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Keynote Forum





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The demand for professional nursing care in Europe in the context of health exclusion and the needs of patients

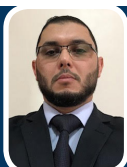
Nurses are the largest group of professionals within the global health care system, with a total of 19.3 million nursing and midwifery personnel in the world. The current and growing shortage of registered nurses (RNs) in health care systems is thus a global concern. In fact, the European Commission has estimated that there will be a shortage of 590,000 nurses by the year 2020. In the United States, employment of RNs is expected to grow faster than the expected average for all occupations. Most countries within the Organization for Economic Cooperation and Development (OECD) have reported a nursing shortage, which is predicted to get worse because the current nursing population is aging. This shortage of RNs influences the delivery of health care and negatively affects patient outcomes; an insufficient nurse staffing level is associated with negative patient outcomes and decreased nurse job satisfaction. At the same time of this global nursing shortage, many nurses are considering leaving their job, profession or are out of the nursing workforce.

Understanding of health exclusion also in the context of access to professional nursing care allows us to express concern whether in the era of increasing awareness of patients, changing needs of elderly people, changes in the paradigm of fighting infectious and non-infectious chronic diseases; we have an adequate number of nurses? Research and practice prove that despite the steady increase in the number of nurses starting their careers, the number of nurses who are leaving to other professions increases at the same time. There is a need to define a new role of nursing in the context of contemporary public health challenges and expectations of employees in the health care sector.

Biography

Piotr Karniej, Ph.D., MBA is an economist, Assistant Professor of public health and health management with an experience of management of hospitals and private clinics. He is a Head of the Public Health Department and Vice Dean of the Faculty of Health Sciences of the Wroclaw Medical University (Poland). He co-operates on the scientific level with the Catholic University of Valencia (Spain), Sapienza University in Rome (Italy) and others. He is an expert for evaluation of the projects financed by the European Union on a field of health. Member of the European Public Health Association (EUPHA), the European Society of Cardiology - Association of Cardiovascular Nursing & Allied Professions (ACNAP). He is the Vice President of the Polish Association of Health Care Managers (STOMOZ).

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Naser Abulgasim Elkabir

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Extremely Post-term Infant with adverse outcome

Post-term infants are born at a gestational age >42 weeks or 294 days from the 1st day of the last menstrual period. Post-term infants have higher rates of morbidity and mortality than term infants. Risk factors for post-term births include the following: Prim gravida, prior post-term pregnancy, and genetic predisposition as a concordance for post-term pregnancy is higher in monozygotic than dizygotic twin mothers, maternal obesity, older maternal age, and male fetal gender. We are presenting a case of newborn infant delivered at post-term 47 weeks (post conception age) who was born through thick meconium stained liquor delivery showed sever skin peeling. He needed respiratory ventilation since birth and his brain magnetic resonance imaging was abnormal. This report aims to raise awareness among obstetric-gynecology and neonatologists about complications of post maturity and to put a plan to deliver these babies before reaching 42 weeks gestation.

Biography

Naser Abulgasim Elkabir is working as Neonatology Specialist at NICU Alwakra Hospital Hamad Medical Corporation, Doha/Qatar..

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Rajasperi Naicker (Jessie)

Sidra Medicine, Qatar

Insights: Macro orientation journey at a Greenfield Hospital in the Middle East-successes and challenges!

Statement of the Problem: Activation of the services for women and children in a newly commissioned hospital required mass onboarding of clinical and non-clinical staff who have been recruited from 98 plus countries. These new hires are culturally diverse; have varying clinical skills and practice expectations. Streamlining them into a world-class platform with sophisticated systems, processes, technology and equipment to deliver excellent safe patient care was certainly challenging but equally rewarding. Macro nursing and midwifery orientation is the starting point. The strategies and implementation process required rigorous teamwork with consistent PDSA cycles which proved to be perpetual work in progress in response to a very fluid environment.

The purpose of this presentation is to describe the impact and influence of macro-orientation strategies to ensure evidence-based best practice, safe, clinical care in the absence of robust standards of practice. This includes a feedback analysis from the evaluation of the processes implemented and to share the experiences learned.

Methodology & Theoretical Orientation: A review of the publication on similar situation in patient care has been conducted. Our orientation process and uniqueness of the ideas we implemented are narrated. In order to evaluate the impact, a pre and post survey (at the time of intake and 6 months after the in site patient care) as well as a qualitative interview with blindly selected staff has been conducted.

Findings: The staff has expressed an immense value of the orientation, skill and diversity of culture and cohesiveness learned. The survey and interview highlighted the skill mix, inter-professional mix and other innovative strategies implemented to be most useful. Overall, the general theme of the limitation they highlighted is lack of time and the multiple competing priorities resulting is staff feeling overwhelmed at times. A gap identified is that such a survey shall include the psychosocial augmentation points as well as a learning needs assessment to build the content for orientation in future such studies.

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 WDH B 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, TeamSTEPPS, a US program Safe Medicate and a UK based program and various process improvement initiatives.

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Brankica Vasiljevic

NMC Royal Hospital, UAE

Nutrition support very preterm Infants in Neonatal Intensive Care Unit

Very preterm infants have higher nutrient requirements than term infants. The foetus multiplies in weight five times from 24 weeks gestation to term (a period less than four months); in comparison term infants double their birth weight by four to five months, Nutrition support preterm infants in Neonatal Intensive Care Unit (NICU) is complex. Optimizing nutrition early in life is essential to improve survival and promote growth and development.

Extrauterine growth restriction is common in very preterm infants. Malnutrition at a vulnerable period of brain development is related to a decreased number of brain cells as well as deficits in behavior, learning, and memory.

Early aggressive nutrition, including parenteral and enteral, is well tolerated in the very preterm infant and is effective in improving growth. A strategy of early parenteral nutrition, followed by combined parenteral and enteral nutrition, then phasing to complete enteral nutrition is currently common practice, Parenteral nutrition is necessary to meet nutritional requirements while enteral feeds are established. The rapid advancement of enteral feeding should contribute to development of necrotizing enterocolitis. Continued provision of appropriate nutrition (fortified or human milk or premature formula) is important throughout the growing care during the hospitalization. After discharge exclusively breastfed infants require additional supplementation.

Biography

Brankica Vasiljevic is Head of Maternity and Child Health Services in NMC Royal Hospital DIP in Dubai, UAE. After completed her MD she had completed her clinical postgraduate education (Pediatric and after that Neonatology fellowship) and academic postgraduate education (MSc in pediatric and ultrasonography field and PhD in neonatology field) at Belgrade University School of Medicine in Serbia. She has completed also Yugoslav School of Ultrasound and different courses in ultrasonography and echocardiography in Serbia and UK, She also finished Post Graduate SQIL Program in Harvard Medical School, Boston USA and Post Graduate Program in Pediatric Nutrition at Boston University School of Medicine USA and Visiting scholar and Internships in Greece (Alexandar Hospital, laso Hospital and Elena Hospital in Athens), USA (Morgan Children's Hospital- Columbia University New York) and Austria (General Hospital of Salzburg and Regional Hospital (LKHLandeskrankenhaus) in Graz). She had won the ESPNIC Educational Grant at 5th World Congress on Pediatric Intensive & Critical Care in Geneva Switzerland (2007). She was a local coordinator for International Neonatal Immunotherapy Study-INIS for Serbia and Montenegro and participated in SIOP 93-01 Study, ITP Study and Twin Birth Study. She has published more than 35 international publications in international indexed journals (more than 100 citations), 5 chapters in various fields of neonatal medicine and have more than 30 presentations in international conferences.

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Kathryn Sobocinski

New York-Presbyterian Hospital, USA

Trauma response Nurse: Bringing critical care experience and continuity to early trauma care

Problem Statement: Trauma patients often present with multiple complex injuries and can benefit significantly from specialized, multidisciplinary care. Prior to mid-2016, the trauma team activation response at this hospital did not include a Surgical Intensive Care Unit (SICU) nurse. As the value of bringing this expertise to the patient upon arrival was realized, the role of the Trauma Response Nurse (TRN) was developed to meet this need.

Implementation: The TRN role was designed to provide a dedicated SICU nurse to care for trauma patients from ED arrival through disposition. The integration of the TRN role into the trauma activation response sought to improve quality and safety of care, facilitate communication and collaboration between the trauma and ED clinicians, and enhance continuity of care.

The primary responsibilities of the TRN were to respond to the ED to assist with clinical interventions, transport patients from the ED to tests and procedures, and assume care of the patient through disposition. Additional TRN duties included education, community outreach and performance improvement.

Discussion: TRNs now respond to all trauma activations that occur Monday-Friday (day shift). Implementation of the TRN role has improved collaboration between nursing disciplines, improved the overall function of the trauma team, and enhanced the safety of trauma patients during TRN transport. The TRNs have made valuable contributions to education and outreach missions of the trauma program, and ensure that patients at this hospital are receiving the highest level of trauma care.

Biography

Kathryn Sobocinski has been a surgical critical care nurse for 13 years. She has extensive trauma experience, and is both a Trauma Certified Registered Nurse and Critical Care Registered Nurse. She was integral in the development and continued growth of the Trauma Response Nurse position. She is actively involved in the Stop the Bleed campaign, and has taught courses throughout New York City.

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