



COVID-19 case management, Electronic Medical Record and patient registry for nationwide - regional or hospital fast track deployment.

- > Complete patient registration process for citizens , tourists & refugees.
- Case Management Monitoring upon 1st day of Admission to the hospital.
- EMR system for monitoring & follow up of in Hospital/ICU/HDU patients from admission to hospital discharge
- EMR system for home-isolated patients with optionally integrated Best in KLAS #1 Virtual Care Platform (Teleconsulting –Remote Symptom checker Workflow).
- Business Intelligence Platform for real time monitoring of COVID-19 spread outbreak & effectiveness of restriction measures taken



- ✓ Patient demographic Data
- ✓ Clinical Inclusion Criteria Decision Support System based on signs and symptoms
- ✓ Vitals & Co-Morbidities Capturing
- ✓ Pre Admission (chronic) & in ICU/HDU medication capturing process
- ✓ Supportive Care monitoring in ICU or High Dependency Unit
- Clinical Feature & Laboratory results management
- Diagnostic testing Complications during hospitalization management
- Patient outcome at heal or death report.



REFERENCE: Nationwide Implementation MoH Greece



COVID-19 Patient Registry in operation

Press releases - April 10, 2020 : Joint press release of the Ministries of Health and Digital Governance

The **COVID-19 Patient Registry** will be operational by joint decision of Health Ministers Vassilis Kikilias and State and Digital Governance Kyriakos Pierakakis . The **nationwide system** will be the unique single point of reference for virus outbreaks, providing all the necessary information to tackle and combat the pandemic , **with mandatory use of all healthcare providers nationwide**. The Registry will help treat those who have already be infected and future confirmed cases with the corona virus, but at the same time will provide to the country the appropriate tools to manage the pandemic over time and taking the appropriate measures in time. The implementation of the COVID-19 Patient Registry makes cooperation between the <u>EODY</u> and the General Secretary for Civil Protection <u>Ministry</u> easier and more effective. At the same time, it simplifies the communication of doctors and patients with COVID-19 **in the field of telehealth** and paperless electronic prescription. Each healthcare professional involved shall be granted access only to those patients under his monitoring. The features of the Patient Registry fully complies with Greek and EU law with regard to GDPR.

Source : https://mindigital.gr/archives/1361

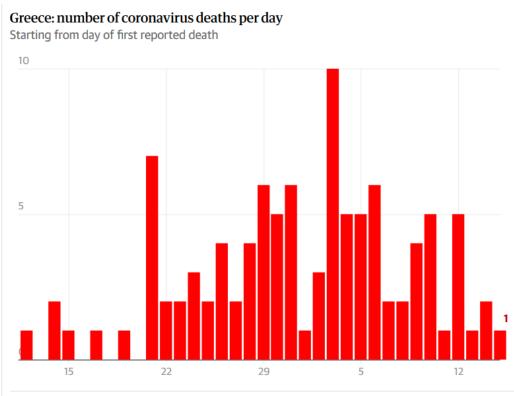






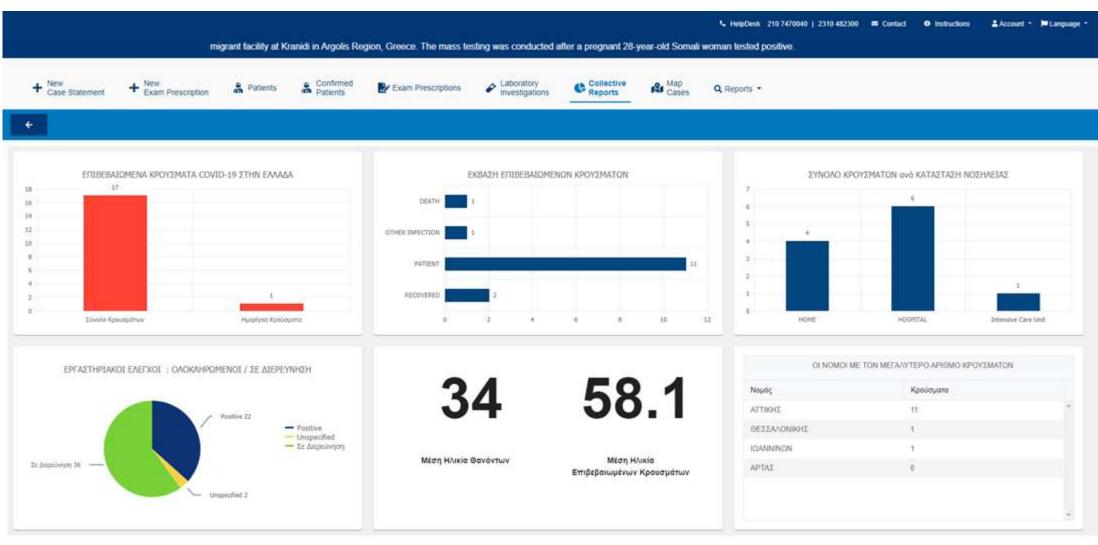
Source : The Guardian (April 10, 2020)

Their efforts at keeping the country virus-safe appear to be paying off: in a population of just over **11 million**, there were, as of Monday, **2.145** confirmed cases of coronavirus and **99 fatalities**, **far lower than elsewhere in Europe**.

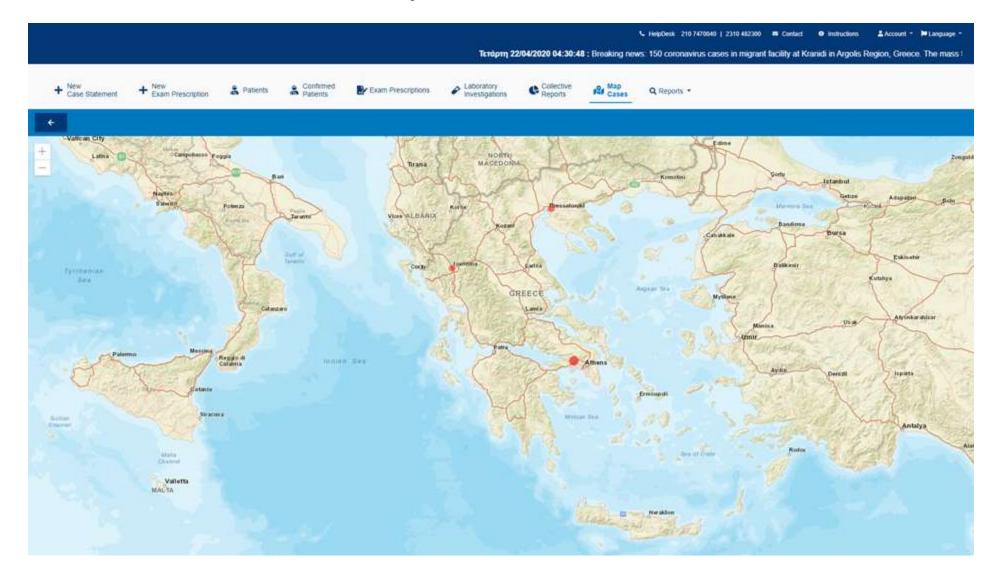


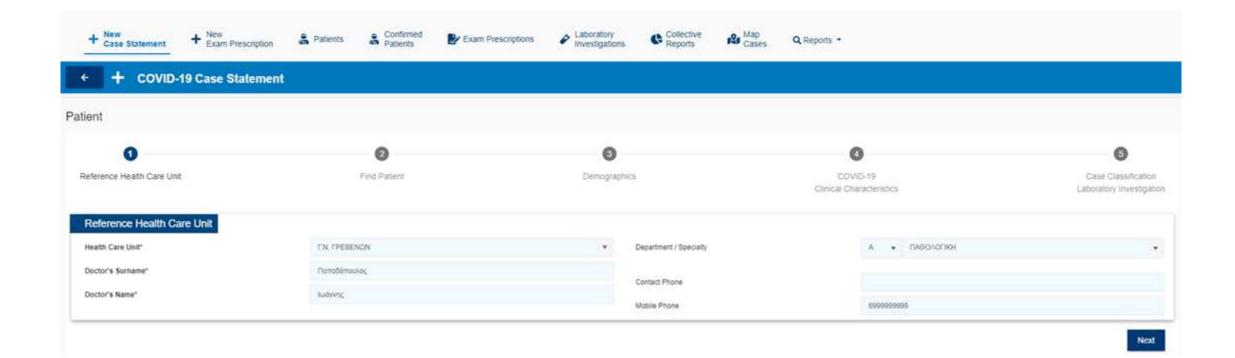
Data from Johns Hopkins University at 05:01 UTC 16 Apr 2020

Dashboard

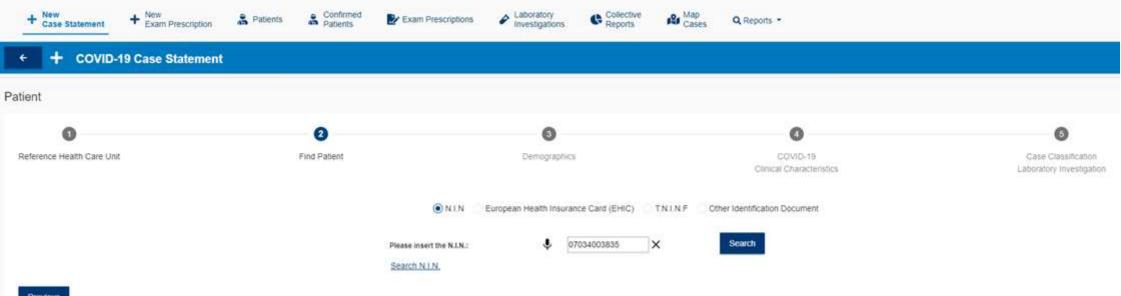


National Map of Confirmed Cases





Search Patient with National Insurance Number or add new patient with EKVK or Other Identification Document



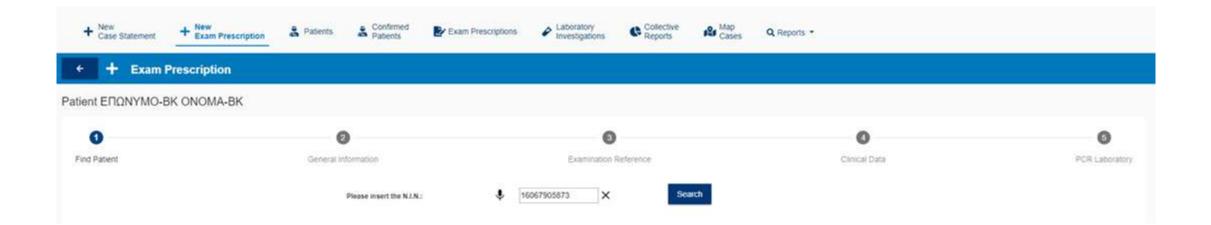
Previous

| | New Exam Prescription & Pat | ents & Confirmed Patients | | Laboratory Collective Investigations Collective Reports | A Cases Q | | |
|---------------------------|-----------------------------|------------------------------|----------------------|---|-----------|--------------------------------------|--|
| + COVID-19 C | ase Statement | | | | | | |
| ent ΕΠΩΝΥΜΟ-BK ON | NOMA-BK | | | | | | |
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| eference Health Care Unit | | Find Patient | | Demographics | | COVID-19 Clinical Characteristics | Case Classification Laboratory Investigat |
| General Information | | | | | | | |
| umame* | EDOM/MO-BK | | N.L.N* | 16067905873 | | Otizenship | ΕΛΛΑΔΑ |
| lame* | ONOMA-BK | | Age / Date of Birth* | 87 01/01/1933 | Q | Profession | |
| Contact Information | | | | | | | |
| dóress" | EVEPOY 53 | | Postal Code* | 11745 | | Contact Phone 1* | 2109282278 |
| ty" | ADHNA | * | Country* | Greece | • | Contact Phone 2 | |
| County | | ÷ | Email | | | Mobile Phone | |
| Next of Kin Information | | | Address | | | Contact Phone 1 | |
| umame | | | City | | | Mobile Phone | |
| ame | | | County | | | Email | |
| | | | Postal Code | | | (Sectored) | |

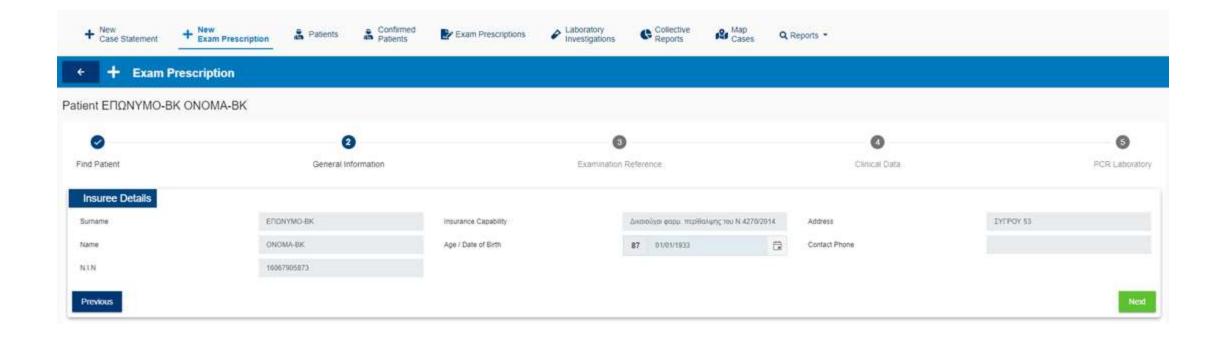
| + Case Statement Q.Reports * | Asim Exam Prescription | + Lational | ny Investigation | A Patients | A Patents | A Paters | n A Continued Patients | 🛃 Esan Prestratore | Lanocatory investigations | E Dynamic Reports | Collective Reports | A Cases |
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| Carital venues sories | | | Preutonia | | | | | | | | | |
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| + COVID-19 Case Statement | | | | | |
|--|---|---|-----------------------------------|---------------------------------|--|
| ent ΕΠΩΝΥΜΟ-ΒΚ ΟΝΟΜΑ-ΒΚ | | | | | |
| 0 | 0 | 0 | 0 | | 0 |
| sterence Health Care Unit | Find Patient | Demographics | COVID-19 Clinical Characterist | cs. | Case Classification Laboratory Investigatio |
| Case Characterization Questionnaire | | | | | |
| Does the examinee have a severe acuts respiratory infection | t that needs to be treated or is atready being treated for the $A,B,J,\tilde{\tau}$ | YES | | | |
| 2. Is the examinee hospitalized or hospid is elderly care units o | or chronically III with an acute respiratory intection?" | ND : | | | |
| | | | | | |
| 3. Does the examinee belong to the Health Care Personnel and | Thes an acute respiratory infection? * | NO | | | |
| 4. Is the examinee an elderly person or a person with underlying | ng chronic diseases (eg respiratory diseases, cardiovascular | CH CH | | | |
| Does the examiner being to the Health Care Personnel and I Is the examiner an obtainty person or a person with underlying doesees, diabetes, severe instructorsuppression) who has an ac | ng chronic diseases (eg respiratory diseases, cardiovascular | OH GH | | | |
| 4. Is the examinee an elderly person or a person with underlying | ng chronic diseases (eg respiratory diseases, cardiovascular | CH | | | |
| 4. Is the examines an objecty person or a person with underlying obsesses, diabetes, severe instruction/pression) who has an ac | ng chronic diseases (eg respiratory diseases, cardiovascular cute respiratory infection? * | CH | | | |
| 4. Is the examinee an elderly person or a person with underlying | ng chronic diseases (eg respiratory diseases, cardiovascular cute respiratory infection? * | CH | | | |
| 4. Is the examines an elderly person or a person with underlying diseases, diabetes, severe immunicescopression) who has an ac According to the options you have seeded, the recommended chara Case Classification | ng chronic diseases (eg respiratory diseases, cardiovascular cute respiratory infection? * | CH | | | |
| 4. Is the examiner an olderly person or a person with underlying Seases, diabetes, severe immunosuppression) who has an ac According to the options you have seeched, the recommended char Case Classification | ng chronic diseases (eg respiratory diseases, cardiovascular cute respiratory infection? * | Entry Date | 24-94-2020 | | |
| 4. Is the examiner an obtainty person or a person with underlying diseases, diabetes, severe immunosuppression) who has an ec According to the options you have peeched, the recommended chart Case: Classification anement Date: | ng chronic diseases (og respiratory diseases, cardiovascular cute respiratory infection? * | | | | |
| 4. Is the examiner an objectly person of a person with underlying diseases, diabetes, severe intrusiosuppression) who has an ec According to the options you have peeched, the recommended char Case Classification atomics Date | Ing chronic diseases (og mspiratory diseases, cardiovascular cuta espiratory infection? * | Entry Cale | | | |
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| L is the examiner an elderly person of a person with underlying Beases, diabetes, severe immunosuppression) with hes an ec According to the options you have searched, the recommended chan Case Classification assemble to the communication of the recommended chan assemble classification er Classification Beach 2019 of Cov for Laboratory Test? 1 | Ing chronic diseases (og mspiratory diseases, cardiovascular cuta respiratory infection?" Independent of the case is 50 SPECTED. INDE2020 | Entry Dans Provious Manual Listing | | 16/94/2029 Biograph - Althro | ¢. |
| L is the examines an olderly person of a person with underlying Beases, diabetes, severe immunosuppression) who has an ec- According to the options you have seeded. The recommended char According to the options you have seeded. The recommended char According to the options you have seeded. The recommended char According to the options you have seeded. The recommended char animeter Deter animeter Deter animeter Deter according to the options you have seeded. The recommended char animeter Deter animeter Deter ani | Ing chronic diseases (og mepriatory diseases, cardiovascular cuta espiratory infection? * Inclustation of the case is \$U\$PECTED. Inclustation of the case is \$U\$PECTED. No Yes Unwnown | Entry Date Provious Manual Ensting Date Sent* | | | Ē., |
| L is the examiner an olderly person of a person with underlying Seases, diabetes, severe immunosuppression) who has an ec- According to the options you have peeched, the recommended chara- base Classification atemetric bater are Classification atemetric bater aborratory Investigation | Ing chronic diseases (og mapriatory diseases, cardiovascular cuts espiratory infection? * Inclustation of the case is SUSPECTED. Suspected Negative No Yes Unknown TAL TREEMON • | Entry Date Provious Manual Listing Date Sent* Laboratory, sample to be sent to | | Braiataixt) - Althra | ¢. |

Select Patient



Patient Demographics



| + New Case Statement + Ne Ext | w am Prescription | Patients 🔒 | Confirmed Patients | X Exam Prescriptions | Laborator Investigat | y Collective Reports | A Map Cases | Q Reports • | | |
|--|-----------------------------|-------------|-----------------------|------------------------------|-------------------------|-------------------------|----------------|-------------------|----------------------|----------------|
| 🗧 🕂 Exam Prescrij | ption | | | | | | | | | |
| Patient ΕΠΩΝΥΜΟ-ΒΚ ΟΝΟ | MA-BK | | | | | | | | | |
| 0 | | 0 | | | | 0 | | 0 | | 0 |
| Find Patient | Patient General Information | | 1 | Examination Reference | | | | Clinical Data | | PCR Laboratory |
| Examination Reference | | | | | | | | | | |
| | Diagnosis | | | U07.2 COVID-19, virus not id | dentified • | Justification* | | Initial Diagnoses | | |
| Biological Material Examinations 3 | | | | | | | | | | |
| Rhinopharyngeal and oral phary | vngeal smear | Bron | chial cell lavage | | | Endotracheal aspiration | n | C Rhinop | haryngeal aspiration | |
| Nasal lavage | | Sput | um | | | D Pulmonary tissue | | Serum | | |
| Whole blood | | Unine Unine | e. | | | Excrement: | | C Other | | |
| All samples must be treated a All samples must be shipped | | | | ry before sending the | m. | | | | | |
| Please fill in the box if the clinical sa | mples are post mortem | | | | | | | | | |
| Collection date* | 17-04-2020 | | 10 : 35 | | Priority level* | | EVE | RGENCY | | |
| | | | * * | | | | | | | |
| Previous | | | | | | | | | | Next |

| ÷ | + Exam Prescription | | | | | |
|---------|---|---------------------|---|---|------------------|----------------|
| Patient | ΕΠΩΝΥΜΟ-ΒΚ ΟΝΟΜΑ-ΒΚ | | | | | |
| | | 0 | | 0 | 0 | 0 |
| Find P | atient | General Information | | Examination Reference | Clinical Data | PCR Laboratory |
| | nical Data | 2404/2020 | | Does the patient have a history of visiting an endemic area?" | No 💿 Yes Unknown | |
| Countr | | Raly | ¥ | Date of Departure from Country* | 15/04/2020 | |
| | patient contact a confirmed Covid-19 case?* | No 💽 Yes Unknown | | | | |
| Notes | | | | | | |
| | | | | | | |
| Prev | ious | | | | | (Next) |

| 🗧 🕂 Exam Presc | ription | | | |
|---------------------------------------|--------------------------------------|-------------------------|---------------|----------------|
| Patient ΕΠΩΝΥΜΟ-BK ON | IOMA-BK | | | |
| 0 | 0 | 0 | 0 | 0 |
| Find Patient | General Information | Examination Reference | Clinical Data | PCR Laboratory |
| PCR Laboratory | | | | |
| Please select the laboratory where yo | wish to perform the laboratory test. | | | |
| Laboratory* | Ελληνικό Ινστιτούτο Παστέρ - Αθήνα | × • | | |
| Previous | | | | |
| | | Exam Prescription Entry | | |

COVID-19 lab order : Print out Sample

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| Macroline/Intel State |
| #կարագորմատեλեսγիը: 13/04/2820 Τեμο ακλλογής: 14/54 |
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| Επαρή με επιβεβείωμείνο κροίουμ. Υθε |
| Encryclotteraer morphopopare: |
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Patient Record (Main screen)

Contact

Instructions

Account 1

Language

| | 0000140 💄 ЕПОЛУМО-ВА | ONOMA-BA | 31057004108 | 54 Age 📫 01/ | 01/1956 🤳 2132168378 | V /uki O | 1111140 99, | | |
|------------------------|--|------------------------|-----------------------------|--------------|-------------------------|----------|------------------|------------|--|
| Patient Synopsis | COVID-19 Record 🛛 🖨 Home Restrict | ion 🌐 Hospit | alization 🛛 🗏 Disease Outco | me | | | | | |
| Information | ratory Investigation 🔹 🖥 Brief Medical | l History | | | | | | | |
| General Information | | | | | | | | | |
| mame | ETIONYMO-BA | | NIN | | 31057004108 | | Citizenship | ΕΛΛΑΔΑ | |
| me | ONOMA-BA | | Date of Birth | | 01/01/1956 | 幕 | Profession | | |
| Contact Information | | | | | | | | | |
| Itess" | AAFOYMITZH 40 | | Postal Code* | | 11745 | | Contact Phone 1' | 2132168378 | |
| c | | | Country* | | Greece | | Contact Phone 2 | | |
| nty | IDANNINON | | Email | | | | Mobile Phone | | |
| dress of Temporary R | estriction + Required if differen | nt from Contact Inform | nation Address | | | | | | |
| | | | | | | | | | |
| ext of Kin Information | + | | | | | | | | |
| ase Classification | | | | | | | | | |
| | | | | 1100 | Devices Manual Listing | | | | |
| sible Confirmed Suspec | ted Negative | Date of Confirmation | * \$7704/2020 | 6 | Previous Manual Listing | | | | |

Patient Record (Lab/Rapid Test Results)

| | | | L HelpDesk 210 7470040 | 2310 482300 📾 Contact O Instructions 🛔 Account - 🍽 Language - |
|--|--|---|---|---|
| | Brea | king news: 150 coronavirus cases in migrant facilit | ty at Kranidi in Argolis Region, Greece. The mass testing was conducted | after a pregnant 28-year-old Somali woman tested positive. |
| + New Case Staten | ment + New Prescription & Patients | Confirmed Patients Prescriptions Plate | oratory Collective A Map Q Reports - | |
| e 1 1 | 🖹 00000000140 🔒 ЕПΩNYMO-BA ONOM/ | A-BA 🔯 31057004108 64 Age 🕯 | 🗎 01/01/1956 🤳 2132168378 🔍 ЛАГОУМІТЕН 40, | |
| & Patient Synopsis | ECOVID-19 Record | Hospitalization 🛛 🗏 Disease Outcome | | |
| Information | Caboratory Investigation | | | |
| Laboratory Tests | + Add Laboratory Test | | | |
| | | | | |
| | Laboratory Investigation 1 | | | Positive |
| | Send 2019-nCoV for Laboratory Test? * | 🔿 No 💿 Yes 🕘 Unknown | Date Sent" | 16/04/2020 |
| | Health Care Unit that requested the lab test * | F.N. FPEBENON | Laboratory, sample to be sent to " | Αριστοτέλειο Πανεπιστήμιο Θεοσαλονίκης - Ιατρική Σχολή - 🚬 💌 |
| | Results | Negative OPositive Unspecified | Method of Diagnosis | |
| | Result Date* | 17/04/2020 | | |
| | Test for common pathogens of pneumonia of the community* e.g. for S.pneumonia, Haemophilus infuenza tybe B, Legionella, pneumophilla, Influenza virus, RSV etc. | 🕐 No 🕜 Yes 💿 Unknown | | |
| | | | | Dopy Save |

Patient PRE-ADMISSION & CHRONIC MEDICATION History

(ICD-10,ATC,Medicine,Lab Order, Lab Result)

| | | K HelpDesk 210 7470540 2310 482300 #5 Centact ● Instructions Account * ⊨Language * |
|---------------------|--------------------------|--|
| + New Case State | + N | lew Exam Prescription & Patients & Confirmed & Exam Prescriptions & Laboratory & Collective & Map Investigations & Reports • |
| Case State | ement • E | |
| * I I | 000000001 | 40 🚨 ΕΠΩΝΥΜΟ-ΒΑ ΟΝΟΜΑ-ΒΑ 🖾 31057004108 64 Age 🚔 01/01/1956 🤳 2132168378 🛛 ΛΑΓΟΥΜΙΤΖΗ 40, |
| & Patient Synopsi | s ∎COVID- | 19 Record A Home Restriction Hospitalization E Disease Outcome |
| Information | Laboratory | Investigation Brief Medical History |
| Diagnoses | 17/11/2014 | AD3.2 Σγχάλλωση που οφείλεται στη Shigelia boydi |
| | 17/11/2014 17/11/2014 | Α04.0 Εντερίπδα από εντεροπαθογόνο κολοβακτηρίδο [Escherichia coli] R52.0 Οξύς πόνος |
| Protocols | 17/11/2014 | R52.2 Άλλες μορφές χρόνου πόνου |
| Examination | 19/01/2015 17/11/2014 | Ε78.0 Αμγής υπερχοληστερολαψία R50.8 λλλος καθορισμένος πυρετός |
| diagnoses | 17/11/2014 | - RS0.9 Πυρετος, μη καθορισμένος |
| | 13/11/2014 | AD4.0 Εντερίπδα από εντεροπαθογόνο κολοβακτηρίδιο [Escherichia coli] |
| | 13/11/2014 | A03.2 Σγκέλλωση που οpelλετοι στη Shigella boydii |
| | 13/11/2014 | Α05.3 Τροφική δηλητηρίαση από δονάκο το παρασιμολυτικό [Vibrio parahaemolyticus] |
| | 13/11/2014 | |
| | 15/02/2016 | Α01.1 Παρατυφουδής πυρετός Α |
| | 15/02/2016 | A05.3 Τροφική δηλητηρίοση από δονάκιο το παροσιμολυτικό [Vibrio parahaemolyDous] |
| | 17/11/2014 | R52.2 Άλλες μορφές χρόνιου πόνου |
| | 17/11/2014 | R52.0 OŠÚC NÖVOC |
| | | ATT A Management of the second s |
| Therapy | 17/11/2014 | ΑΝΑΛΩΣΙΜΟ 1.1 |
| 100000 | | Prescribed quantity: 2 |
| Q, Examinations | | Dosage 1 ΕΝΕΣΙΜΟ ΕΝΑΙΩΡΗΜΑ ΠΑΡΑΤΕΤΑΜΕΝΗΣ ΑΠΟΔΕΣΜΕΥΣΗΣ X 1 φορά την ημέρα X 1 DAYS |
| | 17/11/2014 | SUPREME TEST STRIPS 255 |
| | 0.00000000 | Prescribed quantity: 2 Dosage 1 KONIΣ FIA ELETINOH - ΣΚΛΗΡΟ ΚΑΨΑΚΙΟ × 1 φορά την ημέρα × 1 DAYS |
| | 19/01/2015 | ATORVASTATIN CALCIUM TRJHYDRATE - NELIBAT F.C.TAB 20MG/TAB BTx30 (BLIST 3x10) |
| | | Prescribed quantity: 1 Dosage 1 ΔΙΣΚΙΑ ΕΠΙΚΑΛ X 1 φορά την ημέρα x 30 DAYS |
| | 17/11/2014 | SUPREME TEST STRIPS 255 |
| | 1 | Prescribed quantity: 2 |

Patient Case Registration History (Signs, Symptoms, Vital Signs, Co-Morbidities)

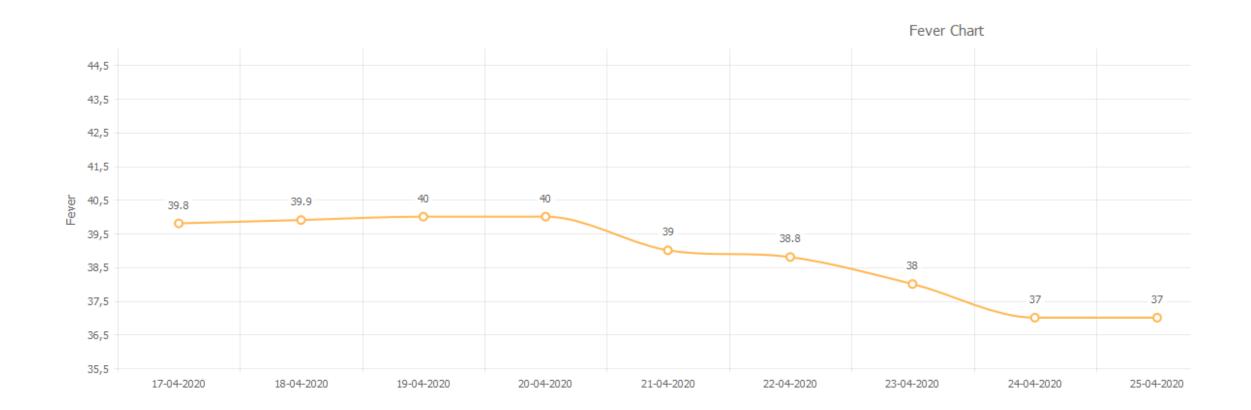
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| Statement Details | | | | | | | | | | | |
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| Nationani Date' | 10042308 | 3 | | | | | | | | | |
| Reference Hospital | | | | | | | | | | | |
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| Occur's humans" | | Antonio (| | | | Contact Phone' | | anothen | | | |
| Derine's Name" | | hours, h | | | | | | | | | |
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| Novel Goronavirus Exposi. | are History | | | | | | | | | | |
| A fallency of family of residence in | a country where there is interest | and to be improve as consequen | a the community?" | . The line | 788 | CONTINUE. | | | | | |
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| Patient with a service requirely of | effection, without other partition | head? | | @ No . | 1988 | LUMATION | | | | | |
| ations with a serious respir | | and a second second | | | | | | | | | |
| Surgione Starting Date | and another months | Tarte Call | | | 12 | C materia | D : | | | | |
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| C Hoters of Seaso | | a ar season and a season | Couge | | | Den bradi | | Putty rate (Imerican) | | Automatica part | |
| C starting Statute | D Serve | | C1 incomparison to take | | | And her mittabel | | Constitute. | | C menus her | |
| iter | 1971 | | | | | | | | | | |
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| Auto sulles | | | | | | | | | | | |
| D Secondary Alth | 2 8 | D dounters i h | (T1)(T1000 | | | Fatturger Technic Tarrier | whether . | |] Porygan access | | |
| Crantella | | Core | | | | C Selver | | | | | |
| 09w | | | | | | | | | | | |
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| C Palgrant Source | | D tarts of a | | | | Consect and the Alassie Alasse | and | |] Seben retta | | |
| Characterization disease | | - 11 C. | appe / hearth-scalar minister | | | C) con-man | | | 1 Sector reveal | | |
| Framer utt altrigationen | | D (sent set | appa representation present | | | | | | | | |
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| 174 | | | | | | | | | | | |
| Corpluture | | | | | | | | | | | |
| ALL MES | | C. Aldrey Selver | | | | Contentions | | 0 | Multiple legar shafter | the contract of the contract o | |
| Cetta who uten | | D Preptone | | | | | | | | | |
| | | | | | | | | | | | |

At home Isolation confirmed case monitoring (Signs & Symptoms)

| Reatient Synopsis ≣CO | VID-19 Record | A Home Restriction | Hospita | lization | ≣ Disease Outcome | | | | | | | |
|----------------------------|-------------------|--------------------|------------|------------|----------------------------|------------|------------|------------|----------------------------|------------|----------------|------------|
| Nursing Data | | | | | | | | | | | | |
| Start Date 10/04/20 | 20 | End Date | 14/04/2020 | | Days of Hospitalization | 14 | Update | | Hospitalization Outcome | PA | TIENT v | |
| Symptom/Day | 10-04-202 | 0 11-04-2020 | 12-04-2020 | 13-04-2020 | 14-04-2020 | 15-04-2020 | 16-04-2020 | 17-04-2020 | 18-04-2020 | 19-04-2020 | 20-04-2020 | 21-04-2020 |
| No Symptoms | | | | | | | | | | √ | √ | ~ |
| Fever (C) | 38.7 | 39 | 39.8 | 40 | 39 | 38.5 | 38 | 38 | 37 | | | |
| Shudder | ~ | √ | √ | √ | √ | ✓ | √ | | | | | |
| Cough | 1 | √ | √ | √ | √ | 1 | | | | | | |
| Breathing Difficulty | ~ | ~ | √ | √ | \checkmark | | | | | | | |
| Headache | ~ | √ | √ | √ | \checkmark | | | | | | | |
| Myalgia | | | | | | | | | | | | |
| Abdominal Pain | | | | | | | | | | | | |
| Vomiting | | | | | | | | | | | | |
| Diarrhea / day | | | | | | | | | | | | |
| Oxygen (hemoglobin saturat | ion) 99,0% | 99,0% | 99,0% | 99,0% | | | | | | | | |
| Systemic Pressure | 150 | 145 | 145 | 140 | | | | | | | | |
| Diastolic Pressure | 135 | 135 | 130 | 130 | | | | | | | | |

At home Isolation confirmed case monitoring (Signs & Symptoms Diagrams)

^ Charts



NOVEL CORONAVIRUS (COVID-19) - RAPID VERSION : MODULE1 CRF

| nt Synopsis | ≣COVID-19 Record 🛛 🕀 Home | Restriction 💼 H | ospitalization 🛛 🗏 Dise | use Outcome | | | | | |
|------------------|-----------------------------------|-----------------|-------------------------|-------------|-----------------|----------|------------------------------------|-------------------|---|
| 9 | Nursing Data | | | | | | | | |
| toring toring | mapha* 7.N. TPERD | NON Y | Received Data | 19942029 | 2 Dictarge Dela | stanty D | Hospitalization PATIEN Colourne | i 1 • | |
| rge - | Incidents | | | | | | | | |
| | Respettery issued on | | Starting Date | | winedealler | a | Ending Date | subminister first | 0 |
| | Internsive Care Unit | | Date of Admittaion | | 19/04/2020 | Q | Date of decharge | similarity | a |
| | Concentrator Support | | Dale of intubation | | 19/04/2020 | 12 | Date taken of intubation | -stautecting | 8 |
| | ECNO Support | | Starting Date | | similaria. | 0 | Ending Data | andersectors | G |
| | Transfer to other Hospital | | Hospital | | | • | Date of transfer | standartic | a |
| | ↑ Medical Notes | | | | | | | | |
| | ♣ ♠ # # # U = | A 12 2 2 4 | • 0 • | | | | | | |
| | Dictated notes via speech to text | | | | | | | | |

NOVEL CORONAVIRUS (COVID-19) - RAPID VERSION : MODULE 2 CRF (DAILY MONITORING ICU/HDU)

| ECOND at front | ef item factoriten | E Darme Children | | | | |
|--|--------------------|--|---------------------|--|---------------------------------------|---|
| | and I | Bateriotecond | | | | |
| | | | | | | |
| - Visit Signs | | | | | | |
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| ingeneration. | | | and in Some | 1000 1000 | | |
| Laboratory Sect Additional Despin Unit Tax | - | | | | | |
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| - Andhara Dagar Sector | | - | | | | |
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| E 0000000140 | 🛔 ЕПОНУМО-ВА ОНОМА | -BA EB 31057004 | 108 64 Ag | e 📫 01/01/1956 | J 2132168378 9 AAF | OYMITZH 40, | | |
|--------------------------|------------------------------|----------------------------|---------------|----------------|-----------------------|-------------|--------------|--|
| opsis ≣COMID-19 Ro | ord 🛛 🕀 Home Restriction 🛛 🖴 | Hospitalization 🗄 Disc | sase Outcome | | | | | |
| ~ Complicati | ons | | | | | | | |
| Steph | Yes | No (Unknown | | | Bacteraema | Yes | No 🛞 Unknown | |
| Secures | Yes | No 🕢 Uriknows | | | Bielong | Yes | No 🕢 Unknown | |
| Meringto/Ende | name Yes | No 💽 Linkmown | | | Endocardito | Yes | No 🛞 Unknown | |
| Araenta | Yes | No 🛞 Unkholem | | | Vyscardits/Percardite | Yes | No 🛞 Urknown | |
| Cardac armythr | ve Yes | No 🕢 Unknows | | | Acute renal injury | Yes | No 🛞 Unkhown | |
| Carifac arrest | Ves | No 💽 Unknown | | | Pancreatts | Yes | No 🛞 Unknown | |
| Preurona | Yes | No 💽 Utknown | | | Liver dysfunction | Yes | No 💽 Unknown | |
| Brenchrolitie | Yes | No 💽 Unknowth | | | Cardiumyopathy | Yes | No 🛞 Unknown | |
| ARDS Fungal infection | Yes | No CURRIDUR | | | Other | | | |
| ~ Outcome | | | | | | | | |
| Dutume | Discharge | eath 🔅 Transfer to other t | ecity 🛞 Union | own | | | | |
| Dete | 34942509 | G. | Unknown | í. | | | | |
| ~ Evaluation | during discharge | | | | | | | |
| No fever | | | Yes | No 💽 Unknown | | | | |
| improving symp | ome | | Yes | No 🛞 Unknown | | | | |
| Centruation of a | rygen therapy | | · Yes | No 💽 Utknown | | | | |
| X-ray improvem | ett ox Avial Chiest | | Ves | NO 🖲 Unknown | | | | |
| Eradication SAR | s-cov-z | | Yes | No 🛞 Unknown | | | | |

COVID-19 Lab/Rapid Result Registration : Step 1-2

Search Patient with National Insurance Number or add new patient with EKVK or Other Identification Document

| ✦ New Case Statement | ✤ New Exam Prescription | + New Laboratory Investigation | Ratients | Confirmed Patients | 🛔 Patients | ConfirmedPatients | 📩 Exam Prescription | Laboratory Investigations | Dynamic Reports | Collective Reports | Map Cases |
|-------------------------|----------------------------|-----------------------------------|-----------------|-----------------------|--------------|--|---------------------|------------------------------|--------------------|--------------------|--------------------------|
| Q Reports 🝷 | | | | | | | | | | | |
| ← 🕂 Add New | Laboratory Test | | | | | | | | | | |
| Patient ΕΠΩΝΥΜΟ-Ζ Ο | NOMA-Z | | | | | | | | | | |
| | | | | | 2 | | | | | | 3 |
| Find Patient | | | | | Demographics | | | | | | Laboratory Investigation |
| General Information | | | | | | | | | | | |
| Surname* | ΕΠΩΝΥΜΟ-Ζ | | N.I.N* | | | 01020002786 | | Citizenship | | ΕΛΛΑΔΑ | • |
| Name* | ONOMA-Z | | Age / Date of I | Birth* | | 72 01/01/1948 | | Profession | | | |
| | | | | | | | | | | | |

Next

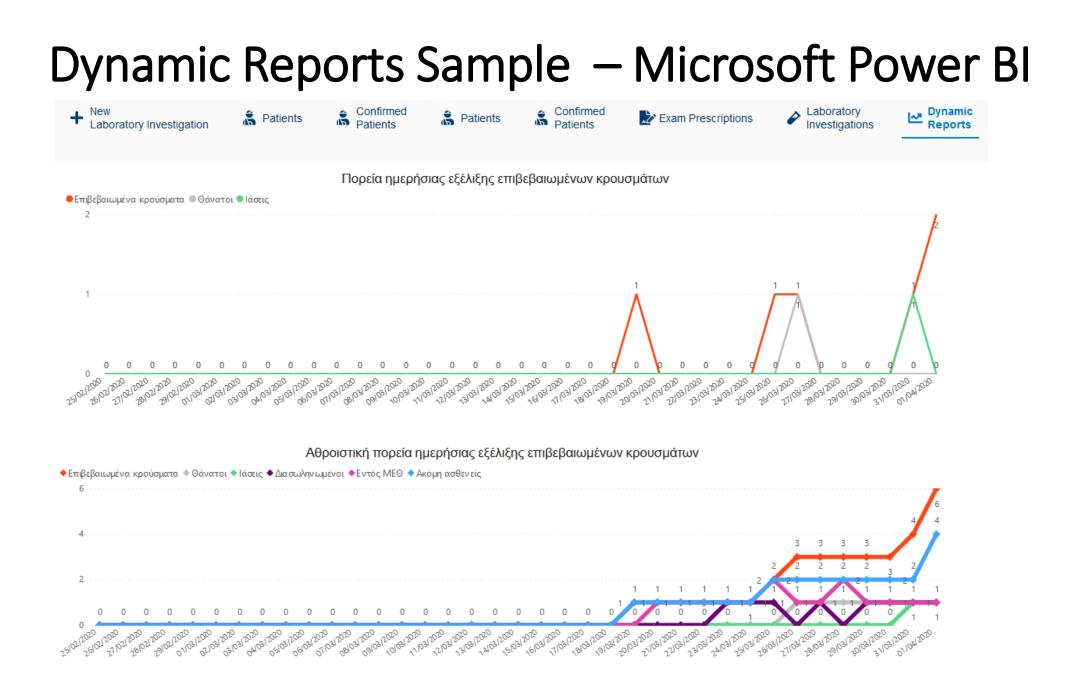
Previous

COVID-19 Lab/Rapid Result Registration : Step 3

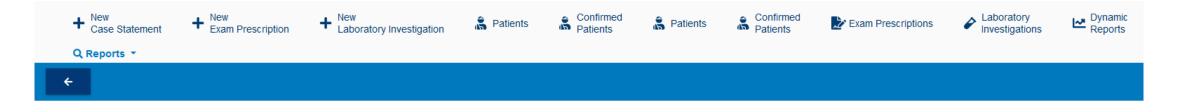
| 0 | | 0 | 0 |
|---|------------------------------------|-----------------------------------|--------------------------------------|
| Find Patient | | Demographics | Laboratory Investigation |
| Laboratory Investigation | | | |
| Previous Manual Listing | | | |
| Date Sent* | 24/04/2020 | | |
| Health Care Unit that requested the lab test* | ΜΙΩΤΙΚΟ ΙΑΤΡΕΙΟ ΚΕΚΕΛΗΣ ΑΛΕΞΑΝΔΡΟΣ | Laboratory, sample to be sent to* | Είλημικό Ινατιτούτο Παστέρ - Αθήνα 💌 |
| Results* | Negative Positive Unspecified | Method of Diagnosis | Pulmonary Itesue |
| Result Date* | 24/04/2020 | | |
| Test for common pathogens of pneumonia of the community ^e e.g. for S.pneumonia, Haemophilus Infuenza type B, Legionella, pneumophilia, Influenza virus, RSV etc. | No Yes Unknown | | |

Previous

Submit Laboratory Test



Lab Test Execution Progress Report Summary



| Νοσοκομεία | Σύνολο | Ίδρυμα Ιατρο | βιολογικών Ερευν | ιών Ακαδημίας Αθηνών - | Αθήνα | | Αριστοτέλειο Πανεπιστήμιο Θεσσαλονίκης - Ιατρική Σχολή - Εργαστήριο Μικροβιολογίας | | | | |
|---|--------|--------------|------------------|------------------------|----------------|--------|--|----------|---------------|----------------|--------|
| Σύνολο ολοκληρωμένων Εργ. Ελέγχων ανά Εργαστήριο | 23 | | | 6 | | | 8 | | | | |
| Σύνολο Εργ. Ελέγχων σε εκκρεμότητα | 12 | 5 2 | | | | | | | | | |
| | | ΘΕΤΙΚΑ | APNHTIKA | ΑΔΙΕΥΚΡΙΝΙΣΤΑ | ΣΕ ΕΚΚΡΕΜΟΤΗΤΑ | ΣΥΝΟΛΟ | ΘΕΤΙΚΑ | APNHTIKA | ΑΔΙΕΥΚΡΙΝΙΣΤΑ | ΣΕ ΕΚΚΡΕΜΟΤΗΤΑ | ΣΥΝΟΛΟ |
| "ΚΩΝΣΤΑΝΤΟΠΟΥΛΕΙΟ" Γ.Ν. ΝΕΑΣ ΙΩΝΙΑΣ | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Γ.Ν. ΝΑΥΠΛΙΟΥ | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10Η ΤΟΜΥ ΔΗΜΟΣ ΚΟΡΔΕΛΙΟΥ - ΕΥΟΣΜΟΥ (Κ.Υ. ΕΥΟΣΜΟΥ) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Γ.Ν. ΝΟΣΗΜΑΤΩΝ ΘΩΡΑΚΟΣ ΑΘΗΝΩΝ "ΣΩΤΗΡΙΑ" | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Γ.Ν. ΓΡΕΒΕΝΩΝ | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 |
| 1Η ΤΟΜΥ ΠΕΙΡΑΙΑ (Κ.Υ. ΚΑΜΙΝΙΩΝ) | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Γ.Ν. "ΠΑΠΑΓΕΩΡΓΙΟΥ" | 2 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 |
| ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ Γ.Ν. "ΑΧΕΠΑ" | 12 | 1 | 0 | 0 | 1 | 2 | 4 | 0 | 0 | 0 | 4 |
| 1Η ΤΟΜΥ ΝΙΚΑΙΑΣ - ΑΓ.ΙΩΑΝΝΗ ΡΕΝΤΗ (Κ.Υ. ΝΙΚΑΙΑΣ) | 6 | 4 | 0 | 0 | 2 | 6 | 0 | 0 | 0 | 0 | 0 |
| Γ.Ν. ΠΑΙΔΩΝ "Η ΑΓΙΑ ΣΟΦΙΑ" | 7 | 0 | 0 | 1 | 1 | 2 | 2 | 0 | 0 | 0 | 2 |
| | Σύνολο | 5 | 0 | 1 | 5 | 11 | 8 | 0 | 0 | 2 | 10 |

Anonymized View of COVID-19 Cases

| Sec. Aller | | - | | | | | | | |
|------------|------------------------|--------------|--------------------|--------|--------------|----------------------------------|----------|---------------------|-----------------|
| 🛔 Еиретг | ίριο Κρουσμάτων | 🔊 Αναζητήστε | UPI & EKBAIH NOIDY | | | | | | |
| UPI | Sumame | Όνομα | АМКА | Ηλικία | Ημ. Γέννησης | Νοσοκομείο | Τηλέφωνο | Κατάταξη Κρούσματος | Disease Outcome |
| 0000000137 | | (*) | | 49 | | ******************************** | | POSSIBLE | |
| 0000000139 | * | - | | 82 | | ******* | ÷ | SUSPECTED | |
| 0000000121 | | 1.2 | | 49 | | | | SUSPECTED | |
| 0000000125 | | 1.42 | 29 C | 55 | | ****** | | SUSPECTED | |
| 0000000129 | × | * | 3a. | 26 | ****** | ************* | | SUSPECTED | |
| 0000000130 | | + | | 62 | ••••• | | • | SUSPECTED | |
| 0000000138 | | (*) | 2 | 75 | | | | SUSPECTED | |
| 0000000113 | | | | 9 | ******** | ******** | • | NEGATIVE | |
| 0000000109 | | с. С | 54 C | 56 | ******** | | а С | POSSIBLE | OTHER INFECTION |
| 0000000110 | | | | 52 | ****** | 1H TOMY NIKAL | | SUSPECTED | 1 |
| 0000000111 | | (*) | (A) (| 50 | | | | SUSPECTED | |
| 0000000115 | | (a) | | 38 | | ******* | | POSSIBLE | |
| 0000000120 | 2 | | 9 | 91 | | | * | SUSPECTED | |
| 0000000150 | | | | 80 | ******** | ********* | | SUSPECTED | |

Anonymized View of COVID-19 Confirmed Cases

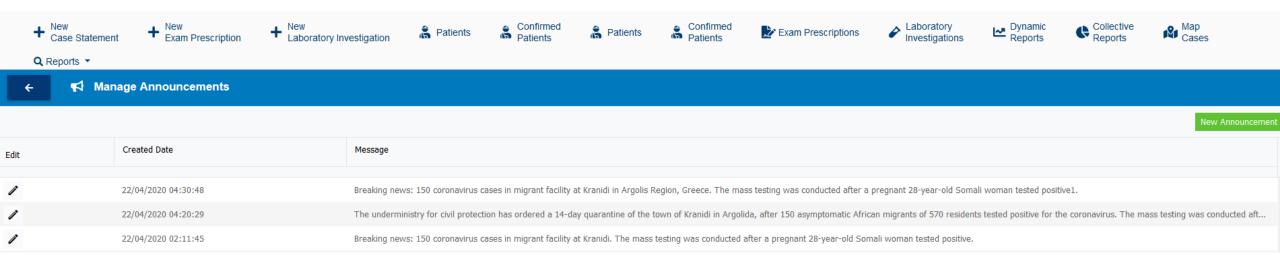
| ŝ | Patients | onfirmed 🗠 🖸 | ynamic eports Colle Repo | ective Map orts Cases | Q Re | eports 🔻 | | | |
|----------|-------------|---------------|--------------------------------|--------------------------|-------------|--------------|--|----------|-----------------|
| ÷ | 🗂 Ευρετήρ | ιο Κρουσμάτων | 🔎 Αναζητήστε UP | Ί ή ΕΚΒΑΣΗ ΝΟΣΟΥ | | | | | |
| | UPI | Surname | Όνομα | АМКА | Ηλικία | Ημ. Γέννησης | Νοσοκομείο | Τηλέφωνο | Disease Outcome |
| 4 | 0000000117 | * | * | * | 85 | ******** | ************* | * | PATIENT |
| ŧ | 0000000116 | * | * | * | 80 | ******* | 1H TOMY NIKAI*********************************** | * | RECOVERED |
| ŧ | 0000000119 | * | * | * | 30 | ******* | ************ | * | PATIENT |
| ŧ. | 0000000141 | * | * | * | 28 | ******* | ******* | * | PATIENT |
| ŧ | 0000000114 | * | * | * | 60 | ******* | 1H TOMY NIKAI*********************************** | * | PATIENT |
| ŧ. | 0000000108 | * | * | * | 72 | ******* | *********** | * | PATIENT |
| ŧ | 0000000112 | * | * | * | 81 | ****** | 1H TOMY NIKAI*********************************** | * | PATIENT |
| ŧ | 0000000107 | * | * | * | 52 | ******** | *************** | * | PATIENT |
| ŧ | 0000000140 | * | * | * | 64 | ******* | ******* | * | PATIENT |
| ŧ | 0000000143 | * | * | * | 43 | ****** | ************ | * | RECOVERED |
| ŧ | 00000000128 | * | * | * | 34 | ***** | ******* | * | DEATH |
| 4 | 0000000155 | * | * | * | 79 | ****** | ******* | * | PATIENT |
| ŧ | 0000000156 | * | * | * | 24 | ******** | ************ | * | PATIENT |
| ŧ | 0000000118 | * | * | * | 72 | ****** | ****** | * | PATIENT |

Anonymized Patient record

| 🖁 Patient Synopsis | ≡ COVID-19 Record | A Home Restriction | Hospitalization | ≣ Disease Outcome | | | | | | | | | |
|--------------------|-----------------------|------------------------|-----------------|-------------------|---|--|-----------------|---|--|--|--|--|--|
| 🕄 Στοιχεία 🖌 Ερ | γαστηριακή Διερεύνηση | 🕯 Συνοπτικό Ιστορικό Υ | (γείας | | | | | | | | | | |
| | General Information | | | | | | | | | | | | |
| General Informat | _ | | | | | | | | | | | | |
| Surname | * | | Doc | cument No. | * | | Citizenship | * | | | | | |
| Name | * | | Date | e of Birth | * | | Profession | * | | | | | |
| Contact Informat | | | | | | | | | | | | | |
| | * | | | | | | | | | | | | |
| Address | | | Pos | stal Code | * | | Contact Phone 1 | * | | | | | |
| City | * | | Cou | Country | | | Contact Phone 2 | * | | | | | |
| County | * | | Email | | * | | Mobile Phone | * | | | | | |
| Address of Temp | orany Pestriction | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Туре | * | | | | | | | | | | | | |
| City | * | | Add | fress | * | | Postal Code | * | | | | | |
| Next of Kin Inforr | mation | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Relationship Type | * | | Add | Iress | * | | Contact Phone | * | | | | | |
| Surname | * | * | | , | * | | Mobile Phone | * | | | | | |
| Name | | | County | | * | | Email | * | | | | | |
| | | | Pos | stal Code | * | | | | | | | | |
| | | | | | | | | | | | | | |

Case Classification

Emergency Announcement Mechanism



Emergency personalized user message private mailbox

