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To the way of Digital Health, Analysis study of the readiness, how to build a road map in healthcare Mena Market.

Dr Najib Bachir
MD, Riyadh, KSA

Statement of the Problem: Digital health and the transformation programs have the potential to support healthcare delivery. New changes, strategies and projects have proven slow to become accepted, integrated, and routinized.

In recent decades, healthcare systems in some countries have worked towards to high adoption of digital health and compliance with the needs of communities for better services. A measuring the relative cost efficiency and comparative effectiveness of different medical interventions is an example how the vision should be. This value-based health care is not applied in all countries or at least not in the same of level, many traditional models are the used approaches partially or totally in MENA countries like the approach of service for fee in which payments are made for the volume of services delivered.

MENA" has no standardized or unified definition; different definitions for the same region as consisting of different territories,

In this study we involved the factor of similarity circumstances and we consider one of the definition that groups the following set of 20 countries as MENA: 'Algeria, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, State of Palestine, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen. The purpose of this study is to analysis the current status of readiness and to define barriers and challenges to implementation of road map to digital health at scale

Methodology & Theoretical Orientation: We define in this study the major categories needed to be included in the analysis like using standard medical codes, clinical documentation integrity standards (CDI), Revenue cycle management (RCM), Pharmacy benefit management (PBM) & value based health care strategy (VBHC). Recommendations are made for healthcare stakeholder to become ready for the digital healthcare changes and to build a professional roadmap.

Biography

Dr Najib has a thorough knowledge combining medical practice & healthcare insurance. He is a great team player and results oriented. Certified with Syrian Board in Orthopaedic Surgery, ICD10 AM, ACHI, ACS &Turbo Coder and grouper in Medical Coding. PIC (Professional insurance certificate) Member of AHIMA American Health Information Management Association and member of the professional and academic accreditation committee in Saudi Health Information Management Association (SHIMA) Dr Najib Bachir has his expertise in healthcare transformation Projects and passion in improving the healthcare sector. He has built healthcare projects in the fields of Automated the Manual Medical Claims processing, medical fraud detection. Experienced for 20 Years as Manager in Medical coding, Disease management claims, preauthorization and pricing of Medical Insurance Operations.

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Point-of-Care Testing in the inpatient and critical care settings

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Laboratory tests provide over 70% of diagnostic evidence and are pivotal for clinical decision support. These are traditionally performed within clinical laboratory settings by lab professionals. However, when a rapid turnaround time is needed, a category of tests called point-of-care tests are increasingly performed by non-lab professionals, generally by nursing staff, closer to patients. For example, in critical care settings such as the ICU, ED and OR, results of certain lab tests made available within minutes provide physicians with rapid insight into the criticality of patients, enabling immediate implementation of life saving therapeutic measures. Some of these tests are also used in inpatient wards, particularly when frequent monitoring of a specific parameter like blood or urine glucose is required.

The simplicity of most point-of-care tests and their ease of performance is offset by the multitude of factors that could negatively impact the quality of results that the physician receives. These include the quality of devices and reagents used, the training and competency of staff, the mode of reporting of test results, ICT systems and connectivity and the existence of a POCT quality management program.

In this presentation, the advantages and disadvantages of point-of-care testing will be reviewed, with special emphasis on the common challenges encountered in inpatient and critical care settings. Measures for improving the accuracy of test results, patient safety and ensuring potentially better clinical outcomes will be highlighted.

Biography

Dr. Sumedha Sahni, MD, is a Lab Medicine expert with over 30 years of experience. A Gold Medalist, after 14 years at a teaching hospital in Mumbai (India), she helped set up and led a Clinical Reference Laboratory in India - SRL Diagnostics, achieving many firsts in the industry, including CAP and NABL accreditations. As Director Quality for Welcare (now Mediclinic) UAE, she started them on their JCIA journey before joining Johns Hopkins in 2006 to transform Tawam Hospital Labs under Abu Dhabi's healthcare system, establishing new services, achieving accreditations and winning the Arab Health Award (2011). Thereafter, she headed Medical Affairs for Becton Dickinson (BD) in the EMA region. Sumedha is now an independent healthcare consultant under her own banner of @ Sumedha Sahni & Company – Global Healthcare Consulting" and is based in the UAE.

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Women, trauma and alcohol dependency: Connections and disconnections in alcohol treatment for women

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Dr Graciana Coutinho Moraes
RN PhD, UNIFESP, Brazil

Statement of the Problem: Women who have experienced intimate partner violence (IPV) are at greater risk for physical and mental health problems including posttraumatic stress disorder (PTSD) and alcohol dependency. On their own IPV, PTSD and alcohol dependency result in significant personal, social and economic cost and the impact of all three may compound these costs. Researchers have reported that women with these experiences are more difficult to treat; many do not access treatment and those who do, frequently do not stay because of difficulty maintaining helping relationships. However, these women's perspective has not been previously studied. The purpose of this study is to describe the experience of seeking help for alcohol dependency by women with PTSD and a history of IPV in the context in which it occurs. Methodology & Theoretical Orientation: An inter subjective ethnographic study using hermeneutic dialogue was utilized during participant observation, in- depth interviews and focus groups. An ecological framework was utilized to focus on the interaction between the counselors and the staff to understand this relationship and the context in which it occurs. Findings: The women in this study were very active help seekers. They encountered many gaps in continuity of care including discharge because of relapse. Although the treatment center was a warm, healing and spiritual place, the women left the center without treatment for their trauma needs and many without any referral to address these outstanding issues. Conclusion & Significance: Women with alcohol dependence and PTSD with a history of IPV want help however the health and social services do not always recognize their calls for help or their symptoms of distress. Recommendations are made for treatment centers to become trauma- informed that would help this recognition.

Figure 1: Effects of alcohol on the pharmacokinetics of methamphetamine (METH), 3,4-methylenedioxymethamphetaminen (MDMA), cocaine, and nicotine. (↑: increase or enhancement; ↓ decrease or deterioration).

Biography

Vanessa Guarise is a content manager at Elsevier publishing house. Content coordinator of the Doctor Aprende application and scientific platform. Coordinator of the information group of the Brazilian Society of Health Informatics (SBIS). Doctoral student in Health Sciences at the Federal University of São Paulo (UNIFESP). Master's in health sciences from UNIFESP. Graduation in Nursing from UNIFESP.

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How to Rebuild a Healthy Nursing Workforce?

Kym Ali
NSI Nursing Solutions. United States

Burnout is not a new phenomenon in nursing. Now, the Covid-19 pandemic has catapulted nurse burnout to the level of PTSD. Nurses are morally injured, struggling with compassion fatigue, and exhausted from short staffing. They feel betrayed by the healthcare system and need guidance and support at this critical time. A holistic wellness-focused plan outlined in this presentation will enable organizations to overcome the risk of losing the lifeblood of their facilities – their nurses.

The Adverse Childhood Experiences (ACE) Study results are eye-opening. Individuals who experience more than four traumatic events in their life are 2.4 times as likely to experience ongoing anxiety, 3.6 times as likely to be depressed, 7.2 times as likely to become alcoholic, and 11.1 times as likely to become intravenous drug users. Trauma also has an impact on job performance and attendance.

These numbers present a horrifying reality if we ignore the trauma sustained from the pandemic, the remaining nurses will be incapable of providing safe, quality patient care.

According to a 2021 survey by McKinsey, 22 percent of nurses who provide direct patient care plan to leave their role within the following year. The addition of new graduate nurse turnover rates and early retirement of baby boomers will result in disastrous consequences.To avoid the collapse of the healthcare system, we need to incorporate holistic wellness programs to initiate and foster a culture of healthy and resilient nurses.

Given the current situation, this may seem impossible, but small interventions can yield significant changes. The first step is to create an organizational culture of self-care. Nurses are notorious for putting their needs last while providing care for everyone else first. Nurses need to practice self-help strategies to regain their strength from burnout before they can serve others. Otherwise, they jeopardize patient safety and their own health.

This presentation focuses on the consequences of trauma from the pandemic on nurses' well-being and performance. The process outlined creates a tailored holistic wellness program for healthcare organizations and strategies to improve resilience.

1. Data collection of an organization's qualitative and quantitative current resources.

2. Data analysis to identify a program based on identified employee needs.

3. Development of individualized holistic wellness programs to address employees' mental, emotional, and physical needs.

4. Implementation of wellness program via workshops, prerecorded modules, and live questions and answers sessions.

5. Quarterly re-evaluations to examine qualitative and quantitative data.

Biography

Kym Ali is a Registered Nurse with 16 years' experience in leadership and education. She supports nurse leaders with retention and engagement by building healthy, resilient, and inclusive teams, enabling nurses to show up as their best selves and provide safe, quality, and culturally competent patient care. Kym has saved facilities over $500,000 to date. Kym is also a content creator for HealthStream's self-care and wellness app for nurses. Within a short amount of time, Kym's work has been featured on NBC, FOX, CBS, The National Student Nurses Association, the Nurse Leader Network, and other digital platforms.

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Building Emotional Firewalls and Minimize the Pain of Digital Disruption in the Nursing Practice

Ms Nadja EL Fertasi
CEO/Founder Thrive with EQ Brussels, Belgium

Statement of the Problem: The healthcare sector is facing an unprecedented crisis and pressure on its staff as cyber threats and ransomware attacks increase human vulnerability across the workforce. Attacks that play with patients' lives and put the resilience of the healthcare heroes to the test. In 2020 alone, more than 1 in 3 health care organizations globally reported being hit by ransomware, according to a survey of IT professionals. (Reference). Cyber breaches have increased by 600% since COVID. Over 96% are due to social engineering attacks, e.g., the emotional manipulation of human vulnerability to steal data, inflict digital pain, and in some cases result in patient's death due to data hijacking (Reference). Methodology & Theoretical Orientation: Emotional intelligence is concerned with understanding oneself and others, relating to people, and adapting to and coping with the immediate surroundings to be more successful in dealing with environmental demands. Emotional intelligence is tactical (immediate functioning), while cognitive intelligence is strategic (long-term capacity). Findings: If emotional intelligence is central to how we cope, we would expect individuals with high EQ to be more likely to use adaptive coping styles than maladaptive styles. Research has shown that the EQ-I 2.0 model is a positive predictor in using adaptive coping styles ("rational" and "detached") and a negative predictor in using maladaptive coping styles ("emotional" and "avoidance") (Petridis et al., 2007). Furthermore, this research suggests that EQ is a predictor of coping style selection above any effects contributed by personality (e.g., the Big Five). Conclusion & Significance: Through an interactive workshop, participants will leave with practical EQ strategies to develop new coping mechanisms and reduce their human vulnerability and minimize the pain of cybercrime by building emotional firewalls.

Biography

Nadja is a senior strategic advisor and crisis management exercise specialist in the field of cyber security. She leverages her expertise and know-how in crisis management, and emotional intelligence to provide a holistic approach to addressing the human factor of cybersecurity. Nadja has worked for nearly two decades at NATO, the world's largest crisis management organization. Nadja designs and facilitates cyber-crime simulations to help people build emotional firewalls against social engineering attacks. Nadja possesses the latest credentials in the field of emotional intelligence and has trained with leading experts in the area. During her 15+ years of experience in cyber security in NATO, Nadja is a seasoned practitioner and expert in her field. She has also been selected to be part of the book "Women in Cybersecurity in Europe" featuring Top 100 influential women in cyber security across Europe by the Women4Cyber foundation.

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Anxiety Among Registered Nurses During the COVID 19 Pandemic in Tertiary Hospitals in UAE

Saed AL Nobani
Cleveland clinic Abu Dhabi, UAE

Introduction:

Work is known to be as a mean of providing an income; however, it is not only that work is also a mean of socializing and building identity. Consequently, an individual's mental health cannot be separated from their professional activity. The work of healthcare professionals can be described as human-being- centred, thus any negative psychological impact can be detrimental to the work outcome, such as having a decrease in productivity, an increase in the work error rate etc., (Williams, 2011)

As of the 12th of December 2019, the first case of a new virus having a relationship with the corona viruses; human severe acute respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The newly discovered virus is popularly termed as the COVID 19 virus. After some time with getting familiar with the virus it was realized that it causes mild to moderate symptoms in healthy individuals that demands no special medical intervention, however, in individuals that already have problems such as diabetics, cancer patients, suffer from cardiovascular diseases etc. may have more severe symptoms that may demand special medical care/hospitalization. The virus has spread like wildfire throughout 150 countries which burdened the healthcare systems tremendously

Methodology:

A cross-sectional study was conducted using a socio-demographic questionnaire along with questions related to anxiety where 122 healthcare professionals participated. The participants were selected using a Random sampling through internet approval study. were transcribed and analyzed following a qualitative content analysis approach. Written text was then coded, and themes were extracted from the data. Ethical considerations: The study was conducted with Nurses in UAE with free informed consent and was approved by Ethics Committee of swiss Business school.

Results:

It was revealed that out of the 122 participants, 43.4% (N=53) had a low level of anxiety, followed by a 34.4% (N=42) showed to be neutral. Individuals with a high level of anxiety made up 16.4% (N=20) of the participants, leaving a 4.1% (N=5) and 1.6% (N=2) for the participants with extremely high and extremely low levels of anxiety respectively.

Conclusion:

It is observed, that even though all the participants belong to different genders, age groups, working cities, working places etc. However, the main finding/impression is that these background/demographic factors have no direct influence on the score of anxiety. Another interesting finding is that as an average it is clear that the studied sample of participants perceive that they have a low to neutral level of anxiety, and almost 1/5 from the sample has sever signs of anxiety which make it big problem for them and we have to face it with multiple solutions.

Biography

Saed Al Nobani still as student in his PhD at the age of 37 years from University of Minnesota in USA, he has Master degree of Healthcare Management from Swiss Business School, and his Bachelor degree in Nursing from Jordan university2006. he is senior clinical Education Specialist, life support instructor from AHA in Cleveland Clinic Abu Dhabi before that he was the Manager of Education & life support in Enaya Hospital/ Enaya medical group in KSA- Dammam, he is certified as Healthcare consultant from American institution of healthcare Management as Patient safety officer from American institution of healthcare Management, also as CPHQ Certified from NAHQ, He has published more than 3 papers in Jordan, KSA about quality, patient safety & waste management.

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A Nursing Experience of Caring an Intracerebral Haemorrhage Patient with Powerlessness: A Case Report

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Statement of the Problem: This study aimed to describe the nursing experience of treating a 68-year-old male patient who was suffering from weakness in the right limbs due to a sudden intracerebral haemorrhage and consequently lost his ability to perform daily life functions. The patient failed to attain the rehabilitation effect that he desired, and subsequently experienced negative emotions, emotionally unexpressive, and unwilling to cooperate with his rehabilitation therapy.

Methods: The author applied Miller's seven sources of power, Braga□Cruz Powerlessness Assessment Tool (PAT), and conducted physical assessments, observations, and family discussions in order to collect data. It was revealed that the patient was suffering from problems such as physical activity dysfunction, lack of self-care ability, and powerlessness.

Results: With the help of physiotherapists and occupational therapists, the appropriate nursing care measures were implemented to help to alleviate the patient's negative emotions and powerlessness, and to motivate the patient to face his disease-related dysfunctions and perform his own rehabilitation in a positive manner. Thus, he was able to improve his self-care ability, quality of life, and make physical and mental adaptations.

Conclusions: The author was focused on physical care but lack of experience in the psychological aspects of nursing care that prevented the timely implementation of appropriate nursing measures. Suggested that on-the-job education and knowledge sharing sessions of psychological care could be conducted regularly, so as to enhance the nursing staff`s ability to detect a patient`s psychological problems and assist him or her.

Tabulation1

The patient's PAT scale assesses the degree of weakness

Item	Score
Capacity to perform behavior	
1. The things I do can help in my recovery.	1
2. I feel I am capable of achieving my goal.	1
3. I feel I have the disposition to participate in my care.	2
4. I feel my opinions can contribute in the decisions about my health.	2
5. I feel capable of looking after myself.	1
6. My body still obeys my command.	3
Self-perception of decision-making capacity	
7. My health conditions avoid me from making decisions about my treatment.	5
8. Nothing I do can change the situation I am in.	5
9. Nothing I do can change the situation I am in.	5
Emotional responses to perceived control	
10. I feel sad that I can't control my body functioning as I did before.	5
11. I feel sad when I think I need someone to help me.	5
12. I feel there is nothing I can to make the place I am in more pleasant.	4

1=a lot, 2=some, 3=little, 4=almost none, 5=none.

Biography

The nurse experienced in the neurosurgery and rehabilitation ward. She has her expertise in clinical nursing of neurosurgery and passion in helping patient to improve their quality for life. She also is a part of quality control circle of the ward to strive to better the quality of nursing care. Her case report has passed the Taiwan Nursing Association and participated in the 27th International Conference on Health Promoting Hospitals and Health Services post publication 2019.

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