

AUSTRIA

HOPE EXCHANGE
PROGRAMME 2025

*TOGETHER FOR
QUALITY!*



Hi, I'm
Sissi!



**Niccolò
GRASSI**



**Eric
GRELY**



**Isabel
PITA**



**Charmaine
ZAHRA**





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I was diagnosed with
diabetes.

Do I need to **visit the
hospital** to manage my
chronic condition?

No. There is a
specialized diabetes
center dedicated to
providing
comprehensive care for
individuals with
diabetes.

PATIENT- CENTERED HEALTHCARE

WIENERBERG DIABETES CENTER



- Funded through a **partnership** between the City of Vienna and Health Insurances.
- Located outside the city of Vienna in a multicultural region with **difficult access** to Diabetes care.
- Patients are supported by a **team of specialists** including doctors, nurses, dieticians and psychologists.

SERVICES



- **Nutritional counselling** and practical cooking courses in a modern kitchen
- **AI-powered eye screenings** enable early detection of diabetic retinopathy
- **Diabetes education programs**, both group and individual, to empower patients in managing their condition
- Active **patient participation** is a core component

PATIENT INVOLVEMENT AND EMPOWERMENT

- **Shared decision-making:** educating and involving patients in setting treatment goals and choosing the best therapy
- Multilingual and **culturally sensitive** support
- Collects and incorporate **patient feedback** to continually improve services



SISSI AS AN INPATIENT IN AN AUSTRIAN HOSPITAL

I broke my leg and I'm in
pain.

How do I let the nurses
know what I need?

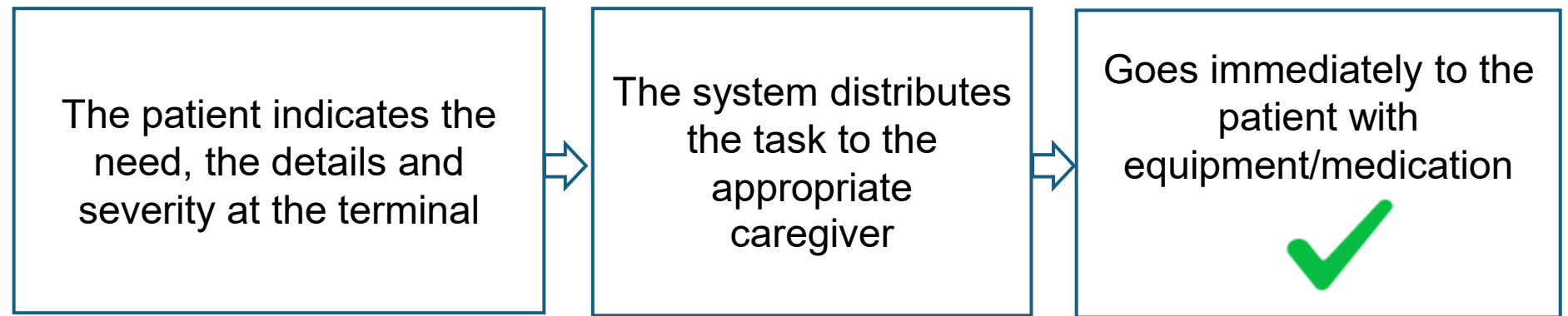
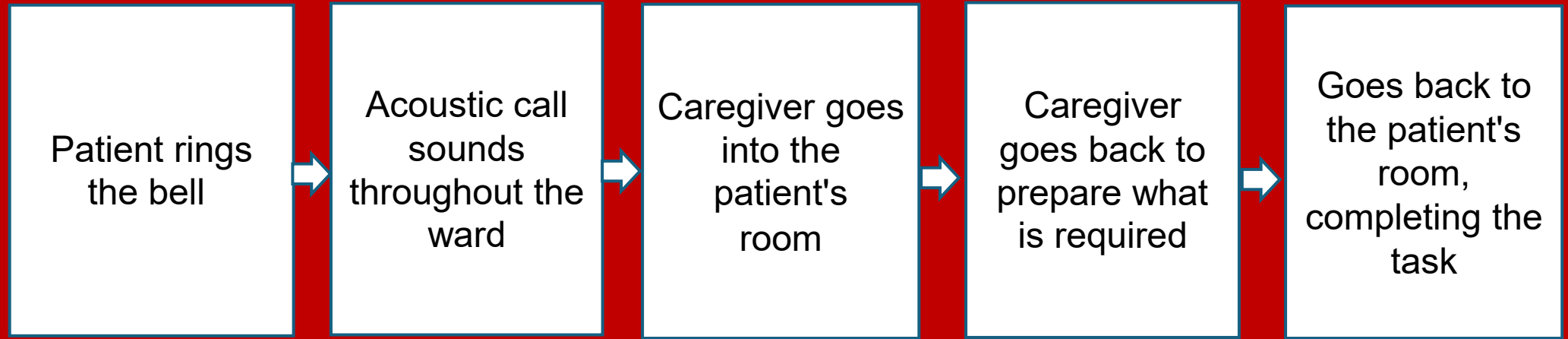


CLINISERVE

- Supplement to the classic nurse call system
- The request is made by the patient via the menu on the patient's screen
- Request is received on a smartphone carried by the caregiver.
- The menu can be individualized per ward and can be translated.



CLASSIC NURSE CALL



BENEFITS

- **Empowerment**

Patients actively communicate their needs

- **Efficiency**

Reduce delays and miscommunications

- **Satisfaction**

Improved communication and trust in the healthcare system

- **Safety**

Clear documentation and real-time updates



**SISSI SUFFERS
FROM DELIRIUM
AFTER HER SURGERY**

My leg hurts a lot, I
really need
surgery...



DELIRIUM ISSUES FOR INPATIENTS

Definition: Delirium is a common acute brain dysfunction

- Causing disorientation, confusion, and inappropriate responses to environmental stimuli
- Risk of delirium: 29%
- Hospital stay: +8 days

Prevention Potential

- Up to 40% of delirium cases are preventable
- Early detection is key



DELIRIUM-PREDICTION IN GRAZ UNIVERSITY HOSPITAL



Personalised Risk Tool



Frau

(89 Jahre)

Delir-Risiko



Diagnosen mit Einfluss auf das statistische Modell

Zeige 5 Einträge

Diagnosen

Herzinsuffizienz onA

Adipositas onA

Diabetes mellitus Typ 2

NSTEMI (Nicht-ST-Hebungsinfarkt)

Störungen des Lipoproteinstoffwechsels und sonstige Lipidämien

2011-08-24

Einträge 1 bis 5 von 12

Zurück 1 2 3 Vorwärts

Einträge 1 bis 5 von 18

Zurück 4 Vorwärts

Berücksichtigte Laborwerte der letzten 30 Tage

Leistungen mit Einfluss auf das statistische Modell

Sonstige in die Berechnung eingeflossenen Faktoren

Thanks to my information in the system, the algorithm detected a high risk of delirium, so the nurses and physicians decided to change my medications!



Für die Risikoscores dieser Patientin wurden Daten von 6 Fällen berücksichtigt, davon waren 1 stationäre Aufenthalte. Die für die Berechnung berücksichtigten Daten sind vom 02.11.2023.


Diese Auswertungen basieren auf in Krankenhausinformationssystem (KIS) vorhandenen Informationen über den Patienten




- **Automatic alerts** for delirium risk via an icon
- Delirium risk **evaluated by physicians**, and if necessary, clinical and nursing **interventions to reduce the risk**
- **In-house development** by Graz University Hospital

DELIRIUM PREDICTION FOR INPATIENT BY ARTIFICIAL INTELLIGENCE


CONCLUSION - TAKE HOME MESSAGES



Patient involvement drives quality



Digital solutions for efficient workflows



Data-driven decision-making for patient safety

Thanks to

