



**5th World Congress on
Patient Safety, Health Care
and Well-being**

April 06th, 2023 | Webinar

**SCIENTIFIC TRACKS
& ABSTRACTS**

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Rare and interesting case of choroidal melanoma presenting as a case of a congestive glaucoma left eye in a 55 years old male patient.

Background:


Choroidal melanomas are one of the commonest intraocular tumours which are kind of being malignant. Pigmented non pigmented more common in whites than blacks has got an early Tendency for liver meratasis however if diagnosed and treated in time one can prevent liver meratasis 6.5 per million in u s a and 7 per million in Denmark and other scandinavien countries Very difficult to diagnose due to the atypical manifestations however in most of cases present as solid or exudative retinal detachment on B scan ultrasound and indirect ophthalmoscopy malignant melanoma of c body yields poor results Diagnostic modalities are Direct ophthalmoscopy indirect ophthalmoscopy a scan ultrasound b scan ultrasound ct scan ultrasound bscan ultrasound f f angiography Key words progressive and painless visual field loss blued vision paracentral scotoma a c glaucoma a a c glaucoma sec Glaucoma ocular hypertension normal tension Glaucoma low tension Glaucoma vitrous floaters something Occular pain Case report 55 years old male patient presented with a c glaucoma Left eye received anyi glaucoma medication did not respond to routine ant glaucoma medecation no b scan was done later on second ophthalmic consultation bscan reveiled solid retinal detachment was refered for MRI scan braine for radiological confermation of melanoma however radiological report was inconclusive so it created a mistrust for the patient and he was left undiagnosed as a painful blind eye for 2b 2 years I saw patients in 2013 after 2 years of initial presentation I did bscan picked up solid retinal detachment and did mnrbi braine and my radioigist confirmed the radiological confermation of melanoma also MRI showed normal optic nerve chiasma radiation tract pit gland pit fossa and basal gangionnnormal so we're pons midbraine ventricles cerebral hemisphere were normal I performed block resection What will audience learn from your presentation?

The learning curve of this article is

- 1 If a c glaucoma is not responding to usual a g medecation do bscan ultrasound
- 2 Please do m ri scan for the radiological confermation of melanoma
- 3 Once we have melanoma confermation do enucleation
- 4 If tumour is less than 22 treatment observation
- 5 If more than 22 mm other treatments

Biography:

Dr Gowhar Ahmad sr consultant ophthalmologist Florence Hospital chanapora Srinagar Kashmir India. Has more than 40 years of experience in the field of ophthalmology national and international speaker. And has many international publications on JOJO MSOR respectively, posted more than 18000 and 1800 articles on docplex and linked in respectively influencer on curofy icon curofy for the year 2021. Editor in chief of international journal of scientific research member scientific committee of world congress of clinical pediatrics and neonatology member, scientific committee of world congress of d m and pediatric endocrinology member, international journal of ophthalmology and advanced research reviewer researcher and board member of many international journals has attended many international webinars as a speaker member, Kashmir ophthalmic society. Member aios all India ophthalmic society



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High reliability in healthcare- an innovative approach to training frontline team members.

Background:

Providing high quality and meaningful education was a challenge prior to the Covid-19 pandemic, and has become even more challenging as team members are stretched thin between staffing crises and looming financial pressure. As many other healthcare organizations saw, Corewell began to see an increase in their patient safety events, and a decrease in their patient safety and reliability culture.

Knowing the financial and time pressure, the Patient Safety and Reliability team moved training away from having all team members attend High Reliability training in person, where they watched a three hour, PowerPoint presentation, to an innovative microsystem, microtraining platform.

Literature shows that leaders need to lead a reliability culture, so we begin with a six hour, in person leadership training session. In this session we teach leaders not only high reliability principles, but how to lead using them, and how to solve problems in a reliable manner. Following the leadership training teams receive an asynchronous learning module, which is designed to take 6 months to complete. The learning module consists of 6 individual lessons, which are broken down into microlearning videos. All team members take the same microlearning videos within the same timeframe, which then allows us to use the rounding methodology to reinforce the learning from the videos. This also gives team members an opportunity to ask any questions they may have regarding the universal skill for error prevention that they learned about.

This training has gone live in two service lines, and three entity hospitals. Corewell just completed their safety culture survey, and in the three entity hospitals that have completed training, they have seen gains in their safety culture results, as opposed to all other spaces which have either been flat or decreased.

Biography:

Heather Githu, BSN, RN is the manager to the Patient Safety and Reliability team at Corewell Health West in Grand Rapids, Mi. Heather began her nursing career in a pediatric critical care unit, in a level one trauma center. She developed a passion for patient safety following a significant safety event that occurred early in her nursing career. This passion intensified when her father had a serious safety event in the hospital system where she worked. After 17 years in the PCCU, Heather moved over to working in the patient safety and reliability field full time. Her goal is to work with teams to help design systems that will prevent harm from reaching patients. Her professional passions include- teaching safety and reliability classes, leading teams, and designing systems. Heather is currently pursuing her Master of Applied Science in Patient Safety and Healthcare Quality from Johns Hopkins University (Graduation Date, May 2023). Heather enjoys spending time with her husband, Sammy, two daughters, Makena and Naomi, and her dog, Finn.

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Influence of burnout in nurses on patient safety

Background/Objective

Providing the highest level of patient safety is one of the basic requirements for increasing the quality of nursing care. However, in addition to various factors such as ineffective communication and teamwork, unsuccessful organizational processes and the physical and psychological overload of professionals, the burnout in nurses over time jeopardizes patient safety.

There is a relationship between burnout and patient safety based on the work process, personal characteristics, and teamwork. High levels of burnout are associated with external factors such as excessive workload, long working hours, and interpersonal relationships. Professional fatigue, which is one of the most important causes of burnout, negatively affects patient safety. Workload is cited as a determining factor for professional fatigue. Specifically, for healthcare professionals with high burnout rates, high hourly loads had a strong negative impact on patient safety. Higher burnout levels also lead to increased medical errors, patient dissatisfaction, and patient and family complaints. This situation can be explained by emotional fatigue and depersonalization, which triggers the feeling of exhaustion and cynicism in nurses as health professionals, acts distant and cold in the face of patient's needs, and reduces the quality of care.

Nurses with little experience have problems with the medical level hierarchy, with nurses and managers who have more years of experience or leadership positions in the service, as well as doctors, and this situation paves the way for them to experience burnout. In this respect, teamwork, which is not based on hierarchy, prevents the development of burnout in nurses and, accordingly, behaviors that will harm patient safety. As part of health professionals who are open to communication, have management support, and fulfill their duties with professional suitability, mutual learning, and teamwork, nurses are likely to feel productive and satisfied and therefore less likely to develop burnout.

On the other hand, the development of burnout may result from the lack of a patient safety culture. Burnout can be prevented by developing a positive safety culture towards the patient and providing problem-solving and coping with stressful situations. In addition, burnout of nurses can be prevented by in-service training, using evidence-based clinical practice guidelines, improving technologies used in the service, better working conditions, continuous guidance on infection prevention methods, and better psychological and emotional support to health professionals. In conclusion, preventing burnout in nurses is an important strategy to increase patient safety.

Biography:

Hulya Kocyigit is currently working as Research Assistant at the Sivas Cumhuriyet University. She graduated a doctoral program in the Department of Nursing at the same university in 2022. She is working on catheter-associated urinary system infections, simulation applications in nursing education, comfort theory ect.



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Surgical safety checklist: challenges & the way out

Abstract

Surgery is at the pinnacle of today's health care system. It is the only intervention that alleviates pain, disability and decreases the risk of death from common conditions. While surgeries are expected to save lives, negligence in carrying out them can cause substantial harm to the patients. Most adverse events reported from hospitals take place in the operating room (OR). Among these mishaps that take place in the OR, 40% were preventable, if the standard of care were used. One million patients die due to preventable surgical complications every year. WHO reports that the reported crude mortality rate after major surgery is 0.5-5%; complications after inpatient operations occur in up to 25% of patients; in industrialized countries, nearly half of all adverse events in hospitalized patients are related to surgical care; at least half of the cases in which surgery led to harm are considered preventable; mortality from general anaesthesia alone is reported to be as high as one in 150 in some parts of the world. Even with these data available, the need for SSC is unrecognized especially among the surgical providers in the rural parts of our country. A Checklist helps the surgical team to follow certain steps that ensures safety and diverts danger from patients. The 19-item checklist provides set of items that ensure patient safety and team communication. In 2009, the World Health Organization (WHO) published the Surgical Safety Checklist (SSC) as part of their Safe Surgery Saves Lives campaign. It was developed by WHO with the aim to decrease errors and adverse events and increase teamwork and communication in surgery. Over the years, this 19-item checklist has shown reduction in both morbidity and mortality among surgical patients and is now used by most of the surgical providers all over the planet. Though the checklist has improved surgical outcomes, many health-care providers are hesitant in implementing it in their everyday practice. Right utilization of this form can transform surgical care.

Biography:

Anita Kiruba Jeyakumar was completed her BSc Nursing at College of Nursing, CMC in 2004. She served as a Nursing Tutor/ Charge Nurse for 7 years at CMC, Vellore. Later she Completed MSc Nursing at College of Nursing, CMC, Vellore in 2011 and as a Nurse Manager Operating rooms for 8 years, CMC, worked in Internal Quality Assurance Cell, Co-Ordinator (IQAC)- Accreditation of the College NAAC for 2 years. She was awarded a research fellowship to Kansas University Medical Centre (KUMC), USA – Spent 5 months at KUMC, involved in conducting two research studies in the USA in 2016. She was awarded the Redford Fellowship by KUMC, Kansas, and USA for 4 weeks- August 29th, 2022- September 23rd, 2022- PACU and OR related.



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Knowledge towards neonatal resuscitation and associated factors among nurses and midwives working in public health institutions in northern ethiopia

Background:

Neonatal mortality is a major public health problem in developing nations including Ethiopia. Birth asphyxia is among the leading cause of neonatal mortality, which would be properly managed by standard neonatal resuscitation. This could be done by knowledgeable healthcare providers about the procedure. Therefore, this study aimed to assess the level of knowledge about neonatal resuscitation among nurses and midwives working in public hospitals of the South Wollo Zone of Amhara region, Ethiopia.

Methods:

Institution-based cross-sectional study design was used to recruit nurses and midwives from labor wards and Neonatal Intensive Care Units of the public hospitals of the South Wollo Zone of the Amhara region. Study participants were selected by a simple random sampling method from each hospital after the calculated sample size is proportionally allocated based on their total nurses and midwives working in each selected hospital. A multivariable logistic regression analysis model was used to declare factors associated with the level of knowledge of the study participants towards neonatal resuscitation. A statistically significant level was declared at a P-values < 0.05.

Results:

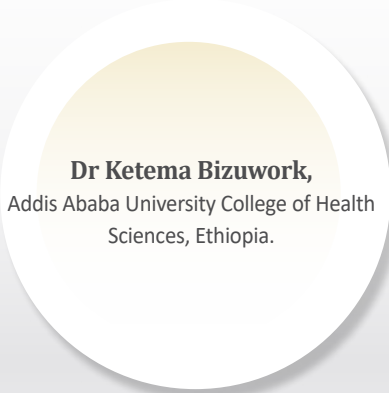
A total of 143 nurses and midwives participated in the study. Overall 37.8% of the study participants had an adequate level of knowledge about neonatal resuscitation. The study revealed study participants who took training [AOR = 4.25(95%CI: 1.95, 9.27), P < 0.01], presence of neonatal resuscitation guide in the working unit [AOR = 2.76(95%CI: 1.27, 6.04), P < 0.02], got supportive supervision within six months of the data collection date [AOR = 3.02(95% CI: 1.37, 6.63), P < 0.05] were found positively affecting, at the same time found statistically significantly associated towards knowledge level of neonatal resuscitation of the study participants.

Conclusions:

The study found knowledge level of neonatal resuscitation is found deficient. Further, getting on-the-job training, the presence of a neonatal resuscitation guide in the working unit, and getting supportive supervision were found as factors positively affecting the knowledge level of the study participants towards neonatal resuscitation.

Biography:

Ketema Bizuwork Gebremedhin, is a Lecturer of Nurses and midwives at Addis Ababa University College of Health Sciences School of Nursing and Midwifery. He received his Bachelor of Science in Nursing from Short the University of Gondar school of Nursing in Sep 2013 and a Master of Nursing from Xiangya School of Nursing, Central South University, Changsha, China in June 2017. He also received a Master's in Tropical and Infectious Disease from Aklilu Lemma Institute of Pathobiology at Addis Ababa University in June 2020. He is currently pursuing a Ph.D. in Tropical and Infectious Disease at Aklilu Lemma Institute of Pathobiology, Addis Ababa University, Ethiopia. He published fifteen more journal articles with additional more GBD publications. He advised over 15 Master's thesis since 2018. He also reviewed and reviewing a number of manuscripts for journals.



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