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The NURSE ADVOCATE

By Nurses for Nurses

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Message from Professor Cannaby

By Professor Ann-Marie Cannaby – Chief Nursing Officer, Corporate Nursing

As you are aware, over the last two years we have been planning the implementation of the Nursing and Midwifery Career Framework (NMCF); a major milestone in the development of nursing at HMC.

I am delighted to inform you that the NMCF will be implemented on April 1st, 2015. By the end of March, all nurses should have received a letter informing them whether or not they will transition to the career framework at this time.

If you have any queries about this, I strongly encourage you to access the frequently asked questions (FAQs) section available at http://itawasol/EN/how%20we%20work/corporate_services/hr/Performance/nmcf/Pages/default.aspx (Please copy and paste the full url into the search engine).

The implementation of the NMCF is an exciting time for us and an essential element of our Nursing and Midwifery Strategy and HMC's journey of transformation. Nurses and midwives at HMC are being increasingly called upon to accept more challenging and complex roles; therefore, ensuring you are better prepared and able to practice to the full extent of your education and training is a driving force behind our vision of providing the safest, most effective and most compassionate care to each and every patient.

To help prepare you for these more challenging and complex roles, we are distributing a Professional Development Portfolio to each and every nurse, and running a series of roadshows on professional development. This is the beginning of a larger series of education to implement contemporary performance appraisal systems for HMC nurses.

At this time, I would like to reinforce to each and every HMC nurse, that your contributions to the delivery of high quality patient care, and your experience and expertise, are recognized and valued. You are encouraged to continue your professional development through participation in academic education, ANCC accredited education and training programs, as well as in-service education and competency programs.

We will continue to review our compensation and benefits packages for nurses and we will share more information, on any future changes, to compensation packages once these have been fully reviewed and approved.

When the Nurse Became the Patient: An Experience

Researched by: Kristine S. Luzano, SN, 4 North 2 HGH

Staff Nurse Kristine with her newborn baby boy.

My name is Kristine and I am a Staff Nurse at Hamad General Hospital. On May 4th, 2014 I had the experience of shifting roles; I became the patient – the person being cared for instead of the carer. I was 41 weeks pregnant with my first child, one week overdue and very anxious. I was scheduled for an induced labor on that day, so when I had contractions at 4 am, I was very happy indeed. I woke my husband up and told him to take me to the Emergency Department of Women's Hospital. As we neared the hospital, the reality of what was about to happen sank in. As a nurse, I knew what to expect but as a first time mom I was clueless. I was calm, considering the pain I was in, and felt I had prepared myself psychologically for childbirth.

Upon arrival, the nurses attached me to the monitor to check on my baby. After being monitored, the nurses realized that the labor was not progressing and they had to induce me after all. I was transferred to the labor room and I waited anxiously for the next step.

The night shift nurse was Ms. Ketki and it was nearly the end of her shift when I presented. As a nurse I knew how much she had to do for me before she could handover to the next nurse. Nonetheless, she was very warm and made sure that I was comfortable. She explained to me each procedure that had to be done and she calmed me down when I started to get tense. I was grateful for her expertise in inserting IV cannulas because she spared me the unnecessary pain caused by needle pricks.

The morning shift nurse, Ms. Soya, was in for a hectic day with me. As it happened, my pain tolerance was very low and just two hours in to her shift she had to assist with an epidural catheter insertion. All throughout the procedure, she held me and comforted me. She encouraged me and made sure that I was safe. She had a preceptee with her and I witnessed how well she managed doing her job efficiently while stopping from time to time to explain to the new staff member about why and how things were done. She stayed close and even refused to take her break. At 11am, my epidural catheter got dislodged and I was in excruciating pain because of the contractions. The anesthetist on duty was with another patient and my nurse did the best she could to arrange for someone to help me. She advocated for me when I was too weak to speak up. Within minutes another anesthetist came and was prepping me for another insertion. I don't know what would have happened if nurse Soya did not speak on my behalf, or how much additional pain I would have experienced while I waited for the anesthetist to finish with the other patient.

The evening shift nurse arrived. Ms. Bindhu, like the nurses on the previous shifts, was very good to me. She ensured I was comfortable and calm as I waited for my baby to arrive. The doctors came and assessed me; they found out that the baby was not positioned well so I had to wait a little bit longer. Waiting was very difficult and I was very concerned about my baby's health, but Ms. Bindhu reassured me and calmed me down. It is very difficult to calm down when you are surrounded with screams from other women in labor but my nurse managed to do this for me. At 7pm, after almost 15 hours of labor, I delivered my baby boy via a caesarean section.

My experience of being a patient, with the knowledge of a nurse, helped me to see exactly how the nurses, involved in my delivery, played a big part in my successful child birth. It was difficult, yes, but I survived because of the nurses who never left my side. I did not have any family in the labor room but I had my nurses who were like sisters to me. I left the labor room without getting a chance to say how thankful I was to them. For me, they are the unsung heroes of the labor room. With this article I say: Thank you for all that you have done. Your patients are blessed to have nurses like you. Everyone needs to know how important you are; you should not be unsung heroes.

The First Batch of Graduate Clinical Nurse Specialist in Qatar

Ms. Catherine Anne Gillespie –A.E.D.N. (NCCCR)

The National Center for Cancer Care and Research (NCCCR) is proud to receive the first batch of six graduate Clinical Nurse Specialists. The graduates are made up of five expatriates and one Qatari nurse. These nurses successfully completed the two year course, Master in Oncology, from the University of Calgary - Qatar, which is one of the partners of Qatar's Academic Health System (AHS).

On February 1st 2015, Hamad Medical Corporation (HMC) welcomed the six graduating nurses back into the workforce following the successful completion of their studies. These nurses will now take up the role of Advanced Clinical Nurse Specialist (ACNS) supporting patients with breast and gastro-intestinal cancers as well as those with pain or palliative care needs. They will work with a clinical mentor from the existing ACNS team to ensure they will continue to be supported in their development into a fully established ACNS.

The introduction of the ACNS role is a key recommendation of the Qatar National Strategy that was launched by Her Highness Sheikha Moza bint Nasser Al Missned in April 2011. The Strategy saw the role of ACNS's as a crucial element to the delivery of high quality and truly personalized cancer services.

The cancer journey is complex and often confusing, especially for those with a new diagnosis. The ACNS's are key to this journey as they provide support and information to the patient and their family. In addition, the ACNS provides liaison with other professionals to ensure smooth transition through cancer care. The first ACNS's for the cancer and palliative care team arrived at HMC in September 2012. It was the recommendation of the Qatar National Cancer Strategy that the first ANCS's were recruited internationally but that HMC worked to develop a locally trained workforce.

In response to this, HMC worked with the University of Calgary - Qatar to develop a Master's in Nursing program aimed at developing the future ACNS workforce. This program is unique in terms of its mix of theory and clinical practice; in addition to time in the classroom, the students spend time in clinical areas being mentored by established ACNS's. The graduates of this program will transition into ACNS posts with the cancer and palliative care team.

Among the six graduates is Mashael Abdulla Jassim, the first Qatari national to have graduated from this specialist program. She is ready to lead the way in this relatively new field for the country. "I chose to become a CNS because it has been my passion to work more closely with patients, rather than working on an administrative level. I believe that a true nurse will have a lasting, positive impact when she understands the patient's needs - through effective communication and one-on-one counseling. As a CNS I feel honored that I can provide this support to cancer patients and their families," she said.

The six graduates now join the eight existing ACNS's who have been working within different areas of HMC. The team now has a total of 14 ACNS's to provide specialist care for our cancer patients. Additionally, two new ACNS's are expected to graduate by the summer of 2015 and 12 are currently receiving training at the University of Calgary -Qatar.

Introducing the Patient and Family Education Service at Women's Hospital

Researched by Afaf Fathi Radwan, Patient Family Educator, Patient and Family Education Unit – WH

Patient education is a key factor in improving the health of mothers and their babies. With more than seven years of experience in health education, the Patient and Family Education Department (PFE) in Women's Hospital offers a wide range of educational programs and maternity support to women and their families seeking pre-natal and post-natal maternity education classes. Our experienced and qualified patient and family educators offer advice, reassurance and dedicated care to mothers and their families. Our service starts from first trimester until delivery, and then we continue with our mothers after delivery according to their needs.

Our aim is to provide a high quality service according to patient needs for all pregnant ladies/new mothers in Women's Hospital. We place a great emphasis on patient education to achieve a high level of patient satisfaction.

The PFE unit offers several educational options, including:

- A comprehensive education program to help families make educated choices, and prepare pregnant ladies for motherhood as well as for childbirth.
- PFE staff gets to know the patient before delivery and offer education on what to expect during labor and after the baby is born such as normal labor processes, pain relief options, breathing and relaxation techniques, etc.
- We invite pregnant women to take a hospital tour to relieve anxiety related to the labor process.
- Education and support for post natal mothers on newborn care including:
  - Bathing techniques
  - Cord and circumcision care
  - Diaper changing
  - Breastfeeding and breast care.
- Patient education leaflets and videos are also available to teach pregnant ladies and mothers.

The Patient and Family Education Department at Women's Hospital is committed to helping all pregnant women to have a happy and healthy pregnancy, culminating in the safe delivery of their baby. We are equally committed to supporting new mothers as they care for their newborn babies.

Nursing Practice Improvements: Blood Culture Sampling

Researched by Sam Zacharia, CN, Medical inpatient - AWH

Introduction:

A blood culture is a laboratory test to check for bacteria or other microorganisms in a blood sample 1. It is an essential tool for diagnosing blood stream infection and guiding antibiotic therapy. Blood culture is considered the 'gold standard' in the diagnosing and treatment of bacteraemia 2. A contaminated culture gives a false positive result. This may lead to errors in clinical interpretation and administration of unnecessary antibiotics. In addition, the patient has to experience a prolonged stay in the hospital, which itself is a risk factor for hospital acquired infection.

Sources of contamination:

Contamination occurs due to the improper practice of extracting blood. It can happen from:

- Patients' skin
- Equipment used
- Hands of the nurse/phlebotomist
- Bottle tops

Commonly seen organisms in contaminant samples:

1. Coagulase-Negative Staphylococcus (skin)
2. Micrococcus (air, mucosal)
3. Alpha-Hemolytic Streptococci (skin)
4. Propionibacterium Acnes (skin)
5. Corynebacterium species(skin)
6. Bacillus species (equipment)

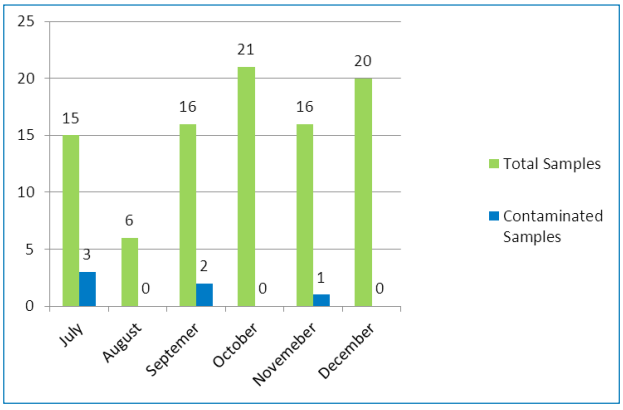
In view of the above, a standard sterile technique to be adhered to while extracting blood for culture is:

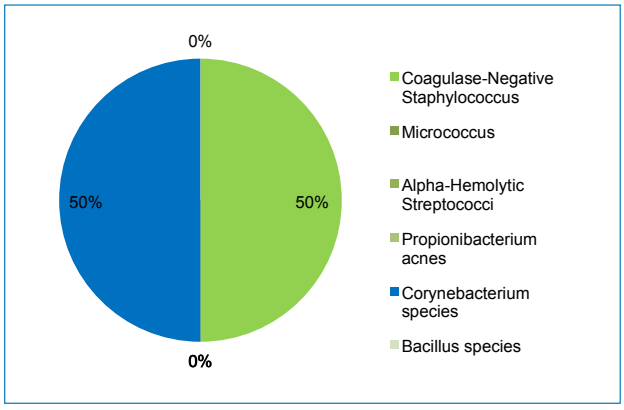
1. Check physician's order
2. Verify patient and explain the procedure
3. Select the limb and assess vein
4. Wash hands
5. Apply tourniquet
6. Prepare the skin (with Chlora Prep-circular motion-5 cm diameter) and wait to dry
7. Wash hands and apply a sterile glove
8. Introduce scalp vein set
9. Untie tourniquet and extract blood (8-10 ml) in both aerobic and anaerobic bottles
10. Apply sterile gauze and plaster at puncture site
11. Flip off the cap of bottles and disinfect the top with alcohol swab
12. Remove the needle and inject 5 ml each blood into each of the bottles using separate needles
13. Invert the bottles gently and label them
14. Send the sample to laboratory
15. Document

Note: Never extract from an existing IV line, unless line related sepsis is suspected

Our report:

We have carried out an audit of blood cultures done in our unit over a six month period (July to December 2014). During this period, 94 samples were sent and out of these, six (5.64%) were contaminated. The organisms isolated were Coagulase-Negative Staphylococcus in 3 samples (50%) and Corynebacterium species (50%) in the rest. The number of contaminations per month and organisms identified are as shown in figure 1 and 2 respectively.





Conclusion:

By following the proper aseptic technique, nurses can minimize the blood contamination rate and thereby save time, energy and cost. Moreover, patients will get the right treatment at the right time and avoid any unnecessary prolonged stays as a result of contamination. Periodic training, diligent supervision and documentation to follow up the report would improve the nursing practice in collection of blood for culture.

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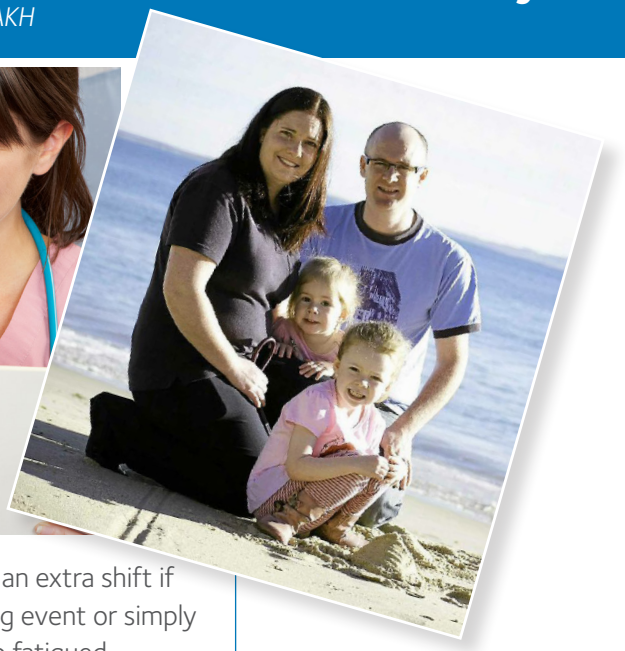
6 Simple Strategies for Nurses to Balance Work and Family Life

Researched by Jisha Jose, RN, Emergency Department – AKH



According to an article written by Jennifer Ward and published online at nursetogether.com, there are six simple tactics that nurses can employ in order to aim towards a better balance of work and family life. In the article, Jennifer explains that all professions potentially carry the challenge of an uneven work-life balance; it is not exclusive to nurses. This is however particularly important for nurses as shift work has the potential to add further stresses to maintaining a healthy balance. The risks of not maintaining a balance between both presents with a risk to delivering care that is not at an expected standard.

Equally, if work is constantly interfering with family events and interrupting family time – this is not maintainable and, in turn, there may be personal consequences over time. To help maintain a balance between work and family life, Jennifer provides the following advice:

1. Set limitations. It is difficult for nurses to learn to say "no." Typically, nurses define themselves by being able to accomplish everything. Yet they end up caring for everyone else except themselves. This can lead to nursing burnout and fatigue, so the first step is learning to set limitations on what you can do. This means saying no to an extra shift if a child has a sporting event or simply because you are too fatigued.

2. Learn to delegate appropriately. Nurses do not have to be superhumans. If they are working, they can ask their spouse or their child to assist with household chores.

3. Take time out for yourself. When nurses have a day off, it is important to do something that they enjoy. An occasional day of rest or window-shopping can allow the body to take a break from caregiving. In turn, job performance is likely to improve.

4. Dine out on occasion or cook ahead. After an 8 or 12-hour shift, preparing a meal can be overwhelming. Therefore, occasionally eating out might relieve this stress. Likewise, some nurses report that they cook ahead. That way, after their work day, all they have to do is to heat up the dish and voila, dinner is ready!

5. Do household chores intermittently. Many nurses report feeling overwhelmed if they allow all of their household duties to build up. In turn, on their days off, they are faced with housework rather than leisure. So if you cannot delegate to spouses or children, opt to do maybe one chore a day.

6. Do not be afraid to ask for help. As discussed earlier, many nurses feel as if they are "superhumans". This false impression can result in bitterness and burnout. Asking for help can be an easy solution. For instance, a mother can ask her school-age child to have his or her bath done by the end of the day. Tell the child that this will be a great help. Doing this will make the child feel independent and valuable.

Jennifer further adds "Remember that caring for patients is fulfilling but exhausting. This exhaustion can be detrimental to job performance and to personal relationships. Therefore, it is essential that nurses have coping strategies to hand to help them balance work and family. Nurses are wonderful at caring for their patients; they are passionate about that. In order for them to be successful in balancing work and home life, they need to treat themselves as they would their patients. They should follow these strategies to achieve a happy family life and fulfilled career."

Source: http://www.nursetogether.com/6-simple-nursing-strategies-to-balance-work

Second Qatar National Patient Safety Week: A Journey toward Developing a Culture of Safety

Researched by Kristina Flores, SN, Coronary Intensive Care Unit, Heart Hospital

The Supreme Council of Health, under the patronage of His Excellency, Mr. Abdulla bin Khalid Al Qahtani, Minister of Public Health, recently organized and launched the Second Qatar Patient Safety Week, with "Patient Engagement" as its central theme. This is an education and awareness campaign for healthcare safety, spearheaded by Dr. Jamal Rashid Al Khanji, Director of the Healthcare Quality and Patient Safety Department of the Supreme Council of Health. [1] The Healthcare Quality and Patient Safety Department's vision is to lead the healthcare quality initiative in Qatar and provide information, education and support to all healthcare organizations in the quest to provide high quality services to all patients at all times. [2] The said event focused on infection control, culture of safety, patient engagement, medication safety, teamwork communication and continuum of care.

The first two days of the event were held at the Al Gassar Resort on January 18-19, 2015. There were poster presentations from different healthcare facilities across the country as well as various presentations being provided from distinguished speakers. Concurrent sessions were also held throughout the day, focusing on three areas of patient care, particularly, infection control, culture of safety and patient engagement.

The culture of safety session, chaired by Dr. Timothy McDonald, tackled safety culture, coaching and reporting. In the first talk of this session, Mr. Assad Abdalla discussed six ways to use safety culture data to reduce preventable patient harm. Mr. Abdalla comes from Synensis, a corporation that has supported over 200 organizations across the world in measuring, analyzing and improving safety culture. [3]

Safety culture, as defined by the Agency for Healthcare Research and Quality (AHRQ), is the product of individual and group values, attitudes, perceptions, competencies and patterns of behavior that determine the commitment to and the style and proficiency of an organization's health and safety management. [4] In other words, by introducing a culture of safety, an organization establishes what is important to its members, and what specific actions and behaviors are expected from each individual in the organization. Organizations with a "positive safety culture" are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety and by the confidence in the efficacy of preventive measures. [5] Moreover, an institution that practices a culture of safety informs its members about risks. Its members are transparent and willing to report errors without fear of a punitive response. The members are fair and accountable for error, adaptive to change and learn from past errors. [6]

AHRQ has defined a healthy organization based on six dimensions, namely, culture, leadership, teams, learning, implementation and patients. [7] In the realm of culture, they developed six key strategies for improving safety culture. [8] First, is the commitment to focus; an organization must have a focus or a goal that it agrees to work on and build its objectives on. Next, is to "mind the gaps," meaning to be able to deal with and work as a multidisciplinary team comprised of different nationalities and specialties, despite the differences and diversities present. Third, is to integrate; when the gaps have been sealed, it is important for everyone to integrate or come together and unite towards the common goal. Next, is not to be average; this encourages everyone to work hard and do his/her best and not to be complacent. Being transparent and clear is the next key strategy; transparency enhances trust, sincerity, and respect and avoids pretense. Clarity avoids misinterpretation and allows for better communication among the staff. Lastly, simple targets should be set and then action should be taken. Targets should be SMART (simple, measureable, attainable, realistic and time-bound) or SMARTER, according to Mr. Abdalla, E being energizing and R being rewarding. Implementation or taking action is the most important element towards improving safety culture in an institution. This is where we finally make that environment of safety happen.

As aforementioned, one of the six dimensions of a healthy organization is learning. In a culture of safety, all members of the organization must be informed towards this goal. A culture of reporting errors and variances must be developed and maintained in a just, non-punitive and flexible environment, where staff members are not afraid of blame, shame or retribution. Upper management must be flexible and willing to listen to the staff without any biases, and leaders should provide ways for the staff to make this error an opportunity for learning

instead of adopting a "don't-do-this-again" attitude. A culture of reporting errors, therefore, cannot be overemphasized. "If you see something, say something," says Ms. Julie Gapstur, a Senior Patient Safety Consultant in the United States. Errors and variances should be reported so that we will be able to monitor the care that we are giving our patients. This will provide us with feedback and insight as to what must be improved and changed. All staff are eligible to report, especially if he/she is the one who has committed or who has discovered the error. Errors and near miss events should be reported. Other institutions in the United States have what they call, the "Great Catch" program. In this program, members of the organization who "catch" errors or near misses and report them are given certificates and recognition to enhance error surveillance and monitoring. Reporting should be done immediately, at the time of the event, or at the nearest time possible.

Patient safety is an issue that cannot be underestimated with the goal of delivering the best care in mind. A culture of safety is the only way we can provide a path towards decreased patient harm, decreased risk and cost, while increasing patient satisfaction and quality of care, a win-win situation for both patients and all healthcare institutions. Let us all be committed to continue this journey.

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Service Spotlight: Obstetrics and Gynecology Outpatient Department

Researched by Fatma Naji, HN, Obstetrics and Gynecology Department – AWH

The Obstetrics and Gynecology (Obs and Gyne) Outpatient Department provides ante-natal, post-natal, gynecological and neonatal care in addition to a number of specialties and subspecialties.

Unit goals and objectives:

1. To provide safe, timely, appropriate and continuity of care to all antenatal, gynecological, postnatal and newborn patients, resulting in quality patient outcomes
2. To be cost effective in the use of supplies, utilities and manpower
3. To maintain and deliver inter-professional, evidence-based patient care, by continuing education and competency validation of staff
4. To uphold the Patient's Bill of Rights with the focus on patient and family education, personal and record privacy and confidentiality
5. To prevent infections by following the standards of infection control protocol
6. To attain high patient, staff and physician satisfaction rates

Scope of service:

The Obs and Gyne Outpatient Department provides maternal and child care services. This includes providing care and treatment to pregnant women across all levels of risk (no risk, low risk, high risk). Pregnant women and gynecology patients with complications are referred for a second opinion before treatment. The Department also cares for and treats babies who have been discharged from the Neonatal Intensive Care Unit (NICU) or those who have been referred from the post-natal unit.

Service team:

The Obs and Gyne team is made up of multi-disciplinary healthcare professionals, including consultants and specialists, endocrinologists, pediatric consultants, anesthesiologists, dietitians, patient and family educators, pharmacists and radiologists. The team is committed to providing high quality care to the patients using our services. Where treatment is not appropriate onsite at Al Wakra, the team liaises with the necessary staff at other locations to ensure a continuation of care is provided.

Unit performance achievements:

- Antenatal education service was introduced to the OPD.
- The Department has conducted a breast cancer campaign to emphasize the importance of prevention and early treatment.
- The baby clinic was successfully expanded to meet our patients' needs.
- A new appointment system was successfully introduced.
- Service was expanded to meet our patients' needs by including a diabetic clinic and an anesthetic service.
- We entered a storyboard entitled "What We Do" at the last IHI conference – April 2014.
- A joint clinic was developed to provide endocrinology care for obstetric patients in collaboration with a multidisciplinary team from the diabetic center.
- We launched the Staff Educational Corner (Aug 14) to provide continuous nursing education for OPD staff.
- Breast cancer month or 'Pink October' was celebrated by the Department, alongside campaign work, in collaboration with Patient and Family Education team.
- OPD nurses participated in the AWH ICP activities (Nov 14) and achieved the 3rd place award.
- We have recently introduced our first team building workshop – to be continued.
- The OPD is currently working on a project to enhance patient satisfaction and experience through improved communication. The project was initiated in early 2015 and is expected to impact the patient experience in the department as well as their experience in the facility.

Pediatric Nurses: Setting Standards and Advancing Care with Evidence-based Practice

Researched by members of the pediatric nursing Unit-based Practice Committees – 2N3, PICU, 2S1 and PEC.

One of the biggest global challenges faced by healthcare institutions today is providing evidence-based, cost-effective, quality care that will improve practice and patient outcomes. According to existing literature, only 20% of what healthcare providers do is based on evidence. Additionally, it is suggested that only 55% of patients actually receive the, evidence-based, recommended course of treatment.

Hamad Medical Corporation has received international accreditation for quality patient care by the Joint Commission International (JCI). One of the patient-centered standards that JCI requires an organization to demonstrate in terms of quality systems and processes is 'Assessment of the Patient'. JCI recommends that organizations use evidence-based practice tools, such as clinical practice guidelines, and standards of practice and pathways, to demonstrate quality in their care of patients. Furthermore Hamad Medical Corporation mandated within their Strategic Plan 2013-2018 that the "...Corporation will be based on the application of the principles of evidence-based planning and decision-making."

To ensure that the Pediatric Nursing Department within Hamad General Hospital (HGH) aligned with HMC's strategic plan, the HMC /SickKids partnership, in collaboration with HGH's Pediatric Nursing Department, began to lay the foundations for enculturating the principles of evidence-based practice within nursing units. This has been achieved through the development of pediatric nursing Unit-based Practice Committees.

Healthcare institutions have adopted evidence-based practice primarily because of its promise to effect change in practice at the bedside. The Committees developed in HGH, fostered an environment which encouraged nurses to participate in a process of asking questions that directly challenged existing practices, policies or guidelines. Each Unit-based Practice Committee aims to support nursing staff to develop the skills needed to challenge and change existing practice. By undertaking the following approach to review current practice, policies or guidelines, the staff nurses have the ability to deliver evidence-based clinical practice, thus effectively enhancing the quality and safety of patient care.

The principle goal of the Committees is to:

- Establish an evidence-based process that guides practice committees in the systematic review and revision of clinical standards, policies, procedures and protocols required to provide quality and safe care.

The project was implemented throughout pediatric services over a period of two years. It was essential that we were able to clearly demonstrate committee members' knowledge and understanding of the principles of Unit-based Committees. The pilot unit was the Pediatric Intensive Care Unit (PICU). A member of the HMC / SickKids Partnership and the Head Nurse gave a brief presentation to the staff

nurses about the concept behind the development of the Commitees. During this time staff members were given the opportunity to openly discuss concerns or seek clarification. Once there was identified membership, the Committees met to discuss and approve terms of reference.

The Committees agreed that during the initial stage it was important to meet bi-weekly and that the frequency of meetings would be reviewed after 6 months.

The Unit-based Practice Committees set out to locate the best available evidence from which to set new evidence-based standards of care. They systematically searched for and appraised the most relevant evidence to implement change. By undertaking the following processes the individual Unit-based Practice Committees have achieved:

- Developed core standards of pediatric patient care for the following units:
- PICU
- 2S1 Hematology / Oncology and Medical High Dependency
- PEC
- 2N3
- 3N1
- 2N1

These core standards are developed through the review of international literature.

- Developed models of excellence for continuous quality improvement, producing core standards of care audit tools to facilitate random auditing of compliance with the approved standards of care.
- Produced an Issue Referral Form which is freely located on each unit and allows any nurse to submit a question; raise a concern; suggest an innovation to their local Practice Committee for review.
- Educated the staff on the use of the Issue Referral Form.
- Produced an Issue Referral Log that tracks the submission and completion of all issues referred to the Committee for discussion.
- Based on issues raised, committee members created and submitted for approval the following Pediatric Clinical Practice Guidelines:
- Prevention and Management of Oral Mucositis in Pediatric Patients
- Intra-abdominal Pressure Monitoring
- General Care of the Arterial Line
- Use of Non-Invasive Positive Pressure Ventilation (NPPV) outside of a designated Critical Care Area
- Developed handover document from Cardiac OR to PICU
- Developed an oxygen therapy devices poster, which was distributed across pediatric services in HGH

Successful implementation of six unit-based practice committees, within pediatrics at HGH, continues to empower nurses to critically reflect upon existing practices, policies and guidelines and in turn, supporting the active implementation of the best available evidence for pediatric care. The goal for HGH's Pediatric Nursing Department is to implement unit-based practice committees across all pediatric units.

First Team Building Workshop Introduced by AWH Obs and Gyne Department

Researched by Ronabelle Medes Sante, Charge Nurse, OBS and GYN Outpatient Department – AWH

Understanding the importance of building good relationships and teamwork, the Obstetrics and Gynecology Department (Obs and Gyne) at Al Wakra Hospital (AWH) recently organized their first team building workshop. A total of 47 RN's across the Department attended the workshop held at the Sealine Beach Resort.

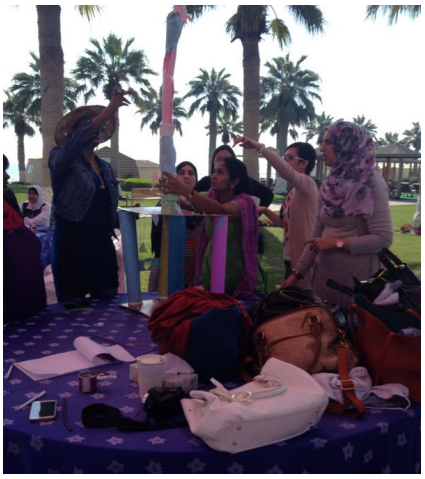
The development and implementation of the workshop was inspired by the reiteration of the importance of teamwork to our goals as healthcare providers - this was a message supported by The Corporate Nursing Department and the wider HMC organization.

The Obs and Gyne Department realized that while there are many teams who work very well together, this has largely come from working together in close circumstances and towards the same goals over a period of time, rather than by specific and pre-planned activities. It was recognized that understanding more about how teamwork is nurtured and supported was essential to maintaining it and implementing best practice in this area in the future. Teamwork, in this case, is defined as a team or group of individuals, each with different strengths and skills, who have a shared commitment to perform together in order to produce a meaningful result for the organization.

This proactive stance on teamwork was supported by leadership within the Department and was essential to ensure participation and willingness

of the Department nurses as a whole. Leadership is very important to how values are instilled in the team.

The activities on the day largely focused on increasing the participants' understanding of team dynamics; this was facilitated through a number of carefully selected games/challenges. As well as direct team building activities, the workshop emphasized the elements that contribute to making a good team; understanding the group goal; how individuals skills and abilities contribute and need to be supported; the importance of productive response to organizational change; collaborative working; communication processes; and group accountability.



Alongside the planned activities, the event was a good opportunity for the different teams within the Department to interact in a different environment and location, which also contributed to building good relationships. According to Jafna Latheef, SN, Obs and Gyne Outpatient Department, the event allowed her to get to know staff from other units within the Department. Aya Mohd, NT, also from the Obs and Gyne Outpatient Department, stated that the workshop was an opportunity for her to strengthen the bond of friendship with her colleagues. Anna Cruz, SN, Obs and Gyne, Emergency Room, noted that the event was refreshing in that it provided time away from the normal stresses within the workplace and gave an opportunity for shared relaxation. The overall response to the day was extremely positive.

Due to the success of the first team building workshop, the Obs and Gyne management team is looking forward to engaging AWH staff in this kind of activity on a quarterly basis.

Education News, March 2015

Researched by: Tawfiq, Sr. Educator, ANCC Nurse Lead Planner - NMER and Sheeba Pattattu Sankaran, Nurse Educator – NMER

NMER presents abstract in 2015 ACEhp Annual Conference

The Department of Nursing and Midwifery Education and Research (NMER), in collaboration with consultants from ANCC, submitted an abstract titled "An international, inter-professional, transcultural symposium for healthcare educators in Doha, Qatar: a case study" to the 2015 Alliance for Continuing Education in Health Professionals (ACEhp) Annual Conference, which took place between the 14th and 17th of January 2015 in Dallas, USA. The following representatives from HMC participated in the presentation: Wedad Qassim Al-Najjar, Manal Musallam Othman, and Tawfiq Abd Elqader Elraoush.

The presented case study described HMC's Journey in obtaining ANCC Accreditation as an international provider for Continuing Nursing Education. This includes the best practices in supporting healthcare educators at HMC to design high-quality, inter-professional education activities that meet the needs of a diverse inter-professional healthcare workforce prepared at different educational levels. This helped in expanding the visibility of HMC internationally as a leader for quality improvement and demonstrates our commitment to continuous improvement and delivery of world-class education.

Inter-professional education (IPE) has been cited as one strategy to improve inter-professional collaborative practice. Designing IPE activities requires healthcare educators to possess new levels of knowledge, skills and abilities (KSA). KSA's are reflected

in the Alliance National Learning Competencies and were the focus of an international, inter-professional, transcultural symposium for healthcare educators in Doha, Qatar. Through case study presentation, participants attending this session examined the process of planning an international, inter-professional, transcultural symposium for nursing, medicine, pharmacy and paramedic educators. Participants explored best practices to design high-quality IPE activities. The participants examined the key achievements of NMER during the last year. These achievements include:

- An ANCC accredited Provider Unit has been established in the Department of Nursing and Midwifery Education and Research.
- A development program for nurse and midwife educators has been established in line with international benchmarks, leading to recognized credentials.
- An education governance system has been implemented to quality assurance activity. This supports HMC's vision of providing a world class nursing service.
- A quality education framework that meets international benchmarks has been introduced.
- Further implementation of evidence and research based practice.
- A transformational, shared governance leadership model has been introduced.
- 54 programs have been developed and accredited by the HMC ANCC Provider Unit.
- 10,045 nurses have registered and 8250 completed accredited programs in the first ten months following establishment of the ANCC CNE Provider Unit.

Advocating for your Patient

Researched by Ameera Elsayd, SN – PEC Airport

One of the most important duties of a nurse is for you to act as an advocate for the patients. Whether nurses are speaking up for their patients because they are unable to do it for themselves, or empowering patients to make informed decisions, by ensuring that they understand the medical jargon being used by other healthcare professionals, being an advocate is crucial to patient safety and satisfaction.

As a nurse you advocate for your patient when you deal with the doctor, the patient's family and even some of your more direct colleagues in order to serve the patients best interest; therefore an important skill to develop as a nurse is to learn how you can best understand your patients' needs.

Getting to know your patient means

having an understanding of their medical background, as well as any personal preferences they may have, including cultural sensitivity. Understanding what is unique about your patient is very important, as all patients are unique. Often you are in the position of asking the patient what they need from you and they may directly ask you to speak with the doctor or their family, other times you have to pick up on more subtle suggestions that they need your assistance in some way. Moreover, they may not ask or imply that they need your help but in these cases you should use your professional judgment to get involved appropriately.

Once you have determined what your patient needs are, you need to determine how best to advocate for your patient, which can be influenced by circumstance and consideration of impacting factors. If your patients cannot speak for themselves then you are likely going to speak for them ,as and when it is necessary. There may be times when you witness something that you feel will adversely affect your patient or an action performed by another carer which may have a more appropriate alternative. These things likely require a more immediate or direct response. Sometimes your role as an advocate does not require talking with the doctor or another nurse; it may be liaising with a social worker to press for some kind of intervention. Some circumstances are more sensitive than others; for example, informing a colleague of a preference is much easier to deal with than taking action to report suspected abuse, but in both cases your intervention is extremely important. Guidelines are usually in place to assist and your direct supervisors should also be able to offer advice.

Advocating for a patient demands a number of skills; you need to be confident and have an ability to stand your ground, you need to be able to broach subjects that may be uncomfortable with patients, their family or the multidisciplinary team. Learning to be assertive can be uncomfortable for even the most experienced nurse, but an essential part of your role, as an advocate. Ultimately,the most important part of your role is to help your patient to receive the right care, provided at the highest standard, by compassionate and competent members of the healthcare team.

Palliative Care

Researched by Kumari Thankam, HN - NCCCR

Palliative care is a distinct specialty which aims to achieve the highest possible quality of life for patients and their families, experiencing a terminal or life threatening disease, like cancer. The U.S. based website 'Get Palliative Care', defines palliative care as "specialized medical care for people with serious illnesses. It focuses on providing patients with relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family."

The essence of palliative care is in understanding that although a person may have a terminal illness, that person is entitled, as a human being to receive all the help that can be provided in order maintain

as good a quality of life for as long as is possible. In describing the importance of palliative care, Dame Cicely Saunders, the Founder of the hospice movement says: "You matter because you are you, and you matter to the end of your life. We will do all we can not only to help you die peacefully, but also to live until you die."

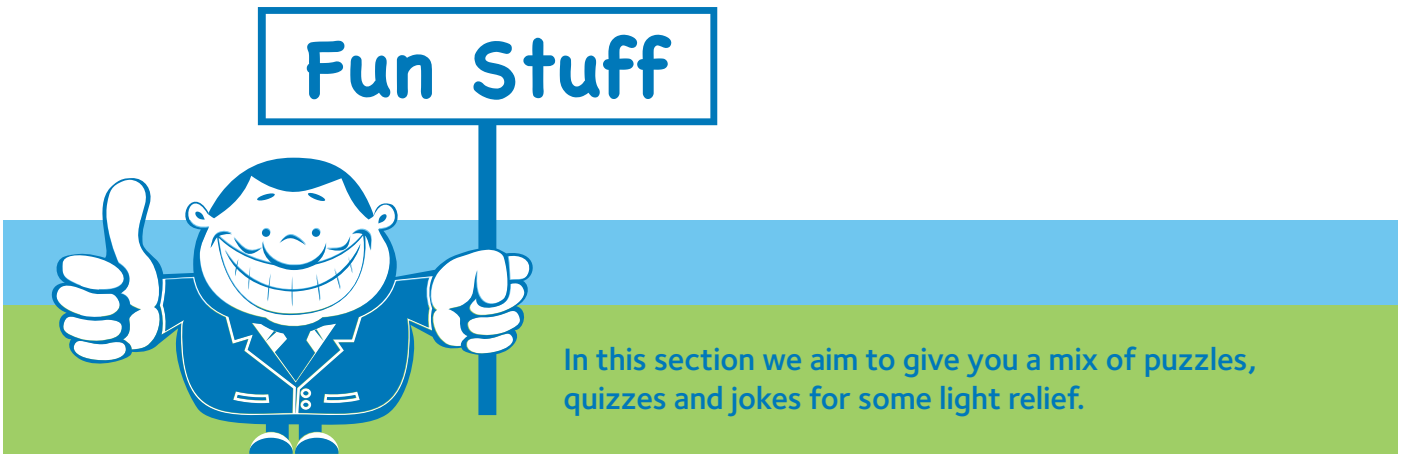
The Palliative Care Program, which was accredited by the Joint Commission International (JCI) in 2012, emerged as a new specialty at the National Center for Cancer Care and Research (NCCCR) in 2009. In developing this specialty it was necessary to establish a standardized practice, ensuring the provision of consistent, reliable care is provided at an international standard.

Having a specific palliative care unit was identified as a mandatory requirement for the delivery of high quality care to appropriate patients. In September 2014, a dedicated 10-bed palliative and support care unit was introduced. Dr. Hanan Al Kuwari, Managing Director of HMC, officially inaugurated the Palliative Care Unit in December 2014.
The facility provides spacious patient rooms, a shared activity room, a counseling room and a meeting room, to ensure that appropriate space is available, to meet both the patients' and their families' needs.

In developing the unit, every effort was made to ensure that it feels homely and peaceful, generally avoiding the clinical feel associated with hospital care. For example, as you enter the facility you are greeted by artwork from the American Women's Association. The environment is conducive to the purpose of the facility; it is not hi-tech, it is caring and supportive and safe.

The nursing staff who work as part of the palliative care team value the multi-disciplinary teamwork that is nurtured as part of the service; they have regular weekly multi-disciplinary team meetings, where everyone contributes to revisiting/modifying patient and family centered care goals. The team includes physicians, nurses, clinical nurse specialists, pharmacists, psychotherapists, clinical psychologists, occupational therapists, a dietitian, social workers, case managers, and patient educators etc. Palliative care, as with other specialties, demands an effective team approach.

Sources: http://getpalliativecare.org/whatis/



In this section we aim to give you a mix of puzzles, quizzes and jokes for some light relief.

QUIZ: Prevention of Aspiration

Research by Ruby Untalasco, CN - Enaya Specialized Care Center (SNF)

For each of the below statements, select the most appropriate answer from a,b,c,d. The answers will be provided in next month's Nurse Advocate.

1) The nurse is caring for an older adult woman who was admitted three days ago following a cerebrovascular accident. She has had trouble swallowing and has been placed on aspiration precautions. Care of this patient will include

a) Ensure she is sitting upright or with the head of the bed elevated to eat and drink
b) Break or crush her pills (if appropriate) before administration
c) Keep suction setup available at all times
d) None of the above

2) Considered as gold standard to study the mechanism of dysphagia

a) Modified Barium swallow
b) Bronchoscopy

c) Chest X-ray
d) Endoscopy

3) Normal swallowing has three phases

a) Oral, Pharyngeal, Laryngeal
b) Oral, Pharyngeal, Esophageal
c) Oral, Pharyngeal, Tracheal
d) Oral, Pharyngeal, Nasopharyngeal

4) A nurse is caring for a client receiving continuous enteral feedings. Which of the following nursing interventions is the highest priority if aspiration of tube feeding is suspected

a) Auscultate breath sounds
b) Stop the feeding
c) Obtain a chest x-ray
d) Provide oxygen

5) The highest priority nursing assessment before initiating an enteral feeding is determining

a) If the client is alert and oriented
b) That the tube is correctly in placed
c) If the client has diarrhea
d) How long the feeding container has been open

6) When observing an older adult with a swallowing disorder, which of the following signs and symptoms would indicate to the nurse that the client may have aspirated

a) Complaint of food caught in the back of the throat
b) Fever with unknown origin and tachypnea
c) Request for something to eat and drink
d) Lack of functional cough

7) When an older client is at risk for aspiration, which of the following nursing interventions should be included in the plan of care

a) Use of syringe to feed client
b) Remove dentures prior to feeding
c) Provide a straw to drink liquids
d) Avoid milk products

8) Which of the following activities is recommended to prevent aspiration during meals with a demented/ ambulating client

a) Insist that client should sit
b) Allow to watch TV
c) Allow to eat alone
d) All of the above

9) The nurse is assisting a client, who was diagnosed two weeks ago with a right-sided stroke. When assisting the client with meals, it is most important for the nurse to take which action

a) Encourage the client to swallow each bite of food four times
b) drink fluids with the meals
c) Provide one glass of milk

10) The nurse is caring for a client admitted with Gullain-Barre Syndrome. On day three of hospitalization her muscle weakness worsens and she is no longer able to stand with support. She is also having difficulty swallowing and talking. The highest priority in her nursing care plan should be to prevent which of the following

a) Aspiration Pneumonia
b) Decubitus Ulcer
c) Bladder distension
d) Hypertensive crises

11) The nurse is assessing for correct placement of the nasogastric tube. The nurse aspirates the stomach contents and checks gastric pH. The nurse verifies correct tube placement if which pH value is noted

a) 3.5
b) 7.0
c) 7.5
d) 6.5

12) When performing oral care on an unconscious client, which of the following prevents aspiration of fluids into the lungs

a) Put client on a side lying position with the head of bed lowered
b) Keep the client dry by placing a tower under the chin
c) Wash hands and observe appropriate infection control
d) Clean the client's mouth with oral swabs in a careful and an orderly progression

13) Lansoprazole can increase the bacterial overgrowth therefore client receiving this medication has the risk for aspiration

a) True
b) False

14) Poor oral care has a significant impact to overall health including risk for aspiration and associated pneumonia

a) True
b) False

15) NG tube or NJ tube feeding route is suitable for all clients, including those with high risk of aspiration

a) True
b) False

16) Auscultation of the gastric area is the best and most reliable in checking NG or NJ tube placement

a) True
b) False

17) A 78 year-old with pneumonia has a productive cough, but is confused. Safety protective devices (restraints) have been ordered for this client. How can the nurse prevent aspiration

a) Suction the client while restrained
b) Secure all 4 restraints to 1 side of bed
c) Obtain a sitter for the client while restrained
d) Request an order for a cough suppressant

18) Nurse Emily is about to bring the meal tray to the room of Mrs. Sameera, a 69 year-old client, who survived a stroke with some

neurological deficits and moderate dysphagia. Which of the following statements is incorrect about a client with dysphagia

a) The client will find pureed or soft foods, such as custards, easier to swallow than water
b) Fowler's or semi-fowlers position reduces the risk of aspiration
c) The client should always feed herself
d) The nurse should perform oral hygiene before assisting with feeding

19) A videofluoroscope radiographic evaluation of the swallowing process usually prescribed for client's with difficulty of swallowing and risk for aspiration

a) True
b) False

20) The client is assessed by the nurse as having a high risk for aspiration. The nursing diagnosis identified for the client is "Self-care deficit, feeding related to unilateral weakness". An appropriate technique for the nurse to use when assisting the client with feeding is to

a) Place food to the unaffected side of the mouth
b) Place the client in semi-fowlers position
c) Use thinner liquids
d) Have the client use a straw

The Nurse Spotlight

Research by Ashish Badnapurkar, MSN - RH

HMC is fortunate to have a number of exceptional nurses. In the nurse spotlight we hope to share with you the achievements of our colleagues to celebrate their contributions to our profession. This month we are celebrating:

Who: **Leonidas Tacardon**
Position: Head Nurse. Male Acute Psychiatry-1
Hospital: Rumailah Hospital

Background:

Mr. Leonidas Tacardon is the Head Nurse at Male Acute Psychiatry-1, which comes under the Rumailah Hospital administration. Mr. Leonidas has been with Hamad Medical Corporation for more than 12 years. He is well known in the Psychiatry Department for his charismatic leadership skills and humble nature. Leonidas is from a small town in the Philippines and grew up in a middle class family. His childhood dream was to become a doctor but due to financial constraints he opted to study nursing. In 1978, Mr. Leonidas completed his baccalaureate degree in Nursing from Brokenshire College and worked as a staff nurse for 11 years in the Philippines. In 1989 he

moved to Saudi Arabia and worked as a mental health nurse in Taif for 12 years. In 2002, he joined Hamad Medical Corporation as a Grade 3 Nurse. In 2008, he was promoted to Charge Nurse and after proving his dynamic leadership ability, he was elevated to Head Nurse in 2009. Mr. Leonidas has also been acting Director of Nursing when the situation has presented.

Questions and Answers:

Q: You have worked at HMC for more than 12 years, how is your experience so far?

A: HMC has given me a lot more than I could have expected throughout my service. By working in a multicultural setting, I came to know about various aspects of humanity. Since HMC is a JCI-accredited hospital, it has taught me to become more disciplined and structured in my work and lastly, working as a charge nurse and a head nurse has sharpened my leadership abilities.

Q: How would you describe your approach to being a leader in a multi-cultural environment?

A: Multi-cultural environments can be challenging and leadership can be challenging. The key to being a good manager in this environment is to be impartial in all aspects, making sure that the diversity of the unit is regarded positively. Through my experience, I have learned that recognition of those doing good work, providing education and maintaining open lines of communication in the unit greatly improve staff morale and promote a positive working environment regardless of cultural difference.

Q: What is the most challenging thing about being a Head Nurse?

A: A head nurse's role is very

challenging in the sense that head nurses are not only providers of administrative and clinical leadership but also have a 24-hour responsibility and accountability of the unit. Being a head nurse also means being an advocate for your staff to the executive management.

Q: What is the most enjoyable part of your job?

A: I enjoy it the most when I interact with patients and encourage them to verbalize their thoughts and feelings. The team will then devise a care plan that will most benefit the patient according to his/her needs. As a unit, we feel that we have helped a patient when he or she expresses happiness and satisfaction relating to the care and services provided by our unit.

Q: What advice would you offer new nurses?

A: Regardless of the setting and area where you are assigned, I would like to emphasize the importance of the psychological dimension of care that we give to our patients. Sometimes, we may neglect to consider the psychological and emotional needs of our patients and their significant others. For our young psychiatry nurses, you have to tolerate ambiguity, be calm in the midst of chaos and be level-headed, sometimes in violent situations. To be a good psychiatric nurse you need to develop your listening skills, you must be nonjudgmental and you must be firm and confident in decision making.

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