

PERSONALIZED AND REGENERATION MEDICINE REQUIRE A COAGULUM-OMICS MODEL

James Andrew Henry

Atlantis BMS Limited, UK

Background: In 2017, a program on patient blood management was posted to the National External Quality Assurance Scheme conference for hemostasis and thrombosis [1]. This subsequent coagulum-OMIC framework is a standard for predictive value within personalized and regeneration medicine. An OMIC model is a foresight by the author of this program to achieve OMIC flow [View Fig. 1.]. This model sustains the success of Coagulum-OMICS when supported with the ISO 9000 series. [2] [3] [4].

Study: ISO 9001 and 9004 are powerful tools to identify and define good practice in an OMIC model. ISO 9001 is a process based standard and an ideal standard for OMIC interfaces. The greater challenge in haemostasis and thrombosis is the end to end process involves several parts of healthcare under different clinical management or vendor arrangements. The flexibility of ISO 9004 makes it an ideal tool to access Coagulum-OMICS and sustain the success of personalised and regeneration medicine.

Program Development: A strategy for Research, Family, Organ and Acute Coagulum-OMICS commences biphasic policy objectives for genomics as a primary care with viscoelastic science, coagulum and platelet proteomics [Fig. 2]. Model OMIC development, resources, performance review and innovation, become learned. OMIC teams self-assess the Coagulum-OMICS to identify conformity with the model. Regional committees are supported by a joint working group on quality assurance to manage or improve OMICS

Conclusion: A model for blood coagulum-OMICS is a benchmark to sustain excellence in the future of biological systems. The agility of Coagulum-OMICS to transverse primary and secondary care with genomic [pharma] pre-exams and viscoelastic or proteomic exams makes it a perfect learning initiative, self-assessment tool and governance program. The caveat is a need for expertise to sustain the success of coagulum-OMICS, in situ, with personalised and regeneration medicine.

Biography

James Henry completed his Master of Science (Upper Merit) in 2009 from Middlesex University U.Kin Molecular Pathology. Also he completed his Master of Science (Distinct) in 2014 from University of Greenwich U.K in Patient Blood Management Quality Systems. In 2014 a Patient Blood Management program was overseen by a U.K national governance representative, sponsored by an anesthetic lead and edited by an MHRA inspector who stated "this program is suitable for the NHS". In 2017 that program was posted to the National External Quality Assurance Scheme and then to the British Blood Transfusion Society. In 2018, ISO published the "Quality of an organization – Guidance to achieve sustained success". The author of "Blood Coagulum-OMICS" has developed a model for hemostasis and thrombosis genomic pre-exams and a viscoelastic & proteomic examination to improve predictive value in personalized and regeneration medicine.

jameshenrybms@hotmail.com