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An illustration of the modification task model of the primary team and experience of the nurses in preventing decubitus and phlebitis in Hasanuddin University Hospital, Indonesia

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The level of the nosocomial infection in the care room 1 of Hasanuddin University Hospital shows a value of 5.56% in the fourth quarter of 2014 indicated the higher value compared to the standard Decision of the Health Minister (DHM) No. 129 of 2008, which is <1.5%. Some effort to prevent it is the management implementation of the primary team task method and the study of the nurses' experiences about the patient safety. The aim of the research is to look at the illustration of the application of the primary team model and the experience of the Hasanuddin University Hospital. The research used a combined method of the quantitative and qualitative approach. The data collection was conducted through questionnaire, interviews, observation and documentation study. The research result 4 themes of the qualitative findings were found namely: The illustration of the prevention of decubitus and phlebitis; the effectiveness of the primary team method in preventing the decubitus and phlebitis; the nurses' discipline in their effort to prevent infection and the nurses' main constraints in preventing infection, such as the inadequate availability of the decubitus mattresses with the ratio of 1:50 patients and the inadequate number of nurses against the number of patients with the ratio of 1:9. Thus, it could be concluded that the application of the primary team modification and the effort to prevent the decubitus and phlebitis had been carried out well. The experience of the nurses had proven that the primary team tasks had helped the effort to prevent infection.

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The impact of training on newborn care and neonatal survival in Sub-Saharan Africa

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Background & Aim: Sub-Saharan Africa has the highest child mortality in the world. For instance, in 2014, UNICEF expressed concern that 1 in 11 children dies before the age of five in sub-Saharan Africa and that one in every three neonates died on the day they were born. The aim of this review was to determine the impact of training on essential newborn care and neonatal survival in Sub-Saharan Africa.

Method: A systematic review of the literature was performed by searching databases including PubMed, Web of science, Scopus, CINALH, Cochrane library and Trip. Furthermore, the World Health Organization's reproductive health library and reference checking for related articles was done. The search was limited to English language and articles published from 2007 to 2017.

Result: Nine articles were included after assessment. Findings revealed that training programs were generally different in terms of duration and implementation. There was between 8 to 400% increase in performance following test of knowledge. There was an increase in performance by 19-34%. The frequency of inappropriate and potentially harmful practices reduced as a result of training. Neonatal mortality reduced by 15-45% while perinatal mortality reduced by 30%.

Conclusion: Training health care workers on essential newborn care can improve newborn care and neonatal survival in Africa. However, there is need for additional evidence to support this because no study assessed the impact of training according to trainees' satisfaction with training, knowledge and skills developed and health outcome at the same time.

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