STATCare

JUST TRACK IT

TEAM NAME:- CIPHERMEN

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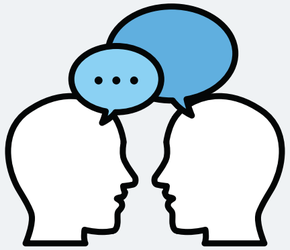


Lack of efficient intra and inter-departmental communication leading to delay in healthcare services.

BACKGROUND

Lack of real-time monitoring of services, data digitalization and centralization.

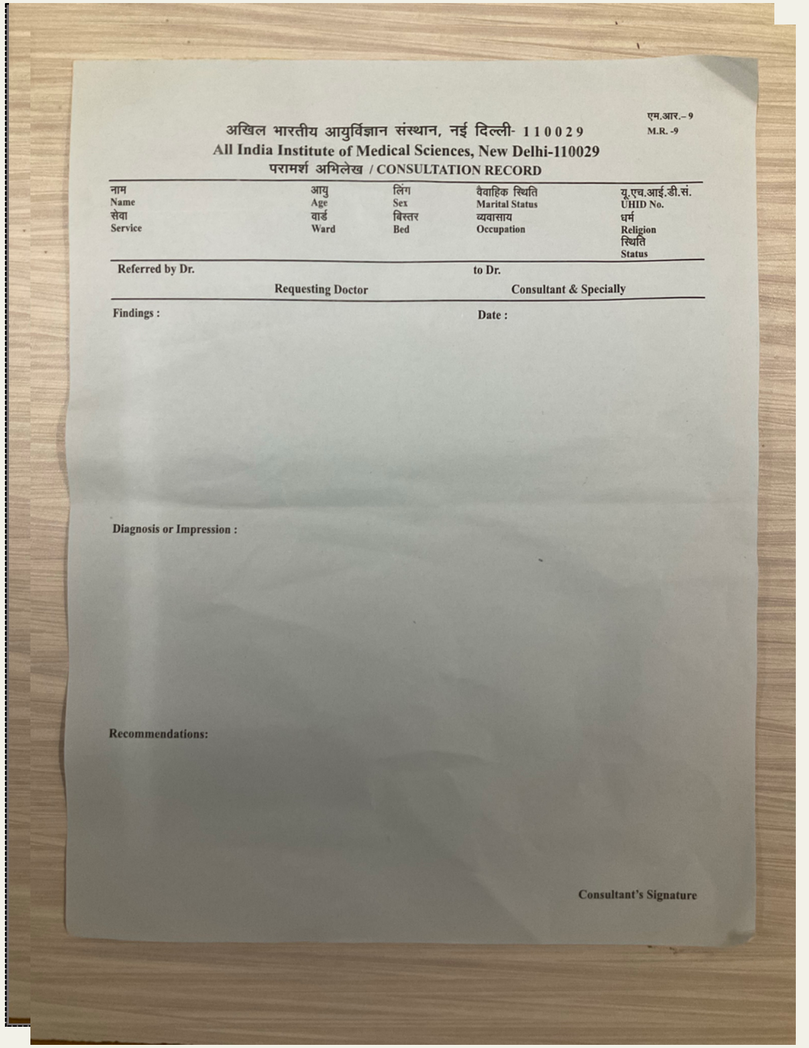
CURRENT PROBLEM

If a consult eg:- from the general surgery department, is required in AIIMS, the following steps are to be followed:-

The following form is needed to be filled out by an SR.

A nurse fills out the patient details and the on-call doctor requested.

An HA “walks” to the general surgery department and informs its administration to contact the requested doctor, who then arrives for the consult.



एम.आर.– 9
M.R. -9

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली- 110029
All India Institute of Medical Sciences, New Delhi-110029
परामर्श अभिलेख / CONSULTATION RECORD

नाम Name	आयु Age	लिंग Sex	वैवाहिक स्थिति Marital Status	यू.एच.आई.डी.सं. UHID No.
सेवा Service	वार्ड Ward	बिस्तर Bed	व्यवसाय Occupation	धर्म Religion
				स्थिति Status

Referred by Dr. to Dr.

Requesting Doctor Consultant & Specially

Findings : Date :

Diagnosis or Impression :

Recommendations:

Consultant's Signature

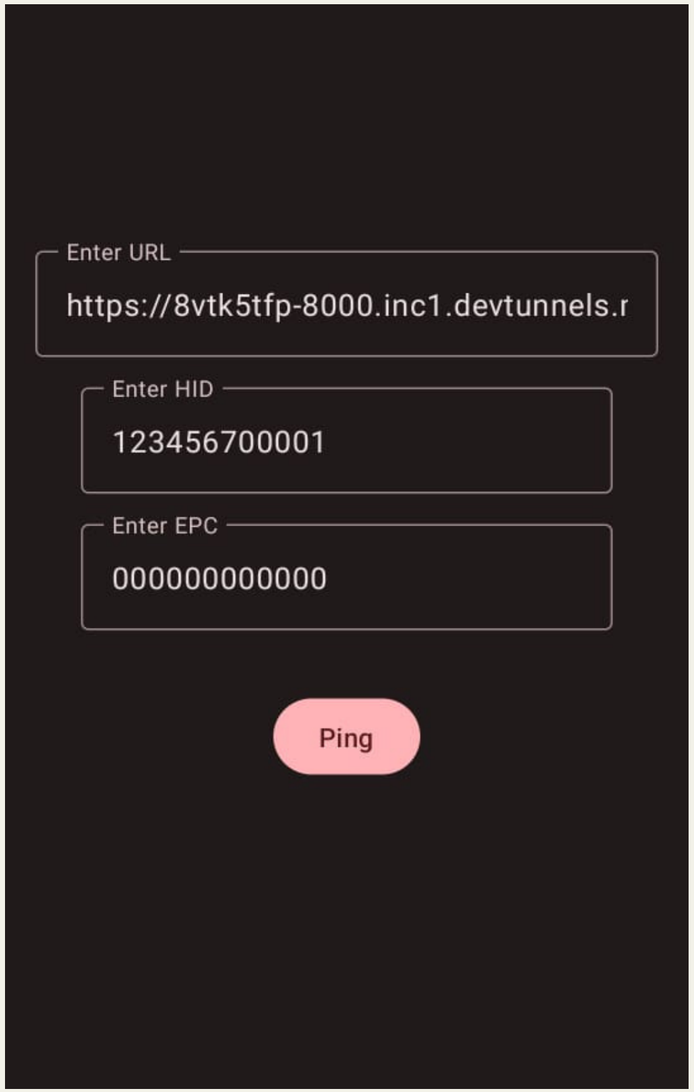
CURRENT PROBLEM

The second major problem is lack of:

Real time monitoring of services and patients

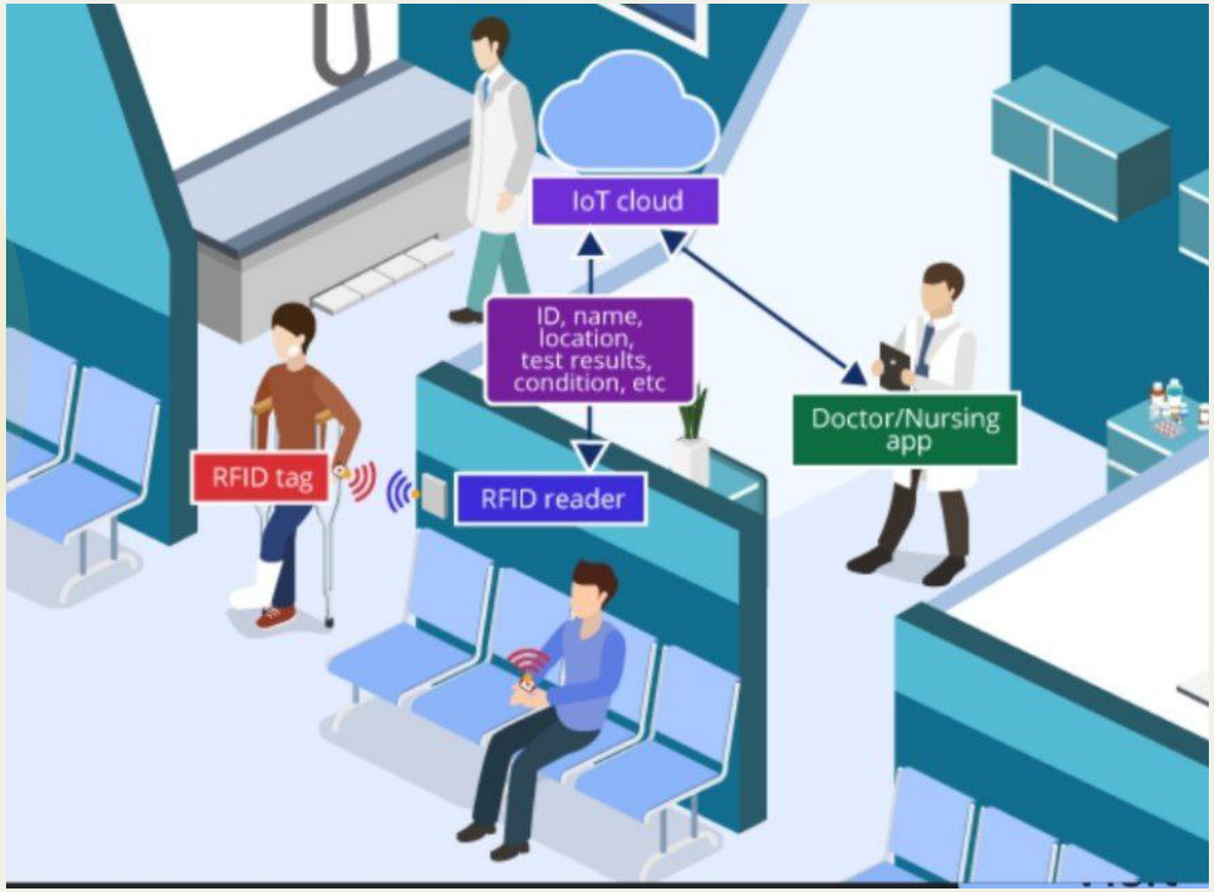
Data digitalisation, leading to overflowing paperwork therefore causing accessibility issues.

Data centralisation leading to inefficiency in delay recognition and rectification in most of the hospital set ups in our country.



RFID TRACKING

THE SOLUTION WOULD BE TO IMPLEMENT THE USE OF RFID TRACKING WITH THE TRACKERS BEING ATTACHED TO PATIENT AS SOON AS THE PATIENT IS ADMITTED INTO EMERGENCY WHICH WOULD ALSO BE LINKED TO THE UHID OF THAT PATIENT AND WOULD BE REMOVED WHEN THE PATIENT IS DISCHARGED.



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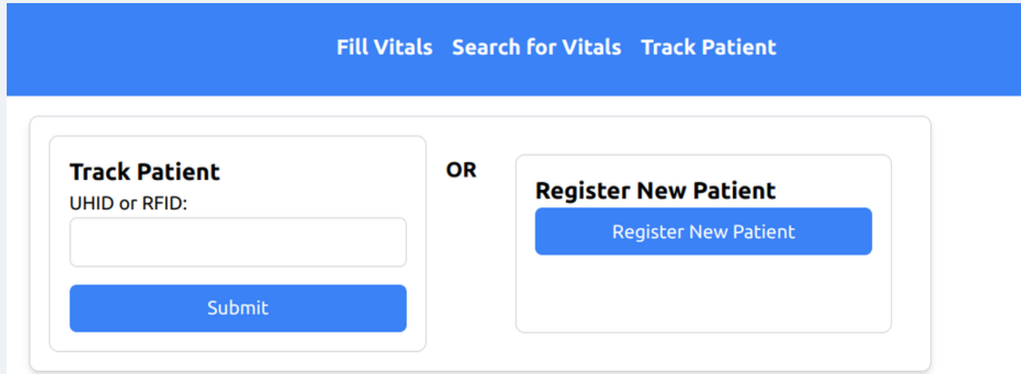
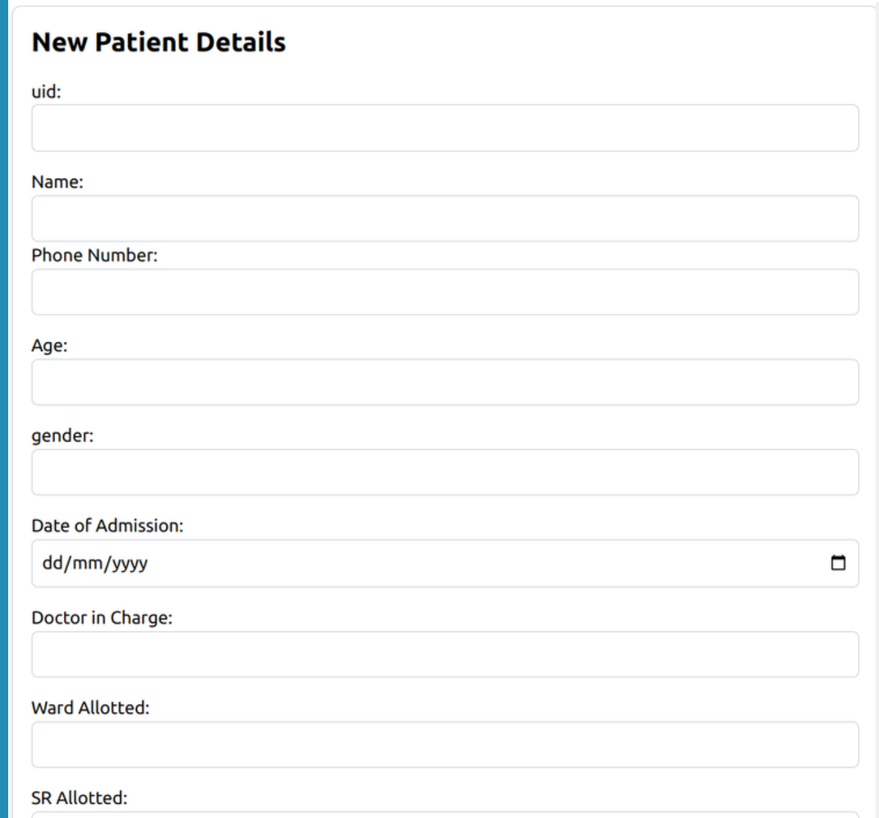
Demo for an Emergency case

Step #1

Open the homepage by clicking here.





Step #2

Enter Demographics of the new patient

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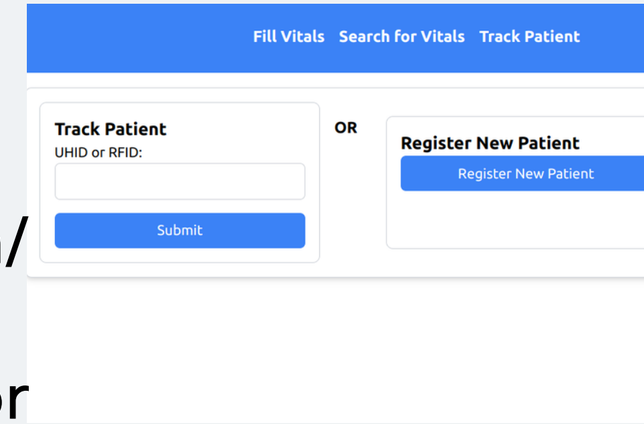
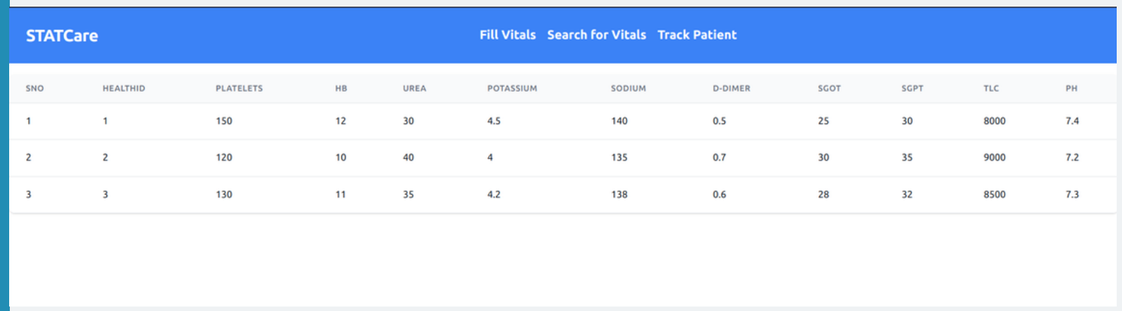
Demo for an Emergency Case

Step #3

The Doctor has an option to upload the consultation form/ relevant information in the form of an image, an audio or a text message.



SNO	DEPARTMENT	BED NO	DOCTOR ALLOTED
1	Cardiology	101	Dr. John
2	Neurology	102	Dr. Jane
3	Orthopedics	103	Dr. Smith
4	Oncology	104	Dr. Patel



SNO	HEALTHID	PLATELETS	HB	UREA	POTASSIUM	SODIUM	D-DIMER	SGOT	SGPT	TLC	PH
1	1	150	12	30	4.5	140	0.5	25	30	8000	7.4
2	2	120	10	40	4	135	0.7	30	35	9000	7.2
3	3	130	11	35	4.2	138	0.6	28	32	8500	7.3

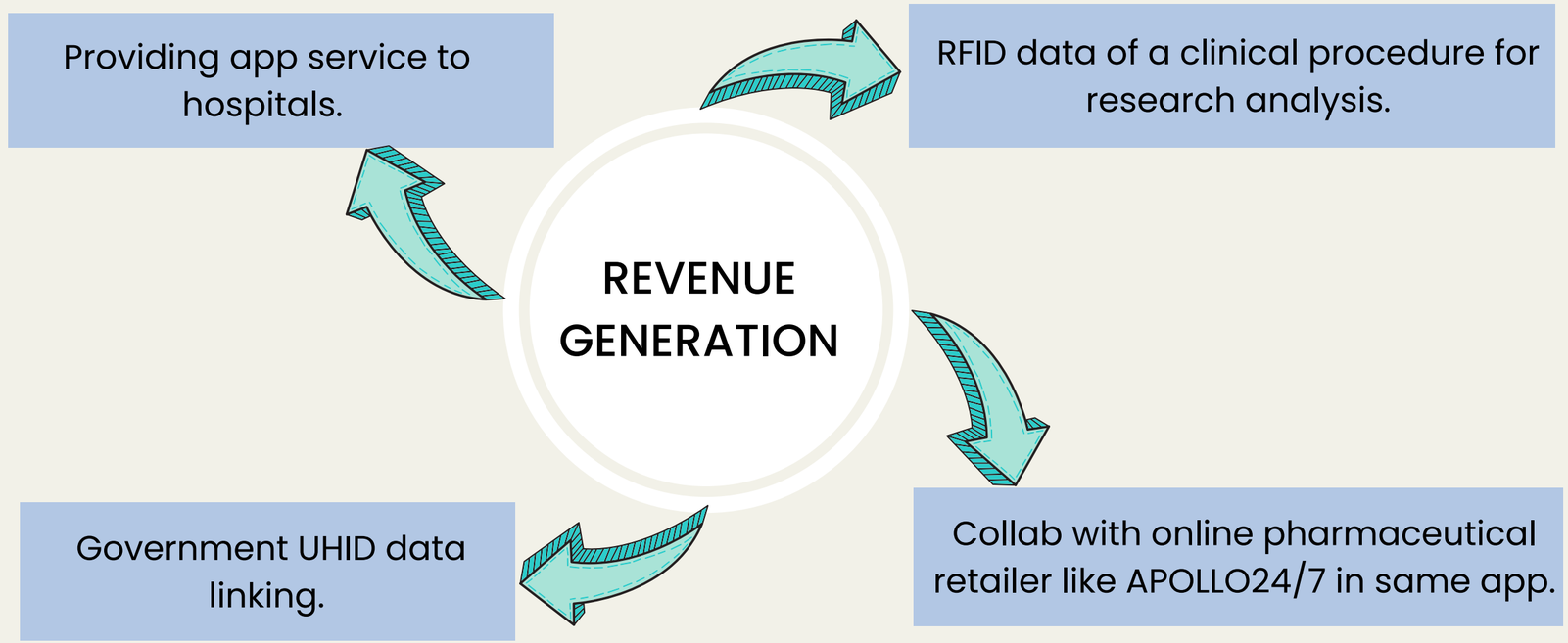
Step #4

They can also track the patient data and live location

NOVELTY

OUR SOLUTION WOULD PROVIDE A STRUCTURED FORMAT TO THE DATA (WHICH IS VIRTUALLY ABSENT IN OUR COUNTRY) COLLECTED FROM THE EMERGENCY DEPARTMENT, WHICH IN FUTURE COULD BE EXTENDED TO OTHER CLINICAL DEPARTMENTS, LEADING TO A SUBSTANTIAL TIME REDUCTION IN PERFORMING RESEARCH WITHOUT VIOLATING PATIENT CONFIDENTIALITY.

REVENUE STREAM



SUPPLY CHAIN

BUSINESS MODEL

B2B supplemented by B2G (Supplier Centric Model)

Initially we will be targeting local hospitals followed by some top private hospitals. With good results, we will pitch our product to the government resulting in the entry of our software into government hospitals. This will also help us in creating a central database linked to patient UHID.

THANKYOU