

# THE HEARTBEAT Newsletter



## Doha Care Services Celebrates Abundance: Welcomes 2023

By: Janice Bigcas, RGN

Year 2022 has brought DCS with so much pride and achievements along with the challenges. But we stood strong and full of enthusiasm. The edges that broaden our horizons, the differences that united as one, and the Covid-19 that hits the population of our family that led us to build a braver management

The balcony of Sapphire Hotel welcomed the DCS employees and witnessed the new hope and new beginnings, as Doha Care Services celebrated the Annual Year-End Party with blasts of smiles and festive food last December 30, 2022.

Our PNS Focal person Ms. Janice Samaco and DCS managers joined the night of celebration and gave us an inspirational message that warmed the event. Old and new staff from different villas competed by showing their talents and presentations. Villa 2 won the 1st place; 2nd place was Villa 2 and Villa 4 for the 3rd place. And who will ever forget as the DCS Nurse Educator Mr. Edison Gabin showed his talent in singing. Special awards were also given Ms. Nilakshi as the Face of the Night and Best in Dress for female, Ms. Rayyan Mahmoud and for male, Mr. Suranga Asanga. Generous gifts were given for prizes.

The night was bursting with flamboyant dresses, friendship, unity and excitement as we go along with the event. It was also the night of recognition for our DCS family members who made their way to the top with their dedication and consistent service to our company. Awardees received a certificate and cash gift for the following categories:

- \* Best Nurse of the Year: Ms. Bernadette Divina
- \* Best in Clinical Proficiency: Ms. Ariane Bernadette Daya  
Mr. Nipuna Amapriya Gamage
- \* Best in PMR Documentation: Ms. Rizza Joy Ayala
- \* Most Engaged Nurse: Ms. Julie Ann Froma
- \* Most Dedicated Nurse: Ms. Sahshika Herath
- \* Most Outstanding Driver: Mr. Hamid Salih Mohammad Ali
- \* Loyalty Award for Employees( 5 Years in Service)



Ms. Giesha Mendoza and Mr. John Michael Calangi were the Masters of Ceremony.



# PATIENT SAFETY DAY: "MEDICATION WITHOUT HARM"

By: Julie ann Froma, RGN

DCS celebrated the World Patient Safety Day with the theme "Medication without Harm" last September 18, 2022. DCS Quality, Clinical, Medication and Safety Committee organized client education and lectures for their staff on medication policies and safe practices to promote medication safety. The Medication Committee and Safety Committee aimed to raise global awareness of medication safety among all DCS staff. The lecture focused on interventions to overcome the high burden of medication-related harm due to medication errors and unsafe practice and achieve the target zero medication errors.

The first part of the program was led by the Company Doctor, along with the Clinical Audit team and Nurse Educator. The clients were visited and given education to enhance their awareness and knowledge of medication and safe medication practices. Medication boxes for active medications were given as reinforcement on medication storage. The second part of the activity was held at DCS Accommodation. Mr. Sainas Muhammed Synudeen, the Safety Chairperson/Nurse Supervisor/Villa 1 HN delivered lecture on Medication management, Administration and Reconciliation (storage, labeling and disposal). Management of high alert medication was discussed by Ms. Julie Ann M. Froma, Safety Committee member/Villa 5 HN.

DCS also conducted a quiz bee competition; each villa had three nursing staff representatives. This activity determined the nurse's knowledge about medications and medication safety practices at the bedside.

Villa 2 was the quiz bee champion, while Villa 4 bagged 2nd place and Villa 1 got 3rd place. Gift certificates were awarded by Mr. Yousef Abdalla, DCS Operations Manager, and Ms. Janice Samaco, PNS Spoke person.



<p><b>MEDICATION SAFETY</b></p> <p><b>STORAGE</b></p> <ul style="list-style-type: none"> <li>Current and stock medication shall be kept separately.</li> <li>Only approved and controlled medication shall be kept in medication storage.</li> <li>Secure container and protect from light.</li> <li>Medication kept in the fridge shall have separate from the food.</li> <li>Unit dose and multiple medications are kept in the pharmacy packaging until they are administered.</li> <li>Expired damaged and contaminated medications shall be stored separately.</li> <li>Medication storage shall have sufficient lighting, clean and organized.</li> <li>Keep medication in its original container or packaging.</li> </ul> <p><b>STORAGE TEMPERATURE</b></p> <p>ROOM TEMPERATURE: 15°C to 25°C</p> <p>REFRIGERATOR: 2°C to 8°C</p> <p>FREEZING TEMPERATURE: -20°C to -25°C</p>	<p><b>SAFE MEDICATION DISPOSAL</b></p> <p><b>SAFE MEDICATION ADMINISTRATION</b></p> <ul style="list-style-type: none"> <li>Prevent taking expired inactive medications accidentally.</li> <li>Prevent the missing of drugs.</li> </ul>	<p><b>HIGH ALERT MEDICATIONS</b></p> <p>Drugs that bear a heightened risk causing significant patient harm when they are used in error thus shall be administered the dose as prescribed.</p> <p><b>STORAGE AND LABELLING</b></p> <ul style="list-style-type: none"> <li>Store separately from other medications stocked in the client service area.</li> <li>Must be kept in Ziplock with HIGH ALERT MEDICATIONS labelled. For HHCS patient request to Home Health Care Service (HHCS) for Home HHCS patient request to PNS.</li> </ul> <p><b>ADMINISTRATION</b></p> <ul style="list-style-type: none"> <li>An independent double checking shall be required including medication name, dose, and frequency and not to rely on visual recognition or location.</li> <li>Involve patient, family, and care partner in the verification of high alert medications.</li> </ul> <p><b>DOCUMENTATION</b></p> <ul style="list-style-type: none"> <li>High Alert Medication shall be written in red ink.</li> <li>An independent double checking (QMS-NDFO-011) shall be completed.</li> <li>Patient, family, and care partner shall provide health education related with the High Alert Medications and its safety measures.</li> </ul>	
<p><b>LABELLING</b></p> <ul style="list-style-type: none"> <li>Current Medication shall have DPN and DISCARD date.</li> <li>SDS (Safety Data Sheet) will appear on the accessible periods of the label inside the medication box.</li> <li>UAD (Unit At Dose) (e.g., cream, suspension, drops, vials) to be discarded within 28 days except medications with limited supplies (SDSA) should be "discarded" opened on the consume day.</li> <li>Pharmacy label shall not be removed, replaced, or covered.</li> <li>Once pharmacy label in the current medication storage box.</li> <li>NEARLY expiry medication on the same year shall be labelled in January to June and July to December.</li> </ul> <p><b>7 RIGHTS of Medication Administration</b></p> <ul style="list-style-type: none"> <li>Right Patient</li> <li>Right Medication</li> <li>Right Dose</li> <li>Right Route</li> <li>Right Time</li> <li>Right to refuse</li> <li>Right Education</li> </ul> <p><b>TELEPHONE ORDER VERIFICATION</b></p> <ul style="list-style-type: none"> <li>Name of drug with confirmed spelling, dosage shall be dictated with words and figures.</li> <li>Name, designation, corporation number of ordering physician.</li> <li>CONFIRM Call home health care Services. Responsible Family member.</li> <li>INFORM Inform patient (name, designation, corporation number by ordering physician), progress note, Patient and Family health education.</li> <li>DOCUMENT Document in patient chart (name, designation, corporation number by ordering physician), progress note, Patient and Family health education.</li> </ul>	<p><b>1 IDENTIFY</b></p> <ul style="list-style-type: none"> <li>EXPIRED/UNKNOWN EXPIRY</li> <li>CONTAMINATED</li> <li>DAMAGED</li> <li>UNWANTED or UNUSED</li> </ul> <p><b>2 INFORM</b></p> <ul style="list-style-type: none"> <li>HOME HEALTHCARE -HHCS</li> <li>PATIENT, FAMILY, CARE PARTNER</li> <li>DCS IMMEDIATE LINE MANAGER</li> </ul> <p><b>3 DISPOSE</b></p> <p>BRING THE MEDICATION IN PHARMACY. IF THE PHARMACY WILL NOT ACCEPT DISPOSE PROPERLY AT PATIENT'S HOME.</p>	<p><b>COMMON HIGH ALERT MEDICATION AT THE BEDSIDE</b></p> <p><b>INSULINS</b></p> <ul style="list-style-type: none"> <li>All types of insulin, (open, degludec, aspart, NPH, Humalog insulin, detemir, glargine, regular insulin, Premix).</li> </ul> <p><b>COMMON SAFETY ANALYSES</b></p> <ul style="list-style-type: none"> <li>Monitor for signs and symptoms of hypoglycemia: (diaphoresis, sweating, anxiety and blurred vision, dizziness, weakness, decreased level of consciousness, tachycardia, hypotension, decreased reflexes, hypothermia).</li> <li>Monitor for the signs of hyperglycemia: (thirst, weakness, fatigue, polyuria, polydipsia, blurred vision).</li> <li>Observe vital signs, weight, and vital signs can be altered in refrigerator if it is.</li> <li>Observe date and time may be stored in the refrigerator if it is room temperature less than 24°C (75°F) within 28 days.</li> </ul>	<p><b>Look ALIKE, Sound ALIKE Medications</b></p> <p><b>Safety Measures</b></p> <ul style="list-style-type: none"> <li>Patient, family and care partner shall receive for safe storage of Look ALIKE, Sound ALIKE medications.</li> <li>Encourage Patient, family and care partner to self-recognize the prohibited medications for their treatment.</li> <li>Store the medications separately at home.</li> <li>Read the medication labels carefully during administration process including medication name, dose and frequency and not to rely on visual recognition or location.</li> <li>Use TALL-MAN lettering to emphasize differences in medications names.</li> <li>Refer to HHCS Look ALIKE, Sound ALIKE medications (See Card) for other LASEA.</li> </ul>
<p><b>MEDICATION RECONCILIATION</b></p> <ul style="list-style-type: none"> <li>Process of identifying the medications currently being taken by an individual. These medications are compared to newly ordered medications, and discrepancies are identified and resolved, whenever medications to end.</li> <li>Should be done during admission and every 60th by completing the MARDC (Medication Reconciliation - QMS-NDFO-020).</li> <li>If there is a Home Order or Discontinued medications, education shall be provided by the patient, family and care partner and must be documented in the medication reconciliation, medication administration and Patient and Family health education and Nursing Progress Note.</li> </ul>	<p><b>4 MIX PLACE THROW REMOVE</b></p> <ul style="list-style-type: none"> <li>Solid Medication mix with dirt or used of coffee grounds.</li> <li>Liquid Medication flush in toilet in plastic bag in Garbage.</li> <li>Patient information in pharmacy label once medications is subject for disposal.</li> </ul> <p><b>5 DOCUMENT</b></p> <p>COMPLETE The Medication Disposal Form (QMS-NDFO-029), Progress Notes, Patient and Family Health Education.</p>	<p><b>DISPOSAL AT HOME</b></p>	<p><b>CLIENT &amp; FAMILY HANDBOOK</b></p> <p><b>EARLY ACTIVE MEDICATIONS</b></p>



## CLIENT ENGAGEMENT SUCCESS STORY



I have been taken care of my father for over 6 years. Just few years ago my father became very ill due to his age and became bedridden. I found it very difficult to take care of my father with his condition. A friend of mine recommended to provide a care giver for my father. However; my father health condition required a professional nursing care as soon as possible. I have contacted many health care providers. Doha Care were among these companies who provided me with a professional nursing service.

I was so lucky to have very well experienced nurse that she was able to be familiar with my father's health condition and she was able to give some suggestions to me to improve my father health condition. She is a nurse and health educator at the same time. Her rich nursing experience for elderly patients helped me and my family to understand the phase my father going through at this age. I have learned a lot from her. She is still giving her valuable experience in dealing with elderly patients.

My father now in a better health condition and he is taking less medications. He looks much younger than his real age. This wouldn't have happened without the nursing quality he was receiving from Doha Care.

The nurse is well recognized by HMC Home Care. One of the good things about the nurse is that her enthusiasm that never effected by any circumstances. Even during the hard time of Pandemic, she was fully loyal to her work.

I am receiving high quality of nursing services over the past years. The quality never changed or drop down. I am looking forward to continue with Doha Care for many years to come. For sure I will recommend Doha Care to my friends who are looking for the best quality of nursing care .

Best Regards

Hussain Al Majed



**CONGRATULATIONS FOR A JOB WELL DONE!!!**

**Ms. LEIZEL M. VALDEZ**

**PNS-PCC Staff Success Stories of Showing Person-Centered Care Grand Awardee.**

**DCS IS SO PROUD OF YOU!!!!**

## **“Staff Success Stories of Showing Person-Centered Care”**

**Staff Name: Leizel M. Valdez, RGN**

My name is Leizel M. Valdez, assigned nurse to a 76 y/o geriatric client for 1 year now, diagnosed with DM type 2, ESRD, HTN, Hypothyroidism, Atrial Fibrillation, Epilepsy and Dementia. She's on continuous O2 inhalation via tracheostomy tube connected to a mechanical ventilator, we feed her through Nasogastric tube and been bed bound for many years. Her dialysis treatment takes 3x a week (sat, mon,wed), we have to travel often from home off to hospital and I know how exhausting that in her part. Here is my story that I want to share with you how this client of mine touched my life in a way that I will never forget, how a special bond between us started to blossom.

Life's twists and turns led me working to my current client now. At first glance, I noticed that she's experiencing tremors on the left side of her body and her medical record confirmed it as Epilepsy. How hard and terrifying must it be to her, when something in her life that she's used to, something that seems ordinary, gets taken away from her. So, I hold her hand gently, smiled at her warmly reassuring that there's hope and we are there to safeguard her wellbeing. A lot of things came rushing on my mind at that moment. What can we do to ease her suffering? What is the plan of care that we must formulate for her to get better? Im pretty sure that recovery would be tough, I know it is. We just have to keep on going step by step and never quit trying.

Together with the HHCS and family members, we worked closely to ensure the care team could provide safe, timely care with a focus on quality of life. I feel it's important for every client to have a seizure action plan, as every client has different needs. It's important to feel empowered in the sense that you know what to do when a seizure occurs. In line with this, I taught the care partner and family members about first aid and how to develop a seizure action plan that highlights what to do if a breakthrough or prolonged seizure occurs. I believe it's my responsibility and every Registered Nurse, to provide client with utmost sincerity and care involving their medical treatments and procedures. I found this work both challenging and rewarding.



# DCS BAGS 2ND PLACE IN POSTER MAKING CONTEST

By: Earl Adam Acol RGN



A warm of applause to DCS staff who submitted their entry in the Poster-Making Contest and bagged 2nd place with Ms. Rena Joy Gape and Bernadette Divina as our participants with the theme: “ Breaking barriers, celebrating differences-doffing the stigma of cerebral palsy at the Wyndham Grand Doha Beach Hotel.

The events encompass different activities held by Hamad-PNS and outsourcing agencies. This aims to educate nurses about the definition of cerebral palsy latest local and global statistics common causes of cerebral palsy, and prevention and to highlight different programs and services provided by HMC to children with cerebral palsy.

Brightlin Nithis Dhas one of the speakers published a case study entitled use of computer access technology as an alternative to writing for a preschool child with athetoid cerebral palsy. He is an occupational therapist at the Hamad medical corporation. According to the study cerebral palsy is a common global condition with a prevalent rate of more than 2 per 1000 live births. This may lead to impairments in the motor, cognitive, visual, speech and sensory perceptual aspect.

Dr. Bernie Chua Macrohon medical internist at the Zamboanga City Medical Center describe cerebral palsy as permanent but not progressive and is caused by brain damage or abnormal brain development that happens before birth or early in life. Different treatment modalities may help such as physical therapy, occupational therapy, speech and language therapy and assistive technologies such as walkers, crutches, wheelchairs, and orthotics which help improve muscle growth.

A stew of programs and various fun-filled activities were organized to set the day a memorable one. The activities aimed at enlightening the nurses about cerebral palsy and highlighting different programs.

Various competitions like poster-making contests and case study presentations were conducted. As part of the monthly outsourcing educational activity Ms. Lenelyn Pastor our representative for the case stud presentation aimed to describe the clinical spectrum, comorbidities, and risk factors and formulate a nursing care plan for the cerebral palsy client.

**“People perceive disability as a weakness something that needs to be cured and we have to fight against that.”**

# DCS IPAC Intensifies Covid-19 Policy and Practices

By: Allen Paul Dela Rosa , RGN



For the past three months, the Government of Qatar had been very busy with its operation and celebration for the Fifa World Cup which started last November 20, 2022 and ended last December 18, 2022. The Ministry of Health made some changes to the restrictions. These include stopping mandatory checking of ETHERAZ in public areas such as malls, restaurants, and other establishments except in hospitals and clinics.

With the changes made by the Ministry of Health, the Doha Care Services Infection Prevention and Control Committee (IPAC) worked hand in hand with the DCS Management to intensify the Covid-19 policy to prevent the spread of the virus among the staff and other employees. Memorandum was given to communicate with all DCS employees. It enforced a stricter curfew, hand hygiene policy, and social distancing in the company accommodation. We also encouraged compliance with Covid-19 vaccines. It was a success for the DCS Family that we were able to dispute the spread of infection with the intensified participation of all.



## PMR Updates

By: Lea Gabales, RGN

Doha Care Services participated in the seminar workshop on PMR Documentation held at Mercure Hotel last December 6, 2022, by HMC - Private Nursing Services.

There are numerous updates to the PMR forms: Home Risk Assessment, Nursing Reassessment and Intervention Flowsheet, Medication Record, Physician's Telephone Order, and Interdisciplinary Plan of Care.

Firstly, in the new home risk assessment form, a phrase of words was removed in the second section. This new form must be used upon receiving a new client and during a change of client's location.

Secondly, the new form of Nursing Reassessment and Intervention Flowsheet has no more month and year indication.

Thirdly, the medication record has no change in the form. However, updates were discussed. In the medication section, should write the form of the medication whether it is a tablet, capsule, or syrup, and how to discontinue the medication by indicating the time and date. For PRN medications, no need to write the word PRN in the frequency. In addition, the standard timing of the medication should be followed strictly.

Fourthly, the new physician's telephone order sheet is exclusively for orders received through phone calls.

Lastly, an interdisciplinary plan of care has been introduced to involve team collaboration in providing care to clients such as the physiotherapist, dietician, physician, and others mentioned in the form. They are obliged to create plans of care for clients according to their identified problems and needs.

With the teamwork of the Quality Department and Operations Department, these updates were successfully disseminated to all staff and everybody enjoyed the enticing food.

# Clients are our PRIORITY!!! DCS Clients Safety Indicators

By: Quality Committee

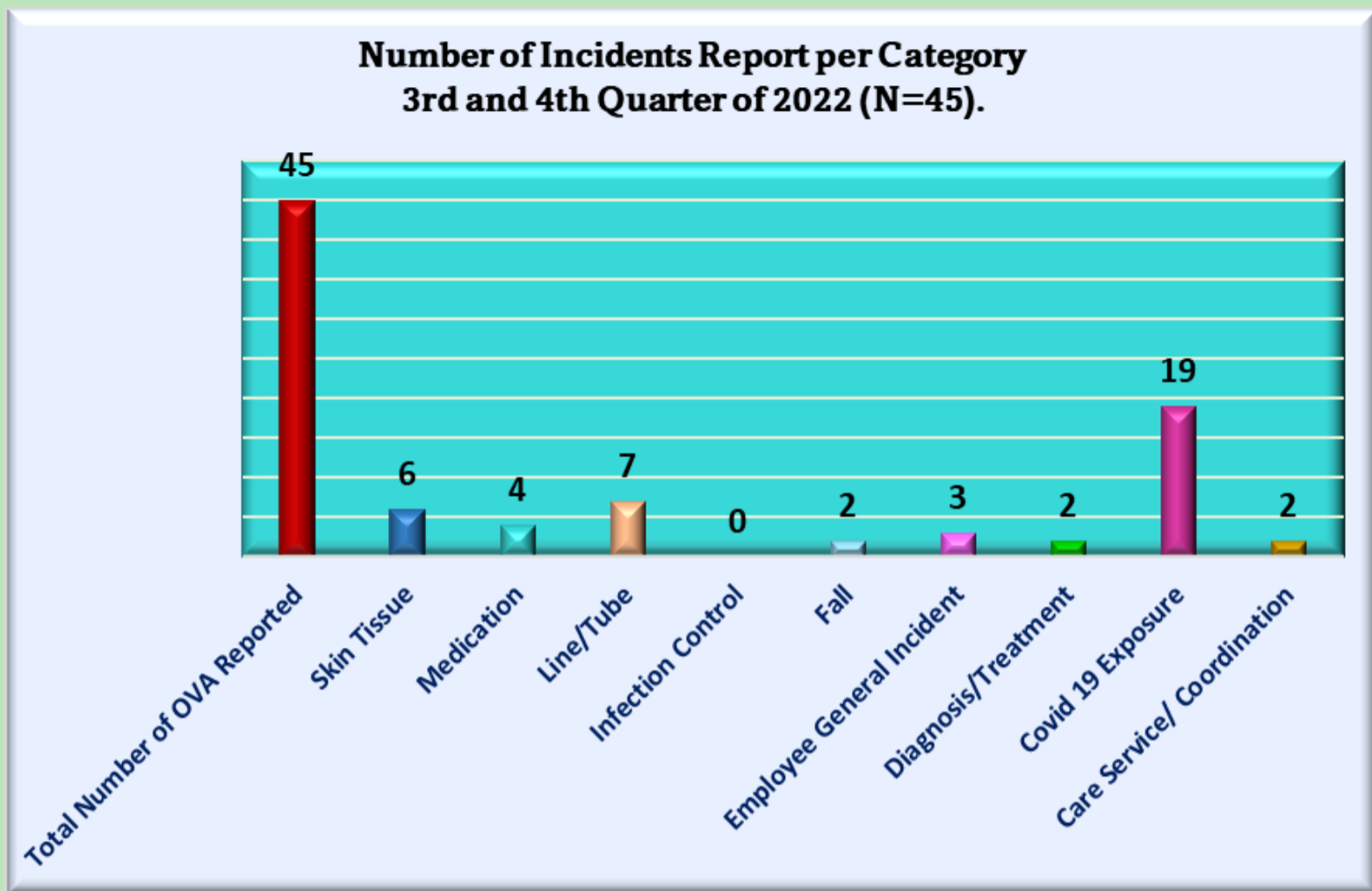


Figure 1: The graph above depicts the common incident occurs at the bedside from 1 July 2022 to 31 December 2022. Infection Prevention and Control related to COVID 19 has the highest average on which the total reported incidents including is 19 cases, seven (7) Line /Tube (PEG tube and NGT dislodgement and tubing leak), six (6) related to Skin Tissue (Pressure injury, Abrasion, Blister, Skin peeling and Scratch wound), Four (4) Medication related to Unordered medication and Medication administration. Followed by Employee General Incident which has Three (3) reported incidents related to Client Verbal/Assault Abuse, two (2) Care Service/Coordination related to patient and or patient's family refusal for treatment, two (2) Diagnosis and Treatment related to patient refusal or non-compliant for treatment, and Two (2) fall incident happened while being held by the caregiver.

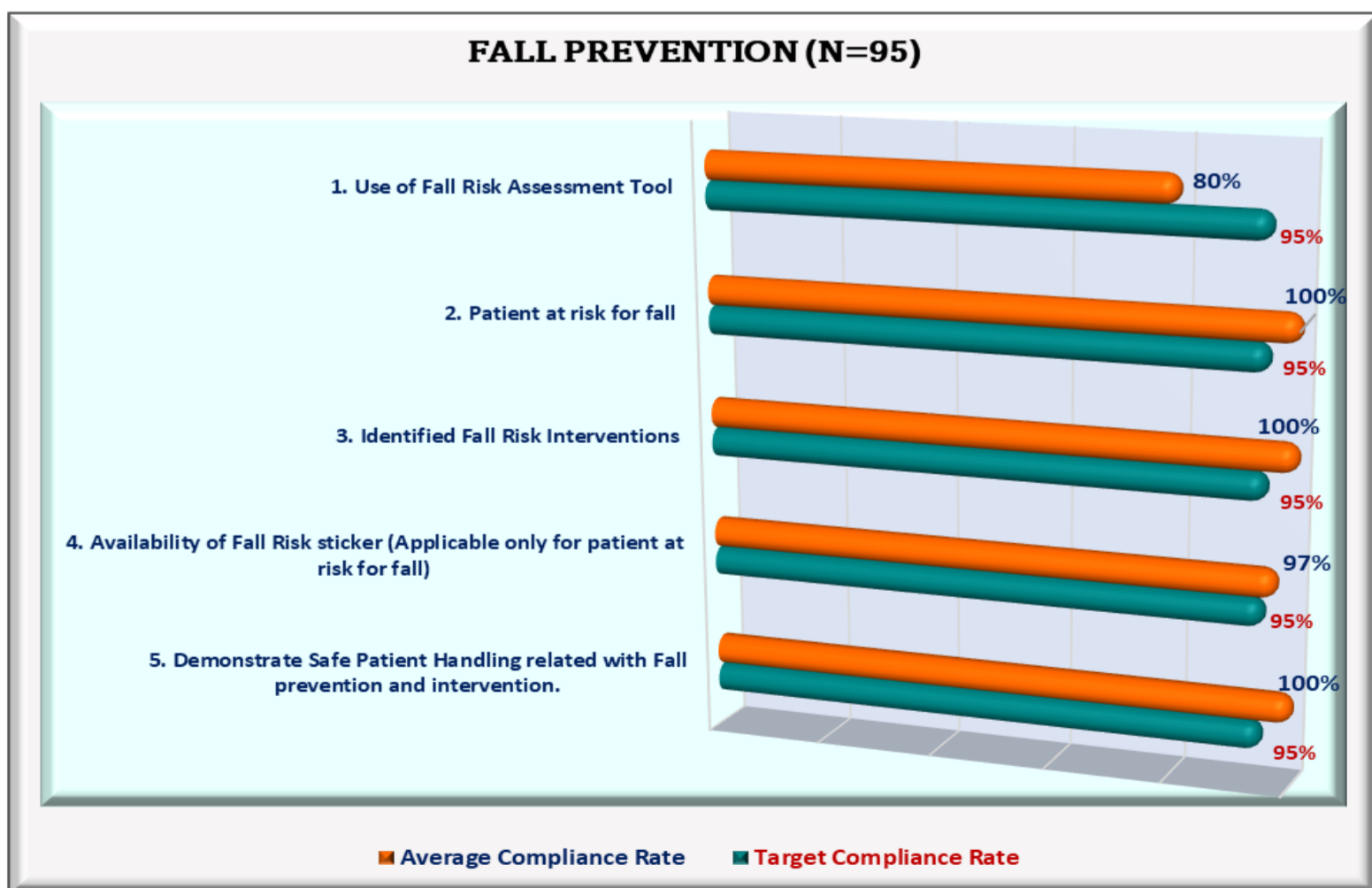


Figure 2: The graph shows that in the fall prevention categories, the use of the fall risk assessment tool has a compliance rate of 80%, which is the lowest among all other categories.



# DCS Clients Safety Indicators

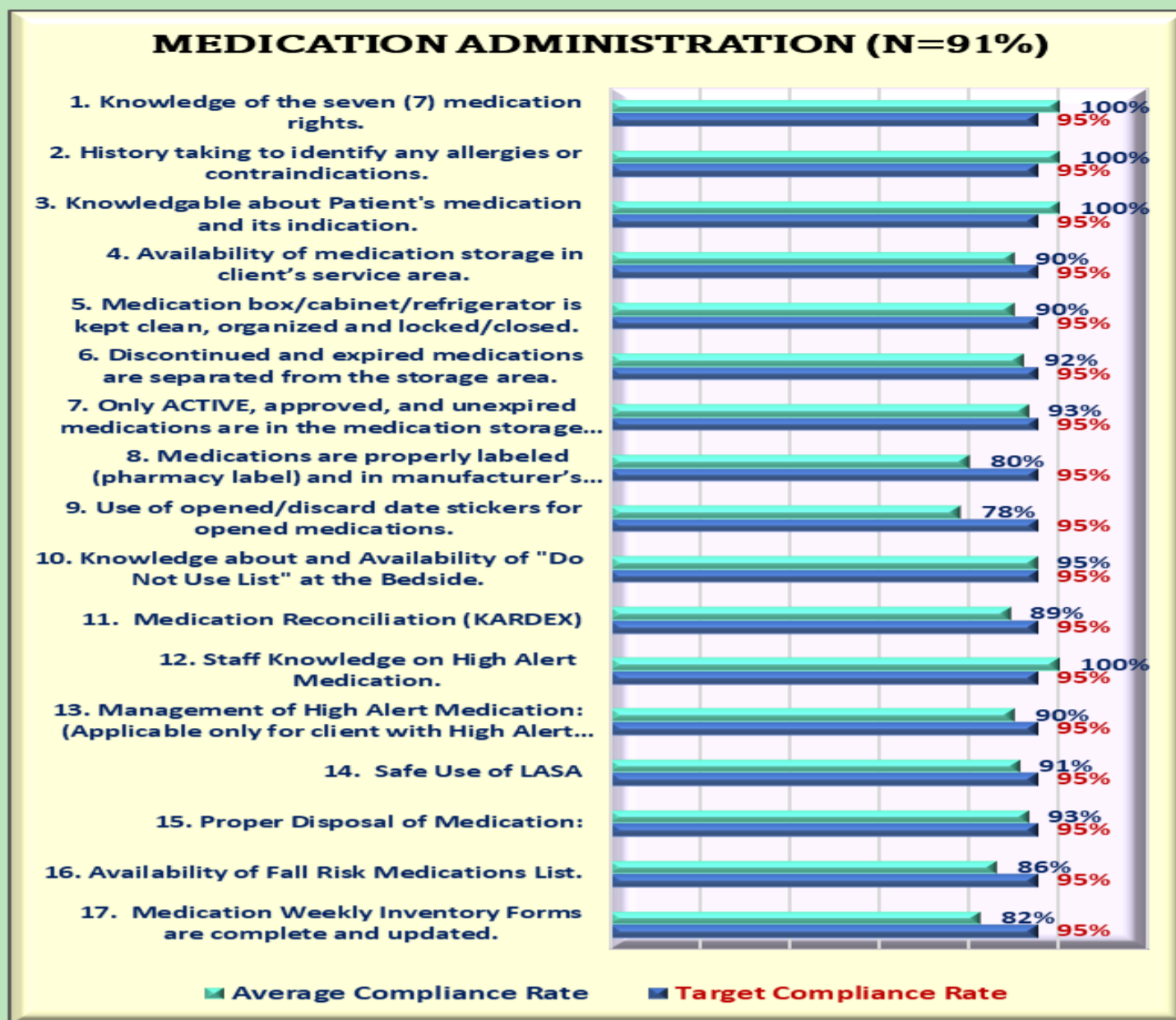


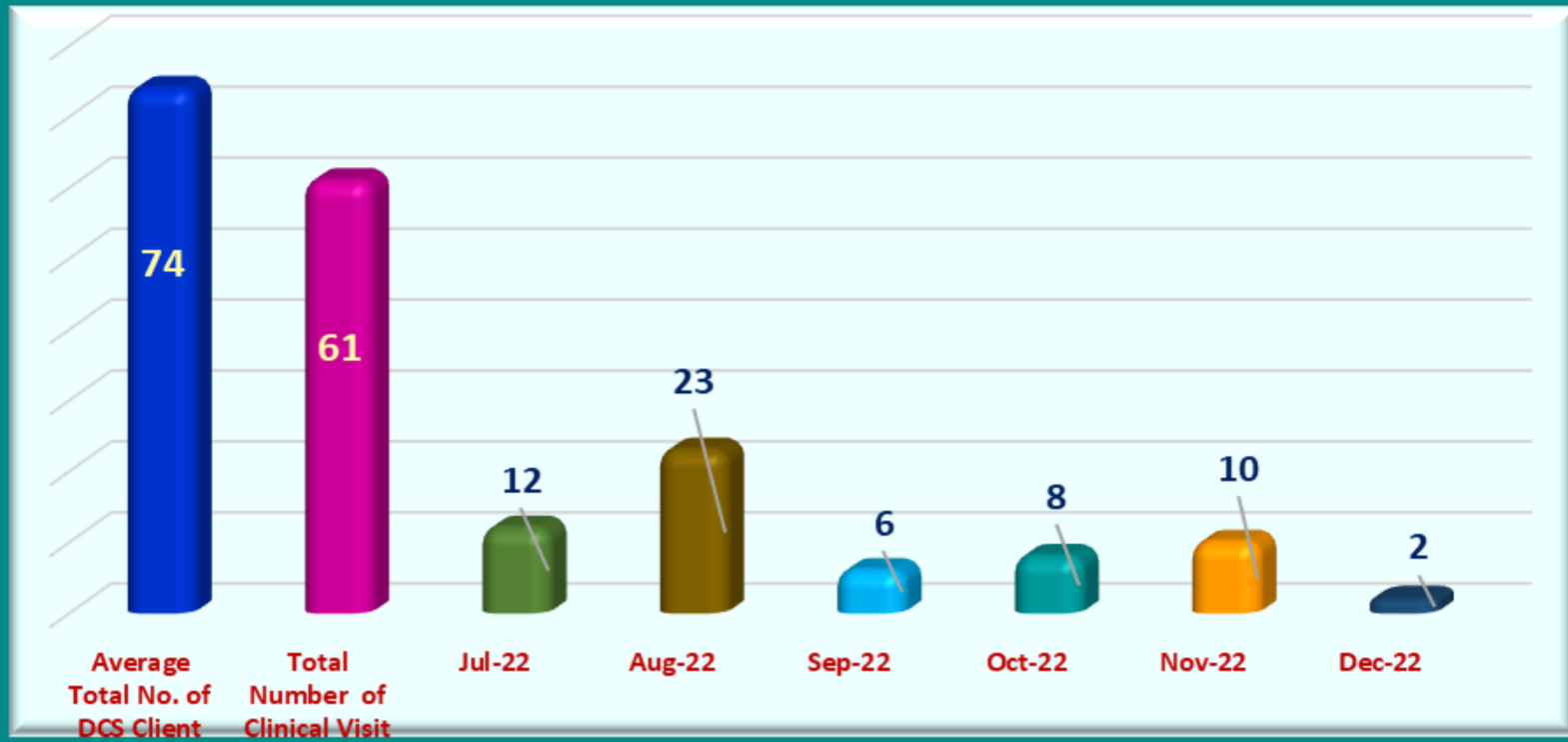
Figure 3: The graph illustrates staff compliance rate in medication administration and shows that the use of opened/discard date stickers for opened medication had the lowest compliance rate of 78%.



Figure 4: The above graph shows the number of staff compliance with Infection Prevention and Control. It describes that Knowledge on Health Care Infection in Home Care (CAUTI, CLABSI, VAP) had the lowest compliance rate of 86%.



### Total Number of Clinical Visit Conducted from July 2022 to December 2022

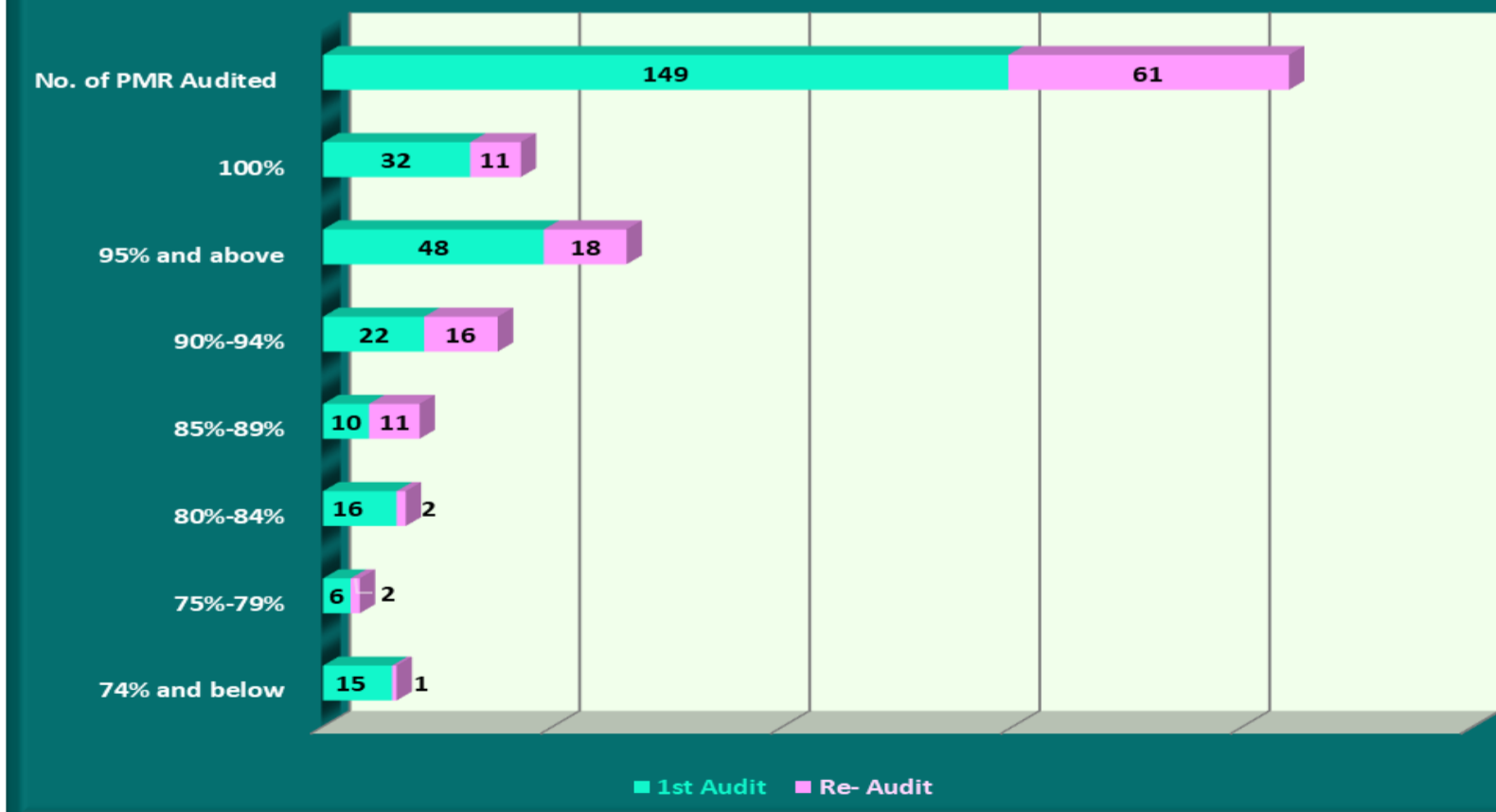


The graph above depicts the average number of Monthly Target Patients and the number of Clinical Audits conducted from July 2022 to December 2022.

# AUDIT REPORT



### No. of Staff Compliance per Average Score Categories



This graph illustrates the comparison of Staff Nurses' average scores on compliance with PMR documentation from the First audit and Re-audit conducted in the 4th Quarter.

It also denotes that the audits conducted have helped staff nurses improve their skills in proper documentation and the effectiveness of changes in the target number of PMRs (Patient Medical Records) to be reviewed monthly .



# Congratulations !!!

## DCS Loyalty Awardees for 2022

Dr. Azza Mohamed	Ms. Paula Leunne Samonte
Mr. Sainas Muhammed Synudeen	Mr. John Michael Calangi
Mr. Jomari Grace Faminialagao	Ms. Giesha Mendoza
Mr. Allen Paul Dela Rosa	Ms. April Joy Gaitan
Mr. Jay-ar De Leon	Ms. May Anne Dimaisip
Mr. Glen Paul Dollesin	Ms. Michelle Anne Dulay
Mr. Marykutty Libin	MS. Therese May Fortaleza
Mr. Christian Ranieses	Mr. Asmath Muhamathu
MS. Sahani Paca Bani	Mr. Mahmoud Beibikir Adem
Mr. Emmanuel Encillo	Mr. Amir Idris Jemie
Mr. Benedick Redor	Mr. Ahmed Mohammed Ahmed

## PNS Competency First Taker Achiever

### September 2022 Passers

Isorbel Potenciano  
Jarizze Lien Sariol  
Mayura Badrakanthi  
Wadumesthri  
Samanthi Rathnayake

### November 2022 Passers

Anvar Azam Mohamed Mustafa  
Assanar Mohamed Fairoos  
Dolphine Ndege  
Dilani Dilrukshi Ranathunga  
Ranathunga Arachchilage  
Gayan Kaushalya Sampath Bandara  
Sooriya Arachchillage  
Inoka Shyamali  
Methni Dulanga Weerathunga  
Pubudu Gayan Silmesthrige  
Rashikala Madushani Waththage  
Udena Niwanka Rathnayake

### December 2022 Passers

Christian Bautista Rabaca  
Ernest France Ramirez Paires  
Faizal Hayathumohamed Ismail  
Mark Anthony Suba-an  
Mohamed Aqzam Mohamed Rismi  
Thaksala Pedige





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