



ABSTRACT PROCEEDING BOOK

**Budapest, Hungary
February 15-16, 2020**

Volume 01, Issue 02

contact@afaresearch.com

www.afaresearch.com

**CONFERENCE
PROCEEDINGS**

**BOOK OF ABSTRACTS
MMHS-2020**

Budapest, Hungary

February 2020

International Conference on

**“MEDICAL, MEDICINE AND
HEALTH SCIENCES”**

Book of Abstracts Proceeding

INTERNATIONAL CONFERENCE ON

“MEDICAL, MEDICINE AND HEALTH SCIENCES”

Budapest, Hungary

Office Address:

13, Jalan M2/7, M-Residence 2, 48020,
Rawang, Selangor Malaysia

Email: contact@afaresearch.com



All rights reserved. No part of this publication maybe reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the publisher. Applications for the copyright holder's written permission to produce any part of this publication should be addressed to the publisher.

Proceedings of the International Conference on
“MEDICAL, MEDICINE AND HEALTH SCIENCES”
Budapest, Hungary

Disclaimer

Every reasonable effort has been made to ensure that the material in this book is true, correct, complete, and appropriate at the time of writing. Nevertheless, the publishers, the editors, and the authors do not accept responsibility for any omission or error, or for any injury, damage, lose, or financial consequences arising from the use of the book. The views expressed by the contributors do not necessarily reflect those of the AFA Research.

TABLE OF CONTENTS

ORGANIZING COMMITTEE	V
CONFERENCE CHAIR MESSAGE.....	VI
CONFERENCE SCHEDULE.....	7
TRACK A: MEDICAL, MEDICINE AND HEALTH SCIENCES.....	10
1. EFFECTIVENESS AND EFFICIENCY OF PATIENT CARE LIAISON (PCL), GOLDEN JUBILEE MEDICAL CENTER. A PRELIMINARY REPORT	11
2. ASSESSMENT OF HEALTH-RELATED QUALITY OF LIFE IN PALLIATIVE HOME HEALTHCARE ELDERLY PATIENTS, GOLDEN JUBILEE MEDICAL CENTER.....	12
3. A STUDY ON VALIDITY AND RELIABILITY OF HOSPITAL SURVEY FOR PATIENT SAFETY CULTURE OF AHRQ, THAI TRANSLATED VERSION	14
4. "SPEAK UP" PROJECT FOR PATIENT SAFETY, GOLDEN JUBILEE MEDICAL CENTER.....	15
FUTURE EVENTS	16

**International Conference on
“Medical, Medicine & Health Sciences”
Budapest, Hungary**

**Venue: Mercure Budapest Castle Hill (Ibis Budapest
Castle Hill), Hungary**

ORGANIZING COMMITTEE

1. Ms. Amanda
Conference Coordinator
amanda@afaresearch.com

2. Mr. John
Conference Coordinator
john@afaresearch.com

3. Mr. Anthony
Conference Coordinator
anthony@afaresearch.com

4. Ms. Adrina
Conference Coordinator
adrina@afaresearch.com

5. Mr. Ivan
Conference Coordinator
ivan@afaresearch.com

CONFERENCE CHAIR MESSAGE

Dr. Sharon

International Conference on “Medical, Medicine & Health Sciences” serves as platform that aims to help the scholarly community across nations to explore the critical role of multidisciplinary innovations for sustainability and growth of human societies. This conference provides opportunity to the academicians, practitioners, scientists, and scholars from across various disciplines to discuss avenues for interdisciplinary innovations and identify effective ways to address the challenges faced by our societies globally. The research ideas and studies that we received for this conference are very promising, unique, and impactful. I believe these studies have the potential to address key challenges in various sub-domains of social sciences and applied sciences.

I am really thankful to our honorable scientific and review committee for spending much of their time in reviewing the papers for this event. I am also thankful to all the participants for being here with us to create an environment of knowledge sharing and learning. We the scholars of this world belong to the elite educated class of this society and we owe a lot to return back to this society. Let’s break all the discriminating barriers and get free from all minor affiliations. Let’s contribute even a little or single step for betterment of society and welfare of humanity to bring prosperity, peace and harmony in this world. Stay blessed.

Thank you.

Dr. Sharon

Conference Chair

Email: chair@afaresearch.com

MMHS-2020



CONFERENCE SCHEDULE

*CONFERENCE DAY: SATURDAY
CONFERENCE DATE: FEBRUARY 15 2020*

*VENUE: MERCURE BUDAPEST CASTLE HILL
(IBIS BUDAPEST CASTLE HILL), HUNGARY*

09:00 am – 09:20 am	Welcome Reception & Registration
09:20 am – 09:30 am	Opening Ceremony
09:30 am – 09:40 am	Welcome Remarks – Conference Coordinator AFA Research
09:40 am – 09:45 am	Introduction of Participants
09:45 am – 09:50 am	Group Photo Session
09:50am – 10:00 am	Grand Networking Session and Tea Break

*CONFERENCE DAY: SATURDAY
CONFERENCE DATE: FEBRUARY 15 2020*

*VENUE: MERCURE BUDAPEST CASTLE HILL (IBIS
BUDAPEST CASTLE HILL), HUNGARY
SESSION I: 10:00 AM-11:00 AM*

**TRACK A: MEDICAL, MEDICINE & HEALTH
SCIENCES**

BUD-FEB3220-002M	Effectiveness and Efficiency of Patient Care Liaison (PCL), Golden Jubilee Medical Center. A Preliminary Report	Kamthorn Tantivitayatan
BUD-FEB3220-003M	Assessment of Health-Related Quality of Life in Palliative Home Healthcare Elderly Patients, Golden Jubilee Medical Center	Priwal Gonghom
BUD-FEB3220-004M	A Study on Validity and Reliability of Hospital Survey for Patient Safety Culture of AHRQ, Thai Translated Version	Nuttaphon Longsawas
BUD-FEB3220-005M	Speak Up" Project for Patient Safety, Golden Jubilee Medical Center	Warisara Intharasaen

**LUNCH BREAK (11:00 AM – 12:00 PM)
CLOSING CEREMONY**

2ND DAY: SUNDAY
DATE: 16-FEBRUARY, 2020

City Tour and Shopping Day

All respective guests are free to conduct their own sightseeing and tour.
The second day of the event is reserved for this memorable purpose.

**TRACK A: MEDICAL, MEDICINE AND
HEALTH SCIENCES**

Effectiveness and Efficiency of Patient Care Liaison (PCL), Golden Jubilee Medical Center. A Preliminary Report

Kamthorn Tantivitayatan^{1*}, Treerat Promplui², Anukool Khammona³, Winai Chumpol⁴

Abstract Golden Jubilee Medical Center has serviced for over 12 years and run into frequent conflicts in both clinical and non-clinical. We then started a patient care liaison (PCL) for patients and personnel. The developing course focused on deep listening, communication and negotiation skills. A baseline survey on awareness, attitude and perception of error disclosure and PCL ensured the program would respond to the organizational needs. To study a model of effective PCL and its activities. The study has 2 phases: to survey and evaluate PCL. The sample consists of a physician group and a nurse and assistant group, 62 and 186 respectively. Questions comprise general information, opinions on vignettes and PCL. Phase 2 is data collection of PCL like average response time, number of settlements, satisfaction scores. The two groups responded 37% and 100% wherein male physicians predominated while female nurses did for the other group. Specialties counted for 69% physicians but only 8.9% for nurses. Similar average age was 33 years old, almost all worked as full time for 1-5 years with rare experience in legal issue. The physicians tended to disclose when asked 4 vignette questions, notably in surgical errors. They would inform patients/relatives about severe events and felt relief afterwards. The physician group, more than the other, was aware of PCL, willing to call and 91.3% liked to be notified first. Results of the second phase would be further reported. The survey revealed that medical staff were willing to call PCL, though only half or less knew the team and how to contact. Their attitude towards error disclosure was fair - the more severe, the more facts informed; they were neutral the process would lessen litigations. Probably due to the context as a non-profit organization, etc., they might not address the legal issue themselves. Different genders together with how close their involvement might explain different perceptions. PCL needs more visibility either through campaign or communication. This interim analysis showed PCL could fill in between care receivers and providers, acting as an advocate, mediator and conciliator. The team development is an essential component of the model.

Keywords: Effectiveness, Efficiency, Patient Care Liaison (PCL), Preliminary Report

^{1,2,3,4} Mahidol University, Thailand

Assessment of Health-Related Quality of Life in Palliative Home Healthcare Elderly Patients, Golden Jubilee Medical Center

Priwal Gonghom^{1*}, Kamthorn Tantivitayatan²

Abstract A patient at the end of life needs quality of life (QoL) assessment to fill in any “last and never again” happiness for good life during both living and dying. Since almost all cannot communicate verbally, a tool to probe their wants is needed. QUALID (quality of life for late stage dementia) is one among various tools for QoL assessment and we have tried it for a few years previously on terminally ill patients both hospitalised and cared at home, finding it working also in this patient group. Other useful features include an assessment by a caregiver who is closest to the patient and numeric categorisation via score points as poor, fair or good QoL. Under the owner Dr Weiner’s permission and after translation into Thai and back to English by the non-participating team, the co-study with the Psychology Department on its psychometric properties revealed a Cronbach’s alpha to be acceptably 0.627. We then questioned its application as a care guide in QoL such as prescribing morphine for pain relief, spiritual care and so forth, especially in patients dying at home. To study the efficiency of QUALID in home palliative care. After Ethics approval and for a 1-year period study during October 2018-September 2019, the number of patients was calculated including 20% dropout to be 74. The inclusion criteria were terminally ill patients either cancerous or non-cancerous; their caregivers, who would be informed and a consent obtained, were literate in Thai language and looking after the patients at least 3 days a week for a minimum of 1 month. Eleven questions with 5 answers and total scores ranging from 11 to 55, of which 11-17 would be rated as poor QoL, 18-28 fair and 29-55 good. Patients were baseline assessed when first-timed visited and then reassessed every month or when any situation happened that could impact QoL. The score helped guide how to palliatively care, aiming for a good QoL, like titrating up morphine dose, appreciative dialogue to enhance self-esteem, etc. Data were collected about patients’ characteristics, number of deaths, initial and later QUALID scores, and caregivers’ satisfaction. Parametric statistics was used as appropriate. Twenty-two patients with 1 advanced cancer (2.5%) were studied while their caregivers interviewed and QUALID assessed. The average age was 85.3 years old, female gender more than male (52.5% VS 47.5%). The QUALID response rate was 100% - everyone was assessed at least once, more than once for 8 patients and maximum 7 times for 2 patients. A median for all assessments was 3 times. The initial score was 23 and later averaging 19. QoLs by QUALID were plotted as line graphs to show a trend for the better care while caregivers’ satisfaction was good to excellent. Over 80% of the

patients already passed away. Even though the sample size was not as calculated, the result showed that QUALID also worked for this patient group who could not communicate and were dependent not different from late-stage dementia. QUALID is a QoL assessment tool different from others in terms of the one who does the assessment was the caregiver whose report is reliable to a certain extent. Other tools are used by a nurse who is likely to change as shift, and surely to spend time with the patient less than the caregiver. Numeric scores are useful in comparing quality care between individuals and as collective data among healthcare entities. Most questions are asked, in addition to physical, in emotional domain like when friends come, the patient smiles, has some response or not at all, which is another core comprehensive component in palliative care besides spiritual, social and financial. Further study was to see whether there is a correlation between the scores and QoL by tracking the dosage of morphine: the lesser led by the score, the better. Actually palliative care has many influential factors like spiritual care, which is profound on the concept of mind-body control. The interim analysis showed that QUALID could be used in assessing palliative terminal patients; the translated version had a moderate consistency and the categorised score helped guide how to increase QoL. The assessment done by a caregiver and frequency of 1 month did not burden medical staff while obtaining reliable data for further care plan. The emotional domain of most questions complements more comprehensive care besides pain relief which should be emphasised in terminally ill.

Keywords: Assessment, Health-Related Quality, Palliative Home Healthcare Elderly Patients, Golden Jubilee Medical Center

^{1,2} Mahidol University, Thailand

A Study on Validity and Reliability of Hospital Survey for Patient Safety Culture of AHRQ, Thai Translated Version

Nuttaphon Longsawas^{1*}, Tantivitayatan K², Longsawas N³,
Thongain M⁴, Intharasen W⁵, Chumpol W⁵, Promplui T⁶,
Laopram B.⁷

Abstract The questionnaire for safety culture survey by Agency for Healthcare Research & Quality (AHRQ) has been so widely used in healthcare entities that the Healthcare Accreditation Institute (Public Organization) has promoted in Thailand for both assessment and benchmarking. The translated version needs validity and reliability study started in Golden Jubilee Medical Center (GJMC), Faculty of Medicine, Siriraj Hospital. The study objectives were to test both attributes and to benchmark the result. The study comprised 2 phases, firstly the translation process from the original English version into Thai and the test for validity and reliability. Secondly, the Thai version was distributed throughout GJMC excluding those outside the organizational chart. The questionnaire consists of 10 sections and 55 questions with 4-tier Likert rating scale. The result was analysed by SPSS version 17 and reported as percentage, counts and highlow frequency groups. Cronbach's alpha was calculated for validity and reliability while any correlation existed between the perception result and number of events reported including near misses during the survey period. The study revealed the response rate of 82.96% from 669 personnel and that the Thai questionnaire had a certain significance of validity and reliability - Cronbach's alpha ranging 0.508-0.903 with the highest about efficiency in risk management and the lowest about leading safety roles of the supervisors/managers. The attitude and perception of safety in organization were acceptably benchmarked on the best level. There was no association between perception and the number of incidents reported, thus requiring more impactful interventions. In conclusion, the Thai version of safety culture survey could be improved by revision of the translation in SECTION B: Supervisors/Managers, being a means for better comparison and benchmark. Other assessment and analytic instruments were suggested.

Keywords: AHRQ, Hospital Survey, Patient Safety Culture, Validity and Reliability

^{1,2,3,4,5,6,7}Mahidol University, Thailand

Speak Up" Project for Patient Safety, Golden Jubilee Medical Center

Warisara Intharasaen^{1*}, Kamthorn Tantivitayatan², Warisara Intharasaen³, Laddawan Ketkaew⁴, Maneeporn Jivanaranurak⁵

Abstract Heart disease and cancer, being preventable for quality healthcare, safety and cost-effectiveness. Healthcare processes therefore need a multiprofessional team, especially a care receiver who owns expertise in his disease or illness. From the study that the Joint Commission and Centers for Medicare & Medicaid Services have realized the importance so that they set up a Speak Up program for patient encouragement to be assertive in asking care providers, leading to healthcare improvement and planning in response to needs including information resources and answers for any question or concern of the patient. Golden Jubilee Medical Center started the Speak Up program about three years ago, providing information in patients admitted to the in-patient department. It was found to be useful but still lacking concrete and empirical evaluation. This research is a preliminary report of the Speak Up project as a part of the care process improvement. This study aims to 1) develop the Speak Up program model in the inpatient department and 2) support medical error reduction by the program. The study comprises 2 phases, firstly to contact the copyright owner of the assessment form for an approval of the translated version and secondly to recruit participants in the inpatient departments during February - October 2019, totaling 51 patients. The assessment form consists of 19 questions and 4 in-depth interviews; the hotline telephone number was provided for feedback about the patients' concerns or observations during their stays. The data were analyzed by percentage (%), medians and standard deviations (S.D.). The study found 51 participating patients to be 2% of those hospitalized, aged between 28 - 81 years (median 62). Almost all (92.1%) had knowledge and understood the program objectives; everyone spoke up at least once. Medication error incidence was zero while complaint rates were none. Although this research is a pilot study of the Speak Up project as a part of the care process improvement at Golden Jubilee Medical Center, it seemed that patient participation was effective in terms of medication error and service complaints. The authors planned to extend to hand hygiene and infection prevention.

Keywords: Speak up, Patient care team, Patient Safety

^{1,2,3,4,5}Mahidol University, Thailand

FUTURE EVENTS

You can find the Details regarding our future events by following below:

Business, Economics, Social Science & Humanities (BESSH) Conferences:

<http://afaresearch.com/business-social-conferences/>

Engineering & Technology, Computer, Basic & Applied Science

<http://afaresearch.com/engineering-applied-conferences/>

Medical, Medicine & Health Science

<http://afaresearch.com/medical-health-conferences/>



BUDAPEST, HUNGARY

VISION

**Our vision is to promote
research excellence
through networking
Platform.**