THE HOSPITAL STORY

The Tertiary Health Information Exchange

How one connected patient journey can improve access, coordination, revenue visibility and continuity of care in a tertiary hospital.

A PRODUCT OF

The Committee of Chief Medical Directors

BACKED BY

The Nigerian Communications Commission (NCC)

Prepared for Chief Medical Directors and hospital executive teams

Hospital-facing edition | September 2026

The whole idea in one minute

The Exchange is not a replacement for the hospital. It is a connected front door that helps more patients enter correctly and continue care with less friction.

1	1	1	Many
patient identity	hospital relationship	visible journey	supported services

THE SIMPLE PROMISE

A patient should be able to discover the hospital, register or link an existing record, pay through an approved channel, book the right service and arrive knowing what happens next.

For the patient

A clearer path into care and a continuing personal health journey.

For the hospital

Better-organised demand, traceable service activity and a practical route to digital integration.

Amina should not have to understand the hospital before receiving help

Today, the patient often carries the burden: where to register, which clinic to visit, what to pay, who to call and whether an old record can be found.

1	**Amina has a need** She may be well and seeking prevention, unwell and looking for care, or already connected to a hospital.
2	**She meets one front door** Web, WhatsApp, phone support or an assisted Exchange desk asks only what is needed.
3	**The system guides her** She sees the relevant hospital, service, price where approved, preparation and next action.
4	**The hospital receives a useful request** Not merely a name - a structured patient request with an accountable status.

DESIGN RULE

The patient sees the next action. The hospital sees the work that must be done. Neither side is left guessing.

Three doors, one hospital relationship

The Exchange keeps the patient's reason for coming clear. Every route can lead into the participating hospital without forcing every person through the same journey.

STAY WELL

For prevention, guided health checks, screening and Health Passport continuity.

FIND CARE

For symptoms, consultation needs, service discovery and appropriate routing.

MY HOSPITAL

For registration, record linkage, appointments, payment and hospital-specific services.

HOSPITAL RELEVANCE

My Hospital is the direct institutional pathway. Stay Well and Find Care can also generate appropriate demand when the hospital's approved services match the patient's need.

The hospital gains more than a booking page. It gains a coordinated digital relationship with both new and returning patients.

New patient and returning patient: two clean paths

The platform should never ask both patients to start from zero.

NEW TO THIS HOSPITAL

Choose the hospital, review the approved registration or connection fee, create the relationship, receive a hospital identifier when available, then book the next service.

ALREADY A PATIENT

Choose the hospital, enter the existing hospital number, confirm identity, request record linkage, resolve any mismatch, then continue from the existing relationship.

1	**Identify** Match the SmartClinic identity with the hospital's approved patient identifiers.
2	**Consent** Explain what will be shared, why it is needed and what the patient is authorising.
3	**Connect** Create or link the hospital relationship through the agreed workflow or integration.
4	**Continue** Expose only the services and next actions the hospital has approved.

What changes for the hospital

The Exchange should solve operational problems the executive team already recognises.

ACCESS

Patients discover the hospital and enter through a guided pathway before arrival.

COORDINATION

Requests carry status, ownership and a next action across service points.

VISIBILITY

Management sees demand, conversions, payments, unresolved items and completion.

CONTINUITY

Returning patients link the hospital relationship and avoid unnecessary duplication.

REVENUE ASSURANCE

Approved charges, collections, refunds and remittances become traceable.

THE EXECUTIVE OUTCOME

A measurable patient-access channel - not another isolated application that staff must struggle to maintain.

The Exchange desk is the human bridge

Technology alone will not solve uncertainty. The hospital needs a visible, accountable service point.

1	**Receive** Handle web, WhatsApp, phone and in-person requests in one working queue.
2	**Guide** Explain registration, linkage, appointments, preparation, location and payment.
3	**Escalate** Route clinical questions and unresolved hospital issues to named owners.
4	**Close** Update the request after the patient is connected, served, cancelled or refunded.

HOSPITAL LIAISON

Owns approvals, departmental escalation and internal coordination.

EXCHANGE OFFICER

Owns patient guidance, queue updates, evidence and daily reporting.

NON-NEGOTIABLE

Every pending item must show a reason, an owner, an expected response time and the next action.

Appointments become a managed journey

A booking is not complete merely because a date exists.

1	**Choose a care route** Physical clinic, approved virtual clinic, fast-track service or another supported option.
2	**See the conditions** Price where approved, eligibility, preparation, location, time and refund rule.
3	**Confirm and pay** Use the approved payment path and generate a traceable reference.
4	**Arrive prepared** Receive directions, documents required, arrival time and the correct desk.
5	**Complete the loop** Hospital confirms outcome status; the patient sees follow-up or next action.

CLINICAL BOUNDARY

The platform supports access and coordination. Clinical prioritisation and care decisions remain under approved hospital governance.

Connect to the EMR in safe stages

A hospital can begin before full integration. Integration depth should increase only when governance, workflow and technical readiness support it.

1	**Stage 1 - Assisted workflow** Exchange staff use approved hospital procedures; no direct EMR connection is required.
2	**Stage 2 - Structured handoff** Patient and request data move through secured, auditable files or APIs with reconciliation.
3	**Stage 3 - Bidirectional integration** Approved identifiers, appointments, results or status updates synchronise between systems.

Minimum data

Identity, consent, hospital identifier, service request, payment reference and status.

Never in a URL

Passwords, secrets, full records or unprotected sensitive patient information.

INTEGRATION PRINCIPLE

Start with the smallest reliable data exchange that improves care. Expand after it works consistently.

Every naira needs a visible journey

The commercial model must be approved by the hospital and understandable to the patient before payment.

1	**Publish** Hospital approves the service, tariff, description and applicable terms.
2	**Collect** Payment is captured through the agreed channel with a unique reference.
3	**Deliver** Service moves from requested to scheduled, delivered, cancelled or refunded.
4	**Reconcile** Both parties review collections, adjustments, refunds, fees and exceptions.
5	**Remit** Settlement follows the signed agreement and approved reconciliation statement.

MODEL A	MODEL B	MODEL C
Connectivity fee on approved transactions.	Embedded access fee for registration or appointments.	Approved service-share model for defined clinical services.

Figures are not universal. Each hospital's commercial schedule must be separately approved and configured.

What the CMD dashboard should answer

The executive dashboard should report the health of the patient-access channel, not drown management in technical detail.

Demand	Access	Care	Money
requests received	patients connected	services completed	value reconciled

PATIENT FLOW

New and returning patients, hospital links, bookings, completion and repeat use.

SERVICE FLOW

Demand by department, channel, service type, location and unresolved stage.

FINANCIAL FLOW

Paid, pending, refunded, payable, remitted and unreconciled transactions.

MANAGEMENT VIEW

Show trends, exceptions and accountability. Patient-level clinical detail remains restricted to authorised care roles.

Success must be measured from access to completion

Registrations alone can create the illusion of progress. The pilot should measure whether patients reached useful care.

1	**Reach** How many patients started through web, WhatsApp, phone or the hospital desk?
2	**Connect** How many created or linked a valid hospital relationship?
3	**Convert** How many booked, paid for or received an approved service?
4	**Complete** How many journeys closed with a recorded outcome and next action?
5	**Improve** Where did patients abandon, wait too long, dispute payment or need staff rescue?

RECOMMENDED PILOT TARGET

Agree a small set of services, response times and weekly outcomes before launch. Do not judge the pilot by registration volume alone.

Trust is part of the product

A patient-access platform fails if patients, staff or leaders cannot trust how identity, records, money and responsibility are handled.

IDENTITY

Prevent duplicates and define a controlled process for mismatches and merges.

CONSENT

Capture clear, purpose-specific consent and preserve what was authorised.

ACCESS

Use role-based permissions, strong authentication and least privilege.

AUDIT

Record who viewed, changed, approved, exported or reversed a sensitive item.

INCIDENTS

Define escalation, containment, notification, recovery and learning.

GOVERNANCE RULE

No integration goes live until the hospital approves data scope, roles, retention, escalation and downtime procedures.

Begin small enough to work, then expand

The fastest credible route is a controlled hospital pilot with a real patient pathway.

1	**Align** Executive sponsor, liaison, pilot services, model, data scope and success measures.
2	**Configure** Hospital profile, catalogue, tariffs, locations, contacts and messages.
3	**Prepare** Exchange desk, training, escalation map, reconciliation and downtime plan.
4	**Test** Run new-patient, returning-patient, payment, cancellation and exception scenarios.
5	**Launch** Open to a controlled cohort; review dashboard and unresolved queue daily.
6	**Scale** Add departments and deeper integration after evidence of reliability.

PILOT PRINCIPLE

One complete, repeatable care pathway is more valuable than twenty unfinished integrations.

Who is responsible for what

The hospital remains the clinical authority. Primed E-Health operates the Exchange and supports the agreed access workflow.

THE HOSPITAL

Approves services and tariffs; appoints owners; validates rules; fulfils care; resolves hospital exceptions.

PRIMED E-HEALTH

Configures the Exchange; supports patient channels and desk workflow; trains users; reports activity; supports reconciliation and integration.

SHARED RESPONSIBILITY

Both parties protect patient trust, keep information accurate, close unresolved cases and improve the pathway from evidence.

Detailed responsibilities, service levels, commercial terms and data obligations belong in the signed implementation schedule and agreement.

What a successful first month feels like

Imagine one hospital, one Exchange desk and a limited set of approved services.

1	**Week 1** Staff complete training. Catalogue, messages and escalation routes are tested.
2	**Week 2** A controlled group uses My Hospital and assisted WhatsApp pathways.
3	**Week 3** The team reviews conversion, response time, reconciliation and feedback.
4	**Week 4** The CMD receives an evidence report and decides whether to expand, adjust or pause.

Faster	Cleaner	Visible	Traceable
clear next steps	patient requests	exceptions	transactions

WHAT SUCCESS IS NOT

A launch announcement, a long registration list or an integration claim that hospital staff cannot operate reliably.

What the CMD is being asked to approve

The first decision is limited. It creates the authority needed to design and test a safe pilot.

1	**Approve a pilot in principle** Authorise a defined access and coordination pilot under hospital oversight.
2	**Name the owners** Appoint an executive sponsor, liaison, ICT, finance and clinical owners.
3	**Select the first pathway** Choose a small number of services with clear demand and cooperative teams.
4	**Open discovery** Allow workflow, tariff, integration, governance and reconciliation sessions.
5	**Review before expansion** Require a report against agreed clinical, operational, financial and experience measures.

DECISION BOUNDARY

Approval to explore or pilot is not blanket approval for every integration, tariff, department or data exchange. Those require documented hospital sign-off.

Let us design the hospital's first connected patient pathway

The Exchange becomes valuable when it makes one real hospital journey easier, safer and measurable - then repeats it.

1. CHOOSE

Select one priority patient pathway and the hospital team that owns it.

2. MAP

Document every patient step, hospital handoff, payment event and exception.

3. PILOT

Configure, test, launch to a controlled cohort and measure completion.

THE FINAL PICTURE

A patient can find the hospital, connect identity and records appropriately, pay through an approved route, reach the correct service and continue care - while the hospital retains governance and sees what is happening.

TERTIARY HEALTH INFORMATION EXCHANGE

Connected access. Accountable journeys. Stronger hospital relationships.