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Accepted Abstracts

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WORLD CONGRESS ON CARDIAC NURSING AND CARDIOLOGY
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The creation of point-of-careology

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Goals: The objectives of this study were to improve awareness of point of-care testing as a new medical field, to solidify relationships among point-of-care professionals and other medical disciplines, and to identify potential for advancing medical applications, economic benefits, and patient impact through timely decision-making for evidence-based medicine.

Methods: Literature review, comprehensive analysis, focused analysis, inductive logic, general summary of international outcomes, and comparative advances that improve point-of-care impact in China and other countries in need of rapid response were performed in this study.

Results: The creation of point-of-careology comprised the following: (a) introduction of its research and practical scope, (b) appropriate definition of this new field, (c) description of the range of applications, and (d) identification of relationships with other disciplines.

Conclusions: Point-of-care testing now is being written into a professional textbook in medical schools in China. Point-of-careology is the outcome of evolution in intelligent diagnostics. Notable achievements in critical care medicine, emergency response, and general practice have resulted from the implementation of point-of-care testing over the past 4 decades. As a new discipline, point-of-careology will contribute to key medical areas, such as disaster preparedness and public health, which we explore. The creation of this new specialty is justified by trends in modern medicine with improved service to the public and by parallel technological advances that empower health care providers at sites of need to deliver complete care cycles quickly and effectively.

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Optimization of Door-to-Balloon time implementing a process improvement program

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Primary percutaneous coronary intervention has played a major role in the treatment of ST-segment elevation acute myocardial infarction (STEMI). Delay in revascularization of the culprit vessel affects patient's prognosis. Systematization within a medical institution with catheterization laboratory influences treatment delays.

Objective: The aim of this study was to analyze the impact of a process improvement program on the door-to-balloon time of patients admitted with STEMI in a center with capability to perform primary percutaneous coronary intervention on a 24/7 basis.

Methods: Patients with a diagnosis of STEMI requiring primary percutaneous coronary intervention were prospectively and consecutively included from January 2014 to May 2016. The population was divided into three periods: p1control; p2 program implementation; p3 program operation. Patients with progressive STEMI, rescue angioplasty and Killip and Kimball D were excluded from the study. An analysis of the system was performed to detect the barriers by means of an improvement model. The process was redesigned incorporating the following strategies: ambulance preactivation for patient admission, bypassing the emergency department and catheterization laboratory activation.

Results: Three hundred and fifteen patients were included in the study (p1: 125, p2: 99, p3: 91). There were no differences in baseline population characteristics between the periods analyzed. In 27.1% of cases patients consulted directly at the emergency room, 47.7% were admitted through the emergency service and 24.6% were referred from another center without capacity to perform primary percutaneous coronary intervention. During p3, pre-activation, bypassing the emergency department and possibility of a ready cath lab were implemented in 54.1%, 59.7% and 79.1% of patients, respectively. A significant reduction in door-to-balloon time was observed throughout the periods [p1 76 min (IQR 55-120), p2 53 min (IQR 30-89) and p3 46 min (IQR 29-59); P<0.01]. The trend was maintained both during working hours [p1: 76 min (IQR 53-125), p2: 36 min (IQR 26-60) and p3: 40.5 min (IQR 21-53.5); p1 vs. p3 p=0.02] as during the emergency shift [p1: 80.5 min (IQR 60.2-115), p2: 80 min (IQR 37-100) and p3: 54 min (IQR 34-62, 7); p1 vs. p3 p=0.01]. Impact was obtained in the first physician contact-balloon time [p1: 149 min (IQR 105-195) vs. p3: 94 min (IQR 73.5-130); p=0.012].

Conclusion: An improvement program allows a significant reduction of the door-to-balloon time in patients admitted with STEMI in a center with capability to perform primary percutaneous coronary intervention on a 24/7 basis. I will show in this lecture how we achieve this goal by following an improvement program that includes medical, nursing and support team training, real time simulation, implementation of material - medication sets and continuous feedback, I will also show the follow up of the program for the second period from 2016 to present time.

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The hidden relation, clues of autism, ADHD and depression which reveals the effective cause and cure

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Awaken You Wonderful We, Vietnam

Observing the facts: they lack social skills, they cannot talk: language is the product of living environment - native language; we speak it naturally without thinking at all. We are not born with our native language, so I doubt their connection with their living environment and the state of mind that they cannot learn. Testing them with Aesop fables, metaphors, pretending game - they do not understand these as normal kids; and they are poor in interacting, communicating or persuading. They are in the low level of this. For official test: you can test them with EQ test. All these low-level vital skills make them never feel safe, connection to the environment: it makes them stress. Over time, it makes the downward spirals that make them more and more lack of social skills and suffer more stress.

Poor in EQ: autistic kids do not understand fable and metaphors. Genes cannot make them poor in EQ, and cognitive thinking. Trainers know any skill can be learned with just basic supports.

ALL IN ONE, ONE IN ALL:

As therapists: Neurologist, psychiatrist, sociologist, gastroenterologist, urologist, educators, sleep therapists, cardiologist, language therapists, educators, trainers and teachers, we should remember there is no separation in the health of heart, stomach, muscle, cognitive thinking, sleeping, hormone system: all are interdependent and under the state of mind.

Characters of the mind: irrational mind, the giant brain evolved for millions of years, illogical mind and Placebo effects, neuro-plasticity, Mirror neurons, self-affirmation, self-talk, nocebo effects, T1/2 of all substances, taboos, rituals, religious belief, compound effects, conditioned responses, flexible adaptability, illusive mind, self-healing or self-destroying, irrational thinking, Subliminal message, Marketing of luxury brand, and Hysteria. What do people feed the mind of the kids every day? And what if all of these lead to negativity or positivity? Maybe Outliers or Failures!.

Side effects of three chemicals creating stress			
Adrenalin	Norepinephrine	Mild side effects Cortisol	Serious side effects cortisol
Sweating	Pain, burning	Acne, dry skin, or thinning skin	Vision problems
Nausea and vomiting	Numbness, weakness, or cold	Bruising or discoloration of skin	Swelling
Pale skin	Slow or uneven heart rate	Insomnia	Rapid weight gain
Feeling short of breath	Trouble breathing	Mood changes	Shortness of breath
Dizziness	Vision, speech, or balance difficulties	Increased sweating	Severe depression or unusual thoughts or behaviors
Weakness or tremors	Blue lips or fingernails	Headache	Seizures
Headache	Spotted skin	Dizziness	Bloody or tarry stools
Feeling of nervousness or anxiousness		Nausea, stomach pain	Coughing up blood
High blood pressure symptoms: a severe headache, blurred vision, buzzing in your ears, anxiety, confusion, chest pain, shortness of breath, uneven heartbeat, seizure			Symptoms of pancreatitis: pain in your upper stomach that spreads to your back; nausea and vomiting; or fast heart rate
Awaken You Wonderful We			Low potassium

Picture: The effect of stress hormones: the best explanation for many syndromes, rainbows of problems and gut feelings

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