Medical Mission
By Ma Angelina Begonia, RN, DNP

Medical Missions were created with the goal of helping developing countries by providing medical and surgical treatment; from October 2 to October 7, 2016, I participated with the Memphis Outreach Medical Group in providing care to the less fortunate. We saw 400-500 patients a day in three small towns in Negros Occidental, Philippines. Volunteers such as physicians, nurses, and friends of the group have been traveling yearly to aid in the wellness of a small town with limited resources and paucity of...
MEDICAL MISSION (continued from cover page)

The Memphis Outreach program provides assistance to organizations in Memphis to help the homeless, such as the Dorothy Day House, Memphis Union Mission and The Hub. The organization was created in 2001 by two physicians: Drs. Ed and Olivia Cabigao. They started their medical mission in Honduras and in the Philippines. They fundraise every year by direct solicitation from the supporters in Memphis, family and friends.

Medications are purchased using the funds raised and donated by pharmaceutical companies. The average cost of a medically treated patient is $5.00, while a surgical intervention can cost a minimum of $120.00. Most commonly encountered cases are Upper respiratory tract infection, Hypertension, Anemia secondary to malnutrition, Musculoskeletal pain secondary to physical workload, Blindness from untreated glaucoma, Goiter and rare cases of skin disorder and diabetes.

Universal health care is provided for individuals age 60 and above, whereas indigent people may also benefit from the healthcare. The problem lies with lack of specialized medicine in small towns which may cost money to travel 45 minutes to an hour by land to the city for referrals. There are health centers in the town for medications, which may not have consistent supply. Therefore, patients become non-compliant and will take their medications whenever they don’t feel well. Patients may pretend to have illness when they are well after examination; the provider will give them multivitamins to satisfy their needs. Education is paramount to their well being and health maintenance.

STMMs are an important component of global healthcare and a rapidly growing sector that accounts for millions of dollars of public and private funds (Maki, Qualls, White, Kleefield & Crone, 2008).

References:

3rd ANNUAL PENTECOSTAL DELIVERANCE CENTER ANNUAL HEALTH FAIR

By Beverly Brown, RN, MSA, MDSC and Joe Green

The Pentecostal Deliverance Center and Jamaica Hospital Medical Center held their 3rd annual health fair on Saturday, August 27th, 2016. The Annual Health Fair provides health information on local resources, conducts outreach events, provides screening and educates attendees on unintentional forms of injury within our communities.

Attendees of this event had the opportunity to receive free health screenings, which included testing of blood pressure levels, total cholesterol, blood glucose levels, body mass index (BMI), and physical examinations. Safety and CPR demonstrations were also performed.

Free food and back to school supply giveaways, along with health information were disseminated by: FDNY, New York Department of Sanitation (NYDOS), a Foundation for a Drug-free World, LiveOn NY and The Eyebank, MetroPlus, Sisters United in Health, Primerica, and District Attorney Richard Brown. A bounce castle was also inflated to encourage interaction, and to improve physical health amongst the children in the community.

“Life’s most persistent and urgent question is, what are you doing for others?” - Martin Luther King, Jr.

REFRAIN REDUCTION: TARGET ZERO

By Linda Hayes, RN, MS-BC, ADN

Few things cause as much angst for a nurse as placing a patient in a restraint, who may feel his or her personal freedom, is being taken away. But in certain situations, restraining a patient is the only option that ensures the safety of the patient, (Gale Springer, 2015). The Joint Commission Standards on Restraint and Seclusion/Nonviolent Crisis Intervention states the uses of restraint or seclusion are used only when it can be clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff, or others. (JC, 2011)

The JHMC target for restraint reduction is Zero. To reduce or eliminate the use of restraints our nursing department is taking this endeavor very seriously by defining and articulating our vision and philosophy, developing and implementing performance improvement action plans and holding people accountable to that plan.

Our policy based on our philosophy states: “Restraint shall be used to prevent a patient from seriously injuring self or others, and only when all other available psychological or physical modalities are ineffective. A restraint should be used only as a last resort and never as a substitute for careful assessment and monitoring.”

Restraints will only be used for the safety of patients or others when all other interventions have been exhausted. Patient’s safety needs will be individually evaluated and the least restrictive, effective type of intervention/restraint will be utilized.

References:
Springer, Gale RN, MSN, PMHCNS-BC. January 2015 Vol. 10 No 1
https://www.americannursetoday.com/use-restraints/
MAKING CAUTIs MATTER AT THE UNIT LEVEL
By Alice Dunatov, RN, BA, CPHQ

According to the Centers for Disease Control and Prevention, health care associated infections (HAIs) are one of the top ten leading causes of death in the United States, (CDC, 2010). The Association for Professionals in Infection Control and Epidemiology, (APIC), recognizes catheter associated urinary tract infections (CAUTI) as the most prevalent HAI occurring in acute care settings. For each day a urinary catheter is in place, the risk of a CAUTI development is 3% - 7% (Institute for Healthcare Improvement, n.d.)

As members of the healthcare team at the unit level what can we do to prevent CAUTIs?

⇒ Assess, based on criteria for catheterization, the need for the insertion of the indwelling catheter

⇒ Encourage the use of alternatives to indwelling catheters

⇒ Utilize hospital approved indwelling catheter kit

⇒ Ensure proper aseptic insertion technique

⇒ Adhere to hospital protocol for the maintenance and care of the indwelling catheter

⇒ Assess and discuss the continued need for the indwelling catheter with the physician and interdisciplinary team on a daily basis

⇒ Measure unit based CAUTI rates on a monthly basis (information available through the Infection Control Department) to identify improvement opportunities

Additionally here are some recommendations to incorporate in to daily indwelling catheter maintenance:

⇒ Drainage bag should never be lifted above the level of the bladder

⇒ Always position catheter tubing in a straight line; hang from the foot of bed or stretcher when possible; avoid “dependent” loops where bacteria may thrive. Use the plastic clip on the catheter tubing to attach the catheter tubing to the edge of the patient’s bed sheet

⇒ For transport, first drain whatever urine is in the tube into the drainage bag

⇒ Prior to transporting patient, empty the drainage bag and tubing to avoid urine reflux

⇒ Drainage bag should never come into contact with the floor

⇒ Empty the collection bag regularly, using a separate, clean container for each patient; avoid splashing and prevent contact of the drainage spigot with the non-sterile collection container
SAFE PATIENT HANDLING
By Redetha Abrahams-Nichols, RN, BSN, MPA

Jamaica Hospital Medical Center has embarked on a journey to prevent patient falls and decrease musculoskeletal injuries in caregivers. The recent formation of safe patient handling committee is tasked with that goal. This imitative is state wide mandate. The state requires by January 2016, all facilities must establish a facility based SPH (safe patient handling) committee. One half on the committee makeup must be frontline staff non-managerial employees that provide direct care. The purpose of this committee is to design and recommend the processes for implementing SPH programs.

An effective SPH program can have significant positive impact on both patient and care giver safety. Benefits include fewer falls and adverse events for patient and a reduction in musculoskeletal injuries for caregivers. In 2012, musculoskeletal disease made up 42% of workers’ compensation cases in nursing staff in the US. This equates to a rate of 55 cases per 10,000 full-time workers. Nursing assistants were involved in 44,100 days away from work cases with 55% due to overexertion (U.S. Bureau of Labor Statics). SPH programs have delivered reductions in workers’ compensation cost, staff absence rates and employee turnover. Chhokar, Engst, Miller, et al. (2005).

Jamaica Hospital Safe handling committee is still in its implantation phase. The committee is currently a sub-committee of the safety committee. It reports its finding to this committee. The following activities are ongoing by this committee. The SPH committee core team members are from various services which includes radiology, physical therapy, nursing, cardiology and the patient transport department. A survey is being distributed to all staff on SPH. We are in the process of reviewing the results. The committee has already made sure that each unit has a foyer lift readily available to patient transfers. We are networking and searching various grants to purchase unit based wheelchairs and transfer devices for patients that are unable to aide with transferring.

WELCOME:
Sharon Narducci, RN, DNP
Director of Nursing, Professional Development/Research/Performance Improvement

Ms. Sharon Narducci, DNP, APRNBC, CCRN Director of Professional Development/Nursing Research/PI. Dr. Narducci has over 11 years experience leading Nursing Education and Nursing Performance Improvement, including magnet preparation.

Dr. Narducci received her BSN from the University of Connecticut, MSN and Family Practitioner from California State University, and her DNP from Oakland University. Dr. Narducci also holds a certificate in Critical Care.

“I am proud to join the Jamaica Hospital Medical Center Nurses on their journey to excellence.”
The nursing leadership academy is designed to provide nurse leaders at JHMC with a review and update on basic leadership skills and concepts and provide the “latest and best evidence” on the topics. The concept of the leadership academy was developed by Dr. Kathleen Scher along with Dr. Susan Iovino and Dr. Sharon Wexler. The 2016 Leadership Academy sessions included the following:

**Session one:** Know Your Leadership Style

**Session two:** Essential Communication for Nurse Leaders

**Session three:** Managing Conflict Constructively

**Session four:** Building Your Nurse Team

**Session five:** Just Culture

The 2017 Leadership Academy agenda is presently being planned. Feedback has been very positive; attendees state that they have learned a lot and had much fun doing so.

**HOWARD BEACH RECEIVES VACCINE FOR CHILDREN AWARD!**

By Colette Forde, RN, DNP

Once again the staff at JHMC has demonstrated their commitment to ensuring the health and well-being of the children in our care. Our Howard Beach practice recently received a Certificate of Merit from the NYC Department of Health for their phenomenal work in achieving high vaccination rates for their Pediatric population.

This award is difficult to achieve as every child must not only receive the vaccination, but also receive it within a narrow window of time. This requires true interdisciplinary teamwork, which the staff has clearly demonstrated.

As a Patient Centered Medical Home (PCMH), the Howard Beach practice has interdisciplinary huddles prior to starting their day and a second huddle before beginning the afternoon and evening sessions. These huddles facilitate advanced care planning and coordination which form the building blocks for population health management.

This type of teamwork is particularly important in the emerging world of capitated care. This team leads the way in advancing primary preventive care in our communities. Congratulations to each member of the team in achieving this prestigious award!
Welcome Our New RN Employees:

July: Claudine Gimeno, Kelly Taylor, Vishant Rajcooar, Anna Ostrowska, Florencio Franco, Elouise Murray-King, Elizabeth Curran, Marsha Desrosiers, Chanel Freeman, Regina Brown, Josephine Quartano

July (ER Residency Program): Irina Poliak, Satydra Jackson, Nicholas Choi, Justus Joseph, Saba Rana, Olive Josephs-Wright, Wendy Chen, Maria De Armas, Francine Orekoya, Malwina Ozga

August: Pearl Elie-Redding, Deborah Johnson, Judy Legendre, Rosa Leah Martinez, Meethu Matthew, Cheng-Pin Tseng, Dorothy Harris-Gray, Shibi Thomas, Ma Ruth Rosalyn Jose, Elizabeth Nelson, Adeline Boujeke

September: Nneka Egbuchunam, Michael Lee, Colette Lipem, Quanisha Bynaum

October: Jesusa Lozano, Fionnuala Quigley, Lavern Agard, Fnu Tenzin Palmo, Rio Blanca Dalid, Sara, Sekhery, Lynn Novellette


Nursing Accomplishments

Degree Recipients
Maxine Dixon, RN, BSN (Emergency Room)
Su Xiaoli, RN, BSN (Emergency Room)
Saba Rana, RN, BSN (Emergency Department)
Vilma De La Cruz, RN, BSN (4 North)
Ugbo Saturday, RN, BSN (5 South)
Manju Mammen, RN, BSN (5 South)
Maria De Armas, RN, BSN (Emergency Department)
Tarah Briffault, RN, BSN (NICU)
Satydra Jackson, RN, BSN (Emergency Department)
Shrestha Chandan, RN, BSN (Emergency Department)
Marcia Vera, RN, BSN (Hospice)

Certifications
Zoya Aksakalova, RN, C-EMT (Labor & Delivery)
Savithi Basant, RN, CCL (2N/Mother Baby)
Josie Kirton, RN, LRN (2N/Mother Baby)
Alexandra Ozias, RN, C-EMT (Labor & Delivery)
Eunice Safos, RN, C-EMT (Labor & Delivery)
Marina Soyebelman, RN, C-EMT (Labor & Delivery)
Janis Sharkey, RN, HNB-BC (Professional Development)
Sherib Tenzin, RN, CCRN (SICU)
Alla Yakubova, RN, C-EMT (Labor & Delivery)