

The NURSE ADVOCATE



By Nurses for Nurses

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Leadership Development

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



Professor Ann-Marie Cannaby
Executive Director of Corporate Nursing

I have had many opportunities in my career to develop as a leader. These opportunities were in the form of formal education, networking, conference participation, and coaching and leadership development programs. I have found that development is a lifelong process. It does not end. It is a pursuit to improve and to find ways to lead differently and better.

Here at HMC we have opportunities to develop ourselves. The Nursing Education and Research Department's programs for development will soon be complemented with a leadership development course for all Head Nurses and Directors of Nursing (DoN). The course will be provided by Partners Health Care faculty and it will be the starting point for ongoing Head Nurse development. This group of nurse leaders was selected as a priority because their middle management role is integral to the successful working of a nursing unit. We want to support the development of strong nurse leaders.

The week long Head Nurse course is designed with a focus on leading teams. We are also providing a three day DoN course. This shorter course will provide the DoNs with the knowledge and the skills to help support the Head Nurses in their development. Leadership development is so important that I have made this course a requirement for all Head Nurses and DoNs to participate.

I encourage all staff to seek opportunities for development in all areas; it could be a skill, or behavior or knowledge that you would like to develop. Our patients expect and deserve care that is of the highest quality. We can only provide this if we continuously develop ourselves and apply our learning to our work setting.

Understanding Cultural Difference and Cultural Competency

Researched by: Ms. Girlie M. Rivero, BSN-RN, CM-RH



When we talk about our culture we are talking about the combination of our beliefs, values, experiences, nationality, race, social status, language, family history and a number of other variable factors that make us who we are, drive how we behave and motivate what actions we take.

Qatar is particularly culturally diverse; this is because the population is made up of people from all over the world and from all walks of life. Hamad Medical Corporation's (HMC's) workforce and patients reflect the cultural diversity of the country. To offer an example, HMC's Nursing Department is made up of approximately 43 different nationalities from a wide variety of backgrounds.

Our roles as nurses are well defined; one of the most basic requirements being that we have a common goal to provide the highest quality of care to all of our patients, regardless of race, language, religion, cultural norms and beliefs. This means that we have to be aware of the cultures of the people that we deal with in order to effectively care for them – we have to be culturally competent. Being culturally competent is something that is particularly important in an environment such as Qatar where most people are from 'other' cultures – our colleagues and our patients.

Many assume that overcoming language barriers or having a basic understanding of some ethnic practices is enough to successfully address the needs of diverse clients within our practice. In fact, this is just a starting point which should be built on. Nurses at HMC are provided with a number of resources to assist them when they start their positions within the organization. The resources include a language bank, orientation program and a brief background of the local culture and beliefs. These things are all helpful when you first begin to liaise with different patients as they give you some confidence which you can build on with experience.

Cultural competence is actually defined as the capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to health promotion, disease prevention and other healthcare interventions. It is also described as the ability to perform and obtain positive clinical outcomes when engaging in cross-cultural encounters. Acquiring skills related to culturally competent nursing practice is important for better patient satisfaction and quality of care.

It is important that all nurses are aware and accommodating of the fact that each patient has a right to

have his or her cultural, psychological, spiritual and personal values, beliefs and preferences respected. For nurses and all healthcare providers, practicing communication skills that acknowledge cultural awareness and that demonstrate cultural competence is important within healthcare settings, as diverse groups work together to improve healthcare delivery. There are a number of things a nurse can do additionally to improve their cultural awareness, sensitivity and competence, such as:

- Ensure you have a foundation of knowledge about the local culture and strive to apply it in a caring and ethical way
- Have regular cross-cultural encounters with patients
- Observe and evaluate your patients and your own responses for the purpose of learning while maintaining respect and openness within the encounter
- Evaluate the care you administer to recognize best practices that lead to good patient outcomes
- Aim to individualize the care and treatment you provide to each patient
- Remember that individuals bring their own values and cultural beliefs about health and illness into the clinical setting and that they may not fully ascribe to the customs and beliefs of others who share their nationality or background
- Listen carefully and actively to clients to recognize and avoid any behaviors that may be offensive

In conclusion, trans-cultural nursing is an essential aspect of healthcare today particularly in Qatar. It poses a challenge to nurses providing individualized and holistic care to their patients but there are a number of best practices to guide the development of these core skills. Culturally competent nursing care helps to ensure patient satisfaction and positive outcomes.

Source: <http://nursing.advanceweb.com/Article/Cultural-Diversity-Best-Practices-3.aspx>



Shared Governance Workshop

Shared governance is a dynamic staff-leader partnership that promotes collaboration, shared decision making and accountability for improving quality of care, safety, and enhancing work life. The nursing strategy goal of “giving the best care,” supports the introduction of a shared governance model across all facilities, as a professional practice model to empower frontline staff to make sustainable and accountability-based decisions, to support an interdisciplinary design for excellent patient care. The workshop, which is planned for the morning of February 17th, will include the assistant executive directors of nursing as well as their directors of nursing, in order to discuss and agree a preliminary framework as well as the strategy for implementation across HMC.

Monitoring the Quality of Care

We have been diligently working towards standardizing the data collection methodology for several nursing sensitive indicators (NSI). The indicators include prevalence data collection for pressure ulcers, restraint use, pediatric peripheral IV infiltration, pediatric pain assessment-intervention-reassessment (A.I.R) cycle, and incidence data collection for falls and falls with injury. The next step in this important initiative

is to provide a standardized platform for reporting the data collected. To achieve this, Corporate Nursing has introduced a nursing scorecard, which will be utilized across each facility. The scorecard will be refreshed as frequently as data becomes available, in an effort to provide facilities with timely, accurate and reliable data. The scorecard will be an additional tool for facilities to drive performance and impact patient outcomes.

GCC Nurses Day

GCC Nurses Day celebrations on March 13th will be coordinated by each facility this year and not held centrally. Specific facility celebration initiatives will be available in the next issue of The Nurse Advocate.

HN Leadership

Liz Thiebe, AEDON of AMIS is linking with Partner Healthcare International to deliver a leadership program for the head nurse group, across HMC. The main focuses of the program will be on leading self and teams, using the principles of appreciative inquiry, experiential learning and creating sustainable learning communities. The nursing leadership roles of Head Nurse (HN) and Director of Nursing (DoN) are critical roles in healthcare organizations, connecting hospital-wide goals with staff and patient needs. With this in mind, Hamad Medical

Corporation’s (HMC) nurse leaders have invited colleagues from the US-based Partners Healthcare System to collaborate on the design and delivery of a new leadership development program for Head Nurses and Directors of Nursing. This mandatory program is designed to provide support, and a challenging learning opportunity, for all Head Nurses and Directors of Nursing across HMC.

The course will be run for five groups of HN’s and two groups of DoN’s over the months of February – May 2014. For more information please visit <http://nlp.hamad.qa>

Leadership and Governance review

As part of the Nursing Strategy, Corporate Nursing has been leading on a comprehensive governance review across each of the hospitals and in facilities across HMC. The report, which was commissioned by Professor Ann Marie Cannaby, reviews the current leadership and governance structures, which includes current staffing models as well as the organizational and committee structures. The purpose of the review is to provide a basis for revising our current structures to assure the deliverance of a world class nursing service at HMC. Facility AEDoN’s are in the process of reviewing their current governance structures with a plan to implement new structures between April – September 2014.

Continuity of Care System Improves Nursing Care in CTICU

Researched by: Shiny Shiju (Head Nurse), Glenn Ramon (Charge Nurse), Manal Hassan (Charge Nurse), Miki Varghese (Staff Nurse) Rezielyn Clanor (Staff Nurse), Rudy Companero (Staff Nurse), Ehsayed Mohd (Staff Nurse) – CTICU, Heart Hospital.



“Continuity of care is an ideal in which healthcare is provided for a person in a coordinated manner and without disruption, despite involvement of different practitioners in different care settings. Also, all people involved in a person’s healthcare, including the person receiving care, communicate and work with each other to coordinate and to set goals for healthcare.”

– Mary Ann Anderson, PhD, RN

Healthcare facilities are continuously finding ways to improve their systems to be more effective in delivering health services to their patients. Heart Hospital’s (HH’s) Cardiothoracic Intensive Care Unit (CTICU), as part of a specialized healthcare facility, is an example of a facility that responds to challenges by developing effective and efficient ways to provide better care.

To enhance nursing services, continuity of care was introduced by HH’s Assistant Executive Director of Nursing (AEDON), Ms. Linda Peters, and a study was subsequently conducted to measure its effectiveness. The continuity of care approach designates the same nurses each shift to deliver uninterrupted healthcare from initial contact to the point of resolution. Nursing care is organized and provided depending on nurse staffing and the client population.

CTICU’s previous practice in delegating patients was that the nurse had to

be rotated daily and would therefore receive different patients during each shift. However, issues with this system were raised and grouped under three categories: staff stress; knowledge and skills deficit; and poor nurse-patient relationship. The outcome of this feedback indicated where changes should be made. In the interest of best practice, the continuity of care approach was adopted in order to deliver consistency in carrying out the nursing care plan. The results have demonstrated that under the continuity of care system the patient’s needs are quickly met by the nurses who spend most of their time with the patient. The advantages of continuity of care were shown to outweigh and delimit the disadvantages, while placing patients as the core and most important member of a healthcare system.

The study of the effectiveness of continuity of care was conducted in an interview with 30 nursing staff who came together to discuss their experiences of the new system and how effectively it resolved the problem areas identified initially. The result of the interview revealed the following:

Looking at the effect of continuity of care on:

Staff stress

Approximately 80 percent of the nursing staff had a positive response regarding the continuity of care system; stating

that it is less stressful to the nursing staff as they are more knowledgeable about what to expect from their patients because they have spent more time with them. Furthermore, 90 percent of the team leaders said that it is easier to delegate a patient to the same nurse, which gives them more time to supervise staff in rendering nursing interventions, and to achieve other set goals. As a consequence continuity of care was set at 3 consecutive days. Nurses can also follow up with the patient until transfer to the surgical step-down unit.

Nurse-patient relationship

Recognizing that this relationship is built on trust and mutual respect, which is core to effective and efficient nursing care, nurses agreed that giving care to patients on a one to one basis continuously can develop bonding and increase rapport, as well as encourage the patient to share more – as they feel safe and more comfortable to do so. The head nurse reported that nurses are being appreciated more by the patients and their families due to this change.

Summary: Together with communication skills, continuity of care is regarded as a very important tool of general practice. 80 percent of the nursing staff in CTICU had a positive response to continuity of care, stating that it improves ways to render effective nursing care with appropriate information and plans, which are clearly communicated with both formal and informal caregivers, improving productivity, efficiency, and patient and staff satisfaction.

Sources:

Continuity of Care by Mary Ann Anderson, PhD, RN, Jan 2009, www.merckmanuals.com/home/older_peoples_health_issues/provision_of_care/continuity_of_care.html

International Nursing News

Researched by Ritze P. Sison – SN Observation Unit / RH

1) Nurses Voted Most Trusted in U.S. Poll

- Nursing is once again viewed as the most trusted profession in the U.S., according to an annual Gallup survey conducted between December 5 to 8, 2013.
- Nurses are viewed as having “very high” or “high” ethical and honesty standards by 82 percent of the public, a full 12 points higher than any other profession featured in the poll.
- Nurses have topped the poll since 1999, with the exception of 2001, when firefighters took first position – likely because of their valiant response during the events of 9/11.
- “We could not be more proud of the trust and confidence of the public,” said Jean Ross, RN, co-president of the nation’s largest organization of nurses, National Nurses United.
- This year NNU (National Nurses United) members rallied together

to offer support in the aftermath of the devastating typhoon which hit the Philippines – this is another example of action which keeps nurses in a position of high regard.

Read more at:

- <http://www.nationalnursesunited.org/press/entry/nurses-again-1-in-honesty-ethics-14-of-15-years-in-gallup-poll/>
- <http://www.gallup.com/poll/166298/honesty-ethics-rating-clergy-slides-new-low.aspx>

2) To Improve Foster Care, Add a Psychiatric Nurse to the Treatment Team

- Instructor at Saint Louis (US) University School of Nursing found that psychiatric nurses offer a missing and critical point of view in treating adolescents in foster care who have mental health issues.

- A psychiatry nurse would bring a much-needed medical perspective to caring for teens in foster care who have psychiatric disorders.
- Child welfare workers and social workers don't have the specific training they need to track health problems.
- Mental Illness is a serious problem for children in foster care – a high percentage have suffered abuse or trauma or have parents who have had mental health/addiction issues.
- A foster child is prone to moving and therefore continuity of care is hindered, which often leaves them ill-equipped to survive in the adult world when the time comes.

Read more at:

<http://esciencenews.com/articles/2013/12/07/to.improve.foster.care.add.a.psychiatric.nurse.treatment.team>

Nurses Pivotal to Hospital Quality Initiatives

Researched by Ms. Sini Appu, QM Reviewer, Nursing Dept-Women's Hospital



Hamad Medical Corporation (HMC) has an aim of offering the safest, most effective and compassionate care to its patients. As an organization we are constantly reviewing where we are and where we need to be to effectively and efficiently reach our goals. Quality improvement is not a new concept and is utilized by hospitals worldwide to achieve the highest and most up-to-date standards of healthcare. However, in recent years, emphasis on improving the quality of care provided by hospitals has increased significantly and continues to gain momentum.

Nurses, as key caregivers within hospital settings, can significantly influence quality improvement in terms of contributing to the quality of care provided, treatment and patient outcomes. Consequently, any

hospitals's pursuit of high-quality patient care is dependent, at least in part, on nurse's ability to engage in activities and use nursing resources effectively.

The types of challenges that present across the board with regard to nursing involvement in quality improvement include: scarcity of nursing resources; difficulty engaging nurses at all levels—from bedside to management; growing demands to participate in more, often duplicative, quality improvement activities; the burdensome nature of data collection and reporting; and short-comings of traditional nursing education in preparing nurses for their evolving role in today's contemporary hospital setting. The argument, therefore, is that the onus should be on addressing those challenges as a way of facilitating the increasing demands of our hospitals to participate in a wide range of quality improvement activities, with recognition that nurses are essential in helping to address these demands. Gaining a more in-depth understanding of the role that nurses play in quality improvement and the challenges nurses face can provide important insights about how hospitals can optimize resources to improve patient care quality.

A hospital culture that supports the idea that quality is everyone's responsibility is reportedly better positioned to achieve significant and sustained improvement. The use of quality circles, quality councils, or quality improvement forums to facilitate the coordination of quality improvement efforts, is an effective way to achieve success.

The professional nurse should be involved and active members of these groups as they can play a vital role in the quality improvement of healthcare services. However, nurses cannot make these improvements in a vacuum; they must include

other professionals and ancillary personnel in their efforts. Total quality commitment must include all levels of an organization's structure. Quality patient care services will be achieved as the result of positive interactions among departments, working together to build a dynamic mechanism that continuously improves the processes and outcomes of healthcare services.

Hospitals that actively communicate with and provide timely and useful feedback to staff reportedly are more likely to foster quality improvement than those that do not. Hospitals use a variety of feedback mechanisms. The information is typically provided at both the hospital and individual unit levels and is visibly displayed throughout the hospital for all staff to see. Other commonly reported methods of providing feedback on quality improvement include newsletters, staff training, new employee orientation, e-mail communications, unit-based communication boards, quality and patient safety meetings and staff meetings. The key to effective feedback is not just the amount of information provided, but also how meaningful that information is for staff.

There are various pressures that influence hospital decisions to participate in different quality improvement activities. In 2002, the Joint Commission on Accreditation of Healthcare Organizations, now known as The Joint Commission, began requiring hospitals, who were seeking accreditation, to report core quality measures. In 2003, the Centers for Medicare and Medicaid Services (CMS) launched the voluntary Hospital Quality Initiative (HQI), under which hospitals report a core set of quality measures for display on a public website.

NDNQI is the only national database

that provides hospitals with nursing unit-level comparison data on 18 quality measures. The data generates reports that are actionable by identifying where quality improvement plans should be focused to prevent adverse events. NDNQI also measures characteristics of the nursing workforce that have been related to the quality of patient care, such as staffing levels, turnover, and RN education and certification. NDNQI data helps identify and prioritize quality-improvement needs.

In conclusion, it has been outlined that hospitals with supportive leadership, a philosophy of quality as everyone's responsibility, individual accountability, physician and nurse champions, and effective feedback offer greater promise for successful staff engagement in improvement activities. Sharing data empowers and engages nurses and provides clear evidence to support staffing or process changes within an organization. Nursing is no longer about just the process of care. More than ever, the focus is on the outcomes. Documenting how nursing care is provided is part of our job as nurses. Measuring quality and maintaining a quality workforce are our daily challenges.

References:

1. [The Role of Nurses in Hospital Quality Improvement HSCResearchBriefNo.3.March2008](#) -Debra A. Draper, Laurie E. Felland, Allison Liebhaber, Lori Melichar
2. [The Impact of Quality-Reporting Programs on Hospital Operations-](#) Hoangmai H. Pham, Jennifer Coughlan and Ann S. O'Malley
3. <http://www.nursingquality.org/>
4. <http://www.ahrq.gov/>
5. <http://www.ih.org/knowledge/Pages/HowtoImprove/default.aspx>

NICU Staff at Women's Hospital Inspire Letter of Appreciation

Researched by Gisha Mathew SN - Neonatal Intensive Care Unit, Women's Hospital

The Neonatal Intensive Care Unit (NICU) at Women's Hospital, is the only tertiary medical surgical NICU in the country and, therefore, is always open for business. This is reassuring to families whose newborn babies require an advanced level of care. The NICU nurses and physicians work hard and diligently to provide the best care possible to the most fragile infants. Letters of appreciation and the many heartfelt thanks from families, who finally get to take their babies home after many months in the hospital, fuel the hearts of NICU medical and nursing staff and encourage them to continue and improve the delivery of this extraordinary care. Below is an article that appeared in a local newspaper in response to a letter of appreciation sent by a patient's family.

"SULTAN" – A MIRACLE

An Article published in Al Arab newspaper on 09 Oct 2013 – Translated into English.

"Sultan", born at six months, waited 174 days with excellent care". The parents could not presume that their baby, who was born at six months, would live up to this point – as his condition was so critical. The father, Mr. Abdulla Ali Al Harmi was quoted as saying: "I want to thank all the medical and nursing staff of the NICU for all they did to my son who was born at 6 months in very bad shape. He had four surgeries with full knowledge that it could also endanger his life. The doctors were concerned about him

«سلطان» مولود في الشهر السادس انتظر 174 يوماً بالعناية الفائقة



لم يدرك بخلد عبدالله علي الحرمي وزوجته أن مولودهما الذي خرج للحياة في شهر الحمل السادس أن يكتب له عمر جديد، فحدثت الولادة سلطان الذي أطلق صرخته الأولى بحالة صحية سيئة تطلبت إجراء أربع عمليات وعلى الرغم من خطورتها على حياته بسبب الوزن الناقص ومخاوف الأطباء من حقنه بالمخدر، إلا أن العناية الإلهية جعلت العمليات تكتمل بالنجاح.

ليبدأ فصل جديد من فصول الانتظار والتربص من قبل والديه في انتظار أن يعود سلطان إلى الحياة دون خوف وهو ما حدث لتعود الفرحة والسرور إلى قلوبهم وتعم جميع الأصدقاء والأهل بعد 174 ليلة بنهارها قضاهما الطفل بين أكف رسل الرحمة بمستشفى حمد.

وعبر «مداهل العرب» يقول عبدالله علي الحرمي: أود أن أبعث برسالة شكر مني إلى جميع أطباء وممرضات وحدة العناية القصوى لحديثي الولادة بمستشفى النساء والولادة لما قدموه لابني سلطان المولود في نهاية الشهر السادس من الحمل في حالة صحية حرجة أجريت له أربع عمليات وهي كانت تمثل خطراً أيضاً على حياته لكن بفضل من الله وبجهود الطاقم الطبي في مستشفى حمد ومستشفى الولادة خرج ابني سلطان من المستشفى بعد 175 يوم في العناية المركزة، وأضاف قامت إدارة المستشفى مشكورة بإحضار طبيبة مختصة في الأطفال الخدج من ألمانيا للنظر في حالته ما كان له دور كبير في إنقاذ حياته، وتابع الحرمي لم نحوجنا المستشفى لنشيء بعد أن قامت بتوفير جميع الاحتياجات من سلندرات غاز أوكسجين وأجهزة طبية أخرى تقدر بعشرات الآلاف تم

تركيبها في المنزل مجاناً دون أن أدفع ريالاً واحداً، وكان الطاقم الطبي يقف إلى جانبي طيلة هذه الأيام الصعبة يعيدوننا لنا الثقة كلما فقدنا الأمل، واختم الحرمي كلماته وهو يريد (شكراً لأطباء العناية المركزة بمستشفى الولادة نعم كانت معجزة، ولكن الحمد لله جاءت هذه اللحظة بفضل من الله وجهود الأطباء ودعاء الصالحين).

عبد الله الحرمي يحمل طفله سلطان

having operations and anesthesia but the Almighty wanted the baby to survive and therefore, all operations were successful. Because of the efficient care that he received, Sultan was able to go home after 174 days even though he was, at times, too critical to stay alive. The hospital administration brought a specialist doctor from Germany for the surgery. The management

provided all of the necessary medical equipment, free of cost, for home care. All the medical staff stood beside us during this period to make us comfortable and not lose hope". The father ended his words by thanking all the medical staff and above all thanking God. "Yes it was a miracle but thanks to God, and all the best efforts of the medical staff, we reached this stage."

Service Overview: Observation Unit at Rumailah Hospital

Researched by: Maria Teresa Amorsolo – A/HN/OU and Ritze P. Sison – SN/OU – RH



The Observation Unit is an Intensive Care Unit located within Rumailah Hospital. It was established in 2005 and is unique in that it is equipped with highly advanced facilities that cater to ENT, plastic, ophthalmology and burns cases, which can include inpatients from within Rumailah Hospital or from different hospitals. This service provides close observation and high quality nursing care to all age groups.

In most hospital settings, the Observation Unit is attached to the Emergency Department and is designed for patients who need evaluation and treatment for a period of time between 8 to 24 hours. The Observation Unit of Rumailah Hospital is unique because it provides care to patients from admission until discharge regardless of the length of their stay. Nurses involved in this area are ICU experienced, highly trained ACLS, FCCS and PLS providers and are members of the CODE BLUE Team of the whole hospital.

Our goals:

1. To provide a high quality of specialized services to all patients.

2. To receive positive patient, staff and physician satisfaction.
3. To abide by the hospital vision, mission and values, JCI accreditation standards, policies and procedures, and standards of care in nursing practice - integrating infection control, quality management care, patient safety policies, IPSC and life support measures.
4. To encourage staff in professional growth and to update their knowledge and skills via staff development classes, in-service training programs as well as self-study. (Obtain the required CNE units/year and a 100% updated status in all mandatory courses.)
5. To be cost-effective in the use of supplies, utilities and manpower (within flexible budget.)

Our services:

ENT Cases:

Post laryngectomy, stridor with laryngeal spasm, post tonsillectomy with sleep apnea, para pharyngeal abscess, FEES, post tonsillectomy bleeding, epistaxis, laryngeal trauma septoplasty/

palatoplasty, pharyngoscopy/ biopsy patient for micro laryngoscopy, Ludwig's angina, post septoplasty, chronic supportive otitis media and ophthalmology cases with diabetes and hypertension. Home care patients on mechanical ventilation admitted only for emergency or elective change of tracheostomy that need 24 hours monitoring.

Plastic Surgery Cases:

Congenital anomalies such as cleft lip and cleft palate repair - post operative, post skin grafting, flap coverage, facial burn with potential for respiratory failure, re-implantation of amputated hand, finger or digits (fingers), corrective septorhinoplasty, breast surgery (reduction, mastopexy) abdominal dermolipectomy, pulmonary embolism, post operative suicidal patients, burn cases admitted from SICU -HGH requiring intermediate care or from A/E. Care of invasive catheters, i.e. CVP, cardiac monitoring, oxygen therapy via tracheostomy or endotracheal tube (not on ventilator), administration of drugs which needs close monitoring like heparin infusion.

Complexity of services:

Care in the Observation Unit may range from chronic conditions with acute episodes to severely ill patients. For those with respiratory problems, if they need intubations, the anesthesiologist-on-call will be urgently notified and a transfer to Hamad General Hospital ICU will be swiftly arranged. Those who are stabilized will be transferred out to other units as appropriate.

Nurses in the OU are always ready and prepared to cater to the needs of their patients as and when they are admitted. OU nurses pride themselves on their ability to work in unity and with dedication to provide the highest level of care to their patient while offering support and compassion to their families.

HMC Nurse Educators Attend ANCC Magnet Conference in the U.S.

By Marysia Vieira, Nurse Educator, Al Khor Hospital

Five HMC Nurse Educators received HMC sponsorship to attend the American Nursing Credentialing Centre's (ANCC) National Magnet Conference held in Orlando, Florida, from 2 - 4 October, 2013. The conference was held at the Orange County Convention Centre, Orlando, which is the second largest Convention Centre in the United States.

7500 professional nurses from around the world attended the event, which featured 35 presentations conducted over a three day period. There were approximately 15 presentations per hour to choose from and over one thousand exhibits, ranging from healthcare products to nursing informatics systems, nursing education institutions, nursing books, and e-Learning courses. A poster section comprised of over a hundred posters was displayed in groups of 10 posters for viewing

and discussion. The presentations, which were very interesting and informative with a high-level of interaction throughout, were divided into 5 categories: Transformational Leadership, Exemplary Professional Practice, Structured Empowerment, New Knowledge, Innovation and Improvements, and General Sessions.

A particular highlight in terms of presentations was SWAMP Camp: Innovative Evidence Base Practice Program for Direct Care Nurses. This presentation explained an innovative teaching method which helps to identify areas that are 'CROCS' (Clinging Rigidly to Outdated Care) and finding, through literature, research evidence and clinical expertise, and with attention to patient/ family preferences, the best practices based on evidence to ensure safe quality nursing care.

Without question, one of the highlights of attending this conference was having the opportunity to meet Jean Watson, Nursing Theorist of the Caring Model, who was declared a living nursing legend for all her contributions to the nursing fraternity. An unexpected highlight was the very warm welcome we received; the welcome event was held at Disney World and we were all given the red carpet treatment with surrounding paparazzi making us all feel very special.

My colleagues and I are thankful that this opportunity was provided to us and would like to thank HMC leadership for approving the sponsorship. It was a valuable experience and an exhilarating conference. We hope that more nurses can benefit from similar events in the future.

35 Years Later: How I feel About My Experience as a Nurse

By Rosella S. Mendoza-Pulpulaan, Nursing House Supervisor, Heart Hospital



After 35 years of working in the nursing profession, I am still committed and passionate about my job. Even I

think that it is amazing that after more than three decades, I am still striving to be better and keep up-to-date with new technology. I am still striving to learn the ropes of current trends by attending classes on a yearly basis and number of other learning activities. When you are a nurse, you must continue to learn throughout your career if you are going to progress and perform your job to the highest

standard. My approach to my job and learning is fuelled by this belief: If there is passion in what you do, you feel alive and you feel happy. And if you are happy you won't notice how time flies.

"I will never stop doing my role with purpose, pride and a positive attitude." - Rosella

Things were not as easy as I had hoped they would be; choosing to work outside of my own country meant leaving everything else behind, all the things that mattered to me, such as my family, loved ones and my friends. Leaving home meant missing out on years of special occasions and times that I would never get back or even be able to imagine being a part of. The weight of physical and

emotional distance from these people took its toll on me and I have often been divided in my thoughts; one side wanting to go home and the other side wanting to stay.

The reason I am still here is not all about money – maybe most of you won't believe that, but it really isn't. I am here for the love of my job; serving patients and taking care of people. This job enables me to serve those who are in need of care, regardless of their religion, culture and nationality, and it allows me to be recognized for my achievements in doing just that. This job gives me a level of job satisfaction that it is unlikely I would get in my home country. The oath that I took when I joined the nursing workforce is embedded in my heart. At least once every day

I am reminded of the scope of my responsibility as a nurse and this drives me. I am entrusted with the responsibility of giving the best form of care I can give to my patients. I am extremely proud that my presence can help my patients' overcome their fears, ease their pains and even give them hope in their time of despair. There may have been times where I

was faced with challenges and times where I felt like giving up, but in the end, I always have the realization that I have enough passion for my work to overcome those obstacles. Passion has given me the courage to not be weakened by my failures. Passion is what drives me to find success in my every day role as a nurse.

I am grateful for the support of my family, my superiors, my colleagues and my patients because they are the ones who taught me that nursing is not only a profession, but a vocation. There can never be a career more fulfilling than being able to serve with compassion and humility, while experiencing genuine happiness and contentment.

HMC Raises Awareness about Autoimmune Hepatitis among Nurses



The Medical Unit and Medical Intensive Care Unit at Hamad General Hospital (HGH) have recently organized the Second Nursing Grand Rounds held at the Hajar Auditorium in Hamad Medical Corporation's (HMC) Education Center, to provide nurses across HMC with insights into autoimmune hepatitis (AIH) and the nursing care continuum used to manage patients affected with AIH.

"Nursing Grand Rounds and the dissemination of knowledge that occurs during these events is really important as nurses get the opportunity to reflect on evidence," said Professor Anne-Marie Cannaby, Executive Director of Nursing at HMC in the opening remarks at the event. "It is one of the best ways of learning as you look at patients and case histories; you tend to learn more

because you are applying the knowledge to real situations."

The day-long educational event saw 264 nurses in attendance who received latest updates on AIH through a number of presentations and case discussions, which included guidelines on how to analyze and reflect on the complexities of the disease and how to critically analyze and provide high-quality nursing care to patients with AIH.

AIH is a condition in which the body's immune system attacks cells in the liver causing inflammation of the liver. The specific causes of the development of the disease are still unclear, but it is said to be triggered by different kinds of drugs and viral infections.

The disease is considered to be rare in Qatar with only 14 cases reported between 2009 up to October 2013. However, once diagnosed, patients with AIH undergo a prolonged hospital stay, where nurses play a significant role in the care provision and management of the disease.

During the event, HMC nurses were provided with an opportunity to share their experiences managing patients affected with AIH and gain valuable information to implement evidence-based nursing practice to deliver the best possible care to patients dealing with the illness. Presenters at the event highlighted the most common symptoms of AIH, which include fatigue, abdominal discomfort, itching, nausea, vomiting and fever and emphasized that when diagnosed early, AIH can be restricted with the appropriate use of drugs that control the immune system.

Nurses were also advised on the use of correct procedures to manage patients with AIH and ways to ensure patient safety when administering medications for the disease.

Presenters at the event included Emad Ali Hamad, Clinical Resource Nurse, HGH; Elizabeth Varughese, Charge Nurse, HGH; Sheeja Mary Kuruvilla, Staff Nurse, HGH; Radzmalyn Dullah Teeh, Staff Nurse, HGH, with the supervision and guidance of Ms. Sujatha Shajy, Nurse Educator, Nursing Education and Research Department at HMC.

Educational Resources:

Researched by Tawfiq Elraoush, RN, MSc., Sr. Educator



ANCC Accreditation Up-Dates:

The ANCC provider unit for the continuing nursing education infrastructure has been formulated under the Department of Nursing Education and Research. The lead planner for this unit is Mr. Tawfiq Elraoush, Sr. Educator. The Deputy for the lead planner is Ms. Jacqueline Sullivan, Sr. Educator. The finalized self-study documentation for accreditation was submitted on 2nd December, 2013. Additional documentation was requested by the ANCC and was provided during December 2013 and January 2014. The final virtual site visit is planned to be on 5th February 2014 while the decision on accreditation will be by March, 2014.

Educational Programs:

- **SBAR-A Standardized Approach to Handover Communication**
Coordinator: Ms. Sujatha Shajy (sshaji@hmc.org.qa)

The purpose of the SBAR workshop is to equip the medical unit nurses with knowledge and skills to apply the SBAR model in healthcare communication. This workshop session includes a series of learning activities which will help the learners to identify

the correct and incorrect practices in healthcare communication, and select the best practices in healthcare communication. Use of various case scenarios will assist the learners to develop skills in organizing their thoughts and help them to understand a systematic communicative approach when patient care information is presented to healthcare disciplines. The evaluation strategies used will provide opportunities for the learners to demonstrate competence in using this SBAR model in simulated and clinical settings.

- **Pediatric Health Assessment and Physical Examination**
Coordinator: Ms. Leena Varghese (lvargese@hmc.org.qa)

This course is designed for pediatric nurses, to help refine their history taking and psychosocial assessment skills, and enable them to achieve competence in performing physical examinations on children of all age groups. The course focuses on promotion of health in the pediatric population from newborn to adolescent. The course will enable the nurses to modify the approaches as per the age and developmental stage

of the child. Nurses will develop their skill in clinical observation and enhance their ability to identify signs of serious alteration in a child's health condition that may require urgent intervention. The course consists of team-based and individual learning, which includes didactic sessions, interactive discussions and lab demonstration and practice.

- **Palliative Care Passport**
Coordinator: Mr. Daniel Kelly (dkelly@hmc.org.qa)

Palliative Care Passport Part 1 is the foundation part of a three part program that is designed to improve the knowledge, skills and attitudes of nurses directly working with patients and their families – who have palliative care needs. Part 1 of the program is comprised of three days classroom contact time with clinical-based activities to be undertaken between each day.

Nursing Grand rounds

The second Nursing Grand Round has been organized by medical units and MICU in HGH with the support and guidance from the Nursing Education Department. The event started with opening remarks by Prof. Ann-Marie Cannaby, Executive Director of Nursing. Autoimmune hepatitis was selected as a topic for discussion as it was one of the rare cases with unpredictable complications. As nurses play a vital role in the care of patients, it is essential for them to be aware of the complexities of this illness and its management. In addition, it would help them to incorporate evidence based practice when caring for such cases, which would in turn lead to a better patient outcome. A total of 264 nurses attended this educational event.

The Third Nursing Grand Rounds to be conducted by Women's Hospital will be held in Hajar Auditorium on 6th March 2014 from 0900-1130am. The focus will be family-centered care.

I am a Nurse and I am Proud

By: Rubie Yves Ignacio SN-Ophtha-OR- RH

There are many views and opinions surrounding nursing as a profession, some of them good, some of them bad, some of them based in truth, while others are over exaggerated stereotypes. These ideas of what it means to be a nurse can drive people's decisions to enter into the profession, or influence the way they think of themselves once they are in their role.

I get a lot of personal satisfaction being a nurse and I am not ashamed to say that I sometimes view nurses as a modern day heroes; constantly making sacrifices for the greater good. When I think about the work that I do, along with my colleagues, I can't help but focus on the valuable contributions we make to society and the community we serve. I think about how our difficult night shifts and busy day shifts collectively contribute to taking

care of patients 24 hours a day when they need it. I think about helping people to get well and grow stronger, I think about listening to patients when they need to talk and sometimes joining them in a laugh or a cry. Nurses experience firsthand sadness of listening to a patients dying heartbeat and the pleasure of listening to a heartbeat that has been brought back to rhythm; life and death is a part of our job and yes, it is difficult, but I am proud of my involvement across many levels of care.

Not all people understand the sacrifices that nurses make; as a matter of fact, the word 'holiday' might have already been deleted from the nurse dictionary. We often miss the things that most people take for granted; not celebrating our birthday because of our shifts, hectic daily routines and even extended

duty. Being a nurse requires a level of selflessness, and yes, it is difficult, but I am proud of my selflessness.

It takes a real level of commitment to your work to leave any personal problems at home and take care of other people in the most compassionate way possible; nurses have to do this. On top of that, caring for people is not always straight forward; sometimes patients are difficult and sometimes we face confrontation and even violence. To be professional, we must leave any anger or emotion behind us as we move on to the next patient and yes, that is difficult, but I am proud of my ability to be professional and controlled in the best interest of my patients.

I am a nurse and I am proud. You should all be proud.

International Disability Day Marked by Rehab Nurse Celebration

Researched by Abicel Lowen Filio, CN. Rehabilitation Unit, Rumailah Hospital

The Rehabilitation Unit of Rumailah Hospital held its second Rehabilitation Nursing Day on December 3, 2013. The event was held in recognition of the International Day of Persons with Disabilities and took place from 3pm in the Unit's activity room and garden.

The theme of this year's half-day event was 'Rumailah Hospital Rehabilitation Nurses: Touching and Changing Lives of Patients with Disability and their Families'.

This effort was initiated and organized by the Rehabilitation Unit staff nurses in order to project the vital roles and contributions they make in the care of those people with disabilities due to injury, illness and/or aging, whilst preparing them to be reintegrated back to mainstream society. The event was an opportunity to celebrate our continuing commitment to providing quality care to

patients with disabilities, especially those with neurological conditions/trauma such as cerebrovascular accident (CVA), traumatic brain injury (TBI) and spinal cord injuries (SCI).

The event allowed us to promote rehabilitation nursing as a specialized field and to empower rehabilitation nurses to practice professional autonomy and accountability that will foster development of critical thinking in clinical judgment or decision making.

Rehabilitation Nurses have direct contact with patients 24 hours a day, 7 days a week. Without doubt, rehab nurses play a key and pivotal role in helping patients achieve their goals by facilitating recovery of functional abilities, preventing further complications and restoring optimal wellness, alongside the wider multidisciplinary team.

Activities taking place on the day were designed to be fun and exciting, so that patients and their families would experience an atmosphere conducive to health and wellness. Some of the activities we carried out were: photo exhibits, music and dancing, face painting, handing out cupcakes, various performers, artwork displays, parlor games, food and snacks, and gifts and giveaways. Patients, their families and staff from other units/departments were invited to attend. The event was also attended by Rumailah Hospital's CEO, Mr Maqsood Ibrahim Adam and AEDONS, Ms. Susan Yates, Ms. Ruby Sanander, acting DON ms. Jasmin Cherian and a number of other department heads.

The event was a great success, left a lasting impression and will be a marker for future events of this kind.

The Nurse Spotlight

Researched by: Rubie Yves Ignacio SN-Ophtha-OR- 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: Mr. Frank Jamandre

POSITION: Regulatory, Accreditation and Compliance Services Coordinator

Mr. Jamandre has been at HMC for 16 years. Over this period he has made significant contributions to both the Corporation and the community. Mr. Jamandre continues to make valuable contributions on a daily basis and is a true example of an inspirational nurse. He has proved, time after time, that being a nurse doesn't stop in the four walls of the hospital; we can reach out to people and exert effort to help the community. Mr. Jamandre has been formally recognized for all of his efforts and was awarded the 'Best Employee Award' from HMC in May 2002.

Experience:

- Dec. 1997- Joined HMC as Head Nurse and served five years in the Urology and Orthopedics Nursing Department.
- Jan. 2003 – Became a Wound Care Nurse at HMC – a position held for three years.
- Feb. 2006 to Present - Regulatory, Accreditation and Compliance Services Coordinator Hamad Medical Corp., Quality Management Department



Community Involvement:

Mr. Jamandre continuously demonstrates strong leadership in community and social services to help distressed overseas workers, victims and indigents from the Philippines. He is the President of the Philippine Nurses Association- Qatar (PNAQ), which organizes different activities such as free medical-dental missions to serve low paid and depressed workers in poorly equipped labor camps. Mr. Jamandre also participated in a humanitarian mission of distributing gift packs of personal and hygiene accessories to run-away Filipina housemaids.

Mr. Jamandre is also the President of Ilonggo Beezz Qatar, (a Filipino organization of Ilonggos) which leads in organizing different community assistance activities and programs such as the creation of a 24-hour crisis help line for overseas Filipino workers (OFW) in Qatar. He has collaborated with the Ministry of Interior, Qatar, on the following seminars for OFWs:

- Residence Law No.4/2009
- Road Safety Awareness
- Rights of Overseas Workers in Qatar
- Now involved in collaborating the

"Financial Literacy Train the Trainers Program" to Overseas Filipino Investors Entrepreneurs (OFIE) of Polo-Owwa Doha.

In 2009 the Ambassador to Qatar appointed Mr. Jamandre as lead coordinator, which enabled him to raise and send financial support to the Philippines along with 149 boxes of foodstuff and used clothing for victims of typhoon Ondoy. He has undertaken similar activities in light of the most recent typhoon Yolanda.

One of Mr. Jamandre's most prized achievements is the Bagong Bayani Award (modern hero award), which was presented to him in recognition of his attributes as an OFW who has made significant efforts in fostering goodwill among people of the world, enhancing and promoting the image of the Filipino as a competent, responsible and dignified worker, and for greatly contributing to the socio-economic development of their communities and the Philippines as a whole.

When asked what motivated all of his community focused work on top of a demanding nursing role, he said "my compassion for those who have less in life is what drives me to help others in Qatar in order for them to have a better life for themselves and their families.

Mr. Jamandre attributes his success and his subsequent recognition to three things; his love of God; his love of helping the less fortunate; his love for his country. He said "I challenge all nurses to shine and become the light of this world and continuously give their best service to all patients."



Nurse Inspiration and Humor

Researched by Kristene Joy C. Facultad, SN. Hamad General Hospital

Life is too short

By Ancy A. Chacko, RN, Pediatric Emergency Center

Life is too short to hold grudges and fuel conflict, so learn to be forgiving, compassionate, understanding and empathize with others.

Life is too short to get angry with your colleagues, your patients or your family members, so learn to be calm, supportive, thoughtful and down to earth.

Life is too short to ignore the achievements of others, so learn to encourage people and congratulate others whenever it is deserved.

Life is too short for regrets, so never miss a chance to give your best in everything you do. Don't miss your opportunities.

Life is too short to spend time with a frown, so learn to smile at people around you. Realize that a smile cost nothing but means so much.



Life is too short to spend time with a frown, so learn to smile at people around you. Realize that a smile cost nothing but means so much.

Life is too short to waste it on negative things, so learn to be helpful, honest, expressive and kind.

Life is too short we are all here for a reason and purpose, so make your environment a better place to work in and always do your best to make a difference.

Humor

Nurse: Doctor, Doctor, there's an invisible man in the waiting room!

Doctor: Well, go in there and tell him I can't see him!!



USEFUL LINKS

There are many useful resources available on the internet for nurses to reference, enjoy and learn from. This month we would like to highlight:

- www.icuqa.org

For new nurses, particularly those who are new to intensive care units, this site provides useful facts and fundamental information about the most common educational needs of ICU nurses

- www.nurseeducationtoday.com

Nurse Education Today produces high quality and original research, review and debates in the discussion of nursing, midwifery, and interprofessional healthcare education

- www.nps.org.au

Keep up to date with evidence-based information, practical tools and information about the latest medicines, health conditions and medical tests

