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COURSE BROCHURE

Healthcare Data Integration for Intelligent Care Training Course

12 – 16 September 2027
Manama

Healthcare Data Integration for Intelligent Care Training Course

Ref: 3044_126042 **Date:** 12 – 16 September 2027 **Location:** Manama **Fees:** 4900 GBP

Healthcare Data Integration for Intelligent Care is a 1-week training course for healthcare managers, clinical informatics leads and data staff who join clinical, operational and patient records, and it ends with a healthcare data integration plan. Hospitals now expect intelligent tools to support bed flow, triage and diagnosis, yet those tools help only when their records agree. Jupiter Prime Training runs this healthcare data integration course.

Why Healthcare Data Integration Matters Now

Three forces shape healthcare data integration today. Clinicians want bedside decision support, which depends on records matching across wards, laboratories and pharmacy. Patients expect lawful handling under the applicable data-protection regulation. Operations teams want earlier warning of admissions, discharges and theatre delays. A hospital that integrates well gains timely alerts and fewer duplicated tests; one that integrates badly feeds intelligent tools mismatched identifiers, missing results and biased samples. The course rests on general principles of interoperability, data quality and privacy by design.

Who Gains Most from Healthcare Data Integration

- Clinical informatics leads who translate ward and clinic needs into data requirements
- Health information and medical records staff responsible for patient identity and record accuracy
- Hospital operations managers accountable for patient flow, bed capacity and scheduling
- Data engineers and analysts who build feeds from electronic patient records and departmental systems
- Privacy, quality and patient safety officers who approve how patient information is reused

A hospital network gains most when an informatics lead, an operations manager and a privacy officer attend together.

Healthcare Data Integration Capabilities

Participants learn to map where patient records live, judge their fitness for intelligent tools and sequence the linking work.

- Map the source systems behind admissions, laboratory, imaging and pharmacy records — informatics steering groups
- Assess record quality, completeness and patient identity matching — clinical safety committees
- Design a linked patient record model for one care pathway — data engineering teams
- Specify consent, de-identification and access rules for reused patient information — privacy officers
- Weigh candidate intelligent use cases in patient flow and diagnosis support — hospital executives
- Build a staged integration plan with owners, risks and measures — care network leadership

Key Healthcare Data Integration Terms

- Master patient index — a register that links every record belonging to one patient across systems.
- Interoperability — the ability of separate clinical systems to exchange records and interpret them with the same meaning.
- Clinical terminology mapping — translating local codes for diagnoses, tests and medicines into a shared coded vocabulary.
- De-identification — removing or masking details that reveal a patient so records can be reused for analysis with lower privacy risk.
- Data lineage — a traceable account of where each value came from and every transformation applied before it reached a model.
- Patient flow — the movement of patients from arrival through assessment, treatment, transfer and discharge across a care setting.

Healthcare Data Integration Day by Day

Day 1: The Healthcare Data Landscape

- Source System Inventory — Which Clinical and Operational Records Matter
- Care Pathway Mapping — Where Patient Information Is Created and Used
- Stakeholder Needs Matrix — Clinician, Manager and Patient Expectations
- Intelligent Care Readiness Scan — Gaps Between Ambition and Available Records
- Data Ownership Roles — Who Approves Access and Correction

Day 2: Linking Patient Records

- Master Patient Index Design — Resolving Duplicate and Split Identities
- Record Matching Rules — Balancing Missed Links Against False Merges
- Clinical Terminology Mapping — Aligning Local Diagnosis and Test Codes
- Message and Document Exchange Patterns — Choosing Real-Time or Batch Feeds
- Integration Hub Options — Central Repository Versus Federated Queries

Day 3: Quality, Privacy and Trust

- Completeness and Timeliness Profiling — Fitness of Records for Prediction
- Bias and Representativeness Checks — Fairness Across Patient Groups
- Consent and Lawful Basis Review — Permitted Secondary Use of Records
- De-Identification Techniques — Privacy Risk Versus Analytic Usefulness
- Data Lineage Records — Audit Trail for Clinical Safety Review

Day 4: Intelligent Care Use Cases

- Admission and Discharge Forecasting — Bed Capacity and Staffing Decisions
- Emergency Triage Support — Prioritising Patients With Early Warning Scores
- Diagnosis Support Inputs — Imaging and Laboratory Feeds for Clinicians
- Use Case Scoring Grid — Benefit, Feasibility and Clinical Risk
- Clinician Feedback Loops — Monitoring Alert Accuracy After Go-Live

Day 5: Practising the Healthcare Data Integration Plan

- Linked Record Model Rehearsal — Applying Matching and Mapping to a Pathway
- Quality and Privacy Controls Selection — Applying Day Three Checks to Feeds
- Use Case Sequencing — Applying Scoring to Choose a First Release
- Risk and Measures Register — Owners, Milestones and Safety Indicators
- Healthcare Data Integration Plan — Final Presentation to Peer Panel

Applying Healthcare Data Integration After the Course

- Run a record matching audit on one ward's admissions to measure duplicate and split patient identities
- Score two intelligent care use cases with the scoring grid and present the first release choice to the informatics steering group

Healthcare Data Integration Questions FAQ

What is healthcare data integration for intelligent care and why does it matter now?

Healthcare data integration for intelligent care is the work of linking clinical, operational and patient records so prediction and decision support tools receive accurate, lawful inputs. It matters now because hospitals are adopting such tools faster than their records are being aligned.

Which roles gain most from healthcare data integration training?

Clinical informatics leads, medical records staff, operations managers, data engineers and privacy officers gain most. Each holds part of the chain from record creation to tool output.

How does healthcare data integration differ from a general health informatics course?

A general health informatics course surveys clinical systems broadly. This healthcare data integration course concentrates on linking records, checking their fitness and preparing them for named intelligent care use cases.

What do you bring back from healthcare data integration training?

You bring back a staged plan for linking records in your own care setting. It covers source systems, matching rules, controls, a first use case, owners and measures.

Healthcare Data Integration: The Way Forward

The healthcare data integration plan gives an informatics steering group its first decision: which care pathway to link before any intelligent tool goes live. Clinical and privacy leads use it to agree owners. After the first release, revisit the matching rules and bias checks, because patient populations and source systems shift over time.