

# NURSING DIGEST

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

**30-31 MAY 2025**

Grand Hyatt, Bolgatty Island,  
Kochi, Kerala - 682504

**SAVE  
THE  
DATE**



## Message from the President



**Capt Ajitha Nair**  
**President, ANEI**

### **Dear Esteemed Members,**

As we step forward into another year of transformative progress, I take immense pride in reflecting on ANEI's journey through 2024—a year marked by impactful initiatives, collaborative learning, and an unwavering commitment to elevating nursing leadership in India.

ANEICON 2024 at Chennai in May was a landmark event – breaking the glass ceiling as far as standard of a conference is concerned – bringing together nurse leaders, policymakers, and educators to engage in meaningful discussions on the evolving landscape of nursing. The conference served as a catalyst for knowledge exchange, fostering innovations that will shape the future of healthcare leadership in India.

Our Annual Patient Safety Conference at Bangalore in September continued to reinforce the critical role nurses play in ensuring patient safety and high-quality care. This platform strengthened our advocacy for global best practices, emphasizing evidence-based interventions and policy-driven solutions to enhance patient outcomes.

Recognizing the need for continuous professional development, virtual program Empower Hour emerged as a dynamic initiative, providing nurse leaders with a dedicated space for mentorship, skill enhancement, and peer learning. Held every month, these sessions featured patients and their families sharing their experiences and expectations, offering invaluable insights into patient-centric care. This initiative has been instrumental in fostering a community of empowered and informed nursing professionals.

Another online program ANEI Patient Safety Fellows Monthly Learning Series remained a cornerstone of professional growth, equipping fellows with insights into critical safety practices and risk mitigation strategies. This sustained effort ensures that patient safety remains at the heart of our clinical endeavors.

Additionally, ANEI maintained its focus on training nursing students on the International Patient Safety Goals (IPSGs), emphasizing their role in strengthening the foundation of quality care. By embedding patient safety principles early in nursing education, we are shaping a future-ready workforce dedicated to excellence.

Busy with preparations for ANEICON 2025 in coming May from 30-31 at Hotel Grand Hyatt, Kochi, with saga of learning and networking festivities; we look forward to meeting all our valuable members. I welcome all of you to the General council meeting of 30th evening.

As we forge ahead, ANEI remains committed to championing nurse leadership, advocating for policy advancements, and nurturing a culture of lifelong learning. Our collective efforts will continue to drive meaningful change, positioning nurses at the forefront of India's healthcare evolution.

Together, we rise. Together, we lead.

In solidarity,  
Capt Ajitha Nair  
President, ANEI



## ANEI MP Chapter Report - 2024

**Chapter President: Margaret Roy Gowrinath**

In 2024, the **ANEI MP Chapter** grew from 4 to 11 members and actively promoted **medication safety** through training programs and professional engagement. The chapter conducted **workshops, training sessions, and webinars**, benefiting healthcare professionals, students, and the public.

### Highlights of 2024

#### 1. Membership Growth:

- The chapter saw growth in its membership base, expanding from 4 to 11 members. This growth has enabled the chapter to increase its outreach and impact across various healthcare-related activities.

#### 2. Webinar on Medication Safety - Public Awareness:

- **Date:** 23rd September 2024
- **Location:** Indore, Rotary Club of Indore, Adarsh.
- **Target Group:** Rotary Club Members
- **Key Takeaways:**
  - The webinar focused on raising awareness about the importance of medication safety.
  - Feedback was overwhelmingly positive, with participants expressing interest in more such webinars and deeper dives into medication safety.
  - The session was conducted via Zoom, providing an interactive platform for participants.

#### 3. IPSPG Training Program for Nursing Students:

- **Date:** 6th December 2024
- **Location:** SAGE College of Nursing, Bhopal
- **Target Group:** Nursing Students
- **Attendance:** 48 students
- **Key Takeaways:**
  - The training program covered IPSPG guidelines and practices.
  - Students actively participated, with impressive role-plays during the sessions.
  - The feedback indicated high enthusiasm and interest among students in learning about patient safety and healthcare protocols.
- **Date:** 7th December 2024
- **Location:** Career College of Nursing, Bhopal
- **Target Group:** Nursing Students
- **Attendance:** 102 students and 5 faculty members
- **Key Takeaways:**
  - A similar IPSPG training session was conducted for a larger group of nursing students.
  - The feedback highlighted the students' enthusiasm and the quality of the training session.
  - The involvement of faculty members added to the session's impact, facilitating better understanding and adoption of IPSPG standards.

#### 4. Orientation on IPSPG & ANEI Mission:

- **Date:** 14th December 2024
- **Location:** Institute for Emergency Services (IEMS), Indore
- **Target Group:** AYUSH Doctors
- **Attendance:** 9 doctors
- **Key Takeaways:**
  - A special orientation session was conducted for allied health professionals working in emergency services.
  - The session introduced them to IPSPG standards and the mission of ANEI, emphasizing patient safety and professional healthcare practices.
  - Feedback was positive, with online and verbal confirmation of the session's value and relevance to the course.

#### 5. Key Accomplishments:

- **Successful Training Sessions:** Multiple training programs for nursing students were successfully executed, reaching a wide audience and receiving positive feedback for both content and delivery.
- **Increased Public Awareness:** The webinar on medication safety helped raise awareness among the Rotary Club members about safe medication practices.
- **Engagement with Healthcare Professionals:** Through orientations and training for allied health professionals and AYUSH doctors, the chapter made significant strides in promoting IPSPG standards and the ANEI mission.

#### 6. Plans for 2025:

- **Expanded Outreach:** With the increased membership, the chapter plans to conduct more training programs for healthcare professionals, especially nurses and allied health workers.
- **Public Awareness Campaigns:** More webinars and public awareness sessions will be organized, focusing on medication safety and healthcare practices.
- **Collaboration and Partnerships:** The chapter will explore more collaborations with institutions, clubs, and hospitals to expand its reach and impact.

The ANEI MP Chapter is set to build on its success in 2024 by continuing to focus on education, awareness, and professional development in healthcare, with a special emphasis on patient safety, IPSPG guidelines and increase its members.

Prepared by:  
Margaret Roy Gowrinath  
Chapter Head, ANEI MP



## Report on State Level Nursing Conference on "Innovation in Clinical Nursing, A Road Map for the Future"

Saveetha College of Nursing and Association of Nurse Executives India (ANEI) Tamil Nadu Chapter Hosted an Inspiring State-Level Conference on "Innovation in Clinical Nursing - A Road Map for the Future"

Saveetha College of Nursing, Saveetha Institute of Medical & Technical Sciences, Chennai in collaboration with the Association of Nurse Executives India (ANEI) Tamil Nadu Chapter, hosted a transformative State-level conference on November 8th, 2024, centered around the theme "Innovation in Clinical Nursing - A Road Map for the Future,". The conference brought together visionary leaders, renowned healthcare professionals, and over 210 enthusiastic delegates committed to pioneering advancements in clinical nursing.

We had Capt Ajitha Nair, ANEI National President welcome the gathering on behalf of Association of Nurse Executives India. The key note address was given by Dr Agnes Therady, Senior Vice President and System CNO, Franciscan Health, Indiana, USA, before we began the scientific sessions.

The conference was presided over by Dr. N.M. Veeraiyan, Founder, Chancellor of SIMATS, The conference was inaugurated by esteemed Chief Guest Dr. Lallu Joseph, Associate General Superintendent, CMC Vellore, and Secretary General of CAHO, who addressed the delegates on the six essential attributes of quality and underscored the critical need for innovative approaches in nursing practice. Her address served as a call to action for nursing professionals to elevate patient care standards through creative, evidence-based practices. Dr. Jothi Clara Michael unveiled the theme, highlighting the essential role of nurses at the forefront of healthcare. She emphasized the importance of innovation in meeting the growing healthcare demands and addressing the increasing prevalence of chronic diseases, calling for a shift from traditional practices. She noted that technologies such as Telehealth, AI, wearable devices, and electronic health records are transforming nursing, streamlining care processes, and significantly improving patient outcomes.

The event also featured an inspiring presidential address by Dr. Ashwani Kumar, Pro Vice-Chancellor for Global Collaborations at Saveetha Institute of Medical & Technical Sciences, who encouraged the attendees to think beyond traditional frameworks and envision new patents and innovations that would reshape the future of clinical nursing. Throughout the day, delegates engaged in meaningful discussions, exploring cutting-edge innovations, nursing care techniques, and future-focused patents. The conference served as an interactive platform for sharing knowledge, fostering collaborations, and empowering nursing professionals to embrace a future defined by patient-centered, technology-driven, and quality-focused care. We had 11 patents presented at the conference and Best 3 were selected and recognized with cash award.

The Guest of Honour for the valedictory session was Mr Sameer Mehta, Chairman, Dr Mehta's Hospitals. He inspired and motivated nurse leaders and nurses, urging them to harness innovations to bring forth meaningful change for tomorrow's patients. Fifteen nursing patent papers were presented and the best three were awarded.

Members of Saveetha College of Nursing and members of ANEI Tamil Nadu Chapter are proud to have facilitated this successful gathering of minds and look forward to seeing the pioneering ideas shared at this event translate into impactful advancements in clinical nursing across India and beyond.



Dr. Lallu Joseph, Associate General Superintendent, CMC Vellore, and Secretary General of CAHO as conference Chief Guest



Mr. Sameer Mehta, Chairman, Dr. Mehta's Hospitals. As the Guest of Honour for the conference valedictory session



Inauguration lamp lighting



# Nursing Role in Preparing Patients for Trans-catheter Aortic Valve Replacement at a Selected Institute in Delhi

**Chandni, Nurse Educator**  
**RNRM, MSN CCNS, ACLS, BLS, EPGDHA**  
**Fortis Escorts Heart Institute, New Delhi, India**

## Nursing checklist for Transcatheter Aortic Valve Implantation (TAVI) patients

A Nursing checklist for Transcatheter Aortic Valve Implantation (TAVI) patients before the procedure involves all necessary assessments, preparations, and interventions are carried out to ensure the patient's safety and successful procedure.

### Purpose

- To provide guidelines for pre-operative care.
- To obtain thorough health assessment of patient before TAVI.
- To protect the patient from wrong treatment.
- To comply with legal requirements

### 1. Patient Assessment:

- Verify the patient's identity, procedure, and surgical site using established protocols.
- Review the patient's medical history, including allergies, current medications, previous surgeries and any relevant diagnostic test results.
- Assess the patient's vital signs, including heart rate, blood pressure, respiratory rate, temperature and pain
- Perform a physical assessment using Glasgow Coma Scale, pain scale etc. to evaluate the patient's overall health status and identify any potential complications.

### Patient Safety:

- Implement fall prevention measures, ensure proper patient positioning, and assess for any potential safety concerns.

### Various other assessments scales used for assessment includes

- The New York Heart Association (NYHA) functional classification is a grading system for heart failure, it focuses on exercise capacity and symptomatic status. Score range from I to IV level, with the higher scores indicating poor function.
- KATZ Dependency assessment Index analyzes the activities in daily living (ADLs) scores range from 0 to 6 (bathing, dressing, using the toilet, transferring between bed and chair, maintaining continence, and feeding), with higher scores indicating better function
- The Gijon Socio-family scale (modified version) analyzes social determinants of health. This instrument evaluates five components of risk situations and social problems, including family, economic status, housing, social relationships and support networks. Score  $\geq 10$  indicates high social risk
- Mini Mental State Examination (MMSE) to evaluate cognitive functions, with scores from 0 to 30, the higher punctuations indicated better cognitive performance
- Frailty scale FRAIL evaluates 5 items: Fatigue, Resistance, Ambulation, Illnesses and Loss of Weight. Score  $\geq 3$  indicate frail patient, 1-2 prefrail and 0 no frail

### 2. Laboratory Tests:

- Ensure that necessary blood tests (complete blood count, electrolytes, renal function tests, coagulation profile) have been conducted and their reports are available.
- **Haematology:** Complete haemogram, APTT, Prothrombin time/INR, Blood group, Rh type, HBSAg, HCV, HIV1 and 2, RBS
- **Biochemistry:** Blood urea nitrogen, Serum creatinine, eGFR, Sodium, Potassium Chloride, Liver function test, CPK-MB, Troponin T, NT pro BNP in patients of LVEF  $< 35\%$ / heart failure, Arterial blood gas for heart failure patients
- Any special investigation, blood & urine culture
- Review the results of tests like electrocardiogram (ECG), echocardiogram, and cardiac catheterization.
- **Imaging Studies:** Chest X RA PA view, Echo 2D, Echo review, Trans oesophageal echo, CT coronary angiography/Aorta/ Iliac/abdomen & chest, Invasive Coronary angiography, Carotid/ Peripheral Artery Doppler,
- Pulmonary Function test, ECG
- Holter 24 hour monitoring (If specially prescribed)

### 3. Medication Management:

- Confirm that the patient's medications have been reviewed, and specific medications like anticoagulants, antiplatelets, and beta-blockers are managed according to the physician's instructions.
- Coordinate with the medical team to adjust or withhold medications as needed before the procedure.
- Administer prescribed preoperative medications, including antibiotics and any other necessary medications.

### 4. NPO Status:

- Ensure that the patient has been informed about the need for NBM (Nothing By Mouth) status for a certain period before the procedure (usually 6 hours) to prevent aspiration during the procedure.

### 5. Pre-procedure Preparation:

Patient Identification: Check the ID Band & Patient file

#### Before a patient's procedure:

- **The Nurse should ensure that the following are present:**
  - The doctor's written order in Progress Notes of Patient File
  - Consent form of patient filled by the surgeon and signed by the patient/attendant by ensuring that they have been adequately informed about the procedure, its risks, alternatives, and expected outcomes.
  - Pre-anesthetic checklist filled by the anesthesiologist
  - Financial/ surgical clearances and attach it in the file
  - Pre-operative orders (pre-op medications, NPO, investigations, reports, viral markers & related documents) Administer preoperative antibiotics and prophylactic medications as prescribed.
  - Contact number of the attendant present in the hospital on the day of procedure
  - Arrange blood and blood products as per the doctor's order (2 unit blood)
- Ensure part preparation (hair trimmed & antiseptic bath with chlorhexidine)
- Check that all jewelry, cosmetics, nail paint, contact lens, clothing etc. have been removed and a pre-operative check list is filled.
- Any prosthesis, dentures, and contact lens should be removed, documented in the nurses notes and handed over to the patient's relatives.

### 6. IV Access and Fluid Management:

- Insert a peripheral intravenous (IV) line for administration of fluids and medications during and after the procedure.
- Ensure appropriate fluid balance and electrolyte levels to optimize the patient's condition.

### 7. Pre-procedure Skin Preparation:

- Assist with preoperative skin cleansing according to hospital protocols to minimize the risk of infection.
- Part preparation
- Marking Dorsalis pedis artery and Posterior tibial artery pulse of both lower limbs by marker pen

### Surgical Preparation

#### Preparing the part

- No razors are used
- Only surgical clippers are used. This eliminates cuts and bruises and reduces the chances of surgical site infection

#### Marking the site

- Surgical site is marked by the doctor who is going to perform the procedure
- Ensure that an indelible surgical marker has been used
- Check the site for the mark
- Ensure that the surgical site has been marked by the doctors
- Check that only one mark is visible where surgery is to be performed
- Ensure that the mark is visible after preparing the part
- Ensure that the physician's initials are visible after draping is done

### 8. Psychological Support:

- Address the patient's and family members emotional and psychological needs by providing reassurance, answering questions, and offering coping strategies for anxiety.
- Encourage the patient and family members to express any fears or uncertainties they may have.
- Create a calm and supportive environment to help ease the patient's and family members concerns.

### 9. Communication and Collaboration:

- Collaborate with the anaesthesia team, interventional cardiologist, and other healthcare providers to ensure seamless coordination of care.
- Participate in pre-procedure huddles or briefings to ensure everyone is on the same page.
- Confirm the patient's identity, procedure, and surgical site through a standardized verification process.

### 10. Preoperative Checklist Review:

- Verify that all necessary preoperative assessments, documentation, and preparations have been completed.
- Review the patient's chart to ensure that any special considerations or instructions have been addressed.
- Ensure that all pre-procedure checklists and documentation are completed according to hospital policies.
- Documentation has to be done in the Pre-op Checklist & Nursing care plan/ Daily nurse's flow sheet.

### 11. Patient Comfort:

- Ensure that the patient is provided with comfortable clothing and warm blankets.
- Address any last-minute concerns or requests from the patient.
- Empty the bladder before sending to procedure.
- Accompany the patient to theatre and give a full handover report to the Cath lab staff.

### 12. Family/Support System Involvement

- Communicate with the patient's family/support system to provide updates and address their questions.
- Keeping them informed about the procedure's status and expected duration.

### Nurse's role in Pre-procedure phase of TAVI

- Patient Education
- Informed Consent
- Preoperative Assessment
- Medication Management
- NPO Status and Preparation
- Psychological Support
- IV Access and Fluid Management
- Collaboration and Communication
- Patient Safety
- Documentation
- Family Communication
- Advocacy

### Conclusion:

- The nurse's role in the pre-procedure phase of TAVI is to promote patient safety, alleviate anxiety, provide comprehensive education, and ensure effective communication among the healthcare team.
- By carrying out these responsibilities, nurses contribute significantly to the overall success and positive patient outcomes of the TAVI procedure.
- Serve as the patient's advocate by ensuring that their needs, preferences, and concerns are considered throughout the pre-procedure phase.
- Remember that this checklist is intended as a general guideline. Specific protocols and procedures can vary between healthcare facilities.
- Always follow your institution's protocols, and work closely with the medical team to ensure the patient's safety and optimal outcome during the TAVI procedure



# Abstract - Quality Improvement Project

## Enhancing Patient Safety: Reducing In-Hospital Cardiac Arrest through Quality Improvement Initiatives

**Author:**

**Ms. Jyothi Mary Kancharla, Ms. Haritha Vijayan**

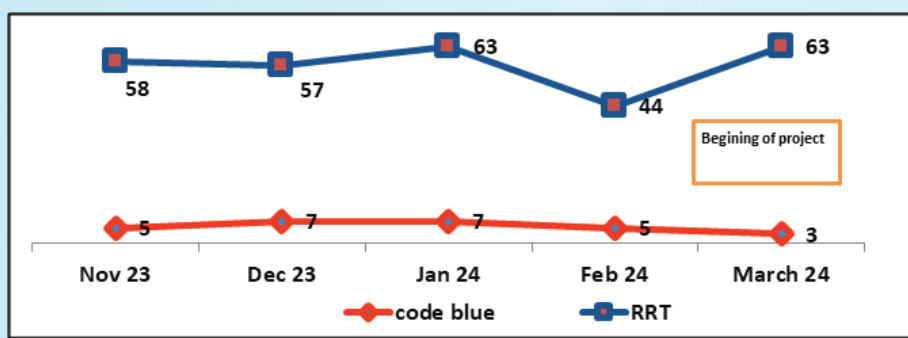
- Assistant Nursing Superintendent- Krishna Institute of Medical sciences
- GM Nursing - Krishna Institute of Medical sciences

**Introduction:**

In-hospital cardiac arrest is common and associated with a high mortality rate. Approximately most of the in-hospital cardiac arrests occur in among ward, compared to other locations, such as intensive care units and operating rooms. To prevent in-hospital cardiac arrest require both a system for identifying deteriorating patients and an appropriate interventional response (eg, rapid response teams)

**Need for QIP:**

Prevention is the first link in the Chain of Survival for in-hospital cardiac arrest. It is identified that we had a lot of in hospital cardiac arrests out of CCU's. On an average there were five code blues happening per month in the ward which are preventable if at risk patients were identified at an early stage. Use of early warning systems triggered by specific vital sign abnormalities, a scoring system based on multiple criteria and other parameters helps in identifying at-risk patients.



Graph : 1 - Incidence of In-hospital cardiac arrest

**Aim and Objectives:**

The study intended to reduce the incidence of In-hospital cardiac arrest in the wards by incorporating quality improvement initiatives.

**Objectives:**

- To implement MEWS scoring for early identification of patient deterioration
- To apply evidence based multi modal interventions for preventing In-Hospital Cardiac Arrest (IHCA)
- To reduce the number of cardiac arrest to less than 50% of the current number

**Materials and Methods:**

Retrospective data analysis was done by reviewing the case sheets, code blue running sheets to identify the various reasons for In-Hospital Cardiac Arrest (IHCA), which were analyzed through Plan Do Study Act (PDSA) cycle. Root cause analysis was performed by using Fishbone and implemented Corrective Action Preventive Action (CAPA) for improvement.

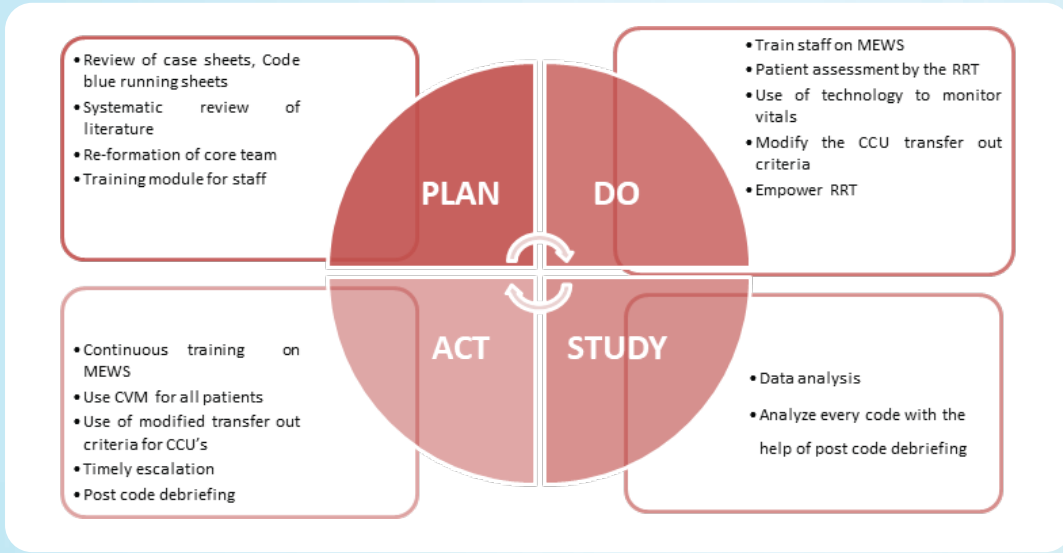


Fig : 2 PDSA of In-hospital cardiac arrest

**Root cause analysis:**

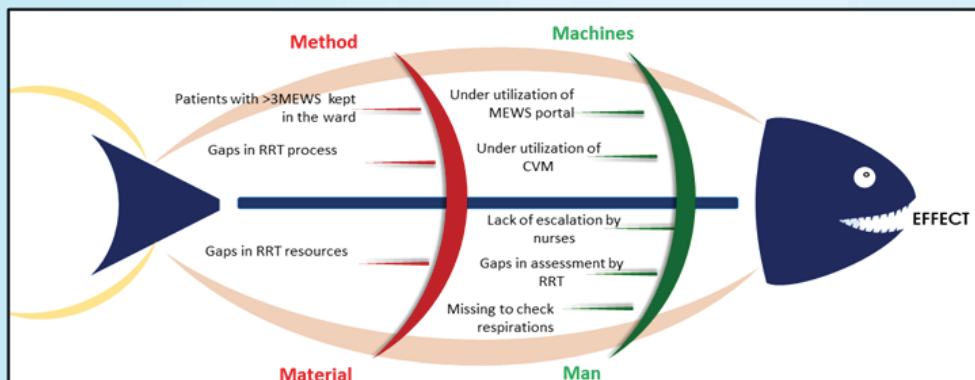


Fig : 3 Root cause analysis of In-hospital cardiac arrest

**Interventions:**

There were 24 IHCA during the period between Nov 2023 to March 2024. Most of them were among 61- 80 years age patients with MEWS score ranging between 2 - 6. These IHCA were from Medical Oncology department ( 21%) followed by Nephrology ( 17%) department. The major reason for IHCA was desaturation followed by unresponsiveness ( 54%). The various other reasons for IHCA were bradycardia, hypo-tension, unresponsiveness (17%), hematemesis followed by hypovolemia, unresponsiveness (17%), hypoglycemia followed by unresponsiveness (8%), acute MI(4%).

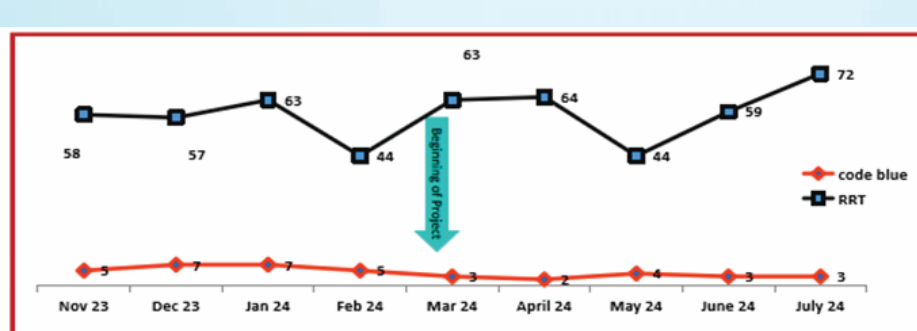
Based on the analysis, interventions were planned and implemented.

| Reformation of RRT   | Staff training   | Use of technology   | Post Code Debriefing            | Introduced modified transfer out criteria - CCU |
|--|--|---|---------------------------------|---|
| Reformed RRT and empowered the team to take clinical decisions | <ul style="list-style-type: none"> <li>• Trained RRT, nurses on resuscitation courses like BLS, ACLS</li> <li>• Training nurses on MEWS, crash cart management and use of defibrillator</li> <li>• Case based incident training</li> </ul> | Use of technology for monitoring vitals and escalate timely | Introduced post code debriefing | Modified CCU transfer out criteria              |

Table : 1 Shows the various interventions that were implemented to reduce In-hospital cardiac arrest

**Results of QIP:**

There was a significant reduction in the number of IHCA after implementing the interventions. There were 12 IHCA during the period between April 2024 to July 2024. Most of them were between the age of 61- 80 years, majority of the IHCA was seen among patients with MEWS score of 3. These IHCA were from Nephrology (50%) department. The major reason for IHCA was hypoglycemia followed by unresponsiveness (40.7%) desaturation followed by unresponsiveness (17%), atrial fibrillation (17%), acute MI(17%), pulmonary edema (8.3%). There was a significant improvement in the survival rates among these patients as 75% of them got discharged.



Graph : 2 Number of In-hospital cardiac arrest and RRT from Nov 23 to July 24

| Month            | 23-Nov | 23-Dec | 24-Jan | 24-Feb | 24-Mar | 24-Apr | 24-May | 24-Jun | 24-Jul |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Code Blue        | 5      | 7      | 7      | 5      | 3      | 2      | 4      | 3      | 3      |
| RRT              | 58     | 57     | 63     | 44     | 63     | 64     | 44     | 59     | 72     |
| No. of Admission | 3638   | 3711   | 3651   | 3575   | 3696   | 3725   | 4029   | 3845   | 4250   |

Table : 1 Shows the Number of In-hospital cardiac arrest and RRT from Nov 23 to July 24

There was a significant reduction in the number of IHCA after implementing the interventions. There were 12 IHCA during the period between April 2024 to July 2024. Most of them were between the age of 61- 80 years, majority of the IHCA was seen among patients with MEWS score of 3. These IHCA were from Nephrology (50%) department. The major reason for IHCA was hypoglycemia followed by unresponsiveness (40.7%) desaturation followed by unresponsiveness (17%), atrial fibrillation (17%), acute MI(17%), pulmonary edema (8.3%). There was a significant improvement in the survival rates among these patients as 75% of them got discharged.

**Discussion:**

Improving the outcomes of in-hospital cardiac arrest (IHCA) requires a multi-faceted approach, with a strong focus on nursing practice, education, and systems improvement. By 100% utilization of technology for monitoring vital signs will help in early identification of clinical deterioration, such as abnormal vital signs, arrhythmias, or changes in the patient's mental status, and initiate early interventions to prevent or mitigate the onset of cardiac arrest. Closely monitor the glycemic levels of dialysis patients during pre and post dialysis to identify any episodes of hypoglycemia in order to prevent cardiac arrest. Fostering a culture of continuous learning and quality improvement by enhancing the skill through simulation-based training for nurses.

**Conclusion:**

This project has showed promising improvement in reducing IHCA. The findings have paved the way for implementing the best practices into the day to day routines, which has raised the bar to commit ourselves to ensure that the patients are safe.

**References:**

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6482460/>
- <https://ccforum.biomedcentral.com/articles/10.1186/s13054-022-04247-y>
- <https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.123.010491>



## Empower Hour AYNNA 2025

|  <b>EMPOWER HOUR</b><br><b>AYNA 2025</b><br><b>AYNA - ANEI YOUNG NURSES ALLIANCE</b> |  |  |
|---|--|--|
| <b>JANUARY</b><br><br><b>KARNATKA</b><br><br>CHAPTER PRESIDENT<br><b>LATHA NONIS</b>  | <b>FEBRUARY</b><br><br><b>WEST BENGAL</b><br><br>CHAPTER PRESIDENT<br><b>MADHUKARI RAY</b> | <b>MARCH</b><br><br><b>DELHI NCR</b><br><br>CHAPTER PRESIDENT<br><b>SANDHYA SHANKAR</b>      |
| <b>APRIL</b><br><br><b>MADHYA PRADESH</b><br><br>CHAPTER PRESIDENT<br><b>MARGARET GOWRINATH</b>   | <b>MAY</b><br><br><b>UTTAR PRADESH</b><br><br>CHAPTER PRESIDENT<br><b>GEETA PARWANDA</b>   | <b>JUNE</b><br><br><b>KERALA</b><br><br>CHAPTER PRESIDENT<br><b>MANJUMOL V S</b>             |
| <b>JULY</b><br><br><b>PUNJAB</b><br><br>CHAPTER PRESIDENT<br><b>RAJBIR KAUR</b>   | <b>AUGUST</b><br><br><b>NORTH EAST</b><br><br>CHAPTER PRESIDENT<br><b>MANASHI SENGUPTA</b> | <b>SEPTEMBER</b><br><br><b>TAMIL NADU</b><br><br>CHAPTER PRESIDENT<br><b>ROSALINE RACHEL</b> |
| <b>OCTOBER</b><br><br><b>TELANGANA</b><br><br>CHAPTER PRESIDENT<br><b>HARITHA NAIR</b>  | <b>NOVEMBER</b><br><br><b>KARNATAKA</b><br><br>CHAPTER PRESIDENT<br><b>LATHA NONIS</b>     | <b>DECEMBER</b><br><br><b>MAHARASHTRA</b><br><br>CHAPTER PRESIDENT<br><b>DURGA VAIDYA</b>    |

ASSOCIATION OF NURSE EXECUTIVES (INDIA) | FOUNDED IN 2017 | REGISTERED UNDER THE SOCIETIES ACT XXI OF 1860  
REGISTRATION NO S/3382/SDM/NW/2018 ON 31ST DECEMBER 2018

### Empower Hour 2024 Report

In 2024, the Empower Hour series championed a vital new direction in healthcare by focusing on engaging patients and families. Over the course of 12 dynamic sessions, the series consistently spotlighted the voices of patients and family members, inviting them to share their personal experiences and articulate their expectations from healthcare providers. These candid conversations not only fostered honest dialogue between clinicians and those they serve but also created an environment where empathy, communication, and mutual respect became the foundation of care. Each session left a profound impact on attendees by humanizing the clinical experience and offering insights that have driven meaningful improvements in patient care practices. The heartfelt narratives demonstrated that effective healthcare goes beyond technical expertise—it is deeply rooted in understanding, trust, and compassion.

#### Empower Hour 2025 – AYNNA (ANEI Young Nurses Alliance)

Building on the success of the Empower Hour series, ANEI proudly introduced AYNNA 2024 (ANEI Young Nurses Alliance) as a strategic initiative to empower frontline nurses and nursing students. AYNNA 2024 was conceived as a dedicated platform to encourage emerging healthcare professionals to share their insights, innovative ideas, and real-world challenges. Recognizing that the future of healthcare depends on the fresh perspectives and energy of these young leaders, the initiative aims to provide them with a voice in shaping policy, designing targeted interventions, and ultimately enhancing patient care. Through interactive sessions, workshops, and open discussion forums, AYNNA 2024 offers an inclusive space for young nurses to articulate the challenges they encounter, exchange best practices, and collaborate on forward-thinking solutions that will mold the future of healthcare delivery.

By integrating the invaluable lessons from the patient and family-centered Empower Hour series with the groundbreaking ideas emerging from AYNNA 2024, ANEI is paving the way for transformative change within the healthcare landscape. This dual approach not only bridges the gap between clinical practice and patient experience but also ensures that future innovations in care are informed by both lived experiences and frontline expertise. Together, these initiatives underscore ANEI's unwavering commitment to fostering a patient-centered, collaborative, and forward-thinking healthcare community—one where every voice counts and every insight contributes to making the future of healthcare safer, more efficient, and profoundly human.

# Safety Awareness For Excellence - 2025



| Month | Topic  | Fellow   |
|-------|--|--|
| Jan   | SCRIPTED NURSING COMMUNICATION FOR BETTER OUTCOMES - QIP             | Mr Abdul Dhyhan Razack, ANEI Patient Safety Fellow 2023-2025   |
| Feb   | MAKING EARLY WARNING SCORE WORK                                      | Dr Davinder Kaur, ANEI Patient Safety Fellow, 2024-2026        |
| Mar   | INTRA HOSPITAL TRANSFER OF PATIENTS ON NON INVASIVE VENTILATOR - QIP | Prof Elizabeth Varkey, ANEI Patient Safety Fellow, 2023 - 2025 |
| Apr   | APPROPRIATE USE OF RESTRAINTS  | Dr Geeta Parwanda, ANEI Patient Safety Fellow, 2024-2026       |
| May   | ENHANCING PATIENT SAFETY - REDUCING HOSPITAL CARDIAC ARREST - QIP    | Ms Jyoti Kanherla, ANEI Patient Safety Fellow, 2023-2025       |
| Jun   | REDUCING HEALTHCARE ASSOCIATED VTE                                   | Dr Shubhangi Jhadav, ANEI Patient Safety Fellow, 2024-2026     |
| Jul   | IDENTIFY AND REDUCE IN HOSPITAL HYPOGLYCEMIC EVENTS - QIP            | Ms Karishma Khaund, ANEI Patient Safety Fellow, 2023-2025      |
| Aug   | REDUCING ALARM FATIGUE   | Ms Margaret Gowrinath, ANEI Patient Safety Fellow, 2024-2026   |
| Sep   | REDUCING HOSPITAL ACQUIRED PRESSURE INJURY                           | Ms K S Nitu, ANEI Patient Safety Fellow, 2023-2025             |
| Oct   | INNOVATIVE APPROACHES TO PAIN MANAGEMENT                             | Ms Anuradha Batta, ANEI Patient Safety Fellow, 2024-2026       |
| Nov   | NURSES WELL BEING & PATIENT SAFETY                                   | Ms Swarnalata Patro, ANEI Patient Safety Fellow, 2024-2026     |
| Dec   | MID LEVEL NURSE MANAGERS AS PATIENT SAFETY CHAMPIONS                 | Mr B Thanga Raj, ANEI Patient Safety Fellow, 2024-2026         |

Annual Report: ANEI Patient Safety Fellowship Program

## Introduction

The ANEI Patient Safety Fellowship Program, conducted in collaboration with the Patient Safety Movement Foundation (PSMF), USA, aims to empower nurse leaders to champion patient safety initiatives. This two-year program combines theoretical learning with practical application, enabling fellows to address critical challenges in healthcare. In 2024, our Patient Safety Fellows organized a series of impactful learning sessions, fostering knowledge sharing and skill development among healthcare professionals. These sessions underscored our commitment to ANEI's motto, "Do The Sick No Harm."

## Introducing SAFE 2025: Safety Awareness For Excellence

ANEI is excited to launch SAFE 2025, a transformative Monthly Learning Series hosted by the ANEI Patient Safety Fellows. SAFE stands for Safety Awareness For Excellence, emphasizing our commitment to fostering a culture of continuous learning and improvement in patient safety.

The SAFE 2025 series is designed to empower nurses, nursing students, and healthcare professionals with advanced knowledge and practical strategies to enhance patient safety and healthcare quality. Each month, the sessions will explore key topics, innovative strategies, and evidence-based best practices, equipping participants with actionable insights to reduce patient harm and improve clinical outcomes.

SAFE 2025 will focus on addressing global and local patient safety challenges, with a strong emphasis on Quality Improvement Projects (QIPs). These projects will help bridge the gap between theory and practice, ensuring that learning translates into meaningful change within healthcare settings.

Our ANEI Patient Safety Fellows will take the lead in delivering engaging, research-driven sessions, featuring case studies, real-world applications, and discussions on best practices. Guest speakers and subject matter experts will join selected sessions to provide deeper insights into complex patient safety issues.

## Key Highlights of SAFE 2025:

- Monthly expert-led sessions on critical patient safety topics
- Implementation-focused discussions and best practices
- QIP presentations that showcase real-world impact
- Interactive learning to engage participants and encourage knowledge sharing
- A continuous commitment to ANEI's motto, "Do Sick No Harm"

As we step into 2025, ANEI remains committed to building a safer, more efficient, and patient-centered healthcare system through SAFE 2025. We invite all nurses, nursing students, and healthcare professionals to join us in this journey towards excellence.

Stay tuned for the SAFE 2025 yearly calendar, featuring the full schedule of topics and speakers for the year. Let's make 2025 a year of learning, innovation, and commitment to patient safety!

SAFE 2025: Awareness. Action. Excellence.





**ANEICON 2025: Transformational Leadership: Harnessing Collaboration for Healthier India**



Scheduled for May 30th and 31st, 2025, at the Grand Hyatt in Kochi, ANEICON 2025 promises to be a transformative event that will bring together multidisciplinary minds to discuss pressing issues in healthcare, with a particular focus on nursing. The theme for this year's conference, Transformational Leadership: Harnessing Collaboration for Healthier India, sets the stage for an exciting exchange of ideas and innovative solutions aimed at shaping the future of healthcare in India.

As in previous years, ANEICON 2025 will feature thought leaders, practitioners, and researchers from diverse fields, contributing their expertise on topics ranging from leadership and technology to carbon emissions and their impact on healthcare systems. The aim is to create an interdisciplinary platform that fosters dialogue and collaboration, enabling healthcare professionals and organizations to come together and collectively address the challenges of the modern healthcare landscape.

The lead-up to the main conference will see a flurry of pre-conference events organized by various chapters of the Association of Nursing Education in India (ANEI) across the country. These events will include a series of learning webinars designed to engage and educate nurses, healthcare workers, and other stakeholders, providing them with valuable insights and resources on key issues in the field.

ANEICON 2025 will feature several exciting competitions to showcase the creativity and innovation within the nursing community. We invite submissions for Nurse-led Green Projects, where nursing professionals can present sustainable healthcare initiatives aimed at reducing environmental impact. The Nurse-led Innovations competition will highlight cutting-edge solutions that enhance healthcare delivery, and we encourage nurses to submit their groundbreaking work. Additionally, we are calling for Research Papers that address critical issues in healthcare and nursing. Three shortlisted submissions from each category will be invited to present in person at ANEICON 2025, providing an opportunity to share their impactful work with a diverse and engaged audience.

One of the most ambitious activities leading up to ANEICON 2025 is the attempt by ANEI to set a World Record by training at least 20,000 nurses and nursing students on the same topic with standardized content during a three-day training marathon in April 2025. This initiative will be a landmark achievement in nursing education and aims to empower the next generation of healthcare leaders with the knowledge and skills required to address the evolving challenges in the industry.

ANEICON 2025 will provide an exceptional opportunity for learning, networking, and collaboration, as healthcare leaders and professionals come together to shape the future of nursing and healthcare in India.





" We Would  
Love To  
Hear From You "



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