



13th World Congress on

Healthcare & Technologies

June 14-15, 2018 | Dublin, Ireland

Workshop Day 1

Healthcare Summit 2018

13th World Congress on

Healthcare & Technologies

June 14-15, 2018 | Dublin, Ireland



Grahame Smith
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LIVING LAB: THE CO-CREATION TECHNIQUE

There are many commercial products and services to aid people living with long term health conditions. However, many are limited in their utility and flexibility due to no user involvement in the creation and development process. The design and development of products and services in collaboration with people living with long term health conditions is one way to ensure the user's needs are addressed. Living lab is a methodology based on the involvement of users in the creation, development, and production of a "prototype" of a product or a service. During a living lab session an appropriate participant panel, guided by 2-3 living lab facilitators will discuss and identify their current challenges, solutions and ideal product or service to meet their needs. Living lab facilitators may ask additional, specific questions to help identify user flow. If applicable, the participant panel will also review, evaluate and offer improvements upon existing or proposed products. The co-creation process should engage four key stakeholders in a quadruple helix to ensure that the proposed product fits within the health ecosystem. The co-creation process contains 4 phases; Open design, co-design, co-production and customisation. Each co-creation phase may be worked through sequentially or the living lab facilitator may choose to skip phases, depending upon the needs and innovation stage of the company producing the product or service. This process is flexible and bespoke for each organisation commissioning the living lab. This workshop will provide the opportunity for participants using their own experiences in conjunction with a living lab exemplar to learn about the usefulness of the living lab approach within their own sphere of practice.

Biography

Grahame Smith is mental health nursing academic and a reader in participatory engagement in mental health. He is also a subject head at the School of Nursing and Allied Health. He is centre lead for the Centre for Collaborative Innovation in Dementia, an accredited health living lab- European Network of Living Labs (ENoLL). His specific interests include living well with dementia, user-centric innovation (health), and Living lab.

Bibha Simkhada has background in Adult Nursing (RGN) with PhD in Public Health. She is working as a researcher at the Liverpool John Moores University working in the Centre for Collaborative Innovation in Dementia, which is an accredited Living Lab (European Network of Living Labs) in the UK. She has key role in different research activities around health innovation especially on living lab. Her research interest includes Dementia, Mental health, Health Innovation, Health Inequalities, and lifestyle.

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Scientific Tracks & Abstracts Day 1

Healthcare Summit 2018

Sessions:

Day 1 June 14, 2018

**Healthcare and Innovation | Healthcare & Technology | Healthcare and Public Health |
Healthcare and Mental Health | Healthcare Information Technology**

Session Chair
Anthony R. Mawson
Jackson State University, USA

Session Co-Chair
Corneliu Bob
Politehnica University of Timisoara, Romania

Session Introduction

- Title: E-learning in healthcare settings in Saudi Arabia**
Baneen Alhmod | Swansea University | United Kingdom
- Title: The use of advanced medical technologies at home: A systematic review of the literature**
Ingrid ten Haken | Saxion University of Applied Sciences | Netherland
- Title: A conceptual design of sustainable hospital in NEOM**
Dhaifallah Muways Alotaibi | University of Exeter | United Kingdom
- Title: Ionization dosimetry principles for conventional and laser-driven clinical particle beams**
Florea Scarlat | National Institute for Laser, Plasma and Radiation Physics | Romania
- Title: Personality factors and self-perceived health in Chilean elderly population**
Pedro Olivares Tirado | Superintendencia de Salud | Chile
- Title: Smart wireless wide area networks for mobile health care with high security**
Chun-Liang Lin | National Chung Hsing University | Taiwan
- Title: Antenatal care and education: Addressing common biopsychosocial morbidities to establish a holistic, multidisciplinary model of support to all childbearing women**
Melissa Buultjens | La Trobe University | Australia
- Title: Efficiency of defensive functioning scale: Correlation to beck's depression inventory**
Kayo Shichiri | Niigata University | Japan
- Title: Innovation through technology: Using a living lab approach as driver for a smart and healthy city**
Grahame Smith & Bibha Simkhada | Liverpool John Moores University | United Kingdom

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E-LEARNING IN HEALTHCARE SETTINGS IN SAUDI ARABIA

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Introduction: E-Learning is a widely-used method which has recently been expanding in healthcare settings. The use of technology to deliver and support learning has been utilised in continuous medical education for health professionals' in developed countries, and recently in Saudi Arabia. It has shown great success in improving medical education in numerous projects around the world, despite the challenges in adopting digital learning tools in professionals' workplaces. In Saudi Arabia, continuous medical education is facing many hindrances in its quality and effectiveness. Despite the promising future of e-learning in Saudi, this change could be faced with more evolving challenges. The healthcare development in Saudi Arabia has gone through a great transformation, where the most recent digital advancements have taken place, yet E-learning for professionals has only recently begun. This study will focus on reviewing the transformation of medical education and E-learning in Saudi Arabia, and the relevant challenges reported.

Methodology: This paper includes a review of the current stand of medical education in Saudi and the introduction of E-learning in the healthcare field. This will highlight the witnessed effectiveness of e-learning and explore the challenges experienced and that will believably evolve when continuous medical education takes a digital approach.

Results: The synthesis of the review demonstrates an effectiveness of E-learning in improving professionals' knowledge in at least a similar effect as traditional learning, yet applicability of this learning in everyday practice is still questioned. It also shows that speciality-focused e-learning tools are likely to provide desired results for learners. Among the challenges facing medical E-learning in Saudi are the requirements for effective reliable assessment of needs, the quality of learning contents, and the maturity level in the technological background and the infrastructure in healthcare settings.

Discussion and conclusion: The transformation of Saudi healthcare exhibits the rapid growth of healthcare technology adoption and thus it is expected to witness more e-learning projects that switch traditional CME delivery to 'paperless'. There is an obvious technology-positivism view in developing that area, which shows a great ambition, but in apparent need of guidance. It is important to realize the lack of experience and the immature infrastructure when implementing E-learning in the healthcare field. Looking at successful international examples would be very constructive in managing challenges observed and anticipating possible future ones. E-learning in Saudi healthcare settings needs to be studied widely to construct a foundation of knowledge to refer to. The further plan is to study the adoption of healthcare professionals of a newly implemented e-learning in a specialized hospital, to investigate an unexplored area in the fast-growing field in Saudi Arabia.

Biography

Baneen Alhmoud has completed her graduation from the College of Nursing, King Saud bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia. She has worked and specialized in Cardiac Nursing as a Surgery Waiting List Manager. Later on, she went to the UK to study Health Informatics and obtained a Master's Degree from Swansea University. She has done a volunteer work as a Health Informatics Specialist. After that, she went back to Swansea University to pursue PhD in Health Informatics, especially Medical E-learning where she is currently working on her research.

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THE USE OF ADVANCED MEDICAL TECHNOLOGIES AT HOME: A SYSTEMATIC REVIEW OF THE LITERATURE

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The number of medical technologies used in home settings has increased substantially over the last 10–15 years. In order to manage their use and to guarantee quality and safety, data on trends and practical experiences are important. We conducted a literature review on these topics regarding the use of advanced medical technologies (AMTs) at home. We focused on technologies that are part of the technical skills and hands on by nurses, excluding information technology such as domotica. The review was performed by searching the databases MEDLINE, Scopus and Cinahl, included papers from 2000–2015 and articles containing empirical material. Research on AMTs used at home has increased considerably until 2015. We identified 87 relevant articles, 62% was published in the period 2011–2015. Of the included studies, 45% considered devices for respiratory support, 39% devices for dialysis and 29% devices for oxygen therapy. Most research has been conducted on the topic user experiences (36%), mainly regarding patients or informal caregivers. Much is already known on topics, such as user experiences; safety, risks, incidents and complications; and design and technological development. Nurses have a key role in supporting patients and family caregivers in the process of homecare with AMTs and in providing information for multi-disciplinary teams. However, we identified a lack of research exploring the views of nurses with regard to AMTs for homecare, such as user experiences of nurses with different technologies, training, instruction and education of nurses and human factors by nurses in risk management and patient safety.

Biography

Ingrid ten Haken has completed her graduation in Educational Technology at the University of Twente, The Netherlands. After her graduation, she worked many years on Curriculum Development and Quality Management at the Saxion University of Applied Sciences, School of Health. Since 2014, she is a Member of the Research Group Technology, Health and Care and is working on her PhD research project.

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A CONCEPTUAL DESIGN OF SUSTAINABLE HOSPITAL IN NEOM

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Neom, a \$500 billion megacity in Saudi Arabia is planned to be constructed in the border between this country and Egypt, to host a large population. This megacity is going to be built to embrace new technologies and lifestyle for the young population of this country. One of the main aims of proposing this green city is to fully supply its energy from the renewable sources such as solar power. Therefore, recently the 200 GW solar power plant has been signed off for supplying the energy requirements for the country. But one of the main users of the electrical energy is the hospitals, for which these solar plants need to have sustainable supply of electricity. The main purpose of this research is to analyze the technical possibilities of using fully green technologies for a conceptual hospital framework. In order to achieve this framework, different disciplines including the power supply, waste disposal and energy wastage are going to be evaluated for the purpose of constructing a conceptual sustainable hospital in the new city of Neom by considering its geographical location, climate conditions, transport facilities and the demand analyses based on the population demographic data. In this study, a combination of three renewable energy sources; solar, biomass, and wind turbine energy are evaluated by using the HOMER Pro software, to fully supply the required power of this modern city.

Biography

Dhaifallah Muways Alotaibi has completed his graduation from the National University of Science and Technology, as a Mechanical Engineer. Recently, he has been studying (MSc) Mechanical Engineering with Management at Exeter University, and is continuing his research in Renewable Energy.

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IONIZATION DOSIMETRY PRINCIPLES FOR CONVENTIONAL AND LASER-DRIVEN CLINICAL PARTICLE BEAMS

Florea Scarlat^a, E Stancu^b, E Badita^b, A Scarisoreanu^b, C Vancea^c, I Calina^c, M Demeter^c, F L Scarlat^d and R Chiru^e^aNational Institute for Laser, Plasma and Radiation Physics, Romania^bValahia University of Targoviste, Romania^cUniversity of Bucharest, Romania^dBit Solutions SRL, Romania^eSCARLAT SRL, Romania

In this paper after mentioning the clinical radiation fields of 20 keV–450 MeV/u, they are characterized by the number of particles and their energy. Particle energy is the quantity that determines radiation penetration at the depth at which the tumor is situated. The number of particles (or beam intensity) is the second major quantity that assures the administration of the absorbed dose in the tumor. The first application shows the radiation levels planned for various radiation fields. Prior to interacting with the medium, the intensity (or energy fluence rate) allows the determination of energy density, energy, power and relativistic force. In the interaction process, it determines the absorbed dose, kerma and exposure. Non-ionizing radiations in the EM spectrum are used as negative energy waves to accelerate particles loaded into special installations called particle accelerators. The particles extracted from the accelerator are the source of the corpuscular radiation for high-energy radiotherapy. Of these, light particle beams (electrons and photons) for radiotherapy are generated by betatron, linac and microtron, and heavy particle beams (protons and heavy ions) are generated by cyclotron, isochronous cyclotron, synchrocyclotron and synchrotron. The ionization dosimetry method used is the ionization chamber for both indirectly ionizing radiation (photons and neutrons) and for directly ionizing radiation (electrons, protons and carbon ions). Because the necessary energies for hadrons therapy are relatively high, 50–250 MeV for protons and 100–450 MeV/u for carbon ions, the alternative to replace non-ionizing radiation with relativistic laser radiation for generating clinical corpuscular radiation through radiation pressure acceleration mechanism (RPA) is presented.

Biography

Florea Scarlat has completed his graduation as a Physicist Engineer from the Faculty of Electronics and Telecommunications at the Polytechnic University of Bucharest, Romania. Later on he obtained his PhD in Nuclear Techniques at the Institute of Atomic Physics of the State Committee for Nuclear Energy with subjects "Contributions to the development of the magnetic induction electron circular accelerator for radiotherapy use". He was the Scientific Director at the Institute of Physics and Nuclear Engineering Bucharest, Magurele and Director of the Romanian-English joint venture GEC Romanian Nuclear Limited, Leicester, England. Then he was a fulltime Professor of Physics at Valahia State University of Targoviste. He was elected Member of the New York Academy of Sciences and Corresponding Member of the Romanian-American Academy. Presently, he is a Consultant Manager at STARDOOR Laboratory at the National Institute for Lasers, Plasma and Radiation Physics, Magurele.

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PERSONALITY FACTORS AND SELF-PERCEIVED HEALTH IN CHILEAN ELDERLY POPULATION

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Statement of the Problem: Empirical evidence suggests that the stability of personality itself contributes to successful ageing and is associated with a longer life. The aim of this study was to investigate the association between personality traits and the self-perceived health status (SPH), stratified by medical conditions in a representative sample of non-institutionalized elderly people in Chile.

Methodology & Theoretical Orientation: The data used come from the fourth waves (2009) of the Chilean Social Protection Survey. The samples were 2,655 subjects aged 65 and over. Personality trait was measured with the TIPI Questionnaire and SPH, was assessed with a Likert-scale item question based on EU-SILC question on self-perceived health. SPH variable was aggregated into two categories: good health (i.e., excellent, very good and good) and poor health (i.e., poor and very poor). Fair category was excluded. MANOVA was used for statistical analysis.

Findings: Higher scores of all 5-personality factors were associated with good health. Perception of poor health was associated with female, lower education level and aged people. Extraversion, conscientiousness, emotional stability and openness, showed a significant associations with SPH, among elderly with medical conditions. Conversely, a significant association with SPH among elderly without medical problems, was demonstrated for, extraversion, agreeableness and emotional stability.

Conclusion & Significance: A consistent association between personality factors and SPH throughout the elderly people was demonstrated. We suggest that extraversion and openness traits could be acting as protector factors and agreeableness and conscientiousness traits as resilient factors, facing to the health problems among elderly people.

Biography

Pedro Olivares Tirado has completed his graduation from the University of Chile as Medical Doctor, with the specialty in Abdominal Surgery and Diploma in Digestive Laparoscopic Surgery from the University of Paris, Faculty of Medicine Paris France. Later on he obtained MBA from Civil Industrial Engineering Department, University of Chile and MSc in Health Economics from University of York, UK and PhD in Human Care Sciences from the University of Tsukuba, Japan. After 2000, he started working at the Research & Development Department of the Chilean Superintendence of Health, where he became a Senior Researcher and has continued his research focused in ageing population and his impact in healthcare spending, quality of life and well-being of the elderly people. Recently, he has been invited as an Academic Visitor to the PSSRU-London School Economics and Political Sciences to participate in the MODEM Project.

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SMART WIRELESS WIDE AREA NETWORKS FOR MOBILE HEALTH CARE WITH HIGH SECURITY

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This study proposes a smart wireless wide area network for mobile health care with high security. The connection system can be divided into two parts. (i) To protect personal safety, electrocardiogram (ECG) identification system (E-IDS) is proposed, which mainly aims to capture the user's ECG signal and extract the features from them to identify users through one-lead ECG measuring instrument. In the identification of personal identity, the system will also detect the heart rate of user, and provide the suggestion for the user's physiological activities and precautions. Furthermore, the ECG biometric authentication system can even pair the identity of smart watch and the identity of user together to make the system know the current identity of user. (ii) Smart wireless wide area network system (SW-WANS) enables internet-of-things (IoT) architecture to be implemented in mobile health care without relying on paid networks, and is suitable for outdoor installation when things are connected to the SW-WANS. In addition, it does not need to be paired such as a Bluetooth device; neither does it need complicated settings like Wi-Fi. With the designed sports watch, it also has the ability to detect the closest antenna to make the user know the relative position in a specific area, and heart rate data can also be uploaded at any time.

Biography

Chun Liang Lin has completed his graduation from the Department of Aeronautics and Astronautics, National Cheng Kung University, Taiwan. Presently he is working in the Department of Electrical Engineering at National Chung Hsing University with many years of teaching experience. He has submitted several journal articles which are not only related to electrical vehicle but also biomedical engineering. Nowadays, his research focuses on the application of the concept of IoT (Internet of Things) on health care.

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ANTENATAL CARE AND EDUCATION: ADDRESSING COMMON BIO PSYCHOSOCIAL MORBIDITIES TO ESTABLISH A HOLISTIC, MULTIDISCIPLINARY MODEL OF SUPPORT TO ALL CHILDBEARING WOMEN

Melissa Buultjens*

*La Trobe University, Australia

The antenatal period is a transitional time for parents-to-be, presenting various opportunities to maximise women's health literacy and wellbeing. In spite of this, there are numerous maternal morbidities associated with pregnancy and childbirth, and while not all are necessarily life-threatening, they can have a significant impact on a woman's quality of life. This can include both clinical (e.g. incontinence and gestational diabetes) and psychosocial impairment (e.g. depression and parenting self-efficacy), often resulting in long-term chronic morbidities. This substantiates the rationale for a review of antenatal care and education, or more broadly, how we can target and address potentially modifiable risk factors. Finally, a holistic maternity model will be presented with a focus on multidisciplinary service provision in maternity care to provide proactive, rather than reactive support to childbearing women.

Biography

Melissa Buultjens BHSc (Hons), BMid graduated with her PhD in the Faculty of Health Sciences in 2013. She is currently a Senior Lecturer in the School of Psychology and Public Health at La Trobe University, Victoria, Australia. Melissa combines her academic pursuits with her clinical practice as a midwife. Her research has predominately involved outcomes of perinatal care, whilst most recently she has developed a special interest in improving service provision and supportive care with the inclusion of smartphone technology.

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EFFICIENCY OF DEFENSIVE FUNCTIONING SCALE: CORRELATION TO BECK'S DEPRESSION INVENTORY

Kayo Shichiri* and Emyo J Nakayama*

*Niigata University, Japan

In our article about the defensive functioning scale (DFS) proposed in the 4th edition of the diagnostic and statistical manual of mental disorders (DSM-IV), we attempted to quantify this scale by summing scores of seven defense levels based on individual defense mechanisms. To further explore and verify this scale, we tried to compare DFS and Beck's depression inventory (BDI). A total of 100 physically and mentally healthy university students participated in this study. There were 51 males and 49 females. We investigated their developmental level using DFS, and measured BDI. Then we compared the relationships between DFS and BDI scores. We compared male and female results, too. All participants average age was 19.5 ± 0.7 (male 19.6 ± 0.6 , female 19.4 ± 0.7). Average score of DFS was 656.5 ± 96.0 (male 656.9 ± 94.1 , female 656.1 ± 98.8) and average score of BDI was 12.6 ± 9.4 (male 11.2 ± 8.9 , female 14.0 ± 9.8). We examined Spearman's rank correlations between DFS and BDI scores, and compared male and female student's scores. The results indicated statistically significant correlations in only male students, but not female students. The findings suggest that there is a gender specific factor in relationships between DFS score and BDI scores. Male and female differences were elucidated in our previous study.

Biography

Kayo Shichiri has completed her graduation in Psychology from Rikkyo University. She started working as Clinical Psychologist at the Department of Psychiatry, Niigata University Graduate School of Medical and Dental Sciences. Later she obtained her PhD from the National University of Niigata. Presently, she is working at the Health Administration Center, Headquarters for Health Administration and Environmental Safety, Niigata University, specializing in Adolescent Psychiatry, Clinical Psychology, Developmental Psychology, Mental Health, Psychopathology, and Psychological Diagnostics. She has continued her research conscientiously and earnestly at the aforementioned school and concentrated her effort on Mental Health Counseling for students and teaching staff at Niigata University.

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INNOVATION THROUGH TECHNOLOGY: USING A LIVING LAB APPROACH AS DRIVER FOR A SMART AND HEALTHY CITY

Grahame Smith^a, Bibha Simkhada^a and Daz Greenop^a^aLiverpool John Moores University, United Kingdom

Innovation through technology is vital within health care and if used effectively it can improve efficiencies and boost economic growth on a global scale. Living labs are major drivers within the health innovation space. They represent a methodologically pragmatic approach to innovation, characterised by real-life experimentation in real world setting, which includes the active involvement of health and social care users. The living lab is a 'bottom-up' research-to-innovation approach, which explores the needs of citizens through exchanging knowledge and user innovation. Convergent innovation focuses on integrating and converging a diverse range of knowledge within process, product and service design. These processes harnessed together are central to the successful development of a sustainable smart city if integrated into its planning and structure. Methodologically, we suggest that this is best achieved by developing the city as a 'living lab'. The utility of this approach is currently being shaped through a European funded project which aims to establish a city region living lab in Liverpool, UK. It aims to explore this position in more depth with the intention of highlighting how a city living lab, which is smart, can provide the space and resources required to promote sustainable solutions with a city's health ecosystem. The Liverpool City Region (LCR) living lab provides opportunities for businesses to listen to and engage with people using services and products and adds social value by, for example, developing technology that has a positive impact on wellbeing and thus improve health and quality of life and yield greater social value for the community.

Biography

Grahame Smith is a Mental Health Nursing Academic and a Reader in Participatory Engagement in Mental Health. He is also a subject Head at the School of Nursing and Allied Health from Liverpool John Moores University. In addition, he is the Centre Lead for the Centre for Collaborative Innovation in Dementia, an accredited health living lab—European Network of Living Labs (ENoLL). His specific interests include living well with dementia, user-centric innovation (health) and living lab.

Bibha Simkhada has background in Adult Nursing (RGN) with PhD in Public Health. She is working as a researcher at the Liverpool John Moores University working in the Centre for Collaborative Innovation in Dementia, which is an accredited Living Lab (European Network of Living Labs) in the UK. She has key role in different research activities around health innovation especially on living lab. Her research interest includes Dementia, Mental health, Health Innovation, Health Inequalities, and lifestyle.

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Scientific Tracks & Abstracts Day 2

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Sessions:

Day 2 June 15, 2018

Healthcare and Primary Healthcare | Healthcare and Innovation | Healthcare and Technology Primary Healthcare

Session Chair
Adrian Inschuape
National University of La Plata, Argentina

Session Chair
Thomas Wright
University of Western Australia, Australia

Session Introduction

Title: Dulce wireless tijuana tool box: An online guide for the treatment of the patient with Type 2 diabetes

Adriana C. Vargas Ojeda | Universidad Autónoma de Baja California | Mexico

Title: Risk factors for nonadherence to treatment, and complications in patients with Type 2 diabetes attending a primary care health center in ensenada, México

David Sergio Salas Vargas | Universidad Autónoma de Baja California | Mexico

Title: The treatment of adenomyosis using a specifically developed transabdominal ultrasound probe attachment for transcervical microwave adenomyolysis

Yasushi Kanaoka | Iseikai Hospital | Japan

Title: A new approach of a specific sustainability model

Corneliu Bob | Politehnica University of Timisoara | Romania

Title: Phenomenological hermeneutic professional care practice: Four tactics for knowing, doing and being authentic collaboration when working with children, youth and families

Sara Nickerson White | Humber College | Canada

Title: Enriching universal health coverage: A paradigm shift from tertiary to primary care in Sri Lanka

Janaka Sugathadasa | Ministry of Health, Nutrition & Indigenous Medicine | Sri Lanka

Title: Traditional Chinese medicine and its protective function over brain - Injured patients

Adrian Inchuape | National University of La Plata | Argentina

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DULCE WIRELESS TIJUANA TOOL BOX: AN ONLINE GUIDE FOR THE TREATMENT OF THE PATIENT WITH TYPE 2 DIABETES

Adriana Carolina Vargas Ojeda^a, Rufino Menchaca Díaz^a, Sonia Contreras^b, Alana Ortez^b, María Cecilia Anzaldo Campos^c and Oscar E Olivares Dominguez^d

^aUniversidad Autónoma de Baja California, USA

^bInternational Community Foundation, USA

^cMexican Institute of Social Security, Mexico

^dQualcomm Wireless Reach, USA

Dulce wireless Tijuana (DWT) is a study designed to evaluate the effectiveness of adapted Project Dulce™ clinical-educational model for the Mexican population, with and without mobile technology, compared with usual clinical care, at improving clinical and self-report outcomes in patients with type 2 diabetes. The results were published in 2016, and were so flattering that the Qualcomm company decided to support a second phase for the development of a toolbox (TBx) as a friendly consultation resource available online. The TBx is the product of the joint effort of a multidisciplinary team composed of members who work in academic, governmental, and non-governmental institutions in Mexico and the United States, and seeks to provide up-to-date information to all health professionals and diabetes promoters, regarding the comprehensive approach of an adult patient with type 2 diabetes. Its purpose is to be a dynamic guide for replicating the best practices used in the DWT study and is aimed at health professionals, health educators, dieticians, health administrators, government agencies and civil society organizations (CSOs), who wish or need to implement a strategy to effectively combat the epidemic of type 2 diabetes through a method or model with satisfactory and proven clinical results. It contains technical manuals, educational videos, surveys, etc. The professional or health entity that decides to follow this replication guide will be able to implement a model of care for patients with type 2 diabetes that integrates mobile wireless technologies, education and community care and has proven to be effective in reducing levels of HbA1c.

Biography

Adriana Carolina Vargas Ojeda graduated from UNAM as Medical Doctor. She is a Pediatrician from Hospital Infantil de Mexico, UNAM. Later on she obtained her Master's degree in Educational Management at UABC and a PhD in Educational Sciences at UIA-Noroeste. She became the Dean of the School of Medicine at the Universidad Autónoma de Baja California. She is a Full time Professor and has been recognized as a level 1 Investigator by the National Research System of Mexico.

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RISK FACTORS FOR NONADHERENCE TO TREATMENT, AND COMPLICATIONS IN PATIENTS WITH TYPE 2 DIABETES ATTENDING A PRIMARY CARE HEALTH CENTER IN ENSENADA, MÉXICO

David Sergio Salas Vargas^a, Roberto Vera Gonzalez^a, Patricia Radilla Chavez^a, María Eugenia De la Macorra Barroso^a, Ana María Valles Medina^a and Adriana Carolina Vargas Ojeda^a

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Background: Type 2 diabetes mellitus (T2DM) has a high prevalence in the northern region of Mexico (15.7%). It represents one of the greatest burdens for the Mexican healthcare system. Approximately 75% of patients with T2DM have not reached adequate glycemic control.

Methods: This is a descriptive, cross-sectional study in a convenience sample of 184 T2DM patients attending a primary health care center in Ensenada, Baja California from 2010 to 2012. A structured survey was applied to determine risk factors for non-adherence to treatment, comorbidities and complications of patients with T2DM.

Results: 64% were women average age 58 years. 10% were illiterate and 25% with unfinished elementary school; 22% were active smokers, 77% with a sedentary life and 60% consumes sugary drinks; 42% reported difficult access to the health center due to long distance and expensive bus transportation. The majority (84%) had to buy their medicines. Only 42% carried out the control laboratory exams requested. Nearly 70% had high blood pressure and 44% were not controlled; 46% had dyslipidemia and 68% were obese. Almost 2% of the patients developed retinopathy and/or neuropathy and /or diabetic foot.

Conclusions: It is necessary to develop a more efficient monitoring and control program for patients with T2DM, to reduce comorbidities and complications through reducing risk factors that favors the non-adherence to pharmacological treatment, such as the lack of access to healthcare centers, the need to buy their medicines, and the lack of metabolic control among others.

Biography

David Sergio Salas Vargas graduated from the School of Medicine at the Universidad Autónoma de Baja California as a Medical Doctor. Later on he obtained his Master's degree in Public Health at UABC and a PhD in Health Sciences at UABC. He was the Dean of the School of Health Sciences at UABC in Ensenada for almost eight years and now he works as a full time Professor and coordinates the Postgraduate and research studies area.

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THE TREATMENT OF ADENOMYOSIS USING A SPECIFICALLY DEVELOPED TRANSABDOMINAL ULTRASOUND PROBE ATTACHMENT FOR TRANSCERVICAL MICROWAVE ADENOMYOLYSIS

Yasushi Kanaoka^a, Hirosumi Imoto^a and Anna Tani^a^aIseikai Hospital, Osaka, Japan

Statement of the Problem: Hysterectomy is a standard treatment for symptomatic uterine adenomyosis refractory to conservative therapy. However, most premenopausal women with menorrhagia and dysmenorrhea caused by adenomyosis will not consider hysterectomy if an effective alternative is available. Transcervical microwave adenomyolysis (TCMAM), i.e., transcervical interstitial microwave irradiation, can effectively necrotize adenomyosis tissue and relieve symptoms.

Methodology & Theoretical Orientation: A new transabdominal ultrasound probe attachment was specifically manufactured, to ensure safe insertion of a microwave applicator tip into the uterine wall. Sixty candidates for hysterectomy for treatment of adenomyosis associated with menorrhagia were treated with TCMAM using an attachment for transcervical puncture with simultaneous microwave endometrial ablation (MEA), as an alternative to hysterectomy. Primary outcomes were changes in venous hemoglobin level and uterine body volume before and after treatment. Secondary outcome were the visual analogue scale (VAS) scores for menorrhagia and dysmenorrhea after treatment.

Findings: The newly developed attachment makes transcervical puncture very easy and accurate. At 3 months after surgery, the average hemoglobin level significantly increased. At 12 months, the uterine body significantly decreased to 52% of the volume before treatment. The VAS scores after treatment indicated significant improvement in menorrhagia and dysmenorrhea.

Conclusions: TCMAM combined with MEA reduced uterine body volume and relieved menorrhagia and dysmenorrhea caused by adenomyosis. This strategy is an affordable alternative to hysterectomy for the treatment of adenomyosis.

Biography

Yasushi Kanaoka has completed his graduation from Osaka City University Medical School, specializing in Obstetrics & Gynecology and Gynecologic Oncology, with a Diploma in Gynecology from Osaka City University. Before moving to Osaka City University, he specialized in Electron Paramagnetic Resonance Spectroscopy at the Faculty of Science, University of Tokyo. He was an Associate Professor in the Department of Gynecology, Osaka City University where he continued his research until 2009. He is currently working at the Iseikai Hospital at Osaka City, Japan.

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A NEW APPROACH OF A SPECIFIC SUSTAINABILITY MODEL

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Most of the existing models which evaluate the sustainability performances of construction works are very comprehensive and with high applicability, like: BREEM, LEED, CASBEE, DGNB, SB Tool, CEN/TC350, Green Star, HK – BEAM and so on. In many cases such models show some disadvantages: some of models do not cover all three dimensions; they include a great number of criteria and many of them are difficult or impossible to quantify; the tools are focused mainly on entire buildings and they can be applied with some difficulties on other types of construction works and activities. To avoid disadvantages, the author and his collaborators had proposed a new assessment method, called specific model. The main advantages of this method are: covers the three dimensions of sustainability; high degree of applicability; includes only quantitative parameters.

The new approach, presented in this paper, is based on the specific model but instead of the calculation of the sustainability index SI the evaluation take into account the price of each parameter of the three dimensions and finally the sustainability cost SC is obtained.

Using of the new approach for the specific construction works sustainability model some advantages are obtained.

1. The judgement of the sustainability by using of the price of each parameter and finally of the sustainability cost is easier understandably by specialists: the most sustainable solution is the cheapest one.
2. By introduction of the correction of the mechanical characteristics (bending moment, stress and stiffness) the better result of the sustainability is obtained: for the rehabilitation of the Western University Timisoara the coating with CFRP is the most sustainable by analyses with SI and SC, but without assuring the drift limitation condition; after operating the correction of the mechanical characteristics, the most sustainable solution is by using steel profiles, which has been used
3. Costs of main parameters were taken from Romanian practice. For different zones and countries, specific costs will have to be used.

Biography

Corneliu Bob has graduated at the University Politehnica of Timisoara, Romania in 1961 and PhD civil engineering in 1971 at the same University. In 1990 he became professor of R C structures and completed his PhD as scientific coordinator at the civil engineering from faculty in Timisoara. From 1996 till 2004 he was the head of the National Building Research Institute, Timisoara. He has also been very active in the Romanian Associations for Civil Engineering as National Association Engineering for Structural Analysis, Bucharest, Romanian Concrete Commission, Romanian Academy of Material Science. Since 1992, he became the member in the permanent committee as a chairman of the IABSE romanian group and member of the SED editorial board.

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PHENOMENOLOGICAL HERMENEUTIC PROFESSIONAL CARE PRACTICE: FOUR TACTICS FOR KNOWING, DOING AND BEING AUTHENTIC COLLABORATION WHEN WORKING WITH CHILDREN, YOUTH AND FAMILIES

Sara Nickerson White^a^aHumber College, Canada

Aim of the study: Research questions or hypothesis, and a clear statement of goal of project should be described. Ultimately this work asks: how do we, as practicing care professionals, actively and deliberately do authentic collaboration when working with children, youth and families? By focusing on how practicing professionals purposively develop the deep meaning of what is said (content) as it is said (context), this work explicates ways practicing professionals can improve the quality of care they provide. The goal of this proposed session is twofold. First, to demonstrate the typical absence, yet necessity, of authentic collaboration when working with children, youth and families. Second, to detail four phenomenological hermeneutic tactics that can provide a basis for doing the primary language work required to know, do and be authentic collaboration in one's professional care practice.

Introduction in brief: Description of the problem or a short summary of the issue(s), or a specific clinical challenges or controversy, with relevant background and contextual information must be given. Inspired by the work of Parse (1998, 2001, 2005), informed by theorists such as Heidegger (1962) and Gadamer (1975), and rooted in the interpretive work of van Manen (1990); this work takes on a restructuring approach to client-professional care practitioner communications.

Results: Specific results in summarized form or a brief description of the findings or lessons learned as outcome of the study. Using isolated principles of phenomenological hermeneutics, four 'tactics' (de Certeau, 1984) for knowing, doing and being an authentic collaborator are detailed. Each tactic is taken up as a fruitful approach for practicing care professionals to actively commit to sustaining a negative dialectical relation when being-in-the-world as a PH practicing professional in relation with children, youth and families. By working through case study examples participants apply these tactics to see the promise this approach holds for strengthening the dynamic, self-aware, responsive and ethical nature of care that children/youth/families deserve and that professional practice standards demand.

Conclusion: A brief description of recommended position or approach, or specific recommendations related to the original problem or questions identified should be given. It should be based on the facts in evidence and should be limited to minimal speculation about the significance of the work. Results from knowing, doing and being authentic collaboration in a primary language experience with children, youth and families conclude the session. Outcomes resulting from the application of the detailed PH approach using the four tactics will be discussed. Authentic collaborations with children/youth/families with conflict region lived experiences are the original communicators from which the approach will be detailed.

Biography

Sara Nickerson White is a passionate researcher and evaluator. She firmly believes in the ability of collaborative research and evaluation to make a difference in the lives of children, youth and families. Due to her developed methodological expertise, and her continuous curiosity, Sara has been a successful researcher and program evaluator for over 15 years. She has designed implemented and managed research and evaluation projects for communities and agencies across all Canadian provinces and has managed large-scale national and international research projects. Currently, she is a professor at Humber College in the School of Community and Social Services.

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ENRICHING UNIVERSAL HEALTH COVERAGE: A PARADIGM SHIFT FROM TERTIARY TO PRIMARY CARE IN SRI LANKA

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Statement of the Problem: Sri Lanka is a lower middle income country with a population of 21.2 million. It enjoys a per capita income of US\$ 4085. Since its independence in 1948, both education and health has been cornerstone in Sri Lanka's celebrated social democracy. As a result of sustained investment in these two sectors by successive governments, today Sri Lanka's social indicators rank on par with most of the middle income countries. Sri Lanka offers unique universal health coverage to its population. However, Sri Lanka's health system encounters significant challenges in view of emerging demographic, epidemiological changes and rising patient expectations. Sri Lanka's population is fast ageing depriving a possible demographical advantage to local economy. Further, rising non-communicable diseases is a matter of great concern to health and economic planners. In this context, Sri Lanka plans to address emerging challenge by reorganizing its primary healthcare delivery system through integrating preventive and curative care segments of the system. The proposed paradigm shift from the tertiary care to primary care would consists of among others, re-organizing primary level health care, strengthening the primary health care delivery points and improving health surveillance systems. It is expected that the proposed shift would adequately addressing emerging challenges in the healthcare sector and make a significant contribution towards realizing value for money.

Biography

Janaka Sugathadasa is the Secretary, Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka. He holds a Master's Degree in Economic and Social Policy from the University of Manchester and also a recipient of Hubert H. Humphrey Fellowship offered by the United States Government. He also holds a B.A. (Hons) Degree from University of Colombo, Sri Lanka. He is a career Civil Servant and counts over 30 years of experience in policy development, public management and administration.

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TRADITIONAL CHINESE MEDICINE AND ITS PROTECTIVE FUNCTION OVER BRAIN - INJURED PATIENTS

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Needless to say, Acupuncture is actually convoked for supporting Western medicine. Its golden points can undoubtedly help patients during its neurological recovery. After almost thirty years of experience in saving patients at impending death situations and having made numerous contributions on the field, the author herein provides a reasoned survival bio-energetic circuit based on a detailed methodological and functional analysis of the Main Channels and the Wondrous Vessels (Qi jing ba mai) participating in it. K-1 Yongquan complementary resuscitation maneuver, systematized since 1987, has been consistently performed in sudden death and cardiac arrest conditions as a final resource in both basic and advanced CPR failure. Experimental analytical studies identify the prevention, control and assessment of treatments set up as well as the determination of their efficiency. Acupuncture K-1 Yongquan resuscitation maneuver is presented not only as a complementary CPR rescuer but as a protective aid for both traumatic and vascular acute brain injury. Current indications of KI-1 Yongquan are not limited to actuarial results in cardiac arrest resuscitations, but it functions as a brain protector in both traumatic and vascular brain injury situations should be included. Although many acupuncturists indicate only standard techniques for bio-energetic rehabilitation, it has not been noticed that they insist with greater emphasis in those specific points to stimulate the sea of marrow (encephalon). Divulgations of K-1 emergency therapeutic possibilities look for its inclusion into critical care protocols, in order to upgrade survival rates in both cardiac arrest and stroke victims. Traditional Chinese medical balancing effect principle can improve cognitive, intellectual and psycho-motor patterns after even severe brain injuries. Beyond the scientific methodology that supports it the efficiency of the maneuver derives mainly from the sustained increase in survival rates presented in the successive statistics published in renowned scientific journals since its application

Biography

Adrian Angel Inchauspe has completed his graduation from Medical Sciences in La Plata University in 1986 and currently is a Surgery Professor in quoted School of Medicine. He is the Surgeon for Dr. Rodolfo Rossi Hospital in La Plata and Dr. Ignacio Pirovano Hospital in Buenos Aires; he develops as Member of the Investigation Department in Dr. Alejandro Korn Hospital, La Plata. He is certified in Laparoscopic Surgery in Aachen and Tubingen Universities since 1991 and in Telesurgery Louis Pasteur University - Strasbourg in 1994, and was chosen for the Argentina National Invention Award in 1998. He is a Teacher in the Argentina Acupuncture Society and Session Chairman of several International Discovery Science and Chinese Medical Congresses, he was proposed as Invited Foreigner Professor in National China Academy of Sciences. He is the Editorial Member and Reviewer in several medical journals; he has been searching about Yongquan resuscitation since 30 years.

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