HMC NURSING VIDEO WINS INTERNATIONAL AWARD

GIVING Credit WHERE IT’S DUE

A look at Heart Hospital’s efforts in fostering workplace recognition

CORPORATE NURSING LAUNCHES THE

2015-2018 NURSING & MIDWIFERY STRATEGY
The College of Medicine at Qatar University is building an ambitious and tightly integrated framework within Qatar’s healthcare sector. Offering an international curriculum designed around Qatar’s unique societal context, and using problem-based, patient-centered, research-guided scholarship methods, we aim to graduate doctors who excel in handling the healthcare requirements of Qatar, and are competent to represent the medical field anywhere in the world.

A well-refined and contextualized curriculum, established cross-program collaboration, focus on inter-professional education, and localized leadership and patient communication skills, will uniquely position our graduates to serve the future needs of Qatar’s prospering healthcare sector.
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.
It is with great pleasure that I introduce the new and improved edition of The Nurse Advocate, a magazine written by our nurses, for our nurses and read by many employees, patients and their families.

The Nurse Advocate has proven to be a valuable communication channel which has strengthened our nursing and midwifery community through the sharing of development opportunities, stories of mutual interest and celebrating achievements on our journey to providing world class nursing services at HMC.

The advent of this new magazine coincides with the launch of the HMC Nursing and Midwifery Strategy 2015–2018. As the current Nursing Strategy 2013–2015 was brought to a successful close, I was reminded of our accomplishments to date and would like to acknowledge the tremendous effort, determination and dedication of our nurses, midwives and professional colleagues who have supported the Strategy so far. The results of your commitment are undoubtedly bringing HMC nursing and midwifery closer to our ambitious goals.

The HMC Nursing and Midwifery Strategy 2015–2018 is the culmination of months of hard work and was developed through widespread consultation with you. It has been shaped by your feedback and your recommendations, and I have been delighted at the level of engagement and motivation among our nursing and midwifery staff.

By now, you will have received the Strategy booklet from your supervisor. I urge you to go beyond simply reading the booklet. Think critically about the challenges we face and about the opportunities we can embrace.

We will continue to provide updates every six months and I welcome your feedback.

Meet your Editorial Board Members

I would also like to take this opportunity to thank the editorial board of The Nurse Advocate for their ongoing resilience and commitment to delivering on a vision they expressed from the conception of this nursing newsletter. With the support of the Corporate Communications Department, The Nurse Advocate has evolved from a monthly photocopy publication to a professional magazine. Month after month, each member of the board ensures that good practices, performance improvement initiatives, patient experiences, new developments in care provision and frontline team recognition are identified and shared with our colleagues across HMC.
A look at health issues from around the world

NEW GRADUATES AT HIGHER RISK OF WORKPLACE INJURY
According to a study published in the International Journal of Nursing Studies, new nurses face a higher risk of workplace injury compared to experienced nurses. Long work hours and heavier workloads are said to be contributing factors. Among other findings, the study also showed that nurses who work the night shift and clock more than eight hours of overtime a week received more strains and needle-stick injuries. The study concluded that additional research was needed to understand how to reduce injury rates among new nurses.

WORK STRESS LINKED TO POOR HEALTH AMONG NURSES
A global online survey conducted by the International Council of Nurses titled Grow Your Wellness, shows a strong link between workplace challenges and poor personal health for nurses. Among other issues, the survey showed that workplace aggression, insufficient staffing, unwanted overtime and time constraints put personal health and safety at risk. Nurses listed stress as the leading cause of work-related sick leave, with the highest reported rates coming from Denmark, Korea and Malaysia. Additionally, lack of safety devices and equipment, particularly injection equipment, was reported as an acute problem in most countries. The survey was conducted among 4,000 nurses from nine countries between February and May of this year.

RISING DEMAND FOR BREAST CARE NURSES IN AUSTRALIA
The McGrath Foundation – an organization that rallies for and provides specialized breast care nurses in Australia – is increasing its efforts to ensure that breast cancer patients across the country receive the best care possible with a dedicated nurse. Breast care nurses offer patients both emotional and psychological support, helping patients understand treatment options and collaborating with their doctors on continued care and treatment. A recent report released by the Foundation titled Keeping Abreast of Future Need: The Growing Demand for Breast Care Nurses, reported that by 2020, 47 people in Australia will be diagnosed with breast cancer daily, and a shortage of breast care nurses is highly likely. The McGrath Foundation currently has about 100 breast care nurses working across Australia, representing nearly 40 percent of the national breast care nursing community.

HOME NURSING FOR NEW MOTHERS AND BABIES
The Dubai Health Authority (DHA) has introduced a new service to provide care for mothers and neonates at home. As part of this service, mothers will receive a complete postnatal home check-up plus lactation counseling. Mothers will also be assessed for conditions such as postnatal depression and other physiological weaknesses such as low haemoglobin count and fever. Nurses who do the home visits will check the umbilical cord of the baby and administer the necessary vaccinations to the newborn. This service is available to all new mothers registered under the DHA’s Primary Health Care pregnancy and postnatal package.

Credits: www.fiercehealthcare.com; www.gulfnews.com; www.growyourwellness.com; www.abc.net.au; www.mcgrathfoundation.com.au
A dedicated nursing professional, Ms. Molly George stands out among her colleagues for her steadfast commitment and innovative thinking. Though a leader, she is humble and approachable. The most remarkable aspect of Ms. George is her ability to handle critical situations in a cool, calm and collected manner. Her attention to detail is unsurpassed, and her commitment to excellence is an inspiration to others. According to her, a leader’s actions should inspire others to dream more, learn more, do more and become more.

TELL US A BIT ABOUT YOUR NURSING EXPERIENCE.
I still feel young and raring to go! I am unquestionably passionate about being a nurse even after many years of practice. I completed General Nursing and Midwifery in 1982 at the Medical Trust Hospital, Kochi, India. I worked there for three years and in 1985, I joined the Police Clinic under the Ministry Of Interior, Doha, and remained there for five years. I joined HMC in September 1990 in the Burns Unit at Rumailah Hospital (RH) as a Staff Nurse I. I was promoted to Staff Nurse II, III and IV each consecutive year thereafter and was made Head Nurse in 2000. I have since been working in the same unit with great fulfillment. I am proud of my performance and what got me to my current position.

WHAT DO YOU ENJOY MOST ABOUT YOUR JOB?
I enjoy the smiles on my colleagues’ faces, the greetings of the patients and the warm atmosphere of our unit. Caring for a burn victim and witnessing their healing process is a very fulfilling and satisfying experience. Nothing compares to watching a patient walk out of the unit as a healthy, able-bodied person.

WHAT HAS BEEN YOUR MOST RECENT CHALLENGE?
My transfer from RH to Al Wakra Hospital was a challenging time for me, both physically and mentally, but I looked upon those changes as an opportunity to develop, progress and learn.

DO YOU HAVE ANY SPECIAL ACHIEVEMENTS?
I was awarded HMC’s Best Nurse twice. I had the opportunity to work as a chapter lead for IPSG (International Patient Safety Goals) at RH in 2013. I also had the opportunity to work with the team preparing for the JCI chapter in COP (care of patient). It really helped me improve my management abilities.

WHAT ADVICE DO YOU HAVE FOR YOUNG NURSES?
Today is a new day to do something different and great. Once you understand and embrace your worth, there is nothing to stop you from being the best you can be. Never forget to put your heart in everything you do while keeping your feet on the ground. I always tell my staff to put themselves in the patient’s shoes. This will enable us to deliver care with passion. Also, every nurse should take advantage of the learning opportunities that are provided by HMC for career development.

ANYTHING ELSE YOU WOULD LIKE TO SHARE WITH OUR READERS?
It’s been a true privilege working for an organization like HMC that prioritizes high quality patient care and satisfaction. I am very glad to be able to contribute my services in the Burns Unit.
Hamad Medical Corporation (HMC) has been named a 2015 Cannes Corporate Media and TV Awards winner for its nursing video, A Noble Profession. Dr. Badriya Al-Lenjawi, Assistant Executive Director of Nursing for Professional Development and Qatarization and Khadja Khalid Mohammed, Director of Nursing, Operational Commissioning, travelled to Cannes, France in mid-October to accept the award on behalf of HMC.

The video, which was filmed at various HMC locations and features a number of Qatari nurses, took the Silver Award in the Marketing Communication category. Produced by Doha-based Resolution Films, the video depicts a day in the life of several HMC nurses and demonstrates the important role they play as the frontline of Qatar’s healthcare system.

“Nurses are the mainstay of our healthcare system and the backbone of patient care. Today’s nurses are highly-skilled leaders, with advanced degrees, who are playing an integral role in the transformation of healthcare in Qatar,” said Dr. Badriya Al-Lenjawi.

Produced to help illustrate the full dimensions of nursing care and to engage young Qatars who are considering a career in the field, the unscripted film features real HMC nurses and demonstrates the important role they play as the frontline of Qatar’s healthcare system.

“We are very proud of this award and of our nurses,” said Hanan Al Kuwari, PhD, Managing Director of HMC. “This award celebrates the dedication, passion and unique knowledge and expertise of our nurses and is an honor for our entire organization.”

The video was produced to engage young Qatars considering a career in nursing

The film is the anchor production in a five-part series HMC commissioned to help illustrate the broad and far-reaching role of today’s nurse. The series also includes four two-minute profile pieces that follow experienced nurses, three Qatari and one Tunisian, as they balance full-time work and home life, using their knowledge, expertise and compassion for their patients to navigate the often complex and fast-moving environment of today’s nursing practice.

The film, available in both English and Arabic, was funded by the Academic Health System (AHS), a collaboration of major education, research and healthcare institutions in Qatar. A Noble Profession can be viewed from the media library of HMC’s website – www.hamad.qa.
In 2013, HMC commenced the introduction of the Cerner Digital Information system. Powerful tools, such as the triage and tracking board, could help emergency departments quickly identify the most ill patients, reducing patient bottlenecks and waiting times. To ensure effective implementation of Cerner, the HMC Emergency Care Network was asked to introduce a standardized, evidence-based system of triage across the Corporation which would be compatible with the Cerner digital information system. Following an exploration of the literature and expert/ stakeholder consultation across the Network, a decision was made to introduce the Canadian Emergency Department Triage and Acuity Scale (CTAS). This is a well-recognized and validated triage system that has five acuity levels: Resuscitation, Emergent, Urgent, Less Urgent and Non Urgent.

Delivering the Program
The HMC Nursing and Midwifery Education and Research Department were faced with the challenge of ensuring the effective development and delivery of a high quality education program to emergency nurses and physicians across HMC between June 2013 and November 2014. The project required careful planning, including workforce analysis and the identification of a team of specialist educators.

The Education Team
Educators from the Corporate Nursing and Midwifery Education and Research Department as well as senior nurses from each HMC facility, with the necessary transferable skills, experience and knowledge, were identified and recruited onto the team. The team successfully completed a two-day Train-the-Trainer program. As of November 2013, a total of 16 trainers completed the CTAS Train-the-Trainer program.

A “centralized-decentralized” approach was adopted which identified and utilized classroom and simulation capacity at each facility. The core faculty would deliver programs alongside colleagues at each of the respective facilities. This approach enabled optimal use of everyone’s time and ensured that students were able to access learning as close to their own clinical environment as possible.

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>NUMBER</th>
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<tbody>
<tr>
<td>Heart Hospital</td>
<td>60</td>
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<tr>
<td>Al Khor Hospital</td>
<td>75</td>
</tr>
<tr>
<td>Hamad General Hospital (Tranche 1) Adult Walk-in Clinics</td>
<td>94</td>
</tr>
<tr>
<td>The Cuban Hospital</td>
<td>45</td>
</tr>
<tr>
<td>Women’s Hospital</td>
<td>60</td>
</tr>
<tr>
<td>Hamad General Hospital (Tranche 2) Adult Walk-in Clinics</td>
<td>490</td>
</tr>
<tr>
<td>Total ED Nurses</td>
<td>824</td>
</tr>
</tbody>
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The CTAS Program
The facilitation of the CTAS education program included:
- Four hours of pre-course reading preparation and self-assessment
- Eight hours of classroom-based activities, including direct teaching, simulation and role play
- Clinically-based supervised practice
- Formative and Summative Clinical Examinations (OSCE’s)

CTAS EDUCATION PROGRAM DELIVERY

<table>
<thead>
<tr>
<th>DATE</th>
<th>FACILITY</th>
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<tbody>
<tr>
<td>November – December 2013</td>
<td>Heart Hospital</td>
</tr>
<tr>
<td>January – March 2014</td>
<td>Al Khor Hospital</td>
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<tr>
<td>April – May 2014</td>
<td>Hamad General Hospital (Tranche 1) Adult Walk-in Clinics</td>
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<tr>
<td>June – July 2014</td>
<td>The Cuban Hospital</td>
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<tr>
<td>September – October 2014</td>
<td>Women’s Hospital</td>
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<tr>
<td>November 2014 – May 2015</td>
<td>Hamad General Hospital (Tranche 2) Adult Walk-in Clinics</td>
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<tr>
<td>January – April 2015</td>
<td>Al Wakra Hospital</td>
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Meaningful recognition has been shown to contribute to a healthy work environment for nurses and in 2005, the American Association of Critical Care Nurses added it as one of the six key contributors to providing a healthy work environment.

Research shows that there are positive outcomes in areas such as job satisfaction, organizational and career commitment, cohesion, collaboration and perceived organizational support when recognition is put in place.

Research also indicates that lack of meaningful recognition to individuals can result in them feeling invisible, undervalued, unmotivated and disrespected. It has also been linked to absenteeism, high turnover, stress and burnout – all of which can lead to a decrease in quality of patient care.

In 2004, the American Organization of Nurse Executives (AONE) identified that of the nine elements supporting a healthy work environment, two elements – Element 8 (Recognition of the Value of Nursing’s Contribution) and Element 9 (Recognition by Nurses for their Meaningful Contribution to Practice), support the importance of meaningful recognition.

Recognizing the impact of meaningful workplace recognition, Heart Hospital held its first Nurse Recognition event in 2011 and identified individuals and groups who were instrumental in establishing the new nursing department and Heart Hospital in its new location.

Every year since, the Heart Hospital Nursing Department has celebrated nursing and the value of nurses in contributing to patient care. This has been implemented to recognize the work nurses do on a regular basis. Here’s a look at some of the activities that the Heart Hospital has implemented to foster workplace recognition:

1. The Kudogram program enables nurses to express their appreciation towards a fellow nurse. This acknowledgement would go to their head nurse and into their personal file to be kept on record. Every month, recognition is given to nurses or units as identified by patient feedback.

2. In 2012, recognition was awarded to nursing taskforces who took the lead in addressing hospital acquired infections (HAI) and other nursing sensitive quality indicators such as falls and pressure ulcers, contributing to significant improvement in these areas. In 2013 and 2014, that recognition broadened to include a nurse’s own achievements such as formalized education in healthcare, community involvement and other areas such as Joint Commission International champions.

3. Another major achievement was Heart Hospital’s 1st Nursing Grand Round that was presented in September 2014. A huge amount of planning between various departments took place in the preparation and presentation of what was a very successful half-day seminar. The day was set aside to recognize the value of all nurses – whether they were working at the bedside, in technology, quality, or specialized areas.

4. On May 21, 2015, Nurse Recognition Day was celebrated at Heart Hospital acknowledging groups who had worked on quality projects such as IHI initiatives, hospital acquired infection reductions and other quality projects. The results of these initiatives were displayed on posters at the IHI International Conference in May of this year. Three of these posters were submitted and accepted by the International Conference of the International Society for Quality in Health Care which was held in Doha this month. One of the posters was also awarded a license in quality from the British Medical Journal.

5. Other groups who were recognized for their hard work were those who went the extra mile to prepare for the installation of the Cerner solution. Every nurse required special training for this project and played a role in addressing pertinent issues following the “go-live” stage.
Stroke prevalence is on the increase within Qatar, both among the local indigenous population and migrants coming into the country for work. There is a perception that diabetes is a major contributing factor in many of the stroke patients but there is a lack of evidence. People with diabetes have a higher risk of stroke disease, and within Qatar, the number of people who have suffered from a stroke has risen to 26 percent per 100,000 in the last decade.

This population-based study describes the epidemiology of stroke in respect to presenting the HbA1c level. The HbA1c level was recorded in 919 patients admitted to hospitals during 2014, with a primary diagnosis of ischemic or hemorrhagic stroke. The patients were divided into three groups according to their HbA1c levels:

- **HbA1c ≥ 6.5 percent**
  (a diagnosis of diabetes)
- **HbA1c between 5.7 – 6.4 percent**
  (pre-diabetes)
- **HbA1c ≤ 5.6 percent**
  (normal range)

Each group was compared by subtype of stroke, ethnic group, age and gender. The results indicate that Arabs and Qataris are more at risk than the other ethnic groups of lacunar infarcts. The average age varies from 49 years for the West Pacific population to 67 years for Qataris. In Qatari nationals, the gender is almost equally divided.

The prevalence of HbA1c ≥ 5.7 percent in the stroke population is on average 77 percent, whereas in the Qatari stroke population this rises to 88 percent. The group of patients with HbA1c ≥ 6.5 percent features more prominently in all subtypes of ischemic strokes.

**CHANGES IN PRACTICE AT HAMAD MEDICAL CORPORATION**

In recognition of the growing prevalence of diabetes and stroke in both the Qatari and non-Qatari population, the government and healthcare providers, including HMC, made the commitment to develop national strategies and public awareness campaigns for both diabetes and stroke. The following are some other initiatives:

- **Commissioning of a dedicated stroke ward at Hamad General Hospital**
- **Building of a prospective stroke register, which tracks the patient journey**
- **Multidisciplinary collaboration to amend the stroke guidelines**
- **All stroke patients have a HbA1c test at the time of admission**
- **Establishment of patient pathways, inclusive of dietitian consultation and follow-up in the Stroke Clinic**
- **Provision of extensive education sessions for the frontline team on the stroke ward**
- **Development of diabetic and stroke competencies for ward nurses**
- **Nurses have been empowered to order direct referrals to the dietitian**
- **Nurses are providing patient education related to lifestyle and modifiable risk factors to the patient and their family to support a healthy lifestyle and reduce the risk of another stroke**
- **Provision of holistic stroke care by the frontline teams**

If you are interested in conducting research and would like more information, please contact Professor Richard Gray, Assistant Executive Director of Nursing, Research at RGray@hamad.qa

DISCOVERY CONSISTS OF SEEING WHAT EVERYBODY ELSE HAS SEEN AND THINKING WHAT NOBODY ELSE HAS THOUGHT

Albert Szent-Györgyi (1893–1986)
Case Study: Changing Blood Transfusion Policy and Practice

The first journal club for the surgical nurses of HMC was held on July 12, 2015 at the computer laboratory of Hajar Auditorium. Thirty-six participants, including staff nurses, charge nurses and head nurses, attended the journal club and actively participated in the discussion about an article from the American Journal of Nursing titled Changing Blood Transfusion Policy and Practice, which was published in 2014.

Before the start of the discussion, the group was briefed by the nurse educator on the concept of the journal club and how it could be integrated within the nursing practice. The group was also briefed on the importance of using evidence-based practice for quality patient care and improved patient outcomes.

The essence of the article was about a group of nurses who formed a team, and through shared governance, were able to challenge their existing blood transfusion policy. They were successful in changing the policy and hence were able to achieve better patient-reported outcomes while increasing patient satisfaction.

The discussion at the journal club (based on the article) was whether a 20G or larger catheter was needed for blood transfusion. It was noted from the article that the researchers had obtained the samples through systematic review, and the study was shown to be of level III evidence. The findings of the study also suggested that smaller catheters could be used safely for blood transfusions. However, the study did have some limitations. A pilot study was not conducted in view of patient discomfort with the use of multiple needles and additional lab tests, plus only animal subjects were used.

Attendees at the journal club were of the opinion that it is not always easy to use a 20G catheter, as it depends entirely on a patient’s age and condition. The group was also of the opinion that this evidence could be translated into practice at the workplace, provided there was sufficient evidence and literature support.

Participants expressed that the Nursing Journal Club should be held more regularly, so it was decided that the journal club meeting will be conducted every second Sunday of the month. Those interested can contact HGH’s surgical nurse educators, Amer Al-Aziz or Reena Philip.
The Nursing and Midwifery Strategy 2015-2018 has arrived! This document was developed through widespread consultation with nurses and midwives, and has been shaped by your feedback and your recommendations. I am delighted by the level of engagement and motivation among our nursing and midwifery staff.

Building on the success of the original Nursing Strategy, it sets out clear priorities for the next three years – priorities that will support the vision of providing the safest, most effective and most compassionate care to each and every one of our patients.

The Nursing and Midwifery Strategy 2015-2018 has been built on the five pillars established by the first strategy – the right staff; educated to the right standards; in the right structure; actively participating in research as part of the Academic Health System. It reinforces the importance of providing patients with the best possible care – an important priority challenged by unprecedented changes, including significant health system reforms and a growing and diverse population.

THE STRATEGY ALSO TALKS ABOUT HOW WE WILL WORK TO ACHIEVE THESE GOALS THROUGH:

- Developing partnerships with those we care for by involving our clients and patients in their care and listening to their concerns
- Working in multi-professional teams
- Ensuring evidence-based practice and healthcare
- Engaging in everyday quality improvement
- Developing the nursing and midwifery workforce through education and research

I welcome your feedback on the new Strategy and look forward to working with you on our journey to becoming a world class nursing service.

Career Framework Implementation

- On April 1, 2015, 4,300 nurses were transitioned onto The Nursing and Midwifery Career Framework at HMC. An appeals process was launched to ensure all nurses with valid qualifications are recognized. It is expected that a further 500 nurses may transition to the Career Framework as a result of the appeals process.
- Since the commencement of the Career Framework in 2013, 700 nurses have been recruited to HMC with BSN qualifications.
- The work to transition qualified midwifery staff to the Career Framework Registered Midwife position has commenced; a panel of senior midwives are working to identify the criteria for transition to the position.
- The new Career Framework Patient Care Assistant position has also been implemented among AWH recruiting staff, who will be required to successfully complete a program of education and training to support them with hands-on patient care, under the direction of qualified nursing staff.
- The Specialized Nurse/Midwife Career Framework position is due to commence in late 2016.
- Updates on the Career Framework are routinely posted online.

I would like to thank all our nurses and midwives for their patience and support as we continue to implement the Career Framework.
Due to the nature of the intensive care patient’s condition and acuity, it is not uncommon to have patients who are supported with the application of limb restraints. Prior to implementing the National Database of Nursing Quality Indicators (NDNQI) in the beginning of 2014, the focus was patient safety, timely assessments and physician guidance of patients in restraints, rather than reducing the number of restraints. This practice was both compliant with our policy as well as JCI standards.

After conducting the NDNQI survey in October 2014, we recognized that the prevalence of restraint use in the MICU was not only higher than anticipated but also higher than our cohort benchmark. The survey identified that a performance improvement plan was needed to reduce restraint use to zero in the MICU.

GOAL STATEMENT
The goal was to raise awareness on the impact that restraint use has on a patient’s physical and psychosocial well-being. The goal was also to reduce the use of wrist restraints in the MICU to zero within three months and to sustain that achievement well into 2015. The outcome of the initiative was measured on the percentage of patients in limb restraints during the quarterly NDNQI prevalence survey.

THE INITIATIVE
• The Quality Improvement Methodology Model for improvement suggested by IHI was used to look at issues or problems within the system of restraining patients. Education and monitoring by the nursing quality team commenced in November 2014.
• Using the Plan-Do-Study-Act (PDSA) cycle of small scale testing, different changes were tested with early data demonstrating initial improvements.

THE ACTIVITIES
• Elimination of the myth that restraints can be used as a safety measure. This was addressed by educating staff on the use of alternative solutions, followed by an implementation in the clinical setting to assess if alternatives were being considered.
• In November 2014, the ward stock of wrist restraints was eliminated. Several restraints were kept with the charge nurse, in the event they may be needed, thus eliminating free access and use, as well as providing an opportunity for staff nurses and their charge nurse to evaluate the patient’s condition in more detail and assess viable alternatives to restraint use
• Formulation of a team to set up a Delirium Protocol (2014)
• Introduction of RASS for sedation management (2014)
• Clinical evidence was provided to encourage staff to change practice with resource persons in the clinical setting where restraints were replaced by hand mittens
• Monitor doctor’s order and nurse’s documentation
• Appropriate sizes of hand mittens were ordered as unit stock
• In clinical scenarios where reassessment is required, shift supervisors will act as the resource person
• Established a protocol for mitten use
• Continuous monitoring and leadership support

PARTICIPANTS
• Nursing Quality Lead: Deepa Kumar
• Nursing Quality Team: Mohd Ismail, Beena Varghese, Corazo Salta, Lijomol Joseph, Yasmine Al-Malak
• Project Sponsors: Dr. Abdulsalam Saif, Dr. Syed Sheikh, Majed Hijjeh, Roopa Coria, Ghassan Al Talla, Somaya Ibrahim, Afaf ElSeyed

The change management process, which brought about the drastic decrease in restraint use wouldn’t have been possible without:
• continuous education
• availability of adequate resources (i.e staffing)
• critical care team work
• continuous quality monitoring
• support from area leadership

Accomplishing such staggering improvements in a patient care outcome, such as reducing restraint use, requires transformational leadership, with a vision for being a world leading health provider as well as engaging frontline staff. Congratulations and thank you to the Critical Care leadership team and all frontline teams who made the ICUs an environment that focuses on the patient experience and excellence in care provision.

RESULTS
The following diagram indicates the phenomenal success of the initiative since its commencement in November 2014.
The prevalence of diabetes is alarmingly high in Qatar and other GCC countries. Qatar has the fourth highest rate of diabetes in the world and ranks second among GCC countries. The disease has become one of the main public health concerns in terms of prevention and treatment, and it requires careful management due to the increased risk of health complications.

In order to deliver a comprehensive range of diabetes care, nurses need to be specially trained for their roles and the Diabetes Management Foundation Program, developed by the Department of Nursing and Midwifery Education and Research, aimed to deliver just this.

This course was conducted with the integration of multiple teams’ expertise, including consultants in endocrinology and gynecology, clinical pharmacists, clinical nurse specialists, dietitians, diabetic educators and nurse educators. They worked together to facilitate learning and to disseminate evidence-based practice with updated skills and knowledge among nurses.

The three-day intensive course included pre and post quiz sessions, lectures and group discussions. In my opinion, it was well designed and structured. It covered all major aspects of diabetes and honed in on enhancing our knowledge of caring for patients using a structured approach.

The program helped me develop a plan of care, with the idea of working collaboratively with physicians, therapists, the patient, the patient’s family and other team members who focus on treating people with diabetes.

The program covered the following points:

- Detailed classification and risk factors of diabetes
- Importance of lifestyle modification among diabetic patients
- Factors to be considered when taking care of a diabetic patient who will be operated on, and on their pathophysiology and management
- Importance of educating gestational diabetic patients and how to control and monitor their blood sugar
- A comprehensive approach towards pharmacological management of diabetic patients and the different groups of drugs and their side effects
- The different types of insulin, administration and proper storage of medication
- How to manage hypoglycemia and what foods can be given or avoided
- Importance of health education on micro and macro vascular complication and blood sugar monitoring

I personally found the program interesting and informative. I particularly appreciated the discussion sessions with the specialists and experts who were on hand to address all our concerns.

The program has improved my knowledge and skills in the area of diabetes management, and I am now confident that I will be able to provide a higher level of holistic care for patients with diabetes.

I can educate patients on the disease and answer their questions in a more comprehensive and confident manner. I look forward to sharing this knowledge with my colleagues.

I highly recommend this course to all nursing professionals and would suggest that they grab the chance to attend this program when the opportunity arises.

**Education on the Web**

By FIONA O’RIORDAN, NURSE EDUCATOR, NMER

Check out the Royal College of Nursing’s website at: [www.rcn.org.uk](http://www.rcn.org.uk) This is a British website that represents nurses and aims to promote excellence in nursing practice.

The website carries a large professional development section, including some of the following:

- Forums to discuss ongoing issues with support from other nurses
- Library services, which are essentially e-resources providing learning and training material
- Nursing practice issues that covers information and guidance on best practices
- A section called Discussion Zone that encourages debate on the latest clinical issues
- Publications and research material where you can find all current RCN publications, clinical guidelines, research material and innovation update

Under a section titled Learning Zone, you will find useful information on the following to help you advance in your career:

- Continuing professional development (CPD) section
- Development of portfolio and CV
- Update on nursing skills and practice
- Skills development for work and study

This is a free resource, with up-to-date and evidence-based information that is useful for nurses in all disciplines.
As a Clinical Nurse Specialist for Colorectal and Stoma services, working closely with patients and staff on the surgical floors, I identified a training need to enhance skills and knowledge in practice, which in turn will improve a patient’s experience and outcome.

The Stoma Management Sessions commenced on January 2015, targeting the staff on 4N1, 5S1 and 5S2 – the predominant areas for colorectal patients. The aim of the session was to:
- Identify the different types of Stoma and their function
- Give an overview of the products and accessories available
- Identify Stoma complications and their management

The practical aspect of the session (how to change a Stoma appliance) was carried out using a Stoma simulator. Delivered to groups of around 15 nurses, a pre and post quiz session was undertaken to measure learning outcomes. The sessions were accredited with 1.5 CNE points for 1.5 hours of study.

To date, I have facilitated 10 sessions, training 97 nurses. The post session evaluation indicates a positive response, with staff members requesting further sessions of this type.

This led to the Colorectal Surgery Session rolled out in February 2015. The aim of the session was to:
- Identify the reasons for colorectal surgery
- Understand the management of bowel obstruction
- Explore the emergency and elective colorectal pathways
- Discuss the pre and post operative care of a colorectal patient
- Provide an overview of surgical procedures, types of surgery and the possible complications

To date, I have facilitated eight sessions, training a total of 90 nurses from the surgical floors. Again, the session was accredited with 1.5 CNE points, and had a pre and post quiz session, and an interactive group scenario session depicting the pathways of an elective or emergency presentation.

The staff were a pleasure to teach and were very keen and motivated to learn. I kept the groups to around 15 nurses to facilitate interaction and to foster a positive learning environment. The post session evaluation was very positive. Many participants found this a great learning platform. Amal Kamal, Director of Nursing for Inpatient Services, supported the sessions and the head nurses from 4N1, 5S1 and 5S2 were very accommodating in the allocation of staff, ensuring good attendance of the class.

Dr. Abunada and the Colorectal team encouraged and supported the staff education sessions. Everything from raising awareness and updating skills and knowledge go towards enhancing the patient’s pathway and improving patient outcomes.

The next step is to complete the staff assessment and competency in Stoma Management, which will replace the ostomy competency once re-validation is complete.
## NOVEMBER

**7 Sat – 9 Mon**  
Minimally Invasive Cardiothoracic Surgery Conference, Hajar Auditorium, Doha

**8 Sun**  
WCMC-Q Grand Rounds: First Seizure: Diagnosis and Treatment, WCMC-Q, Doha

**9 Mon – 10 Tue**  
4th Global Summit on Healthcare, Dubai

**11 Wed**  
Health Services Research Network Symposium, Hilton Hotel, Doha

**12 Thu**  
Nursing Surgical/SICU Grand Round, Hajar Auditorium, Doha

**14 Sat**  
World Diabetes Day Events, various locations, Doha

## DECEMBER

**4 Fri – 5 Sat**  
Qatar International Psychiatry Conference, Grand Hyatt, Doha

**6 Sun – 9 Wed**  
27th Annual National Forum on Quality Improvement in Healthcare, Florida, USA

**12 Sat – 13 Sun**  
2nd Qatar Foot and Ankle Conference, Hajar Auditorium, Doha

**18 Fri**  
Qatar National Day
JANUARY 2016

8 Fri – 15 Fri
3rd Qatar Orthopedic Review and Physiotherapy Course, Al Hajar Auditorium, Doha

15 Fri – 19 Tues
International Conference in Emergency Medicine and Public Health Qatar, Qatar National Convention Centre, Doha

25 Mon – 28 Thurs
Arab Health Congress 2016, Dubai International Convention and Exhibition Centre, Dubai

29 Fri – 31 Sun
HITC Medical Congress, Sheraton Hotel, Doha

Useful Dates

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

HEALTHCARE AWARDS
November 4 Stars of Excellence
The Patient Safety and Caring Campaign is a year-long project initiated by Heart Hospital, involving healthcare workers, ancillary and support staff, reflecting the hospital's strong commitment towards patient safety and care.

The second cycle of the campaign was launched on July 13, 2015. The event was kicked off by a speech from Ms. Linda Peters, EDON of Heart Hospital, who stressed that caring for patients should be a nurse's top priority. “There are two things that our patients and families want from us,” she said. “First, they want to know that we know what we are doing, and second, that we care about them,” she added.

The highlight of the event was a video presentation about Josie King, an 18-month-old child who was admitted with burns and died due to medical errors in a hospital in the United States. Every year, over 98,000 deaths occur in the United States due to medical errors according to a 1999 Institute of Medicine report. The video was indeed very touching and inspiring, and it is no surprise that it led to the initiation of various quality programs on patient safety internationally. An overview of the year’s activities were also presented during the launch, including Bright Spots – a recognition project in search of employees who go above and beyond their normal duties to ensure patient safety or demonstrate a caring act. Participating in the project is easy. Any hospital employee can be nominated by their superior, colleague or in-house hospital staff. The winner will be recognized for his/her exemplary efforts.

A short presentation on the culture of safety and a video involving nursing staff from different units reflecting the 8 Cs of caring, were also presented during the launch.

In closing, Mr. Graham Elderfield, Executive Director of Heart Hospital, expressed his gratitude to the organizers of the campaign and encouraged all healthcare workers and hospital staff to be an advocate for patient safety and caring.

Breastfeeding is not commonly practiced by many women due to a lack of professional support and information about the benefits for both mother and baby. According to statistics from UNICEF, the exclusive breastfeeding rate in Qatar is a mere 12 percent, compared to the global rate of 37 percent. The rate in Qatar is also significantly lower than the global target set by the World Health Organization, which calls for at least 50 percent of babies under six months of age to be exclusively breastfed by 2025.

In view of this, the Supreme Council of Health in Qatar in its National Health Strategy 2011 - 2016 has set the target of increasing the rate of exclusive breastfeeding for six-month-old babies to 25 percent. Al Wakra Hospital did its part in creating awareness and encouraging mothers to breastfeed during the World Breastfeeding Week that took place between August 1 – 7 of this year.

For the first time ever, AWH’s patient education unit joined forces with the Ob/Gyn division in increasing public awareness and promoting the benefits of breastfeeding. The campaign focused on specific key messages on breastfeeding, including the following:

• Benefits of skin to skin contact right after birth
• Early initiation of breastfeeding (within the first hour of birth)
• Benefits of mother and baby rooming-in

• Benefits of exclusive breastfeeding for the first six months and continued breastfeeding for 24 months and beyond
• First step towards AWH’s Baby Friendly Hospital Initiative (BFHI)

The campaign involved a range of multidisciplinary participants from AWH’s dietetics, neonatal, pharmacy, Ob/Gyn and public relations departments, as well as the Supreme Council of Health and representatives of the Wellcare Group.

Feedback on the campaign was very positive and it was a huge success in terms of AWH’s efforts in promoting breastfeeding and its Baby Friendly Hospital Initiative.
Simply go to https://reg.qchp.org.qa
And click “Sign Up for New Applicant”

All healthcare practitioners working in Qatar now require a license to practice from the Qatar Council For Healthcare Practitioners (QCHP). This includes all nursing staff, Ambulance Paramedics (AP) and Critical Care Paramedics.

Registration with QCHP must be completed by December 2015. If you have not done so already, please visit the QCHP website, and register.

A step-by-step guide to the licensing process is available on i-Tawasol: https://itawasol/EN/how we work/corporate_services/hr/Credentialing

For further information, please contact:
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Early Detection Saves Lives

The Qatar Early Warning System will be implemented throughout all HMC facilities beginning November 2015. QEWS delivers a standardized system for early recognition of deterioration in a patient’s condition and ensures that the required skills, knowledge and equipment are available for our patients during these critical moments. To learn more, please visit our intranet site at itawasol/QEWS.