

Fact Sheet



Why did we develop the IDME?

Over a 15 year period as a software development company, Meridian has seen the frustration experienced by users when system modifications are dictated, either by an advance in medical knowledge, a change in focus, or simply new legislative or management requirements. The client must both seek funding for these tasks and endure what is often a long delay as their request goes into the IT department's queue.

Additionally, unless the system was specifically developed for the user, packaged solutions (particularly overseas developed software) often force an alien way of working on to the users, which is both non productive and requires costly change management.

Finally, Meridian is often approached to scope and cost solutions that turn out to be beyond the budget of the client. This should not be taken to indicate that Meridian's fees are high – they are not, it is simply a reflection of ever shrinking budgets in an increasingly competitive world and the global lack of funding in public institutions.

In response to the above three challenges, we developed the IDME.

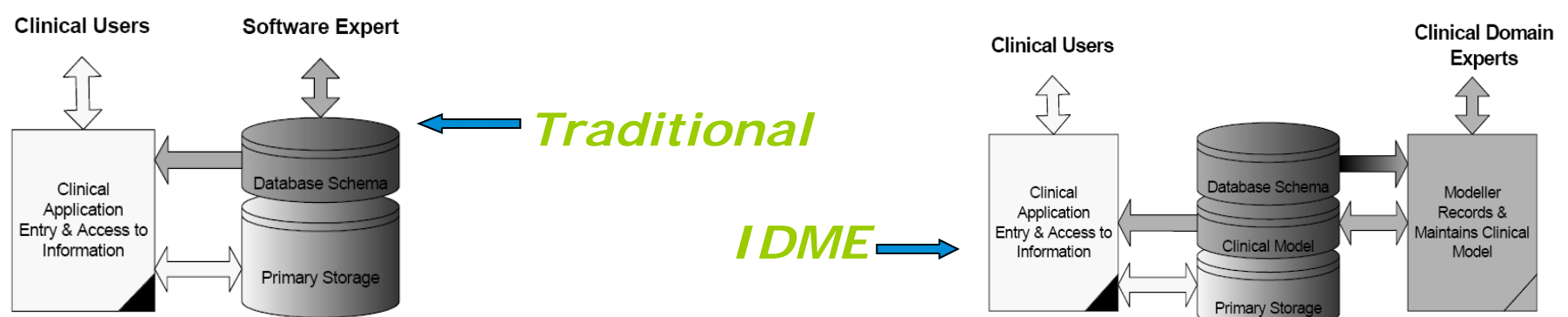
Archetypes and two level model architecture

The traditional approach to developing an information management solution utilises a single level 'database schema' which sits above the primary storage (database) module and dictates the design and content of the user interface (screens). Modification of these systems requires expert programmers and is hence both expensive and time consuming, and in some cases, due to the original structure, the requested changes may simply not be possible.

The 'expert' user has access to the user interface however is unable to modify this in any meaningful way. Hence if new data is to be collected, or additional codification of existing data is required, the user must seek professional help.

Our Approach

In the IDME solution we introduce another layer of abstraction: the clinical model. This new 'model' layer focuses on individual, self contained 'attributes' which are independent descriptions of items defined in the database.

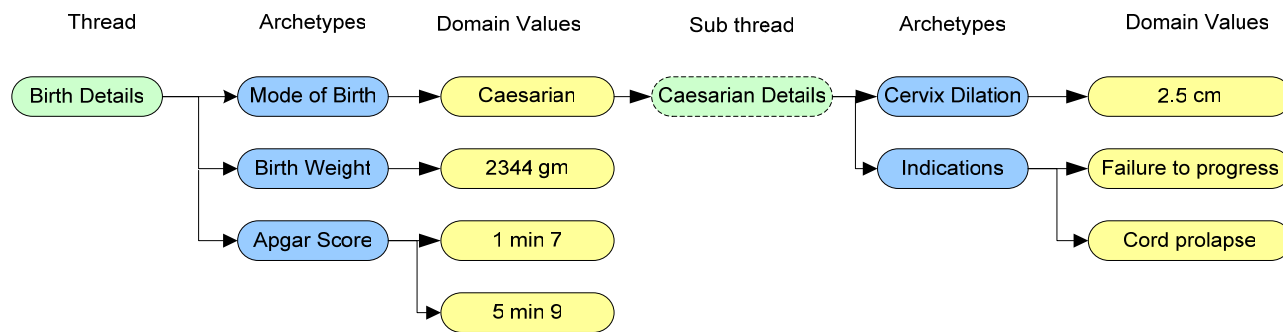


To manage this new set of information, additional software is required and we call this the 'modeller'

The Modeller

Access to this 'modeller' is restricted to 'expert' users only, ie the custodians of what we call 'domain knowledge'.

Central to this two level model is the clinical attribute class or 'archetype'. As the diagram below shows, using an example taken from the ObstetriX product (developed for NSW Health) *birth details* is the name given to this thread, that the expert user defines and creates. The attributes within this thread (*mode of birth, birth weight etc*) – which we call 'archetypes' - are also user defined.

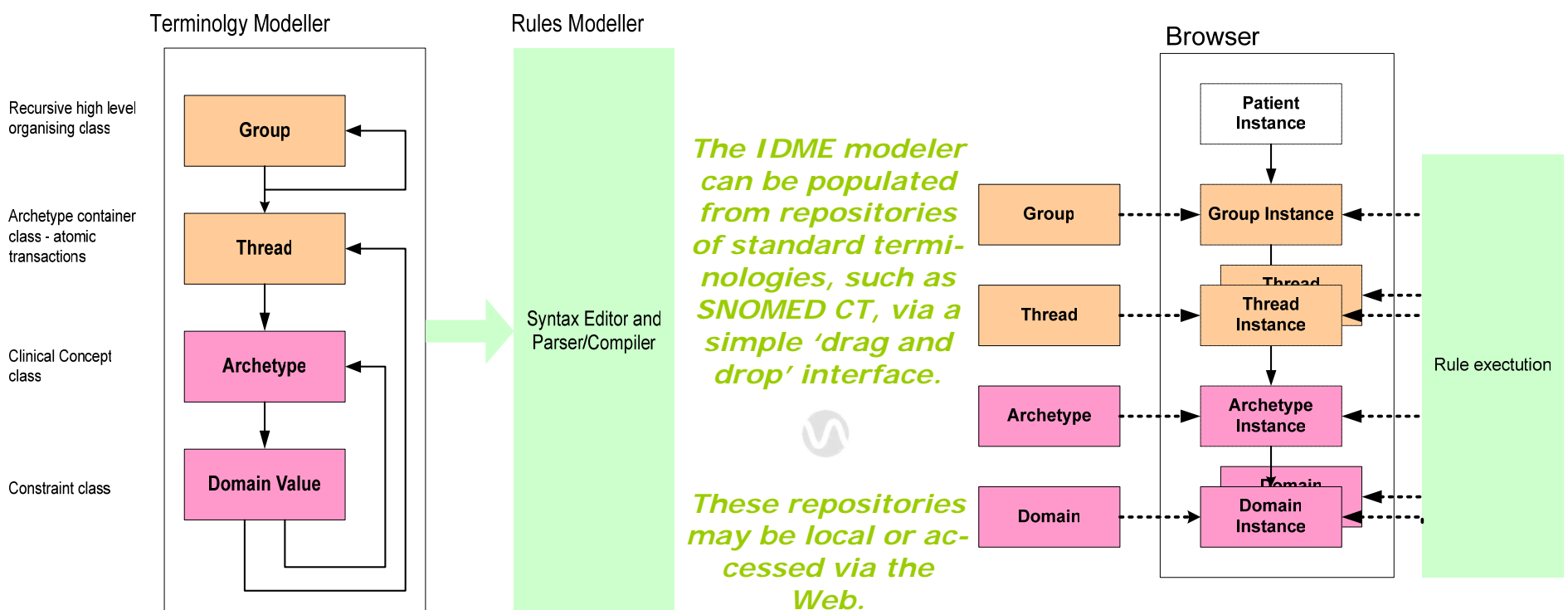


Opposite is a screen shot from a completed model, developed to manage the maternity cycle.

This clearly shows the hierarchical levels in an archetype based application.

Obstetrics models developed by both NSW Health and Mater Health Group are in common usage across eastern Australia and manage the delivery of 120,000+ births annually

In both cases the 'models' were developed predominately by clinicians with only a supervisory and supporting Meridian role



Technical:

- Microsoft .Net and SQL Server technology
- Fully Integrated to HL7 messaging standards

Microsoft
GOLD CERTIFIED
Partner

