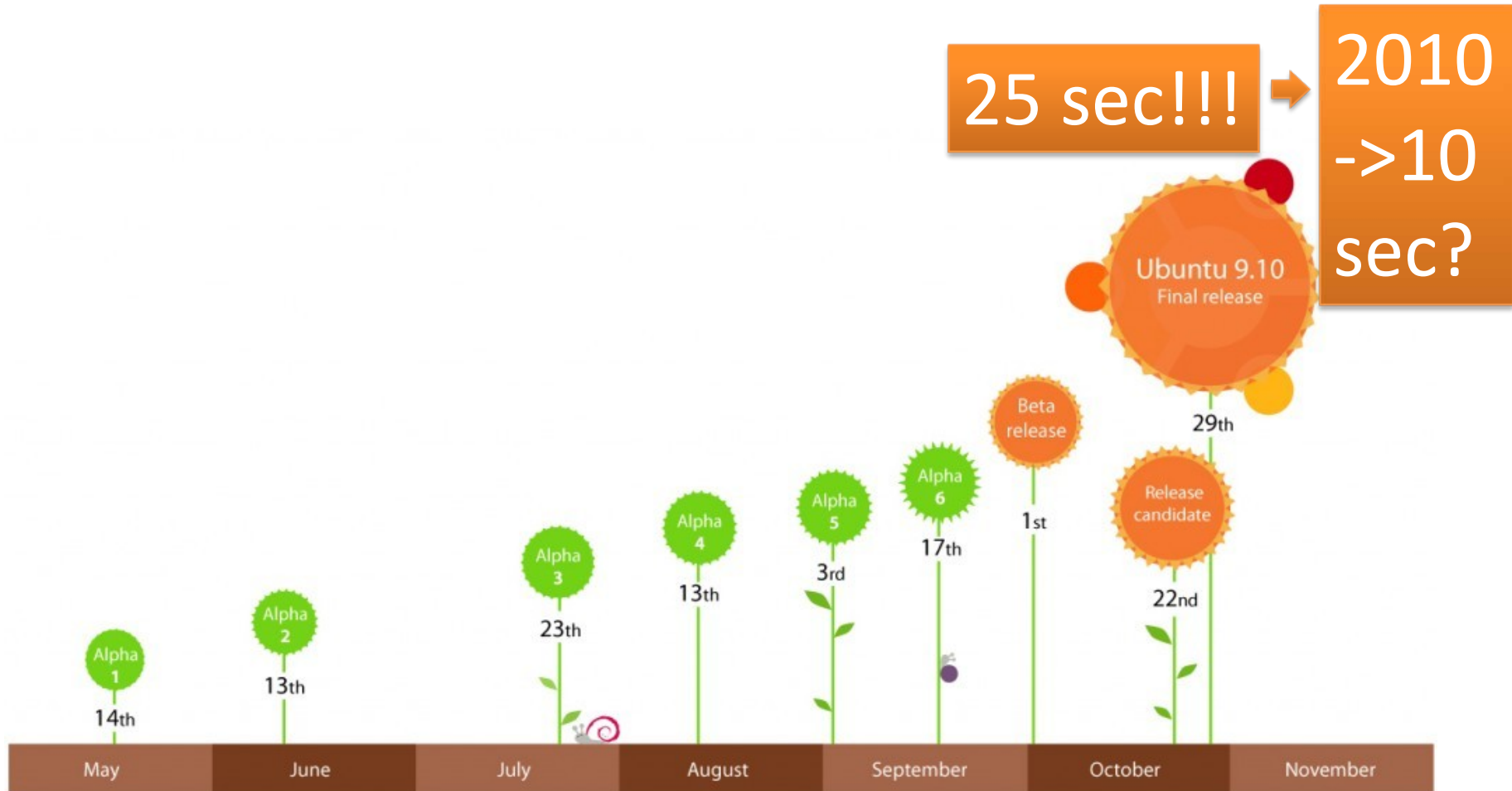


Ubuntu 9.10 released just 2 days ago!



Source: <http://blog.taragana.com/wp-content/uploads/2009/04/koala-timeline-1024x478-1>.

8th Medical Open Source Software Symposium

openEHRApp

An implementation of openEHR specification

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2009.10.31



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openEHRApp

It is our first prototype to help realize the power of openEHR in general. However, it can be used on a LAN and the GUI for template is auto-generated in tree structure.

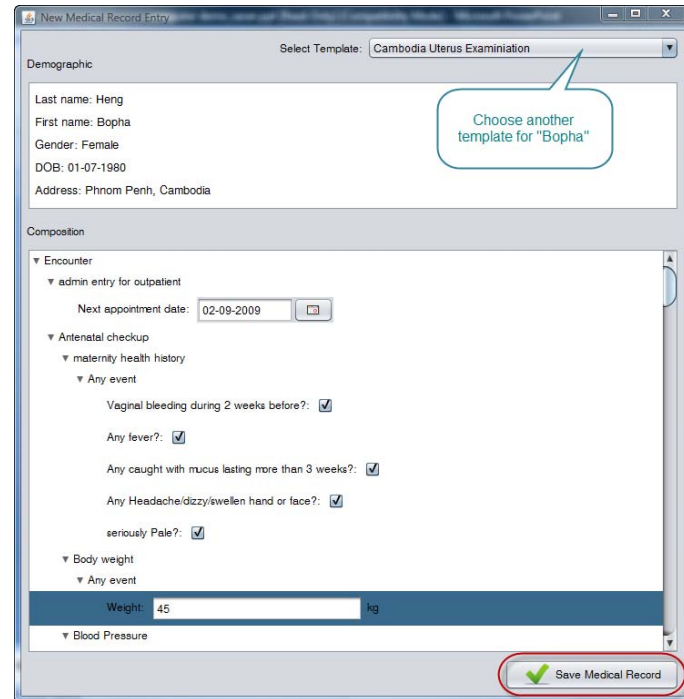
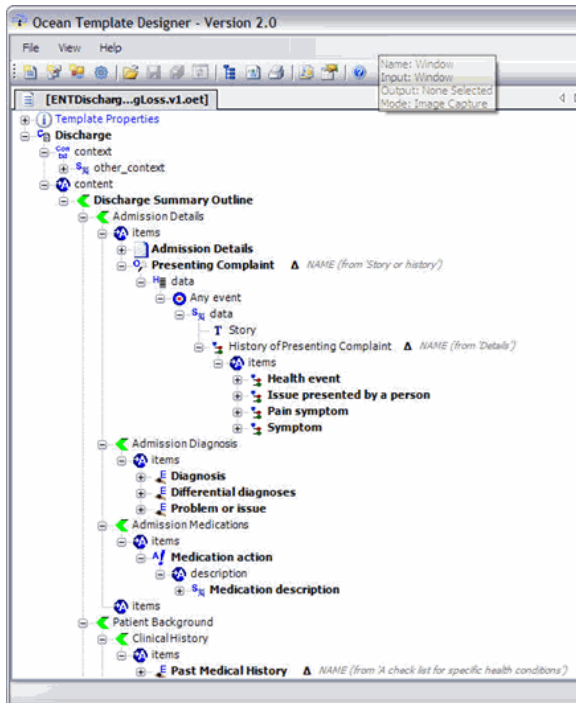
Background:

- Derived from the Opereffa(OpenEHRRefImpExtensions) project by openEHR community, the Tool has moved to a different direction with intention to create RIM(Reference Information Model) data object.
- The RIM data object will be conveniently shared between various platforms that employ openEHR system.

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(See the separate presentation on the Tool)

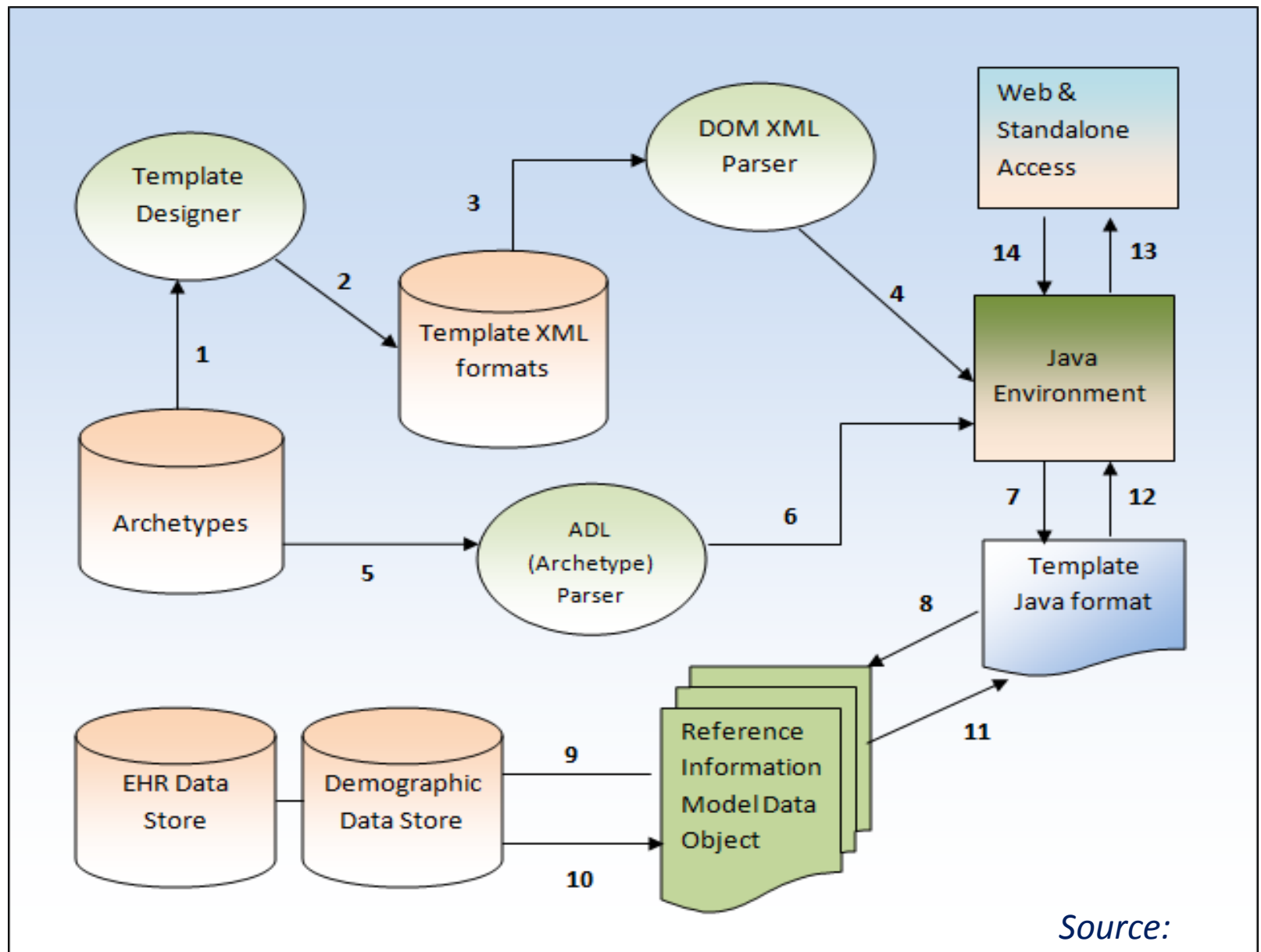
What we want



[*]

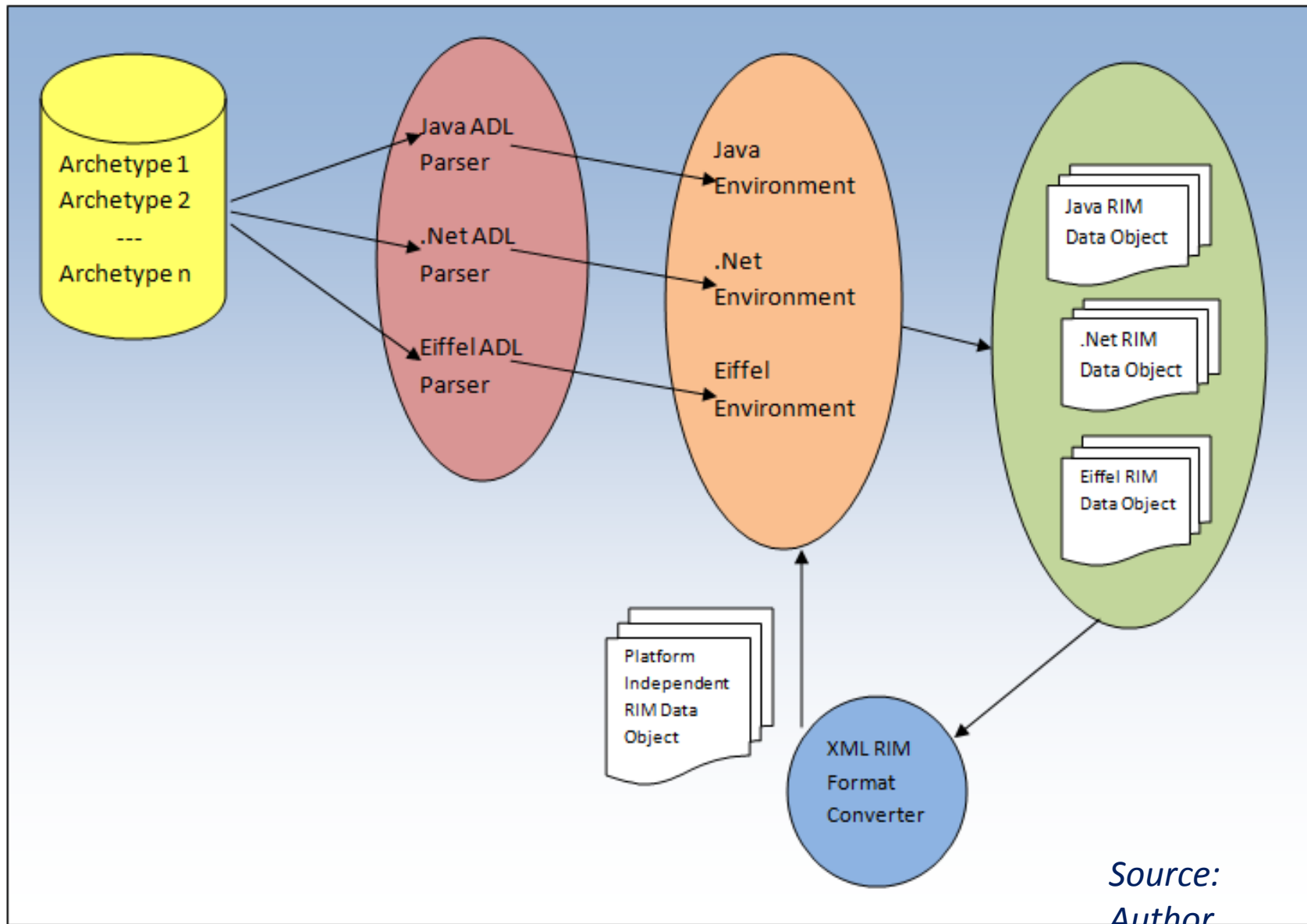


----> How ?



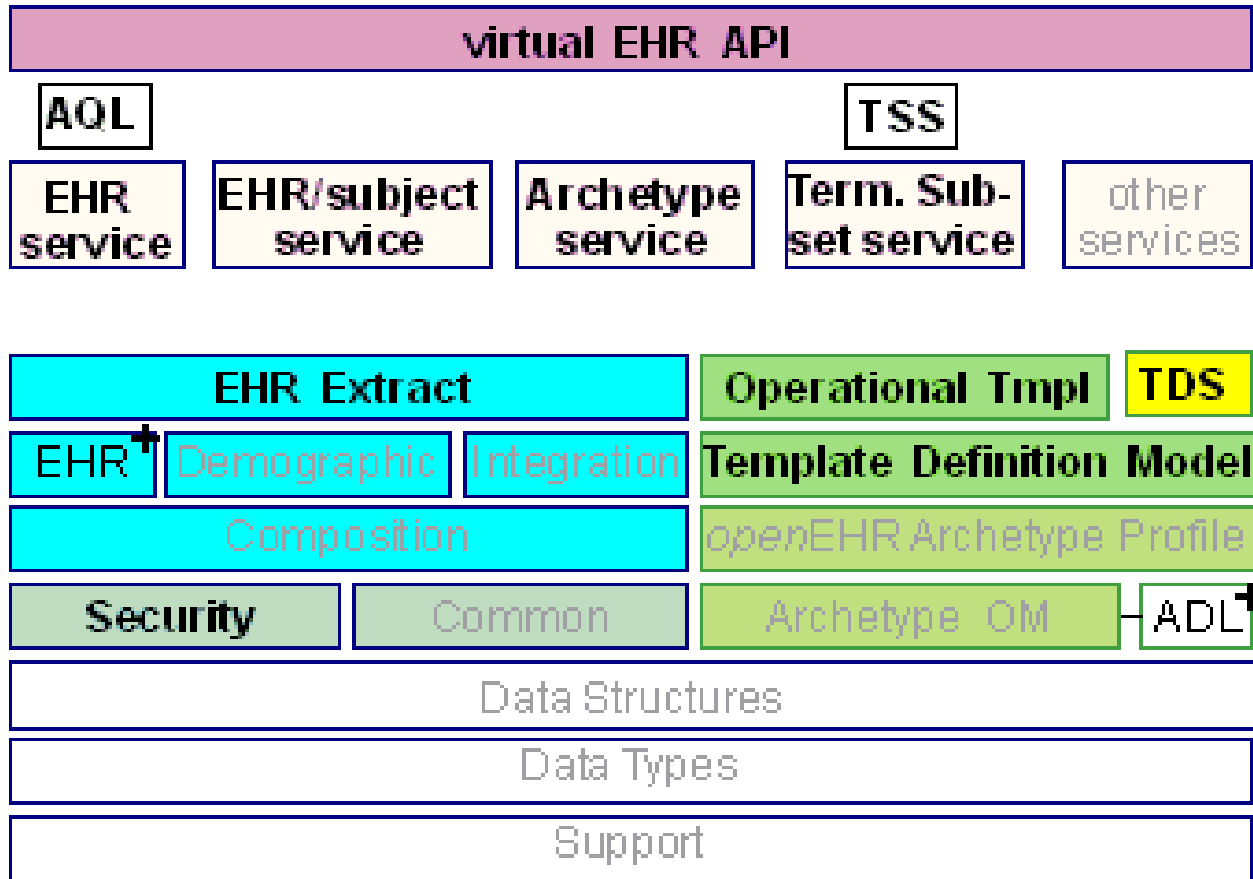
Setting up process of the openEHR based tool

Source:
Author :



openEHR based tool to help realize Interoperability

openEHR Specifications Roadmap 2008



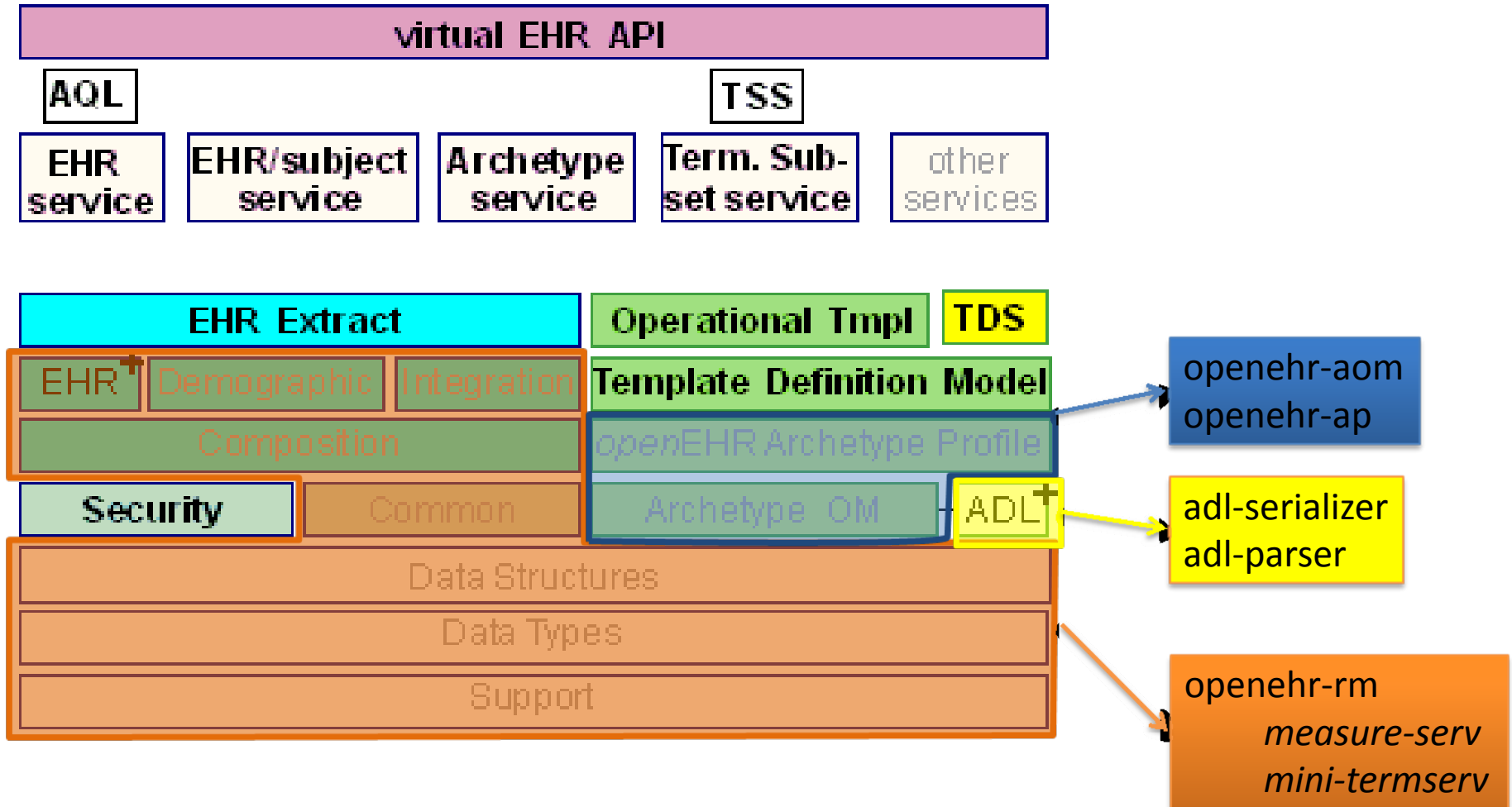
Legend

 Grey: created.
 Bold: will be created new.
 '+' symbol: will be enhanced.

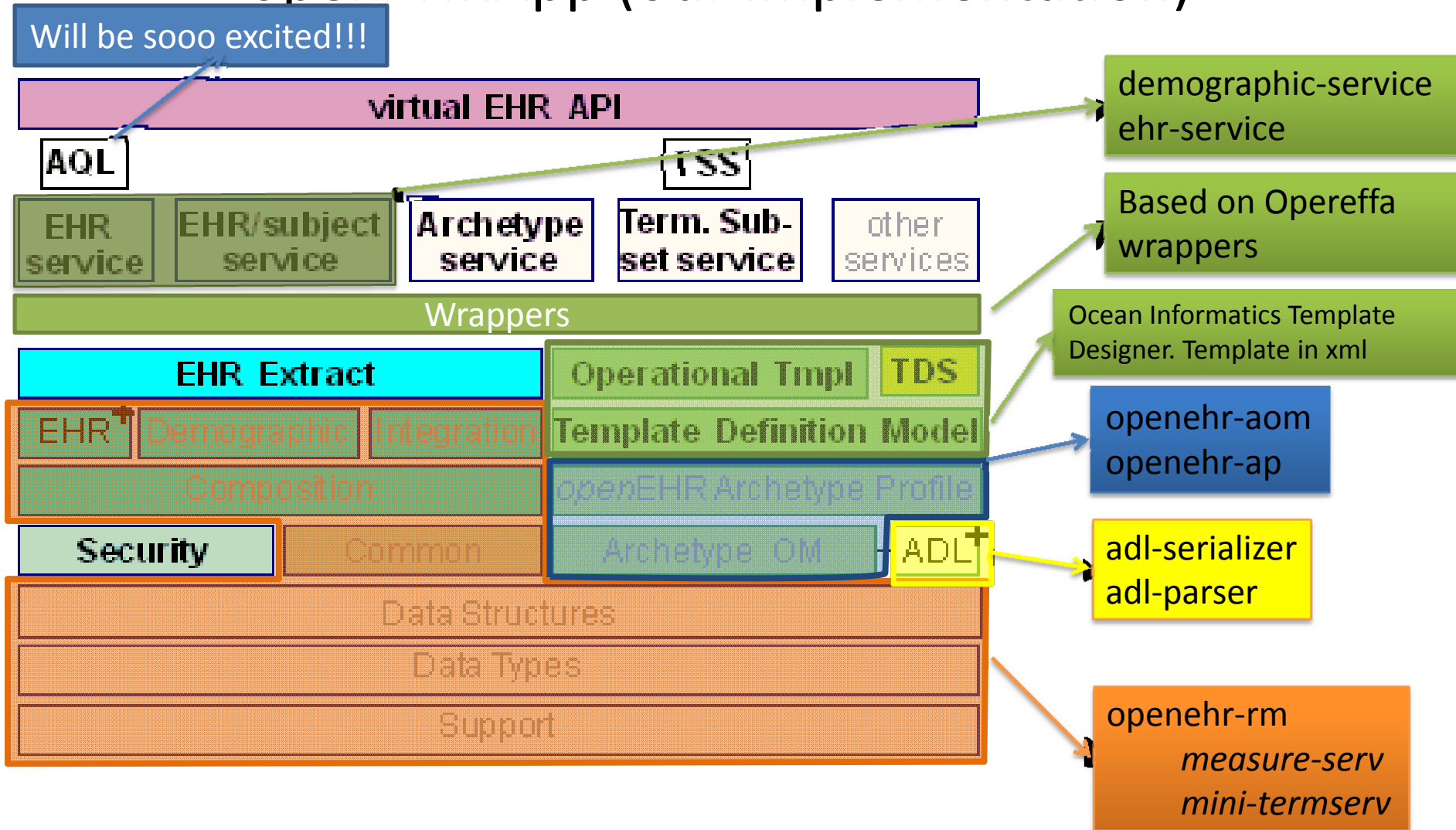
Acronym

 AQL = Archetype Query Language
 TSS = Terminology Subset Syntax
 TDS = Template Data Schema
 ADL= Archetype Definition Language

openEHR Java Reference Implementation Project



openEHRApp (our implementation)



The current accomplished features are:

- Archetype/template-based (Building block)
- Versioning (Time-varying recording)
- Medical/Technical separation (Expertise focus)
- Content /Software separation (Flexibility)
- Content/Owner separation (Generic security)
- Integrated medical history for a patient, besides Tuberculosis
- Medical records can be shared on a LAN (Prior to web-based ones)
- Multi-lingual support (English/Khmer)

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More to do:

– Better constrain on a template regarding a medical parameter

- Setting default value
- Limiting the number of value choice or range

Currently we can choose an archetype to fill in the appropriate slots and decide which parameters are needed or discarded

– More data type implementation (e.g: DvMultimedia, DvInterval, DvURL, etc.). Currently, 11 out of 21 data types have been implemented

– Reports (mostly aggregated ones)

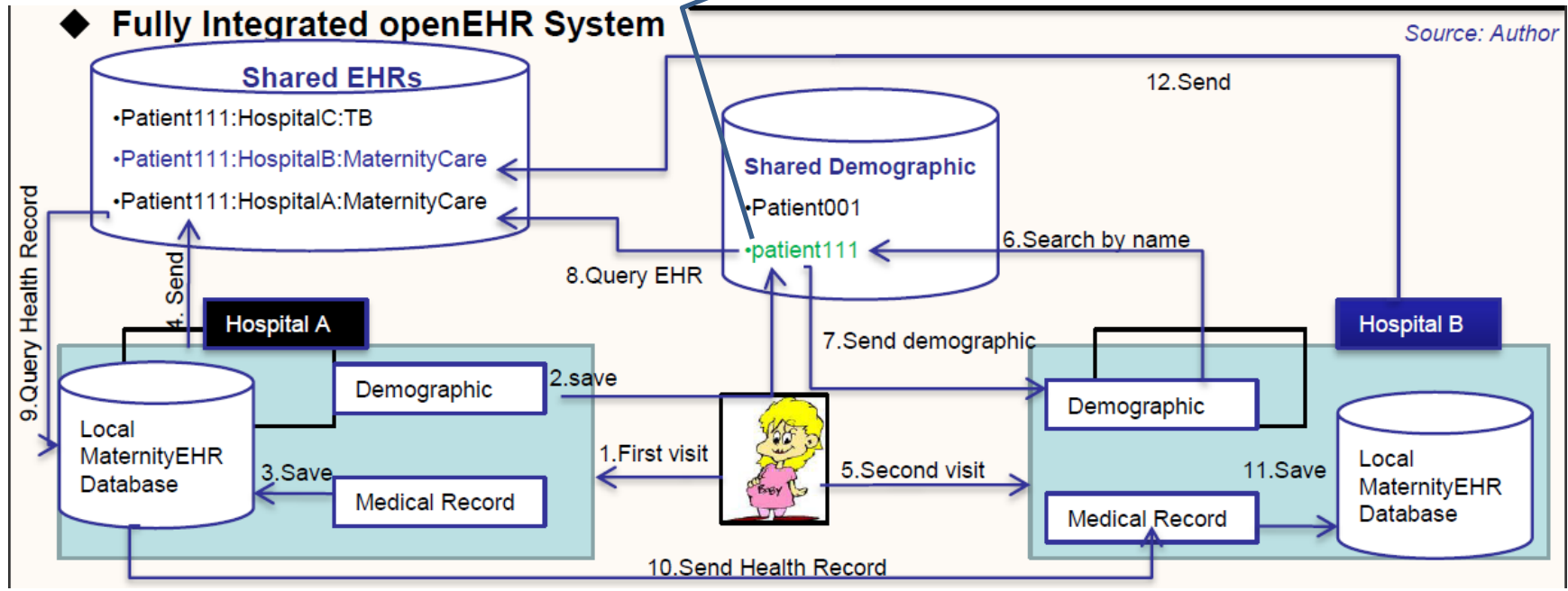
– Security based on roles

– Web-based and Shared online

- Archetypes
- Templates
- EHR (Electronic Health Record)
- Demographics

Methodology: Decentralized Algorithm

Patient identification: All patients should be uniquely identified. → YES , automatically created



Reasons :

- Separating Databases: EHRs. Database and Demographic: Maintain **Privacy** and confidentiality of patients
- Having separated Maternity EHR as local Database for each hospital: **Faster** because usually a patient goes to the same health facility, according to an ob-gyn in Calmette Hospital.

Note: Patient identification number is different from hospital number

Conclusion

Our achievement at Kano Lab is the eye-witness of the real power of *openEHR* approach that can bring about the prospect of “Integrated Health Care Information”.

This makes clear the following important assertions about *openEHR*:

- Shareable medical information based on Archetypes and Templates
- The independent content provided by medical domain, which is not hard-coded.
- The flexibility and robustness of the software that does not outdate due to hard-coded content. The designed content can be put to work on the fly.
- The longitudinal medical history of patients regardless of types of diseases is confirmed. Evident-based medicine is achieved.
- Low cost software (open source) and maintenance due to the software robustness.
- And more...

Thank you!