

THE NURSE ADVOCATE

■ By NURSES For NURSES



مؤسسة حمد الطبية
Hamad Medical Corporation

HEALTH · EDUCATION · RESEARCH صحة · تعليم · بحوث

Issue 24 March 2016

GALLOP SURVEY RESULTS

NURSES TAKE TOP PLACE IN HONESTY POLL

QUALITATIVE RESEARCH

The Effects of ANTIPSYCHOTIC Medication from a Patient's Perspective

WORK ROOM



The call for more

MALE NURSES



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The
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The Nurse Advocate is the official publication of the Corporate Nursing and Midwifery Department at Hamad Medical Corporation, under the leadership of the Chief Nursing Officer, Professor Ann-Marie Cannaby.

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**THE NURSE
ADVOCATE**

A MESSAGE FROM YOUR CHIEF NURSING OFFICER



PROFESSOR ANN-MARIE CANNABY
Chief Nursing Officer,
Corporate Nursing and Midwifery Department

March 13th marked GCC Nursing Day, also known as Gulf Nursing Day. The day is recognized in celebration of the significant contribution nurses in the GCC make to their profession, workplaces, and most importantly, to patient care. As nurses, the impact we have on our patients' lives doesn't often receive the recognition that it should; it's what we do on a daily basis.

I want to take a minute and reflect on the impact our profession has on patient care. Nurses make up the largest component of the healthcare workforce. Nurses and midwives are present during significant milestones in their patients' lives; during celebration, contemplation, mourning, exhaustion and joy. We care for our patients from the onset of their life through to their last minutes. We do this with resilience, on a daily basis, because of who we are.

The Nursing and Midwifery Executive Committee recently conducted a review of the HMC Nursing and Midwifery sensitive indicators, contrasting our 2015 and 2014 data. For those who are unaware of what a nursing sensitive indicator is, it is the measurement of a nursing intervention or outcome that can be improved if there is a greater quantity or quality of nursing care. The indicators which I review monthly consist of hospital acquired pressure ulcers (HAPU), restraint use, catheter acquired urinary tract infections (CAUTI), central line acquired blood stream infections (CLABSI), ventilator acquired pneumonia (VAP), pediatric pain, pediatric intravenous infiltrations and pediatric vesicant infusions.

The data for 2015 demonstrates a notable improvement in nursing care and patient outcomes. Below are some of the improvements we have achieved:

- **53%** reduction in HAPU rates – all pressure ulcers (prevalence audit results)
- **49%** reduction in HAPU stage 2 or greater (prevalence audit results)
- **45%** reduction in restraint use (prevalence audit results)
- **14%** reduction in patient falls (incidence reporting)
- **35%** reduction in CAUTI
- **27%** reduction in CLABSI
- **22%** reduction in pediatric IV infiltrations
- **62%** increase in pediatric pain assessments conducted

This is something to celebrate. The above percentages don't reflect the number of patients we have kept from harm. We have prevented **151** patients from developing a pressure ulcer, **101** patients from being physically restrained and intervened to ensure **15** patients didn't fall, compared to where we were in 2014.

Thank you for everything you do, on a daily basis, to support the professionalism of nursing. It is because of you, and the high quality care that you provide, that our patients are safe and free from harm.

Five Minutes With Shaikha Ali Al-Qahtani



By **SMITHA REVI, REGISTERED NURSE,
WOUND CARE SERVICE, OUTPATIENT DEPARTMENT,
HAMAD GENERAL HOSPITAL**

In every issue of The Nurse Advocate, we shine the spotlight on an exceptional nurse or midwife in celebration of their achievements and contribution to the professions. This month, we take a look at **Shaikha Ali Al-Qahtani**, who is the Director of Nursing of the Wound Care Service at Hamad General Hospital.

Ms. Shaikha Ali Al-Qahtani joined HMC in 2007 as a subspecialty wound care nurse in the Patient and Family Education Unit. Upon completing a Diploma in Nursing in 2007 from the Higher Institute of Nursing, Doha, she obtained her BSN from the University of Calgary in Qatar, in 2013. Shaikha then earned her Masters of Science in Skin Integrity Skills and Treatment from the University of Hertfordshire, UK. She has also completed the International Interprofessional Wound Care Course from the University of Toronto and is currently pursuing her Master of Nursing (thesis), at the University of Calgary in Qatar.

WHAT DO YOU ENJOY MOST ABOUT YOUR JOB?

The best part for me is seeing a smile on a patient's face after I've cared for them. I love to serve, and I believe that personal fulfillment is an important aspect of the job. As nurses, we make a difference in the lives of people every day, helping both sick and healthy people to lead better lives. For me, personal fulfillment is the most enjoyable part of my job.

WHAT'S THE GREATEST CHALLENGE OF YOUR JOB?

Given the pressures and complexities of today's healthcare environment, the role of a Director of Nursing is a challenging one. I believe that meeting the expectations of management, colleagues, and the team you are leading, is the greatest challenge of the job.

WHAT DOES BEING A NURSE MEAN TO YOU?

Nursing for me is not 'just a job'. I'm truly passionate about the job and each day is a learning experience for me. The patients, nurses, lecturers, other members of the hospital environment and my colleagues, have all helped shape me into becoming the nurse I am. Nursing to me is a way to help others, not only heal people but an opportunity to use one of life's greatest skills – communication – to help put a smile on someone's face and to help them deal with their illness. For me, nursing is caring for a person as a whole, advocating for others and trying to make someone's day a little easier.

WHERE DO YOU SEE YOURSELF IN FIVE YEARS?

By that time, I would like to have earned a doctoral degree so that I can serve people and also lead my team. I plan to guide my team to improve the health and well-being of patients through excellence in nursing care, professional and educational advancements, evidence-based practice and nursing research.

WHAT DOES IT TAKE TO BECOME A SUCCESSFUL NURSE?

To be a nurse today, I think you need to be a lifelong learner. Not just in an academic setting, but through ongoing personal and professional development. There are endless opportunities for nurses to learn and develop themselves – conferences, memberships in professional organizations and online learning – the opportunities are endless. My advice to a new nurse is to become a lifelong learner.

WHAT WOULD YOU LIKE TO SHARE WITH YOUR FELLOW NURSES?

I want to share my experience as a Qatari nurse leader and to motivate others to continue learning and assume leadership roles, so they can contribute to the healthcare sector in Qatar.



THE CALL FOR MORE MALE NURSES



By **AFSHIN AHMAD JAHANIAN, REGISTERED NURSE,**
EMERGENCY DEPARTMENT, AL KHOR HOSPITAL

♂ **11%**

of students who enrolled in nursing baccalaureate programs in the 2010-2011 school year were men, according to the American Association of Colleges of Nursing. This is a clear indication of the growing number of men who are joining the ranks of nursing.

A 2009 article published by Health Affairs¹ estimated that around 260,000 additional nurses will be required by the year 2025 in the United States. A reference to this article on the Robert Wood Johnson Foundation (RWJF) website² quite plainly implies that this shortage is not likely to be solved unless more males join the profession.

The shortage of nurses is not exclusive to just the United States. A WHO report released in 2010 highlighted a severe shortage of nurses from India through to the Caribbean³.

While global trends do indicate a rise in males choosing nursing as a career, growth is slow. In the United States, male nurses increased from 2.7 percent in 1970 to just 9.6 percent in 2011⁴. In 2012, male nurses made up 10.6 percent of the nursing workforce in the United Kingdom, a figure that while small, has been growing over the past 20 years. In Italy, males make up 21 percent of the nursing workforce⁵.

Despite this growth, the number of male nurses remains low globally. In 2012, male nurses in China made up just one percent of the workforce. The same percentage applies to the male nursing workforce in Iceland. In Australia, only one in 10 nurses is male.

In an effort to encourage more men to consider a career in nursing, two nursing undergraduates from the University of Technology Sydney (UTS) – Jake McDonald and Shak Nadesanathan – spoke about nursing as a profession at the Men in Nursing lecture organized by UTS early this year. In an article posted on Nursing Review⁶, the duo say they aim to raise awareness about nursing as a rewarding career path for male high school leavers who are considering a career in the healthcare industry.

McDonald and Nadesanathan began their tertiary studies in a medical science degree, before transferring to nursing. According to McDonald, it wasn't until he picked up a pamphlet about the profession while at university that he realized nursing fulfilled what he wanted to do. Nadesanathan said his male peers at high school did not consider nursing as a potential career path because of the stereotypes surrounding the profession.

The reality is that nursing is largely perceived as a female role. The image of a woman in a white dress and cap is further promoted by the media, and is emphasized as 'feminine', which often has the effect of turning men away from the profession.

Research conducted by UTS and Western Sydney University in 2012-2013, showed that TV series, like *Private Practice*, reinforced stereotypes of male nurses as being a med school dropout or a doctor's handmaiden, and somewhat of a feminine character.

According to Director of Postgraduate Nursing Studies at UTS, Caleb Ferguson, there aren't many accurate portrayals of male nurses in TV series. "There's a real need to show men in nursing as skilled professionals, equal to their female counterparts," he said.

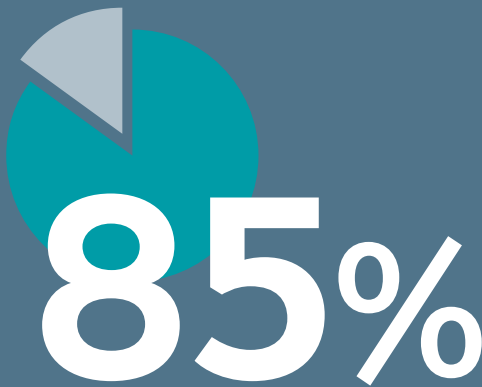
UTS revealed that although the number of male nurses is low in Australia, men account for one in five enrolments in the university's Bachelor of Nursing degree. The American Association of Colleges of Nursing also reported a similar trend. Eleven percent of its students enrolled in nursing baccalaureate programs in the 2010-2011 school year were men, a clear indication of the growing number of men who are joining the ranks of nursing.

Credits:
1 <http://content.healthaffairs.org/content/4/28/w657.full?sid=c9df-6761f6d47-0a-3ab8d-e16e00e7a306>
2 <http://www.rwjf.org/en/library/articles-and-news/09/2011/male-nurses-break-through-barriers-to-diversify-profession.html>
3 <http://www.who.int/bulletin/volumes/020510-10/15/88/en/>
4 <http://www.usatoday.com/story/news/nation/25/02/2013/men-nursing-occupatins/1947243/>
5 <https://realnanswork.wordpress.com/05/05/2012/male-nurses-worldwide/>
6 <http://www.nursingreview.com.au/01/2016/men-in-nursing-aim-to-knock-down-barriers/>

NURSES TAKE TOP PLACE IN HONESTY POLL



By **AFSHIN AHMAD JAHANIAN, REGISTERED NURSE, EMERGENCY DEPARTMENT, AL KHOR HOSPITAL**



of Americans rated nurses' honesty and ethical standards as 'very high' or 'high'

ONE REASON WHY NURSES TAKE THE TOP SPOT IS BECAUSE PATIENTS PLACE MORE TRUST IN THOSE WHO ARE DIRECTLY TAKING CARE OF THEM.



Americans have once again voted nurses as the most trusted professionals in the 2015 Gallup Honesty and Ethics ranking survey.

A news report featured on Nursing World¹ says that 85 percent of Americans rated nurses' honesty and ethical standards as 'very high' or 'high', placing nursing 17 percentage points above any other profession. The nursing profession has held on to this spot for the past 14 years.

One reason why nurses take the top spot, according to a report from The Advisory Board Company², is because patients place more trust in those who are directly taking

care of them. There's also the fact that nursing is the only profession to provide continuity of patient care.

President of the American Nursing Association (ANA), Pamela F. Cipriano says that the survey findings are important because they contextualize and complement findings that show patients benefit when nurses are leading and working to the full scope of their education³. "It's essential that we leverage this trust to lead and implement change in the healthcare system," she said.

In 2015, the ANA released a revision of its Code of Ethics for Nurses with

Interpretive Statements, a document that reflects many changes and evolutions in healthcare and considers the most current ethical challenges nurses face in practice. The release was one component of the Year of Ethics, a series of activities emphasizing the importance of ethics in nursing practice.

Nursing World is the online site of the ANA which advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses and projecting a positive and realistic view of nursing. Log on to www.nursingworld.org for more information.

Credits: 1. <http://www.nursingworld.org/Function/Item/Category/Article/PressRelease/2015/Nurses-as-the-most-trusted-profession-for-14th-straight-year.html>, 2. <http://www.advisory.com/Advisory-Board-Company-Reports/Honesty-and-Ethics-Ranking-2015>, 3. <http://www.nursingworld.org/Function/Item/Category/Article/PressRelease/2015/Nurses-as-the-most-trusted-profession-for-14th-straight-year.html>

Facility Spotlight: ENAYA SPECIALIZED CARE CENTER



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

The Enaya Specialized Care Center, formerly known as the Skilled Nursing Facility, is a part of the Continuing Care Group of HMC. The Continuing Care Group comprises the Enaya Continuing Care Center, previously known as the Residential Care Compound, and Home Healthcare Services (HHCS).

Situated in Hamad bin Khalifa Medical City, Enaya started its operations in 2010, under the supervision of former Assistant Executive Director for Nursing, Ms. Barbara de Fleuriot. With an initial capacity of 80 beds, the Enaya Continuing Care Center has since

expanded and is able to care for twice as many patients. Today the facility occupies two buildings and additional expansion planning is underway.

Enaya, which means care in Arabic, caters to patients needing long-term care. The center is equipped with facilities to help promote patients' well-being and to improve their quality of life. These facilities include male and female physical and occupational therapy rooms; state-of-the-art ward rooms that promote independence; hairdressing and barber services; gardens that offer social well-being with other patients; and family

for themselves. A dedicated team of specialized professionals provide excellent medical care and look to enhance the ability of our patients to function independently, to engage more with family and friends, and where possible, to bring a sense of normalcy into the patient's life. Enaya Specialized Care Center is a shining example of the type of effective and compassionate care HMC has developed for its long-term patients, in a kind and nurturing medical environment.

Enaya Specialized Care Center is considered the first of its kind in Qatar, and is accredited by the Joint Commission International (JCI), an organization that assesses, implements and is constantly improving the quality and standards of healthcare.

The facility is currently maintained by a dedicated team of doctors, nurses, respiratory therapists, occupational and physical therapists, pharmacists and dietitians. It is supported by managers, social workers and other dedicated and committed personnel.

areas that allow for quality time with visitors.

The focus of the Enaya Specialized Care Center is to provide an advanced care system for long-term patients with chronic illnesses and degenerative diseases that restrict their ability to care

JCI ACCREDITED LONG-TERM CARE FACILITY, THE FIRST AND ONLY OF ITS KIND IN QATAR AND ONE OF THE FIRST IN THE ARAB WORLD

PART OF THE HMC CONTINUING CARE GROUP, WHICH CATERS TO REHABILITATION, LONG-TERM CARE, AND COMMUNITY HOME CARE PROGRAMS

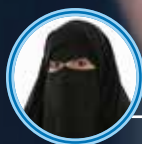
OPENED IN 2010, IT NOW CATERS TO ALMOST 160 PATIENTS, WITH FUTURE EXPANSION PLANS UNDERWAY

AWARDEE OF SEVERAL LOCAL AND INTERNATIONAL AWARDS, INCLUDING COMMUNITY AND CULTURE PROJECT AWARD AT THE CITYSCAPE QATAR AWARDS 2013, BEST HOSPITAL DESIGN AWARD AND BEST HEALING ENVIRONMENT AWARD AT THE HOSPITAL BUILD AND INFRASTRUCTURE MIDDLE EAST AWARDS 2014

WORKS IN CONJUNCTION WITH HAMAD GENERAL HOSPITAL AND RUMAILAH HOSPITAL TO FREE UP ACUTE SPECIALIZED CARE BEDS IN A RAPIDLY EXPANDING LOCAL POPULATION

HEALTHCARE SERVICES at Your Door

A LOOK INTO THE WORK OF THE PRIVATE NURSING SERVICE



By **NADYA AL ANZI**,
ASSISTANT EXECUTIVE DIRECTOR OF NURSING,
PRIVATE NURSING SERVICE

In recent years, the Private Nursing Service at HMC, formerly known as the Palace Duty Nursing Service, has come to be viewed as the community center where cure, care and preventive services are provided for the Qatari population at the place where they live and work.

At HMC, we ensure that this service provides the best and safest care to the community we serve. We believe that placing our nurses in these communities improves access to care and lowers hospital associated costs, thus reducing bed shortages. Our nurses develop and implement wellness programs, thereby supporting the health and productivity of individuals and their families at home.

Community health nurses are valued for their adaptability and willingness to provide care in many settings, including homes, healthcare centers, organized events such as health fairs, agencies, and schools, serving people who have specific health needs. They also specialize in areas such as home care, case management, clinical, school and critical care nursing.

The skills needed for these diverse areas can vary, but at the very least, nurses have a bachelor's degree and sound clinical experience. Although community needs vary, with some patients only requiring minimal care, the nurses who report to the Private Nursing Service have a broad understanding of the community health issues in Qatar, are extremely adaptable, work autonomously and to the full scope of their practice. They are able to view individual and family care from the perspective of the community and/or the population as a whole.

THE PRIVATE NURSING SERVICE HAS RELOCATED TO BUILDING 318 IN HAMAD BIN KHALIFA MEDICAL CITY

Dr. Richard Gray's research article can be found on <http://onlinelibrary.wiley.com/doi/10.1111/jpm.12288/abstract>



WHAT IS IT LIKE TO BE ON ANTIPSYCHOTIC MEDICATION?

A QUALITATIVE STUDY OF PATIENTS WITH FIRST-EPIISODE PSYCHOSIS



By **DR. RICHARD GRAY**,
ASSISTANT EXECUTIVE DIRECTOR OF NURSING, RESEARCH,
CORPORATE NURSING AND MIDWIFERY DEPARTMENT

Nurses working in the psychiatry department are involved in administering powerful antipsychotic drugs to patients on a daily basis. While these drugs are helpful against psychotic symptoms for about seven out of 10 patients, they can cause unpleasant side effects which can include, among others, sedation, weight gain and shaking. It is also common for patients to stop taking their medication, which dramatically increases the risk of their psychosis returning. Given that

these medications have been administered to patients for over sixty years now, it is surprising how little is known – from the patient's perspective – about what it is like to take these drugs.

We interviewed a group of young people who were experiencing their first episode of illness. While the fieldwork for this study was done with patients in the UK, our observations should resonate with nurses working in Qatar.

The main recommendation from this study is that nurses (and psychiatrists) need to invest more time in finding out from their patients what it is like to be on antipsychotic medication.

By doing this, we hope that clinicians can work with patients to find personalized approaches to managing their medication, which will aid with their personal recovery.

BACKGROUND

Low-dose antipsychotic medication is an important part of treatment for people experiencing a first episode of psychosis. Little is known about this patient groups' experiences with taking medication.

METHOD

A qualitative study of purposively sampled young people experiencing a first episode of psychosis was carried out. A mental health nurse working in the early psychosis team interviewed participants using a structured topic guide. Interviews were subjected to thematic analysis.

RESULTS

Interviews were completed with 20 young people. Thematic analysis generated six themes: (1) the drugs do work (2) the drugs don't work (as well as I'd like) (3) side effects (4) the indirect effects of medication (5) rage against the machine (6) the not trivial issues about medication

CONCLUSION

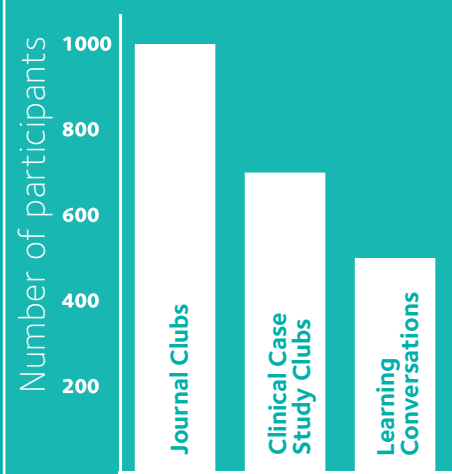
Our overarching meta-theme was that young people's experiences with taking antipsychotics was complex; medication was often considered good and bad at the same time. Our observations underpin the importance of helping patients think through the use of antipsychotic medication in supporting their personal recovery.



NMER DEPARTMENT: A FOCUS ON LEARNING AND DEVELOPMENT

By FIONA MILLIGAN, SENIOR NURSE EDUCATOR,
NURSING AND MIDWIFERY EDUCATION AND RESEARCH DEPARTMENT

ACTIVITY FROM FEBRUARY TO AUGUST 2015



Overview

The Nursing and Midwifery Education and Research (NMER) Department provides education and training, as well as opportunities for continuous professional development, in order to maximize care delivery. Essential to the establishment of HMC as an Academic Health Center, is the delivery of evidence-based practice. Education and Continuing Professional Development (CPD) can be delivered in many formats or styles and is learner centric.

The Projects

The NMER Department developed a number of educational activities aimed at increasing knowledge of skill in evidence-based practice and facilitating improvements in patient care through continuous professional development. These activities were identified as key performance improvement goals within the HMC Nursing and Midwifery Strategy 2015-2018. American Nursing

Credentialing Center (ANCC) syllabuses were developed for: Guidelines for Implementing Journal Clubs, Clinical Case Study Clubs (CCSC) and Learning Conversations (incorporating reflection and debriefing). These projects were rolled out across clinical areas by NMER Department staff.

There has been significant participation in the three events between February and August 2015 (see graph). The NMER Department has been successful in embedding these initiatives within the educational calendars of all clinical specialties.

Journal Clubs

A number of innovative methods are being trialed currently. The Critical Care Nursing Network has created an online Journal Club; and the Pediatric Emergency Centers propose to trial a Journal Club meeting, across a number of satellite sites and the main center, using Skype.

Clinical Case Study Clubs

The CCSC reinforce the applicability of theory to practice and contribute to professional development through narrative journaling of the history of a patient's journey. Linking to evidence-based practice guidelines and incorporating ethical dilemmas, CCSC encourage a wider discussion and further learning opportunities.

Learning Conversations

Learning Conversations are used to enable healthcare professionals to apply retrospective analysis to critical incidents, education or training activities and learn from the experience using a structured evidence-based format of debriefing.

The NMER Department is aiming to develop further collaborative inter-professional learning activities in the future.



COMPARING HYDROPHILIC AND NON-HYDROPHILIC CATHETERS

By MR. KIRAN PATIL, REGISTERED NURSE, MR. ASSAD AZIZ SABBAGH, HEAD NURSE, MS. KUMARI THANKAM, NURSE EDUCATOR, MS. RIDZNA MOHAMMAD, NURSE EDUCATOR, MS. ALLISON MULVIHILL, DON EDUCATION, NMER DEPARTMENT

The nurses from Residential Care Compound 1 (RCC1) Rumailah Hospital, held their first journal club session to discuss an article from the Journal of Medicine Life¹ titled Intermittent Catheterization in the Management of Post Spinal Cord Injury (SCI) Neurogenic Bladder Using New Hydrophilic with Lubrication in Close Circuit Devices – our own Preliminary Results (2012).

The aim of the research was to objectively assess whether there are significant differences regarding some specific key biological and psychometric parameters related to the use of hydrophilic catheters versus non-hydrophilic ones. The

research was conducted on 45 post-spinal cord injury patients, with mainly retention type of neurogenic bladder at the Arseni Teaching Emergency Hospital in Bucharest, Romania.

Research results showed that patients who used hydrophilic catheters, versus those who used non-hydrophilic catheters, presented with a significantly lower number of inflammatory episodes at scrotal level (p-value: 0.0001 WT); a significantly lower number of post-intra-inter-catheterization bleeding episodes (p-value: 0.0001 WT); a slightly lower number of urinary tract infection activations; and expressed a significantly higher satisfaction level (p-value <0.0001 WT).

Preliminary results of this study showed that by using new hydrophilic catheters, with lubrication, in close circuit devices for intermittent catheterization, could be beneficial in:

- Preventing the injury and trauma to the mucosa of the urethra
- Preventing catheter associated urinary tract infection (CAUTI)
- Improving patient satisfaction

These benefits can, in turn, reduce the cost of healthcare associated infections and enhance staff satisfaction levels.

The journal club participants agreed that although

intermittent catheterization, using new hydrophilic catheters with lubrication in close circuit devices, can be beneficial, more studies need to be done to further validate these preliminary results.

Participants agreed that the findings of the study showed promising results in reducing infection rate, minimizing urethral trauma and improving patient experience.

Participants concluded that while the study can be replicated at RCC1, it should not be used to change practice, based on the findings of a single study. More research is needed.

IDENTIFYING NURSE EDUCATOR COMPETENCIES FOR SIMULATION-BASED LEARNING



By **DR. ANNIE TOPPING**,
ASSISTANT EXECUTIVE DIRECTOR OF NURSING EDUCATION,
NURSING AND MIDWIFERY EDUCATION AND RESEARCH DEPARTMENT

Towards Identifying Nurse Educator Competencies Required for Simulation-Based Learning: A Systemised Rapid Review and Synthesis, is available through Science Direct at <http://www.sciencedirect.com/science/article/pii/S0260691715002543>



Overview

Simulation-based learning (SBL) is used in a number of industries to refine expertise and reduce risk or errors. In the nursing profession, SBL is looked at as a solution to the challenges associated with producing practitioners who are able to function effectively in complex healthcare settings.

However, little is known about what constitutes effective nurse educator simulation-based pedagogical practice, or whether facilitating SBL should be part of the skill set of all nurse educators or only that of staff with specialist expertise.

Dr. Annie Topping's article was written using a review of relevant literature with the aim of identifying the competencies that nurse educators require to facilitate SBL as part of nurse education. This review of literature was conducted as the first phase of an international project to study the competencies of nurse educators who use SBL. Later, this project continued with the funding of a grant from the European Union (EU) to develop the competencies for nurse educators to integrate SBL into curriculum delivery.

Here, Dr. Topping speaks about her work and passion for the field.

Tell us a bit about yourself?

I trained as a registered nurse in London and moved on to work in a number of universities in the UK doing teaching, developing curricula, educational management and latterly, working as a Director of a research center and Professor of Nursing. I remain an active researcher and am currently involved in a QNRF-funded

collaborative project with the University of Calgary in Qatar, exploring the transition experiences of resident nurses returning to undergraduate study. I am a member of the HMC Institutional Review Board and Associate Editor of BMC Medical Education.

Why is this area of research of interest to you?

I was involved in a national pilot project in 2006 driven by the UK Nursing and Midwifery Council (NMC) to assess if simulation-based learning could replace a proportion of clinical placement learning in pre-licensure undergraduate curriculum. As part of that pilot, I was involved in setting an evaluation of learning across four West Yorkshire universities, which we presented at the International Council of Nursing Congress in Japan. Since then, I have supervised and examined doctoral students exploring simulation-based learning.

How does this research contribute to the existing knowledge that's already available in this field?

This article outlines the preparatory work that led to a funded project to develop and pilot a curriculum for nurse educators using SBL. This project started over a cup of coffee, when by chance, a group of educators from Denmark, Finland and the UK met at a conference and decided they wanted to work together. We recognized that there was growing evidence that simulation may be a useful tool for developing competency and reducing risk of error, but it was unclear what those facilitating SBL required to successfully integrate it into learning and teaching. This review identified that educators require a range of skills, knowledge and

'comportment' beyond just technical skills in design, delivery and debriefing, to successfully integrate SBL.

How will your research change or influence practice?

This review became the starting point for a European Union Innovation project to build a prototype curriculum and test delivery in four countries. You can read more about this by logging on to <http://www.hud.ac.uk/news/2013/december/globalstandardin-simulatedlearningfornursestakesfirststep.php>

Do you have any other areas of interest that you would like to conduct research in?

My research interest has, and probably always will focus on, the applied end of research, in effect, what makes a difference to patients and patient care and therefore is eclectic. This type of research is often messy. It uses a range of methods, both qualitative and quantitative. I would argue it illuminates areas that are not normally amenable to gold standard methods, such as clinical trials, because they are difficult. Nevertheless, they can bring real insights to understanding what healthcare practitioners do, so we can improve the experience of care for patients and their families. I would like to focus on delay, access to and pathways through healthcare systems. A separate interest that has been ignited here in Qatar is regulation of healthcare professions. I have been privileged to have the opportunity to be involved in discussions, debates, workshops and committees that hopefully will continue to shape regulation, as it becomes embedded.

Reaching New Heights: Setting Perspectives on Electronic Medical Records



By **MARY ANN SWEET GO, REGISTERED NURSE,
ACUTE ADMISSION UNIT, AL WAKRA HOSPITAL**

Evolution of the Electronic Medical Record (EMR)

As the healthcare sector grows in complexity, the need for accessible health databases, communication efficiency and focusing on client care, is of paramount importance. In order to provide the best care needed, the quality of information available should be timely, accurate and reliable. To cope with these changes and demands, the introduction of Hospital Information Systems (HIS) has been adopted by various healthcare institutions worldwide. Information technology advancements have led healthcare executives to acknowledge the potential for improving their organization's outcomes¹.

The Early Years

The first Electronic Medical Record (EMR) systems were known as Clinical Information Systems (CIS) and have been around for more than 50 years. In the mid-1980s, the Institute of Medicine (IOM) recognized the need for serious analysis of paper health records and undertook a study, publishing results in 1991 and again with revisions in 1997². This report was the first to put forward a case for using the EMR, identifying it as one of seven key recommendations for improving patient records, and to propose a means of converting paper to electronic records. Then in 2000, the IOM published a study titled *To Err Is Human*, concluding that healthcare would be safer with systems such as computerized physician order entry in place³.

From these developments and studies, US President George W. Bush spearheaded the initiative of launching the use of the EMR throughout America in January 2004⁴. As the growth of EMR systems strengthened, countries around the world also started adopting it.

The EMR Today

Many hospitals around the world have already shifted from paper-based

health information to electronic health information. The enormous size and diversity of health information has caused difficulties in the provision of client care when using traditional information systems. For example, storing paper-based medical records can be chaotic, disorganized and easily misplaced, leading to serious problems; including repeated diagnostic tests, delays in the planning of care, legal complications, and delayed patient discharges. Hence, healthcare institutions have resorted to the use of HIS to facilitate and improve the process of patient care through the generation of the EMR.

The EMR in Qatar

In January 2012, HMC signed a contract with Cerner Corporation, the main provider of Clinical Information Systems (CIS), that will digitize the entire public health system in Qatar⁸. The Cerner Millennium Information Technology enhances clinical care processes through evidence-based best practices. It enables patients to schedule appointments and contact doctors online, as well as manage their own personal health records. This technology will also be at the clinician's fingertips within all HMC hospitals and Primary Healthcare Centers, allowing them to make more informed decisions about patient care. HMC will also be able to capture clinical data for research. This change serves as a pivot in elevating the safety, efficiency and effectiveness of Qatar's healthcare setting.

After two years of extensive preparation and planning, HMC announced the successful implementation of the first phase of the CIS program in Al Khor Hospital with Al Daayan Health Center, involving a patient administration system that includes patient health records, registrations and appointments. That was followed by the implementation of all clinical systems in all departments at Al Khor Hospital⁷. The same has been implemented at all sites, with Hamad

General Hospital going live in May.

Pros of the EMR System

For one, there are no forms for nurses and doctors to contend with. The chore of deciphering the physician's orders will also be a thing of the past.

A study conducted by the University of Pennsylvania on 16,362 nurses working in 316 hospitals⁵ found that nurses from hospitals with fully implemented EMRs were significantly less likely to report unfavorable patient outcomes, compared to nurses working in hospitals without fully implemented EMRs. Results also show that nurse communication and workflow is positively influenced by technology.

Studies have also linked nurse satisfaction with improved integration of technology systems into workflow processes, such as documentation, medication, and patient discharges and transfers.

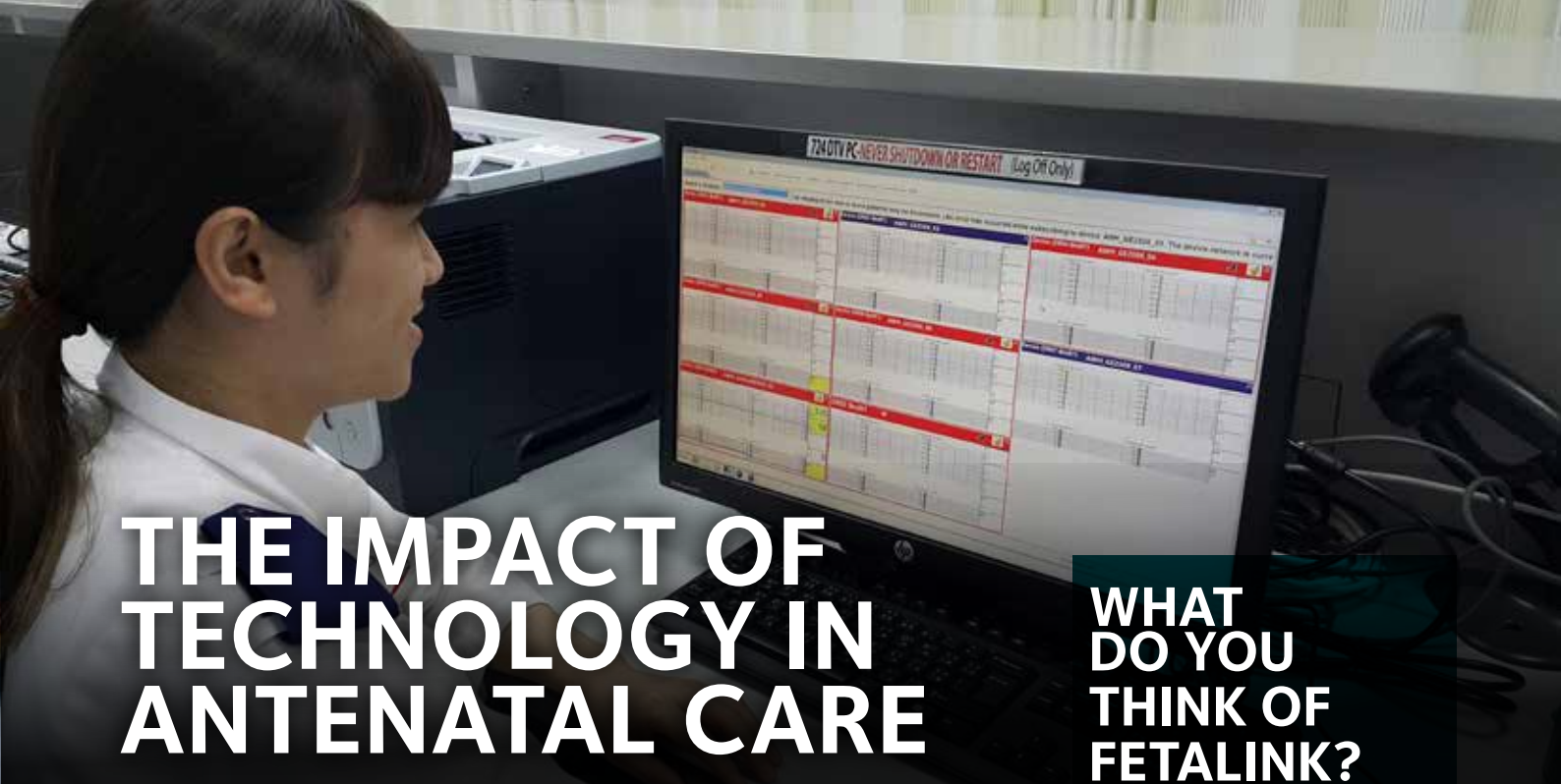
The EMR also enhances client care. A study published in the *American Journal of Managed Care* 2010, found that EMRs could lead to a higher quality of care. Among Kaiser Permanente patients, on which the system was tested, the tool bumped up the number of diabetes and heart disease patients who came for regular health screenings, vaccinations and medication adjustments. After three years, the percentage of patients receiving recommended care each month jumped from 68 percent to 73 percent⁴.

Challenges of the EMR System

Some argue it is difficult to ensure a standard encoding scheme is adhered to. HIS is no stranger to us, but fully integrating it in our workflow is a different story. The shift from paper-based records to electronic records is a massive exercise. There is always the fear of the unknown, and not liking the system, even before its implementation. However, those fears need to be confronted in order to appreciate the efficacy of EMRs and to make the system work for the end user.

Credits:

¹James, A. R., Parag, C. P., & David, J. P. End-user perceptions of quality and information technology in health care. *Journal of High Technology Management Research*, 7(2), 133-147, 1996; ²Dick RS, Steen EB, Detmer DE, eds; Institute of Medicine. *The Computer-Based Patient Record: An Essential Technology for Health Care*. 2nd ed. Washington, DC: National Academies Press, 1997; ³Kohn LT, Corrigan JM, Donaldson MS, eds; Institute of Medicine. *To Err is Human: Building a Safer Health System*. Washington, DC: National Academies Press: 1999; ⁴DesRoches C, Donelan K, Buerhaus P, et al. Registered nurses' use of electronic health records: findings from a national survey. *Medscape J Med*;10(7):164, 2008; ⁵McCullough JS, Parente ST, Town RJ. *Health Information Technology and Patient Outcomes: The Role of Organizational and Informational Complementarities*. NBER Working Paper 18684, 2013; ⁶<http://site.hmc.org.qa/hmcnewsites/news.aspx?id=899>; ⁷<http://site.hmc.org.qa/hmcnewsites/news.aspx?id=1106>; ⁸<http://www.itp.net/587537-qatars-hmc-to-modernize-countrys-healthcare>



THE IMPACT OF TECHNOLOGY IN ANTENATAL CARE

WHAT DO YOU THINK OF FETALINK?



By **SHRY KAUSHAR H. MACDERUL**,
CHARGE NURSE, AL WAKRA HOSPITAL

From the adoption of Electronic Medical Records (EMR) to advances in bio-medical engineering, the impact of technology is evident in all corners of healthcare.

I am a Registered Nurse in the Antenatal Day Assessment Unit. Looking around this Unit, with capacity for eight patients, I see the results of these technological advances on a daily basis and am amazed at the progress in technology.

For instance, with the successful launch of Cerner at Al Wakra Hospital (AWH) last year, electronic documentation has bridged knowledge gaps from different disciplines and provided a single house of information for every patient.

Antenatal care, too, has gone a step further with the introduction of Fetalink, a fetal monitoring solution that integrates fetal and maternal waveform data into the electronic medical records of the mother and the child. It eliminates duplicate documentation and fully integrates the intrapartum fetal monitoring into the Cerner Millennium System (CMS).

It is a way of visually capturing every annotation made by the nurse at every situation, that is significant to the plan of care, in acute and outpatient settings.

With a multi-patient view for central surveillance, it enables any healthcare provider to view multiple patients

simultaneously, from any place in the hospital.

Doctors can also compare waveform data from different visits during a woman's pregnancy, or even waveform data from the same patient's previous pregnancies, to determine whether current observations for a patient are within the normal range for their pregnancy¹. It also allows for the monitoring of patients across all venues of patient care delivery.

As an example, if the patient is in the operating room, emergency department or critical care unit, clinicians can view and store maternal and fetal tracings as if the patient is in the maternity unit, ensuring that the mother receives the highest level of care from anywhere in the hospital². Fetalink also alerts the nurse whenever a parameter goes out of the normal range.

Fetal cardiographic monitoring is a means of recording the fetal heartbeat and the mother's uterine contractions during pregnancy. It is one of the most common tests used for women with at-risk pregnancies to assess fetal well-being.

From a nurse's point of view, correct utilization of technology such as Fetalink can improve the quality of care and safety of patients, at the bedside or from the monitoring station.

Here's what some healthcare members have to say:

"THE MAIN ADVANTAGE OF USING FETALINK IS THAT IT SAFELY ARCHIVES THE CTG EPISODES OVER A PERIOD OF TIME THAT WILL BE USEFUL IN CASE OF ANY LITIGATION. PAPER BASED-CTG MAY NOT BE SIGNED ON TIME OR THE SIGNATURE MAY NOT BE LEGIBLE. IN ADDITION, DURING LABOR AND DELIVERY, YOU CAN ANNOTATE LIVE AND RECALL PREVIOUS EPISODES. IT CAN ALSO BE USED AS AN EDUCATIONAL TOOL SINCE IT IS A PERMANENT RECORD."

Dr. Howaida Khair, SIDRA, Obstetrics Consultant

"IT GIVES YOU THE PRESENT SITUATION OF THE FETAL WELL-BEING, MOTHER'S VITAL SIGNS, AND ALERTS THE NURSE FOR ANY READING BEYOND NORMAL. I CAN ALSO USE THE CENTRAL SURVEILLANCE TO VIEW MONITORING FOR ALL THE PATIENTS IN THE UNIT SIMULTANEOUSLY. REALLY HELPFUL FOR MULTI-TASKING."

Alexandria Valinton, Charge Nurse

"FETALINK CAN BE USED AS AN AUDITING TOOL TO SEE THE CONSISTENCY OF THE DOCUMENTATION AND THE FETAL MONITORING."

Jafna Latheef, Staff Nurse

Credits: 2014 K2 Medical Systems Ltd. retrieved from <http://training2.ms.com/Default.aspx?Menu=Home>; Cerner Fetalink. retrieved from https://www.cerner.com/uploads/Files/Content/Solutions/Hospital-and_Health_Systems/Womens_Health/uk_womenshealth_2012.pdf; http://www.hospimedica.com/health_t/articles/294726050/fetal_monitor_communicates_with_electronic_medical_records.html; <https://store.cerner.com/items/226>



CODE BLUE CHAMPIONS



By **SHARON RACHEL MATUBIS,**
REGISTERED NURSE, HAMAD GENERAL HOSPITAL

A code blue is every nurse's nightmare, not only because it means that a patient's life is in immediate danger, but also because of the multiple tasks that need to be accomplished immediately, simultaneously and efficiently.

Nurses play a vital role in the code blue situation; from the assessment of the case, to activating the code, to participating in the code itself, to the debriefing of team members afterward.

In 2012, the Pediatric Department at HMC launched a project with the aim of improving response time to code blue calls. When the aim of this project was accomplished, the focus shifted to improving staff performance and compliance during a series of mock code blue training sessions.

Results of the project showed that on one unit, staff nurses focused more on the preparation of the room for the code team instead of delivering initial CPR, which is in fact, more important for the survival of an unresponsive patient.

It also showed that some healthcare professionals experienced anxiety associated with the activation of the code because they feared not knowing what to do first or whom to call. Some also experienced anxiety in calculating emergency drugs, which should be done in the fastest time possible.

Reviving Unemployed Skills

Medical research shows that resuscitation and CPR skills deteriorate within four months, in the absence of practice. The only solution to addressing this is to provide training and simulation to keep nurses up-to-date with skills.

THE ISSUE:

Pediatric mock codes previously demonstrated that there were significant delays in communication and code activation.

THE SOLUTION:

1. The pediatric code blue team revised the code blue checklist to include a simpler and clearer criteria on what to expect in an emergency situation
2. Then, a unit-based code blue team was developed to offer training and education to all staff members
3. As a result of this, mock code blue drills were conducted weekly in the pediatric unit. This practice continues

THE RESULT:

1. Nurses focus on what should be their initial action, how to communicate and follow the ISBAR tool to enhance communication, and familiarize themselves with the equipment
2. They practice emergency drug calculation
3. The mock code blue sessions not only enhance training quality, but also boost the confidence of nurses, allowing them to perform in a calm manner during a code blue activation

Debriefing and feedback from staff is used to evaluate the weekly mock code blue sessions, and is used to discuss improvements. On 6 South 1 Pediatric, nurses took the pediatric project a step further and initiated it as their QI project in January 2015, with a compliance performance rate of 83 percent. By December 2015, this rate increased to 95 percent.

INAUGURAL SICU AND SURGICAL NURSING GRAND ROUNDS



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

NURSING GRAND ROUNDS (NGR) are a valuable educational opportunity, designed to promote up-to-date, evidence-based nursing practice, high-quality patient care and improved patient outcomes. The NGR focuses on identifying evidence-based practice and ways to improve patients' outcomes, through nursing care. NGR provide staff nurses with a forum to share clinical expertise and best practices. They offer a platform for bedside nurses to present interesting or complicated cases that challenge their clinical practice and expertise.

The surgical units at HMC, in collaboration with the Surgical Intensive Care Unit (SICU), and the multidisciplinary team, successfully conducted the first Surgical/SICU Nursing Grand Rounds in November 2015, to highlight best nursing practices in the care of patients undergoing liver transplant surgery. More than 300 healthcare professionals, including nurses, physicians and other allied health professionals attended the NGR.

The event was themed Liver Transplant: The Journey, and showcased a variety of insightful presentations by nurses and physicians, highlighting topics such as the latest management techniques in pre-operative and post-operative care, and challenges and recommendations in caring for liver patients recovering from liver transplant surgery at HMC.

The event also highlighted local and international nursing healthcare trends and current research initiatives pertinent to liver transplant. Surgical nurses work in a very challenging environment, and often play a key role in life-saving surgical procedures. The NGR plays an important part in highlighting the responsibilities that nurses carry and offers a platform where open discussions with cross-unit and cross-division healthcare

professionals take place in order to facilitate learning and identifying best strategies to improve a patient's experience. Many participants expressed their interest in the NGR, and suggested that activities such as these be conducted on a more regular basis.

AWH ADVOCATES BREAST CANCER AWARENESS

By **NAGLAA SAMY, PATIENT EDUCATOR, AL WAKRA HOSPITAL**

QATAR ranks third in having the highest number of breast cancer cases in the Gulf region. Since 1998, more women in their 30s and 40s have been diagnosed with the disease. In an effort to promote early detection and screening, and to create general awareness about breast cancer, Al Wakra Hospital (AWH) held its third Pink Month Campaign in October 2015.

Education sessions were conducted weekly throughout the month of October, which included supplying information on various breast cancer topics, such as the importance of maintaining a healthy diet and the relationship between breast cancer and smoking. Sessions were also held to teach women how to perform self-examination checks and to highlight the signs and symptoms of breast cancer.

The campaign was also brought into two schools – the Moza Preparatory Girls School and Al Wakra Secondary Girls School – in an effort to educate teenage girls about breast self-examination and breast cancer screening.

HEART HOSPITAL'S NURSING GRAND ROUNDS

By **LEENA MATHEWS, CHARGE NURSE,
CICU, HEART HOSPITAL**

THE 2ND NURSING Grand Rounds hosted by Heart Hospital was titled *Shocked Back to Life at 35: A Patient's Perspective*, and focused on the story of a young man who survived an unusual cardiac arrest, known as Brugada Syndrome.

The grand round was opened with an address from the EDON of Heart Hospital, Ms. Linda Peters. Ms. Aisha Ahmed and Ms. Nimisha John (CICU staff), narrated the patient's journey, starting with when the young man was brought into the hospital and ending with his survival and discharge, thanks to an Implantable Cardioverter Defibrillator (ICD).

The audience then heard about a procedure known as the Ajmaline Challenge Test, which is one of the ways to detect abnormal heart rhythm disorder and to confirm if a patient really has Brugada Syndrome. This was described in detail by Senior Consultant Cardiologist for the Electrophysiological Study (EPS) at Heart Hospital, Dr. Shahul Hameed.

Ms. Cindy Marie from the Cardiac Cath Lab then showed a video on how a patient should be prepared for the Ajmaline Challenge Test, and the nursing considerations for this procedure. The next speaker, Ms. Leena Mathews, also from CICU, explained to the audience, in detail, about Brugada Syndrome. The only known effective treatment for this condition, ICD implantation, was covered by the next speaker, Dr. Elsayed Mahmoud, Senior Electrophysiologist in Heart Hospital.

A short video of the patient, who the event was themed after, was then shown, depicting his courageous journey and life after the ICD implantation, proving that a person can continue to live a normal life, save for a few lifestyle changes. The highlight of the event was when the patient walked onto the stage. Ms. Linda Peters then went on to stress the importance of the role nurses play in helping patients improve their health. Ms. Peters went on to show international data which demonstrates that the chances of survival for patients, who do not receive timely attention and medical care, is one percent worldwide.

The objective of the forum was to describe the challenges in caring for patients with arrhythmias of unknown origin; to compare and contrast the differential diagnosis and testing in arrhythmias; to provide psychological support and appropriate nursing care for patients undergoing diagnostic procedures; and to provide appropriate treatment and teach patients about safe management, handling and follow up after life-saving device implantation.

Over 300 healthcare professionals attended the event, including physicians, nurses, students and other allied healthcare professionals from HMC, Sidra Medical and Research Center and the University of Calgary in Qatar. The Nursing Grand Rounds was a huge success thanks to the Heart Hospital Nursing Educators, Ms. Safia Sayed and Ms. Shiny Thomas, as well as the support and guidance of the EDON, Directors of Nursing, Head Nurses and the dedication of the staff nurses at the Heart Hospital.

2ND ANSAP CONVENTION

By **SHILAH ANCHETA, STAFF NURSE,
WOMEN'S HOSPITAL EMERGENCY DEPARTMENT**



THE ASSOCIATION of Nursing Service Administrators of the Philippines (ANSAP) held its Second Annual Convention, themed *Leading Change, Accountability in Health Care Delivery* in November last year.

Over 148 professionals from various healthcare institutions in Qatar, including Hamad Medical Corporation, Al Ahli Hospital, Al Emadi Hospital, American Hospital, Red Crescent, Primary Health Care Corporation, Qatar Petroleum and Doha Clinic Hospital attended the event. It was officially launched by the President of ANSAP and Nursing House Supervisor of Women's Hospital, Ms. Marites Jara.

Among those who delivered speeches were Deputy Head of Mission at the Philippine Embassy in Doha, Mr. Gonoranao B. Musor, and Acting Assistant Executive Director of Nursing for Ambulatory Care Services at Hamad General Hospital, Mr. Ian McDonald. Mr. McDonald delivered an enlightening presentation titled *The Accountability of Nursing Leaders in Leading Change in Healthcare*.

Mr. Tawfiq El Raoush, Senior Nurse Educator at Hamad Medical Corporation, delivered a dynamic presentation titled *Organizational Changes and Cultural Diversity*. He urged nurses to be culturally competent in adapting to the needs of both patients and the healthcare team.

ANSAP is a recognized member of the United Filipino Organizations Qatar (UFOQ), under the umbrella of the Philippine Embassy. Future plans of the organization include delivery of the IV Recertification Program, in collaboration with the National ANSAP Chapter based in the Philippines, and representing the ANSAP Qatar Chapter at the ANSAP Annual Congress, being held in March 2016 in Manila, Philippines.



Calendar of Events

March – May 2016

MARCH

10 THU

World Kidney Day

13 SUN

GCC Nurses Day

24 THU

World Tuberculosis Day

18 FRI - 19 SAT

First Qatar International Diabetes and Endocrinology Symposium

APRIL

3 April (SUN) – 9 May (MON)

Unit Based Council Chairperson Leadership Essentials Sessions

4 MON

RN Survey Starts

10 April (SUN) – 5 May (THU)

Nursing and Midwifery Performance Appraisal Awareness Sessions

25 MON

RN Survey Ends

MAY

8 SUN

Nursing Appraisal Rollout and Education Begins

5 THU

International Day of the Midwife

6 FRI

HGH Cerner Go Live

12 THU

International Nurses Day

13 FRI - 15 SUN

Middle East Forum on Quality and Safety in Healthcare



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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Don't miss **YOUR** opportunity to have **YOUR** say and give **YOUR** opinion.



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

Survey opens **8am** on **4 April** and closes at **8am** on **25 April**.

For more information, including contact details for your hospital survey coordinator, please visit: nursing.hamad.qa

Important Note: Nurses and midwives who are eligible to participate in the survey will receive a personal invitation via email.

NDNQI RN Survey 2016