

# NURSING DIGEST

Official Newsletter – Association of Nurse Executives (India)  
**JANUARY, 2022 | VOLUME 1**

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## PRESIDENT'S MESSAGE



**Ms. Thankam Gomez**

Dear ANEI members,

2021 just flew by so quickly and, here we are in 2022. A BIG THANK YOU is to each one of you for supporting all that ANEI could achieve in 2021. The virtual world has been a blessing in disguise. ANEI could have so many activities with so many participating in all activities.

Our first ANEICON 2021 saw a participation of close to 4000 (That is a large number). We will continue hosting ANEICON with innovative themes in the coming years. The First Patient Safety Webinar was also very successful. ANEI not only believes in hosting events. We translate them into actions. Initiating ANEI Patient Safety Fellowship in collaboration with the Patient Safety Movement Foundation(US) is one such action.

I hope you will enjoy reading this January edition, with the details of 2021 and other articles. 2022, you will see a bimonthly digest showcasing what ANEI members have done for nurses and nursing.

Special Thanks to Executive Committee Members, Chapter Officials, Committee Members, and Special Task Groups without whom ANEI could not have accomplished all that we could in 2021.

Here is wishing an exciting and safer 2022 to all of us.

If you have ideas/concerns that you would like ANEI to take up, let me know at : [aneipresident@gmail.com](mailto:aneipresident@gmail.com)

Till March,  
Take Care and Take Care of Each other.

## SECRETARY'S MESSAGE

As the Secretary of ANEI, I am highly indebted to summaries the accomplishments of ANEI in the year 2021. It goes without saying that these achievements would not have been possible without active contribution of all members of ANEI in particular, the Executive Committee members, State Chapter members, Committee members, Task Group members and Officials of ANEI with whom I have been closely associated. The year went by very fast and few of the important activities that we completed together by meeting regularly, tracking the progress and reviewing the way forward are listed as follows:



**Ms. Shubhada Sakurikar**

- Twelve sessions of the 'Empower Hour' webinars on patient safety were successfully conducted and all recordings uploaded in ANEI's Youtube channel.
- ANEICON 2021 held in May 2021 was the first international leadership conference attended by over 4000 participants. The Delhi Chapter spearheaded this event competently and recordings can be accessed on ANEI's Youtube channel.
- National webinar on Patient Safety - Towards No Harm was held on 3 September 2021. It included national and international experts.
- ANEI committed itself to "ZERO HARM" on Patient Safety Movement Foundation's website and continues focusing on raising awareness to prevent avoidable patient harm.
- ANEI initiated mentoring nursing students in collaboration with the NGO "My Daughter Is Precious." Eight senior nurse leaders from the Executive Committee are hand-holding with eight nursing students from Holy Family College of Nursing, Delhi.
- A task group was formed and started working for Global Green and Healthy Hospitals to initiate nurses into taking steps to reduce carbon footprints.
- For augmenting resilience in these hard times a special training program was delivered under aegis of the National Association of Indian Nurses of America (NAINA) called 'the Resilient Option' by world-class reputed trainer Dr. Amit Sood, for 100 ANEIlans.
- ANEI hosted yet another training on Mental Health First Aid in collaboration with Thomas Jefferson University (USA) attended by 25 ANEI members.
- Three Nurses who have shown exemplary courage outside their hospital duty were invited on the virtual platform and were honoured with a certificate and free lifetime ANEI Membership.
- For aiding nurses, ANEI published two position papers on our website. Also Nursing Leadership Competencies were released for reading by any interested person.

“We look forward to a promising year 2022 and reiterate our commitments to ANEI's mission, vision and objectives with true spirit.”

## EDITORIAL BOARD



**Capt. Sandhya Shankar**



**Dr. Raminder Kalra**



**Mr. Daniel**



**Ms. Vevila Braganza**



**Mr. Vipin Peter Charan**



**Ms. Himanshi**

## EDITORIAL BOARD

The **ANEI Newsletter and Media Committee** was formed to plan, create, and distribute quarterly newsletters to disseminate important information to the ANEI members. Its purpose is to facilitate ongoing interaction between members, inform on various leadership and professional development programs conducted by the ANEI, and provide a forum to **share ideas, research, and insights**. The ANEI Newsletter serves to **empower, inspire, and connect the nursing community to create a better and brighter tomorrow for nurses in India** and **provide a safer environment for our patients**.

**JAN 30 2021**

INVITING ALL NURSES

## EMPOWER HOUR!

TIP OF THE ICEBERG  
CREATING A CULTURE OF SAFETY



Dr. Bimla Kapoor  
ANEI EC Member



Ms. Elizabeth John  
ANEI EC Member


Moderated by  
Thankam Gomez  
President, ANEI

12 PM TO 1 PM


INVITING ALL NURSES

## EMPOWER HOUR

### Educating Student Nurses in Patient Safety




Dr. Ummona Boroghain  
ANEI EC Member & NE Chapter President



Ms. Haritha Vijayan  
ANEI EC Member & Telangana Chapter President

27TH FEBRUARY  
12 PM TO 1 PM



Moderated By  
Ms. Ajitha Nair  
Treasurer, ANEI

INVITING ALL NURSES

## EMPOWER HOUR

### Being an Effective Team Player in Patient Safety



Ms. Josephine Cyril  
ANEI EC Member  
Maryana Chapter President



Ms. Nishu Anand  
ANEI Member  
Delhi Chapter

27TH MARCH  
12 PM TO 1 PM



Moderated By  
Ms. Sandhya Shankar  
ANEI EC Member  
Delhi Chapter President

INVITING ALL NURSES

## EMPOWER HOUR

### Communicating Effectively for Patient Safety



Ms. Pranjana Hindekar  
ANEI Member  
Maharashtra Chapter



Ms. Madhavi Chikhale  
ANEI Member  
Maharashtra Chapter



Ms. Snehal Mayekar  
ANEI Member  
Maharashtra Chapter

24TH APRIL  
12 PM TO 1 PM



Moderated By  
Ms. Shine Anil  
ANEI Member  
Maharashtra Chapter

<https://bit.ly/3a1uCBU>  
<https://www.facebook.com/ANEI2017>

INVITING ALL NURSES

## EMPOWER HOUR

### Improving Medication Safety



Dr. Annu Kavushik  
ANEI EC Member



Mr. Sughit Kumar  
ANEI Member

17TH JULY  
12 PM TO 1 PM

<https://bit.ly/2T5Vvg5>  
<https://www.facebook.com/ANEI2017>

INVITING ALL NURSES

## EMPOWER HOUR

### Engaging and Communicating with Patient and Carers for Effective Patient Safety



Dr. Memi Neng  
ANEI Member  
North East Chapter



Ms. Kasturi Datta  
ANEI Member  
North East Chapter

26TH JUNE  
11 AM TO 12 PM



Moderated By  
Dr. Ummona Boroghain Saikia  
Founder EC Member - ANEI  
President - North East Chapter

<https://bit.ly/3zFwaq0>  
<https://www.facebook.com/ANEI2017>

INVITING ALL NURSES

## EMPOWER HOUR

### Patient Safety and Invasive Procedures



Dr. Lakshmi Kamamoorthy  
ANEI Member  
Tamil Nadu Chapter



Ms. Sophia Lawrence  
ANEI Member  
Tamil Nadu Chapter



Ms. Janakiram Santhi  
ANEI Member  
Tamil Nadu Chapter

31ST JULY  
12 PM TO 1 PM



Moderated By  
Dr. Rosaline Rachel  
Vice President - ANEI  
TN Chapter

<https://bit.ly/2TnFG00>  
<https://www.facebook.com/ANEI2017>

INVITING ALL NURSES

## EMPOWER HOUR

### Role of Human Factors in Patient Safety



Ms. Viji George  
ANEI Member  
USA



Capt. Ivy Joseph  
ANEI Member  
Kerala Chapter



Ms. Sangatha V  
ANEI Member  
Kerala Chapter

28TH AUGUST  
12 PM TO 1 PM  
(IST)



Ms. Shini Thomas  
ANEI Member  
Kerala Chapter




Moderated By  
Lt Col. Dr. Jyoti R. L.  
President - ANEI - Kerala Chapter

<https://bit.ly/3B3E20T>  
<https://www.facebook.com/ANEI2017>

INVITING ALL NURSES

## EMPOWER HOUR

### Understanding and Managing Clinical Safety



Ms. Poulami Chowdhury  
ANEI Member  
West Bengal Chapter



Ms. Banihishika Bose  
ANEI Member  
West Bengal Chapter

30TH OCTOBER  
12 PM TO 1 PM



Moderated By  
Ms. Doli Bhowmik  
ANEI Member  
West Bengal Chapter

INVITING ALL NURSES

## EMPOWER HOUR

### Reporting & Learning from Errors *Based on Case Studies*



Dr. Jothi Clara Micheal  
ANEI Vice President

9TH OCTOBER  
12 PM TO 1 PM



Capt. Sandhya Shankar  
President  
ANEI Delhi Chapter

INVITING ALL NURSES

## EMPOWER HOUR

### Applying Clinical Reasoning Discussion via Case Studies



Ms. Anshu S  
ANEI Member  
TN/Puducherry Chapter



Ms. Megha Wilfreda Coomari  
ANEI Member  
TN/Puducherry Chapter



Ms. Nisha Angeline  
ANEI Member  
TN/Puducherry Chapter

27TH NOVEMBER  
12 PM TO 1:15 PM




Moderated By  
Dr. Rebecca Samson  
Founder Member  
AND - TN/Puducherry Chapter

<https://bit.ly/3oKIHgd>  
<https://www.facebook.com/ANEI2017>

INVITING ALL NURSES

## EMPOWER HOUR

### Educating Student Nurses in Patient Safety




Dr. Ummona Boroghain  
ANEI EC Member & NE Chapter President



Ms. Haritha Vijayan  
ANEI EC Member & Telangana Chapter President

27TH FEBRUARY  
12 PM TO 1 PM



Moderated By  
Ms. Ajitha Nair  
Treasurer, ANEI

# Social Media Presence

## 2.03K Followers

**ANEi**  
ASSOCIATION OF NURSE EXECUTIVES (INDIA)  
PASSION TO ACTION

**INNOVATE**      **EXCEL**      **GROW**

**ANEi**  
ASSOCIATION OF NURSE EXECUTIVES  
- India - ANEI

@ANEI2017 · ★ 4.6 (9 reviews) · Organisation

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Hi! Please let us know how we can help.



# You Tube 200+ Subscribers

## and 43 Videos

**ANEI** ANEI - Association of Nurse Executives India  
223 subscribers

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<b>EMPOWER HOUR</b> What Top Healthcare Leaders Say Episode 10 18th December 2021 1:08:41	<b>EMPOWER HOUR</b> Clinical Research Episode 11 07th December 2021 1:12:13	<b>EMPOWER HOUR</b> Understanding and Managing Clinical Safety Episode 10 06th December 2021 1:12:45	<b>EMPOWER HOUR - Reporting and Learning from Errors</b> Learn through our stories 1:24:46	<b>ANEI Patient Safety Webinar - Towards NO HARM 2021</b> Episode 8 28th August 2021 3:30:30	<b>EMPOWER HOUR - Role of Human Factors in Patient Safety</b> Episode 9 28th August 2021 1:10:59
<b>EMPOWER HOUR - December</b> 25 views · 1 month ago	<b>ANEI Empower Hour November 2021</b> 45 views · 2 months ago	<b>Empower Hour - Understanding and Manag...</b> 35 views · 2 months ago	<b>EMPOWER HOUR - Reporting and Learning from Errors</b> 110 views · 3 months ago	<b>ANEI Patient Safety Webinar - Towards NO HARM 2021</b> 40 views · 3 months ago	<b>EMPOWER HOUR - Role of Human Factors in Patient...</b> 98 views · 4 months ago
<b>EMPOWER HOUR - Patient Safety and Invasive...</b> Episode 1 1st July 2021 1:17:44	<b>ANEICON 2021 HIGHLIGHTS</b> 2:47	<b>Nursing Entrepreneurship - Webinar hosted by NEMCA...</b> Webinar by NEMCA in association with ANEI Health Care Cluster 2:36:24	<b>EMPOWER HOUR - Episode 6 - Improving Medication Safety</b> Episode 6 19th July 2021 1:29:16	<b>EMPOWER HOUR - June 2021</b> Engaging and Communicating with Patients and Carers for Effective Patient Safety June 2021 1:29:11	<b>ANEICON-2021   DAY-2   TRACK-8   Valedictory</b> 28:40
<b>EMPOWER HOUR - Patient Safety and Invasive...</b> 83 views · 5 months ago	<b>ANEICON 2021 HIGHLIGHTS</b> 150 views · 6 months ago	<b>Nursing Entrepreneurship - Webinar hosted by NEMCA...</b> 80 views · 6 months ago	<b>EMPOWER HOUR - Episode 6 - Improving Medication Safety</b> 56 views · 6 months ago	<b>EMPOWER HOUR - June 2021</b> 53 views · 7 months ago	<b>ANEICON-2021   DAY-2   TRACK-8   Valedictory</b> 62 views · 8 months ago
<b>ANEICON-2021   DAY-2   TRACK-7   Technology...</b> 93 views · 8 months ago	<b>ANEICON-2021   DAY-2   TRACK-6   Synergizing Effor...</b> 26 views · 8 months ago	<b>ANEICON-2021   DAY-2   TRACK-5   Nurses...</b> 93 views · 8 months ago	<b>ANEICON-2021   DAY-2   TRACK-4   Nurse Leader-36...</b> 46 views · 8 months ago	<b>ANEICON-2021   DAY-1   TRACK-3   Innovation in...</b> 41 views · 8 months ago	<b>ANEICON-2021   DAY-1   TRACK-2   Leading...</b> 31 views · 8 months ago

# FREE LIFETIME MEMBERSHIP FOR DESERVING NURSES

Sincere appreciation for acts of bravery in saving precious lives exhibited during emergency situations.



**MR. BHUVANESHWARAN D**



**MS. HARAVATI**



**MR. JAYAKUMAR P.**

# ANEICON 2021- MAY 21-22 2021 (DELHI CHAPTER)

**ANEiCON**  
ASSOCIATION OF NURSE EXECUTIVES (INDIA)  
PASSION TO ACTION 2021

**Transformational Leadership - Establishing Trust**

21 - 22 May  
11:45 AM - 5:00 PM

**Transformational Leadership - Establishing Trust**

**TRACK 5 - NURSES CHAMPIONING QUALITY**  
22 MAY - 1:30 PM - 2:00 PM

Glencoe Global Health City  
FUTUREBANK CHINA

Finalist - CHENNAI

Indraprastha Apollo  
TECHNICAL LABS

Finalist - TRIVANDRUM

Finalist - DELHI

**KIMSHEALTH**

**ANEiCON**

**Our Well-Wishers and Partners**

PLATINUM

essity

GOLD

ConvaTec

SILVER

Mölnlycke

CAHO  
Committed to Safer Patient Care

ITS FOR YOU  
TECHNOLOGY PARTNER

**Transformational Leadership - Establishing Trust**

**TRACK 1 - INAUGURATION**  
21 MAY - 11:45 AM - 2:00 PM

**Chief Guest**  
Dr. Harsh Vardhan  
Hon'ble Union Minister  
Health and Family Welfare, GOI

**Keynote Address**  
Dr. Rajesh Bhatia  
CEO, American Organization for  
Nursing Leadership (AONL), USA

**Guest of Honor**  
Dr. Gaurav Gupta  
Director General, Association of  
Healthcare Providers (India)

**Guest of Honor**  
Dr. Roy K George  
President,  
Trained Nurses Association of India

**Transformational Leadership - Establishing Trust**

**TRACK 1 - AWARDS JURY**  
21 MAY - 12:00 PM - 2:00 PM

**Dr. R V Karanjkar**  
CEO, Kiran Hospital  
Advisor, Swasth Hospitals

**Ms. Kavajpet Oberoi**  
Group Nursing Head,  
Emirates Healthcare Group  
UAE

**Ms. Shobha Mishra Ghosh**  
Director & Head,  
Gen. Affairs & Policy,  
India & South Asia  
GE Healthcare

**Dr. Shoba K N**  
Assistant Professor, Department of  
English,  
Anna University, Chennai

**Transformational Leadership - Establishing Trust**

**TRACK 5 - NURSES CHAMPIONING QUALITY - JURY**  
22 MAY - 1:30 PM - 2:00 PM

**Dr. Arati Varma**  
Senior Vice President,  
Medical Quality  
Idea Healthcare, New Delhi

**Dr. Latha Venkatesan**  
Founder & Member  
ANI

**Ms. Vinay Tridandam**  
President Maharashtra Chapter  
ANI

**Ms. Leena Lal**  
Head, Quality & Patient Safety,  
Manager, Gen. Administration  
Fortis Hospital, Mumbai

**Dr. Umama Bhargava**  
President North East Chapter  
ANI

**Transformational Leadership - Establishing Trust**

**TRACK 2 - LEADING MILLENNIALS AND GEN Z - MOVING BEYOND CONVENTIONAL LEADERSHIP**  
21 MAY - 2:00 PM - 4:00 PM

**CHAIR**  
Dr. Ramesh Kumar  
Vice Chair, Chapter  
Association of Nurse Executives (India)

**Introduction of the Theme**  
Dr. Usha Banerjee  
President, IC Member  
Association of Nurse Executives (India)

**Speaker**  
Dr. Sharon Yasuethorn  
Chief Nursing & Quality Executive  
Life Healthcare Group (South Africa)

**Speaker**  
Dr. Lyda Albuquerque  
President, National Association of  
Indian Nurses of America (NAINA)

**Transformational Leadership - Establishing Trust**

**TRACK 2 - LEADING MILLENNIALS AND GEN Z - MOVING BEYOND CONVENTIONAL LEADERSHIP**  
21 MAY - 2:00 PM - 4:00 PM

**Ms. Gai Rabiya Agnihotri**  
BSc 4th Year  
CON, Army Hospital (R&R)  
Delhi Cantt.

**Priyanka N Shrivast**  
Nurse Manager  
Jupiter Hospital  
Mumbai

**Transformational Leadership - Establishing Trust**

**TRACK 6 - SYNERGIZING EFFORTS - PANEL DISCUSSION**  
22 MAY - 2:00 PM - 2:45 PM

**Moderator**  
Ms. Shankar Sonar  
President  
Association of Nurse Executives  
(India)

**Panelist**  
Col. Anu Sharma  
President  
Indian Nursing Society  
(India)

**Panelist**  
Dr. Parakh Khan  
President  
The Nursing Teachers Association  
(India)

**Panelist**  
Dr. Jaya Kamilla  
President  
Critical Care Nurses Society  
(India)

**Panelist**  
Dr. Jyoti Kang  
Vice President South Region  
Trained Nurses Association of India

**Panelist**  
Dr. R Radhamee  
President  
Indian Society of Psychiatric  
Nurses

**Transformational Leadership - Establishing Trust**

**TRACK 3 - INNOVATION IN MANAGING HUMAN RESOURCES PASSION FOR EXCELLENCE, COMPASSION FOR PEOPLE**  
21 MAY - 4:00 PM - 5:00 PM

**CHAIR**  
Ms. Ajitha P S  
Founder, Trainers  
Association of Nurse Executives (India)

**Speaker**  
Ms. Manjushree Bhat  
Founder, IC Member  
Head, Marketing, Tech Mahindra Ltd.

**Speaker**  
Dr. Neelima Rastogi  
Vice President - TN Chapter  
Association of Nurse Executives (India)

**Speaker**  
Dr. Anu Karandik  
IC Member  
Association of Nurse Executives (India)

**Transformational Leadership - Establishing Trust**

**TRACK 4 - NURSE LEADER-360 DEGREE VIEW VALUE WHAT YOU DO; ADD VALUE BY WHAT YOU DO**  
22 MAY - 11:45 AM - 1:30 PM

**CHAIR**  
Ms. Josephine Cyril  
President, Karnataka Chapter  
Association of Nurse Executives  
(India)

**Speaker**  
Ms. Shreem Vijaykumar  
ICEL, ANI,  
India

**Speaker**  
Ms. Harsha Vijayan  
President, Telangana Chapter  
Association of Nurse Executives  
(India)

**Transformational Leadership - Establishing Trust**

**TRACK 7 - TECHNOLOGY, INNOVATIONS & SAFETY PREPARE & PREVENT INSTEAD OF REPAIR AND REPENT**  
22 MAY - 2:45 PM - 3:45 PM

**CHAIR**  
Ms. Sandhya Shankar  
President, Delhi Chapter  
Association of Nurse Executives  
(India)

**Speaker**  
Ms. Anusha Malik  
Founder & CEO  
Capgemini, Gurgaon

**Speaker**  
Dr. Dipankar Prasad  
Chief Clinical Officer  
Patient Safety Measurement Foundation,  
USA

**Speaker**  
Ms. Jane Hayes  
Clinical Education Manager, Faculty UK  
Honorary, Tissue Viability Nurse  
NHS, UK

**Transformational Leadership - Establishing Trust**

**TRACK 4 - NURSE LEADER-360 DEGREE VIEW VALUE WHAT YOU DO; ADD VALUE BY WHAT YOU DO**  
22 MAY - 11:45 AM - 1:30 PM

**Speaker**  
Dr. R Srihar  
Director, Institute of Neurosciences &  
Spine, MGM Healthcare,  
Chennai

**Speaker**  
Ms. Neelima Kahl  
Clinical Instructor  
Fortis Hospital  
Mumbai

**Speaker**  
Ms. Ashish Singh  
International Facilitator  
CEO Coach

**ANEiCON**

**OUR PILLARS!!**

**Organizing Team**

**Transformational Leadership - Establishing Trust**

**TRACK 8 - VALEDICTORY SESSION**  
22 MAY - 4:00 PM - 5:00 PM

**Dr. Jyoti Chav Mishra**  
Founder Vice President  
Association of Nurse Executives  
(India)

**Ms. Shobhika Sakurkar**  
Founder Secretary  
Association of Nurse Executives  
(India)

**Dr. Latha Venkatesan**  
Founder IC Member  
Association of Nurse Executives  
(India)

**Dr. Geeta Parvada**  
President - IC Chapter  
Association of Nurse Executives  
(India)





**ARE YOU A HEALTHCARE FACILITY ALREADY CONDUCTING COVID-19 VACCINATION?**  
**OR**  
**ARE YOU A HEALTHCARE FACILITY ABOUT TO START COVID-19 VACCINATION?**

This is a short orientation program for YOUR team engaged in Vaccination. It makes them aware of the Protocols prescribed by WHO, MoHPW and other research agencies on Vaccine Management and Vaccine Administration to minimize AEFI.

**COVID-19 VACCINATION TRAINING FOR SUPERVISORS / VACCINATORS**

Program Organizer	Knowledge Partner	Technology Partner
Association of Healthcare Providers India (AHP)	Global Healthcare College, Sweden	SKILL ED India

**CONTENTS OF THE PROGRAM**

- Module - 1: Coronavirus and COVID-19: Incidence and Detection
- Module - 2: Management of COVID-19 Vaccines
- Module - 3: Procurement and Administration of COVID-19 Vaccines
- Module - 4: Handling Adverse Events Following Immunization (AEFI) post COVID-19 Vaccination
- Module - 5: Communication Process of COVID-19 Vaccination
- Module - 6: Role of Community Communication in COVID-19 Vaccine and Distribution
- Module - 7: Incentive-based Campaigns with respect to the COVID-19 Vaccine

**WHAT DOES THE COURSE OFFER?**

- 3 hours video based orientation training, designed to provide:
  - Clear understanding of personnel and facilities as prescribed by WHO, MoHPW and other research agencies that AHP is involved.
  - Complete training on correct procedures of administering COVID-19 Vaccination in a healthcare facility.
- Certificate of Achievement will be awarded on successful completion of the training.

**PRICING**

Bs. 5000 + GST per person (All India)

For more information or to register, visit <https://www.skill-ed.com/india>

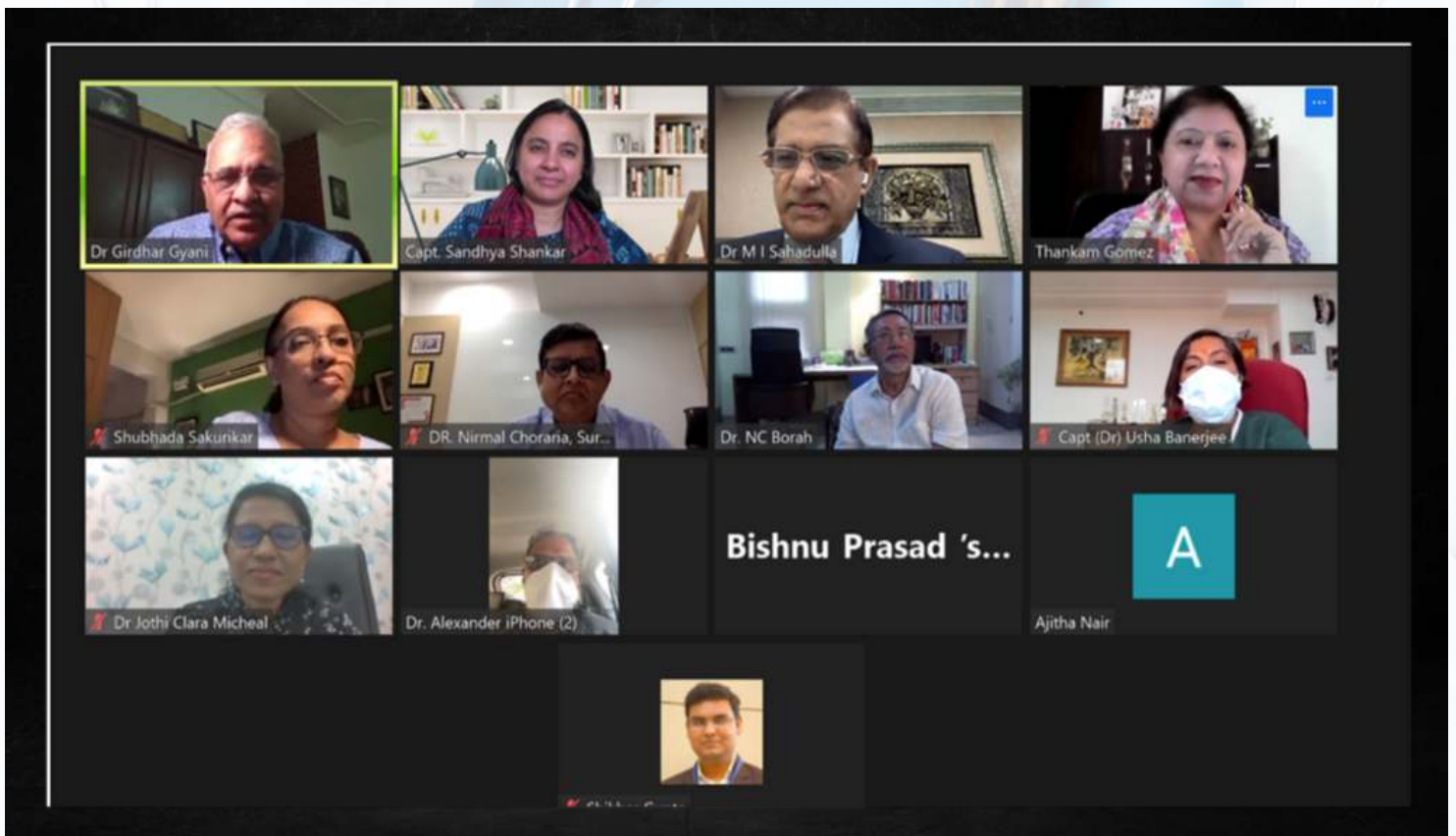
**Memorandum of Understanding**

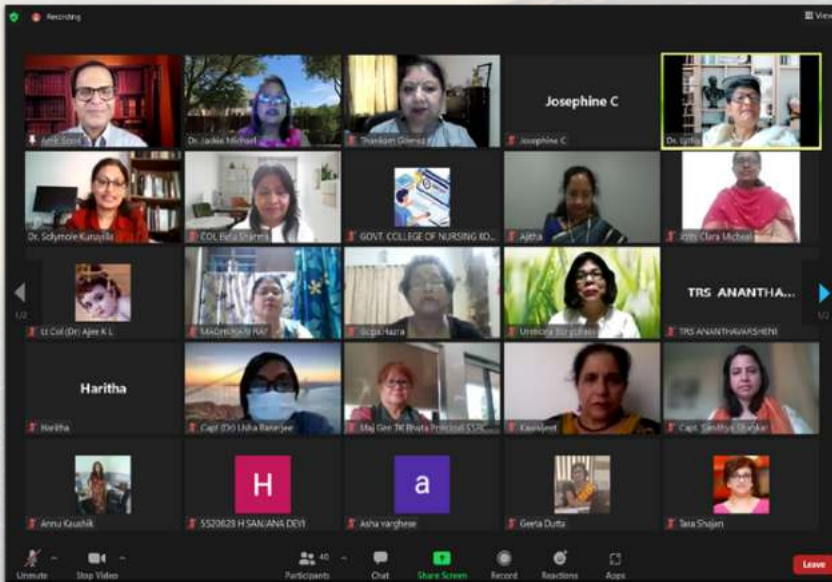
This memorandum of understanding (MoU) is signed on 16<sup>th</sup> August 2021 between:

**ANEI, the Association of Nurses Executives- India**, a body of nurse leaders working closely towards changing the scenario of nurses and nursing in India. It aspires to mentor all cadres of nurses thereby improving nursing quality and impacting patient safety. ANEI works towards professional development, advocacy and research to advance nursing practice, nursing education and patient care, promote nursing leadership excellence and shape public policy for nursing and healthcare hereafter known as ANEI in the MoU

**AND**

**Association of Healthcare Providers (India)** represents the vast majority of healthcare providers in India. It is registered under Indian Society Registration ACT- 1860 as "not for profit" organization, working closely with the key stakeholders i.e., the government and the society. It educates its members and stakeholders with the government, regulatory bodies and other stakeholders on a bearing on enabling its





## NATIONAL ASSOCIATION OF INDIAN NURSES OF AMERICA

P.O. Box 3002, Northlake, Illinois - 60164  
 www.nainausa.com  
 nainasecretary@gmail.com

### NAINA CARITAS TEAM

#### Amazon India care package voucher for Nurses from India



National Association of Indian Nurses of America (NAINA) is a nonprofit professional 501c3 nursing organization incorporated in the state of Illinois, USA.

During this year of the nurse and the COVID pandemic year, NAINA has embarked on a special project to raise fund for the sole purpose of supporting our fellow nurses in India who are struggling to provide care for the COVID patients. To recognize and appreciate our fellow nurses from India, NAINA leaders together with the help of nurse leaders from India agreed to award an amazon in. voucher for all selected nurses for their commitment and extra ordinary struggles and sacrifices in caring for COVID patients during this pandemic.

NAINA experienced some unforeseen difficulties in issuing amazon india voucher directly from the US and adapted an alternate method to expedite this process through AINE. Dr. Ummona Borgohani Saikia, the principal of AINE graciously agreed to collaborate with NAINA to accept funds from NAINA for the sole purpose of issuing the amazon voucher for individual nurses from India. Additional to the amazon voucher NAINA/Caritas team will send a personalized letter and certificate from NAINA president after they received the care package voucher.

I am happy to inform you that we started issuing the vouchers for the nurses successfully.

As I explained earlier over the phone, we are pleased to confirm that NAINA will provide RS. 1500 per nurse for 250 nurses from Delhi and nearby States/hospitals that are greatly affected by the COVID Pandemic.

### NURSE 2 NURSE MENTAL HEALTH FIRST AID CONCEPTS

Training of Trainers  
Facilitated by Jefferson University








JOIN VIA ZOOM ON 9TH JULY  
6:30 PM - 8PM (IST)



## RESILIENT OPTION

with Dr.Sood

### Think better, Live better

resilientoption.com

Leverage cutting-edge neuroscience  
to succeed at work and in relationships

Amit Sood, MD MSc FACP

© Global Centre for Resiliency and Wellbeing

# PATIENT SAFETY DAY 2021

**Inviting Improvement Projects**

From ANEI Member Hospitals

**2** Rs.2000  
**1** Rs.3000  
**3** Rs.1000

**THRUST AREAS**

- Eliminating Avoidable Patient Harm
- Safe Maternal and Newborn care

**Guidelines:**

1. Relevant to the thrust areas
2. Projects completed after September 2019
3. Must be nurse led project in 5-8 slides

**ANEI** World Patient Safety Day 17 September  
ASSOCIATION OF NURSE EXECUTIVES (INDIA) PASSION TO ACTION

TOWARDS ZERO HARM 2021

## ELIMINATING AVOIDABLE HARM IN HOSPITALS

A Webinar of Reflections and Commitments  
SEPTEMBER 17 | 1:45 PM - 5:15 PM |

Get an e-certificate on submitting feedback

**Patient Safety Videos**

**2** Rs.2000  
**1** Rs.3000  
**3** Rs.1000

**THRUST AREAS**

- Eliminating Avoidable Patient Harm
- Safe Maternal and Newborn care

**Guidelines:**

1. Relevant to the thrust areas
2. Should not be more than 3 minutes
3. Must be nurse led with good clarity in video & audio

**ON WORLD PATIENT SAFETY DAY 17TH SEPTEMBER**

Webinar  
1:45 pm - 5:15 pm

**MEET OUR KEYNOTE SPEAKER**

**Eliminating Avoidable Harm in Hospitals**



Dr. Donna M Prosser  
Chief Clinical Officer  
Patient Safety Movement Foundation  
USA

**ON WORLD PATIENT SAFETY DAY 17TH SEPTEMBER**

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**Eliminating Avoidable Harm in Hospitals**



Dr. J S Arora  
Member, WHO Advisory Group  
Patients for Patient Safety Program  
Director Patient Safety  
GAP Health Foundation

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**Eliminating Avoidable Harm in Hospitals**



Mr. Manoj Jhalani  
M. Department of UMC/Health & Life Course, Regional Office for South Asia, World Health Organization, New Delhi

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Ms. Priyanka Idicula  
Director, Birthvillage,  
The Natural Birthing Centre  
Kerala  
Managing Trustee, Birth for India

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Ms. Radha Saini  
Ex Consultant  
World Health Organization  
(Sierra Leone, West Africa)  
MPH, BRAC University,  
WHO-UNDP Project

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**Eliminating Avoidable Harm in Hospitals**



Dr. Sanjeev Singh  
Medical Director  
Amrita Institute of Medical Sciences  
Faridabad

Mentoring 7 Nursing Students (Holy Family College Of Nursing)  
In Collaboration With 'My Daughter Is Precious'



## Championing Climate Change

**Is Now**

Member of  
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[www.greenhospitals.net](http://www.greenhospitals.net)

09 August 2021  
Thankam Gomez  
Association of Nurse Executives India (ANEI)  
72 Sanskrit Nagar, Plot No. 3, Sector 14  
Rohini, Delhi  
India

Dear Thankam Gomez,

Welcome to Global Green and Healthy Hospitals (GGHH). Thank you for joining this vibrant international community of hospitals, health care facilities, health systems and health organizations working to achieve measurable outcomes improving sustainability at their facilities while promoting environmental health in their communities. As a GGHH member, you are among the leaders in the health sector who know that sustainability is essential to a healthy planet.

# POST COVID-19 PANDEMIC REHABILITATION

## AN INDIAN PERSPECTIVE

**Dr. Sudha A Raddi**  
**Dean & Principal**  
**KAHER Institute of Nursing Sciences, Belagavi**

Coronavirus disease 2019 (COVID-19) is a potentially fatal acute respiratory infection caused by the coronavirus 2 that causes severe acute respiratory syndrome (SARS-CoV-2)<sup>1</sup>. It's concerning to see that 20.3 percent of COVID-19 patients require ICU hospitalisation, primarily due to the development of acute respiratory distress syndrome. ARDS (Acute Respiratory Distress Syndrome) (32.8 percent)

A pandemic is more than just a medical emergency; it affects people and society, causing chaos, anxiety, stress, stigma, and xenophobia. Individual conduct as a unit of society or a community has a significant impact on the dynamics of a pandemic, including the intensity, flow, and aftereffects<sup>2</sup>

Despite this, adequate resources are rarely provided to manage or mitigate the consequences of pandemics on mental health and wellbeing. While this is acceptable in the early stages of an outbreak, when health systems are focused on testing, transmission reduction, and crucial patient care, psychological and psychiatric requirements should not be disregarded at any time during pandemic management.<sup>3</sup>

It is critical for every community to implement community-based initiatives to promote resilient and psychologically susceptible individuals during the COVID-19 crisis. The psychological impact of pandemic-induced dread and anxiety must be explicitly acknowledged as a public health priority by both authorities and policymakers, who must quickly adopt clear behavioural policies to reduce disease burden and the devastating mental health implications of this outbreak.

When so much was demanded of rehabilitation nurses in the challenging and ever-changing years of 2020 and 2021, they remained strong, caring, and remarkable. Rehabilitation nurses work closely with patients, their families, and caregivers shortly after the onset of a debilitating accident or chronic disease, putting them in a good position to teach other nurses how to care for long-term COVID patients.

COVID-19 patients with severe symptoms are linked to rehabilitation demands due to the effects of ventilatory support, as well as prolonged immobilisation and bed rest. Impaired lung function; physical deconditioning and muscle weakness; delirium and other cognitive impairments; impaired swallowing and communication; and mental health issues and psychosocial support needs.

Rehabilitation professionals should be maintained in ICUs, hospital wards, step-down institutions, and the community to meet the needs of patients with severe COVID-19 during the acute, sub-acute, and long-term stages of care. Rehabilitation therapies for individuals with severe COVID-19 who require ventilatory support, particularly in the acute phase, typically necessitate a specific skill set gained through specialised training<sup>4</sup>

# COVID-19: ROLE OF REHABILITATION

The WHO has defined medical rehabilitation as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions, in interaction with their environment”. It has been recommended that physiatrists should be included in the interdisciplinary teams for acute management as well as management of sequelae of COVID-19<sup>5</sup>

To avoid Post-Intensive Care Syndrome (PICS), a multidisciplinary care paradigm known as the ABCDE bundle should be followed. **A**wakening (with light or minimal sedation), **B**reathing (spontaneous breathing trials), **C**oordination of care and communication across many specialties, **D**elirium monitoring, assessment, and management, and **E**arly ambulation in the ICU are all components of the ABCDE bundle.

The following are the goals of rehabilitation for COVID-19 patients:

- (a) Improve pulmonary function
- (b) Reverse adverse effects of prolonged immobilisation
- (c) Improve cognitive functioning and dysphagia management
- (d) Reduce impairments and disabilities

## CURRENT INDIAN SCENARIO & REHABILITATION INTERVENTIONS

Rehabilitation of COVID-19 patients can be categorized broadly into mildly symptomatic and severely symptomatic patients

The majority of patients in India have **mild symptoms** and are treated at home or in government-run quarantine facilities. Various government institutes have made teleconsultation services available, allowing doctors to keep in touch with COVID-19 positive patients who are isolated at home and refer them to a hospital if the patient is a high-risk patient with red flags. Print and digital media have been used to tell the general public about the new telemedicine services. Many private hospitals have also offered packages that include daily teleconsultations with doctors and regular vitals monitoring. The Government of India has made mental health services available to health-care providers through teleconsultation.

Acute hospitalisation is required for very unwell patients. There are two steps to the rehabilitation care of COVID-19 patients with **severe symptoms**. The initial phase, often called as the acute phase, entails comprehensive non-invasive ventilation management as well as constant monitoring of clinical parameters and infection symptoms. Except for posture recommendations and range of motion exercises, pulmonary rehabilitation is not suggested for patients in the acute stage of ARDS or those who are unstable.<sup>6</sup>

## OUTPATIENT REHABILITATION & TELE-REHABILITATION IN INDIA

Virtual rehabilitation, also known as tele-rehabilitation, is the most secure method of providing outpatient services. It reduces touch and virus transmission while also providing prompt rehabilitative care from afar. Media apps like WhatsApp and other teleconsultation tools like Hospital Information System are widely used in India. Many smartphone applications, such as Practo and Lybrate, have become very popular in private practise for teleconsultations.

Virtual rehabilitation can be beneficial in critical care services in the ICU, where anyone with COVID who has been admitted for more than 7 days in the ICU can have a virtual consultation with a physiatrist for rehabilitation service evaluation. In the Indian context, this is a route that should be pursued further. Once discharged, these patients should be followed up on via tele-rehabilitation or in-person out-patient department visits in rehabilitation clinics to examine pulmonary, cognitive, behavioural, physical, balance, and dysphagia difficulties, as well as to rule out conditions like PICS.<sup>6</sup>

## CONCLUSION

Rehabilitation therapies are so essential if patients are to improve their physical and cognitive functioning while also reducing impairment. However, during a pandemic, when social isolation is essential, healthcare providers must develop creative rehabilitation ways to ensure that COVID-19 and non-COVID-19 patients receive proper treatment and support. They must also examine how to serve a bigger number of patients than usual.

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“ANEI advocates to give attention to mental health post covid among all health care workers, family members and society in general.”

<b>PROJECT LEADER</b>	<b>Ms. Himanshi, Fortis Escorts Heart Institute (FEHI)</b>
<b>SPONSOR</b>	<b>Capt. Sandhya Shankar, Corporate Chief of Nursing, Fortis Healthcare</b>
<b>UNIT CHAMPION</b>	<b>Ms. Minimole John, Chief of Nursing, FEHI</b>
<b>TEAM MEMBERS</b>	<b>Ms. Susan Sebastian (FEHI), Ms. Chandni (FEHI), Ms. Bibiana Niamchungmei Ganmei (FEHI)</b>

## PROBLEM IDENTIFIED:

The discussion identified problems with, and potential ways to enhance, existing strategies for building improvement capability:

- Significant number of nurses left us within one year of joining, High attrition during 6th - 12th month; i.e. New Nurses attrition is **>60% of the total attrited nurses**
- Need for a structured onboarding program for nurses focusing of their technical competency, resilience, awareness, and confidence building
- Interview of exited nurses - One question drew attention through its multiple responses, **Q:** "What would you like to suggest to improve the work environment for new nurses at the Fortis hospital you worked at": **varied answers** captured as follows:
  - Hand holding during initial deployment; Give us time to learn and serve; tell us clearly as what we need to do on floors; someone approachable to whom we can turn to for all our doubts
  - Championing improvement science: demonstrating how it can help in understanding and addressing the issues faced by the new nurses in the system
  - Providing advice: Someone in nursing acting as a repository of knowledge and understanding, with links to wider sources of expertise
  - Coaching and teaching the New Nurses who lack skills and have inadequate Knowledge to embark on their professional.

The aim was to provide an overview of what capability for safety improvement organizations need, and the best ways to go about developing this capability is in Nurses. Capability building programs are designed to address learning in the three primary domains:

1. Learning in the cognitive domain revolves around knowledge acquisition, comprehension, and critical thinking. It employs discussion and explanation
2. Learning in the behavioural domain focuses on the actual performance of procedures, operations, methods, and techniques. It employs practice and coaching
3. Learning in the affective domain includes fostering of attitudes, feelings, and preferences



# TABLE.1: SHOWING THE CAPABILITY BUILDING STRATEGIES

COMPONENT	WHEN TO ACT	RESPONSIBILITY	ACTIVITY
1 Pre-Hiring	At the time of Interview		Sensitization, briefing on subsequent actions
Orientation	Joining experience (Day 0- Day 1)	Human Resource	Welcome gesture, Introduction, point of contact
Onboarding (the Virohan)	Series of events (Day2- Day30)	Human Resource	Welcome gesture, Introduction, point of contact
Assessment and Reassessments	Daily Quiz after sessions, at Day30 (OSCE)	Nursing training Multidisciplinary Panel	Daily effectivity through digital questionnaire and Quizzes Final assessment through OSCE model
Privileging and Competency Assessment Tool	Privileging: Day 30 - 90 CAT: Day 30-180 Days, continuous	Nursing Incharge Nursing training	Specialty and Role Specific Departmental Specific
2 Unit Based Training / Top 10 modules / In-service Session / CNEs	After 30 days of Virohan and subsequent deployments	Nursing Admin	Unit Specific Trainings, Top 10 module (Top 10 cases, medication, investigation, procedures, documents and challenges faced), In service Session / CNEs, SAKSHAM - A Clinician LED Certification Programme for 6 months, Cardiac Surgery Certification Started wef., 04th Feb'2021
3 CNE (Continue Nursing Education)	Two Case Presentations in a Month	Nsg Incharges, Nsg Trg	Incharges / Task Force Managers Bedside Case Presentations
4 Departmental dashboard on patient satisfaction	Monthly Reports	Service Excellence, Nursing Leadership	Dept wise : Pt. Appreciation, Pt. Complaints, Pt.Escalations, Pt.Satisfaction score

## TABLE.2: SHOWING THE TRAINING TRAJECTORY METHODS

COMPONENT	AREA/TOPIC	HIGHLIGHTS
Power Point Presentations	On all the topics included in the Induction	<ul style="list-style-type: none"> <li>• Revamped, process and Documentation printed</li> <li>• Placed in one drive</li> </ul>
Checklists	Area specific checklists and Process trackers designed, implemented and monitored	<ul style="list-style-type: none"> <li>• Checklists for ICU, Ward, ER, NICU, OT Orientation</li> <li>• Orientation checklists for the incharge</li> <li>• Implementation Checklist</li> <li>• Monthly compliance tracker</li> </ul>
Knowledge Resources	Must Know's for Nurses Handout's Handbook for nurses	<ul style="list-style-type: none"> <li>• A ready reckoner for nurses for quick access to information</li> <li>• Handouts to help refer quick actions in clinical practice e.g. Drug dilutions, Escalation Matrix, Policy and Protocols, etc.</li> </ul>
Group Activity, Role Play, Demonstration, Mock Drills	Based on Clinical Scenarios and stories from the reported incidents and escalations	Playing a scenario helps the learner to build the capacity to perform the task independently
Digital Quiz & OSCE framework	Everyday sessions Final Assessment Objective Structured Clinical Examination	Multi-station, clinical skills assessment method that is based on objective testing and direct observation of the Nurse's performance

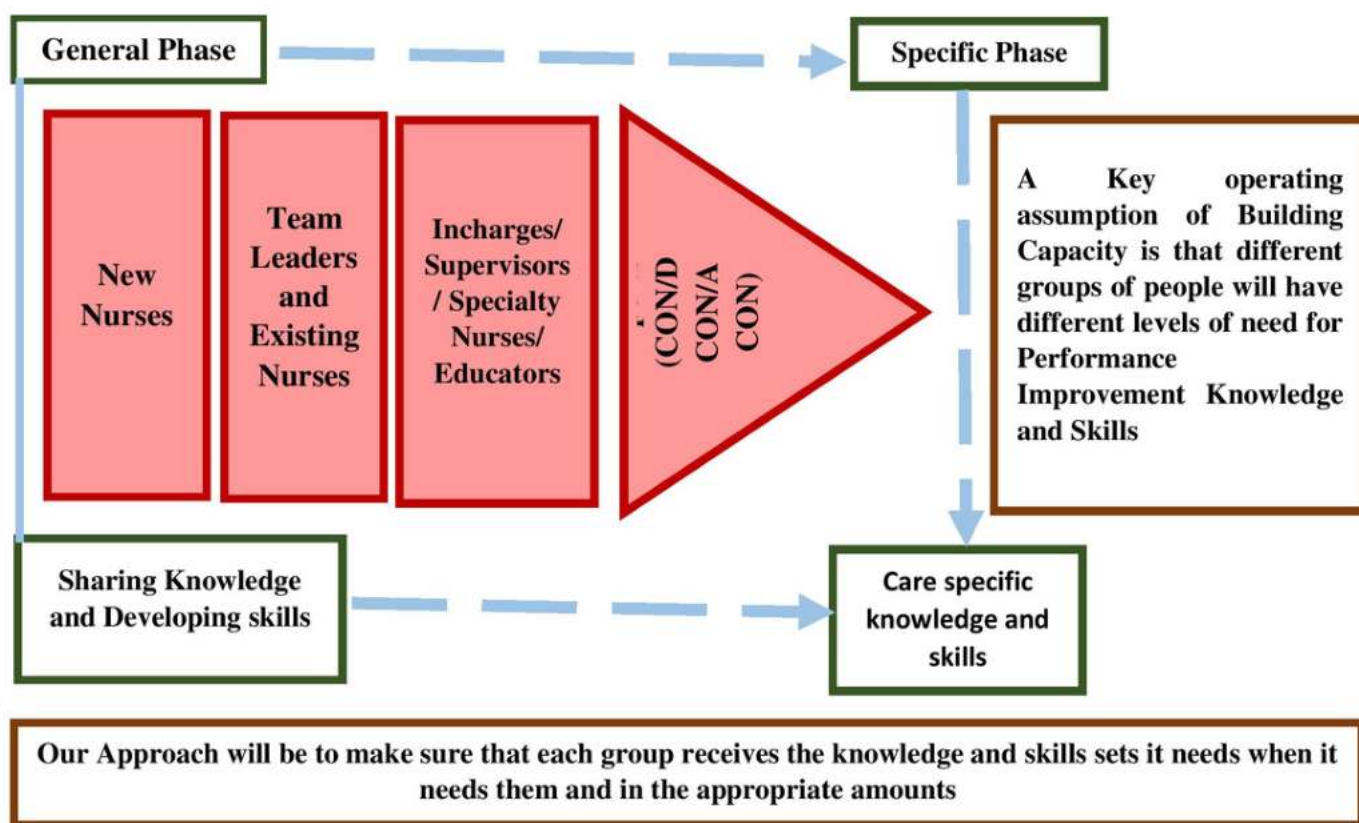
# KEY PERFORMANCE INDICATORS:

CRITERIA	DEFINITION	HIGHLIGHTS
<01 year nurses attrition	The nurses who attrited within 12 months of joining (fresher, tenured; absconded, absented etc) and is struck off HR roll	<ul style="list-style-type: none"><li>• Numbers</li><li>• Rate</li><li>• Denominator - Total nurses on roll</li><li>• Numerators - Total nurses attrited within 12 months of joining</li></ul>
Nurse attending Virohan within 07 days of her joining	New Nurse joining Fortis undergoes induction within 15 days of joining the unit	Numbers
Success rate of New Joinee Nurses	Nurses qualifying successfully after undergoing OSCE	<ul style="list-style-type: none"><li>• Benchmark - 75%</li><li>• Only <b>two attempts</b> to be given</li><li>• Unsuccessful Candidates - Case to be taken up for the needful by CON</li></ul>

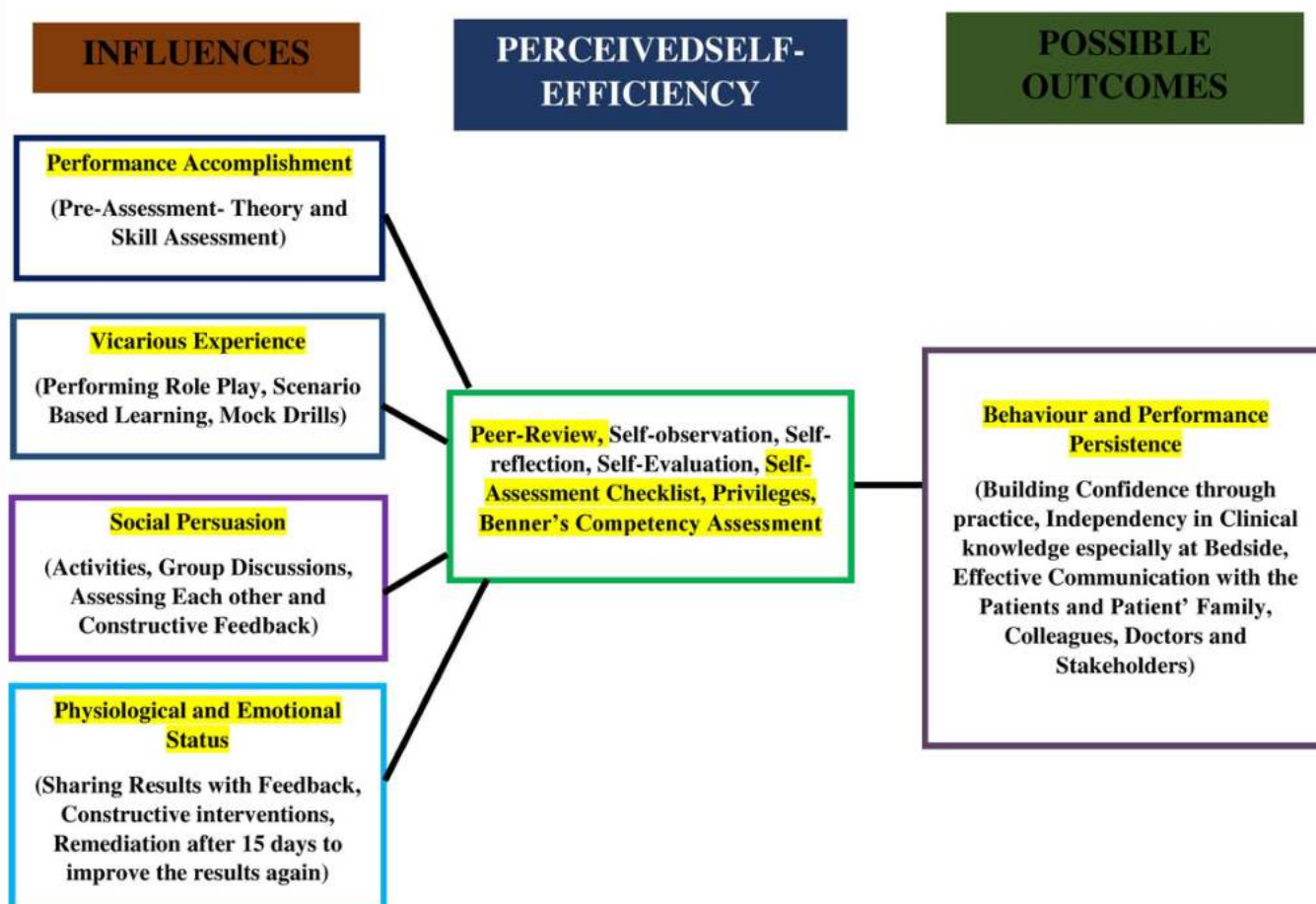
# TABLE.3: SHOWING THE KEY PERFORMANCE INDICATORS

## FIG. 1: CAPABILITY BUILDING - IMPROVEMENT PLAN IN THE HOSPITAL

• Methodology adopted



## FIG. 2: CONCEPTUAL FRAMEWORK BASED ON "BANDURA'S SELF-EFFICACY THEORY"



# CHALLENGES FACED DURING IMPLEMENTATION

**#1: Virtual training:** Due to Covid, inductions were planned via virtual meetings. This made the new nurses to sit in front of the computer for the entire 8 hours. This caused Virtual meeting fatigue which was challenging

## **Steps taken to overcome the challenge**

We launched VIROHAN on Feb'2021. The inaugural batch with 17 staff and Virohan was conducted in training hall maintaining COVID protocols

**#2: Timely Availability:** On time replacement for resigned nurses was not happening which led to difficulty to get the on boarded new nurses for Virohan. This led to pendency of compliance to Virohan

## **Steps taken to overcome the challenge**

- Recommended proposal given to HR to fix the recruitment process twice in a month and resignation
- VIROHAN Classroom Sessions started in the first week of every month so all the new Joinees will be able to join the session on time

**#3: Language Barriers among New Nurses:** Most of our new nurses are from Southern and North-East region of country, and are language compromised with Hindi/English which are the key language in central India. Language was a barrier in understanding patient concern and understanding

## **Steps taken to overcome the challenge**

- Rigorous analyses of patient feedback helped to identify the key areas and nurses were buddied with Hindi/English speaking teammates.
- Soft skills sessions for the nurses, to check the sustainability of the soft skills in the clinical practice, this was coupled with follow up session of periodic learning forums

**Degree of improvement in the services provided** - Total 142 nurses completed VIROHAN successfully and deployed in the bedside.

**Scale of implementation:** Simple, Effective with nil cost involvement.

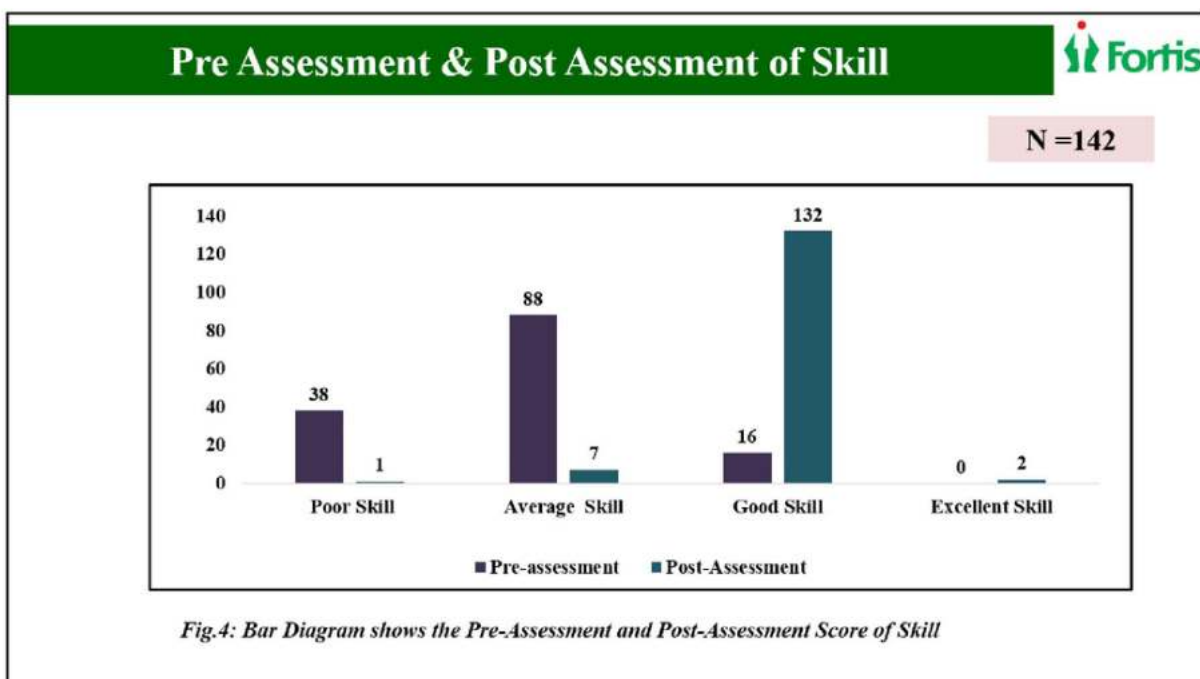
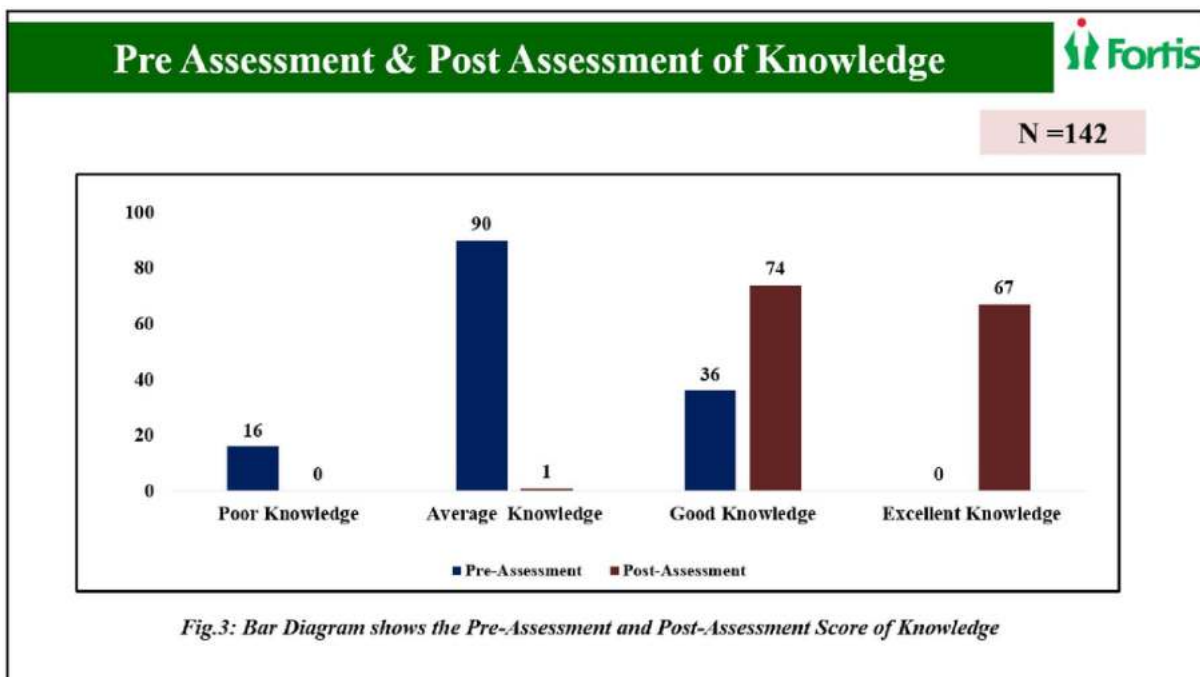
VIROHAN- New Nurses Induction program is designed in a way that every need of a new nurses is been met to make herself/ himself a well-equipped confident bedside nurse.

**Phases of Virohan** - Onboarding of new nurses, HR Phase, Nursing phase, CCDC Phase, Functional Phase and OSCE Phase. Since each phase is interlinked and involves multidisciplinary team approach, Overall program was designed in a structured way and same was percolated to the stakeholders. Extensive training activity happened for the Nurse trainer on the implementation of Virohan and to check its compliance using implementation checklist and compliance tracker.

At Fortis Escorts Heart Institute we not only makes sure that the initiative is efficient and effective, but also ensures that they are sustainable. The beneficiaries drive maximum benefit from the effort.

# PERIOD OF IMPACT

Parameters	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Patient Appreciation Score (Nursing)	3.87	3.89	3.96	3.92	3.85	3.91
Patient Satisfaction % (Nursing)	98.2%	98.6%	99.6%	99.2%	99.2%	99.1%
New Nurses Appreciation	6	4	4	13	4	15
New Nurses Attrition	6	4	6	4	5	1



## Sustainability:

**Implementation Checklist** - Implementation checklist is designed to have a check point on each phase and its completion status. This will ensure the essence of the every phase planned is sustained throughout.

**New Nurses record sheet** - Individual record sheet is created and their journey is recorded in every phase of Virohan and thereafter. (certification program, Top ten module completion, etc.)

**Compliance tracker** - Unique master sheet with KPI of Virohan is mapped. This will allow us to assess and monitor monthly compliance to the activities planned and the outcome measurement which is marked to the team's key performance indicator

## Scalability:

**Elsevier Clinical Skills and Clinical Key** - Elsevier Clinical Skills is a comprehensive online solution accessible on any mobile device that enables organizations to standardize education and manage competency among their nurses with the available contents, demo videos and online assessments. Virohan content and Top 10 contents are mapped to enhance next level of learning to the nurses

## Replicability:

By analyzing the effectiveness of this initiative, same methodology can be implemented in other area specific/ Specialty specific training activities

**Conclusion:** The training based on identified skill gaps to sharpen employees' skills, capabilities, knowledge and competencies to capacitate them to cope with the dynamic working environment in the advent of significant financial innovation and financial development and liberalisation. Furthermore, the health care sector should develop training policies and ongoing training programmes with a view to enhance employee performance, motivation and job-satisfaction. Not only will these increase employees' loyalty and commitment towards their organisations but will also ultimately assist organisations to achieve strategic objectives, vision and mission.

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**Ms. Latha Nonis**

**Chief of Nursing**

**Fortis Hospital, Bannerghatta**

**Bangalore**

Medication is defined as a substance used to promote health, to prevent, to diagnose or to cure diseases. Medication safety has been recognized to be important in the provision of patient care with the evidence now pointing to the medication errors as one of the leading causes of avoidable complications and deaths, there is a pressing need for the better understanding of the nature and scope of medication errors and this will improve current clinical delivery systems.

Medicines heals, but this fact doesn't hold true for every 300th patient admitted to hospital. Call it the law of averages or blame human error for it, but the WHO believes that one in 10 hospital admissions leads to an adverse event and one in 300 admissions in death.

Medication are great tools; we have to use them wisely and safely!

With inadequate nursing education about patient safety and quality, fatigue, illegible provider handwriting, flawed dispensing systems, and problems with the labeling of drugs, nurses are continually challenged to ensure that their patients receive the right medication at the right time. We should be able to understand placing health in safer hand is very important piece and especially medication without harm

## **Why Medication Management is Important: - If we really look at it:**

- A large percentage of people are taking prescription medications,
- A large percentage of seniors are taking multiple prescription drugs
- Improper Medication Management can lead to adverse reactions and hospitalizations
- Proper medication adherence and management can lead to a successful recovery of a short-term illness or control of a chronic illness

**Medication safety** and taking precautionary steps are extremely important to prevent adverse reactions, overdoses, and death. Whether a patient is prescribed an opioid or a general antibiotic, they should follow general steps to ensure medication safety

**Medication safety**, which may be defined as the freedom from accidental injury during the course of medication use, or those activities to avoid, prevent, or correct medication-related harm



## How to ensure medication safety?

- Verify any medication order and make sure it's complete.
- Check the patient's medical record for an allergy or contraindication to the prescribed medication
- Prepare medications for one patient at a time
- Educate patients about their medications
- Follow the rights of medication administration

A medication error is defined as "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer,"

With the growing reliance on medication therapy as the primary intervention for most illnesses, patients receiving medication interventions are exposed to potential harm as well as benefits. Benefits are effective management of the illness/disease, slowed progression of the disease, and improved patient outcomes with few if any errors. Harm from medications can arise from unintended consequences as well as medication error (wrong medication, wrong time, wrong dose, etc.).

The medication should be stored in cool and dry place and should be kept away from direct sunlight .it should be stored as per temperature suggested by manufacturer.

The most common medication errors are:

- Prescribing error
- Transcription error
- Indenting error
- Dispensing error
- Administration error
- Documentation error

The medication errors are categorised as follows:

**Category A** - Circumstances of events that have the capacity to cause error - No error

**Category B** - An error occurred but the medication did not reach the patient - Error, no harm

**Category C** - An error occurred, that reached the patient, but did not cause patient harm

**Category D** - An error occurred, that resulted in the need for increased patient monitoring, but no patient harm

**Category E** - An error occurred that resulted in the need for treatment or intervention and caused temporary patient harm - Error, Harm

**Category F** - An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm

**Category G** - An error occurred that resulted in permanent patient harm

**Category H** - An error occurred that resulted in a near - death event (eg: anaphylaxis, cardiac arrest)

**Category I** - An error occurred that resulted in patient death

Before administration of medication Rights of medication administration to be followed and the prescription should have 7 factors as

- PATIENT FULL NAME
- DATE AND TIME
- DRUG NAME
- DOSAGE
- ROUTE OF ADMINISTRATION
- TIME AND FREQUENCY ADMINISTRATION
- SIGNATURE OF THE PHYSICIAN

Moreover, than this we have to encourage the self-reporting of errors.

The goal is to develop a culture of patient safety and design systems that are "Fault Tolerant". So that when an individual error occur it will not cause any harm to the patient. Feedback and Dissemination of Information can create an awareness of errors that can improve system designs to reduce or eliminate errors. So there is a huge responsibility in all of us to bring a culture of safety in the system, everyone to accept the mistake, Understand the need of reporting the error.

**Generally agreed upon that the definition of patient safety is... DO NO HARM**

# ANEI NORTH EAST ACTIVITIES

August to October, 2021

Dr. Unmona Boroghain  
ANEI North East Chapter, President



## 17th September, 2021

ANEI in collaboration of AINE celebrated World Patient safety day. The chief guest Dr. Manoj Agarwal, Medical Superintendent, GNRC Hospital addressed the patients and their relatives about how the patient safety can be ensure at hospital and home.

The students of AINE performed a role play on the theme **"Safe maternal and newborn care"**

## 21th September, 2021

ANEI in collaboration of AINE celebrated **"World Alzheimer's Day"**



## 10th October, 2021

World Mental Health Day was celebrated at GNRC Hospital, Dispur among the Nurses. Dr. Unmona Borgohain Saikia, President ANEI NE delivered a lecture on "strengthen your resilience power". The programme was graced by Dr Nahid

## 29th October, 2021

ANEI in collaboration of AINE celebrated "Breast Cancer Awareness"

# REPORT ON WORLD MENTAL HEALTH DAY 2021

**Theme: "Mental Health in An Unequal World"**

**Dr. Raminder Kalra**

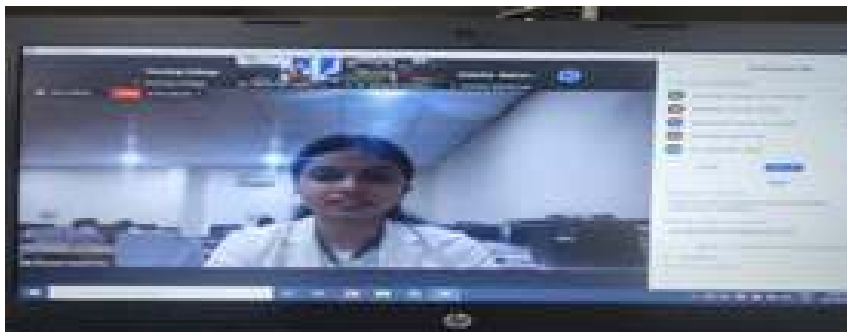
**Every year World Mental Health Day is celebrated on 10th October; this year's theme was: "MENTAL HEALTH IN AN UNEQUAL WORLD" with the slogan, "Mental Health for all, let's make it Reality"**

ANEI Delhi Chapter in collaboration with Holy Family College of Nursing hosted a webinar on the occasion of World Mental Health Day on 12.10.2021 to spread awareness for Mental Health and enhance online learning skills.

Ms. Thankam Gomez, President ANEI talked about empowerment of Nurses in present era. Capt. Sandhya Shankar conveyed her warm wishes to the entire fraternity on the occasion of world mental health day.

Prof. (Dr) Bimla Kapoor, ANEI EC Member, in her keynote address, put emphasis on quality of care in psychiatry units and mental health of Nursing Personals. Prof. (Dr.) Raminder Kalra, was the Moderated the webinar. Eminent speakers were invited to talk upon diverse topics- Ms. Atashi Sengupta, HOD Personal Development, Holy Family Hospital talked on stigma violating human rights, Ms. Meena Rawat, Rehabilitation Psychologist, shared her experiences on Psychological issues related to transgender, Dr. Nishtha Kumar Sabharwal, Consultant Clinical Psychologist briefed on the Rights of mentally ill. Ms. Arshi Anjum Khan, Assistant Professor, Holy Family College of Nursing on gave tips on Promoting mental health and preventing mental illness. Dr. Deepika C. Khakha, Associate Professor, AIIMS, New Delhi discussed on improving emotional resilience combating mental health issues, and Dr. Swati Kedia Consultant Clinical Psychologist shared her experiences on Telepsychology/ Tele-Psychiatry decreasing mental health gap.

Webinar was attended through web link by 132 participants. It was streamed live through Facebook page of ANEI. In the concluding remarks by Prof. Raminder Kalra said, people in authority need to work together to decrease the gap of Mental health services in an unequal world for better world around, which will help in enhancing quality of care in mental health services that is need of the hour. Ms. Umang Kain, delivered the vote of thanks to the moderator, speakers, organizing committee and the participants.



# Kauvery Hospital & Association of Nurse Executives (India) Tamil Nadu Chapter

presents

## Webinar on Clinical Pathway in Cardiac Nursing

Hosted by: Kauvery Hospital

Date: 14th October, 2021

Cardiovascular Diseases are the leading cause of death globally taking an estimated 17.9 million lives each year statistics by WHO. Cardiovascular diseases have that much impact on human lives. Clinical pathways optimize clinical outcomes, reduces in-hospital complications, reduces in-hospital stay, improves documentation and has a positive impact on professional practice. Hence to share the clinical pathway on managing the cardiac illness, Kauvery Hospital hosted along with ANEI a Webinar on the theme "Clinical Pathway in Cardiac Nursing" on 14th of October 2021.

The Conference was summoned at 2.00pm, Ms. Gethsial Kiruba, Organizing Secretary declare opened the workshop with her welcome address. Followed by that, Dr Jothi Clara, ANEI Vice-President addressed the gathering by briefing the workshop and unfolding the theme highlighting Clinical Pathway in managing cardiac illness as the need of the Hour. Then Ms. Leena Chandrasekaran, ANEI Tamil Nadu Chapter President shared about the Inception of ANEI and about ANEI Membership process & benefits.

The Workshop included sessions by eminent speakers on Clinical Pathway on PTCA by Ms. Deepa Mohan, Nursing Coordinator, MMM Hospital, Chennai & Clinical Pathway on CABG by Ms. Divia Acha Jacob, Nurse Educator, Kauvery Hospital Heartcity, Trichy. The next scientific session was on Care of patient on ECMO by Ms. Sundari.G, Senior Nurse in MICU, Gleneagles Global Hospital, Chennai. The final session was an interesting session with emerging trend on COVID and Heart by Ms. Delphine, CEO Nursing, KG Hospital, Coimbatore.

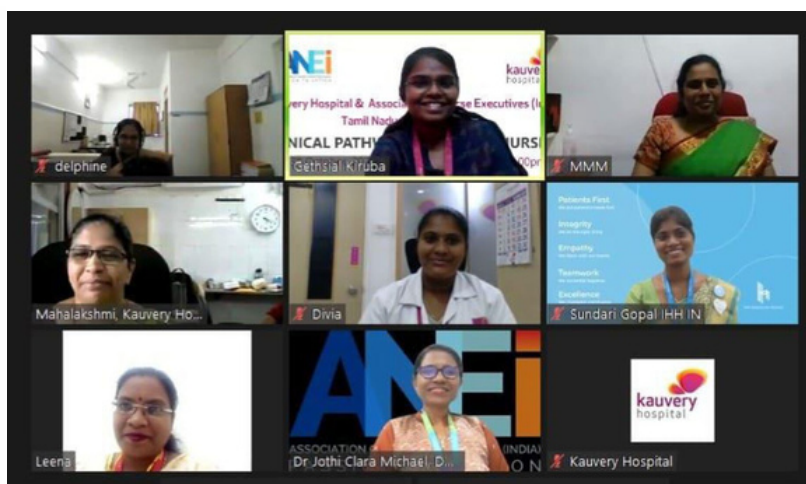
The webinar also had interactive discussion to answer the questions raised by the participants. Ms. Thankam Gomez, ANEI President addressed the gathering and highlighted the conference summary and also the importance of clinical pathway in managing cardiac illness. The conference was concluded with Vote of Thanks by Ms. Mahalakshmi, Organizing Chairperson.

Around 250 delegates participated in the Workshop from other states and in & around Tamil Nadu. The objective of the webinar was fulfilled and the feedback from the delegates was very much appreciated and excellent. Interactive lectures and discussions made them to be acquired in depth knowledge and better understanding on the Clinical Pathways in managing cardiac illness, Care of patient on ECMO and COVID and its impact on Cardiac illness.

The poster provides details for the webinar, including the title 'CLINICAL PATHWAY IN CARDIAC NURSING', the date '13<sup>th</sup> October, 2021, Wednesday Time: 2.00 - 4.00pm', and buttons for 'Click to Register' and 'Click to Join the Meeting'. It lists speakers and organizers with their respective topics and affiliations.

SPEAKERS	
 Topic: Clinical Pathway on PTCA Ms. Deepa Mohan, Nursing Coordinator, MMM Hospital, Chennai.	 Topic: COVID and Heart Ms. Delphine, CEO Nursing, KG Hospital, Coimbatore.
 Topic: Clinical Pathway on CABG Ms. Divia Acha Jacob, Nurse Educator, Kauvery Hospital Heartcity, Trichy.	 Topic: Patient Care on ECMO Ms. Sundari Gopal, Senior Nurse in MICU, Gleneagles Global Hospital, Chennai.

ORGANIZERS		
 Ms. Mahalakshmi, Nursing Superintendent, Kauvery Hospital.	 Ms. Gethsial Kiruba, Executive - Quality & Training, Kauvery Hospital.	
 Ms. Thankam Gomez, National President ANEI.	 Dr. Jothi Clara J Michael, National Vice President ANEI.	 Ms. Leena Chandrasekaran, President ANEI TN Chapter.



# Nurses and Climate Action Opportunities to Lead National Efforts

Ms. Vincy Tribhuvan

## ANEI Maharashtra Chapter - President

There is a growing body of concerning evidence regarding changes in Earth's climatic patterns and subsequent health effects. The Lancet Countdown, an international research collaboration that provides an independent overview of the connections between climate change and health, estimates there's been a tripling in the amount of scientific reports on this topic in the past decade.

Although climate change can directly affect health, it's more commonly the environmental, ecological, and social consequences of an altered climate that harm human health.

Climate change as a health threat manifests as changes in food, water, and air quality; an increased risk of vector-borne illnesses, such as Zika and Lyme infection; a rise in temperature-related illnesses; and mental health effects owing to community displacement and disruption.<sup>1, 3, 4</sup> Certain populations—including children and the elderly, those who have chronic health conditions, some communities of color, and people who have fewer resources—are more vulnerable to these health risks. Climate change also serves as a threat multiplier, exacerbating existing health inequities and barriers. In October 2018, the United Nations Intergovernmental Panel on Climate Change released a report emphasizing the need for accelerated decarbonization to limit global warming to 1.5°C higher than preindustrial levels.

The report, *Global Warming of 1.5°C*, evaluates the difference in climate-related risks at this temperature and at 2°C above preindustrial levels. The authors identified an increase in the risk of health effects—including vector-borne disease, premature deaths from air pollution, and heat-related illness and death—as temperatures rise.

Although the full severity of health threats and the pace of change remain unknown, the need to reduce the impact of climate change by limiting the emissions of greenhouse gases—compounds that trap heat in Earth's atmosphere—and to prepare communities for anticipated changes is clear. Because human activity is considered to be the predominant cause of global warming since 1950, altering human behaviour can help to slow the trajectory of climate change.

Various civil society organizations (for example, non-governmental organizations, community groups, and faith-based organizations), businesses, and government agencies are taking steps to avoid catastrophic changes. In addition, countries and cities are assessing their unique vulnerabilities to climate change and developing disaster response and adaptation plans in which they identify interventions and actions that will prepare their communities for the social, economic, and health consequences of climate change.

Beyond this societal and governmental response, the health sector—including health departments, systems, and facilities—also has a responsibility to address climate change. The health industry is resource-intensive and as such is a significant contributor to greenhouse gas emissions. Health care organizations must reduce their emissions—most importantly emissions of carbon dioxide, methane, and nitrous oxide—and account in their strategic planning for the anticipated impact of climate change on individuals and communities. Health care professionals, especially nurses, will play an important role in these efforts and are ideally situated to help reduce the burden of the health effects of climate change in various practice settings. To follow is a closer look at the way the health industry contributes to pollution and the practical actions nurses can take to help mitigate the resulting health risks.

## Implications for Nurses


Nurses have long understood the connection between environmental factors and health outcomes. Since the era of Florence Nightingale, they have been at the forefront of addressing the complex issues that influence public health, such as the need for clean air to breathe, clean water to drink, and a safe place to live and work. As frontline caregivers, today's nurses are witnessing and being challenged to respond to the effects of a changing climate. From increases in global temperature to more frequent and intense extreme weather events to air quality deterioration, the consequences of climate change are creating health risks that nurses are seeing in all practice settings. Nurses must be a part of efforts by the health sector and communities to prepare for further changes. Health professionals, including nurses, have reported a lack of knowledge regarding the connection between climate change and health, and they've identified a need for further resources to foster an issue, a lack of inclusion of sustainability or climate change information in the nursing curriculum, time restrictions and competing workplace priorities, and a lack of institutional support.

Adding to nurses' misunderstanding and lack of awareness of the way climate change affects health is the historical framing of this as an environmental issue. Research indicates that focusing on the health benefits of addressing climate change and framing it as a public health issue may serve to aid understanding and build public support for solutions.<sup>20, 21</sup> An improvement in awareness among nurses and other health professionals has the potential to advance the widespread adoption of interventions that reduce carbon emissions and subsequently improve health. Recognizing that nurses represent the largest portion of the health care workforce and as such have a vital role in leading the health sector in responding to climate change, the Alliance of Nurses for Healthy Environments (ANHE) is working to improve nursing awareness and engagement (for more information, see ANHE and the Nursing Collaborative on Climate Change and Health). In addition, other professional nursing associations have shown leadership by publicly recognizing climate change as a health threat and as a concern that necessitates nursing advocacy.

Widespread nursing engagement with climate change as a health threat is crucial, especially at the institutional level. Nurses are in key positions to address the environmental impact of health care facilities by influencing decisions to help reduce greenhouse gases and other pollutants in hospitals. Most practicing nurses in the United States work in acute care settings, where the most pollutants are generated.<sup>24</sup> In addition; Standard 17 of the American Nurses Association's Standards of Professional Nursing Practice highlights environmental responsibilities: "The registered nurse practices in an environmentally safe and healthy manner."<sup>25</sup> Yet, it remains unclear how aware nurses are of health care pollution, or how many nurses participate in activities to reduce it.<sup>26</sup> Few health care organizations have nursing-specific green teams, in which nurses work together to decrease health care pollution, or shared governance councils, which focus on reducing pollution. Such teams provide an excellent avenue for nurses to become engaged and apply their clinical expertise to decreasing pollution caused by nursing practice.



*We Would Love To Hear From You*

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