

Enhance Outcomes



Enhance Efficiency

My Care



a **secured personalised** digital care transfer document
for **patients** with Neuromuscular conditions,
to share with **multi-disciplinary specialists**,
ANYTIME!



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



SEWAHSP

Partnership for Health Partneriaeth ar gyfer Iechyd



Wales NM patient 3,432 only!

Unplanned admissions of NM patients

£3,917,052

All UK Costs £81,527,633

***delayed discharge most commonly due to a delay
in accessing investigations or a clinical opinion
68.7% possibly could have been prevented!***

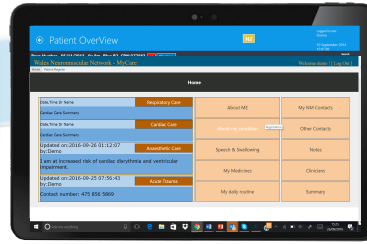
41.9%

Often life-threatening **Complex** **Multi-system disorders**
development of specialist care for children and young people
2 Welsh health boards **Avoidable Admissions Audit**
✓ growing population of adults now surviving
in a 12 month audit period in 2013-2014
requires specialist multi-disciplinary care

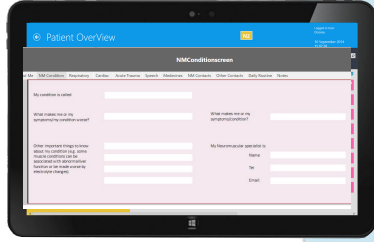
164.8 bed days ✓ **@ £1,925 per day**
per based top



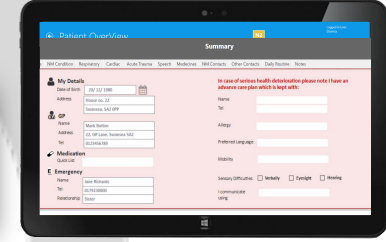
Registration



Seamless Data Sharing

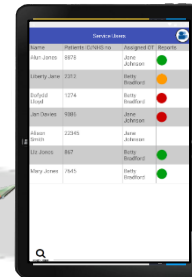


Patient At Home



- ✓ On Demand Clinical data Access
- ✓ Threshold Alerts
- ✓ Preventative Action Prompts

Smart technology as an *enabler* to enhance Clinical Time & Cost Efficiency



Monitoring

Acute Trauma

Acute Trauma Information

In the event of injury, please consider:

- 1) **ANAESTHESIA:** Please see separate sections about anaesthesia, cardiac, and respiratory complications
- 2) If I or mylimbs are **IMMOBILIZED** my muscle condition makes it much more likely for my muscles to waste away very quickly. If at all possible, alternative treatment approaches should be considered such as **EXTERNAL FIXATORS** for fracture management
Please discuss any planned management with my neuromuscular specialist.
- 3) I will need intensive physiotherapy and rehabilitation requiring liason between acute musculoskeletal and neuromuscular physiotherapists.
- 4) I may be **MORE SENSITIVE** to the effects of opioid analgesic sedatives.

Specialist Neuromuscular Physiotherapy advice may be obtained from (Tel):

Save

Wales Neuromuscular Network - MyCare
Welcome demo ! [[Log Out](#)]

Username:
demo
CardiacCare

Home
Summary
About Me
NM Condition
Respiratory
Cardiac
Acute Trauma
Speech
Medecines
NM Contacts
Other Contacts
Daily Routine
Notes

<p>My condition may be associated with cardiac dysrhythmia <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>My condition may be associated with cardiomyopathy <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>I have no heart problems <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>I have minor heart rhythm changes on</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p><input type="checkbox"/> First Degree HB</p> <p><input type="checkbox"/> BBB</p> <p><input type="checkbox"/> left axis deviation</p> <p>I have previously had a very abnormal <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>I have previously had a cardiac arrest <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>I have a pacemaker (please specify type of pacemaker if known) <input type="text"/></p> <p>I have a cardioverter defibrillator (ICD) <input type="checkbox"/> Yes <input type="checkbox"/> NO</p>	<p>My last pacemaker/ICD check was on: <input type="text" value="//"/> </p> <p>My last ECHO cardiogram was on: <input type="text" value="//"/> </p> <p>At (Hospital): <input type="text"/></p> <p>I have reduced ventricular function <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>Ejection fraction was: <input type="text"/></p> <p>I have been diagnosed with a cardiopathy <input type="checkbox"/> Yes <input type="checkbox"/> NO</p> <p>My heart valves are: <input type="checkbox"/> normal <input type="checkbox"/> abnormal</p> <p>Please contact my Cardiologist for further advice</p> <p>Dr <input type="text"/></p> <p>Tel <input type="text"/></p>
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Ask me anything
15:11
26/09/2016

Respiratory Care

Patient Registration Form

I usually have no problem with my breathing muscle Yes No

I usually have some weakness with my breathing muscle Yes No

My breathing tests are usually (if known)

FVC

Pk Cough

FEV1

I can usually cough on my own Yes No

My carer does my physio Yes No

I need a cough assist device Yes No

I normally require NW Yes No

CPAP only at night Yes No

My pressure settings are:

BEFORE GIVING ME OXYGEN PLEASE CONSULT A RESPIRATORY PHYSICIAN

If I am admitted with breathing problems, contact:

Name (Dr.)

Address

Save

Home

Date,Time Dr Name	Respiratory Care
Cardiac Care Summary	
Date,Time Dr Name	Cardiac Care
Cardiac Care Summary	
Updated on:01-10-2016 01:43:40 by:Demo	Anaesthetic Care
-- Extremely sensitive to, or develop a reaction to, certain anesthetic agents, including Malignant Hyperthermia -- At risk of delayed recovery after anaesthesia or sedation and will need a higher level of post operative care	
Updated on:01-10-2016 01:43:53 by:Demo	Acute Trauma
Contact number: 475 856 458	

About ME	My NM Contacts
About my condition	Other Contacts
Speech & Swallowing	Notes
My Medicines	Clinicians
My daily routine	Summary



Short learning curve



Facilitate shared decision making



Eliminates duplication time; human errors



Swift access to essential information



Facilitates Life Saving Prevention

Expandable

Scalable

Cost Effective

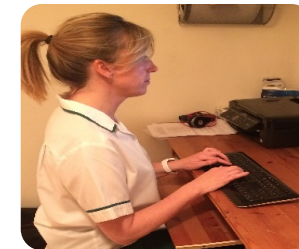
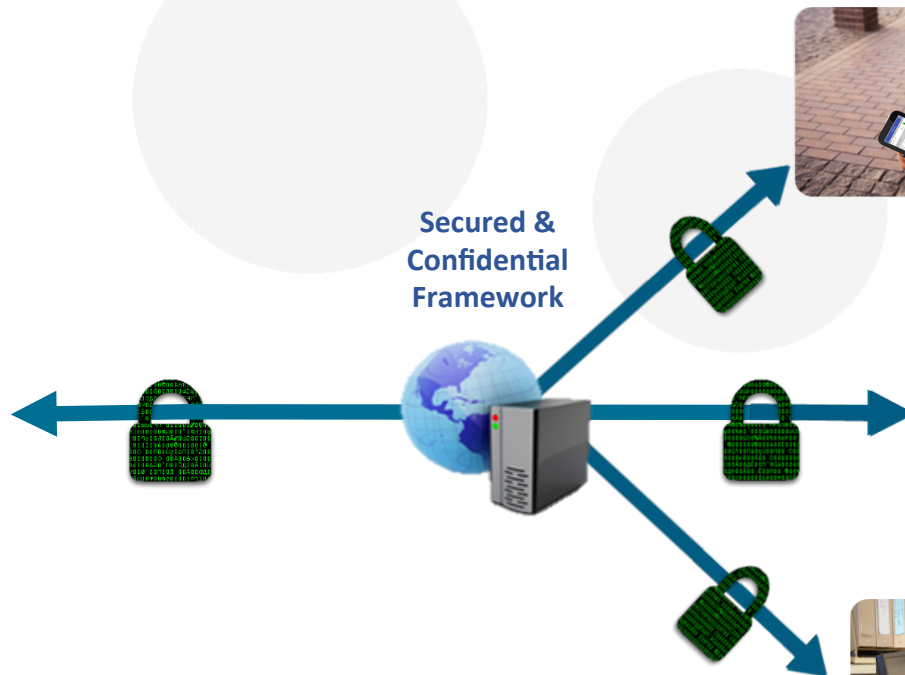
Saving Clinical Time

Peace of Mind

Shared Care



Patient At Home



....THANK YOU!