

The power of networks: improving collaboration through technology

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soutenir les professionnels de la santé là où on en a le plus besoin
supporting care professionals where they are most needed
sostener los profesionales en salud donde se tenga más necesidad
apoiar os profissionais da saúde onde há mais necessidade



Telemedicine: move expertise, not people

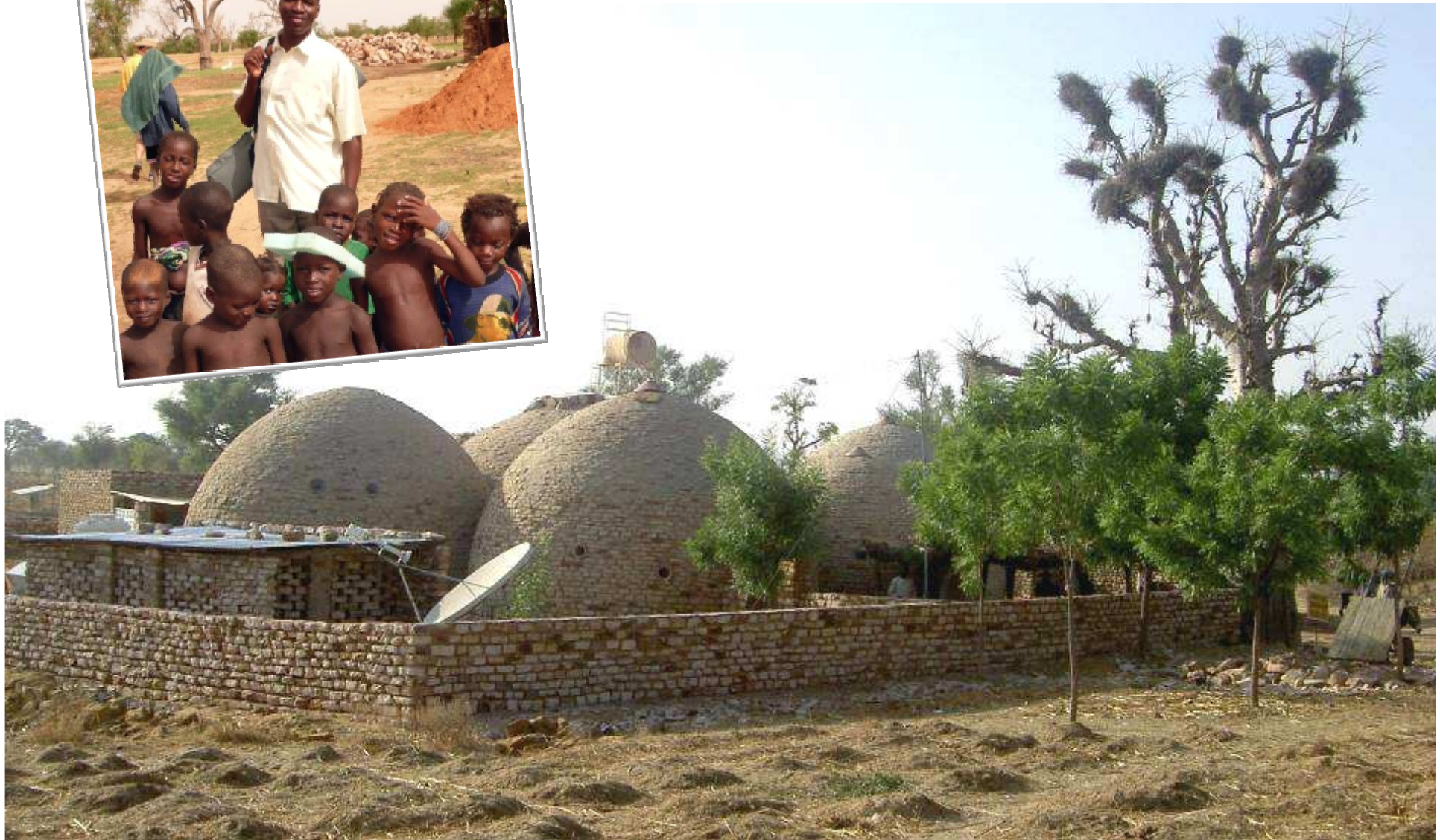
- Remote continuing medical education
- Remote help with diagnosis
- Remote help for choosing and monitoring treatments
- Remote supervision of specialized diagnostic devices

- De-isolation of care professionals active in medical deserts

... and keep them happy,
motivated, well-trained, in their
remote hospitals ...

A remote hospital

800 km away from the capital
120 km away from the first Internet access
20 km away from telephone access





What we do:

- Infrastructure development (internet connectivity, power supply...)
- Capacity building of care professionals
- Support for setting up reliable processes for telemedicine activities

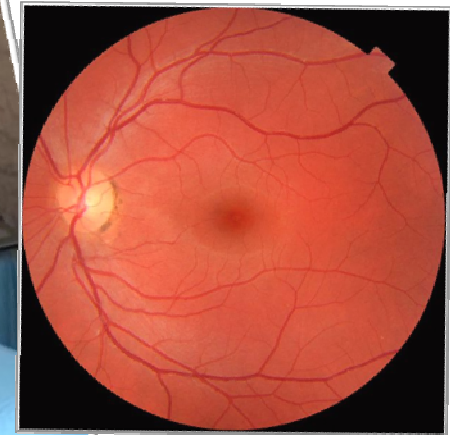
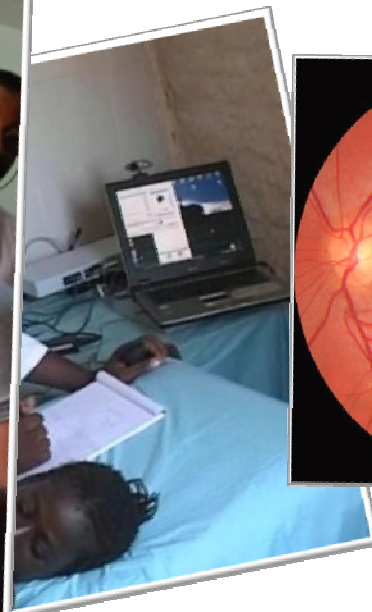


Distance continuing education over slow connections:

- 700+ hours of e-courses (~12 hours per month)
- 85% of which are now produced in Africa
- on average, 20 different sites are connected for these courses (hundreds to 1000+ participants)
- courses are generally followed by 30 minutes of discussion involving all participants



Use of diagnostic devices under remote supervision:

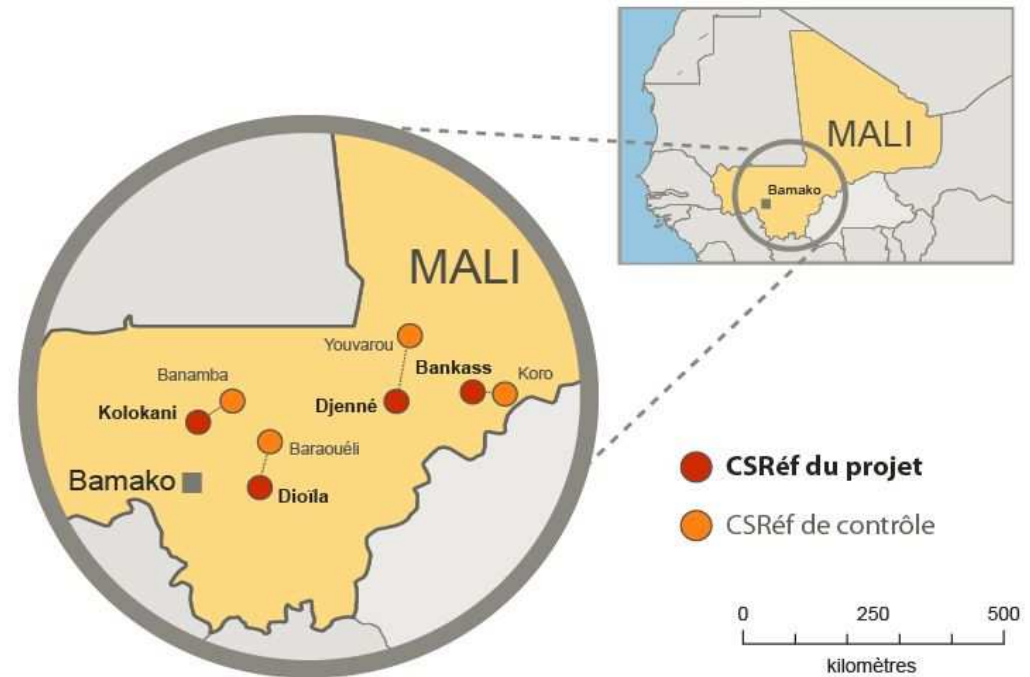


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Impact evaluation:

- on clinical decisions
- on cost of care
- on human resources
- ... on health outcomes





PRISE EN CHARGE CHIRURGICALE DES SÉQUELLES

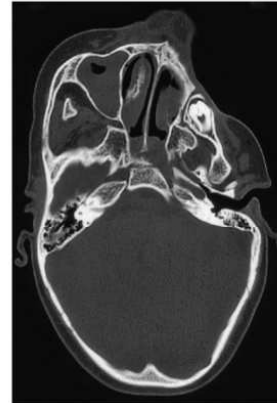
Memorandum of Understanding between
2nd Chance Reconstructive Surgery for Life Reconstruction
and
College of Surgeons of East, Central and Southern Africa
Concerning
The Provision of Surgical Training



Swiss Association
2nd Chance
Reconstructive surgery
for life reconstruction

2ND
CHANCE

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servir los profesionales de la salud allí o en a lo más lejos
supporting care professionals where they are most needed
soutenir les professionnels en salud donde se tenga más necesidad

CSRef de BANKASS - 30 Sep - 11:41

Question

Es ce l'immuno depression n'est pas un facteur favorisat
maladie du noma

Dr Diabate Diolla - 30 Sep - 11:43

Prise en charge

Le noma étant une maladie "de pauvre", comment est or
charge au Mali? est ce qu'il y a un programme national

SS M

Severe contractures management Volume I

Dr Alberto Mustoz
Dr Pierre Guimond
Dr Anaf Mengata

Ques

Merc

Gene

Avez

Selon

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Explorateur

Formulaire:
2nd Chance

Modifier

Informations générales Protocole opératoire

Pièces jointes pré-opératoires:

- Kafuku pre op 1.jpg 162.70 KB

Per-op attachments:

Pièces jointes post-opératoires:

- Kafuku post op 1.jpg 162.04 KB

Etat du transfert

Revenir aux formulaires

15 16 17 18 19 20 21 22 23 24 25

15 16 17 18 19 20 21 22 23 24 25



2nd Chance 2nd Chance - 27/90

tous les cas

Répondre

Modifier l'état

Exporter

Editer

Etat du transfert

Revenir à la liste

479 - Cas difficile Dr Ahuka Longombe / que faut-il faire

Auteur: Anne Zeidan Créé: 18 novembre 2013, 11:34, CET

Patient: Goma Hôpital: Réseau 2nd-chance (ch)

Naissance: 00.00.1953 Sexe: Masculin

Etat: en cours

que faut-il faire ?

Edward Wayi, 18 novembre 2013, 15:37, CET

This is a noma case.

Two issues of concern here is inability to open the mouth thus difficult to give anaesthesia and extensive tissues from the lower lip ~ 40% loss.

For the anaesthesia plan to operate under local infiltration, it should work, else, fiberoptic intubation.

Defect repair: Vermilion and most part of the lower lip to be advance to cover the defect. This is the option.

Pierre Quinodoz, 17 janvier 2014, 16:22, CET

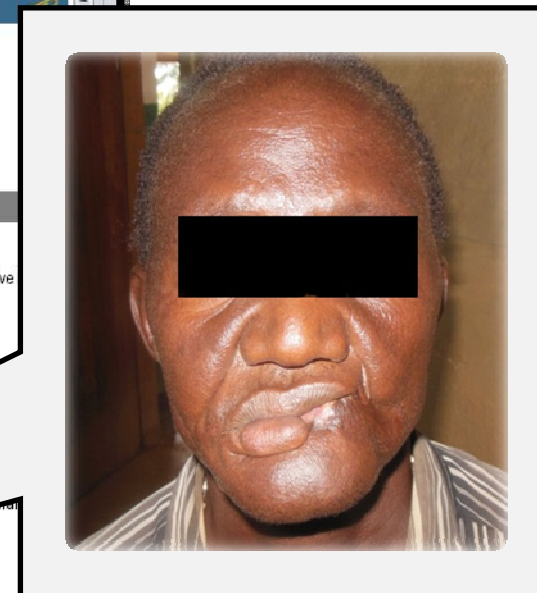
Cher Ahuka,

Nous pensons comme Ed. Est-ce que la mâchoire est bloquée ?

Quel est le problème du patient : solution cosmétique ?

Pierre & Alberto

Cas adulte de... 726.00 KB

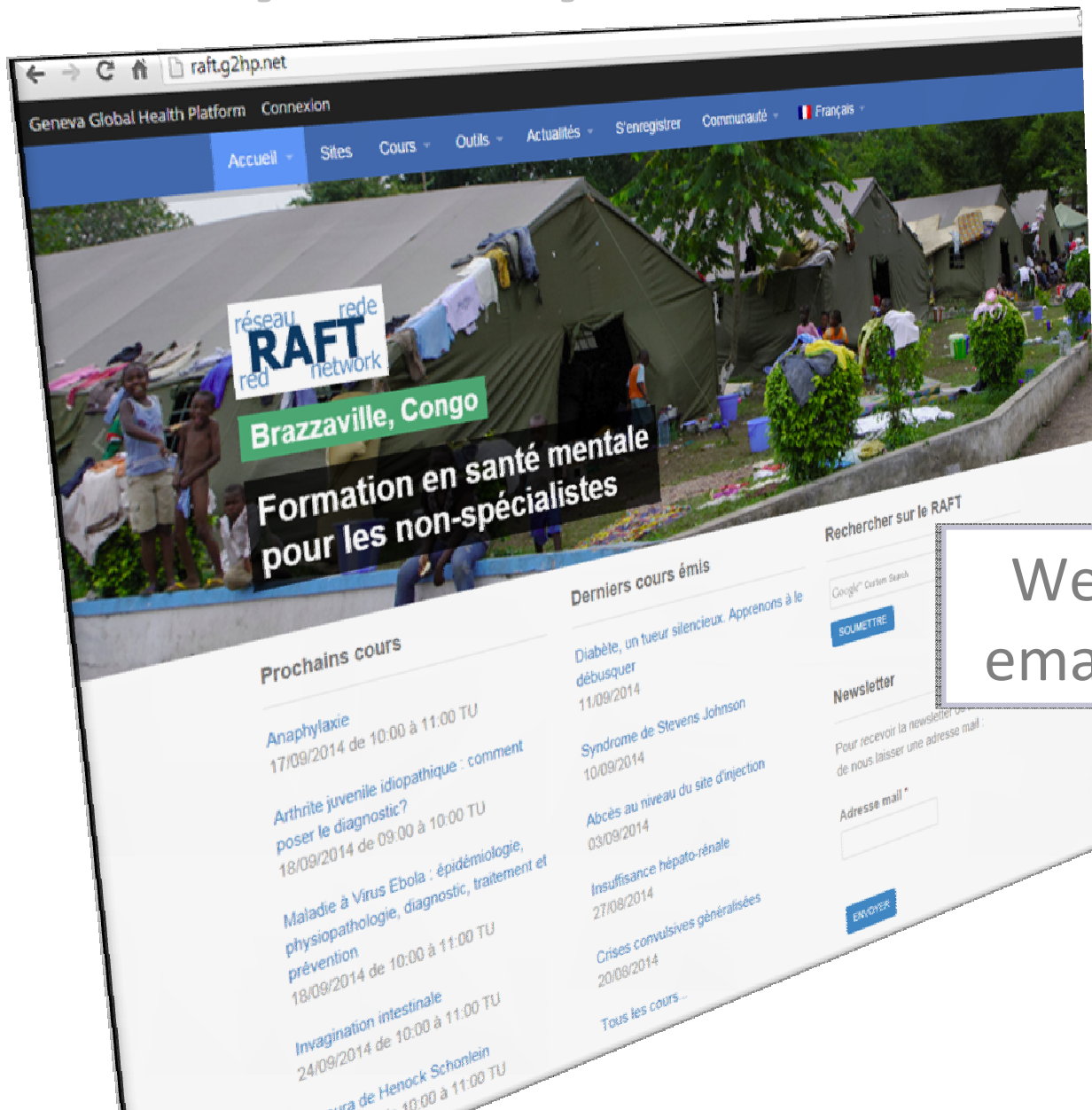




**Altiplano project started in 2011
20 hospitals are connected**

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Thank you for your attention!



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