

**PUBLIC SERVICE
EXCELLENCE AWARD 2017**

***Flacq Hospital
Haemodialysis Unit***

***“Fostering creativity and innovation
To better respond to citizens’ needs”***

ENTRY FORM

1. PROFILE OF ORGANISATION

Name of organisation : Flacq Hospital Haemodialysis Unit

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Telephone Number of the Senior Manager 4133819

Title of the Best Practice : *Health Promotion Among Dialysis Patients*

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FLACQ HOSPITAL HAEMODIALYSIS UNIT

The Flacq Hospital Haemodialysis Unit, operational since August 2003 and situated at Riche Mare, Central Flacq, is an annex of Flacq Hospital. It is equipped with 33 Dialysis Machines and operates six days a week, starting from 07.00hrs to end around midnight. It is closed only on Sundays but emergency services are offered round the clock.

Haemodialysis is a treatment prescribed for patients with Chronic Kidney Disease (CKD). Chronic Kidney Disease is a condition whereby kidneys fail to remove waste products and toxins from the body. Therefore, Haemodialysis is a process whereby waste products, excess salt and water are removed through the blood of the patient. During this treatment the patient is connected to a Dialysis Machine whereby blood is purified by being continuously pumped through an artificial kidney and returned to the patient. We cater for around 200 patients from 42 villages of the Eastern region of the island who attend the Unit three times a week for treatment.



AREAS OF BEST PRACTICE

Organisations are requested to submit a well-defined Best Practice that has contributed to make substantial changes/improvements in management practices inspired by a combination of any of the ten pillars below. (*Pillars concerned by the practice must be selected from the list below*)

<input type="checkbox"/>	Growth and Development <i>Public Sector business, programme and service delivery solutions that facilitate the inclusion of social and economic growth, keeping pace with the way society is evolving and are reflective of the diverse Nation we serve.</i>
<input type="checkbox"/>	Business Transformation <i>Anticipation and responsiveness to the evolving client needs through modernisation and business transformation including the efficient use of resources and effort in developing a new workplace, culture and ethos.</i>
<input checked="" type="checkbox"/>	Innovation and Acceleration <i>Making use of science, research, technology, innovation, institutional knowledge, data analytics, smart practices, shared information and knowledge for ideas generation and concept mapping.</i>
<input type="checkbox"/>	Digital Transformation <i>Making use of technology, E-platforms (such as e-procurement, etc), tools and applications as an accelerator for improved quality service, efficiency, productivity, performance and results.</i>
<input type="checkbox"/>	Smart Process <i>Making use of objective-oriented systems to simplify and automate business processes to be forward-thinking, rapid, responsive and efficient.</i>
<input type="checkbox"/>	Strong Governance and Institutional arrangements <i>Ensuring that the right oversight and guidance for good governance, compliance, ethics, integrity, transparency, accountability, legal, operational and performance frameworks are in place.</i>
<input type="checkbox"/>	Performance <i>Ensuring greater coordination and clarity of objectives, goals, roles and responsibilities and performance outcomes and providing the right tools, resources equipment and physical environment to enhance efficiency, productivity and employee commitment and motivation.</i>
<input type="checkbox"/>	Capacity Building and Capability Development <i>Developing capacity, capability and learning to ensure that employees are continuously adopting and developing new skills, capabilities and technical/behavioural competencies while giving high priority to digital skills.</i>
<input type="checkbox"/>	Implementation <i>Planning, design and implementation of projects, programmes and priorities are integrated so that the right people, funding, resources, logistics, infrastructure are in place and there is a shared ownership of outcomes.</i>
<input checked="" type="checkbox"/>	Customer Satisfaction: The Bottom line <i>Improvement in customer experience and making public services efficient, transparent and equitable based on consultation and feedback from clients. The public and clients are at the heart of policy development, programmes, services and actions.</i>

3. EXECUTIVE SUMMARY

3.1 Provide an executive summary of the Best Practice successfully implemented by your organisation. *(Not more than 300 words)*

Though Haemodialysis treatment has therapeutic effect on Chronic Kidney Disease the patients are faced with physical, psychological and social stressors which give rise to emotions of fear, helplessness and depression. The treatment also involves limitation in the manner of eating and drinking as well as in physical activities. In turn, the intensity of mental and somatic symptoms largely affects the levels of the Quality of Life as perceived by patients. At the same time the occurrence of the negative symptoms of Dialysis therapy (such as pain, sleep disorder, depression, the weakening associated with fluctuations in blood pressure, and stomach ache) or limitations resulting from the illness reduce the Quality of Life and cause the illness to be perceived as burdensome. Patients suffering from Chronic Kidney Disease also give up other activities such as sports, hobbies, social activities and personal development.

Living a life with coping mechanism like self-care, interpersonal skills, self-efficiency, positive response to problems and social support networks can all improve the patient's response to illness. At the Unit it has been found that giving sufficient attention to health-promoting behaviors such as good nutrition, self-realization, stress reduction, proper sports, and fitting leisure time can improve the quality of life of patients. Ignorance of such health promoting behaviours can lead to increased hospitalization rates, morbidity and mortality and even suicidal

behaviour. Hospitalizations are frequent among dialysis patients, and reducing repeated hospitalizations could decrease costs and improve outcome. Implementation of the Best Practice at the Unit has decreased the number of admissions of patients by 46%.

Health promotion has been the desired objective of dialysis treatment at the Unit. Achieving the highest level of functioning not only improved the Quality of life of the patients but rewarded the staff through positive feedbacks that improvement produced. The therapeutic environment has been improved through better communication and positive attitudes through systematic application of the guidelines introduced at the Unit. This innovative practice has led to more active participation of patients in their care, which is also known as *self-care*. It has been observed that when maximum health is the focus of care, activities to achieve health are part of routine clinical contact, not additional effort requiring more staff. Fundamental to achieving health is Evidence Based Practice, infection control, adequate dialysis, control of anaemia, good nutrition, and attention to comorbid conditions.

Evidence based practice (EBP) in Nursing is 'the integration of best research evidence with clinical expertise and patient values'. It has been consistently applied by Nurses at the Unit which has led to improved patients outcome.

3.0 MOTIVATION FOR THE ADOPTION OF THE BEST PRACTICE

1.1 What were the problem areas faced by the organisation and how were beneficiaries affected? *(Not more than 300 words)*

Patients Admitted to Hospitals with Infected Catheters

Infection is the second cause of death among dialysis patients as their immune system is compromised due to diseased condition, poor nutrition and poor Quality of Life. The last thing a patient wants when going to a hospital for treatment is a hospital-acquired infection. As usual the dialysis nurses play a key role in helping to prevent illness before it happens by adhering to evidence-based infection-control policies. This includes keeping the healthcare environment clean, wearing personal protective clothing, using barrier precautions and practicing correct hand washing. Although nurses are busy with many responsibilities, the time it takes to control infection is well worth the effort.

Although nurses at the Unit were using more evidence-based practice, there was still some room for improvement. In year 2016, 28 patients were admitted to hospital with infected dialysis catheters and this had a negative impact on their health and Quality of Life.

Stressors Affecting Quality of Life of Dialysis Patients

Although hemodialysis has a therapeutic effect on Chronic Kidney Disease, these patients encounter many physical, psychological and social stressors that are not controllable even with new technologies. Many studies have shown that the patients who are treated with hemodialysis face many stressful factors in every

aspect of their life such as family problems, change in sexual function, become dependent on others for surviving, social isolation, changes in body image, mental stresses, life depending on machines and suicide. All these factors lead to depression and poor compliance to treatment regime leading to frequent hospitalization with poor nutrition, hypertension, anaemia and breathlessness associated with fluid overload.

2.2 Describe the plan or strategy adopted to address the problem areas using the ten pillars at Section 2. List down and describe the main elements of the plan or strategy, focusing especially, on their innovative feature(s) and the expected or intended effects. (Not more than 500 words)

The strategy adopted by the Unit was based on Innovation and Acceleration (Pillar No 3) and Customer Satisfaction: The Bottom line (Pillar No 10)

The Unit wanted to bring about innovative practice through adoption of Evidence Based Practice in order to improve patients outcome. Moving from Experience Based Practice to Evidence Based Practice required a lot of planning and training empowered with a philosophy of change.

Change is important in organizations to allow employees to learn new skills, explore new opportunities and exercise their creativity in ways that ultimately benefit the organization through new ideas and increased commitment. Preparing the team members to deal with these changes involved an analysis of the tools and training required to help them learn new skills.

Today, evidence based knowledge translation has become an imperative component for healthcare disciplines and identified as one of most important priorities of present millennium. Evidence-based knowledge translation is a

simple and feasible way to bridging the gap between evidence-based knowledge and clinical practice that can be carried out through utilization of current conceptual framework.

Challenging the Status Quo

Simply asking the question "Why?" has led to new ideas and new innovations that can directly impact the bottom line. The Unit wanted to benefit from changes that result in new ways of looking at customer needs, new ways of delivering customer service, new ways of strengthening customer interactions through feedback mechanism.

Team Work

New employees joining the unit have been especially valuable because they pointed to areas of opportunity for improvement and even existing employees had been encouraged to question why things are done a certain way and look for new ways to get work done faster, better and with higher levels of quality service. All team members were assigned specific tasks so that they could shoulder responsibility and display professional accountability.

Simply providing additional training to familiarize employees with organizational changes was not sufficient to motivate team members and increase knowledge. Focusing on their development in terms of emotional maturity, integrity and compassion allowed them to feel personally invested in the organizational changes. Members of staff who felt more invested in the process of practice

change showed higher levels of motivation and internalized new methods of operation. This allowed for a smoother transition and helped our Unit to adopt Best Practice.

Training in literature search

Implementation of Evidence Based Practice required a lot of literature search and reviews from research articles. Some team members were not confident about it and therefore appropriate **Key Words** were given to them in order to facilitate search.

Feedback from Patients

Patients were encouraged to provide feedback on the level of practice and care so that appropriate remedial measures could be taken within short delay of time. The team leader even asked the views of patients' relatives and friends as patients might hesitate to come out with complaint,

Drafting New Set of Guidelines

Many brainstorming sessions concerning Evidence Based Practice and patients' satisfaction had been carried out during the morning meetings. The major stakeholders were the Nephrologist together with his assisting doctors, the team leader and all team members present on roster. All technical tasks like cannulation of patients, catheter care, care of vascular access and other non- technical issues were discussed in minute details following which a new set of guidelines for doctors and nurses had been drafted.

2.0 METHODOLOGY

5.1 What were the quantitative and/or qualitative targets or key performance indicators that were set for the implementation of the Best Practice? *(Not more than 300 words)*

The study was set out to see how Best Practice, that is, health promotion measures and evidence based practices, can affect care delivery among dialysis patients at our Unit. Innovative measures had been adopted to improve practice in order to satisfy patients' needs and bring about self-satisfaction among care givers.

Other aspect that was taken on board was the concept of self-care among dialysis patients. Regard to Orem's theory, self-care is a learnable behaviour that would solve client's general, developmental and health deviation needs. Orem wrote that self-care ability is the continuous efforts that people do themselves to continue their life, and to provide health and welfare. Healthy adults have this ability but infants, old people, patients, and disabled people cannot perform self-care. Many studies showed that there is a positive relationship between Quality of Life (QOL) and self-care ability. Through teaching self-care the nurses at the Unit wanted the patients to accept the responsibility of their own health. Health Education had been consistently carried out on their diet, fluid intake, medications, foot care and healthy behaviours like exercise and restriction of cigarettes and alcohol intake. In so doing the nurses wanted to act as advocates of patients and help them to adapt to their diseased conditions thus moving towards health promotion

The Quantitative targets set by the nurses at the Unit were:

- (a) To reduce the number of admissions of dialysis patients with the following complications:
 - (i) Infected catheters

- (ii) Fluid overload
- (iii) Anaemia
- (b) Reduce the number of blood transfusions
- (c) Raise Haemoglobin level of all patients to around 10gms.
- (d) Aim a Urea Reduction Ratio of above 65% for all patients

The Qualitative targets were as follows:

- (a) To assess their level of satisfaction through questionnaires.
- (b) To assess our level of empathy towards our patients through observations and progress of patients.

5.2 (i) Describe in details the involvement of employees and, if any, other stakeholders in the identification of the problem areas. *(Not more than 300 words)*

Effective hand hygiene kills or removes transient microorganisms on the skin and maintains good hand health. Hand hygiene should be performed:

- (i) Before initial contact with each patient or items in their environment.
- (ii) Before performing an invasive/aseptic procedure.
- (iii) After providing care involving risk of exposure to, or contact with body fluids
- (iv) After contact with a patient or their environment.

A lack of availability of hand washing facilities is a significant barrier for compliance with hand hygiene. Studies have shown that providing, conveniently located, hand hygiene sinks reduce Hospital Acquired Infection rates.

Although, all healthcare staff at the Unit performed hand washing after each and every procedure, we came out with the following observations:

- (i) The sink was not found to be deep enough to encourage proper hand washing.
- (ii) The tap was not elbow handled.
- (iii) The fabric hand towel soaked very rapidly just after few hand washing and this proved to be another source of cross infection and contamination.

Emphasis was laid on how performance of the aseptic technique can be improved through creative educational strategy, applied risk assessment and clinical audits of nurses' practices. Brainstorming sessions were carried out among team members and sufficient literature search were carried out to look for innovative means to promote hand hygiene following which proposals were sent to the procurement division of Flacq Hospital and these were as follows:

- (i) Change of sinks
- (ii) Shift to elbow handle taps
- (iii) Shifting to disposable paper hand towel instead of fabric towel and hand driers.
- (iv) Provision for more Hand Sanitizers (Alcohol Hand Rub)

(ii) How far were employees and, if any, other stakeholders involved in problem solving and decision making? *(Not more than 300 words)*

In our context there is a rapid rise in the number of patients coming on dialysis treatment. 100 Dialysis sessions, from 07.00 hours to 23.30 hours, are being

carried out daily in order to accommodate all patients. Some patients were not happy to attend late sessions and the same applied to our team members who were feeling tired. Feedback was given to the Dialysis Coordinator at Ministry level and in return a meeting was held involving all the stakeholders concerned, that is, the Regional Health Director, the Medical Superintendent, the Regional Nursing Administrator, the Dialysis Coordinator and the Nurse in Charge. Following this meeting, 2 additional machines have been put at the service of our patients. Moreover, it has been decided that 5 additional machines will be supplied in the months to come and the owner of the building had been asked to bring about renovation changes in the Unit. Patients and staffs have been reassured that late sessions will last only for a few months.

Moreover, all the stakeholders involved ensure that all the Dialysis machines are on Maintenance Contract and if it happens that any machines have got technical problems, the contractors are contacted so that the machines are repaired within 24hrs as Dialysis is a life- saving treatment.

5.3How was team work and team spirit fostered to achieve objectives? (*Not more than 300 words*)

Managing a Dialysis Unit is not an easy task. The leader needs to have people to support him as teams do not come readily formed. He has the ability to create and generate a work environment where all team members feel fully integrated in the Best Practice, respected and recognised as individuals working towards the same goals. Besides when we build teams, we are enabling others to act and lead, thus increasing their self-esteem. Regularly, we ask ourselves the following questions:

1. What are we here for? (Purpose)
2. What is important to us? (Values)
3. What are our objectives? (Task)
4. What are our strength and weaknesses? (Strategic Capability Analysis)
5. How are we going to work together? (Procedures and Processes)
6. How is it going? (Monitoring)
7. Did we achieve our purpose? (Evaluating)
8. What have we learned? (Review)

Role delegation is a vital management skill as it is a process by which the team leader, possessing Resources, Authority, and Responsibility transfer these to other team members for the purpose of undertaking a task and creating a subsystem of accountability for the results. Delegation has been a very powerful learning tool since team members learned to do the tasks while being on the job. Role delegation is a kind of '*on the job training*'. It also acted as a powerful motivator and enabled team members to act as Nurse Leaders and it worked well when it included responsibility and empowerment. In return, it allowed room for creativity and innovation in practice.

The team leader establishes a culture of innovation so as to build a strong foundation of values (trust and collaboration) and resources that encourage it- so caregivers are engaged and know they work in an environment that appreciates their creativity and teamwork-both of which inspire innovations.

Innovation and Best Practice can be Sown throughout an Organisation – But only when they fall on Fertile Ground.

Marcus Buckingham

5.4 What were the measures taken to ensure that resources were used optimally? *(Not more than 300 words)*

Resources can be described as all the elements - Human, Physical (material) and Financial - available to ensure that our Unit meets its objectives and goals set. The Unit, in its ideal form, represents an active area which, despite heavy work load, functions smoothly with the collaboration with one and all. Activities and programs of the unit are possible when there are a variety of resources- human, physical and financial.

Human Resources

The Head of the Unit, the Nursing Staffs and the General Workers which include the Office and Support Staff, the Patients, the Parents, the Community and the Dialysis Coordinator from the Ministry of Health and Quality of Life, constitute the Human Resource of the unit. The Head of the Unit interacts with all these stakeholders especially the Nursing Staffs and the Patients on a regularly basis. Maintaining good human relation with all team members and patients and attending to their needs are an effective way to enlist their full support and active participation in proper utilisation and maintenance of all the physical resources of the Unit. The team leader ensures that the team members are happy with their working environment so that they can feel motivated and valued in their role. Equal opportunities for overtime, vacation leaves and Casual Leaves have been well established and their work life balance is respected.

Physical Resources

The physical resources of the Unit include the whole infrastructure that is the building, the treatment area, beds, furniture, toilets, water tanks, equipment, dialysis machines, electronic appliances, power generator, air conditioners and dialysis consumables among others. The Head of the Unit is responsible for

providing, organising and supervising the proper and utmost utilisation and maintenance of all these physical resources. It is ensured that there is no wastage of resources.

Financial Resources

As Nurses are not directly involved in financial matters, the Head of the Unit verifies and certifies all the Statement of Accounts incurred in the smooth running of the service, for e.g. the Dry Cleaning bills, the Central Electricity Board bills, the Central Water Supply bills and the Waste Water Services bills. The certified bills are sent to Finance department of Flacq Hospital for payment.

4.0 IMPLEMENTATION OF THE BEST PRACTICE

6.1 Explain how the Best Practice was implemented. (*Not more than 300 words*)

Recent studies showed wide variation in the extent to which guidelines and other types of Best Practice have been implemented as part of routine health care. This also holds true for the delivery of dialysis treatment. The guidelines were used as a powerful tool to foster Best Practice at the Unit. (Appendix 1)

The guidelines were divided into subsections and were as follows: ***Physician Practices, Staff Working Climate, Facilities Characteristics and Amenities, Facility Based Health Maintenance, Technician Practices, Nursing Practices, General Dialysis Care Practices and Miscellaneous Practices***

All the 8 subsections of the guidelines were validated by the Nephrologist. The guidelines covered all the aspects of dialysis facilities.

This was a comparative study carried out last year with a view to see the effect of Best Practice on the frequency of admissions among dialysis patients taking into the different causes of admissions related to care delivery at the Flacq Hospital Haemodialysis Unit. The target population of this study was the patients who were

receiving hemodialysis at the Unit. The guidelines implemented at the Unit were used to deliver standard practice to all patients and it was evidence based. The inclusion criteria were as follows: they should receive hemodialysis 2-3 times a week. We excluded patients who had less than 60 days of follow-up after initiation of dialysis (due to death, recovery of kidney function or dialysis started within 60 days of the end of the study). The 60-day criterion was used to ensure that only maintenance dialysis patients were included and to ensure that our patient population was comparable to other long-term dialysis cohorts.

All team members were fully involved in the study and were requested to take note of all activities that influenced patients' outcomes.

6.2 How were obstacles/bottlenecks resolved? *(Not more than 300 words)*

The four greatest barriers to implement Best Practice were:

(i) No internet access at the Unit to carry out literature review.

Request for installation of internet was sent to the Regional Health Director, who in turn forwarded the same to the National Dialysis Coordinator at the Head Quarters of Ministry of Health and Quality of Life. Unfortunately the request had not been granted. Access to internet was an indispensable tool to carry out literature review for the study. The team leader, nevertheless, asked the team members to use their search machines at home for literature search. This was rendered possible as the team members were motivated to bring about innovative practice.

(ii) Insufficient time to carry out group discussion.

The team members were highly motivated with the study but time was an important factor. The Unit remained busy most of the time and the staff worked hard from 07.00 hours till midnight but the roster was designed to maintain work life balance. Nevertheless, we were able to manage time for group discussions on setting of guidelines and protocols during lunch time and morning meetings.

(iii) Lack of confidence to carry out literature search.

Some team members were not confident to carry out literature search on related topics like Evidence Based Practice. How nurses rated their own skills in finding, assessing and using evidence seemed to be an important factor to consider in implementing evidence-based practice. Gathering evidence to be used in practice required systematic methods and not arbitrary Internet searches. Fortunately some team members had recently undergone a top up Nursing Diploma Program following which they acted as mentors to those who lacked confidence through use of Key Words.

(iv)Resistance to Change

While change is inevitable, people handle it in different ways. Some nurses were enthusiastic and embraced the opportunity for new challenges; others were fearful or set in their ways and resisted change. Most nurses used experience-based knowledge for use in practice rather than evidence gained from research journals. They became comfortable with their way of doing things. When a major change disrupts their familiarity, some nurses become upset. They did not want to relearn new techniques and they became barriers for standard practice. Resistance to change had been tackled through communication and positive feedback on the benefits of evidence based practice. By creating a supportive and learning environment the Nurse Leader carried out additional training sessions to rule out uncertainty and to invite these nurses to be part of the change process. The nurses had been kept updated regularly about the plans and progress toward the change implementation. All team members had been involved as much as possible through meetings and brainstorming sessions to help during the planning phase.

6.3 State specifically how the health and safety issues and environment-friendly concepts were taken on board while implementing the Best Practice.
(Not more than 300 words)

The Unit has embarked in the Implementation of the Occupational Safety and Health Management System in January 2014 with a view to ensure a Clean and Safe environment for our patients, staffs and other stakeholders like contractors and visitors. To create a culture of safety, the Unit has built a Care Delivery System that prevents errors, learns from the errors that do occur and recognises it as a partnership among nurses, doctors, patients and family members.

A Steering Committee was set up in January 2014 under the supervision of Mr Sohun Rajkumarsing, Senior Safety and Health Officer from the Ministry of Civil Service and Administrative Reforms. Emphasis was laid on the training of all staffs whereby all Team Members attended a three day's course in year 2014, 2015, 2016 and 2017 so that the implementation of the Occupational Safety and Health Management System could be smooth and easily accepted and adopted.

It is ensured that all Team Members wear their Personal Protective Equipment (PPE) while handling chemicals. Emergency Exits have been affixed to facilitate evacuation in case of emergencies and there is ongoing training on use of Fire Extinguishers. The Unit has launched its OSHMS Policy on 22nd August 2014 in the presence of Mr Coolen, Director of the Occupational Safety and Health Unit and at present we are in the preparation phase (third phase) of our OSH manual which is being vetted regularly by the Officers from the Civil Service.

Water samples, for Dialysis treatment, are sent for bacterial count every month in order to ensure safe practice. Biochemical tests of the treated water are also carried as there are certain minerals that are toxic to Dialysis patients. Servicing of the Water Treatment Plant is carried out every 3 months. The water tanks are cleaned at regular intervals so as to prevent bacterial growth.



Moreover, proper hand disinfection is carried out before and after all technical procedures and sterile gloves are worn while connecting patients to machines to prevent infections. Fire drills are being carried after every 6 months and a ramp has been constructed to facilitate Emergency Exit. Moreover, all the members followed a half day training program on torrential rainfall and flooding.



6.4 Explain the monitoring and feedback process during the implementation of the Best Practice. *(Not more than 300 words)*

Monitoring the implementation of the Best Practice had been an enriching experience as it proved to be a continuous function that uses the systematic collection of data on specific targets and indicators that were set at the start of the study. The team leader had regular contact with the team members leading each strategy to make sure activities are staying on track and any barriers are being addressed. Our main objective was to measure the frequency of admissions (with different causes) among dialysis patients during implementation of Best Practice.

It had to be ensured that the monthly blood sampling was being carried out as per DOQI (Dialysis Outcome Quality Initiative- USA) guidelines in order to rule out false interpretation of blood results. Those patients whose blood clearance was below standard, that is, a Urea Reduction Ratio below 65% were referred to the Nephrologist for adjustment of Dialysis prescriptions.

All blood transfusions were being noted and fed into the computer so that transfusions could be monitored on a monthly basis. It was also ensured that all patients receive Erythrocyte Stimulating Agent (ESA) injections as per guidelines set by the Ministry of Health & QL as the patients' Haemoglobin level has a positive correlation with their Quality of Life.

Feedbacks were received from team members during morning meetings and corrective measures were consistently being taken in order to stay on track and not to lose sight of the positive outcomes.

The Power of Measuring Results

- If you do not measure results, you cannot tell success from failure.
- If you cannot see success, you cannot reward it.
- If you cannot reward success, you are probably rewarding failure.
- If you cannot see success, you cannot learn from it.
- If you cannot recognize failure, you cannot correct it.
- If you can demonstrate results, you can win public support.

Source: Adapted from Osborne & Gaebler 1992.

6.5 Name at least two risk factors that arose in implementing the Best Practice and explain those factors and/or risks briefly. (*Not more than 200 words*)

It is very easy to take for granted that all team members will accept that implementation of the best practice is '**Good Thing**'! It might not be the case when we talked about the new attendants that were posted at the Unit and the Ambulance drivers.

(i) The attendants were task orientated and paid less attention to important issues like cross infection and contamination. They resisted change through ignorance and our main objective in implementing Best Practice was to fight against infection. Close supervision and further training were consistently required to bring 100% compliance to established protocols of the Unit.

(ii) The Ambulance drivers gave a hard time to patients and our team members. They turned up to the Unit half an hour to one hour late after their log books had been signed by the Transport Officer. The ambulances provide services to those

patients who could not walk due to certain diseased conditions. The drivers did not comply to their job allocations and patients along with their relatives suffered from such irresponsible behaviours. This was a threat to Best Practice and the matter was reported to the Head Quarter and months later the Global Position System (GPS) was installed in all Ambulances and 15 seated vans to observe the movements of the drivers and to foster compliance.

EVALUATION OF THE BEST PRACTICE

3.1 Explain how was the evaluation of the impact of the Best Practice conducted? *(Not more than 300 words)*

Implementation of the Best Practice has got positive effects both on our patients and team members. It has been a major step taken to improve patients satisfaction, customer service and customer experience. We strived to deliver a service on the schedule of our patients, not just a schedule that happens to be convenient for our institution. We limited waiting time in between dialysis shifts. Scheduling of appropriate health care services is a complex issue that requires the balancing of clinical criteria and acuity; patient needs; and organizational resources, structure, and culture.

Every single team member has known how to handle customer complaints and concerns with use of good language and good eye contacts to show that we have a genuine interest to help our patients. Furthermore, a blame-free environment has led to improved transparency, improved systems, and, ultimately, to better results.

Introduction of a Questionnaire (Appendix 2)

A questionnaire has been devised at the Unit in order to assess the level of satisfaction among patients. This tool has a set of 10 questions and has been implemented so that patients can give their views and also come up with suggestions in order to improve practice. Each month 30 questionnaires are distributed among patients and they are requested to drop them in the suggestion box next time they attended the Unit. The questionnaires were collected and feedbacks given to team members. The suggestions and complaints gave rise to group discussions so that we could come up with plausible solutions.

Assessment of Level of Empathy given to Patients

Empathy is about emotion and caring. All new team members who joined the Unit required a special training session when it came to how to deal with dialysis patients. Dialysis patients are prone to depression due to physical, psychological and social stressors. Though there is hardly any tool to assess the level of empathy provided to patients, we carried out constant observations on certain aspects of life and these were as follows: Remarkable increase in appetite, patients having friends, patients were well groomed and well dressed, able to share and appreciate jokes, able to join work, increase in compliance to treatment, ability to perform self-care, positive outlook to life, sharing of sweets with all patients and team members on their birthdays. All these aspects of life showed that the patients were gaining control over their diseased condition. In a nut shell, we can

say that we have been able to promote a healthy lifestyle among the dialysis patients.

7.2 Describe the impact of the Best Practice on the level of services provided to key customers and on the environment, society. (Not more than 300 words)
(Please provide data by comparing targets v/s actual performance, before-and-after indicators, and/or other types of statistics or measurements)

The Table below shows some of our quantitative targets that had been met last year.

	ACTIVITIES	2016	2017
1.	Admissions with Infected catheters	28	15
	Admissions with Fluid Overload	17	10
	Admissions with Renal Anaemia (among stable patients)	7	3
	Total Number of Admissions	52	28
2.	Number of Blood Transfusions	804	689
4.	Number of Patients with a Urea Reduction Ratio of over 65% (for patients without catheters)	160 out of 185 patients	178 out of 188 Patients
5.	Number of Patients with normal Protein level to Assess Nutrition Level	170 out of 202 patients	188 out of 205 patients

It has been found that the total number of admissions have decreased considerably by nearly **46%** with the implementation of Best Practice. This implied that the patients had taken control of their health and able to do self-care. The number of admissions with infected catheters has decreased from **28** to **15**. We can do more to bring down the figure but some patients are not able to keep the dressing clean, especially, when the catheters are found in the groin as urine incontinence, bowel incontinence and poor hygienic conditions favour bacterial growth and catheter exit site infection. Admissions with fluid overload have also decreased and this reflects the level of compliance among patients.

A decrease in the number of blood transfusions means that their haemoglobin level has been more stable with effective and efficient practice thus increasing patients' satisfaction. Erythrocytes Stimulating Agents (ESA) injections are being done at regular intervals in order to boost up the Haemoglobin level of patients. Blood transfusions among stable patient have dropped to only **3** whereas new patients require frequent transfusions until their blood results meet inclusion criteria for ESA injections.

The blood results show dialysis adequacy as the clearance level of most patients (91%) was satisfactory. Those patients whose clearance was below 65% were referred to the Nephrologist for modification of dialysis prescriptions. 90% of the patients showed good nutritional status whereas a low protein level is associated with morbidity and mortality among dialysis patients. Patients with low protein level were referred to dietician for further advice along with their relatives. "Best Practice" refers to nursing practices that are based on the "best evidence"

available from nursing research. Evidence based practice is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The data also confirms that most of the patients have learned *self-care* and this has a positive correlation with their Quality of Life.

Impact of Best Practice on the Environment

Recycling of Plastic Containers and Used carton Boxes

We have already embarked on a *green project* through the recycling of used plastic containers as plastics are non-biodegradable items and cause pollution. Lastly we have just started with the recycling of used carton boxes and used papers. Moreover we have diminished the use of papers in the delivery of service. Our important data are being stored in our computer system.



Impact of Best Practice on the society

The team members of the Unit are concerned with the rise in the number of patients undergoing dialysis treatment. We started with 10 machines and 63 patients on treatment in year 2003 and now we have 33 machines and over 200 patients in our Unit. Nurses at the Unit are not insensitive to this burning issue and

this has prompted us to carry out awareness campaigns in our locality and secondary schools in order to sensitize students and members of the public

8. REPLICATION TO OTHER ORGANISATION

8.1 How can the Best Practice be replicated to other organisations? *(Not more than 200 words)*

A Best Practice is an initiative that effectively integrates the efforts, expertise and experiences of all stakeholders in providing solutions to some of the most critical, social, economic, health and environmental problems faced by an organisation. A Best Practice offers the means for mutual exchange and learning and constitutes a model for other organisations. It is therefore necessary that best practices, as models, have to be transferred to assist other institutions and units to improve their living environment and sustainability.

For an effective transfer, the interested organisations must be aware of the following:

- (i) Concept of such Good Practice,
- (ii) The methods used to operationalize the initiative,
- (iii) The key actors or catalysts for action and change,
- (iv) The opportunities that were seized upon to effect action and change,
- (v) The ingredients leading to sustainability and success.

A strategic planning has to be worked out so that the replication process is implemented successfully with the following steps:

- (i) The replicating organisation shall undergo site visits to the model organisation

- (ii) During the visit a workshop on Best Practice has to be carried out by the model organisation. The workshop has to be attended by all Head of Departments of the replicating organisation.
- (iii) The workshop should comprise of 3 parts:
 - (a) An overview of what is Best Practice
 - (b) Appreciation of the exemplary Practice: Seeing and Appreciating
 - (C) Establishing means of implementing the Best Practice in the replicating organisation.
- (iv) Coaching and tutorial services should be given to the team members of the replicating organisation.
- (v) A work plan has to be set up that will facilitate the implementation of the Best Practice so that it can be well sustained.
- (vi) Actual implementation of the Good Practice.
- (vii) Monitoring and Evaluation.

8.2 Based on your organisation's experience, name up to three factors which you consider as indispensable to replicate the Best Practice. (*Not more than 200 words*)

(i) Leadership and Team Spirit

The Unit replicating the Best Practice should have a set of characteristics and properties unique to its own, that is, the culture of the Unit. In order to maintain and sustain this culture the Head of the Unit has to empower all the Team Members through ***Distribution of Leadership***. In fact distributive leadership and Nurses as leaders are not new concepts in our field. It is now only that their

importance is being recognised and acknowledged. Each nurse of the Unit should be assigned a specific task and this will allow full participation of the team members in the management of the Unit. Distributive Leadership enhances the self-esteem of the team members thus making the service delivery more effective and more responsive to the demands and expectation of our patients.

(ii) Good Communication Channels

Communication plays a fundamental role in all facets of any business. It is therefore very important that both internal-communication within the organisation as well as the communication skills of the employees are effective. In fact, communication forms the pillar of an organization and it can bring the following positive outcomes:

1. Builds and maintains relationships
2. Facilitates innovation
3. Builds an effective team
4. Managing employees
5. Contributes to growth of an organisation
6. Ensures transparency –This helps in building trust among team members

(iii) Strategic Planning for replication of Best Practice

Replication of Best Practice also requires a good strategic management process as it starts by establishing the actual position of the organisation and is about getting from Point A to Point B more effectively, efficiently, and enjoying the journey and learning from it. Part of the journey is the strategy and part of it is execution.

Having a good strategy dictates ‘how’ you travel the road you have selected and effective execution makes sure you are checking in along the way.

REFLECTION

This small study has been possible with the collaborative work of all team members and it has provided us the opportunity to grow in our profession. It has allowed us to view our practice from a new perspective taking into consideration the bio-psychosocial factors that influence care and treatment. To conclude we can say that:

*Dialysis Add Years to the Life of Patients
But
Nurses and Doctors Add Life to the Years of Patients*