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Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

SCIENTIFIC TRACKS & ABSTRACTS

DAY 1

Major Sessions: Epidemiology and Public Health | Chronic and Infectious Diseases | Obesity and Health Risks Gynecological Health and Disorders | Mental Health and Mental Disorders | Healthcare and Management

Session Chair :
Amelia Sarmento
Universidade Fernando Pessoa, Portugal

Session Co-Chair :
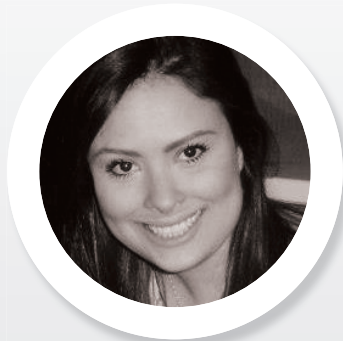**Usha Dane**
Utkarsh Clinic, India

Session Introduction

Title: **The relation between anxiety and depression and the loss of the occupational roles of people with spinal cord injury**
Aline Ferreira Placeres | University of Sao Paulo | Brazil

Title: **Challenges of managing an outbreak of tuberculosis in an immunocompromised setting**
Helena A. Ferris | HSE South | Ireland

Title: **Predictors of out of pocket expenditure on health incurred by elderly persons residing in a rural, Indian community-implication for insurance programme**
Vineet Kumar Pathak | All India Institute of Medical Sciences | India

Title: **Service learning: Community involvement for CCBC nursing students**
Maria Sheilla Cataluna Membrebe | Community College of Baltimore County | USA

Title: **A unit method of solving disruptive behaviour**
Deborah L. Threats | Medstar Georgetown University Hospital | USA

Title: **The effect of scenario-based high fidelity and redo simulation methods on the medical error tendency, self-efficacy and state anxiety levels of nursing students**
Hulya Kocyigit | Sivas Cumhuriyet University | Turkey

Title: **Determining the levels of anxiety, satisfaction and confidence of nursing students in learning aspiration skills with low and high fidelity simulations**
Seyda Orhan | Sivas Cumhuriyet University | Turkey

Joint Event

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The relation between anxiety and depression and the loss of the occupational roles of people with spinal cord injury

The study aimed to investigate the correlation of anxiety and depression symptoms with the incidence of loss of occupational roles in people with spinal cord injury, as well as the strategies adopted by health professionals to promote mental health for this population. It is a correlational cross-sectional study, with a predominantly quantitative approach, being a qualitative step. The study included 30 people with traumatic spinal cord injury aged 19 years and 72 years and 10 health professionals who attended the population. The following instruments were used: Identification Sheet; Beck Depression Inventory; Trait-State Anxiety Inventory; Role Checklist and Semi-Structured Interviews with health professionals. For the statistical analysis of the quantitative step, we used the IBM SPSS Statistic version 25 program, and in the qualitative step, the Bardin Content Analysis. A positive relation was identified between anxiety, depression and occupational role losses, so that those who experienced more losses presented more symptoms of anxiety and depression, and negative relation with continuous roles, in which those who continued to exercise more roles after the injury had fewer symptoms of anxiety and depression. The strategies adopted by health professionals for the promotion of mental health for this population are still limited, given the lack of specialized services, the difficult referral to professionals in the area and the lack of more benevolent social positions towards this population accentuates the difficulty to ensure accessibility and more egalitarian opportunities, thus contributing to the loss of the roles of this population.

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Co-Author
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Biography

Aline Ferreira Placeres is an Occupational Therapist with a Master's Degree in Health Sciences from the University of Sao Paulo - USP Ribeirao Preto, Post Graduation in Physical Rehabilitation by the Multiprofessional Residency Program of the Medical School of Sao Jose do Rio Preto - FAMERP and Improvement in Occupational Therapy in the Hospital neurology at the School of Medicine of Sao Jose do Rio Preto- FAMERP. Regina Celia Fiorati holds a degree in Occupational Therapy from the Federal University of Sao Carlos, a Master's Degree in Psychiatric Nursing and a PhD in Sciences from the Postgraduate Program in Psychiatric Nursing at the Ribeirao Preto College of Nursing, University of Sao Paulo. Post-doctorate at the Faculty of Medicine of the Autonomous University of Madrid, Spain. He is currently teaching at the Undergraduate Course in Occupational Therapy at the Medical School of Ribeirao Preto, University of Sao Paulo. Accredited in the Postgraduate Program in Psychiatric Nursing at the Ribeirao Preto College of Nursing and the Interunit Program for PhD in Nursing at the School of Nursing at the University of Sao Paulo EE-USP and at the Ribeirao Preto College of Nursing EERP-USP. Acts in the following areas of knowledge: mental health, public health, collective health collective and social field.

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Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

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Challenges of managing an outbreak of Tuberculosis in an immunocompromised setting

Background: The management of an outbreak of Tuberculosis (TB) poses many challenges, particularly in the immunocompromised setting. The authors outline an outbreak of TB where two transplant recipients with sputum positive pulmonary TB attended a renal outpatients department in an acute hospital,

Methods: Interferon Gamma Release Assay (IGRA) has a higher sensitivity and specificity (53%, 69%) than the Tuberculin Skin Test (TST) (31%, 63%) in immunocompromised individuals . IGRA was the primary screening test employed for immunocompromised contacts. Immunocompetent contacts were screened using the Mantoux TST.

Results: A total of 13 cases of LTBI were identified out of 138 screened contacts. Of these, 9 cases were identified out of 38 immunocompetent close contacts (detection rate 23.7%) and 4 cases were identified out of 100 immunocompromised hospital contacts (detection rate 4%). No further active cases of TB were identified.

Conclusion: It was anticipated that a greater rate of LTBI would be found in immunocompromised individuals. The true LTBI rate may well be higher; however, this could not be accurately assessed owing to the poor sensitivity and specificity of screening tests in immunocompromised individuals. Thus, all immunocompromised contacts with negative IGRA require chest x-ray follow up over a two year period.

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Biography

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Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Predictors of out of pocket expenditure on health incurred by elderly persons residing in a rural, Indian community-implication for insurance programme

Almost 8.6% of India's 1.2 billion population are elderly, who spent considerable money from out-of-pocket (OOP) for healthcare. Any policy for elderly should encompass financial protection from illness expenditure. However, lack of comprehensive information on OOP expenditure and its determinants, precludes such action. We studied a sample of 400 community-dwelling elderly in rural India, to assess cost incurred on outpatient and inpatient services, along with information on socio-demographics (individual-characteristics), morbidity (motivation for seeking-care), and social-engagement (health-seeking). Lubben Social Network Scale (LSNS) was used to assess the degree of social isolation. Multimorbidity was measured by Cumulative Illness Rating Scale for Geriatrics (CIRS-G). Mental health status was measured by the SF-12 mental component summary (MCS) score. The mean (95%CI) annual OOP expenditure was USD 156.3 (IQR, USD 103.0-209.5) with a median of USD 35.7 (IQR, USD18.2 -90.3), being explained significantly by sex, statuses of morbidity, social engagement, and mental health. In developing countries like India, information regarding different sub-headings of out of pocket expenditure on health (expenditure during visit to a formal doctor / non-formal doctor, over the counter purchase of medicine, medical aid purchase) is the basic input of targetted policy intervention whose evidences are provided in the present study. We recommend that the policy for health of elderly persons in India should take into account of financial protection. The policy should consider pre-payment mechanism like health insurance, as one of the components for providing financial protection.

Biography

Vineet Kumar Pathak has completed his MBBS (2013 batch) from MGM, Medical College, MP, India with distinction Gold Medal in Paediatrics. Then he joined All India of Medical Sciences, New Delhi in 2015 as post-graduate student in Centre for Community Medicine. Currently he is working as Senior Resident in department of Community and Family Medicine at All India Institute of Medical Sciences, Chhatisgarh, India.

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December 03-04, 2018 | Lisbon, Portugal

Service learning: Community involvement for CCBC nursing students

Service learning is an impressive educational tool that incorporates community work into the curriculum. It encompasses three main components: service, curricular connection, and reflection. Service learning helps students emerge from the theoretical world gained in the classroom to the real world learning experiences. Nursing students are given this learning opportunity to apply knowledge gained in the classroom to reality by getting hands-on experience in the community. Students are evaluated on their ability to connect their course readings to class discussions and to their volunteer work. Class discussions and written materials are meant to demonstrate analytical thinking and use of college and community resource by students. Service learning creates a win-win situation where the student meets a community need, and the community organizations build student knowledge that relates to nursing.

Biography

Maria Sheilla Cataluna Membrebe is an Assistant Professor at the Community College of Baltimore County School of Health Professions. She has obtained her Master's degree in Nursing Education at University of Phoenix and Bachelor of Science in Nursing from University of Santo Tomas. She served in the United States Army Reserve Nurse Corps. She was the recipient of the 2017 Clinical Practice Award from the Academy of Medical Surgical Nurses. She was also one of the recipients of the 2018 Excellence in Nursing (Educator) Award from Baltimore Magazine.

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Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

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A unit method of solving disruptive behavior

Disruptive behavior has and will continue to be an issue in nursing until it is made aware of and the staff is educated on the behavior. Disruptive behavior has plagued the nursing area for years to the point that nursing students are learning about a healthy work place environment. Nursing has had several articles on the subject but the issue continues to be prevalent within the work environment. The unit that I currently work on has tackled the issue with surveys and frank conversations on the matter. The issue persists because nurses continue to have fear of retaliation and no management support. To decrease and completely eradicate this issue it has to be addressed. This was handled with the use of a sacred word, a sacred person, and when all else failed, mediation took place. The unit's disruptive behavior has diminished and management has conducted less counseling on this behavior. I have developed a guideline for the unit to assure that there will continue to be a way of decreasing and eliminating disruptive behavior.

Biography

Deborah L Threats has completed her MDIV in 1998 from Howard University and BSN in 1981 from Catholic University of America. She is currently working as a Clinical Nurse at Georgetown University Hospital. She has had five poster presentations and one oral presentation on Disruptive Behavior. The one poster presentation was nationally at the ASPAN conference 2017. She has done her Nursing in the USA and International Nursing. She was a Major in the US Army. She has over 35 years of experience in Nursing from being Hospital Administrator, Manager, and ICU Nursing to Med-Surg Nursing. She is now in the process of writing an article on how a unit manages Disruptive Behavior.

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Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

The effect of scenario-based high fidelity and redo simulation methods on the medical error tendency, self-efficacy and state anxiety levels of nursing students

This study aims to define the effect of scenario-based high fidelity and redo simulation methods on medical error tendency, self-efficacy and state anxiety levels of nursing students. Our study which is designed as control group in experimental quality pre and post-test research was approved by Sivas Cumhuriyet University Ethical Committee and its consents was taken from all informed participants. The sample of the study consists of the second grade 80 students (redo simulation group n=40, single simulation group n=40) who have been trained in the Faculty of Health Sciences during the spring semester in 2017-2018 academic year. Including the single simulation group (20) and the repeated simulation group (20), a total of 40 subgroups were formed in two-student-groups. These subgroups were participated in the education of 'the simulation scenario of a patient with chronic lymphocytic leukaemia' which consists of five steps. Self-description form, the state anxiety inventory, the self-efficacy scale and the chronic lymphocytic leukaemia patient scenario skill assessment and the medical error situation evaluation checklist have been used as data collecting tools. Data have been evaluated by using Student t-Test, Mann Whitney U Test, Wilcoxon Marked Rank Test, Paired Sample t-Test, Chi-square Test, Kruskal Wallis H Test and Cronbach alfa analysis. While the self-efficacy and anxiety levels of the groups are close to each other in our study, it is determined that there is a statistically remarkable increase in self-efficacy and a decrease in anxiety of the repetitive simulation group after the training. At the first application, the skill levels and their tendency to medical errors of both groups are close to each other, but, after the second application, it is determined that there is a statistically remarkable decrease in the tendency to medical errors of the repeated simulation group and that those students correctly fulfilled the nursing attempts expected from them (p<0.05). The majority of the students in our study emphasized that the simulation should be repeated for the effectiveness of education. As a result, it could be said that the repeated simulation method is effective for nursing students in increasing self-efficacy, and reducing anxiety and tendency to a medical error. In this context, it is recommended to include a repetitive simulation method in nursing curriculum programs.

Biography

Hulya Kocyigit is currently working as Research Assistant at the Universty of Sivas Cumhuriyet, Turkey. She graduated from the Department of Nursing, Faculty of Health Sciences at the Universty of Sivas Cumhuriyet in 2015. She is currently a Master's degree student in the Department of Fundamentals of Nursing at the Universty of Sivas Cumhuriyet.

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Joint Event

Public Health, Women's Health, Nursing and Hospital Management

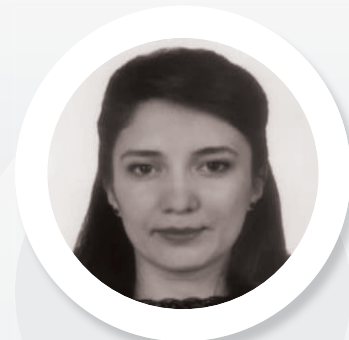December 03-04, 2018 | Lisbon, Portugal

Determining the levels of anxiety, satisfaction and confidence of nursing students in learning aspiration skills with low and high fidelity simulations

The aim of our study was to determine the levels of anxiety, satisfaction and confidence of nursing students in learning aspiration skills with low fidelity simulation (LFS) and high fidelity simulation (HFS). This experimental type of pre-post pattern was conducted with 80 students in 2017-2018 academic periods. The study was approved by the Ethics Committee of Cumhuriyet University and informed consent was obtained from all participants. The data of the study were collected through Demographic Information Sheet (DIS), Evaluation Form of Aspiration Information and Skills (EFAIS), State-Trait Anxiety Inventory by Spielberger (STAI), Student Satisfaction and Self-Confidence in Learning Scale (SSSCLS) and Simulation Design Scale (SDS). The students were given video footage that contains the training on aspiration skills and that was prepared by the researchers, and they were asked to repeat the topic before they came to the practice. Before the skill training, a pre-briefing was given to the students of the HFS group, and the students in LFS group were informed about the preliminary stage of the application. After this stage, DIS and STAI were applied to both groups. The skill training of the HFS group was carried out with a scenario on the application of endotracheal aspiration while the application for the LFS group was conducted with a case report similar to the scenario. In accordance with the simulation method, the training in the HFS group was provided with the facilitator, and the application process in the LFS group was provided to the students without the intervention of the educator. In both groups, students were taken to the practice one by one, the training lasted approximately 20-30 minutes and the skill was evaluated by the researcher during the training. After the application, the students in the LFS group were made discussion on the process steps, and the students in HFS group were made discussion by giving feedback via video footage during the debriefing stage. In the aftermath of the training, STAI, SSSCLS and SDS were reapplied to the students. Student's t-test, paired sample t-Test, Chi-square analysis, frequency, percentage and Cronbach's alpha analysis were used in the analysis of the collected data and the analyses were conducted by SPSS for v-23.0 statistical package program. According to our findings, there was no statistically significant difference between the pre-training and post-training anxiety levels of the nursing students in the LFS and HFS groups (p>0.05), the students in both groups had lower level of anxiety after training than before training and those in HFS group experienced further reduction, the knowledge and skill scores on the aspiration process, the level of self-confidence after training, the problem solving skills, and the level of reaching the goal and knowledge were significantly higher in the HFS group (p<0.05), and the level of satisfaction from training method was higher in both groups after training. As a result, it can be said that successful skill training can be implemented with low and high fidelity simulation, but with a well prepared scenario and the use of higher technology, students' skills of knowledge, self-confidence, reaching the goal and problem solving can be increased further. Therefore, it is recommended to use and extend the scenario-based HFS method in skills training in nursing.

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Biography

Seyda Orhan is currently working as a Nurse at the Education and Research Hospital, University of Sivas Cumhuriyet. She has graduated from the Department of Nursing, Faculty of Health Sciences at the University of Sivas Cumhuriyet, in 2015. Currently, she is pursuing her Master's in Fundamentals of Nursing at the University of Sivas Cumhuriyet.

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Notes:

Joint Event

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SCIENTIFIC TRACKS & ABSTRACTS

DAY 2

Major Sessions: Hospital Management and Nursing | Telemedicine and healthcare Administration | Patient Safety | Infertility & Related Disorders: Diagnosis, Treatment & Management | Menopause & Contraception | Health Care Technologies and Tele-Medicine

Session Chair :
Michelle Black
University of Queensland, Australia

Session Introduction

Title: **Hospital management and nursing**
Antonio Jose Lopes de Almeida | Sao Jose Hospital | Portugal

Title: **Hospital-acquired infections by carbapenem-resistant Gram-negative bacteria: An old hospital management challenge in a new technology era**
Catia Sofia Gabriel Caneiras | University of Lisbon | Portugal

Title: **Communication and patient experience**
Sandra Abi Daher Frangieh | Lebanese University | Lebanon

Title: **Pharmacy care delivery using SMS in developing countries**
Lawrence Aikins | Towson University | USA

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Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Antonio Jose Lopes de Almeida
Sao Jose Hospital, Portugal

Hospital Management and Nursing

Justification: Hospital management is always based on its quality cost structure, which are the costs linked to quality control in the production, logistics of a product or service. It should be borne in mind that it is necessary to maintain permanent investments not only to acquire quality but also to maintain it. The costs of intensive care continue to rise (since the 1970s).

The implementation of protocols results in reduction of costs/gains for the patient, evidence-based practice results in gain, protocols for prevention of catheter-related infections and associated pneumonia, Mechanical ventilation, use of sedation and analgesia in the ICU, associated with weaning and inadequate use of antibiotics and nutritional support.

Strategic management involves patient satisfaction, through "talent retention" (specialist nurse maintenance) in order to achieve continuous improvement through training, in which alone it can achieve the success of an institution.

It should be noted that the technical qualifications of nurses must be taken into account. The proportion of nurse/patient can be adjusted by taking into account the competencies or other health professionals.

Objective: To design basic knowledge in the area of business management applied to health, in the strategic planning approach of a nursing professional

Content: Literature review including models studied in the human knowledge area, as well as the basic requirements recommendations in the ICU as well as the structural and organizational aspects

Conclusion: Professional training as a culture of prevention and the role of nurses in the development of prevention and control of infection are highlighted. Education continues with strategies to implement more effective measures in the quest for quality of care. The basis of management is the education of the nurse and the care of the caregiver.

Biography

Antonio Jose Lopes de Almeida has a Master's Degree in Nursing from the School of Nursing in Lisbon (ESEL) since 2012. He is a Specialist in Medical-Surgical Nursing at the School of Nursing of Lisbon (ESEL) since 2012. He has worked as a Nurse in the Hospital Center of Central Lisbon (CHLC), Sao Jose Hospital, in the Neurocritical Intensive Care Unit, since 1992. He is also a Guest Assistant Professor at the Department of Adult and Elderly Medical-Surgical Nursing at the School of Nursing of Lisbon (ESEL) since 2007, a member of the Nursing Section of the Portuguese Society of Intensive Care (SPCI) in the triennium 2018-2020, Vice-President of SPCI for the triennia 2012-2014 and 2015-2017 and President of the Nursing Section of SPCI in the 2006-2008 and 2009-2011 triennia.
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Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Hospital-acquired infections by carbapenem-resistant Gram-negative bacteria: An old hospital management challenge in a new technology era

The acquisition and emergence of carbapenem resistance among Gram-negative bacteria (GNB) is a major cause of concern, since carbapenems currently represent the treatment of choice for severe infections caused by multidrug-resistant (MDR) strains producing extended-spectrum β-lactamases (ESBL). In 2017, the World Health Organization had published a global priority pathogens list of antibiotic-resistant bacteria to help in prioritizing the research and development of new and effective antibiotic treatments. In this list, it identified carbapenem-resistant *Enterobacteriaceae* (which includes *Klebsiella pneumoniae* and *Escherichia* coli), *Pseudomonas aeruginosa and Acinetobacter baumannii,* as the top three critical threats. Although great efforts have been made to enhance epidemiological surveillance in Europe, virulence traits and molecular characterization of carbapenem-resistant isolates from some countries remains scarce. Additionally, it remains somewhat unclear how pathogenic bacteria, its resistance and virulence, have evolved in over the time and its relationship with the healthcare system changes imposed by medical technologies. All combined, this thematic can constitute an important threat to safety patients, a significative economic burden and a serious challenge to hospital management.

Biography

Catia Sofia Gabriel Caneiras has completed her graduation in Pharmaceutical Sciences (Pharm D) from University of Lisbon (Faculty of Pharmacy) and Master's degree in Clinical Microbiology (MSc) in the Faculty of Medicine from the same university. Currently, she is a PhD student in the field of Health Sciences and Technologies, specialty in Microbiology. She is working as the Healthcare Business Director and Scientific Director of Praxair Portugal and she is responsible for the telemedicine development area. She is a Senior Researcher in the Department of Microbiology and Immunology at FFUL and Invited Researcher at the Institute of Environmental Health. She has participated in more than 100 scientific activities, including 25 oral communications and 30 publications. She is an invited Reviewer of Journal of Medical Microbiology, Microorganisms, Journal of Clinical Medicine and International Journal of Environment and Public Health.

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Notes:

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

Communication and patient experience

Communication and Patient Experience (Project in a Hospital): Introducing change to a healthcare institution requires more than just isolated events, but rather a continuous performance improvement cycle that includes defining the vision and strategy, analyzing the gap existing between desired and actual status, planning for projects and activities to reach objectives, driving the implementation plan and training staff and lastly coaching of managers and performance monitoring.

Developing a professional image of staff and overall institution through communication in order to reach excellence in patient experience, provide top quality services to each patient, ensure long term business success and enhance its branding and attractiveness in the region.

It is a transformational project that will involve many different hospital stakeholders.

Its success relies on the engagement of everyone involved and a solid project management structure which would enable completion of project phases within proper deadlines, and attainment of high quality deliverables.

Biography

Sandra Abi Daher Frangieh has completed her Master's Degree in Hospital Management from Lebanese University-Beirut. She is currently pursuing her PhD in the same field from British International College-London and a Doctorate in Leadership and Human Ressources from USJ-Beirut. She has accomplished Post-graduate studies in Quality Management in Healthcare from USJ-Beirut and in Professional Mediation from CPM-USJ-Beirut. She is an Instructor in the Faculty of Public Health at the Lebanese University. She is the Head of Training and Development Department in a private Hospital in North-Lebanon and Quality Consultant. She has recently joined the group of national surveyors for Hospital Accreditation, project with the Ministry of Public Health - Lebanon. She is a Trainer and animates workshops related to communication skills, emotional intelligence and personal development.

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Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal

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Pharmacy care delivery using SMS in developing countries

Currently in developing countries, distribution of pharmacy drugs in a controlled way can be a challenging task due to lack of medical doctors and/or adequate technology especially in rural areas. For the patients in rural areas, getting prescriptions or getting adequate drugs for their illness can be difficult due to aforementioned reason, so expected patient outcome in the regions remains low. Also the patients in rural areas may try substitute medicine for their illness due to the unavailability of pharmacy drugs, so early detection of possible epidemic can be difficult as such treatments do not leave any related data to collect. Even if prescriptions for the patients in rural area are available, access to nearby city pharmacies is still difficult due to lack of adequate transportation. In an attempt to resolve such issues, we propose an approach that utilizes information technology available in rural areas of developing countries such as 2G/2.5G SMS, that is available in most of developing countries, to deliver prescription/medication to the patients. Our SMS approach includes various associated technologies such as mobile payments, method of delivery, tracing prescription status, and storing SMS based prescription/medication related conversation for a patient to a cloud based electronic health record system after conversion to HL7 clinical document architecture (CDA) for future reference. In our approach, doctors can prescribe medication for their patients using SMS technology to any of the pharmacies listed in the pharmacy database. The pharmacy who received prescription(s) may fulfill the prescription and send a text message to the patient notifying that medication is ready to be delivered. As soon as the patient chooses a delivery method, the prescribed drugs are delivered to the patient. After the delivery, a text message is sent back to the doctor notifying that the prescription is fulfilled.

Biography

Lawrence Aikins graduated from University of Maryland with B.Sc. in Information System Manegement and Masters in Cyber-Security at UMBC. He is currently doing his PHD in Information Technology at Towson University. Certifications includes Ethical Hacking, Certified Security Analyst, Licensed Penetration Tester, Security+, Microsoft System Administration. His current position as President of LKA Computer Consultants.

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