التطبب والعلاج عن بعد لخدمات صحية آمنة ومستدامة

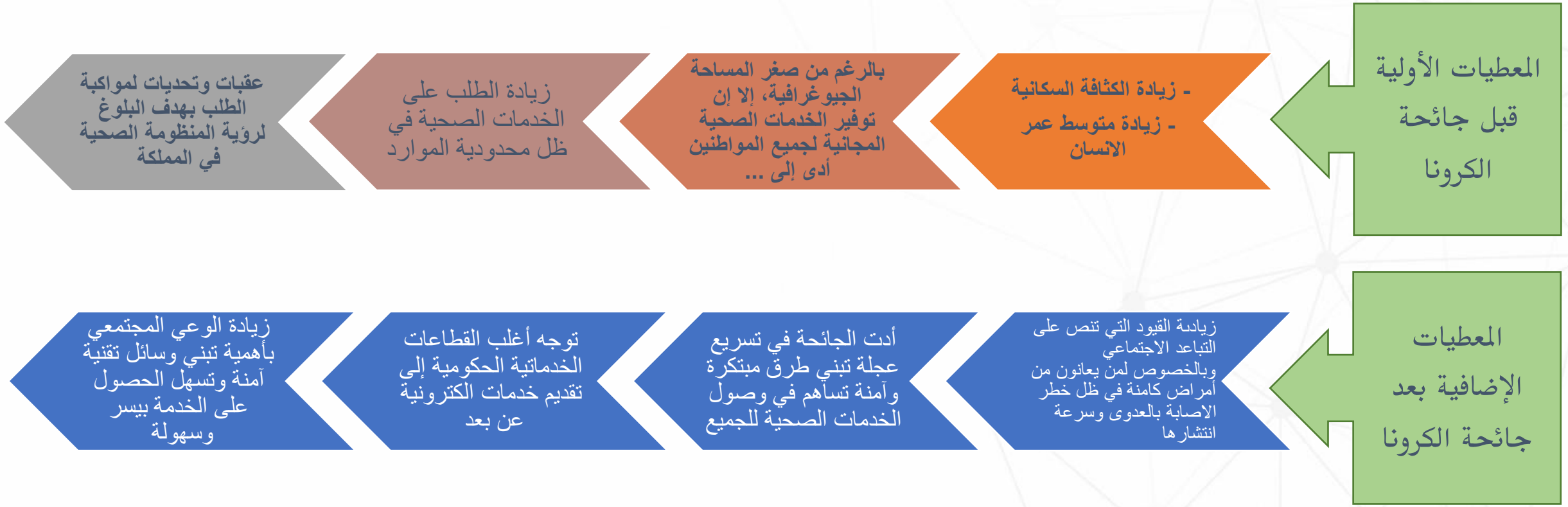
(فكرة المشروع)

مراكز الرعاية الصحية الأولية

Primary Healthcare Centres

المعطيات الأولية للفكرة وما أدى إلى تطور مراحل بلورتها

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres



تحليل الوضع

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres

تحليل الشركاء

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres

L(Legal) الشؤون القانونية	E(Environmental) البيئة	T(Technological) التقنية	S (Social) المجتمع	E (Economics) الاقتصاد	P (Politics) السياسات
- حقوق المرضى والمراجعين - حقوق العاملين في القطاع الصحي - الأمن والسلامة - السرية والخصوصية في المعلومات - حرية الأفراد في اختيار الخدمات المناسبة	- الحفاظ على البيئة وتقليل الأضرار الناجمة عليها من خلال تبني أدوات وخطط صديقة للبيئة	- التطور السريع للأدوات التقنية في القطاع الصحي - دوافع الابتكار - والتسابق لتقديم أفضل السلع وأكثرها ابتكاراً بأقل تكلفة	- التضخم السكاني - زيادة متوسط العمر البشري - زيادة الوعي المجتمعي بالجانب الصحي - زيادة الطلب على الخدمات الصحية - التغييرات في وتيرة ونمط الحياة المجتمعية	- التوجه العام إلى الاقتصاد في النفقات وعليه إيجاد الحلول البديلة (ذات كفاءه وآمنة وذات تكلفة اقتصادية ومستدامة) - نظام الضمان الصحي - أهداف التنمية المستدامة	- قوانين مملكة البحرين لمزاولة مهنة الطب - الاشتراطات واللوائح التنظيمية من قبل الهيئة الوطنية لتنظيم المهن الصحية في مملكة البحرين - السياسات الدولية والإقليمية

التاريخ الزمني لتطور ونمو المشروع

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres

2017

- تم البدء في مشروعين كدراسة تجريبية

2018

- تم عمل ندوة لطرح أهمية تبني مختلف مبادئ التطبب والعلاج عن بعد إلى مختلف الشركاء
- تم البدء في مشروع (اختر طبيبك) وتبني تقنية الاتصال الصوتي

2019

- تم توجيه فريق عمل لبدء العمل وتفعيل أحد المشاريع المقترحة على نطاق أكبر

2020

- تم توجيه الفريق لتبني تقنية الاتصال المرئي (كإضافة تقنية رائدة) في الاستشارات
- خدمة توصيل الأدوية

2021

- المشروع في طور النمو والتوسع
- تم عمل دراسات أكاديمية مختلفة

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres

التطبب والعلاج عن بعد لخدمات صحية آمنة ومستدامة

(التخطيط والابتكار)

مراكز الرعاية الصحية الأولية

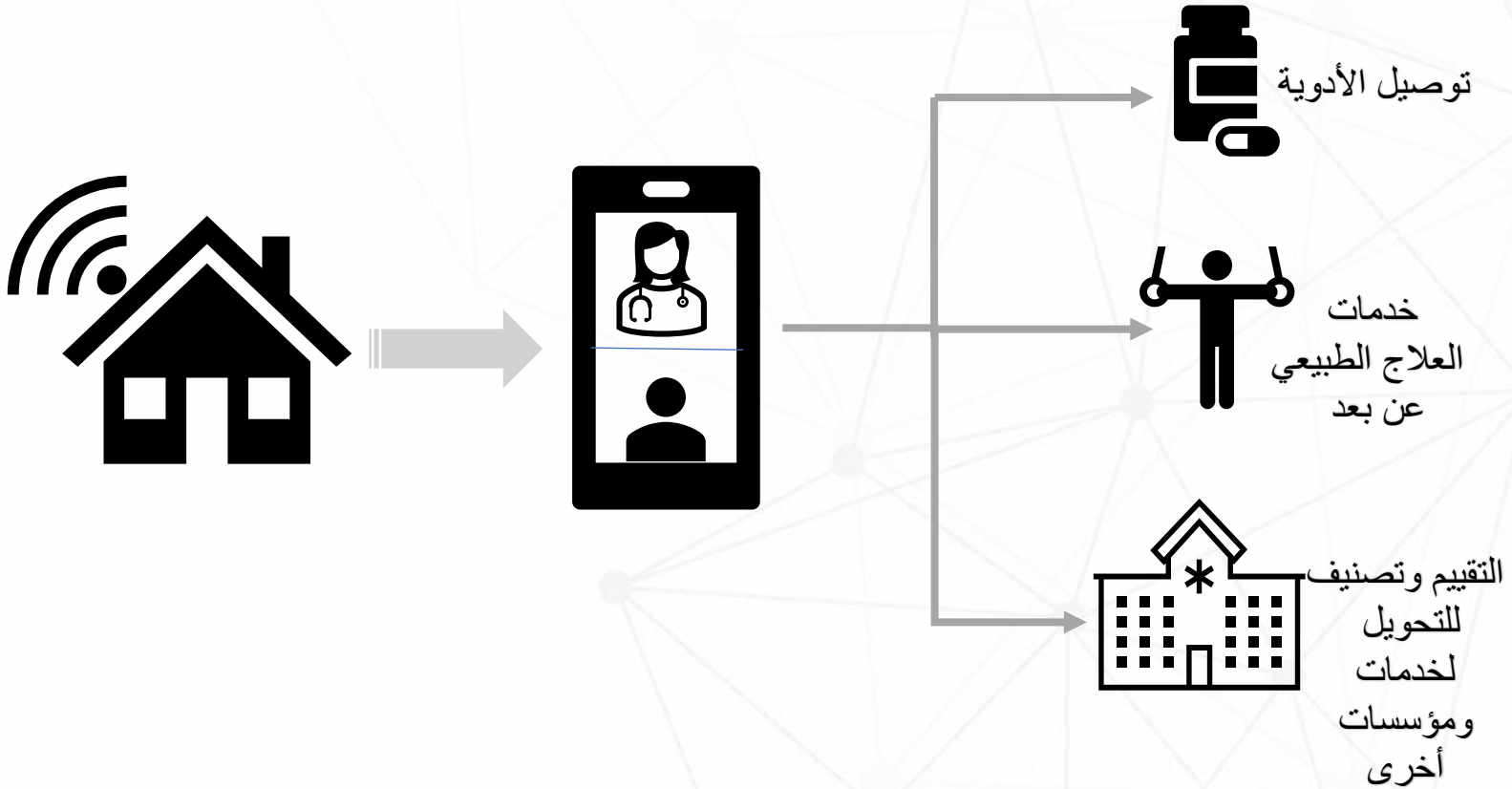
Primary Healthcare Centres

التخطيط للمشروع

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres

لقد تم التخطيط لكل مرحلة ولكل مشروع على مستوى مختلف ليتم بعدها دمج الجهود في تقديم خدمات صحية (شبه متكاملة) للمستفيدين من الخدمات الصحية الأولية

نرفق لكم أمثلة ونماذج لبعض الخطط والأدوات المستخدمة لخدمة (مثال مشروع تطبيق الاتصال المرئي في الاستشارات الطبية عن بعد)

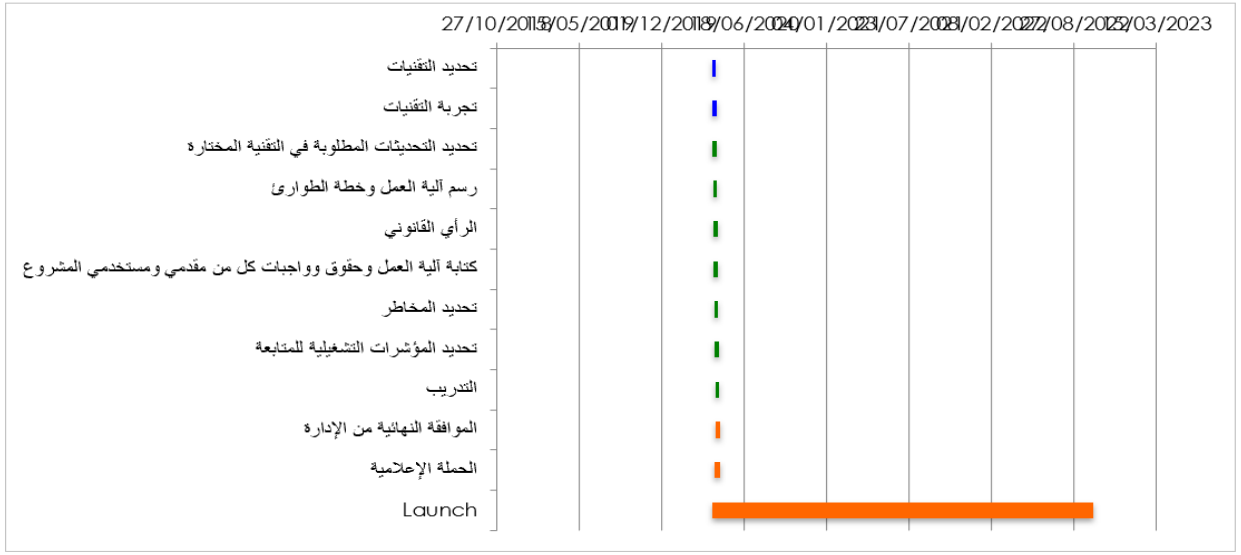


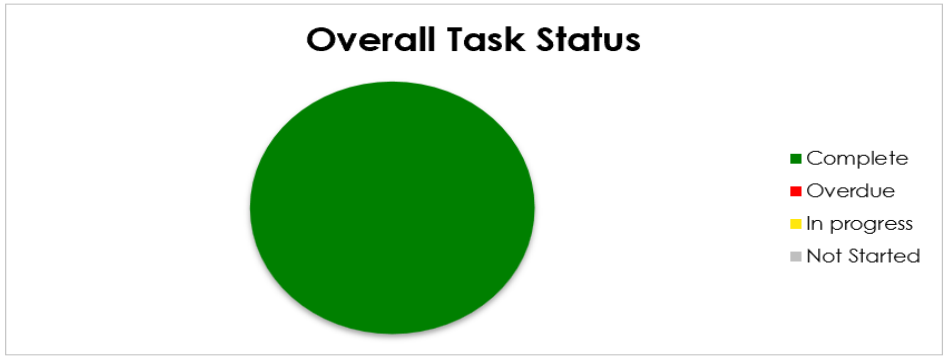
التخطيط لمشروع إضافة خاصية الاتصال المرئي

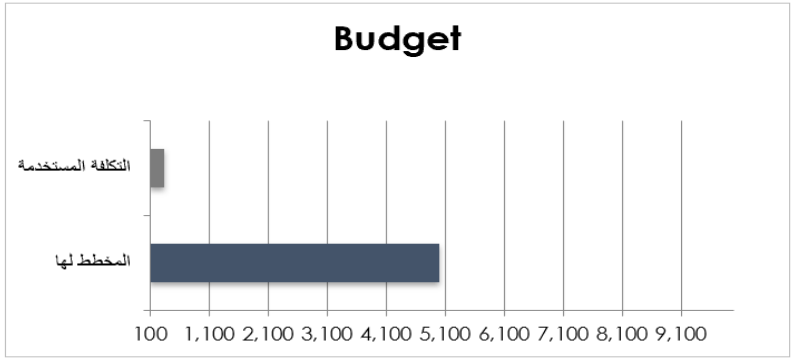
مراكز الرعاية الصحية الأولية
Primary Healthcare Centres

لوحة إدارة المشروع

TASKS	ASSIGNED TO	PRIORITY	STATUS
تحديد التقنيات			اكتمل
تجربة التقنيات		★	اكتمل
تحديد التحديثات المطلوبة في التقنية المختارة			اكتمل
رسم آلية العمل			اكتمل
الرأي القانوني			اكتمل
كتابة آلية العمل وحقوق وواجبات كل من مقدمي ومستخدمي المشروع			اكتمل
تحديد المخاطر			اكتمل
تحديد المؤشرات التشغيلية للمتابعة			اكتمل
التدريب			اكتمل
الموافقة النهائية من الإدارة			اكتمل
الحملة الإعلامية			اكتمل
Launch			



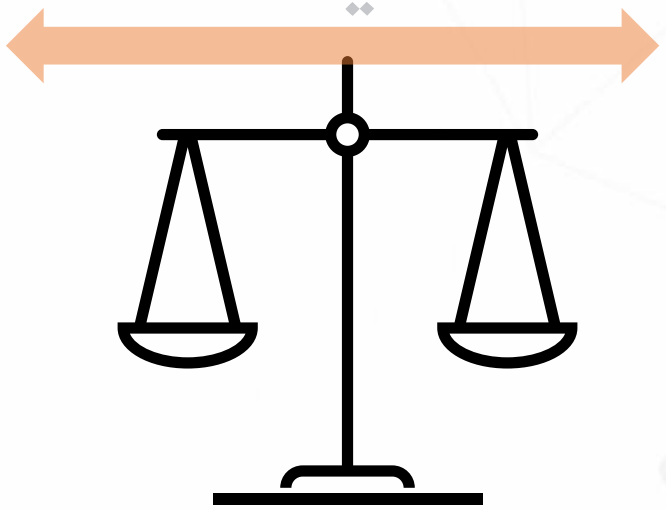




تحليل الفوائد والتكاليف

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres

المقايضة في الاقتصاد



مزايا التطبب والعلاج عن بعد

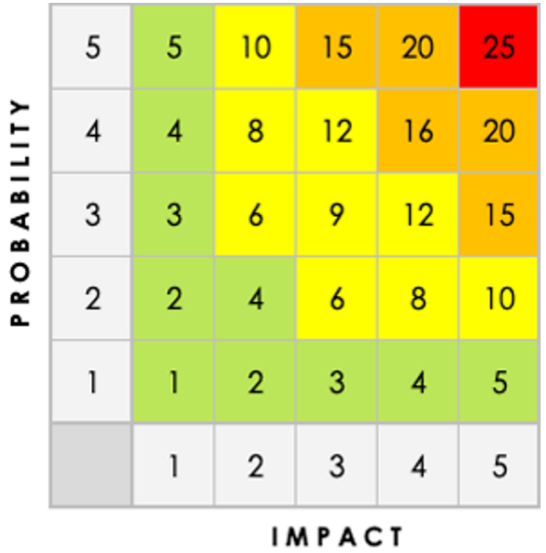
- توفير لوقت وجهد ورحلة المستفيد من الخدمة
- تقليل من الازدحام الذي يسببه الحضور الشخصي
- تقليل فرص الاحتكاك والمشاكل الناجمة من الحضور الشخصي
- تقليل فرص التقاط العدوى
- تقليل فرص الحوادث العرضية (كالسقوط) وغيرها
- زيادة فرص حصول العميل على الخدمة بيسر وسهولة وآمان

جميع ما ذكر ينعكس على مستويات اقتصادية مختلفة

- **الناتج المحلي الإجمالي GDP:** مثال فالموظف الذي يستأذن لحضور موعد قد يستغرق رحلته للطبيب حتى رجوعه لمقر عمله ما يقارب 2–3 ساعات ما ينعكس على الإنتاجية في العمل
- **عائد الاستثمار الغير مباشر ROI:** يتمثل في توفير تكلفة علاج مريض الكوفيد 19 الذي التقط العدوى من احد المؤسسات أو علاج آخر تعرض لكسر بسبب تعرضه لحادث سقوط عرضي في مؤسسة أخرى.

تحليل المخاطر

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres



MITIGATION NOTES	PRIORITY LEVEL	PROBABILITY LEVEL	IMPACT LEVEL	IMPACT DESCRIPTION	RISK DESCRIPTION
الخطوات المتخذة للتقليل من الخطر أو إزالته		Rate 1 (قليل) to 5 (عالي)	Rate 1 (قليل) to 5 (عالي)	نتائج وعواقب وقوع الخطر في حال لم يتم إزالته أو التقليل من خطورته	ملخص عن الخطر المحتمل
وضع آليات محكمة للتأكد من الهوية	6	3	2	عواقب قانونية ومالية ومهنية والمساس بسمعة المنظومة	المخاطر المتعلقة بالتحقق من هوية المتصل
وضع آليات محكمة للفئة المستهدفة	4	2	2	عواقب قانونية ومالية ومهنية والمساس بسمعة المنظومة	المخاطر المتعلقة بالمراجعين القاصرين (من هم أقل من 18 سنة)
وضع آليات محكمة للفئة المستهدفة	8	4	2	عواقب قانونية ومالية ومهنية والمساس بسمعة المنظومة	المخاطر المتعلقة بالوصي أو الممثل القانوني للمراجع أو المريض
وضع آليات محكمة للفئة المستهدفة	4	2	2	عواقب قانونية ومالية ومهنية والمساس بسمعة المنظومة	المخاطر المتعلقة بسرية وخصوصية معلومات المرضى والمراجعين
وضع آليات واستخدام برامج ذات حماية عالية	1	1	1	عواقب قانونية ومالية ومهنية والمساس بسمعة المنظومة	المخاطر المتعلقة بأمن الشبكات
االتدريب المستمر والتأكد من توثيق المخاطر والحوادث العرضية والمهنية	6	2	3	عواقب قانونية ومالية ومهنية والمساس بسمعة المنظومة	المخاطر الإكلينيكية
تقييم التقنيات وتحديثها بناءاً على التغذية الاسترجاعية من المستخدمين (كلٌ من مقدمي ومستخدمي الخدمة)	10	5	2	زيادة الشكاوي وتأخر سير العمل	المخاطر التقنية

عنصر الابتكار

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres

أكثر عناصر المشروع ابتكاراً كان يتمثل في استغلال الموارد المتاحة بدون الحاجة إلى زيادة التكلفة وتفعيل ذلك في وقت قصير جداً ومدة زمنية محدودة

ولقد تمكن الفريق من طرح آلية العمل المبتكرة والمرغوبة مع كل من شركة مايكروسفت و شركة البحرين للاتصالات السلكية واللا سلكية (وكلاهما من الشركاء الفعالين في عمل المنظومة الصحية)

وقد تمثلت الفكرة باستخدام أدوات وبرامج الاتصال التي يتيحها برنامج مايكروسوفت لحجز مواعيد الاتصال المرئي عن طريق توفير رسائل نصية للمستفيدين من الخدمة بحيث تؤمن لهم رابط مباشر للاستشاره مع الطبيب على الموعد الذي تم حجزه

Batelco

مراكز الرعاية الصحية الأولية
Primary Healthcare Centres

Tele – health services in Primary health

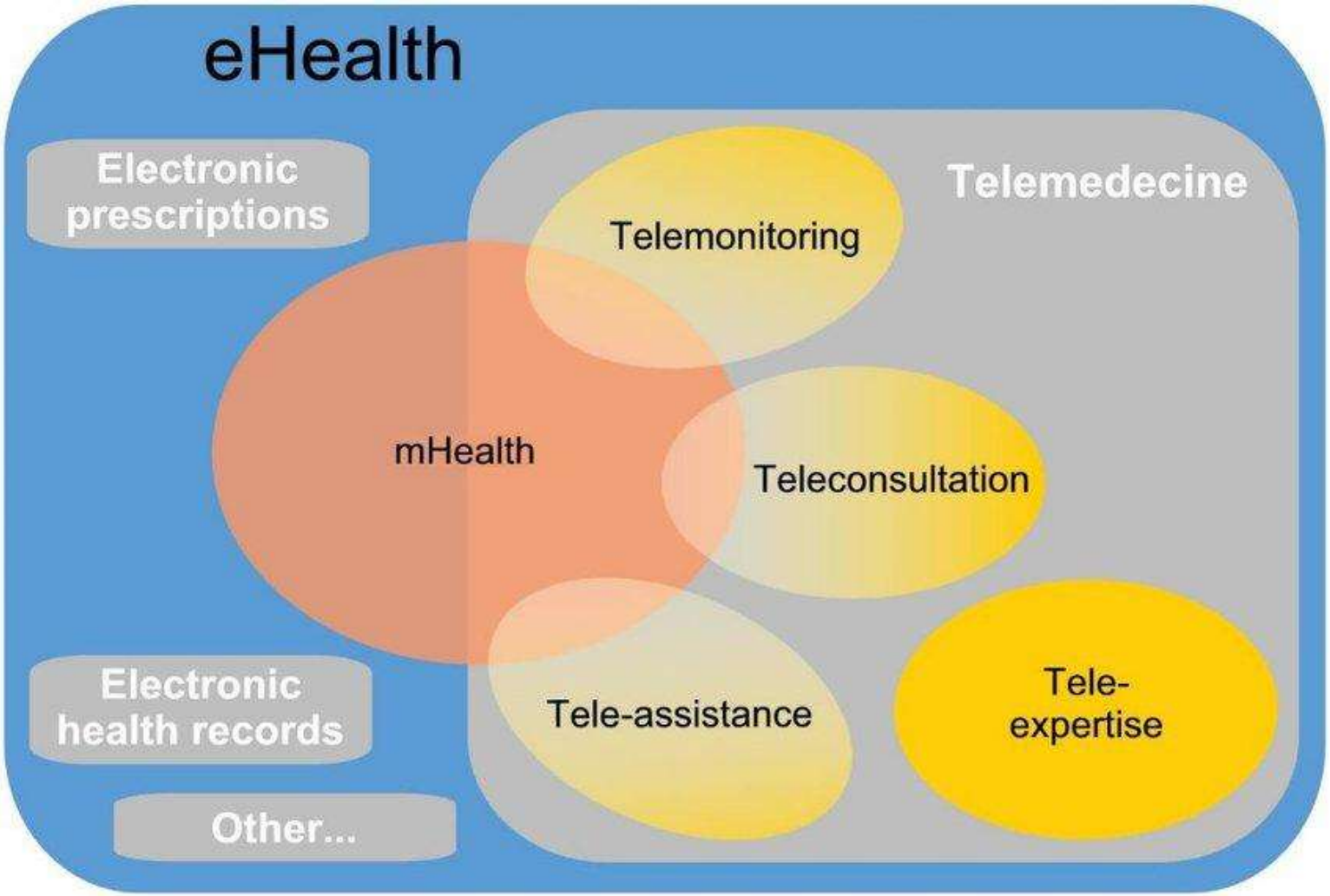
TELE CONSULTATION TEAM

Why this workshop ?

- To educate all primary health care doctors about Tele-services and Tele consultation in preparation for the coming phase of autonomy
- The vision is that all health centers will provide Tele- services for their community
- we are working with the autonomy team now regarding putting this service into our daily practice.

What will you learn in this workshop?

- Introduction
- Pros and Cons of Tele health services.
- Tele- services in PH
- Tips of successful tele services
- Roles and responsibilities
- Current workflow
- Dealing with minors
- Special cases
- Video Consultation
- Telemedicine etiquette
- ID verification in Tele
- Scope of service
- Prescription writing
- When to refer to HC
- COVID- cases through Tele
- Case scenarios
- Limitation of tele services



Tele-

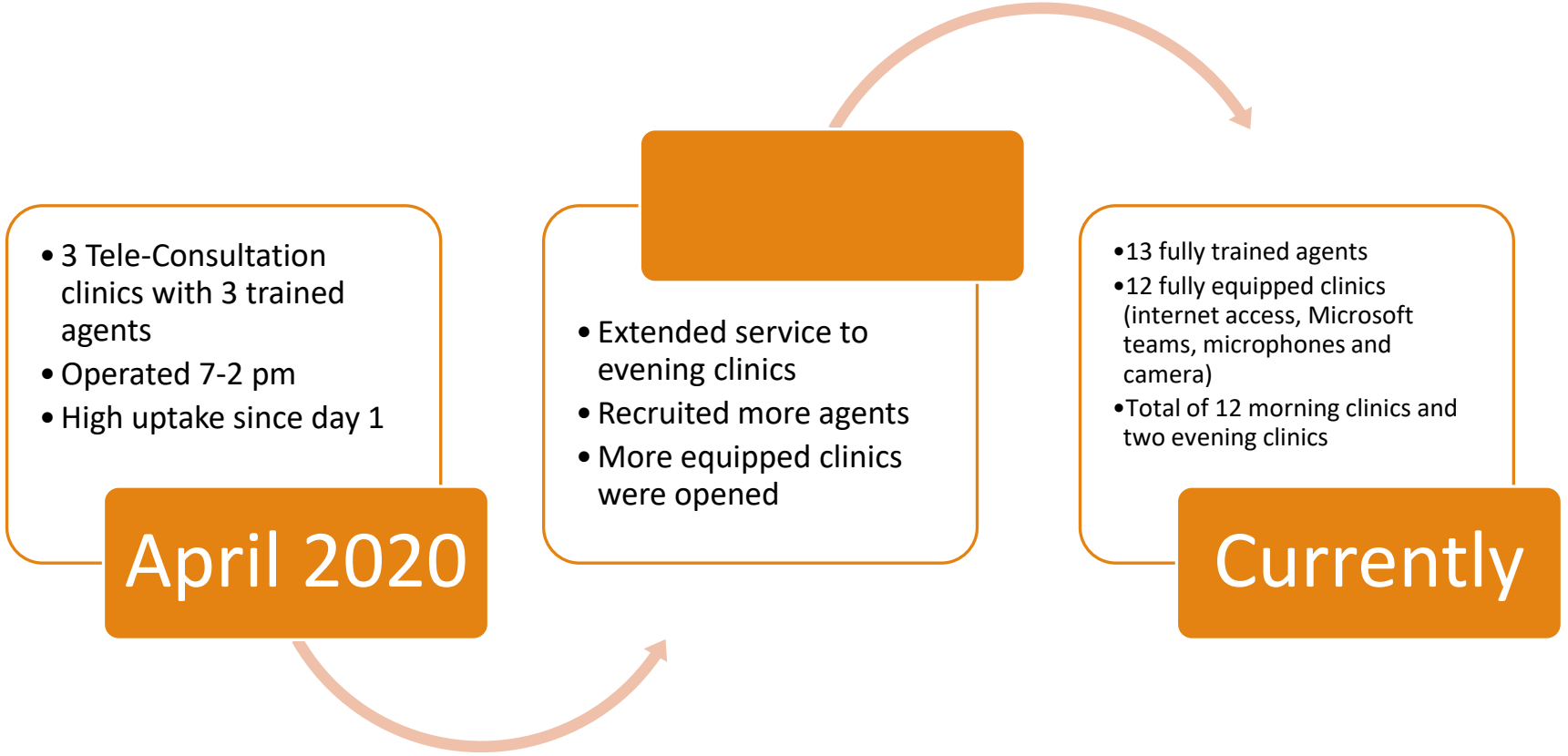
prefix which can proceed any health specialty using any of the ICT modalities to provide a health service remotely with different end users (Physician to Physician, Physician to Patient or vice versa)

Pros and Cons of Tele-Health services

Easy booking
No transportation time or costs
No waiting time
Convenient for user (time/ place)
Sufficient privacy
Easier service for child or elderly
High uptake of service worldwide
Access to Specialists
Less Chance of Catching a New Illness
Better promotion of Health

Cyber security
System failure (Landline/ internet data)
Privacy and confidentiality limitation
Ongoing upgrade of technology
Continuous need to market to the service
Cost
Over prescribing
Misdiagnosis

Tele Consultation in PHC



Tele-Consultation in PHC	Centralized service, booked appointment by call center (8000-7000)
	Serving both Bahraini and Non- Bahrainis in all health centers by both video and phone .
	Average operating hours are 12 hours during weekdays (7am to 7pm).
	Morning and evening clinics

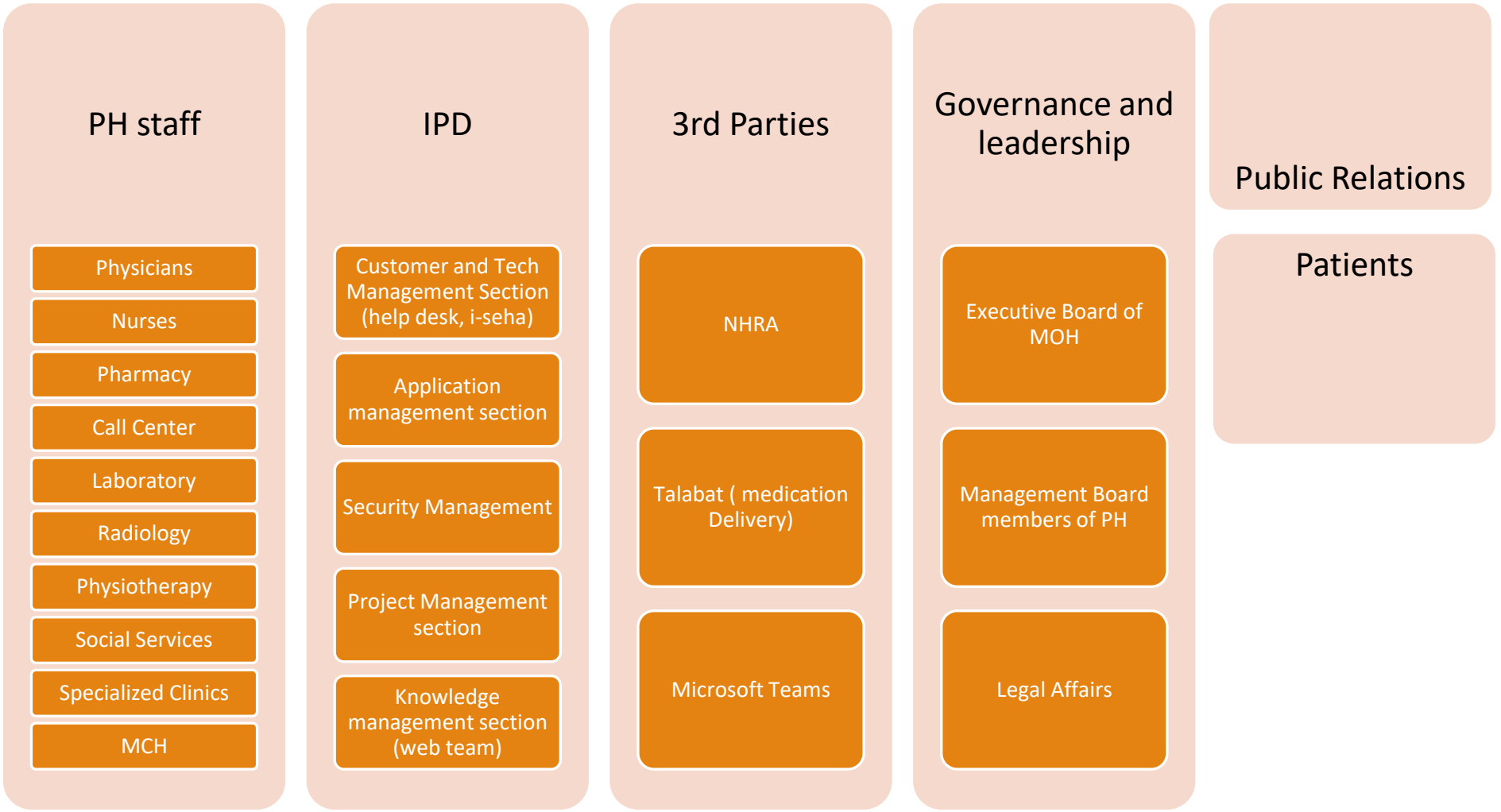
Current Health centers providing Tele consultation service

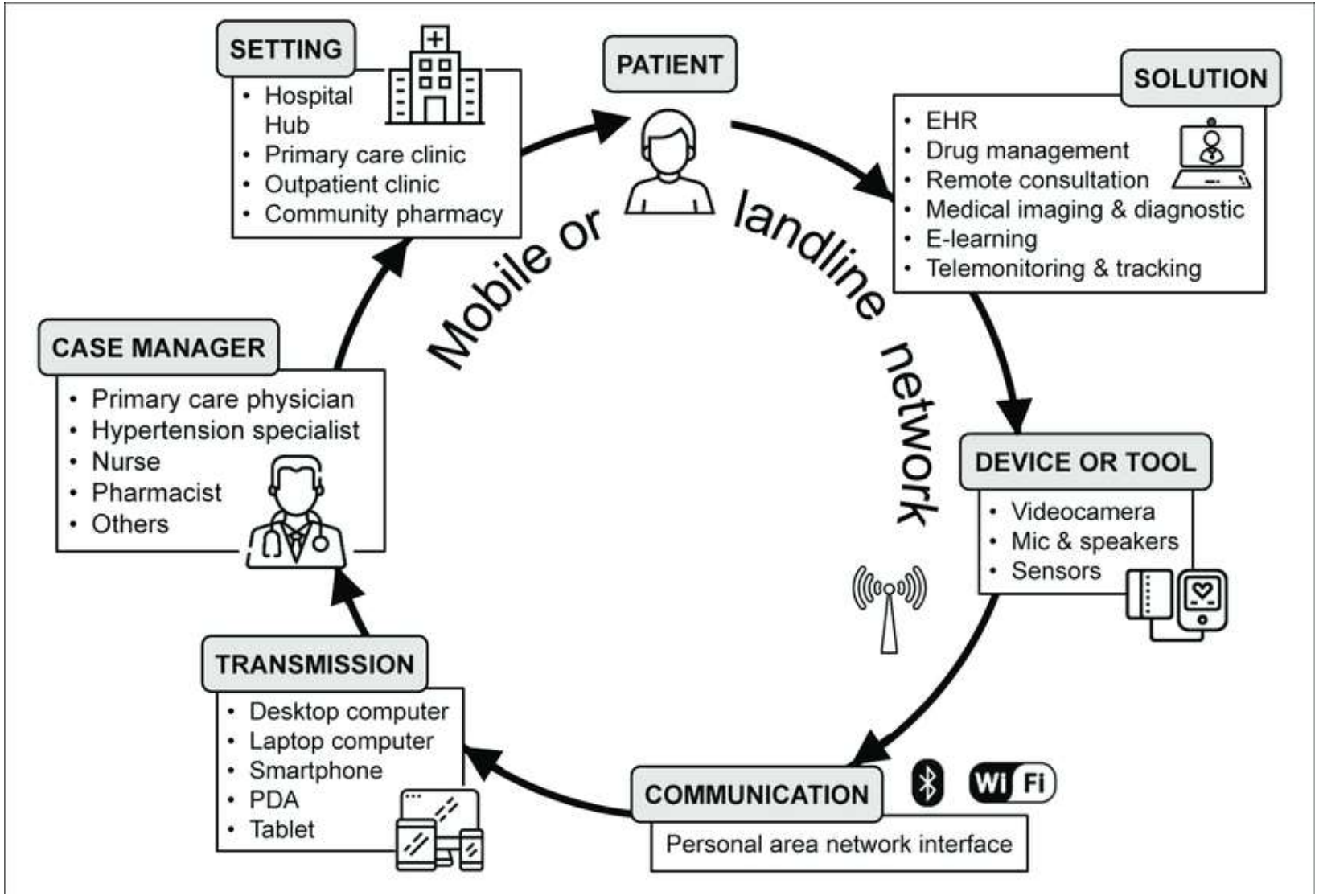
Hamad Kanoo HC
Naim HC
Halat Bu Maher HC
BBK Hidd HC
Hamad Town HC
Aali HC
Budaia HC
East Riffa HC
NBB Arad HC
YE HC

To provide easy, safe, effective, well coordinated tailored virtual primary health services using different Tele communication modalities

- To reduce unnecessary physical attendance to HC
- Increase the uptake of Tele services
- To reduce overall cost
- To increase accessibility to easy services in order to overcome the appointment stagnation

Our stakeholders




SETTING
• Hospital Hub
• Primary care clinic
• Outpatient clinic
• Community pharmacy
PATIENT
SOLUTION
• EHR
• Drug management
• Remote consultation
• Medical imaging & diagnostic
• E-learning
• Telemonitoring & tracking
Mobile or landline network
CASE MANAGER
• Primary care physician
• Hypertension specialist
• Nurse
• Pharmacist
• Others
DEVICE OR TOOL
• Videocamera
• Mic & speakers
• Sensors
TRANSMISSION
• Desktop computer
• Laptop computer
• Smartphone
• PDA
• Tablet
COMMUNICATION
Wi Fi
Personal area network interface

Resources

- mic
- camera
- Internet or mobile or landline connection
- User friendly Software

Services provider

- Dedication
- Safe practice
- Documentation
- Effectiveness
- Efficient
- Ensure Privacy

Successful Tele services consist of

Service receiver

- Privacy
- ID verification (Home address / DOB)
- Readiness for the consultation

Communication modalities

- Audio (phone)
- Video (camera)
- Email
- Up load photos
- text

Roles and responsibilities of service provider

حقوق و واجبات مقدم الخدمة في خدمات التطبيب عن بعد:

- يجب على الأطباء عرض الخدمات الطبية والعلاجات عن بعد وفقاً لأحكام قانون مهنة مزاولة مهنة الطب البشرى وطب الاسنان
- أن يلتزم مقدمو الخدمة بأخلاقيات المهن الطبية
- أن يلتزم مقدمو الخدمة بحقوق وواجبات المريض
- يجب على الطبيب في حال تعذر أو صعوبة تشخيص حالة المريض إرسال المريض الى أقرب مركز صحي.

Roles and responsibilities of service receiver

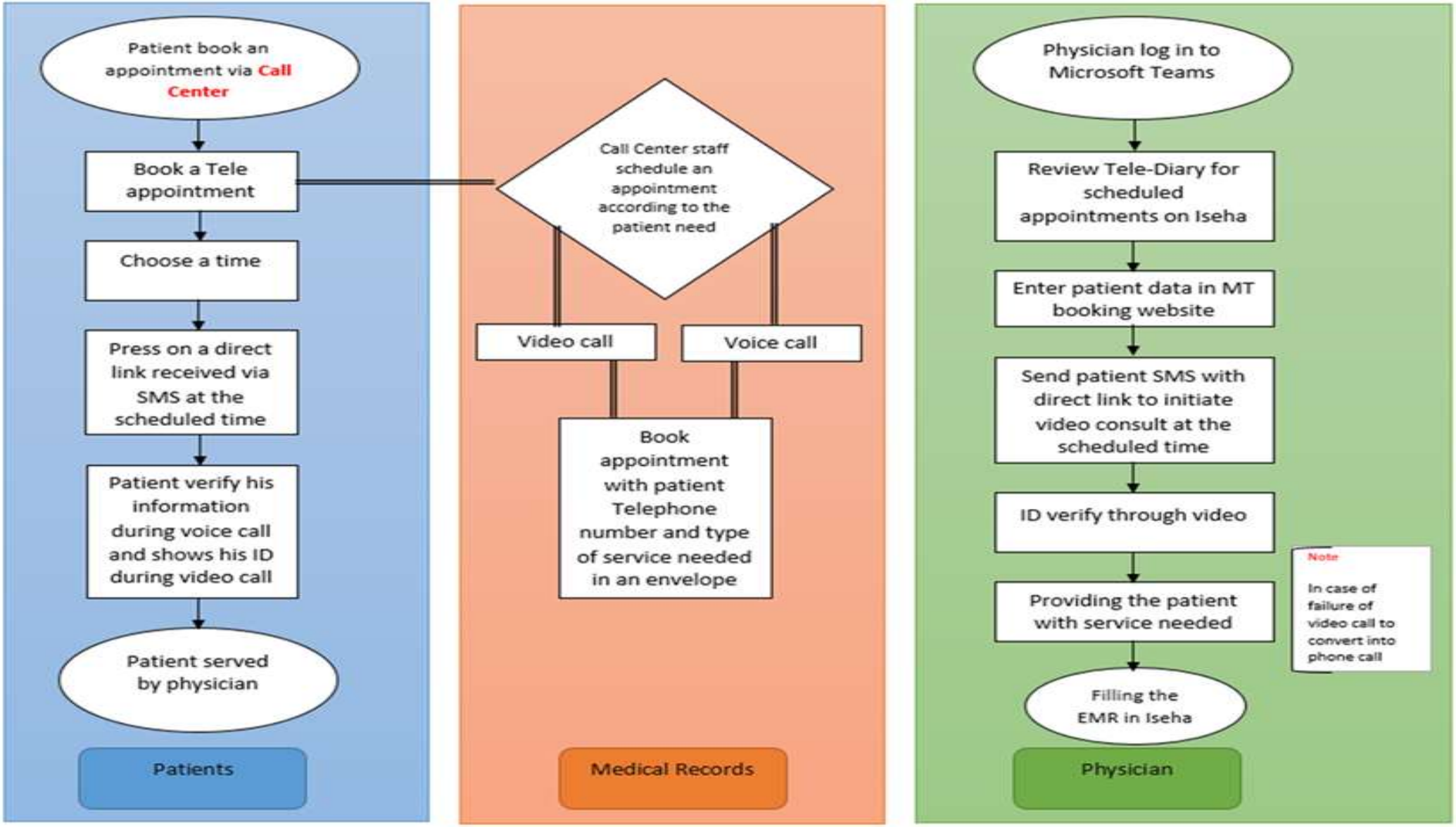
حقوق و واجبات المريض المتلقي لخدمة التطبيب عن بعد :

- يتعين على المريض الالتزام بالواجبات المذكورة في (وثيقة حقوق وواجبات المريض في الصحة الأولية).
- أن يكون على استعداد لإبراز بطاقة الهوية أو مشاركة البيانات المطلوبة من قبل مقدم الخدمة وذلك للتحقق من هوية المتصل.
- أن يقوم الوصي أو الولي أو متولي رعاية المرض بإثبات هويته وصلة قرابته بالمريض كما يتطلب الأمر.
- أن يلتزم المريض أو المراجع بالوقت المخصص له للاستشارة.
- يتحمل المريض مسؤولية عدم الإفصاح بالمعلومات الصحية أو أعطاء معلومات غير صحيحة

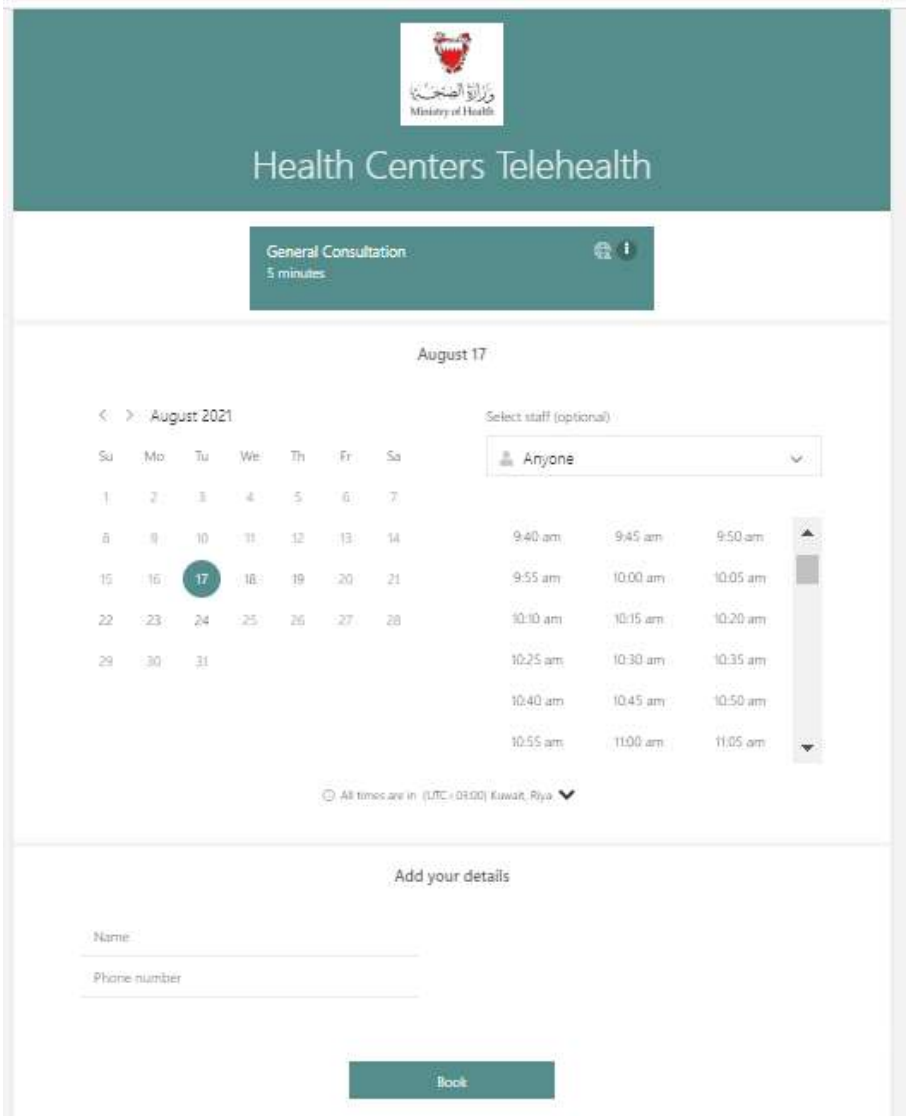
Minors (below 15) and Special cases

- Special cases include:
  - Deaf and mute
  - Autistic
  - Down syndrome
  - bed redden
- Tele consultation for minors (below 15-year-old) and special cases should be done with the presence of the guardian.
- ID verification of both patient and guardian should be done
- Documentation in the EMR

Current workflow

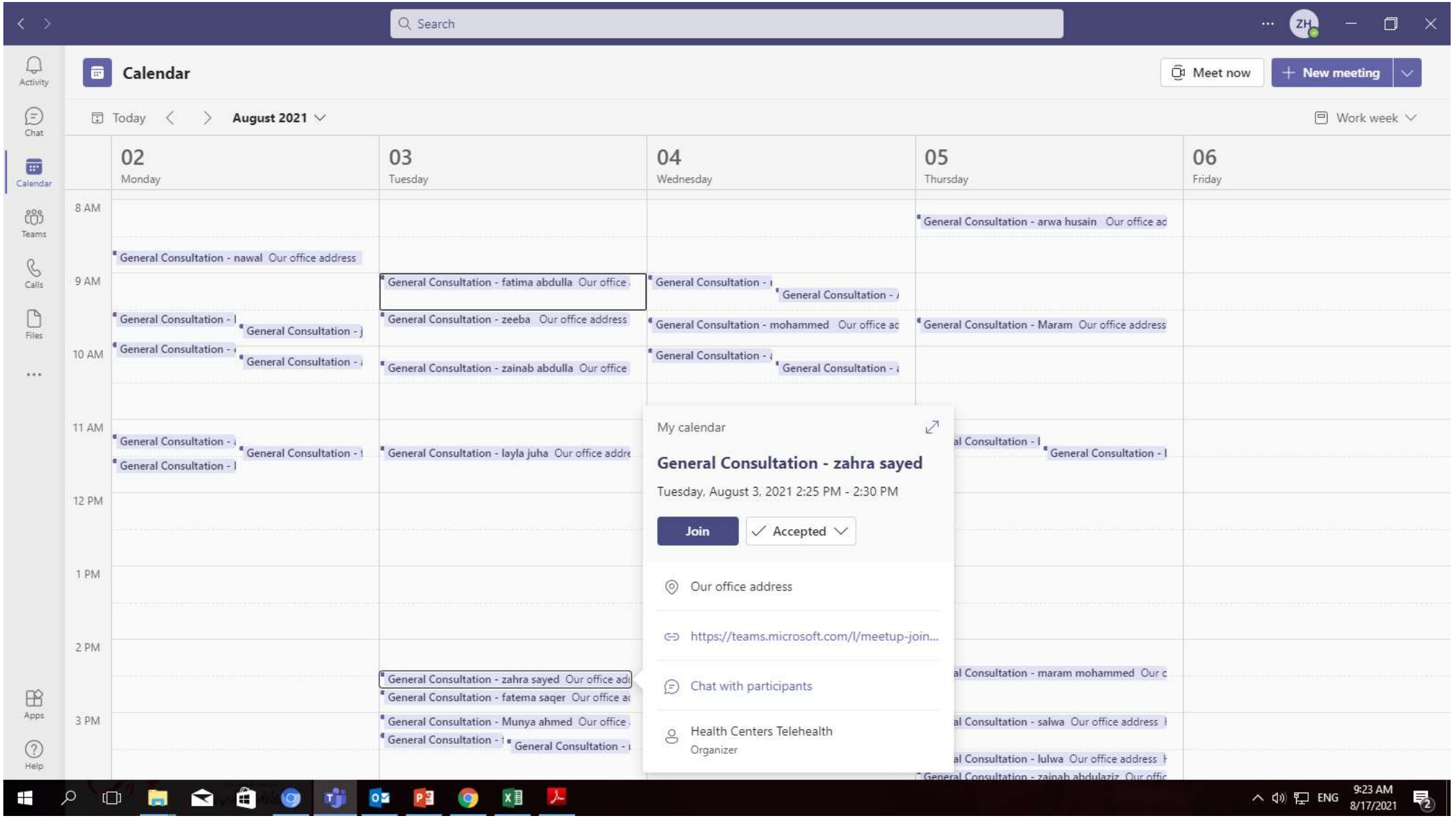


How to initiate video consultation ?



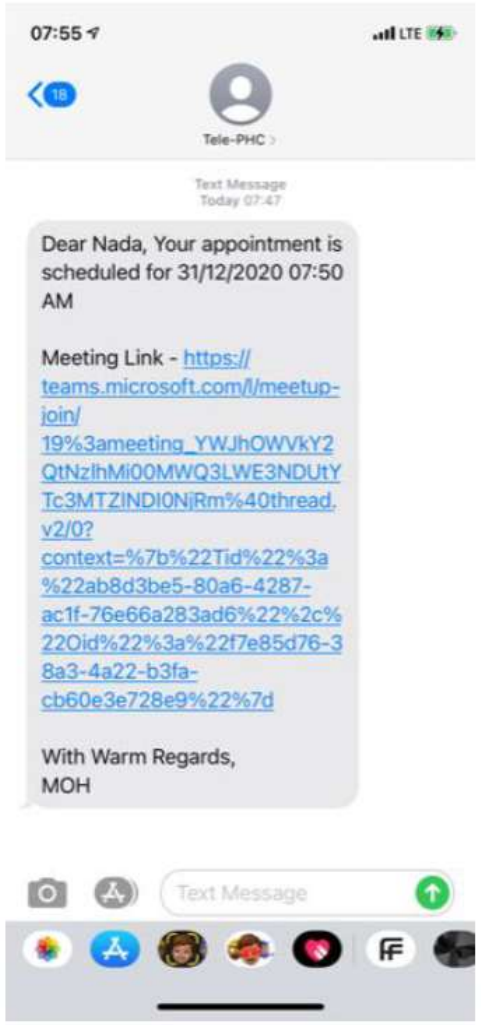
Book appointment

1. Choose the date
2. Choose doctor name
3. Choose time slot
4. Enter patient details
5. Book the appointment


Search
ZH
Activity
Chat
Calendar
Teams
Calls
Files
Apps
Help
Calendar
Meet now
New meeting
Today
August 2021
Work week
02 Monday
03 Tuesday
04 Wednesday
05 Thursday
06 Friday
8 AM
9 AM
10 AM
11 AM
12 PM
1 PM
2 PM
3 PM
General Consultation - arwa husain Our office ad
General Consultation - nawal Our office address
General Consultation - fatima abdulla Our office
General Consultation - zeeba Our office address
General Consultation - mohammed Our office ac
General Consultation - Maram Our office address
General Consultation - zainab abdulla Our office
General Consultation - layla juha Our office addre
General Consultation - zahra sayed Our office ad
General Consultation - fatema saqer Our office a
General Consultation - Munya ahmed Our office
General Consultation - maram mohammed Our c
General Consultation - salwa Our office address
General Consultation - lulwa Our office address
My calendar
General Consultation - zahra sayed
Tuesday, August 3, 2021 2:25 PM - 2:30 PM
Join
Accepted
Our office address
https://teams.microsoft.com/l/meetup-join...
Chat with participants
Health Centers Telehealth
Organizer
ENG
9:23 AM
8/17/2021

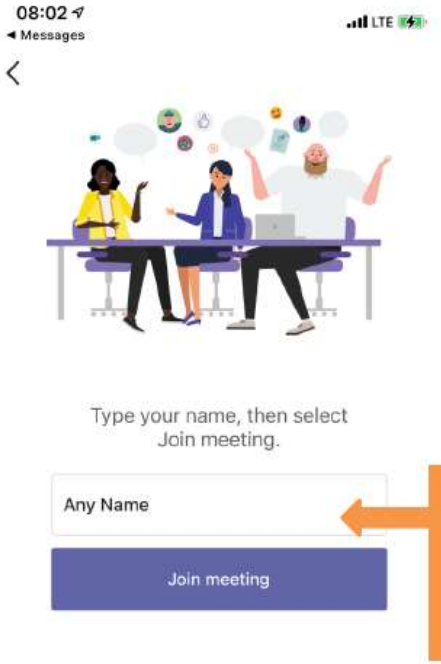
Next : We call the patient and explain to him how to use Teams

Patient will receive SMS indicating the date and timing and the link to access the call



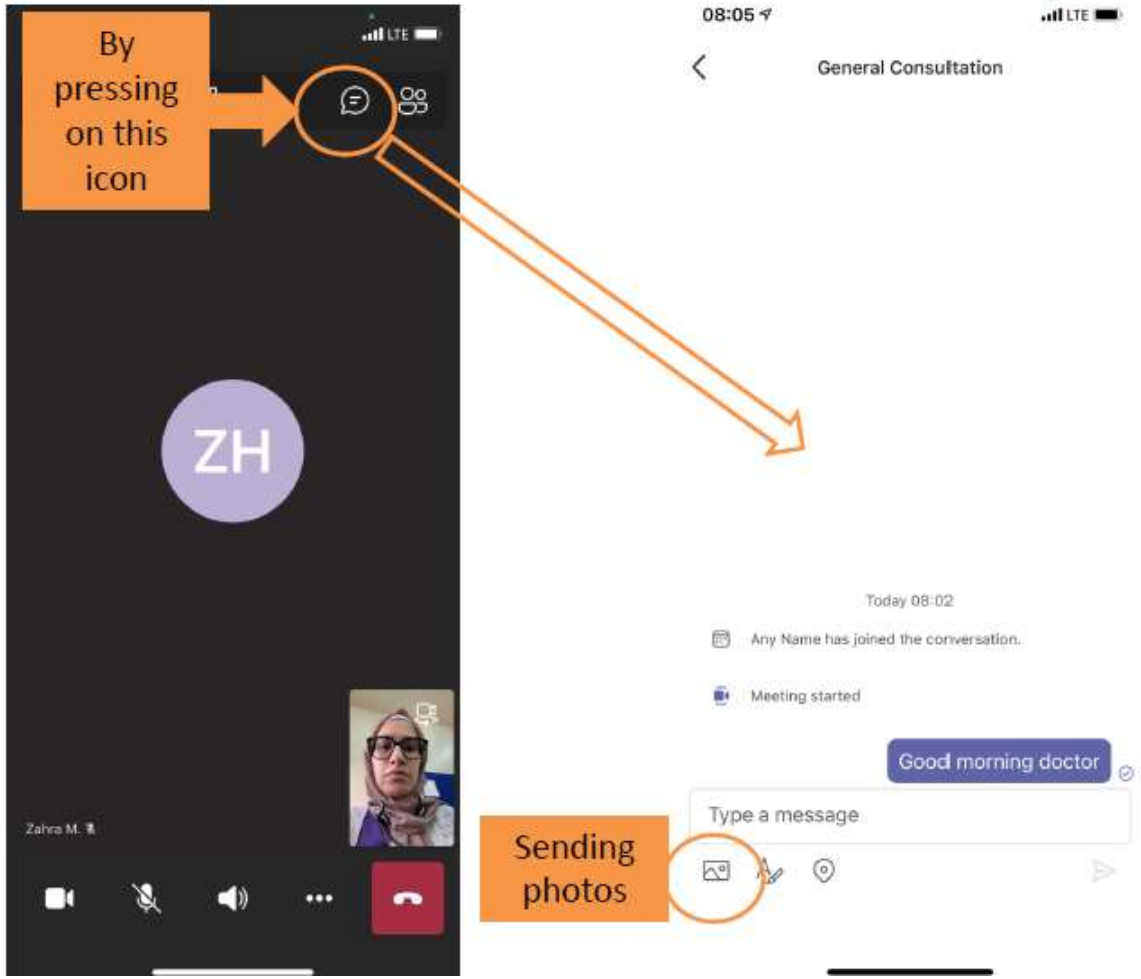
Demo of patient mobile app : Teams app will open for the patient

1. Press to joint as guest



2. Enter his name or anything

Patient can starts a conversation and send documents



ID verification

Very important to apply

Two ID verification

CPR, passport, driving license , work ID to be viewed during Video consultation

House address, Date of Birth or any other details , example? When was the lab done, what are they? Who did the labs?

Skills needed in Tele medicine

Appropriate clinical knowledge

Good communication skills

The ability to combine clinical experience with Tele-Health

Ethical awareness

Applying counseling and health education skills

A supportive attitude

Telemedicine Etiquette

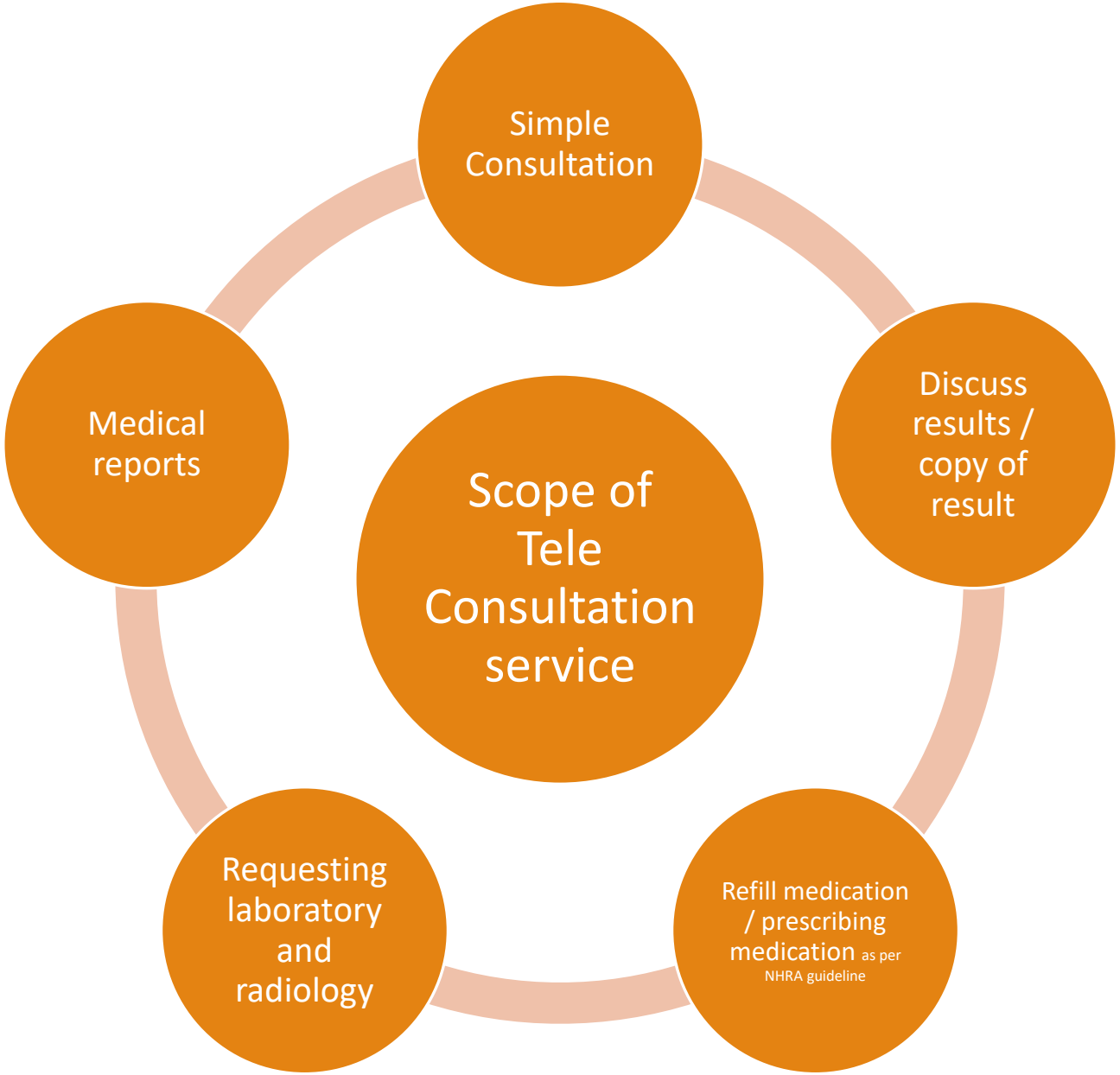
1. START WITH A QUALITY WEBCAM AND TELEMEDICINE PLATFORM
2. SET UP THE WEBCAM AT EYE LEVEL
3. SET UP A PROFESSIONAL SPACE FOR YOUR VIRTUAL VISITS
4. BE PUNCTUAL
5. DRESS THE PART
6. READ YOUR PATIENTS COMPLIANT AND HAVE THEIR CHART READY
7. ENGAGE YOUR PATIENT

Telemedicine Etiquette

8. COMMUNICATE WHEN YOU HAVE TO LOOK AWAY FROM THE SCREEN

9. KEEP LAG TIME IN MIND

10. BE CLEAR WITH ANY POST-APPOINTMENT INSTRUCTIONS


Simple Consultation
Discuss results / copy of result
Refill medication / prescribing medication as per NHRA guideline
Requesting laboratory and radiology
Medical reports
Scope of Tele Consultation service

1. Simple Consultation

Consultation that doesn’t require examination and diagnosis can be made based on the gathered history and data from EMR and available vitals at home e.g., BP

History plays an important role in Tele-consultation

1. Simple Consultation

- **It is used to:**

- Identifying the reason of the consultation
- Excluding red flags
- Exclude alarming symptoms/signs that requires in-clinic assessment

- **Other tools that will help you in your conclusion:**

  - Patient vitals at home (Temp, BP , HGT)
  - Inspection through video or sharing photo (skin, limb) - excluding private areas
  - Patient EMR and previous labs

Don’t forget: Communication Skills

- Verbal and Non-Verbal communication
- Environmental considerations
- Voice should be clear , proper tune and speed
- The ability to put patients at ease when they feel insecure about using technology
- Maintaining patient-centered care
- Always provide safety net advices
- Always summaries to the patient

2. Discuss results / copy of result

- Should be done with the patient himself or the guardians (after confirming the relationship with patient ID or parents ID).
- Any adult above 18 years old should receive his own results .
- Avoid providing results for relatives unless the patient has medical condition or language barrier that prevent him from receiving or processing the results correctly.

3.Medical reports

Provided as appropriate and based on patient clinical condition and data available from EMR

Medical report can be written, saved and then printed out and signed by the doctor and sent to the patient via email.

Tele doctor can also provide a hard copy of the report by directing the patient into registration for print out.

E.g. report for travelling for pregnant, report for home supply for elderly.

4. Requesting laboratory and radiology

- based on the patient history or medical condition
- whenever the doctor finds the request applicable and needed
- to follow the international and local guideline while requesting labs
- great opportunity for early detection and screening
- Great opportunity to apply NCD standards

Requesting mammogram on Tele?

- Don’t request it through Tele
- Any women requesting mammogram needs to be examined first
- Mammogram request needs to include the female history and examination finding
- To reduce the number of wrong referral or missed cases

5.Refill medication / prescribing medication

Refill of medication (e.g., NCD medications , OCP)
Requesting alternative for out-of-stock medications
New prescription based on patient history and need
Requesting medication prescribed from private clinic
Request renewal of SMC medication (BE AWARE OF WHAT CAN BE RENEWED OR NOT)
All prescriptions should follow NHRA guideline for Tele prescribing

5. Prescribing through Tele Consultation As per NHRA

- requires the same professional accountability as in the traditional in-person consult.
- Prescribe medicines via telemedicine ONLY when the doctor satisfied that he/she has gathered adequate and relevant information about the patient's medical condition and prescribed medicines are in the best interest of the patient.
- Prescribing Medicines *without an appropriate diagnosis/provisional diagnosis will amount to a professional misconduct.*

5. Prescribing through Tele Consultation As per NHRA

- You shall issue a prescription as per the NHRA polices (Code of Professional Conduct) Regulations and shall not contravene the laws and decisions of the Kingdom.

- You shall provide photo, scan, digital copy of a signed and stamped prescription or e-Prescription to the patient via email or any messaging platform.

Drug Categories

List P (Pharmacy only)

List POM (Prescription only medicines)

Prohibited List

List P (Pharmacy only)

- medicines which are safe to be prescribed through any mode of Tele-consultation.
- Medicines that may be deemed necessary during public health emergencies.

List P (pharmacy only)

1. **Common pharmacy only medications such as**

- Antipyretics: Paracetamol
- Cough Supplements: Lozenges,
- Cough/ Common-cold medications
- ORS Packets
- Syrup Zinc
- Supplements: Iron & Folic Acid tablets, Vitamin D, Calcium supplements

2. Medications notified by NHRA in case from time to time on an Emergency basis

- Such as Chloroquine

List POM (Prescription only medicines)

- medications which can be prescribed during the first consult which is a video consultation and are being re-prescribed for re-fill, in case of follow-up.
- This would be an inclusion list, containing relatively safe medicines with low potential for abuse.

List POM

Ointments/Lotion for skin ailments: Ointments Clotrimazole, Mupirocin, Calamine Lotion, Benzyl Benzoate Lotion etc
Local Ophthalmological drops such as: Ciprofloxacillin for Conjunctivitis
Local Ear Drops such as: Clotrimazole ear drops, drops for ear wax etc.
Anti-Hypertension: Enalapril, Atenolol
Diabetes: Metformin, Glibenclamide
Asthma: Salmetrol inhaler
ongoing chronic medications to optimize management such as for Hypertension: E.g., add-on of Thiazide diuretic with Atenolol
Diabetes: Addition of Sitagliptin to Metformin

Prohibited List

- medication that cannot be prescribed via Tele- consulation.
- high potential of abuse and could harm the patient or the society at large if used improperly
  - Medicines listed in narcotics, psychotic and precursor for the KINGDOM or any Narcotic and Psychotropic substance listed in the Narcotic Drugs and Psychotropic Substances.
  - Medicines listed as semi controlled shall not be dispensed via Tele medicine.

Matrix of permissible drug lists based on the type and mode of consultation

List Group	Mode of Consultation [Video/Audio]	Nature of Consultation [First consultation/ Follow-up]	List of Medicines
P	Any	Any	List P[1]
POM	Video/any	First Consultation Follow-up, for continuation of medications	List POM[2]
Prohibited	Not to be prescribed	Not to be prescribed	narcotics, psychotropics and precursor for the Kingdom [3] Semi-controlled medicines.

1. *This list included commonly used 'pharmacy only 'medications such as Paracetamol, Oral Rehydration Solution (ORS) packets, Antacids etc.*
   This list also includes medicines that may be deemed necessary during emergencies and would be notified from time to. time
2. *This list includes usually prescribed medications for which diagnosis is possible only by video consultation such as antifungal medications for Tinea Cruris, Ciprofloxacillin eye drops for Conjunctivitis etc. and Re-fill medications for chronic diseases such as Diabetes, Hypertension, Asthma etc. This list also includes 'add-on' medications which are used to optimize an existing condition. For instance, if the patient is already on Atenolol for hypertension and the blood pressure is not controlled, an ACE inhibitor such as Enalapril*
3. *For instance, Anti-Cancer drugs; Narcotics such as Morphine, Codeine etc*

Annex II

Sample prescription

Name of the medical practitioner		Date	
Name of hospital/clinic			
Address of hospital/clinic			
Contract details			
Patient name			
CPR number			
List of medicines prescribed			
Signature of medical practitioner and stamp			
Note: this prescription is generated on a teleconsultation			

Further services provided by Tele-Team

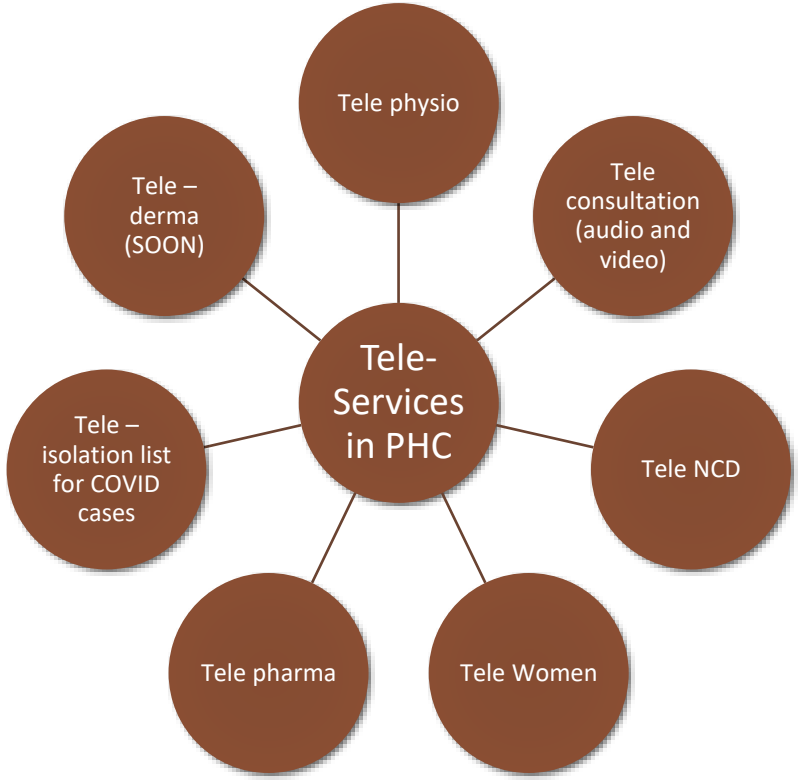
Communication with health centers for :

- ANC appointment
- Renewal of NCD appointment
- Refer patient to CDC clinic according to the guideline
- MCH home visits arrangement

Medical orders for Nurses

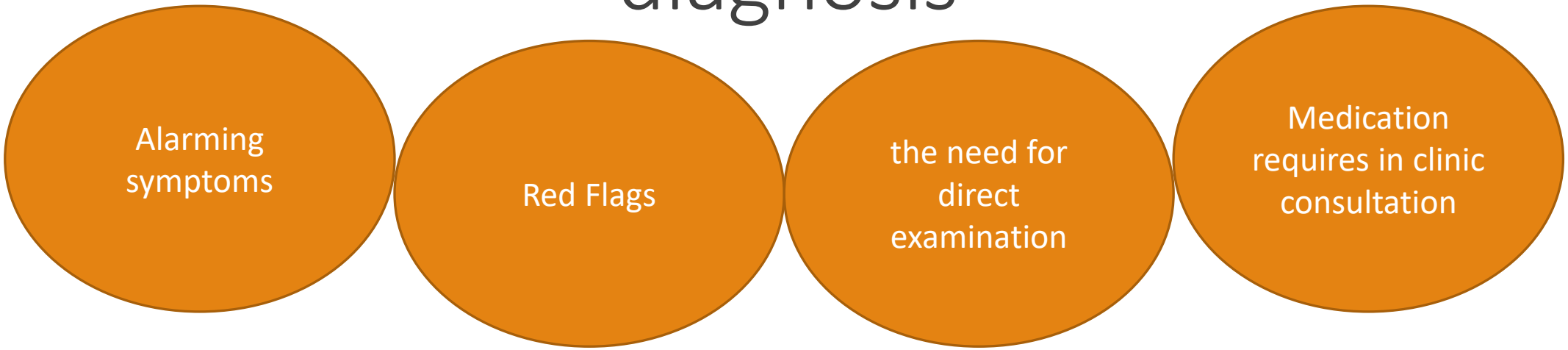
Referral to secondary and other primary care clinics

Other Tele services in primary health



When to Refer to Health Center ?

At any time, you don’t feel sure or satisfied with patient condition or diagnosis



When Refer to Health Center ?

- Emergency cases:
  - Cut wounds / Burns
  - Trauma with ? Fracture or dislocations
  - Acute abdominal pain that cannot be assessed by history only
  - Acute Chest pain
  - Uncontrolled emergency vital readings (with or without symptoms) high BP, high HGT, low O2 sat
  - Any alarming symptom or sign or lab result that needs further assessment
  - Pregnant with serious complains (decrease fetal movement, PV bleed, abd pain)

When Refer to Health Center ?

- Condition requires examination or in-clinic assessment :
  - Ear / Eye complains
  - Private area complain requiring examination
  - Gyne complains that need examination
  - Physical and sexual abuse
  - Starting medication that needs prior assessment

COVID cases in Tele-Medicine

ID verification

Documentation

Detailed history of complain, ask about comorbidities, vitals

Be safe to yourself and patient

Exclude alarming sign and red flags

Communicate with the proper channels when needed (444, Covid report cases online portal)

Refer to exhibition medical center if needed

Rx as needed and communicate with pharmacy for medication delivery

Case scenarios

Case 1

Noora is 34-year-old , no medical conditions called c/o of throat pain and ear pain with on off fever at home documented as 38 . Went to the health center and patient was tested negative for COVID rapid test and given symptomatic treatment with no much change in her symptoms. Pt is asking you to provide her with antibiotic.

What is your response ?

Prescribing Antibiotic through Tele?

Pointes to consider :

- negative rapid test 2 days ago doesn't mean that pt is COVID free , so this needs to be repeated
- Antibiotic prescription should be based on Hx and Pe that explained the need of Antibiotic
- patient should be advised to return to her health center for in clinic assessment

- When can I prescribe antibiotic ?
  - UTI with urine routine micro results supporting your decision
  - Bacterial vaginosis seen in HVS sample
  - Triple therapy for H pylori (Hx and Hpylori IgG or UBT)

Case 2

Aisha is 56-year-old , k/c/o of hypothyroid on 150mcg daily, called for renewal of medication only. Her latest labs was on Nov 2020. no documentation for BP readings. No mammogram seen in her EMR

What opportunities do you have here ?

1. Renew of patient medication
2. Patient is due for her periodic blood test
3. Offer her an in clinic visit for BP/ BMI and breast examination test
4. Educate the patient about the need of annual breast exam and bi-annual mammography

Case 3

Amal is 25-year-old, k/c/o of hypothyroid . Called for her Gx result which came to be positive

What will you do for the patient ?

1. Provide the result
2. Start patient on folic acid
3. Referral to ANC by electronic referral and advised the patient to get the appointment
4. Advise patient to do TSH and increase the dose as per ANC guideline for pregnant with hypothyroid

Case 4

Abdulla is 7 years old, her mother took an appointment and requesting full investigation for her child “ for check up only”

How would you approach the mother ?

1. Apply your ethical and counseling skills
2. Don’t reject the mother direct, instead full history should be taken (which will support your consultation later)
3. Apply the national guideline regarding screening healthy individuals

Case 5

16 Years old requesting blood investigations.

How will you Proceed with this Consultation ?

1- Ask Patient to attend with her guardian

2- Provide ID of patient / guardian

3- Take Full History to assess the need for requested Blood invx

4- Ask patient that the presence of a Guardian is necessary in the follow up session as well.

Case 6

Patient Called to request a Copy of Lab results to be sent to her via Email.

How will you response ?

1- Verify ID through video consultation

2- Ask patient to Type in the Email Address in MS Chat (to avoid as much possible any spelling mistake)- You can also check if the email address is similar to what is provided in the I-seha system (patient personal information page).

3- Send patient a Test Mail on the address provided

4- Once Patient confirmed receiving the test (BLANK) Mail

5- Copy of results can then safely be sent to the patient via email

Critical Cases

- You will ask the Medical Record to Register the patient to your list

- Review the History entered by the physician in Tele

-(Since the patient belongs to your area)

Call the patient and ask him to attend the HC for assessment if needed/ or refer him to ER if Needed

-Document it in I-Seha .

The Floor is opened for discussion