

2<sup>nd</sup> Global Summit on  
Dermatology and Cosmetology  
&

3<sup>rd</sup> International Conference on

Wound Care, Tissue Repair and Regenerative Medicine

September 09-10, 2019 | Edinburgh, Scotland



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### Cost benefit of new technology: Digitalisation of referral rout of wound care

**Introduction:** Wounds are a major problem to patients and health care systems. 5%-8% of the world population suffers from venous diseases. Patient is in the focus, who suffer when they have a wound. We must always treat the whole patient, not just the hole in the patient. A team consists of a group of people who are working together toward a common goal. A new and promising development is the use of telemedicine that enables the exchange of information about the patient condition and treatment choices between patients and professionals, the implementation of these technologies in wound care may provide opportunities to improve patient care and save health care cost.

**Aim:** Application view - referral route of wound care definition: Workflow: The sequence of industrial, administrative, or other processes through which a piece of work passes from initiation to completion. Information storage operations can involve complex or repetitive user tasks and system processes - in workflows that migrate across multiple platforms.

**1. Primary health care:** General Practitioner or Family doctor  
Roles: Administration worker (nurse etc.) Specialist for other specializations: Administration of patient, made by any employee in system, nurse etc. Obligation for administration is to enter data of patient: Identification of patient. Register data of patient. Modify data of patient. Taking short anamnesis data of patient. Structure of application enable taking of patient medical photos and other relevant documents. "Wound manager" Program. Adding information to medical record of patient. Register/adding previous health history of patient. Managing time slots for specialist Registering control examinations.

**2. Wound Centre:** Multidisciplinary Team: Possibility to make one result, which include all findings (discharge letter). Paper less workflow. Complete track of every case diagnosis. Prescribe necessary therapy, Control, adjust all therapy

regarding with other specialist. Information of take over therapy. Complete track of every therapy. Sharing results with other teams. Legal transparency for medical information. Continuously following patient data. Red mark for any result out of allowed. Referral to outpatient department. Referral to inpatient department. Possibility of control patient status in outpatient/ inpatient cases. BI reporting possible on each level.

**3. Home care, Social care:** After patient finish this workflow, he finished one circle treatment of wounds. Control examination is beginning of new episode for treatment in the same case. As much control examination patient have it, application follow same rules/roles.

**Conclusion:** 21st Century Medicine "Patient Centered Care". Synthetised Model for teaching and practice. Chronic care model "Global Health Care". Prevention. Life Style modification. Patient Education Emprovement. "Health is by far the largest industry in the United States" (Tomislav Mihaljević is a Croatian cardiothoracic surgeon and chief operating officer of Cleveland Clinic, the world's leading healthcare provider)

### Speaker Biography

Jasmina Begic is a medical consultant for BIOPTRON, Zepter International for Bosnia and Herzegovina, founder of Association for Wound Management in B&H, founder and author of Euro-Asian Forum, one of founder of BALWMA. She is currently working as a dermatovenerologist in Bioptron International team - Wound Healing. She finished her graduation and post-graduation studies at Medical School of University Sarajevo, Sarajevo, Bosnia and Herzegovina and completed her PhD in the field of tissue regeneration and wound healing from Indian Institute of Technology, Kharagpur. She is also active member in UEMS TF WH, EWMA, EADV.

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