NORDIC GP MEETING AT HELSINKI 25-27.8

Topics related to quality assurance/control etc

PROBLEMS WITH DOCUMENTATION IN PATIENT JOURNALS

Especially in afterhour services

Problems may arise with complaints

Increased demand for documentation in processing of complaints

CHALLENGES

High service demand

Doctors are under time pressure, especially in afterhour services

No financial basis for secretary service in primary care in Iceland

Doctors have to write medical records themselves

WHAT CAN BE DONE ?

Discussions about the problem led a young doctor to start programming his own computer software that facilitates the writings of medical records

BACKGROUND OF THE DOCTOR SVEINN RÚNAR SIGURÐSSON

Sveinn Rúnar Sigurðsson didn't go the short way to become a doctor.

He finished a university degree in business. Then he worked as a stock trader. He did computer programming on the side. Soon the programming became his main job. He worked mainly on software for telephone companies in Iceland and Norway. Later he moved to Ukraine and founded a software business. When the internet bubble burst his company went bankrupt.

BACKGROUND OF THE DOCTOR

He then started in medical school in Hungary, in the University of Debrecen. He payed for his studies by upgrading the computer system of the university. After his graduation he has been working in general medicine in Iceland and Sweden.

He is also a talented musician. He has composed two Eurovison Song Contest entries for Iceland.

MedSys

http://www.medsys.is/dev

- Software that works on top of medical journals systems
- It has the potential to translate between languages
- Uses touchscreen to be able to write examination findings, plan and treatment with the touch of a finger instead of using a keyboard
- Works with smartphones, tablets, PC
- Integrated presciptions system with information about drug interactions
- In the end of the consultation it can send patient information material electronically to the patient
- As the text is in computer language, statistics can be worked from the text
- It has tutorials about diseases, tests and treatment
- It has communications canals between doctors

MedSys

http://www.medsys.is/webapp

The software is still in its developmental stage. Beta testing is to start later this year at Reykjavík after hour service.





■ DIAGNOSE

FINDINGS

PLANNING

TREATMENT



Input your Comments here

+ ICD10 / Name of disease ...

Input your Findings here

Input your Planning here

Ibuprofen / Name of treatment ...

















General





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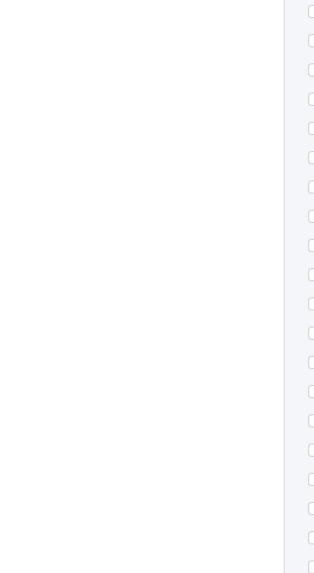
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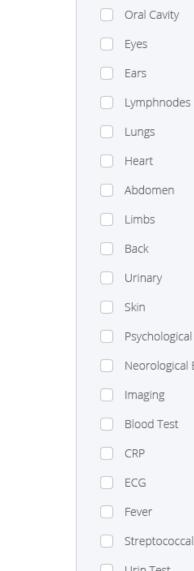
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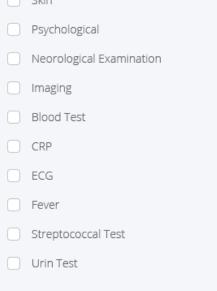
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3 days history of coughing, general malaise. Not painful to swallow. Started as a dry cough but for the last day, purulent caughing. Slight discomfort and straining when breathing. Has had a few episodes

■ DIAGNOSE

+ ICD10 / Name of disease ...

FINDINGS

Input your Findings here

PLANNING

Input your Planning here

TREATMENT

Ibuprofen / Name of treatment ...

- General
- Oral Cavity
- Eyes Ears
- Lymphnodes
- Lungs
- Heart
- Abdomen
- Limbs
- Back
- Urinary
- Skin
- Psychological
- Neorological Examination
- Imaging
- ☐ Blood Test
- CRP ECG
- Fever
- Streptococcal Test
- Urin Test













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FINDINGS

PLANNING

TREATMENT

3 days history of coughing, general malaise. Not painful to swallow. Started as a dry cough but for the last day, purulent caughing. Slight discomfort and straining when breathing. Has had a few episodes of these symptoms before, then diagnosed with Bronchitis. On his way abroad, and would really like to recover as quick as possible.

Search Databse

Input your Findings here

Input your Planning here

Ibuprofen / Name of treatment ...

















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Urin Test

















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HISTORY

3 days history of coughing, general malaise. Not painful to swallow. Started as a dry cough but for the last day, purulent caughing. Slight discomfort and straining when breathing. Has had a few episodes of these symptoms before, then diagnosed with Bronchitis. On his way abroad, and would really like to recover as quick as possible.

DIAGNOSE

FINDINGS

PLANNING

TREATMENT

Bronchi Bronchiectasis J47.1 Bronchiolitis J21.8 **Bronchitis Acuta** J40.0 Bronchistis Chronia J42.0

Ibuprofen / Name of treatment ...

General Oral Cavity Eyes Ears Lymphnodes Lungs Heart Abdomen Limbs Back Urinary Skin Psychological Neorological Examination Imaging Blood Test CRP ECG Fever Streptococcal Test Urin Test















Q Family Medicine

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DIAGNOSE

Bronchitis J40.0

FINDINGS

Input your Findings here

PLANNING

Input your Planning here

☐ TREATMENT

Ibuprofen / Name of treatment ...

General

Oral Cavity

Eyes Ears

Lymphnodes

Lungs

Heart

Abdomen

Limbs Back

Urinary

Skin

Psychological

Neorological Examination

Imaging

☐ Blood Test

CRP

ECG

Fever

Streptococcal Test

Urin Test

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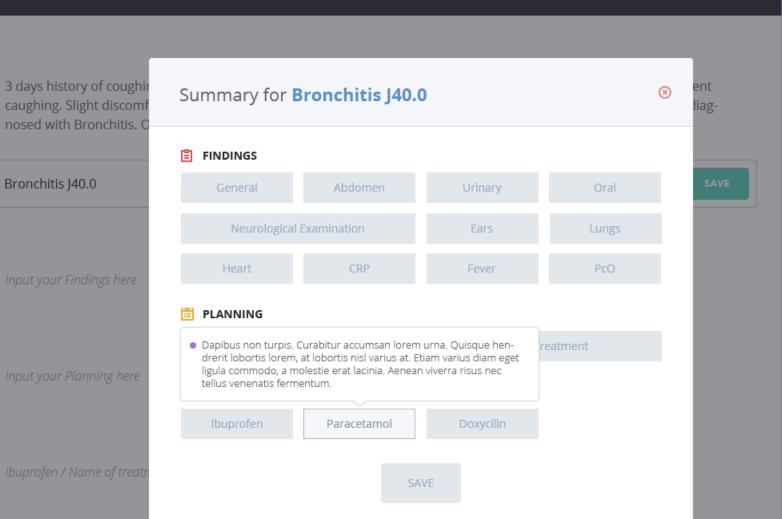
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HISTORY



Bronchitis J40.0



General

Eyes

Ears

Heart

Back

Skin

Urinary

Imaging

Fever

Urin Test

☐ Blood Test

Psychological

Neorological Examination

Abdomen

Oral Cavity

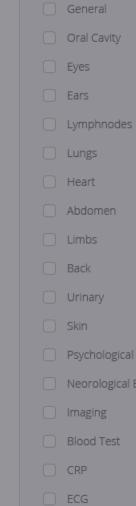
Lymphnodes

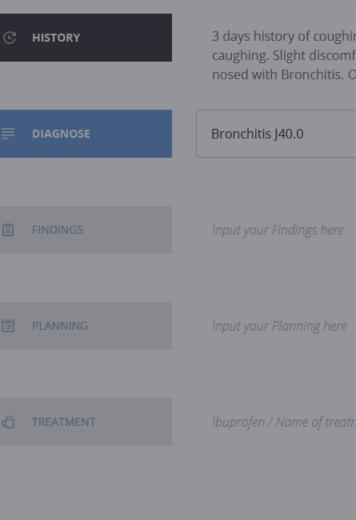


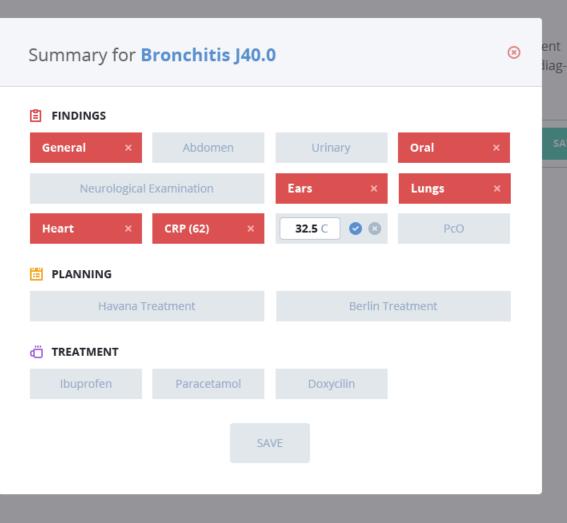














Lungs			

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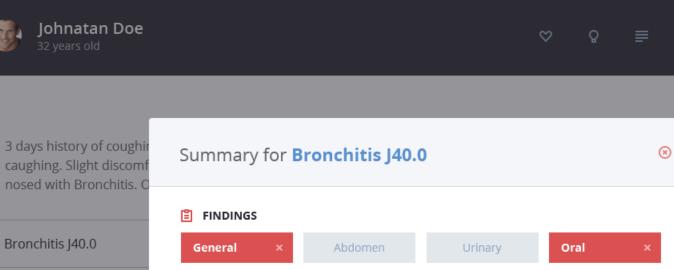
Fever			
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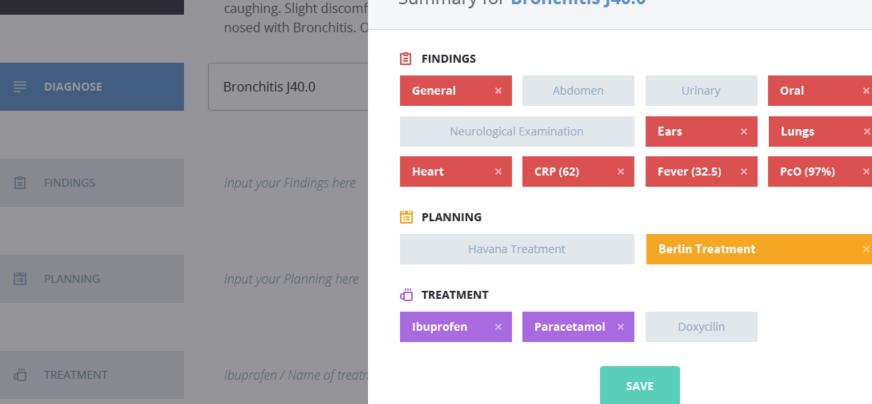
Streptococcal Test

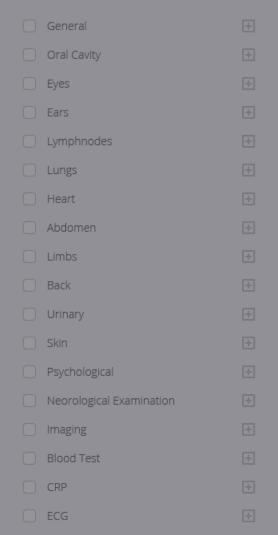


HISTORY









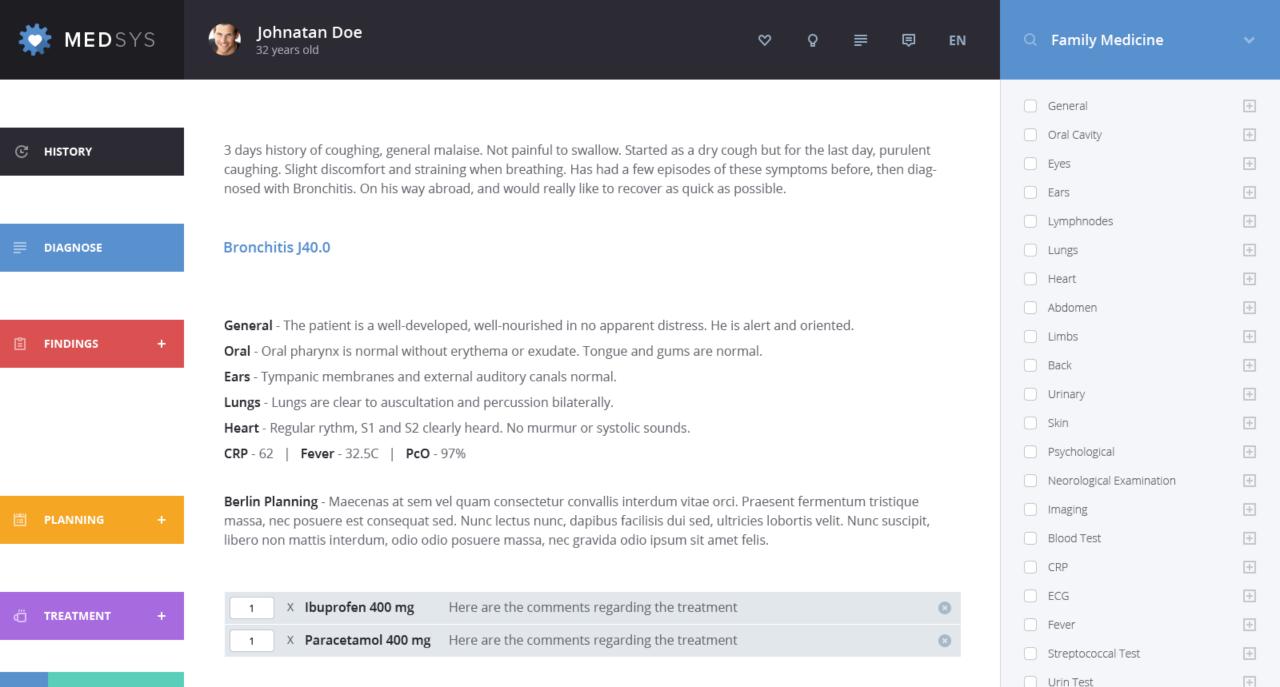
Fever

Urin Test

Streptococcal Test

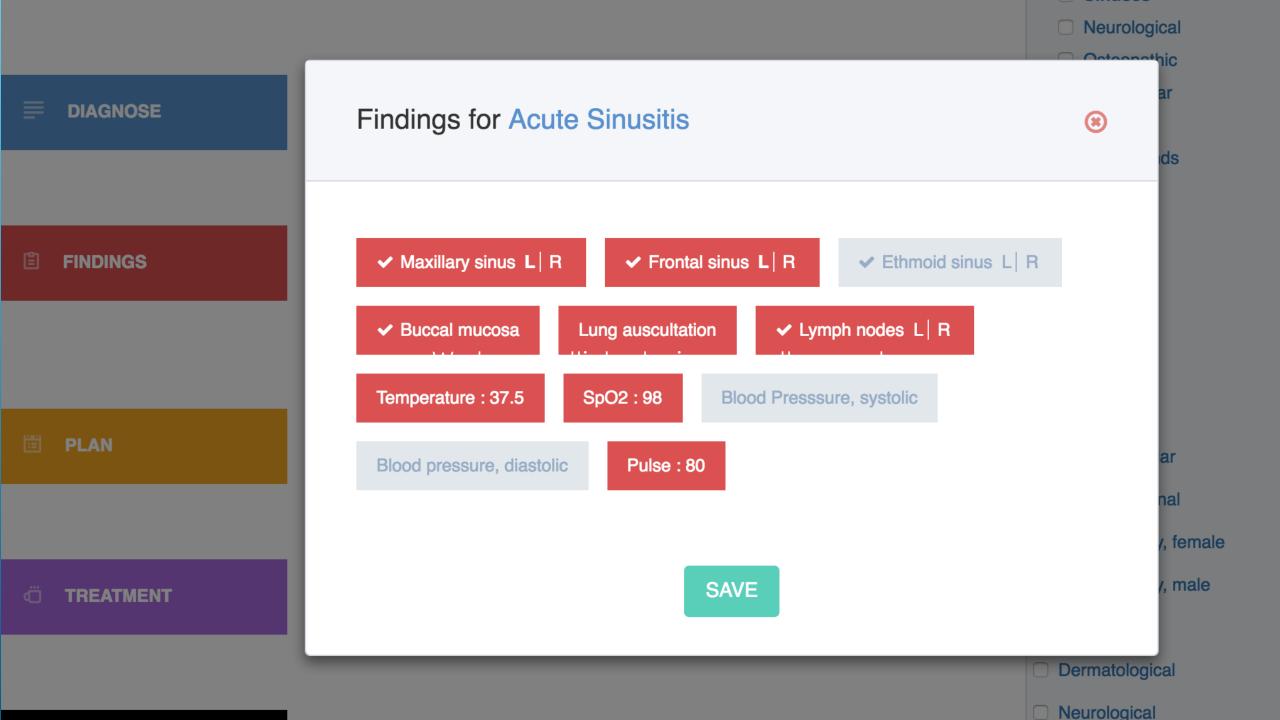
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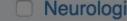
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Patient is in a respiratory distress, anxious and in pain. Respiratory rate is irregular and fast. There is noticeable nasal flaring and pursed lip breathing. The patient is in the supine position. There is audible stridor on both inspiration and expiration. There is evidence of hypoxia including peripheral cyanosis. The patient requires the use of the accessory muscles of respiration including sternocleidomastoids, scalene and intercostals. There is abnormal retraction of the supraclavicular fossa. There is stridor at the upper lobe, on the left side, and at the lower lobe, on the right side, and at the middle lobe, bilaterally. The stridor is best heard posteriorly. This is best heard during expiration. The sounds do not change when coughing.

Re	espiratory		(
	Effort		(
	Inspection		(
	Palpation		(
	Percussion	L R	(
	Auscultation		(
	□ Breath sounds		(
	□ Breath sounds, characteristics		(
	□ Fine crackles	LR	(
	Course crackles	L R	(
	Wheezes	LR	(
	Ronchi	LR	(
	⊘ Stridor	L R	(
	A-P aspect		
	Best heard		
	Coughing, change of sound		
	Pleural rubs	L R	(
	Bronchophony	L R	(
	Egophony	L R	(
	○ Missacrad posterilogun		(







Plan for Acute Sinusitis



FINDINGS

E PLAN

Bacterial Sinusitis - Penicillin V 1,6g x2 for 10 days.

Bacterial Sinusitis - Amoxicillin 500mg x3 for 10 days, plus steroidal nasal spray

Avamys 1-2 doses (27,5-55 mcg) in each nostril x1 a day

Ibuprofein 600mg 1-3x

Paracetamole - p.n.

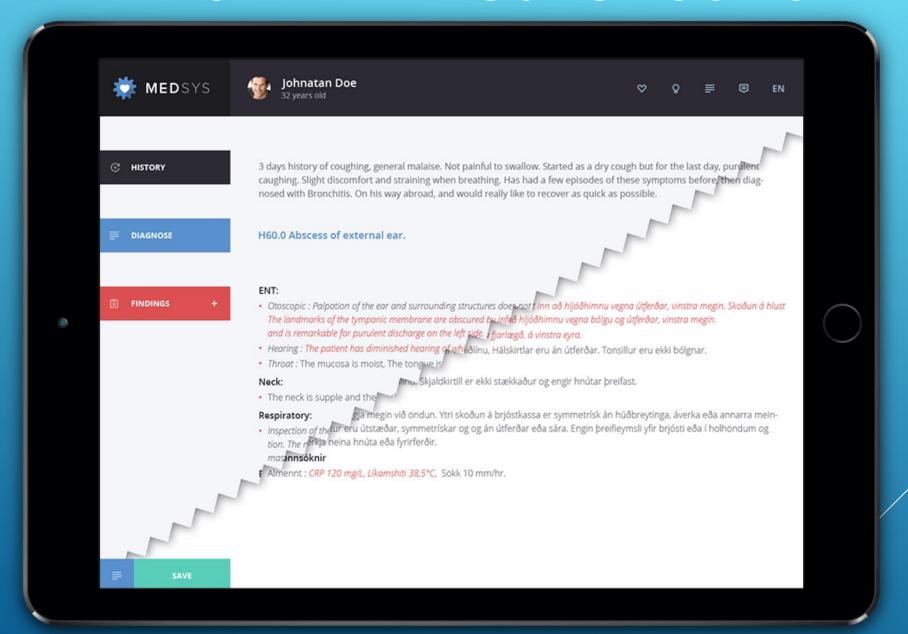
Revisit - p.n.

SAVE

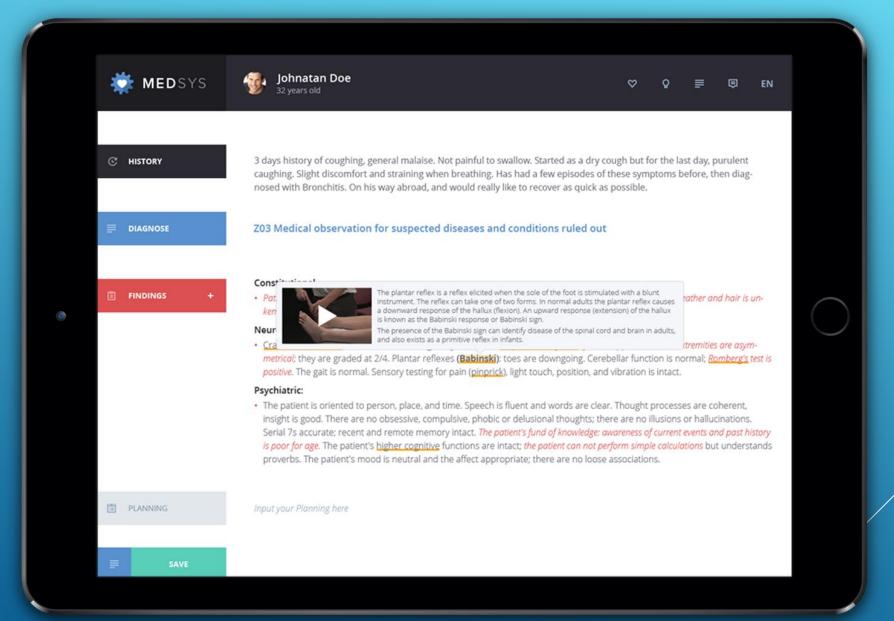


BUILT-IN TOOLS

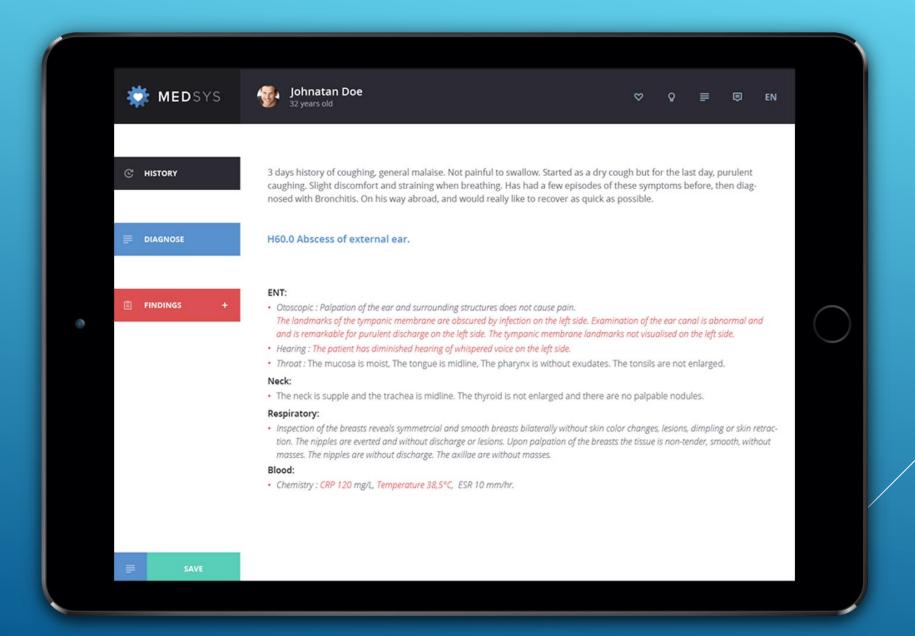
MULTIPLE LANGUAGE OUTPUT



EDUCATIONAL



NORMAL VS. PATHOLOGY



OPEN AND FLEXIBLE INFORMATION PLATFORM

