



ResearchArticle

NURSING EMPOWERMENT LEADERSHIP FILAMENT- CLINICAL CABINET

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In today’s Era of advanced healthcare, nurses need to be competent to manage all critical situations for the wellbeing of her patients committed to her care safeguarding patient advocacy. The project Clinical Cabinet was initiated by our Group Director Nursing, Apollo Hospital Group: Capt. Usha Banerjee. The committee comprises of selected staff nurses who along with quality and safety team participate in the quality and safety program of the nursing department with the purpose to improve the involvement of frontline staff nurse (R/N) in patient safety and quality improvement hospital wide. The responsibility was given to quality and safety team and selected members of clinical cabinet. To enhance ground level users among quagmire of wide ranged health care products advocating patient’s health and wellbeing by validate products of their use to work effectively and efficiently.

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INTRODUCTION

As synthesized in Henri Fayol’s principle of Management: Authority and Responsibility, that is if a person is given some responsibility without sufficient authority he can’t perform better, and also could not accomplish the desired goal i.e., with authority comes responsibility. Indraprastha Apollo is a Joint Commission of International (JCI) accredited tertiary care hospital providing health care to patients with complex and acute problems and multiple comorbidities. Having a work force of about 1400 nurses in our system out of which 50% are novice due to attrition necessitates the creation of strong processes and systems that enable the delivery of superior patient safety experience and management and prevention of incidents. A qualitative research study by Davoodvabd et al on Patient advocacy from the clinical nurses’ viewpoint illustrates the professional power of nursing, it helps to provide effective nursing care. Although registered nurses are responsible for patient care, they often compromise with available resources at hand as they are time bound to patient care, before they spell out their problem another patient is assigned to them.¹

Keeping this in mind few nurses were selected based on those who showed improved knowledge and skill and had innovative ideas to share for the project. The selection criteria of smart nurses of Clinical cabinet was done every year, one from each unit of our hospital i.e., ICU’s, Medical surgical Units Emergency Triage and OT’s.

Definition

Clinical Cabinet is a committee, comprising of selected staff nurses who along with quality and safety team participate in the quality and safety program of the department of nursing.

Purpose

To improve the involvement of frontline staff nurse (R/N) in patient safety and quality improvement hospital wide

Scope

Hospital wide
Responsibility
Quality and Safety team
Clinical Cabinet members

Roles

- 1. Suggest new initiatives and provide evidence based improvement strategies to deal with gaps between current and best practices
- 2. Assisting safety rounds and compliance checks to adhere to policy and protocol
- 3. Review existing Practices and care delivery



Fig 1 cabinet team members as per hierarchy

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Fig 2Project Implementation By Team Members Clinical Cabinet Team Members

1. Selection criteria for staff nurses
2. Proficiency in quality Indicators.
3. Performance in Unit.
4. Clinical Experience-One year and above.
5. Knowledge on Standard Operating Procedures.
6. Communication.
7. Computer literacy.
8. Presentation skills.
9. Awareness on Patient safety.
10. Knowledge and escalation matrix.
11. Adherence to timeliness.

Clinical Cabinet

Project Implementation

Clinical cabinet is an initiative to improve the involvement of frontline staff (R/N) in patient safety and quality improvement. In order to improve the quality care of a workforce, each and every member of the team has to be a part. This initiative by our Group Director Nursing, Apollo Hospitals Group: Capt. Usha Banerjee, emphasizes on this empowering staff nurses. Clinical cabinet seeks to improve patient care and outcomes through systemic review against best practices. Where indicated changes are processed and implemented at an individual, team or service level and further monitoring is used to confirm improvement in accordance and flexible to the revised JCI standards. As per the project plan, the timeliness is twice –a-month, and monthly report to be submitted to Director of Nursing for review and guidance. Clinical cabinet project will be an asset to any organization.

Fig:2

Following Agendas are taken into Account to Achieve goal

1. Suggest new initiatives and provide evidence based improvement strategies to deal with gaps between current and best practices
2. Assist in safety rounds and compliance checks to adhere to policy and protocol
3. Review existing Practices and care delivery

MATERIAL AND METHODS

Review the Moreover, Following Agendas are Taken into Account to achieve goal

1. Suggest new initiatives
2. Assist in safety rounds
3. Propose evidence-based Improvement strategies to deal with gaps between current and best practices
4. Compliance check against policy & protocol
5. Review existing Practices and care delivery

Activity of clinical cabinet members list Suggest new initiative

New initiatives and evidence based improvement strategies to deal with gaps between current and best practices

Nurses face many hurdles while using health care products for clients in clinical setup. At Apollo Hospital we follow an open door policy but most likely lack of timestaff may not share issues while handling health care products and gadgets available to them with their elder leaders, rather share with their peer, with this view in mind, our leader and mentor Group Director

Nursing, Apollo Hospital Group: Capt. Usha Banerjee, formulated group of smart nurses to systematically audit specific units and share problems with their peer, also they are empowered to come with appropriate solutions, update with accordance to revised JCI standards and propose suitable problem solving strategy for the specific problem. Clinical cabinet

Some of the Magnificent Changes of Clinical cabinet are as follows

Posi Flush [Saline Flush] Fig 3



Fig: 3

Earlier we were manually preparing saline + heparin mixed solutions. This method was cost effective as compared to pre-filled posi flush, however considering the risk of infection and time efficacy for preparation and administration, usage of posi flush is a success. Some other advantages of BD Posi Flush Heparin Lock Syringes (Fig:3) over traditional method of using manually prepared heparin flush are as follows:

- Positively Zero Reflux, does not have natural rubber latex, and easy to identify the product in the manner they are packed
- Saline and heparin syringes come with clear labelling and a bar code on each syringe to reduce potential medication errors.

Unometer



Fig 4

Apollo Hospital caters patients with complex and acute problems and multiple comorbidities with laurels in transplant surgery. One of our staff nurse's shudde while imparting quality care to transplant patients is urine output monitoring. Although we use both Urometer and Unometer in Apollo hospital, Unometer (Fig:4) is found to be more efficient than Urometer in context of accurate urine output measurement and monitoring. Some of the other advantages are as follows:

- Less chance of UTI.
- No back flow of urine.
- Needle less sampling.
- No kinking of catheter tube.
- Clamp present.
- More urine volume capacity (500ML)

Infusion Pump (TERUMO)

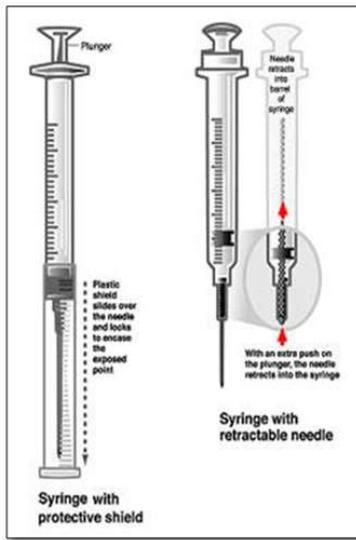


Fig5

Clinical cabinet members are aligned to the set goal – ensuring patient safety thereby improving quality of healthcare at large. To prevent medication administration delay, and ease nurses while dedicatedly imparting care to patients particularly chemotherapy medications and blood transfusions where meeting TAT is inevitable infusion pumps offer following benefits:

1. Distinct easy-to-read 4.3-inch display - Large 4.3-inch full-colour monitor. Obvious to read from a distance. - Screen reverses out when sleeping, clearly showing if the only seven buttons and a jog dial
2. Lid opens by hand. Sturdy, long-lasting construction.
3. Although set on aspiring standards, Infusion pump (TERUMO) (Fig: 5) was found to be less user friendly and in compatible by clinical cabinet members, due to following reasons:
 - In compatibility with IVsets of different manufacturing companies.
 - Frequent incidences of fake alarms of occlusions and air in passage hindering nursing care reported by nurses.
 - Too many number of buttons and monitoring panels, confusing first time users.
 - Currently it is under revision, and old Infusion pump (OPTIMA) is under clinical use instead.

Syringe with Retractable Needle



Infusions are essential part of treatment for all inpatients. Because of its nature, infusion therapy bears different risks for both the patient and the healthcare professional. The consequences of those risks on the health of the individual are often underestimated and can represent heavy costs for the hospital. Based on clinical evidence, B. Braun(Fig:7) has identified the major risks that can occur during the main steps of the infusion therapy process. B. Braun's integrated product system contributes to safe and efficient workflows, improving patients' quality of life and the safety of healthcare professionals. B. Braun's IV container solution for safe infusion therapy. Some of the advantages of B BraunIV bottles over old glass I V bottles are as follows:

- (Di-2-Ethylhexyl Phthalate, Diethylhexyl Phthalate)DEHP-free ,(Polyvinyl chloride)PVC-free and latex-free
- Reduces the risk of medication errors thanks to chemically inert material
- Standing container facilitates drug transfer
- Closed system transfer devices minimize the risk of microbiological and chemical contamination
- Two identical ports - no additional step to identify the ports
- Large neck ring helps prevent sharps injuries
- Good reseal ability after admixture to reduce contamination risks
- The absence of sealant on the used port provides tamper evidence and prevents further manipulation.
- Universal compatibility with all common IV sets
- Good holding force prevents risk of disconnection
- Closed system improves patient safety by reducing the risk of microbiological contamination
- Easy to read graduation marks on label allow for accurate infusion monitoring
- Constant flow rate increases patient safety
- Integrated hanger at the bottom of the container
- 100% recyclable
- When incinerated, it only generates CO₂ and H₂O – no toxic emissions and environmental friendly

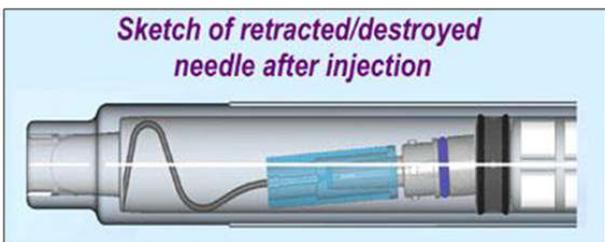


Fig6

Needle stick injury is one of the vital organizational quality indicator in Apollo hospital. The automatic retractable syringe requires single-handed operation to engage the unit by depressing the plunger into the base of the barrel, thereby inducing automatic needle retraction and prevention of sharp injuries. The product is worth its price Though ideal for FDA-compliant safety purpose, the complicated nature of the design and manufacturing process warrant a higher cost of the device.

Accidental disengagement of needle is commonplace, thereby adding to waste of resources and cost. Application of adequate force to depress the plunger to the base of the barrel, thereby inducing automatic needle retraction, has been problematic for healthcare professionals. Hence introduction of retractable syringes (Fig:6)for some anticoagulants like Clexane and Enoxaparin are in use currently and further climb to all other intravenous medications is under revision.



Fig 7Braun IV Bottles



Fig.8 Pro safety cannula

I V cannula allows sampling of blood, as well as administration of fluids, medications, and parenteral nutrition, chemotherapy, and blood products. BD Pro safety cannula (Fig: 8) has a robust needle tip that is fully encapsulated. It provides ease of penetration (small or fragile veins), reliable insertion and is made from BD Vialon™, which allows for easy insertion and longer in-dwell times. Moreover due to retractable needle mechanism within it prevents risk of needle stick injury thereby safeguarding patient and health care provider. Some of the other advantages of pro safety cannula are given below:

1. Sharp polished needle to ensure easy skin and vein penetration
2. Risk of sharp injury reduced
3. Digital pressure not required
4. Cannula tip has a tapered design to reduce pain during insertion
5. Injection port with snap cap
6. Grip plate allows a more ergonomic grip to aid insertion
7. Needle grip specially designed to accommodate a variety of insertion techniques
8. End cap placed conveniently for easy handling
9. Passive safety mechanism automatically deploys on needle removal
10. A needle protection shield which:

- Fully encases the needle tip
- is plastic and has no sharp edges
- is designed to minimise blood exposure

Currently we are using BD pro safety cannula, and it is found compatible with the patient requirements and still in use.

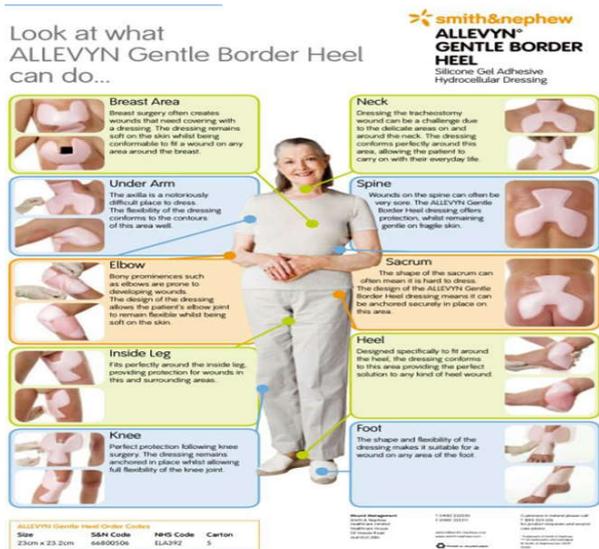


Fig 9 ALLEVYN-Gentle Border Heel

G.H.Fig.9G.Pressure Ulcer is one of the imperative nursing quality indicator in Apollo Hospital. ALLEVYN Gentle Border Heel dressing(Fig:9) has an advanced triple-layered construction which combines an absorbent hydro cellular pad sandwiched between a perforated silicone gel adhesive wound contract layer and a highly permeable waterproof outer film.It is indicated for wound management by secondary intention on shallow, granulating wounds, chronic and acute low exuding wounds full and partial thickness wounds. Its use is contraindicated with oxidizing agents like hypochlorite or hydrogen peroxide., as these can break down the absorbent polyurethane component of the dressing. Some other advantages include:

The dressing has good adhesive borders, that retains and absorbs exudates, enhances fast healing and lasts for a week and can be removed painlessly.Currently we are using ALLEVYN Gentle Border Heel dressings in Ortho OT and ICU's, where patient possess greater risk to develop pressure ulcers.

Monitoring of Digital Temperature of Fridge and Medicine Cupboard



Fig 10

As per our audit findings, we found that for maintaining drug potency and fit for patient usage it is very important to maintain the desired temperature of fridge and medicine cupboard in any health care setting. As we all know, the desired temperature is 2-8 Celsius. Any error in maintaining the temperature will lead to devaluing the cryogenic medicine and lead to delay in patient care. Hence forth temperature monitoring device (Fig: 10) was introduced in Apollo Hospital and regular monitoring and calibration is done till date.

Safety Rounds

Nurses need to be abreast with today's professional world and update themselves to the current trends and treatment modalities in accordance with revised JCI guidelines and standards. As per the project plan, group of smart clinical cabinet nurses visit to audit various units and share problems with their peer and elder colleagues and emanate appropriate solutions as a team, thus updating with hospital bench marks and giving suitable trouble shooters for

the specific problem. Safety rounds audit include assessment of checkpoints compliance and knowledge level of ground level clinical staff on the basis of problem statement/ challenges faced as discussed in clinical cabinet meetings. Some customary topics of safety rounds audit include compliance on Patient fall prevention , Clinical handoff form, Vulnerability assessment, Awareness of blood transfusion and blood transfusion monitoring, Patient and family education form(Fig:12), Braden scale form, [WOW] War on waste, IPSG [International Patient Safety Goals] Bed time PFE, Loss of water and electricity, Medication safety,Documentation etc.



Fig 11

- Module a: safe use of medication & their side effect
- module b: falls prevention
- Module c: infection control
- Module d: safe use of medical equipment
- Module e: pain management

One of many safety rounds conducted in clinical cabinet is assessment of compliance on PFE (Patient and Family Education) conducted in November 2017 and January/March 2018.Ground breaking results of gradual increase in compliance in PFE given by staff nurses in units and reduced incidence of patient falls is clearly evident from the subsequent data given below.

Fig 12 Patient and family education form

Safety Rounds Conducted by Clinical cabinet on PFE in Nov 2017

Table 1 Safety Round audit scores on PFE

SAFETY ROUNDS ON EFFECTIVE PFE												
CLINICAL CABINET ACTIVITY 2017 (November)												
	SFT1	SFT2	SFT3	SFT4	SFT5	SFT6	SFT7	SFT8	SFT9	P1	P2	EXTEN.
1	30	30	30	30	30	30	30	30	30	30	30	30
2	30	30	30	30	30	30	30	30	30	30	15	30
3	30	30	30	30	30	30	30	30	30	30	30	30
4	30	30	30	30	30	30	30	30	30	30	30	30
5	30	30	30	30	0	30	30	30	0	30	15	30
6	25	30	30	25	30	30	30	30	0	30	30	30
7	20	30	30	15	30	30	30	30	0	30	0	30
8	0	30	30	30	30	30	30	30	0	30	0	30
9	0	30	30	30	30	30	30	30	0	30	30	30
10	30	15	30	25	30	30	30	30	30	30	30	30
SCORE	195	285	300	290	255	300	300	300	150	300	205	285
TOTAL	300	300	300	300	300	300	300	300	300	300	300	300
PERCENTAGE	65%	95%	100%	97%	85%	100%	100%	100%	50%	100%	68%	95%

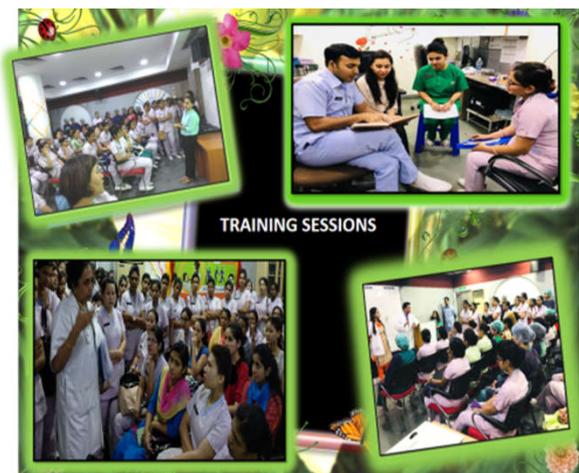


Fig 19 Training to improve compliance to policy and protocol.

Review Existing Practices and care Delivery

The clinical milieu in today’s healthcare ecosystem is a complex entity riddled with huge expectations, limited resources, co-morbidities, aging populations, and multiple interpersonal relationships which creates a ripe environment for errors. Review in the existing practices and care delivery opened doors to rectify errors at the grass root level. Some of them are as follows:

- ✓ Bio safety cabinet checklist
- ✓ Clinical handoff form
- ✓ Nurses clinical hand off brief form
- ✓ Nursing intravenous site observation form
- ✓ Nursing care plan



Fig 20 Training on forms and formats

Bio-safety Cabinet Checklist

After analysing Biosafety cabinet checklist for different units, it was observed that uniformity was not maintained as a soft copy of checklist was available everywhere. We recommended to get the checklist pre-printed. Also we suggested to delete extra columns and combine the working and not working column into a single column of working status, Revised Biosafety cabinet checklist is now used in all the medical-surgical units.

BIO-SAFETY CABINET CHECKLIST						
SHIFT	WORKING	NOT WORKING	NAME	CLOCK NUMBER	SIGN	REMARKS
K	✓		Prabiraj	102482	[Signature]	
Y	✓		Prabiraj	102483	[Signature]	
X	✓		Srinivas	102484	[Signature]	
K	✓		Srinivas	102485	[Signature]	
Y	✓		Prabiraj	102486	[Signature]	
X	✓		Prabiraj	102487	[Signature]	
K	✓		Prabiraj	102488	[Signature]	
Y	✓		Prabiraj	102489	[Signature]	
X	✓		Srinivas	102490	[Signature]	
K	✓		Srinivas	102491	[Signature]	
Y	✓		Srinivas	102492	[Signature]	
X	✓		Srinivas	102493	[Signature]	
K	✓		Srinivas	102494	[Signature]	
Y	✓		Srinivas	102495	[Signature]	
X	✓		Srinivas	102496	[Signature]	
K	✓		Srinivas	102497	[Signature]	
Y	✓		Srinivas	102498	[Signature]	
X	✓		Srinivas	102499	[Signature]	
K	✓		Srinivas	102500	[Signature]	
Y	✓		Srinivas	102501	[Signature]	
X	✓		Srinivas	102502	[Signature]	
K	✓		Srinivas	102503	[Signature]	
Y	✓		Srinivas	102504	[Signature]	
X	✓		Srinivas	102505	[Signature]	
K	✓		Srinivas	102506	[Signature]	
Y	✓		Srinivas	102507	[Signature]	
X	✓		Srinivas	102508	[Signature]	
K	✓		Srinivas	102509	[Signature]	
Y	✓		Srinivas	102510	[Signature]	
X	✓		Srinivas	102511	[Signature]	
K	✓		Srinivas	102512	[Signature]	
Y	✓		Srinivas	102513	[Signature]	
X	✓		Srinivas	102514	[Signature]	
K	✓		Srinivas	102515	[Signature]	
Y	✓		Srinivas	102516	[Signature]	
X	✓		Srinivas	102517	[Signature]	
K	✓		Srinivas	102518	[Signature]	
Y	✓		Srinivas	102519	[Signature]	
X	✓		Srinivas	102520	[Signature]	
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X	✓		Srinivas	102523	[Signature]	
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Y	✓		Srinivas	102531	[Signature]	
X	✓		Srinivas	102532	[Signature]	
K	✓		Srinivas	102533	[Signature]	
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Y	✓		Srinivas	102537	[Signature]	
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K	✓		Srinivas	102545	[Signature]	
Y	✓		Srinivas	102546	[Signature]	
X	✓		Srinivas	102547	[Signature]	
K	✓		Srinivas	102548	[Signature]	
Y	✓		Srinivas	102549	[Signature]	
X	✓		Srinivas	102550	[Signature]	

Fig 21.1 Sample Biosafety cabinet check list

BIO-SAFETY CABINET CHECKLIST					
DATE	WORKING STATUS	NAME	CLOCK NUMBER	SIGN	REMARKS
K	✓	Srinivas	102551	[Signature]	
Y	✓	Srinivas	102552	[Signature]	
X	✓	Srinivas	102553	[Signature]	
K	✓	Srinivas	102554	[Signature]	
Y	✓	Srinivas	102555	[Signature]	
X	✓	Srinivas	102556	[Signature]	
K	✓	Srinivas	102557	[Signature]	
Y	✓	Srinivas	102558	[Signature]	
X	✓	Srinivas	102559	[Signature]	
K	✓	Srinivas	102560	[Signature]	
Y	✓	Srinivas	102561	[Signature]	
X	✓	Srinivas	102562	[Signature]	
K	✓	Srinivas	102563	[Signature]	
Y	✓	Srinivas	102564	[Signature]	
X	✓	Srinivas	102565	[Signature]	
K	✓	Srinivas	102566	[Signature]	
Y	✓	Srinivas	102567	[Signature]	
X	✓	Srinivas	102568	[Signature]	
K	✓	Srinivas	102569	[Signature]	
Y	✓	Srinivas	102570	[Signature]	
X	✓	Srinivas	102571	[Signature]	
K	✓	Srinivas	102572	[Signature]	
Y	✓	Srinivas	102573	[Signature]	
X	✓	Srinivas	102574	[Signature]	
K	✓	Srinivas	102575	[Signature]	
Y	✓	Srinivas	102576	[Signature]	
X	✓	Srinivas	102577	[Signature]	
K	✓	Srinivas	102578	[Signature]	
Y	✓	Srinivas	102579	[Signature]	
X	✓	Srinivas	102580	[Signature]	
K	✓	Srinivas	102581	[Signature]	
Y	✓	Srinivas	102582	[Signature]	
X	✓	Srinivas	102583	[Signature]	
K	✓	Srinivas	102584	[Signature]	
Y	✓	Srinivas	102585	[Signature]	
X	✓	Srinivas	102586	[Signature]	
K	✓	Srinivas	102587	[Signature]	
Y	✓	Srinivas	102588	[Signature]	
X	✓	Srinivas	102589	[Signature]	
K	✓	Srinivas	102590	[Signature]	
Y	✓	Srinivas	102591	[Signature]	
X	✓	Srinivas	102592	[Signature]	
K	✓	Srinivas	102593	[Signature]	
Y	✓	Srinivas	102594	[Signature]	
X	✓	Srinivas	102595	[Signature]	
K	✓	Srinivas	102596	[Signature]	
Y	✓	Srinivas	102597	[Signature]	
X	✓	Srinivas	102598	[Signature]	
K	✓	Srinivas	102599	[Signature]	
Y	✓	Srinivas	102600	[Signature]	
X	✓	Srinivas	102601	[Signature]	

Fig 21.2 Sample Biosafety cabinet check list

Clinical Hand off form

On studying the ‘CLINICAL HAND OFF FORM’ following are the suggestions added and revised form are used now in all medical and surgical units:

- ✓ Clubbed clinical hand off in one place
- ✓ Clarity required on hand off while nurse leave the unit was justified in one column.
- ✓ Clubbed special instruction along with nursing clinical hand off form.



Fig 22 sample clinical hand off form

After analysing Clinical hand off brief we recommend to introduce the same form in ICU as well, and now it is implemented.

Fig 23 Clinical handoff brief form

Nursing Intravenous site Observation Form

As per our observation, few units found non-compliance in using the VIP (Visual infusion phlebitis) scoring chart. Re enforcement training and education to all unit staff nurses by respective charge nurses given. The oncology nursing intravenous site observation chart is a very important tool in prevention of extravasation.

Fig 24 Intravenous site observation Form

Nursing Care Plan

Suggested the Charge Nurse to brief their staff nurse regarding, “how to write care plan according to MSG.

- M – MEASURABLE**
- S – SPECIFIC**
- G – GENERAL**

In CTVS ICU: the staff nurses are more concern about the first measurable should be” to maintain input and output” rather than to maintain nutritional status as per priorities.

Fig 25 Nursing care plan

RESULTS

Clinical cabinet has comprehended various measureable improvements. Measurable improvements were noticed within past 2 years. As the project was huge success, it is sparkling in its full threshold till date.

CONCLUSION AND DISCUSSION

Big door swings on small hinges ...For safe practice, effective and quality nursing care, with an emphasis to prevent patient harm, promote patient and health care provider satisfaction which needs to be practised worldwide, this small project would prove to be a valuable asset, as it empower nurse with right to validate health care products thereby dedicating effortlessly towards regaining patient health and speedy recovery.

Acknowledgement

Clinical Cabinet is one of many avant-garde thought by our leader and mentor Group Director Nursing, Apollo Hospital Group: Capt. Usha Banerjee. With her ground breaking allegiance and contribution in stimulating suggestions and encouragement, helped us to coordinate our project to this success.

I would also like to thank the Clinical cabinet members and Team Apollo who were involved in the validation at ground level for this project. Involvement and commitment of each team member in the group has helped all the staff in the clinical setting to achieve more and work with more confidence using newer products that are made available to them.

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