

Agenda- Uppföljande dialogmöten för lösningen

2025-05-20



Agenda

- **Introduktion och förväntningar på sessionen (5 min)**
 - Syfte och Mål
 - Metodik funktionella sessioner
 - Oracle presenterar svar på problemområden/frågor/behov
 - Gemensam dialog för att säkerställa förståelse
 - Information om funktionen "Räck upp handen" och Chat.
- **Översikt av problemområden (1h 45 min)**
 - Beskrivning av kategorisering av svaren
 - Paus (5 min)
- **Avslutning och nästa steg (5 min)**



Syfte och Mål (1/2)

Syftet med workshopen är:

- Att skapa en gemensam förståelse mellan Oracle och slutanvändarna kring de utmaningar och ouppfyllda behov som är kopplade till Millennium.
- Sessionerna bygger på en öppen och konstruktiv dialog där slutanvändarna får möjlighet att dela sina erfarenheter och synpunkter, och där Oracle presenterar svar på de frågor och funderingar som lyfts vid tidigare tillfällen.

Målet är att tillsammans:

- Identifiera och klargöra problemområden
- Utforska möjliga förbättringsåtgärder
- Förstå behov för vidare utveckling
- Genom detta arbetssätt vill vi stärka systemets användarvänlighet, effektivitet och övergripande nytta för verksamheten inom VGR.

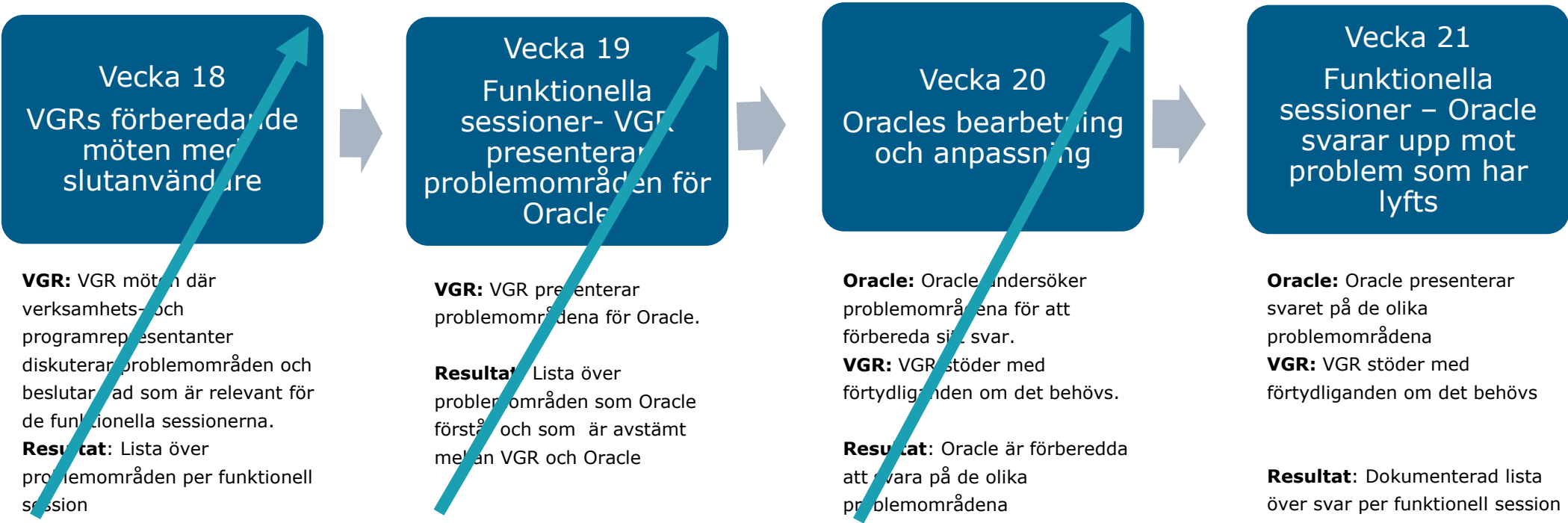


Syfte och Mål (2/2)

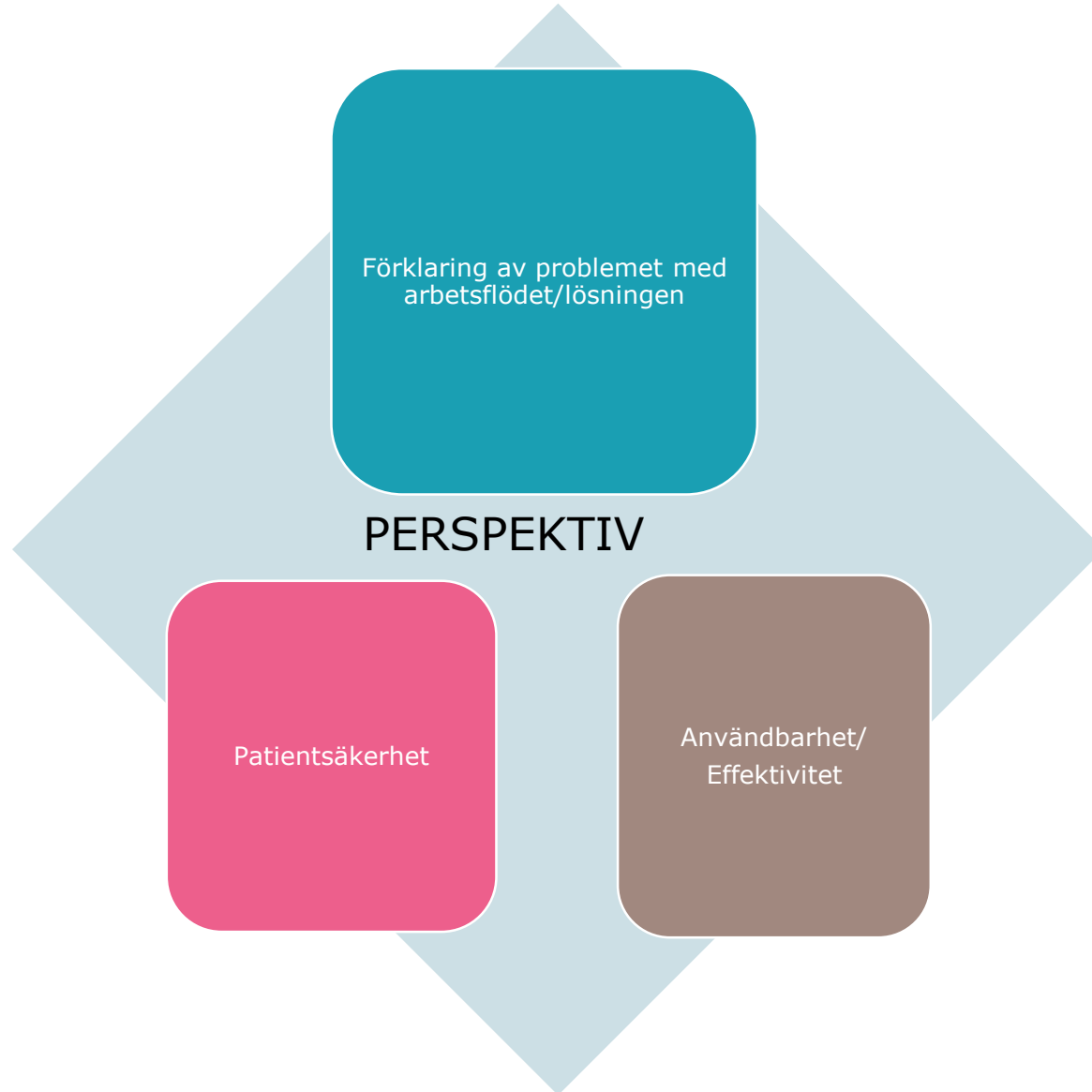
- Oracle har valt att genomföra en fokuserad analys med hänsyn till tidsmässiga, resursmässiga och praktiska begränsningar.
- Vi kommer att ge en tydlig och strukturerad översikt av våra fynd.
- Observera dock att vi, på grund av ovanstående begränsningar, inte kunnat utforska alla möjliga vinklar – resultaten behöver därför arbetas vidare med inom ramen för den nya implementeringsplanen.
- **Notering:** Vissa slides har delats upp eller omstrukturerats när ämnen varit relaterade eller behövt delas upp i flera svar.



Metodik - Funktionella sessioner



Struktur för översikt av problembeskrivning



Kategorisering av svar

Presentatör: Josh Bodiford

Kategori	Beskrivning	Noteringar
Befintliga funktioner	Funktioner eller funktionalitet finns redan i Millennium.	Utvärdera design och konfiguration på nytt för optimal användning.
Planerad Roadmap (Nuvarande version av Millennium)	Utveckling för att möta detta behov inom den nuvarande plattformen (Millennium) är redan planerad. Leverans inom de kommande ± 12 månaderna.	Planerade programuppdateringar, integrationer eller uppgraderingar.
Framtida Roadmap (Nästa generation)	Oracles nya generation av kliniska produkter som syftar till att inkludera funktionalitet som tillgodoser behovet. Beräknad tillgänglighet i Sverige är ännu inte fastställd.	Planerade funktioner, plattformsutvidgningar eller ny teknik under utveckling.
Specialanpassad konfiguration	Förbättrat arbetsflöde genom unik lokal konfiguration eller anpassad lokal utveckling.	Uppföljningssamtal skulle behövas för att utforma den anpassade lösningen.
Organisationsförberedelse	Revidering av användarförberedelseplanen för att säkerställa tydlighet i lösningens funktioner och funktionalitet.	Innefattar översyn av kommunikationsplaner, riktlinjer, utbildningsmaterial och utvärderingar, etc.
Kräver vidare utredning	Ämnen där det inte fanns tillräckligt med detaljer eller tid för att reda ut frågeställningen, men vi vill arbeta tillsammans för att förstå mer och komma fram till vilka lösningar som kan göras.	Uppföljande samtal skulle behövas för att se om nuvarande funktioner kan användas eller om anpassad konfiguration eller produktförbättringar behövs.

Responses to End Users: Primary Care



Primary Care – General Improvements

Problem Statement

- ❑ To enable user-friendly and time-efficient management of patient cases in primary care, efficient intuitive flows are required in a coherent system where all relevant information is available and easily modifiable based on the clinician's needs
- ❑ Primary care has a high flow of patients and many healthcare contacts daily, the system must be time-efficient and support efficient working methods in e.g. telephone receptions
- ❑ In general, functionality and user-friendliness that are at least equivalent to those found in today's system in primary care are desired, AsynjaVisph

Recommendation

- All of these are covered later in this presentation

Category



Primary Care – General Improvements

Problem Statement

- ❑ Backup function that also includes primary care

Category

- **Current Capabilities**

Recommendation

- A downtime viewer function exists for Primary Care workflows. It can be evaluated for the updated implementation plan.



Primary Care – General Improvements

Problem Statement

- ❑ There must be support for managing long-term patient relationships where the functionality is not focused on going in depth but rather on breadth. Primary care does not need a large number of functions, but those that do exist must be very time-efficient. As an example, it is not sustainable to create an encounter every time.

Recommendation

- Encounter creation for each Primary Care contact is not a Millennium requirement, but a design choice that was taken to meet the needs of reporting and billing in an easy way. To ensure a better balance between clinical and operational needs, we will review this impact and work on alternative solutions as part of the updated implementation plan.

Category

- **Organization Readiness**
- **Needs Further Investigation**

Patient Administration Patient Safety



Patient Administration

Problem Statement

- ❑ Risk that documentation is not completed and plans are not executed as it is difficult to have an overview of what is not fully recorded.
 - Mainly applies to forms that are only visible if you go into the patient's encounter
- ❑ The signing function and the correction function need to be improved
 - For example, you must be able to see unsigned forms and unsigned notes in the same place, like a signing basket

Recommendation

- We can add the documents column to a worklist MPage and use settings to display all PowerForms and DynDocs in a status of In Progress. Users can filter for only their documents or all users.
- It is also possible to configure automated reminders to users about unsigned in progress documentation

Category

- **Current Capabilities**

Patient Administration

Problem Statement

- ❑ The integration to 1177 need to create documentation that is clear to the patient. Otherwise affects both patient safety and creates additional work

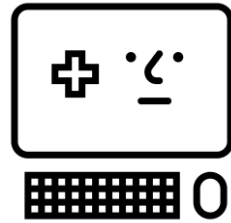
Category

- **Current Capabilities**
- **Planned Roadmap**
- **Future Roadmap**

Recommendation

- Current: Redesign/configuration will be included in the updated implementation plan. This will better consider which documents should go to 1177 and ensure they are formatted properly for patient consumption. This evaluation has been worked on in Skåne with success.
- Planned: There is a newer feature available called Integrated Charting that will allow us to replace some key Powerforms with documentation directly in the workflow MPage.
- Future: This will be fully resolved with Next Generation Oracle Clinical Products. Estimated availability in Sweden: TBD.

Patient Administration Efficiency / Usability



Patientadministration

Problem Statement

- ❑ Both the appointment and schedule functionality are very important for primary care. Absolutely fundamental to enable efficient working methods at a health center or rehab clinic
- ❑ You need to be able to adjust your own schedule and create templates without involving a central process

Recommendation

- In most regions, this function would be centralized. Note: Delegation to local clinicians and administrators places additional burden on these resources and need for additional training.
- It might be possible to design a custom solution that would create a more basic, user-friendly tool for slot and template management.

Category

- **Organization Readiness**
- **Custom Configuration**
- **Needs Further Investigation**

Patientadministration

Problem Statement

- ❑ Need to have specific booking slots where it is also clear that there are different visits, e.g. through color coding so that you can clearly and visually see what the day looks like
- ❑ Must be clearly stated in PowerChart what type of visit it is in the patient list (digital visit, home visit, clinic visit, etc.) is not enough to hover over to see this information

Recommendation

- The Ambulatory Organizer (Startsida för Öppenvård) will get an uplift in the Next Generation of Oracle clinical products. Estimated availability in Sweden: TBD.

Category

- **Future Roadmap**



Patientadministration

Problem Statement

- ❑ Functions for encounters are desired so that you can add extra info e.g. which room, wound cultivation etc in addition to the booking itself
- ❑ The time book is a very basic tool that must be optimized for the needs of the business.
 - ❑ In the lab, for example, they work with an appointment book where doctors or nurses set up patients for supplementary sampling.
 - ❑ It needs collected information, not scattered on different lists etc. Applies to e.g. patient admin that the doctor himself has booked.
 - ❑ Lists do not provide a good enough overview. The timebook as it stands today is considered to require a comprehensive change and new functionality to meet the needs of the business

Recommendation

- This functionality is supported today, so a review of workflows will be considered as part of the redesign/configuration included in the updated implementation plan.

Category

- **Current Capabilities**
- **Needs further investigation**

Patient Administration

Problem Statement

- ❑ Difficult to get an overview in the time book. You have to check both PowerChart and RevCycle, to first get to the right encounter and then to make change. Makes it difficult to book and rebook

Recommendation

- Functionality exists today, so a review of workflows and design is needed as part of the redesign/configuration included in the updated implementation plan.

Category

- **Current Capabilities**
- **Needs further investigation**

Patient Administration

Problem Statement

- ❑ Needs to be integrated user-friendly and visually clear function for booking rooms, cars or equipment. Cannot be in a separate system.
- ❑ As the solution generally looks today for patient administrative tasks for primary care, it does not work at all. There are far too many lists, too poor an overview and too time-consuming.

Recommendation

- It is already possible to schedule multiple appointment resources (including rooms, devices, and clinicians) in a booking. "First Available" scheduling is also current functionality.
- A review of workflows and design is needed to better understand the "too many lists." This will be reviewed as part of the redesign/configuration included in the updated implementation plan.

Category

- **Current Capabilities**
- **Needs further investigation**

Referral Management Patient Safety



Referral Management – Patient Safety

Problem Statement

- ❑ Many steps in the processes around referrals, e.g. to send a referral, or to respond to a referral
 - It is perceived as neither patient safe nor time-efficient
 - No clear feedback if you did not perform all the steps correctly, which meant that a referral could “get stuck” without it being noticed

Recommendation

- From the discussion in our session, there is lack of alignment around intended workflows for creating and managing referrals.
- As part of local readiness in the updated implementation plan, we will support the organization in setting up their referral worklists.

Category

- **Current Capabilities**
- **Organization Readiness**



Referral Management

Problem Statement

- ❑ It is possible to change the referral in the referral manager, but it is nowhere visible that the referral has been changed. Only in the backend can you see the history.
 - Consultation Categories go to the person and not the unit.

Recommendation

- Functionality was released following go live that allows users to view all referral changes in a history log in Referral Management. This will be part of redesign/configuration included in the updated implementation plan.

Category

- **Current Capabilities**



Referral Management

Problem Statement

- ❑ It is desirable to see a clear overview of referrals that are unsigned, started, sent and monitored.
 - Similar functionality that is available in AsynjaVisph today. In the referral manager, it was perceived as very unclear, which affects both patient safety and time efficiency
 - Must be easy to follow up on referrals, not least SVF-referrals
 - Be able to see in the patient view which referrals are ongoing
- ❑ Difficult workflow in general regarding referrals. See the examples under patient safety. Not perceived as time-efficient. A process with less steps and more support from the system is desired.
- ❑ Clearer boundaries and more optimized around what the remitter and administrator perform to streamline the process and free up patient time.

Recommendation

- Current: Referral Management supports this type of overview of referrals based on status.
- There is an SVF filter available today. At go live, the migration of referrals from current systems to Millennium did not correctly map this data as discrete information, which meant it wasn't possible to filter based on this. We were on our way to correcting this before the pause and have the technical specs ready to be able to do it right the next time.
- There is a component that can be added to the patient's chart to see ongoing and historical referrals with all details. This was available but was not broadly configured before go live.

Category

- **Current Capabilities**
- **Organization Readiness**

Referral Management

Problem Statement

- ❑ Ability to print referrals from both incoming and outgoing lists

Recommendation

- This is functionality already available in Millennium. It is possible to print referrals from the incoming and outgoing lists. Recently released enhancements make the print layout even more customizable.
- We observed opportunities to review design to ensure referral information is included in relevant notes to reduce the need for ad hoc referral printing. This redesign/configuarion will be included in the updated implementation plan.

Category

- **Current Capabilities**



Medical Record Documentation Patient Safety



Medical Record Documentation

Problem Statement

- ❑ The documentation must generate a medical record that is easy to read and coherent with all the information in its place.
 - Specially filled out forms became very difficult to read
- ❑ You need to be able to easily read medical records while meeting the patient, important for user-friendliness and efficiency, but also patient safety to reduce the risk of something being missed

Recommendation

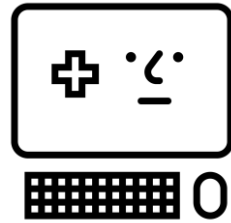
- With discrete documentation, we have the possibility to surface the most recent results directly in the workflow without hunting through notes to try to find the data elements you seek. We should look to redesign our views to put this information face up.

Category

- **Current Capabilities**



Medical Record Documentation Efficiency / Usability



Medical Record Documentation

Problem Statement

- ❑ The forms were static, many pages that could not be scrolled in, but you had to click through.

Recommendation

- Functionality for supporting scrolling within PowerForms was released in 2024. This feature will be part of the redesign/configuration that will be included in the updated implementation plan.

Category

- **Current Capabilities**



Medical Record Documentation

Problem Statement

- ❑ Couldn't read previous notes when you had the form up, became unclear final product.

Recommendation

- Current: It is not possible to minimize PowerForms to be able to see the rest of the chart easily, but if there is data you're consistently looking for, we can create templates to display it within the form.
- Planned: Additionally, we have a newer feature called Integrated Charting that will allow us to replace some key Powerforms with documentation directly in the workflow MPage.
- Future: This will be fully resolved with Next Generation Oracle clinical products. Estimated availability in Sweden: TBD.

Category

- **Current Capabilities**
- **Planned Roadmap**
- **Future Roadmap**

Medical Record Documentation

Problem Statement

- ❑ Everything was included everywhere, so there is a lot that was not relevant to the current visit
- ❑ Difficult to get a good structure when you have to enter information in scattered places that then generated a note. Difficult to get good working methods around it. Need to be effective and include what you need but no more. It is unclear where you are in the process.
- ❑ It was difficult to read documentation afterwards because parts that were connected could sometimes appear in different places in the note. Rehab plans need to be easier to write. Background, goals, e.g.
- ❑ Dynamic notes also for rehab, dynamic forms

Recommendation

- Form and document design will be reviewed as part of the redesign/configuration included in the updated implementation plan, including for an optimized Rehab Plan.

Category

- **Current Capabilities**

Medical Record Documentation

Problem Statement

- ❑ The real-time updates are important – do not want to click on the update button. Time consuming and annoying.

Recommendation

- Some views (for example Medication Administration) do support automatic refresh configuration. This can be revisited in redesign/configuration in the updated implementation plan.
- Longer term: The Next Generation of Oracle clinical products will support automatic refreshing. Estimated availability in Sweden: TBD.

Category

- **Current Capabilities**
- **Future Roadmap**

Medical Record Documentation

Problem Statement

- ❑ We work at different units and use different ways of working – need to keep that in mind.
- ❑ One of the problems is that you can do things in ten different ways – want one way.

Recommendation

- Redesign/configuration should include local engagement to ensure that local needs are understood and incorporated into a more streamlined "one-way" workflow. As users become more familiar with working in Millennium, we can gradually expand the workflows. This will be included in the updated implementation plan.

Category

- **Needs further investigation**
- **Organization Readiness**

Avslutning och nästa steg

- Värdefulla perspektiv för vidare övervägande
- Anteckningar från mötet delas med samtliga deltagare
- Avslutning
 - Tack för ert bidrag
 - Nästa steg

