

THE NURSE ADVOCATE

By NURSES And MIDWIVES For NURSES And MIDWIVES



مؤسسة حمد الطبية
Hamad Medical Corporation

صحة · تعليم · بحوث
HEALTH · EDUCATION · RESEARCH

Issue 27 November/December 2016

SPECIAL REPORT

Continued Improvement in Care **PRESSURE ULCERS AND RESTRAINT USE INDICATOR REVIEW**

HAMAD MEDICAL CORPORATION

Leveraging technology to identify and prevent sepsis

SITTING VS STANDING

Which of these creates a
positive impact on patients?



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ANNUAL
PERFORMANCE
REVIEW GUIDE



CONTENTS

Issue 27 November/December 2016

A Message from your Chief Nursing Officer	2
Nurse Spotlight	3
Meet Loay Yaseen	
Best Practice	4
Empowerment Through Shared Governance	
Multidisciplinary Team (MDT) Spotlight	5
Zainab Miqdad - Healing Through Nutrition	
Special Report	6
Impact of Nursing on Quality Care	
On The Pulse	8
Hamad Medical Corporation Leveraging Technology to Identify and Prevent Sepsis	
Journal Club	9
Sitting Vs Standing	
Ward Rounds	10
Inside the NICU, Clothing Comfort	
Education	12
Revitalizing the General Nursing Orientation	
Reflection	13
Reducing Rejected Samples	
Work Room	14
How to Stay Positive at Work	
Events and Happenings	15
NCCCR Nursing Grand Round; Intravenous Therapy Training; World Hypertension Day 2016; Inaugural Nursing Clinical Case Study	

The team from Al Khor Hospital featured on this month's masthead (from left):

- | | |
|------------------------------------------------|----------------------------------------------------------|
| 1. Chinnu Mohanan
Staff Nurse | 4. Faiza Youssef Bahnas
Executive Director of Nursing |
| 2. Teodora San Sarmiento
Charge Nurse | 5. Mohd. Khader Almalahy
Head Nurse |
| 3. Wafaa Mohamed Hassan
Director of Nursing | 6. Sinny Varghese
Staff Nurse |



! ERRATUM

We would like to make the following correction to the fourth paragraph of the MDT Spotlight in issue No. 26: Respiratory therapists do not set up ventilators or insert ventilation tubes at HMC, as it is outside the current scope of practice. The equipment in respiratory care is updated every seven years, or as needed; not every year, as printed.



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THE NURSE
ADVOCATE

A MESSAGE FROM YOUR CHIEF NURSING OFFICER

It is hard to believe that more than three months have passed since I joined Hamad Medical Corporation (HMC) in July and wrote my first introduction for The Nurse Advocate. I have been warmly welcomed and have continued to meet with many nurses and midwives across HMC. I have particularly enjoyed the “breakfast meetings” with some of you who provide care to patients day after day. Your insight and pride in your roles have been very moving.

Through the leadership of the Nursing and Midwifery Executive Committee (NMEC), it has been possible to agree on three principles:

- That no decision should be made about nursing and midwifery without the profession being involved
- That we all commit to the greater good of patients, that is, we work across HMC to support the areas of most need to make sure that we maintain safety
- That the NMEC is the decision-making body for nursing and midwifery

I have shared these principles widely across the organization and will continue to do so. This third principle leads nicely into the professional governance agenda. Each nurse should have a professional line to a more senior nurse. This is not yet in place for every nurse and midwife, so we know there is more to do in this area.



Eiri Jones, MA, RN Adult and Child

Chief Nursing Officer

Corporate Nursing and Midwifery
Department

Whilst routine is virtually impossible in nursing, in partnership with the Executive Director of Nursing at each facility, I have managed to arrange regular visits to the facilities to undertake clinical walkabouts. I have found that there is a lot of excellent practice here and it has been great meeting nurses and midwives in a wide range of roles.

There are things that we need to change and improve. We have some practices that need to be updated and we should use every opportunity to embrace new research and findings to ensure that, wherever possible, we apply the best evidence. Where evidence doesn't readily exist, we should hold professional discussions to ensure that there is a reasoned decision for any action. Following on from a very successful sepsis conference, the article on Page 8 reflects Cerner's view of the work underway at Hamad Medical Corporation. We have more work to do to embed the sepsis six bundle and we will discuss this further in the next issue.

starting to happen again. This is excellent news for us as a profession. However, we have a duty to be efficient and effective in our roles so that we do not waste our precious resources. With this focus, we are developing a blueprint called “New Roles and New Ways of Working”. I look forward to discussing this further in the next edition.

If I had to sum up my first three months, I would have to say that my largest focus has been on our workforce issues. We know that we have vacancies to fill and there is significant work being done by the Human Resources Department in partnership with nursing to achieve our recruitment target. We have plans to recruit nearly a thousand new nurses and midwives, and you will be aware that promotions are

As we approach 2017, there is a huge amount of opportunity for the profession to shine and demonstrate that it is responsive to the changing requirements of nursing and midwifery practice in Qatar. I want to thank you all for your hard work and commitment. I also want to challenge you to continue going the extra mile so that patients at HMC get the best care, always.

Meet Loay Yaseen



By **JULIUS PATRIC, REGISTERED NURSE,**
ENAYA SPECIALIZED CARE CENTER

In every issue of The Nurse Advocate, we shine the spotlight on exceptional nurses and midwives in celebration of their achievements and contributions. This month, we speak to **Loay Yaseen**, Staff Nurse at the Enaya Specialized Care Center (ESCC).

This Jordanian national has no issue with challenges at the work place. In fact, he doesn't see challenges at all, only opportunities to work with his colleagues and to provide his patients with the best holistic care possible.

TELL US ABOUT YOUR NURSING EXPERIENCE. WHERE DID YOUR JOURNEY BEGIN?

My nursing journey began in Jordan at Al-Zaytoonah University, where I earned my Bachelor of Science in Nursing degree. I spent the next four years working in Jordan at the Prince Faisal Ibn Al-Hussain Hospital and the Al-Basheer Hospital, both of which are under Jordan's Ministry of Health. This was a very productive time for me, as I specialized in Medical, Emergency and Cardiac Nursing. In 2013, I ventured beyond Jordan and joined Hamad Medical Corporation in Qatar. The past three years have been very educational and I'm enjoying my work at the Enaya Specialized Care Center (ESCC).

WHAT IS THE MOST ENJOYABLE PART OF YOUR JOB?

What I enjoy most about my job is being able to provide comprehensive holistic care for our patients. Especially close to my heart are the geriatric patients who come through ESCC. I enjoy being a part of their day, helping them and treating them as a part of my family. This provides me with a great sense of personal satisfaction. I also enjoy working with my colleagues, who are of different nationalities. It's great fun getting to know them and their cultures!

WHAT DO YOU FIND MOST CHALLENGING ABOUT YOUR JOB?

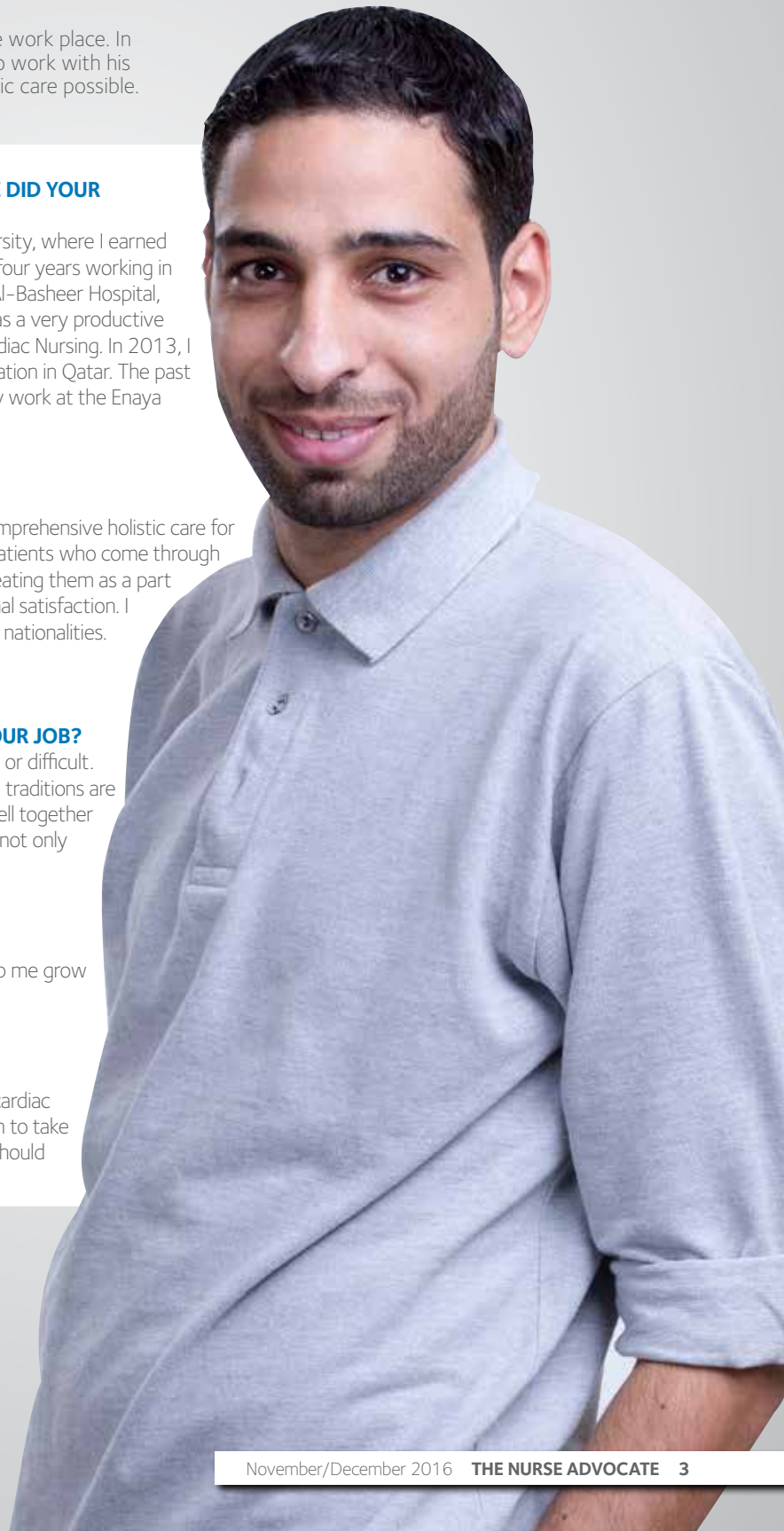
To be honest, I do not find any aspect of my job challenging or difficult. I credit that to my colleagues. Even though our cultures and traditions are different, we're there for each other, like family! We work well together as a single unit to overcome all obstacles. Our collaboration not only benefits our patients, but also our department as a whole.

WHAT DOES BEING A NURSE MEAN TO YOU?

Nursing is my life. The experiences it brings me not only help me grow as a nurse, but also as a person. It's my calling.

WHAT ARE YOUR GOALS FOR THE FUTURE?

I would like to further my nursing studies by specializing in cardiac nursing or communicable diseases. And at some point, I plan to take up a post-graduate degree in nursing administration. That should keep me busy for a while!



Empowerment through Shared Governance

The unit-based councils set up at Enaya Specialized Care Center yield promising results through promoting shared governance

By **LYNNE ANABELLA MENDONSA, DIRECTOR OF NURSING, ENAYA SPECIALIZED CARE CENTER**

The Enaya Specialized Care Center (ESCC) prides itself as being one of the first facilities at Hamad Medical Corporation (HMC) to implement a shared governance model, a vehicle adopted by many healthcare organizations to support the nursing practice environment and to meet the overriding goal of providing excellent care.

Four unit-based councils (UBCs) – the pillar of the shared governance process – were established at ESCC in 2015. Each UBC consists of eight members who represent the interest of all nurses within the unit.

The four UBCs support the strategic and management decision-making process, over all aspects of nursing services at ESCC. The focus of our shared decision-making model is to

enable nurses to make decisions related to quality outcomes, patient-centered care, patient satisfaction, standards of practice, and professional development. Through the shared governance model, staff nurses at ESCC are empowered in an organization that encourages professional autonomy, effective communication, and development of leadership skills.

Each UBC at ESCC aims to help nurses transform their ideas into opportunities and accomplishments. It starts with the recruitment of nurses to the council. But once their visions are shared and they begin to work together as a team, the council becomes more than just another committee. The nurses realize that they have a voice and can make a change, which serves to strengthen the group.

Some of the advantages of shared governance that were noted at ESCC include nurses feeling more empowered as a result of being given opportunities to participate in decision making, nurses feeling encouraged to accept more responsibility, improved communication between nurses, across all roles, and colleagues, and a better working environment for all staff.

The UBCs' ultimate vision is to create a culture of high-quality nursing practice and to ensure that nurses take ownership of patient goals and outcomes. Nurses are at the bedside and on the frontline. As such, they should be a part of the solution for the problems they face. This is only the start of better things to come, not only at ESCC, but also at all HMC facilities.

KEY ACHIEVEMENTS OF ESCC

- Creation of a UBC bulletin board
- First place in the Institute for Healthcare Improvement (IHI) Middle East Forum poster presentation
- Staff recognition programs – award given to the Best Staff Nurse in each unit every quarter
- Monthly review of nursing practice, including:
 - Documentation
 - Medication administration
 - Hand hygiene
 - Needlestick injuries
 - Fall prevention
 - Pressure ulcer prevention
 - Aspiration pneumonia prevention
 - Catheter-Associated Urinary Tract Infection (CAUTI) prevention

Healing Through Nutrition

One of the most important aspects of healthcare is proper nutrition. This makes a clinical dietitian a crucial member of an MDT. At AWH, Zainab Mohammed Miqdad, a clinical dietitian, relishes making a difference in her patients' lives.

*Behind every patient success story is a team of dedicated professionals who provide holistic care through collaborative practice. The Multidisciplinary Team (MDT) Spotlight puts the focus on exceptional members of the MDT, in celebration of the care and contribution they provide each and every day. In this issue, we speak to **Zainab Mohammed Miqdad**, a Clinical Dietitian at Al Wakra Hospital (AWH).*



By **FATIMA NAGI, HEAD NURSE,**
AL WAKRA HOSPITAL

TALK TO US ABOUT YOUR WORK EXPERIENCE AND WHERE YOU RECEIVED YOUR TRAINING.

I completed a 33-week (1320-hour) supervised professional practice in Dietetics Program at Qatar University in June 2014. The dietetics internship included practicums such as community nutrition at the Ministry of Public Health and Qatar Foundation, food services and management at Hamad General Hospital, and medical nutrition therapy at Hamad Medical Corporation (HMC). The program also included clinically focused training in general medicine, diabetes, gynecology, cardiology, intensive care, oncology, dialysis, home care, and pediatrics. I joined HMC in 2015, where I'm currently working at the Medicine Department, covering two outpatient clinics: Gynecology and Diabetes.

WHAT IS THE MOST ENJOYABLE PART OF YOUR JOB?

The most enjoyable part of my job is that I get to change the concept of nutrition. I also enjoy working within evidence-based dietetics practice guidelines, learning new things, and taking on more responsibilities.

WHAT DO YOU FIND MOST CHALLENGING ABOUT YOUR JOB?

The most challenging thing for me is managing pregnant women who come to my clinic with depression. In such cases,

I make sure I dispense nutrition advice in a friendly manner, let her enjoy her special diet, and support her as much as I can. Another challenge is when I encounter complicated cases with multiple nutritional

problems. Here, the patients and I set long- and short-term goals, finding suitable solutions.

WHAT DOES BEING A DIETITIAN MEAN TO YOU?

It means being honest and trustworthy with good communication and critical-thinking skills. I set high expectations for myself to ensure that my patients receive only the very best nutrition advice and recommendations.

WHAT ARE YOUR GOALS FOR THE FUTURE?

I plan to further my studies with a higher diploma in diabetes and obtain my Registered Dietitian Certification, which could open up new opportunities for me. I also look forward to improving our nutrition educational materials, such as the Diabetic Exchange List, as well as setting up a nutrition assessment guideline for gestational diabetes.

HOW DO YOU AND YOUR TEAM WORK COLLABORATIVELY WITH NURSING?

Our individual roles are important, but together, the collaborative work between nurses and dietitians increases our efficacy. Nursing works very closely with Dietetics on a daily basis to provide better nutritional care to our patients.



Impact of Nursing on Quality Care



By **MATHEW JACOB, DIRECTOR OF NURSING, QUALITY AND PATIENT SAFETY, CORPORATE NURSING AND MIDWIFERY DEPARTMENT**



By **BRENT FOREMAN, ASSISTANT EXECUTIVE DIRECTOR, PRACTICE AND POLICY, CORPORATE NURSING AND MIDWIFERY DEPARTMENT**

As we reflect on our accomplishments of the past year, we are honored to be part of a team that shares a vision and commitment to excellence in professional nursing practice and the delivery of safe, effective, patient-centered, timely, efficient, and equitable care. The purpose of this article is to celebrate our continued improvement and to reinforce our strategic initiatives, which support the overall key goals of Hamad Medical Corporation (HMC).

Nurses and midwives are working to enhance their knowledge, practice, service, and outcomes at every level across our corporation. Contributions from each member of the team are vital to our success as we work to strengthen the profession and patient experience. Through the shared governance process, front-line nurses and midwives are actively engaging to positively impact the practice setting and patient experience. We will see continued growth and development of shared governance through 2017, and through our nursing sensitive indicators, RN satisfaction results, patient satisfaction results, innovations in care, and research initiatives.

HMC aims to continuously deliver the safest, most effective and most compassionate care to each and every patient. The Corporate Nursing and Midwifery Department supports this aim through the provision of compassionate, safe, high-quality care to the patients and families we serve. As this article shows, we have a lot to be proud of. We should be proud of the improvements we have made so far and be inspired to continue to lift the bar of excellence across our system.

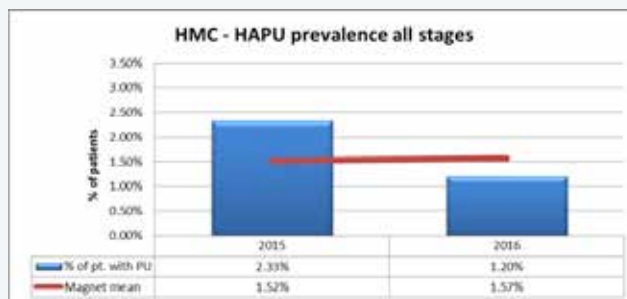
NURSING-SENSITIVE INDICATORS

Key performance metrics, which reflect nursing practice, are called nursing-sensitive indicators. We currently monitor a suite

of patient-outcome indicators that are directly impacted by the quality of nursing/midwifery care patients receive. Some of the achievements realized in 2015 include the following:

HOSPITAL ACQUIRED PRESSURE ULCER PREVALENCE (ALL STAGES) – DECLINED BY 58 PERCENT

Hospital acquired pressure ulcers (HAPU) play a significant role in the patients' experience of their care. HAPUs have the potential to create discomfort for the patient, to increase their length of stay, and to place the patient at risk for further complications, such as cellulitis, bone and joint infection, and sepsis. They can also increase the risk for squamous cell carcinoma.



Through a concerted effort, nurses from across HMC have reduced the prevalence of HAPUs by a staggering 58 percent. More than 60 patients were kept from developing HAPUs while under our care, compared to the number of patients with HAPUs in 2016. This is due to a number of improvement initiatives, including but not limited to:

- Wound care nurses conducting an increasing number of education sessions

- More nurses certifying or recertifying themselves through the free National Database of Nursing Quality Indicators (NDNQI) pressure ulcer tutorial
- Patients and families being engaged in the prevention process
- An increasing amount of staff being trained on safe handling and positioning of patients
- More equipment being secured to prevent HAPUs
- Hourly rounding by nurses being increased

It is worth mentioning that there was also a 50 percent decrease in the number of patients with a stage 2 (or worse) HAPUs. Through their vigilance in reducing HAPUs, nursing has saved the organization over QAR 11 million.

PHYSICAL RESTRAINT USE (LIMB AND VEST) – DECLINED BY 30 PERCENT

An advocate, as defined by the Merriam-Webster Collegiate Dictionary, is “one that pleads, defends, or supports a cause or interest of another”. Advocating for patients and their families is a core component of the art of nursing. Across HMC, nurses have

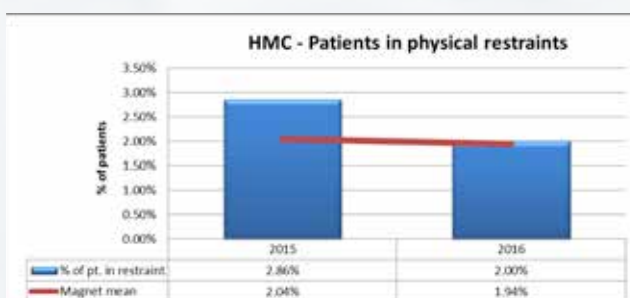
advocated for our patients to reduce the prevalence of limb and vest restraints ordered. This decline in use can be directly attributed to several ongoing initiatives, which include:

- The use of hand mittens, in lieu of limb restraints
- Hourly patient rounding
- Case reviews being conducted
- Frequent Multidisciplinary Team assessment of restraint orders
- Occurrence, variance and accident (OVA) reporting of every restraint in use

As a result of nursing advocacy, the number of patients in restraints declined by 62. There are multiple benefits of eliminating restraint use, which include increased dignity and quality of life, less confusion and depression, fewer pressure ulcers, less bone loss and muscle atrophy, as well as lower cost of care. The decline in restraint use demonstrates a savings of QAR 88,674 for patients and HMC.

EMPOWERMENT OF THE PROFESSION – IMPACTING ON CARE

There have been a number of initiatives over the last three years to further enhance the professional status, decision making, and autonomy of nursing and midwifery across our national health service. The recent NDNQI survey results demonstrate that nurses and midwives are more satisfied across these three indicators, compared to the 2014 survey. This increase in satisfaction across these three important areas is clearly evident across a number of nursing-sensitive indicators. Not only are we making a definitive impact on patient care in Qatar, we have also succeeded at delivering a level of care that is on par with leading healthcare providers across the world.



HAMAD MEDICAL CORPORATION

LEVERAGING TECHNOLOGY TO IDENTIFY AND PREVENT SEPSIS



By **RUSSELL MAYNE, SENIOR CLINICAL STRATEGIST, CERNER MIDDLE EAST**

Sepsis occurs as a complication from an infection and can be potentially life threatening. It is an inflammatory response triggered by chemicals released into the bloodstream to fight the infection. This inflammation can potentially trigger several physiological changes, which can result in damage to multiple organ systems, causing them to fail¹.

The State of Qatar has instituted a system to ensure that clinicians are immediately alerted to patients at risk for sepsis. This early warning alert, in conjunction with the world class care available at Hamad Medical Corporation (HMC) hospitals, will reduce the number of patients progressing to sepsis.

A LOOK AT SEPSIS

Despite advances in supportive care and disease-specific treatment, between 32 and 40 percent of all patients who develop sepsis will die in hospital². In the United Kingdom, it is estimated that between 37,000 and 64,000 people die each year from sepsis^{3,4}. Although anyone can develop sepsis, patients with pre-existing medical conditions, infections, a weak immune system, severe injuries, or those who are already hospitalized, are at the greatest risk.

Patients with sepsis may have low blood pressure, decreased urine output, high or low body temperature, acidosis, fast heart rate, altered mental state and a skin rash. They may also have problems breathing. Sepsis is suspected when patients develop one or more of the above symptoms, and have a combination of a high or low white cell count, low platelet count, impaired liver and kidney function, or an infection in the blood.

The risk of death rises six to 10 percent every hour from the onset of septic shock and the start of treatment⁵. Patients are

more likely to survive if they are diagnosed early and treatment is started promptly.

A LIFE-SAVING SOLUTION

Although clinicians are trained to identify early signs of sepsis and to provide treatment following evidence-based clinical pathways, sepsis symptoms can be subtle, not immediately obvious and difficult to identify. Storing medical records on traditional paper-based noting systems makes identification of these changes more challenging. For instance, lab results being paper-based and patient vital signs being documented in the paper nursing notes, may delay quick detection and diagnosis. As a result, the ideal window of opportunity to start early treatment may be lost.

Cerner, the provider of HMC's clinical information system, is focusing on creating an environment where preventable events that may harm patients, are identified and highlighted to the appropriate caregivers in real-time. Cerner has developed a solution to meet the needs of expediting the accurate diagnosis and appropriate treatment of sepsis.

Supported with initiatives published by the Institute for Healthcare Improvement, The Joint Commission and Centers for Medicare and Medicaid Services, Cerner's sepsis algorithm helps hospitals to eliminate a preventable cause of patient morbidity, mortality, and expense.

Cerner has developed an evidence-based algorithm allowing early intervention for patients at risk, and preventing deterioration into severe sepsis.

ST. JOHN SEPSIS AGENT: A POTENTIAL LIFE-SAVING ALGORITHM

The St. John sepsis algorithm continuously monitors key clinical indicators and attempts to recognize a potentially septic

pattern. When the algorithm detects a risk condition, it alerts those in charge of the patient, indicating the need to take action in order to prevent the condition from developing or progressing undetected.

Recent data from HMC has found that the Sepsis Agent alerted the clinical teams at the first sign of patient deterioration over 3,000 times within the first six months of 2016. These alerts ensured clinicians were able to assess their patient for risk of sepsis and take immediate action to prevent further deterioration.

QUALITY AND PERFORMANCE IMPROVEMENT

Constant monitoring for sepsis in real time, through the clinical information system, is now standard protocol through all HMC hospitals, ensuring that more patients receive timely care. In addition to the implementation of the St. John Sepsis Agent, HMC has initiated a corporate committee to ensure that world leading sepsis practices are standardized, adopted, implemented and evaluated across the system. HMC continues to leverage their investment in healthcare IT to improve patient outcomes and provide a world-class service to the State of Qatar.

Credits:

- <http://www.mayoclinic.org/diseases-conditions/sepsis/home/ovc-20169784>.
- <http://www.survivingsepsis.org/background/Pages/default.aspx>.
- <http://www.msps.es/estadEstudios/estadisticas/cmbd.htm> (in Spanish). Last available CMBD, 2010. DRG: Diagnosis-Related Groups.
- The UK Sepsis Group, UK 2012. <http://www.uksepsis.org/#/what-is-sepsis/3852800>.
- Dr Sanjoy Shah, Dr Tamas Szakmany, et al. Sepsis: The Extent of the Problem. The Critical Care Alliance. 16 December 2011. http://www.publicservice.co.uk/article.asp?publication=UK%20Science%20and%20Technology&id=546&content_name=Health&article=18482
- Technology Strategy Board, Detection and Identification of Infectious Agents. https://connect.innovateuk.org/c/document_library/get_file?folderid=3026452&name=DLFE-51469.pdf

Sitting vs Standing

One of these leaves a better impression on patients



By REENA PHILIP, NURSE EDUCATOR,
NURSING AND MIDWIFERY EDUCATION AND RESEARCH DEPARTMENT



THE STUDY

A prospective, randomized, controlled study was conducted on adult post-operative inpatients admitted for elective spine surgery. The study compared the actual duration of time spent by a clinician throughout 120 consultations with patients, when he sat vs. stood, against the time that was perceived by the patients.

RESULTS

The patients' perception was that the clinician spent more time at their bedside when he sat than when he stood. This additional time ranged from five minutes to almost 15 minutes, compared to when the clinician stood, although the time spent was the same in both scenarios. The patients commented that they felt the clinician was more open, compassionate, friendly, and relaxed when sitting as opposed to looking rushed when standing. The patients felt that they had the undivided attention of the clinician. It was noted that sitting at the same level with someone has a calming effect, like an adult moving to the level of a child.

CONCLUSION

Whether a clinician sits or stands may not seem critical, but it can make a difference in the patients' outlook and level of satisfaction, which in turn, can lead to increased referrals, improved compliance, and improved clinical outcomes.

If you're a busy healthcare provider, you're likely to be on your feet, constantly moving from patient to patient. But is this the most effective way to tend to patients' needs? Are providers perceived differently if they are sitting instead of standing when interacting with patients?

To explore this question, the surgical nurses at Hamad General Hospital (HGH) conducted a journal club to review a pilot study that was carried out at the University of Kansas Hospital in 2012 entitled "Effect of sitting vs. standing on perception of provider time at bedside".

CONCLUSION AND CLINICAL IMPACT

Nurses, like physicians, spend much of their time on their feet doing a variety of tasks, such as managing IVs, turning patients, drawing blood, and monitoring vital signs. Ordinarily, there isn't much time to pull up a chair and converse with patients.

This study, however, has inspired the HGH surgical nurses to practice sitting at the bedside more often when they go about their daily tasks. The nurses feel that when they sit down, they are eye to eye with their patients instead of standing over them and making them feel vulnerable.

Nurses, physicians, and allied health professionals working with patients need to be aware of the impact of something as small as sitting. It can be concluded that "sitting down on the job stands out to patients"!



INSIDE THE NICU

A unit dedicated to taking care of the littlest patients



By **KRISHA LEIGH P. GARCIA, REGISTERED NURSE,**
NEONATAL INTENSIVE CARE UNIT, WOMEN'S HOSPITAL

As a highly specialized unit, the Neonatal Intensive Care Unit (NICU) is exclusively dedicated to caring for the most vulnerable and fragile patients. This exclusivity creates an air of mystery for those who rarely have access to the area. This article provides an inside look at the NICU and what makes it special.

The NICU is one of the largest and busiest units at the Women's Hospital. With a bed capacity of 107, it has four subunits, including the Intermediate Care Unit (IMCU), which is a step-down unit from the Intensive Care Unit (ICU), and the Tiny Baby Unit (TBU), which caters to extremely premature and very low birth weight newborns.

The most common cases handled here are prematurity, respiratory distress syndrome, hypoglycemia, and neonatal sepsis. Surgical and cardiac cases are accommodated as well. Special procedures carried out here include exchange transfusion, peritoneal dialysis, patent ductus arteriosus (PDA) ligation, and laser for retinopathy of prematurity (ROP).

NEONATAL NURSING

There are 322 nurses on rotation in the unit, all of whom are female. Various teams and nurses keep the unit running, including:

- A rapid response and code white team that consists of an IV nurse, who assists in drawing blood, and a transport nurse, who

assists in transferring sick neonates to and from the NICU

- Floater nurses, who work in various areas, depending on where the need is
- Lactation nurses, who assist mothers in breastfeeding matters
- Clinical resource nurses, who educate and assist nurses and families in maintaining the standards of care at the unit

SPECIALIZED CARE

A NICU nurse's responsibilities are vast and include hourly assessments, giving medications, collaborating with members of the multidisciplinary team, and performing life-saving interventions.

Infection control practices must be strictly observed, as patients' immune systems are still undeveloped. This includes proper hand hygiene, always wearing hospital scrubs and gowns, and limiting visitation to parents only.

Developmental care is provided to all babies, especially premature babies at the TBU. This practice mimics the baby's environment in the mother's womb. 'Nesting' is provided for all babies inside the incubator, with light and noise conditions kept to a minimum. Skin-to-skin contact, also known as kangaroo care, is highly encouraged.

Procedures such as suctioning, venipunctures, and heel pricks can cause

discomfort to neonates. Since babies cannot verbalize their discomfort, nurses assess their cues to help optimize comfort through measures such as therapeutic touch, non-nutritive sucking, swaddling, and administering a special sucrose solution.

Neonates may be the focus at the NICU, but their parents are not ignored. The unit promotes Family-Centered Care and patients are encouraged to participate in the caring of their babies. This gives them the confidence to independently provide care once their babies are discharged. Classes such as HUG Days provide parents additional guidance.

CHALLENGING, YET FULFILLING

Every day in the NICU feels like a rollercoaster ride. Even if the baby appears to be well, his/her condition can change at any point in time. As such, a NICU nurse's job is extremely challenging, but it is also very fulfilling. Each task must be done meticulously, as it can have a lasting effect on the baby's life.

The NICU is a place where great things happen every day, such as a new mother producing milk for the first time or a baby who finishes its meal without the aid of a gastric tube. And when NICU 'graduates' come for a visit, nurses feel a sense of pride knowing that they've been a part of the baby's journey.

CLOTHING COMFORT

The creation of a clothing bank is a small gesture with a big impact on patients



By **LEONIDAS E. TACARDON, CLINICAL NURSE SPECIALIST,
MENTAL HEALTH SERVICES**

As part of the 2015-16 Nursing Mental Health strategies' focus on patient engagement and person-centered care, a clothing bank was initiated in March 2016 in Mental Health Services. This project aims to promote individualized care, including giving patients the choice of wearing their own clothes during their inpatient stay.

The clothing bank specifically provides clothing for patients who lack immediate support from their families, employers, and friends. These include patients from

prison, patients who are undergoing deportation, and passengers who are in transit through Qatar.

Items such as used smart casual clothing, shoes, slippers, new toothbrushes, new under garments, and toiletries are obtained through internal and external donations. Used clothing donations are always sent to the Laundry Department first for washing; a practice that is in compliance with the hospital's Infection Control Standards. With a dedicated storage cabinet in both the male and

female inpatient units, many patients have benefited from the clothing bank, commenting that they felt a sense of comfort and freedom from the social stigma attached to their mental illness.

The clothing bank is open to anyone who wishes to make a donation and support this initiative that is making a difference in patients' lives. A collection box is available in the office of the Director of Nursing, Mental Health Services. For information on how to make a donation, please contact +974 4438 4547.

Revitalizing the General Nursing Orientation

For better employee engagement and retention, consider a comprehensive orientation program



By **RANIA AL BADAWI, NURSE EDUCATOR,**
NURSING AND MIDWIFERY EDUCATION AND RESEARCH DEPARTMENT

Orientation programs are vital in all healthcare organizations. They help ensure new employees rapidly acclimatize to their new workplace. A comprehensive orientation program can reduce the adjustment period for a novice practitioner, minimize turnover, and establish a sense of belonging and commitment to a productive and lengthy career with the employer.

The Department of Nursing and Midwifery Education and Research (NMER) was keen to review the experiences of nurses and midwives upon joining Hamad Medical Corporation (HMC), to understand the challenges encountered during the probationary period. A series of one-to-one fact-finding interviews was conducted in all hospitals and facilities across HMC, with nurses and midwives at all levels.

The findings revealed some variation across HMC facilities. Not all newly hired nursing staff experienced a 'smooth landing' into the organization. This included delays in accessing the General Nursing Orientation (GNO) program, which caused a knock-on effect in acquiring the knowledge, skills, and behaviors required by the organization, ultimately leading to a variation in performance.

HMC'S NEW ORIENTATION PROCESS

In an effort to streamline the GNO and the onboarding process at HMC, an intensive collaborative initiative was undertaken by the nursing recruitment team and the Human Resources Department's Hayakom group. A new process was designed and piloted for three months with successful outcomes.

Newcomers now receive their orientation information prior to joining the organization, including a letter from a 'buddy' assigned by the unit manager.

One of the major changes is managing arrival times. New staff now arrive together. This was particularly challenging, but considerable work went in to managing the logistics to make this happen. New staff ideally arrive one week before the start of a GNO program. This allows them a few days to complete formalities and visit their units.

New staff will also receive a confirmed appointment from Hayakom for the staff clinic, and an invitation to attend a meet-and-greet with the GNO team during the first week. During their second week, our new nurses and midwives will attend the GNO program, which is currently undergoing some revisions. The changes are based on feedback received, as part of the GNO review as well as alignment with the new Nursing and Midwifery Competency Framework, which is based on Lippincott Procedures.

After completing the GNO program, new staff will join their hospital or facility for the hospital-specific orientation and online corporate orientation. They will then complete the unit probationary period with the support of a preceptor and nurse/midwife educator.

ONE WEEK BEFORE
GNO PROGRAM

DAY 1
Staff arrival
(Sat-Tues)

DAY 2 - HR VISIT (WEEK 1)

- **Nursing recruitment team:** Give new employee package, guidance for: uniform, immigration, bank, medical checkup, etc.)
- **Hayakom team:**
 - Guide new staff to complete required orientation checklist (GNO, corporate, hospital/facility orientation, etc.)
 - Send notifications to all department managers
 - Book appointment for staff clinic on the first week of arrival

DAY 3-5 (WEEK 1)

- Uniform, immigration, bank, medical checkup
- Contract signing
- Send acknowledgment for assuming post to the assigned unit (staff to visit the clinical areas)

DAY 4-5 (WEEK 1)

- GNO meet-and-greet (Thursday)

DAY 6-10 (WEEK 2)

- General Nursing Orientation (GNO) Program

DAY 11-12 (WEEK 3) (SUNDAY)

- Hospital/Facility orientation

DAY 12-13 (WEEK 3) (MONDAY OR TUESDAY) TILL DAY 90 - UNIT PRECEPTORSHIP PERIOD

- During this period, staff must complete:
- Online Corporate Orientation (within Day 12-20)
 - Online mandatory training
 - ILS/ALS
 - Cerner training
 - Core generic and unit-specific competencies

DAY 90
End of
probationary
period

DAY 90

GNO Focus Group

An evaluation of the process has been obtained through participant focus groups after completion of 90 days of employment. Much of the focus group feedback was incorporated into the new GNO to ensure a smoother orientation process for new staff.

With this significant transformation in the orientation process, all new nursing and midwifery staff across HMC will enjoy a streamlined process, ensuring the delivery of consistent information and a smoother transition into the workplace. This will positively impact staff performance, satisfaction, and productivity.

REDUCING REJECTED SAMPLES

Maintaining blood sample integrity every single time is possible

To effectively care for critically ill patients, clinicians rely on physiologic monitoring of blood flow, oxygen transport, coagulation, metabolism, and organ function. This type of monitoring has made the collection of blood for testing an essential part of the daily management of these patients.

At Heart Hospital's Coronary Intensive Care Unit (CICU), blood extraction and tests are a daily affair. The more a patient's condition worsens, the more blood tests are needed. Every additional prick adds to the pain and burden of the patient.

Unfortunately, rejected blood samples are a common problem, and it has been on the rise at CICU. When samples are hemolyzed (the breaking down of red blood cells), they produce unreliable laboratory results that may falsely indicate or disguise a life-threatening abnormality.

Thus, hemolyzed samples are often rejected and new samples are required. This not only delays patient care, but also increases hospital expenses, adds to the workload of CICU nurses and laboratory technicians, and makes it unpleasant for patients, who have to submit to more blood collection. In January 2016, the rejection rate for samples from the CICU was 1.7 percent. Something needed to be done.

OUTCOME

From January to October 2016, the number of rejected samples has decreased an incredible 95 percent, from 38 to 2. The steady decline is the direct result of the entire 95 staff nurses. The task-force continues to reinforce practice and monitor compliance, to ensure a sustained improvement.



By **BIBI VARGHESE, STAFF NURSE, CORONARY INTENSIVE CARE UNIT, HEART HOSPITAL**



By **BEENA SHAJI, STAFF NURSE, CORONARY INTENSIVE CARE UNIT, HEART HOSPITAL**

ROOT CAUSES OF REJECTION

A task force consisting of the nursing team in the CICU and the Heart Hospital laboratory team was formed to look into the root causes of rejected laboratory samples from the unit. The task force identified the following causes:

- **Lack of knowledge and skill in sampling.** The team assumed that since they drew the highest number of samples, they were proficient
- **Lack of equipment standardization.** The team compared their equipment with those in a department that had a zero rejection rate and found out that the equipment used was different
- **Misjudgment.** The team realized that they had underestimated the effects of the rejected samples on the performance of CICU

INTERVENTIONS

With the causes identified, the following steps were decided on to address the problem:

- Staff nurses to be validated for phlebotomy skills by expert nurses
- Weekly rejection data to be reported to the nursing staff
- Each rejected sample to be analyzed to identify the root cause of rejection
- Appropriate resources to be obtained
- Staff to be recognized for their successes

WAYS TO PREVENT REJECTED SAMPLES

- Know the pathology of veins
- All necessary equipment to be on site
- Select the best vein
- Tourniquet to be 10cm above the puncture site and to never be left for more than one minute
- Ensure blood flows freely
- Use vacutainer for sampling
- Follow the order of sampling
- Gently invert each sample tube as per recommendation
- Allow the sample to stay standing
- Transport to the lab after confirming there is no clot in the sample
- If sample is rejected, do a root cause analysis to identify the problem
- Share the data with the team

HOW TO STAY POSITIVE AT WORK



By REZIELYN D. CLANOR, REGISTERED NURSE,
CARDIOTHORACIC INTENSIVE CARE UNIT,
HEART HOSPITAL

BEING A NURSE IS A VERY CHALLENGING JOB. WE OFTEN FACE STRESSFUL SITUATIONS WHEREIN WE ARE PUSHED TO OUR LIMITS, BOTH PHYSICALLY AND EMOTIONALLY. STAYING OPTIMISTIC AND ENTHUSIASTIC IS A DAILY CHALLENGE, BUT THERE ARE WAYS AROUND IT. HERE ARE SOME TIPS TO STAY POSITIVE AND HAPPY AT WORK

1. ARRIVE EARLY

Being early gives you time to settle in, clear your mind, and focus on the tasks to be accomplished for the day. Rushing in and being caught in traffic will certainly increase your stress levels.

2. TIME MANAGEMENT AND PRIORITIZING

List the tasks you have for the entire day. Highlight your priorities and focus your efforts on what matters the most. Multitasking may divide your attention and possibly your productivity. It may also lead to errors.

3. TAKE A BREAK

You need to allocate some time during the work hour to recharge and revive yourself. So don't skip taking a break. You'll be more efficient if you take time to rest.

4. ASK FOR HELP

Being overwhelmed can lead to frustration

at work. Ask for help when you have too much on your plate, and delegate tasks that can be done by nursing aides, such as assisting in feeding patients, preparing patients for bathing or changing linens.

5. LEAVE YOUR WORKPLACE ON TIME

Leaving on time protects your personal life and gives you more time for yourself and your family.

6. LEARN SOMETHING NEW

Learn a new procedure or disease process so that you will be more confident in handling different types of patients. Learning a language that your patients speak can help establish rapport.

7. WORK WITH THE TEAM

Offering help to colleagues promotes social bonding and a harmonious working environment. Be sure to participate in team-building workshops and workplace get-togethers.

8. EMBRACE CHANGE

Few people take to change easily, but with the right mindset, you can adapt to changes. When learning a new system or practice, focus on the positive points of the change. Take initiative and be the agent of change yourself.

9. ASK FOR FEEDBACK

Study your previous appraisals and evaluations and take note of your line manager's suggestions for improvement. Then start working on it. Do not view criticism as a failure but as a challenge to improve yourself.

10. GO ON VACATION

A holiday does wonders for the soul. All that relaxing and recharging will ensure that you come back to work refreshed and renewed. A holiday also creates good memories that you can look back on during rough days.

Performing your role well and having supportive leadership makes all the difference to your job, but nothing beats optimism and a burning enthusiasm when it comes to loving your job as a nurse or midwife.

Confucius was indeed correct when he said:

“ CHOOSE A JOB YOU LOVE, AND YOU WILL NEVER HAVE TO WORK A DAY IN YOUR LIFE ”

NCCCR NURSING GRAND ROUND



By **NORONHA MARIA DAISY, CHARGE NURSE,**
NATIONAL CENTER FOR CANCER CARE
AND RESEARCH

THE second National Center for Cancer Care and Research (NCCCR) Nursing Grand Round, entitled Stem Cell Transplant: A Patient Journey, was held at the Hajar Auditorium on 26 June 2016.

More than 337 healthcare professionals, including physicians, nurses, pharmacists, and laboratory technicians, participated in this educational activity, which was organized by Michel Harkous, Director of Nursing Education, and supported by NCCCR Administration.

The event was designed to address the growing need for knowledge in the new Bone Marrow Transplant (BMT) service within Hamad Medical Corporation and to enhance productivity by promoting transdisciplinary innovation, integration, and collaboration.

Among other things, the event highlighted the successful outcome of autologous transplant at NCCCR and touched on the basics of stem cell transplant, graft processing, the role of the coordinator in stem cell transplant, patient selection criteria, the screening of patient and donor,



pharmacy support, nursing care, physiotherapy and dietetics support, Apheresis therapy for peripheral stem cell harvest, cellular therapy for stem cell storage, and the processing and releasing of stem cell products.

During panel and interactive discussions that followed the session, BMT patients and their families shared their journeys and experiences. Continuing professional development (CPD) hours were credited for the session.

The event was a success and received positive feedback from the participants.

INTRAVENOUS THERAPY TRAINING

By **MARITES B. JARA,**
NURSING SUPERVISOR, WOMEN'S HOSPITAL

THE Association of Nursing Administrators of the Philippines (ANSAP) Qatar Chapter provides continuing educational programs for nurses. On 27 and 28 May 2016, a basic intravenous therapy training program was held at Hamad Bin Khalifa Bayt Dhiyafah, with a total of 115 Filipino nurses in attendance.

Presented by Dr. Ma. Linda Buhat, ANSAP President, and Dr. Elsa V. Castro, Institute Director ANSAP, Philippines, the course consisted of discussions on concepts in IV therapy and demonstrations of skills in access-related situations. It also consisted of 16 hours of didactic lectures and practicum, utilizing Procedures I – IV checklist as the framework for providing safe IV therapy practice.

After the second day of the didactic lectures and practicum, participants were able to apply the principles underlying the administration of IV therapy to enhance their knowledge, skill, and attitude as IV therapists.

Upon completion, participants received a certificate, an IVT license that is recognized internationally, and Qatar Council for Healthcare Practitioners Continuing Professional Development (QCPHCPD) credits under Category 2.

Aside from the IVT program, there was also a presentation on a preceptorship program, as well as one on leadership and management principles. Nurses from the various hospitals at Hamad Medical Corporation participated in this event, together with nurses from other facilities around Qatar, including Al Emadi, American and Al Ahli Hospitals, Doha Clinic, Primary Health Centers, Red Crescent, and Ahmed Bin Mohammed Military College Medical Center.

As a result of the overwhelming response to this event, another IV therapy training program is under development. This session will be open to all nationalities, since ANSAP is recognized by INS (Infusion Nursing Society, USA).

WORLD HYPERTENSION DAY 2016



By **MERRILL JENNIFER M. VENTURA,**
STAFF NURSE, GENERAL OUTPATIENT
DEPARTMENT, AL WAKRA HOSPITAL

ON 17 May 2016, Al Wakra Hospital's General Outpatient Department (G-OPD) hosted a momentous event to improve hypertension awareness with the global theme: Know your Blood Pressure.



A significant step in controlling hypertension is screening. With that in mind, the staff at G-OPD volunteered enthusiastically to check the blood pressure of the participants. The eager learners were treated to an educational program that included being aware of the normal range of blood pressure, its complications, the factors contributing to hypertension, and the importance of knowing their blood pressure measurement.

The event would not have been successful without the contribution of other multidisciplinary teams, such as pharmacists and dietitians. Participants who had just discovered that they had hypertension were given a one-on-one consultation with a dietitian. They were taught the importance of a proper diet and how to manage this silent killer. Participants who were already aware of their hypertension were directed to a pharmacist to gain insight into the importance of compliance with their medications.

With over 140 participants, this initiative by the G-OPD was inspiring for both staff and patients. With the goal of creating wellness through health promotion and awareness, the department plans to organize similar educational events in the future.

INAUGURAL NURSING CLINICAL CASE STUDY



By **MINCY SHAJI,** HEAD NURSE,
CORONARY INTENSIVE CARE UNIT,
HEART HOSPITAL

ON 18 April 2016, the Heart Hospital's Coronary Intensive Care Unit (CICU) team hosted its first clinical case study club with over 85 nursing staff in attendance. Entitled A Race Against Time: Attacking Anterior Myocardial Infarction, the idea took birth from the CICU's Unit-based Council.

Myocardial infarctions have now become a common yet fatal diagnosis that is leading to the death of a growing population in the Gulf. The situation has become increasingly grave because what was once thought to be a condition that affected those over the age of 65, has now become common in the young adult population, from as early as 25 years of age. This inspired the team to explore the topic.

John Samuel, CICU Staff Nurse, opened the case study by welcoming nursing leaders and colleagues and then presented a patient's case, speaking about the causes, types, signs, and symptoms of myocardial infarction. Leena Mathews, CICU Charge Nurse, then spoke about the pathophysiology and complications of a myocardial infarction, while Jimi Joy, CICU Staff Nurse, presented the nursing care for patients with myocardial infarction. All three nurses kept the sessions interactive by asking questions to the engaged audience and rewarding them with small gifts for their participation.

The session was conducted with the support of evidence-based articles, thereby getting the nurses to become more involved in using best practices and research. The objective of the event was to explore the challenges in caring for patients with myocardial infarction as well as emphasizing the importance of time in managing myocardial infarction patients.

A quiz with giveaways added more color to the event, and at the end of the session, Catherine Marshal, Director of Nursing, Critical Care Areas, expressed thanks to the presenters, organizers, and attendees who made it a success.



Calendar of Events

Nov - Dec 2016

NOVEMBER

17 THU – 4 DEC (SUN)

Arab Pediatric Pulmonary Association Congress (APPA 2016)

18 FRI – 3 DEC (SAT)

Genito-Urethral Reconstructive Live Surgery Workshop

20 SUN – 21 MON

Universal Children's Day (Child Safety)

23 WED

Stars of Excellence Awards Ceremony

24 THU

Qatar First International Wound Management Conference

25 FRI

Internal Medicine Board Review Course

29 TUE - 30 WED

WISH 2016

DECEMBER

2 FRI

6th Annual Scientific Meeting of The Cuban Hospital

3 SAT

Latin American Medicine Day

18 SUN

Qatar National Day



Useful Dates

HEALTH AWARENESS DAYS

January 4	World Braille Day
February 4	World Cancer Day
February 10	National Sports Day
March 8	World Glaucoma Day
March 13	GCC Nurses Day
March 20	World Oral Health Day
March 21	World Kidney Day
March 24	World Tuberculosis Day
April 2	World Autism Awareness Day
April 7	World Health Day
April 17	World Hemophilia Day
April 25	World Malaria Day
May 5	International Day of the Midwife, World Asthma Day
May 8	World Red Cross Day/Red Crescent Day
May 12	International Nurses Day
May 31	World No Tobacco Day
June 1	National Cancer Survivor Day
June 14	World Blood Donor Day
June 24	World Sickle Cell Day
June 28	World Hepatitis Day
August	Psoriasis Awareness Month
August 1	World Breast Feeding Week
September 15	World Lymphoma Day
September 21	World Alzheimer's Day
September 29	World Heart Day
October 8	World Sight Day
October 10	World Mental Health Day
October 12	World Arthritis Day
October 20	World Breast Cancer Day, World Osteoporosis Day
October 25	World Polio Day
October 29	World Stroke Day
November 14	World Diabetes Day
December 1	World AIDS Day
December 2	International Day of Persons with Disabilities

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