CONFERENCE SETIES.com 619th Conference

6th World Nursing and Healthcare Conference

August 15-17, 2016 London, UK

Keynote Forum (Day 1)









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Ali H Mokdad

Institute for Health Metrics and Evaluation, University of Washington, USA

The global burden of disease: The status of 188 countries, 1990-2013

The Global Burden of Disease 2013 (GBD) is a systematic, scientific effort to quantify the comparative magnitude of health loss from all major diseases, injuries, and risk factors by age, sex, and population and over time for 188 countries from 1990 to present. It covers 306 diseases and injuries, 2,337 sequelae, and 76 risk factorsIn addition to the traditional health metrics such as disease and injury prevalence and incidence, death numbers and rates, GBD provides Years of life lost due to premature mortality (YLLs) – count the number of years lost at each age compared to a reference life expectancy of 86 at birth, Years lived with disability (YLDs) –for a cause in an age-sex group equals the prevalence of the condition times the disability weight for that condition and Disability-adjusted life years (DALYs) –are the sum of YLLs and YLDs and are an overall metric of the burden of disease. Global life expectancy for both sexes increased from 65.3 years in 1990, to 71.5 years in 2013, while the number of deaths increased from 47.5 million to 54.9 million over the same interval for women aged 25–39 years and older than 75 years and for men aged 20–49 years and 65 years and older. YLDs for both sexes increased from 537.6 million in 1990 to 764.8 million in 2013, while the age-standardized rate decreased from 114.87 to 110.31 per 1,000 people between 1990 and 2013. At the global level, the most important contributors to the overall burden were high blood pressure, smoking, high blood glucose, and diet. Strategies and policies to improve the health of populations should be guided by the comparative importance of health loss arising from exposure to major risk factors, whatever their position in the causal chain.

Biography

Ali Mokdad, PhD, is Director of Middle Eastern Initiatives and Professor of Global Health at the Institute for Health Metrics and Evaluation at the University of Washington. He started his career at the US Centers for Disease Control and Prevention (CDC) in 1990. He has published more than 300 articles and numerous reports and received several awards, including the Global Health Achievement Award for his work in Banda Aceh after the tsunami, the Department of Health and Human Services Honor Award for his work on flu monitoring, and the Shepard Award for outstanding scientific contribution to public health.

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August 15-17, 2016 London, UK



Helen Riess
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Professional empathy improves the patient experience and health outcomes while reducing costs: Evidence-based solutions

The decline in empathy in healthcare has reached global proportions and highlights the need for evidence-based interventions. 90% of nurses, physicians and hospital administrators endorsed the need for institutional empathy training in a recent Schwartz Center Survey. Professional empathy is correlated with patient safety, patient satisfaction, better health outcomes, and clinician wellbeing. Research shows that empathy for patients, declines throughout medical training with increasing burnout in medical professionals. Implicating up to 60% of nurses in the US, patients are demanding humanistic care which is paramount to restoring the public's trust in the medical profession. This presentation will highlight novel empathy research that demonstrates that empathy can be taught with sustainable behavior changes and our recent meta-analysis that demonstrated that relationship factors improved health outcomes such as obesity, asthma, diabetes, hypertension, and pulmonary infections. These interventions are closely tied to cost reduction. A multi-centered randomized controlled trial was conducted at a large general hospital to determine whether novel neuroscience-based empathy training could improve clinician empathy at the level of patient perception. The training group showed significant improvement in patient ratings of empathy (p=0.02). A brief series of 3 training sessions significantly improved clinicians' empathic and relational skills as rated by their patients. The training has been translated into a web-based format for global accessibility. With patients deserving humanistic care from their healthcare institutions, we present a solution that offers a step towards systemic changes to improving compassionate care.

Biography

Helen Riess, MD, is working as an Associate Professor of Psychiatry at Harvard Medical School. She directs the Empathy and Relational Science Program at Massachusetts General Hospital. Her research team conducts translational research utilizing the neuroscience of emotions. The effectiveness of her empathy education approach has been demonstrated in a randomized controlled trial. She has published extensively in peer-reviewed journals and is an internationally recognized speaker and researcher. Her Empathy TEDx talk has been viewed by over 100,000 viewers. Her empathy training curricula are implemented internationally in healthcare. She is the Chief Scientific Officer of Empathetics, Inc., providing web-based empathy training solutions.

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Keynote Forum (Day 2)









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Werner Schuetze

Dialogische Praxis, Germany

Open dialogue as a contribution to a healthy society: Threat or chance?

Open Dialogue is a post modern approach to severe crises in mental illness and has been developed in Finland, since the early 80's of the last century. Y. Alanen from the University of Turku together with his team created the need adapted treatment approach, which later has been further developed mainly by Jaakko Seikkula and the team of the Keropoudas Hospital in Tornio in Western Lappland. It promotes an early intervention by involving the family and the network of a patient at once, uses best practices of systemic therapies, integrates other professions and peers, uses low dose medication and shared decision making within the network. It is a very comprehensive change in organizational aspects of the treatment system going along with it. It needs a different way of financing and reduces inpatient treatment in the long run. And that is where the risks are: Medication is not at the core interest any more, we prefer a low dose, intervall treatment as short as possible. We also know, that the relation to the psychiatrist has an influence on the dose needed. Outpatient treatment is vastly in favor, hospitals would have to close beds; doctors, psychologists and nurses are no longer the all knowing persons, everybody is an expert of his own life. People interested in this approach gathered in the annual meeting of "The International Network For The Treatment of Psychosis", founded in 1996. Participants came mainly from Scandinavian countries and Finland, Germany, Poland, Lithuania and nowadays from the UK and the USA.

Biography

Werner Schuetze has completed law school at the University of Freiburg in Germany before he became a Doctor of Medicine in 1981. He is a children and youth Psychiatrist as well as for adults, he studied family therapy and was educated in psychodynamic therapy as well as treatment of severe psychic traumas. As a Head of a Psychiatric Department in Nauen/ Brandenburg/ Germany he implemented the finnish Open Dialogue Approach in his hospital. After retirement he is working as a trainer and supervisor in the education of Open Dialogue and connected projects in Germany, Poland, Italy and USA.

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August 15-17, 2016 London, UK



P Reddy
University of the Western Cape & Human Sciences Research Council, South Africa

Associations between education, continuous professional development and provision of quality obstetric care during labour and neonatal care among nurses and midwives in South Africa

Provision of efficient emergency obstetric care is critical in maternal and child healthcare (MCH) services. The purpose of this paper is to determine the association between education and skills training related to MCH for the provision of adequate neonatal care in South Africa (SA). A self-administered questionnaire was used in this cross-sectional study; to assess healthcare professionals' education, continuous professional development (CPD) training, and the provision of adequate and sufficient care for the neonates in the MCH services. Descriptive statistics and Pearson's correlation analysis were used to analyze the data, and to ascertain the associations between the measures. Of the 193 respondents, 65.1% were working as registered nurses, whilst 30.8% were registered midwives; the remainder were either staff nurses or enrolled nurses. Certain basic and essential protocols, such as assessing and recording the Apgar score in all neonates at 2 and 5 minutes after birth, were not always conducted at deliveries. There was a significant positive correlation between a CPD training and provision of basic obstetric care for the neonate (r=0.81). CPD training is a critical intervention in obstetric services where updated knowledge of protocols is necessary to identify and manage high-risk pregnancies and provide efficient neonatal care. A training programme that imparts the correct knowledge and that improves the clinical skills of both registered midwives and nurses will help reduce the maternal and infant mortality rates in SA.

Biography

P Reddy holds a PhD from Maastricht University (NL), MPH from the University of Massachusetts (USA) and BSc degree in Nursing from the University of Cape Town (SA). She has supervised more than 15 PhD students. She holds several prestigious awards for academic excellence. She has conducted research as a PI in maternal and child healthcare, NCDs, tobacco control, youth risk behaviours, etc., with grants from reputable funders such as the British MRC, Wellcome Trust, CDC, and NIH RO1 grants. She has published extensively in peer-reviewed journals and has been serving as a reviewer for number of peer-reviewed journals. She has served on a number of national and international committees as a board member, including the Academy of Science of South Africa (ASSAf), McMaster University/Maastricht University Global Health Programme; and served on expert panels for the Institute of Medicine of the National Academies of Science of the USA (IOM), National Committee for Health Research, World Health Organization Health Promotion Glossary Reference Group, International Presidential AIDS Panel established by the President of South Africa, etc.

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