

NURSING DIGEST

Official Newsletter – Association Of Nurse Executives (India)

MARCH, 2022 | VOLUME 2

Guest Column - Page 01

Dr. Christy Simpson

Best Practice - Page 02

Dr. Jyoti Sharma

In Focus -Page 04

Mr. Jaideep Herbert

Pearls of Wisdom Page 06

Ms. Vincy Ashok Tribhuvan

Ms. Thankam Gomez

ANEI NEWS - Page 08

ANEI Patient Safety Fellowship Program

State Chapter Activities -Page 09

Kerala Chapter





Dr. CHRISTY SIMPSON

M.Sc.(Nsg), Ph.D., Principal, College Nursing

Christian Institute of Health Sciences and Research.

PATIENT SAFETY AND NURSE'S ROLE

Safety is the key priority in any healthcare institution since unsafe practices can lead to complications and loss of life. Most of the problems faced by the patients in the hospital are preventable. Nurses play a vital role in keeping patients safe in the hospital. Nurses must be knowledgeable and skillful in all the safety procedures to reduce risks, errors, and harm that occurs to patients while providing health care.



Nurses must ensure the best practices of assessing, diagnosing, implementing, and evaluating patient care. Education of the patients regarding meeting the elimination needs, medications, and chances of falling from the bed are paramount. It may need multiple communications and interventions with the patient and the family, but nurses sometimes fail to do so and end up with irreversible complications. Better to be safe than to be sorry. Who is responsible for the nurses to provide safe care to patients? Who will safeguard the nurses?

It is the responsibility of the Nurse manager. An induction program, ongoing in-service education, and regular supervision can strengthen the competencies of the nurses. Nurses are the archangels of patients to bring safety to the hospital, and the nurse manager must equip them in such a way as to meet the health needs of the patient.



FLUSHING OF CATHETERS

**By Dr. Jyoti Sharma,
President, MP Chapter, ANEI**

Nursing Superintendent,
Bombay Hospital, Indore

In advanced clinical practice, up to 4/5th of the hospitalized patients require intravenous therapy at some point during their hospital stay. This intravenous route can involve administering medications, fluids, nutrition, and blood products, which can be either peripheral or central. Even though these are common practices, some complications are involved, which may cause mortality and morbidity, prolonged stay at the hospital, and increased costs.

NURSING AND INFUSION THERAPY

Over the years, there has been a tremendous change in the nurse's role in infusion therapy. The involvement of nursing staff in the administration of infusion therapy has become a highly prevalent practice. Today's infusion nurse shoulders the responsibility for incorporating the holistic principles of nursing and medicine, education, management, marketing, and performance improvement into the patient's care plan. Numerous professionals contribute to infusion therapy in clinical practice. Especially, the contribution of nurses is immense and needs to be recognized and celebrated.

Significance Of Flushing Of Vascular Devices

Flushing of vascular access devices (VADs) is a crucial component that encourages a proactive approach in maintaining the catheter patency and preventing malfunction. Insufficient flushing may result in negative patient outcomes and experience, delayed treatments, prolonged hospitalization, costly treatments, and increased hospital costs. Therefore, maintaining the function of VADs for patients is an essential responsibility of all skilled health professionals, including nurses. Flushing and locking are strongly linked with the prevention of catheter occlusion. The causes of catheter occlusion might be thrombotic, related to drug or parenteral nutrition (PN) precipitates, or mechanical.

BEST PRACTICE

Standards Of Infusion Care And Nursing

As per the latest Infusion Therapy Standards of Practice, 2021 guidelines, some key practices in flushing and locking of VADs include:

Flushing Of Catheters To Be Practiced:

- Before every infusion to assess catheter function and prevent complications
- After infusion for clearance of the infused medication from the catheter lumen, to reduce the risk of contact between incompatible medications.

Other Specific Recommendations Include:

- Use of single-dose systems or single-dose vials for all VAD flushing and locking
- Use of pre-filled saline syringes to reduce risk of catheter-related bloodstream infections (CRBSIs) and to save staff time for syringe preparation and help achieve optimal flushing outcomes
- Disinfection of connection surfaces (i.e., needleless connectors, injection ports) before flushing and locking procedures
- Use of preservative-free 0.9% sodium chloride for flushing all VADs
- Use a minimum volume equal to twice the internal volume of the catheter system (e.g., catheter plus add-on devices)
- Larger volumes (e.g., 5 mL for peripheral intravenous catheter or PIVC) may remove more fibrin deposits, drug precipitate, and other debris from the lumen
- Consider factors such as the type and size of catheter, age of the patient, and type of infusion therapy being given, when choosing the flush
- Use of 5% dextrose in water followed by preservative-free 0.9% sodium chloride in case of incompatible medications
- Flushing of catheter lumen with preservative-free 0.9% sodium chloride following the administration of an IV push medication at the same rate of injection as the medication
- Consider flushing of all lumens of a multi-lumen catheter after obtaining blood samples to reduce the possibility of causing blood reflux into the other lumens
- Consider performing flushing once daily to improve the patency of catheter and maintenance flushing every three months with 10 mL of 0.9% sodium chloride and 3 or 5 mL of heparin
- Locking of catheters immediately after use with preservative-free 0.9% sodium chloride to prevent occlusion and CRBSIs

According to a European study by Becton, Dickinson, and Company (BD), flushing with pre-filled saline syringes can result in positive patient outcomes and experience and reduce hospital costs and staff time. Pre-filled saline syringes not just reduce catheter failure but also increase catheter dwell time.

Flushing is an important procedure in infusion therapy for maintaining catheter patency and preventing catheter-related complications. All healthcare facilities and staff should prioritize patient safety and follow the latest infusion therapy standards to achieve the best possible outcomes for their patients and hospital.



JAIDEEP HERBERT, RN, MSN

ANEI Member, Haryana

COO, Vidyanta Skills Institute,
(Medical Simulation Center), Gurgaon

Put Your Passion For Nursing Into Action: Adopt Simulation - Based Learning

COVID-19 is a public health pandemic and a global crisis that affects every aspect of life. Many continue nursing education programs started switching from traditional teaching to virtual education methods for clinical learning, But as the nursing profession is based on training not on teaching where the students have to learn skills by performing hands-on practice to deliver patient care.

Simulation-based skills learning can enhance critical thinking skills among participants, promoting effective communication, encouraging teamwork, preventing medication errors, and promoting patient safety.

To what extent does this teaching approach differ from the traditional lecture format to deliver didactic information? What are the advantages of this approach to teaching? It is clear that there are distinctions between simulation-based training and the lecture method. In a simulation, the students are more aptly called participants. This suggests the active mode of learning in simulation. The participant does not merely become a passive sponge to absorb the information provided by the trainer. In a simulation, the participant is involved in active discovery. In addition, in simulation-based training, errors are not seen as negative forces of learning but rather are interpreted as golden moments to teach the right way.

Q: What Are The Goals Of Simulation-Based Learning?

The most important part of simulation-based learning is to identify specific learning objectives before creating the scenario. There must be primary and secondary objectives. For example, one of the primary goals for a case is to identify physiologic responses to hemorrhage, while a secondary objective may relate to immediate management of hemorrhage. Beyond the major objectives, the Simulation instructor should think about what other critical points can be incorporated into the case, such as collecting patient history, use of alternative therapies, hospital SOPs, working with team members and communication, etc.

Q: Is It Necessary To Develop A Scenario In Simulation-Based Learning?

It is always preferable that the faculty will choose to elaborate and embellish the case scenario, including information to make it seem more realistic, framing the scenario with hospital SOPs and patient background and history. The faculty must choose to create their own simulated scenarios; they should draw ideas and data from previous experiences, from staff members, or from errors, from incidences and records. Nurses from different clinical areas may be asked to create cases that can be adapted to the simulation environment, But make sure patient anonymity must be protected.

Q: Is The Context Will Be Similar In All Simulation Learning Experience?

A: Well, NO... The context of the simulation environment depends upon the-

- Type of participants (fresher/experienced)
- Topic/Modules
- Learning level of students
- Objectives of the session

If a simulation is part of a specific course, it is important to consider didactic and clinical content that precedes the use of the patient simulator. Additionally, the clinical experiences that participants have had should be considered. The hospital protocols and resources should be considered.

Q: How Much Time Should Be Allotted For Each Simulation-Based Learning Or For One scenario?

A: The more complex the scenario, the greater the time required for completion, however it depends upon the objectives also. You know “Debriefing” is the core part of learning, so it is advisable to think that most scenarios can be conducted in 30-40 minutes and allow more time for debriefing (learning experience/discussion) when the scenario is over.

Q: How Many Simulation Instructor/Faculty Are Required To Assist With The Scenario?

A: Ideally, there are at least two instructors (Team Leader & Facilitator) who are involved in running a patient simulated case. The team leader is responsible for assigning and delegating tasks to participants, checking the setup and equipment, directing, and troubleshooting as the scenario progresses. The facilitator makes the simulation happen in real-time, making adjustments as necessary according to the learning needs and actions of the participants, and also periodically move into acting as family members or other health care personnel who may be involved in the scenario.

Q: What Are The Evaluation Components To The Simulation?

A: Participants tend to be less anxious in practice, at simulation environment when their performance is not being evaluated, therefore an evaluation of their skills is very important to see the effectiveness of training and also the participant’s competency. The participants must be informed clearly about the criteria used for evaluation before the session. The evaluation checklist includes the following components-

- Clinical (procedure) skills evaluation
- Knowledge
- Communication skills
- Teamwork
- Professional behavior

Conclusion

Online learning has become the solution to complete the mandated learning; however, it does not address the clinical skills component. Virtual simulations and high-fidelity simulation equipment are not ubiquitous in developing countries as there are challenges related to access and cost. For better patient outcomes and developing clinical competency among nurses, we must adopt the training methodology of “simulation-based training”. The training and education department of nursing also must learn the techniques of delivery of simulation-based training and prepare the competent and skilled nurses without compromising on clinical training for any reason.

PEARLS OF WISDOM



MS.VINCY ASHOK TRIBHUVAN

President, Maharashtra Chapter, ANEI

General Manager (Corporate) -

Nursing, Sahyadri Group of Hospitals.

Strategic Options to Build Resilience

We all might have heard about the word Resilience a million times, and often wondered how to be one. What traps us inside our Minds is not the lack of Opportunities or Resources. It is simply the Fears, Greed, and Ignorance that confine us into a state of mind where we shouldn't be wandering for too long. We face an ocean of Emotional Turmoil, Challenges, and Tragedies throughout our Personal and Professional Life. The one factor which gives us Hope and Pushes us forward to stand up tall and face all the odds is Resilience (Inner Strength) which is inbuilt within all of us but often we either fail to realize it or don't want to experience the impact of it. Celebrating a little over 25 years into Health Care and a very well spent quality life so far, have taught me that, I didn't always have the best of Resources, but then it never stopped me from achieving my Goals. I didn't always have the best of People around me, fine... It never stopped me from loving them unconditionally and making my environment a better place to live. We just need to develop and implement a set of simple, life-altering skills.

How To Build And Strengthen Mental Health Resilience?

- Loving oneself (Self Care) is very important and it is OK to express emotions irrespective of gender.
- Face Your Fears and Seek Help without hesitation.
- Be genuine and committed in Professional and Personal relationships.
- Appreciate and get appreciated.
- Draw a thin line between Aggressiveness and Assertiveness.
- Express Gratitude often and Practice Self Compassion
- Adapt to the 'Yes' culture and don't limit yourself.
- Cultivate Forgiveness. Believe in letting go of negative Emotions and Situations.

Resilient people are aware of the situations they are in, their Emotional Reactions to the particular problem, and the behavior of those around them. A Resilient person at the workplace communicates with confidence, believes in Teamwork, sets Ambitious Goals, shares an Optimistic Vision for the Future, and becomes an agent for Change Management.



SOUND OF SILENCE

When I work through my day
When I see something wrong
I look the other way; I am too busy
I do not hear the Sound of Silence

When I fail to support my team
When I fail to appreciate my team
When they do not speak up
I do not hear the Sound of Silence

Sound of Silence that can endanger
Sound of Silence that can harm
Sound of Silence that can kill
Sound of Silence that will stop progress

Listen, my friend, there is much to find
Under the Sound of Silence
Listen, my leaders, there is much to evolve
Under the Sound of Silence

Let the Sound of Silence be made louder
Let the Sound of Silence be heard
Let the Sound of Silence be known
Let it shine for the sake of patient safety

(Inspired by the song-
Sound of Silence by Simon and Garfunkel)

THANKAM GOMEZ

Founder President

Association of Nurse Executives (India)

“ANEI PATIENT SAFETY FELLOWSHIP PROGRAM” (APSF)

Association of Nurse Executives (India) has set up another milestone towards its commitment to patient safety by initiating the “ANEI Patient Safety Fellowship Program” (APSF) in collaboration with the Patient Safety Movement Foundation, USA. The Patient Safety Movement Foundation (PSMF) is a non-profit organization founded in 2012 in the USA. PSMF connects the dots between all stakeholders working to advance patient safety by challenging the status quo and breaking down silos. After vivid scrutiny and interactions, ANEI officials selected eight ANEI Members from across the country for the first cohort of ANEI Patient Safety Fellowship. The first official meeting was held on 24th August 2021 with the fellows and Patient Safety Fellowship Consultant Dr. Donna Prosser from PSMF(USA) on a virtual platform. Henceforth, every alternate Tuesday starting from 14th September the Fellows met with Dr. Donna to plan learning and actions. All the APS Fellows are committed to the deliverables of the fellowship.

ANEI is committed to Zero Harm. Just like in 2021,2022 once again has been dedicated to improving awareness on patient safety through its monthly webinars “Empower Hour”. Each month the fellows will discuss the topics from the WHO Patient Safety Curriculum. In January 2022, this fellowship program faced a change in their mentor as Dr. Donna moved on from PSMF and we have Ms. Olivia, the quality manager, committed to working with fellows in their future tasks. Post reviewing all eleven chapters from the curriculum, the Fellows will conduct a mega quiz in December 2022.

The second cohort of ANEI Patient Safety Fellows will be launched in June 2022. 2021 Fellows have committed to being the mentors for the new batch. The recordings of each topic will be included in the Fellowship curriculum. These recordings will become part of the learning for all future fellowship programs. With the new Fellows joining and the previous Fellows as mentors will continue as the wheel spins and maintain the chain and synchrony to handhold each other and spread the awareness on” Patient Safety” and contribute towards ZERO HARM.

Ms. Thankam Gomez, Mentor, APSF, Founder President, ANEI

Ms. Anita Jeyakumar, APSF, Tamil Nadu Chapter

Ms. Bijaya Thongam, APSF, Northeast Chapter

Ms. Eshita Chanda, APSF, Telangana Chapter

Ms. Glory Havilah, APSF, Tamil Nadu Chapter

Ms. Shiny Varghese, APSF, Karnataka Chapter

Ms. Priyanka Shirsath, APSF, Maharashtra Chapter

Mr. Vinod Kumar, APSF, Haryana Chapter

STATE CHAPTER ACTIVITIES

KERALA CHAPTER



SAN ANTONIO INDIA NURSES ASSOCIATION (SAINA) SCHOLARSHIP AWARD CEREMONY



Dr. K T Moly gave away the scholarship check worth \$500 to Ms. Anusree K B, Ms. Roshni Thomas, Ms. Resmi P R of fourth year BSc Nursing, Ms. Arya Jayaprakash, and Ms. Anju Roy of first year BSc Nursing. Ms. Anushree spoke on behalf of all the recipients and expressed their experience with SAINA and thanked SAINA and all those who helped them get this opportunity. The function was attended by Prof. Sheela Pavithran, Vice Principal, Mr Athul Dev Asst. Prof. and SNA unit advisor, faculty members and students. Mr. Hari Krishna AV of first year BSc Nursing delivered the vote of thanks. The function ended at 4.30 PM.

SAINA SCHOLARSHIP AWARD CEREMONY



Ms Resmi P R



Ms Anju Roy



Ms Arya Jayapraksh



Ms Anushree




Ms Roshni Thomas





We Would Love To Hear From You

 anei.nlm.committee@gmail.com

 +91 986 713 8818