

Accepted Abstracts



WORLD NURSING FORUM
&
13th International Conference on
RHEUMATOLOGY & TRAUMA CARE

September 02-03, 2019 | Vienna, Austria

Getting our priorities straight: A case for shifting resources to improve patient outcomes

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Statement of the problem: The United States' spending on healthcare is exponentially greater than any other country in the world. Salaries for administrative workers are a major factor in skyrocketing national healthcare spending with salaries for hospital CEOs increasing 93% over the past decade. Despite spending more on health care than any other industrialized nation, Americans experience poorer outcomes. While increased spending on CEO salaries has not translated into improved patient safety, there is a growing body of evidence recognizing the value of nurse staffing in achieving better outcomes. Despite the evidence, organizations continue to cut nurse staffing to increase productivity. These reductions place an undue burden on remaining nurses as they struggle to do more with fewer personnel and other resources. With the increased occupational stress, nurses are suffering burnout at rates that have been described in the literature as epidemic.

The purpose of this presentation is to bring attention to the impact of burnout on healthcare outcomes and spending. Burnout is demonstrated to have a direct impact on patient care, negatively affecting safety as stress leads to a greater number of errors made by nurses. A study out of John's Hopkins concluded that health care errors are likely the third leading cause of death in the United States. Further compounding these negative health outcomes, burnout is associated with increased rates of occupational injury and illness in nurses, resulting in increased absenteeism, workers compensation expenditures and associated costs. Conclusions: excessive healthcare spending can be mitigated by improved nurse staffing as set forth in guidelines established by the American Nurses Association. Recommendations are made for a shift in resources from administrative spending to enhanced nurse staffing as a sustainable solution for burnout and improved patient outcomes and is achievable without detrimental impact to overall profitability.

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New platform for medical tourism and healthcare

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The Health Care Industry is always looking out for greater operational efficiencies and more intuitive ways of building new revenue streams to increase profitability. The Health Care Industry is very aware of the choice of suitable software on the market and the features that the software offers.

We offer “All in One” system to cover any needs. The software is logically designed and flexible which makes it very easy to use when adding any products, or changing settings for mark-ups, discounts, and loyalty programs. The software is centrally distributed and administered.

Solutions for Medical Tourism and Health Care Industry:

- Search for hospitals on the website by the field of medicine, country, service, price range
- Doctor's appointment online
- Attaching audio to patient records
- The doctor's secretary adds information and arranges for the rest of the treatment / meetings, if any.
- Catering
- Hospitalization
- Dry Cleaning
- Ambulance SOS services
- Pharmacy / Medication / In-Stock Items
- Integrations with Insurance Companies, MRT GE, Siemens and other diagnostic equipment which has their own software package. Of which the results and roentgen or order will be stored and attached to the client's profile.
- Employee database (Salaries, Day and Night Shifts, Pay Roll Slip, taxation, task management, internal chat box)
- Restaurants, cafes
- Gift shop
- Flower shop
- Internal chat box for patients
- And more...

Sample in which the Health Care Industry could improve operating cost on such items as:

- Dry Cleaning: -45% (Bedding, Clothes etc all online)
- Hospitalization of Patients: -65%
- Pharmacy: -35%
- Franchise / Retail expanding & growth based on Pharmacy: + 100%
- API/ XML easy integration for partners to expand (for example: Pharmacy Distribution): +100%

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Eighteen months of walant experience in a Brazilian Military Hospital

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Hospital de Aeronáutica de Recife, Brazil

The use of Walant Technique is increasing worldwide with amazing results. After watching Dr. Lalonde in some meetings we started to use this revolutionary technique in the Hospital de Aeronáutica de Recife (a Brazilian military hospital). Since January 2018 to June 2019 we performed 53 procedures in 48 patients. We measured pain during injection and during the procedure using the visual pain analog scale.

We performed a range of 8 different procedures including carpal tunnel syndrome, trigger finger, dupuytren disease, tendon ruptures, De Quervain's, metacarpal and falange fractures and in the end of the series two wrist fractures.

Some patients went into regular anesthesia in procedures before this series and were asked to compare satisfaction. All patients were asked about satisfaction after the procedure.

We observed a high rate of satisfaction of the patients that included, no hospitalization, faster return home, faster rehabilitation and all patients said they would repeat walant if it were necessary.

Excellent results comparing with the regular anesthesia technique instead of the variable time of follow up.

A parallel gain was reduction of costs with surgical material and anesthesia drugs that were estimated but not measured. It will be the main subject of another paper.

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Seeking treatment for urinary incontinence in patients over 50 years of age

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Purpose: In search of health care and treatment for urine leakage in the Quality Home Care Services, elderly population.

Sample: The sample includes patients over 50 years old with diagnosis of urinary incontinence.

Method: The method includes measuring the frequency of urinary incidents by using a 3-day bladder diary before and after intervention, Kegel pelvic floor muscle exercises to strengthen the pelvic floor, monitoring of diet/hydration, observation of participants one to three times a week.

Intervention: Agency for Healthcare Research and Quality (AHRQ) incontinence protocol is the evidenced-based intervention.

Data Collection: The data collection includes the counting of eleven entries posted on the bladder diary. The information will show how many urinary voids, how many incident of leakage counted for night-time, how many incidents during the day while walking, exercising, coughing laughing and sneezing. This analysis will result in the percentage and frequency that the intervention has helped to reduce or stop urinary incontinence.

Results of Findings: TBD

Implications for Future Research: Dissemination of practice guidelines improves the quality of health care outcomes

Nurse's cultural change, and continual functional assessment targeting interventions to allay UI, can decrease nursing home placement for the elderly

Continuing to assess, intervene, and prevent negative impact of patients' functional decline to decrease resource utilization and healthcare cost

Additional research and identification of factors influencing functional deterioration in the elderly is needed.

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**Biochemical pathway between cervical spinal and sympathetic ganglia in rabbits:
Neural basis between neck pain and vertigo**

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Background: Neck pain and vertigo commonly concur in patients with cervical vertigo. But the mechanism of two symptoms concurring still remains unclear. We found that bidirectional segmental nerve fiber connections existed between cervical spinal and sympathetic ganglia using Fluorogold retrograde tracing in rabbits. We think that the connections between two ganglia may play an important part in two symptoms concurring. The biochemical mechanism of these neural connections is now unclear, so we make this study.

Purpose: This study aimed to investigate the biochemical pathway between cervical spinal and sympathetic ganglia.

Study design/Setting: Noradrenaline (NE) in cervical sympathetic ganglia or neuropeptide Y (NPY) in cervical spinal ganglia was evaluated using immunohistochemical staining after electrical stimulation of cervical spinal ganglia or cervical sympathetic ganglia in rabbits.

Methods: Experimental rabbits were randomly divided into NE groups (n=70), NPY groups (n=20) and one control group (n=10). In NE experimental groups, left C2-C8 spinal ganglia were respectively stimulated for 5 minutes. The left superior and inferior cervical sympathetic ganglia were cut after experimental animals were perfused with physiological saline and 4% paraformaldehyde. In NPY experimental groups, left superior and inferior cervical sympathetic ganglia were respectively stimulated for 5 minutes. The left C2-C8 spinal ganglia were cut after experimental animals were perfused. The NE in sympathetic ganglia and NPY in cervical spinal ganglia were expressed using immunohistochemical staining. The mean optical density (MOD) of cryosections was assayed by image analysis system. The data in experimental groups and control group were compared by one-way ANOVA.

Results: When C2-C5 or C5-C8 spinal ganglia were stimulated for 5 minutes, the noradrenaline MOD in ipsilateral superior or inferior cervical sympathetic ganglia increased significantly ($P<0.05$), respectively. And the noradrenaline MOD in ipsilateral superior cervical sympathetic ganglia in group C2 was significantly higher than the values in other groups ($P<0.05$). When superior or inferior cervical sympathetic ganglia were stimulated for 5 minutes, the neuropeptide Y MOD in ipsilateral C3-C4 or C6-C7 cervical spinal ganglia increased significantly ($P<0.05$).

Conclusions: NE and NPY participating in the neural connections between cervical spinal and sympathetic ganglia was observed. NE and NPY may be important neurotransmitters of studying neck pain and vertigo.

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The role of physical therapy in the treatment of patients with chronic pain

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Despite a better understanding of chronic pain during the last decade, treatment remains difficult and is often unsuccessful. Recent studies suggest that mechanisms of central pain modulation play an important role in the development of chronic pain. Knowledge on how these central pain modulatory mechanisms relate to the level and intensity of pain and how they could be influenced should be considered in the treatment of these patients.

For successful pain management a few key points should be considered:

Including biopsychosocial aspects in the thought process of the assessment of chronic pain patients.

As research shows that education of pain neurophysiology will improve the outcome of other therapeutic approaches such as various exercise strategies the patients understanding of underlying mechanisms is critical for the success of therapy.

Aim for treatment should be, to introduce the theory and evidence base for cognitive and behavioral approaches to pain management.

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Understanding Alzheimer's dementia patient's complex behavioral changes

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Alzheimer's disease is a progressive brain disease that destroys memory and thinking skills and eventually, the ability to carry out the simplest tasks of daily living. Alzheimer's disease is not a normal part of aging. Alzheimer's disease is named after Dr. Alois Alzheimer, a German physician. In 1906, Dr. Alzheimer described changes in the brain tissue of a woman who died of an unusual illness that robbed her of her memories and caused personality changes. After her death, he found in her brain abnormal clumps (now called amyloid plaques) and tangled bundles of fibers (now called neurofibrillary tangles). These plaques and tangles are now considered the hallmarks of Alzheimer's disease. The clinical word Dementia is the umbrella term of this progressive disease and the most common type of dementia is Alzheimer's.

As the disease progresses, behavioral and personality changes will be manifested. Patient may perceive the care giver or the environment as a threat. The patient will start to be distrusting, fearful or frustrated or agitated. The core concern of caregivers (family or aide) circumnavigate in how to effectively response to the resident. Dealing with the patient with alzheimer's demetia can be challenging. This presentation will focus on strategies when patients are emotionally, verbally or physically unstable or combative.

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Long term clinical outcomes in a cohort of adults with childhood onset systemic lupus erythematosus

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Although survival of childhood-onset SLE (cSLE) patients has greatly improved, morbidity is still high and questions of children and parents regarding the future course of the disease are difficult to answer. In our study of adults with cSLE, we show that most adults with cSLE patients have low disease activity but still need to use disease-modifying anti-rheumatic drugs. Many patients also still used corticosteroids, despite their self-reported aversion against the drug. Other disease-modifying anti-rheumatic drugs, as well as hydroxychloroquine, were also commonly used. SLE-related disease manifestations in specific organ systems (e.g. kidneys, central nervous system, cardiopulmonary system) mainly occurred within two years after diagnosis. Hereafter, organ systems were generally newly affected due to comorbidities or damage. Most cSLE patients developed damage as well as comorbidities (e.g. myocardial infarctions, infections) in their twenties or early thirties. Prevention of damage and comorbidities therefore needs to be initiated early in this patient group, by reducing cardiovascular risk factors, reducing infections by vaccination and reducing cumulative corticosteroid use when possible. Health-related quality of life (HRQOL) was negatively affected by higher disease activity and changes in physical appearance due to disease or medication specifically and was hardly influenced by the presence of damage.

In addition, cSLE has a substantial impact on academic achievements and employment. More than 90% of the patients reported their school career to be hindered in some way, and many patients reported their choice of secondary education to be affected by their disease. The disease also had an impact on employment, as more than half of the patients had to stop working or reduce working hours due to cSLE. Both being unemployed and being work disabled had a negative impact on HRQOL. Helping patients to find an education and career suitable to their capabilities may help improve HRQOL, as well as support their active participation in the community.

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