

12th International Conference on
Pediatrics Health Care
&
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Keynote Forum
August 16, 2018





Katie Reginato Cascamo

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Examining the role of a servant-leadership paradigm within existing NICU initiatives

Parents who have had a baby in the Neonatal Intensive Care Unit (NICU) are at higher risk for anxiety, post-traumatic stress disorder and depression when compared with parents of healthy full-term babies (39% to 63%). Studies show families who receive emotional support, parent empowerment, a welcoming neonatal environment, and parent education with an opportunity to practice through guided participation are better equipped to care for a medically fragile infant following NICU hospitalization. The initiatives of Family Centered Care and Trauma-Informed Care when coupled, invite cultural transformation of practitioners to improve the developmental outcomes of neonates, improve the emotional well-being of NICU parents, and decrease the burnout of neonatal practitioners. Servant-Leadership, when applied to the NICU, is a paradigm of transformational leadership that seeks to improve the developmental outcomes of neonates through the alignment and integration of ten key characteristics modeled by practitioners within existing organizational initiatives. Servant-Leadership strives to help practitioners develop skills that include: Listening, Empathy, Healing, Awareness, Persuasion, Conceptualization, Foresight, Stewardship, Commitment to the Growth of People and Building Community. The Interdisciplinary

Recommendations for the Psychosocial Support for NICU Parents model characteristics of Servant-Leadership through the inclusion of a multidisciplinary workgroup that includes 29 professional and parent groups. By introducing 10 Characteristics of Servant-Leadership a shared language of cultural transformation will emerge within existing initiatives to support the individual and collective growth of interdisciplinary professionals.

Speaker Biography

Katie Reginato Cascamo is the mother of a premature son born at 30-weeks' gestation at 2lbs, 8oz (1131 grams). Her NICU experience and subsequent pediatric challenges with her son Giovanni's developmental delays led her to found the company Courageous Steps. Courageous Steps provides leadership tools to health organizations that manage the care of babies born premature and children with pediatric disabilities. By focusing on employee training and analyzing the business management of these organizations, she strives to increase provider wellness, as well as decrease neonatal and pediatric provider burnout. An accomplished entrepreneur, she has modeled a Servant Leadership approach across her career by empowering people with the skills necessary to manage adversity. Katie believes in investing and guiding people, serving as both a motivational speaker and volunteer with organizations that support NICU and Pediatric families. She holds a Master of Arts in Organizational Leadership with a Concentration in Servant-Leadership

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 Notes:



Danuta Wojnar

Seattle University, USA

Preparing nurses for work in Primary Healthcare: Lessons learned

Background: Strengthening the core of primary health care service delivery worldwide is key to improving patient care experiences, understanding of the chronic disease process, and engagement in shared decision making and self-care. On a broader scale, primary health care contributes to better population health, lower healthcare costs, and improved provider satisfaction. With the current emphasis on including registered nurses (RNs) on the primary care and other community-based interdisciplinary care teams to achieve the health care goals, it is essential that pre-licensure nursing programs make concerted efforts to prepare nurses to be full partners in care across the care continuum, including primary care. In 2015, congruent with the current healthcare needs and trends, our College engaged in curriculum transformation with the strong emphasis on population health and preparing nurses for work in community-based clinics and other outpatient settings.

Purpose: (1) To provide the current state of affairs in primary care; (2) To provide an overview of the pre-licensure nursing curriculum transformation process and describe the key components of the revised curriculum (3) to present results from the pre-licensure program curriculum evaluation conducted to explore the stakeholders' experiences at one-year post implementation.

Sample and Methods: Curriculum transformation was guided by the principles of social justice and educating nurses to meet the healthcare needs of the 21st century. National level experts on teaching and learning, community stakeholders, faculty, and the literature review findings on the current trends in healthcare guided the curriculum transformation process. The key features of the transformed curriculum include strong emphasis on population health and thereby finding meaningful clinical experiences for students in community-based care settings across the clinical specialties. At one year post implementation, preliminary curriculum evaluation was conducted. Institutional IRB approval was obtained. Appreciative inquiry approach guided the curriculum evaluation. Data were obtained from student volunteers, faculty, nurse leaders in the industry, and nurse preceptors in primary care and outpatient clinics. All informants participated in open-ended interviews conducted

by the PI and RAs on the project. Conventional Content Analysis method, as described by Hsieh and Shannon (2005), guided data analysis.

Findings: Data analysis revealed the following themes: (1) Divergent understandings of primary health care among faculty: An unanticipated gap; (2) Craving clarity and consistency of the Nursing role in primary health care; (3) Learning the roles of nurses in community-based care: An eye opening experience for students; (4) Recognizing the need to embrace the new curriculum by all stakeholders to ensure success in practice (6) Bringing an ideal to reality: characteristics of a successful primary health care rotation from the participants' perspectives.

Conclusions: Preparing nursing students to serve in expanded roles in the primary and other care settings requires exposing learners to all types of nursing care, including caring for patients across lifespan and across care settings from hospital to community health centers, schools, homes, and homeless shelters. In addition to basic patient care, students should be exposed to learning about care management and coordination in interdisciplinary settings, encouraged to explore a variety of career options to meet the healthcare needs of our nations in the 21st century. Expanding educational options for the students in a variety of community-based settings is not without challenges and requires faculty knowledge and desire to lead the change. Strong partnerships between leaders from academia and clinical practice and learning about the successes and challenges internationally are also imperative.

Speaker Biography

Danuta Wojnar is a Professor and Associate Dean, Seattle University, College of Nursing. She was a Robert Wood Johnson Foundation (RWJF) Executive Nurse Fellow (ENF) (2012-2015). Her research interests include promoting health and health care for underserved and vulnerable populations and improving population health through better preparation and utilization of Registered Nurses (RNs) in expanded roles in primary healthcare. As a member of the RWJF Leadership Action Group of ENF fellows she participated in the American Board of Internal Medicine (ABIMF) and American Academy of Nursing (AAN) meetings to define the optimal role and scope of practice for RNs in the primary healthcare environment. In her presentation she will address the current state of affairs, the findings from one pre-licensure program's curriculum evaluation and the opportunities and challenges for the schools of nursing and healthcare partners to ensure meaningful and robust roles for nurses in primary healthcare in the 21st century.

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Anjan Bhattacharya

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Universal care pathway for early detection and early intervention in children with special needs

Introduction: Global burden of Emotional/Educational, Behavioral and Developmental [EBD] problems like Dyslexia, Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD) are said to be in the order of 1 in 4 to 1 in 5 children (prevalence rate)¹. 75% of all such children present in Primary Care Setting and accounts for 50% of all Pediatric consultations. Despite being in the privileged gatekeeping position, Primary Care Physicians were found to be only less than 20% efficient in identifying such problems¹.

Objectives: Proposing a model of combination of (1) effective Early Interventional Tools for children with special needs and (2) an Universal Care Pathway for them, which works wonders.

Methods: Combining (1) (a) Prechtle's Methods for General Movements Assessments (GMA) for accurate (98%) Early Detection (ED) for Cerebral Palsy (CP) in At-Risk Population, (b) LEAP-CP Study looking at parent delivered Early Intervention (EI) delivered to infants screened positive for CP using GMA (c) use of Measurable Eye Tracking in Infancy, (d) Infant Start, a Parent-Implemented Intervention for Symptomatic Infants for Autism Spectrum Disorder (ASD) and (e) PACT Study, UK

archiving evidence of success for ASD treatment through parent training, we can identify risks of most neuro-developmental disorders in early infancy, thereby instituting a novel method of interventions based on available science, which is emerging as a clinically highly effective intervention. This enables us to propose an Universal Care Pathway for such children, which is both novel as well as steeped in Evidence Base to be extremely effective.

Speaker Biography

Anjan Bhattacharya has worked in Newham University Hospital and Newham Primary Care Trust, London as a Developmental Paediatrician. He worked for 12 years in the UK in Paediatrics. He has skills in assessing children's mental development using Griffiths tool and Bayley III Scale for Infants and Toddlers. He uses the Gold Standard diagnostic evaluation of children with Autism Diagnostic Observation Schedule [ADOS] and Autism Diagnostic Interview - Revised [ADI - R] technique. He is an RCPCH, UK examiner for MRCPCH UK and DCH, UK examinations. He is also an honorary affiliate tutor and course coordinator of DCH/IPPC of Sydney University Australia. He is ex-head DNB program of AGH, Kolkata and DNB center appraiser of NBE, New Delhi. He worked as an international medical expert in a medicolegal case involving childhood disability in Singapore. He is an office bearer of two chapters of Indian Academy of Pediatrics, nationally.

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Mohammad Ilyas

University of Florida, USA

Incidence of White Coat Hypertension and Mask Hypertension with varying body mass index in children

This study examined the incidence of white-coat hypertension (WCH) and masked hypertension (MHT) in the pediatric population with varying body mass index at our tertiary specialty clinic. We analyzed 174 patients that were referred to our center for the evaluation of hypertension. All of these patients were evaluated with 24-hour ambulatory blood pressure monitor (ABPM). We also obtained their body mass index (BMI), family history, gender, age, and ethnicity. The study showed that patients with a high BMI have a higher incidence of white coat hypertension. Of The patients with a BMI of greater than 30, 69% had WCH, of patients with a BMI from 25 to 30, 59% had WCH and of patients with a BMI of less than 25, 41% had WCH. In contrast, masked hypertension was observed more frequently in lean patients; 20% of patients with MHT had a BMI of less than 25, 17% of patients with MHT had a BMI of 25 to 30 and 5% of patients with MHT had a BMI of more than 30. In conclusion, ABPM is an effective tool to evaluate the white coat hypertension in obese and overweight children.

As BMI increases, the incidence of WCH also increases. Given these results, we emphasize the importance of ambulatory blood pressure monitoring in the management of pediatric hypertension with overweight and obese patients

Speaker Biography

Mohammad Ilyas, MD is a graduate from Dow Medical College University of Karachi Pakistan. Mohammad Ilyas trained at Brooklyn Hospital Center, Brooklyn New York at the department of pediatric during his residency. Afterward, he completed a fellowship at University of Florida in Gainesville, Florida in pediatric nephrology. Mohammad Ilyas has been practicing nephrology in the department of pediatrics at University of Florida and Wolfson Children in Jacksonville Florida since 2001. His practice focus on pediatric nephrology/rheumatology. His research interest is role of Obesity in Pediatric hypertension and post streptococcus glomerulonephritis. He currently has 14 publications in various journal including New England Journal of Medicine. He served as "guest editor" for Nephrology edition of North Florida Medicine Journal. Mohammad Ilyas has presented his research in many national and international conferences. Currently Mohammad Ilyas is associate professor at University of Florida and hold certification from American Board of Pediatric and Pediatric nephrology.

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Eileen R McGrath

The University of Arizona College of Medicine, USA

Neurodevelopmental outcomes of extremely low and very low birth weight premature infants and family-centered Neonatal Abstinence Syndrome treatment models

Extremely preterm infants are at high risk of morbidity and death. In the United States in 2016, approximately twenty-eight percent of all extremely preterm infants died within the first year of life. Among infants born at 22, 23, and 24 weeks gestation, survival to one year of age was 6%, 27%, and 60%, respectively and increased further for each 1-week increase in gestational age, from 78% at 25 weeks to 94% at 28 weeks. Major neonatal morbidities are common for survivors of preterm births including: sepsis, periventricular leukomalacia, intraventricular hemorrhage, bronchopulmonary dysplasia, necrotizing enterocolitis, retinopathy of prematurity, chronic lung disease, cerebral palsy, severe visual impairment and hearing impairment. Although survival rates for extremely low birth weight premature infants have improved, rates of neonatal morbidity remain high.

Opioid use in pregnancy has escalated dramatically in recent years, echoing the epidemic observed in the general population in the United States. As a result, a significant increase in the number of babies born with neonatal abstinence syndrome (NAS) has also been observed. NAS is a constellation of neurologic, gastrointestinal, and musculoskeletal disturbances in the newborn associated with opioid withdrawal from intrauterine exposure to an opioid. These infants require specialized care


that typically results in longer and high cost hospital stays. Non-pharmacologic interventions are the recommended initial treatment for NAS. However, pharmacologic treatment such as morphine continues to be a mainstay in the management of NAS.

This presentation will provide the results from an on-going study of the developmental outcomes of extremely premature infants actively participating in a Neonatal Developmental Follow-Up Clinic and on a new Family-Centered Neonatal Abstinence Syndrome Treatment Model.

Speaker Biography

Eileen R McGrath is an assistant professor of pediatrics and public health; co-director and training director of the University of Arizona Leadership Education in Neurodevelopmental and Related Disabilities Training Program and director of the Neonatal Developmental Follow-up Clinic at the University of Arizona in Tucson, Arizona, USA. She has extensive experience teaching university students in early childhood special education, training early intervention practitioners, and teaching premature infants and children with low incidence neurodevelopmental disabilities. She has conducted research on the effects of systems change on the field (early childhood special education), service recipients, providers, and on the effects of implementing family-centered services on families, early intervention service coordinators, practitioners and the service delivery systems. Her current research focuses on the predictors of developmental outcomes of high-risk and developmentally delayed infants; the impact of prematurity on a diagnosis of autism or other neurodevelopmental disorder; and on a Family-Centered Neonatal Abstinence Syndrome Treatment Model.

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Fadi Ata Almhadin

Burjeel Hospital, United Arab Emirates

Management of Paediatric Asthma Exacerbation in the emergency department

Asthma is a complex genetic and environmental disease, it is the most common chronic disease of childhood and the most frequent cause of childhood disability, affecting 7.1 million (9.6% of) children in the USA. Nearly 60% of children with asthma have one or more acute exacerbations each year, Exacerbations are highest in young children, and decrease with age.

Acute exacerbations are not entirely predictable and may occur in any patient with asthma. Moreover, any severe acute exacerbation may progress to life-threatening respiratory failure. Clearly, Acute asthma exacerbations largely preventable and an indicator of poorly managed disease. And exacerbations are a significant public health burden. ED clinicians need to be skilled in assessment and management of acute exacerbations and in assuring that affected children have appropriate followup for prevention of future episodes.


Acute exacerbations are a significant burden to patients and to public health. So Optimal assessment and management of exacerbations, including appropriate escalation of interventions, are essential to minimize morbidity and prevent mortality.

Objective: The goal of this presentation is to review available modalities for assessing and managing acute asthma exacerbations in pediatric patients.

Speaker Biography

Fadi Ata Almhadin is a pediatric consultant at Burjeel Hospital, Abu Dhabi. He graduated from Jordan University of Science and Technology, then completed training in pediatric and neonatology in Queen Rania AL Abdallah hospital for children in Jordan to become board certified. He then completed his training in pediatric pulmonology and achieved his fellowship in pediatric pulmonology, He has more than 14 years' experience in pediatrics with special interest in care for children with respiratory diseases mainly Cystic Fibrosis, Bronchial Asthma. Fadi Ata Almhadin is currently working in United Arab Emirates as pediatric Consultant.

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Mehnoosh Samadi

Kermanshah University of Medical Sciences, Iran

Nutritional complete and malnutrition in Pediatric Intensive Care Unit (PICU) children

Background: Supply of nutritional requirements is vital for all patients. Malnutrition brings several disadvantages, namely, increase in the length of hospitalization, immune system dysfunction, loss of muscle mass, and eventually death thus patients of Intensive Care Unit (ICU) need special medical care including nutritional care. This study aimed to evaluate the relationship between dietary supplementation and malnutrition status in PICU children in Iran.

Methods: A case-control study was conducted on 200 patients aged 8–10 years in PICU. Data of two groups including 100 patients (cases) who had consumed regular hospital meals and dietary supplements and 100 patients (controls) who had received regular hospital meals were compared. The dietary supplements that used in this study was Nestle Nutrition Peptamen Junior Powder.

Anthropometric measurements, laboratory values, and dietary intakes were extracted from medical records, and Maastricht index (MI) was calculated. Maastricht index (MI) is one of the best indicators to evaluate nutritional status among the patients. Both anthropometric indicators and biochemical parameters, namely, albumin, prealbumin, and total lymphocyte count (TLC), are involved in MI calculation. The result of this calculation is a score which determines the level of malnutrition in the patient. Scores lower than zero indicate nutritional adequacy while zero and greater values determine the malnutrition status.

Results: There were no significant differences in anthropometric indicators, biochemical parameters, energy intake and the percentage of energy from macronutrients between two groups at the baseline of the study. But daily intake of energy, carbohydrate, and protein of the case group was significantly higher at the end of the study (after 3 weeks). In case group, albumin (35.1 ± 5.5 g/L) and prealbumin (17.9 ± 4.7 mg/L) were significantly higher and TLC (1107.865 ± 881.3 cell/mm³) was significantly lower at the 21th day ($P = 0.01$). MI declined significantly after 3 weeks in both groups with a greater drop in case group (MI: Case group: 3.3 ± 3.9 ; control group: 4.1 ± 3.6 , $P = 0.001$)

Conclusions: Consuming dietary supplements besides the regular hospital meals helped supply nutritional requirements and improved the malnutrition. Also this study showed that Peptamen® Junior powder is a good nutritionally complete with 100% whey peptide that can meet the energy needs of paediatric patients with or at risk of malnutrition, such as PICU children.

Speaker Biography

Mehnoosh Samadi has completed her PhD at the age of 32 years from Ahvaz Jundishapur University of Medical Sciences. She is the Assistant Professor of nutritional science department in School of Nutritional Science and Food Technology of Kermanshah University of Medical Sciences, Kermanshah, Iran. She has published more than 10 papers in reputed journals and has been serving as an editorial board member of reputed.

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