

NURSING DIGEST

Official Newsletter – Association Of Nurse Executives (India)

November 2023 | VOLUME 6



INSIDE

- 1 Message - National President**
Capt. Ajitha Nair
- 2 Report - ANEI Annual Patient Safety Conference 2023 (AAPSC 2023)**
- 3 Report - Pre-Conference Workshop on IPSGs (AAPSC 2023)**
- 4 Action Items of AAPSC 2023**
- 5 Importance of End of Life Care - Simulation**
Ms. Himanshi
- 6 Step One to Being a Nurse Leader**
Ms. Chandini
- 7 Mentors' Impact on the Mentees**
Report on ANEI Initiative
- 8 Engaging Patients & Families for Safer Care. (Prize Winning EBP during AAPSC 2023)**
Ms. Karishma Khaund
- 9 Work Safely today & every day towards Zero Medication Harm. (Prize Winning EBP during AAPSC 2023)**
Ms. Tinku Adhikari
- 10 Ring Finger Avulsion - A Case Study**
Ms. Mary Antony



TOWARDS ZERO HARM

President Message



Capt Ajitha Nair
President, ANEI

Dear friends,

Association of Nurse Executives India (ANEI) just had another feather in its achievements and this edition of ANEI Newsletter has been dedicated to highlight our third Annual Patient Safety Conference with the theme Towards Zero Harm: Elevate the Voice of Patients which was held virtually on 30th Sept 2023. It was undoubtedly a memorable and impactful event which was represented by globally significant and impactful safety champions like Dr Neelam Dhingra of World Health Organization and Dr Michael Ramsay of Patient Safety Movement Foundation, the United States addressing us in person.

We have started with a very significant association with an organisation "Patient for Patient Safety" and its Chairman Dr Som Mittal not only shared his thoughts and mission with us but also we could sign a memorandum of understanding with them so as to contribute more towards elevating the voice of patients by sharing our expertise and empowering them while seeking healthcare.

We had impressive array of speakers engaged and impressed the audience with their experience and students and staff nurses discussing on meaningful topics. We had national level competitions on Quality Improvement Projects and Evidence Based Practice Presentations with significant cash awards for the winners.

The conference was organised by North East Chapter of ANEI under the able leadership of our Founder President Ms Thankam Gomez. The initiative, involvement, enthusiasm and perseverance of the organising committee, especially the North east Chapter President Dr Ranju Rani Das is praiseworthy. The entire organising team deserve applause for the spectacular show with the most impactful theme, carefully chosen tracks, powerful invocation dance, array of impressive speakers and overall seamless coordination throughout the eight hours academic feast.

The conferece preceded with preconference workshops titled "Training on International Patient Safety Goals for Nursing Students in India" conducted in the classrooms in Nursing Colleges across the country by ANEI trained faculty with an objective of developing a safety oriented mindset among nursing students inorder to make zero preventable harm to patients seeking healthcare. We could train an impressive 3761 nursing students in a short span of two weeks. I would like to convey my sincere appreciation to the Chapter Presidents and ANEI Faculty members who had taken all effort to make this a grand success.

Going forward we have realized the powerful potential of reaching out to the nursing students and has taken it upon ourselves to train one lakh nursing students across the country on Patient Safety and IPSGs. We will need about 800-1000 faculty for the same and i call upon the nurses of India to join hands with us for making this ambitious project a reality with a vision of making zero preventable harm to our patients. Looking forward to each one of your contribution towards this meaningful goal.

Yours truly,
Ajitha

ANEI Annual Patient Safety Conference 2023



The ANEI Annual Patient Safety Conference, held on September 30th, 2023, from 9:00 AM to 4:30 PM, was a remarkable event that brought together healthcare professionals, experts, and students to deliberate on the theme of patient safety. The conference featured six informative and engaging tracks that provided valuable insights and discussions. Here's a glimpse of the highlights from each track:

Track 1: Inaugural Session

The conference commenced with an official invocation and introduction by Dr. Unmona Borgohain Saikia, the National Vice President of the NEI Chapter, along with the students of the Asian Institute of Nursing Education, Guwahati. National President Capt. Ajitha Nair welcomed all the experts, panelists, jury members, staff, and participants. The Guest of Honour, Dr. Michael Ramsey, CEO of PSMF, USA, inaugurated the conference with inspiring words. Ms. Krishna Chaudhury, Secretary NE Chapter, ANEI, expressed gratitude to the Guest of Honour and all attendees.

Track 2: Engaging Patients and Families for Safer Care

This session was chaired by Ms. Thankam Gomez, the first president and founder EC member of ANEI. The panelists engaged in interactive discussions, sharing real-life experiences and insights on improving the healthcare system for patient safety. The esteemed panelists included healthcare professionals from various institutions, contributing their expertise.

Track 3: Patients for Patient Safety

Chaired by Ms. Kawaljeet Obroi, ANEI member, this session featured national and international speakers who shared their extensive knowledge and experiences in patient safety. The speakers emphasized the importance of focusing on patients to ensure safety in healthcare.

Track 4: The Best of Patient Safety Initiatives

Ms. Deepa Chugh, Nursing Superintendent, Akash Health Care, chaired this track, which featured project presentations on Evidence-Based Practice (EBP) on medication safety and Quality Improvement (QI) projects involving patients and families for safer care. The expert jury carefully evaluated the projects and discussed their effectiveness in enhancing patient safety.

Track 5: The Future Safety Champions: Young Nurses

Ms. Deepa Chugh, Nursing Superintendent, Akash Health Care, chaired this track, which featured project presentations on Evidence-Based Practice (EBP) on medication safety and Quality Improvement (QI) projects involving patients and families for safer care. The expert jury carefully evaluated the projects and discussed their effectiveness in enhancing patient safety.

Track 6: Valedictory Function

The final session was graced by Dr. Neelam Dhingra, Unit Head, Patient Safety Flagship, WHO, Geneva, who emphasized the importance of patient safety goals. Dr. Neelam did not join the inaugural session due to the time difference. The competition results of QIP and EBP were announced, and a Memorandum of Understanding (MoU) was signed between ANEI and the Patient for Patient Safety Foundation, India, to work together for patient safety. The conference concluded with a report on the pre-conference workshops and a future action plan for patient safety. The highlight was also the announcement of the first publication of the Association of Nurse Executives (India), a compilation of 100 patient safety events with lessons learned. The title of the book is very aptly coined as LIFE (Learning Ignited from Errors)

In conclusion, the ANEI Annual Patient Safety Conference was a resounding success, offering a platform for experts, healthcare professionals, and future nurses to come together and share their knowledge and experiences in the realm of patient safety. We extend our sincere thanks to all the participants, speakers, and organizers for making this event a memorable one. The curtain was drawn with the National Anthem, marking the end of a fruitful conference.

Thank you for your participation and support in making patient safety a top priority!

Special gratitude to the ANEI officials and all Organizing Team members.

Pre-Conference Workshop on IPSGs (AAPSC 2023)



Capt Ajitha Nair
President, ANEI

Patient Safety - Catch them young!

Report on the Preconference Workshop on IPSG Training of Nursing Students

We at the Association of Nurse Executives India (ANEI) are on an ambitious mission to initiate the concept of patient safety and international patient safety goals for nursing students across India to make hospitals safer for patients and staff. A four-hour preconference workshop Titled "ANEI's Training on International Patient Safety Goals for Nursing Students in India" has been conducted in the classrooms in Nursing colleges by ANEI-trained faculty to develop a safety-oriented mindset among nursing students to make zero preventable harm to patients seeking healthcare. We used an immersive learning style and ensured active participation by including role-plays for all six patient safety goals. Also included are the sharing of real-life experiences of the faculty in each of the patient safety goals as it has optimum learning potential, which can influence the reasoning and cognitive skills of young nursing students. Signing a pledge committing themselves to patient safety and being clicked at the patient safety photobooth made the experience very special for the students.

As a prelude to the workshop, we prepared ANEI members through certified orientation training to be the faculty for such a workshop. In a short span of two weeks, 3761 nursing students from the states of Arunachal Pradesh to Maharashtra and from Punjab to Kerala have undergone this training, which was coordinated by ANEI Chapter Presidents in the respective states as follows.

Preconference Workshop Conducted Across the Country on IPSGs

Name of State Chapter	Name and address of College/School	Name of Faculty	No of Students Trained
North East Chapter President Dr Ranju Rani Das	Arunachal State Nursing College, TRIHMS, Naharlagun	Mrs Boa Yania Taw and Ms Millo Dimin	40
	BSc Nursing College, Dibrugarh, Assam	Dr. Moni Neog and Ms Smriti Rekha Neog	58
	Apollo college and School of Nursing, Guwahati, Assam	Ms. Karishma Khaund Ms. Krishna Choudhury	66
	Asian Institute of Nursing Education, North Guwahati, Assam	Dr. Ranju Rani Das, S Rojita Devi	46
	College of Nursing Dr.H Gordon Roberts Hospital, Shillong, Meghalaya	Mrs. Papor Pathak Choudhury, Ms Riwanka Khlem	70
	Agartala Govt Nursing college, Agartala, Tripura	Mrs.Debi Chakraborty	42
Jharkhand Chapter President Ms TRS Ananthavarsheni	School of Nursing, Usha Martin University, Ranchi Jharkhand	Ms. Madhuri Raha	181
	Santosh College of Nursing, Tupudana, Ranchi	Ms. Suchitra Henry	54
	Vidya College of Nursing, Angara, Ranchi -835 103.	Ms. Ananthavarsheni	50
Tamil Nadu Chapter President Ms Leena Chandrasekaran	Apollo College of Nursing, Ayanambakkam, Chennai	Ms. Sasikala. A and Ms. Manju.G	325
	Rajalakshmi College of Nursing, Sriperambudur	Ms. Sasikala. A and Ms. Manju.G	32
	KMC college of nursing, Tiruchirappalli	Ms Lucy Grace and Ms Kasthuri	98
	Dr G Shakunthala College of Nursing, Tiruchirappalli	Ms Lucy Grace and Ms Kasthuri	56
	MMM college of Nursing, Chennai	Ms Roseline Anitha, Ms Sharon Joseph	149
	Veecare College of Nursing, Vanagaram, Chennai	Ms Roseline Anitha, Ms Sharon Joseph	38
	Right College of Nursing, Vanagaram, Chennai	Ms Roseline Anitha, Ms Sharon Joseph	50
	Sridevi College of Nursing, Krishnapuram, Thiruvallur District	Ms Roseline Anitha, Ms Sharon Joseph	72
	OMAYALACHI COLLEGE OF NURSING, Tiruvallur,	Ms Roseline Anitha, Ms Sharon Joseph	91
	INDIRA COLLEGE OF NURSING, Thiruvallur	Ms Roseline Anitha, Ms Sharon Joseph	79
Kerala Chapter President Ms Manjumol V S	Baby Memorial College of Nursing, Kozhikode	Prof Elizabeth Varkey	200
	JDT college of Nursing, Vellimadukunnu P.O,Kozhikode	Prof Elizabeth Varkey	160
	Shanthi College and School of Nursing, Kozhikode	Prof Elizabeth Varkey	157
	Nirmala College of Nursing, Kozhikode	Prof Elizabeth Varkey	154
	Baby Memorial School of Nursing, Kozhikode	Prof Elizabeth Varkey	92
	CSI College of Nursing, Karakonam, Thiruvananthapuram	Nithya MC, Lijo R	200
	SP Fort College of Nursing, Thiruvananthapuram	Manjumol.V.S ,Akhila Raj	80
	KIMS college of Nursing, Thiruvananthapuram	Capt.Ajitha, Ms Manjumol.V.S	65
	Elite College OF Nursing, Thrissur	Ms Siji Susan Philip	40
	Govt .School of Nursing, Thiruvananthapuram	Ms Akhila Raj , Ms Preethu Prabha, Ms Kala Sureshan	76
UP Chapter President Dr Geeta Parwanda	College of Nursing, Sree Narayana Institute of Medical Sciences, Ernakulam	Ms Chithra. A. Valsan	45
	Panna Dhari Maa Subharti Nursing College, Subharti University, Meerut	Prof Anandh Sam Parera, Ms Blessy Mathew	151
Punjab Chapter President Ms Rajbir Kaur	Gian Sagar College of Nursing, Ram Nagar, Rajpura	Dr Davinder Kaur	58
Telangana Chapter President Ms Haritha Vijayan	KIMS School of Nursing, Secunderabad	Ms Jyothi Mary	72
	TSRTC college of Nursing, RTC Hospital Campus Tarnaka, Hyderabad	Dr T Vasundhara Tulasi	93
	Neelima College of Nursing, Malkajgiri District	Dr Rafat Razia	100
Delhi Chapter President Capt Sandhya Shankar Padey	Holy Family College of Nursing, Okhla, New Delhi	Dr. (Prof). Raminder Kalra Prof. Cimil Babu Ms. Sumi Rachel Samuel	200

It was such a unique experience reaching out to the Principals and students where we could realize our potential to create an impact in healthcare. All colleges we connected enthusiastically participated.

Future Plans

Building on the mileage, energy, receptiveness, and positive attitude of teaching faculty and students in all the colleges, ANEI has taken it upon ourselves a unique, ambitious, and purposeful mission to orient and educate the concept of Patient Safety and International Patient Safety Goals to one lakh nursing students across the country in a span of one year time ending September 2024. We are conducting faculty training programs regularly as we require about 1000 faculty members for this program. This program has immense potential to create safety-oriented thinking and work culture in our hospitals and will definitely infuse the much-needed push-up effect on Patient Safety. We call upon all nurses to partake in this mission so as to make our healthcare delivery free of preventable errors.





Action Items of AAPSC 2023

Action Items Report - ANEI Annual Patient Safety Conference 2023

The ANEI Annual Patient Safety Conference, held on September 30th, 2023, was a resounding success, drawing together healthcare professionals, experts, and students to deliberate on patient safety. In the spirit of our tagline, "Passion to Action," the conference concluded with several action items aimed at improving patient safety, enhancing education, and engaging with patients and families in care. Here is a comprehensive report on the action items agreed upon during the conference:

1. Memorandum of Understanding with Patients for Patient Safety India:

- ANEI has signed an MoU with Patients for Patient Safety India, with a primary focus on patient and family education and awareness regarding safety in healthcare. This collaboration aims to actively involve patients and their families in the care process, emphasizing the importance of their role.

2. ANEI Patient Safety Fellowship:

- ANEI announced its third Patient Safety Fellowship Cohort to nurture a community of ANEIans in patient safety. This initiative will provide a platform for professionals to develop deeper into the subject, fostering a culture of continuous improvement. This fellowship is in collaboration with the Patient Safety Movement Foundation, USA.

3. 2nd Cohort of Patient Safety Fellows:

- The second cohort of Patient Safety Fellows will concentrate on Evidence-Based Practice (EBP) and create adaptable action templates to minimize harm in hospital settings. This approach ensures that the knowledge gained is practically applicable and can significantly improve patient outcomes.

4. Collaboration with CAHO & PFPS:

- ANEI will collaborate with the Consortium of Accredited Healthcare Organizations (CAHO) and Patients for Patient Safety India (PFPS) to develop Patient Advisory Councils. These councils will provide a platform for patients and their families to participate actively in healthcare decision-making and quality improvement.

5. Awareness among Student Nurses:

- ANEI is committed to creating awareness about the International Patient Safety Goals (IPSG) among student nurses. This will be achieved through continuous training and outreach efforts, with the goal of reaching out to 100,000 students within a year. Educating the next generation of healthcare professionals is vital for ensuring patient safety.

6. Empower Hour Continuation:

- ANEI will continue its monthly "Empower Hour" initiative, focusing on IPSG Goals. This sustained effort will keep patient safety at the forefront and encourage healthcare professionals to promote safety practices actively.

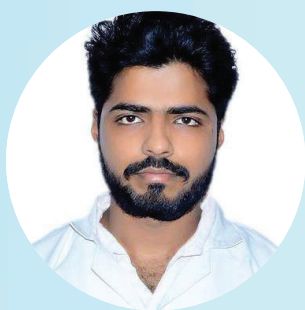
7. Annual Patient Safety Conference:

- ANEI is dedicated to the Annual Patient Safety Conference, held during International Patient Safety Month. This conference serves as a platform for knowledge exchange, networking, and collaboration, and it will continue to be a key event in the pursuit of patient safety excellence.

In conclusion, the ANEI Annual Patient Safety Conference was not just a gathering of professionals; it was a commitment to action. These action items represent tangible steps towards improving patient safety, educating the healthcare community, and engaging with patients and their families. ANEI's dedication to converting passion into action is evident in these initiatives, and we look forward to a future marked by enhanced patient safety and well-being.

Presented by Ms. Vincy Tribhuvan, Secretary, Association of Nurse Executives India (ANEI), during the valedictory function of the conference.

Importance of End of Life Care Simulation



Mr. Shalin Kumar
Quality Manager;
TMU hospital, Moradabad



Ms. Himanshi
Clinical Coordinator/Assistant Professor
TMU hospital, Moradabad

*“Importance of End of Life care Simulation in the Nursing Education of Undergraduate Nursing Students Curriculum
A Scoping Review based on Literature”*

Department of Medical-Surgical Nursing, TMU Hospital, TMU

This scoping review aims to describe what is currently known about end-of-life simulation in adults in the education of undergraduate nursing students.

Background:

Simulation-based learning (SBL) has been utilized in nursing education since 1874, but was not widely employed in education of end-of-life until 2009 (Gillan et al., 2014a; Nehring & Lashley, 2009). SBL is defined as “an event or situation made to resemble clinical practice as closely as possible” (Jeffries, 2007). It is a powerful tool that has been demonstrated to promote deeper understanding and application of psychomotor skills, enhancing communication and interdisciplinary teamwork.

Nursing students have limited opportunities to experience end-of-life care, so it is difficult for them to learn how to deliver it empirically. The use of simulations with standardized patients may be a way to provide a realistic experience of end-of-life care for nursing students.

End of life care is a daunting experience for undergraduate nursing students who are largely unprepared to undertake quality care for the dying person and their families. Undergraduate nursing curriculum often do not provide adequate education on critical aspects of care at the end of life. End of life care simulation is an emerging, innovative and student-centred approach that aims to improve nursing students' preparedness for end of life care

Operational Definitions:

This scoping review aims to describe what is currently known about end-of-life simulation in adults in the education of undergraduate nursing students.

1 Palliative Care:

“An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (World Health Organization [WHO], 2018).

2 End-of-Life Care- Simulation:

The use of simulation to provide opportunities for nursing students to care for the patient at the end of life, and an opportunity for students to explore their own beliefs about death and what it means to care for dying patients and their families (Smith-Stoner, 2009a).

3 Simulation:

“Hands-on practice that resembles clinical practice as closely as possible.”

4 Undergraduate Nursing Students:

A student who is enrolled to undertake studies for a Bachelor of Nursing degree.

Methodology:

This scoping review is consistent with the Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) guidelines. A comprehensive screening was performed using different databases - PubMed, Cochrane, Google Scholar, Mosby's Index, Scopus, and EBSCO. All relevant titles and abstracts were read to assess eligibility based on inclusion criteria. After reading the full texts, the researcher removed non-relevant articles where potentially relevant articles were evaluated by the other authors to confirm eligibility. The findings of this article are reported under Three main themes; 1) Modes of End of Life care Education Delivery, 2) End of Life Care Education Initiatives; 3) Increased knowledge of end of life care through 'Simulation learning'.

Discussion:

This review suggested end-of-life care simulations have positive impacts on aspects of student knowledge, confidence, attitude, and communication. Students demonstrated increased palliative care knowledge and improved attitudes around end-of-life care. These findings align with previous scoping reviews on end-of-life simulations (Gillan et al., 2014a; Gillan, van der Riet, & Jeong, 2014b). Increased levels of self-confidence and communication with patient and family were also observed.

Therefore, there is still a significant gap in the research on end of life care simulation, especially qualitative research exploring students' stories of experiences with this important teaching methodology. Research, in particular narrative inquiry studies that explore students' experiences and stories with end of life care simulation are required. Furthermore, simulation needs to include a variety of scenes and roles within a continuum to provide holistic end of life care simulation experiences.

Conclusion:

The findings of the studies reviewed support end of life care simulation as a strong and viable pedagogical approach to learning for its positive effects on knowledge acquisition, communication skills, self-confidence, student satisfaction and level of engagement in learning. However, the important factors including psychological safety of students and the costs involved require careful consideration. Research on the use of simulation in nursing is still in its infancy, further research using various research designs is required to adequately explore the issues surrounding end of life care simulation. The inclusion of family members in end of life care simulation is important to promote therapeutic communication, holistic care, and support family in the grief process.

Conflicts of Interests:

There was no conflict of interest in this article.

Funding Sources:

It was not a funded research study.

Ethical approval & consent to participant

In this scoping review, ethics approval and consent is not applicable

References:

- Abdo, A., & Ravert, P. (2006). Student satisfaction with simulation experiences. *Clinical Simulation in Nursing Education*, 2(1), e13-e16.
- Abellson, A., & Bisholt, B. (2017). Nurse students learning acute care by simulation - Focus on observation and debriefing. *Nurse Education in Practice*, 24, 6-13. doi:10.1016/j.nepr.2017.03.001
- Bambini, D., Washburn, J., & Perkins, R. (2009). Outcomes of clinical simulation for novice nursing students: Communication, confidence, clinical judgment. *Nursing Education Perspectives*, 30(2), 79-82.
- Banjar, A. K. (2017). Till death do us part: The evolution of end-of-life and death attitudes. *Canadian Journal of Critical Care Nursing*, 28(3), 34-40.
- Banks, M. (2007). Using visual data in qualitative research. Los Angeles: Sage.
- Bambini, D., Washburn, J., & Perkins, R. (2009). Outcomes of clinical simulation for novice nursing students: Communication, confidence, clinical judgment. *Nursing Education Perspectives*, 30(2), 79-82.
- Banjar, A. K. (2017). Till death do us part: The evolution of end-of-life and death attitudes. *Canadian Journal of Critical Care Nursing*, 28(3), 34-40. Banks, M. (2007). Using visual data in qualitative research. Los Angeles: Sage.
- Caine V. (2010a). Narrative beginnings: Travelling to and within unfamiliar landscapes. *Qualitative Health Research*, 20(9), 1304-1311. doi:10.1177/10497322310367500
- Dame, L., & Hoebeke, R. (2016). Effects of a simulation exercise on nursing students' end-of-life care attitudes. *Journal of Nursing Education*, 55(12), 701-705. doi:10.3928/01484834-20161114-07
- Eaton, M. K., Floyd, K., & Brooks, S. (2012). Student perceptions of simulation's influence on home health and hospice practicum learning. *Clinical Simulation in Nursing*, 8(6), e239-e247. doi:10.16/j.ecns.2010.11.003
- Fabro, K., Schaffer, M., & Scharton, J. (2014). The development, implementation and evaluation of an end-of-life simulation experience for baccalaureate nursing students. *Nursing Education Perspectives*, 35(1), 19-25. doi:10.5480/11-593.1
- Feingold, C. E., Calaluce, M., & Kallen, M. A. (2004). Computerized patient model and simulated clinical experiences: Evaluation with baccalaureate nursing students. *Journal of Nursing Education*, 43(4), 156-163.

“You treat the disease, You Win, You Lose. You treat a person, I guarantee you. You'll win, no matter what the outcome.- Patch Adams

Step one to being a Nurse Leader



Ms. Chandni

Nurse Educator

**Fortis Escorts Heart Institute,
Okhla, New Delhi, India**

Let's know about the trends and areas of emphasis that may influence Nursing Leadership in 2023 and beyond:

1. Emphasis on Transformational Leadership:

Transformational leadership, which inspires and empowers nurses to achieve their full potential, will likely remain a prominent leadership style in nursing.

2. Diversity, Equity, and Inclusion (DEI):

Nursing leaders are expected to prioritize diversity, equity, and inclusion within their teams and organizations, ensuring that nursing staff from diverse backgrounds are represented and supported.

3. Nurse Well-being and Resilience:

Nursing leaders recognize the importance of promoting nurse well-being and resilience to combat burnout and turnover. Strategies may include wellness programs and mental health support.

4. Technology and Digital Health:

Nurse leaders will continue to adapt to advancements in healthcare technology, including electronic health records, telemedicine, and health informatics.

5. Interprofessional Collaboration:

Encouraging collaboration among healthcare professionals, such as nurses, physicians, and pharmacists, is crucial for improving patient care and outcomes.

6. Patient-Centered Care:

Nursing leaders will champion patient-centered care models that prioritize patients' needs, preferences, and involvement in their care.

7. Clinical Nurse Leadership:

Clinical nurse leaders are critical in bridging the gap between bedside care and administration. This trend is expected to continue.

8. Healthcare Policy Advocacy:

Nurse leaders may advocate policy to influence healthcare regulations, reimbursement models, and healthcare reform.

9. Education and Lifelong Learning:

Encouraging continuous professional development and lifelong learning among nursing staff will remain a priority for nursing leaders.

10. Data-Driven Decision-Making:

Leveraging data analytics and evidence-based practice for decision-making will continue to be essential for nursing leaders.

11. Emergency Preparedness and Crisis Management:

Nursing leaders will focus on enhancing emergency preparedness and crisis management strategies in response to global events, such as pandemics and natural disasters.

12. Ethical Leadership:

Ethical leadership and decision-making in nursing will continue to be emphasized, especially when facing challenging ethical dilemmas.

13. Leadership Development Programs:

Organizations may invest in leadership development programs to nurture the next generation of nurse leaders.

14. Telehealth Integration:

Nursing leaders will explore ways to integrate telehealth services into nursing practice, expanding access to care and improving patient engagement.

15. Global Health Initiatives:

Nursing leaders may engage in global health initiatives and collaborate internationally to address healthcare disparities and promote global health equity.

Let's build the strong leaders of India by keeping ourselves up-to-date with the latest leadership trends.

How a Mentor can impact a Mentee

A bond of Guidance, Support, Understanding, and Love

A mentor can give the benefit of his or her perspective and experience. He or she can help assimilate to a new position and give an insider's view on how to get things done effectively.

Holy Family College of Nursing, Delhi was blessed to have mentoring for few of their students by Senior Nurse Leaders of ANEI. These students were beneficiaries of "My Daughter is Precious" Scholarship scheme facilitated by Ms. Thankam Gomez. Mentor-Mentee meetings were conducted half an hour telephonically monthly or bimonthly. Mentors made themselves available as per the need of the students and their mutually convenient time. A significant impact was seen on the personal and professional growth of the mentees. Some of the mentees expressed their feelings in beautiful words.

Student 1. "You have rewarded me adequately. Surprised me with all the little things. Your guidance and blessings always blessed me. Thank you, ma'am."

Student 2. "With your guidance I became a spiritual leader, you helped me spiritually, and in other aspects of life. You are more like a friend to me with whom I can share my problems without hesitation. Thank you for showing me the right path."

Student 3. "Hope to see you in coming days also, your guidance helped me to solve the problems by writing them to reduce my tension. I had an opportunity to represent the students and college in ANEI conference. You helped me to improve in my communication skills. This relationship will be continued for life because I need you guidance throughout. Thank you Ma'am."

Student 4. "Your guidance really helped me a lot. I was facing anxiety and stress issues, you taught me to control and reduce stress through yoga and other techniques. You helped me not only in academics but in other things like communication, time management, utilization of time, stress management etc."

Student 5. "I was facing many issues in personal life, hindering me to concentrate on my studies. Your mentorship helped me to cope with all situations and I scored good marks in my academics also. I am so blessed to have you."

Student 6. "It's my pleasure to express my gratitude towards you. Mam you have changed my life, I have done very well in my academics and I scored first position in Delhi University as well as I have done well in other extra curricular activities."

Student 7. "I was a shy person but under your guidance I am more confident now and I have not only participated in many extra curricular activities but I got second position in the National poster competition conducted by TNAI. I am blessed to have a mentor like you. My life is bloomed in a positive way."

Student 8. "Due to the financial reason I was not focusing on my study due to the scholarship my problem was solved, but Mentor-Mentee initiatives helped me to work on my problems in a better way. This is a wonderful team with great Nursing professionals, with them it's easy to share any conversation. Mentorship program changed my life totally. Thank you! Blessed to have you on my side."

Compiled by:

Mrs. Anshu Tomar, Assistant Professor, Holy Family College of Nursing,
Coordinator for the mentorship program

Engaging Patients & Families for Safer Care-

Medication Administration Process and Impact on Patient Experiences.



Karishma Khaund,
Apollo Hospitals Guwahati

Background of project:

Medication errors are considered one of the leading causes of patient harm in hospitalized patients. Although the medication administration process is perennial, many factors affect the process, leading to medication errors. This process is paramount for nursing as it is one of the prime responsibilities of nurses working in a hospital setup. Nurse's role in the entire process is suboptimal as they can prevent the occurrence and prevention of medication administration errors. Commonly, Nurses do not involve the patient in the final step of verification for routine procedures; as a result, several incidences occur due to the wrong patient, wrong medication, wrong procedure, wrong route, wrong quantity, wrong shifting, wrong transfusions, etc. Lack of knowledge of clinical nurses on the medication administration process. Patients and relatives often complain about poor responses of nurses during the medication administration process, delays in medication administration, etc. Treating doctors commonly raises concerns about nurses' education on discharge medication during exit. Lack of involvement of patient and family in the entire process of medication management often leads to various issues, including medication administration errors.

The project was undertaken to evaluate the medication administration process of nurses and identify various ways to involve patients and relatives, which will also help to evaluate the impact on patient experiences.

The main aim of the project is to involve patients as:

1. It acts as a last step and final verification of safety measures for zero error.
2. To promote the patient's rights and receive the right treatment.
3. To demonstrate that there is "NO HARM" to the patient in the patient's treatment plan.
4. To confirm that the patient acts as an advocate in preventing errors.

Project Methodology:

Plan,Do,Check,Act cycle was adopted for the project, and the duration was decided for three Months (May 2023 to July 2023).

Plan:

A Project team consisted of CNO, ANS, Nurse educator, Medication nurse, and Charge nurses. A few meetings were conducted to overview the current practices, training requirements, and finally, the audit process for evaluation.

- The medication administration process was already categorized under high-risk process initiatives; two audit tools were developed, one to assess the "Compliance to Medication adherence process" and the other to determine the "Medicine Administration Process Check."

- A flow chart on the medication administration process was developed to train staff nurses primarily on the involvement of patients and relatives.

- A video on the medication administration process was also created for training the nurses.

- 5Ps for Prevention of Medication administration errors were created for implementation.

P - Prevention {AIDET (Acknowledgment, Introduction, Duration, Explanation, Thankyou) Script} by involving patients.

P - Practice Check DST {Drug, Strength & Time} by Charge nurses for each nurse.

P - Process Check - Medication Adherence audit tool.

P - Prescript - How do-not-do (written instruction in the form of NURSE PRESCRIPT to staff nurses)- Nurse Prescript format is attached.

P - Pledge - 6 Rights of Medication Administration (Pledge before each shift during shift drill).

- A Toolkit on "Final Check-Obtaining an OK from patient" was introduced and implemented.

Do:

- Charge nurses were allocated for each unit to audit to assess the "Medicine Administration Process Check." The observation method using a semi-structured tool was used to evaluate the compliance of the medication administration process for two nurses each day. Two staff nurses were assessed daily while dealing with the medication management process. The audit findings were discussed in departmental meetings twice weekly to analyze the compliances. Data were collected through the link that was created. (Link: https://docs.google.com/forms/d/e/1FAIpQLSfEsSpXbfn5W25h0aQ72YK9wh2u89NvXh93rmVo2lym-CHP4w/viewform?usp=sf_link).

- One medication nurse was assigned to assess the "Compliance to Medication adherence process."

Data were collected through the link that was created. (Link: https://docs.google.com/forms/d/e/1FAIpQLSeciN4o3DTqYwuHQdGmBhifXtcaXXCkY_ecdmQLealGD5XJiQ/viewform?usp=sf_link).

- We have continually emphasized the importance of patient/relative involvement in care & treatment in the daily Nursing Leadership round.

- Training conducted in the classroom and OJT (Job Training) in the wards on the "Medication Administration Process" flow chart.

- Pledge on 5Ps was implemented, and each staff was instructed to take the pledge before starting their shift.

- Training on "Final Check-Obtaining an OK from patient" was conducted.

- Video-based training was conducted.

Check:

The customer relations management portal was checked for any patient complaints, specifically medication management-related. Nursing leadership rounds were done to identify any deviation as well as to identify patient complaints. There were a few patient complaints, especially regarding medication management, e.g., the nurse did not give the medicine on time, poor response while clearing doubts related to medicines, etc. Few medication administration errors were identified, which could have been prevented if the engagement of the patient/family had been done. For example, Syrup Duphalac was advised to be administered eight hourly, but the nurse plotted the timing as 24 hourly; a double dose of Tab Pantocid was administered instead of 24 hourly.

While assessing the audit findings, it was evident that only 68% of the staff asked permission before taking the medicines from the patient's drawer. Most of the staff (28%) did not explain the drug details to the patient and family nor ensured an Okay from the patient.

ACT

All interventions were carried out as per the plan. There were apparent improvements seen after implementing all the interventions. 100% of staff were trained on the "Medication administration process" for easy reference, and the flow chart was included in the ready reckoner and pasted in the patient files. The process and the "Final Check" tool were included in regular training sessions and nursing induction programs. Charge nurses were instructed to utilize the nurse prescript to guide the junior nurse if specific medication instructions were required.

To understand the project's outcome, patient feedback was collected from various angles, e.g., online portal, google review & social media. Excellent feedback from patients was identified in those portals, e.g., "We came to know about all the medication which my father was getting from nurses," "Nurses explained every detail of medicines very nicely," etc., etc.

The continuous audit was carried out, and the process deviations and the compliances were shared with nurses via WhatsApp group on the same audit day as a preventive strategy to motivate the staff to continue the good practices. Surprisingly, improvement was observed after analyzing the audit findings; most (97%) staff took permission before taking the drug from a patient drawer in July 2023. Majorly (94%) of the staff had obtained an OKAY from patients before starting the medication administration process in July 2023. The unit with the lowest compliance (60%) on all the parameters in May 2023 their compliance to the entire process reached 96% in July 2023.

A way forward:

Few processes will be continued as a solution so that engaging patients in all the processes will continue in the settings. To name a few, continuous follow-up during leadership round on tool implementation "FINAL CHECK," constant reinforcement through various forums (Added on induction program, kept in ready reckoner, added in regular nursing training. Feedback from patients & families can highlight the actual scenario at the bedside; it's highly recommended to analyze the feedback through various angles, e.g., online feedback portal, google review platform & other social media forums. Monthly audits on the "Compliance of Medication Administration Process" and Daily senior nursing leadership rounds are recommended to establish the process. Monthly discussions of "Preventable medication errors" in Nursing Departmental Meetings and Nursing Quality Review Meetings can be another step to continuous follow-up and learning from the discussions. Regular patient and family education must be continued to engage them in all kinds of care and make them aware of their rights.

Conclusion:

The nurses spend most of their shift (40%) dealing with the overall medication process. Similarly, patients and relatives are equally sensitive and vigilant in this role of healthcare workers. The project helped the team understand that engaging patients and families in all the treatment processes, especially the crucial medication management process, will undoubtedly resolve many issues; this process will also help build a strong nurse-patient relationship in today's era.

Reference:

Devi AN, et al. A Study to Assess the Knowledge Regarding Intravenous Fluids and Drug Administration among Staff Nurses Working in Narayana General Hospitals at Nellore. Indian Journal of Public Health Research and Development. January 2016.7(4):14

Kartika IR, Melani V. Application of 'six rights' on medication administration by nurse and patient satisfaction: Journal INJEC. December 2017; 2: 178-183

AOP 2023-24 DOC #3 LEVER 5 -SERVICE - The Final Check, Apollo Hospitals.

Towards Zero Harm Elevate the Voice of Patients

“Work Safely today & every day towards Zero Medication Harm.”

Ms. Suchandra Ghosh (Sr. Clinical Instructor), Ms. Mangala Chatterjee (Sr. Clinical Instructor), Ms. Tinku Adhikary (Nursing Superintendent - QA) Capt. Madhukari Ray (Nursing Director - Eastern Region).

Abstract: 1 in 20 healthcare facility patients are exposed to avoidable medication harm (WHO). 1 in 4 patients faces severe or life-threatening harm (WHO). More than 138 million patients are harmed yearly by prescription errors (WHO 14-Sep-2019). 5 to 50% of all medical errors in primary care are administration errors. (09-Mar-2019) WHO. The Nursing team has recorded 24 medication administration errors from July to September 2022. Unsafe medication practices and medication administration errors were the leading causes of patient dissatisfaction.

Aim: The aim of this study is to ensure safe medication practices & focus on achieving Zero harm. To improve patient satisfaction with medication experience and EMPOWER patients and families to be actively involved in the safe use of medication.

Methodology: DMAIC is adopted for this project. DMAIC is a data-driven quality strategy used to improve processes. DMAIC is an acronym that stands for Define, Measure, Analyze, Improve, and Control.

Results: 5 Ps implementation (1. Practice Check 2 Prescription Check 3 Pledge to Reduce Error 4 Prevent Error 5 Process Check) and taking the patient's "OK" before giving medication and empowering the patient for safety are two essential strategies that have helped us reduce medication errors from 9 to ZERO and improve the satisfaction from 35 - 70 % to 90 % of our patients. Conclusion: This Quality improvement project helped us prepare and prevent instead of repair and repent. Healthcare providers would encourage patients to participate in their medication.

A. INTRODUCTION:

Around 1 in every 10 patients is harmed in health care, and more than 3 million deaths occur annually due to unsafe care. In low-to-middle-income countries, as many as 4 in 100 people die from unsafe care. Above 50% of harm (1 in every 20 patients) is preventable; half is attributed to medications. Everyday adverse events that may result in avoidable patient harm are medication errors, unsafe surgical procedures, healthcare-associated infections, diagnostic errors, patient falls, pressure ulcers, patient misidentification, hazardous blood transfusion, and venous thromboembolism. Patient harm potentially reduces global economic growth by 0.7% a year. On a global scale, the indirect cost of harm amounts to trillions of US dollars each year. Investment in reducing patient harm can lead to significant financial savings and better patient outcomes. An example of a good return on investment is patient engagement, which, if done well, can reduce the burden of harm by up to 15%. The Consequence of Medication Errors is **Severe:** A medication error can lead to numerous complications, including long-term injuries or fatalities. Nurses who are involved in Medication Errors were found to suffer from emotional distress, lack of confidence, and punitive actions, mainly when the error results in substantial patient harm.

B. PROBLEM STATEMENT: INCIDENCES RELATED TO MEDICATION ERROR AND CONSEQUENCES

The Nursing team has recorded 25 medication administration errors from July to September 2022. Unsafe medication practices and medication administration errors were the leading causes of patient dissatisfaction.

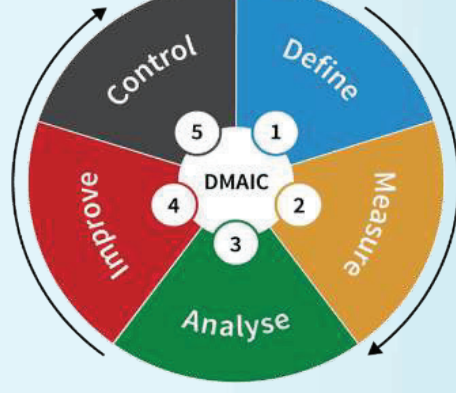
1. Patient identifiers were not verified before administration: 6
2. Dose-related error: 6
3. Route connected error: 4
4. Frequency-related error: 4
5. Monitoring after medication administration was not done: 5

C. AIM/OBJECTIVES

1. To ensure safe medication practices & focus on achieving Zero harm.
2. To improve patient satisfaction with medication experience and EMPOWER patients and families to be actively involved in the safe use of medication

D. METHODOLOGY

DMAIC is adopted for this project Define the problem, the improvement activity, the possibility for improvement, and the project goals. A process map (TABLE 01) is used to record the activities that occur as part of a process. A control chart is used to analyze the frequency of issues or causes. Analyze the process to identify the reasons for variance and poor performance (defects). To discover causes, utilize root cause analysis (RCA). Control the enhanced process and its future performance. Control plans document what is required to maintain an improved process at its current level.

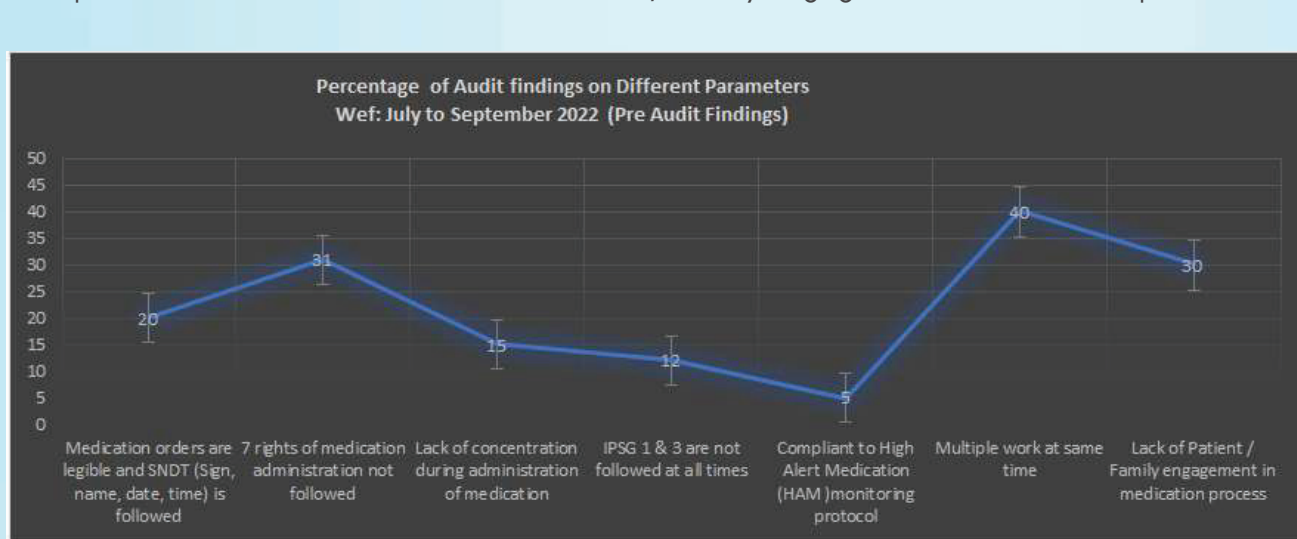


E. TABLE 01: PROJECT TRACKER:

CTQ(s)	Current Metrics	Measurement Systems	Proposed Metrics
Numbers of medication error Patient satisfaction	-24 medication errors reported from July 22 to Sept 22. -Patient satisfaction on medication administration was low (35-70) % From July 22 to Sep 22.	- Data collecting process through closed Medical Records & Incident reporting -Data is defined, assessed, and analyzed by QA & CPD (Clinical pharmacology department) -Regular audit on Medication Error prevention as one of the High-Risk Processes - CPD team audit on MMU 3 Standard (JCIA)	-Patient engagement '0' Medication Error No harm related to error

F. Graph 01: PERCENTAGE OF AUDIT FINDINGS ON DIFFERENT PARAMETERS. JULY TO SEPTEMBER 2022 (PRE-AUDIT FINDINGS)

Findings: Audit findings per the tools used, as follows: -Medication orders are legible, and SNDDT (Sign, name, date, time) is followed: 20. Seven rights of medication administration not followed: 31. Lack of concentration during the administration of medication: 15 . IPSSG 1 & 3 are not followed at all times: 15 Non-compliant to High Alert Medication (HAM) monitoring protocol: 5 Multiple work at same time: 40 Lack of Patient / Family engagement in medication process: 30



G. PICTURE 03: SOLUTIONS

Step 01

Follow 5 'P's -

1. Practice Check
2. Prescription Check
3. Pledge to reduce error
4. Prevent error
5. Process check

Step 02

Engaging patient & Family:

1. Taking "OK" from patient while administering medication - empowering patient for safety
2. Established education on patient information leaflet on use of Antibiotics at home.
3. Education on Discharge Medication including precautions - to improve adherence & therapeutic use of medications
4. Collected feedback on patient experience

Step 03

Focused on 5 Moments of Medication safety (EBP)- STARS: Starting, Talking, Adding, Reviewing, Stopping.

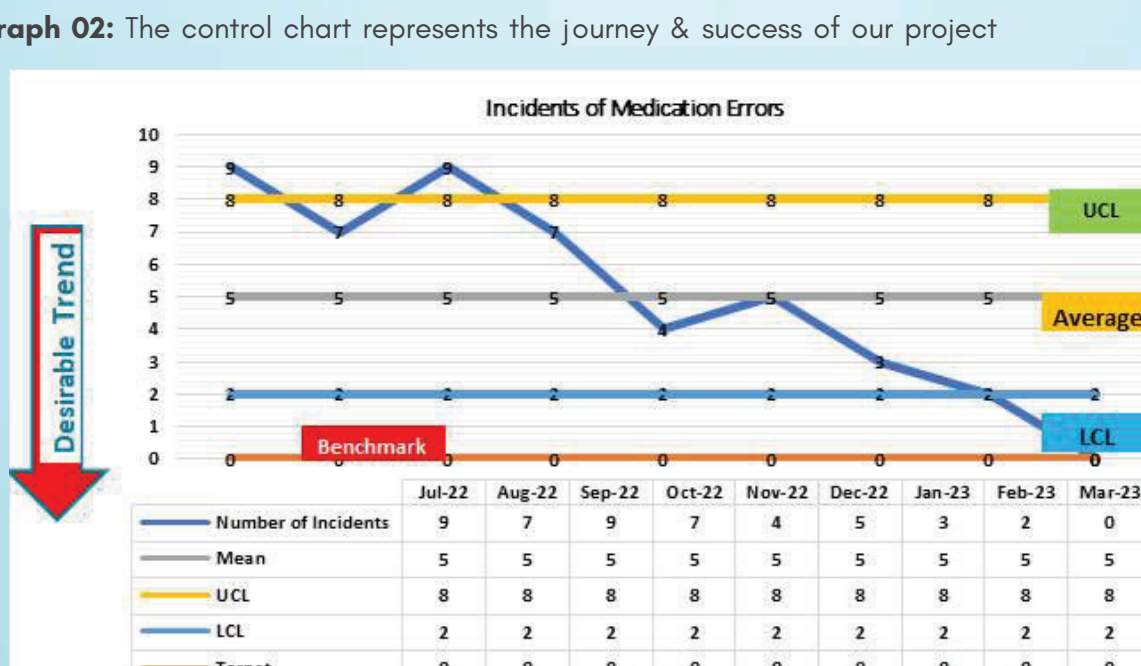
Process Check for medicine storage:

- a) Omit medicines are kept in separate pouch with label
- b) Current medicines are kept in medicine box with label
- c) Maintain 5S in medicine locker & keep it locked at all times
- d) Maintain protocol of Look Alike Sound Alike (LASA)

H. RESULTS:

This control chart (Graph 02) depicted the journey of the QIP project during the pre-project phase, intervention phase, and improvement phase. From July to September 23, we had 25 drug errors. After the intervention period, it was reduced to 6 per month. In March'23, we made everything correctly. In the previous nine months, the mean number of medication errors was 5, with an upper control limit of 8 and a lower control limit of 2. In the December 22 patient experience survey (Table 02), we received 91% for being briefed about discharge drug consumption.

Graph 02: The control chart represents the journey & success of our project



I. CONCLUSION:

Medication errors are a common problem that significantly strains healthcare systems and are frequently avoided by applying efficient preventive techniques. Measuring how successfully the obtained information is implemented to improve patient safety is essential for calculating a reporting system's efficacy. The 5 Moments for Medication Safety is a patient engagement tool designed to help with the third WHO Global Patient Safety Challenge: Medication Without Harm. The patient engagement tool 5 Moments for Medication Safety focuses on five critical moments when action by the patient or caregiver can lower the risk of harm connected with the use of medication/s. This tool is intended to engage and empower patients to participate in their care. It is utilized in partnership with health professionals, but it should always be in the hands of the patients, their families, or carers.

REFERENCES:

1. National Steering Committee for Patient Safety. Safer together: a national action plan to advance patient safety. 2020. Available: www.ihf.org/safetyactionplan.
2. World Health Organization. Global patient safety action plan 2021-2030: towards eliminating avoidable harm in health care; 2021.
3. World Health Organization Reporting and Learning Systems for Medication Errors: The Role of Pharmacovigilance Centres. 2014. [[accessed on 12 July 2020]]. Available online: https://apps.who.int/iris/bitstream/handle/10665/137036/9789241507943_eng.pdf
4. Medical Error Reduction and Prevention. Thomas L. Rodziewicz; Benjamin Houseman; John E. Hipskind. Author Information and Affiliations . Last Update: May 2, 2023.
5. Sciences. Volume, 2020, 100235. Preventing the medication errors in hospitals: A qualitative study.
6. Five Moments for Medication safety July 2019 Publication. WHO

Ring Finger Avulsion - A Case Study



Mary Anthony Angami
Nursing Superintendent
Down Town Hospital

A CASE STUDY OF RING FINGER AVULSION INJURY:

INTRODUCTION:

Injury that occurs to a finger wearing a ring, though rare, can have grave consequences. It is a preventable injury that has a peculiar mode of trauma that is usually occupational. Injury ranges from simple contusion to degloving of soft tissues to traumatic amputation. Down Town Hospital, with this report, we discuss our experience of two cases of finger injuries due to a ring and their variable clinical presentation and individualized management.

CASE REPORT

CASE 1:

A 17-year-old male, a handyman by occupation, reported in our Accident Emergency on 13.4.2019 at around 3.03 a.m., complaining of an injury to his right index finger. While coming out from the truck after loading the materials, his right index finger got entangled in the metal piece on the side of the truck. The patient reached the hospital after 5 hours of the injury. On examination, edema was present in the interphalangeal joint of the right index finger. The right index finger was bluish, and the skin was torn. According to Urbaniak's Classification, the injury belonged to class I, where circulation was adequate and standard bone and soft tissue treatment was sufficient. The ring was removed by the string removal method. And the ring was released.

Figure : Finger with impacted ring



CASE 2:

A 16-year-old male student came to the Accident Emergency Department on 21.11.19 at 6.03 p.m. after being unable to remove the ring from two multispeciality hospitals. The patient reached the hospital after 7 hours of injury. The patient came with the complaint of an alleged history of constriction of the middle finger's right hand from a steel ring. On examination, the middle finger was constricted at the proximal phalanx with distal phalanges edema and blistering. According to Urbaniak's Classification, the injury belonged to class I, where circulation was adequate and standard bone and soft tissue treatment was sufficient. The ring was removed by the string removal method. And the ring was released.

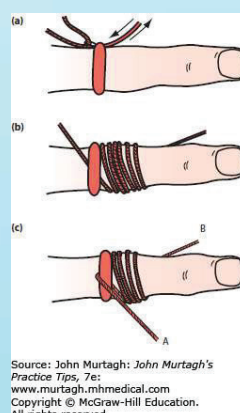
Figure : Ring in the finger



METHOD OF RING FROM STRING REMOVAL METHOD:

CONCLUSION:

Ring finger avulsion injuries are very rare. We insist on prevention, especially in occupations involving manual and hand work. The ring must be removed from the finger before working.



References:

- 1.Finger avulsion injuries: A report of four cases
[N Fejjal, R Belmir, S El Mazouz, NE Gharib, A Abbassi, and AM Belmahi Indian J Orthop. 2008 Apr-Jun; 42\(2\): 208-211.](#)
2. A Novel Method of Ring Removal From the Aging Finger
[Stephen L. Kates. Geriatr Orthop Surg Rehabil. 2010 Nov; 1\(2\): 78-79.](#)

" We Would
Love To
Hear From You "



anei.reach@gmail.com



+91 9871798914

Published by: Association of Nurse Executives (India) – ANEI

Registered under THE SOCIETIES REGISTRATION ACT: Registration No.S/3362/SDM/NW/2018

Regd. Office: 72 Sanskrit Nagar, Plot No.3, Sector14, Rohini, Delhi- 110085

Website: www.anei.in