

Proposal for Diagnostic centres: Preventing incidences, risks or even deaths due to AMR burden etc (Part 1)

By

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Problem analysis

Wrong antibiotics or wrong medications are known to cause hazards, risks and even fatality. The consultant acknowledges that AMR burden can lead to increased morbidity, mortality and cost of care.

The solution includes a proposal to diagnostic centres to implement a Prescribing Desk and SMART Assistance to address the still emerging AMR burden.

Proposal

Implement SMART Assistance in 2 steps

Step 1: Operating norms and best practices

Step 2: “**Knowing your customer**” methodologies are emerging in all areas of the industry, the importance of which may be evident in the pharmaceutical industry to provide better services.

A diagnostic centre could define/revise a form to collect profile information from customers depending upon possible response, time available, vulnerability or severity noticed in health condition.

This proposal includes a proposed customer profile that can be used to collect, consolidate and communicate details about the customers who request for culture sensitivity tests or consume antibiotics (frequently).

The profile has certain must fill (*) sections and certain additional information sections. It is expected that filling in the profile may take approximately 10 minutes with assistance.

This customer profile can be logged into high-performing VeriSafe databases that can be assessed to understand and improve the nature of healthcare and actions being taken to ensure right antibiotic policies.

Associating a Customer UId across all diagnostic centres could help management bodies identify customers at a nation-wide, or state-wide, or district-wide, or city-wide level etc, and thereon unify in efforts for the right use of antibiotics and gather information on performance and issues.

CUSTOMER PROFILE

A. PERSONAL DETAILS (*)

Diagnostic Center Id:

Customer Uld:

Linked Id:

Customer's Name:

Place of residence:

Region:

City:

State:

STD code:

Country:

ISD code:

Sex:

Age:

Nationality:

Country of origin:

Nature of occupation: Unemployed/Employed/Self-employed/
Business/Retired/Others

B. WORK OR STUDY ASSOCIATED HAZARDS

Do you work or study in less safe environments? Yes/No/
Not applicable

Nature of work or study environment:

Do you travel frequently? Yes/No

Last country visited:

Date visited:

Last country visited:

Date visited:

Last country visited:

Date visited:

Any incidences during travel? Yes/No/Not applicable/Do not know/
Cannot comment

Details you like to include:

C. HEALTH EVALUATION (*)

Your constitution? Healthy/ Occasionally unwell/Recovering/
Chronic condition/Do not know

Weight: Normal/Under-weight/Over-weight/Do not know

Blood sugar: Normal/Low/High/Under control/Do not know

Blood pressure: Normal/Low/High/Under control/Do not know

Any other Life-changing condition:

Diet: Vegetarian/Non-vegetarian/Both/Others

Do you suffer from any food allergies? Yes/No/Do not know

Do you suffer from any drug or medicine related allergies? Yes/No/
Do not know

Do you suffer from pollen, smoke or dust allergies? Yes/No/
Do not know

Do you know about your vulnerability or susceptibility to certain diseases? Yes/No/Do not know

Do you have more information about this?

D. NEEDS EVALUATION (*)

Do you get diagnostic tests done regularly? Yes/No

Do you use medication or healthcare products regularly? Yes/No

Are you consulting a doctor? Yes/No

Are you currently under treatment? Yes/No/On prescription medicines

Do you use antibiotics, prescription medications or healthcare products purely on the advice of doctors or practitioners?

Always/Sometimes/No/Not applicable

(a) Nature of medications or healthcare products that you consume on advice of doctors or practitioners:

(b) Nature of medications or healthcare products that you consume as self-medication or as self-guided care:

(c) Do you read prescriptions or statutory healthcare information?

Always/Sometimes/No/Not applicable

(d) Can you use associated statutory information or warnings to contact doctors or practitioners when suffering from contra-indications? Always/Sometimes/No/Not applicable

E. FAMILY HEALTH (^)

Do you have a consulting physician? Yes/No/Not applicable

Name of physician:

Details:

REFERRALS / DOCTORS BEING CONSULTED

Name: **Details:**

Name: **Details:**

Name: **Details:**

F. DETAILS OF ANY INFECTIONS OR REOCCURRENCES (*)

1.a Do you know about the nature of your problem? Yes/No/Not applicable/Do not know

1.b Do you know about the nature of reoccurrence? Yes/No/Not applicable/Do not know

2. Is clinical diagnosis available? Yes/No/Not applicable

+ Nature of your problem:

+ Nature of specimens taken:

+ For each category of specimen

- Details of culture sensitivity tests and success in line of treatment

- Details of repeat culture sensitivity tests and success in line of treatment

+ Care availed for problem:

+ Issues faced?

**+ System of medicine availed of specifically for problem?
Allopathy/Ayurveda/ Homoeopathy/ Mix/ Others**

G. DETAILS OF ANY CHRONIC DISEASE OR MAJOR / RECENT INCIDENCES (*)

Do you know about the nature of your problem? Yes/No/Not applicable/Do not know

Is clinical diagnosis available? Yes/No/Not applicable

Nature of your problem:

Care availed for problem: Not under treatment/Under treatment/

Was treated but there is a reoccurrence/

Was treated but cannot revisit that doctor or practitioner

Issues faced? Do not have medical records/Do not know enough/

No expert opinion available/Suffered contra-indications/

Medications costly/Medications not available/Fewer alternate medicines

System of medicine availed of specifically for problem?

Allopathy/Ayurveda/ Homoeopathy/ Mix/ Others

H. OTHER TREATMENT DETAILS (*)

System of medicine availed of most often? Allopathy/Ayurveda/

Homoeopathy/Mix/Others

System of medicine availed of sometimes? Allopathy/Ayurveda/

Homoeopathy/Mix/Others

System of medicine that has not worked? Allopathy/Ayurveda/

Homoeopathy

Any alternatives recommended by experts?

Are you under any trial for antibiotics, medications or healthcare products or plan of care?

Do you alter medications sometimes?

Only on the advice of an expert/Self-guided/On the basis of availability/

On the basis of costs/Other reasons

Issues faced:

Do you rely on any source of information or marketing function to know more about the drugs and products available for your condition (so you become a more aware consumer)? Yes/No/

Not applicable

Notes