

H-Link

Hospital management, built for how your facility actually works

Modular hospital management & electronic medical records

Hospitals · Clinics · Health centres · Pharmacies · Laboratories · Research

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OVERVIEW

One platform, every department

H-Link is a modular hospital management and electronic medical records platform. One system covers the clinical, diagnostic, pharmacy and revenue workflows of a facility — and every module is switched on or off per facility, so you run only what you need and add the rest when you are ready.

Claims that actually get paid

NHIS e-claims are built in, not bolted on — claim preparation, validation and batch submission follow the national specification. Rejected claims are the single largest avoidable revenue loss in most facilities.

Modular, so you start small

Six facility types are supported out of the box. A single-counter pharmacy and a teaching hospital run on the same platform with entirely different module sets.

One patient record, every department

Consultation, laboratory, pharmacy, imaging and billing write to the same record. No re-entry between departments and no reconciling three systems at month end.

Intelligence where it helps

Differential diagnosis support, medical image analysis, lab result interpretation, automated clinical coding, demand forecasting and no-show prediction — each scoped to one task, each showing its working, and the clinician always deciding.

WHO IT IS FOR

Six facility types, one platform

Facility type	What it covers
Hospital	Full inpatient and outpatient cover: wards, theatre, emergency, pharmacy, laboratory, imaging and revenue.
Clinic / Polyclinic	Outpatient-focused: scheduling, consultations, e-prescribing, lab results and optional telehealth.
Community Health Centre	Built for CHPS compounds and health centres — maternal and child health, immunisation and disease surveillance.
Standalone Pharmacy	Dispensing, stock control, drug-interaction checking, controlled substances and insurance claims.
Standalone Laboratory	Full LIS: test requests, sample tracking, analyser interfaces, quality control and result delivery.
Research Laboratory	Academic and research LIMS: studies, samples, assays, QC, grant and chargeback billing, and analysis.

Modules

Modules are switched on per facility, so two sites on the same plan can look completely different. Nothing you have not enabled appears in your staff's workspace, and modules can be added at any point without a migration.

Clinical

- Patient records & registration
- Appointments & scheduling
- Clinical encounters & documentation
- Vitals & monitoring
- Outpatient (OPD)
- Inpatient & ward management
- Emergency (A&E)
- Bed management

Laboratory & diagnostics

- Lab orders, results & verification
- Sample tracking & bench worklists
- Analyser integration (HL7 / ASTM)
- Quality control & Westgard rules
- Reflex & panel testing
- Critical-value alerting

Radiology & imaging

- Imaging orders & workflow
- DICOM study storage
- Built-in DICOM viewer
- Multiplanar reconstruction (MPR)
- Image annotation & measurement
- Structured imaging reports

Pharmacy & supply chain

- Prescribing & dispensing
- Drug interaction checking
- Controlled substance tracking
- Stock & batch management
- Expiry tracking & at-risk stock
- Suppliers & purchase orders

Revenue

- Billing & invoicing
- NHIS claims & e-claims batches
- Automated clinical coding (ICD-10 / SNOMED)
- Private insurance & corporate accounts
- Grant & chargeback billing

Connected care

- Telehealth consultations
- Patient portal
- Referrals & external FHIR delivery
- Inter-facility messaging
- FHIR R4 / HL7 interoperability
- FHIR bulk data export

Intelligence

Every one of these is scoped to a single task rather than a general-purpose chatbot bolted to a medical record. Where a number can be calculated it is calculated — forecasting and safety stock are statistics, not a language model guessing. Where a model does contribute, it shows its sources and its working, and the clinician decides.

Clinical intelligence

- Differential diagnosis support
- Drug interaction & dosing checks
- Medical image analysis
- Lab result interpretation
- Automated clinical coding (ICD-10 / SNOMED)
- Smart documentation & voice-to-text
- Clinical knowledge base with cited sources
- AI prescription verification
- Infection surveillance & outbreak detection
- Local-language patient interpretation

Operational intelligence

- Demand forecasting & reorder points
- Safety-stock & lead-time modelling
- Expiry tracking & at-risk stock
- No-show risk scoring
- Smart slot suggestions
- Staff shift optimisation
- Patient-journey analytics
- Cross-department utilisation

PLANS

Choose the scale, not the feature list

Every plan includes the core record — patients, appointments, encounters and vitals. Higher plans widen the module set and the limits. Pricing is agreed during onboarding against your actual size and module mix.

Plan	Best for	Users	Patients	Adds
Starter	Small facilities getting started	25 users	2,000 patients	Core records, OPD, appointments, basic billing
Standard	Growing multi-department facilities	100 users	10,000 patients	Adds inpatient, pharmacy, laboratory, patient portal
Professional	Full-featured with AI and interoperability	400 users	50,000 patients	Adds telehealth, clinical AI, imaging, FHIR/HL7, emergency
Enterprise	Hospital networks & teaching hospitals	No cap users	No cap patients	Adds multi-facility management, specialised modules, SLA

Standalone pharmacy, laboratory and research plans

Plan	Best for	Users	Patients
Essential	Single-counter pharmacy or small laboratory	10 users	5,000 patients
Growth	Multi-branch pharmacy or accredited laboratory	50 users	10,000 patients
Research Lab	Academic or research laboratory	50 users	5,000 patients

Professional and Enterprise are available to every facility type.

TRUST

Security, compliance and your data

Your data stays yours

Each facility is a separate tenant. Records are scoped to your organisation and no other tenant can reach them. You can export your data at any time.

Role-based access

Staff see only what their job requires, and changes are recorded in the modules that make them.

Data protection

Ghana's Data Protection Act 843 applies to patient data regardless of where a platform is hosted. We support your obligations as data controller — including Data Protection Commission registration — as part of onboarding.

Your own address

Each facility gets its own secure hostname, with TLS. Bring your own domain if you prefer.

From first conversation to go-live

1	Discovery	We map your departments, volumes, payer mix and current systems, and record a baseline — including your present claim rejection rate.
2	Provisioning	Your tenant, modules and first administrator are created. You get a working address the same day.
3	Configuration	Departments, service catalogue, test catalogue, formulary, payers and branding — the week-one work that everything else builds on.
4	Practice run	Your actual staff run the full loop on the actual devices, in the actual rooms, before go-live.
5	Go-live & review	On-site support for the first days, then structured reviews at day 7 and day 30 against the baseline we recorded.

The fastest way to evaluate H-Link is a scoped pilot in one department, with the numbers agreed up front. Tell us your claim rejection rate and your monthly claim volume, and we will show you what the platform changes.

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