

The NURSE ADVOCATE

By Nurses for Nurses




Issue 11, July 2014

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Ramadan Kareem

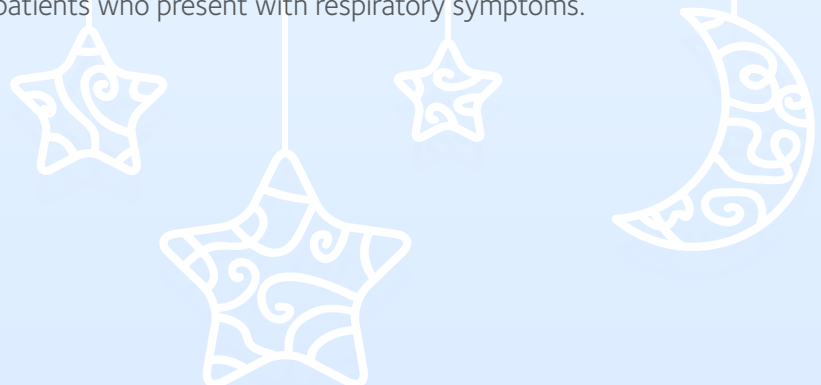
By Professor Ann-Marie Cannaby, Executive Director of Corporate Nursing

 In behalf of the Corporate Nursing Department I would like to extend my best wishes to those observing the holy month of Ramadan. Ramadan is a month of worship, reflection and reconciliation. It is often called a time of renewal; a time of giving, resolving conflict and reaching out to those less fortunate. In that spirit, I wish all of HMC's Muslim nurses and midwives a blessed month. Ramadan Kareem.



Professor Ann-Marie Cannaby
Executive Director of Corporate Nursing

I'd also like to take a moment to remind you of the pivotal role nurses play in identifying and isolating potentially infectious patients, and in turn helping to prevent hospital-acquired infections. This is a timely subject as we are now well into the summer travel season and many are preparing to perform Umrah. It is important that we remain vigilant and adhere to infection control procedures, particularly when caring for patients who present with respiratory symptoms.



Registered Nurse Satisfaction Survey 2014 (NDNQI)

By Michaela Vickers, DON, Corporate Nursing

On behalf of Corporate Nursing I would like to announce the beginning of a new initiative at HMC, focused on gathering the opinions and views of our nursing workforce; information that is very valuable to us as we develop and move forward.

The National Database of Nursing Quality Indicators (NDNQI) offers the chance to undertake a registered nurse satisfaction survey. As a newly joined member, we have chosen to participate and plan to roll-out the survey in 2014. Worldwide, over 300,000 RNs from nearly 900 hospitals take part in the survey every year. The survey is known as the 'NDNQI RN Survey'. The information below is intended to answer some anticipated questions you may have about this survey. Exact details will follow in due course.

Why is the survey important?

We know that having satisfied nurses leads to better patient outcomes. To be successful in this area we rely heavily on your participation in this survey. Your opinion is very important to us; we need to hear from you in order to obtain an accurate picture of the RN work climate in every participating unit in our organization. This will allow us to:

- Assess our RNs' satisfaction at HMC
- Identify how each unit is progressing along its journey of 'Best Care Always' and how the organization as a whole is performing
- Identify unit specific opportunities for further improvement and growth

Your participation is voluntary and confidential

Experience tells us that while people do want a voice to express their

views, this can also be daunting as people worry who will see their responses and wonder if there will be any consequences if they share negative feedback. The following are applicable to this survey:

- Your responses will be completely anonymous
- Because you do not provide your name and the completed questionnaire is submitted directly to NDNQI, there is no risk any of your responses could be linked to you
- NDNQI will send a report to us to summarize the data for the entire hospital, with only some data for individual units
- Participation in this survey is voluntary
- Your job will not be affected by your participation or non-participation
- Your consent to participate is implied by completing the questionnaire

How and when will we be able to complete the survey?

The survey will be conducted online. The survey website will be available for a three week period starting at 9am on October 6th and ending at 8am on October 27th. The survey can be taken anywhere in the world (work, home, holiday), as long as the computer has up to date Internet Explorer. More details will follow in the coming months as to how you log-in to complete the survey.

Are all HMC nurses invited to participate?

The survey is available to all RNs who meet the eligibility criteria as set out by NDNQI. The criteria are:

- You must be an RN
- You must spend at least 50% of

your time in direct patient care

- You must have been employed on your unit for a minimum of 3 months at the time of survey

What will the survey involve and how long will it take?

The survey consists of approximately 77 questions, with a special section at the end comprising another six questions specifically on 'Safe Patient Handling and Mobility'. The whole survey will take about 20-30 minutes to complete. The main questions will cover:

- Job satisfaction (including nurse-nurse interaction, nurse-physician interaction, decision making, autonomy and professional development)
- Job enjoyment
- Work context (perceived quality of care, last shift worked, meal breaks and extra hours)
- RN characteristics (looking at gender, race, age, education and certification)

What should I do now and how can I keep updated on this?

Over the coming months we will provide more details on the NDNQI RN Survey, but in the meantime, please take the time to ask your NDNQI Site Coordinator who your RN Survey Coordinator is and where to obtain more information – such as when your hospital is signed up to take the survey. You can also visit the Nursing Website at https://nursing.hamad.qa/en/ndnqi_survey.aspx where more updates and information will be posted regarding the NDNQI RN Survey.

Don't miss out on your opportunity to have your say and give your opinion.



Hamad Medical Corporation welcomes Ms. Deborah Nelson, AEDoN of Nursing Mental Health



Debbie recently joined HMC from Western Australia where she was employed as an Executive Director of Nursing for Mental Health. She was responsible for strategic leadership, policy development and clinical redesign for the nursing workforce and wider multidisciplinary team.

Debbie is both a registered general and mental health nurse and has extensive experience in nursing leadership positions in both the United Kingdom and Australia. She has an MSc in Clinical Nursing and a postgraduate diploma in Cognitive Behavioral Therapy. She reports that she has been fortunate throughout her career to remain clinically involved while pursuing her passion of working with patients with psychosis.

Her expertise in Australia is sourced at both the state and national level and she regularly participates in the accreditation of both under and post-graduate educational curriculum as a clinical expert advisor for AHPRA.

In recognition of her contribution as a leader to the nursing industry she was conferred as an Adjunct Associate Professor, (Curtin University WA) and awarded Australian Nurse of The Year in 2010.

She is very much looking forward to the next chapter of life's adventure and intends to listen, learn and make a meaningful contribution to the advancement of the nursing profession and mental health services in Qatar.

Hamad Medical Corporation welcomes Ms. Gina Butler, AEDoN Corporate Nursing – Performance



Gina recently joined the HMC Corporate Nursing team as the AEDoN for Nursing Performance. She has a breadth of nursing experience, having worked in a variety of Australian hospitals, community health services, aged care and primary healthcare settings.

Prior to joining HMC, Gina was the statewide Nursing Director for Service Quality Improvement within the Tasmanian Department of Health and Human Services. The primary focus of this role was to monitor and

support health service quality improvement across the Tasmanian healthcare system.

Gina has a Bachelor of Health Science – Nursing, and post graduate qualifications in Business Management. She is also a graduate and member of the Australian Institute of Company Directors. Gina has also served on the Nursing Performance Standards Committee of (the former) Tasmanian Nurses Board, and as the state representative on various national working groups, supporting the work of the Australian Commission of Safety and Quality in Health Care. Gina's family will join her in Qatar over the coming months.

Nurse Intern Programme

An internship programme for new graduate nurses from the University of Calgary – Qatar, has been established to support them through the transition from student nurse to staff nurse after they complete the general nursing orientation and corporate orientation. The nurses will be actively engaged one day per month in the intern program. Future plans include interviewing the student nurses six months prior to graduation. Upon successfully completing the interview they will be given the opportunity to choose from five areas to work as they attend the one year internship programme.

Nursing Satisfaction Survey: a Nursing Sensitive Indicator

The inaugural National Database of Nursing Sensitive Indicators

(NDNQI®) Nursing Satisfaction Survey was presented to the nursing executive team for agreement and support. Michaela Vickers, DoN Corporate Nursing, provided a comprehensive presentation outlining the survey and communication strategy.

The online anonymous survey, which will be conducted between 9am on October 6th and 8am

on October 27th, received the full support of the Nursing Executive team.

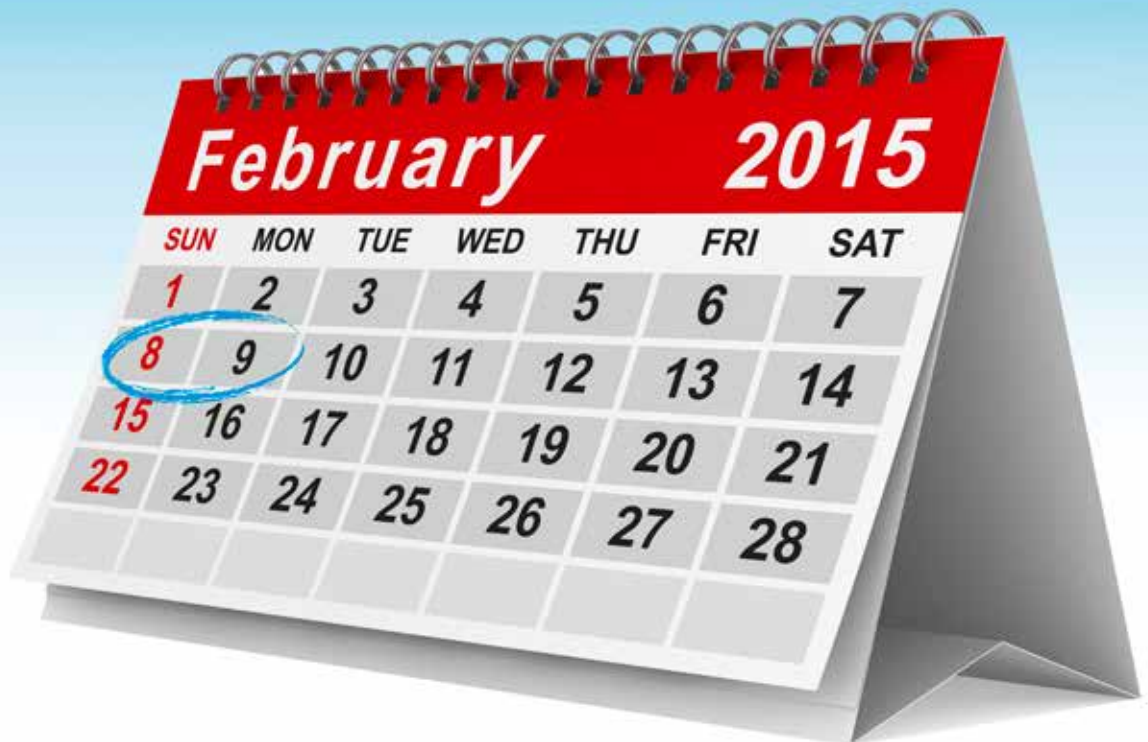
Nursing Research: The Pleiades Programme

Professor Richard Gray discussed the initiation of the 'Pleiades Program' which will provide support and

guidance for nurses who are interested in pursuing research initiatives. More information on the Pleiades Programme will be provided in the September issue of "The Nurse Advocate".

Nurses interested in joining this program can contact Professor Richard Gray at RGray@hmc.org.qa

Save the Date



3rd Pediatric Nursing Leadership Symposium

Theme: 'Towards Sustainability: Leadership in Action'

Location and Date: Hilton Doha - 8-9 February 2015

Additional Information: Ma. Lourdes Ezpeleta; Mezpeleta@hmc.org.qa

Save the Date



Code of Professional Behavior and Ethics Launch Event

15 September 2014

Location: Club Hotel, Hamad Bin Khalifa Medical City

Additional information coming soon.

International Nursing News

Researched by Rezielyn D. Clanor, SN, HH

The nursing newsletter committee would like to share with you nursing related news, which we have found to be interesting, from around the world.

U.S. Study Suggests there is Higher Quality of Nursing and Patient Care in Magnet Hospitals

- A recent study undertaken by New York University College of Nursing (NYUCN) and Pennsylvania School of Nursing offers insight into the differences between Magnet and non-Magnet accredited hospitals and the links between better quality of care.
- The article notes that there is often a research focus on physicians and medical outcomes. This study highlights that patient care can be optimized when nurses work in a positive environment, with effective organizational support and resources.
- Magnet is a U.S. based recognition program developed by the American Nurses Credentialing Center (ANCC). It recognizes healthcare facilities that demonstrate excellence.
- Magnet recognition is considered a leading source for measuring organizational success in nursing. Magnet hospitals show higher job satisfaction and lower odds of patient mortality than non-Magnet hospitals.
- The study; "Understanding the Role of the Professional Practice Environment on Quality of Care in Magnet and Non-Magnet Hospitals," focused on cross-sectional data, including the American Hospital Association's annual survey, as well as an analysis of 56 Magnet and 495 non-Magnet hospitals.

- The study, undertaken by Dr. Witkoski Stimpfel and a small team, took into consideration hospital characteristics and balanced variables to remove what could be considered bias, but found a clear positive correlation between positive work environments for nurses and nurse-reported quality of care.
- Dr. Stimpfel attributed this to readily modifiable features of hospitals: "Having visible and accessible chief nurses, encouraging and including nurses in decision making in their unit and throughout the organization, supporting nursing practice and engaging in interdisciplinary patient care, are but a few examples of readily modifiable features of a hospital."
- The study concluded that all hospitals have the potential to improve their practice environment and that an improvement in the organization of nursing care has very clear benefits.
- "Our findings suggest that Magnet hospitals produce better quality of care through their superior practice environments," stated Dr. Stimpfel.

Source: New York University. "Higher quality of nursing and patient care in Magnet hospitals." *Medical News Today*. MediLexicon, Intl., 13 Mar. 2014. Web. 25 May. 2014. <http://www.medicalnewstoday.com/releases/273906>

Experienced nurses are most cost-effective; longer nurse tenure on hospital units leads to higher quality care

- The article highlights that nurse tenure and teamwork are two important elements to consider when looking at cost and quality of hospital care.

- A study by researchers at Columbia University School of Nursing and Columbia Business School suggests that patient care is better when patients are being cared for by nurses who are experienced in their current job.
- The study, which included a review of 900,000 patient admissions over a four year period, included analysis of nurse payroll records and patient medical records to see if there was a connection between changes in nurse staffing and patient length of stay.
- It is noted that length of stay is increased by delays in the delivery of care and by errors in care; therefore a shorter length of stay indicated a better level of treatment. In turn, shorter length of stay means less cost.
- The study highlighted that a single year increase in the average tenure of RNs on a hospital unit was associated with a 1.3 percent decrease in length of stay.
- Patricia Stone, PhD, RN, FAAN, Centennial Professor of Health Policy at Columbia Nursing and senior author of the study, says that "When the same team of nurses works together over the years, the nurses develop a rhythm and routines that lead to more efficient care. Hospitals need to keep this in mind when making staffing decisions - disrupting the balance of a team can make quality go down and costs go up."
- Reducing length of stay is said to be an essential aim of hospital management because it indicates higher quality and means lower costs.
- The study suggests that rather than employing temporary staff, nurses should be offered overtime rates to work on their usual units. This has a better outcome on quality of care and length of stay.

- The absence of experienced members of the team also demonstrated a negative effect on length of stay.
- Nursing skill was also noted as a factor – explaining that there is also a correlation between length of stay and the degree to which nursing staff is made up of RNs or unlicensed assistive personnel.
- Ann Bartel, PhD, Merrill

Lynch, Professor of Workforce Transformation at Columbia Business School, states; “This rigorous econometric analysis of nurse staffing shows that hospital chief executives should be considering policies to retain the most experienced nurses and create a work environment that encourages nurses to remain on their current units.”

Source: Columbia University Medical Center. “Experienced nurses are most cost-effective; longer nurse tenure on hospital units leads to higher quality care.” *Medical News Today*. MediLexicon, Intl., 16 Apr. 2014. Web. 25 May. 2014. <http://www.medicalnewstoday.com/releases/275528>

HMC Nurses Get Involved in Community Healthcare Project Focusing on Qatar’s Labor Workforce

Researched by: Noronha Maria Daisy, A/Head Nurse, NCCCR



Qatar is in a state of perpetual development and change as it works towards its goals and visions for the future. Current building work being undertaken in the lead up to the World Cup 2022 has brought with it thousands of laborers, scattered countrywide, to make the visions of modern landscapes and state-of-the-art facilities a reality.

Although certain rules and regulations are being enforced and improvements are said to be being introduced, the nature of the work that laborers undertake, along with the working conditions and limited access to healthcare, puts them in a high risk category for health issues and injury, which can in some circumstances have fatal consequences.

In response to this recognized risk, the Supreme Council of Health (SCH), in collaboration with the Indian

Expatriate Forum, Focus Qatar, began an initiative to improve healthcare access by offering a free medical camp. The medical camp, conducted at the Medical Commission facility at Abu Hamour on Friday, May 9th 2014, attracted more than 1,500 laborers. Alongside offering medical consultation and testing, the focus of the camp was on raising awareness of occupational health and safety issues to facilitate better recognition of hazards and risks, which then allows for the prevention of accidents/disease complications for laborers working in Qatar.

The Minister of Interior and Minister of Labor were both present on the day along with country representatives of Nepal, Pakistan, Sri Lanka and India, among others.

Nurses were in demand at the medical camp as they took vital signs, checked

blood sugar levels and performed other basic medical assessments. Nurses, who attended from HMC, gave up their Friday between the hours of 8am and 6pm, which would otherwise have been spent with family, to take part in this important and worthwhile initiative. All involved appreciated the nurses’ commitment to the cause.

The importance of the event could be seen in the results; free consultations were offered, necessary medications were distributed, health cards were issued and many potentially serious health conditions were identified so that urgent referrals could be made. It is fair to say this activity and activities like it save lives through offering information and medical attention. We therefore encourage nurses to volunteer for similar events and thank those who have already volunteered for their efforts.

Service Overview: Female Plastic Surgery Unit, RH

Researched By: Ritze P. Siason SN/BSN-RN Observation Unit, RH

The Female Plastic Surgery Unit at Rumailah Hospital is a specialized area dealing with female patients undergoing plastic surgeries. Nurses working on the Unit are committed to excellence, quality of care and patient satisfaction. They demonstrate their commitment by embracing the continuous learning approach with a focus on performance enhancement.

The Female Plastic Surgery Unit is open 24 hours a day, 7 days a week. The Department provides acute and high quality care services to female adult and pediatric patients pre-operatively, post-operatively and in emergency circumstances. Our services include:

Surgical procedures:

- **Pediatric Plastic Surgery:** Facial cleft surgery, plate cleft surgery and hand anomalies surgery.
- **Plastic Facial Surgery:** Face lift surgery (rhytidectomy), oculoplasty such as blepharoplasty (eyelid surgery), browlift surgery, liposuction double chin, facial implants, otoplasty, skin surface procedures, facial reconstruction and nose surgery.
- **Hand Plastic Surgery:** Trauma (bone fractures and soft tissue repair), hand anomalies (birth defect correction), hand pathological disease with surgical interventions, rheumatoid hand surgery and nerve compression surgery.
- **Body Contouring Surgery:** Upper and lower body lifting, buttocks lifting and augmentation, liposuction, fat injection and abdominoplasty.
- **Breast Surgery:** Reconstruction (augmentation, breast tissue expander, latissimus dorsi flap, TRAM flap, DIAP flap), cosmetic and therapeutic (augmentation



mammoplasty, reduction mammoplasty and mastopexy).

- **Reconstructive Surgery:** Upper and lower limb reconstructive surgery.

Patient management services:

Alongside specific surgical procedures, the services we provide are: Pre-operative and post-operative care, medication administration, IV fluid care and management, porto vac care and management, urinary catheterization, epidural catheter care and management, blood and blood products administration, wound care, blood sugar monitoring and insulin administration, laboratory and radiology investigations, patient / family education and psychosocial support, patient assessment and reassessment, performance improvement process, environmental safety and care, hand rehabilitation program and pain management.

Additional services:

The Female Plastic Surgery Unit also operates as an acute care unit, providing high quality patient care and services to pediatric ENT patients (excluding neonate 0-3 months) during emergency, pre-operative and post-operative conditions.

As nurses on the Female Plastic Surgery Unit, our goals are:

1. To offer an effective, individualized, comprehensive, safe and high quality nursing service, considering a holistic approach.
2. To provide health education on day one of admission and pre-operative education to minimize, if not totally avoid, post-operative complications. Also to provide post-operative health education for patients and significant others to enable them to care for themselves after discharge.
3. To partake in, encourage and facilitate professional growth by updating knowledge and skills via staff development classes and courses, in-service training programs as well as self study, to keep abreast of the current trends in our field of work.
4. To abide by the hospital's mission, vision and values, policies, procedures and standards of care in nursing practice, while integrating infection control, quality care / patient safety policies and life support measures.
5. To be cost-effective in the use of supplies, utilities and manpower (within flexible budget).

Emergency Nurses' Journal Club: A First for HMC

Researched by Alan Dobson, AEDON, Emergency Education, HGH



A group of enthusiastic Emergency Department (ED) nurses with a shared interest in research and literature have formed HMC's first Emergency Nurses' Journal Club.

The group is an opportunity for like-minded nurses to get together to discuss, critique and evaluate articles, which discuss issues relevant to their roles and work.

The first meeting was held on May 4th 2014, in which the nurses discussed an article on ED nurses and their knowledge and attitude towards pain. Leadership in the ED have expressed that this is a valuable initiative for nurses to take part in.

What is a Nurses' Journal Club?

As defined by Kleinpell RM (2002), "it is a group of individuals who meet regularly to critically discuss the applicability of current articles found in medical and nursing journals".

In a similar vein, the American Journal of Critical Care (AJCC) in 2002 defined the nurses' journal club as "a forum in which the nurses evaluate any new research and its applicability to clinical nursing practice."

Is it a new invention?

Historically, journal clubs knew many forms. The first known document that described a form of a journal club was in London, between 1835 – 1854. It was found in the diaries of Sir James Paget who was a surgeon at St Bartholomew's Hospital in London. He described "a kind of club in a small room over a baker's shop near the hospital gate where we could sit and read journals and play cards." The first formal journal club was formed in 1875 when William Osler of McGill at the University of Montréal managed to make expensive periodicals affordable by purchasing them with fellow students at a group rate.

What purpose does a journal club serve?

The purpose of a nursing journal club is to foster excellence in nursing practice by promoting evidence based knowledge (Laaksonen et al, 2013). The benefits of a journal club have been widely discussed in literature; according to Ravin, C. R. (2012) and Russell (2006), journal clubs:

1. Improve patient outcomes through enhancing the application of clinical research and best practice models to nursing practice.

2. Enable improved nursing networks.
3. Enhance interpersonal relationships with other healthcare providers and specialists.
4. Help nurses to improve their ability to critically appraise published articles / research.

Nowadays, world class hospitals around the world have nursing journal clubs as a regular activity. As part of our exciting journey towards becoming a world class emergency department, incorporating education and research into our practice, we need to develop and maintain up to date, evidence based knowledge and practice. An emergency nursing journal club is a very effective method of ensuring that this is possible.

Who can attend the ED Nurses' Journal Club?

This particular club is for every HGH emergency nurse and we welcome any interested healthcare provider to participate with us. If you are interested, please discuss with Mr. Ahmad Abujaber, DoN, ED, HGH, or come along to the next event, tentatively scheduled for 14 August 2014, at the HGH ED conference room.

Introducing the Obstetric Operating Room Team

Researched by: Elham Abdulla – Head Nurse OBS/OT, AWH



The Obstetric Operating Room team is a multidisciplinary group working together to ensure successful and safe patient surgeries. In order to do this, each member knows their own role and the role of their colleagues so that they execute their collaborative work quickly and confidently.

As a well organized and quick working team, a newcomer could be forgiven for feeling overwhelmed while watching them in action. Nurses are a vital part of the team and contribute to the efficient and effective treatment and care we provide to our patients. An overview of our team's roles and responsibilities is as follows:

Surgeons

It is the responsibility of the surgeon to undertake the surgical procedure, ensuring that the operation proceeds smoothly and without complications. They are involved in all stages of the operation and work closely with the anesthesiologists in the management of the patient's condition.

A standard surgical team will have one senior surgeon and one assistant surgeon. Depending on how

complicated the procedure is, there can be three or four surgeons working together.

Anesthesiologists and Anesthesia Technician

The anesthesiologist is the physician in charge of the maintenance of the patient's level of consciousness, pain-numbing medication, heart rate, blood pressure and respiration. Typically, a patient will meet with the anesthesiologist before their surgery to discuss medication options and any history of allergic reactions.

The anesthesiologist will then give the patient medication to help with anxiety before they are brought into the operating room. For a complex operation they might induce unconsciousness and paralysis and insert a tube to take control of the patient's breathing. For less complex operations, the anesthesiologist might numb the involved area locally or with a spinal or epidural block.

As technology increases, the anesthesiologist's job becomes more complicated because of the array of tools available. Some aspects

become simpler because of the advanced monitoring equipment. The anesthesia technician performs a variety of technical and supportive patient care tasks to assist attending anesthesiologists and residents.

Nurses

Three nurses are normally present in the operating room during surgery. We refer to one of the nurses as the 'Scrub Nurse', meaning he or she is scrubbed in, or wearing a special sterile gown and gloves, and is in charge of the instruments used during the operation.

The Scrub Nurse anticipates what the surgeon will need, passes the instruments to the surgeon as requested, keeps track of where every instrument and piece of gauze is during the operation and prepares samples for biopsy.

The Circulating Nurse is not scrubbed in and therefore has more freedom to move around outside of the operating room. He or she retrieves supplies that were not gathered before the surgery and opens their non-sterile outer wrappings to expose the sterile interior for the Scrub Nurse.

The Circulating Nurse also assists with the typically large amounts of paperwork that all operating room personnel must complete.

Finally, we have a Baby Nurse. This nurse receives the new born baby and provides immediate new born care. The Baby Nurse assists the neonatologist in new born resuscitation with the help of a respiratory therapist.

The nurses also play an important role in decreasing surgical site infection by:

- Educating staff on the SSI (Surgical

Site Infection Bundle) guidelines and the guidelines to prevent surgical site infections, such as the use of a surgical safety check list, prophylactic antibiotic, appropriate hair removal and glucose control.

- Speaking up and even stopping the procedure if surgeons deviate from the guidelines.
- Fostering the development of

a workplace culture of safety in which caregivers feel welcome to bring up concerns.

- Ongoing measurement and feedback of procedure-specific infection rates to surgeons, operating room staff and departmental chairs.

Neonatologist and Respiratory Therapist

With the help of the Baby Nurse and Respiratory Therapist, the new born baby will be handed over to the neonatologist who will provide care to the newborn in order to stabilize them post cesarean. They also treat newborns with any life-threatening medical problems.

Communicable Diseases and Emergency Department Nurses

Researched by Sithik Ajees Khan, RN, Emergency Department, HGH

The Emergency Department (ED) is a primary point of entry into the hospital for people with suspected communicable diseases. ED nurses are trained in best practice to both identify and isolate the patient as soon as possible.

The ED at Hamad General Hospital (HGH) has a number of protective procedures in place to avoid putting both staff and other patients at risk, while still attending effectively to the patient who may have the communicable disease.

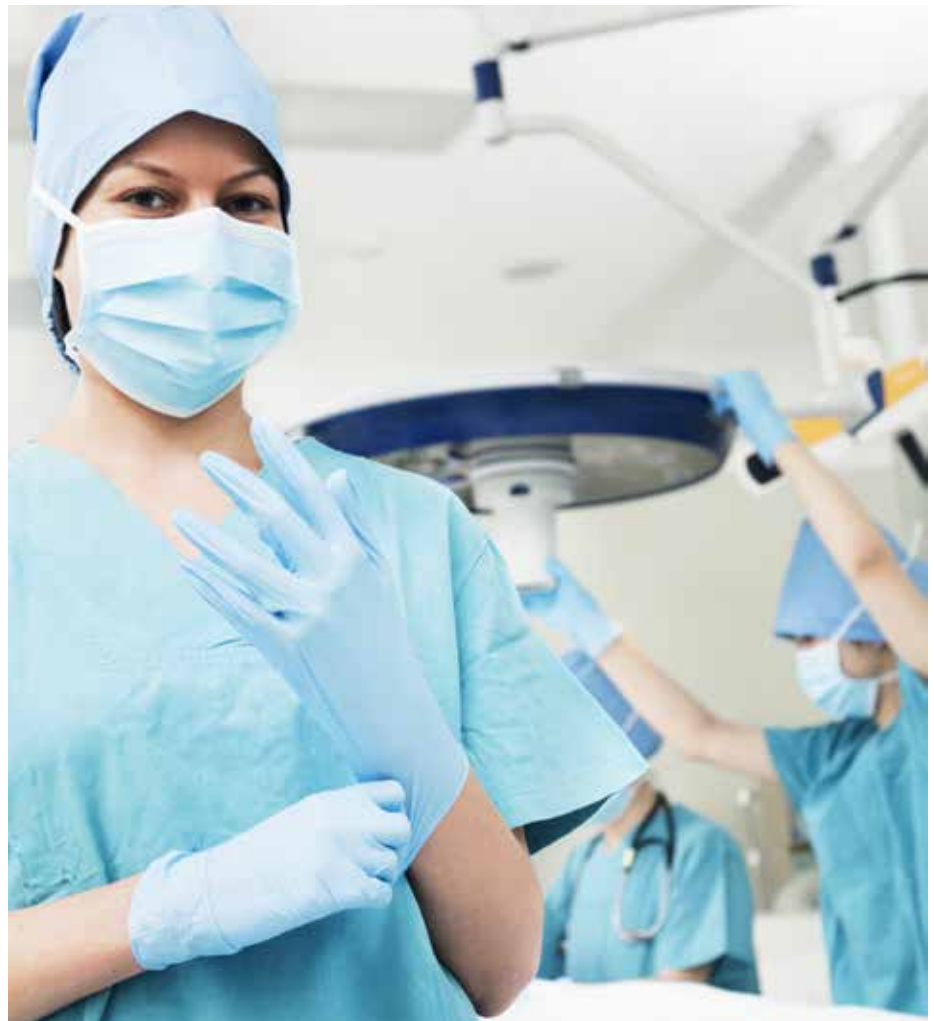
Avoidable versus unavoidable risks

There is an element of unavoidable risk for nurses and all medical staff working in the ED. All ED staff are at risk of exposure to serious infectious illness because of the nature of their role; they assess undifferentiated patients without notice and in an emergency situation, therefore, exposure is unavoidable to a degree.

In some cases staff may be treating a patient for something and be unaware of a pre-existing infectious condition. The important thing is that control measures for avoiding unnecessary/avoidable risk and reducing exposure are followed, even before microbiological tests are carried out and official diagnosis is made.

Communicable disease prevention is a national agenda item

The Qatar National Health Strategy

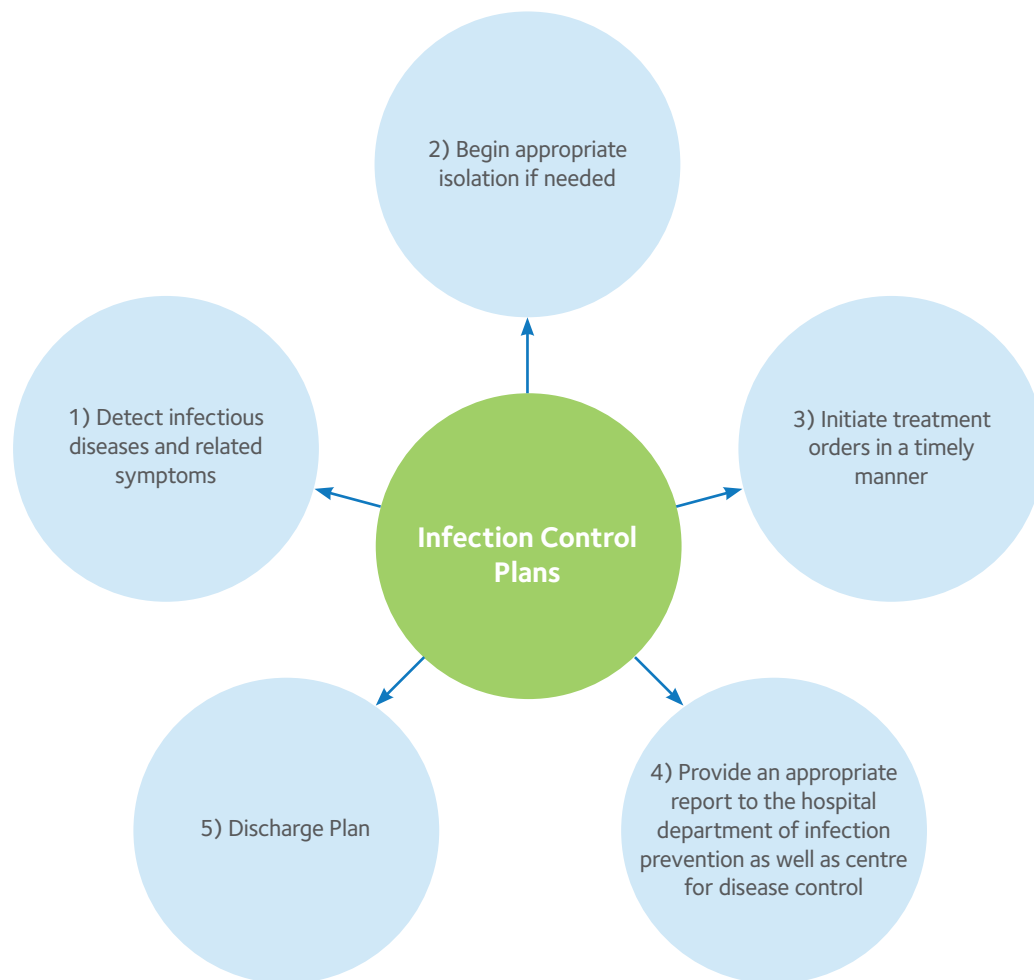


2011–2016 outlines objectives relating to preventative healthcare, an element of which is the prevention of communicable diseases. There has been a focus on communicable diseases recently, due to outbreaks of the MERS novel coronavirus. Although Qatar has had few cases, compared with Saudi Arabia, it

is of course recognized as a risk and therefore disease control is essential and emergency staff are encouraged to be particularly vigilant. Following infection and disease control measures at all times, recognizing risks and symptoms early and providing an isolated space are essential prevention activities.

The essential components of infection control plans:

There are five main components of an infection control plan:



1. Detect infectious diseases and related symptoms:

- Establish facility access control measures and triage procedures – identify patients with symptoms of any communicable disease illness at any point of entry to the facility and direct them to the designated area.
- Post signage at entry points instructing patients and visitors about hospital policies.
- Provisions should be made for symptomatic patients (e.g. masks).
- Establish triage procedures and engineering controls (e.g. partitions) that separate ill and well patients and limit the need for PPE use by staff.

2. Begin appropriate isolation if needed:

- The assessment should be forward-thinking and include a review of areas within the ED that may be utilized as patient care areas in the event of a wide-scale outbreak of a communicable disease.
- Isolation signs or posters should be placed near the entrance to the isolation area to indicate that individuals should not enter the area without appropriate PPE.
- When a single room is not available, arrange beds so that they are separated by a minimum of three to six feet between patients to prevent spread of infection.
- Respiratory hygiene and cough

etiquette procedures should continue to be followed for the entire duration of stay.

- Manage visitor access and movement within the department and establish procedures for managing visitors to include:
 - Visitors who have been in contact with the patient before and during hospitalization as they are a possible source of infection for other patients, visitors and staff.
 - Instruction, before entering the patient's room, on hand hygiene, limiting surfaces touched, and use of PPE according to current hospital policy while in the patient's room.

- Follow current hospital procedures for transport and movement of patients under isolation precautions, including:
 - Communicating information about patients with suspected, probable or confirmed infection to appropriate personnel, before transferring them to other departments in the facility (e.g. radiology, laboratory) and to other facilities.
 - Limiting patient transport and movement of patients outside the room to medically necessary purposes and minimizing waiting times and delays associated with transport and procedures conducted outside the patient's room.
 - Providing infected patients with facemasks to wear for source control, as tolerated, and tissues to contain secretions when outside of their room.
 - Encouraging patients who are able to perform hand hygiene to do so frequently.
 - Healthcare personnel entering the room of a patient in isolation should be limited to those truly necessary for performing patient care activities.

3. Initiate treatment orders in a timely manner:

- Follow the treatment based on the physician's order; for example in the administration of oxygen and medication, etc.

4. Provide an appropriate report to the hospital department of infection prevention as well as the centre for disease control:

- Infection control link nurses are available in the ED around the clock. Proper follow up and update will be done by them.
- Any suspected or confirmed communicable disease should be reported to the Supreme Council of Health.

5. Discharge plan:

- Advise on home isolation, infection control and limiting social contact.
- Provide instruction on hand hygiene and respiratory hygiene.
- Dispose of disposable items as per policy.
- Dispose of, or clean equipment as per policy.
- Clean surfaces as per policy.

Apply standard precautions at all times:

Alongside these essential components there are standard precautions which must be adhered to at all appropriate times. For example:

- For all patient care, use non sterile gloves for any contact with potentially infectious material, followed by hand hygiene immediately after glove removal; use gowns along with eye protection for any activity that might generate splashes of respiratory secretions or other infectious material.

- Hand hygiene: All healthcare workers must apply the recommended standards of hand hygiene. Healthcare personnel should perform hand hygiene frequently, including before and after all patient contact, contact with respiratory secretions, and before putting on and upon removal of PPE. Alcohol-based hand sanitizers should be used.

Sources:

- www.ena.org/SiteCollectionDocuments/Position%20Statements/CommDisease.pdf
- http://www.sch.gov.qa/sch/UserFiles/File/patient_checklist_n.pdf?CSRT=945279104643720483
- <http://www.cdc.gov/coronavirus/mers/fsq.html>
- HMC-Intranet-Clinical Manual Policy nos: 7245,6013,7266 and 7247



Supporting Children and Parents through Medical Procedures: The Nurse Role

Researched by Ancy A. Chacko, SN, PEC Rayyan



When it comes to medical procedures involving children, educating and informing both children and their parents in a clear and digestible way, and in advance, is often an important part of the nurse's role and an essential task; it plays an important part in influencing attitudes towards coping with procedural stress.

Relieving patient and family anxiety is an important element of the holistic care we provide. All nurses, therefore, should be up to date on the best or most effective ways to decrease stress and anxiety as part of their commitment to providing the safest, most effective and compassionate care.

Examples of how a nurse can contribute to this process are as follows:

- Always explain the four W's in advance so that both children and parents know what is happening;

what, when, where and why:

- What is the procedure?
- Where are we going to do it?
- Why are we going to do it?
- When will we do it?

- There are a number of things to consider in the lead up to the procedure. By considering the following elements you will be prepared to effectively care for your patient:
 - Identify and accommodate the patient's (and their family's) needs – physically, spiritually and psychologically. Consider their angle and it will help you decide your approach.
 - Provide health education where necessary. Anxiety can often be brought on by a lack of understanding.
- Consider all tactics to keep children calm and comfortable to minimize their anxiety during the procedure.

For example:

- At the time of the procedure nurses can use the methods of distraction and comfort to keep children calm.
- Ensure a calm family presence throughout the procedure – this is reassuring to the child.
- Ensure that you empathize with your patient and recognize the signs that they are becoming anxious or stressed so that you can act before escalation.

Always remember that as nurses, we have the power to greatly affect the experience that our patients and their families have while in our care.

Nurse Recognition Day at Heart Hospital 2014

Researched by Linda Peters, AEDON, HH

“Being recognized will provide empowerment and lead to new footsteps.”

Senu Alex, CN, CICU

Nursing at Heart Hospital (HH) has been very busy during the last year, 2013-2014, so it seemed apt to cap off our achievements with our 3rd Annual Nurse Recognition Day, which took place on May 7, 2014. The nurse recognition program was designed to highlight individuals and groups who have made positive impacts on patient care or personal achievements such as obtaining a degree or receiving a promotion.

The event started with Dr. Lionel Jarvis, CEO of HH, thanking the nursing staff for all of their achievements and hard work over the past year, during a time when there were growing demands on all staff as HMC continues to develop at a rapid pace. Ms Linda Peters, AEDON, also spoke at the event, both about past year's achievements and why recognition of our nurses is such an important activity. She highlighted that everyone has the opportunity to contribute in some way to improving patient care and encourage nurses to make their own mark.

During the event, over 230 certificates of appreciation were distributed to over 180 nurses for their notable contribution to providing the highest level of care in the safest possible environment. Among the recipients of certificates was the Allergy Alert Taskforce who introduced the red allergy band along with a protocol to ensure that patients are quickly identified as having an allergy. This allows all clinicians to identify and minimize allergy risks. Two other taskforces, VAP and CLABSI, received recognition for their work on maintaining 0% on



infections in the ICUs throughout last year. The taskforces presented outcomes showing the work that they started in 2012, which continues to be re-evaluated and improved.

The Joint Commission International (JCI) committees and taskforces made up the largest groups to receive recognition. A general nursing taskforce had representatives from every nursing area and many individuals were assigned to special JCI chapters. Overall, the teams helped ensure that nursing had no deficiencies in the recent JCI survey of which HH had a 99.23% passing rate. Mr. David Kitchener received a special recognition for leading one of the biggest JCI chapters, FMS (Facility Management Systems). This included undertaking a safety assessment throughout the hospital and hospital site and the development of the necessary emergency, fire, and safety plans. In receiving his own recognition he recognized the hard work of his nursing team members and added a special thanks to Jasna Karim, his secretary.

Other nurses were recognized for their community work; HH gets many requests from local schools to perform health screenings and teaching on health prevention. There is a significant number of

nurses, largely Arabic speaking, who undertake this role along with other clinicians. Many of the nurses volunteer on their days off to participate in this activity, resulting in positive comments and thank you letters from the schools to HH.

Other teams were recognized for the development of new protocols for weighing patients, telemetry monitoring, shared governance models, posters for the IHI conference, posters and/or videos for a hand hygiene campaign, article writing, reporting adverse drug reactions and for providing support to colleagues and nursing staff.

Alongside the awarding of certificates, the event also provided some fun and celebratory activities, such as games and prize winning. A lunch was provided to all nurses who could attend and a special packed lunch version was taken to those who had to remain on the wards.

Professor Ann-Marie Cannaby, Executive Director of Corporate Nursing, provided the closing remarks at the event by relaying her own personal story of her decision to return to nursing after earning a law degree. In recounting this to the attending nurses, she emphasized how proud she is to be a nurse.

NCCCR Case Manager Recognized for Outstanding Efforts in Care of Cancer Patients

Researched by: Noronha Maria Daisy, Acting Head Nurse, NCCCR

“ Gulf Focus Magazine, a Malayalam language magazine based in Qatar, recently published an article on one of NCCCR’s case managers, recognizing her excellent contribution to the care of cancer patients.

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Ms. Rati Pillai has been an oncology nurse at HMC for 11 years. In the last two years she has been in the highly valued role of case manager; a role which she undertakes with both care and compassion.

In the article, which appeared in the publication’s April edition, Ms. Pillai is commended for the unwavering support she gives to patients, a fact that her colleagues are all too familiar with; “When I visit patients and Rati’s name is mentioned, they are always keen to tell me that she has been an angel to them during their bad times.

She has an exceptional way of dealing with people affected by cancer,” said Ms. Noronha Daisy, A/HN, NCCCR.

Among her notable qualities is her ability to focus her attention solely on the patient, always listening to what they have to say with complete and genuine compassion.

She has the willingness and drive to go above and beyond to help



patients and their families; this can be seen in her liaison with charitable organizations in an attempt to support laborers who struggle with the financial implications of their disease, alongside the normal difficulties.

Ms. Pillai cares for patients and supports families at what can be their most difficult times. It takes a certain type of person to do this effectively

and yet another type of person to do it to such a high standard.

The nursing newsletter committee would like to congratulate Ms. Pillai on the magazine feature; we are happy that appreciation of her efforts extends wider than just colleagues and patients. We are proud to have you among our colleagues at HMC.

Education News

Researched by Sheeba Pattattu Sankaran, RN, MSN, Nurse Educator, Nursing & Midwifery Education & Research

In this section, we aim to keep you updated about educational developments, courses and other learning associated activities. In this edition we are highlighting the available ANCC accredited programs, offering an overview of the child and adolescent mental health service initiatives and updating you on the Canadian Triage System (CTAS) Training.



1. ANCC Accredited Programs:

- Persuasion and Negotiation, and Dealing with Conflict: The purpose of this activity is to enable the learner to become familiar with skills of persuasion, negotiation and dealing with conflict. This will help guide joint problem solving, and framing problems and arguments, which will then generate a climate of openness.
- Becoming an Effective Team Leader: The purpose of this activity is to enable the learner to develop the qualities of an effective team leader, in order to be prepared for a Charge Nurse or Head Nurse post. This is recommended as part of nurse progression through HMC's Nursing Career ladder.
- Foundation of Critical Thinking: What is Critical Thinking? The purpose of this activity is to enable the learner to discover their critical thinking ability in order to develop fundamental critical thinking skills.
- Assertiveness Training: The purpose of this activity is to enable the learner to implement Assertive Behavior Techniques into their professional behavior and to create respectful assertive communication with others.
- Newborn Care Course: This course provides a comprehensive overview of knowledge and skills in the holistic care of newborn babies, utilizing family centered inter-professional care principles. The



The QEWS Team

Newborn Care Course addresses the assessment and care of the newborn from birth to discharge in the obstetric units. Simple and complex health related issues associated with newborn care are addressed during the course that will prepare the nurses/ midwives for a specialized role in the field of maternity and newborn nursing.

- Qatar Early Warning Score (QEWS) system: The purpose of this activity is to enable the learner to assess and intervene appropriately in the case of a deteriorating patient using the QEWS system. This is an organizational goal for improved patient care and aimed at reducing mortality and morbidity.

2. Child and Adolescent Mental Health Nursing Initiatives

As part of HMC's strategic direction of engaging in global opportunities to enhance child health and expand capacity of facilities, we entered into a multi-phase partnership with The Hospital for Sick Children (Sick Kids).

A needs assessment survey was undertaken in June 2012, inclusive of SOAR (Strength, Opportunities, Aspirations and Results) analysis, 1:1 interviews of CAMH (Child and Adolescent Mental Health) stakeholders at HMC, focus groups of nurses and other hospital staff, and direct observation of clinical practice in order to identify the knowledge

and practice gaps in Child and Adolescent Mental Health Services. NMER incorporated those identified needs in collaboration with SickKids to develop an ANCC accredited educational program named the Child and Adolescent Mental Health Nursing Program (CAMHNP).

The Program is designed to empower HMC Mental Health Nurses to develop and sustain their current knowledge transfer through clinical mentorship on units. This course provides participants with the knowledge and skills necessary to work in the field of Child and Adolescent Mental Health Services (CAMHS) within an outpatient setting.

Highlights of the course will be on child and adolescent development; common psychiatric diagnoses in youth; assessment of youth including a mental status exam and mini-mental state exam; therapeutic communication with adolescents;

enacting safety and supervision guidelines and integration of youth into appropriate therapeutic group activities.

Participants will be encouraged to consolidate evidence-based knowledge with clinical practice in order to develop the competencies necessary in the provision of care for children and adolescents.

3. Canadian Triage and Acuity Scale (CTAS) Training

The Canadian Triage and Acuity Scale (CTAS) training for Hamad General Hospital's (HGH) Emergency Department (ED) staff commenced on 19th and 20th of May in the Club Hotel at Hamad Bin Khalifa Medical City. This project was led by Mr. Alan Dobson the AEDON for Emergency Education.

The purpose was to train the ED nurses in utilizing CTAS to provide a standardized approach to changing and improving the quality of triaging

patients as they arrive in the ED. The Canadian Triage and Acuity Scale is evidence based and it attempts to accurately define patients' needs for apt care, allowing the ED staff to evaluate the patients' triage level and resource needs.

The event was a success, all participants verbalized that it was very easy to categorize the triage level of patients using CTAS. The next stage is to train ED staff from Al Wakra and Cuban Hospitals, and the goal is to deliver CTAS training to about 1,000 ED nurses all across the corporation.

CTAS training for wider HMC ED Staff started in November 2013, and included ED nurses from Al Khor, Heart and Women's Hospitals.





Nurse Spotlight

Researched by Ms. Anbarasi Kasirajan and Ms. Merlin P. Thomas, SN's in General OPD, AKH



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: Marietta Dela Cruz Barbeche

Position: Charge Nurse

Hospital: OPD, AKH

About: Better known as "Sister Nora" or "Ate Mayet", Mrs. Mariette D. Barbeche is much more than meets the eye. Her colleagues believe that as a dual natured Gemini, she has a valuable skill as a leader; she can always see both sides of a problem or issue, which gives her a heightened position from which to deal with difficulties when they occur. She is a humble lady at heart and was hesitant to be featured in "The Nurse Advocate," but she considers this an opportunity to inspire her colleagues who she describes as the silent but strong backbone of the health industry. Her peers see and appreciate Sister Nora as an advocate of equal opportunity and admire her belief that harmony within an organization is the key to its success and growth. We asked Sister Nora a few questions to find out more about the woman we respect and admire.

Questions and Answers:

Where are you from?

I was born to a simple couple in a far away province in the Philippines. I grew up as the only sister to my four brothers. My family taught me well and made me the strong and independent individual that you see today.

Nursing experience

I still feel young and raring to go; I am unquestionably passionate about being a nurse after many years of practice. Having graduated with a Bachelor of Science in Nursing in 1979, it is the dates on my certificates that tell me that I've been a nurse for 35 years already. My nursing experience to date has been a privilege, not least because it has exposed me to different parts of the world from the Philippines to Libya to Saudi Arabia and then to Qatar.

I joined HMC in 2004 and have been with Al-Khor Hospital (AKH) right from the beginning. In fact, my colleagues and I were actively involved in the set up of the Outpatient Department as you see it today. My role has changed over the years; I began my career as a public health nurse, but I have also spent much of my time as an ICU nurse. Today I find joy in the OPD and, along with helping my head nurse in her administrative tasks, I am also a member of the Medical Records Committee and the Steering Committee for the appointment system of AKH.

What have been the biggest challenges in your nursing life?

Constant changes have been the biggest challenges in my nursing life. Changes will always happen, usually because they need to, and instead of avoiding change I have learned to embrace it and carry on with my tasks as a nurse. I think everyone

should embrace change, welcome the challenges it brings and face it head on with a smile. I was able to overcome some challenges brought on by difficult changes by looking on the bright side and always considering how the change might also benefit me, considering it as an opportunity to develop, progress, or learn.

Who has been your greatest influence as a nurse and as a leader?

I would have to say that my greatest influence as a nurse and leader has been not one person but every person I have ever worked with, interacted with, attended seminars with, worked overtime with, and so on and so forth. They have been the people who have shared a piece of themselves with me, which has helped me to become a better nurse. As a leader, I am a big fan of John Maxwell, a prominent author and speaker on the topic of leadership, and I hope I could attend one of his sessions in the future.

Any advice to the present generation of nurses?

Today is a new day to do something new and great. Never forget that you owe your best to the person you see in the mirror each day – yourself. Once you understand and embrace your worth, there is nothing to stop you from being the best you can be. Never forget to put your heart in everything you do while keeping your feet on the ground.

Where do you see yourself five years from now?

Five years from now I will be in the Philippines, retired, taking care of my future grandchildren! (Laughs). My current goal is to ensure that, when the time comes for me to retire, I have helped nurture and nourish outstanding nurses at HMC who will be counted among the world's top caliber health practitioners.

The IHI Conference: Keeping Nurses Up to Date on Healthcare Innovations

Researched by Lampel C. Macatangay, R.N, Staff nurse, PEC, Airport



In order to support the professional growth of its healthcare providers, Hamad Medical Corporation (HMC), in collaboration with the Institute of Healthcare Improvement (IHI), hosted the 2nd Annual Middle East Forum on Quality and Safety in Healthcare.

Casually referred to as the IHI conference, it was held at the Qatar National Convention Center in April and over 2,500 healthcare professionals, including nurses, were invited to actively participate in the three day event. The IHI conference was a forum for learning and discussion around the latest healthcare innovations in patient care.

As nurses, we work in a profession that is susceptible to change. New best practices, treatments and guidelines are to be expected in our profession as we continue to learn how to improve patient care. The benefits of keeping up to date with healthcare innovations are twofold; on the one hand a better knowledge of the latest innovations allows us to

approach our own current practices in a critical way and with a view to changing or improving. Secondly, by learning about and understanding new innovations nurses are, arguably, more empowered and prepared to adopt new practices.

The IHI conference is a welcome event for nurses and one which we should all value; it gives us access and the opportunity to develop our knowledge, which benefits both our patients and our own professional development. The way in which the conference is set up; to be interactive and varied, lends to the effectiveness of how we as nurses take the information in. The program included:

- A selection of interesting and highly relevant topics which we nurses can apply to our own roles:
 - Building sustainable improvement
 - Leadership
 - Thinking differently in order to transform and improve the healthcare norm
- International expert speakers,

including inspirational nurse speakers

- A panel of HMC leaders and the promotion of a best care always campaign
- A storyboard exhibition which nurses had been involved in

Events like this are important to continuing education for nurses; they give us access to information and an opportunity to network, which we would otherwise not have. Aside from the regular activities and training sessions we undertake, which are essential, symposiums regarding innovations in healthcare greatly inspire us nurses to learn and improve. We all know that nursing should be dynamic, much like the healthcare around us, but access to events such as the IHI conference are important to facilitate this.

Thank you to HMC leaders for the organization of the event. We are looking forward to next year's IHI conference.

Word Search

By Salha Jassim



Find the following words in the grid above:

- Advocate
- Assess
- Best practice
- Caring
- Challenge
- Change
- Collaborate
- Compassion
- Culture
- Decisions
- Diagnose
- Educate
- Evidence
- Falls
- Family
- Guidelines
- Healthcare
- Innovation
- Intervene
- Leader
- Medications
- Mobility
- Nurses
- Nutrition
- Outcomes
- Plan
- Prevention
- Quality
- Research
- Risk
- Science
- Wounds

The answers to last month's crossword puzzle:

