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September 19-20, 2018 Singapore

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Keynote Forum

Day 1

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Anna-Mari Aimala, J Comm Pub Health Nurs 2018, Volume 4
DOI: 10.4172/2471-9846-C1-001

7th International Conference on
PUBLIC HEALTH AND NURSING
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Anna-Mari Aimala
Tampere University of Applied Sciences, Finland

Reproductive health library in your pocket

In the project "Healthy pregnancy, good delivery: Knowledge, support and guidance for healthy family living" we promised to take reliable sexual and reproductive health information, based on the latest research, to youth and young adults wherever they are. During the first steps of the project, we found out that young people in fertile age use smart devices as the primary source of information search. The leading idea of the project was the worry that information on preconception health, healthy pregnancy and normal delivery do not reach everybody equally. There are different reasons why some people do not get the information they need and instead they are probably getting false and misleading information from social media. On the base of analysis of the target group, we started to create "a public reproductive health library", which is in everybody's hand, free of charge, open all the time and is situated in one's smartphone. The content was also transformed to visual, quick-read type the young people prefer. During the oral presentation we will describe, how we developed an environment of reliable information for millennials to promote their sexual and reproductive health, specifically their preconception health: the arguments, problems and innovations during the process.

Biography

Anna-Mari Aimala has completed her MSc from Tampere University in 1995. She is Senior Lecturer in Midwifery Education and Project Manager in "Wise Choises - Healthy Pregnancy, Good Delivery" (2015-2017) in Tampere University of Applied Sciences. She has published several paper in Finnish and English and one of the editors of the book "Midwifery" (in Finnish) as well as co-edited many books in Finnish in different fields.

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Yacob Mathai, J Comm Pub Health Nurs 2018, Volume 4
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Yacob Mathai
Marma Health Centre, India

The purpose of temperature of fever

When the disease becomes threat to life or organs blood circulation decreases, temperature of fever will emerges to increase prevailing blood circulation. And it acts as a protective covering of the body to sustain life. When blood flow decrease to brain, the patient becomes fainted-delirious. If we try to decreases temperature of fever, the blood circulation will further reduced. Blood circulation never increases without temperature increase. Delirious can never be cured without increase in blood circulation. The temperature of fever is not a surplus temperature or it is not to be eliminated from the body. During fever, our body temperature increases like a brooding hen's increased body temperature. The actual treatment to fever is to increase blood circulation. Two ways to increase blood circulation: (1) Never allow body temperature to lose and (2) apply heat from outside to the body. When the temperature produced by body due to fever and heat which we applied on the body combines together, the blood circulation increases. Then body will stop to produce heat to increase blood circulation. And body will get extra heat from outside without any usage of energy. How can we prove that the temperature of fever is to increase blood circulation? If we ask any type of question related to fever by assuming that the temperature of fever is to increase blood circulation we will get a clear answer. If avoid or evade from this definition we will never get proper answer to even a single question. If we do any type of treatment by assuming that the temperature of fever is to increase blood circulation, the body will accept, at the same time body will resist whatever treatment to decrease blood circulation. No further evidence is required to prove the temperature of fever is to increase blood circulation.

Biography

A practicing physician in the field of healthcare in the state of Kerala in India for the last 29 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer, I already printed and published nine books in these subjects. I wrote hundreds of articles in various magazines. After scientific studies we have developed 8000 affirmative cross checking questions. It can explain all queries related with fever.

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Yacob Mathai
Marma Health Centre, India

Our body acts against facts of physics in fever

According to the facts of physics, if temperature increases, thermal expansion of an object is positive it will expand and with decrease of temperature it will shrink. Pressure will increase due to increase of temperature. On the contrary, during fever we can see blood vessels and skin are shrunk, pressure decreases, body shivers, sleep increases, motion decreases, inflammation increases, body pain increases, blood circulation decreases, dislike cold substances etc. In fever, the firing rate of Warm sensitive neurons decreases, and the firing rate of Cold sensitive neurons increases. At the same time if we apply hotness from outside by thermal bag or if we drink hot water, our body acts according to the Facts of Physics- increase of temperature pressure will also increase, expands blood vessels and skin, body sweats, motion will increase, inflammation will decrease, body pain will decrease, blood circulation will increase, like cold substances etc.. During fever, why our body acts against Facts of Physics? When disease increases, pressure and temperature will decrease. Blood circulation will decrease due to decrease of pressure. If the essential temperature of the body is going out, essential temperature and pressure will further decrease. This will further endanger the life or action of organ. When disease increases, it is the sensible and discreet action of brain that tends to act against facts of physics to sustain life or protect organ.There is no way other than this for a sensible and discreet brain to protect the life or organ. We will get a clear answer if we find out the purpose of fever, sensible and discreet action of brain. No medical books clarify this during fever, if the temperature of fever is not a surplus temperature or if it is not supposed to be eliminated from the body, the shrinking of skin and blood vessels, shivering of body, dislike towards cold substances etc. are a protective covering of the body to increase blood circulation to important organs of the body it is against the facts of physics.

Biography

A practicing physician in the field of healthcare in the state of Kerala in India for the last 29 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer, I already printed and published nine books in these subjects. I wrote hundreds of articles in various magazines. After scientific studies we have developed 8000 affirmative cross checking questions. It can explain all queries related with fever

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Day 2

Asim Masood, J Comm Pub Health Nurs 2018, Volume 4
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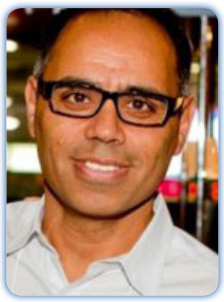

Asim Masood
William Osler Health System, Canada

How unified communication improves patient care and safety

Hospital communication has become exceedingly complex with multiple and disparate systems. Too often, physiological monitors, beds, IV pumps, ventilators, and other systems sound alarms or send messages to clinical staff that are not actionable. As a result, care team members often suffer from alarm fatigue and become immune sounds and alerts from these systems, which can have serious consequences. In addition, hospitalized patients are also fatigued by the incessant sound of alarms, which often disrupt their sleep and makes them and their family members feel anxious. The impact this noise has on patient, family and staff well-being has accelerated the need to understand alarms, how often they occur, how they are responded to, and how to manage them safely and efficiently. Being able to connect the right people with the right information quickly is critical to delivering safe patient care in a quiet, healing environment.

Methodology/Approach: William Osler Health System implemented an intelligent alarm management solution to improve patient care, safety and experience across three sites. With the solution, alerts and alarms are automatically sent to the right care team member(s) based on workflow and escalation rules defined in the system. Clinicians can easily distinguish between alarms from multiple sources and different criticalities based on the audio and visual information sent directly to their device of choice – whether it's a smartphone, laptop or workstation. The solution enables them to quickly prioritize alarms and respond appropriately. All alarm events and responses are date and time stamped and logged in real time, providing robust data and an audit trail to identify potential gaps in communication and processes. Analytics from the solution helps hospital leaders understand alarm trends per bed, unit, staff, alarm type, alarm density, distribution and response times. This data allows refinement of alarm filtering and escalation to reduce alarm fatigue, improve patient safety and enhance care team efficiency.

Findings/Results: Integration of the alarm management solution with clinical systems such as the EHR, nurse call system, and physiological monitors has streamlined workflows and minimized the complexity of managing multiple systems and vendors. One of the most impactful alerts set up connects the communication system to a point-of-care decision-support application. The software monitors patient data gathered from the EHR system, looking for early signs of a developing infection. When the system detects early warning signs of sepsis, it automatically sends an alarm to the appropriate nurse on his or her device of choice. With early warning, hospital staff can act immediately to accelerate treatment and improve patient outcomes. These workflow integrations and intelligent codes have helped decrease code blue events and ICU transfers. Clinicians have also noted a decrease in mortality rates.

Conclusion/Recommendations: In integrated approach to communication and alarm management is key to reducing alarm or interruption fatigue, increase staff response times, and improve the healthcare experience. Mobile healthcare technology that is fully integrated to workflows and with clinically relevant patient data can also lead to better patient outcomes.

Biography

Masood also held the roles of Deputy Chief of Staff and Chief Medical Information Officer at William Osler Health System (Osler) from 2005 to 2015. In 2015, he was appointed as the Regional Chief Medical Information Officer for Osler, Headwaters Healthcare Centre and the Central West Community Care Access Centre in Brampton and Orangeville, Ontario.

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Yvonne Hsiung
Mackay Medical College, Taiwan

Taiwanese indigenous cancer survivors' intent to advance care planning

Hospice service and end-of-life planning have been promoted in the mainstream culture by the Taiwanese government and societal efforts in the hope of reducing over or under-treatment and minimize conflicts among patients, family members and health care providers. However, a generally unsatisfactory rate of palliative care usage and understanding remains from official reports. In addition, very little is known about Taiwanese indigenous cancer survivors' Advance Care Planning (ACP) and their participation in public education. Studies relevant to ACP are scare and based almost entirely on the non-indigenous Taiwanese. A groundbreaking qualitative study was completed to portrait lived illness and health-seeking experiences among indigenous cancer survivors. 18 semi-structured interviews from a diverse indigenous sample have depicted this underrepresented group's ACP public understanding and behavioral engagement. The result showed that indigenous cancer survivors in Taiwanese were extremely limited in their knowledge for end-of-life decision-making; their low awareness of ACP was affected by incomplete and inadequate information mostly inaccessible and unavailable in the remote areas. The rich qualitative data have contributed a better collective understanding of indigenous cancer survivors' ACP decisions. Psychological and behavioral factors were identified to offer explanations why some had better readiness to participate in executing advance directives, appoint durable power of attorney, but some had concerns discussing with family and health care providers. Future studies are to seek for interventions that better anticipate indigenous people's palliative care/hospice usage, foster culturally appropriate public participation in the areas of ACP education and palliative care policy-making.

Biography

Yvonne Hsiung has received her PhD in Palliative Care Nursing in 2011. Being an ethical consultant for terminal patients and family surrogates, her previous research, teaching and clinical experiences mostly focused on the health promotion, community education and cultural advance care planning among minority groups in the Greater Chicago Area. Currently she is at Mackay Medical College teaching courses about Oncology Nursing, Palliative Care, Medical Ethics, Spiritual Nursing Care and Life and Death Education.

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