

# The NURSE ADVOCATE



By Nurses for Nurses

Issue 16, January 2015

## CONTENTS

Ann-Marie Cannaby's Welcome Message	1
Nursing and Midwifery Executive Notice Board	2
The Nursing and Midwifery Career Framework: An Update	2
International Nursing News	3
Nurses Taking Charge: An Overview of the Charge Nurse Role	3
Pediatric Home Parenteral Nutrition Service: Enhancing the Patient Experience	5
The Primary Emergency Nursing Education Program	6
Pediatric Emergency Centers: In the Spotlight	7
Service Overview: Neonatal Screening Unit	9
Our Experience with the NDNQI RN Survey: A Rumailah Hospital Perspective	10
The Perioperative Program: A Standardization of Competency and Practice	11
Children's Rehabilitation Clinic adds a Little Fun to Hand Hygiene Education	12
Plastic Surgery Facts	12
Education News	13
Fun Stuff	15
The Nurse Spotlight	16

## Happy New Year 2015!

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



Professor Ann-Marie Cannaby  
Chief Nursing Officer, HMC

I welcome you to the first issue of The Nurse Advocate for 2015. As we bring the current Nursing Strategy 2013-2015 to a successful close, I am reminded of our accomplishments in 2014 and would like to acknowledge the tremendous effort, determination and dedication of our nurses and midwives who have supported the Strategy so far. The results of your commitment are undoubtedly bringing HMC Nursing closer to our ambitious goals.

This year will bring many positive developments for us, guided by the Nursing Strategy 2015 - 2018. I would like to highlight a few of the initiatives you can expect to see in this coming year:

- The implementation of 'The Nursing and Midwifery Career Framework' (April)

- Further enculturation of the 'Code of Professional Behavior and Ethics for Nurses and Midwives'
- The establishment of a 'Shared Governance Framework' across all units and facilities, working on the items you have recently addressed in the 'NDNQI RN Survey'
- The inaugural meeting of the 'International Nursing and Midwifery Advisory Board' (January)
- 'The Nurse Advocate' newsletter will be launched as a magazine
- Further professional development opportunities relating to formal and informal education
- The development of specialty dashboards
- A focus on key performance indicators for pressure ulcers, restraint use, falls and infection control indicators

There are many more exciting initiatives planned for the coming year, all of which will be covered in 'The Nurse Advocate', and the upcoming launch of the Nursing Strategy 2015 - 2018.

I personally encourage you to get involved with these initiatives throughout 2015 to contribute to sustainable change for the profession of Nursing in Qatar and for the benefit of the patients we provide care to.



### RN Survey Update

The release of the RN Survey results were discussed as well as the engagement strategies of nursing leadership with their Directors of Nursing and Head Nurses. Results have been sent out to all units. Facilities will now continue discussions with frontline staff, with an emphasis on the development of unit, directorship and facility action plans. Corporate Nursing will also be reviewing these.

### HMC Code of Professional Behavior and Ethics for Nurses and Midwives

The Code was recently launched at The Cuban Hospital (December) and

most recently at Al Wakra Hospital. Two sessions were run at both facilities and the attendance of nursing staff, from across all levels and settings, was phenomenal. Corporate Nursing will be working closely with the Nursing and Midwifery Education and Research Department (NMER) to embed the Code into GNO and educational offerings.

Attendees were provided an opportunity to feedback after the sessions, the results of which will be shared with the NMER and then published in 'The Nurse Advocate'.

### International Nursing and Midwifery Advisory Board

A small cohort of world renowned nursing leaders have agreed to be members of the recently formulated International Nursing and Midwifery Advisory Board. The Board will be meeting for the first time on January 26th and 27th, where they will review the outcomes of the Nursing Strategy 2013 - 2015 as well as the future Strategy. Poster presentations are being prepared for the event, from across HMC, demonstrating some of the excellent outcomes achieved over the last three years. An overview of the visit will be published in the next issue of 'The Nurse Advocate'.

## The Nursing and Midwifery Career Framework: An Update

In 2013 we began developing The Nursing and Midwifery Career Framework (NMCF), a tool designed to equip you, our valued nurses and midwives, with the skills and capabilities required to create a contemporary, flexible and competent professional workforce. In consultation with you, we designed a Framework in accordance with international best practice. This Framework is an essential part of realizing the Nursing Strategy vision of a world class nursing service with the right staff, educated to the right standards, in the right structure, giving the best care as part of the Academic Health System.

The NMCF will come into effect on 1 April 2015. All HMC nurses and midwives, with the required education and experience for their current role, will move onto the NMCF at that time. Corporate Nursing is currently working with HR/Credentialing to identify which

nurses and midwives have the required education and experience to move onto the NMCF. You will be notified by HR once your qualifications have been assessed; we anticipate this will happen during March 2015. There will be no job losses or demotions as a result of this change; nurses and midwives who do not move onto the NMCF will retain their current positions and grades.

The NMCF has been carefully designed to help nurses and midwives assess their learning needs and to plan for professional development. The Framework includes required education, skills and competencies for various nursing and midwifery positions; it is a roadmap for you to advance your career through helping to identify areas of strength as well as areas needing support. While HMC is moving to a degree nursing workforce, meaning the baccalaureate in nursing (BSN), or a recognized nursing-related

degree, will be the entry qualification for new nurses and midwives hired, and transferred or promoted, we recognize the important skills and experience that our diploma nurses bring to the workplace. Through the NMCF we aim to encourage all of our nurses and midwives to embrace lifelong learning and to seek to advance their skills and education.

In the coming weeks your Head Nurse and/or Director of Nursing will provide you with additional details about the Framework and the associated changes pertaining to transfers and/or promotions. A copy of the NMCF, as well as a listing of frequently asked questions, is available at the following link [http://itawasol/EN/how%20we%20work/corporate\\_services/hr/Performance/nmcf/Pages/default.aspx](http://itawasol/EN/how%20we%20work/corporate_services/hr/Performance/nmcf/Pages/default.aspx).

If you have any questions, please speak to your direct supervisor.

## International Nursing News

Researched by Jyothi H. Shadakshraiah, RN – PEC Al Sadd

### 1) Survey of Nurses in Europe shows longer working hours impact the quality of patient care

- A survey of over 450 hospitals across 12 European countries was recently conducted by researchers at the University of Southampton and the National Nursing Research Unit (NNRU) at King's College London.
- Over 30,000 nurses were involved in the survey.
- Results show that nurses who work longer shifts or took on additional overtime were more likely to rate the standard of care delivered on their ward as poor – or give their hospitals a negative rating in terms of safety and patient care.
- The survey suggests that nearly a third of nurses in England are working more than 12 hours in a shift. This is apparently a result of organizations trying to save costs and reduce the handovers needed between nurses.
- Nurses working long shifts are 30 percent more likely to report poor quality of care than nurses working the standard eight hour shift.
- 41 percent of nurses working

extended shifts also reported failing or poor standards of safety.

- Professor Peter Griffiths, Chair of Health Services Research at the University of Southampton, led the study and commented: "These findings raise questions for healthcare organizations, especially in the current economic climate, where employers in many countries, including England, are aiming to use the existing workforce more efficiently, either to reduce expenditure or because of nursing shortages. Moving from three shorter shifts per day to two longer ones has been claimed to save up to 14 percent of salary costs. But at what cost to the patient? This strategy needs to be looked at in much more detail. If nurses perform less effectively and less safely, what's the point?"

Read more on this at: <http://www.medicalnewstoday.com/releases/282913.php?nfid=37088>

### 2) U.S. Hospital logs staggering 2.5 million alarms in just a month

- Following the study of a hospital that logged more than 2.5 million patient monitoring alarms in just one month, researchers at UC San

Francisco have, for the first time, comprehensively defined the detailed causes as well as potential solutions for the widespread issue of alarm fatigue in hospitals.

- The issue of alarm fatigue has become so significant that The Joint Commission, a national organization that accredits hospitals, named it a National Patient Safety Goal. This goal requires hospitals to establish alarm safety as a priority, identify the most important alarms and establish policies to manage alarms by January 2016.
- "There have been news stories about patient deaths due to hospital staff silencing cardiac monitor alarms and alerts from federal agencies warning about alarm fatigue," said senior author Barbara Drew, PhD, RN.
- It is said that there has been little data published on the topic to inform clinicians about what to do about the problem. This study is said to be the first to shed light on cardiac monitor alarm frequency, accuracy, false alarm causes and strategies to solve this important clinical problem.

Read more at: <http://www.medicalnewstoday.com/releases/284365.php?nfid=37088>

## Nurses Taking Charge: An Overview of the Charge Nurse Role

Researched by Ruby Untalasco, CN – Skilled Nursing Facility

Charge nurses are at the height of accomplishment when it comes to multi-tasking; they lead a team of nurses, often on busy wards, they pay attention to the details of everyone's job to make sure the peripheral jobs get covered, they are involved in direct care when needed

and they are responsible for the management of work systems and processes on their units to ensure that the patient's needs are met. A day in the life of a charge nurse can be hectic and challenging.

Despite the challenges, the role often

provides a great deal of professional satisfaction. Charge nurses have to be specially trained in their role and they are required to use a number of desirable skills; therefore, they are more likely to benefit from leadership growth experiences.



The charge nurse role is not uniform across all healthcare settings and although the title of charge nurse has been around since the 1980s this is not a term that is used in all facilities across the board. We use the term charge nurse at HMC but in other facilities nurses who undertake the same or similar tasks may be referred to as unit facilitators or shift coordinators. Equally, in some facilities these roles are a permanent position and in others the responsibility can be rotated among staff.

The charge nurse role can include all, or a combination of, the following duties:

- Making patient care assignments and delegating care to other members of the team
- Ensuring that staff and patients receive the support they need
- Facilitating the admission and discharge of patients to the unit
- Monitoring new orders written for patient care
- Overseeing care given by nursing technicians and patient care assistants
- Evaluating staffing and assessing unit productivity throughout the shift

- Monitoring unit-based performance indicators
- Arranging for supplies/equipment
- Coaching staff
- Communicating with physicians
- Serving as a liaison to other departments or a coordinator in a multi-disciplinary setting
- Answering patient and family concerns
- Contributing to staff evaluations
- Serving on related committees and task forces

The above responsibilities are challenging, particularly when combined. Add to that the complexity of the modern healthcare environment and it is easy to understand the need for the valuable skills a charge nurse brings to the ward.

According to the online publication 'nursingtogether.com' the top six traits of a charge nurse are:

- **Flexibility.** Healthcare is never predictable, so be prepared to take a different course of action when duty calls. Don't assume that because you don't have a patient load your work is less.
- **Empathy.** Patients and staff will need to discuss their concerns

with you. Being a successful charge nurse means that you will listen closely to what they are saying.

- **The ability to motivate others.** Ask others for their input or advice. This shows that you value them as part of your team and it will give them a sense of self-efficacy. Also, encourage staff to take on new responsibilities. This will show that you have faith in them and that you value their abilities.
- **Leadership.** The charge nurse has to be a good leader. Leadership enables one to mold a group into an effective team. A leader can make a list of mundane tasks seem like a regimen for healing.
- **Sense of humor.** This trait can get you through the hardest of times. Research shows that laughter and humor can be a factor in healing and bridging wide rivers of diversity, so a charge nurse should have this quality too.
- **Self-confidence.** Sometimes, it seems that everyone hates the charge nurse. But being appointed as one is an honor. It is important for the novice and the expert charge nurse to have an imperative sense of self-confidence and recognize that you have earned this role. Your duty is to protect the well-being of your patients and not to please your co-workers.

References:

- Rose O. Sherman, EdD, RN, FAAN, 2011 "Taking Charge-Are You Ready" [www.emegingleader.com](http://www.emegingleader.com)
- <http://www.nursetogether.com/six-tips-to-become-a-successful-charge-nurs#sthash.yWViDHuj.dpuf>



## Pediatric Home Parenteral Nutrition Service: Enhancing the Patient Experience

Elizabeth Benny Thottumkal, Pediatric Nursing Supervisor, HHCS and Safa Bader, Staff Nurse, HHCS



Dr. Hanan Al Kuwari presenting the Stars of Excellence Award to the team.

The Pediatric Home Parenteral Nutrition Service is designed to meet the needs of pediatric patients who have long term alternative nutrition needs at the same time as providing support and education to their families. The service is led by a multi-disciplinary team including nursing staff. Six families are currently benefitting from this service.

"We are very grateful for the services HMC is providing our daughter. We are very happy with this new home service; it has changed our life as a family," said Mrs. Hind Mahmoud, mother of three-year-old Kenzi Nader, who has been using the service for almost two years now.

The service was created specifically for patients with intestinal function failure; irregular or failed intestine function can lead to mal-absorption of vital fluids and nutrients. It is often caused by a congenital disease of

the bowel or surgical sectioning of a significant length of the bowel, leading to a condition called short bowel syndrome. As a consequence, nutrients must be administered directly into the vein through the placement of a special intravenous catheter. This form of nutrition is called Total Parenteral Nutrition (TPN).

Dr. Kamal Osman Hassan, Pediatric Gastroenterology Senior Consultant and Head of the Pediatric Gastroenterology section at Hamad General Hospital (HGH), explains that prior to the new homecare service patients requiring parenteral nutrition had previously been required to spend a significant amount of their time at the hospital.

"With the Home Total Parental Nutrition Service, our patients can now stay at home with their families and enjoy the life that other

children have. They can go to school, shopping malls, outdoor parks and travel with their families; things that were very difficult before," says Dr. Hassan.

Mrs. Mahmoud agrees with Dr. Hassan on the difficulty of having her daughter in the hospital. Kenzi Nader was admitted to the hospital shortly after birth due to birth defects in the intestine which prevented her from absorbing vital nutrients. She spent one year in the hospital before being introduced to the homecare service.

"During this period it was also very hard for us to stay with her all the time because of our commitments with work and our other children. We are much relieved with the home service," says Mrs. Mahmoud.

Both doctors and patients' families agree that the long stay in hospital required to administer the parenteral

nutrition adversely affected the quality of life for patients and their families. "Children who came for intravenous nutrition at an early stage in their lives showed very slow development compared to other children of their age," says Dr. Hassan.

Mrs. Mahmoud added, "During the year Kenzi spent in hospital, her development was very slow; she wasn't even able to crawl. But after transferring to the home service, she was able to walk in just three months; we were very happy and surprised with the massive change."

Prior to transitioning to the Home Parental Nutrition service, parents are provided with training explaining how to administer and connect the parenteral nutrition bag to the

intravenous catheter and how to clean it. Nurses from HMC's home healthcare service visit the patients in their homes regularly (usually once per week), to perform checkups and provide any additional medical assistance. HMC also provides patients with all required equipment for the Home Parental Nutrition service.

Mrs. Mahmoud added, "We are all happy that we can spend more time with our daughter now. HMC doctors and nurses have been very helpful and responded to all of our needs, answering our phone calls even after their working hours. I'm really grateful for that."

Dr. Hassan also explained that the benefits of the program go beyond the patients enrolled in the service. As part of HMC's long-term vision of

transforming into a more integrated system, with a stronger focus on preventative and community-based healthcare, the service is allowing the Corporation to better meet the public demand on healthcare.

"Not only does this new system provide patients and their families with a greater opportunity to live their lives like any other family and to establish a better environment for their child to grow, it also allows us to provide beds to other patients that were once occupied for years by patients needing parenteral nutrition," says Dr. Hassan.

The Pediatric Home Parenteral Nutrition Team recently won a Stars of Excellence Award for their contribution to the patient experience.

## The Primary Emergency Nursing Education Program

*Researched by Afshin Ahmad Jahanian, CN, ED – AWH*

Guided by our Nursing Strategy, Hamad Medical Corporation's (HMC) Department of Nursing is undertaking a journey of transformation with a view to establishing and maintaining a world-class nursing service at HMC. The developments and improvements being made are ongoing and affect all nurses across the organization. There are many individual programs and activities that are supporting the aims we have outlined in our Strategy document, which are all contributing to the standard of excellence we have set for the benefit of our patients.

One such program has been commissioned by HMC for delivery to the Emergency Nursing Education Department. The Primary Emergency Nursing Education Program was recently delivered by the Alfred Medical Research and Education Precinct (AMREP).



AMREP is an organization which brings together biomedical and clinical research, education and healthcare. AMREP is a collaboration between leading organizations in this field; Alfred Health, Monash University, Baker IDI Heart and Diabetes Institute, Burnet Institute, La Trobe University and Deakin University.

The Program provides a structured and supportive learning environment to facilitate the update of clinical and non-clinical knowledge and skills laying the foundations for further study in the emergency nursing field. The curriculum design adopts a blended learning approach of educator led instruction, augmented

with self-directed learning, formative and summative assessment.

30 nurses from across Al Khor Hospital, Women's Hospital, Heart Hospital, Hamad General Hospital, Al Wakra Hospital and The Cuban Hospital have successfully completed this Program. The Program is intensive; it is run over a two week period with several days of clinical observation, three (eight hour) teaching days, clinical assessment, mentorship, self-assessment and opportunities for revision in areas of need. In order to begin the intensive course the participants had to complete approximately 20 hours of self-directed pre-learning prior to commencement of the two-week intensive period.

On completion of the Program, the participants all received a dually awarded Monash University/ Alfred Health certification as part of a closing ceremony. Mr. Alan Dobson, AEDON, said during the activity: "I think that everyone will agree that this has been an excellent program. The expertise of the course faculty was absolutely exceptional and the dedication, commitment and professionalism of all of the participants will establish firm foundations for improving the delivery of emergency nursing to all of our patients across HMC."

SOURCES: Emergency Nursing Fundamentals 1 © The Alfred E&TC 2014. Written by Lisa Dennis 2013, revised by Lauren Kite 2014

## Pediatric Emergency Centers: In the Spotlight

Researched by Gloria Arrojo Lariago, DON, PEC Satellites and Jyothi H. Shadakshraiah, RN, PEC Al-Sadd

### The Introduction of Pediatric Emergency Centers

Hamad Medical Corporation's (HMC) Pediatric Emergency Centers (PEC) were first introduced in February, 1986. They were established to specifically serve the pediatric population of Qatar in the event of medical emergencies.

### Current PEC locations

There are currently five PECs distributed throughout Qatar; located in Al Sadd, Al Rayyan, Al Daayen, Al Shamal and at the Airport. The bed capacity is different for each PEC but the systems and processes are uniform across all sites. The main PEC is located in Al Sadd and this Center usually lays the foundations for the other sites to follow.

### The PEC teams

The PEC clinicians, nursing staff and support staff aim to provide neonates, infants and children in Qatar with the highest standard of holistic care. Nurses make up the

largest number of staff within the PECs and the areas they contribute to include: health promotion, prevention, diagnostic and therapeutic services.

The service teams include:

- Doctors
- Nurses
- Respiratory therapists
- Quality reviewers
- Social workers
- Laboratory technicians
- Pharmacists
- X-ray technicians
- Clerks
- Nursing aides
- Catering staff
- Housekeepers

Each and every member of our team contributes to the quality of care we provide.

### PEC scope of service

The PECs operate 24 hours a day, seven days a week. The care teams within them are readily available

to treat medical emergencies in patients aged up to 14 years. Many conditions are treated in the PECs; ranging from chronic conditions with acute episodes to critical illness.

Once the patient arrives at a PEC, triage nurses assess the patient and prioritize them according to the approved guidelines and the Qatar triaging acuity scale (pediatric). The patient is then taken to the Examination Room, where they can be both examined and treated. Patients who need to be observed will be admitted for 24 hours. If a longer stay is required the patient is transferred to the pediatric floor. In some cases, and where necessary, patients are stabilized and transferred to the Pediatric Intensive Care Unit (PICU). In the case of trauma, young patients are stabilized in the PEC and then transferred to the specialist trauma unit at Hamad General, if necessary, where they can receive optimum treatment for their injuries.





*The Care Team at PEC Al Sadd*



*The Care Team at PEC Al Daayan*



*The Care Team at PEC Al Shamal*



*The Care Team at PEC Al Rayyan*

Each PEC has a Phlebotomy Room which is staffed with pediatric phlebotomists. When blood work-ups or extraction is needed urgently, these processes take place in the Phlebotomy Room. There is also an Intravenous Room which has been allocated to ensure that all intravenous medications are ready at all times with a nurse assigned to perform IV insertions when needed.

### Ensuring high quality

The Pediatric Emergency Clinical Booklet was developed to provide standard guidelines relating to all medications used across PECs in Qatar. Having guidelines which are rooted in best practice enable us to offer a consistently high standard of care. We also recognize that patient and staff satisfaction are incredibly important to treatment outcomes and as such we take part in both the Patient Satisfaction Survey and Staff Engagement Survey to help us identify any needs or gaps in these

areas. Systems such as this allow us to get valuable feedback to facilitate developments and improvements.

### Offering the best care means providing patient education alongside treatment

Holistic care involves much more than offering diagnosis and treatment; as healthcare professionals we are in a valuable position to educate our patients and their families, so that they can either manage their condition effectively or prevent future health issues. Education plays an important role in our system. The PECs have nurses assigned to patient and family education – these nurses are available to patients on every shift. Resources have been developed to support this function; a brochure has been developed by the team and the information within it relates to best-practice recommendations. Importantly, this brochure is available in four different languages to support



*The Care Team at PEC Airport*

our multi-cultural population; it is available in English, Arabic, Urdu and French.

### Our achievements

The PECs are an important part of HMC's wider services and the high quality children's services we offer have an excellent reputation which has been honored through numerous awards; including:

- Stars of Excellence Award in the category of Technological Innovation and Leadership. Received for the development



of the Pediatric Emergency Clinical Booklet.

- Arab Health Awards. Short listed for Excellence in Hospital Emergency Department.

### PEC nurse activities

HMC's PEC staff are involved in numerous activities which contribute to patient care, patient and family education, community support and awareness, staff support, staff education and staff celebrations. These activities include:

- Monthly in-service education to all nurses.
- A monthly recognition of nurses who perform their role to exceptional standards.
- Celebrations and acknowledgements of colleagues' birthdays.
- Arabic classes are provided to help new nurses learn important phrases and words to accommodate the local population.
- Maintenance of a 'Freedom Board' where nurses can give their

suggestions or opinions to improve the quality of patient care in the department.

- Nurses are actively involved in research.
- Many PEC nurses are involved in different committees to support HMC's nursing goals; for example, the Nursing Practice Committee, Nursing Newsletter Committee and the Infection Control Team.
- The Unit Environmental Round Team has been established to monitor all PECs and evaluate them for uniformity in service, education, safety and facility provisions.
- The PECs have a number of active teams which are all led by nurses:
  - Hotline Advisory. A 24 hour service maintained and run by nurses to assist patients and their families with health related queries.
  - Mock Code Team. Responsible for staff training relating to cardio pulmonary arrest

management. Nurses are kept up to date with best-practice and related information – as a result nurses have clear actions to undertake and feel more confident in their role during times of crisis.

- Pain Management Team. Responsible for staff training relating to the identification of pain in all pediatric age groups, and the management and documentation of these.
- Respiratory Team. Responsible for training nurses and parents in the identification and management of respiratory cases.

The PEC teams work well together, collaboratively and to a high standard in an environment where nurses are appreciated and the atmosphere is friendly and supportive. We would like to thank our Director Dr. Khalid Al Ansari along with the PEC DoNs, head nurses and charge nurses for facilitating that environment.

## Service Overview: Women's Hospital Newborn Screening Unit

Researched by Shilah G. Ancheta, SN, ED – WH, Ms. Jyothimol Cherian, Newborn Screening Coordinator – WH and Dr. Ghassan Abdoh, Consultant–NICU and Head of Newborn Screening Unit

*"For every country, its children are its future. HMC has led and supported many initiatives that demonstrate commitment to the well-being of the State's children and families. HMC has shown a particular interest in many projects that recognize our children as our most precious resource. HMC's Newborn Screening Program offers all babies born in Qatar a healthy beginning in their new lives."*

– Dr. Ghassan Abdoh  
NICU Consultant.

Newborn Screening is the process of testing newborn babies for treatable genetic, endocrinologic, metabolic and hematologic diseases. It is one of the most successful programs in preventive medicine. Babies born with metabolic and endocrine



Ms. Jyothimol Cherian (Left) with the staff of Newborn Screening Unit

disorders are at risk of physical disability, neuro-developmental delay and a range of other health problems. In the most extreme cases these babies are also at risk of death.

Hamad Medical Corporation (HMC), in partnership with the University of Heidelberg Children's Hospital in Germany, initiated a Neonatal Screening Program. The population of

infants born in Qatar is the primary priority for this Program.

The goal of newborn screenings is to detect disorders that are threatening to life or long-term health before they become symptomatic. Newborn screening tests are administered to healthy populations to identify infants who may have a serious condition and require further testing for diagnostic confirmation. These conditions include inborn errors of metabolism, endocrine disorders and severe combined immunodeficiency.

Nursing staff in the Newborn Screening Unit (NSU) at Women's Hospital will follow the results of babies screened from all HMC facilities and from private hospitals. If babies miss their screening, or if a parent refuses the test, an NSU nurse will contact the parents by telephone to discuss the test in more detail; reassuring them of the importance of the tests. If the baby in question is still in a postnatal unit, one of our staff will go to the parents to promote the value of the test through educational information.

### About the testing process

Testing typically occurs during the birth hospitalization. As per HMC policy CL 7086, the screening takes place once the baby has reached 36

hours of age. The neonate's blood is obtained from a needle prick to the heel and blotted onto filter paper (Guthrie Card) as several discrete spots. The Guthrie Card with the blood sample is then sent to Rumailah Hospital's laboratory and one part of the sample is shipped to the Heidelberg Screening Center in Germany through DHL.

The pediatrician or NSU nurse is responsible for ensuring that newborn screening has been completed and that all positive screening results are followed until a diagnosis is confirmed or excluded.

In the event that there is an abnormal result found during the screening, the parents are informed by the NSU nurse and, depending on the severity of the disease, treatment is given immediately; they are assessed and referred to the appropriate clinic for any necessary procedure, consultation or investigation.

All normal findings are e-mailed from Germany to the HIS department through the File Transfer Protocol (FTP). This information is made available in the NSU following official confidentiality procedures.

### Patient and family education

Patient and family education is very important to support this

procedure and structure. The type of information shared includes:

- Importance of screening
- Counselling the parent in case of positive result
- Screening procedure and the result
- Follow up appointment/s
- Feeding instructions
- Medication instructions

### The positive outcomes of the Neonatal Screening Program

The NSU has made a significant difference to the lives and futures of babies identified for follow-up support. Early detection, diagnosis and intervention of affected babies, before the manifestation of signs and symptoms, ensures early interventional management which brings with it positive healthcare outcomes; it can prevent death or disability and enable the children of Qatar to reach their full potential.

### Neonatal Screening Program leadership team

The Newborn Screening Unit is under the direction and supervision of Dr. Hilal Al Rifai (Director of NICU), Sr. Shaikha Mahboob Aldosari (AEDON, Ambulatory Services), Dr. Ghassan Abdoh (Consultant-NICU and Head of Newborn Screening Unit) and Ms. Jyothimol Cherian (Newborn Screening Coordinator).

## Our Experience of the NDNQI Survey: A Rumailah Hospital Perspective

*Researched by Mr. Avelino Torres Jr., SN, NDNQI Survey Coordinator – RH, and Ms. Jessy George, QMR, NDNQI Site Coordinator – RH*

"The only national, nursing quality measurement program which provides hospitals with unit-level performance comparison reports to state, national, and regional percentile distributions."  
<http://nursingandndnqi.weebly.com/what-is-ndnqi.html>

The NDNQI RN Survey was the first

large-scale survey undertaken by HMC nursing staff across all facilities. The aim of the survey was to give nurses a voice to highlight areas for improvements with regards to nursing and patient care at HMC. The results of the Survey will therefore guide future development decisions.

In preparing to undertake this

Survey, the NDNQI team at Rumailah Hospital had a good sense of how important this Survey and the results would be. We fully supported the opportunity for nurses to share their views on a range of issues and areas; we felt that if changes are to take place with regard to nursing then who better to input into

that than the nurses themselves. Proudly, 97% of Rumailah Hospital Nurses participated in this milestone activity – this was a marker of how important we all felt it was. Rumailah Hospital was not alone in this; participation rates were extremely high throughout all hospitals.

Under the leadership and guidance of Ms. Susan Yates, AEDoN, and Ms. Michaela Vickers, DoN, we began our preparations to facilitate this Survey. At first, the NDNQI site team at Rumailah was very anxious about how we would carry this task out. Getting a low number of participants was a major concern as was the pressure of sticking to the schedule and the timeline that had been provided.

We approached this systematically; we knew that a number of resources were required to facilitate an effective survey and so we ensured that delivery of these necessary resources was timely and accurate. Our activities included:

- Providing lectures/educating nurses across 40 inpatient and outpatient units
- Preparation of invitation letters to all eligible nurses
- Regular review on the NDNQI website for updates on completed tasks and tasks still to complete
- The printing and display of flyers, roll-ups and posters to advertise the Survey

After the preparation that went into

it, we were all nervous when it came to the Survey date. We were excited to see just how successful the campaign to get nurses to participate had been, but equally were anxious that our efforts would not have been successful. To see that we achieved a 97% participation rate was almost unbelievable and it exceeded our expectations. We were satisfied that as a team we had done our bit to convey the importance of the Survey and facilitate the completion of it.

It isn't over yet of course; once we get the results, data analysis and how we should use the information we have collected will be the next important stage in this process.

## The Perioperative Program: A Standardization of Competency and Practice

*Researched by Rubie Yves T. Ignacio, SN, Ophthalmology OR – RH*

It is the aim of the Nursing and Midwifery Education and Research Department to develop and support high quality education initiatives and training programs to meet the demands of the ever changing healthcare environment. The Perioperative Program was initiated to standardize the practice and competency levels of all perioperative nurses across HMC, for a consistently high standard of service.

The Program Coordinator and Perioperative Senior Educator, Mr. Fawwaz Alamiri, explains why the Program was initiated: "During the needs assessment it was found that OR nurses joining HMC all had different levels of competency and experience. In order to benchmark the entry level and standardize the perioperative nurse practice at HMC, we formulated the Perioperative Program, based on the standards outlined by the Association of Perioperative Registered Nurses



(AORN); an internationally recognized organization which provides evidence-based standards for perioperative practice."

The Perioperative Program is a foundation course; it focuses on the core competencies needed by operating room nurses to function independently and effectively in the perioperative area. It provides essential information for the delivery

of safe perioperative patient care in a safe working environment. The three-day course covers the following topics:

- Maintaining patient safety by ensuring correct patient, correct site, and correct procedure – according to HMC Policy 6044
- Establishing and maintaining a sterile field
- Dress code/surgical attire



- Surgical scrubbing, gowning and gloving
- Patient positioning
- Correct counting of sponges, instruments, and sharps to maintain patient safety
- Handling of specimens in a perioperative setting
- Electrosurgical unit
- Surgical smoke
- Sharp safety

- Speak up for patient safety

As per the last bullet point above, the course also encourages nurses to speak up when in the operating theater. Nurses are in a good position to observe practice and potential incidents which may have consequences to patient safety. If nurses are provided with the knowledge and skills to do so, they should in part be seen as a

voice of patient safety when in the perioperative area.

The Perioperative Program is ANCC accredited and nurses who complete the Program receive a total of 22 CNE points. The conditions of receiving these points in full are: attendees should achieve 80 percent of the post-program test and have received validation from their unit valuator in their respective operating theaters.

## Children's Rehabilitation Clinic adds a Little Fun to Hand Hygiene Education

*Written by Angel Mary, SN, Children's Rehabilitation Clinic/Day Care Unit – RH*

To mark Infection Prevention and Control Week, which takes place annually between the 23rd and 27th of November, the Children's Rehabilitation Clinic and Day Care Unit in Rumailah Hospital recently initiated a flash mob exercise to emphasize the importance of hand hygiene in a fun and energetic way.

The flash mob was arranged by the nurses as a surprise event on 25th November at 10.30 am. Music was played in the children's play area, where the nurses came one after the other and joined the presentation. It came as a surprise to the children, their parents and other attendants. Doctors, the therapists and also the housekeeping staff soon joined in. The information presented in the activity related to this year's theme: I love my clean hands. It saw the entire team performing the 40 - 60 second

hand washing technique in dance form.

To support the message throughout the week, the Clinic and Unit staff produced and displayed posters showcasing the various infection prevention and control methods and the correct hygiene techniques, so that they could be easily understood by both children and adults.

Handouts carrying the theme "I love my clean hands" were distributed to patients and visitors in both English and Arabic. Balloons carrying the theme were distributed to children along with an explanation of why clean hands are important.

Doctors, therapists from the



early intervention and social communication team, psychologists, nursing aides and housekeeping staff also took part in the dance, along with a few amused parents and children.

This awareness initiative was created with support from Dr. Haitham, Sr. Badriya (DoN), Sr. Sally (HN) and Sr. Anandi (CN). The flash mob and accompanying materials proved to be extremely successful and will no doubt leave a lasting impression.

## Plastic Surgery Facts

*Researched by Ligi Alias and Littu Abraham, SNs, Plastic Surgery OPD – RH*

Hamad Medical Corporation's Plastic Surgery Department uses medical practice to improve or change the aesthetic features of the body or to restore parts of the body that are damaged due to accidents and injury.

Plastic surgery includes cosmetic and non-cosmetic surgeries, reconstructive surgery, aesthetic surgery, micro-surgery, etc. Although plastic surgery has been practiced since ancient times there are still

many myths and misconceptions surrounding this specialist field. As nurses who work in the Department we get asked lots of questions.



Here are some facts about plastic surgery:

- People assume that plastic surgery must relate to the material plastic in some way; actually it is derived from the Greek word 'plastikos' which means to mould or shape. The term 'surgery' is derived from the Greek word kheirologos, meaning work done by hand.
- Plastic surgery has been practiced for over 2,700 years. The first recorded nose job was referenced in ancient Indian Sanskrit text in 600 B.C.
- An Italian by the name of Gaspare Tagliacozzi (1546-1599) is widely considered the father of modern plastic surgery.
- In the early Renaissance many plastic surgery procedures were performed in barber shops.
- The First World War brought with it numerous innovations in plastic surgery techniques due to the amount of people who were badly injured.
- The British started using plastic surgery techniques in the 17th century after witnessing an Indian mason repair the nose of a British man. They adopted the practice they saw but made improvements. Plastic surgery was then adopted throughout Europe.
- The first breast augmentation was performed in Germany on a singer who had a growth in her

breast removed. In an odd stroke of luck she also had a fatty growth on her back which was removed and transplanted to her breast.

- The modern liposuction technique which uses blunt cannulas for fat removal was developed in France in 1977 by Dr. Yves-Gerard Illouz. He performed this surgery for the first time on a woman who had a lipoma or fat growth on her back. This surgery was a milestone because the growth was successfully removed without leaving a scar.
- The idea for breast implantation came when Dr. Frank Gerow saw a plastic bag filled with blood used for transfusion. Dr. Gerow noticed the form it took was similar to a breast.
- The most popular non-invasive procedure is Botox, which is a protein derived from the botulism toxin. It is injected into the skin to paralyze facial muscles, giving the recipient a smooth wrinkle free appearance.

#### REFERENCES:

- <http://blog.facechange.org/2013/11/13/plastic-surgery-facts/>
- <http://www.drmoliver.com/interesting-plastic-surgery-facts/>
- <http://www.spinfold.com/interesting-facts-about-plastic-surgery/>

## Education News

In this section we aim to keep you updated about educational developments, courses and other learning associated activities.

### • **Emergency Nursing Education Update**

*By Alan Dobson, AEDoN,  
Emergency Education - HGH*

I am delighted to be able to provide the first in a series of education and

training updates relating to emergency nursing across HMC.

Education is one of the key elements of HMC's Nursing and Midwifery Strategy. Over the past 12 months, we have been making significant progress with the planning, development and delivery of numerous education and training programs to over 1,300 emergency nurses in more than 20 HMC facilities across Qatar.

Programs delivered so far include:

### (i) **Canadian Triage Acuity Scale (CTAS)**

A one day interactive study followed by individual triage competency skills assessments in clinical areas. Since December 2013, over 800 nurses have completed the Adult or Pediatric CTAS Course.

## (ii) Foundations in Critical Care Nursing

An eight day modular course covering the fundamental elements of caring for critically ill patients.

## (iii) Emergency Nursing Fundamentals Course

This course was delivered by nurse educators from The Alfred Emergency and Trauma Centre (Melbourne) supported by the HMC emergency nurse education team. Attended by 29 HMC emergency nurses, this intensive program was run over two weeks with several days of clinical observation, three teaching days, mentorship, self-assessment, formative and a final summative clinical assessment. All participants completed the course successfully and received a dually awarded Monash University/Alfred Health certification.

Other programs included: (iv) Preceptorship, (v) Conflict Resolution Training, (vi) ISBAR (vii) Clinical Leadership and (viii) Ebola Preparedness Training. This is in addition to various in-house clinical skills updates, such as urinary catheterization skills (Cather Acquired Urinary Tract Infection Reduction) and venous blood sampling skills training.

This could not have been achieved without the exceptional support of a highly skilled and dedicated team of nurse educators from across the corporation and as we continue to transform the nursing workforce, I look forward to providing more updates in future editions.

### ● Critical Care Foundation Program

*Researched by Fiona Milligan, Senior Nurse Educator – Nursing and Midwifery Education and Research*

The first batch of participants recently completed the new Critical Care



Foundation Program (CCFP) available at Hamad Medical Corporation. The Program is ANCC accredited and offers 80 CNE points upon successful completion of both educational and clinical competencies.

The CCFP is a rolling course running every eight weeks. It is open to all staff working in critical care environments, including emergency and high dependency units. The Program runs every Tuesday from 7.30am to 3:00pm, in the Nursing and Midwifery Education and Research (NMER) offices and is delivered by a multi-disciplinary team. The team consists of staff from the NMER Department, critical care educators, clinical nurse specialists, ICU DoN, physiotherapists, AD of Pharmacy at Heart Hospital, Neurological Consultant from Hamad General Hospital and members of the Organ Donation team.

The Program content consists of system-based modules such as neurological and integumentary, with attached competencies undertaken in the clinical environment. Included in the Program are basic pharmacology and non-clinical modules, including professionalism and code of conduct, reflective practice and narrative journaling, evidence-based practice and end of life care – including determination of brain death and organ donation in critical care environments.

Participants are expected to complete

clinical competencies and home-based assignments during the Program and after one month, post-completion, they are required to attend for a multiple choice question test and to present their professional portfolios. This is an essential component of the Program.

The delivery of the Program is interactive; it utilizes multiple teaching and education delivery methods with a focus on adult learning concepts. The aim is to develop not only clinical knowledge and skills but to encourage the use of reflective practice, essay writing and case study presentation skills.

The Program is intended to deliver the fundamentals of critical care nursing. The Advanced Practice in Critical Care Program is currently in the planning stages and will be available in early 2015.

All staff attending are provided access to the Critical Care Nursing Network shared drive, where a number of educational materials and other resources are available.

References:

- British Association of Critical Care Nurses [www.baccn.org.uk](http://www.baccn.org.uk)
- National Competency Framework for Adult Critical Care Nurses <http://www.cc3n.org.uk>
- National Standards for Critical Care Nurse Education (2011) [www.cmccn.nhs.uk](http://www.cmccn.nhs.uk)



● **Completion of the Wound Management Diploma Program**

*Researched by Christine Bermundo, RN, BSN – Hamad General Hospital*

The Wound Management Diploma Program was a one-year Program which started in 2013. The course was developed for all wound care link nurses across all HMC facilities with the purpose of providing a consistent guide to effective wound management through evidence-based practice and research. The information shared during this Program enables the attending nurses to effectively assess, diagnose and treat patients to reduce the severity of wounds.

The course was delivered in two

parts; theoretical and practical. The theoretical part was structured to cover the basics of wound care; i.e. anatomy and physiology of the skin, wound healing, wound classification and assessments and advanced wound care. The practical part was a hands-on session on simulated wounds to demonstrate and practice proper wound management (assessment, intervention and treatment application techniques).

A total of 36 HMC nurses have completed the Wound Management Diploma Program. Upon successful completion of the course requirements, all the participants received a Diploma in Wound Management from the University of

Jordan as well as CME hours (defined by the Saudi Ministry of Health).

The completion of this Program was marked with a recent ceremony at La Cigale Hotel. The event saw all of the nurses receive their certificates of completion and was attended by Dr. Mohammad YN Saleh, RN, PhD – Chairman of Clinical Nursing Department, University of Jordan, and Dr. Hussam Itani, RN, PhD – Wound Care Specialist. Dr. Saleh and Dr. Itani were the key speakers on the day. HMC's Professor Ann-Marie Cannaby, Professor Anne Topping and Ms. Amal Kamal were also present and distributed the certificates to the successful nurses.

# Fun Stuff

*Researched by Ruby Untalasco, CN – Skilled Nursing Facility*

**In this month's fun stuff section, we will share the answers to last month's 15 question quiz so that you can see how well you did.**

1. Answer: (C) hyperkalemia
2. Answer: (A) This condition puts her at a higher risk for cervical cancer
3. Answer: (A) The left kidney usually is slightly higher than the right one
4. Answer: (C) Blood urea nitrogen (BUN) 100 mg/dl and serum creatinine 6.5 mg/dl
5. Answer: (D) Alteration in the size, shape, and organization of differentiated cells
6. Answer: (D) Kaposi's sarcoma
7. Answer: (C) To prevent cerebrospinal fluid (CSF) leakage
8. Answer: (A) Auscultate bowel sounds
9. Answer: (B) Lying on the left side with knees bent
10. Answer: (A) Blood supply to the stoma has been interrupted
11. Answer: (A) Applying knee splints
12. Answer: (B) Urine output of 20 ml/hour
13. Answer: (A) Turn him frequently
14. Answer: (C) In long, even, outward, and downward strokes in the direction of hair growth
15. Answer: (A) Beta -adrenergic blockers

## The Nurse Spotlight

Researched by: Ms .Omana Abraham CN, Al Maha2 – RH

**Who:** Ms. Sali Anthony  
**Position:** Head Nurse  
**Hospital:** Rumailah Hospital – Al Maha 2

### Background:

A dedicated nursing professional, Ms. Sali Anthony stands out among her peers for her absolute commitment to her calling. Though a leader, she is humble and approachable. She is known for her excellent leadership, sharp intelligence, innovative ideas and organizational skills. She is good at spotting talented staff and supporting them so that they can develop, with benefits for the individual, the unit and organization. The most remarkable aspect of her nature is her ability to handle critical situations calmly.

### Questions and answers:

#### Q: Where are you from?

**A:** I'm from Kerala, India; born to teacher parents. I am married with two children. I am also blessed with a grandchild.

#### Q: What is your nursing experience?

**A:** I completed a course in General Nursing and Midwifery in 1982 in Lisie Hospital, Kochi, India. Because of special interest, in 1988, I did a post-graduate course in Rehabilitation from All India Institute of Physical Medicine and Rehabilitation Center, Mumbai where I also worked as a Rehabilitation Nurse for nine years.

I started my career at HMC (CRU, RH) in 1992 as a staff nurse.

My career ladder:

- Staff nurse 3 : 1992 – 1998
- Staff nurse 4 : 1998 – 2006
- A/Head nurse : 2006 – 2007
- Head nurse : 2007 – until now



*Ms. Sali Anthony, Head Nurse  
Rumailah Hospital – Al Maha 2*

#### Q: What is the most rewarding part of your job?

**A:** I have acquired vast knowledge and varied experience during my nursing career spanning over three decades. I enjoy sharing my expertise with others. I have worked with nurses from Qatar as well as other countries and the opportunity to mentor them has been extremely rewarding. Also, working with children with special needs, and helping them to progress. The satisfaction of seeing young patients recover and walk out of the door cannot be compared.

There have also been times where the urgent treatment I have provided has been critical to saving a life; for example, when a two year old Qatari boy pulled out his trach-tube and stopped breathing, my actions saved his life – I performed mouth to tube resuscitation on the child, continuing until I felt his breath on my face. The doctor then took over. This happened during my first year of service at HMC back in 1992 and was an important moment in my career as was the opportunity to meet this little boy again four years later; the child and his mother came back to our Unit.

Out of the blue, he ran forward and hugged me. It was an incredible moment.

#### Q: Have you been involved in community programs?

**A:** Yes, it has been my pleasure to contribute my time, knowledge and skills for the benefit of the community. I have served as a volunteer nurse in four medical camps conducted by approved organizations under the patronage of HMC. In addition, I was given the opportunity to participate in the Asian Games as a medical team member.

#### Q: What are your special achievements?

**A:** I was awarded HMC's Best Nurse in May 2000 and also received Guiding Star of Excellence in 2011

#### Q: What general advice do you have for young nurses at HMC?

**A:** I feel that the nurse that spends her day at the side of the patient is the most important person of all. Each nurse should use a combination of sensitivity, kindness and professionalism. Staff should take all learning opportunities given by HMC to best position themselves to provide the safest and most effective care.

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

**A:** It is my distinct privilege to work in an organization such as HMC as it prioritizes high quality patient care. Moreover, I am glad to serve as Head Nurse of Al Maha 2. As a team we are honored to be part of HMC's goal to transform children's health care in Qatar by working towards a community based model from a hospital-based model of care – in keeping with Qatar's National Health Strategy 2011- 2016.