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Keynote Forum

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Ian Chell

Medical Locations, United Kingdom

Governance of electrical installations where medical devices are used

Medical Device Safety is now assured and generally addressed by IEC60601. However, mains powered medical devices need to be supplied by a mains electrical system that ensures any single fault condition does not put the patient at risk.

What is the problem? An electrical safety group should exist that brings together the power electrical installers or designers with clinical staff other than estates. The guidance that is in place for medical locations is not clear and this presentation explains the process that should exist with every new medical location or device replacement such as a new scanner. If the governance process is not followed, patient risks will not be fully minimized.

What are the risks?

1. Voltages on the protective earth may exist if the location is not wired correctly – solution - The protective earth system should be radially connected to one earth point in the room and include supplementary connection points for device potential equalizer leads and every medical IT socket earth should also have a radial conductor.
2. Risk of disconnection – this is resolved by the use of Medical IT supplies.
3. Risk of mains failure: fit UPS.

The system Ian now teaches involves a simplified flowchart process which is discussed in the presentation as well as a quick verification system. A crucial element is knowing when an area or room becomes a medical location.

Ian has also developed a set of questions that electrical installers should ask the clinical team which is easy to follow once the electricians understand the requirements.

Ian has also developed a set of specific definitions which help to explain this radical approach to new installations. This approach can save the hospital significant costs on ensuring the location is installed correctly.

Recent Publications

1. Hospital heroes: being a biomedical engineer during COVID-19
2. Bioengineering Technology in Context of COVID-19 Pandemic: Potential Roles and Applications
3. Biomedical Engineers: The hidden heroes of the COVID-19 crisis

Biography

Ian Chell was an x-ray engineer with Siemens Medical for over 20 years where he obtained his MSc in Medical Electronics and Physics at St Barts. Medical School, London. He then moved to the UK Medical Device Regulator (where he re-wrote the original UK guidance for medical installations) and was then promoted into Central Government Department of Health as Policy Lead for Radiations where he became a fellow of the society for Radiation Protection. He retired early from Government and now has his own training venture, Medical Locations, and is a visiting lecturer at Birmingham City University. He is also a registered UK electrical safety expert and has recently been advising the police and the local Coroner on an issue with a medical location.

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Mariko Makino

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The outcome of Eating Disorders: Longitudinal study for pregnancy, afterbirth including mother and complications and Postpartum Depression

Background: Eating Disorders (EDs) are common mental disorders during puberty and pregnancy when Physical and Psychological change occurred. However, EDs experienced Pregnancy and giving birth. We investigated among the women who had completely recovered from EDs. We found some influenced factors for ED relapse, postpartum depression and child and mother complications. For 10 years, 55 EDs had ED recovery and pregnant. Of them 55 consented to participate in this study. (21 Bulimia Nervosa, 4 with Anorexia Nervosa)

Objective: To identify ED relapse during pregnancy and afterbirth and postpartum depression and also the association between ED relapse and postpartum depression.

Methods: We used Eating Attitudes Test-26(EAT-26) and Edinburgh Postnatal Depression Scale (EPDS) in Japanese version. We used two-sided unpaired test for statistical analysis. We made two groups. One was ED relapse group during pregnancy, the other was Non-relapse group. We compared these two groups as for postpartum depression rate, ED relapse rate and infant weight etc.

Results: In total, ED relapse after delivery was 50%, postpartum depression rate was 50%. Infant weight was heavier in non-depression group than postpartum depression group. Although sample size was small, we found various kinds of complications such as placenta previa and Diabetes Mellitus etc.

Conclusions: We found that the rate of ED relapse and that of suffering from postpartum depression were remarkable in this group, suggesting that the necessity for long-term follow-up for Eating Disorders.

Recent Publications

1. Electroencephalogram abnormalities in panic disorder patients: a study of symptom characteristics and pathology. Karin Hayashi, Mariko Makino, Masahiro Hashizume, Koichi Nakano, Koji Tsuboi
2. Stress and psychological factors before a migraine attack: A time-based analysis. Masahiro Hashizume, Ui Yamada, Asako Sato, Karin Hayashi, Yuichi Amano, Mariko Makino, Kazuhiro Yoshiuchi and Koji Tsuboi
3. Effects of pregnancy on eating disorders. Mariko Makino, Masahiro Hashizume and Koji Tsuboi

Biography

Mariko Makino began to see and treat Eating Disorder patients from 1986. Since then she has been seeing over 1500 patients with EDs. After recovering eating disorders, patients and Mariko have been keeping in touch for many years. She has completed her PhD two times. one is at the Toho-university and the other was The university of Melbourne. Her hobby is heli-skiing, every year she visited Canada.

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