Symposium

THE CHALLENGE OF INNOVATIONS

Miss B. A. DEVANESON
Miss P. P. BHANUMATHI
College of Nursing, M.M.C., Madras

EDUCATORS of schools and colleges of nursing can contribute much to the improvement of hospital nursing service if there is good coordination and interpersonal relationship between the teaching staff and the medical, nursing, and other service personnel in the hospital setting. Like so many teachers, this we strongly believed. But, our conscience was stirred when the medical and nursing superintendent of a large city hospital, during an informal gathering, expressed her concern over improving patient care and requested us to contribute and work towards raising the standard of patient care. Here it should be mentioned that on previous occasions this need had been reiterated by our Director of Medical Education. However, it was at this time that we made a commitment to assume our responsibility without further delay.

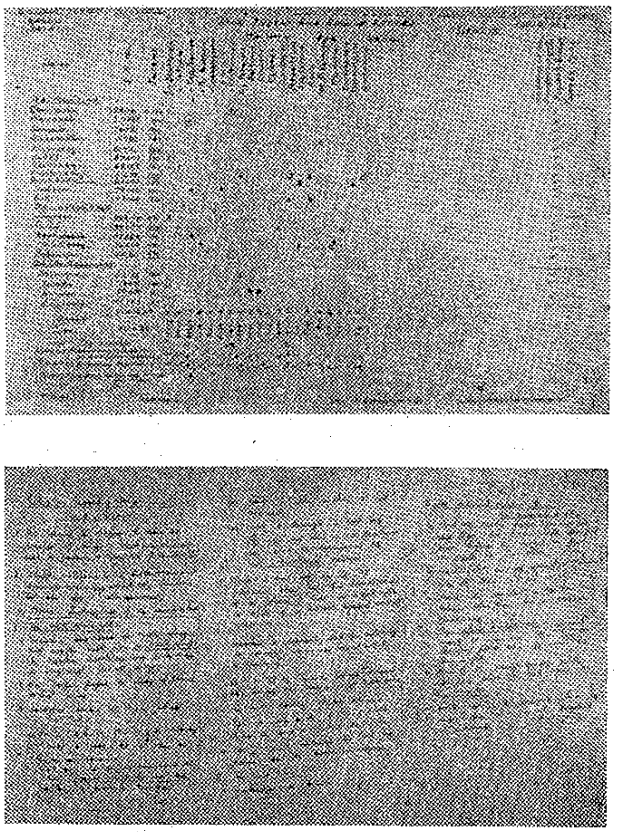
An evaluation of the present system of patient care was imperative if we were to plan for changes towards improvement of existing conditions. Informal interviews and discussions were held with head nurses, staff nurses, and medical personnel of different wards and different hours of duties. It was revealed that there were many problems which were consuming a major part of the nurses' working hours. Of these, we identified three important problems on a priority basis.

This paper will give a statement of each problem, innovations planned and implemented as solutions to problems, and advantages in terms of saving of time, energy and improvements of patient care, and an evaluation of the innovations and modifications made.

Problem I :

The process of drug indent, receipt, administration to patients, and maintenance of an accurate record of the drugs took away, on an average, 5 hours of a nurse's daily working time in each ward. When calculations on the monetary involvement were made, it was found that half the pay of the nurse went towards writing work. As a result, patient care was affected. The present complicated method had been the result of the cumulative requirements put forward from time to time from various sources such as pharmacy and audit departments. Nurses were repeating the same thing over and over again in different books, medical officers repeating the prescription of drugs in the case sheet and in the prescription book. Nurses copied the prescriptions in the instruction book, account books, and in the indent books. Further, accounts had to be maintained separately for paying patients and for non-paying patients; and for costly drugs and non-costly drugs. Thus, the complicated system which evolved in the past to prevent pilferage and misuse of drugs, not only consumed many hours of nurses' valuable time, but also the procedure left the nurses very unhappy as they were unable to look after patients the way they wanted to do.

We were faced with the challenge of making the whole procedure of simplifying the drug indent and account maintenance within the framework of the hospital regulations and the audit requirement.



(*Fig. I*)

Figure I shows the design of a form which could be used for drug prescriptions, indent, and account maintenance. This new form saves approximately 3/4th of the time previously required by nurses and doctors. Directions on how to use the form were also included.

A random sample of six staff nurses and six student nurses was selected and the subjects were asked to give their comments on the new format. All agreed that the new design was time saving and by far much better than the previous one.

Major advantages of this new innovation are as follows:

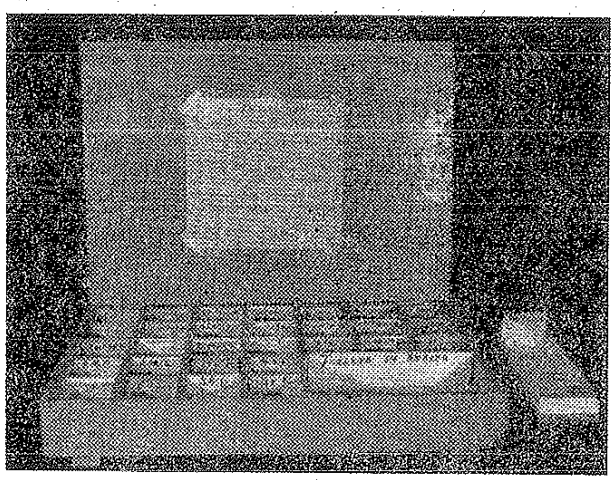
1. The reduction of writing hours would provide more time for better nursing care.
2. The cost of materials and manpower would be considerably lessened.
3. Auditing is facilitated since the auditors can check all particulars from one book alone.

The designed form is awaiting government approval

and sanction. Evaluation of this innovation would be made when it comes into use.

Problem II:

The pharmacy department often supplied the drugs in one bulk to each unit because containers sent to the pharmacy for various drugs were lost frequently. The pharmacists stated that they did not have enough time or facilities to make separate packets for different drugs. In view of this, nurses were faced with the problem of sending new containers every day. If they failed to do this, considerable time was spent on identifying and sorting the drugs before placing them in different containers. A method had to be developed which would permit the pharmacists to issue the drugs separately. This would facilitate not only the work of the pharmacists and the ward nurses, but more importantly, a safer method of drug distribution. A random survey of the wards revealed that approximately 20 to 30 items of drugs are issued to each ward daily.



(Fig. II)

Figure II shows a wooden box with 35 compartments designed with a tight fitting lid and locking arrangements. Compartments were designed with sufficient width, length, and height to accommodate each drug. The lid was designed to close every compartment snuggly to prevent mixing up of the drugs if the box happened to be tilted accidentally. Cards were made with the names of drugs on the top and they were arranged in alphabetical order in the compartments. When certain drugs were not required for a day, the cards were removed from the box and arranged in a separate container again alphabetically to facilitate future use.

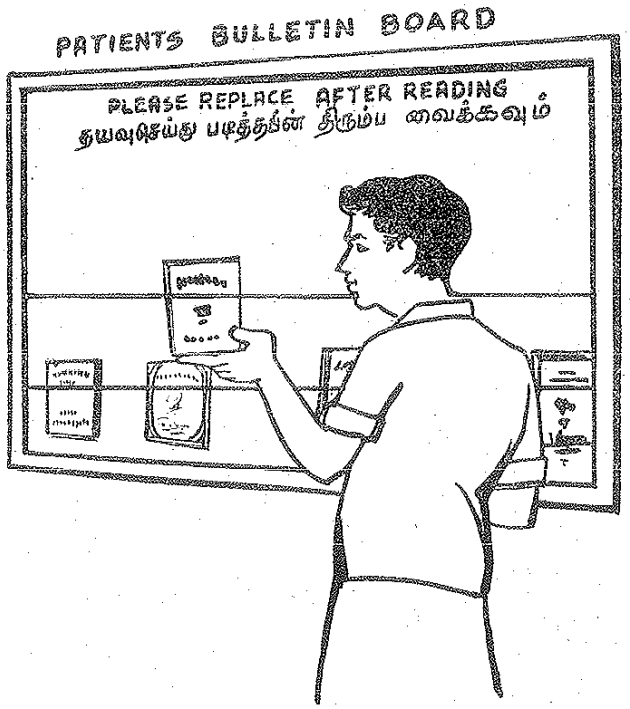
Major advantages of this innovation are as follows:

1. This type of arrangement facilitates the nurse and the pharmacist to identify the compartment of a particular drug with one glance and thus save much time and energy.
2. It assures safe administration of drugs.

Though this innovation was started in one ward, nurses working in other wards have come to identify its usefulness and have started sending requests for their wards. Also, the Nursing Superintendent during her weekly meeting with the head nurses has been advising them to indent for these drug boxes in their wards and to instruct the staff nurses about the use of these boxes.

Problem III:

In overcrowed wards, though nurses have a willing mind and heart, they have very little time to give health education and counselling to patients. A brief study of nurse-patient ratio in a ward for one month revealed that the ratio in the morning hours was 1:30 to 40 and in the afternoon hours 1:80. A survey in the hospital wards revealed that patient teaching by nurses was minimum even though in a country like India patient teaching is not only a felt need but also a nursing responsibility. TO NURSE IS TO TEACH. Inherent in the practice of nurse is teaching the patient and family. Further, our health education classes by students revealed that our patients were anxious to gain knowledge of prevention of diseases and other pertinent information involving their illness and health.



(Fig. III)

Figure III shows a 40″ × 35″ bulletin board with an attractive background and a cross bar at the lower level to accommodate removeable pamphlets and leaflets, which is being used for patient education in one of the wards. The B.Sc nursing students were given the responsibility of maintaining the bulletin board with

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