CMD INFORMATION PACK

Smart Clinic Exchange: Hospital Leadership Guide

The complete executive picture for CMDs and hospital administrators.

Powered by the Committee of Chief Medical Directors
Born from the NCC 2021 Health-Tech Hackathon

One ID. One wallet. Multiple hospitals.

The proposition in one minute

A hospital should remain independent without operating in isolation. Smart Clinic Exchange connects participating hospitals through one patient identity, one wallet and coordinated access to appointments, records, referrals and specialist care.

Your hospital keeps its leadership, clinical authority, local EMR, data ownership and payment controls. The Exchange becomes the access and connectivity layer around your existing services.

What the hospital gains

- More patient reach: communities, employers, schools and families can discover approved hospital services.
- More specialist capacity: appropriate cases can connect to doctors across the network.
- More completed appointments: phone, WhatsApp, digital booking and desk support reduce lost enquiries.
- New revenue channels: appointments, diagnostics, pharmacy, checkups, referrals and approved digital services.
- Better continuity: patients can request approved summaries and remain connected after discharge.
- Better visibility: structured reporting for registrations, appointments, payments and referrals.

National rollout progress

Lagos cohort - activated

- National Orthopaedic Hospital, Igbobi: first participating-hospital MOU signed and Exchange desk established.
- Federal Medical Centre, Ebute-Metta: commencement approved and patient-access channels prepared.
- Federal Neuro-Psychiatric Hospital, Yaba: CMD alignment achieved and departmental commencement pathway initiated.

Abuja cohort - next

Federal Medical Centre, Abuja (Jabi) is positioned for the next coordinated activation. Every hospital can choose the cohort and implementation timeline that best fits its readiness.

The connected patient journey

1. Identify

The patient receives or retrieves one Exchange ID.

2. Link

The ID connects to the hospital's existing local record number.

3. Access

The patient books directly or receives desk-officer support.

4. Pay

The patient uses an approved app, wallet or retained hospital payment route.

5. Continue

Approved summaries, referrals and follow-up remain accessible across the network.

What changes - and what does not

- The Exchange adds a unified patient identity; the hospital retains its local number and EMR.
- The Exchange adds digital appointment and referral access; the hospital retains clinical authority.
- The Exchange adds wallet connectivity; the hospital retains its payment system and controls.
- The Exchange adds cross-network reporting; the hospital retains data ownership and governance.

Four implementation workstreams

Patient registration and appointments

Agree the patient journey, nominate desk officers, train them and establish assisted access.

Records and EMR connectivity

Records and ICT teams map the local identifier and agree manual, API or vendor-supported integration.

Finance and payments

Finance representatives agree the model, service catalogue, settlement rules and reconciliation reports.

Governance and adoption

The CMD sponsors first-week alignment; departmental owners accept targets and join concise weekly reviews.

A practical 14-day pathway

- Days 1-2: CMD confirmation, focal-person nomination and joint kickoff.
- Days 3-5: patient-flow, identity, records, payment and service-catalogue mapping.
- Days 6-8: EMR/vendor technical session and configuration.
- Days 9-10: role-based training.
- Days 11-12: controlled testing.
- Days 13-14: activation, monitoring and rapid correction.

Commercial options

The hospital-specific commercial model is agreed before activation. Options may include a connectivity fee, an embedded appointment or registration model, or a small agreed share on selected clinical services. Existing hospital revenue remains protected and all settlements must be visible in agreed reports.

The 100x statement on the public page is a long-term growth ambition, not a guaranteed return. Every projection must use the hospital's real volumes, service mix, tariffs and agreed assumptions.

CMD decision checklist

- Nominate one accountable hospital focal person.
- Provide representatives from Records, ICT, Finance and CMAC/clinical leadership.
- Choose a suitable cohort and target activation window.
- Approve the first joint virtual alignment sessions.
- Authorize local EMR/vendor participation.
- Review and sign the participation MOU and hospital-specific schedules.

Your next step

Register interest through the THIE CMD portal, choose a 15-minute briefing time, and confirm through Google Calendar or WhatsApp. The programme team will prepare a hospital-specific opportunity and implementation discussion.

Programme contact: +234 805 205 8628