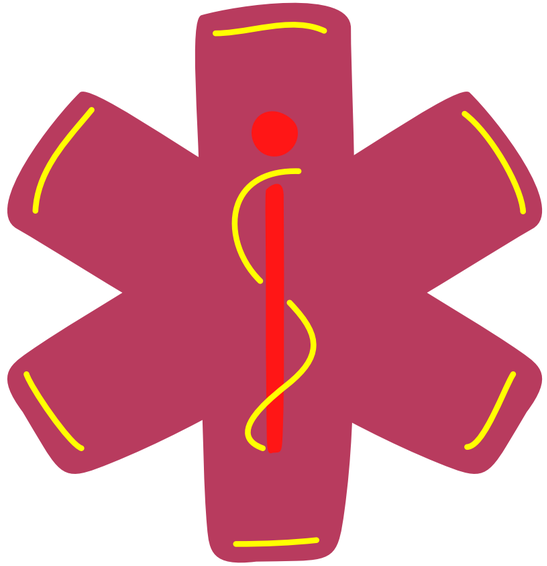
SAGA HOSPITAL RE-ADMITTANCE SYSTEM

RESCUING BEINGS



PROBLEM

Statement

One of the most critical problems in healthcare is predicting the likelihood of hospital readmission in case of chronic diseases such as diabetes to be able to allocate necessary resources such as beds, rooms, specialists, and medical staff, for an acceptable quality of service. How do we address this thru Technology?

Elaboration

It is very understandable and a very common problem for a big hospital or a clinic to keep records of their patients who are in the need of readmittance to the hospital and are currently not aware about that. The hospital staff and doctors can't keep track of a large number of patients for sure and in some cases the patient is the only one who is careless to be bothered about readmission. This is one part of the problem, the second part is the allocation of resources present in the hospital at the time of readmission so that best services could be given in a certain period of time and the patient gets recover well.

IDEA

OUR SOLUTION TO THE ABOVE PROBLEM GOES LIKE THIS, WE WANT TO CREATE A AUTOMATED SYSTEM FOR THIS READMITTANCE PROCESS. FIRST OF ALL, IN THE FIRST RUN, WE WANT TO CREATE IT FOR A SINGLE DISEASE AND THEN EXPAND IT TO OTHER CHRONIC DISEASES, FOR EXAMPLE WE CREATE SHRS FOR DIABETES AS IF NOW AND THEN EXPAND IT FOR OTHERS LIKE - CANCER, ASTHMA, ARTHRITIS, ETC..

IMPLEMENTATION

PREDICTION

In the prediction system what we are doing is to take some data inputs from the user such as his daily sugar levels, asking a few parametric questions such as - "*if the patient is taking the insulin shots at time ?",* forming the parameters of prediction and in the end predicting the **CRICTICALNESS** of the patient.

ALLOCATION

Now, as we have already calculated the **CRITICALNESS** of the patient and if it lies under the category of admittance we will allocate the resources available at the hospital on the basis of - **CRITICALNESS, AGE, MOBILITY,** and if the patient is having any kind of **CARDIAC** issues.

VERIFICATION

After, the allocation of the respective resources at the hospital one report is to be send to a corresponding doctor who will once verify the report and give **clearance** to the admittance.

STRETCH GOALS

EXPANSION

We want to expand our solution to other chronic diseases to grow and help the society with this issue

DOCTORS

We want to give verifying doctors the rights to change the allocation that is done prior and modify it

MARKET AND IMPACT

REVENUE

We will be generating our revenue from the hospitals who will be purchasing our system which in return solve their many problems and provide them with a quick response mechanism to resolve critical cases, increasing their value in the market and indirectly ours.

IMPACT

Our idea basically now targets only the diabetic patients which are nearly **1 million** in INDIA impacting a great amount of audience and rescuing the lives of many.

COST

Our system is cost effective and highly responsive making it economically effective and functionally advanced.