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Abstract - Oral Presentations

Accountable Care Organizations

Assaf F Al-Assaf
Associate Dean for International Health Programs
University of Oklahoma Health Sciences Center, Oklahoma USA
Al-al-assaf@ouhsc.edu

One of the largest healthcare systems in the world is the US healthcare system. Government involvement in this system has been increasing gradually and now most healthcare organizations are dependent on the government for funding and reimbursements of their services. In fact the budgets of most healthcare organizations in the US are more than 45% sponsored by the government. Therefore the government started looking for ways to regulate this healthcare industry and has been trying to identify ways and means to monitor (and improve) performance of these organizations. Therefore the concept of accountable care organizations (ACO) was borne recently during the reform regulations proposed and passed by the current US administration. ACO's are those healthcare organizations that voluntarily enroll in a program that will enhance their data management capabilities and submit to measurements designed and monitored by the US government all in the hopes of improving patients outcomes. Those organizations that become an ACO will have added advantages over other organization and will be designated as "preferred" organization towards incentives and rewards funneled through the government. This presentation will describe the concept, the current programs and the type of organizations that fit an ACO definition.

Abuse Patient's Privacy and Confidentiality: Against Ethical and Legal Regulations

Jameela Al Ajmi
Weill Cornell Medical College &
Hamad Medical Corporation, Doha, Qatar
jkhowaiter@yahoo.com

Purpose: To provide ways to maintain the confidentiality and privacy of patient's health information.

Background: Patient's health information's including medical care, mental health treatment and chemical dependency diagnosis and treatment, and other personal privacy is highly sensitive and should be confidential during hospitalization or after discharge. Although healthcare sectors are having ethical and legal obligations, access to patient's health information become very common. There are many ways to access patient's health information's as the electronic health information systems that increased access and transmission to health data, corridors, cafeteria, elevators conversations. Healthcare workers integrated delivery systems or networks that have access to the confidential information of all patients within their system or network and share it with others. It is important to raise that organizations who respects and provide a secure and high confidentiality to patient's health information, increase patient's trust and confident to speak-up freely about aspects related to their health and personal, and increase their perceptions of the quality of the healthcare system and the workers.

Balanced Score Cards as a Tool for Healthcare Improvement

Assaf F Al-Assaf
Associate Dean for International Health Programs
University of Oklahoma Health Sciences Center, Oklahoma USA
Al-al-assaf@ouhsc.edu

Measuring, monitoring and improving performance are mechanisms that enhance outcomes and patient satisfaction. There are several methods that target performance in any organization and there are several others that monitor progress. Balanced Score Cards is one method that combines performance measurements, monitoring and improvement in one simple but attractive tool for healthcare professionals. This presentation will present briefly the concept of performance measurements and improvements, the methods of developing a balanced score card for an organization and the benefits and drawbacks of this tool.

Clinical Audit of Diabetes Care Experiences in Primary Care in Oman

Kamlesh Bhargava[1], Imran Azmi[1], Halima Al Hinai[2]
Department of Family Medicine and Public Health, S.Q. University Hospital, Oman.

Background: Oman ranks ninth among countries with highest prevalence of diabetes. Approximately 12.3 per cent of Oman's population has diabetes. The total number of registered diabetes patients in 0man as of 2010 is 66,702. In Muscat city , 17.4 per cent of the population has diabetes. Most of the patients with Diabetes are seen in primary care. Achieving optimal care is a challenge all

over the world. Standards of care can be improved with regular clinical audits.

Aim: To improve the management of patients with Diabetes in primary care in Oman, through systematic review of care against explicit criteria and the implementing change.

Method: A clinical audit was planned in the Sultan Qaboos health centers in Oman. The Health centers included were Al Ansab, Wattayah, Wadi Kabir and the S.Q.University Health Center. The samples were selected by Quasi random sampling method. Cases treated between 1st January 2010 and 31st December 2010, were selected from the diabetes register in the respective health center. The number of cases selected was SQU 192/192, Al Ansab 160/269, Wadi Kabir 100/616 respectively. The audit team consisted of Family physicians, residents and nurses. The data collected included basic demographic data, frequency of measurement of BP, BMI, lipids, HbA1c, and urinary albumin creatine ratio besides the values of the same. Data was accessed from the electronic medical records. The latest national and international guidelines (American Diabetes Association, SIGN and NICE) were reviewed to identify the standards of care.

Results: There was an improvement of 34.7% (57- 91.7%), 8.7% (84-92.7%), 26.9% (22-48.9%), and 11.8% (22- 22.4%) in the measurement of weight, Blood pressure,HBA1c, and Lipids between the audit in 2009 and 2010. There was a improvement of 11% (61-72%), 16.3% (22-38.3%)22.4% (24-46.4%) in the control of Diastolic blood pressure, HBA1c, and LDL Cholesterol.

Action Plan: The results were presented to all health care professionals including doctors, nurses, dietician, pharmacists and an action plan was defined to further improve the care before the next audit cycle in 2012.

Conclusion: Significant improvement in the care of Diabetes patients can be achieved by regular clinical audits.

Clinic Quality Improvement Initiative

Seval Akgun
Baskent University Hospitals Network, Turkey
sevala@baskent-ank.edu.tr

Health care organizations across the world are searching for way to improve quality of care, and promote effective quality improvement strategies. Methodology for improving health care has evolved rapidly over the past decade. This has come about as a result of several factors. One of them is the advances in our knowledge on improvement, management, and clinical practice.

Quality improvement is about doing something based on our priorities and requires a planned and systematic approach. Quality improvement initiatives have become a major force in shaping health care. Quality improvement initiatives/projects are a planned activity, often involving a group of people, with a specific goal or expected outcome. These initiatives are diverse but share a common goal of generating knowledge that will guide improvements in health care.

In this presentation, the steps in building quality improvement initiatives and also the key ingredients that have contributed to the success of quality improvement strategies will be discussed. The participants will have guidance and action steps to help hospitals to move in the right direction, to promote operator use of policies and tools that enhance quality and quality improvement and will be equipped with the knowledge, skills and tools necessary for them to start reviewing, educated and start building quality improvement initiatives/projects in their hospitals.

Creating the Culture of Safety in your Organization

Zakaria Zaki Al Attal
Director of Quality & Performance Management in Dubai health authority, UAE
obadah10@hotmail.com

It has been more than 10 years since the Institute of Medicine (IOM) released its landmark report, To Err Is Human: Building a Safer Health System, which galvanized attention on the serious and pervasive problem of errors in health care. Research into the causes of medical errors and ways to prevent them increased dramatically in the ensuing years after publication of the IOM report in 1999. Lack of safety culture is one of the well-recognized root causes of unsafe health care environment due to issues of unreported errors. CEOs and leaders of health care organizations play significant roles in shaping the culture of safety of any health care organization. The Agency for Healthcare Research and Quality (AHRQ) has been involved in helping so many health care organizations to facilitate the process of building the culture of safety through the assessment tools and the recommendations of appropriate action planning. Dr Zakaria AL Attal will share in his presentation one case study with audiences about how organizations go through the process of building the culture of safety. The hope is that the presented information in this conference shall help and lead to more and better error-prevention efforts in our through building the safety culture in hospitals, clinics, laboratories, and residential care settings. The final vision of our safety initiatives efforts is save human lives and makes our health care setting safer for patients, their families and the health care providers themselves.

Develop the Attitude of Gratitude

Dato Dr. Sheikh Omar Abdul Rahman
Director of Corporate Planning
University Putra, Malaysia
drsoar@gmail.com

An attitude of gratitude is a powerful contributor to a happy life. Practicing gratitude is the fastest single pathway to happiness, health, long life, and prosperity. Gratitude is when we go beyond just appreciating something to acknowledging that we have received a gift that we did not deserve. People with the attitude of gratitude take the time to notice and appreciate the good things that come their way with Allah's grace directly or through goodness of others. They are happier, more peaceful and perform better at home and at the work place. They practice healthier habits, have better

relationships, are more optimistic and live longer. In Islam, gratitude is fundamental. A Muslim believes that Allah is responsible for everything he has in this life i.e. his consciousness, his health, his family, his sanity and his wealth. He also believes that it is a strong obligation to express gratitude to the Lord for all he has received.
This paper explores what it means to have gratitude, the power of gratitude and ways of developing the attitude of gratitude

Early Recognition of Sepsis - The Power of Screening to SAVE Lives

Maureen Disbot
Vice President of Quality Operations
The Methodist Hospital, USA

We identified an Inability to sustain long term improvements in sepsis survival which contributed to more than 40% of the Methodist Hospital mortality. Severe sepsis affects more than 750,000 patients a year in the United States and causes more than 230,000 deaths- making it the 10th leading cause of death with a mortality of 26-40 %. Survival is impacted by early recognition and rapid execution of evidence based guidelines. Our leadership appointed a multidisciplinary team to conduct a thorough needs assessment and hardwire a structure for Sepsis management.

Key Components

- Improved Awareness and Education
- Widespread screening with escalating clinical interventions led by hospital based nurse practitioners
- Resuscitation Bundle
- Timely Measurement and Communication

Methods: Mortality for two distinct hospitals in patient populations was monitored over a three-year time period (2009). The populations chosen for primary evaluation and monitoring included "focus" mortality cases, that had any diagnosis of Septicemia, Septic Shock, SIRS-Sepsis or SIRS-Severe Sepsis, compared to all "other" mortality cases. Monthly analyses provided in-depth detail utilizing UHC Clinical Database variables for demographics, admission source and risk adjustment. Data on the populations are trended.

Results: Focus mortality rates were evaluated against those cases with the above diagnosis codes that were discharged alive. 2008 comparison mortality rates were then normalized against 2009 volume. The analysis showed a statistically significant reduction in focus mortality, translating to a potential of lives saved 200.

Empowering the Workforce for Transformation

Dato Dr. Sheikh Omar Abdul Rahman
Director of Corporate Planning
University Putra, Malaysia
drsoar@gmail.com

Empowerment is the process of enabling or authorizing an individual to think, behaves, take action, and control work and decision making in autonomous ways. However, research finds s that less than 3% of organizations are structured to empower their workforce to make good decisions and commit the decision into massive actions. This problem is systemic. If there is no proper structure, the workforce is on the losing end and does not perform. Empowering the workforce is therefore, the first key to an increased productivity and transformation.
This paper defines empowerment (enabling empowerment, empowering self, empowering values, and purpose driven work) and transformation. It touches on the ways to be in the state of feeling self-empowered to take control of one's own destiny and reap the benefits of having self directed and empowered workforce.

Healthcare Value: Delivering a Culture of Excellence

Maureen Disbot
Vice President of Quality Operations
The Methodist Hospital, USA

Healthcare value has many definitions but all rely on the organizational culture and values adopted, deployed and modeled across the continuum of care. The call for an increase in transparency and demand for efficiency requires a closer evaluation of organizational priorities and strategic planning. The planning must include dedicated resources and analysis of culture. Based on a review of the literature and collaboration on best practices with internal and external content experts, we developed a comprehensive approach to a culture of excellence that translates to an organizational imperative that demands only the best quality and the safest care we can provide. The objectives are provided and will be presented with generalizable case studies for transfer of best practices to participant's organization.

- Describe current state of healthcare industry complexity and demand for value
  - Define 'Value in healthcare' with emphasis on disparities among caregivers and consumers
  - Demonstrate demand to produce excellent outcomes and patient experience utilizing requirements for transparency through external reporting
- Define patient safety and the importance of developing a culture of safety
  - Overview of ICARE Values and Patient Safety culture
  - Describe error prone conditions that may place safety at risk. Include audience in case study discussion.
  - Describe best practices for patient safety and the required behaviors to achieve excellent outcomes and ideal patient experience.

Impact Leadership: What it really means

Dato Dr. Sheikh Omar Abdul Rahman
Director of Corporate Planning
University Putra, Malaysia
drsoar@gmail.com

Leadership is what the leader does: coping with change, setting direction, aligning people to participate in that new direction. It is

evidenced by his/her attempts to influence, motivate and enable other individuals in order to reach a certain goal and thereby contributing toward the effectiveness and the success of the organization. It is about having the courage of his/her own convictions; about the will to act even in strong opposition. Impact leadership means the leader is effective in delivering the desired results leading to the long term growth and success of the organisation and the good of the community, the ummah. This is certainly true in the effective delivery and management of health care. Physicians have a responsibility to speak out on health issues in public, putting the medical profession in a position of leadership on health issues in community.

This paper touches on the five factor model of a leader personality that will create the desired impact: extroversion (high energy); conscientiousness (dependability, personal integrity); agreeableness (cheerful and optimistic; adjustment (emotional stability, self-esteem and control) and critical thinking (curious, learning oriented and open-minded). It also touches on why physicians should be part of the leadership in the health care system rather than just practice medicine.

Innovation and the Organization

Dato Dr. Sheikh Omar Abdul Rahman
Director of Corporate Planning
University Putra, Malaysia
drsoar@gmail.com

Innovation has been increasingly recognized as an important success factor in driving the economic growth and rise in living standards. Sustainable innovation brings lasting value to an organisation, its shareholders and society as a whole. The ability of the organizations to capture, share and transfer its ideas, knowledge and experiences is an invaluable tool to preserve and forge ahead in its quest for innovation. The organization must take proactive steps to implement an integrated Idea Management Systems to capture these ideas and measure the results. Creativity in the organisation must be nurtured and cultivated for it to flourish. This means creating a culture of trust and having the freedom to express new ideas without being ridiculed.

Library of Measures and Data Validation as required by JCI

Zakaria Zaki Al Attal
Director of Quality & Performance Management in Dubai health authority, UAE
obadah10@hotmail.com

The Library of Measures consists of a list of10 disease specific population groups identified as measure sets. Each measure set consists of at least 2 to 8 process and/or outcome measures. JCI is leading the way by taking the first steps in helping hospitals select from a library of already tested, validated measures, and begin the process of reducing the wide variation in what hospitals measure and the quality of the data used for making decisions that impact on patient safety. Will ultimately encourage benchmarking of performance among similar international hospitals. The suggested measures by JCI are the following:

- Acute Myocardial Infarction (AMI)
- Heart Failure (HF)
- Stroke (STK)
- Children's Asthma Care (CAC)
- Hospital-Based Inpatient Psychiatric Service (HBIPS)
- Nursing-Sensitive Care (NSC)
- Perinatal Care (PC)
- Pneumonia (PN)
- Surgical Care Improvement Project (SCIP)
- Venous Thromboembolism (VTE)

The JCI standards require the accredited hospitals to select at least 5 of 36 measures from the Library of Measures. Hospitals may select all 5 measures from one measure set, or a total of 5 measures from different measure sets. The collected data to meet the requirements of the library of measures should be validated. Data validation is most important when a new measure is implemented, when data will be made public , when a change has been made to the existing measure, when the data source has been changed and in case of introduction of new technology. The presentation of Dr. Zakaria Al Attal shall elaborate all these areas and ensure that the audiences become fully aware about the library of measures as suggested by JCI including the data validation.

Managing Clinical Risk

Seval Akgun, Professor of Public Health and Medicine
Baskent University Hospitals Network, Turkey
sevala@baskent-ank.edu.tr

Risk Management is the identification, assessment, and prioritization of risks. It involves the strategies to manage risk include transferring the risk to another party, avoiding the risk, reducing the negative effect of the risk, and accepting some or all of the consequences of a particular risk.

In healthcare organization, risk management include three main types of risks; one that is associated with structural elements like credentialing of clinical staff, training and education on safety and clinical skills as well as preventive management of equipment and surveys of building structure. Another type of risks includes process risks; which involve the implementation of evidence based clinical practice guidelines and pathways and monitoring their compliance. The third type of risk is an important part of risk management as it involves cost and economics. This is the part of risk management dealing with outcome risks and that may include medical errors or the consequences thereof and medical malpractice liability and related issues.

In this presentation, Prof. Akgun will discuss the definition and

principles of risk management and the methods of implementing it in healthcare organization clients and employees and will attempt to stimulate the participants' interest and apatite of the subject towards scientific and collaborative discussions.

'MoveTech' by RL Solutions for reporting incidents at Hamad Medical Corporation HMC in state of Qatar

Moza Alishaq
Risk Management Specialist, Hamad Medical Corporation, Doha, Qatar
Mabdulla@hmc.org.qa

Patient safety is the highest concern in all healthcare organizations after several preventable medical errors occurred and killed 44,000-98,000 Americans annually as reported by the Institute. It is important to think of providing system that prevent, improve, and increase the quality of care and safety that helps to reduce adverse healthcare events. Quality management department-Risk Management section is establishing a new system for reporting incidents through "RL Solutions" which will move HMC to "MoveTech" from paper-based to web-based program that improves and increase patient safety by reducing the severity of incidents and overall risks. This technology is an automated reporting system which will reduce paper works, prevent errors, and increase incident reporting, and save time.

Risk Management plays an increasingly important proactive role in optimizing patient safety, eliminating risk exposure that effect a hospital's bottom line. The purpose of this presentation is to increase the awareness of reporting incidents among all HMC and build a safer healthcare environment and promote a blame free-culture.

Quality Improvement

Mohamad Ali Hamandi
Assistant CEO, Makassed General Hospital, Beirut – Lebanon
mhamandi@hotmail.com

Quality systems are vital components for the effective management of a hospital. A quality improvement program considers all stakeholders both internal and external as customers and is premised on the fact that appropriate and effective customer service and satisfaction are paramount to successful management.

Quality improvement plans must have very clear, precise objectives using quality indicators as the measurement tools. It is against these statements that processes are monitored and outcomes are measured.

Patients in hospitals pose a unique set of risks which must be accounted for when choosing and monitoring quality improvement activities. This presentation will provide an overview on how to help your institution achieve specific quality goals and providing safe care for your patients.

Utilization and Case Management in Healthcare

Assaf F Al-Assaf
Associate Dean for International Health Programs
University of Oklahoma Health Sciences Center, Oklahoma USA
Al-al-assaf@ouhsc.edu

One of the main dimensions of healthcare quality and performance improvement is efficiency; the optimum use of current resources (both human and physical). Utilization management is the program and all related processes to maximize the use of current resources in healthcare. The objectives of a utilization management program is to improve use of resources, enhance the prudent use of tools and mechanisms towards better outcomes, and to minimize over and under utilization of services, activities and healthcare resources. This presentation will present the typical components of a UM program in healthcare including precertification, concurrent reviews, post-care review, discharge planning and case management. We will also present the ideal job description of utilization and case managers, and the roles and responsibilities of these individuals in a hospital or health insurance setting.

Assessing Views of Nurses on Causes of Medication Errors

Adil Al-Shidi
Sohar Hospital, Oman
adil99246127@hotmail.com

Objectives: This study assesses the views of nurses on the causes of medications errors occurring in Sohar Hospital in the Sultanate Oman in order to identify the main causes of medication errors and how such errors can be minimized based on the nurses. The main objectives are to assess nurse's perceptions about the practice of medications administrations and reporting of errors; to assess nurse's perceptions of the causes of medications errors; to make recommendations on the views of nurses on how medications errors could be reduced.

Method: A quantitative research method of cross-sectional study was adopted for this study by distributing 300 questionnaires to nurses at Sohar Hospitals. The questionnaire was divided into four parts: Part One, wherein participants were asked about their level of agreement related to their current practice; Part Two, wherein participants were asked for their views concerning the main sources of medication errors; Part Three, wherein participants were asked to provide their opinions regarding how to reduce medication-related errors; and Part Four, wherein participants were asked for information related to their demographic data.

Main Findings: Of the 300 questionnaires distributed to nurses, the response rate was (n = 211) 70.3% (10.5% male; 88.6% female). The findings show that the highest rate of the main causes of errors in Sohar Hospital was nurses overloaded with work during administration of medication (86%). Results also showed that 57% of respondents practice double-checking all other medication & only 35% of respondents who practice the performing of incidents reports. With regard to the reason for not performing the writing of

an incident report, the highest rate of respondents (25%) stated that they are busy and 22.7% stated fear of disciplinary action. Large percentage (80%) believed that reporting of medication errors could lead to reduction in medication errors.

Conclusion and Recommendations: This survey was able to conclude that nurses being overload with work is most common cause of medication errors in Sohar hospital and reporting system forms an important tool, which can lead to the minimization of medication errors by encouraging nurses to report medication errors and avoid any blame culture.

Clinical Audit in Surgery

Joseph Mathew
Consultant, Surgery Department
Sultan Qaboos University Hospital, Oman
joskunju@omantel.net.om

Every doctor desires to know how well he or she is performing against the standards (national or international). This knowledge will allow them to know if there is room for improvement in their practice which ultimately results in better patient care. Clinical audit is one of the tools available to find out how well care is being provided and learn if care can be improved.

We conducted an Audit of the patients admitted with renal colic to Urology Division of SQUH through A&E with an objective to reduce / Optimize the admissions of patients with renal colic and thus save the resources of the SQUH (Cost, Bed availability).

In this oral presentation the steps of clinical audit process will be discussed in detail in addition to the results. Our criterion is that Majority of renal colics presenting to the A&E can be managed without admission. To achieve this objective it is important to improve the pain management of renal colic in the A&E thus reducing the need for ward admission. We set the standard that Initial NSAID injection is given to all eligible patients in the A&E on admission at adequate dosage. Narcotic analgesic injection is given at adequate dose if pain not controlled and repeated within one hour if needed.

Furthermore, we also audited whether unnecessary admissions can be avoided if patients are seen by duty Urologist in A&E, rather than by A&E staff alone. Moreover, we also audited if basic investigations are done in A&E to diagnose ureteric stone.

Ethical Issues in Ensuring Quality and Patient Safety in Healthcare

Rajini Kausalya
Consultant, Anesthesia Department
Sultan Qaboos University Hospital, Oman
rajinikausalya@yahoo.com

There is an ethical responsibility for health care providers to administer safe clinical care. Medical errors in clinical practice can cause serious harm to the patient, provider and institution and can prove to be expensive, stressful, time-consuming, and personally devastating. Recognizing, reporting and disclosing medical errors helps to continuously improve the quality of medical care and patient safety. Healthcare providers experience several challenges in recognizing, reporting, and disclosing medical errors and ensuring a safe healthcare system for patients.

These challenges are because there is limited agreement among health care providers when defining, reporting, disclosing or resolving errors and it is very difficult to develop and implement strategies to reduce the risk of making errors. Providers who wish to actively pursue strategies that heighten patient safety may become inhibited by this lack of agreement. In this presentation, two studies that shed light on the ethics issues surrounding medical errors that occur in physicians' offices and hospitals will be presented. The two case examples reflect both the experiences of health care providers, and the complexities that can accompany the search for ethically-attuned processes for error disclosure and resolution. While errors do not always create ethics problems, the manner in which health care providers in hospitals respond to errors may pose ethics concerns. Errors may not be recognized. Many hospitals and clinics lack mandatory reporting policies, so errors are not reported or charted. Even when policies are in place and errors are recognized, health care providers might feel such guilt and blame, or fear of retribution, that they choose not to acknowledge or document errors. In other cases, errors are discussed only behind closed doors between providers and administrators; patients and families aren't told when errors have occurred, or that corrective actions are needed. Thus, certain kinds of errors re-occur, and the risk for patient harm increases and quality of care and patient safety decreases……(truncated at 300 words).

Impact of Quality Culture-performance Relationship on Healthcare Service Provision

Yasmeen Salim A. Al Hatmi
Deputy Director, Development & Quality Directorate
Sultan Qaboos University Hospital, Oman
yaz4me2@yahoo.ca

Keywords: Quality culture, culture management, organizational culture, quality improvement, culture-performance relationship.

Objective: To explore the relevant factors of healthcare performance suggesting the relationship of organizational quality culture influencing the quality of care.

Introduction: More and more, the need for organizational culture management is considered to be an essential part of healthcare service provision in order to produce exceptional quality care. Hospitals and health systems are adapting to an ever changing healthcare climate and adopting a range of culture change models surfacing with the climate change. As a healthcare institution, let us ask ourselves what the underlying principles are to facilitate us to provide better care to patients. Will developing the organizational quality culture result in a positive impact on the care provided by

healthcare professionals? Does a major cultural transformation of a healthcare institution guarantee the delivery of the desired improvement required? And if so, how can culture-performance relationships be measured?

Application: There are a range of identifiable fundamental factors which put emphasis on culture change. Factors which appear to impede culture change include attitude, leadership, ownership, and structure. The argument here may be that they are considered to stem from a managerial aspect only. Although a considerable number of theoretical and investigational studies remain to be conducted in the healthcare field, it is important to know what these links may be and their relationship to healthcare policy and management. This presentation will attempt to illustrate the need and the importance of this link. It will also explore the need for healthcare professionals to understand culture management by reflecting on the deeper meaning of culture-performance relationship.

Discussion: In discussion, some practical examples of strategies to implement culture change considered to be applicable to healthcare institutions will be presented. Furthermore, a discussion of what obstacles may be present when building a quality culture with some provisional suggestions on how these might be overcome.

Importance of Educational Activities in Improving Non-conforming Sample Requests

Hamad Al Gheithi, Rod Villiacrucis, Heidi Davis, Stuart Donaldson, Anil Pathare, Salam Al Kindi
Hematology Department, Sultan Qaboos University, Oman
hamedona99@gmail.com

Background: The effectiveness and efficiency of any organization depends considerably in achieving its quality objectives. The Trackcare Hospital database was installed and began operations in mid-2006 and we performed an internal audit for the calendar year 2007 to study the non-conforming sample request that were made via the Trackcare system.

Aims: The objective of this study was to record the frequency of non-confirming request and action taken every year from 2007 to 2010.

Methods: The study was conducted over the last 4 years by a retrospective analysis of day for the past 3 years and prospectively for a year in 2011 after having taken corrective action in terms of running several educational training activities in the year 2010. Log sheets for samples and request problems were analyzed at the end of each month and data recorded for analysis. Non-conforming samples were defined as one of the following categories namely, clotted or haemolysed sample, wrong anticoagulant, inadequately filled tubes, wrong or no label, no sample.

Results: In the calendar year 2007, a total of 63800 laboratory samples were received at the Haematology Department and the total numbers of non-conforming samples were 184(0.29%). In the calendar year 2010, we embarked on several educational activities with lectures in the MLT for all the nursing staff, inviting small batches of nurses from different hospital sections to talk and give training as a small group. After this we analyzed the results for 2010 in 2011 which showed that out of a total of 102400 laboratory samples that were received in 2010, a total of 215(0.21%) were non-conforming samples. Subgroup analysis showed that there was a 10% rise in clotted samples in 2010 as compared to 2007[70% v/s60%], whereas there was a 10% fall in overall non-conforming samples in 2010 as compared to 2007[30% v/s 40%].

Summary /Conclusions: Despite the increase in specimen numbers from 2007 to 2010,there was a clear improvement in the proper collection, labeling, and handling of specimens with reduction of non-conforming samples ……..(truncated at 300 words).

Job Satisfaction – Rewards and Impediments

Neela Al Lamki
Vice President for Academic Affairs
Oman Medical Specialty Board
neela.lamki@omsb.org

This presentation will discuss factors that lead to job satisfaction including work environment, colleagues, passion for the work he/she does, the boss, the superiors, and the employer. The types of job satisfaction, the degree and extent of this satisfaction will also be discussed.

The factors, general and specific, that lead to job dissatisfaction will be discussed including the philosophy of the employing institution or organization. The attitudes of the immediate supervisor, the environment, the team attitude among the colleagues are probably among the most important factors that may lead to job dissatisfaction.

Unless the colleagues and leaders believe in a "win-win philosophy," true job satisfaction can never be achieved. Inequality in financial rewards, favoritism and nepotism in promotions are potentially major factors of job dissatisfaction.

Don't ask what the Institution or your Colleagues can do for You, but what You can do for them!

Leadership Skills

Rashid Al Abri
Director, Development & Quality Department
Sultan Qaboos University Hospital, Oman
ralabri@gmail.com

Leadership is a process by which a person influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent. They are three types of leadership styles: aautocratic, democratic and paternalistic. Also leadership has basic principles including: show Interest, positive approach, complaints, promises, gets the facts, and discussion basis. Another important aspect of leadership is leadership cycle which consists of plan, delegate, follow-up and recognize. The presentation will give explanation and examples of the leadership characteristics.

Leadership Competencies of Healthcare Leaders in Oman and their Relationship to Experience and Educational Qualifications

Abdullah Rashid Al Battashi
Directorate General of Education and Training
Ministry of Health, Oman
aalbatas@hotmail.com

The changing healthcare environment, economic factors, and population demands necessitates leaders to be equipped with leadership competencies that will enable them to cope with and address such demands. To maximize success, these leadership competencies should be applicable within the context of environment and culture. This mixed method exploratory study aimed to explore the leadership competencies required to be effective within the changing environment, from an Omani perspective. The study also investigated the relationship of the identified leadership competencies with experience and educational qualifications. The focus of the study was on leaders and employees within the Ministry of Health in Muscat region. A purposive sampling with interview method was used for the qualitative phase, and a convenience sampling with questionnaire method was used for the quantitative part. The qualitative findings revealed ten main themes in the form of leadership competencies. These themes included Empower Others, Vision and Mission, Communication, Time Management, Quality Focus, Assessment and Evaluation, Innovation, Risk Management, Motivation, and Staff Involvement in Decision Making. The quantitative results showed that a relationship existed between the identified leadership competencies and the leader's experience and educational qualifications. Based on the study results, recommendations that assist healthcare leaders and policy-makers were presented.

Locus of Control of Quality Care – Internal or External?

Ramesh Venkatesaperumal
Assistant Dean, College of Nursing,
Sultan Qaboos University, Oman
ramesh@squ.edu.om

Locus of control is a theory in personality psychology referring to the extent to which individuals believe that they can control events that affect them. The locus of control could be 'external' or 'internal'. Internal locus of control refers to the perception of positive or negative events as being a consequence of one's own actions and thereby under one's own personal control. In contrast, external locus of control refers to the perception of positive or negative events as being unrelated to one's own behavior in certain situations and thereby beyond personal control. As a general principle, the locus of control variable may be thought of as affecting behavior as a function of expectancy and reinforcement within a specific situation (Carlise-Frank, 1991).

A health care provider is an individual or an institution that provides preventive, curative, promotional or rehabilitative health care services in a systematic way to individuals, families or communities. The dedicated healthcare worker is possibly the most vital element in the recovery or stability of a patient's health. A physician may make assessments and diagnosis, but the nurse, physician's assistant, or other healthcare worker is the one who is able to closely monitor and observe treatments given, as well as note the patient's response to changes in medicines, therapy routines, and dietary restrictions. Quality care involves active participation in the well being of the patient. This paper describes ways of internalizing the passion for quality care among health care workers. The internalization leads to more internal locus of control for positive behaviors in health care which in turn leads to quality care.

Methodological Framework for Continuous Quality Improvement in HCOs in MOH

Amr Taman
Quality Management Consultant
Ministry of Health-HQ, Oman
amr2963@yahoo.com

The Ministry of Health of Oman has placed high of its agenda, the issue of health care quality and patient safety by establishing a functional Quality Management and Patient Safety Systems in Health Care Institutions. The success of this strategy requires a clear vision; ongoing top leadership support; developing and carrying out comprehensive training plans; continued technical support in all phases of implementation; building and investing in national capacity; commitment of all employees at all levels to cooperate and actively participate in all activities, in addition to a system of continuous assessment of the strategy to ensure effectiveness and efficiency of implementation.

The presentation will address Ministry of Health efforts in its endeavor towards continuous improvement of the quality of health care services as well as different approaches, tools and trends of quality and patient safety system.

Ministry of Health Higher Educational Institutes in Transition

Nada Hussain Al Moosa
Quality Assurance Unit
Directorate General of Education & Training, MOH
n.al-moosadgetqau@hotmail.com

The Ministry's Health Care Institutes were mainly established in the 1970's for the purpose of building it's human resources capacity in the nursing and allied health profession. Since their establishment, the 14 institutes across the country had gone through tremendous transformation. There has been a shift from quantity building to capacity and quality building.

As the country is expanding and transforming its health care system, the MOH Higher Education Institutes are continuously working in preparing its graduates for their professional roles. The main emphasis of the Ministry's Institutes at this point of time is

to continue on building the quality of its education as well as its educators in this transitional phase.

This presentation will mainly address the changes experienced by the MOH Higher Educational Institutes in this period of transition and explore the challenges to be faced by these institutes in this vital period of time. The main focus of the presentation will be geared towards adapting good strategies for managing change in a transitional period.

Peer Review for Healthcare Institutions

Lamk Al Lamki
Professor of Radiology
Sultan Qaboos University, Oman
llamki@yahoo.com

This presentation will discuss the importance of Peer Review in Health Institutions. Questions to be answered are i) "What is Peer Review?" ii) "Why undertake Peer Review?" and iii) "How to conduct Peer Review in Various Departments?". The various methods accepted for performing Peer Review (PR) amongst Physicians, and among Nurses and Pharmacists, etc. will be discussed. Details with examples of the 7-Stage method of PR will be shown. 1st Stage i.e. choosing the "Problem" to do the PR has to be accompanied by careful choice of the "Criteria" and the "Standards". The 4th stage then is the "collection of Data" and its "comparison" with the criteria & standards. This is followed by "changes to improve" and the 7th stage is the "repetition of the study" to measure improvement. "If you cannot measure it; you cannot manage it". Difficulties that can be encountered as well as rewards waiting will be revealed. Success depends on "Leadership" which is of paramount importance, as is "teamwork" and the "involvement of ALL" concerned not just a few senior staff or just the Q.A. Committee. Confidentiality is extremely important. Remember, "Everybody wants to do a good Job!" and "Criticize Ideas NOT Individuals!" particularly if you want Physicians to participate. Never use Peer Review for punitive purposes. Accreditation bodies e.g. J.C.I. will now not accredit Health Institutions without Physicians' PR. Next the Insurance Cos. will not reimburse without PR practice.

Preventing Adverse Drug Events in Hospitalised Patients

Phil Wiffen
Director of Operations & Training
UK Cochrane Centre
PWiffen@cochrane.ac.uk

Adverse drug reactions (ADRs) are a significant cause of morbidity and mortality. This presentation is based on a systematic review of prospective and retrospective studies which included 108 primary studies of 412,000 patients. Factors associated with the increased incidence of ADRs include increasing age , increasing numbers of medicines and particular classes of medicines. Six classes of medicines are responsible for between 60% and 70% of all ADRs leading to hospital admission. These are antibiotics, anticoagulants, digoxin, diuretics, hypoglycaemic agents, and NSAIDs. Some strategies to reduce the burden of ADRs on health systems will be discussed.

Process Re-engineering; a Tool for Quality Improvement

Mohamed Kamal
Ministry of Health, Oman
kamal7112004@yahoo.com

The mission of MOH is "to ensure provision of quality health care services to all the nationals and residents of Sultanate of Oman, through an effective and efficient health care delivery system, in accordance with the needs of the communities served, and to best of their satisfaction". This can be achieved through strategy that maintains balance between quality, efficiency and customer satisfaction through proper implementation of Patient Referral System.

The Patient Referral had been defined as movement of patients and clinical information/ material through various levels and branches of health care delivery system. It helps patients to get the continuity of care and additionally, it is a tool for learning for health care providers.

It is clear from definition that it is two-way movement of the patient/ clinical information between different health care levels to add value to patient care; the value could be expertise, investigations, second opinion, admission or any other service, closing the loop requires feedback to the sender.

The appointment process essential element in the referral system, it is one of the challenges that face the continuity of care between different levels in health care services. Process re-engineering play very important role in eliminating the redundant activities within this process aiming to smoothen the continuity of care in efficient manner and improving the patient, as well as health care provider's satisfaction.

A study had been conducted in health institutions within North Batinah Region during 2011 enlighten an area for improvement. Process re-engineering had been proposed and shows that the redundancy in time consumption for patients decrease by 17 minutes (from 42 to 25 minutes per patient); this result in saving 12 staff in the region. From patient perspective; client need to attend the health institution twice in 2 different days to procure the appointment and the referral letter, the study shows that the redundancy in time consumption for patients decrease from 2 days to 25 minutes.

Quality Improvement Initiatives at Royal Navy of Oman Medical Centre

Nasser Salim Al Hinai
Royal Army of Oman HQ
nsmalhinai@yahoo.com

The objective of this study was to evaluate outpatient services at the Naval Medical centre (RNO-MC) as a preface to the

introduction of a quality improvement programme. This was the first such evaluation of the quality of healthcare in the Omani Military Health Services. The chosen method was the Microsystem evaluation method which was adopted from the Dartmouth College Workbook. A patient satisfaction survey 500 patients (250 males and 250 females) was conducted in August 2008 in order to examine how patients currently rate the care delivered in such a facility. It showed 94% overall satisfaction, but the waiting time for patients after scheduled appointment was identified as needing reduction. The feedback was interpreted that doctors needed to provide more time for explanation of medical problems, treatment options and to provide health education. Some quality improvement themes were selected and Plan-Do-Study-Act cycles were introduced as a tool to implement selected changes. On the basis of this study we have identified 12 action items to improve the quality of care and to enhance patient safety. The most important were to introduce an Electronic Medical Record and to link it with the rest of the Armed Forces Healthcare Facilities, to introduce an appointment system, and to provide professional training in quality improvements and patient safety for doctors, nurses and managers. This study can be used as a template for evaluation of other departments.

Reducing Complications in Gynaecological Cancer Surgery: The Need for Clinical Governance

Khadra Galaal, Amit Patel, Raj Naik
Northern Gynaecological Oncology Centre, QE Hospital, Gateshead, UK

Objectives:

1. To assess the incidence of intra-operative surgical complication of major abdominal gynaecological oncology procedures.
2. To determine if clinical governance processes reduces intra-operative complications.

Methods: Prospectively collected intra-operative complications of 825 laparotomies during two time periods (March 2008–April 2009 and May 2009–January 2010) at the NGOC were analysed.

If clinical governance had an effect on intra-operative complications the relative risk would reduce after the introduction of clinical governance. We compared the relative risks using Poisson regression, with the number of complications as the outcome variable, adjusting for the total number of procedures per month as an exposure variable and calendar period as a predictor variable.

Results: 120/825 (14.5%) women met the pre-defined criteria of intra-operative complications. 87 (10.5%) women had major haemorrhage (≥2000ml). 64 (7.7%) women suffered a total of 69 injuries: 13 (1.6%) vessel, 28 (3.4%) bowel, 23 (2.8%) bladder and 5 (0.6%) ureteric injuries.

	Laparotomies (N=825)				Poisson Regression
	Period 1		Period 2		
	N=496	35.4/ month	N=329	36.6/ month	
Total Intra-op complications	84	16.9%	36	10.9%	0.006
Blood loss (>2L)	63	12.7%	24	7.3%	0.018
Visceral injuries	52	10.5%	17	5.2%	0.002

Conclusions: Major intra-operative complications occurred in 14.5% of women undergoing laparotomy. Poisson regression provides strong evidence overall and for visceral injuries and sufficient evidence for blood loss over 2L that the relative risk has reduced since the introduction of clinical governance for surgical procedures.

Risk Management in Obstetrics

Moza Al Kalbani
Department of Obstetrics and Gynaecology
Sultan Qaboos University Hospital, Oman
malkalbani@hotmail.com

Over the last two decades there has been growing evidence that a significant number of patients experience adverse events in the hands of health care workers. Therefore across the world, healthcare providers are increasingly obliged to adopt a systematic approach towards reducing the risk of harm to patients. Maternity care is particularly susceptible to the risk of litigation and the safety of maternity services has been the subject of recent inquiries and reviews. This problem has reached to a national crisis that many clinicians are dropping obstetrics from their practices and hospitals are closing obstetric units which worsen an existing dilemma of pregnant women are unable to access the local maternity services. Risk management is often considered to be a reactive process to deal with concerns about litigation and in order to respond to claims. However, risk management is not simply the reporting of patient safety incidents but it is a dynamic process aimed fundamentally at improving the quality of patient care on a continuous basis. The process of the risk management involves risk identification from incidents or claims followed by an assessment and analysis of the severity of the risk and the solutions recommended for its root causes. While maternity care is widely recognised as a high-risk specialty, risk management is a vital tool in preventing repetition of errors which are costly to patients, staff and institutions.

Short isn't Always Sweet - Abbreviations

Cathy C. Lausa
Nursing Services SQUH, Oman
koykoy94@hotmail.com

Spellings, abbreviations and grammar are key elements required to formulate quality documentation and this same documentation is

an Evidence Based Practice and reporting tool necessary to enhance efficient, individualized patient care. The challenge of reconciling documentation with quality patient care posed a greater threat which can be disastrous in a health care facility. Effective documentation ideally provides a record demonstrating proof of individualized care and positive patient care outcome.

However, nurses' consider documentation a foe, as it steal time away from direct patient care. The time and effort devoted to patients' record allows documentation to be updated, correct, complete and pertinent; provides baseline information; records professional accountability; accessibility of details in events of litigation and determines standards of care.

Having time constraints over workload, often time's nurses opted to use abbreviations and symbols which generate spelling mistakes that transforms or alter the information which can encumber patient care. To balance the time spent against staffs' vulnerability to avoid being charge of "poor or incomplete documentation", and getting them write the right thing is an arduous task. Abbreviations or shortcuts were perceived as space and time savers; convenient and easy to use.

Nurses are incognizant of the implications and failed to take appropriate actions. In today's litigious culture, effective and accurate documentation is a matter of professional survival. Every nurse must realize that any documentation will lost its essence and value when patients' lives are at risk. The indiscriminate use of these abbreviations ,acronyms and symbols i.e.: Text Message or SMS and staff created abbreviations were rampantly used by SQUH nurses in their documentation and can be contributory factors to the said risks as it evidently changed the context and meaning of what as or were recorded in the EPR. It's similar to a picture which conveys a million words. This does not only apply to the basic care but similarly to prescribed medication and its administration and procedures.

Teaching and Learning Quality Improvement: The Challenge

Yousef Al Weshahi
Emergency Medicine Department
Sultan Qaboos University Hospital, Oman
weshahi@squ.edu.om

Trainees throughout the medical education continuum are exposed to many aspects of quality improvement. In order to create a culture of quality, the learning must be carefully managed using appropriate teaching, evaluation and assessment methods. The presenter will discuss models for learning quality improvement throughout the medical education continuum using available best evidence and the challenges facing their application.

The Impact of research on Healthcare Outcomes in Cancer Practice

Ikram A Burney, Department of Medicine
Sultan Qaboos University Hospital, Muscat, Oman
ikramburney@hotmail.com

Throughout the world, health care systems in cancer practice are going through a rapid transition phase and are facing increasing challenges. Issues of population, such as, rapid growth and ageing population on the one hand, and the availability of new interventions because of increasing knowledge on the other, pose challenge to both the practicing oncologists as well as the policy makers. It is also evident that high quality translational and clinical research is the only way, which would allow us to make us the correct choices. The question is whether conduct and outcomes of cancer research actually translate into clinically relevant outcomes, such as survival and quality of life. Although the gap between laboratory and clinical research is well recognized, less is known about the gap between clinical research and its implementation across diverse populations. The key questions are: Whether patient treated in clinical trials do better than those treated outside of clinical trials, even in the same institution; and do patients have better outcome in systems actively involved in research than is those who are not research-active. To answer the first question, the outcomes of eligible patients who declined to consent for the trial and the patients who entered the trial between 1983 and 89 in Germany was similar. To answer the second question, the outcomes of patients with multiple myeloma were better in 17/21 research-active hospital districts in Finland compared to the rest. Similarly, the outcome of patients with epithelial ovarian cancer was consistently better for all the patients in centers who were research active in Germany, compared to those who were not. It seems that there are some data to suggest that the outcomes of patients in research-active systems are similar, whether or not they participate in clinical trials, however, the outcomes of patients may be superior in research-active systems, compared to those who are not active in research. It has been suggested that the research activity leads to improved outcomes through the framework of quality of care triad of structure – process – outcome. The institutional research participation improves the quality of healthcare by introducing state-of-the-art activities and technology, motivating clinicians, increasing adherence to the guidelines, and providing a focus for excellence. There are also some data to suggest that clinicians engaged in some sort of research seem to provide better clinical care. More importantly, the research activity significantly changes the process of care. As a result of these interesting, and very relevant studies, several bodies suggest to develop a comprehensive infrastructure within the healthcare system to support and promote clinical research. On the other hand, there is a pressing need for further research to see whether there were a causal link between research intensive healthcare systems and improved cancer outcomes.

The Role of the Hospital in the Quality of its Diagnostic Laboratory Services

Sigdi Hasson
Microbiology Department, Sultan Qaboos University, Oman
shyahasson@yahoo.co.uk

Keywords: laboratory medicine; diagnostic process; Quality assurance, Quality Control.

The diagnostics laboratory in any hospital is a medical discipline playing an important part in patients' health care management. In laboratory medicine meaningful, accurate and precise routine measurements are essential for diagnosis, risk assessment, treatment and follow-up of patients. The contribution of the diagnostic laboratory in the overall diagnostic process is app. 40–60%, depending on the kind of disease status investigated. The diagnostic laboratory uses nowadays more than 1.000 different tests mostly provided by the in vitro diagnostic industry. Therefore, Participation in diagnostic laboratory internal and external quality control (QC) processes is good laboratory practice and an essential component of a quality management system. In the routine QC rounds, usually there are large variation in the results, interpretation and reporting, for example, reporting of antibiotic susceptibility testing among the other laboratories. In conclusion, the purpose of the presentation will demonstrate the need for harmonization of laboratory processing methods as well as to provide the tools that can be used to monitor the quality of the hospital diagnostic service in general. Moreover, the presentation will highlight the value of external QC in evaluating the efficacy and safety of processes, materials and methods used in the laboratory.

The Use of Micro-system Framework to Improve Patient Safety

Ahmed Al-Mandhari
Director General, Sultan Qaboos University Hospital, Oman
manar96@yahoo.com

Patient safety has gained interest of health care providers, decision makers and planners as well as customers for the last few years. This was boosted by many factors such as the report issued by Institute of Medicine (IOM) in 1999 "To Err Is Human" which reflected high rates of adverse events including deaths due to medical errors. Furthermore, patient's awareness about their rights and responsibilities and heightened expectations made health care system give special attention to assuring safety of services these systems provide. For that purpose, many strategies have been followed. Target of these strategies should include the whole health care system with its three levels namely, macro, meso and micro-system. However, special attention should be given to the micro-system level which is considered as front-line unit that provides most health care to most people and at which patients and providers meet. Many authors consider it as the essential building block of larger organization and of the health system. This level is composed of a group of clinicians and staff working together with a shared clinical purpose to provide care for a population of patients. Such component makes it as the most sensible stratum at which to work on improvement as it has the best likelihood of making a profound and lasting impact on the quality and safety of care. However, focus on the micro-system is not to maximize the function of the micro-system only but rather to optimize the function of each micro-system to maximize the goal of the system as a whole. My presentation will focus on the use of "micro-system" framework to improve patient safety. I will discuss the principals that are within the micro-system concept which are very essential for its successful use in improving patient safety.

Towards a Wise Use of Performance Indicators

Waleed Al Nadabi
Head of Quality Department, Khoula Hospital, Oman
alnadabi2030@yahoo.com

Measuring the quality of care has become the interest of service providers, service users, regulators, investors, insurance companies and many others. Many tools have been developed to measure the quality of care provided. One of these powerful and widely used tools is performance indicators (PI). It has been argued that PI can be used to make comparisons (benchmarking), to set priorities, support accountability, support quality improvement initiatives and many others.

Although PI can be very useful to the organization, it can be harmful if not used wisely. The non-wise use of PI can lead to waste of time, waste of resources, waste of efforts, misguided decisions, and lack of focus. There are a number of criteria, if fulfilled; organizations can maximize the usefulness of PI. First, only important (key) PIs are selected. It must be ensured that PIs are not too many. Second, the selected Key PIs should be relevant and of interest to as many parties as possible. Third, PI must be valid, reliable, and evidence based. Fourth, and whenever possible, avoid the manual collection of data. The manual collection of data will be an added effort and the collected data may not be as accurate as expected. Fifth, PI must be clearly defined to ensure a common understanding and interpretation. Sixth, it is always advisable that PIs are tested on a small scale before being used on a wider scale.

The above mentioned criteria can maximize the usefulness of PIs. However, a very important step that must be undertaken is to ensure that these PIs are actually utilized by the top management to set targets, making priorities, making decisions and allocating budgets. Otherwise, PI will be a waste of time, efforts and resources.

Use of Google Account in Health System to Improve Quality of Care

Ahmed Said Al Busaidi
Adam Hospital, Ministry of Health, Oman
drahmedalbusaidi@gmail.com

With the advance in technology and development in internet features paper work can be reduced significantly and working environment

can be made more organized. In this project will present our experience at Adam hospital in introducing Google account as a tool to replace much paperwork, improve communications among staff and documentation of working process. We used Google account in organizing the process for CME, annual leaves, Duty roaster, hospital statistics and communicating between staff electronically. This has reduced time, effort and financial expenditure used to execute such process in the past, resulting in redirecting these resources to other areas for quality improvement. In the presentation I will demonstrate the use and application of Google calendars and documents in health system.

Women's Satisfaction with the Current State of Our Maternity Services in SQH

Suad Fayal, Head,Quality Department
Sultan Qaboos Hospital, Salalah, Oman
soft_14474@yahoo.com

Key Words: Satisfaction, maternity services, survey

Background: The expansion in health services has resulted in improvements in the health status of the community that was reflected in a decline in preventable diseases and in infant and child morbidity and mortality. Directing expansions in health services to the more cost-effective interventions, namely the primary health care (PHC) brought about these achievements. The use of health services by women showed a substantial increase during the last two decades. The attendance to antenatal care clinics increased over 20 folds since 1975.

Almost 50 thousand pregnant women have visited antenatal care clinics during 1999. Among women who delivered during 1999 in MOH institutions 99.3% had visited antenatal care clinics at least once during their pregnancy and 73.7% had made 6 or more visits. The mean number of visits per pregnancy increased from 5 visits in 1988 to about 7.6 visits in 1999. At the same time the number of health-staff-assisted deliveries (i.e. deliveries in hospitals and/or health centers) almost doubled during the last 20 years. Such findings clearly show the increase of awareness of the community; and especially women towards the importance and success of health services.

Objective: The purpose of this study is to assess women's satisfaction with the current state of our maternity services.

Methods: In this survey we used closed-ended questions that represented the views of 200 women randomly selected who were given maternity care in Sultan Qaboos Hospital during October to November 2011. The objective of this survey is to review women's perceptions of maternity services, and to assess the quality of care delivery by individual practitioners and providers. A questionnaire was given to all women recorded on the antenatal (Rg-17) and postnatal (Rg-19) register who attended the hospital during the period of the survey. Although the format and content of the questionnaire used in the present survey was essentially similar to the format and content in some other international surveys …… (truncated at 300 words).

Abstract - Poster Presentation

7th Element Risk Reduction of Professional Code of Conduct for Nurses and Midwives of Oman and International Safety Goals

Sarala Kodamala
Nursing Services, Sultan Qaboos University Hospital, Oman
sarala@squ.edu.om

In February 2011 Nursing Directorate separated Risk Management link nurse group from Health and Safety working group. The objective of this risk management link nurse group is:

- To raise awareness of risk issues related to nursing staff with educational programs.
- To coordinate training and education on risk management.
- To develop nursing policies and procedures to address risk issues.
- To continually monitor risk exposures and implement plans to reduce the level of risk in the work place while continuing to provide quality service to our patients.
- To promote the 'risk free' working environment in all clinical areas.
- To conduct audit and surveys as planned.

As part of our activities, there are series of lectures given to nurse representatives of each ward on Risk management, definition, what s hazard, differences between hazards and risks. The activities include Loss control and prevention, Root cause analysis, Failure Modes and Effective Analysis (FEMA), Educational programmes, responsible to train and spread awareness to all employees in their departments of the risks within their work environment and of their responsibilities, SQUH event and Incident reporting, Audits, and Annual risk management plan evaluations.

In Health Care "Risk" implies a situation or environment that may compromise the safety of patients or clients. Risk reduction is the ability to limit or reduce those risks with the aim of protecting patients and clients. When facing the professional dilemmas, nurse's first consideration in all activities must be the interests and safety of patients and clients. The nurse will be judged against what could be expected of her with her knowledge, skill, and abilities when placed in particular circumstances. To help and remind the all the nurses that Oman Nurses and Midwifery council of Oman has included Risk reduction as 7th Element of Professional code of conduct for nurses and Midwives. This poster is to raise the awareness of SQUH nurses ……(truncated at 300 words)

A Management Model for Health Services Organizations HSOs

Imad Al-Husami
Oman Specialized Nursing Institute, Oman

Introduction: Management is defined by Longest B. & Dar J, 2010 as "the processcomposed of inter-related social and technical

functions and activities, occurring in a formal organizational setting for the purpose of accomplishing predetermined objectives through the use of human and other resources". HSOs/HSs are formal organizational settings where outputs are produced (mission fulfilled and objectives accomplished) through use (conversion) of inputs (resources). Manager and the management work that they perform are catalyst that converts inputs to outputs. HSOs/HSs (and their managers) interact with –are affected by and affect –their external environments; this makes them open systems because inputs are obtained from their external environment and outputs go into that environment. The resources that are acquired and used to generate outputs include human resources, material/ supplies technology/equipment, information, capital resources, and patients/customers. Outputs for HSOs/HSs include both specific individual and overall organizational work results.

Conversion of inputs to outputs occurs when managers integrate structure, tasks/technology, and people in the context of organizational culture and in response to meeting the needs of internal, interface and external stakeholders. External environment includes both the general environment and the more proximate healthcare environment. HSOs/HSs are in continuous interaction with the external environment affecting and being affected by it.

Conclusion: The Management model for HSOs/HSs details the management process. It helps managers to think of their organizations not in isolation with the surrounding environment.

A Snapshot on the Nutritional Care at SQUH: 2010 Nutrition Day Survey

Salma Al-Mahrouqi, SQUH Dieticians
Nutrition & Dieteticsm Sultan Qaboos University Hospital, Oman
smahrouqi@squ.edu.om

Rationale: Malnutrition at hospital admission is a risk factor for an unfavorable outcome, prolonged hospital stay and delayed recovery. In addition a relevant proportion of patients have a nutritional intake below their needs during hospitalization. In these patients the incidence of complications such as nosocomial infections, poor ventilatory function, and prolonged bed rest is increased. Mortality has been shown to be up to 8 times higher and dependency at discharge up to 3 times more frequent.

Several risk factors such as age, type of disease, severity of disease, degree of functional impairment, social background, nutritional awareness and structural factors have been proposed but never systematically assessed. The Nutrition day study is aiming to:

- Promote safe nutrition care in hospitals by increasing knowledge, awareness, nutrition monitoring and bench -marking
- Create an active partnership between patients, caregivers and official bodies to minimize the impact of disease related malnutrition 2010 Nutrition day Study at Sultan Qaboos Hospital took an action first time on 4 Nov 2010.

Methods: The Nutrition Day is a survey designed to assess, on one single day, how nutrition is managed in hospitals. We used Nutrition day Arabic translated questionnaires sheets which originated by ESPEN (European Society for Clinical Nutrition and Metabolism).

7 Adult wards were included in Nutrition Day 2010 study at SQU Hospital, 85 patients were recruited, 64 patients managed to complete nutrition day questionnaires; 41 female, 23 male. All questionnaires were coded and transferred online to database system at the Medical Statistics Dept, Medical University Vienna to be analyzed.

Results: The results of the study provide clear evidence of the malnutrition in relation to nutritional risk factor of unintentional weight loss and decrease meal intake.

A joint initiative of the Nutrition Day-team, supported by the European Society for Clinical Nutrition and Metabolism (ESPEN), the Austrian Society for Clinical Nutrition (AKE) and the Medical University of Vienna (MUV).

A Study on Neonatal Pain Assessment and Management: Neonatal Unit's Journey

Parvathi P. Mudaliar, Baby Padmavathy Sam, Eiman Al-Hashmi, Shaimaa Al-Belushi
Neonatal Unit, Sultan Qaboos University Hospital, Oman
nnl-nrs@squ.edu.om

Background: Neonatal pain is relatively an obscure field. In Neonatal Unit (NNL), there was no standardized neonatal pain management protocol in place and pain had been managed in an arbitrary manner. Three studies were done as unit quality improvement activities that lead to the implementation of Neonatal Pain Management Protocol.

Objectives: The objectives of the studies were (1) to assess the awareness and knowledge of neonatal pain among nurses and its management, (2) to demonstrate the presence and quantify the level of pain in the neonates, (3) to formulate Neonatal Pain Management Protocol, (4) to evaluate the effectiveness of the implemented Neonatal Pain Management Protocol.

Population: Maternal and Child Health nurses and neonates admitted to NNL.

Methods: Descriptive survey and quantitative prospective approach was employed.

Results: In the first study 95% of responders agreed that neonates do feel pain although 70% of them felt adult and children are more sensitive to pain, only 1/3 knew that pain was quantifiable and 20% did not know that there are methods to quantify pain in neonates. The second study provided evidence that neonates do experience pain and the level of pain ranges from 1.2 to 16.0 with a mean score of 9.0 ± 4.5 SD. The final study showed the pain score before implementation of pain management was 8.8 ± 2.56 SD and after implementation of pain management was 3.63 ± 1.04 SD.

Interpretation: The three studies showed that there is a need (1) to educate nurses on neonatal pain assessment and management, (2) that pain in neonate is quantifiable and (3) with appropriate pain management measures neonatal pain can be minimized.

Conclusion: Neonates do feel pain and it is quantifiable and with appropriate measures pain can be minimized.

A Study to Assess the Knowledge and Attitude of Care Givers Regarding Hospice and Palliative Care for Terminally ill Client at Selected Hospitals

Anandhi Amirtharaj
Sultan Qaboos University Hospital, Oman
anuamir@squ.edu.om

A state of health is a continuing and ongoing process of development of a person as part of a greater whole. When these conditions are not fulfilled, then one can be considered to have an illness or be ill. Illness could be classified under various definitions but illness like cancer can have a devastating nature on the Individual, family and society. India receives about 10 lakhs new cancer patients every year. As statistical data suggest approximately 60-80% patients, when they are diagnosed, are advanced cases and hence incurable. Often, their major symptom is moderate to severe pain. According to present estimates about 56% cancer patients in India require relief of symptoms (palliative care) at any given time; however, only 28% are provided some sort of hospice and palliative care.

More than 90% of the terminally ill patients are cared for in Tertiary Hospitals which are unable to provide Psychological and Supportive care which is needed for the quality of life during the end of life stages.

Study concluded that the majority of subjects have inadequate knowledge (88%) but 100% of the subjects had favorable attitude. Hence it is concluded from the study that the caregivers have favorable attitude towards hospice and palliative care but lack knowledge regarding the same and hence need to create awareness among the care givers about hospice and palliative care.

Audit on Patient's Attendance Pattern, Reasons for Failed Appointments and Waiting Time at Oral Health Department

Ali Al Mullahi, Lorena F. Mendoza, Myrna C. Al Wahaibi
Oral Health Department, Sultan Qaboos University Hospital, Oman
mullahi@squ.edu.om

Introduction: Clinical audits investigate the barrier to provision of health care to patients and provide an evidence based recommendations to improve the quality of health care provided.

Aim: to assess the waiting and treatment time for the patient attending the Oral Health department at Sultan Qaboos University hospital and to investigate the prevalence and the reasons for failure of attendance among the scheduled patients.

Method: questionnaires were used to collect the data from the patients attending the Oral Health department during three weeks period from the 31/10/2009 to 11/11/2009. The patients who failed to attend for their appointment were interviewed through the phone.

Results: the mean waiting time for the patients who had scheduled appointments was 31.2 minutes (SD 32.5) and the mean treatment time was 30.7 (SD 12.6), for the walk-in patients the mean waiting time was 53 minutes (SD 40.3) and the mean treatment time was 23 minutes (SD 12.1). The prevalence of failure of attendance among patients with scheduled appointments was 50%. The reasons for failure of attendance were; illness (9.4%), forgetting the appointment (31.3%), work commitment or lectures (40.6%) and receiving dental care elsewhere (9.5%).

Discussion: The mean waiting time for the scheduled patients (31.2 minutes) was calculated as the time from registration till the time patient was called by the dentist. In the audit we calculated the arrival time and the finding that patients arrive 34 minutes before their scheduled appointment time. Hence, the patient will be called by the dentist on average 3 minutes before their appointment time. The failure rate of attendance among scheduled patients in the clinic was 50% which is alarming. This needs to be addressed by raising the awareness among the main users of the clinic.

Recommendations: To allocate two general dental practitioners (GDP) per day for attending to the Oral health- Emergency clinic. Patients should update their contact information's if there have been any changes in them.

Communication Improvement Tool: SBAR

Megawati Md Nor
Nursing Services, Sultan Qaboos University Hospital, Oman
r3-nrs@squ.edu.om

You can have brilliant ideas, but if you can't communicate them, your ideas won't get you anywhere - Lee Lacocca. That quote is true in every area of life. Most communication challenges do not have life and death situations hanging in the balance. However, in healthcare, every conversation has that potential impact. In fact, according to the Joint Commission on Accreditation of Healthcare Organization (JCAHO) some studies indicate 70 to 80 percent of medical errors are related to interpersonal interaction issues. (JCAHO,2005) It has been noted that in 63% of sentinel event occurrences, communication breakdown is the leading root cause. Not only is poor communication costly, it can also cause heartache, pain and suffering for patients and their families. Poor communication has also been identified as the primary factor of both medical malpractice claims and major patient safety violations, including errors resulting in patient death.

How do we address these issues? In an attempt to improve the safety of patient care, JCAHO is espousing the use of communication tool known as the Situation-Background-Assessment-Recommendation (SBAR) tool. Healthcare leaders agree that implementing a standardized approach to communication across health care systems is the only way to eliminate these preventable errors.

Nursing Directorate believes employing "SBAR communication" among all healthcare providers will make a tremendous, positive impact on professional-to-professional communication and ultimately, patient safety. And so, it was with this conviction that the development of the SBAR Communication was launched.

Now, the SBAR Communication is being provided to all nurses to assist in equipping them with tools needed to facilitate effective communication. SBAR stands for:
S - Situation: What is happening at the present time?
B - Background: What are the circumstances leading up to this situation?
A - Assessment: What do I think the problem is?
R - Recommendation: What should we do to correct the problem?
SBAR creates a shared mental model for effective information transfer by providing a standardized structure…….(truncated at 300 words).

Competency Based Performance Appraisal (CBPA): An Innovative Tool to Measure Staff Performance

Aina Ahmed Al-Riyami
Nursing Directorate, Sultan Qaboos University Hospital, Oman
ayna@squ.edu.om

Client oriented and patient focused services have been the key components in the delivery of quality health care services to all people. Ensuring customer/client satisfaction is only possible when we have the system of monitoring and evaluating the performances of all health care personnel based on their competencies in the practice. As a result, Nursing Directorate developed CBPA. The benefits of CBPA include:

1. A unique tool which can be used to appraise all categories of nursing staff.
2. Comprehensive tool which covers all vital domains of nursing practice.
3. Performance criteria measures specific competencies of each nurse.
4. Helps in identifying staff strengths and learning opportunities.
5. The performance criteria based on SMART principle.
6. A sound basis for enhancing the performance capacity of all staff of Nursing Directorate.

Domains of CBPA: A domain is an overarching area of practice and requires many competencies. The CBPA consists of 5 Domains. Domain 1: Communication and IPR; Domain 2: Professional Responsibility; Domain 3: Management of Nursing Care; Domain 4: Management; Domain 5: Professional Development and Evidence Based Practice. Each domain has number of competencies with relevant performance criteria, which will be rated according to staff performance using the rating scale of Expert, Proficient, Competent, Advance Beginner and Novice. The strengths and learning opportunities and their ratio facilitates appraiser to focus on strengths and learning opportunities of staff.
The outcome of the workshop revealed that the CBPA tool is very comprehensive and appropriate tool to measure the competencies of all nursing staff. The CBPA had 100% positive feedback of excellent, good & adequate levels in all the domains and none felt that the tool is poor or very poor. Results of Pilot Study Conducted in 2009 include Table 1: Agreement of Nurses on CBPA tool, CBPA Workshop. Results of Post Workshop Evaluation include Table 2: Feedback of Workshop participants on each domain of CBPA tool …..(truncated at 300 words).

Corrective Action for Classified Staff - Informal and Formal Counseling

Niren Kumar Sachdeva, Khalfan Kharousi
Nizwa Hospital, Ministry of Health, Oman
niren.sachdeva@gmail.com

Informal counseling or coaching is just that. Typically oral, this action is just taken to correct minor problems or to advise an employee of performance or behavior adjustments that are necessary. Informal counseling or coaching may be confirmed in a follow up letter to the staff member. Formal counseling is designed to provide structured, written feedback that includes a draft action plan for achieving successful performance. The draft action plan should identify each performance problem, the actions necessary to correct the problem(s) and the time frame within which the problems must be corrected.
For this you need to - Prepare Formal counseling meeting / Co-ordinate the scheduling of the meeting / Prepare formal counsel memo to the employee that confirms the formal counseling meeting and includes the employees right to representation / Conduct the formal counseling meeting /Follow up memo and finalized action plan.
Tips to prepare and conduct a Formal Counseling meeting include: Review the employees information, make a list of all the issues and policies that will be discussed in the counseling information, summarize the facts and events from your fact finding, clearly state as to why the employee""s behavior or performance is a concern, make sure your statements are clear and concise, non punitive in tone and are constructive in approach, develop the draft action plan, seperate facts from personal feelings and hold the conversation in private, be courteous to the employee, focus on behavior and outcomes of behavior, describe the outcomes of the employee""s behavior, allow time to discuss and think about the employees ideas for improvement, discuss your own ideas for improvement, set up a follow up date for review.

Developing and Implementing a Balanced Score Card, a Practical Approach

Niren Kumar Sachdeva, Khalfan Kharousi
Nizwa Hospital, Ministry of Health, Oman
niren.sachdeva@gmail.com

A Working definition - A Balanced Scorecard (BSC), is an approach to strategic management that provides a clear prescription as to what organizations should measure in order to ""balance"" the final perspective. A BSC can be thought of as something that: a management system not only a measurement system; enables clarification of organizations vision and strategy; enhances the ability to translate vision and strategy into action; provides feed back

around internal processes and external outcomes to continuously improve strategic performance and results.

The anticipated benefit and outcome of BSC is to transform strategic planning into an effective and efficient ""nerve centre""of an enterprise. Basic Concepts - BSC views the organization from four different perspectives; learning and Growth perspective - what do we excel at; business process perspective- how do we continue to grow and create value; customer perspective- How do our customers see us; financial perspective - How do we achieve the lowest cost.

Building a BSC is a 4 phase process; Strategy, Strategy Mapping, Performance measures, Implementation. There are 9 steps to implementing a BSC: perform an assessment of the current status of the 4 BSC perspectives, develop strategy, define objectives, develop strategic map, define performance measures, develop initiatives, determine and develop automation, cascade implementation, evaluation of implementation.

Goal of BSC is to realize a performance based budget that satisfies customer requirements by providing the highest quality products and services at the lowest possible cost.

Documentation: Core Standard

SQUH Nursing Documentation Working Group
Nursing Services, Sultan Qaboos University Hospital, Oman
p2-nrs@squ.edu.om

Introduction: Documentation is any written or electronically generated information about a client that describes the care or service provided. Through documentation, nurses communicate their observations, decisions, actions and outcomes of these actions for clients. It is an accurate account of what occurred and when it occurred.

Importance of Documentation: In today's healthcare arena, the nurse must not only has a professional responsibility, but is also held accountable to document patient data that accurately reflects nursing assessment, plan, intervention and evaluation of the patient's condition. In addition to this professional responsibility, nursing documentation is also significant in:

- facilitating communication – nurses communicate to other care providers their assessments about the status of clients, interventions that are carried out and the results of the interventions;
- promoting good nursing care – encourages nurses to assess client progress and determine which interventions are effective, and identify and document changes to the plan of care;
- promoting professional and legal standards – demonstrates that within the nurse-client relationship, the nurse has applied knowledge, skills and judgment according to professional standards.

"Nurses at SQUH are required to document timely and an accurate report of relevant observations, including conclusions drawn from those observations. Documentation is an integral part of safe and appropriate nursing practice. Clear, comprehensive and accurate documentation is a record of the judgment used in professional practice."

A nurse maintains documentation each shift:

- A clear, concise, comprehensive, accurate, true, honest and relevant
- Reflective of observations not unfounded conclusions
- Timely and completed only during or after giving care
- Chronologically
- Document concurrently
- Using hospital approved abbreviations
- Documenting only from firsthand knowledge
- Safeguard the confidentiality of documentation

"Therefore Care not documented is care not done". Documentation is critical to determine if the standard of care was rendered to a patient to defend nursing actions.

Effects of Distraction on Pain and Distress During Venipuncture in Children

Iman Ali, Pediatric Day Care Unit
Sultan Qaboos University Hospital, Oman
nsawafi@squ.edu.om

Needle pain is the most common type of procedural pain and causes many children considerable distress. Emotional factors such as elevated anxiety, distress, anger, and low mood can increase the child's pain perception and render subsequent medical procedures and pain management more difficult.

The purpose of this study is to evaluate the effect of distraction on the outcomes of pain and distress in children ages (3-14) years admitted in SQUH Pediatric Day Care Unit during the venipuncture. This study will help us to develop a practical and cost effective means of increasing children's coping and decreasing children's distress during procedure, which eventually will improve our quality of care.

This study will be an experimental study. It is concerned about the cause (distraction) and the effect (pain and distress) relationship. It involves manipulation or control of the independence variable (cause) and the measurement of the dependent variable (effect).

The sample size will be 60-100 subjects where they will be randomly assigned to either the control or the experimental group. The tools which will be used are a baseline data sheet, Oucher self-report pain scale, Groninger Distress Scale (GDS). In this study, the distracter will be cartoon movies shown via DVD player or laptop with overhead projector.

Enjoying Life and Living Well on Peritoneal Dialysis

Salim Al Ismaili
Oman Specialised Nursing Institute, Oman
Skz4321@gmail.com

When you kidneys fail, you need treatment to replace the work your kidneys normally perform. Development kidney failure means that you have some decisions to make about your treatment. If you choose to receive treatment, your choices are haemodialysis (HD)

or peritoneal dialysis (PD). Each of them has advantages and disadvantages. By learning about choices, you can work with your physicians to decide what is best for you. In haemodialysis, your blood is passed through an artificial kidney machine to clean it. Peritoneal dialysis uses a filtration process similar to haemodialysis, but the blood is cleaned inside your body rather than in a machine. Dialysis is a treatment that performs the functions of natural kidneys when they fail (kidney failure). Since haemodialysis does carry some risks, and it has some unpleasant side effects and more expensive than peritoneal dialysis, the attention should turn to peritoneal dialysis. The choice between haemodialysis and peritoneal dialysis is a decision which must be made by patients and their physicians.
In conclusion, PD patients are more satisfied than HD patients and PD might be a better tolerated dialysis modality than haemodialysis (Maeda et al, 2005). The results the physicians and nurses should describe to the patients the different types of PD and advantages and disadvantages of each modality. PD could be recommended as a safe and suitable modality of treatment of end stage renal failure. Therefore, our work suggests that PD is more preferable than HD.

Ethical and Legal Responsibility in Documentation

SQUH Documentation Working Group
Nursing Services, Sultan Qaboos University Hospital, Oman
b3-nrs@squ.edu.om

With any professional license comes the ethical and legal responsibility. One particular duty that deserves significant emphasis is the requirement of complete and accurate documentation related to patient care which includes what is done to and for the patient and how particular decisions about care were made.
Accurate record keeping and careful documentation is an essential part of nursing practice. The Nursing and Midwifery Council state that good record keeping helps to protect the welfare of patients-which of course is a fundamental aim for nurses (ONMC 2002). High quality record keeping will help you give skilled and safe care wherever you are working.

Ethics and Professionalism

Aina R, Zayana M, Rahma M, Zita M, Sapiah A, Sarala K.
Nursing Services, Sultan Qaboos University Hospital, Oman
zam.genie@gmail.com

Introduction: Sultan Qaboos University Hospital is an arena of an international work force. As such, the Nursing Directorate recognized the need of having a Professional Code of Conduct Committee Working Group in 2003 to promote and maintain safe nursing and midwifery practices. Its mission is to monitor and ensure ethical and professional conduct amongst all nurses in Sultan Qaboos University Hospital in accordance with the Oman Nursing and Midwifery Council Code of Professional Conduct.
The function and Role of the Professional Code of Conduct **Committee:**

1. Develop mechanisms that contribute to monitor and maintain safe nursing and midwifery practices.
2. Ensure that the statements in Code of Professional Conduct are upheld at all times by all nurses at SQUH.
3. Promote an environment in which the values, culture and religious beliefs of the patients and clients are respected at all times.
4. Investigate incidents and written complaints objectively and in fair manner.
5. Liaise with other related committees in SQUH
6. Communicate and report all outcomes of meetings and deliberations to Nursing Executive Committee (NEC), SQUH and to the standing Committee for Professional Conduct, ONMC
7. Serve as a resource group for issues related to ethical and professional conduct.

The PCC Activities:
15/02/2009 – the First PCC audit on nurses' knowledge of PCC elements and ethical issues. From this survey, more than 50% of the nurses were not familiar with the elements
09/01/2010 – an Open Day to enhance awareness amongst all the Nursing Staff whilst at the same time conducted another survey [utilizing the same tool] used during the first audit. The result was much improved and satisfactory.
28/08/2010 – Survey on Nurses' opinion in reducing patient's complaints.
Nurses' Court – a court saga depicting real ethical issues in nursing
Conclusion: Nurses must abide by a professional code of conduct to maintain a philosophy of care that includes ethical and moral principles.

Head to Toe Assessment

Huda Al Habsi
Nursing Services, Sultan Qaboos University Hospital, Oman
b1-nrs@squ.edu.om

Head to toe assessment is one of the vital practices in nursing care. It helps to gather the base line information about the patient so that holistic quality care will be offered according to the patient's health needs. The type of assessment ease the correlation between laboratory values, medical imaging with patient physical findings. It helps as well for early detection of any changes that occur to patient as nurses already have the base line assessment done so better. Quick and efficient care will be provided to patient.
Head to toe assessment provide the continuity of care given to patient, ease communication with other health care providers and stimulate critical thinking in solving problems arises with patient in accordance to his condition fluctuation. In head to toe assessment information gathered is from physical signs and symptoms, patient verbal communication, patient non verbal clues, relative information via interview and medical lab and other investigation values.
For children head to toe assessment is important as they have very quick changes in their physical status as their body organs and

immunity not yet fully mature and functioning competently so they require delicate and quick solutions if problem arises or it might cause serious complication or even cost their life. Also children cannot communicate their needs so it is very important to build a rapport with them and try to understand their needs. Also we can take the help of mothers as they now their kids and can detect their needs easily.

This poster will display information on essential assessment required to be observed according to the sequence of body systems. It will also reflect the difference between adult and pediatric head to toe assessment and the importance to note why children are different and closer observation are needed than adult do.

Improving Diabetes Mellitus Screening and Risk Assessment: Role of Nurses in Closing the Gap

Anandhi Amirtharaj, Melba Sheila D'Souza, Anitha Thanka, Ramesh Venkatesaperumal, Chandrani Isac and Shreedevi Balachandran
Adult Health and Critical Care Department, College of Nursing
Sultan Qaboos University, Oman
anuamir@squ.edu.om

Background: The healthcare cost of managing diabetes mellitus (DM) is projected to rise because of the change in population demographics. To reduce this incidence, strategies are needed to identify those at risk early to allow preventative intervention to be implemented.

Aim: To assess the effectiveness of self-administered DM risk score sheet, body mass index, blood sugar and blood pressure in screening the participants and discriminate at high risk of diabetes from those at lower risk.

Design, Materials and Methods: Descriptive research design was used. The study was conducted on 100 participants, who attended public awareness camps on prevention of DM. In addition to several informational sessions on issues related to diabetes, nutrition and foot assessment was given to each participant. A self-administered risk assessment questionnaire completed by the participants was used to identify risk to DM. Statistical analysis was carried out to find the correlation between various the risk factors and the risk scores.

Result: A total of 91 people participated in the community health camp. Majority (43.6%) of them belonged to the high risk category (explain the category). About 40% of the participants possessed an unhealthy BMI (> 25), which increased their risk of developing this disease. 18 participants had impaired glucose tolerance and 4 of them were diagnosed as diabetes mellitus (according to the International Diabetic Federation guidelines).

Conclusion: This shows that there is a high risk for developing diabetes mellitus. The use of the risk assessment form can be used for early identification and prevention of diabetes mellitus in Oman by reducing the healthcare cost on the burden of treatment.

Implications: With the help of risk assessments, health resources can be judiciously utilized. Action by professional nurses in our health care units is needed to improve outcomes for patients and reduce the prevalence of diabetes; as well as identification and assessment of high-risk patients, long-term follow up to provide lifestyle advice is vital. Nurses can identify at-risk patients and provide ongoing intervention, education and support.

In Patient Perception of Safety

SQUH In-Patient Safety Working Group
Nursing Services, Sultan Qaboos University Hospital, Oman
day-nrs@squ.edu.om

Introduction: The Nursing Directorate of Sultan Qaboos University Hospital (SQUH), as one of the model of excellence for all nursing services in the country had designed an initiative driving towards a quality health service. Based on the Joint Commission International (JCI) Patient Safety Goals, the Nursing Directorate conducted an audit on In- Patient Perception of Safety, aiming to assess the level of patient's satisfaction during hospital stay with regards to safety.

Method: An audit was conducted to selected clinical areas. A questionnaire was used as a tool and was distributed randomly to the 19 in- patient pediatric and adult clinical areas prior to patient discharge, an anonymous response is maintained. During the span of survey 20 Omani nurses were delegated to conduct the survey. A 204 sample from patient and attendant were obtained.

Result: Patient's Identity: Results show that more than 200 patients were identified correctly prior to performing any procedures. also that nurses calling pts by their name as more than 200 pts responded, half of the pt said that nurses are not doing double check with other nurse before giving blood products , same number of pts answering that nurses gave the education about the importance of ID band.

Effective Communication: Results shows that more than 200 patients were answering that nurses are communicating effectively, encouraging patients to ask questions, using official languages (Arabic and English) and encouraging pts to be involved in their care plan.

Safety Medication: More than 60% pts were answering that nurses are explaining to them the medication that they are taking, encouraging them to know about their medication and ensuring that pts taking their oral medication. Only 40 pts were telling that nurses are explaining about the side effects of the medications.

Correct site, Correct procedure and Correct patient surgery: Less than 100 pts were reinforced to understand about their surgery and checked be two nurses before proceeding..…… (truncated at 300 words).

In-patients Satisfaction with Nursing Courtesy

Suad Al Mukhaini
Nursing Services, Sultan Qaboos University Hospital, Oman
psy-nrs@squ.edu.om

Health care is an extraordinary people-centre business. Aside from the obvious fact that the patient consumes services to his or her physical body, nearly all treatments and procedures are

carried out by people. The management and providing of quality health care takes place in a more complex nature involving different components in the delivery as shown in this poster. Hence patient care satisfaction and customer care has always been a priority in Nursing Management in SQUH.

We know that if patients are happy with the care they will recover faster and be less of a bed management burden for the hospital as patients are likely to be discharge quicker as stated by Harmon,et al.,2003. A survey was conducted in 2011 across all nursing departments in SQUH. In this poster we explore the in-patient satisfaction and courtesy of staff in the delivery of care. The results revealed that SQUH has met with great success in providing good customer care and satisfaction. SQUH has a multicultural community of nurses who strived to adopt the Middle Eastern cultures and work very hard to continue improving in inpatient satisfaction and provide high standards of customer care.

However we also shared some of the common issues with our worldwide nursing department that is how to minimize noise on wards. All suggestions are welcome. However it is likely that this will not be accomplish unless the architecture of the building itself changes. Nurses however in their roles are able to assist by raising the awareness that noise reduction aides recovery of patients and improve inpatient satisfaction.

Intervention to Improve Quality of Care in Pediatric Surgery

Dr. Mamatha Shivananda Pai, Dr. Vijay Kumar
College of Nursing SQU, Oman
Kasturba Hospital, Manipal University, India
mashipai@squ.edu.om

Providing the finest possible family centered care is a mission of health care providers. Nurses make significant contribution to this mission through delivery of high quality nursing care. Stress in the parenting system during the first few years of life is critical in relation to the child's emotional and behavioral development and to the development of parent child relationship.

A non-randomized control study was carried out among mothers of children in pediatric surgery ward of Kasturba Hospital, Manipal University, India. Objective of the study was to find the effectiveness of information package on parenting stress among mothers. The study sample consisted of 60 mothers in the control group and 60 in the intervention group. Nonprobability purposive sampling was used to select the study subjects. Parenting Stress Index- Short Form (PSI/SF) was used to measure the parenting stress. The intervention group was shown a video on events during the hospitalization whereas the control group received the routine care based on the hospital policy. The data were analyzed by using frequency, percentages and Bonferroni test.

The result showed that majority of the mothers had moderate level of parenting stress during the child's admission to the hospital. Mothers in the intervention group showed significant reduction in the stress level as compared to the control group ($p < 0.0001$).

The findings of this study suggest that structured information to the mothers will help in significantly reduce the stress level. This type of intervention will help in delivering quality care to the mothers thus improving satisfaction of mothers and children in the pediatric surgery ward.

Is it Iime to Change Our Perspectives on Nursing Documentation?

SQUH Documentation Working Group
Nursing Services, Sultan Qaboos University Hospital, Oman
p3-nrs@squ.edu.om

A clinical document, first and foremost is a very vital document in clinical care areas. It includes

information to identify the patient, the care provider, the date of the encounter, the problem(s) being addressed, care provided, the clinical reasoning for the choice of care, the patient's response and/or outcome of the interventions and future plans.

Nursing documentation clearly describes:

- An assessment of the patient's health status, nursing interventions carried out, and the impact of these interventions on patient outcomes;
- A care plan reflecting the needs and goals of the patient; needed changes to the care plan;
- Information reported to a Physician or other health care provider and, when appropriate, that provider's response;
- Advocacy undertaken by the nurse on behalf of the patient.

A done well, nursing documentation is a valuable tool to support effective communication between providers and continuity of care within and across settings.

Following the Grievance Committee Meeting, one of the major issues brought up was the insufficient nursing documentation versus care provided. The Nursing Directorate took a prompt response by forming the Documentation Working Group to look into conducting Peer Review Audit. As said the result was unfavorable hence leading to the next step of initiative which is to raise awareness on the importance of complete documentation.

Nurses have different perceptions on documentation. The time spend in direct patient care is as important as the documentation of the care provided itself. Raising such awareness in nurses was the ultimate aim of this study. In a period of 2 weeks, Questionnaire was distributed among different SQUH nursing staff. All the different grades among nursing staff were included in the study sample. Studying such a broad subject in short period affected the validity of study findings. Results showed that most of the nurses agreed that the computerized documentation is less time consuming when compared with manual documentation. All agreed on the importance of documentation when it comes to professional accountability.....(truncated at 300 words).

Knowledge Deficit in CTG Interpretation

Barbara Swales, Delivery Ward Midwives
Nursing Services, Sultan Qaboos University Hospital, Oman
del-nrs@squ.edu.om

The Cardiotocograph (CTG) is a graphical display of a series of numbers representing fetal heart rate and uterine activity. It was introduced in 1960 and rapidly become part of routine obstetrical practice. Extensive knowledge of the physiology and pathophysiology of the fetal cardiovascular regulation is essential for accurate interpretation of fetal heart rate pattern.

The aim of this study is to investigate the knowledge of the staff in maternity units (Midwives and Nurses) about the importance of interpreting and understanding the CTG trace to improve the maternal and neonatal outcomes and morbidity and mortality rate. This also will reduce clinical negligence claims and support prevention of avoidable litigation.

Management of Acinetobtacter in SQH

Sanaa Eid, Babista Peer, Nada Yousif Al-Sadoni
Sultan Qaboos Hospital, Salalah, Oman
eidsana93@hotmail.com

Acinetobacter species are becoming a major cause of nosocomial infections, including hospital-acquired and ventilator-associated pneumonia. Acinetobacter species have become increasingly resistant to antibiotics over the past several years and currently present a significant challenge in treating these infections. This alarm but pressure on health care organization worldwide to give deep attention to re-examine and evaluate their stagiest due to the growing number of multiple cases.

As a hospital pathogen, A. baumannii mainly affects patients in the intensive care unit (ICU), including burn patients, trauma patients, and patients requiring mechanical ventilation Also, any immunocompromised patient or anyone who has an underlying disease, such as chronic lung disease or diabetes .According to National Nosocomial Infections Surveillance data, Acinetobacter species caused 7% of intensive care unit (ICU) nosocomial cases of pneumonia in 2003 compared with 4% in 1986. Community-acquired Acinetobacter pneumonia can also occur among certain at-risk populations. Of growing concern is the increase in multidrug resistance exhibited by clinically relevant species. According to the published literature, some infections associated with A. baumannii include ventilator-associated pneumonia, skin and soft-tissue infections, secondary meningitis, urinary tract infections, wound and blood stream infections, endocarditis, intra-abdominal abscess, and surgical site infections. And as we going in same stream "in the Subject of Hour" we will review in this poster the epidemiology, treatment, and prevention of this emerging pathogen and Acinetobacter as concerned in Sultan Qaboos Hospital.

Meditation: For Health

Vrunda J Pimpalkhute, Family and Community Medicine
Sultan Qaboos University Hospital, Oman
vrunda@squ.edu.om

Meditation is practiced since ancient times. In the recent past, Meditation has entered the mainstream of health care as a method of stress and pain reduction. It is often recommended to patients with various disorders as a non-pharmacological adjuvant therapy as a method of relaxation. Earlier studies report that meditation induces a host of biochemical and physical changes in the body collectively referred to as the 'relaxation response'. This response includes changes in metabolism, heart rate, respiration, blood pressure and brain chemistry. Few studies have attempted to objectively document the components of 'relaxation response'.

Objective: We studied sequential changes in Hemodynamic parameters, Bioenergy field around the body and EEG in order to define the components of relaxation response in different stages of Medication.

Subjects and Methods: Adult healthy volunteers aged 18–50 years were taught basic medication by expert teachers. They were subjected to serial hemodynamic, EEG and Bioenergy field studies during a session of meditation lasting 30 min. Non-invasive hemodynamic study was performed using thoracic bioimpedance cardiography, to document heart rate, blood pressure, cardiac output (CO), systemic vascular resistance (SVR) and autonomic balance. Bioenergy field studies were performed on the index using Gas Discharge Visualization technology.

Main Results: All subjects reached acceptable quality of mediation. Sequential studies revealed reduction in mean heart rate, blood pressure and SVR; autonomic balance revealed parasympathetic dominance. EEG revealed improved alpha index towards later stage of Meditation. Bioenergy energy field studies revealed enhanced bioenergy around index finger in later stages.

Conclusion: Serial observations in meditation revealed objective evidences of relaxation response in hemodynamic, EEG and Bioenergy field parameters. This study validates subjective reports of relaxation reported in mediation. Further studies to investigate the neurochemical basis of such changes, for example by combining above methods with functional MRI studies may be warranted.

Nursing Orientation Makeover: A Nursing Management Best Practice

Cathy Lausa, Galiza Pascua
Nursing Services, Sultan Qaboos University Hospital, Oman
p4-nrs@squ.edu.om

The vision of Nursing Directorate in SQUH is to "strive for practice which is safe, caring, innovative, scientific and empowering based on a foundation of leadership". Taking new staff on board is often

associated with job expectations, positive attitude, job satisfaction and productive. Comprehensive staff orientation is believed to be the strongest foundation for a successful induction and smooth transition into a new working environment (O'Toole 2007).

Nursing Directorate began to experience turnover due to difficult adjustment period leading to staff's dissatisfaction and underperformance. These are the feedbacks gathered during staff's Exit Interview. Nurses' turnover loaded a significant impact for SQUH and such decreases quality of patient care; demoralized staff that leads to inconsistent performance imposing to increase burden in the unit. Literature demonstrated that a complete, comprehensive, well organized program reduces adjustment period for new nurses (Marcum and West 2004).

With significant pressure for a new nurse or graduate to quickly integrate into the working system, a thorough and better organized orientation that made nurses feel welcomed, safe, valued, respected and nurtured ease up transition and enhance overall satisfaction and performance was spanned by Nursing Directorate on January 2011, one that improves staff's transition and promotes acquisition of a supportive environment. Transition is often characterized as a period of intense stress (Amos 2011; Bech 2000; Janes, Beck, & Denny 2000; et al).

This poster will provide a road map that outlines the tools and key elements utilized by Nursing Directorate in its new orientation program, one that offers opportunity that strengthens new nurses and graduates' critical thinking, sound clinical judgement and refinement of skills enhancing nursing clinical competence. Ultimately, the effectiveness of this program as the Best Practice is measured one month after each orientation period.

Occupational Stress, Sense of Coherence, Coping, Burnout and Work Engagement of Registered Nurses in South Africa

JJ van der Collf, I Rothmann
Sultan Qaboos University Hospital, Oman
drjj@squ.edu.om

The aim of the study was to assess the relationship between the occupational stress, sense of coherence, coping, burnout and work engagement of registered nurses in South Africa. A cross-sectional survey design was used. The study population consisted of 818 registered nurses. The Nursing Stress Inventory, the Orientation to Life Questionnaire, the COPE, the Maslach Burnout Inventory-Human Services Survey, and the Utrecht Work Engagement Scale were administered. The results show that the experience of depletion of emotional resources and feeling of depersonalization by registered nurses were associated with stress due to job demands and a lack of organizational support, focus on and ventilation of emotions as a coping strategy, and a weak sense of coherence.

Work engagement was predicted by a strong sense of coherence and approach-coping strategies.

Patient Safety Culture Improves the Quality of Care

Renu G, Deepa S Thomas
Nursing Services, Sultan Qaboos University Hospital, Oman
renug@squ.edu.om

Patient safety culture is a set of behaviors, attitudes, policies and actions meet together in an agency or in a system which in turn make the system work effectively in cross-cultural situations. "Culture of safety" is a journey. The safety culture in an organization can be improved through education, awareness increasing the access to organizational resources and skill trainings. Safety culture if sustained, improves quality of care. The two most important aspects identified in the project on safety culture are "commit to no harm" and "focus on system failure rather than individual failure". Patients and families have a vital interest in the safety of care received in hospitals. Strategic initiative in Quality pillar includes patient satisfaction outcomes and perception of clinical quality and patient safety. The outcomes can be achieved through electronic incident reporting, speak up campaign, patient ambassadors, community partners and patient safety feedback. Maintaining collective focus on the safety driven principles serves as the foundation for culture change and the evolution of the facility design with equipment and technology changes. Maintaining patient safety is the guiding principle which serves to enhance the culture of patient safety.

Patient Satisfaction Survey Among In Patients in Ibri Regional Hospital

Aisha Khalfan, Hind Ali, Dr John
aisha-moh2009@hotmail.com

Objectives: The aim of this study was to determine the Patient Satisfaction on various aspects of In-Patient service.

Setting: Ibri Regional Hospital is a 270 bedded secondary care hospital which is also a teaching hospital & employing 676 staff. It provides Inpatient, Outpatient and Casualty services and serves Al Dhahira Region which has a population of nearly 200,000. The Quality Department of the hospital is responsible for monitoring & maintaining quality of service.

Methods: A Self administered questionnaire was used to obtain information on the Quality of service from among those patients who stayed in the hospital for 3 days or more as In-patient. Participation was voluntary. The questionnaire was in Arabic. Closed Ended 4 or 5 point grading questions were used. A Pilot study of the questionnaire was conducted initially and it was improved accordingly. The survey questionnaire was sent to medical, surgical, maternity, Gyne and Pediatric wards to be administered. The data obtained was entered into a computer and analyzed using SPSS computer programme.

Results: Total of 170 questionnaires were distributed but only 140 inpatients responded to the survey. The 70 questions in the questionnaire were broadly categorized into seven main sections. The important results were as follows:

1- Admission procedure:-37 % said there was delay in the admission process.
2- Behavior of nurses & doctors:- 66% stated that behavior was good to excellent.
3- Cleanlines of the hospital:-Rated as Excellent or Very Good by 89% but as poor by 14%
4- Catering Service and food:- Rated as Excellent or Very Good by 84% but poor by 16%
5- Administration & PRO service:- Rated as Excellent or Very Good by 84% but as poor by 16%
6- Hospital Environment:- Rated as Excellent or Very Good by 90% but as poor by 10%
7- Suggestion for improvement obtained few suggestions which could be considered for implementation

Conclusions: The results of the survey indicate that there is need for improvement in many areas of service. The results were discussed with the top hospital administrators and the concerned departments and action is being taken accordingly.

Quality Improvement through Family Centered Approach in Child Care

Renu G, Ramir C, Deepa S Thomas
Nursing Services, Sultan Qaboos University Hospital, Oman
renug@squ.edu.om

Family-Centered care was first defined in 1987 as part of former Surgeon General Koop's initiative for family-centered, community-based, coordinated care for children with special health care needs and their families. Family centered care is an approach to the planning delivery and evaluation of the health care that is grounded mutually beneficial partnership among health care providers, children and families. It is redefining the relationships in health care. Family centered care (FCC) in child care shapes policies, policies programs facility design and staff day to day interactions. There are five concepts in family centered care they are dignity, respect, information sharing, participation and collaboration. The core of family centered care is the recognition that family is the constant in a child's life. Family centered care leads to better health outcomes and wiser allocation of resources and greater child and family satisfaction.

Risk Assessment among Elderly Omani Women Prompt on Osteoporotic Screening

Melba Sheila D'Souza, Chandrani Isac, Anandhi Amirtharaj, Ramesh Venkatesaperumal, Shreedevi Balachandran, Anitha Thanka, and Huda Al Noumani
College of Nursing, Sultan Qaboos University, Oman
melba@squ.edu.om

Keywords: osteoporosis, risk perception, risk assessment, nursing care, women's health, quality care.

Background: Women are at a higher risk for osteoporosis (OP) after menopause due to lower levels of estrogen, a female hormone that helps to maintain bone mass. An osteoporotic fracture occurs every three seconds, with one in three women over 50 years old expected to be burdened with a fracture at some point. Osteoporosis is responsible for more than 1.5 million fractures annually. In the Middle East the burden of osteoporosis is expected to increase due to the steady growth of the ageing population as life expectancy continues to rise. Omani women have an enhanced vulnerability to poor health or risk of fracture as a result of less exposure to Vitamin D, calcium, poor dietary habits and sedentary life. They have an increased predisposition to developing OP which usually occurs later in life and has significant long term risks that are preventable with life-style changes. Changes in life-style practices are likely to be influenced by women's perception of control over her health, yet perceptions are influences by socio-culutral, religious beliefs and gender. In addition, osteoporosis represents a heavy financial burden as healthcare costs increase. Purpose: To assess the impact of an osteoporotic risk assessment tool completed by local women without nursing assistance. This impact was measured by nominating the women at risk for Bone Mineral Density (BMD) examination and instituting prompt referral for the high risk group. This predictable pattern will cause the women to perform periodic assessment of their risk, engage in health seeking behaviour and will ultimately prevent osteoporotic fractures which reduce the care givers burden and health care costs drastically. Design and methods: Thirty six local women in Muscat region were selected and administered the Modified FRAX Tool (Fracture Risk Assessment) with items on risk and secondary factors. The women who exhibited a risk for osteoporotic fractures were screened for BMD examination and referred for preventive services. Results: Thirty six Omani women completed the Modified FRAX tool and thirteen of them were screened for BMD….. (truncated at 300 words).

Role of Clinical Pathway - Impact on Quality Care

Noronha, J.A., Sheshan V., Shanthi R, Raman, S., Girija, K.M., Muliira, R and Akintola, A
College of Nursing, Sultan Qaboos University, Oman
judith@squ.edu.om

The Challenge in health care today is to engineer the efficient use of shrinking resources while maintaining or even increasing quality outcomes in patient care. Clinical pathways are essentially multi disciplinary management plans that enhance the quality of care.
A clinical pathway defines the optimal care process, sequencing and timing of interventions by doctors, nurses and other health care professionals for a particular diagnosis or procedure. Clinical pathways are developed through collaborative efforts of clinicians, case managers, nurses, pharmacists, physiotherapists and other allied health care professionals with the aim of improving the quality of patient care, while minimizing cost to the patient. The use of clinical pathways has increased over the past decade in the USA, the UK, Australia, and many other developed countries. However, its use in the developing nations and Asia has been sporadic. The main

aim is to improve risk adjusted outcomes, Patient safety, increasing patient satisfaction and optimizing the use of resources. This paper focuses on highlighting role of clinical pathway in providing Quality patient care. The paper will emphasize literature evidence related to effect of clinical pathways in reducing the cost of care, length of patient stay, positive impact on outcomes, increase quality of care, patient satisfaction and patient education

Standard Guidelines for Nursing Documentation

SQUH Documentation Working Group
Nursing Services, Sultan Qaboos University Hospital, Oman
icu-nrs@squ.edu.om

Documentation Working Group Documentation is a vital component of safe, ethical and effective nursing practice. The accurate and appropriate recording of nursing care holds benefits for the client, in terms of outcomes, and all those involved in providing quality health care (College of Registered Nurses of Nova Scotia 2005). Nursing documentation is used as a risk management and quality assurance tool, not only for the employer but also for the individual nurse (Potter & Perry 2001). For that nurses should maintain documentation that is clear, true, concise, comprehensive, effective, timely and complete. The purposes of this document are to provide guidelines to all SQUH nursing staff on how to document, to identify legal and professional outcomes when there is a failure in documenting care provided, to provide guidance for the documenting of nursing care and to enhance interdisciplinary coordination and promote continuity of patient care. Documentation must be kept confidential, patient focused, chronological, identifies who provided the care and it should include the handover time. Documentation should be as soon as possible after care, in narrative form following nursing care plan and should represent all preventive measures taken to protect patient from risks like fall risk. Nurses should chart doctor's visit, attendance to referral and indicate the new orders if any. Documentation should also include client's subjective data and refusal of treatment. To achieve proper charting the nurse should avoid certain mistakes such as writing symptom or complain without writing what she did about it, adding information at a later date without indicating that she did so, using abbreviations that are not standard or writing vague descriptions like large amount of drainage. If the nurse have to enter data at late time or date, she should identify so by writing "late entry" and then specify the time and date. For electronic patient record (EPR) in addition to following all the standards of documentation, the nurse …… (truncated at 300 words)

Strategies for Precepting Unsafe Nursing Students: Experiences of Nursing Preceptors at Sultan Qaboos University Hospital

Anoopa Suresh, Laura Sharaiha, Dr. Joshua Muliira
Nursing Services, Sultan Qaboos University Hosptial, Oman
anoopa@squ.edu.om

Preceptorship programs are used worldwide as an available, accessible and affordable clinical teaching strategy. College of Nursing at SQU in collaboration with Sultan Qaboos University Hospital too has been effectively using preceptorship programs to train students of Advanced Nursing Course, which is a senior practicum, since 2006. The main focus of the course and the program is to ensure that the students on graduation are competent and safe.

The term "Unsafe students" is used to refer to students whose level of clinical practice is questionable in the areas of safety, knowledge, psychomotor skills, motivation and interpersonal skills (Rittmanand Osburn, 1995). The experience of precepting unsafe student is always challenging for all concerned-the student, the preceptor and the college faculty. A survey was conducted among 30 nurse preceptors with the objective of identifying the common teaching strategies used by them if they perceive a student as unsafe. The strategies commonly used were identified as dialogue, demonstration, role modeling and coaching. Watchful listening also was used as a strategy by the preceptor to identify the strengths, weakness and the dangerousness too. The paper also will discuss the implications of these findings in the field of nursing education.

Study to Assess the Knowledge and Attitude of Care Givers regarding Hospice and Palliative Care for Terminally Ill Client at Selected Hospitals Bangalore

Anandhi Deva Amirtharaj
College of Nursing, Sultan Qaboos University Hospital, Oman
anuamir@squ.edu.om

A state of health is a continuing and ongoing process of development of a person as part of a greater whole. When these conditions are not fulfilled, then one can be considered to have an illness or be ill. Illness could be classified under various definitions but illness like cancer can have a devastating nature of the person, family and society. India receives about 10 lakhs new cancer patients every year. As statistical data suggest approximately 60-80% patients, when they are diagnosed, are advanced cases and hence incurable. Often, their major symptom is moderate to severe pain. According to present estimates about 56% cancer patients in India require relief of symptoms (palliative care) at any given time; however, only 28% are provided some sort of hospice and palliative care.

A descriptive survey approach was used for the study. Non-probability convenient sampling technique was used to select 50 subjects as per the inclusion criteria. Data was collected using structured interview schedule to assess knowledge and opinions to assess attitude.

Study concluded that the majority of subjects have inadequate knowledge (88%) but 100% of the subjects had favorable attitude. Conclusion: Hence it is concluded from the study that the caregivers have favorable attitude towards hospice and palliative care but lack knowledge regarding the same and hence need to create awareness among the care givers about hospice and palliative care.

Surgical Audit, MOH

Niren Kumar Sachdeva, Khalfan Kharousi
Nizwa Hospital, Ministry of Health, Oman
niren.sachdeva@gmail.com

This audit was conducted in Nizwa Hospital over a period from 26/6/2010 to 1/11/2010. OT cancellations for General Surgery department were analyzed in detail. Cancellation of operations in hospitals is a significant problem with far reaching consequences. This study was planned to evaluate reasons for cancellation of elective surgical operations. OT is the heart of a hospital requiring considerable human resources and expenditure from the hospital budget. Planned operations that are cancelled reflect inefficiency in management. It increases theatre costs and decreases the efficiency and also causes emotional trauma to the patients as well as their families.

A PAC (pre anesthetic check up) for all the patients being posted for surgery optimizes the patient's medical condition before the surgical procedure giving improved patient safety and satisfaction. Also, PAC Nursing Directorate, Sultan Qaboos University Hospital, Oman check up has shown to decrease OT cancellations.

In order to identify the reasons for these cancellations this study was conducted. There are 3 routine operating days, Saturday/ Monday and Wednesday. During this time, the number of cases operated upon have been as follows; Saturdays 114, Mondays 147 and Wednesdays 108. The number of cases that were scheduled and not done during this period has been; Saturdays 20 cases, Mondays 17 cases, Wednesdays 18 cases. During this period, there have been only 6 OT days where all the posted cases have been done; otherwise there have been cancellations on all other days from the routine OT list.

The reasons have been many , just to mention a few-Patient had uncontrolled, HT, A sickle cell disease patient went into sickling crisis after admission, A patient whose name was on the OT list had already been operated earlier, A lady posted for bilateral accessory breast excision was lactating so surgery was cancelled. A child posted for circumcision was found to have hypospadius, these are a few. All these cancellations can be avoided if things are organized ……..(truncated at 300 words).

Technology, Knowledge and Innovations is the Key for Quality Care Towards Optimum Health Globally

Jose Mario Natividad
Nursing Services, Sultan Qaboos University Hospital, Oman
r3-nrs@squ.edu.om

Nursing is a healthcare profession focused on the care of individuals, families and communities as they attain optimal quality health. Nurses work in a large variety of specialties, independently and as part of a team for quality care. Part of such practice includes innovation in profession, which involves research, critical thinking, and evaluation to investigate importance of innovations towards improvement of work, profession and globally at large. But how does a simple nurse contribute in this aspect?

Technological innovations have swept the globe and nurses have accepted the challenge of these evolutions. Today, nurses work in a variety of services where they are able to make use of modern technology to provide quality and better care for their patients. Technological advancement requires nurses to demonstrate knowledge and understanding that ensure the benefit of technology do not become detriment to patient care.

Nurses being the key members of the healthcare team, play a very important role in doing technology, innovative and informative to become useful tools in improving patient outcomes. Without the nurse's hands using these high tech equipments, they will be just useless pieces of hardware.

The poster showcases the innovative works of the ward, which emanate on technology and knowledge of nursing profession. We do believe these two serves as a key to attain quality care. With these innovative works, optimum health can be attained globally. As the "lady with a lamp" once says; "Nursing is an art. It requires an exclusive devotion preparation, as any painter's work; for what has to do with a dead canvas compared with having to do with living body. It is the finest of fine arts."

The Current Status of Day Care Surgery

Niren Kumar Sachdeva, Khalfan Kharousi
Nizwa Hospital, Ministry of Health, Oman
niren.sachdeva@gmail.com

Outpatient surgery and anaesthesia which started as a money saving modality has picked up momentum all over the world due to innovations in surgical techniques and advances in anaesthesia. The positive feedback from patients and their relations have enhanced the popularity of outpatient surgery. However, patient safety should never be compromised in the name of "Fast tracking" and cost containment. Rational use of a combination of anaesthetic drugs would ensure a smooth intra-operative period and post-operative recovery.

Top priority for successful out patient surgery are the 4 A's- Alertness, Ambulation, Analgesia, Alimentation. We have a responsibility to be aware of the post-operative problems that can occur at home after discharge. These can delay a patient's return to free function and leave a poor impression of ambulatory surgery.

Advances in surgical technologies that make out-patient and minimally invasive surgery possible include various endoscopic procedures like laparoscopy, arthroscopy, laser and shock wave lithotripsy, laparoscopic cholecystectomy, vaginal hysterectomy, thyroidectomy, shoulder, knee and ankle repair.

The levels of ambulatory surgery are classified as minor ambulatory surgery (under local anaesthesia), major ambulatory surgery (under general anaesthesia, central neuroaxial block with or without intravenous sedation), inpatient ambulatory surgery. Modalities of Pre anaesthetic assessment are pre-anaesthetic clinics, health questionnaire, telephonic interviews. Cost containment - In USA a saving of 15-30% and in UK a saving of 40% in the cost has been reported with the day care surgery.

Settings-Hospital integrated, Hospital separated (but accessible to the hospital), satellite ambulatory unit, Free standing unit (totally independent), office based.

The majority of the surgery is done in a hospital setting, either integrated or separated units.

Factors relevant for the success of day care surgery are Daycare surgery demands the highest standards of professional skills and organization. Although, the operations could be minor, an anaesthetic is never minor.

Touch Therapy: A Study on Biobehavioural Effects of Gentle Human Touch on Preterm Infants

Sharon Adonay, Parvathi P. Mudaliar, Anice Joseph, Shiny Sebastian
Nursing Services, Sultan Qaboos University Hospital, Oman
nnl-nrs@squ.edu.om

Objective: Massage Therapy has been consistently shown to increase weight gain in preterm infants. The mechanism of this presumed improved metabolic efficiency is unknown. We conducted the trial to test the hypotheses that massage therapy decreases energy expenditure, thus higher weight gain in growing, healthy infants.

Aim:

1. To investigate the physiological and behavioural effects of gentle human touch (GHT) nursing intervention during the first week of life in medically fragile preterm infants.
2. To know the effects of touch on preterm infants in order to determine routine care and policies.
3. To evaluate the potential of tactile stimulation as an effective intervention to promote overall growth and development in preterm infants:

Study Design: A prospective, non-equivalent group design was conducted on 14 preterm infants between 27-32 weeks of gestation, with variable weight at 800gms-1,500gms. Each infant was assessed twice; after a period of 5 days with massage therapy and another group without massage therapy. Reassessment was again done after 10 days on the same infants on the same control and experimental group.

Statistical Analysis: 1.Two-sample t-test; 2.Chi square analysis; 3.Likert scale for variables scoring

Results: Weight on Day 5 and Day 10 in the control group was 1.35kgs and 1.57kgs respectively while in the experimental group, weight on Day 5 and Day 10 was 1.46kgs and 1.67kgs demonstrating significant weight gain in the experimental group. Biobehavioral variables also showed statistical significance in favor of the experimental group.

Conclusion: Energy expenditure is significantly lowered by 5 and 10 days of massage therapy in metabolically and thermally stable preterm infants. The decrease in energy expenditure may be in part responsible for the enhanced growth caused by massage therapy.

Quality Assurance in Nursing Education for Quality Patient Care

Shreedevi. B, Radhakrishnan.J, Venkatesaperumal.R
College of Nursing, Sultan Qaboos University

Nurses are the major workforce in any health care delivery system. An adequate, competent and motivated nursing workforce can save lives and is an important building block for strengthening the health care system. The goal of any educational unit is to prepare people to function properly in society according to societal needs. Preparing competent nurses is the function of any nursing education unit. Competent nurses provide quality patient care. Partnership working between education and service providers is central to ensuring an educated and professionally prepared workforce.

Quality refers to excellence of a product or a service, including its attractiveness, lack of defects, reliability, and long-term durability. Nursing education units must maintain quality in order to prepare competent nurses. Quality assurance is the process of verifying or determining whether products or services meet or exceed customer expectations. Quality assurance is a process-driven approach with specific steps to help define and attain goals. Quality assurance (QA) is one of the mechanisms developed by educational institutions to ensure that graduates attain adequate standards of education and training. It may consist of internal and external QA. Internal QA refers to the audit and assessment done by a team from within the organization. External QA refers to the audit and assessment done by a team from outside the organization, with the purpose of making the evaluation more objective. Internal QA includes audits and assessment of curriculum, student guidance, teaching and evaluation; teaching and learning environment; available resources; quality control and procedures. Internal QA is a major strength of any program. Nursing educational units that examine themselves for quality, often fair well in external quality audits.

This article describes the various methods of internal quality assurance of nursing educational programs using systems model. The essential elements in the input are the characteristics of students, subject content and the teaching learning processes. The elements in throughput are the well developed internal quality assurance programs with a focus on curriculum development, revision and innovation. The elements of the output are the characteristics of a competent graduate.

For correspondence, please contact:
Dr. Rashid Al Abri
E-mail: ralabri@gmail.com