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MEDICATION SAFETY: AN APPROACH TO REDUCE MEDICATION ERROR

Authors:

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Abstract:- Medication administration error is one of the crucial errors that compromises patient safety in hospitals each day. Direct observations were conducted to assess medication administration, accuracy, practices and protocols in order to determine the root cause of errors. Failure to scan dose calculation, missed dose, standard medication dues and allergies, wrong frequency, drug storage & replenishment, were found to lead medication errors. Implementation of a medication bay and a medication verification nurse (MVN) was piloted at ward A3 unit

The aim of the project was: -

- Reduce the medication errors
- Strengthen the medication administration safety culture
- Develop preventive strategies to improve patient safety

Method:-

A task group was formed in the month of May 2020 (CNO, Unit incharge, Clinical pharmacist and medication verification nurse) to identify problems related to medication safety and developed strategies to eliminate these problems.

Phase 1: Pre Implementation
(Problem identification):

1. Wrong dose calculation
2. Missed dose
3. Wrong frequency
4. Wrong time
5. Allergies
6. drug storage & replenishment
7. intravenous devices & infusion

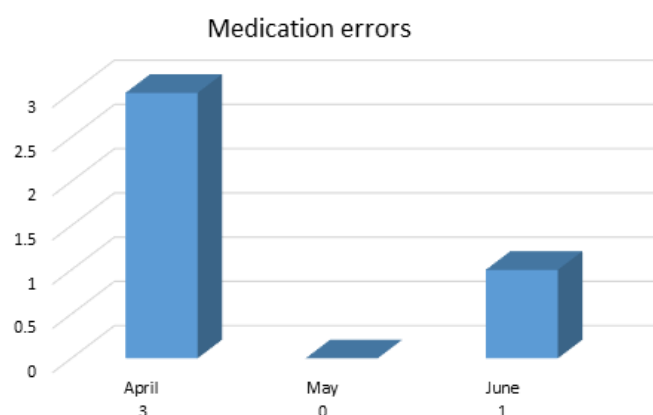
Phase 2: (Problem elimination):

- A task group to review error-prone areas
- A dedicated medication Bay was identified
- Concept of medication verification nurse (MVN) initiated in all three shift
- Job description defined
- Indenting & receiving of drugs by MVN in all three shift
- Daily medication diary was maintained & reviewed by MVN

- The process of medication management administration is supervised by clinical pharmacist

Phase 3: (Assure sustainability):

- Regular audits
- Continues training on management of medication
- Encourage patient education to ensure medication safety
- Management of medication certification programme was initiated “SAKSHAM”



QUALITY OF LIFE OF HEALTH WORKERS ON PROVIDING CARE TO COVID-19 PATIENTS

Authors:

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Abstract:

Statement of the Problem: A study to Assess the Quality of Life of Health Workers on providing care to Covid-19 patients”.

Objectives: To assess the Quality of life of Health Workers on providing care to Covid-19 patients.

Methodology: Quantitative descriptive research design was adopted for the study. Purposive and snowball sampling technology was used. A semi-structured survey questionnaire was formulated in Google forms and made accessible online for self-administration.

Results and Discussion: Finally, it has been found that 40.7% of the health worker reported low Quality of life, 51.1% reported moderate quality of life and 8.2% reported good quality of life.

Conclusion: In the current scenario of difficult situations, health workers showcased marvellous strength and resilience. They hooked up with varieties of support ideas and self-adjustment skills to relieve stress, because they knew they needed to be powerful and focus on their duty in order to save more lives. At the final, every health care workers expressed that they were proud to be the health workers.

Keywords: Quality of Life, Health worker, Care to Covid-19 patients.

Introduction:

Coronavirus disease 2019 (COVID-19) is rapidly spreading worldwide. The rapidly evolving epidemic has stressed the entire world. When fever clinics and respiratory and infectious disease units were overwhelmed by the increasing number of suspected and confirmed cases in the early stages of the outbreak, general wards were quickly modified into isolation wards, and health-care providers who did not have infectious disease expertise stepped up to provide care for patients with COVID-19.

Health-care providers are vital resources for every country. Their health and safety are crucial not only for continuous and safe patient care, but also for control of any outbreak. However, health-care providers caring for patients during the severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) outbreaks were under extraordinary stress related to high risk of infection, stigmatisation, understaffing, and uncertainty, and comprehensive support was a high priority during the outbreaks and afterwards. Quantitative studies have shown that frontline health-care providers treating patients with COVID-19 have greater risks of mental health problems, such as anxiety, depression, insomnia, and stress.

Frontline physicians and nurses who had no infectious disease expertise had additional challenges when they adjusted to an entirely new working environment in this stressful situation. To support them effectively, it is necessary to gain insights into their lived experience.

Statement of the Problem:

“A study to assess the Quality of Life of Health Workers on providing care to Covid-19 patients”.

Objectives:

To assess the Quality of life of Health Workers on providing care to Covid-19 patients.

Methods:

Study Design and Participants:

Quantitative descriptive research design was adopted for the study. Purposive and snowball sampling technology was used. A structured survey questionnaire was formulated in Google forms and made accessible online for self-administration. An informed consent was provided at the beginning of the survey. Variation in years of work experience, number of

support days in Covid 19 wards, and hospital of employment were considered to obtain diversity in the experiences of caring for patients with COVID-19. The data was collected from 1 July 2020 to 30 Sep 2020. We used snow ball sampling methodology to send the survey to potential participants. This method is nonprobability sampling and entailed. The semi-structured questionnaire was circulated via e-mail, WhatsApp, and social media to the health care workers. Through the study, we got a clear picture that Health worker's who are at first hand involved in caring for COVID-19 patients at public and private facilities in India were eligible to participate in the study.

The study was approved by the ethics committee of Swami Vivekanand Subharti University, Meerut.

Measures:

Data were collected on demographic characteristics, and quality of life.

Demographic Data: Demographic data collected included Health Care worker age, gender (male or female), marital status, years of experience, duration in covid 19 ward and if the HCW infected with COVID 19.

Quality of Life : We used the validated questionnaire to find out the level of quality of life and scoring interpretation are 21 - 30 – Good, 11 - 20 – Moderate, 0 – 10 – Low quality of life.

Statistical analysis:

The data is collected by administering a semi-structured questionnaire. Data analysis and interpretation was done by using both descriptive and inferential statistics. Data were tabulated and summarized in master datasheets. The purpose of data analysis is to organize the data into interpretable forms so that the research problem can be studied and tested.

Results and Discussion:

100 health workers were contacted around India. The survey received 71 responses.

The Participants of the study were the care takers of the patient with Covid 19 in the hospitals when there were deployed. They all were working in the Covid 19 wards at different time in the month of July to September 2020.

Data presented in the table 1 shows the distribution of subjects according to Age, Marital status, Years of experience, Duration in Covid 19 ward, infected with Covid -19.

The table shows that 61(85.9%) of them were in the age group of 20-30 years, 6 (8.5%) were in the age group of 31-40 years, 1(1.4%) of them were in the age group of 41-50 years and 3 (4.2 %) were above 50 yrs of age.

Considering the marital status, 53 (74.6%) were unmarried and 18 (25.4%) were married.

Regarding years of experience, 65 (91.5%) were having experiences of 0 – 10 years, 2 (2.8%) were having experience between 11- 20 years, 1 (1.4%) having experience between 21 – 30 years and 2 (2.8%) having experience above 30 years.

According to the duration of duty in covid 19 ward, 17 (23.9%) were in duty for 0 -2 months, 20 (28.2%) were in duty for 2-4 months, 10 (14.1%) were in duty for 4 – 6 months, 24 (33.8%) were in duty for more than 6 months.

The last demographic data represents whether the health care workers get infected with Covid 19. 8 (11.3%) were tested positive and hospitalised in Covid ward, 6 (8.5%) were tested positive and was advised home isolation, 1 (1.4%) was on leave and tested positive by community acquired and 56 (78.9%) were not infected.

The quality of life of the health care workers who were providing care for Covid 19 patients were observed through 10 sub themes:

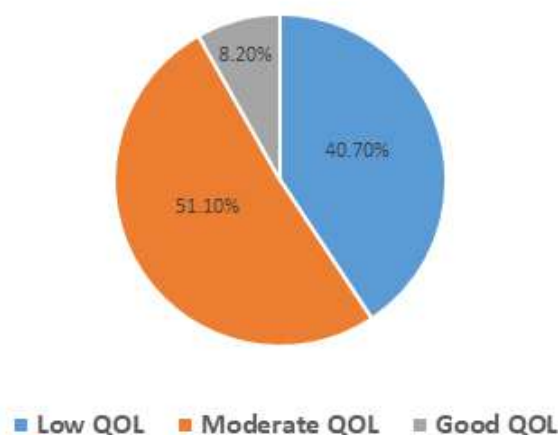
- Worries about the family
- Frustration related to overload and PPE
- Stress, anxiety and burnouts impacted the personal life
- Able to manage the feelings of burnout
- The preferred stress relax activity
- Able to concentrate on self being
- Cooperation from the colleagues and the management
- Able to take diet regularly
- Able to share the thoughts with the superiors
- Proud to be the health care worker

Frequency and percentage distribution of the health care workers according to demographic variables:

S.N	Demographic variables	Frequency	Percentage
1.	Age in years		
	20-30	61	85.9
	31-40	6	8.5
	41-50	1	1.4
	>50	3	4.2
2.	Marital Status		
	Married	18	25.4
	Unmarried	53	74.6
3.	Years of Experience		
	0-10	65	91.5
	11-20	2	2.8
	21-30	1	1.4
	>30	2	2.8
4.	Duration in Covid 19 ward		
	0-2 months	17	23.9
	2-4 months	20	28.2
	4-6 months	10	14.1
	>6 months	24	33.8
5.	Have you been infected with Covid – 19		
	Tested positive and hospitalized	8	11.3
	Tested positive and was advised home isolation	6	8.5
	Was on leave and tested positive (Community acquired)	1	1.4
	Was not infected	56	78.9

Awareness regarding the need to protect health care workers from getting infected during the COVID-19 pandemic and maintaining the overall quality of life is also imperative. On assessing with the sub themes 25% of the health care workers had low worries where 53.5 % had moderate worries about their families. On wearing PPE and overload of the duty 11.3 % reported always irritated meanwhile 21.1 % were never got irritated towards their duty. Overall, 40.7% of the health care worker in our study reported low Quality of life, 51.1% reported moderate quality of life and 8.2% reported good quality of life.

Quality of Life of Health Workers providing care for Covid 19 patients





Conclusion:

The study demonstrated a high burden of anxiety among health care workers serving COVID-19 patients. Further, anxiety among Health care workers negatively impacted their quality of life during COVID pandemic. Protecting the normal mental process of frontline Health care worker is paramount to COVID-19 response and control efforts. Rapid development and implementation of interventions to prevent and treat mental health conditions are urgently needed to support the growing number of Health workers caring for COVID-19 patients in India and worldwide. But at the final, every health workers expressed that they are proud to be the health workers.

In the period of various challenges, health workers showcased marvellous strength and resilience. They used various support ideas and self-adjustment skills to relieve stress, because they knew they needed to be stronger and focus on their duty in order to save more lives. However, health-care providers in this study also expressed grief and a strong feelings of powerlessness about patients' suffering and the sudden loss of lives. Although participants in this study thought they were able to deal with their emotional stress without professional support, their mental health should be continuously monitored, support systems strengthened, and professional psychological counselling and crisis interventions provided.

Recommendations:

The study can be replicated in large samples so that findings can be generalized for a large population.

Competing interests:

The authors declare that they have no competing interest.

Funding:

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CLINICAL NURSE SPECIALISTS NEED OF THE HOUR

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Registrar, T N Nurses & Midwives Council

Embarking into this year, the pandemic has brought nursing-related issues more than ever before. Hands on with mass-media will address these nemeses and pave a way for the awareness towards the change of future nursing forever.

The Nurse should feel oneness among their fraternity. The Nurse who has expertise in their profession for more than one or two decade could see the transition taking place both in academics & clinical Nursing. Approbation for our profession skyrocketed due to the educational standards in nursing. Patient care is achieved by the specialty Nurse who is knowledgeable & prowess in their respective area.

“**Clinical Specialist**” is a model to “**beat tradition**”, I feel hands on with clinical will be seen as a centre of excellence in nursing. Practice of Nursing is visualized as primary essence comparatively with other functions. This profession is evolved to serve patients with varied health problems in diversion health care settings with the proficient knowledge and mastering of skill.

The clinical specialist serves as a model of expertness representing advanced or newly developing practices to the general nurse education. The physicians during clinical rounds deliberate mostly about clinical problems with nurses. Today with specialization galore, it is the nurse who deliberates with physician about the patient problems with authentic data. The clinical nurse specialist **are the need of the hour** as they make a good interdisciplinary colleague precisely, because he / she is a sensitive observer, has substantive knowledge, and can communicate shrewdly with other professionals to share observations and inferences. Also I strongly feel specialization allows nurses to become competence in the field in which they work and increased education in a specific field mitigates the risk of error.

Regardless of this present nursing generation, we represent or the setting in which we practice needs to be groomed by our successors, so they can improve on the basic foundation which has been established for years ago.

I am sure ANEI’s newsletter will be the voice of nurses to create apprehension on specialization and seek specialization in nursing like never before. The world will soon behold that Indian nurses will be the world class nurses in major areas of specialization.

QUARTERLY UPDATES OF ANEI

APRIL-MAY-JUNE 2021

ANEI officials and Executive Committee members have been working arduously on copious issuance considering since nursing inception. Innumerable interactions, rendezvous and contemplations have taken place.

Major activities that have been completed by second quarter of this fiscal year 2021 are as follows

April Highlights:

1. Nurses Rights and Responsibilities, positional paper was created, validated, uploaded on website for open access by public.
2. Indian Nurses Diasporas working at United Kingdom has conducted an introductory session by ANEI for strengthening and partnering.
3. ANEI suggested “Proposed Solutions for Handling COVID Crisis” vide a letter addressed to Dr. Harsh Vardhan (Honourable Ex. Minister of H& F W, GOI), Dr. V K Paul (NITI AAYOG), Dr. Giridhar Gyani (DG, AHPI), Dr. Harsh Mahajan (President, NATHEALTH), Dr. Rathi Balachandran (ADG- Nursing, MoFH&W, GOI) and Dr. Roy K George (President, TNAI). The letter covered actions items in regard to dealing with panic and misinformation, strengthening Nurses, by expanding infrastructure and improving training Capabilities.
4. Empower Hour session 4 was conducted on Communicating Effectively for Patient Safety.

May Highlights:

1. International Nurses Day was celebrated by ANEI members by role-modelling about nursing in India via committing to nursing pledge, institutional commemorations, media reportage on television, radio, podcasts, face book, newspapers, through group interviews and creative writing. Chocolates sponsored by Mars Wrigley’s were distributed to hundreds of nurses across the country through ANEI’s fourteen State Chapter Heads.
2. NAINA (National Association of Indian Nurses of America) and ANEI’s tie-up was strengthened further by providing in phase one the following -
 - Care Packages for nurses working with COVID patients
 - Online Training on Resilience Option- sponsorship by NAINA of 100 free coupons costing \$50 each for ANEI counterparts
 - Plan to support with emotional hotline with limited availability for 24/7 coverage
 - Advocacy Committee of ANEI finalised with the Jefferson University the structure, offering and execution of the Mental Health Training Program for 27 nurses as Training of Trainers.
3. ANEICON 2021 was held on May 21-22 as the first virtual conference completely free of cost to anyone interested to join. The theme was about Transformational Leadership- Establishing Trust. Close to 5000 registrations were clocked in for the conference. Eminent speakers within India and across the world were involved in series of sessions over two day’s events. For more information please visit- www.anei.in
4. First international ANEI membership took place just before the conference for Ms. Viji George from USA. We are delighted to have her on board.
5. Leadership Competency Framework for four levels of nurses was finalised and uploaded on ANEI’s website for access by general public.

June Highlights:

1. Weekly meetings for four officials started on every Monday for one hour to enhance focussed work execution and rigor.
2. Exploratory meeting was done with Dr. T. Dileep Kumar, President, and Indian Nursing Council to examine specific areas of mutual alliance. Work is in progress.
3. Structured work started on six areas of thrust committed in ANEICON 2021 namely the following-
 - Enhancing enrolments
 - Value-adding into ANEI's offerings
 - Improving immediate work environment for nurses
 - Reducing medication errors by nurses
 - Adopting quality improvement projects
 - Developing leadership for senior level nurses
4. ANEI- AHPI collaboration was revisited via planned meeting between TASK force of ANEI and senior officials of AHPI. The MoU was reviewed and rewritten with specific objectives covering next three years. The final work is in progress covering deliverables and signing of MoU.
5. Research Committee of ANEI circulated a format for encouraging proposals for nursing research across the country to improve evidence-based nursing practice and encourage inquiry in nurses.

Compiled by the Secretary, ANEI on August 23, 2021

UTTAR PRADESH CHAPTER

ANEICON'2021, Meerut, UP, has conducted speech competition for the nursing students around Uttar Pradesh on the occasion of "World Health day 2021" on 07.04.2021. Ms. Panna Dhai Maa Subharti Nursing head has conducted this via virtual media. The theme for world health day was "BUILDING A FAIRER, HEALTHIER WORLD" with sub topic of "MOVING BEYOND CONVENTIONAL LEADERSHIP".

Principal Dr.Geeta Parwanda, was presided over the function and delivered the welcome speech by welcoming and blessing the each participation for their proactive participation. The Jury Members for the speech competition were Capt. Neelam – Director of Nursing, Fortis Hospital, Mohali ,Ms.Chitra Selvaraj, Incharge , Orthopedic Department, Pondicherry Institute of Medical Sciences and Prof. Mr.Anandh Sam Perera. S, PDMSNC.

Response for Participation from students was about 75 members out of those 20 were selected for the final competition. Their thoughts and mindfulness were keenly observed. The programme was live telecasted by Swami Vivekanand Subharti University; Meerut has gone viral via social media.



KERALA CHAPTER

Kerala Chapter ANEICON competition was held on 24 April 2021 for finding the best speakers for ANEICON 2021

ANEI Kerala Chapter conducted a webinar on Effective Communication on April 2021. Ms Antonio Pushparaj was the guest speaker who explained the varied aspects of communication

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TAMIL NADU CHAPTER

EMPOWER HOUR

Date : 31ST JULY 2012

Topic: Patient Safety In Invasive Procedures

Webinar in Zoom Platform

The Association of Nurse Executives India Tamil Nadu chapter organised a webinar on Patient Safety In Invasive Procedures. Session was moderated by Dr. Rosaline Rachel, Vice President ANEI, TN Chapter. Ms. Leena Chandrasekhar President ANEI, TN chapter welcomed the gathering and introduced about ANEI to the group. Dr. Jothi Clara Michael Advisor ANEI delivered an introductory talk to the group. Guest speakers were invited to deliver the talk on three aspects of care in invasive procedures like pre, intra and post care.

Ms. Sophia Vijayanathan, Professor and Additional Deputy Nursing Superintendent, CON, CMC, Vellore., deliberated on pre care before invasive procedures like Verification of Correct Patient, Correct type of procedure, Correct site/ location, Correct Side – left or right eg. Kidney biopsy, Pre-procedure nursing care like Consent: Patient or the Legal representative
Check for any contraindications: e.g High-grade tracheal obstruction for Bronchoscopy
Physical preparation: Skin, starvation, bowel and bladder, removal of jewels and dentures, metal prosthesis in case of MRI

Ms.Santhi J CNO Kavery Hospital spoke on Patient safety during Intra procedures outside Operation theatre Invasive procedures done in Cath lab, Radiology, Endoscopy Room ,Critical Care unit /Patient bedside Safety is the highest priority during intraoperative phase

Dr. Lakshmi Ramamoorthy Faculty, JIPMER, Puducherry presented on Patient safety and Invasive Procedures- Post procedure care during Cath lab procedures, Radiological Procedure, Biopsies, Lumbar Puncture, Aspirations, Chest drainage insertion

Conclusion

Nurses are responsible for the excellent clinical outcomes by ensuring the safety during Pre/Intra & Post operative procedures. Identify correct patient using two identifiers, Confirm -procedure performed
Confirmation of medication to be continued, Specific care-Pertain to procedures, Procedure specimen confirmation and labelling, Skin integrity /wound care, Pain management, Adhering to a "bundle" of evidence-based care practices- Increases patient safety. Good Communication Skills & Knowledge is vital

Dr. Dhanalakshmi Secretary ANEI TN Chapter proposed the vote of thanks

MAHARASHTRA CHAPTER

This Year 2020 was declared as a Pandemic year by WHO, As Health Care workers when we moved into the Year 2021, the only voice that echoed from our inner soul was “WE SURVIVED”. Being an essential part of this health care Industry, as Nurses we had witnessed our patients sinking and people losing their loved ones every single day. This Year has envisioned us that Health Safety is and should be our priority at all times for us as well as our Patients.

Considering 7th April 2021 as WORLD HEALTH DAY with the Theme: - **“Building a Fairer, Healthier World”**, the focus of the month was on emphasizing the safety of the Health care Providers and the Patients Mental Health and Physical wellbeing.

Let's take a glimpse of the various Safety programs conducted.....

YOGA SESSION:- BOOSTING THE MENTAL AND PHYSICAL WELL-BEING, MEDITATION, EXERCISE, MUSIC THERAPY



PREVENT THE PREVENTABLE:- SAFE PATIENT HANDLING AND FALL PREVENTION



Nursing Team, Jupiter Hospital, Thane.

YOU BEND YOU BREAK:- WORK WITH GOOD BODY MECHANICS.



ONE PRICKS RULE:- SAFE IV CANNULATION

