



MODULES

Investigations



“This module can integrate with other healthcare systems to provide a seamless flow of tests, results and treatment to patients.”

Who are we?

PatientSource is a cloud based EPR solution, designed by clinicians, for clinicians. Our interoperable system plugs seamlessly in to your existing processes and moves paper medical records in to a digital hub, drastically reducing human error and improving patient care.

What is the module?

The Investigations module in PatientSource encompasses all the diagnostic tests that patients may be required to have in a Healthcare setting. All Radiology and Pathology tests are supported, including: X-ray, CT, MRI, Ultrasound; and Haematology, Biochemistry, Microbiology, Blood Bank, Genetics; plus other departmental tests such as Cardiac investigations and Endoscopy. Available test suites are customisable by site and by role. This module can integrate with other healthcare systems to provide a seamless flow of tests, results and treatment to patients. It can also function as a standalone module which clients can use to record the tests they are ordering against a patient, print out labels and forms, create sample records and record the clinical details for the tests. This module negates the need for tests to be recorded on paper therefore significantly reducing the risk to patient safety and improves overall patient care.

Benefits and Key Features

- Electronic requesting of radiology, pathology, cardiology and endoscopy tests
- Comes “out of the box” with national pathology lab and radiology tests configured
- Customisable panels, order sets, and available tests
- Test-specific questions (e.g. MRI safety questions) at time of requesting, deduplicated
- Automatic importing of data for test-specific questions (e.g. recent creatinine result for contrast radiology tests)
- Render blood results on a graph over time and view blood results in a condensed grid over time
- Integration via HL7 with bloods analysers and Radiology RIS systems
- Launch correct PACS image by clicking on thumbnail
- In-built lightbox for quick review of Xrays and multi-slice CT / MRI scans
- Textual & numeric reporting
- Abnormals highlighted (manual and automatic supported)
- 1D + GS1 2D barcode support
- Clinical alerts such as Acute Kidney Injury (AKI) detection
- Sample vessel label generation

Test	Range	Result	Date	Comments
C.Reactive Protein	(0-4 mg/l)	224 ▲	16 Jan 2017 16:34	
Urea & Electrolytes (Ues)				
Sodium	(134-143 mmol/L)	142	16 Jan 2017 16:36	
Potassium	(3.5-5.5 mmol/L)	4.1	16 Jan 2017 16:36	
Urea	(2.5-7.5 mmol/L)	8.7 ▲	16 Jan 2017 16:37	
Creatinine	(45-90 mmol/L)	94 ▲	16 Jan 2017 16:35	

PatientSource Patient care safely in one place

BACON, Priscilla Ethel
 DOB: 26 Jul 1935 (86 years) Full details
 134 Primrose Lane, Flowerville, BR5 6AA
 NHS: 948-573-6525 X
 Local: 65511539

Acute Medicine
 11:30 Tue 10 Jan 2017 - (ongoing)

Alerts Change Patient Collapse

Investigations

Results

Test	Range	18 Apr 2013 10:20	02 Jun 2013 17:15	26 Feb 2015 08:40	10 Jan 2017 16:30	16 Jan 2017 08:40
Urea & Electrolytes (UEs) (U/E)						
NA	(134-145 mmol/L)			144		142
K	(3.5-5.5 mmol/L)			4.6		4.1
URE	(2.2-7.5 mmol/L)			21.7 **		8.7 ▲
CRE	(45-90 mmol/L)			98 ▲		94 ▲
Full Blood Count (FBC)						
WBC	(4.1-10.9 x10 ⁹ /L)		11.8 ▲	23.8 **	15.6 ▲	16.1 ▲
Hb	(12.0-16.0 g/dL)		13.4	14.2	11.5 ▼	11.1 ▼
PLT	(140-450 x10 ⁹ /L)		495 ▲	524 ▲	350	335
NEUT	(1.8-7.0 x10 ⁹ /L)		11.4 ▲	17.1 ▲	13.1 ▲	12.8 ▲
LYMP	(1.0-3.5 x10 ⁹ /L)		1.4	2.8	2.2	
MONO	(0.2-0.8 x10 ⁹ /L)		0.6	1.1 ▲		
EOSI	(0.0-0.44 x10 ⁹ /L)		0.1	0.1		
BASO	(0.04-0.9 x10 ⁹ /L)		0.04	0.1		
RBC	(3.8-5.5 x10 ¹² /L)			5.1	4.5	
MCH	(7.4-10.4 fL)			10.1		
MCV	(varies)		92.4	36.2 ▲	85.2	
Hct	(varies)			94.4	0.50	
MCHC	(0.37-0.46)			0.46		
RDW	(32-36 g/dL)			36.0		
MPV	(11.5-14.5 %)			13.5		
Other tests						
CRP	(0-4 mg/l)		45 ▲	265 ▲	224 ▲	

Dr Michael Brooks
 PatientSource Chief Medical Officer at Anytown Hospital NHS FT
 (04 May 2022 15:10)
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 PatientSource development.c48395a2a77

Anytown Hospital NHS

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Alerts Change Patient Collapse

Investigations

Search test results Pending Reported Cancelled / Refused

Lab	Requested at	Tests	Last updated	Status
Haematology Lab	21 Nov 2018, 12:41	Full Blood Count	21 Nov 2018, 12:41	Pending
Xray Film	07 Nov 2018, 11:33	CHEST	07 Nov 2018, 11:33	Pending
Haematology Lab	25 Sep 2018, 16:01	Full Blood Count	25 Sep 2018, 16:01	Pending
Biochemistry Lab	21 Nov 2017, 15:04	Amylase, C Reactive Protein, Urea & Electrolytes (UEs), Liver Function Tests (LFTs)	21 Nov 2017, 15:04	Pending
Haematology Lab	21 Nov 2017, 15:04	Full Blood Count	21 Nov 2017, 15:04	Pending
Xray Film	21 Nov 2017, 15:04	CHEST	21 Nov 2017, 15:04	Pending
Microbiology	16 Jan 2017, 09:12	Urine for Microscopy and Culture	18 Jan 2017, 15:44	Reported
Biochemistry Lab	16 Jan 2017, 08:43	C Reactive Protein, Urea & Electrolytes (UEs)	16 Jan 2017, 16:34	Reported
Haematology Lab	16 Jan 2017, 08:43	Full Blood Count	16 Jan 2017, 16:37	Reported
Microbiology	12 Jan 2017, 15:40	Urine for Microscopy and Culture	15 Jan 2017, 15:41	Reported
Biochemistry Lab	10 Jan 2017, 16:31	C Reactive Protein	11 Jan 2017, 15:39	Reported
Haematology Lab	10 Jan 2017, 16:31	Full Blood Count	11 Jan 2017, 15:34	Reported
Xray Film	10 Jan 2017, 16:31	CHEST	18 Jan 2017, 15:51	Reported
Biochemistry Lab	26 Feb 2015, 08:43	Urea & Electrolytes (UEs)	26 Feb 2015, 09:05	Reported
Haematology Lab	26 Feb 2015, 08:43	Full Blood Count	26 Feb 2015, 09:05	Reported
Biochemistry Lab	17 Jan 2015, 10:44	Urea & Electrolytes (UEs)	17 Jan 2015, 10:44	Pending
Haematology Lab	17 Jan 2015, 10:44	White Cell Count	17 Jan 2015, 10:44	Pending

CHEST
 XCHES reported
 Reported at: 18 Jan 2017 15:51
 Reported by: Dr Phil Ashworth
 Last viewed by: Dr Michael Brooks, at: 04 May 2022 16:26 (View History)



Requested at: 10 Jan 2017 16:31
 Requested by: Dr Phil Ashworth
 Contact: 12345

Clinical Details:
 Pyrexia, confusion. Septic screen

Additional Information:
 Radiology.Transport?.. Walking

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 PatientSource Chief Medical Officer at Anytown Hospital NHS FT
 (04 May 2022 15:10)
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Anytown Hospital NHS

Why – Why should you care? Why go with PS?

Save time - An estimated 15% of clinical staff time is wasted looking for and handling paper notes

Save money - over £4,800,000-worth of staff time wasted at an average-sized NHS trust per annum

- **8,640** estimated cases of patients at risk of harm as a result of missing paper notes
- **4,896** repeat appointments required as a result of notes missing at the appointment
- **£528,768** estimated cost of additional appointments required as a result of missing paper notes

Save lives – missing documentation, skipped assessments, prescription errors and mis-calculated scores contribute to the 9% medical error rate for admissions in paper-based hospitals.

An Agile and Interoperable Solution

Because our solution is modular and cloud based, we provide the flexibility to fit straight in to your clinic or hospital either as a departmental system or a greenfield solution that replaces your paper based processes. Implementation is easy, taking as little as 4 weeks to be up and running from inception. Interoperability is the future of digital healthcare, which is why it is at the centre of everything we do.

What are the next steps?

If you would like to see our Investigations module working in action, or just want to know more about PatientSource, we would be happy to organise a short demo with one of our product specialists. If you are viewing this document online, you can contact us by clicking **HERE** or alternatively visit our website to contact us and a member of our team will be in touch.

“Because our solution is modular and cloud based, we provide the flexibility to fit straight in to your clinic or hospital either as a departmental system or a greenfield solution that replaces your paper based processes.”

