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COVID -19 and Cardio Metabolic Practice at MENA Regions. Policy Analysis & Recommendations

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Research Article

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Abstract

Health systems were not expected COVID -19 pandemic which made Pressure on that systems. Practice at Cancer field had different nature at COVID -19. Due to the following (patients type, Diagnosis Process and patient journey) the objective of this research is finding out impact of COVID -19 on cardio metabolic practice.

Methods: Integration analysis between International guidelines like (ESC, NHS, WHO) and conducting local survives with local Physicians at previous countries.

Results: Periodization criteria was very influencer at practice elements this leaded to medications plans changing through different solutions one of those solutions was health technologies

Conclusion: Dynamic prioritization criteria was founded the corner stone for Practice adaption for Safety enhancement through Time reducing plans managed Effective leadership elements through technology solutions.

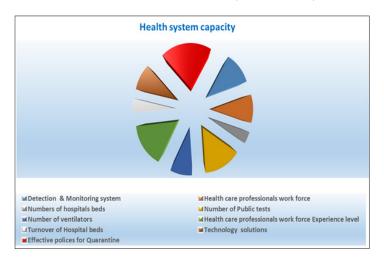
Objectives

Pandemicity of COVID- 19 was not expected from any health systems it did not matter if those systems were strong or weak that Pandemicity developed various responses from different specialties. The objectives of this research is analyze impact of COVID -19 on Cardio metabolic practice at MENA countries (Algeria, Morocco, Egypt, Lebanon, KSA, UAE and Turkey) to find out recommendations

Methods

Integration analysis between International guidelines like (ESC, NHS, WHO) and conducting local survives with local oncologist at previous countries.

One way sensitivity analysis was conducted for all parameters affecting on practice adaptation to ensure validity and accuracy.



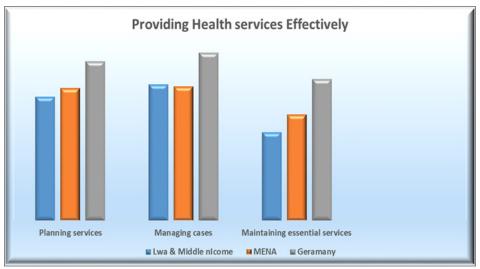
Impact of COVID-19 Mitigating Strategies Consequences Long-term impact Social distancing · Increase in hospital · Cancellation or Minimizing patient contact · Increased fear and admissions post-pandemic postponement of cardiac and optimizing infection anxiety in general public · Potential increased cardiac imaging control policies of hospital settings morbidity and mortality · Cancellation or Use of devices and · Delays in ACS · Potentially overwhelmed postponement of elective programs that can allow healthcare facilities due to recognition and operations backlog of elective remote cardiac imaging treatment Cancellation of out-· Virtual visits or telephone Decrease in PCI procedures and outpatient patient appointments consultations · Deterioration in cardiac appointments · Late presentation of · Re-assuring patients health of patients · Changes in clinical patients to hospital with · Ensuring staff is trained · Overwhelmed healthcare practice and healthcare cardiac emergencies and well supported to staff and facilities protocols Re-allocation of deal with emergencies. · Increased use of resources and telemedicine redeployment of staff

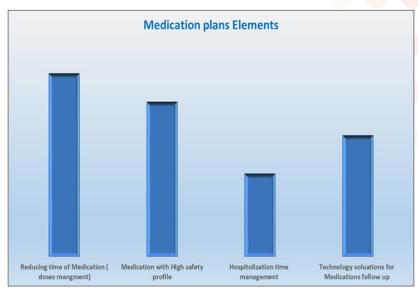
Figure 2. Summary of the impact of COVID-19 on cardiology services, mitigating strategies, their consequences and potential long-term effects.

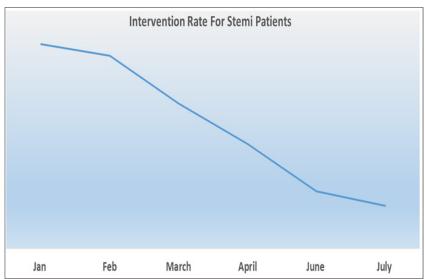
Results

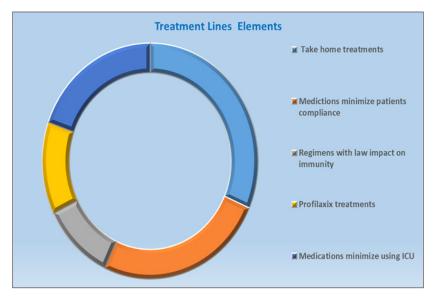
The following results were found

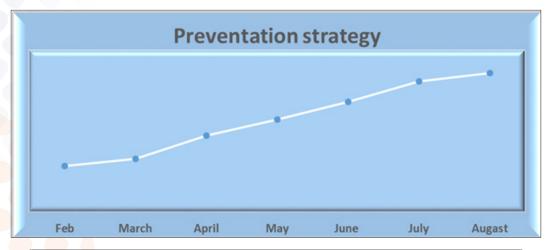




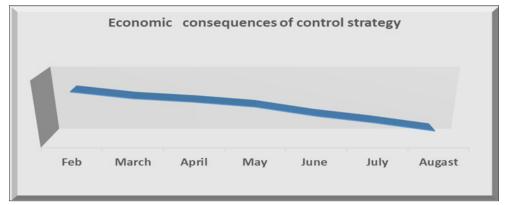


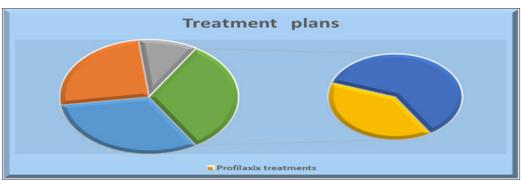


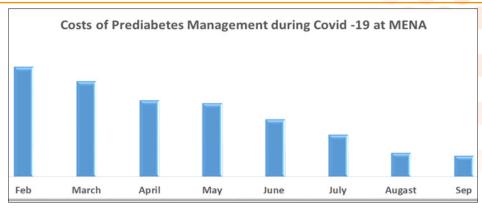




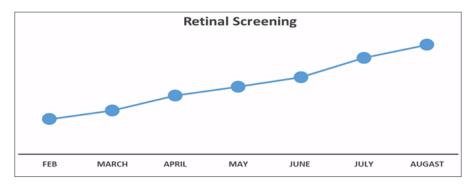


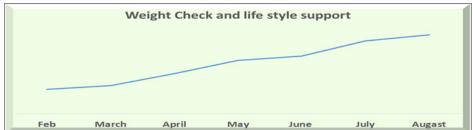












Discussion

One of the major challenges faced medical society during COVID -19 pandemic is capacity of medical practice to adapt during this crisis. This Research analyzing the Cardio metabolic practice adaption during COVID -19 pandemic and what were the major Elements for that adaptation for giving recommendations to all stake holders at medical field about how practice and system response to pandemic case in order to share knowledge to enhance system performance.

- 19 Pandemicity Should take into considerations Dynamic prioritization criteria plans the objective of these plans is Reducing time for service which will lead to enhance safety for patients and oncologists. And the reducing time objectives changed medication plans and all the previous elements achieved through Effective leadership elements plus technology solutions [1-8].

Conflict of Interest

No conflict of interest

Conclusion

Effective practice adaptation in oncology field during COVID

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