The Time is Now for Healthcare and AI: Don’t leave it up to the programmers

Gavin S. Lew
Managing Director, Bold Insight Inc, USA

Abstract:
We built it, because we could” is a common theme in the world of tech and in many cases, engineers and developers create because they wanted to see what could happen. Artificial Intelligence (AI) is following the same path in healthcare in this presentation, Gavin will discuss core elements from a book he is co-writing on AI. The foundation for concern will be described as a call to arms so those in healthcare do not sit back and wait for AI to take shape. Now is the time for us to take an active role in embedding AI into products.

Biography:
Gavin has over 25 years of experience in corporate and academic environments. He founded User Centric in 1999 and grew it to be the largest private UX consultancy in the US. After selling the company to GfK, one of the largest market research companies in the world, he continued at GfK to lead the North American UX team to become one of the most profitable business units of the parent organization. He is a frequent presenter at national and international conferences and the inventor of several patents. He is an adjunct professor at DePaul and Northwestern Universities. Gavin spent seven years in the doctoral program at Loyola University but departed ABD (all but dissertation). He has an Masters in Experimental Psychology from Loyola University. Gavin currently is the Managing Director of Bold Insight, part of a globally funded and employee owned UX consulting practice...

Recent Publications:
1. Eye Tracking Study on the Impact of the Manufacturer’s Logo and Multilingual Description on Drug Selection Performance
2. Team and Data Management in Large-Scale User Research Projects
3. Evaluation of Drug Label Designs Using Eye Tracking

Webinar on Healthcare Innovation and Technology | May 25, 2020 | Stockholm, Sweden

Citation: Gavin S. Lew; The Time is now for Healthcare and AI: Don’t leave it up to the programmers; Healthcare 2020; May 25, 2020; Stockholm, Sweden
PPX-TEC is the Health History Data Silos Connector for Interoperability

Debra L. Griffin
Founder, PPX-TEC, LLC, USA

Abstract:
Health Care Interoperability is Complex and Delivery System is fragmented with patients having difficulty in securing their complete medical reports from a fragmented delivery system in a simple exchange from multiple providers’ vendor platforms, multiple visits to form their comprehensive digital medical record. Human data platforms’ various format prohibit universal sharing of usable health reports with patients and each other, the same for Insurance and Social service Platforms, here PPX-TEC acts as a non threatening bridge.

Biography:
Griffin’s first-hand patient advocacy led to the development of PPX-TEC through a stand-alone mobile solution. She has been on a mission to empower patients with complete control over their medical data and shift the dynamic on how medical data is shared. Griffin is former rural hospitals admin with over 30 years in healthcare experience. MS College, MHS; USM Political Science & English. Bluetooth PPX-TEC Share Data in a SnAPP
Edge computing for the implementing of Early Warning Scored systems in health based on open and low cost hardware

Puerta A Gabriel

Nueva Granada Military University, Bogotá Colombia.

Abstract:
The development of Information and Communication Technologies (ICT) and the emergence of new platforms and services, can allow the development of new products and solutions and home health care and patient monitoring. These new platforms, combined with the new computing and computational intelligence capabilities, result in systems that have the capacity to estimate, monitor and control treatments, patients, controls and health care processes, in a ubiquitous manner and with permeate records. Currently, with the implementation of the new computing paradigms, such as fog and edge computing; Medicine and health are expected to obtain a great benefit derived from the development of mobile, portable and connected devices, which can acquire and communicate data on symptoms, vital signs, medications and activities of daily life, which can contribute or affect people and treatments.

Biography:
PhD student in Applied Sciences, Master of Science in Information and Communications, Electronics professional with knowledge in development of computer security management systems, electronic security, detection and telecommunications systems. Field experience, supervision and project supervision, maintenance management, research and teaching.

Excellent interpersonal relationships, with great capacity to assume responsibilities, teamwork, supported by human talent and the necessary technological infrastructure. With absolute adaptability and continuous improvement, with a great sense of belonging and driving safety of the information.

Recent Publications:
2. Internet of things in healthcare monitoring to enhance acquisition performance of respiratory disorder sensors
4. “INTERNET OF THINGS APPLICATION FOR CARDIAC AND RESPIRATORY MONITORING PATIENTS”
5. “Routing Medical Images with Tabu Search and Simulated Annealing: A Study on Quality of Service”

Citation: Puerta A Gabriel; Edge computing for the implementing of Early Warning Scored systems in health based on open and low cost hardware; Healthcare 2020; May 25, 2020; Stockholm, Sweden
Capacity-building assets for integrated care: how to use existing evidence to accelerate the adoption of integrated care?

Jon Txarramendieta
Kronikgune, Basque Country, Spain

Abstract:
Statement of the Problem: The transformation of healthcare systems is highly complex and, as such, the health and social care authorities in charge of this system redesign are seeking support to improve their capacity for integrated care. There is a real opportunity to maximise the use of existing evidence on integrated care and ensure it is readily available to meet the needs and context of a particular health and care system. However, it is also important to recognise that the healthcare systems will have very different starting points, or levels of maturity. As such, they will all require different levels/types of assets and support to strengthen their capacity for successful implementation of integrated care. Methodology & Theoretical Orientation: The SCIROCCO Exchange project aims to address this need by facilitating the access of authorities to tailored, evidence-based assets and personalised capacity-building support for the adoption of integrated care.

Biography:
Jon Txarramendieta holds an Engineering in Industrial Organisation (University of Deusto, 2010) and Master’s degree in Health Management (Deusto Business School, 2015). In 2017, he obtained the Expert Course in Health Services and Chronic Diseases Research (University of Alcalá, Madrid). He has experience in the implementation of health services in national and European projects’ context. Since 2016 he has been involved in different EU-funded projects as a Project Manager at KRONIKGUNE.

Recent Publications:
1. A Methodological Approach for Implementing an Integrated Multimorbidity Care Model: Results from the Pre-Implementation Stage of Joint Action CHRODIS-PLUS
2. Maturity of integrated care in the Basque Country - What can we learn?
3. Practical experience with SCIROCCO twinning and coaching: the perspective of a receiving region
4. Evaluation and Implementation of integrated care program for multimorbid patients within ACT@Scale project - Basque health service (Osakidetza)
5. Service selection approach in ACT@Scale project: methodology and results
The pyrexia temperature never damage the cells of brain or harm the body.

K. M. Yacob
Marma Health Centre, India

Abstract:
All treatments for fever are based on the belief that fits is the result of 41 degree Celsius temperature and it damages cells of brain and body. At the same time there is no evidence based tests or concrete diagnosing methods to the belief that fits and brain damage is the result of pyrexia [1]. Necessary ingredients to destroy brain cells and fits cannot be seen in fever. In pyrexia or absence of fever a fainted patient fell on the floor with unconscious state and destroy cells of brain, and necessary ingredients to become conscious are same. When disease increases essential blood circulation and energy level also decreases. The vertical height between heart and brain is more than one feet. When the disease becomes severe, ability to pump the blood to the brain decreases. As a result of this brain cells are damaged, so the patient might be paralyzed or may even die.

Biography:
A practicing physician in the field of healthcare in the state of Kerala in India for the last 30 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain., I am a writer. I already printed and published nine books in these subjects. I wrote hundreds of articles in various magazines.

Recent Publications:
1. Fever is not a symptom in COVID-19: None of the diseases require fever as its symptom
2. Fever is not symptom of any disease. Fever is a signal of a disease that may become threat to life or organs.
3. The temperature of fever and discomforts is a protective covering of the body.
4. Actual reason for Spondylosis and Osteo-arthritis is the inflammation.
Improving anesthesia documentation compliance through integration of alert systems and electronic health records

Cindy B. Yeoh
Memorial Sloan Kettering Cancer Centre, USA

Abstract:
The eligibility requirements to guarantee payor reimbursements for anesthesia services is becoming increasingly stringent. Institutions must comply with documentation standards set by the Center for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC). Such documentations often involve recordings of clinical events at specific times and attestations affirming that a particular assessment or procedure is performed. Alert systems have been implemented throughout numerous industries to reduce mistakes and enhance efficiency through improved quality control. In healthcare, alerts are sent by clinical decision support (CDS) systems integrated with electronic medical records (EMR) to assist healthcare providers, either by a passive alert system or an active system with real-time guidance. By analyzing clinical data and deviations from hospital standards in the EMR, CDS systems can potentially improve the quality of patient care, reimbursements, and compliance with regulatory requirements.

Biography:
A practicing physician in the field of healthcare in the state of Kerala in India for the last 30 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published nine books in these subjects. I wrote hundreds of articles in various magazines.

Recent Publications:
1. Considerations for Transgender Patients Perioperatively
2. Challenges of Going Green in the Operating Room
3. COVID-19 in the Cancer Patient
4. Transforming the Heart of Practice: An Organizational and Personal Approach to Physician Wellbeing
5. Short-term safety and effectiveness of sugammadex for surgical patients with end-stage renal disease: a two-centre retrospective study
CELL CYCLE ARREST AND INDUCTION OF APOPTOSIS IN HUMAN CANCER CELL LINES BY DATE PALM KERNELS EXTRACTS AND ISOLATED CYTOTOXIC COMPOUNDS

Mohamed E. S. Mirghani
International Institute for Halal Research and Training (INHART), International Islamic University Malaysia (IIUM), P. O. Box 10, Gombak, 50728 KL, Malaysia

Abstract:
This study conducted to identify the mechanism of cell death that induced by these isolated flavonoids, either by induction of apoptosis or necrosis. Three flavonoids namely nobiletin (NOB), tectorigenin (TEC) and persicognin (PERSI) were isolated from the optimised extractable polyphenols (EPP) crude extract of date palm kernels (DPK). The effect of crude EPP, NOB, TEC, PERS and the non-extractable polyphenols (NEPP) from DPK and paclitaxel on human lung cancer A549 and human colon cancer HT29 cell lines and on the normal murine fibroblast 3T3 cell line were investigated using MTT crystal violet and trypan blue exclusion assays. The morphological changes of treated cells inspected by light inverted microscopy. Cell cycle progression using propidium iodide staining examined by flow cytometry. The apoptotic effect of the crude extracts and purified compounds were investigated using annexin V-FITC and propidium iodide staining. The underlying mechanism of apoptosis induced by crude extracts and the isolated compounds was investigated using caspase-3, -8 and -9 assays and the mitochondrial membrane potential assay.

Biography:
Faculty at International Institute for Halal Research and Training (INHART), International Islamic University Malaysia (IIUM), P. O. Box 10, Gombak, 50728 KL, Malaysia

Recent Publications:
1. Active Fractions of Methanol Crude Obtained from Acacia Seyal Gum and their Antiproliferative Effects

Webinar on Healthcare Innovation and Technology | May 25, 2020 | Stockholm, Sweden

Citation: Cindy B. Yeoh; Improving anesthesia documentation compliance through integration of alert systems and electronic health records; Healthcare 2020; May 25, 2020; Stockholm, Sweden
Abstract:
Statement of the Problem: Situated in the southeastern coast of Arabian Peninsula, Sultanate of Oman is to encounter a cyclone every five years. This has demanded additional efforts of emergency management. What are the characteristics associated with health institutions in Oman that have manifested resilience practices, despite the steady increase in tropical storms? Oman’s role in safeguarding through healthcare institutions has elucidated, from cases of maintaining bed capacity during a category five cyclone in 2007 to a full evacuation of Yahya Construction LLC, Sultanate of Oman hospitals within 48 hours in 2018. This study introduces a holistic approach to building disaster resilience through preparedness and response actions in a timeline of 11 years.
Methodology & Theoretical Orientation: Oman’s practices of emergency management are assessed with Safe Hospital Framework provided by the World Health Organization (WHO). The qualitative results are measured with respect to WHO Response and Recovery checklists. Key components being analyzed include but not limited to, sustainable infrastructure, livelihood affairs, and crosscutting matters.

Biography:
Juhina Al Shamsi is a capable and passionate emergency management practitioner. She obtained her Bachelor’s degree in Emergency Administration along with studies in Entrepreneurship from University of North Texas. When working for Grand Prairie Fire Department, she established information materials to educate the public on the public alerting system as well as participating in reviewing the city preparedness plan. Above all, she has demonstrated strong research skills as evidenced by a poster presentation, addressing EOC activations, in which she received an intellectual property for in 2018. Findings highlighted the importance of EOCs on analyzing risks and on drawing very effective emergency conclusions. The approach collates with an adequate action heavily depends on an office-oriented coordination, number of activation hours, and advanced technology systems. As she intends to develop public safety procedures in the healthcare sector, her current paper reflects the healthcare’s evolution during emergencies based on case studies.
Reducing cycle time of incident reporting closure process at SQUH using Lean principle

Ahmed Al Khamisi
Faculty, At Sultan Qaboos University Hospital (SQUH) in Muscat, Oman

Abstract:
Implementation of Lean in healthcare and the broader public sector are often studied. As so many authors stated, Lean started in the 1940s but it was launched in the healthcare system in 2002. At Sultan Qaboos University Hospital (SQUH) in Muscat, the current Incident Reporting System (IRS) is taking up to 9 months starting from receiving the incident till the disclosure in the concern department. The available statistics at IRS Cycle Time (CT) from 7 - 14 Working Days (WDs). At the beginning of July 2019, the charter of Lean project have been agreed between sponsor, champion and Lean practitioner. A team has been created to achieve the project’s objectives. This team is consisting of a sponsor, champion, lean practitioner and team members. The research team will use lean concept as a tool to identify root causes, re-map the value stream and suggest countermeasures to achieve the targeted outcomes.

Biography:
Faculty, At Sultan Qaboos University Hospital (SQUH) in Muscat, Oman

Recent Publications:
Assessment of land degradation through people’s perception and knowledge toward management in Oman

Citation: Ahmed Al Khamisi; Reducing cycle time of incident reporting closure process at SQUH using Lean principle; Healthcare 2020; May 25, 2020; Stockholm, Sweden
Bioelectromagnetics: An Overview of the Field with a Focus Protein Electrodynamics & Terahertz Medicine

Ogan Gurel
MD, DGIST (South Korea)

Abstract:
Bioelectromagnetics concerns the interaction with electromagnetic fields and waves with biological entities, from the molecular to the organismal. This seminar will provide a brief overview of this rapidly advancing field including some of the key medical applications of such technologies. Specific results concerning protein electrodynamics and terahertz medicine will also be discussed. In particular, it is well known that proteins exhibit dynamic behavior with their normal modes specifically vibrating at terahertz frequencies. These motions are essential to protein function and because these macromolecules are charged the existence of such vibrations suggest the possibility of specific interaction with electromagnetic radiation in the terahertz band.

Biography:
Dr. Ogan Gurel serves as Chief Medical Officer for Psmagen USA (a division of Macrogen) and holds academic appointments as a Visiting Professor at the Solbridge International School of Business and Visiting Teaching Professor at DGIST (Daegu Gyeongbuk Institute of Science & Technology), with previous DGIST positions as Vice-Chair & Distinguished Invited Professor in the Management of Innovation. In the innovation world, Dr. Gurel is also Chief Scientific Officer for FRT – Field Robot Technology, Chief Marketing Officer for Eidware / SoundMind (Seoul), Advisor for the CREST-Malaysia Digital Health Cluster and a Venture Partner at The Yozma Group, with previous executive roles as CEO at NovumWaves (Seoul), Acting Chief Medical Officer at Nessa Hearing (Singapore), and Advisor at Frasen (Seoul).

Recent Publications:
Protein Electrodynamics & Terahertz Medicine: An Update

Webinar on Healthcare Innovation and Technology | May 25, 2020 | Stockholm, Sweden

Citation: Ogan Gurel; Bioelectromagnetics: An Overview of the Field with a Focus Protein Electrodynamics & Terahertz Medicine; Healthcare 2020; May 25, 2020; Stockholm, Sweden