مؤسسة حمد الطبية
Hamad Medical Corporation
HEALTH • EDUCATION • RESEARCH صحة • تعليم • بحوث

The NURSE ADVOCATE

By Nurses for Nurses

Issue 10, June 2014

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Happy First Birthday!

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

Professor Ann-Marie Cannaby
Executive Director of Corporate Nursing

I would like to open this edition by announcing that it is exactly one year ago this month that the first issue of The Nurse Advocate was published and released. I would like to thank the Nursing Newsletter Committee for their continued efforts on this publication and I would like to thank each and every one of you who has contributed to the content. The Nurse Advocate is an extremely valuable publication for us; it helps us to share our achievements, stories of interest, discuss change and improvement and generally facilitates a much wider scope of communication than we have had in the past. This is now complimented by our nursing website, which I urge you all to check regularly http://nursing.hamad.qa/.

Happy birthday to The Nurse Advocate!

Teamwork Brings Success

By Linda Peters, Assistant Executive Director of Nursing, HH

Wheh! Yeah! Two of the immediate reactions that vibrated throughout the Heart Hospital on March 26th when hearing the Joint Commission International (JCI) surveyors say they would be recommending us for accreditation. For us to be recommended we were measured against 1033 separate elements and met all with the exception of 14, which were partially met. According to Richard Sheehan, the nurse and team leader for the surveying team, our results were excellent.

In receiving our recommended status, one of the greatest comments came from Dr. Stewart Hamilton, the physician on the team, who is known to say that he judges a hospital by considering whether he would mind being a patient in it. Dr Hamilton's sincere opinion of Heart Hospital is that he would have no concerns about being a patient in our care.

Preparation for JCI, and readying ourselves for consideration for this esteemed level of accreditation, is a long and intertwined process that requires teamwork and collective effort. Nurses have always served on the corporate JCI committees. Within Heart Hospital there are several JCI committees and nurses are visible on all of them. Most of the appointed nurses have been head nurses and charge nurses. Our current participants are; **Aleyamma George, Gracy Chacko, Neomi Dela Paz, Joycee Kurian, July Lal, Mincy Shaji, Hajer Abdulla, Othman Otoum, Rosella Pulpulaan, Kakoli Roy, David Kitchener, Huda Ali, and Ladan Talebi.**

Nurses have without doubt been major contributors to our readiness for the JCI survey; they have been committed to creating a better and safer hospital. Restrictions of this article do not allow us to name all of those involved, but listed below are some nurses who were assigned to major projects - with the understanding that this article is a thank you and well done to all involved.

- **David Kitchener** - Facility Management and Safety (FMS) Chairman who prepared the hospital/facility from the inside out and top to bottom. His role required him to either write or oversee the writing of all of the safety and emergency plans for Heart Hospital. The first review of our hospital plans and FMS paperwork, prompted the reviewer, Ozlem Yildirim, to get up, leave the room and report to Dr. Lionel Jarvis, Interim CEO, that the paperwork was the most organized and best she had seen.
- **Gracy Chacko** - Wrote the draft for the Heart Hospital emergency/ disaster plan and the action cards for nursing.
- **Stella Lisk** —Wrote one of the Clinical Pathway and Guidelines that was presented.
- **Mincy Shaji** - Served on the Medication Management and Use (MMU) and P&T committees and participated in frequent rounds and communicating many changes to the nursing staff.
- **Susie Fleming** - Led the drive for nursing being prepared for JCI and formed and chaired the JCI champions team.
- **Linda Peters**—Served on 5 Heart Hospital JCI committees and chaired the ACC committee bringing about policy changes.
- **Fadia Ali** - Compliance Officer who worked closely with all departments on preparing indicators, preparing slides and took the lead on preparing the hospital for JCI.

All nursing staff at Heart Hospital were involved in one way or another, but most units assigned individual nurses who took ownership of the different JCI chapters by preparing their colleagues for the survey. Those nurses and JCI champions are; **Ancy Phillip, Leena Mathews, Susamma Varughese, Swapna Babu Mathew, Amal Faragallah, Shiny Chacko, Abeer Saleh, Naima Bent Houcine, Suma Mathew, Sicily George, Roseline Alexander, Remy Xavier, Lijy Joseph, Pramila Namrata, Nithya Robertson, Muneera Saadi, Cissy Thomas, Nima Ashour, Bindumol Thomas, Leji Mathew, Imelda Inguito, Aziza Ali, and Tagowg El Seed.**

There has to also be recognition to the Infection Control Team members, Marie Quinn, Manal Malkawi, Ma. Leni Garcia and Cherlyn Simbulan who for the past two and half years worked closely with nursing on reducing infections and increasing hand hygiene.

Though the survey is over, our continued effort for improvement and commitment to the safest care for our patients will be on-going.
We would like to take the time to congratulate our colleagues in the Cuban and Al Wakra Hospital for their own JCI success.

NURSING EXECUTIVE NOTICE BOARD

Rehabilitation Institute of Chicago Partnership

The Rehabilitation Institute of Chicago (RIC) is a recognized leader in rehabilitation patient care, research, and education and advocacy for people with disabilities. RIC has been ranked the 'Best Rehabilitation Hospital in America' for 23 consecutive years by the U.S. News & World Report.

Through this partnership, HMC's patients will gain access to first-class inpatient and outpatient clinical expertise and research, leading to better recovery and patient outcomes. RIC will assist HMC in designing and implementing system wide enhancements across the healthcare continuum.

RIC was at HMC from June 3rd – 5th, conducting a comprehensive review of rehabilitation services.

Internal Vacancy Posting

A change to the process for posting an internal vacancy was recently implemented. The form, available from: http://internalvacancies.hmc.org.qa/en/images/Internal_Vacancy_Advertisement_Request.pdf can be edited in Adobe Reader and sent through inter-office mail to the Human Resources Department (HR). The address is noted on the bottom of the form.

مؤسسة حمد الطبية
Hamad Medical Corporation
إدارة الموارد البشرية
Human Resources Department

Internal Vacancy Advertisement Request

Advertisement Ref. Number: (HR Use Only):			
To be Completed by Requesting Department with Internal Vacancy (To be Filled Internally)			
Job Title:		**Job Grade:**	**Job Code:**
Facility:	**Department:**		**Section:**
Date:		**Number of Positions to Fill:**	
Does Approved Job Description Exist? ☐ Yes ☐ No		**Vacant?** ☐ Yes ☐ No	
Oracle Cost Centre:			
Notes:			
Departmental Contact Person Name:		**Corporation Number:**	**Title:**
Shifts: ☐ Yes ☐ No	**Shift type:** ☐ AM ☐ PM ☐ Night	**Notes:**	
Approval			
Immediate Supervisor Name & Signature		**Facility CEO Name & Signature**	
Date:	Corporation Number:	Date:	Corporation Number:
Job Advert (Must be Completed by Facility S/HRBP)			
Please enter a brief overview of the position. Think about the department the role is operating in, what you want the role to achieve, who the key stakeholders are and any other relevant information you would like applicants to know. (The text entered here will appear on the job advertisement)			
S/HRBP Name & Signature		**Corporation Number:**	
If the job is not budgeted or no budget number /evidence is enclosed, the vacancy cannot be advertised and the application cannot proceed. *If the JD is not enclosed, the advertising and promotion process cannot proceed. If this is a new role, it may require a job evaluation before a promotion can proceed. For Job Descriptions, see HIS link - **http://hmcweb/hrjd/webclient/ListByTitle.aspx**			
In order to ensure prompt processing and tracking, please print this form, complete and send via inter-office mail to: HR Building, Performance & Rewards/ Transfers & Promotions section.			
HR Use Only:			
Specialty- Sub Specialty:			
Posting Matches Approved Job Description: ☐ Yes ☐ No		**HR Law/Exempt:**	
Date Form Received in HR:		**Date of Posting Job Advertisement:**	
Date of Closing of Job Advertisement:		**P& R Team Member Signature & Initials:**	

Forms should be submitted no later than 1500h on Thursday for posting on the following Wednesday. HR has confirmed that all postings will be completed on Wednesday of each week.

Staff are encouraged to access the HR intranet portal to see all available postings.

International Nursing News

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

Connection between Nurse Staffing and Patient Outcomes can be seen in all Hospital Clinical Areas with Expanded Measures

A press release issued by the American Nurses Association (ANA) featured on nursingworld.org, discussed how NDNQI, the largest database used for assessing nursing care quality, has expanded

its measures to include clinical areas which were previously not assessed – allowing for a more in depth look at the relationship between nurse staffing levels and patient outcomes across the board.

- In the U.S.A., about 2,000 hospitals participate in NDNQI.
- NDNQI tracks a wide range of outcomes to indicate the quality of the nursing services provided.
- Some of the areas that NDNQI focuses on are the links between patient outcomes and staffing levels according to:
  - Nurse care hours
  - Nurse education level
  - Certification
  - Staff turnover
- NDNQI allows nursing units to compare their performance to similar units at other hospitals in their community, region or nationwide, and use the data to set benchmarks for excellence in nursing care.
- Measures have expanded to include several new patient care unit types – covering nurse staffing across the entire clinical practice area of all hospitals.
- New areas covered by NDNQI include emergency departments, perioperative services and perinatal services.
- The data collected from these areas will enable changes to staffing plans and the implementation of new strategies to reduce things such as patient falls, based on evidence.
- ANA President, Karen A. Daley, PhD, RN, FAAN states that "Optimal nurse staffing is a critical component in improving the quality of patient care and preventing avoidable complications…The expansion of the NDNQI staffing measures to these new areas will give hospitals a complete view of their performance when developing their staffing plans."
- The emergency department, and perioperative and perinatal services are said to be complex areas in terms of nurse staffing because of:
  - Short lengths of patients' stay
  - Involvement by other specialized personnel such as paramedics, surgical technologists or lactation consultants who may or may not be nurses
- The method used to quantify staffing levels, per amount of time spent in each area, was developed by the ANA in collaboration with the Emergency Nurses Association (ENA), the Association of Periopertaive Registered Nurses (AORN) and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).
- The ENA, AORN and AWHONN, although affiliates of the ANA, have their own nurse staffing standards, therefore the NDNQI is not intended to supersede those in place; instead, it will help to identify the relationship between staffing level and patient care and provide a basis for comparison.
- The ANA expressed their gratitude to the organizations for their participation in this activity.

Read more at: http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Connection-between-Nurse-Staffing-and-Patient-Outcomes.pdf

NICE (U.K.) Regulations warn that Nurses should have a Maximum of 8 Patients at any one time

The U.K.'s National Institute for Health and Care Excellence (NICE), the body that sets the National Health Service (NHS) standards, is set to urge a change to combat what has been previously noted as dangerous understaffing. In a recent article in the U.K.'s Guardian newspaper, it is highlighted that NICE will be recommending that nurses should not deal with any more than eight patients at any one time - any more than that causes a great patient safety risks.

- Recommendations are to be made in response to a recent staffing scandal in Mid Staffordshire, which saw what was described as appalling care as a result of cuts in funding and subsequent reduced staffing levels.
- The regulator's intervention will increase pressure on hospitals financially.
- It is suggested that at least 20,000 extra nurses will be needed at a cost of approx £700m.
- Mandated staffing levels have been avoided to date due to the cost implications.
- NICE have spent months analyzing and examining the relationship between safety and staffing numbers.
- Chief Executive, Professor Gillian

Leng, is expected to announce that the new guidelines should not be seen as a straight jacket for hospitals but that failure to recognize this issue and overload nurse workload is without question a risk.

- Susan Osbourne, Chair of Safe Staffing Alliance, says that the 1:8 ratio is a minimum requirement for safety. She highlights that it's a good start in working towards what should eventually be a 1:6 or even a 1:4 ratio. She notes that 1:8 still only means seven and a half minutes per patient per hour – anything less would mean a patient might not get fed, care plans might not get written or nurses don't get the time to sit and talk to their patients.

Read more at: http://www.theguardian.com/society/2014/may/09/hospitals-need-thousands-extra-nurses-or-patients-safety-at-risk

Technology and the Nursing Role

Researched by Ms. Girlie M. Rivero CM, RH

Nursing in today's world is very different from its origins for a number of reasons. The biggest instigator of change over the years is said to be the advances in both science and technology. In a paper by Carol Huston (2013), featured on the website nursingworld.com, she notes that; "nothing will change the way nursing is practiced more than current advances in technology."

In the paper, Hudson identifies seven emerging technologies that will affect nurse practices, she also notes the types of skills sets that nurses will need to accommodate these technologies and the challenges that nurse leaders will face in implementing these developments.

The list of technologies noted by Hudson, are:

- Genetics and genomics
- Less invasive and more accurate tools for diagnosis and treatment
- 3D printing
- Robotics
- Biometrics
- Electronic health records
- Computerized physician/provider order entry and clinical decision support

Technological developments are varied and potentially affect the nurse role on every level. A good example, noted on the list above, of how technology is being applied to our most basic practices, can be seen in the electronic patient record. The electronic patient record allows nurses to have access to critical patient information from multiple providers and locations. This information can be accessed 24/7, which allows for a better level of coordinated care with multiple benefits to the patient and the nurse/healthcare provider. A more complex example – also noted on the list above - is the technological developments that are progressing in the field of genetics and genomics, which will in time potentially change the way we prevent, diagnose and treat illnesses across the board according to an individual's genetic make-up. The vast scope of potential in the field of genetics and genomics would likely impact all healthcare provider roles.

When any new system or technology is introduced the issue of competency of staff is an important one. Hudson notes in her paper, entitled "The Impact of Technology on Nursing Practice – Warp Speed Ahead," that there are certain skill sets which nurses will need to develop for certain technological developments to be at all effective. For example, with new technologies such as telehealth or telemedicine, cellular technology and video conferencing, nurses will need the ability to use communication-based technology to facilitate not only improved communications but also improved mobility and relationships. In short, if the skill sets don't already exist, they will need to be developed and therefore it is inevitable that the advances in technology will increase the need for learning and education for nurses.

There are also a number of issues for nursing leadership in relation to emerging technologies and although new technologies do all aim to improve care, it doesn't necessarily mean that all emerging technologies are feasible to introduce or will be successful in their aims. Some of the issues nurse leaders must consider in this respect are:

- Does the introduction of the specific technology challenge the human compassion element that is so intrinsic to nursing care?
- Do the benefits of the technology measure up against the costs and can the costs be sustained?
- How will the necessary training of staff be facilitated and who will oversee this training?
- Does technology breach ethical parameters and have nurses been involved in establishing what those parameters are?

The issue of the impact of new technologies on the nursing role is clearly a complex one. It is much more complex than simply accepting that technological advances are happening and nurses will have to accommodate them; there are many factors which determine the feasibility of new technologies. Yes, technology has the potential to change the way we prevent, treat, diagnose and manage illness, as well as the way we deliver healthcare, for the benefit of patients and providers alike, but many issues do exist that need to be measured and considered with nurse input to ensure that the technology is implemented in the most effective way.

Sources:
Huston, C (2013) The Impact of Emerging Technology on Nursing Care. Sourced from:
1) http://www.medscape.com/viewarticle/813263_4
2)http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-18-2013/No2-May-2013/Impact-of-Emerging-Technology.html

Service Overview: Induction and Pre Labor Unit

Researched by Mini Sabu, CN, and Shilah Ancheta, SN - WH

The Induction and Pre Labor Unit is located at Women's Hospital on the 2nd Floor - east side and often gets referred to as 'East 2'. The purpose of the unit is to admit and manage patients who are potentially going into active labor or patients for induction of labor. The unit ensures quality care and surveillance throughout labor process with qualified and trained nursing staff.

Prior to September 2013, East 2 catered to all antenatal and induction cases, until it was decided to incorporate a pre labor facility. This means that the unit is different from the usual antenatal ward.

East 2 is a 26 bed ward. Ten beds are allocated for induction of labor patients and the remaining are designated for pre labor patients. On average we cater to around 450-500 patients on a monthly basis. 85% of the patients we care for are then transferred to a labor room for further care and delivery.

The Unit is under the direction of Ms. Shirley Obsina (Head Nurse) with the supervision of Ms. Durria Taha Hussein (Director of Nursing for the antenatal area).

The Unit's goals are:

1. To provide timely and appropriate services to all patients resulting in quality patient outcomes.
2. To ensure that patient care is delivered in accordance with the established corporate wide policies and procedures.
3. To maintain cost effective use of supplies, equipment and manpower.

Scope of services – induction area:

- To provide management of patients at risk during pregnancy who require immediate delivery and monitoring to prevent further complications and promote safety to the mother and baby.
- Pre-book and register patients' prior admission in the unit. Criteria of Patients to be admitted are as follows:

1. 38 weeks pregnancy with associated risk during pregnancy, such as diabetes, hypertension, intrauterine growth retardation, premature rupture of membrane, more than 24 hours leaking, babies with abnormalities and intrauterine fetal death 28 weeks and above.
2. Term pregnancies with history of complications during previous pregnancies.
3. Post term pregnancies

Scope of services - pre labor area are:

- To provide proper assessment, monitoring and management of patients in labor
- To admit and refer patients from the Emergency Department or Outpatient Department. Criteria of patients to be admitted are as follows:

1. Patients who are potentially going into active labor with gestational age above 34 weeks.
2. Spontaneous rupture of membrane and viable gestational age of 34 weeks and above and contracting.
3. Women for induction of labor.

East 2 nurses and midwives are competent and confident in conducting emergency deliveries in the unit. In cases where delivery is imminent, they may perform an internal examination and conduct delivery in the absence of obstetrician at that moment and if it is safe to do so according to our guidelines.

An Overview of CTAS Training in the Emergency Department at WH

Researched by: Shilah Ancheta SN- WH, Mr. Alan Dobson, AEDON-Emergency Education

WH-ED Nurses with the CTAS facilitators: Mr. Alan Dobson, Ms. Ruth Buckley, Ms. Abimbola Olukotun, Ms. Alice George, Ms. Alia Serour, Ms. Ginimol Manoj, Ms Annie Shija and Mr. Paul Solomon'

An improved method of assessing patients who present to emergency departments across HMC is being introduced during 2014. The Canadian Triage Acuity System (CTAS) will complement the introduction of enhanced information technologies utilizing the CERNER applications system.

CTAS has been widely adopted in emergency departments across Canada and many other countries including the Middle East.
The tool enables emergency departments (ED) to:

- Triage patients according to type and severity of their presenting signs and symptoms (figure 1)
- Ensure that the sickest patients are seen first when ED capacity has been exceeded due to visit rates or difficulties in accessing other services.
- Ensure that a patient's need for care is reassessed while in the ED.
- Enable examination of patient care processes, workload, and resource requirements relative to case mix and community needs.

Coordinated by the HMC Nursing and Midwifery Education Department, this major new initiative is being delivered to over 1000 emergency nurses and requires very close collaboration and teamwork between educators and nurse leaders across all HMC emergency care facilities.
So far, Emergency nurses at Al Khor Hospital and the Heart Hospital have undertaken the CTAS education program and it is now being introduced into Women's Hospital.

Nurses from Women's Hospital Emergency Department (pictured) are now attending the CTAS training course taking place every week in Hamad Bin Khalifa Medical Club Hotel from 7:00am until 4:30pm. Prior to

commencement of a formal study day, reading materials and pre-course self assessment packs are distributed to students. A study day consisting of lectures, patient scenario discussions, fun simulation exercises, team competitions and a multiple choice test that is followed by practice based competency assessments.

During the course, nurses are oriented with the use of a sophisticated Excel application and Complaint Oriented Triage (COT) see Figure 2. This application contains the Canadian Emergency Department Information System (CEDIS) complaint list along with the relevant modifiers in order to assist the nurses in the assignment of an appropriate acuity level.
Figure 2.

Commenting on the program, Mr. Alan Dobson, Assistance Executive Director of Emergency Nurse Education said "This exciting initiative demonstrates how nurses from across all HMC hospital facilities are working in partnership with HMC educators on the journey towards continuous quality improvement utilizing advanced technology and evidence-based models of practice."

Reference: Revision to the Canadian Emergency Department Triage and Acuity Scale Adult Guidelines, CJEM. JCMU March 2008

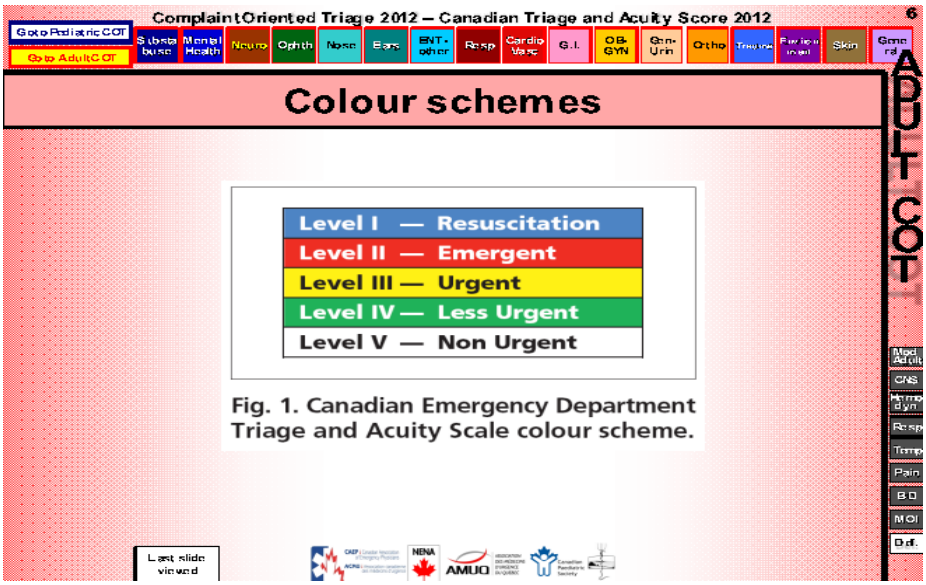


Fig. 1. Canadian Emergency Department Triage and Acuity Scale colour scheme.

Figure 1.

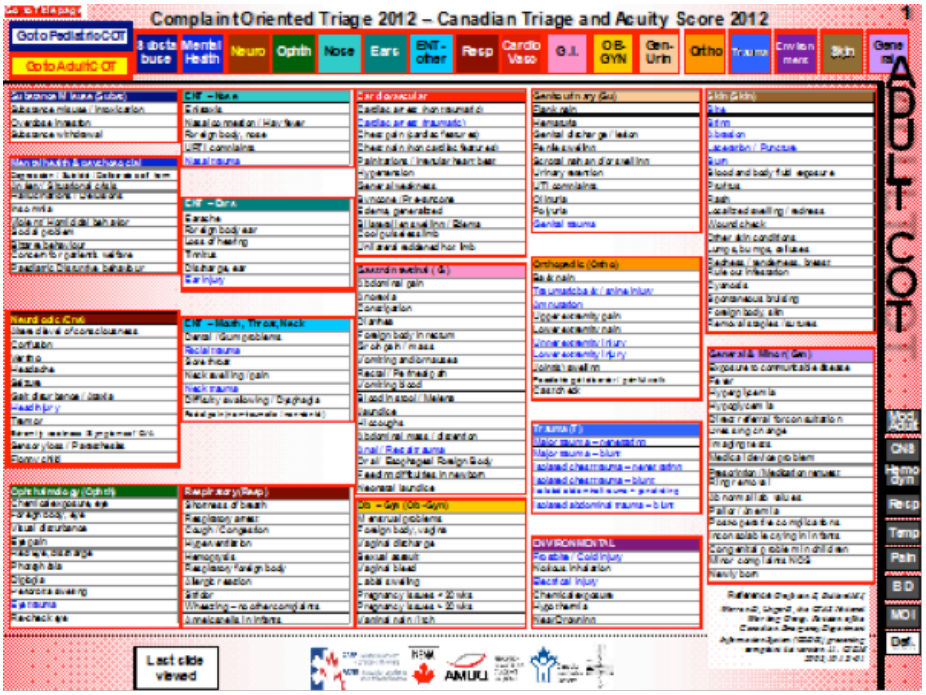


Figure 2.

Update: Critical Care Nurses Network

Researched by: Fiona Milligan, CN, Pediatric ICU, HGH

The newly established HMC Critical Care Nurses Network (CCNN) held its first meeting in the Nursing and Midwifery Education and Research Department on 22nd April, 2014.

In line with Magnet principles of shared governance, a number of facilities and specialties are putting in place unit based council models, which may include members of allied health, physicians and patients; however, the proposal is to develop a Critical Care Nurses Network, which will focus on nursing issues and priorities within critical care areas across HMC. Alignment with other nursing networks and building partnerships between facilities will be one of the many functions of the network.

Key priorities are:

- Education
- Cross training
- Policies clinical guidelines and competencies
- Standardization across the organization of nursing practices within critical care areas
- Audit and research
- Sharing of resources, information and expertise

Representatives from all critical care areas in facilities across the organization met to discuss priorities for the network and agree on membership and terms of reference when moving forward.

A journal club has been established within critical care units in Hamad General Hospital and this may be expanded to cover all critical care areas using a blend of online conversation and face to face meetings to review, critique and discuss new innovations and clinical practices in critical care specialties. A CCNN shared folder will be created with access provided to all members of the network with the purpose of storing minutes and other documents relating to the network. Building partnerships with multidisciplinary stakeholders and colleagues, and participating in inter-professional learning activities will also feature highly on the agenda of the network.

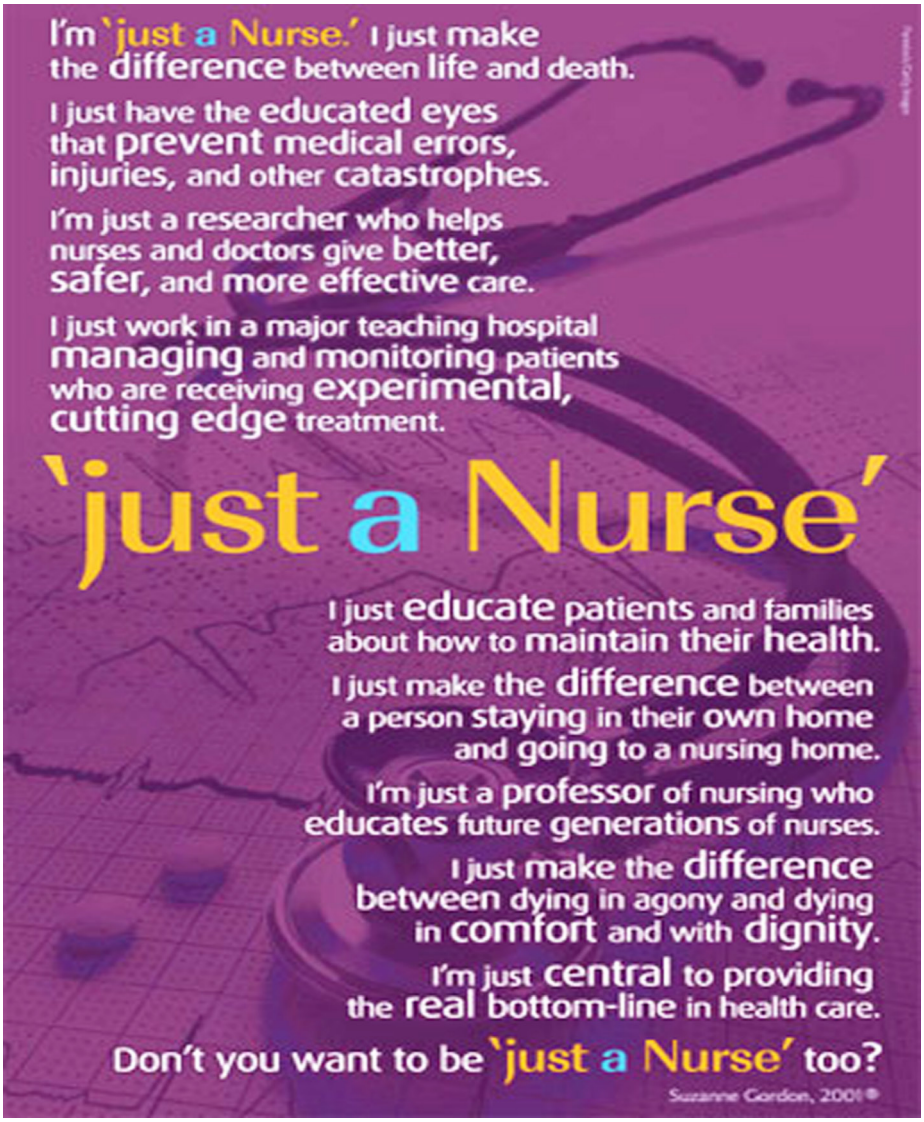
Never say 'I am Just a Nurse'

Researched by: Sithik Ajees Khan, SN, Short Stay Unit, ED, HGH

Have you ever used the term 'just a nurse' when describing your role or talking about the role of a colleague? Have you ever thought about what using the word 'just' implies to the person you are speaking to and what message you are giving them about your role and how important you are?

Suzanne Gordon, an award winning journalist, author, editor and lecturer, focuses much of her professional work on problem solving the communication issues that occur between doctors, nurses and other healthcare providers. More than 20 years ago she started to recognize the overuse and derogatory use of the phrase 'just a nurse'. She noticed that it was applied not only by people in other professions but also by nurses themselves, alongside reasoning or justification such as "I'm not an expert on healthcare, so how can I voice my opinions? If I do express my views, no one will listen to me anyway," and "Who am I to make my concerns known?" Similarly she noticed that nurses who were advanced practitioners or specialist would make it clear that they were not 'just nurses'. This was shocking to her.

Ms. Gordon's focus on this issue inspired her to create a poem and nurse recruitment campaign. The campaign uses the term 'just a nurse' before describing the professional, skillful, admirable and at times incredible things that nurses are involved in day by day. By the end



of the poem, which has since been reproduced for books and posters, the reader clearly sees the impact of the word 'just' and begins to question its use. Ms. Gordon reportedly reads it out at the end of her lectures as she feels the message is an important one to emphasize and re-emphasize.

When you next hear the term 'just a nurse', think about what it means and if it is being used by a friend or colleague, share this article with them. We are not JUST nurses, we are nurses.

Source: http://suzannecgordon.com/just-a-nurse-poster-bookmark/

Pink Power: Pediatric Rehabilitation Nursing

Researched by: Sienna Canero, SN and Gracel Legaspi, SN, RH-Al Maha 2 /RH

The start of an average day.....

It's 6 a.m. and the pediatric rehabilitation nurses in Al Maha 2 have changed from their white uniforms to their familiar pink scrubs, checked their assignments and patient files and received bedside endorsements. The nurses then move efficiently to prepare patients for their baths, and they prepare feeding tubes and suction traches. They take vitals, give meals, apply AFO or gaiters and change linens. The nurses transfer patients, as necessary, to their modular chairs and walkers, position them in front of their favorite TV channel or let them listen to their favorite radio station while sensitively interacting with them and preparing them for the day. Afterwards, some of the nurses go with their patient to school, attend an appointment or they join in their playtime around the unit or garden. Now, their patients are ready for their scheduled therapy...

About Pediatric Rehabilitation Nursing

The Association of Rehabilitation Nurses defines Pediatric Rehabilitation Nursing as the specialty practice committed to improving the quality of life for children and adolescents with disabilities and their families. The mission is to provide, in collaboration with the interdisciplinary team, a continuum of nursing care from onset of injury or illness to productive adulthood. The goal of the rehabilitation process is for children, regardless of their disability or chronic illness, to function at their maximum potential and become contributing members of their families and society. Physical, emotional, social, cultural, educational, developmental, and spiritual dimensions are all considered in a holistic approach to care.

HMC Responding to Qatar's Needs

In response to the increased need for rehabilitative services, driven by the growing population of Qatar, Rumailah Hospital, the 200-bed general hospital opened in 1957, was converted to a rehabilitation center for disabled adults, elderly people and handicapped children in 1982. A range of rehabilitation programs were offered following the conversion. One such program was Pediatric Rehabilitation, which delivers its services in the Children's Rehabilitation Unit, now known as Al Maha 2.

Al Maha 2: The Children's Rehabilitation Unit

Al Maha 2 is a 15-bed capacity ward providing intensive rehabilitation and long-term care programs that cannot be delivered in an outpatient or community setting. The Unit caters to children with physical and/or cognitive impairment resulting from injury or illness, which has caused functional disabilities. The care we provide involves a multidisciplinary team, including pediatricians (who specialize in rehabilitation and developmental pediatrics), nurses, physiotherapist, occupational therapists, speech language pathologists, psychologists, case managers, recreation therapists, dieticians, social workers, prosthetic/orthotic specialists, educators, and spiritual representative. The team works together daily and communicates regarding treatments, recovery and plan of care. Once a week, all the team members meet formally to discuss condition, progress and discharge plan of a particular patient in a team conference.

As per the unit's scope of service, the pediatric rehabilitation nurse must have specific experience in rehabilitation and will monitor patient medical needs on a 24-hour basis. Major interruptions in life experiences such as disabilities, injuries and illness can alter a child's development. Thus, knowledge on normal growth and development is essential in the nursing care, with particular focus on assessing and intervening on a child's development age, movement patterns and functional activities of daily living (playtime, hygiene, going to school), and recreational

activities). Assisting a child to achieve developmental milestones entails use of appropriate communication skills and therapeutic play in the nursing care plan. It is also imperative for pediatric rehabilitation nurses to develop a partnership with parents in which they serve as the consultants to families, explaining how the patient's day will be organized, supervising family care and providing education regarding pain management, medication and safety, not as directors of the child's care.

As a team, we strongly advocate and prepare children and youth with disabilities to make their way in the world, opening possibilities for them to function as productive members of the community and to be healthy in body, mind and spirit.

The end of an average day……

It's 9 p.m. The children have been prepared and positioned comfortably for a night's rest. Visitors have left, the unit is quiet and lights are low- making sure the young patients will be ready for the next step of the journey.

Reference: http://www.rehabnurse.org/uploads/files/uploads/File/PedRhbNur.pdf

Education News

Researched by Tawfiq Elraoush, RN, MSc., Sr. Educator, CNE Lead Planner

Piloting of the Qatar Early Warning Scoring (QEWS) System: A Clinical Improvement Initiative

By Patrician Colgan Clinical Nurse Specialist, Critical Care Areas, HGH
Fiona Milligan, CN, Pediatric ICU, HGH

Early warning scores facilitate early detection of deterioration by categorizing a patient's severity of illness and prompting nursing staff to request a medical review at specific trigger points, utilizing a structured communication tool while following a definitive escalation protocol. Adopting the Qatari Early Warning Scoring system (QEWS) is beneficial for standardizing the assessment of acute illness severity, enabling a more timely response using a common language across acute hospitals, nationally. The tool was adapted from standardized early warning systems, to reflect the differing physiological parameters in the younger population. This demographic group accounts for a substantial number of hospital admissions in Qatar.

The first pilot study took place in Surgical Unit 4, North 1, Hamad General Hospital. Prior to the pilot, nurses working in the Unit were requested to attend a four hour education session. The pilot session comprised the evidence for early warning scoring systems, the adaptation for the Qatar population and details of how to use the chart. It was followed by practical use of the chart in simulated case studies. The education session was subsequently evaluated using a Likert 5 point scale questionnaire. The domains measured related to relevance to practice, content and education delivery. Predominantly, learners were very satisfied with the education component.

A second pilot is currently taking place in the 3 South 3 Medical Unit. A second audit will follow and include evaluated outcome data and conclusions.

Conclusions and Recommendations: The evidence supports the use of early warning scoring systems in improvements in mortality and morbidity outcomes. This still has to be evaluated following the QEWS pilot in the surgical and medical units in HMC. Anecdotal evidence and narrative from nursing staff is that they have found the tool useful and it appears to have improved communication between multidisciplinary teams.

It is proposed to carry out further pilots in units at Al Khor and Al Wakra Hospitals.

Following successful implementation of the QEWS, a critical outreach team will be the next step in improving care and outcomes for patients admitted to hospitals or specialized units within HMC.

References

- Royal College of Physicians (2012) National Early Warning Score (NEWS). Standardizing the assessment of acute-illness severity in the NHS. Available online from: http://www.rcplondon.ac.uk [accessed February 2014].
- NHS Portsmouth (2014) Acute life threatening events; recognition and treatment. Available online from: www.alert-course.com [accessed February 2014].

The Nurse Spotlight

Researched by John Ygnacious Illescas, SN and Kristene Joy Facultad, SN, SNF – G1

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 and to celebrate their contributions to our profession.

This month we are celebrating.....

Who: **Thelma Brion Trinchera**
Position: **Head Nurse**
Hospital: **Skilled Nursing Facility - Rumailah Hospital**

Background:
Ms. Thelma Trinchera, often referred to as 'Madam Thelma', is a well-respected and beloved head nurse in the Skilled Nursing Facility (SNF). She is a valued leader with a personality that is both firm and supportive; this leads her colleagues and staff to position her as a motherly or sisterly figure. She has an outstanding work ethic and strong professional values, which make her a celebrated head nurse at HMC. Madam Thelma has been working in the corporation since the first hospital opened in 1979; she continues to be both an inspiration and an influence as we progress.

Question and Answers:

Where are you from?
I was born in Manila in the Philippines but I have also lived in Las Pinas City where my husband and I purchased a house. I actually studied Journalism in the University of Santo Tomas, Manila, to begin with, but then went on to complete my Bachelors Degree in Nursing in Manila Central University in 1971 and began working soon after.

What is your nursing experience?
In 1972, I transferred to San Lazaro Hospital and worked there as a Head Nurse for many years until I was promoted to Nursing Supervisor in 1979. I was chosen by my hospital for a nursing research scholarship grant with the Japanese Government, but I declined as I was also accepted for a position as Charge Nurse at Rumailah Hospital in Qatar in the same year. After three years as a Charge Nurse I was promoted to Head Nurse in the newly commissioned Hamad General Hospital.

Since 1979, my roles at HMC have been:

- Charge Nurse in Rumailah Hospital – 1979 to 1982
- Head Nurse in Medical Unit – 1982 to 2009
- Head Nurse in Skilled Nursing Facility – 2009 to present

What is the most rewarding part of your job?
I have seen and experienced a lot in my 35 years as a nurse, but the most rewarding thing about my job so far is witnessing and contributing to the progression of HMC. I have acted as a leader to many nurses over the years and I am proud to have nurtured and guided them in their careers.

What do you find most challenging about your job?
Although taking a journey of progression with HMC has been my highlight so far, venturing into the unknown has also been the most challenging aspect of my job. HMC has changed massively since I began working here; standards and policies were not what they are now and many didn't exist at all, which meant that in some instances we were starting from scratch. While it has been my pleasure to be involved in HMC's foundation and development, it has also been a struggle at times because we were leading the way. I would also note that sometimes leading many different people from many different cultures is also challenging but very rewarding.

What does being a nurse mean to you?
I see nursing as the embodiment of compassion and care. It is still a job and something that you do to earn a living, but it is a great job because it is a privilege to work with people from all walks of life and to care for them when they most need it. As nurses we are in a position to impact a life. Nurses are seen to have certain attributes, among them are compassion, care, hard work, ethics and trustworthiness – I think these are incredible attributes to be recognized for and I am extremely proud of them. After 35 years, being a nurse is part of who I am as a person; I am a lifelong learner, I value integrity and excellence and I feel like I can handle just about anything – I am a nurse.

How did you feel about being profiled in The Nurse Advocate?
I actually wanted to write an article and submit it, but to my surprised I was asked to be in the nurse spotlight.

I was a little hesitant at first, but as part of the nursing community at HMC, I realized it would be nice to share my experience with my colleagues. It is an honor and privilege to be a part of the newsletter and I thank The Nurse Advocate for the opportunity.

What are your goals for the future?

One of my goals is to write down the events of my career; a journal of my nursing experience to keep as a reminder of my achievements and accomplishments, and to remind myself just how far I have come. I also have an education goal; to continue to engage in professional development, participate in research and to finish my Masters Degree. It will always be my goal to be a nurse leader in a position to share my knowledge and influence others.

Is there anything else you would like to share with us?

I would like to acknowledge the people that have become part of my journey at HMC. I would like to thank Rumailah Hospital; the people that were involved in my recruitment, promotions and support over the years. Also, I would like to thank Hamad General Hospital for the opportunity they provided me with and the Skilled Nursing Facility for entrusting me in my current position. These opportunities have allowed me to grow, both personally and professionally. Furthermore, I would like to acknowledge all my staff for their commitment and devotion in the service of delivering quality patient care under my leadership.

I would like to give special mention to all the staff at the SNF, as the facility celebrates its 4th year. You have shown an unwavering commitment in your service. Thank you for all your dedication and commitment.

Other notable achievements:

1. Received the Best Nurse award at Hamad General Hospital in the 1980s and at the Skilled Nursing Facility in 2011 and 2012
2. Received Employee of the Month in 1998
3. Awarded Star of Excellence award for contribution in Oral Hygiene and Interdisciplinary Plan of Care in SNF 2011, 2013
4. Received "Certificate of Appreciation: International Nurses Day" on five occasions during my service at HMC
5. Certificate of appreciation as acting coordinator of HGH – 1990-1992
6. Certificate of appreciation as acting supervisor in HGH

USEFUL LINKS

The internet is a great place for nursing related resources. This month we would like to highlight the following sites:

- **Kids Health - http://kidshealth.org**

Kids Health is a site dedicated to parents, teens, children and educators. The site provides knowledge and advice for parents; answers, advice and straight talk for teens and homework help and 'how the body works' for kids.

- **Family Doctor - http://familydoctor.org**

The American Academy of Family Physicians 'Family Doctor' has several tools, including a medication index, immunization schedule and BMI calculator, as well as focused content on diseases and conditions, prevention and wellness, pregnancy and newborns, kids, teens and seniors.

- **National Institutes of Health – www.nih.gov**

The National Institutes of Health (NIH) is the largest source of medical research funding in the world and to complement its operations it boasts one of the internet's most popular healthcare websites.

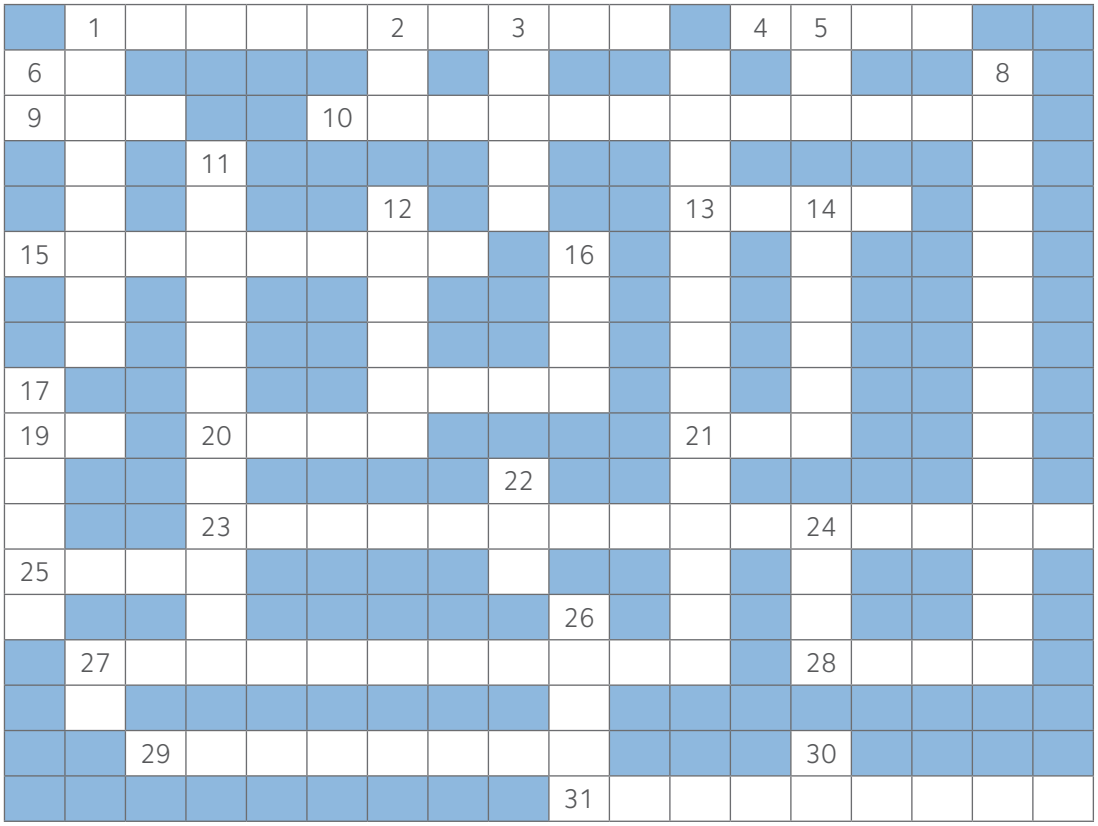
- **Nurse.com - Free CE Courses - http://ce.nurse.com/FreeCE.aspx**

Free continuing education credit? Absolutely! Even if your board of nursing doesn't recognize CE credit from the United States, free course offerings are an excellent way to expand your knowledge base.

Cross Word

MEDICAL TERMINOLOGIES CROSSWORD PUZZLE

By Lora Basquinas, E1, SN – AKH



Across

1. A diagnostic test in which a small piece of tissue is removed
4. Body of matter without definite shape
6. Potassium Iodide
9. Immune Thrombocytopenic Purpura
10. Detect microorganisms in blood
13. Rigid organs that constitute part of the endoskeleton of vertebrates
15. Cytologic test that detects cervical cancer
18. Manner of walking
19. Year Old
20. e.x. Fallopian, Uterine
21. No Known Allergies
23. Bathing the skin with water & additives to soothe & relax the patient.
25. Magnetic Resonance Spectroscopy Imaging
27. Most important measures for preventing the spread of pathogens
28. Unpleasant feeling
29. Walk
31. Release of a substance by exocytosis from a cell that may be a gland or part of a gland

Down

1. Rectal and perineal areas are immersed in water or saline solution
2. Unsound
3. Lie face downward
5. Aspartate Aminotransferase
6. See six across
7. Spinal tap
8. Restore normal heart rhythm
11. Listening for sounds within the body
12. Forced feeding
14. Dizziness and vomiting
16. Sac
17. Most common of all benign heart tumors
22. Nothing by mouth
24. Continuous Positive Airway Pressure
26. Stool
27. Hour of sleep
30. Essential for the synthesis of hemoglobin