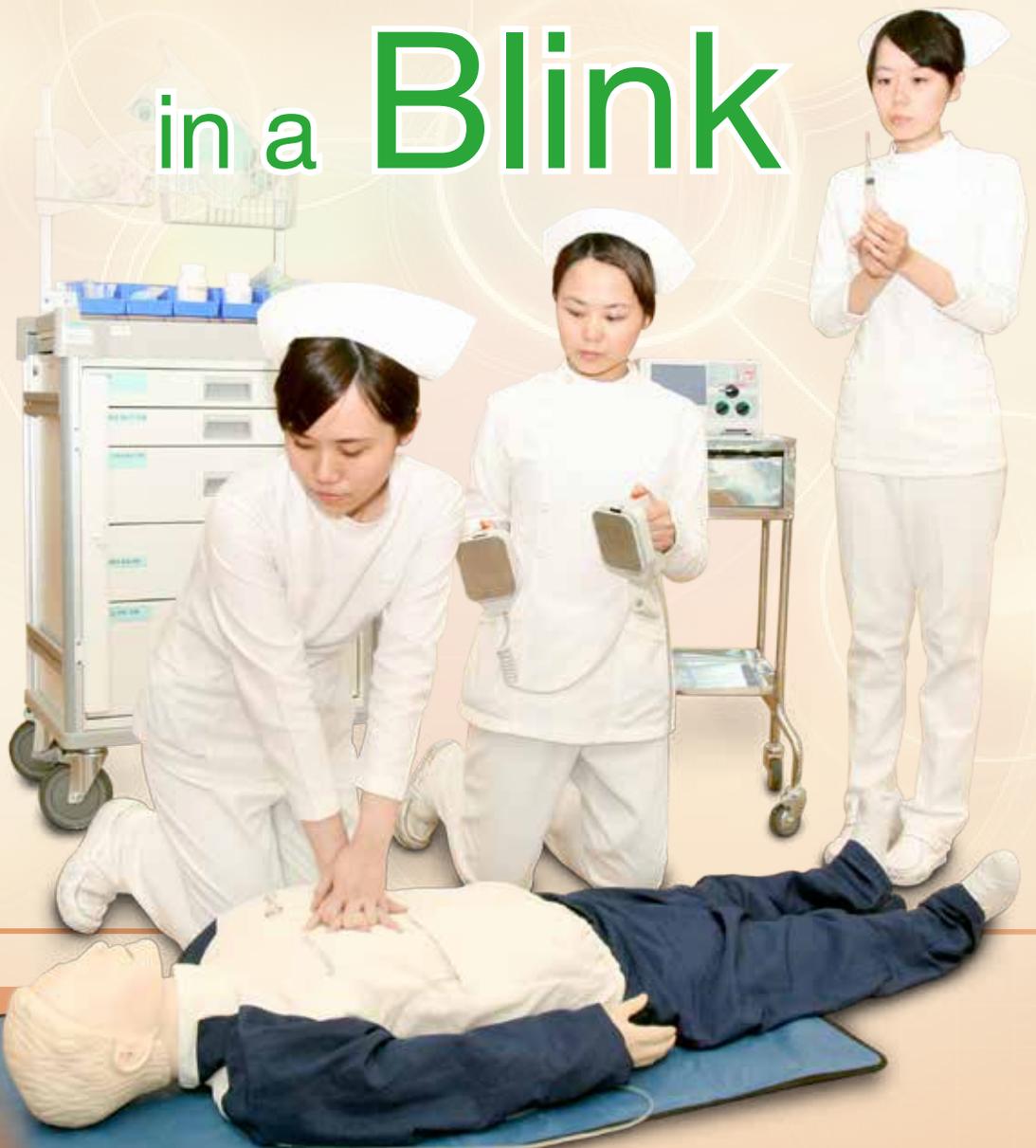


Saving Life in a Blink



About First Aid Ability and Experiences of Nursing Professionals

“Is there any doctor or nurse here?”

If you hear someone asking this kind of question with panic in public, it must be some unexpected accidents that require immediate medical attention. Medical professionals respond with their first aid skills in trains, airplanes or other public areas; especially, in the hospitals where they are always medical emergencies. In the course of emergency care, we believe all the nurses will step-up and help. However, what kind of role can nurses play in such an emergency? Are they qualified in handling the crisis? How about their emotional state?

Nurses may feel relieved or even excited when they save a life; however, if a life was lost, how are they going to comfort the family members? And should they handle the sense of loss after many failed attempts? Some veteran nurses share their experiences, that during crisis, one should not think about consequences. “As long as we try the best to save lives, there will be no regrets afterwards,” They said.

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Accidents that require immediate medical attention are happening every day, repeatedly in the emergency room. The first line nursing staffs, faced with all the scenarios in the emergency room, are under tremendous stress. Situations like racing against time to save life, dealing with family members' emotions, anxiety or even anger when their beloved are in critical condition. When the "Green 9" emergency code is announced, it is usually for unexpected circumstances; collaborating teamwork is critical. Many less experienced nursing staffs or new nurses are acting awkward in prioritizing, setting order and performing their duties in the course of emergency treatment. The result of emergency treatment can have a great impact on everyone. Successful emergency treatments not only prolong a life but also raise the morale of the medical team. On the other hand, if the treatment failed, the staffs would feel devastated. In some serious cases, it may affect their career decisions.

Most of Staff Acquired First Aid, 10% Need to Catch Up

Recently, the media covered a series of incidents where lives were saved by medical professionals during medical emergencies. In one of the incidents, someone suddenly passed out during a marathon race; nurses and doctors in the

race rushed to the scene and performed first aid. In another incident, a medical staff, after a day's work, was on the way home and encountered someone who unexpectedly collapsed on the ground; without giving a thought, he performed CPR on the person and continued all the way to the hospital. So, if it was you, will you step up and try your best to help? What are your emotional state and the role you play during an emergency treatment? We would like to survey your first aid experiences and suggestions among the six Tzu Chi General Hospitals. We wish this could be a reference for the planning of the future first aid related training courses.

About 1,503 adequate responses were collected. The first question in the survey was "What kind of first aid certificate do you have?"

The result showed the most certificates possessed, in descending order, were ACLS (Advanced Cardiovascular Life Support) 66.30%; BLS (Basic Life Support) 46.90%; and APLS (Advanced Pediatric Life Support) 7.1%, NRP 6.80%, and first aid instructor related certificates 3.1%. According to the result, the certificates that nursing staffs possessed were work related which is a benefit to their clinical practices. So, assumedly there must be many people who have multiple certificates. Compared to 25.8% of the staff working in acute and critical unit, only 3.1% of the population has instructor certificates. Our

Basic Statistics

Gender	Number of People	%
Male	43	2.9
Female	1,460	97.1
Total	1,503	100.0
Age	Number of People	%
under 20	21	1.4
21~25	389	25.9
26~30	406	27.0
31~35	326	21.7
36~40	201	13.4
above 40	160	10.6
Total	1,503	100.0
Nursing Level	Number of People	%
N	446	29.7
N1	350	23.3
N2	494	32.9
N3	136	9.0
N4	77	5.1
Total	1,503	100.0
Job Title	Number of People	%
Registered nurse/nurse	1,193	79.4
Deputy head nurse	52	3.5
Head nurse or higher	98	6.5
Functional unit	46	3.1
nurse practitioner	114	7.6
Total	1,503	100.0
Unit	Number of People	%
Internal medicine ward	110	7.3
External medicine ward	238	15.8
Pediatric/O&B	135	9.0
ER/ICU	388	25.8
Palliative care	29	1.9
Functional unit	55	3.7
Outpatient clinic	197	13.1
Dialysis	37	2.5
OR	105	7.0
Psychiatry	30	2.0
Administrative	40	2.7
Miscellaneous	139	9.2
Total	1,503	100.0

staff in the emergency department should dedicate some promotion on this front. However, 9.8% of people do not have any certificates. I am not quite sure if it was because new staffs haven't acquired or renewed certificates, or because of the lack of interests in training courses. We would like to encourage people to get the first aid certificates. All the hospitals' management should conduct further research and put it into action.

Induce Confidence in New Recruits

Earning first aid certificates is part of the training. However, has everyone ever encountered and provided clinically any assistance in a first aid procedure? The next question surveys people about their first clinical experience during nursing career.

Up to 88.1% of the nursing staffs had

prior experience on first aid procedure, and 11.90% had none. Out of those who were experienced, 42.2% had more than 12 encounters; 22.4% 1-3 encounters, 14.0% 4-6 encounters, and 9.5% 7-12 encounters. Evidently, the percentage of nursing staffs is high among those whom have witnessed life being saved in a blink of eye. Of course, it is impossible to guarantee every emergency care will be a success. Therefore, the lesson every nursing staff must face is the emotional challenge after such experiences.

Next, the percentage of people who has experienced first aid procedure (including practice drills) in the past year is 84.9%. About 53.2% had 1-3 times experience; 19.6% experienced once very season; and 9.6% encountered monthly.

Emergency cases occurred differently in different departments and units. According to statistics, more than 100 first

Q1

What kind of first aid certificate do you have?
(N = 1,503, multiple choice)



ACLS	66.3%
BLS	46.9%
APLS	7.1%
NRP	6.8%
Advisor as ER related courses	3.1%
none	9.8%

aid cases on average occurred in Taichung Tzu Chi Hospital. Most of the patients die before reaching the hospital. In some cases, patients' conditions worsened after visiting the emergency department. Due to these unexpected situations, we apply the highest standard on first aid proficiency in the emergency room.

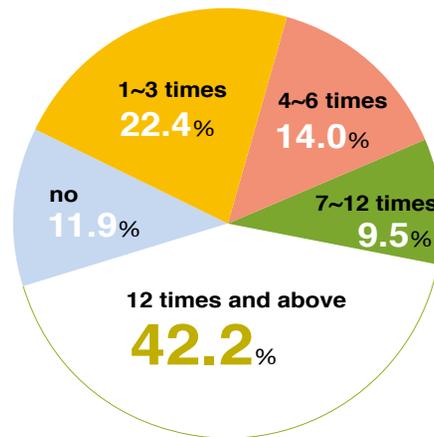
A new nurse, apparently shy in her demeanor, recently joined to the emergency room. Her lack of experience is also translated into the lack of confidence. As the ACLS examination approaches, she, only four month on the job, was quite concerned with her competence. A veteran nurse, utilized every opportunity available, to include her in every first aid procedure, and even instructed this petite nurse to stand on stools for a better view of the procedures. Coupled with theories from textbooks, the veteran nurse slowly guided her to understand the whole first aid process. After passing the test and earned her ACLS certificate, she realized theories and practice go hand-in-hand, complementing each other. Later, she grew more confident and competent in facing patients and managing emergency procedures.

Reduce Fear Through Familiarity

A question was asked about how well the emergency procedures were

Q2

Have you ever encountered and provided any assistance in a first aid procedure?
(N = 1,503)



handled (including drills) in the past year. About 51.5% of the staff under supervision did an acceptable job; 22% performed proficiently, capable of undertaking leaderships roles; and 18.2% lacked experience or were unfamiliar with the procedure, unfit for frontlines. What is worth noting is that 8.3% of the staff would panic during emergencies and act when given instructions.

In retrospect, an event happened a few years back, when I was transferred from outpatient unit to emergency room, where a patient had an irregular heartbeat due to the high level of potassium in the blood. Soon he lost consciousness and was provided with a breathing tube. After emergency

treatment, he was transferred to intensive care unit. During the whole procedure, I panicked. I was so afraid that I could only act when an instruction was given, my hands trembled uncontrollably even while filling in the reports. Upset, guilt, regrets and loss of confidence overwhelmed me, and I cried. I can still recall vividly the details of that day. After years of training, I have become someone who can assume a leadership role and competent in handling emergency situations.

Team Collaboration; Gratified to Save Lives

In a hospital, medical personnel in ER also undertake the role of emergency

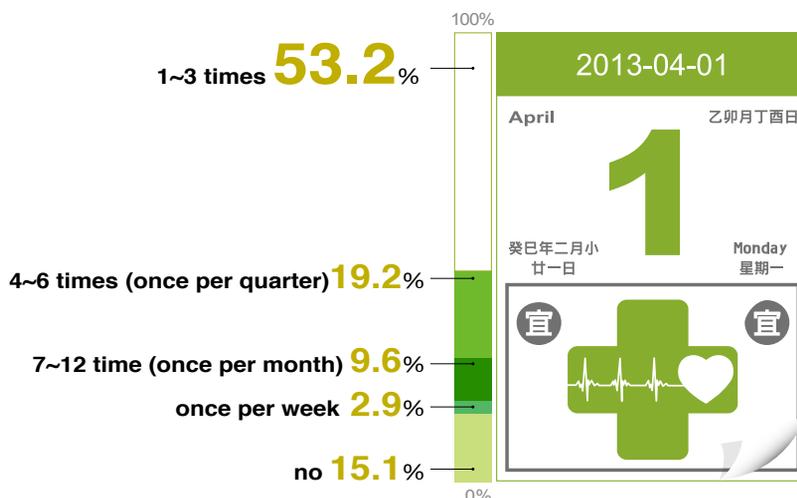
medical technicians. Emergency medical service, in fact, demands teamwork in order to succeed in their missions.

Few days ago I heard an announcement in the hospital, “Green No 9, B1, chemotherapy room”. A team responded and rushed to the site. As they arrived on the scene, the patient’s primary doctor and nurses were already performing CPR and Ambu Bagging. The team soon took their own positions and began performing tracheotomy, IV, and injections. On the way to the ER, the security guard directed the traffic and cleared a route. The patient was transferred to ICU soon after.

The patient, with tube removed and transferred to general ward,

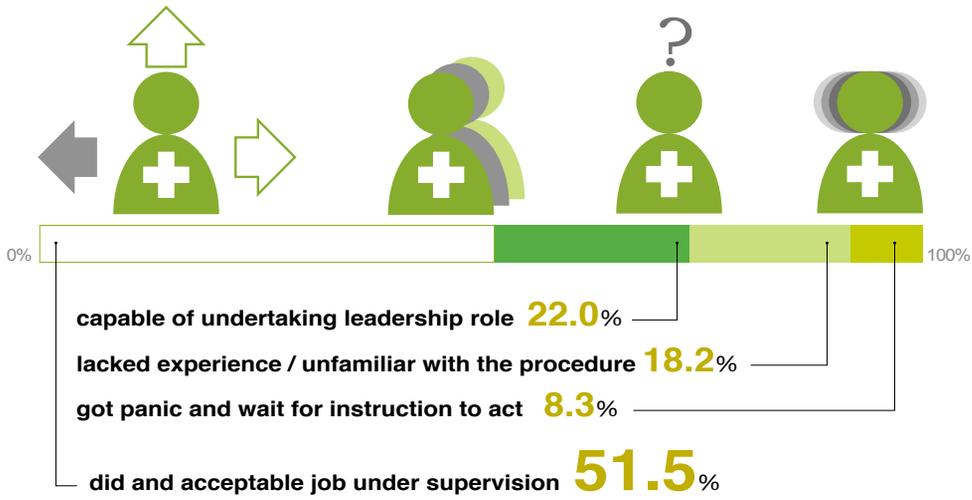
Q3

Have you experienced first aid procedure (including practice drills) in the past year? (N = 1,503)



Q4

How well the emergency procedures were handled (including drills) in the past year? (N = 1,503)



regained consciousness, and all vitals stable. The news thrilled all the staffs who participated in this emergency procedure. What matters the most, in every emergency case, is for patient to receive the best possible care and be discharged safely.

Reduce Fear Through Training

When asked the most feared scenario during emergency situation in the past year, about 33% of the staffs chose inexperienced teamwork; 22.6% lacked experience to pinpoint the right act; 19.2% felt uncomfortable when lacking first aid kits or medical

equipment; 14.1% felt a loss of control when confronted with distraught family members; and 9.6% indicated emergencies that occur in a public area.

In addition, many people shared their own thoughts about the fear, for example: overcrowding; confined spaces; doctor's oral prescription differs in name from current medicines; inexperience; and patients conditions worsen, etc.

However, once the rescue fails and the doctor pronounces the patient dead, the helpless and regretful cries and screams would be our most dreaded nightmares, particularly in the cases of sudden death or accidents. Each time I

received emergency calls, rushed to the hospital and led the family members to their deceived loved ones, my emotions were as torn as they were. On numerous occasions I have witnessed our junior staffs facing life and death scenarios with tears in their eyes, and then they proceed with their job, cleaning the patient's body and solace the emotional family members. Nurses always prioritize their own emotions behind their job.

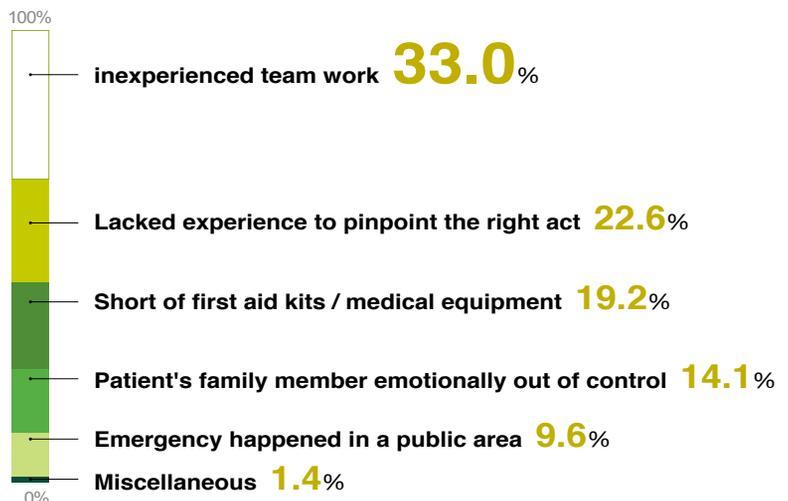
Teamwork Ready for the Challenge; Well Prepared with No Fear

At the end of the survey, we inquired our staffs that, in addition to attaining first aid certification, the type of emergency training courses they would like to be made available. "Team drills" occupied 49.3%, ranked first; "Increase random drills" 17.3%, came second; "First aid experience sharing" 16.3%; and consoling skill training 15.9%. A minority believed that, due to the gap between lectures and clinical work, an increase in lectures may be impractical.

My thoughts, after years of providing emergency medical services, is to focus on the consolation of the living once our current medical services hit its limitation,

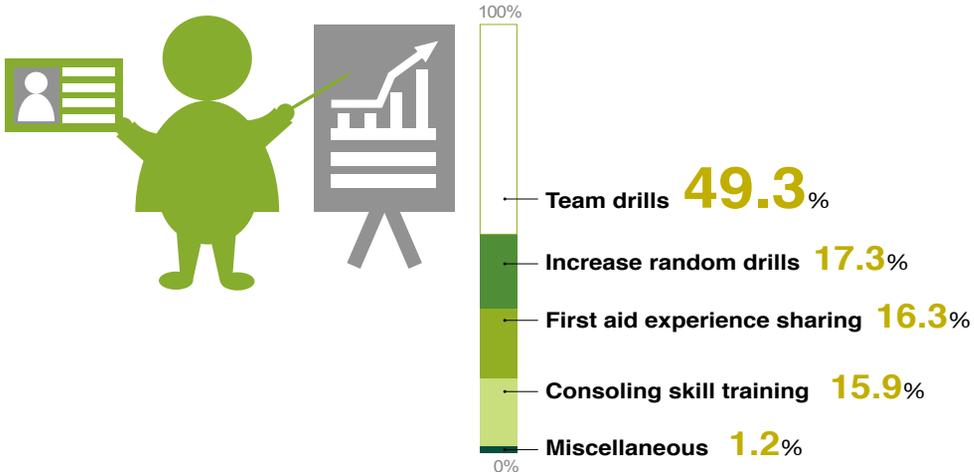
Q5

The most feared scenario during emergency situation in the past year? (N = 1,503)



Q6

The most feared scenario during emergency situation in the past year? (N = 1,503)



a skill we continue to improve in addition to our medical skills.

Training courses like ACLS, BLS, and APLS are held periodically in the hospital, so are unscheduled practice drills. Emergency care unit is also implemented, with divided operating areas and stipulated assignments and responsibilities. The result of the survey provided the hospital a priority to plan related courses. Enhancing clinical skills, developing leadership role during emergencies, and even comforting family's emotions can all be included as part of the training curriculum.

Every emergency event is unique. We need to collaborate efficiently, review

and analyze every emergency case, point our team strength, understand individual weaknesses, constantly revise and stay open to the thoughts and feelings of every participating member. As long as our nursing staffs are able to fulfill the required first aid trainings and familiarize with the procedures, then we can accomplish our missions when the challenge arrives. However, while attending to the family members, we should never forget to calm our emotions and recognize our efforts, and find a release for the sorrow within.