

NURSING DIGEST

Official Newsletter - Association Of Nurse Executives (India)

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ANEICON 2023

Building a culture of safety in Healthcare

Dr. Jyoti Sharma

An educational strategy structured for Critical care Nurses

Dr. Chandni

Is there a cost to Patient Safety?

Ms. Deepa Chugh

Listen Up: Ways to Protect your Hearing

Ms. Lincy Jesvin

The Nightingale of the North East!

Dr. Momi Neog

Awards & Recognitions

Mr. Jayakumar Ponnarasu

Maximizing Learning via Roleplays

Dr. Rosaline Rachel

Learn form the Expert

Glaucoma In Conversation with

Dr. M Baskaranan



ASSOCIATION OF NURSE EXECUTIVES(INDIA)

Presents
its 3rd
Annual
Flagship Event



ANEICON

ASSOCIATION OF NURSE EXECUTIVES (INDIA)
PASSION TO ACTION

2023

TRANSFORMATIONAL LEADERSHIP TOWARDS FUTURISTIC HEALTH CARE

VENUE: AIG HOSPITALS, HYDERABAD

FRIDAY MAY SATURDAY
26 - 27
2023



Dear Patron,

Warm greetings from the Association of Nurse Executives India.

We cordially invite you to join us on 26th and 27th May 2023 for our 3rd Annual Conference ANEICON 2023 with the theme "TRANSFORMATIONAL LEADERSHIP: TOWARDS FUTURISTIC HEALTHCARE" to be held at AIG Hospital Auditorium, Hyderabad.

Before we go further, I would like to give you a gist of ANEI.

ANEI is an acronym for the Association of Nurse Executives India, registered in 2018 as a not-for-profit organization. Our vision and mission are to become an inclusive and collective voice from all nursing domains of education and practice; be a collaborating partner with various professional and regulatory bodies and healthcare organizations; actively engage with the government, policy-making institutions, commissions, and committees on legislation, regulations, and reforms in nursing and healthcare and advocate and promote professional and ethical standards, medical and nursing technology innovations, and applying clinical research to improve healthcare delivery in all sectors.

In a short span of existence, we have done commendable work mainly to reach out to nursing leaders, bedside nurses, and students, besides engaging CEOs and leaders of other verticals to empower the nurses at the bedside to make patient care safer. We have collaborated with NATHEALTH, AHPI, CAHO, etc., on matters of mutual interest. We are at the forefront of educating nurses by engaging with them through our regular programs throughout the year.

We have successfully conducted two national conferences in 2021 and 2022, which were attended by 5000 delegates virtually and lined up more than 30 national and international resource persons.

At the Hyderabad conference, with the theme "Transformational Leadership – Towards Futuristic Healthcare," we will focus on topics that will decide and determine the future of healthcare in India. We will host 500 delegates from all walks of leadership in healthcare – Clinician leaders, administrators, operations experts, nursing heads, nursing teachers, human resources experts, and leaders in finance and information technology in healthcare. We will be live on social media platforms and in virtual mode to reach another 5000 bedside carers and students.

We solicit your gracious participation in this progressive event by registering and attending the events. Your involvement shall testify to your commitment to improving our hospitals' standard of nursing and patient care.

Please feel free to contact us using the contact information at the end of this brochure.

We are looking forward to a mutually fruitful association.

Warm regards

Capt Ajitha Nair
National President
Association of Nurse Executives India



ANEIICON
ASSOCIATION OF NURSE EXECUTIVES (INDIA)
PASSION TO ACTION 2023

TRANSFORMATIONAL LEADERSHIP TOWARDS FUTURISTIC HEALTH CARE



DAY 1

26th May 2023, FRIDAY (8.30 am – 5.30 pm)

TRACK ONE: Inauguration & ANEI Annual Awards

TRACK TWO : Modernizing Healthcare

Future of Nursing in India

Reengineering Healthcare - Mayo Clinic way

Un-Siloing Nursing

Bridging Education with Practice

**TRACK THREE: Investing in Nursing: Recruiting or Retaining?
Panel discussion**

5 Panel members (CNO/CEO/CHRO/CQO/CFO)

**TRACK FOUR: Elocution Finalists
Views from today for a better tomorrow**

Staff Nurses - Contribution of Indian Nurses to the future of Indian Healthcare

Student Nurses - Preparing Nurses for the Future

TRACK FIVE: Co-operative Learnings

Shifting Paradigms : In Healthcare Ecosystem

Come for Care, Stay for Safety - Role of Healthcare Industry

Quality and Innovation : Future of Medical Industry

Co-creating the Healthcare – The Hereafter



DAY 2

27th May 2023, Saturday (8.30 am – 4.30 pm)

TRACK SIX : Futuristic Skills for Leading Healthcare

Understanding Business Skills

Exploring Opportunities - WorldSkills

Digital Media Skills and Cyber Security

Green Skills: Emerging Concepts

TRANSFORMATIONAL LEADERSHIP TOWARDS FUTURISTIC HEALTH CARE

Day
2

TRACK SEVEN : Improvement Projects – 5 Finalists
Challenges in Nursing Resource Management

TRACK EIGHT : A New Look at Operations and Systems

Best Buddies: HR and Nurses

Best Buddies: Doctors and Nurses

Best Buddies: Operations and Nurses

Best Buddies: Pharmacy and Nurses

TRACK NINE : Valedictory

Release of Book "Learning ignited from errors"

Announcement of the Best Chapter Award

Announcement of Winners of Elocution Competition

Announcement of Winners of Improvement Projects

Summary of Action Plans from ANEICON 2023

PRE – CONFERENCE WORKSHOP

MAKING SIMULATION EFFICIENT 15 HRS OF HYBRID SESSIONS

Online Sessions on 19th and 20th May
Workshop – 25th May 2023 (Thursday) in AIG Hospitals, Hyderabad

COMPETITIONS & AWARDS

Elocution Competition for Staff Nurses and Student Nurses
(Staff Nurse - Bedside Nurse <30 years of age & Students - GNM and Basic Bsc Nursing ONLY)

State wise Competition followed by National Level Competition

2 finalists from each category gets speaking slot on 26th May during ANEICON 2023

Cash Prize of INR 5000/- and 3000/- for the winner and 1st runner up in each category

Topic for Staff Nurse - *Contribution of Indian Nurses to the Future of Indian Healthcare*

Topic for Student Nurse - *Preparing Nurses for the Future*

For queries - Contact Ms. Jeeramol Chandy  jeesamysore78@gmail.com  98800 45282

Competition for Improvement Projects

Topic - *Challenges in Nursing Resource Management*

Projects done after May 2021 are accepted

5 Finalists invited to present on 27th May during ANEICON 2023

Cash Prize to the winning Nursing Team & Certificate to the presenter

To apply Contact - Dr Jyoti Sharma  jyotisharma20june@gmail.com  91657 17171

ANEI ANNUAL AWARDS



1

ANEI Lifetime Achievement Award (ANEI - LAA)

- 50 years of career experience (Self nominated or nominated by someone else or an association)
- 150 words write up about their career Journey and Path
- Endorsement / witness letter specifying clear professional relationship
- Testimonial with proof



1

ANEI Trend Setter Award (ANEI - TSA)

- Description of the trend (What was the new initiative with evidence)
- Senior level RNs(Manager/ Supervisor and above)
- Testimony (From reporting nursing authority and nursing head)
- Job title letter (Head of Nursing)
- The initiative should be within the last 2 years (2021 onwards)



2

ANEI Young Leader Awards (ANEI - YLA)

- Less than 35 years of Age
- Nominated by leaders - HIGHLIGHTING POTENTIAL LEADERSHIP TRAITS
- They should have done something collaborating with other departments and contributed to nursing services/ academics and organizations - Proof for evidence
- Demonstration of Leadership Traits
- Currently working with the proposer (Nursing Head/ Principal) for minimum 2 years

Conference Registration, Travel and Accommodation from ANEI

Apply with details to Dr Unmona Borgohain  vpanei2023@gmail.com  98640 36679

ASSOCIATION OF NURSE EXECUTIVES (India) | Founded in 2017 | Registered under the Societies Act XXI of 1860 | Registration No S/3362/SDM/NW/2018 on 31st December 2018

THANK YOU



AIG
HOSPITALS

FOR HOSTING ANEICON 2023

**TRANSFORMATIONAL LEADERSHIP
TOWARDS FUTURISTIC HEALTH CARE**

MAY
FRIDAY 26 - 27 SATURDAY
2023

Coming Soon : Registration Details

For Sponsorship and Advertising in the Souvenir
Please contact on the details given below:

Capt. Ajitha Nair- Founder Member, National President
email - aneipresident@gmail.com

What's app - **9971798322**

Ms. Haritha Vijayan - President, Telangana Chapter & Organizing Secretary - ANEICON 2023
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BUILDING CULTURE OF SAFETY IN HEALTHCARE

Abstract:

The most important outcomes at any healthcare organization are patient safety, patient wellbeing and patient experiences. Reinforcement of safety culture remains the utmost challenge faced by healthcare organizations today. Patient safety culture self-assessments allow healthcare organizations to attain a strong view of the patient safety aspects requiring urgent attention, recognize the strengths and limitations of their safety culture, help the organizations to identify their concurrent patient safety problems. In present literature review, an effort was made to clarify how to build safety culture through self assessment and by taking desired action thereafter. The review also discusses importance of technological tools and role of employees in building a very high safe culture.

Keywords: Patient, safety, culture, employee, tools



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YASHODA HOSPITAL - SECUNDERABAD

Background

A safety culture is considered as communal essential standards and aims, non-punitive replies to worst conditions and mistakes and upliftment of safety concerns through coaching and drills. Patient safety is a global imperative and today's reality is that the risks of health care are far too high compared with other potentially high-risk industries that have much better safety improvement records. A safety culture results from strong, committed leadership, creation of an environmental structure and approaches and perceptions of all employees. Consolidation safety culture leftovers the biggest contests confronted by healthcare administrations today. The expectations to thrive are in demand especially where the lives of patients are in the hands of the people of such organizations at the same time it becomes critical to ensure high performance for such people. Further it imparts greater challenge, if highly contagious outbreak nearby such healthcare organization appeared.



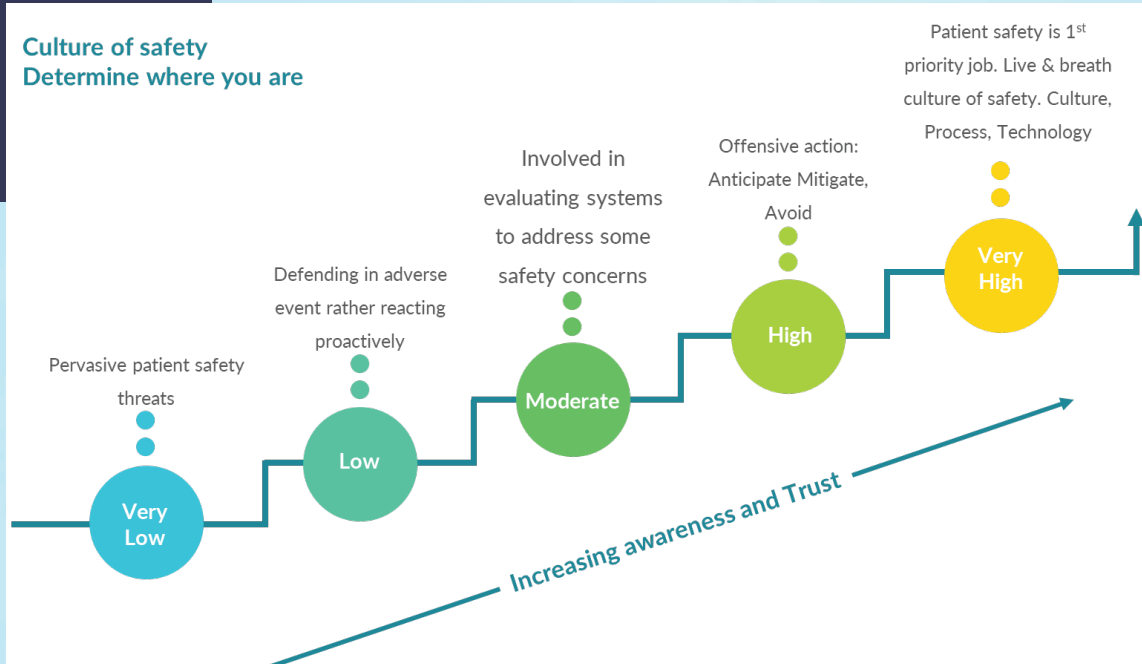
BUILDING CULTURE OF SAFETY IN HEALTHCARE

Why culture of safety?

Minimizing the possibility of unwanted accidents is vital for the total success of a healthcare society. An emphasis on patient safety enhancements has chance to decrease majority hospital-caused demise in low-rated hospitals, as per a report of Armstrong Institute for Patient Safety and Quality at Johns Hopkins Medicine.

Culture of safety is also desirable to control another key measure of healthcare organizations (HO) called Potentially Preventable Events (PPEs). To avoid a damage that could triggered by HO (rather than the original ailment) and that protracted the hospitalization, induce a frailty at the time of discharge, or both. Adverse events can affect quality of life, postponement treatment, lead to readmission, cause permanently disability, and more; at their worst, patients die. Patients taking treatment of a particular disease may get infected with other disease due to prevailing infectious disease patients in the same HO. Most of such patients will fall in critical conditions and most of them may results in death due to creation of comorbid condition. Condition become even worst in contagious epidemics and pandemic as not only patients but also the staff of HO becomes victim of unrestrained PPEs culture.





Building culture of safety

Determine level of culture of safety

Every healthcare system follows some basic rules and management principles to develop and maintain culture of safety in their organization so their real purpose can be served well. Still this is ongoing process and one need to determination of level of safety culture. For any HO, level determination is not just a first step to begin with, but it should be done periodically. One can consider five basic stage of safety as shown in Figure 1.

A notion that any HO should learn from the failures, both their own and others', has obvious appeal. However, it is rare. There are several pervasive barricades that brings culture safety very low not learning from previous errors is one of them. Mistakes and problems occur in health care delivery processes due to either man or machines. But when they are neglected, losses learning opportunities for HO. Lack of communication in the staff can be another, when cross departmental communication and collaboration is lacking and become worst in any adverse event. Course failures in HO may have systemic reasons, often creating in different groups or sections from where such event is experienced. Other group and department are always remained unaware until communication and collaboration is not done in proper way. Employee become careless about own safety is another baricite that allows concerted problem and disturbs organizational learning environment. Leadership is vital for making an environment characterized by mental safety and for indorsing cooperative problem resolving engrossed on patient safety.

Compromising leadership for even psychological safety lead to major hazards.

When such baricites and bars are taken into consideration to develop culture of safety, the way it is handle is another aspect. Consider an untoward circumstance in HO that led to a mistake. Now the mistake brings consequences that may stop on punitive or non-punitive action or on an opportunity to learn and not to repeat that mistake. Now both the action may disturb the working environment of staff, workers, and ultimately patients. It is very important to act very cautiously to develop a culture that stand-in mindfulness in their workers and staff. No attitude to learn from mistakes or taking decisions without taking care of mindfulness of workers make such HO at stage of low safety culture.



Mindfulness as per Weick and Sutcliffe in terms of 5 components:

1. A continuous concern for the likelihood of failure
2. Deference to knowhow irrespective of rank or position
3. Capability to acclimatize when the unforeseen happens
4. Aptitude to focus on a job while consuming an intellect of the large picture
5. Capability to change and crush the hierarchy to appropriate an exact state

Healthcare workers are human, and human makes faults. Faults can cause accidents. In healthcare, faults and accidents result in morbidity or even mortality. A health services are indebted to gather prolific exploratory information that can be investigated and represented to improve culture of safety. This progression is not conceivable unless associates of the HO endure attentive, mindful and uphold incessant scrutiny. Likewise, working team members within the HO must consider that they are indebted to report mistakes. Though, it is also true that HO cannot afford a blame-free culture: Some errors do warrant disciplinary action. To find an equilibrium between the immoderations of punishment and blamelessness is a difficult task for healthcare management. If HO are actively involved in evaluating and implementing systems to address some of the safety concerns, one can consider such culture as moderate safety culture.

The management principle says that certain such conditions can be controlled by working offensively and to work so HO need to anticipate mitigate and avoid untoward situations in order to create high level safety culture. The management

When in any HO patient's safety becomes the first job, the whole organization and its staff live and breathe it; the development of such culture and using required process for it along with latest technology, with the continuous awareness and trust among the staff and trust of patient on staff, such HO is really said to be at very high safety.



Target the next level culture of safety

Culture of safety is a dynamic process. A healthcare management need to resolve on going errors and lapses routinely with the help of checklists. Technology need to be used as it has to play imperative role in anticipation and mitigation. Root cause analysis(RCA)-an analytical procedure for pinpointing the basic or causal factor underlying variation in performance. There are several tools available in the market that is used to carry out RCA. Once cause has identified next is corrective and preventative actions (CAPA) i.e. One only need to take corrective measures. The corrective action can be measured by any laboratory measures to ensure its effectivity. If actions are not correct or appropriate again carryout RCA or stop the CAPA. This technology not only prevent similar event happening again but also reduce unnecessary coast resulting from service interruption, emergency response, inspections, clean up, increased regulation, audits, or even any fines if any. The regulatory requirements should not be over seen on the other hand. Regulatory implementationand audits just for the sake of approval may compromise another level of safety to the healthcare organizations.



Employee involvement is the key to safety

Patient safety and quality care are at the core of health care systems and processes and are inherently dependent upon its workers. Engagement of employees is the indicator - the devotion they have for their work and how real they are. Employees that are present, attentive, happy and healthful are more likely to bring positive energy to the team and to the patient involvement, while also having a willingness to take on daily challenges.

Two of the central creeds of a safe culture—teamwork across disciplines and a blame-free environment for discussing safety issues—are directly threatened by disruptive behavior.

To learn, staffs cannot fear being disparaged or relegated when they disagree with peers or authority figures, ask naive questions, own up to mistakes or present a minority viewpoint. Instead, they must be comfortable expressing their thoughts about the work at hand. Routine on job trainings and mock drills for health care workers for training/ learning purpose can help to live and breathe culture of highest level of safety. To achieve goals in patient safety and quality, and thereby improve health care throughout this nation, nurses must assume the leadership role. "An evidence-based handbook for nurses" provides 51 steps as individual chapter based on experience Stavrianopoulos T., in his review suggest that a broad range of safety culture properties can be created and organized into seven subcultures viz. leadership, teamwork, evidence-based care, communication, learning, just a culture and patient-centered care[8]. With the addition of technical support, skilled leadership of health organizations and the input of patients and consumers there will be an unstoppable global movement for patient safety that will save many lives and prevent much serious harm. As per institute for healthcare improvement, Boston, USA, senior leaders must drive the culture change by demonstrating their own commitment to safety and providing the resources to achieve results.

Five ways to engage and empower employees:

1. Find or create safety ambassadors: promote an employee that can promote and advocate for a safety culture.
2. Recognize the engagement level in employees and communicate culture stories, success story of employees relevant to safety, creating an organizational environment that reminds employees every day why their acts of safety are important and why they love to work for the organization.
3. Deliver training and tutoring on acts of safety including interprofessional communication and collaboration.
4. Recognize and reward real-time behaviors of teamwork, collaboration, open communications, and accountability so individuals develop dependability on each other and feel secure and supported in sharing their feedback in day-to-day work. Create comfort in using their voices and collaborating more openly. Reward for good act of awareness about safety.
5. The message about safety must be consistent and sustained, as it takes a long time for culture to change. Surveys that measure staff perceptions about the organization's culture regarding safety are often useful tools to assess the presence of a culture of safety



Challenges

There are several challenges to the all efforts for developing culture of safety include:

1. Shortages of workforce leading work hours and workload burden an existing staff. will impact on patient safety.
2. A sudden change in working environment. Viz. moving to advancing technology
3. A culture of blame, which leads to covering up errors

Start Developing a Safety Culture Now

To build a safety culture with high performing teams, focus on making out the level, technological aspects and men of the organization. Measurement of level will provide strength and weakness. Factors involved in the culture of safety are with best leadership, anticipation and mitigation using probable tools, engagement and empowerees of employees. The employees are more than just who they are during their shift, and the success of the culture is directly linked to the emphasis one put on their employees. Their ability and autonomy to succeed and the benefits they crave, will get a boost in creating the required individual performance, engagement and motivation.

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An educational strategy structured for Critical care Nurses: to identify early potential safety threats & lead a way ahead to patient safety at an institutional level.



Ms. Chandni,
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Introduction

Simulation -an authentic phenomenon, is a vital tool to enhance hands on skills by giving learning opportunities & operations of a real -world process, improving individual confidence, critical thinking, and bridging the gaps in knowledge and practice.

Various research evident & found improvements in skills of health care personal in terms of:

- Performance
- Knowledge /skills
- Efficiency
- Communication and safety
- A decrease in patient complications and mortality in critical situations

This, along with feedback from orientees lead to incorporating simulation into our orientation to new joinees and ongoing staff education

Objectives

1. To identify knowledge and practice gaps
2. To improve communication
3. To incorporate simulation into Virohan (Nursing induction training)
4. To use simulation and in-situ training for high risk, low frequency scenarios for the inpatient's units



Implementing strategy

- For new nursing orientation, various scenarios were developed: code blue management, mechanical ventilation, Airway management, wound management, pain crisis, hypoglycemia, invasive lines & tube managements, medication administration, fall prevention & education, IV therapy, initial assessment of Patient, STEMI management, Stroke management and sample collection.
- In our ongoing training, three scenarios were developed: managing anaphylaxis, a Endotracheal tube & tracheostomy management and use of vasoactive medications
- Two insituisituations were also developed: code blue and anaphylaxis
- Blood transfusion: Check for implementation of IPSPG goals & process flow
- Maintenance of high risk drugs: medication process & errors points
- Anaphylaxis: location and contents of emergency drugs & related resources
- ET/ tracheostomy functioning: importance of checking if ET/tracheostomy cuff is inflate & pressure is accurate
- Knowledge and practice gaps were identified and addressed during the debrief using video review and self-reflection discussions.

Conclusion

- Incorporating simulation into orientation and ongoing learning & development has helped identify knowledge and practice gaps that have potential to directly affect patient safety
- Once identified, these potential patient safety threats were incorporated and emphasized in orientation presentation for new staff and have been highlighted in monthly In service sessions or continue Nursing Education to current existing staff

Learning

Through the observation of the simulation in real time and during the debrief, numerous early safety threats were identified.

Few Scenarios examples & early potential threats:

- Awareness of appropriate resources
- Cardiac arrest: communication strategies, team dynamics, operation of code blue team, different biomedical equipments: Defibrillator/AED/ Cardiac monitor.



Recommendation

- Evaluate if the emphasized to potential patient's safety threats have translated into practice through observation of Future simulations

Additional simulations and in-situs based on feedback from staff nurse and observation of opportunities for improvement

Conflicts of interest:

There are no conflicts of interest.

Acknowledgement:

I appreciate the encouragement and support extended by the Institute with special gratitude towards Dr.Amrita Gupta (Medical Director Fortis Escorts Heart Institute,ohkla), Capt. Sandhya Sankar (Cooperate chief of Nursing, Fortis healthcare Ltd.) Mrs.Minimole John (Fortis Escorts Heart Institute, ohkla) For providing inspiration, constant support, prayers, and encouragement throughout the study. I express my wholehearted thanks to them.

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IS THERE A COST TO PATIENT SAFETY?



Ms. Deepa Chugh
Head of Nursing Services
National Heart Institute, New Delhi

Is there cost to patient safety? This directs to a trailing question – “IS THERE COST TO LIFE?” There is no tool which provides measurements of life and no wealth can buy life. Assigning a price tag to deaths following adverse events is not only difficult but unachievable. Every single life is precious and worth saving, even if it costs a billion.

There is a definite cost involved in patient safety. Implementing and maintaining patient safety initiatives, such as hiring additional staff, providing training, and purchasing new technology and equipment can be expensive for healthcare organizations. However, in comparison there is humongous cost involved in management of complications due to unsafe and poor-quality health care over and above the intangible cost of patient suffering. While hospitals continue to weigh monetary loss and time devoted to patient safety, there is a need to study extensively the cost involved in care of patients who are the victims of unsafe care. Some data on Economics of Unsafe care is as mentioned below: –

Unsafe Care	Frequency	Annual Cost
Medication Error	30%	42 billion USD
Patient Fall	37.3 million	50 billionUSD
Healthcare related Infections	7-10 out of 100 hospitalized patients	18250 USD per patient
Unsafe surgicalcare procedures	25%	12.86 billion USD
Unsafe injection practices	40%	9.2million USD
DecubitusUlcers	3-6% in admitted patients 54% postsurgery patients	2.1 billion USD
Diagnostic errors	5%	750 billion USD
Unsafe Transfusion Practices	8.7 out of 100000	6.13 million USD
Radiation errors	150 per 100000	10000 USD per patient
Sepsis	31 million affected 5 million deaths	27510 USD per case
Venous Thrombosis	6 million cases	3798 USD per case

To err is human and expecting flawless performance from human beings working in complex, high-stress environments is unrealistic. Assuming improved safety through a perfect individual based on good training and experience is possible but not always the reality. Humans are guarded from making mistakes when placed in an error-proof environment where the systems, tasks and processes are well designed. Therefore, focusing on the system that accepts harm to occur is the beginning of improvement and this can only occur in an open and transparent environment where a safety culture prevails. A culture where a high level of importance is placed on safety beliefs, values and attitudes and shared by most people. Hospitals need to understand how preventing harm translates into reduced costs and better performance on value-based care measures.

“Besides harming patients, adverse events have major financial consequences. But who bears the extra cost for treating adverse events is not well understood.” If we analyze the situation in India, the cost is predominantly borne by the patient, as they are not made aware of adverse events under the safe umbrella of their care. Patient awareness happens only when there is tangible and visible damage in which case the hospital takes the responsibility and bears the financial consequences. There are very few studies showing cost of patient safety or cost of unsafe practices in India, however, these studies cannot be considered for drawing conclusions due to their limitations. It is a common belief that cost to patient safety is significantly higher than cost due to the effects of unsafe practices? Data from the developed countries following high quality standards and numerous research studies show otherwise. Due to lack of data on the subject and owing to under-reporting it may be presumed that the figures may be much higher in India. Identifying a cost-effective solution for the problem is the sole requirement of our healthcare system. There are various measures at international, national and local levels which have proved to be effective in providing patient safety. India in the past two decades has progressed in quality care and accreditation in healthcare, which has percolated to grass root level, however the challenge of sustenance and accountability for safety persists.

Ensuring continual quality improvement, safeguarding standards and shared accountability in the form of clinical governance has emerged as the most viable solution in the present era. Clinical Governance is a mechanism through which “health services are held accountable for the safety, quality and effectiveness of clinical care delivered to patients”. It encompasses a range of processes and structures designed to ensure that clinical care is safe, effective, and consistent, and that patients receive the best possible outcomes. A cycle of controlling, monitoring and improving through the 7 pillars ensures a high quality of care for patients.



1. Clinical Effectiveness:

Any treatment used must provide the best outcome for the patient:

- Using evidence-based approaches when deciding treatment
- Sticking to guidelines
- Using experience to improve
- Researching to enhance future care

2. Risk Management:

Minimize risks to the patients in care. There are different ways to manage risks and reduce incidences:

- Identifying problem areas in treatment
- Improvement through learning from previous issues
- Reduce risks by implementing risk systems - identify risks ahead of its occurrence
- Thorough risk assessments and reporting of incidents and near misses

3. Patient and Public involvement:

Communicate with patients and public to gain insight on the quality of care and any possible problems:

- Patient questionnaires
- Patient forums
- Representatives for patients on practice and hospital boards

4. Audit:

Audits are carried out to monitor the quality of clinical care being carried out. They measure against set guidelines and any deviances are examined and improved upon. After some time, audits are repeated to ensure that actions taken to improve have worked, and organizations are quality assured.



5. Staff Management:

This ensures that those employed are suitable to carry out the assigned work, with adequate skill mix. If anyone is under performing, they can be highlighted and helped to improve. Professional development of staff should be encouraged and this can be done through motivation and a pleasant working environment.

6. Education and Training:

It is important for staff to have continual training to ensure they are up to date in their knowledge. This allows them to provide the best care possible at all times. This can be done through measures allowing skill development of staff such as:

- Achieve further education through degrees or diplomas
- Attend events, continuing education trainings, webinars, and courses

7. Information:

A patient's information should always be up to date and correct irrespective of the system used. It should also be confidential through correct storage and management of data.

Conclusion:

In conclusion, the cost of medical errors and adverse events to the healthcare system is significant, and it is essential for healthcare organizations to invest in patient safety to reduce the risk of harm to patients and improve the quality of care. By investing in patient safety, healthcare organizations can not only improve patient outcomes and build trust in the healthcare system, but also achieve significant cost savings and avoid the financial implications of medical errors and adverse events.



”Listen Up: Ways to Protect your Hearing”



Ms. Lincy Jesvin
ANEI Member, Karnataka
Member, ANEI Newsletter Media Committee

As we celebrated World Hearing day on March 3rd, it made me wonder about the new types of music devices that are released in the market every year. From boomers using walkmans to millennials using bluetooths to Gen Z's using wireless pods – our generation keeps evolving and so do the devices.

While we fancy conforming to the current trends, seldom do we contemplate how safe these audio devices are on a daily basis or how could they affect our hearing on a long run. “Millions of teenagers and young people are at risk of hearing loss due to the unsafe use of personal audio devices and exposure to damaging sound levels at venues such as nightclubs, bars, concerts and sporting events,” said Dr Bente Mikkelsen, WHO Director for the Department for Noncommunicable Diseases. This type of hearing loss is called 'Noise-induced hearing loss'. It can result into permanent damage to nerve fibres in the inner ear or auditory neural system that cannot be medically or surgically corrected. NIHL can be caused not only by audio devices but several sources.



While short term effects of loud sounds could cause tinnitus or temporary hearing loss, a prolonged or repeated exposure could lead to permanent hearing loss. Since NIHL by audio devices is preventable, here are some tips to reduce impact:

- Try to use an over-the-ears headphones rather than in-the-ears buds
- Limit exposure or listening time
- The farther the audio device the lesser the impact
- Turn down the volume. A maximum average sound level of 100 decibels is recommended.
- To cancel background noise a 'noise cancellation headphone' would be helpful.
- Regular hearing check-ups is encouraged

"Our ability to hear is precious. Untreated hearing loss can have a devastating impact on people's ability to communicate, to study and to earn a living. It can also impact on people's mental health and their ability to sustain relationships" said Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

Prevention is key. Let us value the gift of hearing by sharing information on Noise induced hearing loss due to audio devices and ways to prevent it.



The Nightingale of the North East!



Dr Momi Neog (Ph D)
Nursing Superintendent
Assam Medical College Hospital Dibrugarh.

NILIMA BORGHAIN



A personality that made me look at myself once.....
A personality that made me realize
what patience is.....
A personality that made me know
what tolerance is.....
A personality that made me value
what love is.....
A personality that made me understand
what letting go is.....
A personality that made me see
what a smile is.....
A personality that made me treasure
what a relation is.....

A personality that made me live every moment from
the time that I met her on 3rd Sept'22.

Though a very short period of four months, but that was an influence of a lifetime!
Blessed to have known you Ma'am! May you rest in eternal peace with
that serene smile that made you so so special!

A tribute to Lt. Nilima Borgohain (16/07/1930-04/01/2023) an alumni from
the first batch GNM Nurses of the first Nursing School in
the entire North East, which was established
in 13th Feb'1948.

”Awards & Recognitions”



We as Association of Nurse Executives India are deeply honored and proud of JAYAKUMAR PONNARASU

STAFF NURSE AT GOVERNMENT UPGRADED PRIMARY HEALTH CENTER
who received ANNA GALLANTRY AWARD from the HONORABLE CHIEF MINISTER OF TAMILNADU
during the Republic Day celebration on 26th Jan 2023.

This award was presented for his selfless bravery act of rescuing 47 neonates and 11 mothers
from fire accident which happened at government kasturibai Gandhi hospital, Triplicane, Chennai.



Jayakumar says “It is an unforgettable moment in my life and I dedicate
this award to my family and to all the frontline workers who worked with me”

MAXIMIZING LEARNING VIA ROLEPLAY



Prof. Dr. Rosaline Rachel, R.N.R.M., Ph.D(N)
Principal,
MMM College of Nursing

DATE : 20. 2.2023

TIME : 2-4 PM

NUMBER OF PARTICIPANTS: 320-329 (All over India) which included educators from clinical area & faculty from college.

OBJECTIVES

- Describe role plays and action methods.
- Describe different stages of action methods.
- Discuss how the learning can improve your teaching/training.
- Create & practice role-play.

The first webinar organized by ANEI Education committee commenced at 2pm with brief introduction by Dr. Rosaline Rachel Education Committee Chairperson ANEI about the needs of role play in teaching learning strategies and also introduced the speaker Ms. Thankam Gomez, Founder , Ex President ANEI . The session started with an interaction on the importance of role play in teaching , the concept was emphasized using Dr. Don Kirkpatrick evaluation model. The action methods in role play such as warm ups, role creation, doubling, role reversal was highlighted. The golden circle method of teaching was explained. The session went on lively by stimulating the participants to share their responses for the questions proposed by the speaker in the chat box. The transformative changes and requisites of role play was clearly mentioned. The sandwich method of applying role play in teaching was debriefed. INACSL proforma for roleplay which includes all the needs assessment a role play requires was explained.

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Then the practical role play session was enacted with 2 scenarios such as receiving a telephonic order to take blood test and giving medication to the patient. The enactors and observers was asked to volunteer by the speaker for each scenario separately. The roleplay was performed along with the speaker, then switched over to the observers to discuss their views and the changes to be inculcated in the roleplay was explained by the speaker and performed again.

Over all the session was informative to improve the teaching methods and learner behavior. The practical session of roleplay was very helpful for the educators and faculties to incorporate in teaching methodology to their students. The session ended at 4pm with the normal greet and photograph of the participants. The entire recorded session of the webinar is uploaded in the ANEI youtube channel for future references.



Learn from the Expert - Glaucoma - In Conversation with Dr. M Baskaranan

GLAUCOMA AWARENESS



Dr. M Baskaranan
Deputy Director-Glaucoma Services
Medical Research Foundation
Sankara Nethralaya



Ms Lydia Annie
CNO, Kauvery Hospital
Kovilambakkam, Tamil Nadu,
ANEI Member, Tamil Nadu

"Sight is what you see with your eyes; vision is what you see with your mind."

Robert Kiyosaki

Introduction

The world glaucoma day is celebrated on Mar 12, 2023. This year the theme for World Glaucoma Day is "The world is bright, save you sight." To commemorate World Glaucoma Day ANEI member, Mrs. Lydia Annie.J interviewed Dr.M.Baskaran (DNB, PHD Ophthalmology) Deputy Director of glaucoma services from Medical Research Foundation, Sankara Nethralaya. He was formerly a clinician scientist and the Singapore Eye Research Institute director. He has published over 200 papers as an author and co-author in peer-reviewed indexed national and international journals. He has many credentials to his honor, and a few are Pfizer's best paper award in GSI Ahmedabad in the year 2005, the best junior consultant award in 2005, and the prestigious IES Engineering Achievement award at Singapore.

Lydia Annie (Interviewer) : What is Glaucoma? And What are its types?

Dr. M. Baskaran : Glaucoma is a chronic disease that impacts vision irreversibly and by definition, it means it's a group of eye disorders that have common features such as raised eye pressure, damage to the optic nerve, and loss of field of vision. And if left untreated can lead to blindness. There are two types majorly (1) Open-angle Glaucoma and (2) Closed angle Glaucoma. So, it means that when you have the drainage angle of the eye where the fluid of the eye goes out is open, with the existing problem; that is open-angle glaucoma whereas the drainage angle is physically closed by some of the structures it is called as closed-angle glaucoma.

Lydia Annie (Interviewer) : Does Glaucoma affects only one eye or both eyes?

Dr. M. Baskaran : Glaucoma usually affects both eyes, but it can present with one eye in the beginning, and most of the time if one eye is affected, it may be due to secondary causes like may be an injury, maybe the patient has used some medications or sometimes it may be due to internal causes. So, if it is one eye only, we should suspect secondary causes.

Lydia Annie (Interviewer) : Does glaucoma affect people with increased intraocular pressure, or can it affect people with normal intraocular pressure also?

Dr. M. Baskaran : It will affect normal eye pressure also, though raised eye pressure is one of the major risk factors. So, the patients with normal intraocular pressure happen to be varied between 20 - 50 % depending upon the population we study. And this is called normal or low-tension Glaucoma. The normal eye pressure in patients is 10 to 21, and these patients do not have raised eye pressure even when checking through the day. So, then they are called low-tension Glaucoma. But they have a loss of field of vision. So, these patients must be treated with IOP-lowering medications because their eye pressure apparently is high enough to cause damage to the nerve.



Lydia Annie (Interviewer) : Does the normal eye pressure vary from person to person?

Dr. M. Baskaran : As I told you earlier, 10- 21 is the normal intra-ocular pressure, and it can vary through the day, and seasons and depending upon certain physiological factors as well. For example, if you drink too much water, the pressure may go up, or if you hold your breath, the pressure may go up. These are normal physiological variations. It can vary between time and persons also.

Lydia Annie (Interviewer) : How often do I need to get a checkup for glaucoma?

Dr. M. Baskaran : Above 40 years of age, everybody should undergo a complete eye checkup. A complete eye checkup means checking for a refractive error that is glasses also eye pressure using specific instruments, angle evaluation using a gonioscopy, and optic nerve examination using Slit-Lamp Biomicroscope. This is to be done every year, but for patients with Glaucoma, it may depend on what your physician is advising, it may be more frequent depending upon the severity of Glaucoma.

Lydia Annie (Interviewer) : What are the treatment modalities?

Dr. M. Baskaran : The treatment options can start with eye drops, the closed angle Glaucoma type starts with a laser treatment which opens the angle and subsequently the eye drops will be continued. Multiple eyedrops can be used subsequently. Other laser treatments are used to treat open-angle glaucoma. If the patient has severe Glaucoma in spite of multiple mediations of the eye, the pressure is not controlled, then surgical options are there, normal glaucoma filtering surgery or tube implants. Patients with very poor vision may resort to certain lasers to lower eye pressure.



Lydia Annie (Interviewer) : What will happen if I do not get treated for Glaucoma?

Dr. M. Baskaran : If one is not treated for glaucoma, there is a possibility of irreversible blindness. It may happen slowly, but there are patients who can progress faster in a few years and they may go blind. It also depends on the type of glaucoma. Certain childhood glaucoma and glaucoma and young patients and angle closure glaucoma have higher blindness rates. So, if you do not get treated for glaucoma, if the glaucoma is not detected, then it can lead to blindness with age, and many of the glaucomas in our country are like that.

Lydia Annie (Interviewer) : How will I know if my treatment is working?

Dr. M. Baskaran : Unless you go for an examination by your ophthalmologist regularly, you may not know that your treatment is working. Apparently, this is a silent thief of sight, and no symptoms are there. That is why the diagnosis is missed in 98% of Indian patients. So, you need to go to your ophthalmologist regularly, as advised. Put the eye drops regularly and go to your ophthalmologist. Check the eye pressure and also the field of vision regularly. Otherwise, you will not know whether the treatment is working or not.

Lydia Annie (Interviewer) : What are the possible complications or side effects of treatment?

Dr. M. Baskaran : Every treatment has its side effects and goodness. Eye drops can create what we call an ocular surface disease if you are continuing to treat it. Sometimes the eye drops can cause an allergy, which can cause dry eye, swelling of the eye, and redness; some of the eye drops can cause long eyelashes and change in the cosmesis of the eye. But these are all very rare, and they can be reversed most of the time when we stop eye drops. Surgery for advanced glaucoma may have its own side effects. Terms of vision problems as well as increased cataracts, but those are trivial risks compared to the benefits. So, you need to talk to your doctor about individual side effects, generally eye drops and surgeries. They may have some side effects which are reversible. Some of the surgical side effects are irreversible, so it is reserved only for advanced patients where medications are not working.

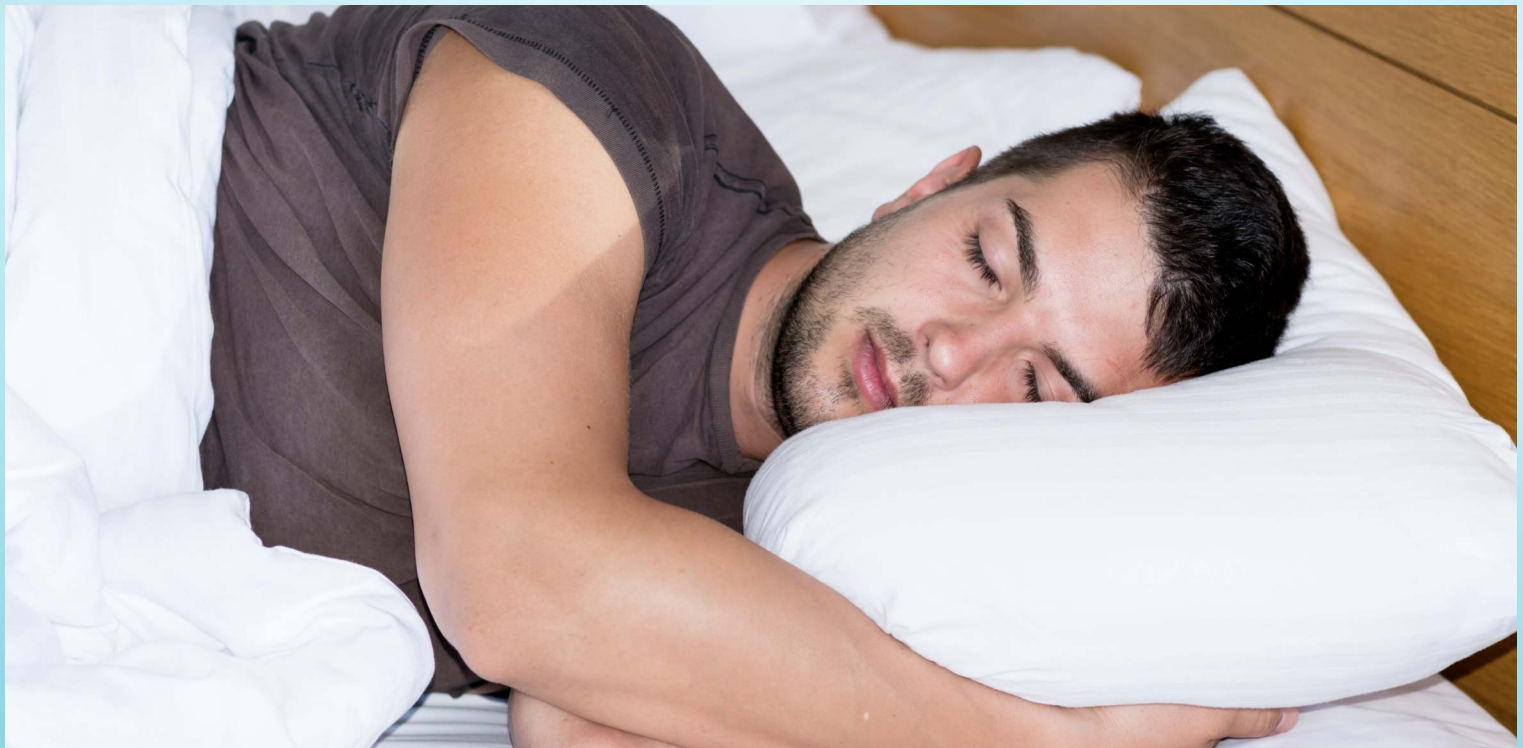


Lydia Annie (Interviewer) : Can I do anything to help with my glaucoma and perfect my vision?

Dr. M. Baskaran : If any of the family members have glaucoma, then the risk of glaucoma is 6 to 8 times in the family members. So, if you have a family member who has glaucoma, check yourself and the other blood relatives. Ask them to go for a complete eye checkup. Your detection is important to protect the eye from blindness. Go for your complete eye checkup after 40 years of age and if you have glaucoma, continue the eye drops as mentioned by the doctor properly and regularly and go for your frequent eye checkups as advised by your eye doctor. Subsequently, some lifestyle factors may be important. Moderate exercise can decrease your eye pressure by two to three millimeters of mercury. Have a good sleep; sleep issues, can aggravate glaucoma problems and many other diseases. And do not drink water more than 500 ml at the same time. It can increase eye pressure. You can divide your water drinking multiple times, and if you are practicing yogasana or any kind of other asanas, you can continue. Mobile usage, Watching TV should be done in moderation. There is small evidence that the eye pressure may go up if continued usage is there.

Lydia Annie (Interviewer) : Does glaucoma put me at risk for other eye diseases?

Dr. M. Baskaran : Glaucoma in elderly patients, especially with severe vision loss, can lead to falls. Patients can fall because their vision is poor, and they can get injured in the eye or in the body. And patients with glaucoma can also develop other anxiety-related conditions and worsening of their comorbidities like hypertension. But glaucoma per se will not cause any other disease directly.



Lydia Annie (Interviewer) : What is the impact on vision and any new treatment modalities available?

Dr. M. Baskaran : So, regarding your vision, it depends on the severity of glaucoma. If you have a mild to moderate type of glaucoma, then your vision can be preserved by various treatments, provided you are adherent and compliant with your treatment. If you put your eye drops regularly, go to your checkups regularly. Aggressive treatment is needed for severe glaucoma, and some of the treatments may also be costly. But if properly given, vision can be prolonged for a long period of time. However, vision can deteriorate in some patients, and blindness can happen. However, aggressive management is necessary. New modalities of surgeries include minimally invasive glaucoma surgeries and some newer implants for surgical procedures. And there are new eye drops are also available, which work in different ways and combination medications are becoming popular because of the ease of use. However, these minimally invasive glaucoma devices are put inside the eye and have less effect than conventional glaucoma filtering surgery or implants. These are specifically meant to decrease the number of medications when there are side effects and also as a stop gap or postpone conventional surgery. These are indicated for specific patients, and you need to talk with your doctor about it, and some of the newer implants have come, and these are used in refractory kind of glaucoma and in advanced glaucoma. Some newer laser modalities called micro pulse lasers have come, which are also used in advanced and refractory glaucoma as of now. We need to see if these modalities can be utilized routinely in our scenario, and cost-effectiveness needs to be proven in the long run.

Lydia Annie (Interviewer) : Any new research?

Dr. M. Baskaran : In terms of new research, as we said, minimally invasive glaucoma surgeries are going through the evaluation, and there are home monitoring devices have come for intraocular pressure checking the field of vision and also taking photographs and monitoring the vision. So, these may become popular as a stopgap between doctor visits or decrease the number of visits. In terms of genetics of glaucoma to find out more genes which are associated with glaucoma; there is quite a bit of research going on, especially in childhood glaucoma, because these childhood glaucoma meaning children with glaucoma can have genetic mutations, and when we know the mutations, that will also give an indication to other problems or the outcomes of surgery. So, these kinds of research are going on, and stem cell research and other kinds of research are far away. We are probably, you know, looking at it from other retinal diseases. So maybe in the future, there is a possibility. And finally, neuroprotection is another factor where nerve protection decreases the amount of nerve loss. We are yet to see the results. Imaging modalities and artificial intelligence are being used to diagnose glaucoma and also to use in comprehensive eye screening to pick up a greater number of patients because hardly 10% of patients in our country know that they have glaucoma and these screening possibilities are there along with the diagnosis of other eye conditions such as diabetic retinopathy and age-related macular degeneration.

Lydia Annie (Interviewer) : Are there any activities that must be avoided?

Dr. M. Baskaran : You know heavyweights, weightlifting is prohibited in a certain type of glaucoma but not in all Glaucoma, so you need to check with your doctor. Certain asanas like Shirshasana should be avoided.

Lydia Annie (Interviewer) : Thank you. Thank you so much, Sir.

"We Would
Love To
Hear From You"



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