



# **ABSTRACTS OF POSTER PRESENTATIONS**

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Poster 1

## **Increasing the Effectiveness of a Patient-Oriented Pain Free Hospital Program**

Main Author : Hsu-Tung CHANG, MIE

Co-Author : Alan Ronald Talbot, MD

Institution : Changhua Christian Hospital, Taiwan

### **Objectives**

To extend our pain-free program for hospital patients by the addition of the American Pain Society (APS) survey, and to increase effectiveness by giving feedback to physicians.

### **Methods**

Our hospital, a medical center in central Taiwan, monthly patient populations are around 8,636 emergencies; 109,185 outpatients; and 4,447 inpatients. There are specialty clinics for pain control (such as cancer, postoperative, and childbirth), but no information on whether general inpatients had pain and how well it was being managed.

Our first phase was to develop all routes of patient entry (emergency, outpatients, inpatient admission) were outfitted with graphics and translations of a pain assessment scale, ranging from 0 (no pain) to 10 (unbearable pain). We translated the APS patient questionnaire into traditional Chinese in order to interview inpatients about their pain management.

### **Results**

Using pain of 7 or more as the definition of 'top box' in this pain scale, 9% of patients had pain when visited, 44.7% had pain of that level during the past 24 hours, and 14.8% indicated that that was the average level of pain they endured. Activities most affected by pain were general activities, walking, and sleep. Despite documented pain, patient satisfaction with clinical management was high (82%).

### **Conclusions**

Pain in the general inpatient population is overlooked. We have placed all material on e-learning websites, made results available in a timely and transparent manner to staff and public. The APS questionnaire requires further development. Pain in the general inpatient population is overlooked but widespread.

## **The Effectiveness of Implementing WHO Patient Safety and Teamstepps Curriculum**

Main Author : Fang-Ching Li, MSc

Co-Authors : Alan Ronald Talbot, MD  
Hsu-Tung Chang, MSc  
Tzu-Shun Su, MSc

Institution : Changhua Christian Hospital, Taiwan

### **Objective**

International patient safety goal puts patient safety education and communication as important parts. In 2010, our hospital took WHO patient safety curriculum and AHRQ TeamSTEPPS course as education materials for all staff to promote teamwork and patient safety.

### **Method**

WHO patient safety curriculum has 11 topics and the AHRQ TeamSTEPPS has 7 topics. Each topic takes one hour. For motivating the staff to participate in, the staff finishing one course can get 0.5 quality and safety grade. We collected the feedback of the trainees and coach, the present rate and satisfaction survey, and then put the result on the website for further improvement.

### **Results**

We hold 24 rounds of WHO curriculum for staff and departmental leaders and 6 rounds of TeamSTEPPS course. There were 2895 staff participate in our course. The overall present rate was 92%. The satisfaction was 81% and 83%, respectively. For the distribution of the vocation of the trainees, there were 38% nurses, 38% administrators, 16% technicians, 3% doctors etc. There are 37 negative and 19 positive comments from the attendant. Most of the comments are about the lecturing skill and content. There are 23 (62%) for the negative comments and 17 (89%) for the positive ones.

### **Conclusions**

WHO patient safety curriculum and TeamSTEPPS training are our first safety training. Thus we take the course as a necessarily course. In the future, we'll use the relative clinical indicators to assess the effectiveness of the training.

**Keywords:** patient safety education, TeamSTEPPS

## **Self-Assessment Survey Around Specialist Physicians**

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Co-Authors : Alan Ronald TALBOT, MD  
Hsu-Tung CHANG, MSc  
Wei-Chen HSU, MSc

Institution : Changhua Christian Hospital, Taiwan

### **Objective**

The subject of the survey was the self-assessment of all full-time specialist physicians.

### **Methods**

The questionnaire consisted of 37 questions, the dimensions including medical knowledge and skills, interpersonal and communication skills with patients, professionalism, practice-base learning and improvement, system-base practice and self-management. The questionnaire using a 5-point Likert-scale instrument about observing hospital ordinances, and an open question inviting written comments. Likert items were expressed as the average of each Likert item and its 95% confidence interval, standardized to a maximum 100%. All 328 specialist physicians were self-assessment (n=289 physicians responded), the response rate for the specialist physicians was 88%.

### **Results**

Overall satisfaction was 80.8%, and by dimension ranged from interpersonal and communication skills with patients (84.3%), professionalism(82.4%), self-management(80.4%), system-base practice(80.4%), medical knowledge and skills and improvement (80.0%) to practice-base learning (76.1%).

### **Conclusions**

Previously in Taiwan, it was not possible to undertake such studies because of the position of specialist physicians in the hospital hierarchy as main income sources, with few administrators daring to evaluate them. However, the patients' care depend on health care providers, sufficient knowledge or skill, so inadequate assessment and management are not allowed. Now, national (Taiwan Joint Commission on Hospital Accreditation) and international (Joint Commission International) accreditation organizations now require evaluation of the skill of physicians, so we undertook our first survey of the skills of the physicians. The current survey made specialist physicians aware that their behavior was assessable, and that it affected their care of the patients.

## **Effectiveness of the Patient Safety Climate Web-Based Survey System**

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Co-Authors : Alan Ronald TALBOT, MD  
Hsu-Tung CHANG, MSc  
Fang-Ching LI, MSc

Institution : Changhua Christian Hospital, Taiwan

### **Objective**

To explain the process and the challenge of transformation of the patient safety climate survey mechanism.

### **Method**

In 2007, our main hospital, located in Taiwan, started to carry out the paper-based safety climate survey. Two years later, we felt that was mutual enough to expand to our affiliated hospitals, but because of lacking of resources, we tried to transform into the web-based survey system in 2010.

### **Result**

The cost of design the system was NT\$ 300,000. By using the system, we saved the cost of paper questionnaire survey in 8 hospitals (NT\$ 320,000/year) or take external web-based survey system (NT\$ 125,000/year).

The biggest challenge of the transformation was low response rate, so we adopted three strategies to overcome, including quality-and-safety grades system related to bonus and monitoring the response rate in real time. The results showed 4,121 staffs were given questionnaires and the response rate was 80.3%.

The value of the web-based system was that the survey results were produced on the website on the next day after the end of survey period. The results presented the safety climate condition using different indices by unit, domain, item etc.

### **Conclusion**

The response rate of the web-based survey was amazing, and the reliability of the results was good. The system will save more money in the long run, and is very helpful for expanding to other hospitals. In the paper-questionnaire age, it was difficult to effectively analyze the data, but now it becomes very easy and efficient. We can devote in further improvements.

## **The Effectiveness of Training on the Prevention of Hepatitis B in Pregnant Women Residing in the Populated Centers of Urmia City to Promote Family Health**

Main Author : Jamileh Amirzadeh  
Co-Authors : Nourieh Amirzadeh  
Hamideh Khalilzadeh  
Institution : Institute of Gerontology, Malaysia

### **Introduction**

Infections caused by hepatitis virus (HBV) can lead to serious consequences the most common of which is acute hepatitis. About 10-5% of adults are infected with this virus. If infections occur during childhood, this case is most likely to rise. Vertical transmission (transmission from infected mother to newborn) in developing countries is one of the main ways of transmission. Therefore, the researchers conducted this study to determine the efficacy of hepatitis B prevention education among pregnant women in the populated centers of Urmia

### **Materials and Methods**

This study is an empirical study (intervention). It aims to determine the effectiveness of the training through lectures. The samples were 52 pregnant women, and the location was the city of Urmia. The population was randomly chosen and they were trained through lecturers. The data were collected through questionnaires. The SPSS software was used for statistical operations such as the mean, standard deviation, and t-test (descriptive and inferential statistics).

### **Results**

The results showed that the sample had poor awareness of the disease. HB. Education has had a positive impact on the knowledge of the pregnant women ( $0.000 = p$ ). Awareness was not associated with parity  $58 = p$ ). About 88.5% of the samples were employed in the home and the employees included 1.9% -42.9%. The samples were high school graduates and the average age in the samples was 24.

### **Conclusion**

Considering that women have a key role in promoting family health, they should widely be offered hepatitis B prevention education in the health centers

**Key words:** hepatitis B; pregnant women; education

## **Patients' Knowledge on Postoperative Pain Management Interventions at a Hospital in Kuala Lumpur, Malaysia**

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Co-Authors : Daphne Foo Tze –Wei  
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Institution : International Medical University, Malaysia

### **Background**

Postoperative pain is undertreated despite availability of effective analgesics. In Malaysia 50-70% of patients are reported to experience moderate to severe pain postoperatively (Hutchinson 2007).

### **Objective**

To determine patients' knowledge on postoperative pain management following laparotomy.

### **Research question**

“What is the level of patients' knowledge on postoperative pain management interventions following laparotomy?”

### **Method**

A quantitative descriptive study was used. Sample comprised of 50 adult male and female subjects aged 20 to 60 years selected using non-probability convenience sampling. Subjects were on 2<sup>nd</sup> to 3<sup>rd</sup> postoperative day. Acutely ill patients were excluded. A closed ended structured interview schedule was used to gather data on knowledge of pain management, who decides that patient is in pain, cultural and religious practices to control pain. Data were analysed using descriptive statistics (percentages and frequencies) utilising Statistical Package for Social Sciences (SPSS) software.

### **Results**

Injections and deep breathing exercises were stated as main method of pain control by 80% of subjects. Supporting wound when coughing was stated by (72%). Praying and meditation was mentioned by 90% of subjects. Only 22% of subjects knew degree of pain is judged by patient. Use of herbs and acupuncture was stated by 66% and 60% subjects respectively.

### **Conclusion**

Subjects had sufficient knowledge on pain management interventions. Most patients do not judge the degree of pain they experience. Nurses and other healthcare providers should educate patients on their role in managing their pain postoperatively. Cultural and religious beliefs and practices play a major role in pain management following surgery.

## **Complementary and Alternative Medicine (CAM): A Need in Nursing Education**

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### **Background**

A high self-use of CAM by the healthcare students throughout the world has been reported, however the study on CAM among Malaysian nursing students is limited. The objective of this study was to assess the understanding, perception and self-use of CAM among nursing students.

### **Methods**

Data was collected among nursing students from one public and one private university using a validated self-administered questionnaire. A total of 187 nursing students participated in this study through simple random technique. Descriptive and inferential statistics were used for data analysis with 0.05 as level of significance.

### **Results**

Majority of the students were female (73.3%) and Malay (41.7%) with a mean age of 22.26. They agreed that lack of scientific evidence (74.8%) as the main barriers to the use of CAM and considered CAM practitioners (50.8%) as the main source of information. About 47% of them reported to use complementary medicine such as prayer healing, music therapy and massage followed by homeopathy (38.7%). Most of them (45%) believed that complementary therapies include ideas and methods from which conventional medicine could benefit with significant difference found between year 1 and 2, year 1 and 4 students ( $p=0.001$ ). More than half of them support the integration of CAM into the curriculum and perceived CAM as effective.

### **Conclusion**

The study clearly indicates that CAM therapies are being used extensively by nursing students in Malaysia. The curriculum involving CAM education has to be further examined and modified to meet the professional needs of our future health professionals.

Poster 8



**THIRD PRIZE!**

## **Infant CPR**

Main Author : Aurlmary Francis, Degree in Nursing

Institution : KPJ Damansara Specialist Hospital, Malaysia

### **CORPORATE RESPONSIBILITY: INFANT CPR PROGRAM**

Infant choking, suffocation, drowning, and apnoea leading to cardiac arrest and death are some of the leading causes of infant mortalities. Unfortunately, many of these cases arrive late to the hospitals and are either brought in dead or have suffered irreversible brain damage. Infant CPR instituted within 10 minutes is not only life saving but vital to prevent hypoxaemic ischaemic encephalopathy and its sequelae.

The Infant CPR Program educates and prepares parents, family members and child minders with the knowledge how and hands on skills to deal with these life threatening scenarios prior to seeking medical assistance.

Our research methodology is both qualitative and quantitative. All patients referred and admitted to KPJ DSH with life threatening events and incidences of mortality cases were included in this survey. In 2008 alone, 20 cases of Acute Life Threatening Episodes (ALTE) were admitted to KPJ DSH The Infant Mortality Rate (IMR) for Malaysia in 2011 was less than 6 per 1000 live births.

The program now has a stable of 12 trainers and we have trained a total of 161 person in the basic skills of infant resuscitation from year 2008. This would hopefully contribute to the pool of HCP and laypersons skilled in infant CPR and would help to address the issue of ALTE in infants appropriately.

## **Cherish the Oncology Suite & Patients**

Main Author : Sahrul Bariyah Bt Sanat

Institution : KPJ Damansara Specialist Hospital, Malaysia

Pain is the most common symptom experienced by cancer patients occurring in any phase of the disease. In ensuring our patients receive the best possible healthcare services, we will do our best to meet their needs during their stay, strive to care for the physical, emotional and spiritual need of our patients with respect and dignity. At KPJ DSH, in ensuring the best quality of medical care and safety of patients, we have embarked and refurbish our Oncology Suite.

The Oncology Day Care Center was selected because by provision of this day care services show that chemotherapy can be just as comfortable, convenient and conducive for patients at an affordable cost. The objective is to provide an environment which allows patient and their family to discuss their feelings, to tailor an appropriate care delivery plan, to minimize their fears and anxieties, to promote a warm and caring environment so that patients are at ease.

Our innovative services offered a homely environment and a provision of Oncology Suite with a comfortable reclining chair, flat screen TV sets while receiving chemotherapy equipped with a lounge area for family, pantry area and a washroom equipped with safety requirements.

Since commencement, we received positive feedbacks from the patients. Our Oncology Suite has grown from strength with great demand and response from patients. The success is due to the effective planning, commitment and excellent for all staff at KPJ DSH. Due to the good rapport between staff and patient, these patients are more confident and successful in coping with their illnesses.

## **Care of Back and Neck Programme**

Main Authors : Parwathy Aligirisamy, Sahrul Bariyah Bt Sanat

Institution : KPJ Damansara Specialist Hospital, Malaysia

Healthcare workers face a high risk of occupational injuries due to frequent lifting and transferring of patients. By using correct methods for lifting and transferring patients, healthcare workers can ensure safety for themselves and for their patients. The course was commenced in January 2010 with staffs able to join at any stage. The Back and Neck Program are designed to provide effective OSHA compliance training from any workstation in the healthcare settings. The Human Resource Services and the Head of Services will automatically track and record all training results.

The project was selected because of the increasing number of back and neck pain incidents among the workers worldwide and as a prevention measure for occupational health and safety for staffs.

Each course module is for one day and comprises of practical and demonstration, workshop approach, incorporating group exercises and discussions of topics., access to Rehabilitation Services interactive learning system to continue network support with other staffs.

This Neck and Back Program taught by the professional Physiotherapists, who have extensive clinical musculoskeletal experience and have developed their skilled. The team have been selected through the dedication in promoting excellence within the profession, and all have a commitment to ensuring the growth and success of the services in KPJ Damansara Specialist Hospital. This project does not require any cost because the speakers are the staffs of the Hospital and the project was done during working hours. The material such as handouts budget was covered under the Rehabilitation Medicine Services as an improvement activity for the department.

## **Toward Patient Safety on Mechanical Ventilation**

Main Author : Wong Sooh Wai – Bachelor of Nursing

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Unplanned self-extubation is to be considered as an adverse event with mortality as the main complication in any intensive care unit (ICU). Physicians and nurses who are working in the ICU would benefit by having access to a tool that could be relied on to identify and reduce the risk of unplanned or rather self-extubation. In the past we had incident of unplanned self-extubation, average one patient every 5 months as from Jan 2008 till Nov 2010.

In KPJ Ipoh Specialist Hospital, the ICU team has initiated evaluating the validity of the self-extubation risk assessment tool on all ventilated patients since December 2010. Over this 5 month period, 95 patients who were admitted to ICU were studied, by using a modified version of the unplanned self-extubation combining with the Ramsay Sedation Score as a tool which involves the securing of the endotracheal tube (ETT) and the necessity to restrain patient. The assessment was conducted at the beginning of every shift by nurses. This assessment tool was developed to allow the nurses to identify the high risk patient for self-extubation. The data collected were analyzed and the predictive validity of this assessment tool was evaluated.

Over the last 5 month period (Dec 2010 till April 2011), there was no record of unplanned self-extubation. Further research is still needed to explore the validity of the assessment tool to enhance recovery and eliminate unplanned self-extubation related mortality incidents.

## **To Increase Attendance of Out-Patients for their Follow-Up Visits to Clinics**

Main Author : Nur Yasmin Jennifer Abdullah  
Name of project team: QAT

Institution : KPJ Johor Specialist Hospital, Malaysia

### **Objective**

To improve the level of customers' awareness on the importance of coming for their follow-up check-up or medication.

The team's target is to increase the number of follow up visits to our physician clinics. The set target was made according to the company's KPI on revenue which is 13%.

### **Details of the project**

Before implementation of the project (March – May 2009) only 44% of our patients turn-up for their follow-up treatment or medication at our physicians' clinics. Based on the survey done to our patients, the absences were due to patients forgotten about the appointment, no assistance to bring them to the hospital and no reminder or follow-up from the hospital.

To improve the patients' attendance at our hospital, the team has produced brochures and pamphlets on those diseases using layman language. This is due to patients did not understand medical explanations by doctors.

The team also has developed new information system called SISTER (Sistem Temujanji dan Rawatan or Follow-up Treatment System). This system was integrated with the existing SMS Drop System. The system helped the Out-patient Clinic staff to remind their patients about their appointment by setting date and time in the system.

The patients' relatives also will receive SMS reminder three days before the patients' appointment date with the physicians. This system allows enough time for our customers to arrange their visit to our hospital.

Lastly, patients were given a fridge magnet for them to write down their next appointment date on it as a reminder.

### **Results**

Upon completion of the "follow-up" programmes in July 2009, percentage of patients' turn-up for their follow-up has increased from 44% to 76%. This is due to patients were more aware on the importance of taking medication and coming for their follow-up treatment.

Increase in revenue by RM2.19 Million due to the decrease in number of non attendance on follow up visits from 56% to 24%.



**SECOND PRIZE!**

## **Compliance to Hand Hygiene Among Nurses**

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### **Background**

Poor compliance towards hand washing remains a major problem among nurses. Hand washing prevents cross infection in hospitals, but compliance with recommended instructions is commonly poor. We attempted to promote hand washing by implementing a hospital-wide awareness programme among nurses. Although it is a simple procedure, unfortunately nurses do not practice hand washing as demand.

### **Objective**

The objective of the program is to increase hand hygiene compliance thus to significantly reduce various types of organism transmissions and nosocomial infection rates.

### **Method or design and sample**

Survey and clinical audit used as methodology to collect data throughout the project .The sampling was 123 staff from various clinical areas. Data collected by link nurses for two weeks in the month of April and June, which is before and after implementation.

### **Result**

The survey finding shows that 97.95% of the nurses successfully trained on proper method of hand washing. 87.0% of the nurses aware of the number of steps need to follow prior to proper hand hygiene. All the nurses were aware of the poster that was displayed widely throughout hospital compound and 87.6% realize the importance of hand washing even though some of them said that they are using gloves to prevent infections. 93.2% of the nurses use hand rubs as alternative to hand washing .Only 81.8 % complies with proper hand washing which shows not a significant result among the nurses.

Overall, the result showed significantly improvement after the awareness programme among the nurses. Nurses were complied on the proper hand washing and showed interest in controlling infections.

**Conclusion**

To improve hand hygiene and quality of hand washing compliance, awareness is vital among the nurses. The survey revealed that nurses have poor general quality of hand washing before implementing the awareness programme among the nurses. It was found that they did not see the importance of washing their hands, reasons being, they were not able to do due to busy working conditions, insufficient of necessary materials, too frequent hand washing causing dryness and sore hands.

## **Implementation of e-Nursing Documentation**

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Adoption of information technology in nursing practice has become a trend in healthcare. The impact of this technology on users has been widely studied, but little attention been given to its influence at the beginning stage of implementation. Knowing the barriers to adopting technology could shorten this transition stage and improve acceptance. E-documentation is a good way to prevent errors especially medication error through transcription by nurses.

### **Aim**

The purpose of this study is to explore nurses' perception and experiences in the early stage of implementing a nursing information system at KPJ Penang Specialist Hospital.

### **Background**

The success of the implementation of an information system depends mostly on the users' acceptance of this technology; however, nurses' perception and experience in the early stage of implementing the nursing information system need to be explored to gauge their views.

### **Methodology**

A quantitative descriptive design using questionnaires survey adopted to gather information about the implementation on e- documentation (Ncasol) for 14 registered nurses who are working in surgical ward at KPJ Penang Specialist Hospital. The information based on their experiences and perceptions on e-documentation implementation. Questionnaires chosen to collect the data. All the staff nurses compliance to Ncasol system from May to August 2011 were chosen as sample. Those locum staff and new recruits were excluded from the survey.

### **Result**

Based on perception; 93% of the respondents felt that this system is very useful in their work processes and 64% found allowed them to spend more time with patients. Meanwhile based on experience; more than 50% of the respondents found this system has improved on efficiency and communication, reduce the chance of making mistakes and easy to pass report. Overall, the findings of the survey results suggest that the respondents have positive experience with the NCaSol system and evidenced by the improved outcome in terms of efficiency and communication among the staff.

**Conclusion**

In conclusion, the present study indicates that several factors can affect users' experiences in e-documentation: elimination of paperwork; standardization of formats with individual characteristics; minimum paperwork requirement; easy use of nursing diagnoses; and offering guidelines for daily practice. Most of the nurses had a positive perception in accepting the e- documentation and felt the experiences are encouraging to continue in future implementation.

## **Aero-Pillo**

Main Author : Siti Masliza binti Mohd. Zain (Diploma in Nursing)

Co-Author : Rose Anisah Haji Mohd. Rosli (B.Sc.)

Institution: : KPJ Perdana Specialist Hospital, Malaysia

### **Project Title**

Inefficient use of “Sand Bag” during “Tonsillectomy” and “Thyroidectomy” procedures in the Operation Theatre

### **Objectives**

1. To improve the current practice during “tonsillectomy” and “thyroidectomy” procedures.
2. To eliminate complaints from patients undergoing the procedures.
3. To ensure effective staff involvement during the procedures.
4. To maximize profits and efficiency by reducing operational costs.
5. To reduce time performing the procedures.

### **Methods**

1. Questionnaires distributed to respective surgeons
2. Observation

### **Summary of the Result**

Correct and accurate patient position is vital to ensure success of “tonsillectomy” and “thyroidectomy” procedures in the Operation Theatre.

Current practice is by putting the “Sand Bag” underneath patient’s neck and shoulder to ensure patient is in the required position before the procedures. However, this practice could not satisfy the surgeons and had some drawbacks either to the patients or staff involved. Some of them are:

1. ‘ETT tube’ may be detached unintentionally when patient is moved to position the “Sand Bag”.
2. 3 nurses are required to position the “Sand Bag” – 2 to lift patient and 1 to place the bag.
3. Back pain to nurses lifting patients.
4. Discomfort to patients and stiffness after procedures.
5. Complaints from surgeons of patients not in required position with “Sand Bag”.

This study from January to April 2010 showed that “Sand Bag” was ineffective to be used during both procedures. Therefore, we introduce “Aero-Pillo” to improve the current practice and eliminate all weaknesses with the “Sand Bag”.

“Aero-Pillo” is made wholly from recycle materials i.e. 3-litre normal saline bag, “Y-tubing”, and oxygen tube. Before the procedure, an empty “Aero-Pillo” will be put underneath patient’s neck and shoulder, and air will be supplied to inflate it. It will slowly move up the patient to the correct and required position. It is lighter, comfortable and adjustable to patient’s body. It reduces time taken to perform the procedures from 2 hours to 1 ½ hours and minimize the usage of staff involved from 3 to none.

### **Conclusion**

By using the “Aero-Pillo” during “tonsillectomy” and “thyroidectomy” procedures, we are able to save time and cost for patient besides improving the efficiency of the procedures.

## **Patient Safety Goal - Reduce the Incidence of Fall**

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Co-Authors : Sumariah Bte Abd. Moin  
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Institution : KPJ Selangor Specialist Hospital, Malaysia

### **Project Background**

Fall is the most common occurrence incidence in the hospital. Negligence or lacking of awareness and knowledge in fall risk assessment will lead to fall incidence to occur.

Project was selected due to

1. Fall being the highest % on the overall patients Safety Goals that is 17 in 2009

### **Project Objective**

- To reduce the incidence of Fall

### **Most Possible Cause(s)**

1. Human Factor
2. System
3. Environment
4. Equipment

### **Counter measures**

1. Awareness

Continuous Nursing Education

- Standard of procedure on fall risk management  
Fall risk awareness were briefed to all staffs
- Workshop on how to use the tool
- Assess patient according to the risk associated factors, using high risk to fall patient indicator
- Management of fall precaution interventions.
- Patient awareness through good orientation and assessment

2. Method

- Monthly audit conducted to identify standard of awareness
- Staff Responsibilities towards compliance to fall precaution
- Regular auditing/Supervision

3. Environmental Precaution

- Management walk about
- Areas well lighted
- Furniture are sturdy
- All assistive device are in good working order.
- Rectify all unsafe situations
- Place wet floor caution at hazardous zone when mopping

#### 4. Material

- Availability of brochures
- Display of fall prevention policy

#### **Implementation**

##### **Monitoring of all admissions**

- Orientation/Assessment/FRAT
- Monthly analysis
- Submission for deliberation by OSH and Risk Committee

##### **Project Achievement & Value Creation**

- Fall Risk Management Intervention Checklist
- Falling Star Signage
- Patient Sticker
- Brochure
- Fall Risk assessment Tools
- 

##### **Benefits Of Project**

- Reduction in number of fall  
6 compared to 17 in year 2009.
- Nursing Preceptors
- Counseling
- Better communication & Dissemination of information of information between  
healthcare workers
- Detection of problem at early stage by frequent auditing

## **How Effective Time Management & Quality Services Improve Patient Satisfaction**

Main Author : A.R. Abd Aziz

Co-Author : MB. Nishazini

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### **Introduction**

Thinking about delivering healthcare services, the work that corporations have put into streamlining process should be harnesses by health care to reduce the bane of many health systems' existences: extended waiting time, overcrowding at emergency, everything from extra hour in a doctor's office to an extra six months waiting for a procedure that is in limited supply.

KPJ Seremban has been actively working to improve timely access to quality care or our patients. Quality improvement programs developed to improve timely access to quality care for patients.

### **Objectives**

1. To deliver quality healthcare services
2. To improve waiting time
3. Comply to hospital accreditation standard
4. Converting the results into information and utilized for system improvement.

### **Methodology**

Setting target for each unit by using following measurable indicators. Data was collected and monitored for year 2009 and 2010.

1. To ensure all patients at emergency will be attended by staff within 7 minutes.
2. To ensure all patients at Emergency will be attended by Medical Officer within 20 minutes at green zone.
3. Cash paying for inpatients final bills are generated within 30 minutes
4. To dispense outpatients prescription within 10 minutes
5. To ensure the correct drugs are dispensed to the right patients prescribed.
6. Preoperative patients wait at the holding bay in operating theatre lees than 30 minutes.
7. All complaint letters issued to respective services by customer replied within 3 days.

### **Discussion**

Analysis shows that the performance of services had improved in year 2010 as compared previous year. Corrective actions and recommendations in placed for continuous improvement.

**References:** KPJ Seremban QIA 2009 and 2010  
KPJ Clinical indicators study 2009  
MPC Benchmark 2009

## **Providing Quality Care to Achieve Patient Safety Through Clinical Governance Framework**

Main Author : A.R. Abd Aziz

Co-Author : MB. Nishazini

Institution : KPJ Seremban Specialist Hospital, Malaysia

### **Introduction**

Clinical governance is the main vehicle for continuous improvement to maintain high standard of patient care. It's a framework which help clinician, nurses and allied health staffs to continuously improve quality and safeguards standards of care.

### **Objectives**

1. To improve patient safety and quality services.
2. To comply with statutory duty and hospital accreditation standard.
3. Converting the results into information and utilized for system improvement.

### **Methodology**

A retrospective study conducted from year 2009 and 2010 for 12 clinical indicators and patient safety goals.

### **Results**

Year 2010 results show compliance on the standard. The medication errors reduced by 31%, thrombophlebitis requiring intervention reduced by 52%, compliance of hand hygiene among medical staffs improved 12% and patients falls reduced 8% in year 2010 compared to year 2009.

### **Discussion**

By maintaining the clinical indicators within the standard, we ensure the patient safety and quality care for patients. The formation of clinical governance framework had facilitated the hospital to achieve better quality of care.

### **Conclusion**

The implementation of clinical governance improved that clinical outcome and reduced risks to patients. As a result, the reputation of the hospital continuously improved which are reflected by the continuous growth of outpatients and inpatients seeking treatments. Financial performance had also improved by continuous growth of revenue and profit.

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**FIRST PRIZE!**

### **Safe Infusion Therapy Matters!!!**

Main Author : Goventhamah A/P Subramaniam

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In KPJ Tawakkal Specialist Hospital (KPJ TSH) phlebitis is seen as a significant issue to be addressed because 80% of total patients admitted require either IV infusion or IV medications. Phlebitis is a complication that is frequently associated with IV Infusion. Thus the risk of getting IV infusion complications is high and the impact can be serious both for the patient and for the organization.

Prevention of phlebitis involves many factors. An IV Team comprising of nurses who possess technical skills, able to communicate effectively and make sound judgments was formed for continuous and vigilant monitoring of patients on IV infusion. Application of transparent IV dressing was emphasized considering the fact that catheter stabilization plays a major role in reducing the risk of infection. The current IV monitoring chart was revised which incorporated the phlebitis grading scale. A Patient Information Leaflet was introduced to encourage patient involvement. An IV trolley was specially designated equipped with hand rub so that the nurse easily comply to hand hygiene requirement to reduce the risk of sepsis phlebitis. Hooks were placed in all patient toilets to hang IV bottles for patients not wanting to push the drip stands to prevent frequent disconnection of IV line. Lastly IV stickers were initiated as a reminder of expiry dates.

As a conclusion, in KPJ Tawakkal Specialist Hospital phlebitis is recognized as an adverse outcome and its incidence is monitored because the actual costs associated with phlebitis does not only include materials and nursing resources; but the intangibles such as treatment of patient complications and patient dissatisfaction may be far more costly.

Poster 20

## **BBI rehab**

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In 2005, 17,909 stroke victims were admitted into government hospitals alone throughout the country. Of these, 3,245 of them were fatal. By 2020, this figure is expected to exceed 25,000 every year. Stroke rehabilitation should be started as quickly as possible and can last anywhere from a few days to over a year. In the early 1950 study was done by Twichell regarding the pattern of recovery in Stroke patients.

The method we used of Stroke rehabilitation is to help patients with strokes return to normal life as much as possible by regaining and relearning the skills of everyday living. It also aims to help the survivor understand and adapt to difficulties, prevent secondary complications and educate family members to play a supporting role.

The method we were designed Bbi-Rehab. Bbi Rehab is a combination of bicycle and ADL exercise board. Our aims of designed this equipment is to give patients exercise to improve lower limb strengthening and to improve daily living activities. Patient can used this equipment straightly without transferring from wheelchair, patient can choose to do hand exercise or lower limb exercise at one place. It help us to minimize patients lifting from one place to another place during exercise.

We actually use our creativity to recycle back breakdown bicycle and we also added ADL board which is also recycle items like pipe, telephone, door knobs, electrical switch and many more. We just spend RM40 for brochure, screw and unused items from our maintenance services.

Poster 21

## **E- colimb**

Main Author : Sharifah Azura Bt. Saiyed Abd. Karim, Bsc.

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Draping process is a very important step in any surgical procedure because accurate placement of drapes is necessary to prevent any disarrangement during operation that leading to break of sterility.

Current practise in our setting is using the large drape to cover the limb and secure with bandage. This process need to be performed by 3 people. 1 person to hold the limb and 2 people to do the draping. The whole process of limb draping takes about 5 minutes. The problems that we face with the current technique are:

Large drape difficult to handle during draping and it's not suitable for the small limbs. Bandage – too long and to apply it will take time. Different practises need skilful person to produce good limb draping. Need 3 people to perform the draping.

In this study we use E-colimb in the limb draping procedure. E-colimb will be standardised according to the size of limb; S, M, L and XL .Draping using E-colimb require only 2 people to complete the procedure.

This study from January to December 2010 and a total of 360 limb draping procedures have been analysed throughout the year. It reduces the process time from 5 to 1 minute. In terms of cost cutting factor, it reduces the stock level of keeping bandages. By using of the 'Easy Cover Limb' (E-colimb) in limb draping procedure, we are able to save time and cost for patient besides improving the efficiency of the procedure.

## **Compliance of Post Needle Prick Injury Follow-Up in Puteri Specialist Hospital**

Main Author : Elly Hasnita Hassan

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### **Background**

MOH requirement - injured person due to needle prick injury must complete four serology tests (HIV, VDRL, Hepatitis B and Hepatitis C) within six months period. In 2009 and 2010, at PSH, less than 50% of the staff complies with the follow up serology test schedule.

### **Objective**

To improve compliance to needle prick injury follow up; establishing tracking system for defaulted cases; enhancing knowledge and adherence to safety practices among workers; guiding decisions, defining roles and providing standards of practice for workers. Also to prevent recurrence of defaulted cases.

### **Methodology**

Questionnaires and interviews done by Infection Control team on forty selected respondents. The study focuses on humans' experiences and their understanding of the phenomena under investigation. Interviews and surveys were designed to gauge understanding on follow up tests for post needle prick injury.

### **Results**

Result shows that there exist multiple realities on understanding as people's experiences and perspectives are different according to their positioned in relation to the phenomena. The feelings and experiences of each participant are different to each other although they are associated with the same phenomena.

Lack of knowledge, attitude, system (policy and guidelines) and lack of awareness programs of post needle prick injury among workers are the main causes that most of the cases failed to comply with follow-up schedule of post needle prick injury serology test.

### **Conclusion**

These results indicate that training, counselling sessions, continuous medical and nursing education, standardisation and effective supervision by infection control team can enhance the safety for the workers.

## **Effective Handling of Laboratory Specimen**

Main Author : Kamna Khorana d/o Ashok Kumar

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Institution : Sentosa Medical Centre, Malaysia

Effective handling of laboratory specimens is an integral part with regards to safety and infection control. Safe laboratory practice is the most critical part of preventing exposure when handling blood and body fluids. Without good work practices and equipments, the best laboratory cannot provide safety and protection for the staff, patients and environment.

### **Objective of the study**

Objective of the project is to reduce mishandling such as spillage, loss of specimen and contamination to environment during transportation.

### **Method used**

Data on ineffective handling of blood specimen before the project was carried out using the ishikawa diagram. Spillage of specimen and contamination to the environment was the main contributing factor to the project.

### **Summary of the results obtained**

To overcome this problem we came out with "SPECTECH". It is a clear plastic container with labels and partitions. The partition can be removed to be cleaned. This helps to prevent the growth of bacteria in the container. The container has a tight lid, this reduces spillage of specimens out of the box, and thus it provides a cleaner and safer environment, protecting employees from occupationally acquiring illnesses caused by blood borne pathogens. It also prevents loss of specimen during transportation.

### **Conclusion**

"SPECTECH" is more organized and it prevents the specimens to be jumbled. The project manages to reduce up to 96% of mishaps and this saves up to RM2294 per year. It is proven to be a cost effective, innovative and safe to use container.

## **Effective Diabetic Counselling Towards Community's Health Improvement**

Main Author : Rukumony Subramaniam

Co-Authors : Gunavathy Kalee  
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Chong Yin Peng

Institution : Sentosa Medical Centre, Malaysia

Diabetes Mellitus is a group of metabolic disorder in which a person has high blood sugar either, because the body does not produce enough insulin or the cells do not respond to the insulin that is produced. Diabetes in most cases is lifelong and the management is to keep the blood sugar levels as close to normal as possible without causing hypoglycemia. Every 10 seconds, 1 person dies from diabetes. Every 10 seconds, 2 persons develop diabetes.

### **Objective of the study**

Objective of this project is to provide awareness, education, understanding and participation. Trained personnel provide awareness on the risk factors, complication of the disease, and compliance to the treatment which will lead patients to have a quality healthy lifestyle.

### **Method used**

Data on diabetic counseling was collected from the attendances list. Not only diabetic patients attended, but also their families as it educated them on how to manage a diabetic patient.

### **Summary of the results obtained**

Patients and caregivers were advised, counseled and educated on self monitoring of blood sugar levels and adjusting the medications and insulin dosages accordingly, as advised by the doctors. During the counseling, patients were also advised on meal planning, abstaining from alcohol consumption, smoking, regular and moderate exercises, general foot cleanliness, pedicure and suitable footwear.

### **Conclusion**

This program is effective for the welfare of the patient and the hospital as it generates income and has proven to have an effective impact to our corporate social responsibility.

## **In the Safe Hands – Medication Management at Paediatric Ward**

Authors : Yen Sze Whey (Bachelor of Pharmacy)  
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Institution : Sime Darby Medical Centre Subang Jaya, Malaysia

Nothing gives parents greater comfort than knowing their children are in safe hands. We at Sime Darby Medical Centre Subang Jaya, believe that safe system, culture of safety and individual accountability are critical for patient safety in medication management.

We initiated this project to improve the medication safety at Paediatric ward. The scope of this project looks into medication administration by ward nurses. Root cause analysis revealed that, human factors are a major contributing factor towards medication errors during administration as this process depends on staff's knowledge, attitude and skills.

To address the contributing factors to medication errors we implemented the following actions:

- SAFE behaviors workshop and Medication error free day calendar to create culture of safety and constant awareness.
- Reemphasis on the independent Double Checking process.
- Ongoing audits on Medication Administration (Double Checking) during day shift by Ward Manager and Sister to sustain the SAFE behaviors.
- Sharing performance level of medication administration errors among Doctors and obtaining their cooperation in legible writing during prescribing medication in MOAR.
- Sharing and learning medications incidents through department daily roll calls.
- Revised staff to patients ratio

With these improvement actions we were able to achieve 77 error free days. In addition, the medication administration errors per 1000 patients' days was reduced by 71%.

In conclusion, by improving medication administration process and enhancing the culture of safety, medication administration errors were successfully reduced. This will lead to improvement in quality of care, customers' satisfaction and gain trust from our patients.

## **Sunway Medical Centre (SUNMED) Laboratory Quality Indicators**

Authors : Jamuna Jairaman, M.Med Sc (Public Health)

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Institution : Sunway Medical Centre, Malaysia

### **Introduction**

Laboratory quality indicators are essential in demonstrating significant improvements in laboratory performance across the total testing process.

### **Objective**

Our goal at SUNMED Laboratory was to establish meaningful laboratory quality indicators that focus on enhancing patient safety and determines how well our laboratory meets the customer needs and drive to world-class performance, We have chosen quality indicators at pre-analytical, analytical and post-analytical phases across the laboratory's path of workflow. Eight quality indicators related to patient safety, reliability of results and customer satisfaction were created to help define the quality improvement of the laboratory processes. These indicators could concisely and effectively communicate results towards performance, quality and service for use by our laboratory to assess overall operational status.

### **Method**

Laboratory at SUNMED was gathering data on monthly basis for all indicators except for the Customer satisfaction survey in which three surveys are carried out per year. The data are collected through various methods, manual records, random sampling or from the laboratory information system. Our laboratory implemented the use of graphic and color-coded metrics reporting formats. The color ranges from green (Very Good), yellow (Good) to red (Needs Improvement). Through this use of color, the viewer gets a quick, focused snapshot of these important areas of overall performance and can easily identify successful progress and/or areas requiring attention.

### **Results**

The data are presented in parts-per-million defects, percentages or index. The indicators are graphically displayed comparing them to benchmarked data from Neverlainen Study. With the colored chart, it can clearly highlighting areas for improvement.

### **Conclusion**

In general we noted that by introducing these indicators have proven to be important drivers for patient safety and process improvement across disciplines in our laboratory. The colored chart has enabled us to track and focus on continuous improvement efforts enabling us to achieve operational results.

## **Improving Patient Safety for Patients on Enteral Tube Feeding Requiring Oral Drug Therapy**

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Institution : Sunway Medical Centre, Malaysia

### **Objectives**

To improve the quality of oral drug administration in patients with enteral feeding tubes.

### **Methods**

Oral drugs prescribed to be given via tube feeding were screened for suitability by pharmacists before administration. An alternative will be recommended to the prescribers should a non-crushable drug is ordered. Nurses will be informed if with-hold feeding is required for certain drugs. In-service education was carried out to enhance the knowledge of drug administration for these patients.

### **Results**

367 items were screened over a period of 6 months (June 2010 to November 2010). 72 interventions were carried out by the pharmacists. Out of this, 15 non-crushable items were detected & changed to a crushable alternative, 37 items required to be administered separately from the formula feed & 16 items were changed to a different formulation. The rate of acceptance of pharmacists' clinical recommendation is 88%.

### **Conclusion**

Multidisciplinary approach involving prescribers, nurses & dietitians is vital in ensuring patients on enteral tube feeding received optimal drug treatment. Pharmacists input is important as careful selection of dosage forms is warranted to minimize drug-drug/ drug – nutrient interactions, and to reduce incidences of tube blockage & drug related events due to crushing of certain oral medicines.

## **Sunmed Paediatric Ward "Swan Baby" QIP**

Main Author : SRN Thialai Mary a/p Arokiasamy  
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SRN Renuga a/p Thangarajoo  
Institution : Sunway Medical Centre, Malaysia

Health care encompasses risk and complexity. Thus, it is imperative for health care providers to create a working culture that improves patient safety especially in the children's ward. One of the major causes of injuries and death amongst children is due to falling. Falls represented the 3<sup>rd</sup> leading cause of death in children 1-4 years old (Williams & Wilkins, 1989).

Prevention of fall amongst children during hospitalisation is crucial and with this concern in mind, SunMed's Paediatric ward has commenced a project entitled "Swan Baby". The goal is to ensure and maintain patient's safety via prevention of falls during hospitalisation.

At our wards, every admission below four years old is observed for risk of fall. The target group includes hyperactive children, children under sedation, children with fits or epilepsy, and disable children. This project was carried out carefully and the necessary safety measurements were implemented. As an essential of holistic nursing care, nurses are to assist in Activity Daily Living (ADL) and to ensure a companion is staying with the patient at all times.

After 3 months of implementing this project, the customers are now more aware of the safety needed for their child during hospitalisation and the importance of using a baby cot. This proves that raising awareness, building a knowledge base and facilitating the implementation of practices improve patients' safety.

In conclusion, the project successfully reduced fall incidents and achieved the Paediatric Ward's goal in achieving 50% reduction incidence of slip and falls.

## **Reduce Nasal Sore Incidents in ICU**

Main Author : Sharon Ann Selvaraj

Co-Authors : Nateshwary Khul Dhusan  
Stephanie Yong May May  
Chay Fong Li

Institution : Sunway Medical Centre, Malaysia

### **Objective**

The objective of this study is to implement a new intervention in improving quality of patient care within the Intensive Care Unit (ICU) and to ensure all staff are compliance with the new recommended intervention in managing patients with nasogastric tube (NGT). The aim is to reduce incidence of nasal sore due to NGT.

### **Method**

An evidence based study was conducted over a 6 months period in ICU with the recommended intervention, audit and analysis was performed. Data collection was done daily on patients with NGT from the day of admission, transfer in patients from wards till discharge or transfer out to another unit. The study population consist of ( n=145) patients in ICU with NGT.

### **Interventions**

Using a validated survey and data collection, we recommended 6 interventions :-

- 1) To change NGT plaster twice a day at 0600H and 1800H.
- 2) To plaster NGT with thin duoderm and micropore to protect skin integrity.
- 3) To alternate placement of the NGT plastering on the nose and on the upper lip
- 4) To empty NG bag if more than half full.
- 5) To change NGT plaster immediately after patient come back from Operation Theatre.
- 6) Proper documentation on the change of NGT according to due date and changing of plaster.

### **Result**

1.4% of patients develop nasal sore and 98.6% of patients audited did not develop nasal sore throughout their stay in ICU.

### **Conclusion**

Nasal sore incidence has been reduced by more than 50% throughout this study by implementation of all the interventions mentioned above.

## **Eliminating Unplanned Extubation in a Coronary Care Unit**

Main Author : Deanna Rapi Santos

Co-Authors : Dr Chia Pow-li  
Dr Chia Yew Woon  
Tan Tit Chai  
Candice Leong

Institution : Tan Tock Seng Hospital, Singapore

### **Background**

Unplanned extubation (UE) is a recognized complication of translaryngeal intubation with adverse consequences.

### **Methods and Results**

We initiated a Clinical Practice Improvement (CPI) project to optimize care and weaning of ventilated patients in the Coronary Care unit, with the aim of eliminating UE within 6 months. Using CPI methodology, we formed a multidisciplinary team and identified root causes of UE. Interventions were carried out in Plan-Do-Act-Study cycles, involving reworking work schedules of respiratory therapists, ensure participation in CCU consultant morning rounds, creation and implementation of sedation/analgesia and ventilator weaning protocols. Staff education was conducted to ensure maximum buy-in. Comparing 6 month periods preceding and following interventions, we reduced UE prevalence from 3.2% to 0% ( $p=0.04$ ) and improved achievement of target Ramsay sedation score in sedated, ventilated patients from 93% to 100% ( $p=0.01$ ).

### **Conclusions**

The CPI project has been successful in streamlining the workflow process of managing ventilated patients in the CCU, thereby reducing UE occurrence.

## **Health Promotion of Young Girls with Training Techniques to Prevent Sexual HIV Risk Behaviours, Urmia University of Medical Sciences, Iran**

Main Author : Nourieh Amirzadeh

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### **Introduction**

The prevalence of risky behaviors in the youth has become the most important. Some of these behaviors cause many deaths and injuries in the young, and they may have negative effects on the societies, including drugs and alcohol abuse and having risky sexual behavior (HIV infection). Therefore, the researchers aimed to improve the health of young girls by teaching ways to prevent risky sexual behavior (AIDS) .

### **Methods**

This research is an experimental study and it is aimed to compare the different behaviors before and after training. The samples were 300 qualified female students randomly chosen. The data collection was conducted through questionnaires. The validity tool was based on content validity and the reliability was conducted through retest. For the analysis of data, descriptive and inferential statistics were used.

### **Results**

Based on the research findings, the average knowledge regarding how to prevent risky sexual behavior in HIV before training was 64.70 and after the training was 71.2, and the mean difference was about 6.53. To check the mean difference, the t- test was used. With ( $0.005 > P$  and  $df = 21$  and  $t = 10.33$ ) it can be said that there is a significant difference when training in the prevention of risky sexual behavior is involved

### **Conclusion**

The findings indicated there was a significant relationship between giving knowledge about AIDS and risky sexual behaviors. So it seems that receiving prevention awareness and skills on high risk behaviors can reduce high risk sexual behavior and can be effective in helping youth health.

**Keywords:** girls; health; sexual risk behaviors