WHAT'S NEW

Fifty-four new modules, built to be checked.

Since release 0.5.2, ZYVORA has gained fifty-four modules across public health, ward safety, patient identity and records, privacy and quality, the money rules hospitals live under, and specialty services.

54
new modules, built and tested on the main branch

6
areas, from public health to specialty services

0
outside systems contacted: every export is a file a person sends

The six areas

Public health and programmes	Notifiable diseases, birth and death registration, infection control, HMIS report export, programme tracing, immunisation schedules, national exchange messages.
Ward safety and clinical workflow	Nursing risk scales, early warning scores, advance directives, waiting lists, ISBAR handover, serious event review, IT safety drills, e-prescriptions, telemedicine, capacity and safeguarding, device vigilance.
Identity, language, codes and records	Regional identifiers, regulator registrations, medical certificates, code catalogue, record export, language access, terminology.
Privacy, governance and quality	Data-subject rights and breaches, records retention and legal holds, disclosure accounting, medico-legal cases, quality indicators.
Money and statutory rules	Controlled-drug registers, fee waivers, mobile money, tariffs and estimates, tax invoices, payer claim files, DRG grouping, government scheme billing, insurance eligibility.
Specialties and operations	Pathology, rehabilitation, tumour boards, adverse drug reactions, dental, transplant, transport, mortuary, mass-casualty mode, occupational health and more.

Status. These modules are on the main branch and are **not in the latest release (0.5.2)**. Pilot-ready software, built and tested with synthetic data only. Not a certified medical product; no regulatory or clinical-validation claim is made, and no AI model has been clinically validated.

PUBLIC HEALTH AND PROGRAMMES

Report, register and follow up.

Statutory duties become queues with clocks and files, not spreadsheets.

MODULE	WHAT IT DOES	ITS BOUNDARIES
Notifiable diseases	A facility-authored list with immediate (24 hour) and weekly deadline clocks, a case queue, and a de-identified line-list CSV for the health authority.	Nothing is transmitted. One outcome per case; conditions are never deleted.
Birth and death registration	Birth notifications drawn from the delivery record; death certificates with a cause-of-death chain, certified by one doctor and verified by another; printable worksheets and an anonymous register.	Sends nothing to a registry. Nobody can verify their own certificate.
Infection control	Healthcare-associated infection cases with criteria, isolation precautions, hand-hygiene observations, colour-coded waste logs and pickup manifests; monthly counts and rates.	A case needs criteria to be confirmed. Nothing is submitted to a regulator.
HMIS report export	Seven fixed count indicators mapped to national identifiers; a monthly snapshot approved by a second administrator, then downloaded as JSON or CSV.	No live push, no breakdown by age or sex yet. The builder cannot approve their own report.
Programme tracing	HIV/ART, TB and malaria register templates (visit cadence only), contact lists, and a lost-to-follow-up queue with logged trace attempts and a reasoned closure.	Templates carry no treatment rules. Nothing is sent to anyone.
Immunisation schedules	Hospital-authored schedules; due, overdue and defaulter lists from date of birth and doses given; session tallies with wastage; a printable child health card.	No vaccine stock by lot and no registry file yet.
National exchange messages	Builds the message a national health exchange expects (Malaffi, NABIDH, SATUSEHAT, ABDM, NEHR), scores how complete it is, and tries it on a local simulator with a rejection queue.	Nothing is sent to any network. The profiles are working approximations, not certified specifications.

How it plays out

1. A nurse notifies a suspected case; its deadline clock starts and the administrator sees the queue, overdue first.
2. At month end the counts are snapshotted, approved by a second administrator and downloaded as a file for a person to upload.
3. A child who misses a dose appears on the defaulter list; a patient lost to follow-up gets logged trace attempts until a reasoned closure.

WARD SAFETY AND CLINICAL WORKFLOW

Safer shifts, clearer handovers.

Fixed scoring, advisory alerts and records that cannot be quietly rewritten.

MODULE	WHAT IT DOES	ITS BOUNDARIES
Nursing risk assessments	Morse falls, Braden, MUST nutrition, pain, Barthel and Padua scales with fixed scoring, reassessment tasks and a ward risk board.	Nursing aids, not clinically validated.
Early warning scores	NEWS2 computed from charted vital signs, hospital-set thresholds and intervals, one escalation task while a patient stays at risk, and a ward board.	Advisory decision support only; not certified or clinically validated.
Advance directives and code status	Append-only versions per patient, a substitute decision maker, review dates, a chart banner and code-status chips on the ED and ward boards.	Only doctors write. A patient with nothing recorded reads "none recorded", never full code.
Elective waiting list	Urgency categories and targets, a pausable clock derived from an event log, a breach forecast, a validation worklist and a name-free CSV extract.	Not yet linked to theatre booking; a stopped entry is final.
Clinical handover (ISBAR)	Structured shift and transfer handovers that the receiver must acknowledge; corrections are new handovers that supersede the old.	No handover for a discharged patient, to yourself, or acknowledged by the wrong person.
Serious event review	Open-disclosure conversations, corrective actions and a review with panel, findings and sign-off, tied to the incident.	Administrator only. Reviews wait for triage; no repeat sign-off by one person.

How it plays out

1. A nurse scores a fall-risk scale at the bedside; the band sets when it is next due and the ward risk board shows it.
2. When vitals are saved and the early warning score reaches medium or high, one escalation task appears, and stays one while it is open.
3. At shift change the outgoing nurse sends an ISBAR handover; the receiver acknowledges it, after which it is final.

WARD SAFETY AND CLINICAL WORKFLOW, CONTINUED

Prescriptions, tele-visits and protection.

Controls that make the safe thing the default.

MODULE	WHAT IT DOES	ITS BOUNDARIES
IT safety and downtime drills	A self-assessment checklist across access control, audit review, backup restore and cyber continuity, with evidence and history; downtime drill records and printable paper forms.	A self-assessment record, not a certification.
Prescription documents	A numbered e-prescription document from an approved prescription, carrying the prescriber's licence on the day, a frozen copy of the items and a validity window; verified and dispensed once.	No national submission adapters and no QR image yet. A draft or expired document is refused.
Telemedicine workflow	Consent, mode and first-visit or follow-up recorded once per appointment; the doctor's registration shown; prescribing enforced against a hospital tele-formulary.	Record-keeping only, not a legal opinion or certification against a national guideline.
Capacity, safeguarding and restrictive practice	Mental-capacity assessments, legal authorisations, a safeguarding concern log, and a restraint and seclusion register with observations and a debrief.	Records are not edited. Not certified or legal advice.
Device vigilance and UDI	A device and implant register by UDI and lot, safety notices matched to patients, resolution tracking.	Nothing is sent to a regulator or manufacturer. A notice needs a UDI or a lot.

How it plays out

1. A doctor issues a numbered prescription document; a pharmacist verifies it and it can be dispensed once.
2. For a tele-visit, consent is recorded first; a medicine that is not on the tele-formulary is refused.
3. A device safety notice is matched to implanted lots, so affected patients are listed and the resolution is tracked.

IDENTITY, LANGUAGE, CODES AND RECORDS

Know who, say it right.

The reference data and documents that every other module leans on.

MODULE	WHAT IT DOES	ITS BOUNDARIES
Regional identifiers	Singapore NRIC/FIN, Malaysian MyKad, Thai ID, Brazilian CPF, Chilean RUT and Saudi Iqama with their public check rules; a social name beside the legal name.	Format checks only: nothing is looked up at any registry.
Regulator registrations	Clinician licences and facility registrations by regulator body, with expiry and an optional setting that blocks work without a licence.	Plausible-shape checks only. Nothing is verified with a regulator.
Medical certificates	Numbered sick-leave, fitness, travel and visa certificates with the licence number as it was that day and a public verification code.	Append-only; void needs a reason. The licence number is self-declared.
Code catalogue	Loadable diagnosis and procedure code sets with validity dates, an edition per facility, code search and check, and a coder queue with doctor queries.	A synthetic sample set is built in. Licensed sets are loaded by the hospital.
Record export	A patient summary as a FHIR R4 document shaped like an International Patient Summary, issued only with data-sharing consent and logged with a hash.	Local checks only: no claim of HL7 IPS or EHDS conformance. Nothing is sent.
Language access	Preferred language, an interpreter-needed flag and a request log; a right-to-left-aware locale framework with draft Arabic and Hindi screens.	Translations are drafts pending review. Print templates are not translated yet.
Terminology service	Concept tables the hospital is licensed to use, imported as CSV; synonym search; links from lab tests and medicines to LOINC, SNOMED CT, dm+d or RxNorm.	No licensed content is bundled. No hierarchy queries or release loaders yet.

How it plays out

1. The front desk enters a Brazilian CPF; a wrong check digit is refused before it reaches the record.
2. A coder checks codes against the facility's edition in force on the discharge date and raises a query that only the attending doctor can answer.
3. A patient summary is exported only when consent exists; every attempt is logged with a hash of what was issued, never the clinical content.

PRIVACY, GOVERNANCE AND QUALITY

Accountable by construction.

Duties with dates on them, evidence that cannot be edited afterwards.

MODULE	WHAT IT DOES	ITS BOUNDARIES
Data-subject rights and breaches	Request register with regime-based due dates and an identity check; breach register with regulator and patient clocks; versioned privacy notices.	A record only, not legal advice. It erases and notifies nothing.
Records governance	A register of processing activities, retention rules, legal holds and two-person disposal certificates.	Decisions only; nothing is deleted. A held record blocks disposal.
Release of information	A disclosure ledger with a six-year accounting, a log of items withheld with the exception relied on, and versioned portal release rules.	Rules are recorded but do not yet gate the portal.
Medico-legal cases	A case register with injury findings, sample chain of custody, police intimation and closure.	Cases are never edited; findings are appended. Doctors only.
Quality and accreditation readiness	Four live quality measures with drill-down, a snapshot per period, your own accreditation clauses with linked evidence, and mock-audit findings.	Readiness information, not an accreditation. No framework text is bundled.

How it plays out

1. A patient's access request gets its due date from the chosen regime on the day it arrives, and cannot close as fulfilled until identity is verified.
2. A disposal certificate for old folders is refused if any record in range is on legal hold, and the requester cannot approve it.
3. The administrator links evidence to an accreditation clause and raises a mock-audit finding that closes once, with a resolution.

MONEY AND STATUTORY RULES

Exact money, written rules.

All amounts are whole paise; every rule is data the hospital controls.

MODULE	WHAT IT DOES	ITS BOUNDARIES
Controlled-drug registers	Drug schedules, prescriber registration numbers, gapless numbered controlled prescriptions with validity, and an inspector export after second-person approval.	Dispensing is refused without a valid number. The export downloads once and holds no names.
Fee waivers and exemptions	Statutory entitlements with evidence, two-person approval of discounts and waivers, a deduction order, a pre-discharge check and an exemption report.	Requester cannot approve their own request. Paid or void invoices are refused.
Mobile money	Receipts by provider code, statement matching and a daily till report.	No gateway: nothing contacts a provider. Receipts are never edited.
Tariffs and estimates	Versioned payer rate cards, a self-pay price list by room class and a labelled non-binding estimate.	An estimate stores nothing beyond its audit entry.

How it plays out

1. A doctor takes a controlled prescription number; dispensing outside its validity window is refused.
2. A discount on an invoice needs a valid entitlement and a second person's approval.
3. A mobile-money statement is imported; each line matches one receipt, never two.

MONEY AND STATUTORY RULES, CONTINUED

From invoice to claim file.

Data layers that prepare for tax, payers and schemes without contacting any of them.

MODULE	WHAT IT DOES	ITS BOUNDARIES
Tax invoices	Tax IDs and a tax category on every line of an issued invoice, chained credit notes in their own gap-free series, and unsigned JSON or UBL-like exports through profiles kept as data.	Never stamps, signs or clears anything with a tax authority. Split insurer and patient invoices are not built.
Payer claim files	Payer file layouts kept as versioned data, batches checked against the format, offline remittance import, and a denial queue with an appeal trail.	Contacts no payer. No named payer specifications or EDI output yet.
DRG grouper workbench	An operator-supplied, versioned rule table groups discharged admissions; case-mix index and length of stay against benchmark.	Labelled "Model grouper, not an official grouper".
Government scheme billing	Schemes with co-pay, caps and packages; enrolment with an authorisation; splitting an issued invoice into scheme and patient portions; balance alerts.	Nothing is submitted to a scheme. Excess over a cap falls back on the patient.
Insurance eligibility	Eligibility records for a policy (typed in or simulated from the policy dates held here), each insurer's rules, and an order-time check of the patient's and insurer's share with warnings.	Stores nothing and sends nothing: no live payer checks and no promise of payment.

How it plays out

1. An issued invoice gets a tax category on every line; a later credit note can never exceed what was invoiced.
2. Approved claims go into a batch checked against the payer's format; a clean batch is a CSV with a checksum, and the payer's remittance file is imported offline, with denials joining the appeal queue.
3. A scheme enrolment splits the bill: the patient pays the co-pay and the scheme the rest, up to the lowest cap.

SPECIALTIES AND OPERATIONS

Care you can trace, from lab to mortuary.

Specialty services and the operational records around them.

MODULE	WHAT IT DOES	ITS BOUNDARIES
Pathology (tissue and cells)	Follows tissue and cell specimens from receipt through cutting and slides to a doctor's signed report, with later additions kept as addenda.	Any doctor can sign out in this slice; there is no separate pathologist role.
Rehabilitation therapy	A doctor refers a patient for physiotherapy, occupational or speech therapy; a clinician accepts or declines, and sessions are delivered and recorded.	Three disciplines only.
Team meetings (tumour board)	Schedules a multidisciplinary meeting, records who attended, puts patients on the agenda with the board's question, and records the recommendation once enough people are present.	No video, reminders or staging calculators. A recommendation needs at least two people present.
Adverse drug reactions	Staff report a suspected drug reaction; a pharmacist reviews it and may add the drug to the patient's allergy list. A name-free file can be exported for onward reporting.	Sends nothing to a regulator. No causality scoring and no drug dictionary.
Dental chart	A per-tooth chart, a multi-visit treatment plan with an estimate and consent flags, and recall dates.	Example data; not a certified dental record system, and it reads no radiographs.
Organ and tissue donation	Internal registers for donation and transplant tracking, kept by a new transplant coordinator role.	No allocation algorithm and no upload to a national registry.
Patient transport	A porter queue: staff request a transfer, a porter accepts, picks up and delivers, and the timeline is recorded.	A queue and a timeline only.
Mortuary	Chamber slots, deceased registration, tag and identity checks, belongings, and a two-person release to a named recipient, with a custody log.	A release needs a second person to approve.

SPECIALTIES AND OPERATIONS, CONTINUED

Operations, on the record.

Records and workflows that keep a hospital running.

MODULE	WHAT IT DOES	ITS BOUNDARIES
Mass-casualty mode	Activates a disaster plan, names incident command, keeps call-out lists and drill logs, and registers casualties under temporary IDs with triage colours.	It records and organises; it sends nothing and makes no clinical decisions.
Occupational health	Staff fitness checks, vaccinations and sharps or splash exposures with follow-up, kept apart from HR.	Confidential: even the administrator and HR see none of it.
Clinical privileging	The credentialing committee's record of what each clinician may do: privileges, grants with validity, proctored cases and reviews.	A record, not enforcement: nothing blocks anyone from working.
Complaints and grievances	The front desk records a patient's complaint and the administrator works it from received to resolved, with escalation.	Separate from star ratings and from safety incident reports.
Research studies	Tracks research studies, their participants and consent, for internal use only.	Internal tracking only; no claim of research-regulation compliance or approval.
Visitors	A desk record of who is on the ward: visitor passes, sign-out, visiting hours, restrictions and a blocked list.	A desk record of who is on the ward.
Store purchasing	Suppliers, quotations compared before an award, purchase orders approved within a department budget, and goods received matched against the supplier's invoice.	Drugs are bought through the pharmacy modules; no patient data.

HONEST LIMITS AND NEXT STEPS

What we do not claim.

A hospital should know exactly where the edges are before a pilot. These are ours.

Not released yet	All fifty-four modules are on the main branch and arrive in the next release.
Synthetic data only	Built and tested with synthetic data. Nothing here has been used with real patients.
Not certified	No module is a certified medical product, a legal opinion, an accreditation, or validated clinically. Scores and alerts are advisory.
No outside connections	Nothing submits to a regulator, registry, payer, tax authority, scheme, provider or manufacturer. Exports are files.
Reference content is yours	Code sets, terminologies, DRG rules, payer formats and accreditation clauses are supplied by the hospital. Only synthetic samples are built in.
Translations are drafts	The first Arabic and Hindi screens are marked drafts pending review.
Browser tests	The browser test scripts for these modules are written but have not yet been run.

One set of rules for all of them

- **Deny by default.** Every action needs a permission; restricted patients open only through a reasoned break-glass.
- **One hospital never sees another's records.** Isolation is enforced in the database, not only the application.
- **History is kept, not rewritten.** Records that must not change are append-only in the database.
- **Nothing leaves on its own.** No module submits to a regulator, payer, registry or scheme; exports are files for a person to send.

Next steps

- **Pick the modules that matter most** to your hospital and tell us the order.
- **Run the pilot guide** on synthetic data, with your own staff, before anything else.
- **Bring your reference content**: code sets, payer layouts, retention rules, scheme packages.

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