CASE STUDY: GOOD PRACTICE, EDUCATION AND TEAMWORK- INDIRA GANDHI MEMORIAL HOSPITAL, MALDIVES

Rasheeda, F (ward Manager, Medical ward, Indira Gandhi Memorial Hospital, Male', Maldives) – RNM, BCN, PGN, CCN (fatima.rush.rai@gmail.com)

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"EXPLORE THE MANAGER AND LEADER WITHIN YOURSELF BECAUSE THAT'S WHAT NURSES ARE"

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.



IMPACT

- Nurses in the unit verbalized reduced workload because the most critical care patients are clustered in the "priority unit (HDU)"ONLY (nurse patient ratio in HDU is 1:3 and in other cubicles 1:6).
- Nurses showed assertive behavior towards learning in the clinical care environment.
- Nurses felt reassured that there are another nurses whom they can and ask questions and rely upon, especially during difficult situation occur during nursing critical care patients.
- Nurses showed confidence towards communicating consultants (cardiologists, pulmonologists, nephrologists, anesthetists etc.) during the treatment and showed ability to provide suggestions during the care process.
- Nursing Director verbalized that most of the graduated nurses were showing interest and giving preference (during recruitment interview) to work in the medical ward.
- Students showed interest in learning and are more equipped to observe and recognize abnormalities of patients.





As a result, a new environment was created where nurses showed competence in clinical practice and a better understanding in managing critical care patients. Improved absenteeism among nursing staff. Complaints in the unit decreased and better teamwork and respect was observed amongst the multidisciplinary team. The medical ward became a place to learn and grow; a place where nurses love to work and new graduates and nursing students look forward to join and work.

Contribution

Aminath Rishfa (Deputy ward manager, Medical ward, till 2015)
Mariyam Shaukath (Deputy ward manager, medical ward, till date)
Zileena Mohamed Didi (Deputy ward manager, medical ward, till date)

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Ms Maimoona Shujau, Director of Nursing, Indira Gandhi Memorial Hospital, Male', Maldives