

7<sup>th</sup> Global Experts Meeting on  
Nursing and Nursing Practice  
&  
4<sup>th</sup> World Congress on  
Neonatology and Perinatology  
December 09-10, 2019 | Barcelona, Spain

Poster



## Beyond the status quo: Nursing and midwifery orientation to activate an International Hospital

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**Introduction:** The Sidra Medical & Research Center now known as Sidra Medicine is a private hospital under the umbrella of Qatar Foundation (QF). Sidra Medicine provides children and women with outstanding tertiary healthcare services in an innovative and ultramodern facility specially designed to promote healing. This high-tech facility is in Doha to world-class patient care, scientific expertise and educational resources. The patient care is designed based on Women's and Children's specialties regulated by Qatar Ministry of Public Health and governed by chairing Sheikh Moza. This facility is also academic in nature teaching the next generation of physicians/clinicians partnerships with degree granting local institutions such as Weil Cornell Qatar and Qatar University. While excellence in the giving of quality care and service is the objective, exceptional evidence based nursing care is warranted and expected. The nurses are recruited locally and internationally, 96 nationalities at present. This content illustrates initiatives to commission and activate in-patient services between 2017 & 2018.

The aim is to prepare new staff for activation of the in-patient services and so engage them with Sidra's vision, mission, values, goals and organizational structure. The objective is to ensure that new nurses and midwives receive consistent information regarding policies, procedures, standards and documentation to support safe clinical practice.

**Methods:** Quantitative and qualitative methods have been used to in this process. PDSA Cycles to obtain baselines of implementation

Focus Groups to observe and obtain feedback and suggestions

A Gap Analysis was done to identify areas for immediate and on-going support needs and the program reviewed accordingly.

**Conclusions:** As a Greenfield Hospital, it is noted that orientation content is ever-evolving in response to a fluid environment. A structured approach and Team engagement is essential to ensure robust orientation and streamlined processes. Blended approaches were effective, however, to consider "Back to Basics" where super diversity exists. To consider multiple learner styles – per adult theories.

**Results:** Among a variety of positive comments about the impact of a very comprehensive orientation program: 80% of staff reported to be well prepared following GNMO orientation. 90% of new staff indicated the skills drills and simulations to be useful during the gap analysis. 50 % of staff requested a needs assessment for future orientation reviews. 30 % of staff required additional support for simulation of workflow activities.

### Biography

Rajasperi Naicker (Jessie) is currently an educator within the corporate Nursing department, Practice Development at Sidra Medicine. She is an expat from New Zealand who is based in Doha, Qatar. She has approximately 24 years of leadership expertise both from NZ and Johannesburg, South Africa. She is also a past recipient of the WDHG excellence awards for Workforce Development, in Auckland, NZ; She leads on multiple clinical programs to strengthen the inter-professional workforce at Sidra Medicine. These include General Nursing & Midwifery orientation, non-clinical staff orientation, Team STEPPS, a US program Safe Medicate and a UK based program and various process improvement initiatives.

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Accepted Abstracts



## Necrotizing enterocolitis in a Preterm Infant Newborn & role of feeding. An Update

**Said Moustafa M, Eldeib and Amr I M Hawal**

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**Statement of the Problem:** It's a clinical case presentation of a male Preterm infant Newborn (+31 wks) who was delivered in our hospital & transferred to our NICU because of Prematurity, VLBW & need to respiratory support. Baby shortly undergo Necrotizing Enterocolitis (NEC) on 5th day of life shortly after start of expressed milk feeding! Which was early detected by use of Near Infrared Abdominal spectroscopy (NIRS). Baby was deteriorated clinically in a couple of hours & undergo intestinal perforation with peritonitis, So, Abdominal exploration surgery with intestinal resection & end – to end anastomosis was done urgently. Baby improved gradually & early feedings was started & gradually increased up to full feedings with use of Human Fortified Milk (HMF) & probiotics, Prebiotics.

**Findings:** The Study stated the evidence-based Feeding Strategies guidelines for necrotizing enterocolitis (NEC) among very low birth weight infants & Role of trophic feedings, Probiotics, Prebiotics & micronutrients in Prophylaxis, Prevention & Management of NEC.

**Recommendations:** 1)-Prematurity is the single greatest risk factor for NEC & avoidance of premature birth is the best way to prevent NEC. 2)-The role of feeding in the pathogenesis of NEC is uncertain, but it seems prudent to use breast milk (when available) and advance feedings slowly and cautiously. 3)-NEC is one of the leading causes of mortality, and the most common reason for emergent GI surgery in newborns. 4)-NEC remains a major unsolved medical challenge, for which no specific therapy exists, and its pathogenesis remains controversial. 5)-A better understanding of the pathophysiology will offer new and innovative therapeutic approaches and future studies should be focused on the roles of the epithelial barrier, innate immunity and microbiota in this disorder. 6)-Bioinformatics modeling is a new emerging strategy aimed at understanding the dynamics of various inflammatory markers and their application in early diagnosis and treatment.

## **Nursing services certification in brazilian health organizations**

**Ana Carla Parra Labigalini Restituti**

IQG Health Service Accreditation, Brazil

Currently in Brazil the nursing workforce consists of a group of 541,903 nurses and 1,536,505 technicians and assistants. The most extensive survey on a professional category ever undertaken in Latin America is unprecedented and covers a universe of 2,078,772 professionals. The diversity in the distribution and development of nursing professionals impacts on the safety and quality of care offered to users of different health services and in different regions of the country. The program aims to improve quality care and assist the nursing team by defining roles and actions within the organizational structure. The program has a framework to expand as competencies required for the development of high performance nursing. The competency development program was structured in the form of a trail of mandatory knowledge that nurses will have to go through. The team of nurses will have to fully fulfill the credits for the certification of the service. The project has six phases distributed in 18 months and indicators that evaluate the performance of the institution.

The certification includes benefits for the country, such as the increase in national competitiveness provided by the improvement in the quality of health services, following the needs and reality of Brazilian culture. For professionals, certification is the recognition that they are technically qualified, committed to the quality of health services and able to cope with the risks of their activity and the job market. Certification is the provider of validation of the experience, knowledge and skills of nursing professionals. It supports continuing education and develops the clinical skills that are conducive to job satisfaction among nursing professionals. The certification process seeks to identify nurses as a profession; recognize signs of oppressive group behavior and discuss strategies to strengthen ourselves as individual and interdisciplinary work.,

## The implementation of a synchronous telemedicine platform linking off-site Pediatric intensivists and on-site fellows in a Pediatric Intensive Care Unit: A feasibility study

**Mahmoud Nadar**

Université du Québec en Outaouais, Canada

**Objective:** The aim of this study was to assess the feasibility of implementing a synchronous telemedicine platform in a pediatric intensive care unit (STEP-PICU).

**Method:** A prospective mixed study was conducted. Two sources of data were mobilised: a survey with structured questionnaires and direct non-intrusive observation. The study site was the PICU of a university hospital. Users' perceptions of six aspects of the STEP-PICU were studied: telemedicine system quality, data quality, quality of technical support, use of the new system, overall satisfaction and system benefits.

**Results:** During the 6-month experimentation period, use of the telemedicine platform was rather limited and fell short of the promoter's expectations. The mean scores for the six user perception dimensions were low, with no differences between the two groups of users. A Mann-Whitney test showed that being an off-site pediatric intensivist or on-site fellow did not make a statistically significant difference in responses on system quality ( $p = .518$ ), data quality ( $p = 1.00$ ), quality of technical support ( $p = 1.00$ ), system use ( $p = .556$ ), overall satisfaction ( $p = .482$ ), or benefits ( $p = .365$ ). The low use of the STEP-PICU was attributed to three root causes: human factors, the platform's functionalities, and technical problems.

**Discussion:** The synchronous telemedicine service for PICU was feasible but would need good pre-implementation preparation to be truly helpful. Its usefulness during the night shift and holiday on-call periods was scored as low by the off-site pediatric intensivists and the on-site fellows. It would appear that such a service could be more beneficial for communications with other remote healthcare facilities, where there is a greater need for the expertise of a pediatric critical care intensivist.

## **An Innovative approach to improving fertility rates worldwide**

**Andreia Trigo**

inFertile Life, UK

The Enhanced Fertility Programme is an evidence-based approach, developed through research in collaboration with London South Bank University. The Enhanced Fertility Programme is an innovative response to the worldwide worsening fertility rates. The aim is to provide a solution that addresses the infertility problem at its source and supports people not only in Europe, but in more deprived areas of the world where easy access to healthcare professionals and cutting edge medicine is challenging.

During this talk, we explain how we developed an award-winning solution that is making a difference worldwide. We also discuss the research data behind it and how professionals can implement similar programmes in fertility clinics, helping improve patient outcomes, education and experience, increase patient acquisition and patient retention rates.

## Vasculitis in Children

**Yasser Mohamed**

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Vasculitis is an important diagnostic consideration in the child with prolonged fever, unexplained pains, new neurologic findings, or other persistent and troubling signs of inflammation. As long as the etiology of vasculitis remains unknown, reliance upon imperfect diagnostic criteria is likely to remain the state of the art. Nonetheless, anti-inflammatory and immunosuppressive therapy is highly effective in speeding resolution of systemic inflammation and reducing long-term complications. The care, experience, and acumen of the treating physician thus remain the gold standard for diagnosing and treating pediatric vasculitides. In all cases this begins with a high level of suspicion in the primary care physician.



## Expandable Polyurethane Stent Valve implanted by catheter in Pediatric patients

**Miguel A Maluf** and **Mariana G Massei**

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**Background:** The shorten durability and high incidence of reoperations of biological prostheses, in child's development, due to mismatch and early calcification, justify further research.

**Methods:** An expandable chrome - cobalt stent, was applied polyurethane (PU), for the formation of three leaflets, without sewing, using the dip coated technique, it was submitted to: I- Physical test of samples of PU crimped and non-crimped was performed and scanner analysis, for surface for mechanical properties. II- Hydrodynamic test. Using a pulsatile flow, to register: valvular area, pressure gradient and valve regurgitation. III- Experimental: Ten sheep were submitted to implantation of this prosthesis by catheter, in pulmonary position. Expansion diameter: 22mm (7 cases) and 18mm (3 cases). Three sheep were submitted prosthesis expansion, using balloon catheter. Six prostheses were explanted with 6 to 21 months of follow-up.

**Results:** I- Physical tests: Structural analyzes of prosthesis showed: Surface scanning of pre and post crimp samples with equal characteristics. The analysis of 6 explanted prostheses with atomic microscopy did not detect the presence of calcium deposit, in any prosthesis. II- Hydrodynamic test showed that, using the same prosthesis under systemic pressure (120 mmHg) and variation of prosthesis diameters, (12, 16 and 22 mm) showed a pressure gradient oscillation between 5 mmHg and 20 mmHg. III- Experimental test: Eight (80%) surviving sheep were submitted to 3D echocardiographic study, showed: satisfactory hemodynamic performance, with low transvalvular gradient ( $M = 6.60$  mmHg), Three sheep (18 mm valve stent), were submitted to expansion of the prosthesis to 22 mm, with success.

**Conclusions:** The results of the tests applied to the expandable Polyurethane stent valve showed: Resistance of material to wear, guarantee of stent valve expansion. There were no changes in the PU structure after the prosthesis crimped, absence of calcification of the PU leaflets and prosthesis thrombosis, during late follow up. The clinical trial is ongoing.

## Procedural sedation at Sidra Medicine, Greenfield start lead by the emergency department team

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Sidra Medicine, Qatar

**Introduction:** Procedural sedation is a well-established process that can be safely delivered in the pediatric emergency departments (PED) for the management of minor injuries and procedures. It involves a drug induced alteration of consciousness during which minimal interventions are required to maintain a patent airway, spontaneous ventilation and cardiovascular function. Procedural sedation training and credentialing for all responsible staff started 6 months in advance of the June 2018 opening of a newly created department.

**Method:** Training: Physicians are required to complete the credentialing and privileging process defined by the hospital procedural sedation committee. This comprises: completion of the hospital procedural sedation course, which includes formative assessment of candidates managing simulated scenarios, holding and maintaining a current advanced pediatric life support course certificate and 10 observed sedations conducted with an experienced provider. Credentialing needs to be repeated every two years. Nursing staff also have to complete a training package.

**Experience:** Detailed records of department's procedural sedation cases between August 2018 and May 2019 have been reviewed using a standardized proforma. Process, complications and outcomes have been recorded.

**Results:** A total of 133 clinicians (41 physicians and 92 nurses) have successfully completed the course. Twenty five clinicians have fulfilled the privileging process and are now providing procedural sedation independently. A total of 62 nurses have completed their required competency assessment. A total of 815 patients have undergone procedural sedation over the 10 months. Indications for sedation were mainly for laceration repair, closed fracture reductions and abscess drainage. Four incidents occurred; an accidental ketamine overdose, laryngeal spasm, hypotension and vomiting. All were managed appropriately and no harm occurred.

**Conclusion:** The PED at Sidra Medicine has successfully launched a sedation training program and competency assessment process. It has now established a skilled team which provides safe procedural sedation.

## **WERE YOU LISTENING? Advocating for Patient Safety: As care receiver and provider Perspective**

**Frankie Famillaran**

Sidra Medical and research center, Qatar

Speaking up is important for patient safety, but healthcare professionals often hesitate to voice their concerns. If not speaking up can cause patient's harm, then why do healthcare staffs stay silent? The answer is not quite straightforward. This demonstrates the fact that many patients invest a lot of trust into nurses to give them the care they need, and to do so thoroughly. In order to maximize our impact, nurses must look beyond the bedside of individual patient care and recognize the aspects of healthcare that impact our patients on a much larger scale. How an organization responds to their staff speaking up is also a factor. Some nurses feel that raising concerns is a high-risk, low-benefit action, as nurses who speak up may be viewed as someone who wasn't a "team-player", and staff members who commit unsafe actions don't receive any consequences. Employees don't speak up they have fear of being viewed negatively, feel as if they don't have enough experience and feel that the organization hierarchy is intimidating or unsupportive.

When medical professionals are speaking up about safety concerns, the hospital, clinic, or other healthcare institution is able to detect, correct, and prevent unsafe work practices and complications during patients' stay. Staying silent has deeply negative effects including interfering with employees' psychological safety, decreasing teamwork among units, increasing employee turnover, ceasing opportunities to learn and improve, increasing costs, and ultimately increasing risks to patients. If medical professionals feel empowered to be bold and speak up when they identify opportunities to make changes in their environment, issues such as preventable medical errors in practice could be recognized and avoided. There are a variety of means in which medical professionals can increase their engagement and develop a more global approach to their profession. Medical professionals have an ability to truly make a much larger impact than they may realize, and that should inspire them to do so.

Therefore, healthcare organizations are obligated to encourage a culture of safety that values staff input. To achieve this, the organization should both encourage and empower speaking up in staff of all positions, and reinforce their commitment by responding to voiced concerns adequately. Tolerating unsafe and disrespectful behaviors will make it impossible for healthcare organizations to cultivate the norms and values necessary to provide safe, and efficient care for the patient, and a joyful work environment for the staff.