

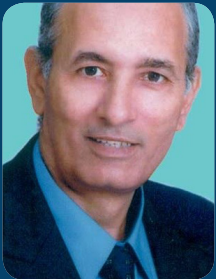
World
Nursing Education and Evidence Based Practice Conference
&
4th International
Heart Conference
April 22-23, 2019 Dubai, UAE

Keynote Forum
Day 01



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NURSING EDUCATION AND EVIDENCE BASED PRACTICE CONFERENCE
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Ahmed A Bahnassy

King Fahad Medical City, KSA

Nurses job satisfaction in a tertiary medical care center, Riyadh, Saudi Arabia

Job satisfaction is of interest to both people who work in organizations and people who study them. In the Kingdom of Saudi Arabia, the health care delivery system relies heavily on expatriate human resources; hence their job satisfaction is crucial for patient satisfaction and quality of care.

Objectives: The objectives of this study are to determine the overall job satisfaction and its correlates among nurses working in a tertiary care.

Methodology: This is a cross sectional study among nurses working in a tertiary care center. A stratified random sample with proportional allocation used to choose 980 nurses. A self-administered questionnaire was used. Descriptive, bivariate and multivariate analysis was used for data analysis using SPSS version 17 software. The level of significance was set to be <0.05 throughout the study.

Results: The results showed that mean satisfaction scores for all participants was 105.2 out of 150 (70% satisfaction), males were less satisfied than females, Saudis were less satisfied than non-Saudis, but the differences were not significant. Significantly higher satisfaction was associated with Staff nurse 2, nurses working in Women hospital, nurses with lower than doctorate qualification and nurses with higher salaries. In general, the overall job satisfaction of nurses is acceptable and comparable to similar medical care facilities.

The study recommends: Revision of salaries and fringe benefits to make them more attractive in this competitive market and in-depth inquiry about the specific reasons and determinants of the poor satisfaction among nurses with doctorate qualification, nurses working in Rehabilitation hospital to boost their job satisfaction level.

Biography

Ahmed A Bahnassy is a Professor in Biostatistics in the College of Medicine, King Fahad Medical City. He has a vast experience in both teaching and research. He is teaching biostatistics, research methodology, advanced epidemiology and evidence-based medicine. He has more than 150 published manuscripts in journals. He is a Statistical Editor in many journals including WHO. He supervised more than 100 PhD, Master and fellowship thesis. He is conducting and participating in more than workshop yearly in both national and international levels.

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Rabie'e Al Rashdi

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Understanding and implementing EBP to foster and maintain safe and competent care

Several definitions exist for the 'Evidence Based Practice' (EBP) concept, but the most commonly cited definition, according to Boyce et al (2018), comes from Dr. David Sackett in his 1996 letter in BMJ on what evidence-based medicine is and is not. In the letter, he described EBP as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients (Sackett, et al, 1996).

According to Mackey and Bassendowski (2017) Evidence Based Practice evolved from Florence Nightingale in the 1800s to medical physicians in the 1970s, and the nursing profession in the late 1990s. It began as an idea to provide better outcomes for patients who experienced deplorable, unsanitary, conditions and developed from this foundation to a widely communicated and critically needed practice for fostering and maintaining safe and competent care.

The critical need of Evidence Based Practice stems from the fact that, despite its development and wide interest to adapt it in nursing and other healthcare professions, there is still a wide variation in healthcare practices that ultimately lead to unnecessary wastage of resources, wasted care delivery time and efforts, as well as poor treatments and nursing care outcome (Youngblut and Brooten, 2001).

In response to the aforementioned status quo of Evidence Based Practice, commissioners and providers of healthcare were encouraged to implement it in order to utilize resources, improve the outcome of treatment and care delivery and meet public demands for cost effective and high standards of care. In this keynote presentation, the author aims to answer the following key questions: what is Evidence Based Practice and what is it not?; why is Evidence Based Practice needed in healthcare?; what is the best way of implementing Evidence Based Practice?; what are the hindering factors in implementation of Evidence Based Practice?; and how to overcome the hindering factors and enhance the implementation of Evidence Based Practice?.

Biography

Rabie'e Al Rashdi graduated as a general nurse from the UK in 1987 before joining the Sultan Qaboos Military Academy from which he graduated as an Officer and then returned to UK to specialize in Accident and Emergency, Flight Nursing, as well as Intensive Care. Worked as a Nursing Officer in various military hospitals and climbed up the professional career ladder to finally become the Chief Nursing Officer (CNO) of the Armed Forces Medical Services, Oman. He served in this demanding post for over 12 years, then he was appointed as the Commandant (Dean) of AFMS School. He left the military healthcare services at the beginning of 2015 and is currently working as Planning and Development Expert in the Oman Academic Accreditation Authority. He has a master's degree in Nursing and a Doctor of Philosophy (PhD) from Napier University, Edinburgh (Scotland), with a focus on healthcare Human Resources Development and Management. He also holds a post doctorate diploma in strategic management and leadership from Oxford Business College, UK, as well as various leadership and management courses.

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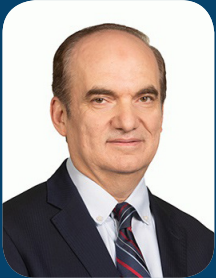
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4th International HEART CONFERENCE

April 22-23, 2019 Dubai, UAE



Samer Ellahham

Cleveland Clinic, UAE

Reducing heart failure readmission

The cost of heart failure care is 1-2% overall healthcare spending in developed countries. In the United States, heart failure consumes more Medicare dollars than any other diagnosis. Diabetes mellitus and preserved ejection fraction are independent predictors of higher lifetime costs. Costs are accrued more rapidly at the time of initial diagnosis and in the final months of life. The incidence of heart failure is high and increases with age. Readmission is an issue with heart failure the burden of hospitalization is increasing. Heart failure is deadly and costly – with much of the cost due to the burden of hospitalization. Effective evidence-based interventions should address gaps in care and promote effective transitions across sites and clinicians (e.g., single point person throughout episode of illness, transfer of information, focused patient/family caregiver education, coordinated follow-up services), and root causes of poor outcomes with a focus on longer-term value for both the patient and health care system. A heart failure readmission checklist before admission, during hospitalization, and related to discharge. In summary a checklist and disease management program are key to reducing heart failure hospital readmission.

Biography

Samer Ellahham is a board-certified Internist, Cardiologist and Vascular Medicine Senior Consultant. He is a Fellow of the American College of Cardiology and key member in heart failure and transplant, adult congenital and pediatric cardiology, cardio-oncology and peripheral vascular disease sections. He is the Eminent Editor of The Journal of Cardiology & Cardiovascular Therapy. He has served as Chief Quality Officer for SKMC since 2009. His research includes innovation, digital healthcare solutions, tele-medicine, block chain, patient experience and engagement, lean six sigma, change management, innovation, safety, risk management, KPI management, safe surgery, heart failure, molecular biology, genetics, cardiac imaging, sports and nutrition. He is a recognized world-leader in these fields.

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4th International **HEART CONFERENCE**

April 22-23, 2019 Dubai, UAE



Abdulelah Alhaidary

King Abdulaziz University Hospital, KSA

Critical care nurses' perspectives toward family presence during resuscitation

Introduction: Most of our hospital in Saudi Arabia are not allowing the family members to be presence during resuscitation of their loved one, because of many reasons, specifically the traumatic experience for the family members when they witness the resuscitation of their loved one and the unavailability of the space in the patient's room during the resuscitation, although in North America , Australia, and Europe there were a new movement has evolved gradually because of subjective evidence from family members supporting the notion of family presence during resuscitation in addition to emerging evidence from research by health professional, add to that, it was never investigated in Saudi Arabia , and if it will be done, it will diffidently add a lot to the practice and to the family members satisfaction.

Objectives: To answer the following: What is the profile of the respondents, to what extent of the prospective of critical care nurses toward family presence during resuscitation, is there a significant relationship between the level of perspectives of the respondents and their profiles, and to propose a well-established family presence during resuscitation guidelines.

Methods: The study was conducted in Intensive Care Unit, Prince Sultan Military Medical City, Kingdom of Saudi Arabia, from January to December 2016, this study involved 150 critical are nurses. it utilized the descriptive and qualitative methods of research. questionnaires were distributed and data obtained were assessed statically and presented with interpretation.

Result: The tabulated data were subjected to percentage, weighted mean, analysis of variance and t-test for two independent sample. results supported the family presence during resuscitation as a right not an option, permission should be secured, spiritually showed benefit. trauma was considered inevitable.

Biography

Abdulelah Alhaidary is currently working as a Director of Nursing at King Abdulaziz University Hospital, Saudi Arabia. He has experienced director services with a demonstrated history of working in the hospital & health care industry. Skilled in Clinical Research, Advanced Cardiac Life Support (ACLS), Patient Safety, Critical Care Nursing, and Hospitals. Strong education professional with a Diploma focused on Critical Care Nursing from King Faisal hospital & research center.

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4th International **HEART CONFERENCE**

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Intima Alrimawi

Stratford University, USA

The perceptions of Palestinian health professionals toward factors facilitating or impeding the prevention of home injuries among young children: A qualitative study

Background: Childhood unintentional injury is an important global health problem that causes considerable mortality, morbidity and disability among children. These injuries are most common among under-fives and form a significant burden on healthcare systems, particularly in low- and middle-income countries. Potentially, health professionals, especially doctors and nurses, have a pivotal role in the prevention of home injuries. In Palestine there is a paucity of research in this area. The aim of this study was to explore health professionals' perceptions regarding the prevention of home injuries among children aged under-five years in Ramallah district in Palestine.

Methods: A qualitative approach was adopted; whereby semi-structured interviews were undertaken with twenty-four health professionals (doctors and nurses) who worked with children in a primary health care setting. The derived data were analysed using thematic analysis.

Findings: Three types of factors that facilitated or impeded the prevention of home injuries emerged. First, health professional related factors included lack of training, workload and lack of collaborations. Second, parental related factors included low economic status, level of education, lack of awareness and mothers' employment status. Finally, the environmental factors which included home size and structure, lack of data, low priority for policy makers, lack of funds and the political situation.

Conclusion: The continuous education and specialised training for professionals are imperative in activate their pivotal roles in increasing the awareness of parents and children toward prevention of home injuries in the healthcare settings with limited resources such as Palestine. It is also recommended that policy makers activate the role of many parties, including media, health professionals, and other professionals in minimizing the unintentional home injuries among young children.

Biography

Dr. Alrimawi has five years of teaching experience and five years of RN experience inside and outside US. She has served as the associate nursing program director in Stratford University since August 2018. Her primary research interests are in the areas of child and community health, with the intention to develop the health policies, and improve the quality of health care mainly in low- and middle-income countries. Throughout her education and research, she received multiple grants and fellowships. She earned a Ph.D. in nursing studies and a master's in advancing nursing practice from the University of Nottingham (UK) with a focus on child health area. Additionally, she received her Bachelor of Nursing Science from Sina College for Nursing and Midwifery and completed her master in community and public health at Birzeit University. Both schools are in Palestine.

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4th International HEART CONFERENCE

April 22-23, 2019 Dubai, UAE



Adel S Bashatah

King Saud University, KSA

Nursing education in Saudi Arabia: A 60 years of obstacles and opportunities

Nursing is a well-recognized profession in Saudi Arabia. Since the 1950s, Nursing in Saudi Arabia has faced many obstacles and challenges in reforming education and practice among Saudi community. The low number of schools and nursing programs at the Bachelor level paired with high number of Diploma schools, has influenced nursing outcomes in both education and practice. In 2005, a higher education transformation began with huge number of schools and universities supporting Nursing Education and Practice. Higher education scholarships, International Education, and the diversity of future qualified nurses in Saudi Arabia will influence nursing profession at large. Alternatively, the nursing councils and nursing societies should support such a reform with all governmental support. Yet, with growing number of educated nurses without a clear vision of the nursing profession's needs led to poor outcome of nursing practice and nursing image at large. Moreover, the revolution of higher education in health specialties including nursing has increased the number of programs up to 25 nursing programs with average of 1000 students per year. With the governmental support and expected development, questions been raised concerning the role of organizations and associations in supporting nursing development. The purpose of this study is to discuss the history of Saudi Nursing Education identifying the obstacles, challenges, and opportunities of creating qualified new nurses to be ready in the field of care.

Biography

Adel S Bashatah is currently working as a Dean of Skills Development at King Saud University Saudi Arabia. Before joining King Saud University, he worked as a Director of Medical and Health Programs in Saudi Arabian Cultural Mission. He also worked as a senior Nurse Specialist in King Fahad Medical City, Saudi Arabia.

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World
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Keynote Forum
Day 02



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&

4th International HEART CONFERENCE

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Susan J Kitching

Northern Area Armed Forces Hospital, KSA

Making a difference for staff and the patient

Statement of the Problem: Taking on a new role in a Hospital that had not had much evidence-based nursing utilized would for some be a step to far. For those who enjoy a challenge it gives a great opportunity to lead and direct staff to strengthen their knowledge and more so patients' outcomes. Transformational leadership is about transforming and Cummings et al 2009, 2011 have highlighted the links between patient outcomes and leadership. So how do you go about righting poor practice, limited understanding whilst leading and engaging a workforce? Well, the opportunity arose when the morning report kept highlighting pressure injuries but with no outcomes and solutions. So, rather than being the leader I took on the role of clinical nurse with experience to go and investigate and see what change I could make. "Amazing," is a nice word and one that sums up the effect of my transformation in the staffs understanding, ownership and improvement leading to better outcomes for their patients Pressure injuries at Grade 4 and above are now reduced to Grade 2 and below and staffs have confidence in how to tackle pressure injury prevention and care. Just through a leader changing focus and showing nursing skills are never lost and knowledge is wonderful asset and what simple motivation and encouragement can do to a workforce.

Biography

Susan is a vastly experienced Nursing leader who has held a variety of roles in all types of Healthcare. Her driving passion is about making effective sustainable change in Nursing practice and patient outcomes. She has worked both in the UK and Saudi Arabia. She is currently undertaking her professional doctorate in nursing leadership and motivation and the effects they have on patients' outcomes.

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Shade Akande

CB Medical Inc., USA

Factors associated with heart failure readmissions from skilled nursing facilities

Background: Despite guideline-driven pharmacological therapies and careful transitional care, the rates of preventable hospital re-admission of heart failure patients and associated costs remain unacceptably high in the Skilled Nursing Facilities (SNF) populations. Transfer to SNF is one strategy to limit hospitalizations. As such, 25% of patients are still symptomatic at time of discharge.

Purpose: The objective of this study is to identify patient factors affecting re-admissions of heart failure patients residing in SNF within 30-days.

Methods: A retrospective electronic chart review was completed on patients >65 years with heart failure who were admitted into large medical center between 2012 and 2014. Descriptive statistics and univariate analyses using the chi-square test or Fisher's exact test for categorical variables and the Mann-Whitney test for continuous data was used to compare patients readmitted within 30 days vs. those who were not readmitted within 30 days. Significant factors associated with readmission in the univariate analysis ($p < 0.10$) were included for a multivariate logistic regression model.

Results: Fifteen variables: creatinine, weight difference, Chronic Kidney Disease (CKD), Angina, Arrhythmia, Valvular Heart Disease (VHD), Tobacco, ADL, independent in bathing, independent in the toilet, S3 Heart sounds present, HJR, AF, Nitrates, and Hydralazine, were identified for the multivariate logistic regression as potential risk factors associated with "readmission within 30 days". Creatinine and ADLs were included in the final model as this subset of predictors was found to be the best for prediction of "readmission within 30 days". Creatinine ($p < 0.0087$) and ADLs ($p < 0.0077$) were both significantly associated with readmission within 30 days in the final logistic regression model. Every 1-unit increase in creatinine is associated with an 87% increase in the odds of being readmitted within 30 days ($OR = 1.87$). Those patients who require assistance with ADLs are over 9 times more likely to be readmitted within 30 days ($OR = 9.25$) as compared to patients who are independent.

Biography

Shade Akande's philosophy of Nursing is grounded in quality and excellence in nursing practice with specific interest in the field of Cardiomyopathy. Her population of interest being the older adult with heart failure residing in Nursing Homes, in the community, and at Skilled Nursing Facilities. Shade Akande's wealth of knowledge, educational background both international and here in USA, coupled with evidence-based research will equip me with delivering outstanding care with positive outcome. As PI and co-investigators in NIH funded and multi-center research, she engages in inquiry that may assist with evidence-based practice. She has also engaged in both didactic and clinical teaching to Nurse Practitioner students and as mentors to Doctoral of Nursing Practice (DNP) students. As a clinician, she has the expertise, leadership and motivation to successfully contribute to the mission and values of programs and the institution as a whole. Shade Akande is aware of importance of frequent communication among the project leaders, interdisciplinary team with construction of realistic plan and timeline. She plans to consistently and continually deliver excellent and quality care to the population with increased productivity and positive outcome, to foster unity and dedication to excellence, fostering education and to embrace the concept of continuous performance improvement.

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&

4th International **HEART CONFERENCE**

April 22-23, 2019 Dubai, UAE



Asma Hussein Rammal

Amman Governorate, Jordan

Quality in decision making

Quality in decision-making is very crucial issue in nursing. Since nurses have the voice to lead, strong leaders should support this leading. In order to have strong leaders they should have the proper knowledge and enough experience in the field. Multiple factors affect the decisions; outside factors and inside factors. The outside factors include the rules and regulations of MOH, labor law, accredited organizations and the other hospital (competitors). Inside Factors; like policies and procedures of the hospital, the shortage of staff and the support of the higher management. Despite of all these factors the quality of care and patient safety should have the priority when make the decision otherwise; it will affect the health of patient. For instance, when decision was made to transfer patients from ICU to medical ward because their health status was improved a little, but they did not reach the level of being in normal ward. Their health status was deteriorated, and they were sent back to ICU. This type of decision has lots of side effect; 1- It did not take the quality of care inconsideration. 2- This decision will affect the reputation of the hospital other than the legal situation that will affect the hospital. Other decision can be taken by higher management to increase the ratio of patient to nurse specially in critical areas other than the ward patient. In this situation, Nursing Director can stop this decision. In order to prevent medical mistakes, work overload on nurses, which in turn will increase the sick leave.

Nursing Directors who considered the leaders for the new nurses should present strong leadership with justified decisions that reflect the quality of care that should have the priority.

Biography

Asma Hussein Rammal completed master's in health services management from Yarmouk University and Royal Collage of Surgeon and BSc in Nursing from University of Jordan. She has 12 years of experience in Management level and 3years as Nursing Director in Madina National Hospital. Also, 7 years as Specialized Supervisor for Operating Theatre with Doctors without boarder and 2 years as Nursing Supervisor in International Medical Center. She has one academic year as Clinical Instructor in Arabia Collage in Amman. Almost 8 years as Operating room Nurse in 3 different hospitals in Jordan and Saudi Arabia.

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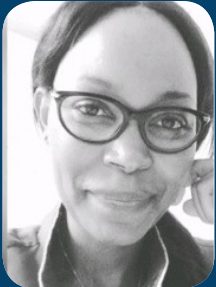
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Ntombi Khaya Msimango

Starcare Hospital, Oman

Understanding the need, value and role of midwives in healthcare

Increasing women's access to quality midwifery has become a focus of global efforts to realize the right of every woman to the best possible health care during pregnancy and childbirth (WHO, 2018).

Midwifery is one of the most ancient practices in the world. It even features in early Egyptian and Roman scrolls. Its popularity had decreased and is now seeing an increase in global attention.

Globally, there have many reports on the increased demand of midwives as well the shortage of these midwives. In 2018, the department of health and social care in the UK reported that more than 3000 training course places would be created over the next 4 years in the "largest ever" investment in midwifery training, as part of the plans to meet NHS staffing demands. The Royal College of Midwifery chief executive and general secretary Gill Walton said: "This is a very long overdue acknowledgement by the government that England's maternity services need more midwives." In addition to this, the World Health Organization has stated on numerous occasions that more midwives are needed to improve maternal and newborn survival.

In 2011, the United Nations Population Fund (UNFPA) published a report – The state of the world's midwifery 2011: delivering health, saving lives- that offered a comprehensive look at midwifery around the globe. The reports analysis of 58 countries showed that there was a global shortage of an estimated 350000 midwives, at least a 3rd of whom were needed in the world's poorest countries.

Midwifery has come to the fore since maternal and newborn health were made the focus of the two Millennium Development Goals (MDG's). In 2006, the World Health Organisation estimated that the world needs 4.2 million more health workers, with 1.5 million of those needed in African countries alone. The State of the World's Midwifery (SoWMY) 2014 report, which examines the global midwifery landscape across 73 low-and middle -income countries, calls for urgent investment in high- quality midwifery to prevent about two thirds of all maternal and newborn deaths- saving millions of lives every year. Therefore, one can gather that the world is facing an acute shortage of healthcare workers.

However, midwifery experts say that for a profession that is so old, it is remarkably poorly understood. Midwives do far more than just catch babies. The impact that midwives have is not just on pregnancy outcomes, but extends to newborn care, breastfeeding, family planning, and sometimes also cervical and breast cancer screening. Decades of neglect of the role of midwives, either because of the over-medicalization of pregnancy care or a lack of resources, has left a legacy of high rates of maternal and newborn mortality in developing countries (Bulletin of the World Health Organisation, 2013).

According to ITV News report in 2018, women who use the continuity model of care in the UK are 19% less likely to miscarry and 16% less likely to lose their baby and 24% less likely to give birth prematurely. This report was based on the provision of a dedicated team of midwives that will be with the mother from pregnancy to labour to new parent. In addition, statistics are clear that having a dedicated team of midwives reduces the occurrence of stillbirths, miscarriages and neonatal death.

Biography

Ntombi Khaya Msimango is currently working as a deputy chief nursing officer in Starcare Hospital Oman. She is an experienced Midwife with a demonstrated history of working in the hospital & health care industry. Skilled in Management, Customer Service, Strategic Planning, Healthcare, and Leadership. Experienced Private Practitioner focused on Water Birth delivery, baby friendly care and alternative non pharmacological pain relief. Strong healthcare services professional with a bachelor's degree focused in Community Health, Midwifery, Psychiatry. Registered Nurse from University of Johannesburg.

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Reem Alhameedi

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Pre-dialysis education and information and the relationship to dialysis treatment type in the Kingdom of Saudi Arabia

Patients with End Stage Renal Disease (ESRD) face major challenges in their lives regarding dialysis therapy for survival, challenges which include making informed treatment choices. No research has been found which investigates what information, or education, patients in the Kingdom of Saudi Arabia (KSA) receive, nor what factors influence the choices made and treatments gained. This issue has been the impetus for this survey research that was designed to determine what information patients in KSA have been given and to identify patients' perceptions of the factors that influence the treatment they receive. The data will be used to develop recommendations informing pre-dialysis education for ESRD in KSA.

The questionnaire from the USA study by Mehrotra et al. (2005) was utilised, with additional questions related to patients' views and recommendations for pre-dialysis education. ESRD patients who were ≥ 18 years and who had been receiving dialysis, for at least 3 months to 1 year, were recruited from four hospitals in the western region of the KSA.

Ninety-two patients out of 100 patients recruited completed the questionnaire (a response rate of 92%). The majority (61.9%) of participants were receiving Haemodialysis (HD); 38% received Peritoneal Dialysis (PD). Nearly 20% of patients were not given any option about which treatment they received, although for many this was for clinical reasons. Almost 60% of patients were given a delayed treatment option; i.e. they received an option either after their treatment commenced or less than 1 month before they started dialysis. There was a significant association between participants rating the dialysis education/information as 'poor' or 'totally inadequate' and receiving HD ($p=0.000$) and between patients' needs for additional information and treatment type (HD) ($p=0.000$). Binary logistic regression indicated that having someone at home to help with treatment was a predictor for patients who opted for PD.

The study provided evidence that just under 20% had no, or delayed, presentation of treatment options. Just over 60% of patients were placed on HD and generally were not satisfied. Recommendations to improve pre-dialysis education include the patient's right to be informed about available treatment options, the provision of more educational materials, and increased time to be spent on education for patients. The provision should be adjusted according to patients' needs, level of education, and consideration made of family involvement in decisions.

Biography

Reem Alhameedi commenced her career as haemodialysis staff nurse in 2001, in King Abdulaziz University Hospital, then as pediatric peritoneal dialysis nurse for four years. In 2006 become Nurse Educator for dialysis units for four years. Reem appointed as Assistant Director of Nursing for Dialysis Services in King Abdulaziz University Hospital in July 2017. In addition, currently had the role of EDTNA/ERCA brand Ambassador to the KSA since December 2018. She had participated in national and international nephrology conferences as a speaker and as poster presenter. Also had publication on Pediatric peritoneal Dialysis and Pre dialysis education in KSA. Reem received her bachelor's degree in nursing from King Abdulaziz University in 2000. She completed her Master of Science degree in Advanced Nursing Practice in 2005 from the University of Nottingham, UK. Also completed her Doctor of Clinical Practice degree in 2017 from University of Southampton, UK.

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