IL-MUSBIEH

MALTA NURSING AND MIDWIFERY JOURNAL
MALTA UNION OF MIDWIVES AND NURSES
No. 44 - Settembru 2009

30% GREATER PAIN RELIEF*

*When compared to standard paracetamol, Panadol Extra can give 30% more pain relieving power.

it's my [illegible]

CONTAINS PARACETAMOL. ALWAYS READ THE LABEL.

Presentation: Panadol Extra film-coated tablets. Each tablet contains Paracetamol 500.0 mg and Caffeine 65 mg. Indications: The tablets are recommended for use as an analgesic [illegible] the relief of mild to moderate pain such as is associated with rheumatism, neuralgia, musculoskeletal disorders, headache and of discomfort associated [illegible] influenza, feverishness [illegible] feverish colds, toothache and dysmenorrhoea. Dosage: For oral administration. Adults (including the elderly): 2 tablets up to four times daily. Do not [illegible] tablets in 24 hours. [illegible] Not recommended for children under 12 years of age. Minimum dosing interval: 4 hours. Should not be used with other paracetamol-containing [illegible]. Contraindications: [illegible] hypersensitivity to paracetamol. Special Warnings and Precautions for Use Paracetamol should only be used with caution in patients with liver or [illegible]. Prolonged use [illegible] under medical supervision may be harmful. Interactions with other Medicaments and other forms of Interactions: Paracetamol may increase the [illegible] half-life of [illegible] The absorption of paracetamol may be increased by metaclopramide and decreased by cholestyramine. Oral contraceptives may increase the [illegible] clearance of [illegible] anticoagulant effect of Warfarin and other Coumarins may be enhanced by prolonged regular daily use of paracetamol with increased risk [illegible]; occassional doses [illegible] significant effect. Pregnancy and Lactation: Epidemiological studies in human pregnancy have shown no ill effects due to caffeine or paracetamol [illegible] in the recommended [illegible] patients should follow the advice of their doctor regarding its use. Paracetamol is excreted in breast milk but not in a clinically significant amount. [illegible] Effects: Adverse effects [illegible] paracetamol are rare but hypersensitivity including skin rashes may occur. The most common adverse effects associated with caffeine are [illegible] due to gastrointestinal [illegible] insomnia and restlessness as a result of stimulation of the central nervous system. Marketing Authorisation Holder: GlaxoSmithKline Consumer Healthcare (Ireland) Limited [illegible] Way Rathfarnham Dublin 16 Marketing Authorisation Number: MA460/00304. More information is available on request from GlaxoSmithKline Consumer Healthcare [illegible] Buildings Strait Strett Valletta. Tel. 21234044.

IL-MUSBIEĦ

MALTA NURSING AND MIDWIFERY JOURNAL

Ħarġa Nru. 44 • Settembru 2009

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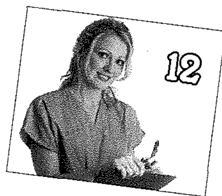

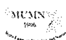

Pubblikat: Malta Union of Midwives and Nurses
...apins Court B, No. 3, Independence Avenue, Mosta MST9022 • Tel / Fax: 21 44 85 42 • Website: www.mumn.org • E-mail: mumn@maltanet.net

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...da parti mill-ġurnal ... ...gi riprodotta mingħajr il-permess bil-miktub ...MUMN.

Ċi... ...zzjoni: 2250 kopja.

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Il-bord editorjali jiggarantixxi d-dritt tar-riservatezza fuq l-indirizzi ta' kull min jirċievi dan il-ġurnal.

Kull bdil fl-indirizzi għandu jiġi kkomunikat mas-Segreterija mill-aktar fis possibli.

Il-**Musbieħ** jiġi ppublikat 4 darbiet f'sena.

Minħabba kuxjenza ambjentali li tħaddan l-MUMN, il-ġurnal jitwassal għand il-membri tiegħu f'boroż tal-karta u mhux tal-plastik.

Set & Printed: A&M Printing Ltd. - 2155 3217

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from the president

Paul Pace President
mumn@maltanet.net

Mater Dei Hospital - A failure in Disguise

We have all heard the hype of Mater Dei Hospital being the state of the art hospital. Open days were organised, journalist invited and we were told that it is the most modern hospital in Europe. But just a year has passed and this modern state of the art hospital is literally run on a crisis management day by day to the detriment of the nurses and midwives and patient working there. Let us analyse why such an expensive hospital is not coping with the nation's needs after just one year of its completion.

Prior building a new hospital one would expect an analysis of the Maltese health demographics, new trends in health care and finally a critical analysis were St. Luks hospital was failing to deliver proper health service to the nation due to the old infrastructure of the building. Definitely important issues should have been considered, i.e.:

1) The elderly Maltese population which although we are living longer, chronic medical diseases are on the increase.
2) The new culture was our grandparents are supporting their children by babysitting their grand children but when they finally need support due to ailing health; nobody is there for their care.
3) The increase of cancer cases within the Maltese population and therefore the importance of palliative care within the Health Care service.
4) The huge number of medical cases not just in winter season but literally throughout the year.
5) The emergence of new virus which can cause epidemics / pandemics which will increase the admissions in any acute hospital.
6) The problem of huge waiting list especially in specialised areas such as orthopaedic and ophthalmology.
7) The shortage of beds and lack of nursing and midwifery staff already present in St. Luke's Hospital.
8) The factor of lack of human resources especially in the nursing and midwifery profession which definitely Mater Dei Hospital will prove more challenging to work in.

But where these issues (and I am sure that there are other issues to add to the above list) taken in consideration? The answer is obvious – a complete failure where crisis management too commodate the number of admissions per day since beds in Mater Dei Hospital have become a rare commodity. Policies and protocols where introduced but after two months only from the migration to Mater Dei Hospital all such policies were then literally thrown away with dire consequences to the nurses and midwives. Since such protocols are not being enforced a chaos of total anarchy exists. Today MUMN is asking who is responsibly to this fiasco and what led to such a situation.

Let's be analytic on this fiasco as to see what is actually happening in the so called state of the art Mater Dei hospital. The severe lack of beds at Mater Dei Hospital led to various disastrous consequences both to the nursing/ midwifery staff and to the patients. As a result:

Emergency Department

a) Patients are stuck in the casualty department for long hours when they were declared to be admitted since no beds are available for them.
b) Patients waiting on stretchers in the main corridor of the Emergency department since no beds are available.
c) The Observation ward in the E/A department which should have been used as a 24 hour short stay ward ended up with patients staying for more than three days.

Medical Department

d) Medical Patients being transferred to Surgical Wards, Paediatric wards and Day Surgery with nurses being stress out by trying to cope with a bilateral situation.
e) Medical Patients considered as bed blockers or social cases when after all there are no support primary health care services for such patients.

Surgical Department

f) Patients being prepared for surgery including bowel preparation in ward pantry or ward waiting areas.
g) Patients who have under gone surgery are still without a bed in any ward.
h) Number of theatres at Mater Dei Hospital far outnumbers the depleted number of beds in the surgical wards so increasing operations will eventually end up with patients who need hospitalization after surgery with no beds.
i) Surgical nurses working on a dual role with Day surgical patients being transferred to chronic surgical wards.
j) Medical patients being admitted in a surgical day care on a permanent basis

Obstetrics Department

K) Nurses and Midwives waking up patients and transferring them in the middle of the night to other wards since labour ward have no vacant delivery suites
L) Midwives trying to find beds since there is no control on the number of inductions by consultants at the delivery suite to the obstetric wards.

These are just some of the problems nurses and midwives have encountered in Mater Dei Hospital. MUMN workload increased tenfold with the migration to Mater Dei trying to safeguard the nurse and midwives interest in all aspects of our work.

BUT MUMN would like to ask the Government.

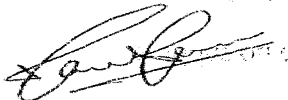
- Who was responsible for reinforcing the management in Mater Dei hospital?
- Who was accountable for planning such a hospital?
- Who was responsible on analysing the nation health needs?
- Why none of the protocols which were done prior migration for Mater Dei Hospital are not being implemented?
- Why were all existing protocols broken down by the management of Mater Dei?
- Where is palliative care in the Government Health Service for cancer patients and instead we refer to the as bed blockers?
- Why are we dismantling the service of the Neurological Ward at Boffa when Mater Dei Hospital does not cater for such patients?
- Why are waiting times in Mater Dei just as long as in St. Luke's Hospital?
- Where is the reform of the Primary Health which should have lightened the burden at Mater Dei?
- Who was responsible for the human resources planning for Mater Dei Hospital?
- Who is responsible for decreasing the bed state from St. Luks to Mater Dei hospital by 400 beds (Medical wards had added beds)?

And the list is endless. A hospital cannot be run on 100% bed occupancy with dire consequences to the staff and patients. MUMN has a set of directives in various departments at Mater Dei Hospital in order to reduce the stress and to increase patient safety. With so many tax payer money being spent why had this to happen ? Why does MUMN need to exert continuous pressure trying to safe guard a system which should have been modern and efficient? Why does MUMN have to issue press releases and industrial actions just to make aware the public and the health division that Mater Dei Hospital is not being run properly? In year we had registered 15 industrial actions from the opening of Mater Dei Hospital. It is a great Pity.

The Current MUMN's directives at Mater Dei Hospital are directed to implement the policies which the management Of Mater Dei had planned to introduce after migration but now has abandoned them. The challenges at Mater Dei Hospital are enormous and that is why the MUMN Council agreed that in this issue of Musbieh (MUMN nursing Journal) all correspondence and Directives which MUMN have issued during this month are to be published inside the musbieh.

Nurses and midwives should be aware the huge amount of work the union does on a daily bases. MUMN might need to resort to further directives if issues such as career progression, CPD allowances and admission criteria are to be abandoned. MUMN will be organising various staff meeting to organise better support for each other in the MUMN directives. The winter season is coming and MUMN would not allow nurses and midwives working in a stress full and dangerous environment with the health division never managing to solve Mater Dei Chronic problems (especially not knowing the new virulence strain of the swine flu coming in winter).

So check MUMN's web site regularly, attend meetings when organised and show the musbieh to your colleagues at work so the voice of your union is strong. After all we are there for you and our patients.



Paul Pace

ELDERLY MENTAL HEALTH

Organised by the Maltese Association of Psychiatric Nurses

Dates:
Monday 26th & Tuesday 27th October 09

Venue:
Corinthia Palace Hotel & Spa, Attard

Special Guest Speakers:

Profs. Brendan McCormack - Professor of Nursing Research/Postgraduate University of Ulster Northern Ireland

Dr. Assumpta Ryan - Lecturer in Nursing, University of Ulster, Northern Ireland

Dr. Carmelo Aquilina - Service Director & Consultant Old Age Psychiatrist, New South Wales, Australia.

Bookings and Details:
mapsychnurses@gmail.com or 99825731
Website: www.map-n.com

Maltese Association of Psychiatric Nurses MAPN

Don't miss this Event!

Association of Maltese Orthopaedic Nurses

Association of Maltese Orthopaedic Nurses 2005 AMON

2nd International Conference & Exhibition

Temples of Inspiration

'Passion and commitment towards professional and holistic practice.'

Thursday 15th - Friday 16th October, 2009
Le Meridien, St.Julians Hotel & Spa ***

The Association of Maltese Orthopaedic Nurses (AMON) is organizing its 2nd International Orthopaedic Nursing Conference in Malta. Speakers from 16 different countries including USA, UK, Canada, Finland, Sweden, Greece and Turkey, as well as representatives from International Orthopaedic Nursing Associations will be participating in this event.

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Book your Registration now!

Download
'Maltese Registration Form-AMON Conference'
from

http://sites.google.com/site/amonnurses/

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International Speakers include:

Profs. Robert McSherry- Professor Nursing and Practice Development- Teesside University- UK
Mr.Martin Ward- Coordinator – Mental Health Nursing Programmes – IHC- Malta
Dr. James A Rankin -Professor & Acute Care Nurse Practitioner - University of Calgary. Canada
Dr. Ami Hommel- Senior Lecturer- Lund University- Sweden
Mr. Jason Zammit- Consultant Orthopaedic Surgeon
Dr. Kirsi Johannson- Assistant Professor- University of Turku-Finland
Dr. Panayota Sourtzi - Associate Professor- University of Athens
Ms. Ann Maher – Family Nurse Practitioner - USA
Ms.Elaine Collins- Director NHS Direct – UK
Ms Ms.Anita Meehan- Clinical Nurse Specialist – Geriatrics, Akron General Medical Center- USA
Ms. Julie Santy - Senior Lecturer, University of Hull - UK
Mr.Semra Aciksoz- Gulhane Military Medical Academy- Turkey
Ms.Sonya Clarke – Teaching Fellow- Queen's University, Belfast- Northern Ireland
Ms. Debra Emmerson- Lieutenant Commander - Queen Alexandra's Royal Navy Nursing Service- Birmingham

10 CPD credits - the 2 days

MUMN

messaġġ mis-segretarju ġenerali

Colin Galea Segretarju
mumn@maltanet.net

Mill-aħħar ħarġa t[illegible] Musbieħ il-problemi marbuta mal-*Continous Professional Development Allowance* (CPDA) komplew jiżdiedu. *Nurses* u *Midwives* jilmentaw ta' sikwit li, wara sena li applikaw sabiex jirċievu l-*allowances* dovuti lilhom, għadhom ma rċevew xejn.

Jekk id-Diviżjoni tas-Saħħa għandha l-intenzjoni li teqred din l-iskema ikun aħjar li jgħidulna mill-ewwel. Individwu li nefaq 700 euro sabiex ikompli jiżviluppa l-professjoni tiegħu, u wara sena għadu ma rċiviex il-kumpens dovut, mhiex aċċettabbli. Jidher li hemm aġenda moħbija biex jaqtaw qalb in-*Nurses* u l-*Midwives* milli japplikaw.

L-MUMN tippretendi li wara tlett xhur minn meta napplikaw għandna nirċievu l-ammont ta' flus li ħallasna. Il-Viċi-Presidenta tal-Union, li hija r-rapprezentanta ta' l-MUMN fuq il-kumitat tas-CPDA, xebbet tisħaq u targumenta li s-sistema addotata ma tagħmilx sens. Minn hawn irid inwassal messaġġ ċar lill-awtoritajiet konċernati li l-MUMN iddejqet sal-ponta ta' mnieħira b'din is-sitwazzjoni u fil-ġranet li ġejjien ser tipprotesta bil-qawwa kollha kontra n-nuqqas ta' ħlas fil-ħin ta' din l-iskema. Professjonisti oħra japplikaw għal dan il-ħlas mingħajr ħafna burokrazija żejda u jirċievu l-ħlas lura fi ftit xhur. Aħna magħndna xejn anqas minn dawn u nippretendu li nigu stmati b'rispett u dinjità.

Jekk ma tarax u tkun involut l-anqas temmen! Għaddew sentejn minn meta ffirmajna l-ftehim mal-gvern fuq diversi suġġetti u sal-lum għad baqa' punti li m'hummiex addottati jew hemm il-problemi fuqhom. Mhux ta' b'xejn li l-Prim Ministru ddeskriva dan il-ftehim bħala wieħed storiku!

Punt ieħor li jippreokkupani ħafna u nixtieq naqsam magħkom huwa dak tas-saħħa u s-sigurtà. Din il-Union hija nfurmata li fl-ebda sptar jew ċentru tas-saħħa m'hemm uffiċċjal inkarigat dwar dan is-suġġett. Skond id-direttiva ta' l-EU f'kull post tax-xogħol irid ikun hemm rappreżentant tal-ħaddiema fuq din il-materja u ieħor li jirrappreżenta lill-*management*. Għadni qatt ma ntqajt ma ċirkolari fejn tinforma lill-staff bl-ismijiet ta' dawn l-uffiċċjali sabiex il-ħaddiema jkunu jistgħu jirrikorru għandhom f'każ ta' ħtieġa veru sitwazzjoni tal-mistħija. Fuq stedina ta' l-MUMN, f'Ottubru ser issir laqgħa f'pajjiżna tal-*Federation of Occupational Health Nurses of the EU.* Ser niehdu l-opportunità permezz ta' din il-laqgħa sabiex nwasslu l-messaġġi tagħna lill-gvern dwar in-nuqqasijiet f'dan is-settur.

Żvilupp pożitiv u fl-istess waqt storiku kienu l-ħruġ tas-sejħiet għall-applikazzjoni sabiex *Staff Nurses* u *Midwives partimers* jirċievu l-appointment mill-PSC. Konna ilna sentejn nirsistu biex dan iseħħ iżda fl-aħħar ġejna ppremjati. Dan ifisser li issa dawn il-professjonisti ser igawdu mill-*career progression* u awtomatikament mill-*Bridging*. L-uniku diżżapunt kien li għadha ma ħarġietx is-sejħa għall-*Enrolled Nurses* però fil-ġranet li ġejjien għadna skedati laqgħat fuq dan is-suġġett li għandhom iwassluna għal soluzzjoni u b'hekk l-*Enrolled Nurses* ikollhom ukoll din l-opportunità.

Kif qed taraw minn dawn il-kelmtejn kif ukoll minn informazzjoni ohra li qed tidher fil-ħarġa ta' dan il-Musbieħ, l-MUMN hija kontinwament għaddeja b'ħidma sabiex mhux biss tiddefendi l-interessi taż-żewġ professjonijiet li tirraprezenta iżda wkoll sabiex tippromwovi affarjiet ġodda li jirriżultaw f'ambjent aktar komdu għall-pazjenti tagħna.

Minn hawn nixtieq nieħu din l-opportunità sabiex nirringrazzjak tas-support kontinwu tiegħek.

Tired, Heavy, Aching Legs?

Do you have Tired, Heavy, Aching Legs?

Do you often have to put your legs up at the end of a long day of standing or sitting?
If you do - you are not alone. Studies have shown that over 50% of women experience tired, heavy, aching legs – and 75% of women over 45 rated it as worse than the menopause. *

But many women just put up their legs and put up with the discomfort of tired, heavy, aching legs, believing that they are an unavoidable part of getting older. In fact, these feelings are most commonly due to today's lifestyle – sitting or standing for long periods, with little or no movement of the legs.

Luckily there are some simple steps you can take in order to improve the health of your legs and leg veins and help avoid these problems. This article will help you find out how to keep your legs in good health, so that you can 'keep moving' with Antistax!
*SKOPOS Survey May 2005 – Sample: 400 women over the age of 45

Why is leg vein health important?

The health of your leg veins is very important for your well-being and comfort. They are a vital part of the circulation and help your legs deal with the pressures of gravity and everyday life. The calf muscle – known as the 'second heart' – has to work hard to pump blood back to the heart helping to ensure that the blood circulation is able to deliver a steady supply of oxygen and nutrients to the body's tissues. This all important pumping action is energised by the flexing of the muscles in the calf, ankle and foot when you walk or exercise.

So if you find yourself standing or sitting for long periods with little or no movement in the legs, blood can pool in the veins of the legs causing increased tension leading to those tired, aching, heavy sensations. By maintaining the health of your leg veins and capillaries, you can help avoid this discomfort.

Daily ANTISTAX Healthy Active Leg Capsules can help

The good news is that there is a natural and easy way to look after your leg veins
and help keep your legs feeling comfortable. ANTISTAX Healthy Active Leg Capsules are a natural supplement containing natural, bio-active Flaven™ – a Red Vine Leaf extract.

When taken every day, ANTISTAX Healthy Active Leg Capsules are scientifically proven to help keep the leg vein circulation healthy and help avoid those tired, aching, heavy leg feelings, even when your lifestyle means you have to stand or sit for long periods.

ANTISTAX Healthy Active Leg Capsules are designed to be taken daily over a period of time in order to feel the full effects.
To help 'keep moving' start each day with ANTISTAX Healthy
Active Leg Capsules
• Take 2 easy-to-swallow capsules every morning with water, at breakfast time
• ANTISTAX Healthy Active Leg Capsules are most effective when taken daily as part of a well balanced diet
• ANTISTAX Healthy Active Leg Capsules contain a natural supplement and can be taken for as long as required
• The benefits keep going as long as you keep taking it – make ANTISTAX
Healthy Active Leg Capsules a natural part of your everyday life and healthy lifestyle.
NB. • Do not take Antistax Healthy Active Leg Capsules if you are pregnant or breastfeeding
• It is advisable to contact your doctor if you are concerned about your leg vein health

ANTISTAX Cooling Leg Gel

For an instant cooling effect giving immediate comfort to tired and heavy legs
ANTISTAX has also created a Cooling Leg Gel. ANTISTAX Cooling Leg Gel is a non-greasy gel containing natural bio-active Flaven™, a Red Vine Leaf Extract, and is for topical application.

Massage a little gel into your legs for an immediate cooling and soothing effect, ideal for tired legs at the end of the day helping legs feel more comfortable instantly. With its cooling, soothing and refreshing action, the gel has been specially designed to complement ANTISTAX Healthy Active Leg Capsules, and therefore can be used with the capsules or by itself.

Top Ten TIPS for healthy leg veins and comfortable legs

by leading physiotherapist Alison Wyndham

1. Take ANTISTAX Leg Vein Health Capsules every day, as part of a well balanced diet and a healthy lifestyle.
2. For an instant cooling and soothing effect try the ANTISTAX cooling leg gel.
3. Try not to cross your legs whilst sitting
4. Whilst working or traveling take regular short walks or gently stretch and flex your legs and ankles and circle your feet
5. Change your position frequently whilst standing or sitting for long periods
6. Raise your legs whilst resting for at least 10 minutes a day
7. Avoid excessive cold and heat. Do not take long or very hot baths
8. Rinse your legs with cool water, and massage them from the ankle upwards
9. Eat a healthy diet – being overweight may put greater pressure on your legs and your circulation. Try to eat more fresh fruits, vegetables and high fibre foods
10. Make sure your footwear is comfortable. Tight shoes, boots and clothing can restrict the circulation and movement of the ankles and feet

NB: If you are a smoker, bear in mind that smoking affects the blood vessels and hinders blood flow. Try cutting down or better still, giving up smoking altogether.

ANTISTAX® Leg Vein Health Capsules and ANTISTAX® Cooling Leg Gel are manufactured by Boehringer Ingelheim.

Websites:
www.antistaxuk.com – www.leghealthcentre.com.uk – www.viviancorp.com

START

When the mood takes you, there's nothing like having a little jig around. But if you're held back by tired, heavy, achy legs that you get when you sit or stand for a long time, try Antistax. Our range of products are full of natural Flaven®, which can help keep legs feeling light. And when your legs are in great shape you can kick up your heels whenever you want.

Antistax Healthy Active Leg Capsules are available in packs of 50 or 100 capsules and Antistax Cooling Leg Gel is available in a 125ml tube.

visit www.antistaxuk.com
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www.viviancorp.com

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... after your legs ... purchasing your Antistax today

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Available in Pharmacies and Health Shops

For enquiries about antistax®, please contact:
Boehringer Ingelheim, Vivian Corporation Ltd, Sanitas Building, Tower Street, Msida MSD 1824
Freephone: 8007 3101 - 8007 3102'

YOU CAN HELP PREVENT PNEUMOCOCCAL DISEASE

Children under five years of age are the most vulnerable to suffer serious consequences from pneumococcal disease including death or disability.

- Meningitis
- Septicaemia
- Pneumonia

The introduction of routine vaccination for all infants and of a catch up campaign for all children under the age of 2 years targets the age group who suffer the majority of this disease. PREVENAR, the pneumococcal conjugate vaccine, has been recommended by the World Health Organisation who also recommended that all countries should give priority to the inclusion of PREVENAR in national childhood immunization programs.

VACCINATE
HELP
STOP
IT

Prevenar®
Pneumococcal Saccharide Conjugated Vaccine, Adsorbed

Wyeth

Pneumococcal saccharide conjugated vaccine, adsorbed. Presentation: Each 0.5ml dose of Prevenar contains 2 micrograms of each of the following saccharide serotypes: 4, 9V, 14, 18C, 19F, 23F and 4 micrograms of saccharide serotype 6B. Each saccharide is conjugated to the CRM197 carrier protein and adsorbed on aluminium phosphate. Indications: Immunisation against disease (including sepsis, meningitis, pneumonia, bacteraemia and acute otitis media) caused by Streptococcus pneumoniae serotypes 4, 6B, 9V, 14, 18C, 19F and 23F in infants and children from 2 months up to 5 years of age. Dosage and Administration: The immunisation schedules for Prevenar should be based on official recommendations. For intramuscular injection. Infants 2-6 months: Three doses with at least a 1 month interval between doses. A fourth dose is recommended in the second year of life. Infants 7-11 months: Two doses with at least a 1 month interval between doses. A third dose is recommended in the second year of life. Children 12-23 months: Two doses with at least a 2 month interval between doses. Children 24 months-5 years: one single dose. Contra-indications: Hypersensitivity to any component of the vaccine or to diphtheria toxoid. Warnings and Precautions: Do not administer intravenously. Appropriate treatment must be [illegible] in case of anaphylaxis. The potential risk of apnoea and the need for respiratory monitoring for 48-72 hours should be considered when administering the primary immunisation series to very premature infants (born 28 weeks of gestation) and particularly for those with [illegible] history of respiratory immaturity. Impaired immune responsiveness may affect antibody levels. Prevenar does not replace 23-valent polysaccharide vaccine in at risk children ≥24 months of age. Children ≥24 months of age at high risk, previously immunised [illegible] Prevenar should receive 23-valent pneumococcal polysaccharide vaccine whenever recommended. Prophylactic antipyretics recommended when vaccinating children with history of seizure disorders, or when vaccinating simultaneously with whole cell pertussis vacc[illegible] [illegible]ay vaccination in acute moderate or severe febrile illness. The immunogenicity of Prevenar has been demonstrated in infants with sickle cell disease. Safety and immunogenicity data are not yet available for children in other specific high-risk groups for invasive pne[illegible]ccal disease. Side Effects: Very common: Decreased appetite, vomiting, diarrhoea, injection site reactions (e.g. erythema, induration/swelling, pain/tenderness), fever equal to or over 38°C, irritability, crying, drowsiness, restless sleep. Common: Injection site swelling/induration and erythema larger than 2.4cm, tenderness interfering with movement, fever over 39°C. Uncommon: rash/urticaria. Rare: Seizures including febrile seizures, hypotonic hyporesponsive episode, injection site hypersensitivity reactions (e.g. dermatitis, pruritus, urticaria), hypersensitivity reactions including face oedema, angioneurotic oedema, dyspnoea, bronchospasm, anaphylactic/anaphylactoid reaction including shock. Very rare: Lymphadenopathy localised to the region of the injection site, erythema multiforme. Legal Category: POM Package Quantities: Pack of 1 single-dose pre-filled syringe (with separate needle) Marketing Authorisation Numbers: Single-dose pre-filled syringe (with separate needle) pack of 1: EU/1/00/167/006 Marketing Authorisation Holder: Wyeth-Lederle Vaccines S.A., Rue du Bosquet 15, B-1348 Louvain-la-Neuve, Belgium For full prescribing information and details of other side effects see Summary of Product Characteristics. Full prescribing information is available on request from: Wyeth (Malta) Sanitas Building, Tower Street, Msida MSD 1824. Telephone: 21347095 Date of Prescribing Information: 20Jun08 Code no. PRV 012

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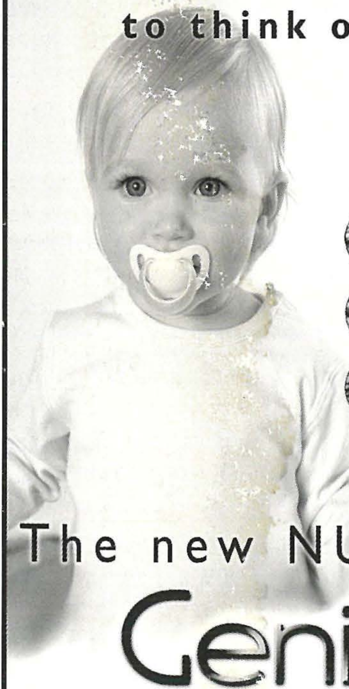

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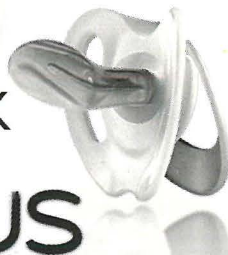

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A portrait of a nurse

An unknown author once wrote: "Nurses are angels in comfortable shoes". This unknown saying has given ground to my constant admiration and respect I always cultivated for the nursing profession. Furthermore, as a consecrated person to God, I have always tried to detect if our Christian Catholic Tradition have made some contribution regarding the nursing vocation. In this short article I shall be giving a simple portrait of some qualities of a nurse as can be seen from a Catholic standpoint. The material I shall be using comes from the letters of the patron saint of nurses, Saint John of God.

For Saint John of God, empathy is one of the essential characteristics of a nurse. In his letter to Luis Bautista, the saint gives an excellent example of what empathy is all about. "I have received the letter you sent me from Jaen; it gave me a great deal of joy and much satisfaction, although I was sorry to hear that you have had toothache, because any ill that befalls you makes me suffer too, just as any good thing makes me joyful". Do we as nurses make our own what the patients under our care go through? Can we "rejoice with those who rejoice, weep with those who weep?" (Rom 12, 15).

Empathy brings about listening and fosters hope. In the same letter Saint John writes to Luis Bautista. "You tell me that you have found no solution there for what you went to find. On the other hand, you say you want to go to Valencia, or some other place. I do not know what to tell you. However, God is the One who knows and solves matters. May he grant solutions and counsel to all of us." How many times after listening to our patients we do not have a clue what to tell them. We recognize our limits and, for prudence's sake, we see it fit to say nothing. Have we ever thought that offering them prayer might be the right response in the situation? If we are familiar with their faith sensibilities have we ever invited them for prayer?

In itself, the nursing calling embraces every human being, without any distinction of faith, political belief, social condition etc. In his first letter to Gutierrez Lasso Saint John encourages him to send him the sick he comes across to his house of God. "Send me all the sick and suffering poor people you find there". The response was so huge that in his letter to Lasso, the saint confides to him: "So many poor people flock here that very often even I am afraid we shall not be able to look after them all". After the shock of his initial apprehension at seeing such a great number of sick people flocking to the house of God it seems that Saint John came back to his senses and said further down within the same letter: "Since this house is for everybody, without making any distinctions we take in people suffering from every disease and people of every type, so that there are cripples, the maimed, lepers, mutes, the insane, paralytics, people with ringworm, and also very old people and many children — and this is without counting the large numbers of other pilgrims and wayfarers who come here and to whom we give fire, water, salt, and pots, so that they can cook". How do we react when patients starts creeping in into our wards? Do we give in to the temptation of shirking from our responsibilities?

Amid the suffering s/he encounters in the clinical setting, a caring nurse always has a compassionate gaze that comes from her/his compassionate heart. In his second letter to Gutierrez Lasso Saint John tells him: "I am also very unhappy when I see so many poor people (who are my brothers and neighbours) suffering and in great need in both body and soul, and I cannot help them". His experience recalls Jesus' experience when he encountered big crowds who were without guidance. "As he went ashore he saw a great throng, and he had compassion on them, because they were like sheep without a shepherd; and he began to teach them" (Mk 6, 34). It is interesting that in the Markan account, Jesus shows compassion through his compassionate word. In his second letter to the Duchess of Sessa, Saint John extols the compassionate heart of the noble lady Dona Francisca.

"She never refused to give them some blessed alms, so that nobody went away from her house without being comforted by the good works, the good example, and the good teaching this blessed maid communicated... Through the will of God and the good works that Jesus Christ performed in her and the grace he gave her, she did good to everybody, both with advice and with alms: Jesus Christ gave her grace for everything and for each person". Do we show compassion to our patients when we feel they are lost in their suffering? Do we show them compassion by sharing with them a comforting word?

A caring nurse is one who is a hard worker and cooperative within the dynamics of her/his profession. When Luis Bautista was discerning of becoming a brother, and so a nurse within the Order Saint John of God founded, the letter wrote to him: "But if you come here, you will have to be very obedient and work much harder than you have ever done, while always remaining absorbed in the things of God and losing sleep in order to care for the poor.... But remember that if you do come, you must be serious about it ... If you come here, it is solely in order to work, not to sit idle, for the most beloved son is entrusted with the greatest tasks and labour..." Are we always committed to our vocation as nurses? Do we always give our best? Do we really cooperate between ourselves and with other members of the interdisciplinary team?

Finally, an essential characteristic for a responsible nurse is self care. S/he needs to find someone with whom s/he can get support and inspiration from so as to keep progressing in her/his profession with renewed enthusiasm, wisdom and readiness to learn. In his second letter to Gutierrez Lasso, Saint John writes to him: "My most beloved and respected brother in Jesus Christ, I wanted to let you know of my worries, because I know that you will suffer over them just as I would suffer over yours, and also because I know that you love Jesus Christ and feel compassion for his children, the poor. This is why I am letting you know about their needs and mine. Since we all share the same aim (even though each person should follow his own particular path according to God's wishes) it is a good thing if we encourage one another. Therefore, my most beloved brother in Jesus Christ, never stop praying to Jesus Christ that he may grant me the grace and strength to resist and overcome the world, the flesh and the devil, and also humility, patience and charity towards my neighbour...My brother in Jesus Christ, writing to you brings me great relief because I feel I am talking with you and sharing my troubles with you. I know you feel them, as I have seen from your actions, for the two times I have visited your city you have given me a very warm welcome and shown great good will towards me. May Our Lord Jesus Christ reward you in heaven for the good you have done for him, for the poor and for me; may Jesus Christ repay you". On the same vein Saint John reminisces with affection and gratitude the great support he received from Dona Francisca while serving others through his nursing ministry. His second letter to the Duchess of Sessa testifies his appreciation: "All those who knew her (Dona Francisca), both poor and rich alike, have been deeply affected by her death, and this of course applies even more deeply to me than to anyone else, because of the consolation and good counsel she always gave me". In our troubles be it on our workplace or in our family environments do we seek support and guidance? Or simply repressing everything inside us and pretending that everything is okay and will be solved by itself?

Another unknown author wrote: "Nurses are the heartbeat of health care". Their presence is in fact fundamental since it shows God's compassionate face, gentle hands and caring heart to humanity. To attain such qualities one thing is badly needed: patience. If that is the case, then another unknown author was hundred percent right when he said: "Nurses are patient people!"

Fr Mario Attard OFM Cap
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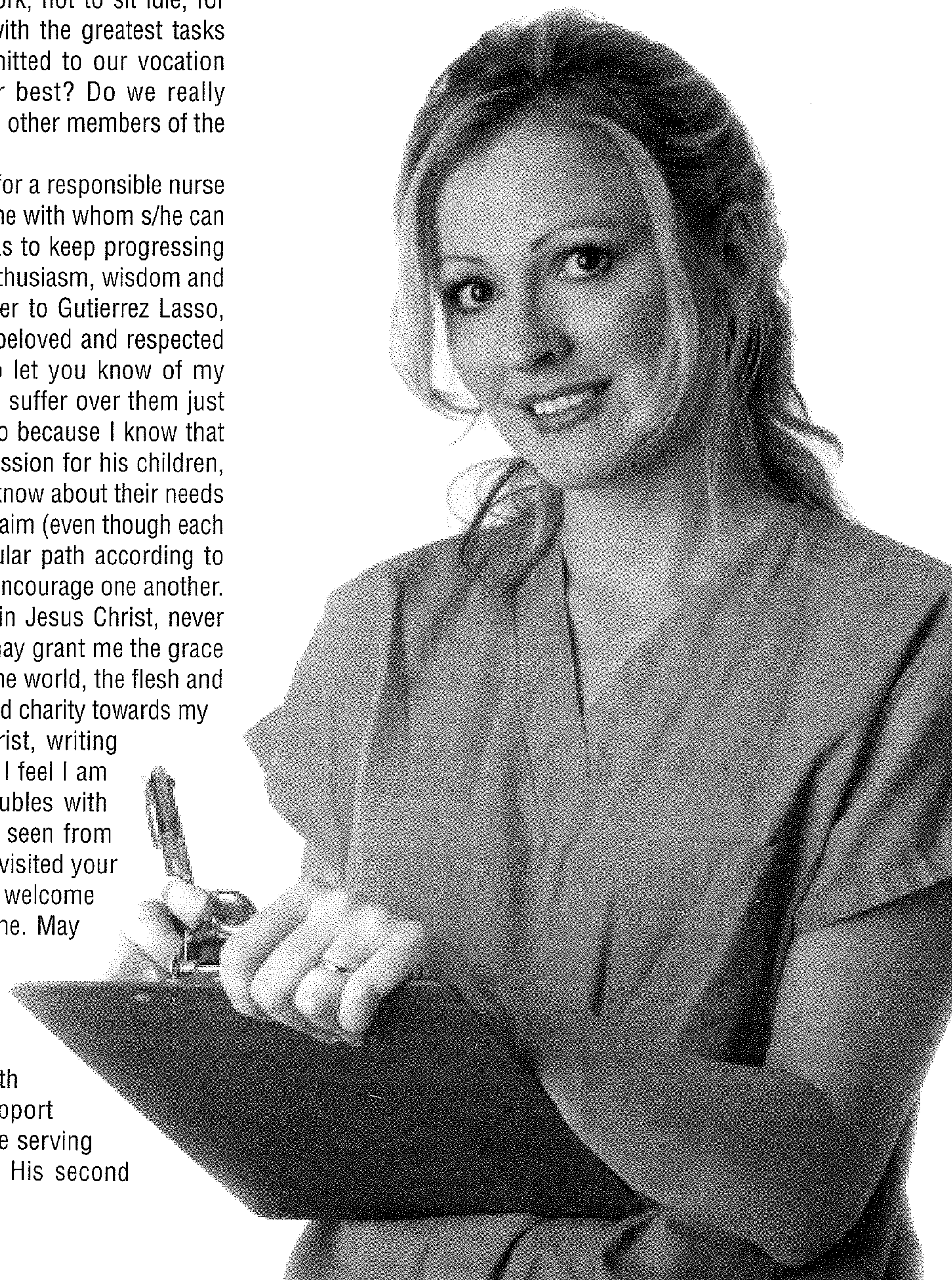

SINGLE-CENTER STUDY

Nurse Management with 1-Hour Ambulation Post 4 French Cardiac Catheterization is Safe and Cost Effective

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ABSTRACT

Background. Catheterization laboratory cardiologists and nurses are downsizing diagnostic catheters to enable earlier patient ambulation without compromising safety. *Aims.* The team sought to determine the safety and cost effectiveness of ambulation 1 hour after manual compression using 4 Fr diagnostic femoral catheters. This would enable a drastic reduction in bed rest time from our current practice. *Methods.* A total of 768 consecutive patients were ambulated 1 hour after a mean manual compression time of 9 minutes. When no evidence of re-bleeding on ambulation was encountered, 455 patients were discharged 2 hours after the procedure had finished. Patients were assessed for local complications within 3 days by the catheterization laboratory nurses. *Results.* No related major adverse events were noted. Minor bleeding problems were rarely encountered. No pseudo-aneurysms were diagnosed. No blood transfusions or surgical interventions were required. *Conclusion.* One-hour ambulation after 4Fr cardiac catheterization is safe and improves patient comfort. It averts the need for arterial sealing devices and requires shorter catheterization lab recovery nurse-to-patient times, thereby improving cost effectiveness. Furthermore, early ambulation will allow higher patient turnover with a possible reduction in waiting lists.

Key words:
patient safety, early ambulation, cost effectiveness

INTRODUCTION

Nursing has always been at the centre of patient care. Professional care management and ongoing development facilitates better teamwork and focused support for patient satisfaction. Cardiovascular disease is one of the major health problems of recent years. Cardiac catheterization for coronary artery assessment is a frequently utilized diagnostic procedure since coronary artery disease has been established as a primary cause of death in western countries. There is a great probability that in the coming years, coronary artery disease will continue to escalate.[1] The disease may sometimes remain silent and thereby go unnoticed for a long time. It may then manifest itself as an acute coronary syndrome, meaning cardiologists and health care personnel have a limited time to go through the routine examination pathway.[8] There is an ever-increasing number of affected people around the world, irrespective of gender, social status, economical status and geographical location[2]; therefore, demand for adequate diagnostic tests to help with specific therapies will increase.

Currently, there are different modalities to assess coronary artery disease, including non-invasive cardiac computed tomography (CT) angiography. However, the gold standard remains coronary angiography. Although it requires a special setup, a large number of support personnel and has a higher cost, angiography still remains the most accurate, sought after and accessible procedure, which often results in long waiting lists for the procedure. In response to increased resource and expenditure requirements, management teams seek to deliver this type of care at a more contained expense without compromising safety.

We have considered the reduction of post angiography bed rest time and possibly earlier discharge after assessing the good results reported with the use of 4 French (Fr) diagnostic angiography procedures.[3-6]

METHODS

After obtaining the approval of the hospital management committee, one of the local interventional consultant cardiologists began to perform cardiac catheterization procedures using 4 Fr femoral artery access sheaths and related diagnostic catheters. The nursing team performed femoral artery sheath removal and manual compression in the cath lab) recovery area.

Nurses participating in this study were all knowledgeable and experienced with femoral access site complications. This team had to provide uniform care in order to achieve safe and effective femoral artery sheath removal.

This study enrolled 768 patients who underwent 4 Fr coronary angiography procedures irrespective of test indications, gender, age, co-morbidities and body mass index. The only patients excluded from this study were those who could not have femoral artery access due to local vascular problems and those patients who required immediate percutaneous coronary intervention, thus requiring a larger French size guiding catheter. Patients on oral or intravenous anticoagulation therapy were not excluded automatically, but were assessed for possible enrolment. The entire patient study group was recruited both from the outpatient list as well as from the hospitalized patient list (Table 1).

Table 1.

Males	542	
Females	226	
Mean age	59.3 years	Range 23 to 83 yrs
Mean BMI	29%	

BMI = body mass index

The femoral artery vascular sheath removal was done utilizing the manual compression technique. All sheaths were removed by the cath lab nursing team in the recovery area just outside the cath lab. This resulted in a reduction in procedure time since the cath lab was vacated quicker, enabling a faster turnover, yet still maintaining easy access to the cardiologist's support and to the cath lab should the need arise.

The patients were examined by the cath lab nursing team one hour after vascular sheath removal and on the third post procedure day. During the review, the access site and lower limb were examined and the relative data collected. This data was then assessed by the nursing team and the interventional cardiologist.

Malta covers a relatively small area, 316 square kilometres, with a local population of just over 400,000 people, ensuring that hospital access was easily available for all the patients enrolled in this study.

Results

Seven hundred and sixty-eight (768) cardiac catheterization patients were enrolled in this study, of which 542 were males and 226 females. Maltese locals (92%) made up the vast majority of these patients, although a small mixed minority of foreigners (8%) were also included. These foreigners were either visiting the country or are permanent residents in Malta. Mean age was 59.3 years with a range spanning between 23 years and 83 years. Mean body mass index (BMI) was 29.6%.

Table 2.

Total number of patients enrolled: n = 768	
Males: 542	Females: 226
Right femoral artery access	735
Left femoral artery access	8
Right femoral artery and right femoral vein access	25

The procedures were conducted using femoral artery access: 735 patients had a right femoral artery access, while only 8 had a left femoral artery access (Table 2). A group of 25 patients had a right femoral artery and right femoral vein access due to the cardiac study procedure. The left femoral artery access was used only on 8 patients as these had presented either with right femoral artery problems or because of recent right femoral artery interventions.

Table 3.

Procedure types (n = 768)	
Coronary angiography	649
Coronary angiography and grafts study	94
Coronary angiography and right heart study	25

There were six patients on anticoagulant therapy who were included in the studied patient group, of whom five were on intravenous heparin therapy and one was on long-term oral warfarin sodium therapy.

Table 4.

Femoral artery sheath (n = 768)	
Mean holding time	9 minutes (7 to 15 minutes)
Mean bed rest time	59 minutes (2 to 120 minutes)

Goals were chosen to enable a more cost-effective methodology by reducing cath lab bed occupancy, acute ward bed occupancy time, the use of costly vascular sealing devices and also to redirect specialized nursing personnel care time. All this saves on current hospital expenditures and allows us to more effectively deliver acute care to those patients that need it the most.

Enrolled patients perceived the new methodology positively, since it provided a drastic reduction in bed rest time of 60%. The average standard 5 Fr diagnostic angiography catheter ambulation time is around 240 minutes. The new 4 Fr methodology resulted in a related bed rest time reduction of 180 minutes.

The new methodology also resulted in fewer access site complications and minimal access site-related complaints of soreness and pain. There was also a related decrease in back pain as related to the

previously longer bed rest time. All patients coming for their angiography procedure on an outpatient basis and who did not require immediate percutaneous coronary intervention or acute hospitalization were ambulated after 1 hour from the vascular sheath removal and then discharged within another hour of ambulation. As a result, there was a general reduction in the increased anxiety levels usually perceived in relation to coronary angiography procedures and ambulation, as indicated by Mueller et al.[7] Quantification of this anxiety reduction in relation to 4 Fr interventional cardiology procedures would require additional study.

The majority of patients [764 (99.5%)] were ambulatory within 1 hour of the arterial sheath removal time without major complications. Four patients (0.5%) experienced minor complications. One patient had minor bleeding during the 1-hour bed rest time. This was controlled easily with manual compression. This patient was then ambulated safely one hour later, achieving a very good end result. Three had a small amount of blood oozing on ambulation that was easily controlled with manual compression. All three patients were ambulated within another hour from haemostasis.

The patients were assessed again by the nursing team on the third day after the procedure. Ninety-seven percent (97%, n = 745) were generally free from major complaints. The most common complaint within this group was minor access site pain or soreness, usually a common and acceptable effect related to femoral vascular access procedures. Mild pain relief (Paracetamol) was prescribed.

Fourteen patients (2%) were found to have a small, local, soft bruise of less than 10 cm in diameter and a very small access site haematoma. Another 6 patients (0.8%) had a slightly larger soft bruise of less than 15 cm in diameter and a very small access site haematoma. There were no patients diagnosed with major access site adverse events. None of this patient group required blood transfusion as an effect of femoral artery bleeding. No vascular repair surgery, endovascular luminal dilation or stent procedures were required. No pseudo-aneurysms or arterio-venous fistula formations were diagnosed.

Another important factor of achievement is that 59% of the patients within this group (453/768), were discharged home within 2 hours from the vascular sheath removal time. While at home and until review, these patients did not encounter any access site-related problems. No bleeding or oozing episodes occurred within this period. Some of the other patients had very small site bruising at the level of the superficial skin without any notice or further complaints.

One patient developed acute pulmonary oedema immediately post coronary catheterization procedure. The smaller femoral access sheath allowed for the patient to be propped up within five minutes from sheath removal without any bleeding problems.

Another patient had the vascular access done through a synthetic femoral bypass surgery artificial graft. His procedure and sheath removal went smoothly with no complications.

DISCUSSION

Utilizing the 4 Fr femoral artery access for coronary angiography procedures has been indicated as a promoter for early ambulation. Our patient group (n = 768) showed no increase in related medical problems. Twenty-five percent (n =192) had previously undergone a coronary angiography procedure with a longer bed rest time. The patients within this group felt that this new method was much easier to cope with, offering a major reduction in bed rest time and a reduced impact on the access site while allowing the physician to obtain required angiographic data for assessment.

Average manual compression time was 9 minutes, with a compression time range of 7 to 15 minutes. The smaller femoral sheath size yielded a greater reduction in the required force applied to support arterial bleeding and a greater reduction in achieving a faster access site healing time in comparison to the standard practice with 5 Fr sheaths. Keeping in mind the aspect of personnel occupational health and safety, the reduction in the required manual compression force and total compression time decreased considerably the related physical tension/expenditure and the possibility of personnel injury.

The 4 Fr data collected within this study of one-hour bed rest time was compared with the local standard 5 Fr angiography time, which is 2 hours and 30 minutes. This change achieved a safe reduction in bed rest time of 1,152 hours or 40% less. Specialized personnel time was saved, making the 4 Fr coronary catheterization procedures more cost effective as well. The early discharge group (n = 453) results show that an even greater cost reduction may be obtained giving hospital management teams a greater indication to use this approach.

The majority of these tests [n = 683 (89%)] were conducted utilizing the manual injection technique showing no compromise to angiographic image quality and physical expenditure. This method did require an increase in manual injection force. Automatic contrast injection was used in 85 (11%) procedures to confirm that there was no diagnostic difference in the resultant angiographic images.

The cath lab nursing team felt that a smaller 4 Fr arterial puncture required less force for compression during vascular sheath removal and as such, was perceived as giving less physical problems to the nursing group. As an effect, there was a resultant faster patient recovery. Early ambulation, earlier transfer to the respective peripheral ward or earlier discharge may all be contributing factors in reducing the overall hospital stay. The cost reductions implied

by this study could be easily adopted by hospital management, since this study showed that there is no compromise to patients and/or personnel safety. Some centres have adopted the regular use of external vascular compression devices and/or vascular sealing devices. The 4 Fr arterial access could reduce the related procedure costs, as well enable the shifting of funds to other important aspects of care.

The local cardiovascular nursing team managed and organized the patient follow-up coordination in a safe and effective manner, providing excellent, reliable results. The added benefits to the patients and to the healthcare system were the result of the responsibility, professionalism and efficiency of the whole nursing team, together with the professional responsibility of the cardiology medical team which began the use of 4 Fr diagnostic catheters.

Acknowledgments

The authors would like to thank all the patients that have participated in this study, the cath lab nursing team at Mater Dei Hospital, Malta, who have done the access sheath removal, care and regular assessments, and the director of cardiology and hospital management for their support and encouragement.

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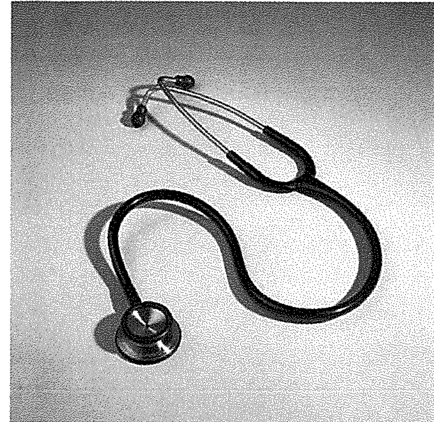

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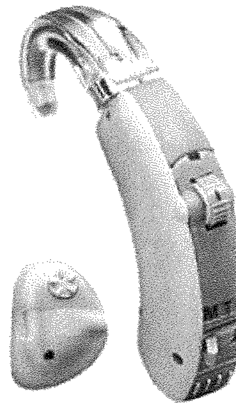

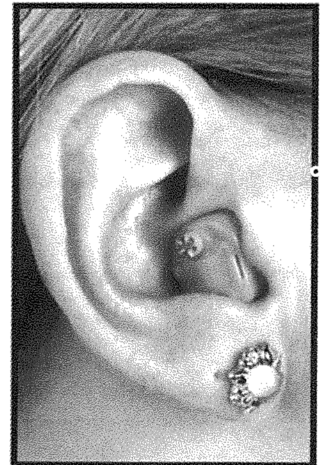

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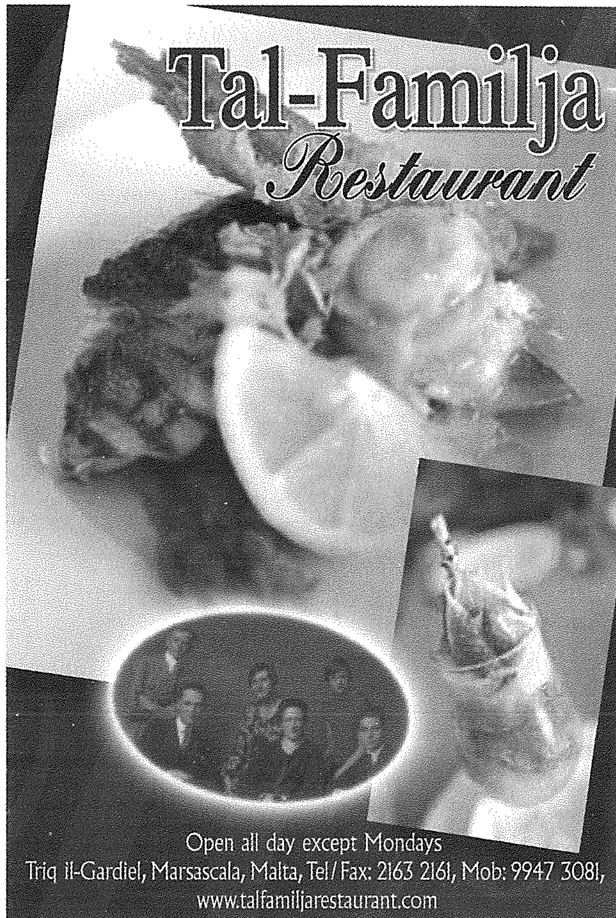

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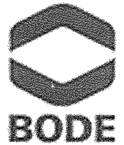

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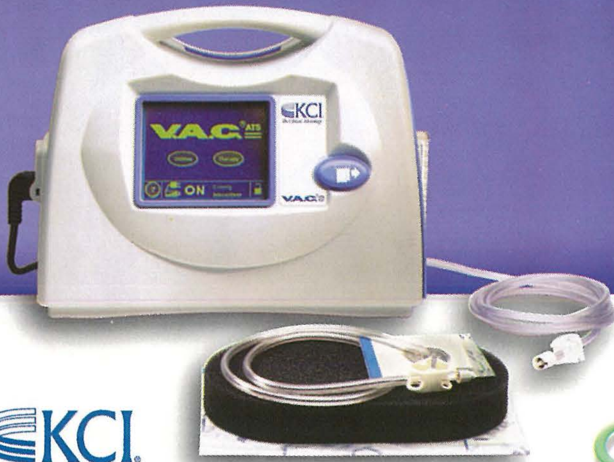

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From our diary
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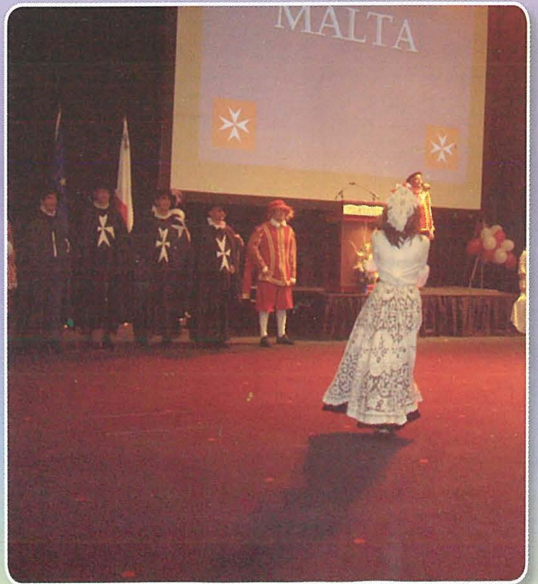

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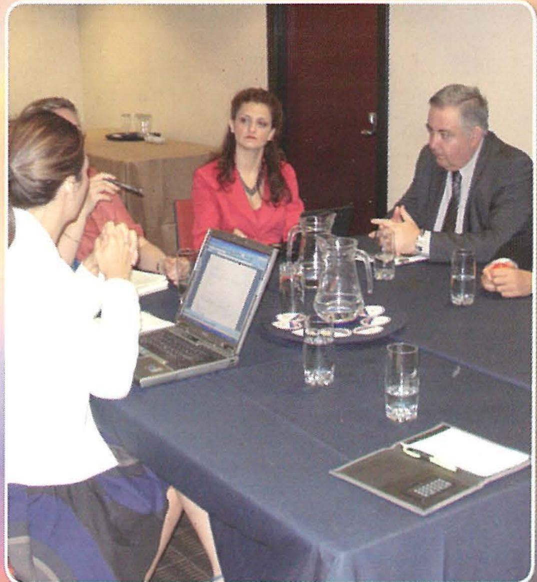

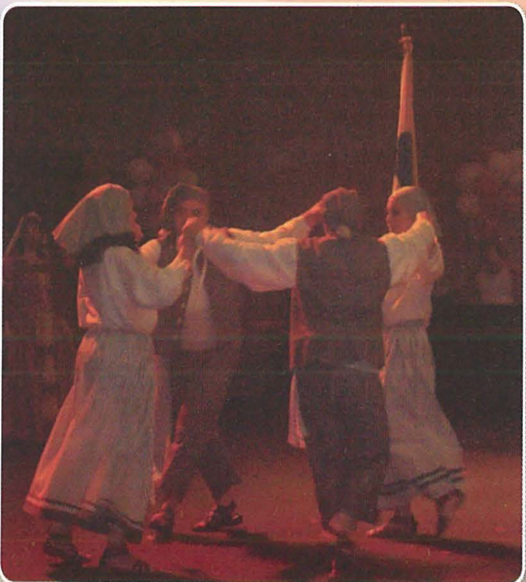

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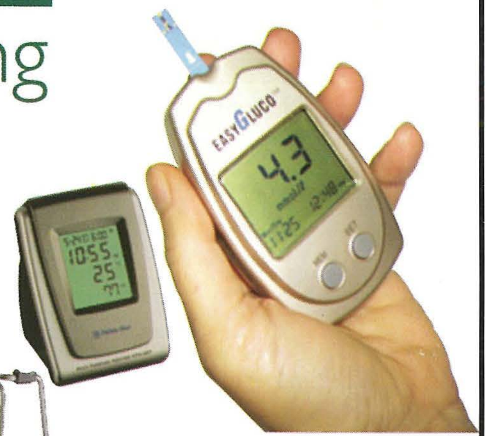

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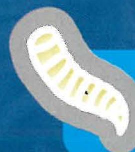

Larval therapy was once thought of as a last resort...

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From: Paul Pace [mailto:paulpace@maltanet.net]
Sent: Tuesday, September 08, 2009 8:48 AM
To: 'MUMN'
Subject: FW:

From: Paul Pace [mailto:paulpace@maltanet.net]
Sent: 21 July 2009 18:31
To: 'denis.v.baldacchino@gov.mt'
Cc: 'sylvia.spiteri@gmail.com'
Subject:

Dr Denis Vella Baldacchino
Director Primary Health Care

Dear Dr.Vella Baldacchino,

It is clear that at Rabat,Qormi, Gzira and Bormla Health Centres, one nurse is being left to mann the Health Centre between 5.00 p.m. and 8.00 p.m. This is happening on a regular basis and causing great distress to the nurses involved. Such mis management goes against nurses work practises and goes against past agreements were a minimuim of two nurses have to be present in all times.

MUMN is not ready to negociate any compliment were less than two nurses is being requested. Therefore MUMN will be constrained to issue directives without any other further notice if the management of the Primary Care persists in allowing one nurse in the mentioned Health Centres at the designated times.

This e mail will be distributed to all members in the effected Health Centres.

Paul Pace, MUMN President
21/07/09.

From: Paul Pace [mailto:paulpace@maltanet.net]
Sent: 14 June 2009 18:56
To: 'john.dalli@gov.mt'; 'marion.rizzo@gov.mt'; 'lina.janulova@gov.mt'; 'alex.manche@gov.mt'; Debono Michael at MFSS
Cc: 'john.cachia@gov.mt'; 'joseph.r.cassar@gov.mt'; 'glenn.bugeja@gov.mt'; 'kenneth.grech@gov.mt'; MUMN; 'emanuel.bezzina@gov.mt'; 'mumn'
Subject: RE: Surgical ward 4 PILOT PROJECT

Dear Ono. Minister Dalli,

After seeing these e-mails, I believe that we should all stick with what was agreed in the meeting to finally arrive to a solution. This union is for once seeing something tangible to address the patient situation in the surgical wards in Mater Dei Hospital.

We should then convene another meeting by the end of July to :

1) See the developments of the Emergency Ward 2 (SAU), observation ward (at the casualty department) and the paedartric Day care after what was proposed by Profs. Laferla and agreed by the union. A report is still being awaited as instructed by yourself to Mr. Bezzina. Such report should be delivered as soon as possible and the required patients be made vacant so then we could move to the agreed proposal to the practical settings. As MUMN we agree with your desicion that such units which will be made vacant will remain not assessible to medical patients. Hopefully such wards will be functioning as the original proposal made by the Mater Dei Management.
2) The initiatives taken by Mr. Manche and Prof. Laferla will be put into practice immediately in order to be evaluated by the end of July meeting. Such practices are the way forward and hopefully will improve the sitauation for the patients and all caring proffessions.

MUMN is expecting things to change relieving the stress and the unnecessary burdens imposed on the nursing proffession. There is a limit on anyone to the sacrifices one has to endure and definately such a point has reached its saturation. Nurses have to gain confidence again in their management and in their policies. So please make sure that the desicions taken in that meeting be taken in the shortest possible time.

Paul Pace, MUMN President

Dr. K. Grech
Permanent Secretary
Health Division

Dr. Grech,

I believe you are not grasping the full implications pointed out by the Mr. Colin Galea in his last e mail regarding point 2 which deals with the Director Nursing position.

MUMN is the main voice of all the nurses and midwive in Malta. Recently MUMN obtained the warrant to the nursing proffession. This was done through sole insistance and consistency of MUMN. The same regard but actually which is more important is the autonomy of the proffesion and the career progression. Let me explain to you in simple language.

MUMN has achieved in past agreements:

1) A Staff compliment for every ward in all government hospitals which includes a Nursing Officer and Deputy Nursing Officer.
2) The autonomy of the nursing proffession where every nurse has to be accountable to another nurse.
3) The compliment of Departmental Nursing Manager in every government hospital.
4) The Compliment of Manager Nursing Service in every government sospital
5) The set up of the Deirectorate Of Nursing having the Mangement (and not just proffessional Development) of the Nursing and midwifery service compromising of a Director and two Assisstant Directors and an adjancent assisstant Director (being also a nurse under the Director General of Human Resources.

For MUMN such agreements have been achieved with hard and dedicated work. MUMN realises that through these agreements does nurses and midwives have a chance of some sort of career progression. The other small route for career progression is the specialization posts which can only lead to maxuim to sacale 8. Therefore for MUMN and all the nurses such promotions in management are important since we are living in an era where the health ministery is living in a false imprssion that all top Management post (from Director General to directors to Perm. Sec) have to be filled by doctors. One would get the impression that when one becomes a doctor he or she become eligible (by divine right) to become an administrator. This divine right of doctors to fullfill such posts by divine right shows clearly that not all doctors are after all good in management since the health department would not be in the mess it is today.

As President of MUMN I do not sent threats but I am informing you, and the health division that MUMN would not accept anythging less or a hybrid of what has been already agreed upon and is included in this e.mail. MUMN would not allow the nursing proffesion to be offended by losing its autonomy and the accountable to basically doctors. I would assure every member (since this email will be printed in the nursing journal – Musbieh) within MUMN that the minute the health division removes or changes the nursing managerial structures all services in all government health hopistals including primary care which are provided by nurses and midwives will all be hindered. This is not a threat but a desicion taken by MUMN Council passed through all the varous committes within MUMN.

Also MUMN has a limit to the patience the health division is taking to decide.

Paul Pace,
MUMN President

Dr. Kenneth Grech
Permanent Secretary
Health Division

Dear Dr Grech,

It is crystal clear to MUMN that the Health Division is relectant to fill the vacant posts within the nursing managemnet in Mt. Carmel Hospital, Primay Health Care, Community Elderly Homes, Mater Dei Hospital and Boffa Hospital.

The vacancies in these five departments vary from Nursing Officers to Manager Nursing services to Departmental Nursing Managers. To add more insult to the nursing proffession, the Health Division has to it's disposal a Manager Nursing Services interview result which is about to expiry and was not never implimented.

Although MUMN has been insisting with the Health Divison to issue the necessary applications to fill the post of the Director Nursing Service, the Health Division has a hidden agenda on such a post . I would like to point out that the post of Director Nursing Service is recognised by a number of agreemnnets which have been signed withe

continue next page

Health Division and MPO with MUMN.

Also rumors circularting of having medical consultants as clinical directors with administartive powers on nurses working within their field have also reached MUMN. MUMN will not accept the concept which has been achieved in a written agreement with the Health Division were nurses will be cut of from the nursing management stream. Th prinicple that every nurses is accountable admimistrative to another nurse still holds in all grades and this union will see that such agreements are respected.

MUJMN is also expecting that ALL Nursing Officers posts and Deputy Nursing Officer post in the mentioned departments to be filled immediately.

In the light that the Health Division is not addressing the vacancies of the Middle Nursing Management and the Top Management Nursing Posts, MUMN will be issuing directives as from Tuesday 11th August 09 at 7.00 a.m. to the Departmental Nurse Managers and Nursing Officers working in the Management Office of Mt. Carmel Hospital, Primary Health and Boffa Hospitals.

The directives will include:

1) All staff concerned are not to attend meetings, or answer e-mails or respond to memeos issued by the Health Division or from other top management posts (including CEO and Superindents or respective Directors).
2) All staff concerned will not sign any vacation leave form nor be informed on issues regarding vacation leave.
3) All staff concerned will only deal with day to day chorus and in the case of extordinary events such staff concerned will delegate issue to the respective administrator.

For the time being MUMN is limiting it's industrial actions to three departments but if the situation persisits MUMN will extend it's directives to Mater Dei Hospital. MUMN is issuing such directives and could include further directives without any other further notice. MUMN is not requesting any meetings with the Health Division and would only lift such directives when the posts have been filled by suitable candidate or the necessary applications have been published.

Paul Pace, MUMN President 09/08/09

From: mumn [mailto:mumn@maltanet.net]
Sent: 11 August 2009 18:33
To: Grixti Mario A at OPM; Grech Kenneth at MSOC-HECC
Subject: MUMN - Amendment to Addendum

Mr. Mario Grixti
Director Industrial Relations
Management and Personnel Office
Auberge de Castille
Valletta.

Dr. Kenneth Grech
Permanent Secretary
Health Division
Palazzo Castellania
Valletta

Dear Sirs,

As you know the issue of recognising the nursing experience of nurses working in Zammit Clapp Hospital raised during our last meeting in the Office of the Principal Permanent Secretary is now clear to all after clear instructions were written from the Office of the Prime Minister and confirmed by the Principal Permanent Secretary.

So that no further misunderstandings will occur in the future MUMN recognises the need that there will be an amendment in point 5. of the side letter issued with the Agreement signed on the 25th October 2007.

This amendment is attached with this email.

Whilst I await your reply,

Kind regards,
Colin Galea
General Secretary - MUMN

From: mumn [mailto:mumn@maltanet.net]
Sent: Monday, August 31, 2009 11:01 AM
To: 'may.caruana@gov.mt'
Cc: 'edward.borg@gov.mt'
Subject: MUMN

Ms. May Caruana
Manager
Community Psychiatry Care
Sptar Monte Carmeli
Attard

Ms. Caruana,

Qed niktiblek dwar in-Nurses li jahdmu fil-kommunita u li waqt il-qadi ta' dmirijiethom ikun jinhtieg li jghamlu visti fid-djar tal-klijenti.

Bhal ma taf tajjeb, f'dawn il-kazijiet, id-Divizjoni tas-Sahha toffri hlas ghall-fuel u ammont zghir ghal wear & tear tal-karozza pero ma jkun offrut l-ebda hlas f'kaz fejn ikun involut accident ta' habta ma karozza ohra. F'dan il-kaz tidhol fis-sehh l-insurance privata ta' l-individwu bid-detriment li jghola il-premium tal-insurance u jintilef jew jonqos in-non-claim bonus. Barra l-hsara fil-karozza jista jkun hemm ukoll involut dannu fiziku u psikologiku.

Ghalhekk ikun xieraq li n-nurse jithalla fil-liberta tieghu jekk juzax il-karozza privata tieghu jew it-transport ta' l-isptar, u fin-nuqqas li l-isptar ma jipprovdix transport, in-nurse ghandu jithalla fil-liberta li jghamel uzu mis-servizz tal-karozza tal-linja.

Filwaqt li nistenna minghandek,

Inselli ghalik.

Colin Galea
Segretarju Generali
MUMN

From: mumn [mailto:mumn@maltanet.net]
Sent: Monday, August 03, 2009 5:10 PM
To: Zammit Nathalie at MDH
Cc: catherine.cilia@gov.mt; Cachia John at MHEC
Subject: MUMN - Maternity Section

Ms. Nathalie Zammit
Manager Midwifery Services
Sptar Mater Dei
Msida

Ms. Zammit,

Din il-Union giet infurmata li hemm il-possibilita li numru ta' nurses jigu ttrasferiti mis-sezzjoni tal-maternita ghas-sezzjoni l-ohra li toffri kura in generali u dan peress li hemm numru zghir hafna ta' Midwives li ser jigu allokati minflokhom.

L-MUMN ma tistax tifhem kif bil-vakanzi li jezistu fis-sezzjoni tal-maternita, mhux talli hemm bzonn dawn il-Midwives bin-Nurses maghhom, talli hemm il-bzonn li jintbaghtu aktar Nurses specjalment ghas-swali tal-Gynae, l-SCBU kif ukoll certu swali ta' l-Obstetrija li jinsabu f'sitwazzjoni imweghra.

Barra minn hekk, issa li l-Gvern tal-gurnata, imbarka fuq hidma sabiex jigu estizi s-servizzi fil-kommunita, l-MUMN qed tistenna li numru ta' Midwives b'esperjenza jibdew jaqdu d-doveri taghhom f'dan is-settur biex b'hekk anki nkunu konformi mad-Direttiva ta' UE fuq din il-materja.

Ghaldaqstant l-MUMN tixtieq titlob laqgha mieghek sabiex ticcara dawn il-punti ghaliex bl-ebda mod mhux ser taccetta li numru ta' nurses li jahdmu fis-swali tal-maternita jigu ttrasferiti sabiex numru zghir ta' Midwives johdilhom posthom meta jezisti dan in-nuqqas kollu.

Filwaqt li nistenna minghandek,
Inselli ghalik,
Colin Galea, Segretarju Generali

From: mumn [mailto:mumn@maltanet.net]
Sent: Thursday, August 13, 2009 8:38 AM
To: Grech Kenneth at MSOC-HECC
Cc: Grixti Mario A at OPM; Debono Michael at MSOC-FSS
Subject: MUMN - Amendment to Addendum

Ghaziz Dr. Grech,

L-istrategija li qed taddotta d-Divizjoni tas-Sahha sabiex ittawwal fiz-zmien u tpoggi l-affarjiet fuq l-ixkaffa mhiex accettabbli ghal din il-Union. Li ssir emenda fil-Ftehim dwar ir-rikkonoxximent tas-servizz tan-nurses fl-Isptar Zammit Clapp huwa pass fid-direzzjoni t-tajba pero li noqghodu nistennew din l-emenda issir qabel nattwaw dak li inti inghatat struzzjoni cara fuqu mill-OPM u l-PPS mhiex accettabbli ghall-MUMN.

Dwar il-post tad-Director Nursing Services din il-Union hija nfurmata minn sorsi ta' min jorbot fuqhom li d Divizjoni tas-Sahha diga iddecidiet li ser ikun hemm tibdil f'dan il-post u ghalhekk ir-risposta tieghek ghal darba ohra hija intiza li ttawwal sakemm isiru l-manuvri necessarji minn wara dhar l-MUMN.

Dwar il-policy ghal dawk il-haddiema li jghazlu li jkomplu jahdmu wara sena ta' l-irtirar tidher cara li d-Divizjoni tas-Sahha mhiex sensittiva ghal dawk in-nurses li xahar wara xahar qed jirciev u tnaqqis fis-salarju taghhom. Din il-kwistjoni ilha sejra xhur shah u l-pacenzja tal-Union ghandha wkoll il-limitu taghha. Il-gimgha l-ohra fl-Ufficcju tal-PPS inti infurmajtna li din il-gimgha kont ser itina appuntament sabiex l-MUMN tara l-policy tad-Divizjoni pero jidher car li din il-weghda mhux ser tinzamm. Is-sitwazzjoni issa hija cara bizzejjed ghaliex l-affarjiet qeghdin jehlu u ma jigux implimentati.

Dwar id-Deputising Allowance, fl-istess laqgha fl-Ufficcju tal-PPS, intlahaq ftehim li inti ghandek tikteb lill-PPS sabiex tirrakomanda li jkun hemm tibdil fir-regolamenti li jistabilixxu l-oghti tad-Deputising Allowance, ta' l-anqas fuq zewg punti, biex b'hekk jigu solvuti dawk il-problemi relatati ma din il-kwistjoni. Dan l-ezercizzju irid isir minnek fil-kapacita tieghek ta- Segretarju Permanenti u mhux minn Nursing Management. Fin-nuqqas li taghmel hekk il-problemi ser jibqghu hemm u dawk in-nurses involuti ma jircevux id-Deputising Allowance dovut lilhom.

L-MUMN, quddiem dawn ic-cirkostanzi kollha, ma tistax tibqa passiva. Huwa mportanti ghalina li din il-gimgha ninghataw appuntament sabiex, ta' l-anqas, niltaqghaw il-gimgha d-diehla sabiex jigu solvuti darba ghal dejjem dawn l-issues pendenti fl-interess ta' kulhadd.

Tislijiet,
Colin Galea, MUMN

From: mumn [mailto:mumn@maltanet.net]
Sent: Thursday, August 06, 2009 10:28 AM
To: Cachia John at MHEC
Subject: MUMN - Request a meeting

Dr. J. M. Cachia
Direttur Generali Servizzi
Divizjoni tas-Sahha
Valletta

Ghaziz Dr. Cachia,

Nixtieq nitlob laqgha mieghek dwar il-prejokkupazzjoni ta' l-MUMN dwar is-sistema li d-Divizjoni tas-Sahha qed taddotta dwar il-visti tat-tobba li dawn qed jaghmlu meta jigi rrapurtat sick leave. Din is-sistema qed tigi addottata ma l-isptarijiet kollha u c-centri tas-sahha. L-MUMN hija kontra kull forma ta' abbuzz u favur it-trasparenza u ghaldaqstant thoss li ghandha tipproponi mizuri sabiex is-sistema tkun hafna ahjar milli hija llum.

Barra minn hekk nixtieq nihu l-opportunita tal-laqgha sabiex din il-Union tinfurmak ukoll bil-proponiment ghal zraben godda ta' l-uniformi sabiex b'hekk jibda l-process ta' tendering.

L-ahhar punt li nixtieq inqajjem waqt l-istess laqgha huwa dwar cirkostanza fejn nurse li tahdem fl-Isptar Monte Carmeli giet aggredita waqt il-qadi ta' dmirijietha u soffriet danni materjali u l-Management ta' l-isptar infurmana li ma jistax jaghti kumpens ghalkemm ihoss li t-talba hija gustifikata.

Ghaldaqstant filwaqt li nistenna data ta' appuntament minghandek,

Inselli ghalik.
Colin Galea, Segretarju Generali

From: mumn [mailto:mumn@maltanet.net]
Sent: Sunday, August 16, 2009 9:08 AM
To: ronald.fiorentino@gov.mt
Cc: gorant23@gmail.com; chardon@onvol.net; ritabriffa52@gmail.com; paulpace@maltanet.net; Xuereb Stephanie at MHEC
Subject: MUMN - Requesting a Meeting

Dr. Ronald Fiorentino
Amministratur Mediku
Residenza San Vincenz de Paule
Luqa

Ghaziz Dr. Fiorentino,
Wara laqgha li din il-Union kellha mad-Direttur, Dr. Stephanie Xuereb, fuq numru ta' punti, gie deciz li zewg punti minnhom l-MUMN tiltaqgha mieghek sabiex jigu diskussi l-ilmenti ta' din il-Union u jinstabu s-soluzzjonijiet ghalihom.

Iz-zewg punti huma:-
a. Is-sistema temporanja dwar il-metodu addottat mit-taqsima ta' l-ispizerija;
b. Il-kundizzjonijiet xejn xierqa fid-Dining Room.

Ghaldaqstant filwaqt li nistenna data ta' appuntament minghandek ghal din il-laqgha,

Inselli ghalik,
Colin Galea
Segretarju Generali
MUMN

From: Pace Paul at MDH
Sent: Thu 27/08/2009 11:11
To: Ruggier Clara at MSOC-HECC; Cachia John at MSOC-HECC; Fenech Noel at SPBH; Sharples Jesmond at MSOC-HECC; Chircop Micallef Cristina at MSOC-HECC; Galea Debono Anthony at MDH; Debono Michael at MSOC-FSS; Bugeja Glenn at MSOC-HECC; Micallef Joseph A at ZCH; Cassar Maria D at ZCH
Cc: [mumn@maltanet.net]
Subject: RE: NRU Boffa Hospital

To all,
This report does not only make gross ingustice to the nursing proffession at NRU but shows how the top management including the Director Nursing Service himself to the Director General Dr. J. Cachia totally neglected their duties to the NRU ward. Now after so many years of neglect from such Top management, nursing staff including the Nursing officer are NOW found to be to blame. SHAME SHAME Shame on who is writing this report and shame in this country were the small grades get all the blame and the top management are always free from their blame. SHAME !!!!!

What was purposely missing in this report is the VISIT Dr. Cachia did two years ago promising the staff of a compliment ratio of one patients to one and half staff and promising better working conditions. That meeting then resulted in not only a solution to the problem but a further neglect from the health division. Shame !!!!!!!!!

Also this report has purposely missing that the maids sent by Dr. Cachia to the NRU have a criminal record and nobody can manage such a difficult maid. Varous reports have be written including even to the Prime Minister (by pateints and relatives) and the health division once agin remained in a sleeping mode. So as usual the health division uses NRU - a ward with patients who are high risk to infections- as a dumping ground for unmanagable staff. Obviously we then write down that the Nursing Officer is not good enough. SHAME !!!!

I will use this report when a press confernce will be given next month to show to the public why the NRU had to stop the service to its patients due to the depletion of staff, lack cleaniness and the lethargie within the health division.

Paul Pace
MUMN President - 27/08/09

From: mumn [mailto:mumn@maltanet.net]
Sent: Wednesday, September 02, 2009 2:03 PM
To: 'marion.rizzo@gov.mt'
Cc: 'emanuel.bezzina@gov.mt'; 'andrew.p.xuereb@gov.mt'; 'rose.grima@gov.mt'; 'Cachia John at MSOC-HECC'
Subject: MUMN - Direttivi Industrijali

Ms. Marion Rizzo
CEO
Sptar Mater Dei
Msida

Ms. Rizzo,

L-MUMN giet infurmata minn numru ta' Nurses, li jahdmu fis-swali fejn il-Union ordnat direttivi industrijali, li Ms. Grima, il-bed manager, infurmathom li jekk ser jobdu d-direttivi ta' l-MUMN ser itihom 'charge' u tiehu passi dixxiplinarji kontrihom.

L-MUMN tipprotesta bil-qawwa kollha kontra dan l-agir abbusiv tal-bed manager. Id-direttivi tal-MUMN huma legali u koperti bil-ligi industrijali.

L-MUMN tesigi li inti bhala c-CEO ta' l-Isptar twaqqaf dan l-agir irresponsabbli li huwa intiz biss biex jintimida li n-Nurses li qed jobdu d-direttivi tal-union taghhom. Jekk dan l-agir jerga jirrepeti ruhu, din il-Union ser tiehu passi ulterjuri kontra l-isptar Mater Dei u kontra l-bed manager.

Inselli ghalik,
Colin Galea
Segretarju Generali

The Malta Union Of Midwives and Nurses was informed by the nurses working in Zammit Clapp Hospital on varous working conditions which MUMN feels to be addressed immediately. The Nurses reported on the constant failures of the palm reader mechanism installed at Zammit Clapp Hospital which is causing great stress , concerns and fina[illegible]ial problems in the monthly salary. Such failures vary from lack of receipt, wrong pin numbers published and the [illegible]echanism not distuigishing from in/out. To make matters worst the management did not recognise the respective Nursing Officer signature as a means of attendence when the palm reader mechanism failed.

Another issue is that the Management of Zammit Clapp has taken the desicion to stop Nursing Aides from take haemoglustest (to patients who are not insulin dependant) after an incident of Needle Stick Injury to one of their workers. Such desicion was taken without considering the amount of work load add on to the nurses working in the ward. Nurses have a considerable number of added responsabilities and therefore such a desicion should had to be taken in the perspective of the staff compliment and that nurese can be also exposed to Needle stick injuries.

The lack of nursing aides compliment in the wards of Zammit Clapp is causing numerous problems to the nursing staff. The nursing aides compliment should never be allowed to go below the 5 nursing aides per ward during the day. This concept is being ignored by the management of Zammit Clapp Hospital since such compliment is hardly ever present in the wards of Zammit Clapp with the consequence that the nurses have to burden the worload of the lack of compliment of the nursing aides.

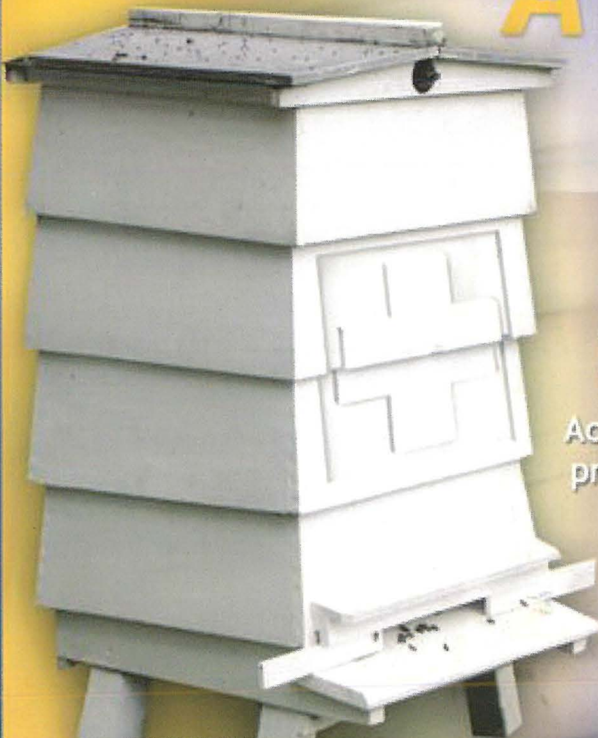
Also duplicate work is being requested by the nurses to sign on wound dressings when such dressings are included in the core plan

In the light of these issues MUMN is informing the management of Zammit Clapp hospital that as from Monday the 24th August at 7.00 a.m. a set of directives will be issued to all nursing staff (including the Nursing Officers) at Zammit Clapp Hospital. These directives are as follows:

1) As from Monday the 24th August 2009 nurses are to stop using the palm reader mechanism and to start using th[illegible] atte[illegible]ence sheets provided by the union. A fresh attendence is to be used daily starting from 7.00 a.m. and f[illegible]hing [illegible] the night shift signing out at 7.00 a.m. These sheets are to be give to the personnel section daily [illegible] each [illegible]ard will have its own attendence sheet on the same ward.
[illegible] comp[illegible]iment of the nursing aides is below the compliment of 5 nursing aids during the day, all bed charting [illegible]ore [illegible]lanning is to be stopped immediately. The only charts the nurses are obliged to fill would be the [illegible]ete[illegible] charting, Intake and out chart and the HGT charting of those patients who are insulin dependant.
3) [illegible]om Monday the 24th August Nurses in all wards will stop taking Haeomglucotest to does patients who are n[illegible]sulin dependant.

continue on page 33

A hive of Activity



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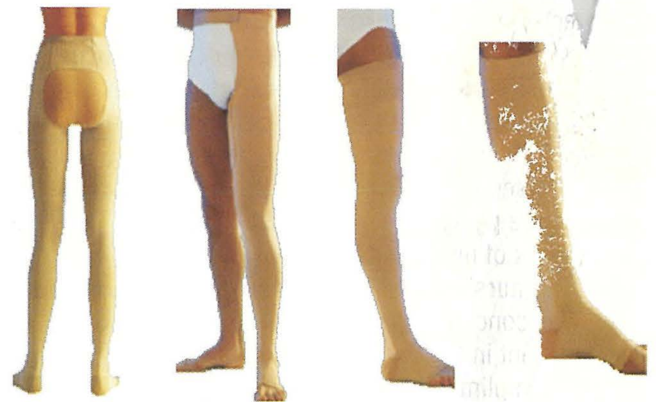

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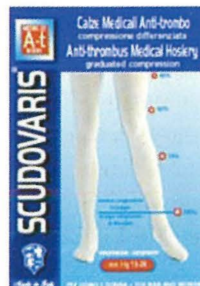

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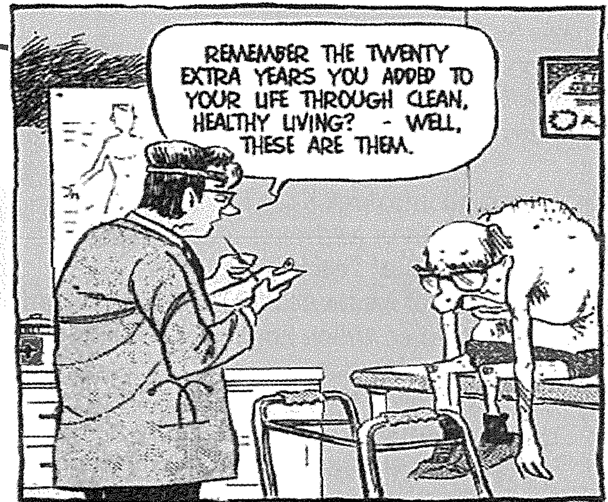
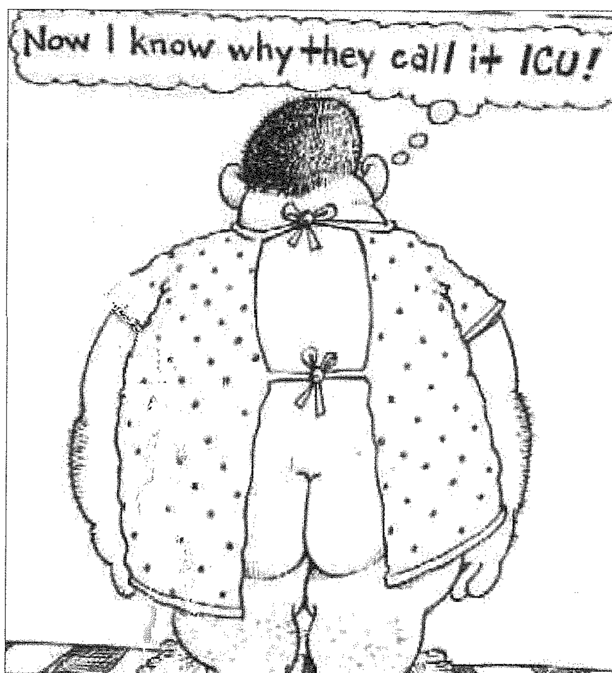
4) Nurses are to stop signing on any wound care dressing.

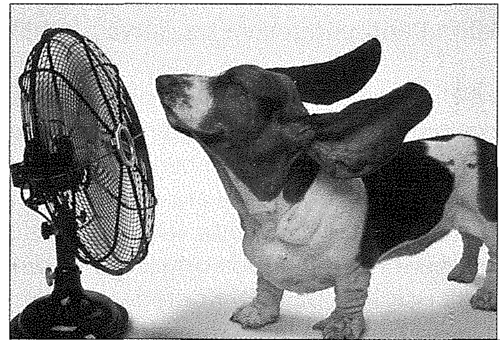
The situation at Zammit Clapp is also not satisfactory on the system of CPD allowence and therefore MUMN would be wainting a reaction from the management of Zammit Clap on such matters. MUMN would like to inform you that further directives can be introduced if such issues are not resolved without any other notice.

Paul Pace
MUMN President

Ejjew Nieqfu ftit







FORUM UNIONS MALTIN
Les Lapins Court, Block B
Independence Avenue,
Mosta MST 9011

11ta' Awissu 2009

Sur Sonny Portelli
Chairman
Kunsill Malti għall-Izvilupp Ekonomiku u Socjali
Floriana

Għaziz Sur Portelli,

Nagħmel referenza għal zewg ittri li l-Forum Unions Maltin kiteb lill-Kunsill Malti għall-Izvilupp Ekonomiku u Socjali. L-ewwel waħda datata l-1 ta' Lulju 2005 u l-oħra 18 ta' April 2006, fejn saret it-talba formali biex din il-Konfederazzjoni tingħata post fil- Kunsill tiegħek.

Nixtieq nerġa infakkrek li din il-Konfederazzjoni tħaddan fiha hdax il-Union li huma :

1) Malta Union of Midwives and Nurses
2) Malta Union of Teachers
3) University of Malta Academic Staff Association
4) Association of Airline Engineers
5) Airline Pilots Association
6) Union of Cabin Crew
7) Union Haddiema Bank Centrali
8) Union Professjonisti Awtorita ta l- Ippjanar
9) Enemalta Professional Officers Union
10) Union Technical and Clerical (MEPA)
11) Union Periti u Inginiera tas-Servizz Publiku

Dawn il-Unions hawn fuq imsemmija jirraprezentaw eluf ta' ħaddiema li għadhom bla vuci f' Kunsill tant importanti fejn jigu diskussi materji li jirrigwardaw l-għejxien ta' tant ħaddiema u materji oħra ta' natura politika li jittieħdu mill-Gvern centrali.

Qed niktiblek ittra oħra wara dikjarazzjoni tal-On. Prim Ministru li kien għamel go Business Breakfast imtella mill-Partit Nazzjonista ftit qabel l-elezzjoni tal-MEP's f'Gunju li għadda, fejn gie dikjarat li hu personalment ma jsib l-ebda oggezzjoni li din il- Konfederazzjoni tieħu postha fl- MCESD u kien bihsiebu, li la darba issir it-talba mill- Konfederazzjoni, din titressaq għall-approvazzjoni mill-istess Kunsill.

Il- Forum Unions Maltin thoss li issa għadda zmien bizzejjed mill-ewwel ittra ta' aktar minn erba' snin ilu biex tittieħed decizzjoni ta' inkluzivita biex verament il-ħaddiema Maltin ikollhom kollha kemm huma vuci xirqa.

Filwaqt li nistenna risposta mingħandek,

Dejjem tiegħek,

Paul Pace
Forum Unions Maltin

cc. On. Dr. L. Gonzi, Prim Ministru
cc. On. Sur J. Dalli, Ministru tal-Politika Socjali
cc. On. Sur G. Cauchi, Kelliem għad-Djalogu u Sħab Socjali

5 ta' Settembru 2009.

Dr. Anthony Livori
Amministratur Mediku
Sptar Generali
Rabat
Ghawdex

Dr. Livori,

L-MUMN hija serjament prejokkupata ghas-sitwazzjoni li jinsabu jahdmu fiha n-Nurses li jaqdu d-doveri taghhom gewwa s-CCU/ITU. Qieghed nirreferi ghall-indhil esagerat u r-rapporti li omm il-pazjenta Marla Grech qeghda taghmel kontinwament dwar l-istaff. Inti nfurmat sewwa b'dan il-kaz anki ghal fatt li s-sur Paul Buttigieg, Manager Nursing Services qieghed izommok infurmat dwar x'qieghed isehh.

Zgur li omm il-pazjenta ma tistghax tghid li bintha qeghda b'xi mod tigi nieqsa mill-kura li qeghda tinghata. In-Nurses qeghdin jaghmlu kull sagrificcju biex joffru l-ghajnuna intensiva lil din il-pazjenta tant li qeghdin joffru oltre mill-kura li suppost tinghata minn Nurses.

Dan nista' nassigurah, ghaliex l-istaff kollu qieghed jipprova jaghmel l-impossibli biex din l-imsejkna pazjenta ma tigiex nieqsa (tmut). Mhux hekk biss, L-istaff jippruvaw jaghmlu dak kollu li titlobhom omm il-pazjenta biex kemm jista' jkun inaqqsu mit-tensjoni kbira li tezisti f'din is-sala. Pero nonostante dan, din l-omm xorta waslet li tghid kliem kontra certu staff ma staff iehor, u anke ghandi informazzjoni li certu paroli qieghed jigri barra l-isptar.

L-istaff jifhem u jaghder il-problema li tinsab fiha din il-persuna, biss, ma jistghax jkun li bl-indhil esagerat ta' din il-persuna tkompli tohlok tensjoni, u konflitti bejn l-istaff.

Il-Union hija preokupata bil-livel ta' tensjoni u stress li qeghdin jahdmu fih l-istaff gewwa din is-sala. Mhux accetabbli li dawn il-haddiema jibqghu jahdmu f'din is-sitwazzjoni b'detriment ghas-sahha mentali u fizika taghhom. Wiehed irid izomm f'mohhu li barra din il-pazjenta, gewwa din is-sala hemm pazjenti ohra, li jkollhom bzonn ta' kura specjali. Taht dan l-istress, jista' jkun li l-istaff jikkommetti xi zball li jista' jkun fatali. Ma jistax jkun li l-problemi ta' din l-omm u l-familjari taghha jigu trasferiti fuq in-Nurses, membri ta' din il-Union.

Ghalhekk l-MUMN qeghda titlob l-intervent immedjat tieghek bhala Amministratur Mediku sabiex inti tiehu dawk il-passi kollha necessarji sabiex din is-sitwazzjoni ma tibqghax ghaddeja.

Fin-nuqqas li ma tinstabx soluzzjoni accettabli ghan-Nurses li jahdmu fis-CCU/ITU sa nhar l-Erbgha, 9 ta' Settembru 2009, qieghed minn issa ninfurmak li l-MUMN ser tintervjeni b'mod dirett sabiex thares is-Sahha u s-Sigurta tal-membri taghha u tinforma wkoll lill-pubbliku in generali bin-nuqqas ta' harsien ta' l-Awtoritajiet f'Ghawdex fil-konfront tal-haddiema taghhom.

Filwaqt li nistenna minghandek,

Inselli ghalik,

Colin Galea
Segretarju Generali

Kopja: Ms. J. Dimech, Direttur, Ministeru ghall-Ghawdex
Sur P. Buttigieg, Manager Nursing Services, GGH

"My doctor says that I have a malformed public duty gland and a natural deficiency in moral fibre,' he muttered to himself, 'and that I am therefore excused from saving Universes."

~ Douglas Adams

Dr. Ronald Fiorentino
Amministratur Mediku
Residenza San Vincenz de Paule
Luqa.

Ghaziz Dr. Fiorentino,

Qed niktiblek dwar is-sitwazzjoni tas-Sala 15/16 St. Joseph fir-Residenza San Vincenz de Paule.

Il-Management ta' din is-Sala irraporta hsarat fit-telefon principali tas-Sala madwar tnax il-gurnata ilhu u sa llum dawn il-hsarat ghadhom ma gewx imsewwija bid-detriment li n-Nurses qed ikollhom jiehdu triq twila matul il-kurutur sabiex iwiegbu it-telefon tal-'box'. Lin-Nurses nghinuhom aktar hemm bzonn mhux noholqulhom aktar diffikultajiet.

L-MUMN temmen li tnax il-gurnata kienu aktar minn sufficjenti sabiex dan is servizz jerga jigi gh[illegible] normal aktar u aktar meta ngibdet l-attenzjoni mic-Chairperson tal-Group Committee tal-Union f[illegible]n ir-rigward.

Ghaldaqstant b'effett minn nhar l-Erbgha 2 ta' Settembru 2009 mis-07.00 hrs l-MUMN qe[illegible]hati Direttiva Industrijali lin-Nurses kollha li jahdmu fis-Sala 15/16 St. Joseph biex ma jwiegbux it-telefon[illegible]box sakemm jittrangaw il-hsarat fuq it-telefon principali.

Inselli ghalik,

Colin Galea
Segretarju Generali

RESEARCH vs. INTUITIVE BASED ACTIONS

This is an issue that has been debated for some time within the Nursing and other healthcare professional arena, most often ending up without a conclusion since both sides do seemingly understand that one go[es] in hand with the other.

Or does it?

We all agree that this issue is more relevant when it comes to nursing in particular. We have all gone through it at some stage, wondering if the thought or action we have just experienced was something we studied about or actually a hunch that hit us like a lightning bolt.

Many articles were written about Nurses having the Sixth Sense – is it fact or fiction?

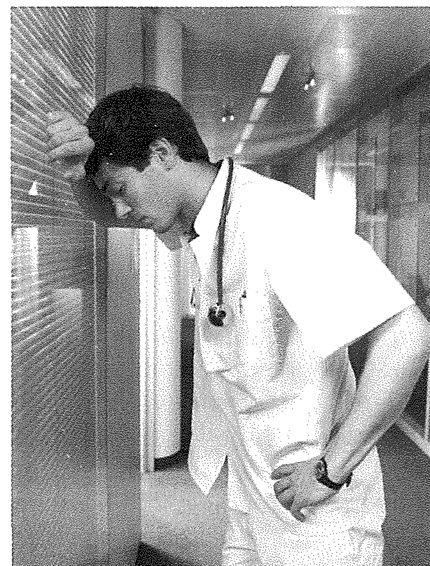
After twenty eight years in Nursing this is still a phenomenon which I can't explain. Reflecting back, I have been involved in many situations and occurrences where though I reacted 'knowledgeably and proficiently', it still was a mystery since I was positively sure I never dealt with the subject academically. This I can apply also onto many colleagues of mine within this same profession. What made Joe, my friend at the Psychiatric hospital, anticipate a fit way in advance, just by looking at his patients. How could Thomas know that within the next half hour, his patient would have an MI by not even looking at an ECG, or my colleague Alan at preparing for a polypectomy for the next Colonoscopy patient just by looking at the patient's facial features. The list can go on and on.

Y et the new novices joining the profession tell you that they don't believe in these tales – "if not scientifically proven, it is not doable". Maybe they are right, because that is how the 'trend' is at the moment, but than could their lack of practical, hands-on inexperience be the reason for this judgment. Yet again, is there still space for 'hunches' or intuitions in this day and age?

This viewpoint was recently an exercise carried out on the net between US and International endoscopy nurses through a reflective approach forum. I would like to share this 'concept' with colleagues and local Nurses, and maybe we can all share opinions. I do not intend to find the right conclusion, yet to stimulate some lateral thinking and have wisdom shared.

Joe Garzia CGN RN
Gastroenterology Division /Theatres
Saint James Hospital

Deaths rise with junior doctors



Researchers say they have found a small but statistically significant increase in the number of patients who die each year when junior doctors start work.

An Imperial College team looked at 300,000 emergency patients admitted to English hospitals between 2000 to 2008.

They compared death rates between the first week of August, when new doctors arrive, and the previous week in July.

> *Earlier studies on the influx of new doctors have been inconclusive*

After adjusting for various factors, they report in PLoS One that the August patients were 6% more likely to die.

The period when an influx of newly qualified doctors enters the wards has sometimes been dubbed the "killing season", but studies to establish whether there is any truth to this have been inconclusive.

The researchers from Imperial College London stressed they were unable to draw firm conclusions about the reasons for the increase, but that it was significant, if small.

Comparisons of the raw figures showed little difference, but when factors including age, sex, socio-economic deprivation and existing medical problems were taken into account, a discrepancy began to emerge.

'Rigorous training'

> *"Our study does not mean that people should avoid going into hospital that week. This is a relatively small difference in mortality rates, and the numbers of excess deaths are very low"*
> *Dr Paul Aylin Imperial College*

The differences were most pronounced among medical patients - those not requiring surgery and not suffering from cancer. For this group, death rates increased by 8%.

"Our study does not mean that people should avoid going into hospital that week. This is a relatively small difference in mortality rates, and the numbers of excess deaths are very low," said Dr Paul Aylin, from the Dr Foster Unit at Imperial College.

"It's too early to say what might be causing it. It might simply be the result of differences between the patients who were admitted."

But the report notes that if these differences are due to the changeover of hospital staff, "then this has potential implications not only for patient care, but for NHS management approaches to delivering safe care".

Doctors' representatives sounded a note of caution.

"This study has to be judged alongside many previous studies looking at mortality rates before and after junior doctors start their new jobs, which have not shown any differences," said Dr Shree Datta, chair of the junior doctors' committee at the British Medical Association.

"Clearly even a small increase in death rates is of great concern and we need further research to see whether this is a real effect or an anomaly."

Hugh Williams, of Action Against Medical Accidents, said: "I think some junior doctors are thrown in the deep end and are expected to get on with it.

"It would be interesting to know how quickly this effect wears off and how different hospitals deal with the intake of junior doctors every August."

A spokesperson for the Department of Health said: "Patients should be reassured that junior doctors undergo rigorous training and they undertake direct clinical care in areas where they have been trained and assessed as meeting the required competency.

"Local hospitals must ensure that they responsibly manage the introduction of new junior doctors each August by providing appropriate senior cover and supervision."

Risk-free virtual anaesthetics

Medical staff can learn the delicate procedure of spinal anaesthesia without practising on live patients, thanks to a new training device.

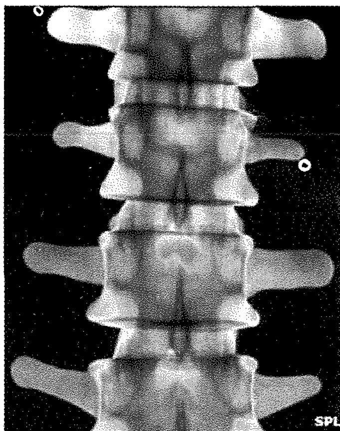
By **John Rainsford**, Science reporter.

It uses computer graphics and a virtual needle to realistically recreate contact with the spine.

The tool was developed by scientists at the University of Limerick, Ireland.

In the past, the procedure was fraught with danger, and medical staff learning the technique had to take extreme care not to damage patients' spinal columns.

According to the scientists, this is a major breakthrough in the process of teaching spinal anaesthesia, and could be used widely in hospitals within three years.



Inserting a needle between two vertebrae cord is a delicate operation

Recreating surgery

Human vertebrae are protected by a delicate gel like substance that is less than one inch thick.

Safely injecting the spine is very difficult; anaesthetists run the risk of damaging a patient's spinal column or the blood vessels that serve it.

Developed in conjunction with Dr George Shorten of Cork University Hospital, the new simulator exploits state of the art "haptic toolkits".

These are multi-disciplinary technologies that can accurately recreate the touch and feel of real-time surgery.

Dr Mikael Fernstrom, head of Limerick University's masters degree in interactive media, says the project has tremendous potential.

The advance comes at a time of growing concern over patient safety, and new EU legislation limiting working hours in hospitals.

In addition, some patients cannot be completely anaesthetised during spinal procedures, for fear of post-operative complications.

Such problems make the use of surgical simulators all the more vital.

Erik Lovquist, a researcher with Limerick's Interaction Design Centre (IDC), concurs: "Many means of assessing doctors and surgeons in training environments has, in the past, been subjective.

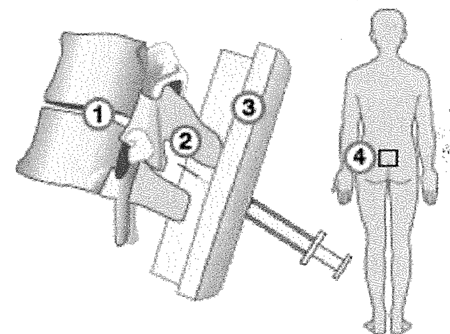
"This tool offers trainers a chance to objectively test students in the field."

'Feedback'

The "haptic simulator" recreates the skin tension felt by the practitioner at the point the needle is inserted. If the injection is not carried out correctly, the trainee receives immediate audio and visual feedback.

The developers questioned doctors extensively about the precise tactile responses involved in inserting a needle between two vertebrae of the human back.

The result is an advance that incorporates visual feedback - allowing the operator to view a 3-D map of the area while simultaneously positioning the needle. Trainees can operate in either "trial" or "practice" mode, and safely locate the optimal point for a spinal injection - called the intrathecal space.



1 *Injection site between the third and fourth lumbar vertebrae*
2 *Local anaesthetic is injected into the cerebro-spinal fluid (CSF)*
3 *Needle must penetrate muscle but not touch spinal cord*
4 *The procedure numbs the lower body*

In trial mode, the audio and visual clues can be turned off.

Correct placement of the needle is registered by the sight of fluid draining from the needle, which is what happens during the real procedure.

Potential training applications include operations on elderly people, epidurals for expectant mothers and lumbar punctures to obtain biopsy samples of cerebro-spinal fluid (CSF).

Currently, the IDC team led by Professor Liam Bannon is half way through the development phase and has embarked on trials in Hungary and Ireland.

Source: http://news.bbc.co.uk/2/hi/science/nature/7948300.stm

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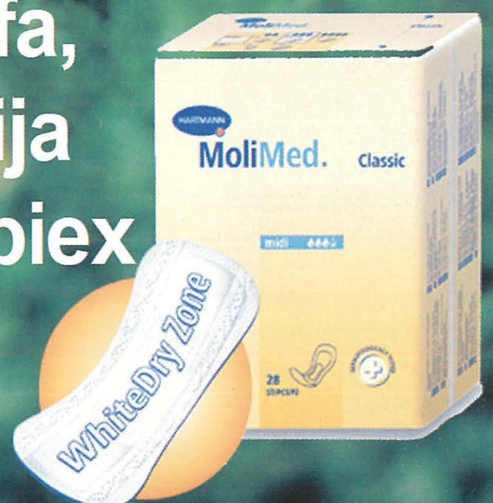

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