01 / BUILD STATUS

From skeleton to field ready

Built since June 30, all of it from your feedback

June 30: first working build. Every form walked through, live.

REGISTRATION

- Signed consent capture
- Discharge and rice and beans tracking
- Duplicate patient warning at check-in

TRIAGE

- Pregnancy screening
- Live station routing and capacity

MEDICAL

- Patient problem list that carries across missions
- Full review of systems with auto-generated narrative

VISION

- Structured doctor's eye exam
- Freehand eye diagram tool

DENTAL

- Surface level tooth chart, rebuilt to match the paper form
- Per-day notes with prior-day work visible

BEHIND THE SCENES

- Role-based logins and automatic backups
- All-mission Excel export
- Multi-site outreach IDs and end-of-day merge
- Runs fully offline, no internet needed at any point

Sandbox

clinic.mmdm.org

16 practice patients loaded, nothing you do touches real data

Admin code 778901

02 / HARDWARE ASK

What it takes to go paperless

ITEM AND WHY IT IS NEEDED	QUANTITY	EST. UNIT	SUBTOTAL
Epson TM-m30III printer The actual paper to digital cutover. Patient ID slips and medication labels, printed instead of handwritten.	2 to 3 (1 at Registration, 1 to 2 at Medical)	$245 to $328	$500 to $980
Tablets, Lenovo IdeaTab NEEDS QUOTE One per station role. Short here and that station cannot run the EMR at all.	15	~$150	~$2,250
Indoor access point, TP-Link Omada AX3000 Wifi coverage where the signal does not reliably reach today.	2	~$120	~$240
PoE network switch Physical port capacity so every device has somewhere to plug in.	1	~$200	~$200
350ft outdoor Ethernet Starlink to switch, registration access point run, plus one spare.	3 (2 required, 1 spare)	~$175	~$525
250ft outdoor Ethernet Both new indoor access point runs, both confirmed at 250ft.	2	~$125	~$250
Patch cable, under 1ft Switch to switch, stacked.	1	~$8	~$8
Total			**~$3,750 to $4,450**

Asking for approval to obtain firm quotes, tablets first. Bring forward: ~$4,000 to $4,500

Existing cable (250ft x3, 150ft x1, 20ft x3, 3ft x3) already owned and not part of this ask. All figures are market estimates. Only the flagged item is a placeholder with no model chosen. Tablets are the swing factor: no model chosen, and a $50 per unit move shifts the total by $750.

03 / OPEN QUESTIONS

Registration, Triage, Dental

ALLERGIES

Only an admin can edit allergies today. Should Triage own this instead? Separately, a returning patient is never asked about allergies at check-in in any year. Is that something you catch verbally today?

NURSING CHARTING

No space exists yet to chart what a nurse does for a patient. Dressing changes, insulin given, blood sugar education. What else comes up regularly? A checklist of common ones, individual free text notes, or one general text box? Does it need to capture who did it and when?

DME, EQUIPMENT HANDED OUT

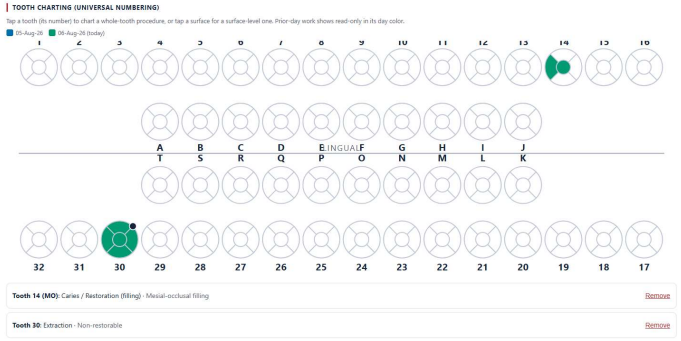
No section exists yet. What is the real list handed out at a typical mission? Crutches, canes, wheelchairs, glucose meters, anything else? A defined list is faster to tap than typing.

TRIAGE ROUTING AND VITALS

The routing card is already built, at the bottom of the Triage screen, with a button per station and live capacity. Confirm you can find it. Does it need to be more prominent? Separately, is vitals entry fast enough at clinic pace?

DENTAL, LARGEST OPEN ITEM

- Does this match your paper chart?
- Do the tooth surfaces land where you would describe them out loud?
- Is the returning-for-extraction flag enough, or do you need a waiting list?
- Can anyone connect us with a practicing dentist?



TOOTH CHARTING, AS BUILT

URGENT, CANNOT WAIT The patient consent form's legal language is still a placeholder. We need MMDM's own counsel connected now so the wording is airtight before the mission.

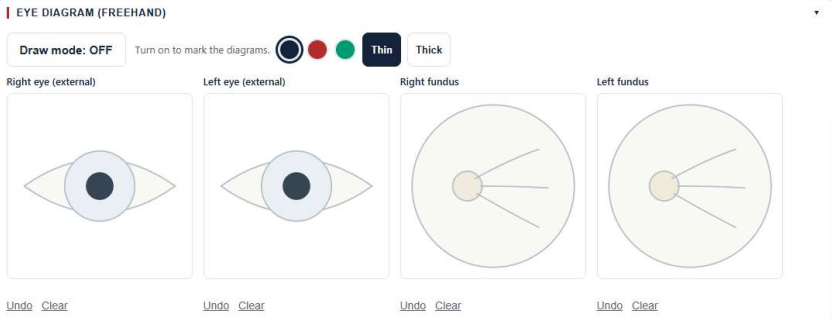
Vision

Eye Chart	Autorefractor	Doctor's Exam	Dispensing
Acuity	Machine reading	Findings	Glasses counter
COMPLETE, LOCKED	COMPLETE, LOCKED	IN PROGRESS	NOT STARTED

One Vision form, four tabs in station order. A completed tab locks, so a later change cannot quietly undo work already agreed.

Janice has walked the current form. Nothing here is signed off yet. This slide is what we need her answers on.

PROPOSED, NOT BUILT YET



01 VALUE SETS

These were chosen without the Vision lead's sign-off and need a yes or no: reading glasses stocked from +0.25 to +5.00, sunglasses split into regular, over-Rx, and boys and girls as separate items, and eye drops limited to ketotifen and artificial tears only.

02 THE RED PEN

The marking pen offers navy, red, and green. Red is also the app's allergy warning color. Confusing in real use, or fine?

03 THE SPLIT

Is the tabbed approach above the right answer, or is a full split into four separate forms worth prioritizing? That is a significantly larger project, we only need to know whether it is worth the time.

Medical

REQUESTING A DEDICATED CALL

Dr. Byrd and Dr. Condron, together

Where does the medication sig stand today, is it complete, and how should it enter the EMR?

WHY THIS NEEDS A CALL

- Two formularies now exist in parallel. The app holds 96 drugs, but the instruction field is empty on all 96, nothing has been entered yet.
- A draft instruction sheet for those 96 was written by engineering and is still waiting on Dr. Byrd's review.
- Dr. Condron has independently built a 72-drug formulary, through one physician review round, with separate adult and pediatric dosing, Spanish patient instructions, and a green, yellow, red stewardship marking.
- Dr. Byrd has seen both and called them very similar, but has not picked one. Nothing can be entered into the app until that is settled.

ALSO RAISED BY DR. BYRD, NOT YET DECIDED

- A separate default instruction for adults and for pediatric patients.
- Grouping the formulary by therapeutic class.
- Adopting the green, yellow, red stewardship marking.

DIAGNOSIS LIST

Today it is free typed text, which cannot be tracked or counted. Should it become a real list a doctor selects from?

REVIEW OF SYSTEMS

Ten categories, drafted by engineering, not a clinician. Each needs a doctor's review of what to add, remove, or reword.