

CARE AND HOSPITAL FLOW

From the front door to the follow-up.

The same record carries a patient through the emergency board, the ward, theatre, discharge and the months after.

Inside the hospital

Emergency	A tracking board with triage decision support: a suggestion with reasons, recorded beside the nurse's own level. Any override is recorded.
Wards and nursing	Bed maps, admit, transfer, nursing tasks, handover, medication reconciliation, virtual nursing.
Theatre	Rooms, surgeons, anaesthetists, nurses and equipment as resources. A case joins a waitlist, is scheduled, and becomes ready only when nothing stands in the way. Clashes are refused, with the reason.
Discharge	A command centre of milestones and what is still needed, a clinical "ready" declaration, and a drafted set of patient instructions for the clinician to edit.

After the visit

Chronic-care programmes	You define a programme and its measures with your own ranges. Patients are enrolled, readings come in through the portal, a coach works a queue, and optional reminders for late readings go out only if approved and consent-checked. Off by default.
Treatment courses	A planned run of repeated sessions (for example, several visits a week apart); sessions are booked, attended or missed, and a missed one is visible.
Recurring appointments	A series is booked all-or-none and can be cancelled together.
Follow-up and portal	Follow-up messaging, a portal with released results and visit summaries, video visits. Result-ready notices go only on channels the patient agreed to.

Live where it matters

Dashboards and boards update live. A background refresh from a screen nobody is touching does not keep a session alive. Notes typed offline are kept encrypted on the device for at most 12 hours and sync later.

What it does not do. Oncology regimens and tumour boards are not built (courses cover scheduling only). There is no patient self-booking, and the interface is in English only. Programme ranges and reminders are your clinical team's decision; none ship.