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ANALYTICS LEAD TO SIGNIFICANT IMPROVEMENTS CLINICAL AND COST OUTCOMES FOR PATIENTS, CLINICIANS AND CARE ORGANIZATIONS

Electronic patient records (EPRs) have proliferated throughout global healthcare. Too often however, and for too many care organizations, the objective is mostly about maximise financial performance blindly of clinical impacts, particularly within healthcare models dependent upon viability of privately owned healthcare organisations. Regardless, proof of well-balanced benefits to clinical outcomes, cost reductions and user satisfaction remain unjustifiably rare. In healthcare, this lack of substantiation is arguably unconscionable.

The mission and purpose of healthcare and organisations remains improved care to restore or enhance the health and wellbeing of persons and populations. This mission is beyond records computerisation alone, and the mission of computerisation must represent a match in purpose. At its foundational level the mission is only accomplished by pairing the most appropriate clinicians, with patients matched with needs, all within the most clinically appropriate and cost-effective delivery setting. Translated to modern healthcare, that care-giver, recipient and setting match ideally represents the most cost-effective, readily accessible and clinically delivering model. Therefore the mission of computerisation must reflect those needs, and be justified by the benefits required for all.

A vast collection has been amassed reflecting substantive, quantified and compelling gains – proof – in benefits reflecting the needed balance of clinical, cost, satisfaction and efficiency improvements. Case studies shared substantiate improvements in the full array of benefits needed, including improved Sepsis occurrence and care, Transfusion rates, Medication errors (adult and Paediatric), Stroke care and outcomes, Obstetric care and infant complications/mortalities, Cardiology and reduced in-house arrests, Thrombolytics, Orthopedics, Pulmonology, Urology, IV to PO (oral) medication conversions, and beside caregiver inclusive efficacy. Also, maximised benefits for tele-healthcare, community integration, emergency utilization, hospitalizations, length of stay, and others. Sharing these examples will provide sufficient background for analogous success throughout healthcare organisations and models.

Biography

Steve Shaha was introduced at three international conferences as “the premier outcomes researcher globally in breadth and depth.” in 2016. He has 35+ years of experience in studies, consulting, lecturing, teaching and speaking. He’s provided advisory work to 11 non-US governments on 4 continents, has 250+ conference presentations, 140+ journal publications, 4 books, and in 2015 three requested chapters for international reference books. With two PhDs, he is full Professor and has taught, adjuncted or lectured at 30+ universities in 6 countries, among them Harvard, Cambridge (UK), Oxford, the King’s College, Macquarie University (Australia), UCLA, Westminster, Columbia, Cornell, and others. Beyond the 200+ healthcare-focused organisations, he has also advised 50+ of non-healthcare organizations, including e.g. Disney, Ritz-Carlton, RAND, Coca-Cola, Time-Warner, Intel, IBM, Marriott and New Line Cinema organizations. He also served as the Special Assistant to the President of Coca-Cola during crucial months and years of Coca-Cola history.

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