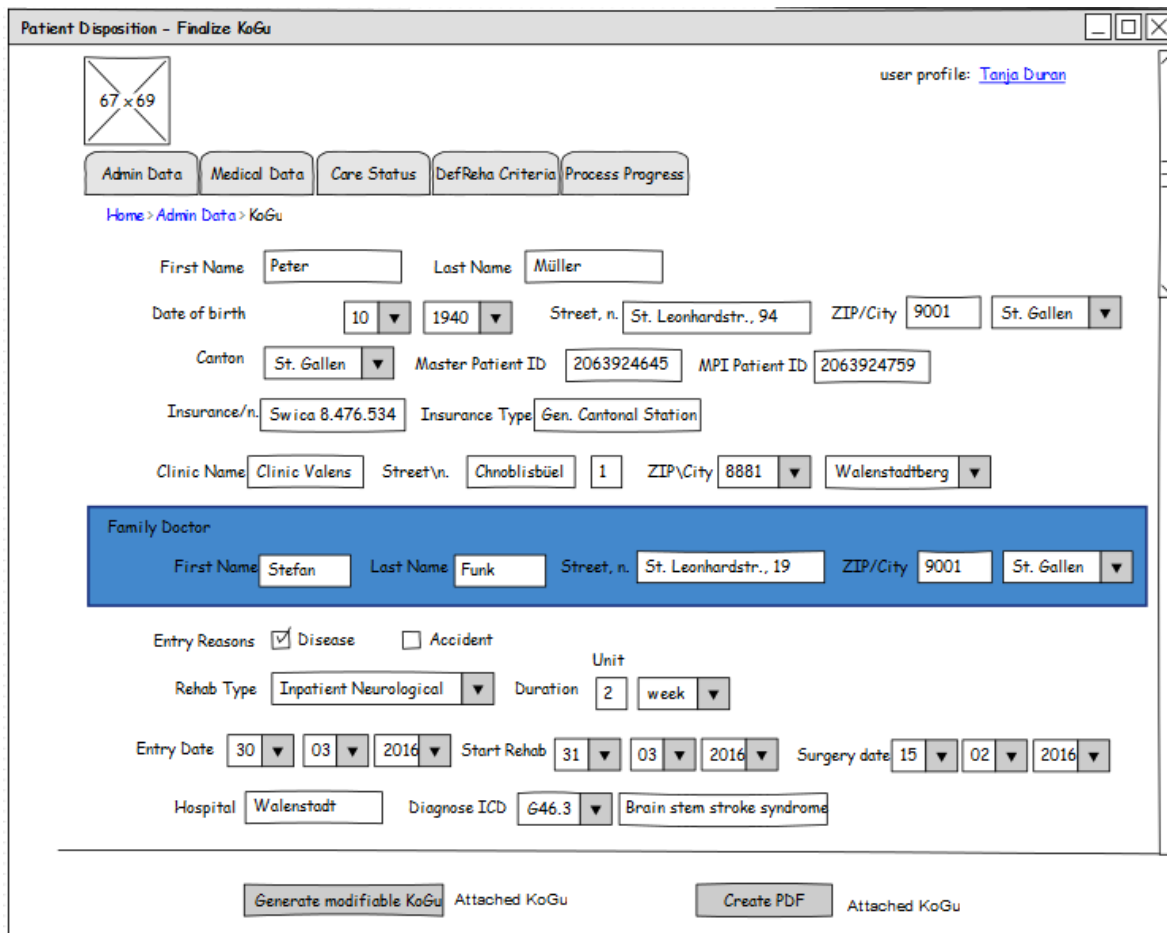
Data objects in output

KoGu document in pdf (to be sent to the health insurance); a notification to the transferal manger about the readiness of the KoGu document; a notification to the transferal manger and physician in the acute hospital about the KoGu document being sent.

Pre-conditions, Roles and Mockups

As soon as the patient disposition receives the notification regarding the KoGu document, he/she can start finalizing the KoGu document. The patient disposition will be redirected to Figure 35 (the rest of the views are the same as Figures 23-28).

The Patient disposition is the only role who can see editable KoGu in this activity. The other roles will see a "read-only" page.



The mockup is a web form titled "Patient Disposition - Finalize KoGu". It features a user profile "Tanja Duran" in the top right. The form is organized into several sections: a header with a 67x69 placeholder and tabs for "Admin Data", "Medical Data", "Care Status", "DefReha Criteria", and "Process Progress"; a breadcrumb "Home > Admin Data > KoGu"; a patient information section with fields for First Name (Peter), Last Name (Müller), Date of birth (10/1940), Street (St. Leonhardstr., 94), ZIP/City (9001 St. Gallen), Canton (St. Gallen), Master Patient ID (2063924645), MPI Patient ID (2063924759), Insurance (Swica 8.476.534), Insurance Type (Gen. Cantonal Station), Clinic Name (Clinic Valens), Street (Chnoblisbüel 1), ZIP/City (8881 Walenstadtberg); a blue-shaded "Family Doctor" section with First Name (Stefan), Last Name (Funk), Street (St. Leonhardstr., 19), ZIP/City (9001 St. Gallen); an "Entry Reasons" section with checkboxes for "Disease" (checked) and "Accident" (unchecked); a "Rehab Type" section with "Inpatient Neurological" selected, a "Duration" of 2 weeks; an "Entry Date" section with dates 30/03/2016 and 31/03/2016, and a "Surgery date" of 15/02/2016; a "Hospital" section with "Walenstadt" and a "Diagnose ICD" of G46.3 (Brain stem stroke syndrome). At the bottom, there are two buttons: "Generate modifiable KoGu" and "Create PDF", each followed by the text "Attached KoGu".

Figure 35. Mockup for Finalize KoGu

See appendix E for further information.

1.2.1.5 Perform Reha Conference (007)

Description

In this activity the rehab clinic responsible physician cooperates with the acute hospital responsible physician to find a solution for the patient under examination.

Data objects in input

Transfer case record of the patient.

Data objects in output

Transfer case record of the patient, including info on next steps. For instance, discharging the patient in other more appropriate rehab clinic, or agreeing on a new discharging time due to the complexity of the patient, or stopping the discharging process as the patient does not need it anymore.

Pre-conditions, Roles and Mockups

After the first assessment (see section 1.2.1.2), the responsible physician from the rehab clinic can decide to perform a rehabilitation conference with the responsible physician from the acute hospital. It is a cooperative activity and it does not have any mockup.

Loop type

Multi-Instance

MI Ordering

Parallel

See appendix F for further information.

1.2.1.6 Prepare Reha Admission (011)

Description

In this activity the patient disposition ensures that the transfer record is complete. He or she needs to synchronize with the transferal manager to prepare the patient admission.

Data objects in input

Transfer case record of the patient.

Data objects in output

Complete transfer case record of the patient, i.e. mainly medication list and care status data should be updated.

Pre-conditions, Roles and Mockups

After the KoGu is sent to the health insurance, the patient disposition makes sure that all info related to the transfer case record are updated and complete. Medication list (see Fig. 20) and Care Status (see Fig. 21-25) data are the most likely to change during the patient hospitalization and therefore they have the highest priority.

See appendix G for further information.

1.2.1.1 Confirm Admission (014)

Description

In this activity the rehabilitation clinic responsible physician confirms the admission of the patient.

1.2.1.2 Prepare Medical Admission (016)

Description

In this activity the rehabilitation clinic responsible physician ensures the patient will be provided with all the needed medicines.

Data objects in input

Transfer case record of the patient.

Data objects in output

Complete transfer case record of the patient, i.e. mainly medication list and care status data should be updated.

Pre-conditions, Roles and Mockups

After the KoGu is sent to the health insurance, the patient disposition makes sure that all info related to the transfer case record are updated and complete. Medication list (see Fig. 20) and Care Status (see Fig. 21-25) data are the most likely to change during the patient hospitalization and therefore they have the highest priority.

1.2.1.3 Perform Physical Admission (017)

Description

In this activity the rehabilitation clinic responsible physician prepares the physical admission.

1.2.1.4 Close Transfer Case (018)

Description

In this activity the rehabilitation clinic responsible physician closes the case.

APPENDIX A

vorgelagerter Status eÜberweisung:		eÜberweisung ist angelegt, Freigabe der Daten durch Patient liegt vor	
Trigger:		<ol style="list-style-type: none"> 1. Auswahl von Rehabilitations-Klinik & - Art 2. eÜberweisung mittels vivates an Reha-Klinik ist möglich 	
Beschreibung Aktivität:		<p>Wenn der Patient der Überweisung in eine bestimmte Reha-Einrichtung zugestimmt hat, kann der Patient bei der Reha angemeldet werden. Hier wird der Fall beschrieben, dass die empfangene Reha ebenfalls an das PatRad angeschlossen ist. In diesem Fall erfolgt die Anmeldung durch Freigabe der Patientendaten für die entsprechende Reha. Erstellen einer eÜberweisung (Formular eÜberweisung "Einweisung Reha" in vivates). Damit wird ein temporäres Dossier im PatRad eröffnet. Mit der Eröffnung wird geprüft, welche Informationen bereits zur Verfügung stehen und welche für die Überleitung des Patienten noch benötigt werden.</p> <ol style="list-style-type: none"> 1. Gegebenenfalls Rücksprache mit dem behandelnden Arzt, um fehlende Informationen zu ergänzen bzw. anzupassen. 2. Daten für die Reha freigeben <p>Wenn die im PMS / KIS vorhandenen Daten ins PatRad übernommen werden können, müssen fehlende relevante Informationen manuell ergänzt werden können. .</p>	
Datenobjekt	Quellsystem	<ol style="list-style-type: none"> 1. administrative Patienten Daten 2. medizinische Patienten Daten 3. Dokumente 	<ol style="list-style-type: none"> 1. PAS 2. KIS 3. PAS / KIS
Rechte Rolle in vivates		<ul style="list-style-type: none"> • Creat, Read, Updat, Delete -> CRUD 	
Datenobjekt an vivates		<ol style="list-style-type: none"> 1. administrative Patienten Daten 2. medizinische Patienten Daten 3. Pflegestatus 3. Dokumente 	
Status eÜberweisung		eÜberweisung für Reha freigegeben	
Ausnahmen:		-	

APPENDIX B

vorgelagerter Status Überweisung:	Übertrittstermin ist mit Reha abgestimmt, die Aufnahme ist bestätigt
Trigger:	Kostengutsprache erstellt
Beschreibung Aktivität:	<p>In dieser Aktivität wird der Patientenübertritt vom Austrittsmanagement konkret vorbereitet. Dies beinhaltet vor allem folgende Teil-Aktivitäten:</p> <ul style="list-style-type: none"> • Planung und Bestellen des geeigneten Transportmittels für den Transport in die Reha (z.B. liegender oder sitzender Transport, Begleitung von Familienangehörigen etc.) • Kontrolle und Ergänzen von Informationen, die für die Weiterbehandlung in der Reha notwendig sind (siehe unten) • Soweit bereits vorhanden, Bereitstellung weiterer von der Reha benötigter Informationen, vor allem aktuelle Laborwerte, Röntgenbilder, MRI, Procedere mit noch offenen medizinischen Problemen (z.B. Infekte), Angaben über Belastungslimiten, Angaben zur Nachkontrolle (klinisch, Labor...) <p>Vor der Durchführung der oa. Teil-Aktivitäten muss mit dem behandelnden Arzt abgesprochen worden sein, ob der geplante Übertrittstermin gehalten werden kann oder ggfs. verschoben werden muss. Verschiebt sich das Datum oder treten besondere med. Umstände auf (z.B. Infekt, der eine Verlegung zwar nicht verzögert, aber trotzdem der Reha zur Kenntnis gebracht werden muss), werden diese vom Austrittsmanagement im PatRad dokumentiert.</p> <p>Im Ergebnis</p> <ul style="list-style-type: none"> • Reha relevante Informationen sind so weit wie möglich vollständig ergänzt (administrative Daten, Pflegestatus, sozialmedizinische Indikationen, besondere Zustände wie z.B. laufende Chemotherapie, Dialyse, Strahlentherapie, besondere Antibiotika-Therapie, spezielle Medikamente, Bettgitter notwendig, Betreuung auf offener Abteilung nicht möglich wg. z.B. Verwirrtheit oder Weglauftendenz). • Der Transport organisiert, Datum und Uhrzeit sind für die Reha besonders gekennzeichnet (z.B. Status "fixiert") und einsehbar. • Die geänderten bzw. ergänzten Reha-relevanten Daten markiert (z.B. rot unterlegt) und für die Reha einsehbar.

		Funktionalität PatRad: <ul style="list-style-type: none"> • Der Status "Übertritt ist organisiert" muss nach Abschluss dieser Tätigkeit vom Austrittsmanagement gesetzt werden. • Wenn der Übertritt vollständig organisiert ist (Status "Übertritt ist organisiert"), werden geänderte bzw. ergänzte Informationen im PatRad gekennzeichnet bzw. der Reha aktiv zur Kenntnis gebracht (z.B. per generierter Mail an Patientendisposition). • Die zusätzlichen von der Reha benötigten Informationen müssen sowohl strukturiert erfasst als auch in Form von einzelnen Dokumenten hinzugefügt werden können. Im letztgenannten Fall sind den Dokumenten eindeutige Namen zuzuweisen, die einen Rückschluss auf den Inhalt zulassen (z.B. MaierHans_MRI_2015-12-12) • Über den Übertritt muss ggfs. ein Dialog mit der Reha geführt werden können, um z.B. spezielle Bedürfnisse des Patienten abzuklären. 	
Datenobjekt	Quellsystem	1. admin. Patientendaten 2. med. Patientendaten	
Rechte Rolle in vivates		<ul style="list-style-type: none"> • Create, Read, Update, Delete 	
Datenobjekt an vivates		1. Status eÜberweisung --> Übertritt ist organisiert 2. Art des Übertritts 3. Datum und Zeitpunkt des Übertritts 4. Freitext für zusätzliche Bemerkungen	
Status Überweisung		eÜberweisung	
Ausnahmen:			

APPENDIX C

vorgelagerter Status eÜberweisung:	eÜberweisung freigegeben
Trigger:	eÜberweisung ist vom Akutspital freigegeben Freigabe-Info ist in der Reha eingetroffen (z.B. eMail mit Link)
Beschreibung Aktivität:	<p>Beinhaltet alle Aktivitäten, die im Rahmen der Anmeldung in der Reha initial notwendig sind.</p> <p>Aktivität Dispo Reha: (Nutzer PatRad)</p> <ul style="list-style-type: none"> • Anmeldung prüfen und ggfs. vervollständigen <ul style="list-style-type: none"> ◦ z.B. Eintragen / Auswählen der zuständigen Personen im PatRad • Patient disponieren (Eintritt, Zimmer, VWD) • Patientenaufnahme (Falleröffnung) PR Schnittstelle zu PMS ODER strukturiertes Formular generieren für Falleröffnung im PMS • Anmeldung im PatRad bestätigen • Falls fehlende Kapazität zum gewünschten Übertrittszeitpunkt: Eintragen des neuen Plan-Termins in das PatRad. Dadurch wird eine entsprechende Rückmeldung (z.B. als eMail mit Link) an das Akutspital ausgelöst. • Wenn Platz zur Verfügung steht, wird zuständiger Reha-Arzt / -Ärztin informiert mit Bitte um Erstbeurteilung <p>Mit der Erfassung von Patienten im PatRad, deren Übertritt in die stationäre Reha zwar wahrscheinlich, aber nicht sicher ist, ergeben sich für die Patientendispo neue Herausforderungen: Wie sollen Patienten disponiert werden, die nur mit einer gewissen Wahrscheinlichkeit in die Reha eintreten?</p> <p>Lösung: Patienten mit einer Übertrittswahrscheinlichkeit von mindestens 70% «normal» disponieren, Aufbau einer Warteliste (gibt es ja bereits) um evtl. Absagen aufzufangen.</p> <p>Diese Warteliste kann direkt im PatRad geführt werden mit u.a. folgenden Funktionalitäten:</p> <ul style="list-style-type: none"> • Patient bzw. dessen Übertrittsossier auf die Warteliste setzen (Änderung des Status) • Suche nach Patienten in der Warteliste mit derselben Reha-Disziplin und Ressourcen-Anforderungen wie ein nicht erscheinender Patient.

		<ul style="list-style-type: none"> • «Aktivierung» des Übertritts dossiers des nachrückenden Patienten (Änderung des Status). 	
Datenobjekt	Quellsystem	1. administrative Patienten Daten 2. medizinische Patienten Daten 3. Dokumente	1. PAS 2. KIS 3. PAS / KIS
Rechte Rolle in vivates		<ul style="list-style-type: none"> • CRUD für die zur Erfassung durch Reha freigegebenen Daten 	
Datenobjekt an vivates		1. administrative Patienten Daten 2. medizinische Patienten Daten 3. Pflegestatus 3. Dokumente	
Status eÜberweisung		eÜberweisung freigegeben für Erstbeurteilung durch med. Personal eÜberweisung mit möglichen Eintrittstermin gesetzt.	
Ausnahmen:		Wenn keine Kapazität vorhanden ist, muss die Antrag zurückgewiesen werden. Status eÜberweisung abgelehnt.	

APPENDIX D

Auslösender Trigger	Erstbeurteilung ist durchgeführt ODER Ergebnis aus Reha-Board liegt vor
Beschreibung Aktivität:	<p>Die KoGu wird entweder nach der Erstbeurteilung des Patienten durch die Reha oder nach Durchführung des Reha-Boards (Reha Konsils) vorbereitet. "Vorbereitet" heisst, dass aufgrund der Erstbeurteilung / des Ergebnisses aus dem Reha-Board und auf Basis einer Checkliste die relevanten KoGu-Inhalte ausgewählt werden. Die KoGu muss spätestens fünf Tage vor dem geplanten Übertritt des Patienten der Krankenkasse vorliegen, um (nach heutigem Verfahrensstand) sicher sein zu können, dass der Übertritt zeitgerecht erfolgen kann.</p> <p>Die Aktivität wird durch geeignete Hilfsmittel für die Erstellung einer KoGu unterstützt, z.B. durch</p> <ul style="list-style-type: none"> • Diagnosetabelle nach ICD 10. Checklisten oder auf DefReha (von Hplus) basierende Entscheidungstabellen bzw. Geschäftsregeln. Diese orientieren sich am ICF Modell, das auf drei Ebenen ausgerichtet ist (Körperfunktion und Strukturebene, Aktivitätsebene, Partizipationsebene). • Textbausteine für an der Diagnose orientierte KoGu (Auswählen aus angebotenen Textbausteinen) • Formatvorlagen für KoGu • Muster-KoGu für die verschiedenen Reha-Disziplinen <p>Auf Basis der Diagnose und der Funktionsdefizit-Beschreibung werden vom PatRad für die KoGu prinzipiell in Frage kommenden Textbausteine zur Verfügung gestellt bzw. sicher nicht zutreffende Textbausteine ausgeblendet.</p> <p>Weitere Funktionen:</p> <ul style="list-style-type: none"> • Die relevanten Stammdaten des Patienten und Diagnose, Funktionsdefizit und geplanter Reha-Beginn werden aus dem PatRad automatisch in die KoGu-Vorlage übernommen. Die Vorlage kann durch neue Textbausteine oder freien Text ergänzt werden. • Die erstellte KoGu und der Status der Bearbeitung ist für die Partner (Reha und Akutsomatik) sichtbar. • Über die erstellte, aber noch nicht versendete KoGu muss ein Dialog mit dem Partner geführt werden können: So kann die Akutsomatik eine Anfrage bzgl. KoGu PatRad stellen (Chat-Funktion). Die KoGu muss von den Partnern im Änderungsmodus editierbar sein.

		Basisfunktionalität 1. Sammlung, Sichtung, Ergänzung von vorhandenen Informationen 2. KoGu-Inhalt auswählen (aus angebotenen Textbausteinen) 3. KoGu visieren / freigeben	
Datenobjekt	Quellsystem	1. admin. Patientendaten 2. med. Patientendaten	1. PAS 2. KIS
Rechte Rolle in vivates		<ul style="list-style-type: none"> • Create, Read, Update, Delete 	
Datenobjekt an vivates		1. Status eÜberweisung 2. Status KoGu 3. Kurzzusammenfassung KoGu	
Status Überweisung		KoGu ist vorbereitet, Informationen für formalen KoGu-Antrag sind vorhanden	
Ausnahmen:		- Ausserkantonale Reha -> eKarus	

Zu beachten: Diese Aktivität kann prinzipiell von beiden Partnern, Akutsomatik ODER **Reha-Klinik** durchgeführt werden. Die entsprechenden Berechtigungen dazu müssen im PatRad konfiguriert werden können.

APPENDIX D

Auslösender Trigger		KoGu ist vorbereitet	
Beschreibung Aktivität:		<p>In dieser Aktivität wird die KoGu auf Basis des Entwurfs fertiggestellt und versendet. Im Wesentlichen werden hier also die vom med. Fachpersonal ausgewählten Textbausteine in einer sinnvollen Reihenfolge in einer geeigneten Formatvorlage zusammengestellt. Anschliessend wird die KoGu an die Krankenkasse versendet. Die versendete KoGu wird zudem als Attachment dem temporären PatRad-Dossier hinzugefügt.</p> <p>Abschliessend wird der Status "KoGu versendet im PatRad gesetzt mit dem entsprechenden Datum.</p> <p>Basisfunktionalität</p> <ol style="list-style-type: none"> 1. Sammlung, Sichtung, Ergänzung von vorhandenen Informationen 2. KoGu-Inhalte (ausgewählte Textbausteine) in KoGu-Formatvorlage übernehmen 3. KoGu Status "ist versendet" mit Versanddatum setzen 4. KoGu-Dokument als Attachment dem Patienten-Dossier hinzufügen. 	
Datenobjekt	Quellsystem	<ol style="list-style-type: none"> 1. admin. Patientendaten 2. med. Patientendaten 3. KoG-Dokument als Datenobjekt 	
Rechte Rolle in vivates			
Datenobjekt an vivates		<ol style="list-style-type: none"> 1. Status KoGu und Versanddatum 2. Versendete KoGu als Attachment 	
Status Überweisung		KoGu ist versendet	
Ausnahmen:			

Zu beachten: Diese Aktivität kann prinzipiell von beiden Partnern, Akutsomatik ODER **Reha-Klinik** durchgeführt werden. Die entsprechenden Berechtigungen dazu müssen im PatRad konfiguriert werden können.

APPENDIX E

vorgelagerter Status Überweisung:	<ul style="list-style-type: none"> • Die KoGu liegt vor • Austritt ist vorbereitet
Trigger:	<ul style="list-style-type: none"> • KoGu liegt vor • Der Patient tritt spätestens in den nächsten 24 Stunden aus
Beschreibung Aktivität:	<p>Vor dem geplanten Übertritt muss vom behandelnden Arzt die definitive Freigabe erfolgen. Damit wird bestätigt, dass der Übertritt des Patienten zu dem vorgesehenen Übertrittstermin erfolgen kann.</p> <p>Mit der Freigabe des Übertritts werden folgende zudem folgende Informationen im PatRad zur Verfügung gestellt (in Form von angehängten Dateien):</p> <ul style="list-style-type: none"> • Kurzaustrittsbericht mit den für die Behandlung in der Reha wichtigen aktuellen Informationen <ul style="list-style-type: none"> ◦ Kurzer Bericht über Hospitalisationsverlauf ◦ aktuelle Medikamente mit genauer Dosierung ◦ Procedere mit Angaben über Belastungslimiten und noch durchzuführenden Nachkontrollen ◦ Berichte von Konsilien, z.B. Psychiatrie ◦ Röntgenbilder, EKG, MRI, Laborwerte ◦ Befunde von durchgeführten Spezialuntersuchungen, z.B. Belastungs-EKG, Lungenfunktionsprüfung, Endoskopien ◦ Pflegebericht. <p>Funktionalität PatRad:</p> <ul style="list-style-type: none"> • Anzeige der Patientendaten im PatRad. Die medizinischen Informationen können mutiert werden. • In dieser Funktion müssen folgende Stati gesetzt werden können: <ul style="list-style-type: none"> ◦ Übertritt freigegeben ◦ Übertritt nicht freigegeben, Verzögerung um weniger als 24 Stunden ◦ Übertritt nicht freigegeben • Wenn der Übertritt nicht frei gegeben ist bzw es zu Verzögerungen kommt, muss

		<ul style="list-style-type: none"> ○ ein ergänzender Kommentar hinterlegt werden ○ eine dringende Push-Nachricht an das Austrittsmanagement und die aufnehmende Reha gesendet werden <ul style="list-style-type: none"> • Verschiedene Dokumente müssen in Registern geordnet hinterlegt werden können. Beispielsweise nimmt das Register "Röntgenbilder" alle für die Weiterbehandlung in der Reha wichtigen Röntgenbilder auf. Register sind: <ul style="list-style-type: none"> ○ Röntgenbilder ○ MRI ○ Laborwerte ○ Spezialuntersuchungen 	
Datenobjekt	Quellsystem	1. admin. Patientendaten 2. med. Patientendaten	
Rechte Rolle in vivates		<ul style="list-style-type: none"> • Create, Read, Update, Delete 	
Datenobjekt an vivates		1. Status eÜberweisung --> Übertritt ist organisiert 2. Art des Übertritts 3. Datum und Zeitpunkt des Übertritts 4. Freitext für zusätzliche Bemerkungen	
Status Überweisung		eÜberweisung für Übertritt freigegeben	
Ausnahmen:		Keine Freigabe --> Neuterminierung der Übertritts oder Absage	

APPENDIX F

Auslösender Trigger		Erstbeurteilung ist durchgeführt	
Beschreibung Aktivität:		<p>Das leitende med. Personal der zuständigen Reha-Disziplin prüft die im PatRad eingegangenen Dossiers, fordert ggfs. weitere Informationen ein oder bespricht sich direkt mit dem zuständigen Personal in der Akutsomatik. Auch werden von der Pflegeleitung die für die Pflege relevanten Informationen geprüft und ggfs. bei der Akutsomatik Rückfragen gestellt.</p> <p>Ziel dieser Aktivität ist der definitive Entscheid</p> <ul style="list-style-type: none"> • bzgl. der Übernahme des Patienten. • bzgl. der Übertrittstermine der besprochenen Patienten. <p>Anmerkungen:</p> <ol style="list-style-type: none"> 1. Diese Aktivität wird nicht spezifisch nur für einen Patienten durchgeführt, sondern für alle neu eingegangenen und zu beurteilenden Fälle. 2. Sowohl Reha als auch Akutsomatik nutzen aber die im PatRad hinterlegten Informationen. 3. Als Ergebnis muss der definitive Übertrittstermin im PatRad hinterlegt bzw. der provisorische Termin bestätigt sein. <p>Basisfunktionalität</p> <ol style="list-style-type: none"> 1. Unterstützung der Chat-Funktion und anderer Funktionen für die Kollaboration 2. Setzen oder Bestätigen Übertrittsdatum 	
		Datenobjekt	Quellsystem
		1. admin. Patientendaten 2. med. Patientendaten	
		Rechte Rolle in vivates	
		Datenobjekt an vivates	<ol style="list-style-type: none"> 1. Status KoGu und Versanddatum 2. Versendete KoGu als Attachment
Status Überweisung		Definitives Übertrittsdatum ist vereinbart	
Ausnahmen:			

APPENDIX G

vorgelagerter Status Überweisung:		Übertrittstermin ist mit Akutsomatik abgestimmt, die Aufnahme ist bestätigt	
Trigger:		Kostengutsprache erstellt	
Beschreibung Aktivität:		<p>In dieser Aktivität wird der Patientenübertritt von der Patientendisposition konkret vorbereitet. Dies beinhaltet vor allem folgende Teil-Aktivitäten:</p> <ul style="list-style-type: none"> • Informationen an Hotellerie abgeben (Begleitpersonen, besondere Verpflegung etc.) • Serviceplan erstellen ab Eintrittsdatum • Therapie benachrichtigen und Dossier bereitstellen (Zugriff der Therapie auf das PatRad?) • Fall im PMS / KIS eröffnen <p>Funktionen PatRad:</p> <ul style="list-style-type: none"> • Erzeugen Mail an Therapie mit allen relevanten Informationen für Therapieplanung • Erzeugen Mail an Hotellerie für Zimmerreservation für Begleitpersonen 	
Datenobjekt	Quellsystem	1. admin. Patientendaten, zusätzlich Informationen über übernachtende Begleitpersonen und deren Aufenthaltsdauer, besondere Verpflegung, sonstige besondere Wünsche 2. med. Patientendaten	
Rechte Rolle in vivates		<ul style="list-style-type: none"> • Create, Read, Update, Delete 	
Datenobjekt an vivates		1. Übertritt ist organisiert 2. Ergänzende Informationen über Begleitpersonen und deren Aufenthaltsdauer 3. Datum und Zeitpunkt des Übertritts 4. Freitext für zusätzliche Bemerkungen	
Status Überweisung			
Ausnahmen:			