KCC
Krammer Clinic Consulting GmbH
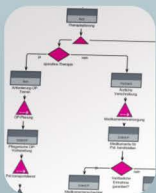
MED. DOCUMENTATION
INFORMATION
patient administration
information of findings

cliniCenter.

careDok.

care
documentation

...for more time with the patient.

PURPOSE AND FUNCTIONALITY

The purpose of the KCC HIS „CliniCenter" is to support the whole patient flow with its processes at its best.
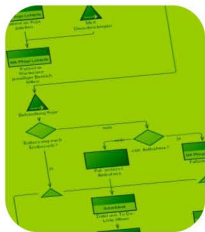
CliniCenter is divided in several program components which are linked optimally. The integration ability and the modular structure make also the use of some „stand-alone" components possible.

… MedDok   -   medical documentation
… CareDok   -   care documentation
… CaseDok   -   path– and date management

PROGRAM COMPONENTS

CareDok is fully integrated into the HIS environment and supports the documentation of the whole care process

- ward schedule
- assessment - care anamnesis
- care planning
- implementation record
- evaluation
- care report - team report
- further reports
- filing of care efforts
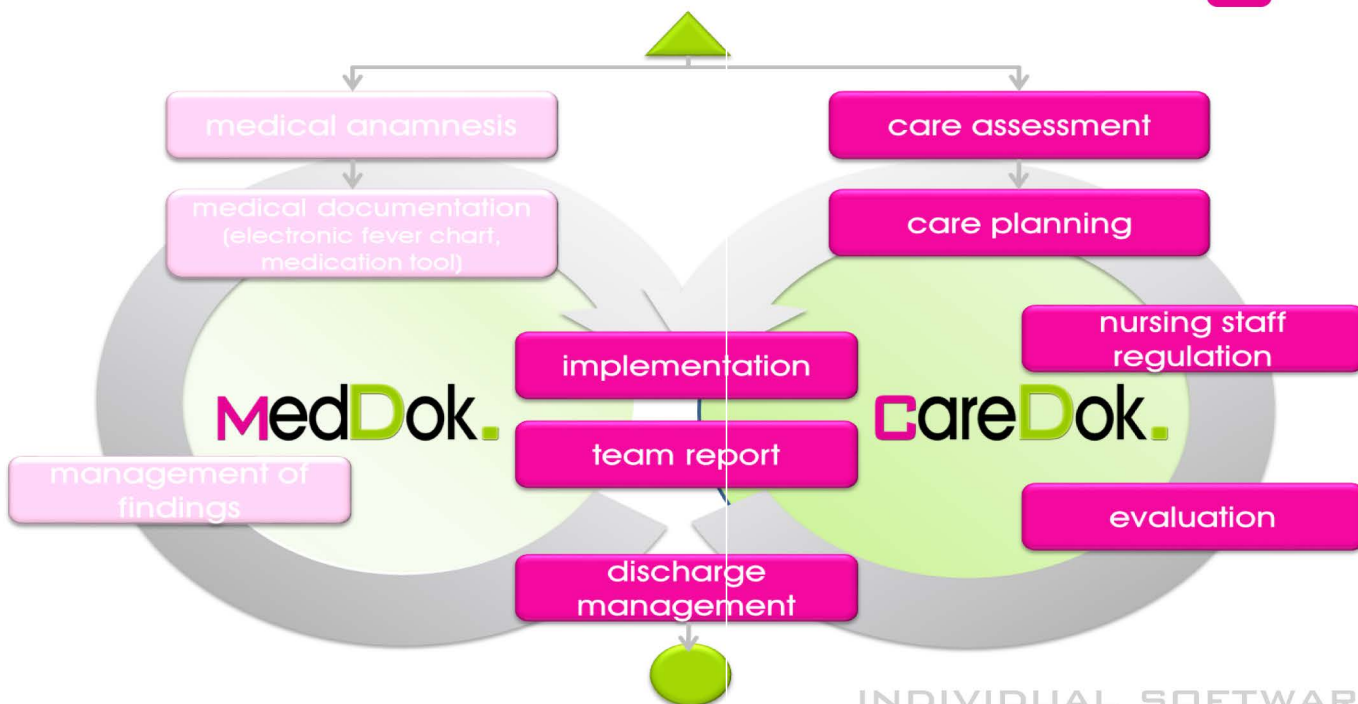- documents

support of the whole care documentation

4. Evaluation

3. Implementation

CareDok.

Reports
Statistics
Documents

2. Planning

Diagnosis
Purposes
Activities

1. Assessment

INFORMATION AND OVERWIEW

FACTS

CareDok...

…   Supports the documentation of the whole care process

…   has a modular design due to the components of the care process and can be extended easily

…   can display any kind of taxonomy

…   enables the deposit of care efforts and therefore the use and electonical preparation of data for statistical purposes

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medical anamnesis

medical documentation
(electronic fever chart,
medication tool)

care assessment

care planning

nursing staff
regulation

implementation

team report

MedDok.

careDok.

management of
findings

evaluation

discharge
management

ADVANTAGES

- Assessment/care anamnesis - is displayed as a dynamic questionnaire. Question and answer possibilities are customized according to the clients perceptions.

- Care planning—no matter which taxonomy was used—care diagnosis (incl. Ressources, etiology, risks and symptoms), purposes and activities are provided as a catalogue in the master data and act as a matrix for the planning.

- Implementation record—the execution or rather non-execution of proposed activities including user and time of execution are recorded with a simple click.

- Evaluation—can be done on the basis of the activities via a status statement and a free text description of the actual state.

- Care report—can be used as multiprofessional team report too.

- Further reports—e.g. discharge report, fall report, etc. will be displayed according to the client's perceptions.

- Filing of care efforts—it is possible to select from different calculation types on the basis of care efforts (e.g. in minutes).

- Documents—documents which are available electronically or scanned can be matched with the appropriate case.

- Patient list: you can divide in care classes

- Multiprofessional dermal and sore management

INFORMATION AND CONTACT

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