MyCpdZw:Clinical Decision Support and Continuing Health Education Digital Platform

Zimbabwe Telemedicine Network 18 March 2019 admin@mycpdzw.org

Zimbabwe Telemedicine Network

- ICT solutions for Health
- National Telemedicine Pilot
- Telemedicine research
- Learning management systems-HEAL Australia and Zimbabwe
- Mobile applications eg District Pharmacy Manager, Malaria Commcare and Buddy Nurse Australia

Malaria Commcare



SEVERE : GET DOSAGE \rightarrow

A 2	য় ≣ুনা 77% ∎ 10:41
←	Prescription
	Prescription for peter cheresa
	Condition: Severe(Hospitalise)
	Drug to administer: rectal artesunate
	Dosage: 600 mg
	ADMINISTER MEDICATION & EXIT

Buddy Nurse-Australia

Image: A state of the state





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Buddy Nurse

information you require to get prepared for your first year placement

The Challenge(of Education)

- There are more than 35 000 health workers in Zimbabwe
- There is inadequate clinical decision support for primary care nurses, nurses, midwives, doctors and other health workers working in centres like clinics and district hospitals where there is minimal supervision.
- There is limited access to continuing health education for health workers,
- inadequate clinical support between health workers at different levels
- insufficient primary health care training in pre-service curriculum.
- CPD(continuing health education) has been identified as a key intervention in delivering education and skills transfer and update

Challenges noted in African Countries in Implementing CPD Programs

- Poor infrastructure e.g. in the rural areas(roads/connectivity)
- Lack of sustainable financial resources to fund the programs
- Lack of opportunities for health workers to access CPD activities
- Outlook and attitudes of HCP
- Low morale at workplace
- Personal commitments
- CPD irrelevance(HCP identified needs and the CPD activities not tallying)
- Record keeping for relicensure

The solution-Mycpd



CPD Activities





CPD Activity Detail

< Activity De	tail Q	<	Activity Detail
		Adverse Points : 1	- Drug Reactions
		All repor	rts for suspected Drug reactions are
An overview of ADRs in Zimbabw	9	\bigcirc	The Medical and Dental Practitioners Council
Start Date	27/Aug/18	0	The Zimbabwe Nurses Council
End Date	30/Sep/18	0	The Medicines Control Authority of Zimbabwe
		0	The Zimbabwe Nurses Association
Points Earned	1		owing ways can help reduce occurrer rse drug reactions except:
Overview		0	Use of few medicines whenever possibl
Il about how to Identify and ma	nage ADRs	0	using reference textbooks for guidance when prescribing
Objectives		0	changing medicines regularly without g reasons
of To teach how to Identify and	d Manage ADRs	0	Using medicine that you know very well
Start Activi	ty		Submit Test

Clinical tools





Clinical Decision Support Tools



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< \$	Clinical Tools	
Tuberculosis Manage	ement guidelines	
1.BASICS OF TUBERCU	JLOSIS	\sim
2.TUBERCULOSIS IN ZIMBABWE		
3.PRINCIPLES OF TB P	REVENTION, CARE AND CONTRO	∞
4.PHASES OF TB TREA	ATMENT	\sim
5.TREATMENT OF DR	UG SENSITIVE TB	\sim
6.TREATMENT OF TB	IN CHILDREN	\sim
Children weighing 25 using the adult treat	kg and more should be treated ment guidelines.	
	malnutrition should be given er end of the dose range and nepatotoxicity.	
Tuberculosis in children is treated in a similar way to that in adults with a few exceptions. The dose per weight in children is higher than in adults. The recently revised and accepted WHO daily dosage (range) recommendations are:		
Rifampicin: 15 mg/kg,	/d (10 to 20 mg/kg/day)	
Isoniazid: 10 mg/kg/d (10 to 15 mg/kg/day)		
Pyrazinamide: 35 mg	/kg/d (30 to 40 mg/kg/day)	

CDS Tools-EDLIZ

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<	C ED	LIZ So	ort By
А	Acetazolamide		\sim
В	Acetic acid		\sim
С			
D	Acetylcysteine		\sim
Е	Activated charcoal		\sim
F	Acyclovir		\sim
G		1.41	
н	Acyclovir eye ointm	ent	\sim
Ι	Adrenaline		\sim
J	Albendazole		\sim
к	Allopurinol		~
L			
м	Aminophylline		\sim
Ν	Amitriptyline		\sim
0	Amladiaina		~
Ρ	Amlodipine V		~
Q	Amoxicillin		\sim

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<	C EDLIZ Sort By		
А	Acetazolamide ^		
в	Acute glaucoma		
С	250-500mg po stat then 8 hourly review (<i>If intraocular pressure >40mm</i> : 0.25-1g divided doses/day for a few weeks)		
D			
Е	Adverse effects -		
F	confusion,convulsions,drowsiness, flacid paralysis,malaise,parasthesias		
G	Drug interactions		
н	serious-cisapride, methanamine		
I	<i>significant-</i> asprin,amantadine,carbamazepine		
J			
к	Acetic ocid 🗸 🗸		
L			
м	Acetylcysteine		
И	Activated charcoal \checkmark		
0	Acyclovir 🗸		

CDS-Protocols



CUTE RENAL FAILU

Cut Section of Kidney

anaphylaxis

Seeling of the can



ACUTE LIMB ISCHAEMIA

Acute limb ischaemia (ALI) occurs when there is a sudden lack of blood flow to a limb. Acute limb ischaemia is caused by embolism or thrombosis, or rarely by dissection or trauma.

Diagnosis

Classic presentation is with "The 6 P's":

Pain

- · Pallor, cyanosed or mottled appearance,
- · Parasthesia,
- · Perishing cold,
- · Pulseless (or reduced pulses),
- · Paralysis.

Admin Features



QR Code Scanning



Lessons Learnt

- Feasibility
- 1. Pilot phase/testing completed
- 2. Solution now live on web/playstore/appstore
- 3. Integration-CPD and CDS
- Sustainability
- 1. Training
- 2. Subscriptions
- 3. Partnership
- Potential
- 1. Participation inc private sector/diaspora
- 2. Standardization and sharing of CPD across professions
- 3. Cost savings for health workers