Hemşirelik Uygulamalarında Yenilikler

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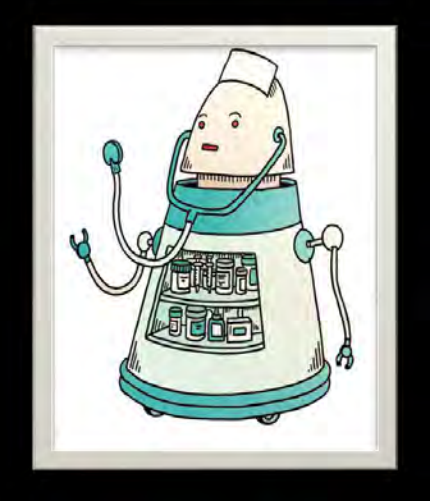
Yenilik Nedir???

- Yenilik yeni yaklaşımlar, teknoloji ve çalışma yolları geliştirme sürecidir (ICN, 2009).

"Yenileşim= fikir + icat + uygulama"



YENİLİK ≠ BULUŞ

- “Yeni bir ürün veya süreç hakkında bir fikrin ilk kez ortaya çıkması: icat” (yeni bir ürün)

- “Bu fikrin uygulamaya geçirilmesi amacıyla yapılan ilk girişim: inovasyon” (yeni bir değer)

Ticarileştirilmediği sürece yenilik olmaz!!!

Neden yenilik?

- Yenilik bakımın kalitesini geliştirmenin ve sürdürmenin merkezindedir.

- <u>Hemşirelik uygulamalarında yenileşim (inovasyon),</u>

✓ Sağlığın desteklenmesi,

✓ Hastalıkların önlenmesi,

✓ Risk faktörlerinin tanımlanması, önlenmesi ve sağlığı geliştirici davranışların artırılması,

✓ Bakım ve tedavinin daha nitelikli verilebilmesi için yeni bilgilerin, hizmetlerin bulunmasında önemli rol oynamaktadır (ICN 2009).

Sağlık Bakımında Yenileşimi Engelleyen Neler Olabilir??

- Değişim yönetimi ilkelerinin uygulanmasında gönülsüzlük
- Yetersiz eleştirel düşünme
- Çalışanların desteklenmemesi
- Zaman yetersizliği
- Yetki devretmedeki yetersizlik

- Sınırlı özerklik ve yaratıcı olma özgürlüğü
- Bürokrasi (Formlar, toplantılar, süreçler, …)
- Birimdeki / kurumdaki hiyerarşi
- Hemşireliğin mesleki imaj algısı
- İletişim becerilerindeki (Networking) yetersizlik
- Yatay şiddet, çatışma ya da yıldırma
- İyi hemşirelerin klinik dışı pozisyonlarda olması

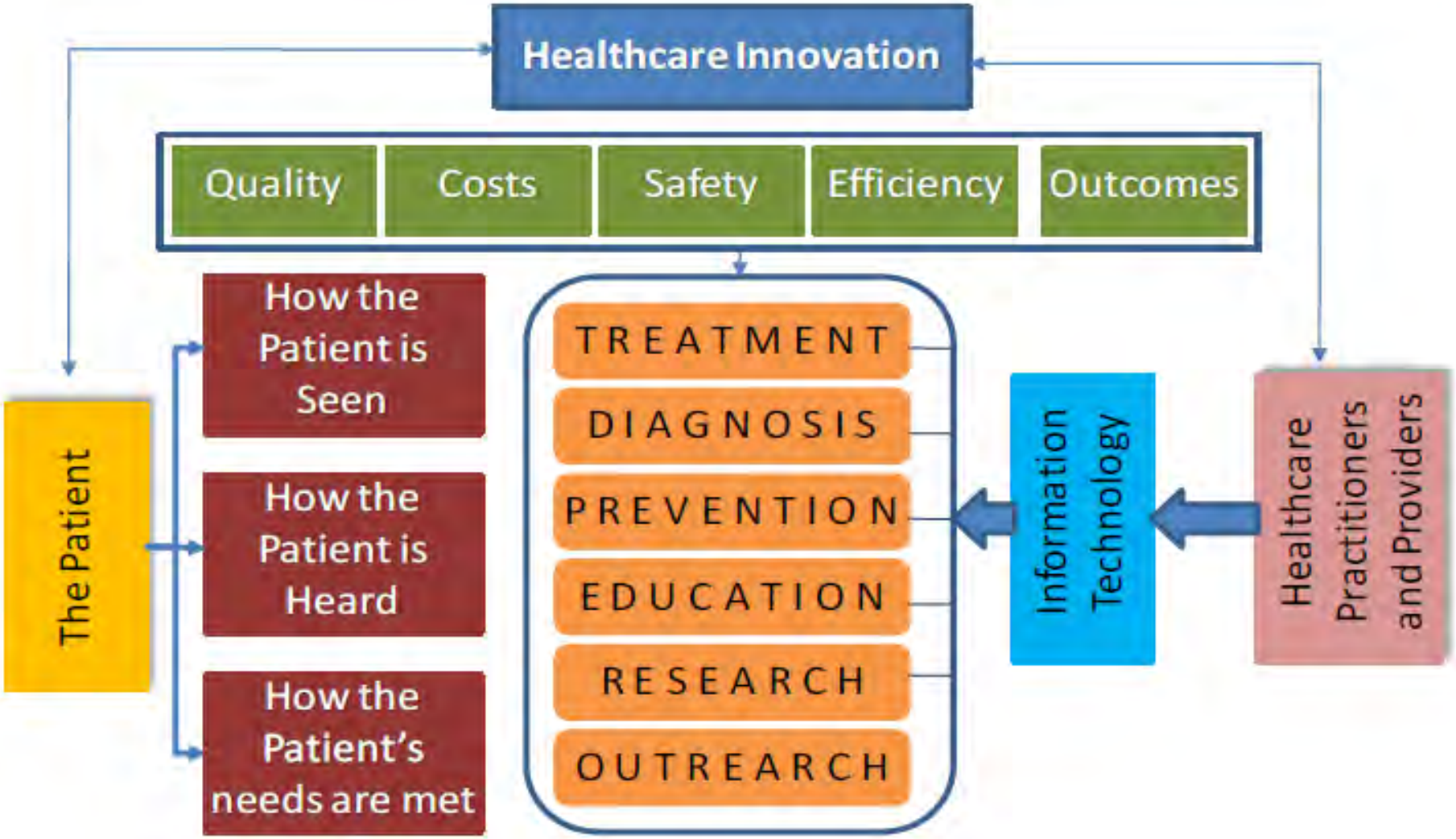
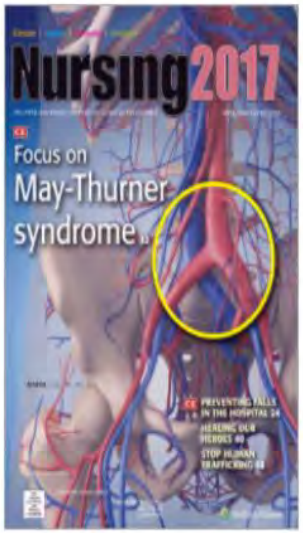


Figure 1: A Conceptual Framework for Innovation in Healthcare

Innovation in Healthcare Delivery Systems: A Conceptual Framework

Vincent K. Omachonu and Norman G. Einspruch

Pressure ulcers get new terminology and staging definitions

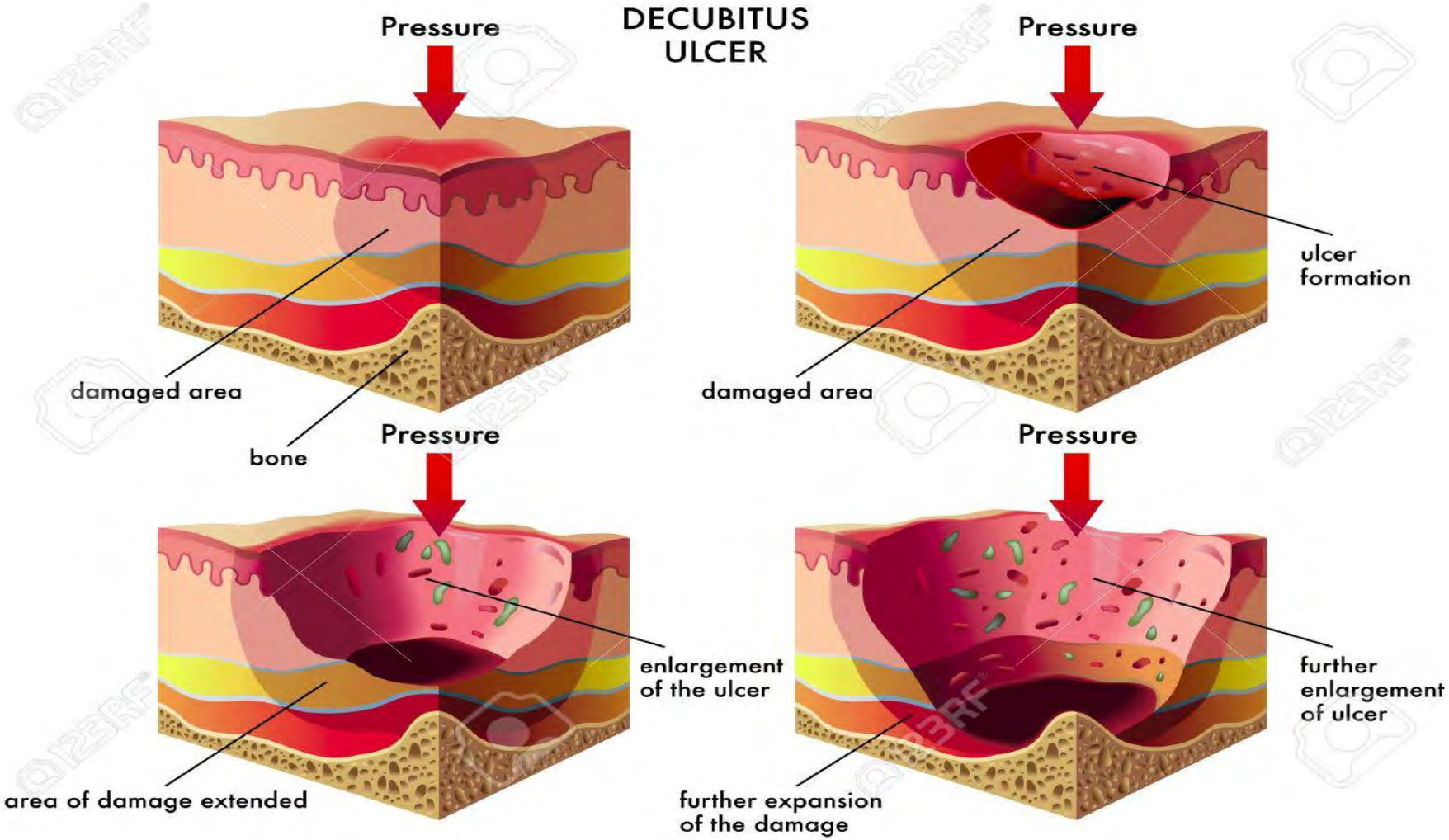


Source:

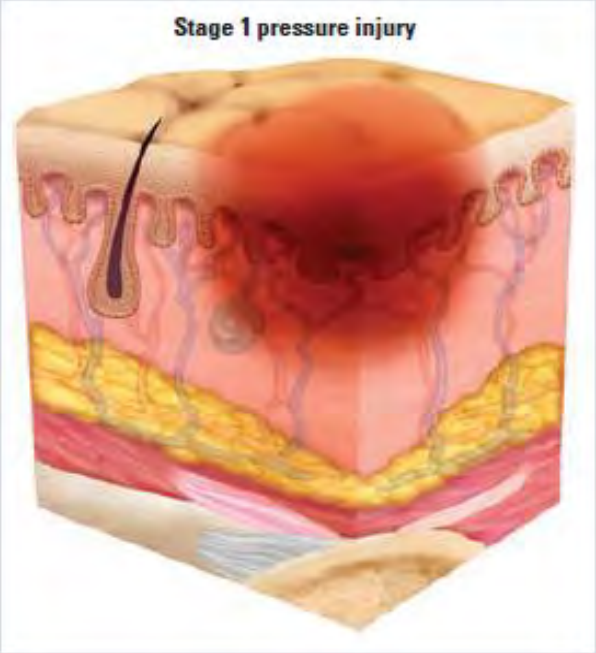
Nursing2017

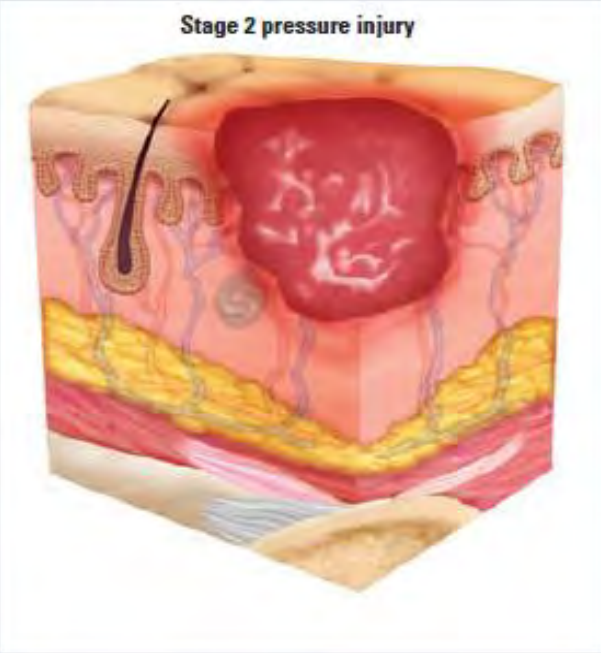
March 2017, Volume :47 Number 3 , page 68 - 69 [Buy]

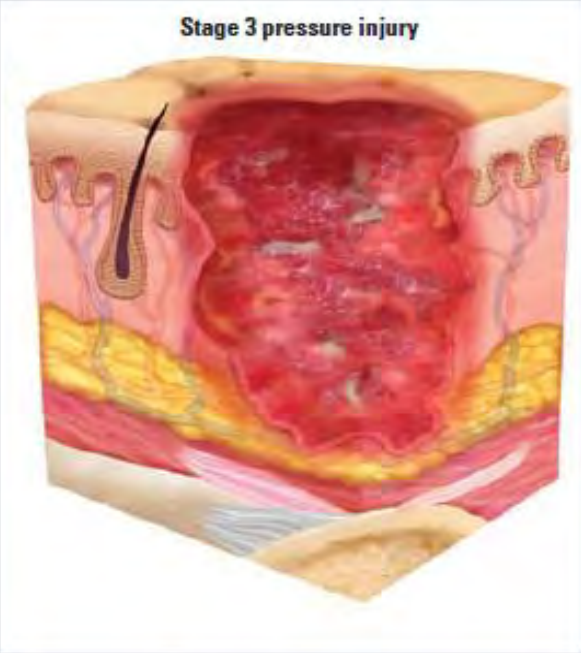
Four stages of pressure injury

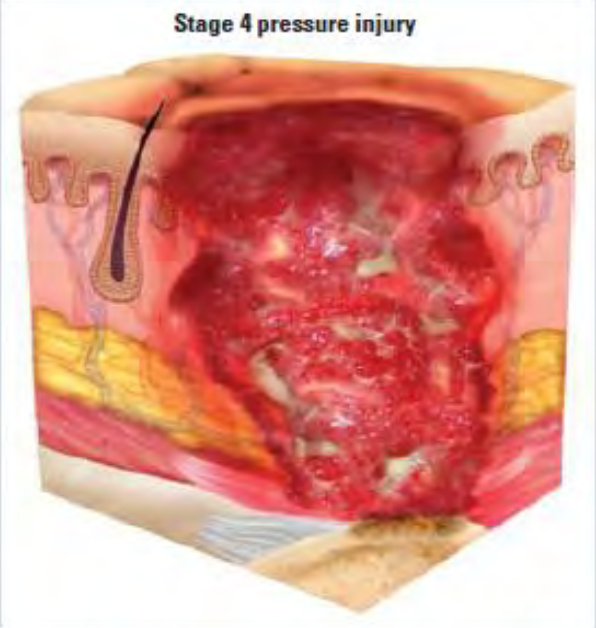


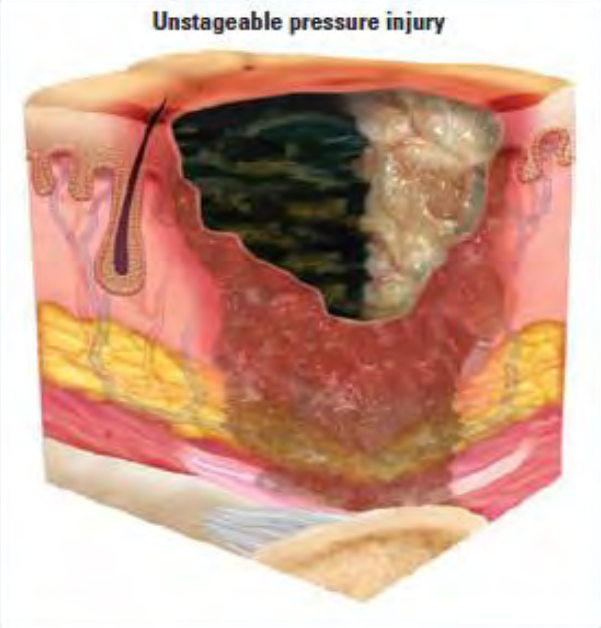
Update: Six stages of pressure injury

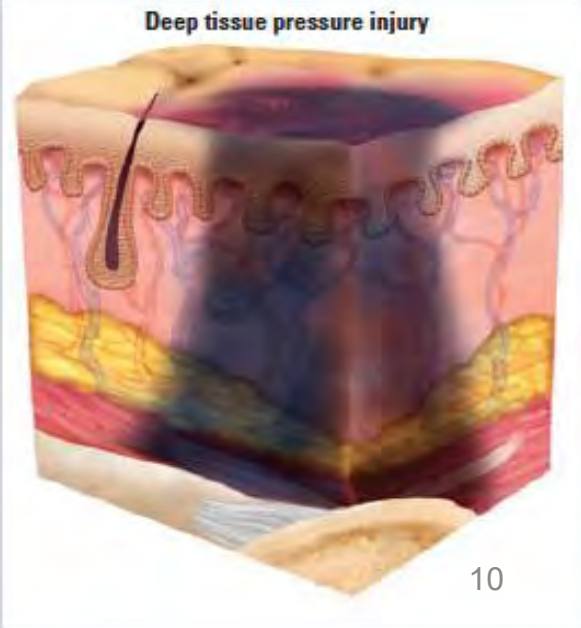












Pressure ulcers get new terminology and staging definitions

By the editors of *Nursing2017*

THE NATIONAL Pressure Ulcer Advisory Panel (NPUAP) has changed its terminology regarding pressure ulcers and updated the definitions for the stages of pressure injury. The term "pressure injury" replaces "pressure ulcer" in the NPUAP Pressure Injury Staging System. The change in terminology more accurately describes pressure injuries to both intact and ulcerated skin, according to the NPUAP. In the previous staging system, "Stage I" and "Suspected Deep Tissue Injury" described injured intact skin, and the other stages described open ulcers. This led to confusion because the definitions for each of the stages referred to the injuries as "pressure ulcers."

In addition to the change in terminology, Arabic numbers are now used in the names of the stages instead of Roman numerals, and the term "suspected" has been removed from the deep tissue injury definition.

Pressure injuries are staged to indicate the extent of tissue damage. The stages were revised based on questions received by the NPUAP from clinicians attempting to diagnose and identify the stage of pressure injuries. The six stages are as follows (see *Update: Six stages of pressure injury*):

- **Stage 1 pressure injury: nonblanchable erythema of intact skin**

"Intact skin with a localized area of nonblanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes don't include purple or maroon discoloration; these may indicate deep tissue pressure injury."

- **Stage 2 pressure injury: partial-thickness skin loss with exposed dermis**

"The wound bed is viable, pink or red, moist, and may also present as an

ulcerated skin, according to the NPUAP. In the previous staging system, "Stage I" and "Suspected Deep Tissue Injury" described injured intact skin, and the other stages described open ulcers. This led to confusion because the definitions for each of the stages referred to the injuries as "pressure ulcers."

In addition to the change in terminology, Arabic numbers are now used in the names of the stages instead of Roman numerals, and the term "suspected" has been removed from the deep tissue injury definition. Additional pressure injury definitions include "medical device-related pressure injury" and "mucosal membrane pressure injury."

A pressure injury is defined as "localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as int
ulcer and may be
occurs as a result
prolonged pressu
combination with
ance of soft tissue
and shear may als
by microclimate,

"Intact skin with a localized area
nonblanchable erythema, whi
may appear differently in da
mented skin. Presence of bl
erythema or changes in sen
temperature, or firmness
cede visual changes. Col
don't include purple or
coloration; these may in
tissue pressure injury."

**• Stage 2 pressure inj
thickness skin loss wi
dermis**

"The wound bed is via
red, moist, and may als
intact or ruptured seru
Adipose (fat) isn't visib
tissues aren't visible. G
sue, slough, and eschar
These injuries common
adverse microclimate a
skin over the pelvis and
heel. This stage shouldn
describe moisture-associ

• Stage 3 pressure injury: full-thickness skin loss

"Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled

skin, in w

unstageable pressure injury."

• Stage 4 pressure injury: full-thickness skin and tissue loss

"Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining, and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss, this is an unstageable pressure injury."

• Unstageable pressure injury: obscured full-thickness skin and tissue loss

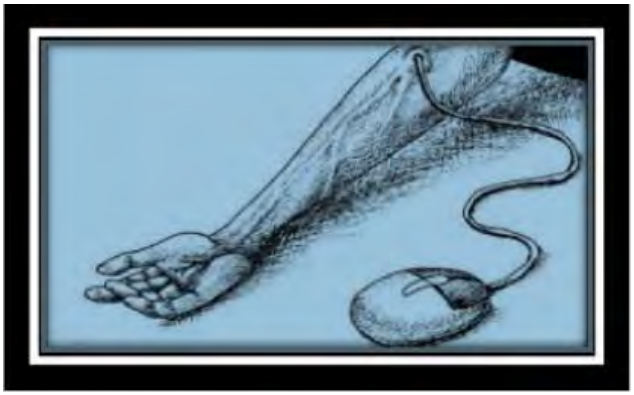
"Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer can't be confirmed because it's obscured by slough or eschar. If slough or eschar is removed, a stage 3 or stage 4 pressure injury will be revealed. Stable eschar (dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb shouldn't be softened or removed."

• Deep tissue pressure injury: persistent nonblanchable deep red, maroon, or purple discoloration

"Intact or nonintact skin with localized area of persistent nonblanchabl
deep red, maroon, or purple dis

Telehemşirelik ve Telesağlık

- Amerikan Hemşireler Birliği (ANA) telehemşireliği, telesağlığın bir alt boyutu olarak “iletişim teknolojileri kullanılarak hastaların sağlık durumu hakkında bilgi edinme, bakımını sağlama, hasta eğitimi gibi uygulamaları içeren hemşirelik faaliyetidir’ şeklinde tanımlamıştır.



Telesağlığın hemşirelik bakımda kullanılmasındaki genel amaç

- Hastaların hastaneye yatışını azaltarak maliyet etkin bir bakım sağlamak,
- Yaşam kalitelerini ve sağlıklarını geliştirmek,
- Evdeki bağımsız aktivitelerini sürdürebilmelerini sağlamak
- Hastanın durumundaki değişiklikleri erken belirleme ve ev ziyaretlerinin sayısını azaltmak,
- Hastanın öz bakımını arttırmayı sağlamaktadır

Wade et al. BMC Health Services Research 2010, 10:233
http://www.biomedcentral.com/1472-6963/10/233

BMC
Health Services Research

RESEARCH ARTICLE Open Access

A systematic review of economic analyses of telehealth services using real time video communication

Victoria A Wade[1*], Jonathan Karnon[1], Adam G Elshaug[1,2], Janet E Hiller[1,2]

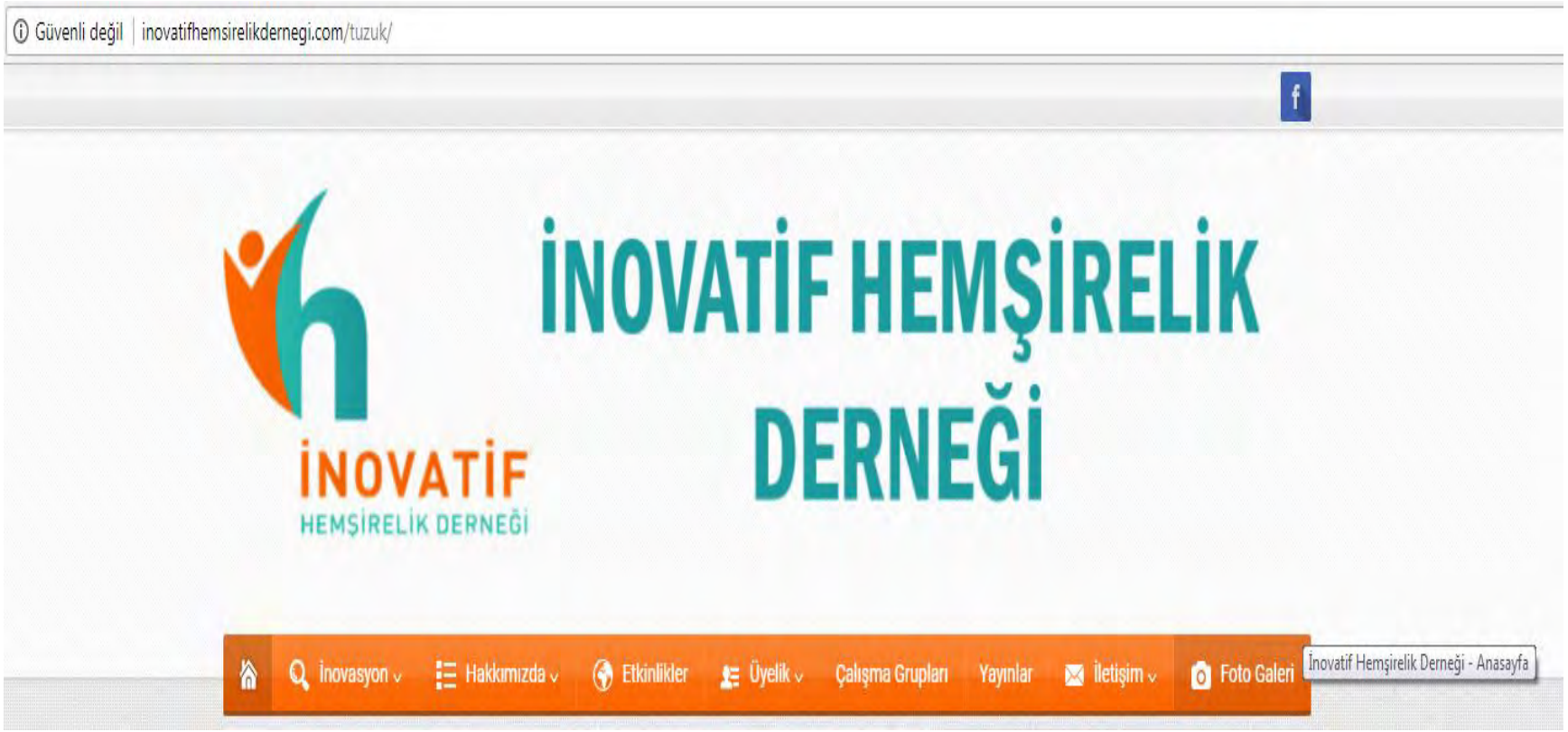
Abstract

Background: Telehealth is the delivery of health care at a distance, using technology. The major rationales for its introduction have been to decrea access in health care delivery. This systematic review assesses the econom delivery - synchronous or real time video communication - rather than ex delivery modes as has been the case with previous reviews in this area.

Methods: A systematic search was undertaken for economic analyses of the June 2009. Studies with patient outcome data and a non-telehealth comparat comparative studies and those where patient satisfaction was the only health ou

Results: 36 articles met the inclusion criteria. 22(61%) of the studies found telehealth non-telehealth alternative, 11(31%) found greater costs and 3 (9%) gave the same or r the studies took the perspective of the health services, 12 were societal, and one was from patient perspective. In

36 makale incelenmiş, 22'sinde maliyetin diğer alternatif yöntemlerden ciddi oranda daha düşük olduğu, 12'sinde sağlık çıktılarının önemli düzeyde iyi olduğu saptanmıştır


Güvenli değil | inovatifhemsirelikdernegi.com/tuzuk/
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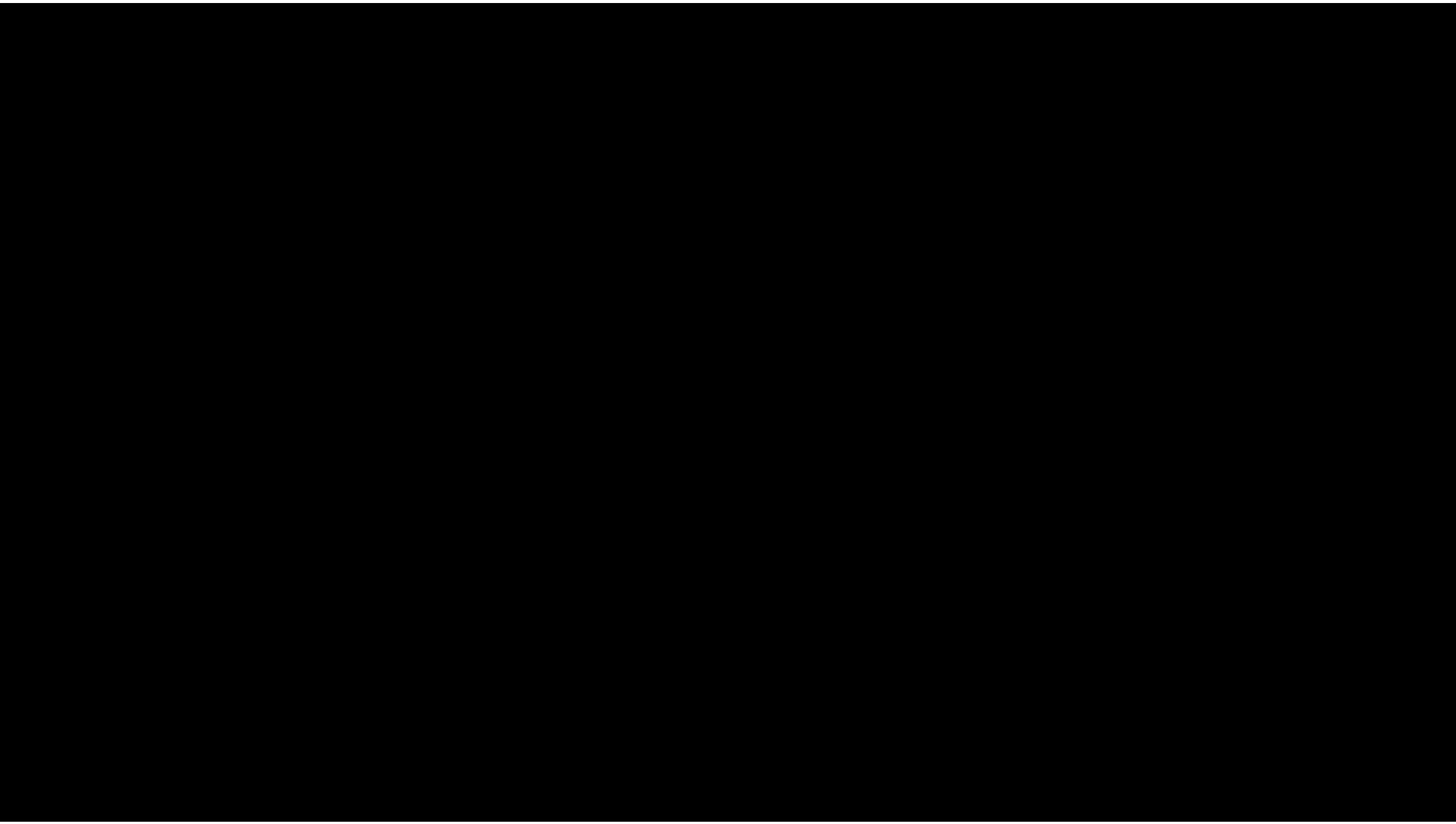
HEMŞİRELİK DERNEĞİ
İnovasyon
Hakkımızda
Etkinlikler
Üyelik
Çalışma Grupları
Yayınlar
İletişim
Foto Galeri
İnovatif Hemşirelik Derneği - Anasayfa



Hemşirelikte Yenilikçilik Örnekleri

Acıbadem Üniversitesi “Hemşirelikte Yaratıcılık” Yarışmasının Ödülleri Sahiplerini Buldu.

- BirincilikÖdülü Yarışmada birinciliği “Portlet” projesiyle Acıbadem Adana Hastanesi’nden katılan hemşire Meltem Kaya ve Nursen Ülke kazandı.

İkincilik Ödülü

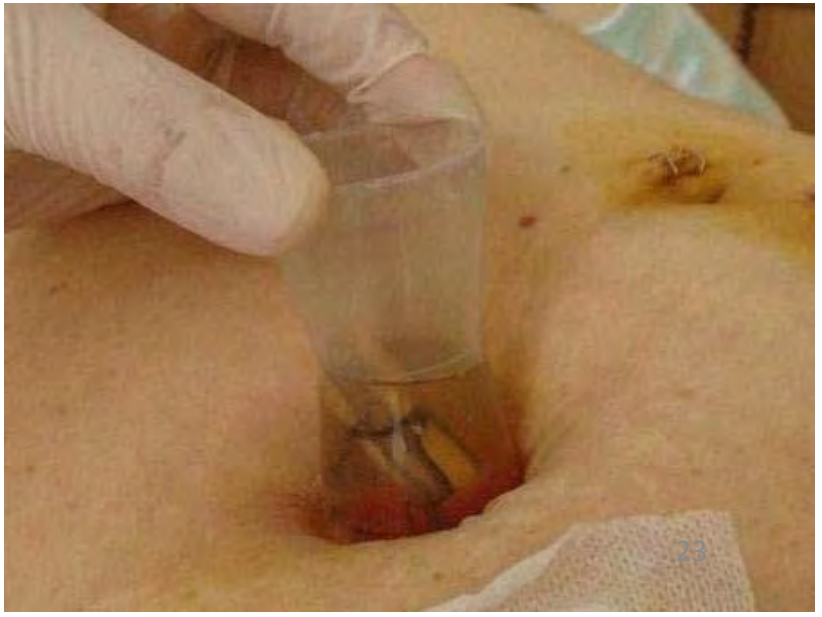
- Yarışmada ikinciliği “Tıkanmayan İntraket” isimli projesiyle hemşire Nuğran Arslan, kazandı

Üçüncülük Ödülü

- Üçüncülüğü “Akıllı Pijama” projesiyle Acıbadem Bakırköy Hastanesi’nden katılan hemşire Hürkan Cantutan ve Sema Kınataş kazandı.

Stomakit

Türk Mucit Hemşire Özlem Bekteş, ‘Stomakit' adını verdiği aparatı ile stoma sızıntılarını durdurdu.



IV House

- Lisa Vallin “IV House” adını verdiği icadı ile hastalar damar yolu açık iken özgürce günlük yaşam aktivitesini sürdürebilmektedir.

Yatağa Bağımlı Hastalarda Yıkama Sistemi

- Yoğun bakım ünitesi sorumlu hemşiresi Esma Şen hastaların yıkamak için hemşirelik uygulamalarına pratik bir çözüm kazandırdı.

Comparison of Glucose Values of Blood Samples Taken in Three Different Ways

Clinical Nursing Research
1–20

DOI: 10.1177/1054773817719379
journals.sagepub.com/home/cnr
SAGE

Tulay Sagkal Midilli, PhD, RN[1], Eda Ergın, MSc[1], Ebru Baysal, MSc[2], and Zeki Arı, PhD[1]

Abstract

The purpose of the study was to determi relations between the blood glucose values of ve ond drops of capillary blood samples take s were (a) venous blood, (b) the first the middle finger of the right hand (c) the first and second drops of the left hand (washed with soap a was concluded that the fasting capill d in place of venous blood glucose value with neutral soap and water for 30 s could be suffi d glucose measurement, and that the first or second b drop from a clean hand could be used for capillary blood glucose measurement.

***Venöz kan ile orta parmaktan alınan 1. ve 2. kan şekeri değerleri arasında,**
***Alkollü pamukla silindikten sonra alınan değer ile alkollü pamuk kullanmadan alınan değer arasında istatistiksel olarak anlamlı bir fark bulunmamıştır**

The Null Effect of Chewing Gum During Hemodialysis on Dry Mouth

Nazike Duruk, PhD, RN ■ İsmet Eşer, PhD, RN

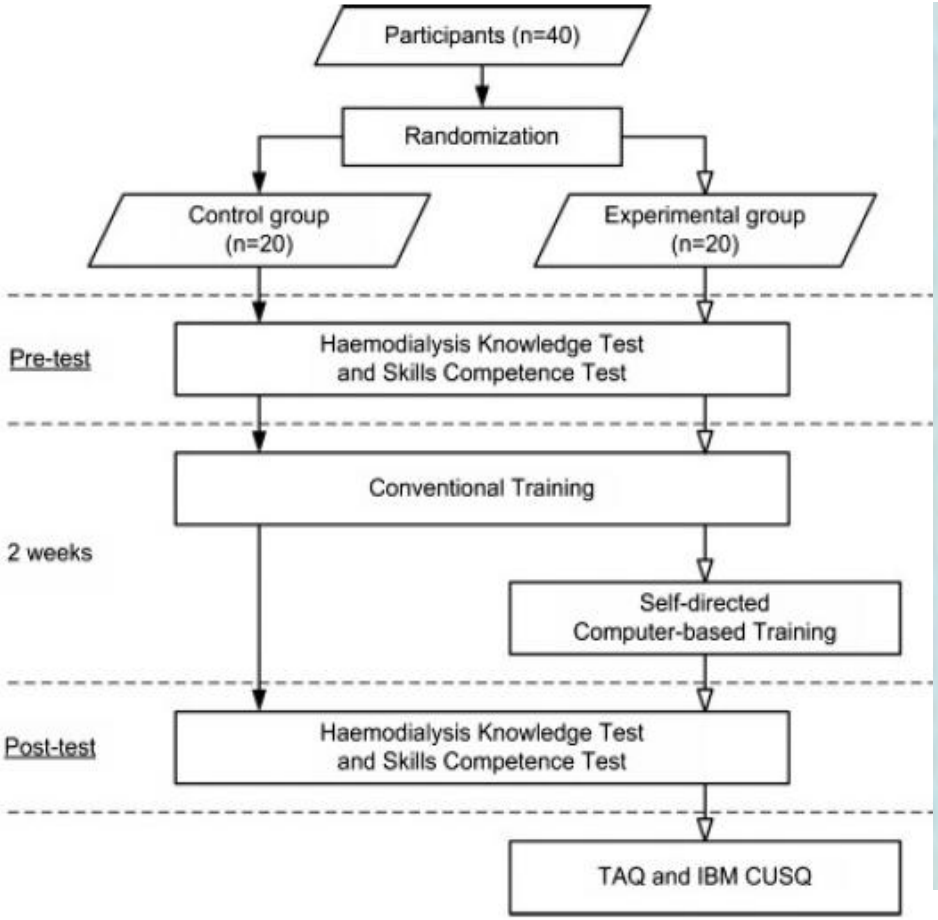
pH değerlerinin etkilendiği, ancak hastaların tükrük salgısını arttırmadığı, ağız kuruluğu ya da semptomlarının kontrolunde etkili olmadığı saptanmıştır.

The purpose of the prese
of the salivary flow rate
chew gum instead of
preventing dry mouth a
to leave a pleasant taste i
ylitol. This
study was a randomized, ontrol d, single-blind, cross-
over experimental study i compliance with the pretest-
posttest model. When the verall data were examined,
it was concluded that chew g gum for 15 minutes during
a hemodialysis session af ted the pH value of the pa-
tients' saliva but did not increase their salivary flow rate
and did not play a key role in the control of dry mouth
or its symptoms. However, it was also reported that most
of the patients (68.9%) had a positive opinion about the
gum, which was likely related to its ability to refresh
the mouth.

A Computer-Based Method for Teaching Catheter-Access Hemodialysis Management

Pun, Sut-Kam; Chiang, Vico Chung-Lim; Choi, Kup-Sze
CIN: Computers, Informatics, Nursing. 34(10):476-483, October 2016.

Deney grubundaki hemşirelerin performansının kontrol grubundaki hemşirelerden daha iyi olduğu saptanmıştır



learn … to
teach … to
evaluate … aining
system devel… s catheter-
access hemodialys… nagement. Forty nurses were re-
cruited and randomly assigned into two groups: the control group, which received conventional training only; and the experimental group, which received both conventional and computer-based training. A knowledge test and a skills competence test were administered to both groups before and after the intervention to evaluate their performance. The results show that the performance of the nurses in the experimental group was significantly better than that in the control group, indicating that the proposed training system is an effective tool for supplementing the learning of catheter-access hemodialysis management.

Urinary incontinence and newly invented pad technique: patients', close relatives' and nursing staff's experiences and beliefs

Lisbeth Kristiansen, Annette Björk, Viveka Broman Kock, Annika Nilsson, Ylva Rönngren, Agneta Smedberg and Åsa Trillo

- Mentally oriented patients we… staff responsible for caring for th… d UI pad. The staff also pro… contacted by letter and… provided the nursing s… alarmed pad system work… e system itself was wireless a… or, a transmitter and a receiver (a comp… A disposable sensor in the form of a tape-like strip of paper was attached to the UI pad, after which the transmitter was attached at the front and its functionality tested.

Wireless, sensör, transmitter ve bir alıcıdan (bilgisayar) oluşmaktadır . Kağıt bir strip formu olan tek kullanımlık sensor beze eklenmektedir.

When just a small amount of moisture reached the sensor or when the pad became full (depending on the sensor was triggered. A digital signal was then sent to the receiver box connected to a computer, which gave a visual indication to the staff that the pad needed to be changed or that the patient should be assisted to toilet

Üriner ve Fekal İnkontinanslı Kadın Hastalarda Giyim Konfor Özellikleri Yüksek Bir Bakım Ürününün Geliştirilmesi ve İşlevselliğinin ve Perineal Dermatit Üzerine Etkisinin İncelenmesi

Yılmaz H., Khorshid L., Öndoğan Z. (2015). Ege Üniversitesi SBE, Yayımlanmamış Yüksek Lisans Tezi, İzmir.

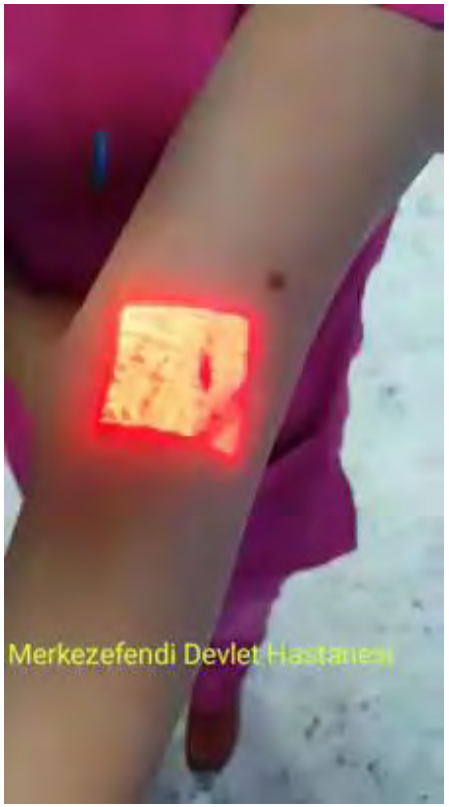
GİYİM KONFOR ÖZELLİKLERİ YÜKSEK İNKONTİNANS BAKIM ÜRÜNÜ

Önden Görünüşü Yandan Görünüşü Arkadan Görünüşü

Üstten Görünüşü

- Dermatit gelişme oranları açısından uygulama ve kontrol grupları arasında istatistiksel olarak anlamlı bir fark olmadığı saptanmıştır.

- Sonuç olarak yeni geliştirilen inkontinans bakım ürününün kontrol grubunda kullanılan diaper kadar kullanılabilir özellikte olduğu ve dermatit oluşturma açısından istatistiksel olarak anlamlı bir fark olmadığı saptanmıştır.


Merkezefendi Devlet Hastanesi


TEŞEKKÜRLER...