

PRESS RELEASE

Meierhofer AG

Rollout to clinic groups: All houses think along!

Developing information systems for hospitals and rehabilitation clinics is one thing, rolling them out efficiently and to the satisfaction of all in clinic groups is another. Matthias Meierhofer, founder and CEO of Meierhofer AG, knows what makes a rollout specialist. At DMEA 2019, the company will be demonstrating how IT solutions for acute medicine and rehabilitation can be interlinked and how intensive care units can cooperate digitally.

Meierhofer AG has acquired a number of large hospitals and clinic groups or chains in the acute and rehabilitation sector as customers. At which clinic chains do you currently introduce M-KIS?

We are currently rolling out our M-KIS in the 18 hospitals of the Hirslanden private hospital group, in seven Asklepios hospitals in Hamburg and in 33 acute and mixed clinics of the MediClin Group. Here we are always in the middle of a rollout. At MediClin, for example, the Dünenwald Klinik went live in September and we are now looking after one house after another. In November, we were able to win the BDH clinics as a completely new customer, where we will introduce M-KIS as both a rehabilitation and an acute solution in five rehabilitation clinics. Here we see a trend: there are more and more rehabilitation clinics that also want to provide acute care and vice versa. Meierhofer AG is very well positioned with its competence in both sectors, which is reflected in acquisitions such as those for the BDH clinics.

What are the secrets of a successful rollout?

Ultimately, every hospital wants to increase efficiency and productivity through digitalization. Anyone who simply maps analog processes digitally is wasting opportunities. A hospital should also see digitalization as a reason for restructuring. Existing processes need to be analysed in detail and it needs to be considered how they can optimize implementation on the IT side. These can be simple things, such as the question of how document release is organized. Do I really need every analog check mark on a finding to be digital, or can it be implemented differently? So the secret of a successful rollout is not to see digitalization as a pure IT project. What is needed is a change management awareness on the part of the customer.

What special requirements do hospital groups have, and how do you meet them?

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In principle, everything that has been said also applies to hospital groups, but there are still a few special features that are sometimes underestimated. A rollout in hospital groups has to be done at a certain speed, so we can't start from scratch at every hospital. At the same time, however, the individual hospitals are different even if they have the same owners. Right from the start, we involve all locations with the help of a blueprint process: We form specialist groups from the key users and opinion leaders of the respective hospitals and work with them to develop a rollout blueprint that applies to all hospitals. In this way, the special needs of the different houses are taken into consideration from the very beginning. The Blueprint is piloted in one house. The decisive factor is then the review after the first productive start. The aim is to make the experience gained in the first house usable for the following houses, which are then quickly converted one after the other. It is also important to involve the right people. We have had good experiences with the intensive involvement of nursing staff. Nursing care in hospitals is usually organised across departments, which makes things a lot easier. In addition, nurses are involved in almost all central processes, and in many processes they often know more about the details than doctors.

In addition to large KIS rollouts, you are also currently working on some special integration projects, for example in the field of tele-intensive medicine in Baden-Württemberg. What makes your PDMS particularly suitable for such scenarios?

We are a technology partner in the networking of the University Hospital Tübingen with our customer, Zollernalb Klinikum. Our M-PDMS is used at the Zollernalb Klinikum. Visitors to DMEA 2019 can find out more about it at our stand. As a web-based PDMS, M-PDMS is very well suited for tele-access scenarios. The challenge is to implement DSGVO-compliant access. The expert of the university hospital may of course only access the respective case in the context of the teleconsultation, and only temporarily. I think we have succeeded in implementing this well. I am convinced that such teleconsultation-systems will become a big topic, also in the HIS environment. In the future there will simply no longer be specialists everywhere.

Where are your other priorities in development - and at DMEA 2019?

We are continuing to work on topics that have been occupying us for some time. For example, the topic of user experience is becoming more and more important. This includes not only the optimization of digital processes, which we have already mentioned, but also automated workflow support and new operating concepts. At DMEA 2019, we will also be presenting our current mobility solutions and our new offers for medication. Visitors to our stand will also be able to view cross-sector communication using the Samedi platform.

About DMEA

DMEA is the successor to conhIT – Connecting Healthcare IT, and represents a strategic evolution of that concept. It aims to mirror the entire digital supply chain including every process along the way. Step by step DMEA will expand into a platform representing every digital field of interest to all players in the healthcare system, both now and in the future. DMEA targets decision-makers in every healthcare sector – hospital managers, IT heads, doctors, nurses, healthcare policymakers and experts in science and research. As an integrated event combining a trade fair, congress, academy and a wide range of interactive formats, it gives participants the opportunity to find out about the latest digital healthcare developments and products, establish industry contacts and acquire high-level qualifications.

DMEA is held by the German Association of Healthcare IT Vendors (bvitg) and organised by Messe Berlin. DMEA is organised in cooperation with the following industry associations: the German Association of Healthcare IT Vendors (bvitg), the German Association for Medical Informatics, Biometry and Epidemiology (GMDS), the German Medical Informatics Professional Association (BVMI). The National Association of Hospital IT Managers (KH-IT) and the Chief Information Officers of University Hospitals (CIO-UK) provide contributions on the subject matter. The three-day event takes place annually on the Berlin Exhibition Grounds.

More information on products, topics, events and industry trends can be found by visiting the health IT homepage of bvitg Service GmbH, a subsidiary of the German Association of Healthcare IT Vendors (bvitg).
www.health-it-portal.de

This press release can also be found on the internet: www.dmea.eu

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