

NURSING DIGEST

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PRESIDENT'S MESSAGE



Ms. Thankam Gomez

Founder President
Association of Nurse Executives (India)

November for the Association of Nurse Executives (India) was exceptional.

ANEI, born in 2017, is graduating from a neonate to a toddler. The Founder Officials and Executive members have held the last five years together. The growth has been steady, and we can proudly say that all top-notch nurse leaders in the private sector are our members. The leaders in nursing education are steadily growing. The members, a mix of senior nurse leaders to budding nurse leaders, have been detrimental to our growth.

Thank you to everyone.



Coming to the specialty of November: ANEI held its very first elections. The technology was used to run the process smoothly and transparently. The election committee was chosen carefully from our members. Dr. Sneha Vaidya, Ms. Deepa Chugh, Ms. Saino Thomas, Mr. Jaideep Herbert, and Ms. Lydia Annie were from different states of our country. The election officer, Ms. Daisy Nadar Raj, was an asset, guiding the election committee members at every step. Thank you is not enough for this team, as they ran everything in a time-bound fashion. To top it all, we got Dr. Girdhar Gyani to be our election observer. Thank you, Sir.

This is the last time I will be writing as the Founder President of the Association. I am indebted to my fellow officials for being there through the thick and thin of our journey so far. Dr. Jothi Clara Micheal - Founder Vice President; Ms. Shubhada Sakurikar - Founder Secretary and Ms. Ajitha Nair - Founder Treasurer. Ms. Ajitha takes over as the next term President along with Dr. Unmona Borgohain - Vice President, Ms. Vincy Tribhuvan - Secretary, and Lt Col (Dr) Ajee K L - Treasurer. I am confident that they will take ANEI to the next level. All these will not be possible without the support of Executive Members who guide and decide the course of action for ANEI. A BIG THANK YOU to my fellow officials and all Executive Members.

I am not going anywhere. I will always be there supporting the officials as a founder executive member.

Miles to Go, Before I Sleep...



Nurses: A Voice to Lead

Dr. Deepika C. Khakha

Nursing Advisor, DGHS, MoHFW
Government of India

The theme for International Nurses Day 2022: **Nurses: A Voice to Lead - Invest in nursing and respect rights to secure global health**, focusing on the need to protect, support, and invest in the nursing profession to strengthen health systems worldwide.

After the pandemic, globally, nurses' importance in health care has been realized. The Nurse plays a pivotal role in delivering the health care system globally. They render services to a broad spectrum ranging from birth to death, non-communicable diseases to infectious disease, and mental health to chronic conditions; in hospitals and communities, nurses provide accessible, affordable, person-centered, holistic care for all. Investments in quality training and ensuring adequate pay and decent working conditions will improve health outcomes, promote gender equality and support economic growth. This would culminate in achieving SDG.

Investing in nursing and its leadership has been a critical global priority in achieving world health. Education is essential to support strategic nurse leaders and enable them to have a voice to lead and create a culture conducive to staff retention. Investment in nursing is pertinent to all sectors, including the government, healthcare organizations, society, and nurses. Collectively, we must step up to influence change for the better and have our voices heard, which would foster in delivery of quality care.

Increasing primary care capacity globally is a bridge to greater access. Shifting population demographics, complex chronic care needs, prioritization of preventive care, and ongoing healthcare financial concerns have increased demands on primary care systems. Harnessing the potential of nursing the world to health requires unleashing the potential of advanced practice nurses (APNs). This is another level of autonomy and leadership.

Apart from advanced practitioners, every nurse is a leader in whatever capacity she functions at any healthcare facility. She requires mentoring from her seniors to refine her leadership skills further. For nursing leaders, apart from being the torch bearers, creating the next line of leaders is also imperative to being a role model and mentoring the next generation. It is the nurse managers' moral responsibility to hold the juniors' hands and exercise assertiveness to put forward the issues about a nurse at the institutional level. The nursing leaders at the national and international levels need to collectively and collaboratively make efforts to make a difference in the nursing world by proactively working on nursing reforms. Leadership pertains to influencing others and making a difference for the good of others.



Reflections from the ANEI Election Officer

Ms. Daisy Nadar Raj

COO, Godrej Memorial Hospital, Mumbai

I was greatly surprised when my phone rang. I heard an unfamiliar but firm voice on the other end, Ann Lydia, offering me the coveted assignment -to be the election officer for the upcoming ANEI elections.

Though first I hesitated, I confirmed my acceptance. I had an earlier exposure as receiving/returning officer of some other association during their election, though this was more challenging.

So was the first election committee meeting, under my leadership, on a virtual platform. The committee members from across India, indeed national level, could be contestants in their ability but chose to be the committee members.

We first met on 9th October to acquaint ourselves with election committee members and the bylaws of ANEI wrt. Election process. A Series of meetings followed where the timelines for the election was defined; a series of processes were outlined to affect the election in a most appreciable way, and a hassle-free election process was to last from 2nd October 2022 to 25th November 2022.

One agenda for this meeting was also the selection of an election observer. Hold on! Who it was! It brought immense happiness to the committee members and myself when Mr. Gyani agreed to be the election observer—greatly honored by his acceptance. With all committee members' blessings, cooperation, and commitment, the election process was completed successfully as scheduled, and results were declared.

I wish all the newly elected office bearers all the success, more significant growth, and achievements for ANEI in its future endeavor under their leadership.

At this juncture, I express my deep gratitude to the outgoing office bearers, especially Ms. Thankam Gomez, for providing the necessary technical support during the election process. The contribution of the election committee members and their commitment are praiseworthy. I wish them the best in all they undertake and wish they be the future leaders of this prestigious organization - ANEI. Thank you; God bless you.

Pearls of Wisdom

VERIFY APPROACH FOR PREVENTION OF BLOOD SAMPLING ERRORS



Dr. Kripa Angeline. A



Ms. Mary Deepa

Aim & Objectives

Aim:

- To evaluate the policy on the prevention of blood sampling error developed and implemented by nurses

Objectives:

- To reduce the blood sampling error

Design: Quantitative Study - Action Research

Phase 1: Incident capture on blood sampling error

Phase 2: To develop policy on the nurses-initiated policy

Phase 3: To evaluate the implementation of policy.

The setting of the study:

OBG Wards

Sample:

1473

Sampling Techniques:

Convenience Sampling

Pearls of Wisdom

Data Collection Analysis:

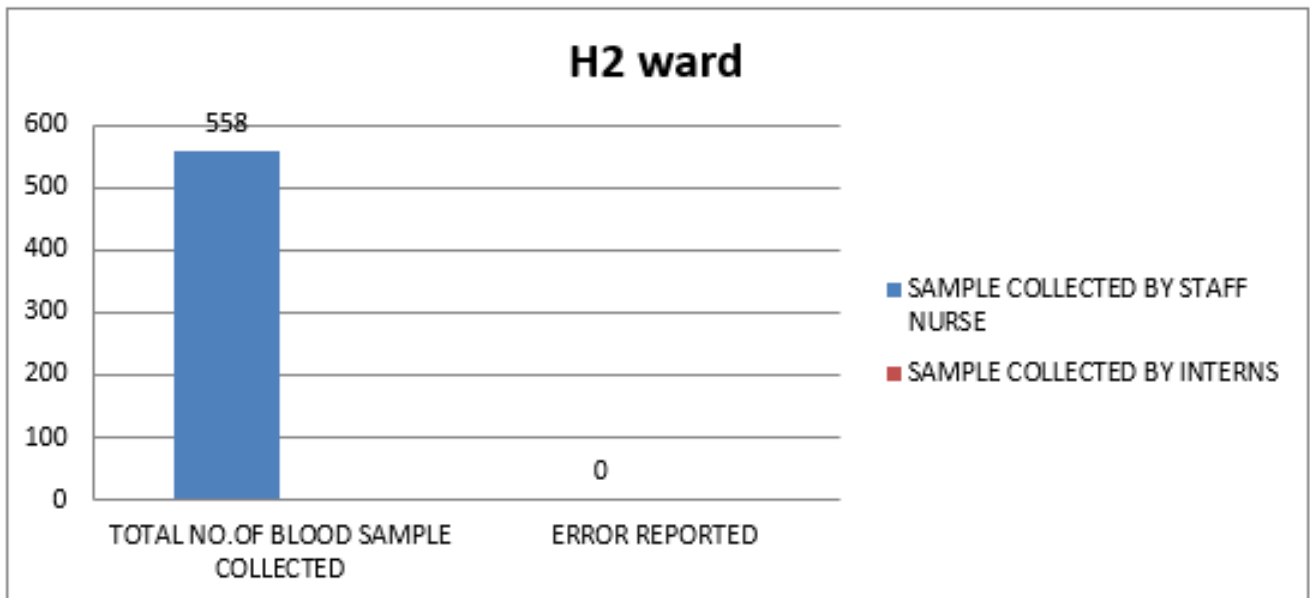
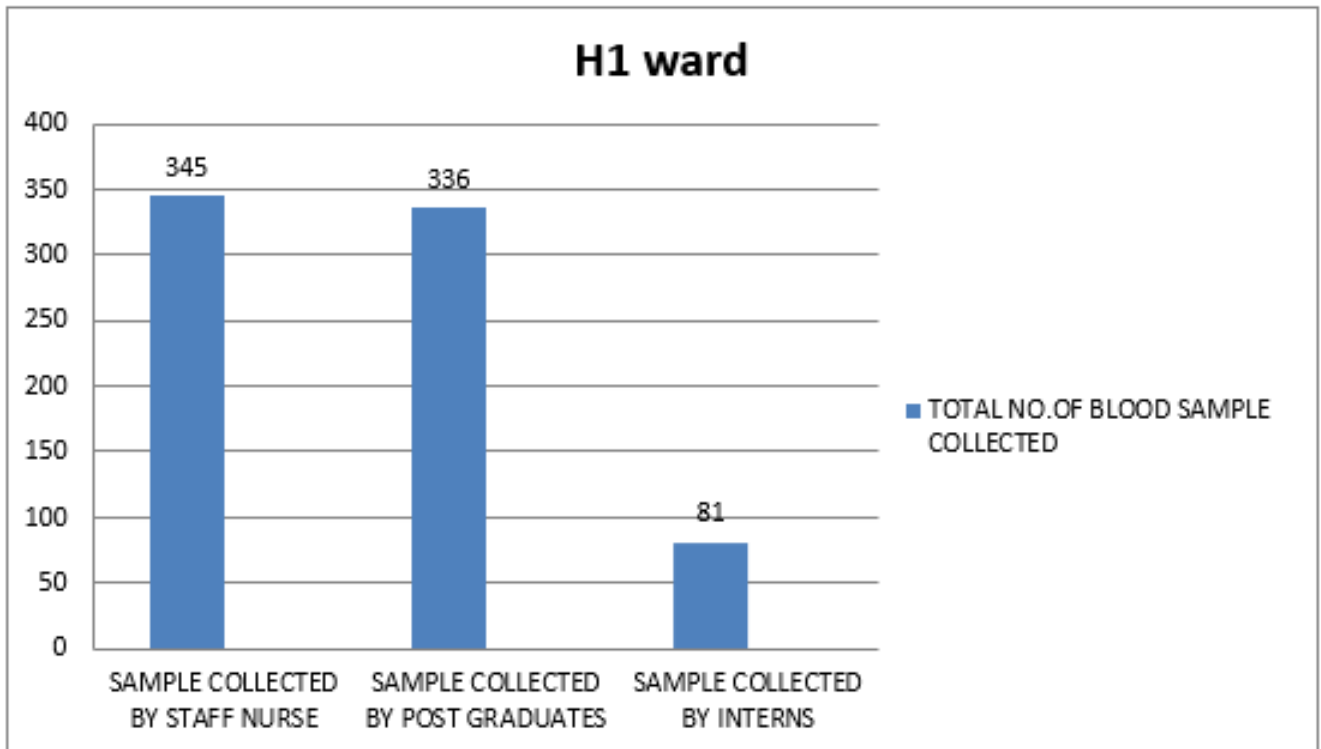
Summary of the data Analysis				
Data	Collection Method	Source	Phase	Data Analysis
Blood Sampling error rates and measure of severity	Incident information management system, for 9 months and on going	System and lab register	All Phase 1-3	Descriptive and inferential statistics (Incidents reporting and audit)
Organization environmental factors that contribute to blood sampling error	Audit based on the hospital blood sampling error policy prevention composed of 13 th criteria	Nurse initiated policy on prevention of blood sampling error	1 - 3	Adherence and deviation in practice
To evaluate the Criteria while collecting the blood sample	Auditing based on the criteria	All Staffs	3	Descriptive and inferential statics

Discussion

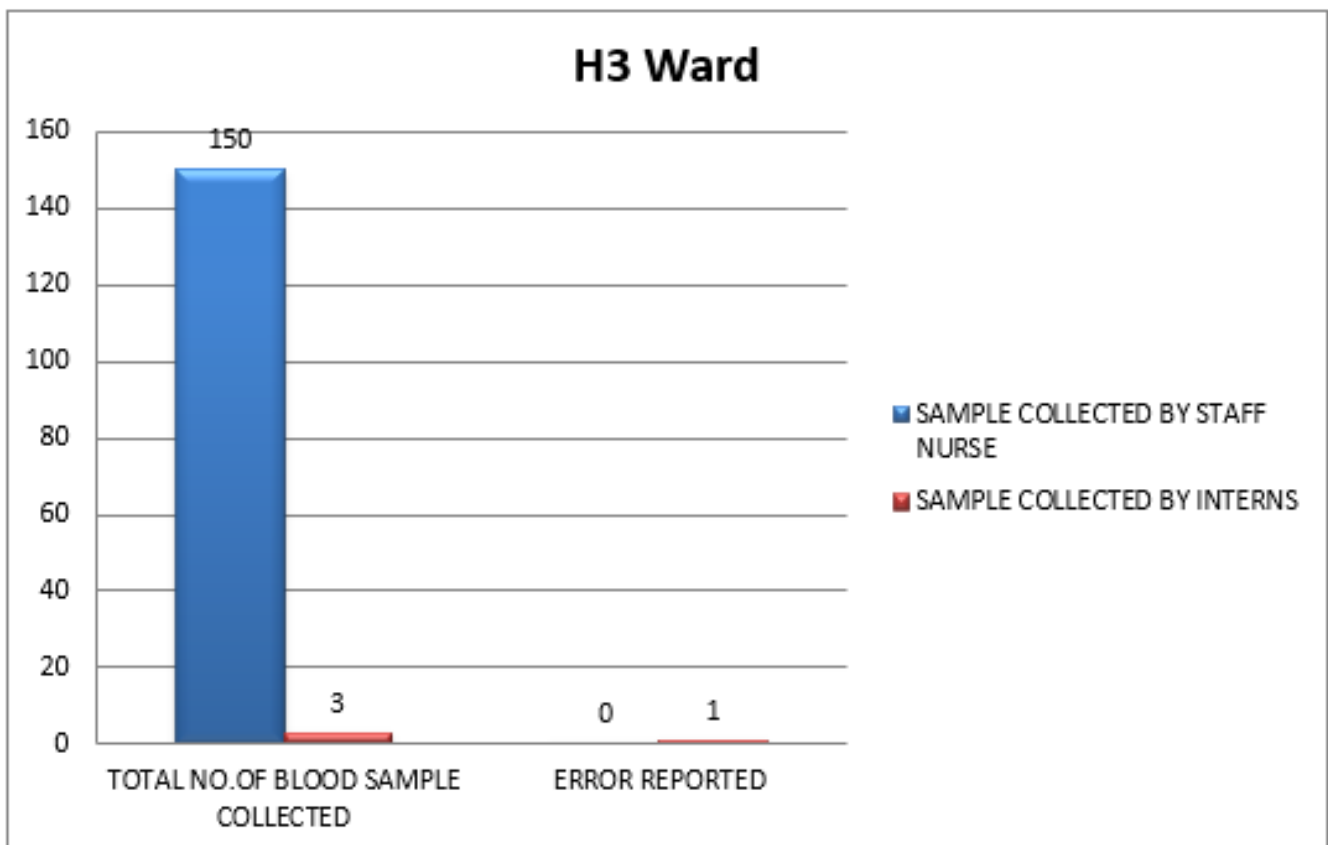
Blood Sampling error rates per 1000 blood sampling			
Month / Year	Sample Opportunity	Blood sampling error	Rate per 100 inpatient
October 22 (ANC / PNC ward)	762	0	0
Labour Ward	558	1	0.17
Gynaecology	150	2	035

Pearls of Wisdom

Overall Audit Report



Pearls of Wisdom



Result	<ul style="list-style-type: none"> Totally, 97% of staff nurses followed the blood sampling process & 3% were not followed. The results of this study helped us to conduct a Re-training program for the personnel collecting blood. By establishing a systematic procedure for the collection of blood, blood sampling errors & further sentinel event can be avoided.
Recommendation	<ul style="list-style-type: none"> Close observation to be done in all the three shifts by the in-charge Nurse & Nursing Supervisor Re-training program on Blood sample collection procedure can be conducted to all the CRRI & staff nurses (Departmental training / CNE) Nursing supervisor requested to conduct surprise audit in OBG wards and assess the effectiveness of the training program and implementation of the same. Re- audit need to be conducted on every month



VERIFY

- V - Verify the doctor's order before collecting the blood sample
- E - Explain the procedure to the patient
- R - Ready with the labeled container and other articles with a tray
- I - Identification with patient name / UHID number
- F - Follow the procedure for blood sample collection
- I (Y) - In-time process verification (Turn around time)

Reference:

1. NABH 5th edition Chapter AAC standard 6e
2. NABH Nursing Excellence
3. http://optimalblooduse.eu/sites/optimalblooduse.eu/files/38_REPORT%20BEST%20Audit%20blood%20sampling.pdf



Article review: Anaemia enters the nosocomial war

Ms .Lincy Jesvin

ANEI Member, Karnataka

Freelance Nurse Trainer

While the nosocomial infection is relatively common, nosocomial anaemia is a rare revelation. Being iatrogenic in nature, an illness induced by medical examination or treatment, this condition is also called iatrogenic anaemia.

Research says that people hospitalized for a more extended period have a high risk of iatrogenic anaemia.

A 2022 article titled “A contemporary analysis of phlebotomy and iatrogenic anaemia development throughout hospitalization in critically ill adults”¹ talks about anaemia being a common feature in critically ill patients and may be exacerbated through phlebotomy-associated iatrogenic blood loss. Differences in phlebotomy practice across patient demographic characteristics, clinical conditions, and practice environments are vague. The investigation comprehensively describes contemporary phlebotomy practices for critically ill adults. It concludes that phlebotomy continues to be a significant source of blood loss in hospitalized patients with critical illness, and more intensive phlebotomy practices are associated with lower haemoglobin concentrations and greater transfusion utilization.

“Blood belongs in the patient, not in the tube”² is an article published in 2021 that talks about the unnerving truths of critical care units. During a stay in the ICU, patients can lose up to 41 mL of blood each day for diagnostic tests, with a median blood loss of 200 mL during admission. The average daily production of red blood cells in a healthy adult is only 0.25 mL/kg, which is insufficient to compensate for this. A study published in the Annals of Thoracic Surgery³ examined the frequency and volume of blood drawn for lab tests in patients undergoing cardiac surgery over six months. The study’s researchers calculated that there were 115 tests per patient. The most commonly performed lab tests were blood gases, coagulation studies, complete blood counts, and metabolic panels. The median volume of blood drawn was 332 mL in the ICU and 118 mL in other hospital units. The cumulative median blood draw volume per hospital stay was 454 mL, equivalent to a unit of whole blood.

There is some evidence that reducing the volume of each draw may prevent iatrogenic anaemia. Much of the early data in this area examined the neonatal population. However, there is limited data on benefits in the adult population.

Another article called “Interventions to prevent iatrogenic anaemia: a Laboratory Medicine Best Practices systematic review”⁴ states that as many as 90% of patients develop anaemia by their third day of hospitalization in an intensive care unit (ICU). The researchers further evaluate the efficacy of interventions to reduce phlebotomy-related blood loss on the volume of blood lost, haemoglobin levels, transfusions, and incidence of anaemia. The article concludes with findings that moderate, consistent evidence indicates that devices that return blood from testing or flushing lines to the patient reduce the volume of blood loss by approximately 25% among ICU patients. The results of this systematic review support the use of blood conservation systems with arterial or venous catheters to eliminate blood waste when drawing blood for testing. However, the evidence is insufficient to conclude that the devices impact haemoglobin levels or transfusion rates.

“A Narrative Review on Hospital-Acquired anaemia: Keeping Blood where It Belongs”⁵ mentions that hospital-acquired anaemia (HAA) is a prevalent condition independently associated with worse clinical outcomes, including prolonged hospital stay and increased morbidity and mortality. While multifactorial in general, iatrogenic blood loss has long been recognized as a key contributing factor to the development and worsening of HAA during the hospital stay. Patients can lose over 50 mL of blood per day to diagnostic blood draws. Strategies such as elimination of unnecessary laboratory tests that are not likely to alter the course of management, use of paediatric-size or small-volume tubes for blood collection to reduce phlebotomy volumes and avoid blood wastage, use of closed blood sampling devices, and substituting invasive tests with point-of-care testing alone or bundled together have generally been shown to be effective in reducing the volume of iatrogenic blood loss, haemoglobin decline, and blood transfusions, with no negative impact on the availability of test results for the clinical team. These strategies are essential components of patient blood management programs, and their adoption can improve clinical outcomes.

While many articles point to excessive blood withdrawal as the significant cause of iatrogenic anaemia, we keep going back and forth. Does withdrawing too much blood cause iatrogenic anaemia indefinitely, or is it an amalgamation of several factors?

How preventable iatrogenic anaemia is it’s pretty inconclusive for now. But some of the strategies mentioned in the articles above might prove beneficial in the long run. Meanwhile, we can continue our quest. While digging into the mound of research articles may be cumbersome, it might extract a tiny shard of insight helpful to prevent iatrogenic anaemia. The onus lies on us to find out.

References:

1. Luke J Matzek, Allison M LeMahieu, et al. A Contemporary Analysis of Phlebotomy and Iatrogenic Anaemia Development Throughout Hospitalization in Critically Ill Adults; *Anesthesia & Analgesia* - Volume 135, Number 3, 17 August 2022, pp. 501-50(10)
2. Jennifer Rhamy. Blood Belongs In The Patient, Not In A Tube; St. Mary’s Regional Blood Donor Center. APRIL 2021
3. Koch CG, et al. Contemporary bloodletting in cardiac surgical care. *Ann Thor Surg.* 2015 Mar;99 (3):8779- 8784.
4. Nedra S. Whitehead, Laurina O. Williams, et al. Interventions to prevent iatrogenic anaemia: a Laboratory Medicine Best Practices systematic review; Published: 09 August 2019
5. Aryeh Shander, Howard L Corwin. A Narrative Review on Hospital-Acquired anaemia: Keeping Blood where It Belongs 2020 Jul;34(3):195-199. Epub 2020 Mar 30.

Reflections



My experience with the maiden initiative....

Ms. Lydia Annie J

ANEI Member, Tamil Nadu

Chief Nursing Officer

Kauvery Hospital, Kovilabakkam, Chennai

I was ecstatic when I learned that I had been chosen to serve on the first ANEI election committee. A week later, the ANEI WhatsApp group uploaded a poster with our (the team's) identities, allowing us to all get to know one another. The group was exchanging good luck and well wishes, which made me happy and a little uneasy (since it was my first encounter).

To move things along, the ANEI president planned a zoom meeting for us to meet one another and become familiar with the organization's bylaws. Reiterating our duties and the election process deadlines brought the session to a close. An email exclusive for this election process was generated on the same day.

The tasks included choosing the election officer, the election observer, the voting procedure, soliciting nominations, creating the nomination form, etc.

As a team, we decided to work with timelines. The election officer was the first thing we had to choose. Many possibilities came to mind, but we were able to narrow it down to two choices of seasoned nursing leaders, one of which, Ms. Daisy Raj, agreed to serve as our election officer. We were thrilled to have a seasoned leader assisting us during the election process.

In the meantime, we had the Google form soliciting nominations prepared. The election officer put the finishing touches on the form. In the interim, we also finished preparing the rules and guidelines for the election process. We are now prepared to publish the Google form requesting nominations. Since this was the maiden election process and we were the first election committee, we were eager to receive the nominations.

Posters that invited nominations were created and distributed around the group. Members of ANEI actively proposed their preferred candidates for the various roles. In the end, a handful of nominations were received after they were approved and withdrawn. To our surprise, we had no competition for the positions of president, vice president, and secretary. Because there were three contenders for the treasurer position, we decided to hold an election.

Reflections

The challenging part of the election process was the voting procedure. Not knowing much about the voting and ballot construction, we have been toing and froing on this all week. To kick start our maiden initiative, we found a voting app - election runner, on the google platform. It's so practical and reasonably priced that I swear it's the greatest invention since sliced bread. We were proud to introduce such an app in the ANEI election process. Now we are all set for the big day.


We were a little anxious about election day's voting process and prepared for any technical hiccups. The polling app was made available for three days and urged ANEI members to cast their ballots. The responses were so prompt when they went online. Thankfully, we did not discover any technical issues with the program; instead, we had problems with the mail IDs. We addressed their worries and assisted them in voting peacefully while working around the clock. We received 57% of the votes since the outcomes were so pleasant. As soon as the voting was completed, the results were generated automatically. As quickly as possible, we announced the results to the ANEI president, and she publicized them in the group on the same day.

The whole experience was challenging and tiresome (as we had to spend extra hours amidst our routine schedule), but it was exciti



ASSOCIATION OF NURSE EXECUTIVES (INDIA)
PASSION TO ACTION

We Would Love To Hear From You

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