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Case study : Good practice, education and teamwork- Indira Gandhi Memorial Hospital, Maldives

Rasheeda, F

Indira Gandhi Memorial Hospital, Male', Maldives

Background: This case study supports the work done in Medical ward of Indira Gandhi Memorial Hospital, Male', Maldives. Medical ward consists of patients with different clinical conditions, most of them consisting of patients under pulmonology, neurology, nephrology, cardiac and other medical conditions. Total number of patients in the unit is 35. In many clinical settings, nurses are overworked and undervalued, caring for patients who are highly dependent on their care, but lacking the time for adequate patient care or interaction. Medical ward can be described as such. With high uncertainty of daily events, since many tasks are highly interdependent or dependent on the condition of the patient in question. Back in 2012, with 5 to 6 nurses, working 8-9 hour shift, caring for 35 patients, most of the nurses were not able to take their one hour break. Approximately 75 to 80 % of the patients were bedridden and highly dependent on nursing care.

The Problem: • Staff feels overworked and undervalued • No time for adequate patient care/interaction (nurse patient ratio 1:8) • Lack of continuing education/in-service training • Inadequate documentation of clinical care • Nurses are incompetent in the area of practice • All nurses work with very low supervision • Low morale amongst staff led to conflicts, and many nurses felt they were running around like "headless chickens". • Had ineffective communication and poor teamwork among themselves and other units in the hospital. • Increased complained from patients and relatives caused stress among staff. • Mechanical ventilators were placed in cubicles where they were not properly observed and where their safety is compromised. • Increased medication error identification

Solution: • After close analysis of the situation with the deputy ward managers and other nurses, it was suggested to the Nursing Director to merge the medical ward with a small general ward unit of more than 10 nurses caring for patients who were fit for discharge (to increase the number of staff in the unit). • Posted nurses in ICU for 1 to 2 weeks to improve performance and competence in caring for critical care patients. • Established and finalized a 5 bedded cubicle with close cardiac monitoring where only critically ill patients to be admitted, especially ventilator patients must be shifted to "priority unit (HDU)" and established and circulated criteria for admission. • Allocated 2 nurses to be present in the unit, in each shift (3 shifts) • Motivated nurses to join critical care course at Maldives National University (three nurses graduated from the university as critical care nurses while at work in the year 2013. • Motivated nurses to join Bachelors of Nursing program and more nurses showed interest in joining the critical care nursing program. • Established education session within the unit on critical care topics: interpretation of ABG results, Interpretation and recognition of abnormal ECGs, Physical assessment (system wise assessment, cardiovascular, pulmonary, gastro intestinal, neurological exams). Care planning was taught for nursing students posted to the ward for clinical practice

Biography

Rasheeda, F is an experienced nurse. Currently she is working as a Ward Manager of Medical ward at Indira Gandhi Memorial Hospital, Male', Maldives

fatima.rush.rai@gmail.com

Notes: