

The NURSE ADVOCATE



By Nurses for Nurses

Issue 2. October 2013

CONTENTS

Safety First	1
Measurements and Improvements in Nursing at HMC	2
Pressure Ulcer and Restraint Survey	2
Noise: The Unwanted Sound	3
Nursing Executive Noticeboard	4
International Nursing News	5
Time Management	5
HMC and SickKids Hold Leadership Symposium	6
Being Appreciated	7
The Impact of Compassion in Nursing	8
Effective Communication Skills	8
Pediatric Emergency Awards	9
Nursing Job Satisfaction Research	10
NCCCR Nursing Department: A Resource Center	10
Service Overview: CDU	11
Critical Pain Observation Tools	11
The Nurse Spotlight	13
Educational Resources	13
Useful links	14
Puzzle	14

NOTE FROM THE NEWSLETTER COMMITTEE:

Welcome to issue number two of The Nurse Advocate. The response we have received from the first edition has been incredibly positive. Thank you to all of the nurses who have contributed so far. For all those who would like to get involved, please email your articles/ideas to Nursing.Newsletter@hmc.org.qa. We hope you enjoy this issue.

Safety First *Researched by Kristine S. Luzano, SN HGH*



In July 2013, a report by Public Citizen, a non-profit organization based in the US, concluded that healthcare workers suffer more from job-related injuries and illnesses than workers in any other field. The report noted that, in 2011, the rate of work-related musculoskeletal injuries in the US was highest among nurses, nursing aides and orderlies.

The consequences of injury and illness in relation to frontline medical staff are two-fold; firstly, it may have personal and professional consequences to the individual in that they may be unwell or they may miss out on development opportunities. Secondly, frontline medical staff are in demand and losing them to preventable injuries can impair the healthcare sector in meeting the

demands for healthcare services. It is therefore imperative to be mindful of both personal and patient safety. An article published on nursezone.com, entitled Top 10 ways to Avoid Injuries at your Nursing Job, by Debra Wood, offers advice and tips from a panel of experts:

1. Clean your hands.
2. Use lift and transfer equipment.
3. Watch for hazards and practice good body mechanics.
4. Speak up and step-up. Ask your colleague for assistance and offer yours to them.
5. Get vaccinated for the flu.
6. Immunize against other pathogens.
7. Practice safe needle handling.
8. Wear personal protective equipment (PPE) as appropriate.
9. Get plenty of sleep.
10. Practice good self care.

These tips are simple enough that we tend to overlook them. We often neglect how something as basic as hand hygiene can save us from contracting serious diseases. By practicing these simple steps every day, we ensure that we deliver safe and effective care to our patients without compromising our own safety. Remember, safety is our priority.

Measurements and Improvements in Nursing at Hamad Medical Corporation

By Ann Marie Cannaby – Executive Director of Corporate Nursing



Dr Ann Marie Cannaby – Executive Director of Corporate Nursing

There is a worldwide focus and interest in measuring and reporting nursing performance; evidence shows that by doing this, patient care can continually improve. Many of the nursing teams across HMC are already using improvement methods to examine different aspects of the care they provide.

There will be a lot of discussion over the coming months about how the nursing community can sustain and strengthen how we currently

examine nursing information. It is vital to know what is needed in order to continue to measure and improve our standards. We need to reflect the most current and up to date empirical evidence and ensure that measuring and reporting nurse sensitive indicators makes a real difference to the quality of care that we deliver.

No matter how good a service or performance is, improvement is always possible. For example, successful companies and sports teams constantly strive to be the best. They recognize that there is no advantage in remaining at a certain standard; they need to measure their performance, to constantly improve and to plan how to achieve better results. Better results in these cases may be an improved time or distance for an athlete or a higher profit margin for a company.

One of the most important things to consider when thinking about healthcare improvement is how we, as healthcare professionals, act and react to feedback and how we manage change; this includes how we support the people around us when implementing new practices.

Therefore, spending time discussing improvements is important across all wards and specialties so that all nurses feel comfortable with reflecting on their practice.

There are nursing units and services across HMC that are excelling at different elements of nursing care; this gives us the opportunity to share and learn from each other. Critical thinking, asking questions or seeking advice are all areas of strength in improvement discussions. These things demonstrate patient advocacy and are a core component of nursing.

We should not expect instant perfection; making adjustments and improvements to plans is all part of the journey. This outlook is central to a successful organizational culture.

Over the coming weeks and months there will be an increasing focus on the measurement of nursing care across HMC. I ask that we nurses embrace the philosophy of this action and use it to do our very best for the patients we serve.

Pressure Ulcer and Restraint Survey: The Pathway to Providing Better Patient Care

By Brent Foreman AED Corporate Nursing

“Quality care is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.” – Author unknown

One of the questions that I like to ask nurses is “Are you providing your patients with the best nursing care?” The answer is always a resounding “yes!” When this question is followed up with, “Can you give me some

examples of how you measure this?” the answers are usually subjective and qualitative in nature. The question of measurement always needs to be asked.

One of the challenges we face as a large corporation is ensuring that the nursing care we provide is consistently delivered at the highest standard. We aim to do this by utilizing evidence based practice in a collaborative decision making model to achieve a

level of quality outcome that is on par with world class organizations.

In the Hamad Medical Corporation (HMC) Nursing Strategy 2013 – 2015, Dr. Ann Marie Cannaby, Executive Director of Corporate Nursing, has committed to “Giving the best care” (Strategic goal #4). Moreover, Dr. Cannaby recognizes that “measuring the performance of nursing is vital to ensure and improve the quality of care that patients receive.”



This goal will be accomplished, in part, through the collection of nursing sensitive indicators and the development of clinical dashboards.

Corporate Nursing, in collaboration with local hospital leadership, started the systematic collection of nursing sensitive indicators through a pilot study conducted in Hamad General Hospital's (HGH) Intensive Care Unit's (ICU). The first nursing sensitive indicators to be collected were pressure ulcers and restraints.

As indicated by the American Nurses Association, the pressure ulcer and restraint survey emphasizes two nursing sensitive areas that directly reflect the ongoing quality care of our patient population. It is through these indicators that we as nurses can gain a better understanding of how our current practice affects our clients. The audit results allow us to review the structures and processes that align with the outcomes and focus performance improvement initiatives accordingly. The data that is collected is benchmarked with other similar units internationally, allowing for targets of reduction to be set as well as to measure the impact of the improvement processes we have initiated.

Why pressure ulcers and restraints?

The development of Hospital Acquired Pressure Ulcers (HAPU) places the patient at risk for other adverse events and increases resource consumption and healthcare costs. Pre-identified best practices/evidence based practice demonstrates that prevention of pressure ulcer development includes identification of individuals at risk and early implementation of prevention interventions. In the most vulnerable patients, interventions to reduce pressure and friction and to mitigate patient risk factors (immobility, incontinence, impaired nutrition, etc.) will decrease pressure ulcer occurrence and the worsening of existing pressure ulcers. Pressure ulcer prevention requires a multidisciplinary effort and administrative support. Previous studies indicate that nurses and nursing care interventions play an important role in pressure ulcer prevention and management across health care settings.

The aims of the pressure ulcer and restraint survey are to: (As defined by the American Nurses Association)

- Determine the rate of hospital acquired pressure ulcer occurrence
- Determine the rate of unit acquired

pressure ulcer occurrence

- Determine the prevalence of physical restraint use in hospitalized patients
- Explore the relationships between nursing assessments performed, interventions used, and pressure ulcer development
- Explore the relationship between nurse staffing and physical restraint use

To date, HGH ICU's, National Center for Cancer Care and Research (NCCCR) and the Heart Hospital (HH) have all conducted the pressure ulcer and restraint survey. I am working closely with Christine Gallagher (tissue viability nurse), Fiona Milligan (senior education specialist) and the hospital nursing leadership teams to implement the survey across all hospitals by the end of December. This survey, amongst others, will be conducted on a quarterly basis from this point forward.

Dr. Cannaby would like to say thank you to the teams who have conducted the surveys, the respective nursing leadership teams for supporting this initiative and the newly identified National Database of Nursing Quality Indicators (NDNQI) site coordinators who will be leading the collection and reporting of the nursing sensitive indicators in their facilities.

Noise: The Unwanted Sound *Researched by: Christine B. Bermundo, SN, HGH*

All noise is sound, but all sound is not necessarily a noise.

Hospitals and hospital wards can potentially be noisy places. They are frequented by lots of people; patients, visitors, doctors, nurses and support staff. We all contribute to noise levels and we should all be conscious of those levels when trying to make the



best possible environment for our patients.

Noise and Health:

- Noise is an environment stressor that is known to have physiological and psychological effects.
- The body response to noise in the same way it responds to stress and over time noise can impair health.

- Noise, even during sleep, can be recognized as a signal of danger which causes the body to release stress hormones.
- A continuously noisy environment can heighten a patient's risk of hypertension and ischemic heart disease.
- Studies into the affects of noise on patients indicate links to delayed wound healing, aggressive behavior, psychiatric symptoms and increased re-hospitalization risk.
- Post-operatively, surgical patients exposed to a noisy environment display a need for more pain medication than those who are in a quiet setting.

There are clear health advantages

associated with a reduction in noise. A healing environment should therefore be a quiet one. Nurses can help to reduce the noise levels in their hospitals and on their wards.

HMC conducted a number of studies recently which highlighted that noise increases during nurse's handover time, doctor's rounds, transportation of equipment and through use of technology.

The following ideas have been conceptualized by different organizations to reduce noise:

1. Use wireless paging devices
2. Limit conversations in hallways
3. Nurse call bell and patient telemetry system should reduce volumes

4. Nurses and Doctors wearing soft soled shoes
5. Beepers on vibrate
6. Control volume on phone ringers
7. Identify designated areas for mobile phones conversations
8. TV noise – headphones or pillow speakers
9. Rolling carts and machines should be fixed and squeaky wheels replaced
10. Proper maintenance of equipment, equipment replacements

According to Florence Nightingale, in her 1859 book 'Notes on Nursing', understanding the basics of sound transmission and measurement is essential to a realistic assessment of a facility's sound environment. "Unnecessary noise is the cruelest absence of care."

NURSING EXECUTIVE NOTICE BOARD



Nursing Strategy Update

By now each of you should have received a copy of the two-year action plan that serves as the foundation for a Nursing Strategy that will accelerate HMC on our journey to delivering one of the best nursing services in the world.

In the coming weeks you'll receive a companion document; the first of four 6-month 'report cards' outlining the progress made to date in addressing the identified priorities. Our work thus far has been focused on getting the right staff, in the right structure and we've made great strides during the first six months. Specifically:

- We've identified a list of positions we need to fill.
- A new career framework for HMC nurses has been developed.
- We've commissioned Partners Healthcare, a US-based non-profit organization, to review our in-service education program.
- The Executive Management Committee has agreed to approve a preferred option for internal and external education plans for nurses and a tender document is currently being prepared with a shortlist of potential educational collaborations with internationally regarded nursing education providers.
- A midwifery/maternity nursing service review has been commissioned and completed and a report has been submitted with recommendations.

Please watch your mailbox for a full listing of the progress made during the first six months, between April and September, as well as an overview of our priorities for the coming six months.

Rumailah Hospital Welcomes Ms. Susan Yates

HMC would like to extend a warm welcome to the newest member of the Executive Team.

Susan has joined HMC from Guelph, Ontario, Canada. Susan is a Registered Nurse and has a diverse clinical and administrative background. She has held a number of senior management positions in acute care, community organizations, and in public health.

Susan is a Certified Health Executive with the Canadian College of Health Leaders, has undergraduate degrees in Nursing and Adult Education, and a Master of Arts (Education). She is currently completing a PhD in Public Health and Health Systems at the University of Waterloo, and has a clinical cross-appointment to McMaster University, Faculty of Nursing. She has been a surveyor with Accreditation Canada for the past six years.

Throughout her career she has enjoyed working with organizations to develop and implement strategies and build capacity in the areas of health policy, technology, workplace health, interdisciplinary practice, education, and research.

Susan is married, has seven children and one grandchild and in her spare time volunteers for a number of organizations which promote health equity and the nursing profession.

Susan is currently employed in the capacity of Assistant Executive Director of Nursing at Rumailah Hospital.

Save the Date: Nursing Career Ladder

Save the date: November 17th & 18th Corporate Nursing will be launching the new nursing career framework over two days and we would like to invite you to attend one of the provided sessions. More information will follow.

Nursing Reviews Completed

Corporate Nursing would like to extend a very warm thank you to everyone who helped make our recent nursing reviews such a success. Partners Healthcare International, a consultancy group from Partners Healthcare in the United States, conducted two reviews in July and just completed their third.

- The three assessments consisted of,
1. Nursing comprehensive review,
 2. Professional development review
 3. Intensive care review.

The assessments utilize best practice frameworks to provide us with recommendations leading to the achievement of our Nursing Strategic goals and the development of a world-class nursing service at Hamad Medical Corporation. Feedback sessions will be arranged during November and December. Further details will be announced in the November issue of The Nurse Advocate.

International Nursing News...1,2,3:

Researched by Jyothi H. Shadashraiah, RN & Kristine Luzano, RN. HGH

1. American Nurses Association (ANA) Release New Safe Patient Handling and Mobility Standards

In June 2013, the American Nurses Association (ANA), in collaboration with other organizations, released a 40 page summary of eight evidence-based standards to address the issue of an increasing number of health workers developing work-related musculoskeletal injuries. The publication, 'Safe Patient Handling and Mobility: Inter-professional National Standards' is intended to support a safe working environment for healthcare workers and patients alike.

Unsafe practices in a healthcare environment can result in injuries that could have been prevented. The consequences of these unnecessary injuries can affect both staff numbers and, by association, the quality of care provided. The eight evidence based practices highlighted by the ANA publication are as follows:

1. Establishing a culture of safety which includes ensuring safe levels of staffing, creating a non-punitive environment, and developing a system for communication and collaboration.
2. Implementing and sustaining a

- safe patient handling and mobility program;
3. Incorporating ergonomic design principles to provide a safe environment of care;
4. Selecting, installing and maintaining safe patient handling technology;
5. Establishing a system for education, training and maintaining competence;
6. Integrating patient-centered assessment, care planning and technology;
7. Including safe patient handling in reasonable accommodations and post-injury return to work policies; and
8. Establishing a comprehensive evaluation system.

Nurses should consider both the patient and themselves in order to ensure safety across the board. Following the standards highlighted above can minimize, if not eliminate, many of the risks involved in moving patients.

2. Nurse practitioners (NP's) slowly gain autonomy in the US

- 17 States in America are trying to fill the primary care physician shortage with nurses who have advanced degrees in family medicine.

- Nevada became the most recent State to allow NP's to practice independently.
- The new law allows NP's with 2 years of experience to set up their own health clinics and provide the same range of primary care services.

Read more: <http://www.kaiserhealthnews.org/stories/2013/july/19/stateline-nurse-practitioners-scope-of-practice.aspx>

3. UK Nurses play an important role in treatment of cancer patients

- Research from the University of Southampton, England, suggests that cancer patients who are admitted to hospitals that are well-staffed with specialist nurses are likely to have a better overall care experience.
- Study author, Peter Griffiths, Professor of Health Services Research at the University Of Southampton, commented that specialist nurses have been identified as having a key role in providing essential support to cancer patients.

Read more: <http://www.medicalnewstoday.com/releases/261583.php>

Time Management in Nursing

Researched by Miki Varghese. SN. Heart Hospital



"Time is the scarcest resource and unless it is managed nothing else can be managed."

- Peter Drucker. Management Consultant/Author

Time is equal for all; in that it is constant and cannot be adjusted by any means. It is how we manage our time that differs from person to person. Time management is a skill that most of us have to work on to achieve success. Mastering the art of time management allows us, as nurses, to utilize our shifts and workload to benefit the patient, the organization and our own development.

Recognizing that you need to work on your time-management

skills is the first step. If your time management is particularly poor you may have received feedback from your supervisors who indicate this is a problem. If not, you can ask yourself a few questions to determine whether you need to work on your time management skills. If you answer yes to these questions, then you may have room for improvement:

1. Do you feel you are at the mercy of time rather than making it work for you?

2. Do you always seem strapped for time?
3. Do you feel that you can never fit everything you want to do in a day? The website, nursetogether.com, offers some useful recommendations to busy nurses who are trying to improve their time-management skills:

- **Plan your day out in advance**
There is a lot of unpredictable activity as a nurse, but it is suggested that those who start the day with a plan will be more productive and less stressed. Inevitably, plans change out of necessity but it's having a plan that drives the management of time.

- **Prioritize and do the most important things first**

With the help of a plan or list, you can organize your day to ensure that the most important things get done first. This means that although some things will not get done due to a demanding environment, at least you can rest assured that anything urgent has been completed.

- **Avoid disruption**

Certain disruptions are inevitable as a nurse. The things that should be avoided are personal emails or sms/ smart phone messaging, chats with friends or attending to non-urgent tasks. Relaxing and socializing is

important to us all but ensure that during working hours the priority is work tasks.

- **Organize yourself and your work space**

Having a clean, well organized desk where everything is easily located will save time and make certain tasks less stressful.

- **Where appropriate, delegate or ask for help**

Always ask if you need help or if you know in advance that you cannot achieve a certain task within the specified time. If you have people available to support you in your role, then use them effectively.

HMC and SickKids Hold Leadership Symposium for 83 Pediatric Nurses



More than 80 pediatric nurses from across Hamad Medical Corporation (HMC) recently attended the Second Symposium for Pediatric Nurse Leaders, with the theme "Leadership Skills for Success."

The initiative is supported by the partnership between HMC and The Hospital for Sick Children (SickKids) in Toronto, Canada.

HMC and SickKids entered a five-year partnership in 2010 with the aim of transforming pediatric healthcare in Qatar. The first such symposium for nurses was held last year and focused on leadership principles, while this year's two-day symposium, held at the Renaissance Hotel Doha, aimed to provide practical tools to further develop leadership competencies that contribute to a best practice environment.

Mentoring the 83 nurses were 10

senior nurse leaders from HMC and five from Sidra Medical & Research Center. The symposium also featured speakers from both HMC, SickKids, including Dr. Ann-Marie Cannaby, Executive Director of Nursing at HMC and Ms. Pam

Hubley, Chief of Professional Practice and Nursing at SickKids.

The international keynote speaker was Dr. Irmajean Bajnok, Director, Registered Nurses Association of Ontario, International Affairs and Best Practice Guidelines Center.

Dr. Cannaby explained that "Leaders attending the symposium will reflect on their strengths, challenges and the impact they have on their team. They will focus on collaborative practice, communication strategies, effective role modeling, building capacity within teams, empowerment of staff, enhancing staff performance, management of conflict, and alignment of staff values."

Dr. Cannaby went on to say that as HMC continues to grow and develop as a diverse and multifaceted healthcare

organization, it is essential that nurse leaders drive excellence in practice through an inter-professional approach with a focus on family-centered care.

In his welcome remarks on the first day of the symposium, Dr. Abdulla Al Kaabi, Project Director of the HMC/SickKids Partnership said he strongly believes that investing in and developing HMC's pediatric nurse leaders is essential to ensure they are prepared to take on their roles in developing world-class nursing teams in line with the HMC Nursing Strategy.

"Nurse leaders are responsible for creating healthy and healing environments that allow their staff to provide the very best, safe and compassionate care possible to children and families," said Ms. Pam Hubley, Chief of Professional Practice and Nursing at SickKids.

A series of facilitated leadership exercises engaged participants in advancing conversations that relate to a shared vision, coaching others and recognizing performance in order to positively influence a best practice environment, advancing practical strategies that relate to managing difficult encounters, collaborating with team members and communicating proactively to avoid conflict.

Being Appreciated *Researched by Kristine S. Luzano, SN. HGH.*

It is very nice to be appreciated for the work we do as nurses, particularly by our patients. Appreciation is given in many different ways; some patients simply say thank you, some patients offer a smile or a touch of the hand. When we receive these things it can be instantly motivating, it can build our confidence and inspire us to be the best we can be. We are human and it affects us positively. As nurses,

we know that we cannot be driven by appreciation; if we do not receive direct thanks from our patients we still have a duty of care to perform our roles safely, effectively and compassionately. That is one of our defining qualities of good nurses; that we treat all people equally and to the best of our ability.

The nursing newsletter committee

were recently given a copy of a poem written by a patient, who wishes to remain anonymous, to show her appreciation for the nurses who assisted in her care. We think this poem is applicable to all of us and it is our pleasure to share it with you; we hope you will be motivated by its contents. We encourage all of you to share your stories of appreciation with your colleagues.

It was a Nurse

By *Wheels28*

Who was the person to admit me... a nurse.

Who prepped me for surgery and eased my fears... a nurse.

Who held my hand as I went to sleep in the O.R... a nurse.

Who greeted me as I woke up with a smile and ice chips... a nurse.

Who kept me pain free and comfortable after my surgery... a nurse.

Who cleaned me up after I got sick and gave me something for the nausea from the anesthesia... a nurse.

Who encouraged me to walk with my walker when P.T. started... a nurse.

Who took time I know she did NOT have to talk to me because she sensed I was feeling down... a nurse.

Who showed me how to clean my surgery site so I could do it at home... a nurse.

Who doesn't diagnose the patient but cares for them after one is made... a nurse.

Who has shown me the most compassion when I needed it... a nurse.

Who shared a personal story about her life to make me feel better about my disability... a nurse.

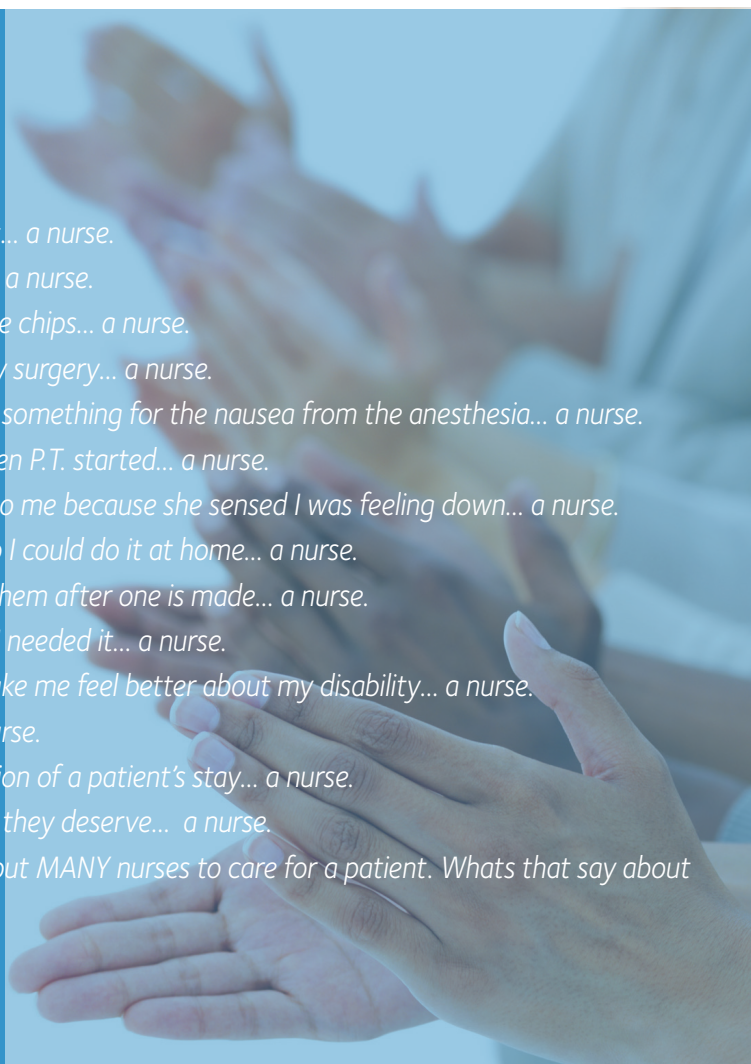
Who has made a lifelong impact on my life... a nurse.

Who is the heart of the hospital and the foundation of a patient's stay... a nurse.

Who often doesn't get a thank-you or the credit they deserve... a nurse.

It often takes one doctor to diagnose a patient, but MANY nurses to care for a patient. Whats that say about your profession?? IT'S IMPORTANT!!

Thanks for all that you do!!! Nurses Rock!!



Applications for the UCQ Master of Nursing (Oncology) are now being accepted.

Applications and details of the course and HMC scholarship opportunities are available at:
http://www.hamad.qa/en/hcp/about_hmc/education_and_training/announcements/ucq_master_of_nursing_program/ucq_master_of_nursing_program.aspx

(Please copy and paste this address into your browser)

Closing date for application submission is NOVEMBER 1st 2013

The Impact of Compassion in Nursing

Researched by Bidumul Thomas. Charge Nurse. Heart Hospital



As nurses, we deal with and help patients at some of the most stressful and emotional periods of their lives. During our interactions, patients are often feeling unwell, concerned about their health, upset or stressed by their situations. Moreover, they sometimes have social issues which can contribute to their overall wellbeing. Without doubt, a fulfilling part of our role is when we make a positive impact on our patient's lives; when we act compassionately to comfort them during difficult times and when we see

the positive results this can have on their health.

Prominent behavioral scientist, Steve Maraboli, tells us that "a kind gesture can reach a wound that only compassion can heal." The nurses from Ward C of the Heart

Hospital recently demonstrated how compassionate care has a positive impact when they gave a surprise gift to a patient which dramatically lifted his spirits during his stay with us.

The patient in question, who we will refer to as 'Mr. A', presented with a heart related issue and was admitted to our ward. Mr. A had both health and social issues; he was a low income earner, living in inappropriate accommodation for his condition with no family to assist or support him in

Qatar. Mr. A could not be discharged until appropriate accommodation was arranged for him. Understandably, Mr. A became unhappy and depressed.

Mr. A was still in the hospital on his birthday and his low mood and health concerns resulted in him completely forgetting the date. As an act of kindness the nurses remembered and planned a surprise birthday party for him, complete with birthday cake and sweets. Mr. A was very pleased and highly touched by the gesture. After the surprise party, his mood dramatically improved and he became more open and talkative which was demonstrated when he spoke very fondly of his loved ones at home, and even voiced his goals and aspirations.

This story highlights the impact a seemingly small act can have on the psychological health of patients. Also, it aims to encourage healthcare providers to approach healthcare and healing more often from the psychological aspect using compassion.

Effective Communication Skills and Nursing

Researched by Gilan Atef Abdelmaksoud Nemr, NICU, Al Wakra Hospital

What does effective communication skills mean?

Communicating, simply put, is sharing information through a process of giving and receiving. It is, at the very least, a two way interaction. Consequently, effective communication is sharing information that is timely and relevant to the right people in the right way. Communication has a variety of channels, it is not just talking and listening; it incorporates a whole range of techniques, including written communication and how we use our body language to convey the right message.

Why are effective communication skills important for nurses?

Communication skills are essential to

many jobs and nursing is no different. In fact, as a role which serves the public, effective communication is a must have skill for nurses. Here are some examples of how we use communication in our everyday roles:

- Data protection and privacy. We are bound to follow the rules of patient privacy; we need to know what we can and cannot communicate.
- We need to tell patients important information about their health in a way they can understand. This is particularly important in Qatar as both nurses and patients are often using a language which is not their mother tongue.
- Record keeping with regards to treatment, medicine and other

needs must be accurately presented for the safety of the patient.

- Communicating information during difficult times, showing compassion and understanding.
- Interacting with colleagues during handover, ward rounds, etc.

Presenting yourself – a communication tool

Nurses are often the first people to greet patients, they also have a continuous role throughout a patient's stay – they are a constant. Patients can be reassured by their nurse simply by effective communication. This can include:

- Body language such as eye contact and stance both contribute to

giving the right message; a patient wants to know that you are focused.

- Showing confidence/being attentive. Standing tall and answering/asking questions shows that you are attentive to their needs and that you know what you are doing.
- A clear and confident way of speaking is essential to a patient's comfort; because it aids understanding and trust.
- Sharing information in a clear way and in a timely fashion. This means that all things necessary are communicated to the patient with regards to their health.
- Showing compassion. We can do this with words and body language.

Conveying that you understand and that you are there to help is reassuring.

Recommended communication habits for nurses

Any patient visiting a hospital would like the reassurance that the nurse caring for them is focused, capable, knows what they are doing and is understanding and compassionate. The aforementioned point all contribute to that. Here are some good communication habits:

- Don't forget to listen as well as talk.
- Try to see things from the patient's point of view; this will guide your communication with them and allow you can empathize with them.

- Ask gentle but probing questions, e.g. Can you give me an example?
- Be professional with colleagues and patients. This means avoiding behaviors such as being sarcastic, passive aggressive and argumentative.

Practice makes perfect

No one is born a good communicator. It is a skill that is developed with practice.

- Practice communication with your family, patients and co-workers.
- Practice the recommended skills in difficult and easy nursing scenarios. Pay attention to how you communicate and how effective it is. A big part of communication is understanding what works best and why.

Pediatric Emergency Nurses Recognize the Contributions of their Colleagues

Researched by Sheena Varghese, PEC

As a way of recognizing the exceptional contributions of staff within the pediatric emergency department at Al Sadd, the pediatric emergency nurses have welcomed a monthly event in which an award for 'best employee' will be distributed to a deserving staff member. The recipient of this award will be chosen based on a monthly PEC nurse survey and the award can be presented to any person making an exceptional contribution to the department; including doctors, nurses, nursing aides, clerks and housekeeping staff. The overall aim of this initiative is to sincerely recognize people for contributions that sometimes we forget to acknowledge and also to motivate the PEC staff to continue their high quality of care as outlined by our corporate standards.



Each 'best employee', to date, has received a prize which has been awarded during a monthly PEC meeting.

The PEC head nurses also award

two broaches of appreciation on a daily basis to nurses who have demonstrated excellent commitment to their work and a high standard of patient care.

Nursing Job Satisfaction: Research by Rumailah Hospital and the University of Calgary – Qatar (UCQ)

Researched by Johncy Paulose, SN Burns Unit, RH

As we move towards becoming an Academic Health System (AHS), many areas of HMC will have a focus on research, education and best practice outcomes. With a nursing workforce of over 8,000, research into nursing related topics will be invaluable to HMC's future development.

"Establishing a Nursing Research Committee has been one of our goals for a long time, and now with a partnership with the University of Calgary-Qatar, this is coming into fruition. The Nursing Research Committee is committed to pioneer in research and evidence-based practice at Rumailah Hospital and HMC," said Ms. Nazila Afghani, Director of Nursing at Rumailah Hospital.

The Rumailah and UCQ partnership will undertake a research project specifically to gauge nursing job

satisfaction. Nurses from the Rumailah Research Committee have been to UCQ for a literature review, an electronic databases workshop and a Statistical Package for Social Services (SPSS) tutorial session. The research topic: 'A multifactor examination of nurse's job satisfaction in Rumailah Hospital,' was approved by the Research Committee.

"Research suggests that nursing job satisfaction has an effect on many patient and nurse outcomes. Higher levels of satisfaction have been shown to improve quality of care for patients, improve patient satisfaction, decrease patient mortality and improve nursing retention. By finding out how nurses are feeling about their job, we will know whether we need to work on their work environment in order to improve patient outcomes," explains Christine Ou, UCQ nursing instructor.

Nurses at Rumailah Hospital aim to play a central contribution to this research with an aim of maintaining and improving standards of clinical practice through education and by developing in the area of nursing research.

The First Nucleus of Research Committee:

Rumailah: Headed by Ms. Afghani DON-RH, approved by Ms. Ruby Santander AEDON-RH, with the participation of Ms. Badriya Khalifa M A Al Shamari -DON, Ms. Saadiya Ahmad S A Alhebail -DON, House Supervisor Mr. Jerome Michael Mzia, QI Reviewer Ms. Jessy George, Registered nurses: Ms. Johncy Paulose, Ms. Ridzna Alamhali Mohammad, Ms. Dorina Oprea; and the University of Calgary-Qatar: faculty members Ms. Christine Ou, Ms. Isabelle Kelly and Dr. Brad Johnson.

NCCCR Nursing Department: A Successful Resource Center for Clinical Competency of Implantable Vascular Devices

Researched by: Ms. Noronha Maria Daisy. CN. NCCCR.

For the past two years the Nursing Department at NCCCR has been the main resource facility for clinical competency validation of implantable vascular access devices (CVAD).

This service was introduced to ensure the highest possible level of care is provided to patients undergoing this specific procedure. It ensures that only trained and competent nurses are involved in patient care and that training is offered to staff HMC wide. Today, more than 30 HMC staff members from varying facilities have been validated from NCCCR.

Participants of the validation program go through a process of simulated training to demonstrate clinical competency in an appropriate setting

– all under the instruction and direct supervision of an experienced practitioner. Once the training is completed they receive the necessary documentation to show that they are competent to perform independent handling of CVAD patients.

The contributing nurses involved in this program at NCCCR are:

- Ms. Sujatha Shajy – Nurse Educator (simulated training)



- Mrs. Fe Martinez – Nurse Educator (approval and scheduling)
- Ms. Mariamma Daniel – Head Nurse-DCU (competency supervisor)

Service Overview: Communicable Disease Unit

Researched by Rayzel Lynne Vanta, SN, Rumailah Hospital.



The Communicable Disease Unit (CDU) is currently leading the TB Elimination Program. There is a clinic and a ward dedicated to achieving the desired outcomes.

In relation to the TB Elimination Program, our service provides contact screening, consultation and Directly Observed Therapy Supervised (DOTS) which allows us to monitor adherence to treatment. We receive referrals from a number of sources.

Our contact screening service is a vital element of the work we do; our nurses are responsible for tracing those people that patients have had close contact with, such as roommates, friends and relatives – people who may be living in the same house. In the first instance, these people are assessed and an informed decision is made as to

whether they should be referred to a doctor for preventative treatment.

To facilitate the DOTS program, we work collaboratively with primary healthcare centers and private company medical staff to ensure that the patient is complying fully with treatment; this is essential. This collaboration is overseen by our TB coordinator who acts as a liaison across organizations. The DOTS program has a focus on compliance but also ensures that the location where treatment is administered is convenient and appropriate to meet the patient's needs.

A distinctive part of the DOTS program is Home Supervised Therapy (HST). HST nurses provide a daily home service to ensure the patient's comfort while at the same time

assuring supervision and compliance with the prescribed anti-tuberculosis medication. HST is offered to patients based on their individual circumstances; for example, patients with disabilities, elderly patients, or those without local access to a medical facility may benefit greatly from this option.

Along with weekday clinics, our DOTS service offers weekend appointments between the hours of 6am and 10am. For those patients who have questions regarding treatment and screening, we have nurses who are readily available to answer their queries. To accommodate the growing population, an evening consultation has been added to our services and headed up by Dr. Faraj Al Alousi Howady, Consultant, Infectious Disease.

The CDU department contributes to raising the awareness of TB as part of our wider TB campaign. Each year we celebrate World TB Day in the month of March. This year we provided activities and fun events including a poster making contest for our in-patients. We also had a parade which staff from different departments took part in.

The nurses from CDU and the entire team are proud of the work they do and the contributions they make to a healthier future in Qatar. "It is of great privilege to be a part of the CDU team in attaining its primary goal which is TB elimination in the future." Rayzel Lynne Vanta

Critical Pain Observation Tools: Validating Practices at Heart Hospital

Researched by Sonny A Dela Rosa, Miki Varghese and Omer Abdulfattah

Pain control management is an important element of care and one which patients should expect as a basic patient right. There are a variety of ways in which we aim to manage pain as part of treatment and the appropriate tools are used based on

the individual patient and their needs. A contributing factor is determining and assessing levels of pain – this is particularly important for the non-verbal patient.

The staff in Heart Hospital CTICU

conducted a pilot study to validate the effectiveness of using a behavioral pain scale known as Critical-Care Pain Observation Tool (CPOT).

Using Existing Research and Evidence

The tool was selected based on

available literature which highlighted details of its use and effectiveness among post operative cardiac patients. The tool was recently recommended by the American Association of Critical Care Nurses (AACCN). More information can be accessed through the following link: (<http://www.aacn.org/wd/practice/docs/practicealerts/assessing-pain-critically-ill-adult.pdf>)

Existing materials were clearly highlighting that CPOT was both comprehensive and easy to use. The American Journal of Critical Care reported that CPOT demonstrated the reaction of critically ill patients, regardless of their consciousness, to noxious stimulus by expressing different behaviors associated with pain. Consequently, it was suggested that CPOT can be effective in the assessment of a variety of pain management measures. Read more here: (<http://ajcc.aacnjournals.org/content/15/4/420.abstract>)

Applying CPOT at Heart Hospital

The validation study at Heart Hospital was conducted for 3 months in CTICU and involved 72 post cardiac surgery patients. The patients were all using mechanical ventilation and required sedation in the immediate post operative period. Our findings were as follows:

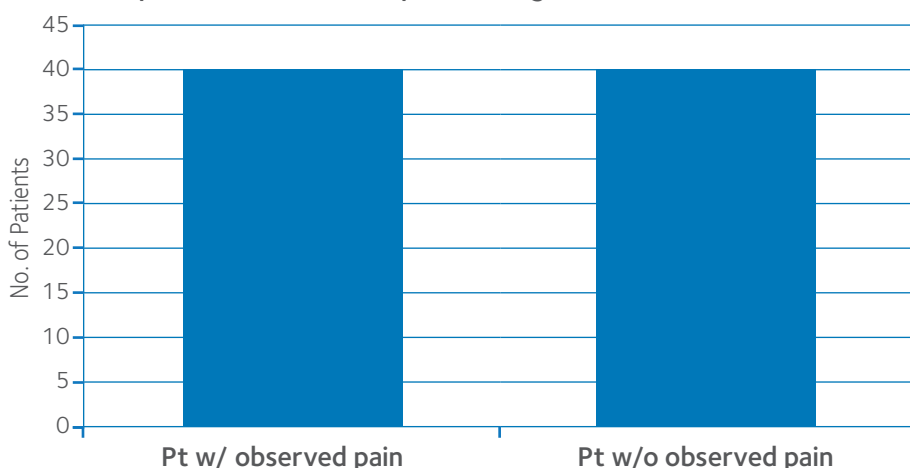
- 66 out of 72 patients had observable pain using CPOT.
- The use of CPOT was appropriate for mechanically ventilated and sedated patients and to those patients who can verbalize pain but do not complain of pain.
- 24 out of 72 patients experienced pain during the first 8 hours of observation. It was documented that there were 31 occurrences of pain among those patients who were unable to verbalize it.
- The initial 8 hours was the time where most patients, unable to verbalize, experienced pain.
- CPOT was compared to the Visual Analog Scale (VAS).

The comparison was done in parallel observation using VAS and CPOT over the period of 48 hours. It revealed that whilst VAS recognized the number of pain occurrences to be 40, CPOT recognized a total of 93.

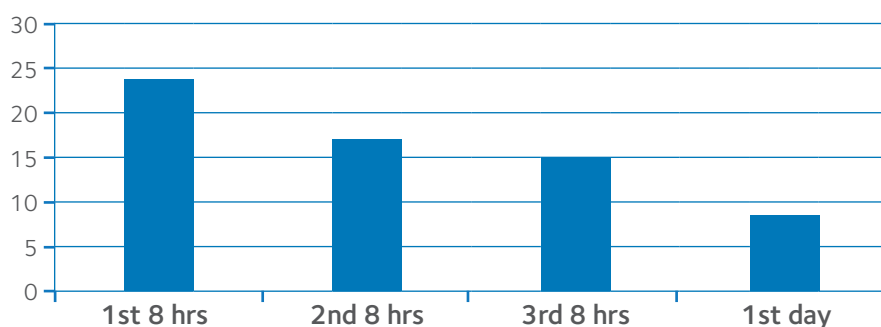
The aim of this validation process was to ensure that we are using the most

appropriate, evidence-based practices in the area of pain assessment and management. The Heart Hospital Nursing Department, through the guidance of our AEDON, Ms. Linda Peters, are dedicated and focused on ensuring that our daily practices are guided by evidence. This is in line with wider HMC goals and our move toward MAGNET recognition.

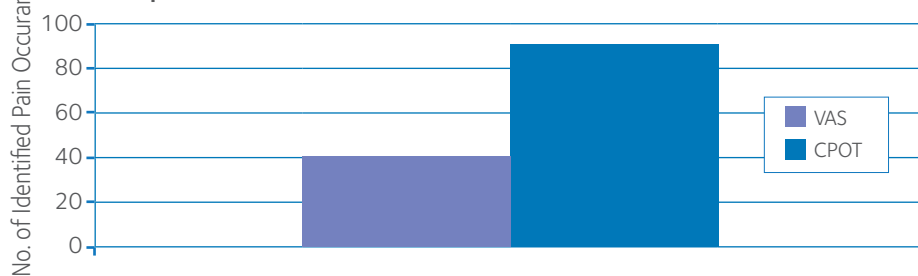
Comparison of Patient Response Using CPOT



Number of Patient with Observed Pain Using CPOT



Comparison Between VAS and CPOT



The Nurse Spotlight



Who: **Mr. Marwan Hamad, RN, MSc.**

Position: Acting Director of Nursing Education and Research

HMC is fortunate to have a number of exceptional nurses. In the nurse spotlight we hope to share with you the achievements of our colleagues and to celebrate their contributions to our profession.

Who: Mr. Marwan Hamad, RN, MSc.]
Position: Acting Director of Nursing Education and Research

Achievements:

- Qualified Registered Nurse
- Upheld a variety of nursing roles, such as staff nurse, senior staff nurse and management and education positions
- Has worked for a variety of acute NHS Trusts in the UK
- Experienced in nursing within oncology settings
- Is a Master of Advanced Specialist Practice
- Certified Nurse Specialist from the Nursing Midwifery Council in the UK

Having held a number of nurse and nurse-related roles, Mr. Hamad is passionate about his role as Acting Director of Nursing Education and Research. We asked him some questions to understand more about his important role at HMC.

Q: What does the Nursing Education Department aim to achieve?

A: Our goal is to deliver standardized, contextual and evidenced-based practice education to our nurses. We are planning to conceptualize a framework of education which matches the needs of the HMC nursing population to further their professional development.

Q: What qualities should staff possess to become good Nurse Educators?

A: A good Nurse Educator should have the capacity to teach and to create an effective learning environment.

As we move towards MAGNET recognition and the Academic Health System, these qualities are more and more important. Nurses who become educators should have excellent communication skills, critical thinking, and good clinical judgment. They should be able to guide and facilitate the flow of information to other members of staff.

Q: Explain how a Nurse Educator's role differs from that of the other nurses?

A: The Nurse Educator is a clinical resource person. He/she is someone who has the ability to develop and implement the educational activities that match the needs of our nurses; which can be applied in the context of their practice, ensuring a knowledge translation among the learners.

Q: What is the most positive aspect of your job?

A: The opportunity to influence others and develop them professionally is the most positive aspect of my job. It is gratifying to see how our nurses apply the concepts and standards of education into their role in the health care system; satisfaction of our nurses is the most positive aspect.

Q: What is the most challenging aspect of your job?

A: We have to motivate around 8,000 nurses in the corporation to take part in their professional development through continuous nursing education – that can be challenging.

Educational Resources

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

HMC encourages its nurses to utilize opportunities to achieve professional development. Please find below a range of educational resources for your information and review:

• Conferences:

The first Qatar Neurosurgical Society Conference, 4th Congress of Gulf

Neurosurgical Society and the first Gulf Neuroscience Nurses Conference, November 28–30, 2013, STREGIS Hotel, Doha-Qatar: <http://cgns.hamad.qa/en/index.aspx>

• Continuing Nursing Education:

Online pressure ulcer training program; a quality improvement

solution from the American Nursing Association. To enroll, follow the link: <https://members.nursingquality.org/NDNQIPressureUlcerTraining/>

• Nursing Grand Rounds:

The Nursing Grand Rounds project will commence in September. Details of the first two sessions are as follows:

- o Rumailah Hospital, September 26, 2013 at Hajar Auditorium. Entitled: "Holistic Care of a Tongue Cancer Patient."
- o Hamad General Hospital, November 3, 2013 at Hajar Auditorium Entitled: "Autoimmune Disease: Storm in A Tea Cup". Pre-registration will be required. 3 CNE points can be attained. Lunch

will be provided. For Registration: E-mail to the Medical Department secretary (Bennaoui@hmc.org.qa).

• **Continuing Nursing Education (CNE) Accreditation Project:**

The overall purpose of CNE accreditation is to demonstrate that we can provide the safest possible care environment for our patients upheld by nurses who are highly competent.

A project team has been established by the Corporate Nursing Department in collaboration with the Nursing Education Department to review and define necessary changes to our current practice. The gap analysis survey is going to be conducted on November 8, 2013. This will be an important step in determining future training and educational needs.

USEFUL LINKS

The internet provides many sources of information and networking opportunities – especially for nurses:

• <http://www.nursezone.com>
NurseZone.com is an online community dedicated to providing nurses with professional and personal development information and opportunities.

• <http://www.nursingworld.org>
The American Nurses Association (ANA). The ANA are leaders in developing high standards of nursing practice.

• <http://www.nursingcenter.com/lnc/>
Created by nurses - this site provides credible, current, authoritative, evidence-based resources to nurses.

• <http://www.icn.ch/>
The International Council of Nurses. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

Fun Time

About a Nurse



"I don't think that's exactly what your doctor meant when he said to limit your caffeine to one cup coffee a day"

P U Z Z L E

Created by Maria Glenda Joy, RN, PEC

K	B	E	Z	R	I	X	R	P	T	E	S	R	P	Q	M	E	E	Y	H
A	D	R	U	G	H	A	N	D	B	O	O	K	L	E	S	M	W	U	I
K	Q	I	U	Y	Q	G	E	U	U	R	E	S	I	N	S	O	A	M	U
B	O	L	T	I	I	R	E	K	P	T	E	M	T	V	T	P	R	N	I
N	E	E	I	O	T	W	D	M	P	P	R	O	M	T	M	N	X	Z	P
O	P	E	E	T	S	I	L	M	N	A	Z	Q	S	E	O	R	I	T	P
O	K	L	B	E	T	H	E	R	M	O	M	E	T	E	R	W	B	M	K
P	K	A	A	L	R	F	M	B	S	A	A	K	E	L	G	E	S	Z	C
B	S	E	T	S	E	D	B	A	G	L	M	L	T	D	I	I	H	L	K
M	G	K	M	K	T	A	F	N	A	V	N	N	H	E	K	G	G	A	M
K	Q	V	N	M	C	E	V	D	F	H	S	M	O	K	G	H	I	L	O
F	E	A	I	K	H	P	R	A	B	M	L	V	S	Y	R	I	N	G	E
S	L	N	M	X	E	O	Q	G	R	Q	G	C	C	W	H	N	A	B	E
W	A	R	M	E	R	I	E	E	Q	W	A	B	O	D	L	G	E	E	S
E	A	D	G	K	H	U	R	S	F	E	E	U	P	F	H	S	S	F	E
D	Z	X	N	M	G	Y	T	C	G	L	K	P	E	B	X	C	R	I	U
A	O	L	K	J	M	E	D	I	C	I	N	E	E	S	F	A	A	W	L
N	A	A	E	S	L	R	I	S	Q	G	J	I	Y	K	W	L	O	M	R
H	G	S	K	I	E	Q	A	S	E	E	A	Y	T	I	W	E	D	A	Z
W	E	A	S	U	C	T	I	O	N	M	A	C	H	I	N	E	E	L	O
A	B	E	Q	Y	I	O	I	R	K	J	A	N	E	K	R	I	W	E	S

Search for the following words in the grid above:

- Needle
- Drug handbook
- Stethoscope
- Syringe
- Suction machine
- Bandage scissor
- Thermometer
- Stretcher
- Plaster
- Medicine
- Warmer
- Weighing scale