TZU CHI

NURSING CARE

With the Compassion of Bodhisattvas,
Where Ever Sufferings Are, We Are.

Near-Miss Reporting to Protect Patient Safety

About Patient Safety Reporting Experiences & Reflections of Tzu Chi Nurses

Within Tzu Chi Hospitals' medical information system, "Patient safety reporting system" is anonymous, voluntary, confidential, open and transparent. Tzu Chi Hospitals encourage and advocate the reporting of any abnormal and/or near-miss events related to patient safety. Through the "Patient safety incident reporting", we can identify problems and make diligent improvements to ensure patients' safety and quality of nursing care.

By Lin Tzu-Chun, Head Nurse, Taichung Tzu Chi Hospital
Liao Wei-Hsin, Deputy Head Nurse, Taichung Tzu Chi Hospital

"Patient safety" is the fundamental principle that all medical practitioners should follow. No medical personnel would want to endanger patients' safety. Therefore, standard operating procedures along with the medical care environment are constantly scrutinized, revised, and improved.

The "Taiwan Patient Safety Reporting System" of the Joint Commission of Taiwan features anonymity, voluntary, confidentiality, non-accountability, and joint learning as the starting point. Since 2004, it has been implemented for 15 plus years to establish a platform for experience sharing and information exchange between medical institutions to further create a safe medical environment. Tzu Chi Hospitals also encourage and advocate to report any problems related to patient safety. In addition to discovering the problems through the "patient safety incident reporting", we can learn from the problems and improve on the processes.

Nursing staff are the first line of clinical practice, and the medical profession that has the most frequent contact with patients should be the occupational category where disease safety notifications are most frequently performed. According to the 2018 annual report of the Taiwan Patient Safety Notification System, a total of more than 630,000 notifications were reported from 2005 to 2018. According to an informant's analysis, the nursing staff scored the highest ranking.

However, if we equate the medical safety reporting with "I did something wrong," the reporter may find it difficult to forgive himself/herself. Will this end the nursing career? If it is hidden and not reported, it may be like an unexploded bomb, which brings greater worries to the medical environment. The establishment of a patient safety notification culture is an optimization process to improve the quality of medical care. This article hopes to explore the experience and feelings of the nursing staff among the seven Tzu Chi Hospitals tasked with patient safety incidents.

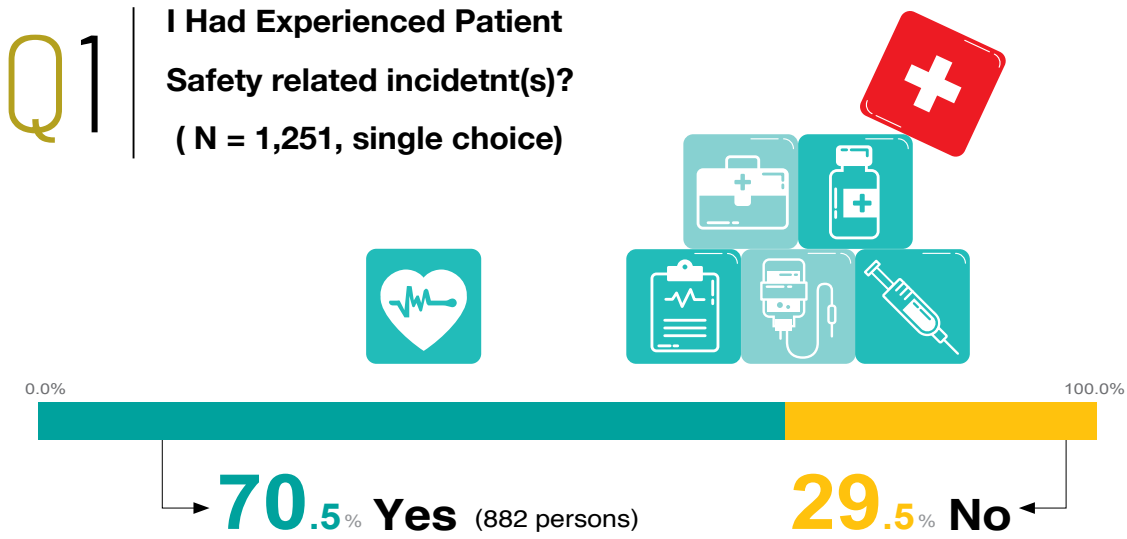
When an Incident Occurs, Report Immediately

A total of 1,251 valid questionnaires were collected in this survey. First of all, 70.5% of nursing staff had a patient safety incident at work, and 29.5% did not. In fact, only a very small number of incidents caused harm to patients in clinical practice. Most incidents were discovered in advance, but they were still reported. Even if the incident did not cause harm to the patient, for the nurse, it might be a big test for her/his career.

Then we inquired about the immediate response to those who had an incident. 92.0% of the nurses "worried about the safety of the patient and actively intervened in the treatment". The second response was "informed the supervisor or team leader immediately orally or by phone" with 72.9%. The third response was "immediately

Basic Statistics

Gender	Number of People	%
Female	1,191	95.2
Male	60	4.8
Total	1,251	100.0
Age	Number of People	%
under 20	21	1.7
21~25	413	33.0
26~30	211	16.9
31~35	162	12.9
36~40	194	15.5
above 40	250	20.0
Total	1,251	100.0
Job Title	Number of People	%
Registered nurse	973	77.8
Deputy head nurse	54	4.3
Head nurse	63	5.0
Supervisor	20	1.6
Functional unit/case manager	46	3.7
Nurse practitioner/senior RN	95	7.6
Total	1,251	100.0
Department	Number of People	%
Internal Medicine	209	16.7
Surgery	195	15.6
Pediatrics	49	3.9
Obstetrics & Gynecology	47	3.8
Intensive Care & ER	253	20.2
Functional Unit	19	1.5
Kidney Dialysis	45	3.6
Operating Room	86	6.9
Outpatient Clinic	189	15.1
Palliative Care	21	1.7
Administration	30	2.4
Psychiatry	45	3.6
Others	63	5.0
Total	1,251	100.0



logged in the reporting system and wrote down what happened," accounted for 64.4%. In clinical practice, the immediate response of nursing staff to a patient safety incident is mostly to actively intervene in treatment, and patient safety is our top priority. After preliminary treatment, nurses would immediately notify the attending physician and the unit supervisor, and complete the medical safety report on the day when the medical incident occurs.

In the questionnaire, the proportion with "No need of reporting. Patients' safeties weren't compromised" had a 1.7% response. It is believed that the nursing staff who answered the question had their own judgment. However, sometimes the occurrence of safety incidents is a systemic problem. Perhaps there is no systematic notification, but it should be raised for discussion in the unit or team, which will help the process to be more complete and prevent the same incident from happening.

"When I assisted one particular patient with blood work at a time when barcode system was not in place, I labeled a blood drawing tube with the patient's name. However, the person in charge of the blood drawing did not verify patient's identity and drew blood on the wrong patient." This incident review resulted in the adoption of barcode blood sampling operation system, which greatly reduced the error rate of abnormal blood sampling. After this "memorable" experience, the unit nurses understand the importance of complying with the standard operating procedures (SOP), and no matter how busy they are, they will follow the SOP.

As a senior staff with nearly 30 years of nursing experiences said, every nurse encounters the challenge of "patient safety near-miss" before they elevate their

profession to the next level. But no one likes the process of being scared and guilty bound during an incident.

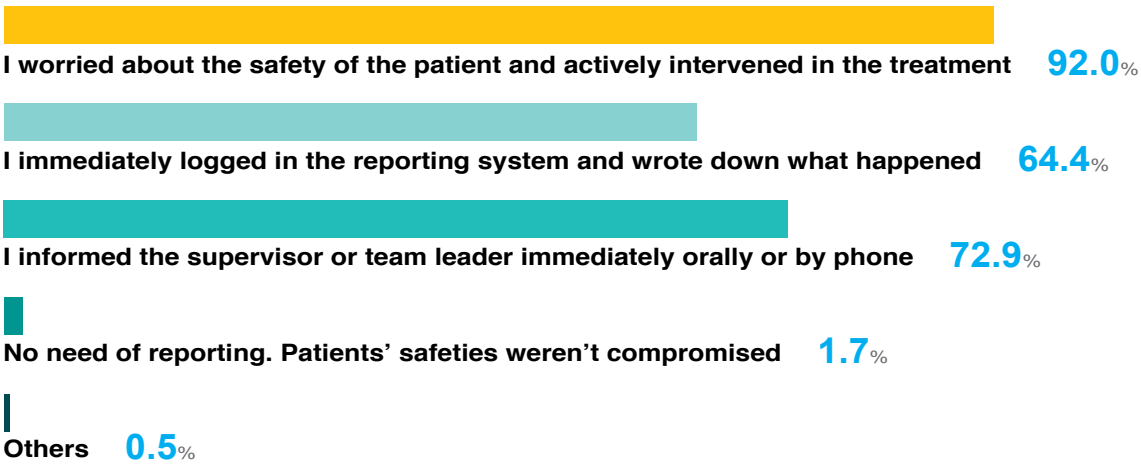
50% Near-Miss Are Patient Factors

The first cause of safety incidents encountered by nursing staff is “Patient factors” 51.8%, followed by “Non-compliance with SOP” 31.3%, and “Not paying attention to medication precautions” 22.0% , “Communication factor” 20.4%, “Treatment interrupted” 16.9%, “Error in interpretation of doctor’s order” 13.4% and “Dose calculation error” 13.3%.

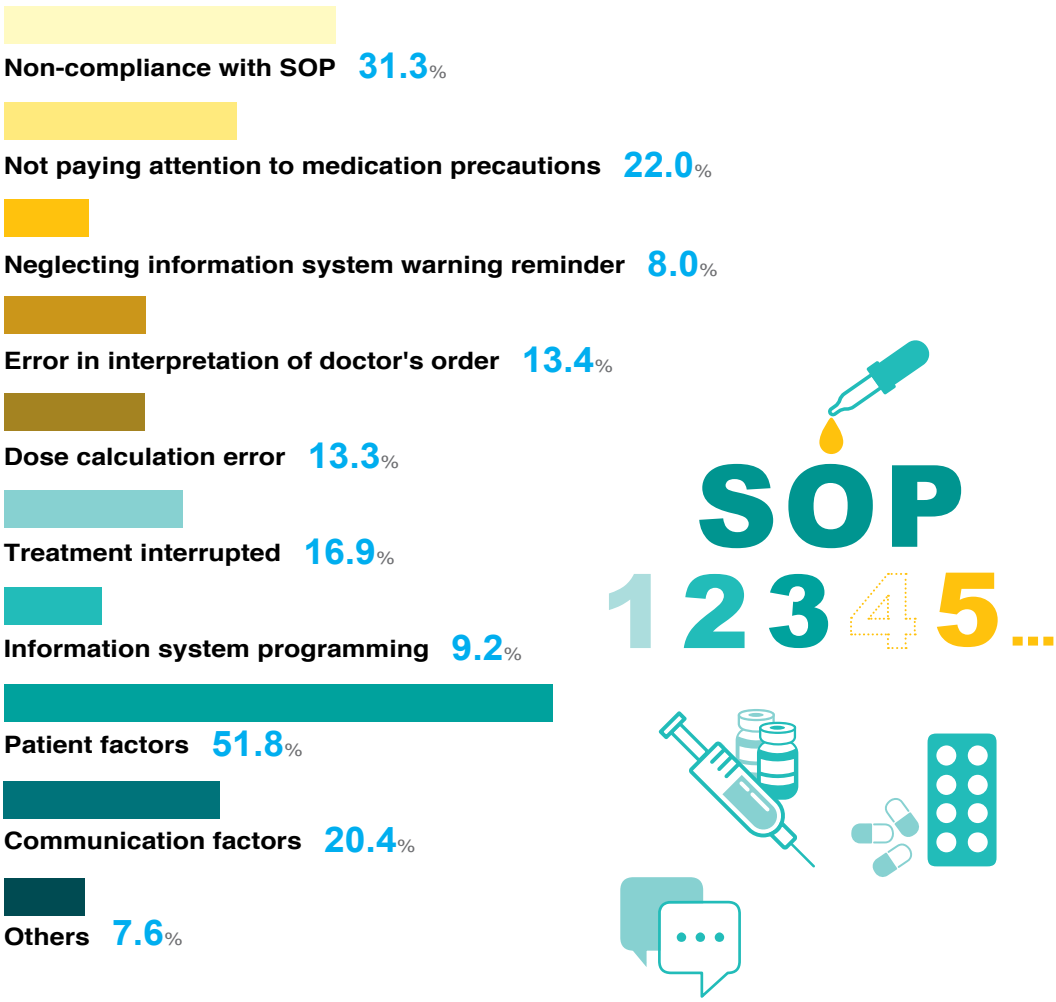
Among them, “patients’ factors” accounted for more than half. In the Taichung Tzu Chi Hospital, the nursing staff reported that the common conditions of safety incidents were mainly patients falling out of bed and their removal of tubing.

Patients are assessed when they are first admitted to the hospital. In addition, patients are identified with a red hand ring to indicate high-risk falling category. To raise awareness fall prevention aids are provided based on individual’s needs which include four-legged walkers and warning devices for getting out of bed. With regards to the removal

Q2 What's my immediate response to that patient safety incidetnt(s)? (N = 882, multi-choice)



Q3 The patient safety incidetnt(s) I've encountered were mainly about? (N = 882, multi-choice)



of nasogastric tubes, health education is provided to patients and main caregivers. Taichung Tzu Chi Hospital innovated on the placement of nasogastric tube and found that the rate of self-extraction has reduced significantly. The downward trend has been promoted in the clinical care of various units. It is hoped that it will reduce the incidence of nasogastric tube slippage.

Establish a Culture of Positive Near-Miss Reporting, Counseling to Improve Professional and Psychological Power

What are the immediate concerns of the nurses when a medical safety incident must be notified? When an incident occurs, nursing staff must face psychological pressure. The highest proportion of the questionnaire results is that “Patients are harmed because of me” accounted for 73.4%, followed by “Worry about being blamed by the team” 27.8%, and the third is “Fear of being punished” accounted for 23.0%.

Q4 While the patient safety incidetnt happened and should be reported, my concern(s)?(N = 882, multi-choice)

When the patient safety incident occurred, some nursing staff even said, “I feel uncomfortable because my negligence may have caused injury to the patient”, “I have this patient safety incident, how will others think of me”, and even in serious cases, medical staff may even consider leaving this occupation.

We know that the medical safety incident has already occurred, and the follow-up counseling and care for the nursing staff at the moment of the incident is also needed.

Some nurses who just started their post went to supervisors to contemplate quitting. After cordial discussions with the instructor and the unit supervisor, it turned out that my colleague had remorse about the patient safety incident caused by providing the wrong medication, and she constantly blamed herself. The feeling that “I am not qualified for clinical nursing work often comes up between jobs, so I simply say that I am leaving the job, and leaving the job will no longer be a psychological torture”. After comfort and guidance of the senior colleagues and supervisors, she reflected on her mistakes, improvement, and progress after the patient safety incident and decided to stay. In fact, patient safety incidents may also be the result of the systems or processes in addition to human factors. The main purpose of the safety incident notification is to understand the root cause of the incident; to further discuss and improve; and to avoid similar incidents from happening again. More importantly, it reminds us to be more careful and not to repeat the same mistakes.

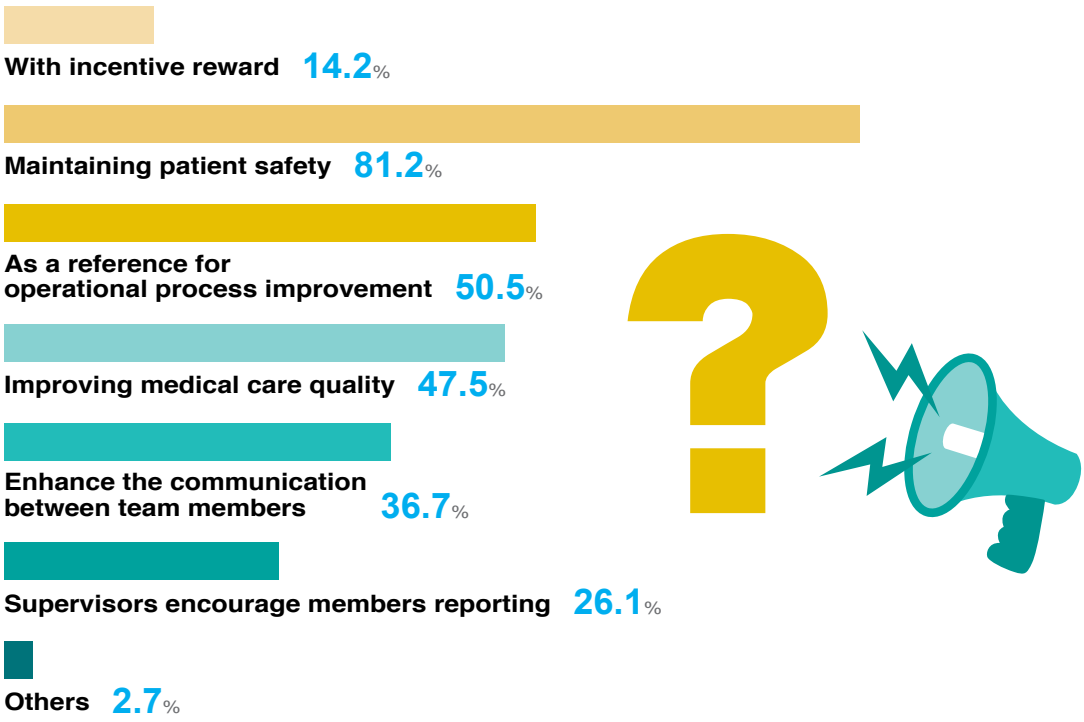
All for Patients’ Safety, Improving Procedure and Quality

“Maintaining patient safety” accounts for 81.2% as the motive for notification, the second is “As a reference for operational process improvement” 50.5%, and the third is “Improving care quality” 47.5%. It can be seen that the main motivation of nursing staff to report on the incident is to maintain patient safety and improve the safety of the medical environment.

A nurse once disclosed that she almost gave the wrong medication in an emergency. It turns out that there are two different injections with similar packaging, and they were placed adjacent to each other. She felt that it was necessary to propose improvement so she notified her leadership about the incident. After the reporting, the Nursing Department conducted a review and separated the two medicines in the ambulance and strengthened reminders to avoid the risk of providing wrong medicine. This is a medical safety report for early prevention, which is worthy of praise, to remind colleagues to remain alert and diligent.

The goal of the Ministry of Health and Welfare mentioned that “patient safety” is the foundation of medical quality, which is the most basic common goal between medical

Q5 The motive(s) for my patient safety incidetnt reporting? (N = 882, multi-choice)

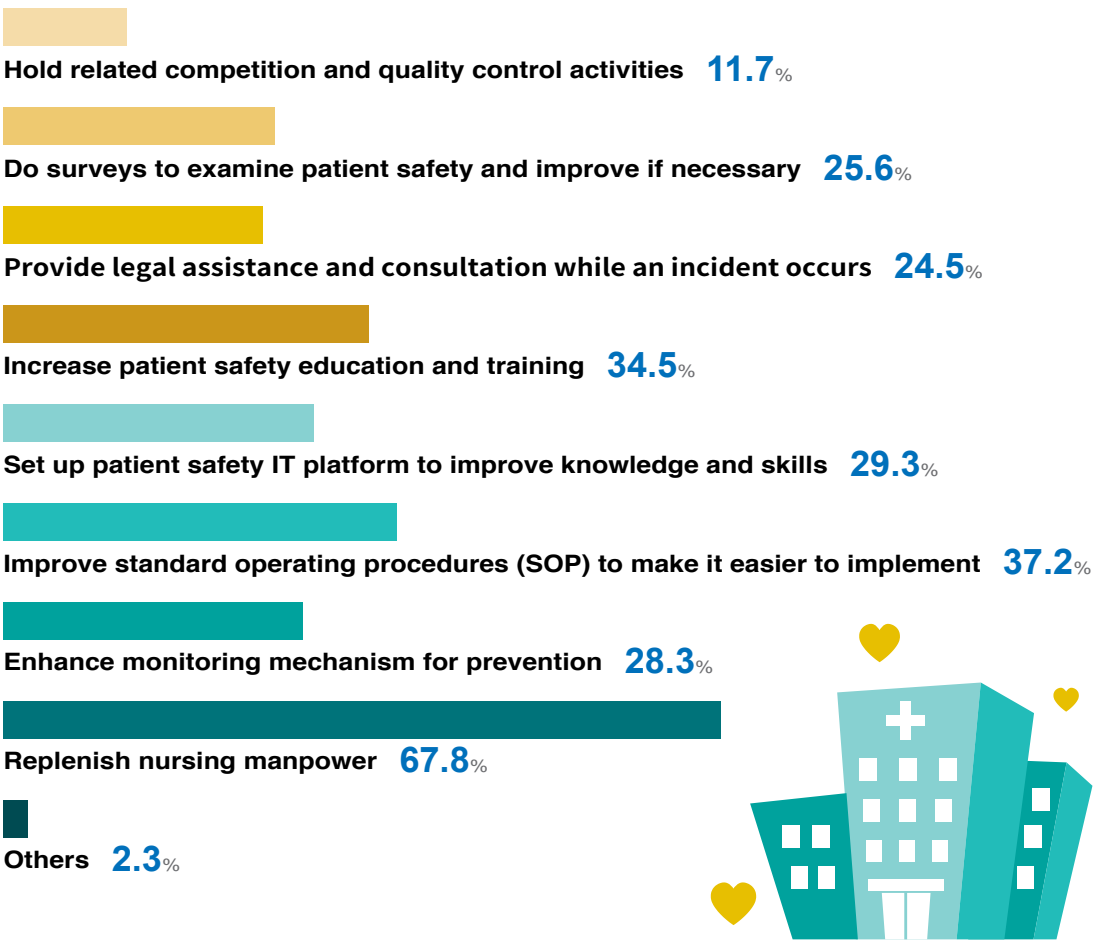


care providers and patients. Thus, the ministry is working together to improve the quality of medical care in Taiwan and build a safe medical environment. The results of the questionnaire show that nurses in Tzu Chi Hospitals understand the goals of patient safety in Taiwan and implement them in clinical care.

In order to reduce safety incidents and promote patient safety, what measures do nurses hope the hospital will take?

According to the results of the questionnaire, the highest proportion is “Replenish nursing manpower,” accounted for 67.8%; the second is “Improve standard operating procedures (SOP) to make it easier to implement” accounting for 37.2%; and the third is “Increase patient safety education and training” accounting for 34.5%. The hospital management and various teams regard patient safety as an important task and continue to improve.

Q6 To reduce the patient safety incidetnt occurance, things I wish the hospital would do?(N = 882, multi-choice)



For example, nursing supervisors can share cases of safety incidents anonymously; strengthen the promotion of the importance of observing the operating procedures at the morning meeting/rounds; and actually participate in the workflow, which encourages nursing staff to raise discussions when encountering difficulties, and jointly improve and simplify the procedures. The care process can not only implement patient safety care, but also improve job satisfaction.

Long-term bedridden patients are a high-risk group for pressure wounds. In order to actively prevent the occurrence of patient pressure injuries, the nursing team of

Taichung Tzu Chi Hospital designed a “turnover clock” after brainstorming and provided it to nursing units as a tool for turning education. The “turnover clock” method utilizes the circular clock face and has staff stick a position (left or right) onto the clock every two hours. This will help colleagues and family members to immediately know when and where to turn by looking at the clock. The use of “visual management” to simplify the process, not only can quickly know whether the patient has actually been turned can also reduce the incidence of pressure ulcers.

In addition, there were also cases of safety incidents caused by communication factors. After discussion, it was discovered that the newly hired Indonesian foreign caregiver failed to implement the correct nursing due to language barrier, and thus the nasogastric tube feeding method was not operated correctly. The countermeasure is to translate the relevant common care technology into English, Vietnamese, and Indonesian health education leaflets to reduce language barrier; improve the knowledge of foreign caregivers; and greatly reduce the foreign caregivers’ new challenge: anxiety to communicate on the job, under the new environment and language barrier.

Taichung Tzu Chi Hospital analyzes the causes of patient safety incidents every year. Quality control circle techniques and case discussions are adopted to improve standard operating procedures and simultaneously incorporate patient safety education and training into E-learning. Now the staff can learn about continuous improvement in knowledge and skills of patient safety. For example, a project to improve the quality control circle was set up due to the high rate of wound infections in patients after surgery. It was found that the main reason being the inconsistent wounds dressing. After the wound dressing procedures were revised and the E-learning course was recorded, wound infection incidents were significantly reduced.

The reporting of near-miss incidents is like a warning sign to flag the problem early and improve it as soon as possible. Nursing staff should be mindful of the situation at the moment of the incident. Being alert and mindful is the right mentality but to be overcome with defeat. Learn the lesson and abide by the SOP. Establish a correct mentality and report to make the entire care system better, and turn crisis into progress for improvement.

In clinical practice, nursing supervisor encourages nursing staff to interact with patients and their families. Through observation and communication, they can understand the needs of patients and provide individual care. This not only improves care satisfaction, reduces the occurrence of patient accidents, but also improves the sense of accomplishment. This allows our original resolve of nursing profession and continues to shine.

Be Proactive, Attentive & Ask While Not Sure

By Liao Yi-Ting, Deputy Head Nurse, 8B Ward, Taichung Tzu Chi Hospital

"Patient safety" is the foundation of medical quality and the most basic common goal between medical care providers and patients. For the safety of patients, each hospital has developed a set of standard operating procedures and notification systems. It has been 8 years since I entered the workplace. I have also been notified of several medical safety incidents, most of which occurred when I was a new recruit.

Let Go of Myself to Develop My Profession

I remember the moment when a patient safety incident happened; I was in fear worrying if the patient was endangered because of my mistakes. I worried if I would become a problematic person in the mind of the supervisors? However, because of this incident, I have been more careful in caring for patients in the future.

Once I saw that there was a problem with the dosage on the physician's order. I immediately contacted the doctor who then immediately adjusted the dosage to prevent a patient safety incident. This made me feel more confident. With the accumulation of experience, the number of patient safety incidents decreased.

When patient safety incidents happened, most people would feel that they are really unlucky. Why did it happen during my shift? Sometimes one may also feel angry, because often the caregiver repeatedly chose to be noncompliant especially after considerable education regarding safety. Why did the patients still not listen? In addition, from experience, most incidents occur during the night shift as a result of staff shortage,

and when the caregivers are off. Despite nurses making hourly rounds, accidents often happen during the intervals. Then I have to tell a supervisor and file an incident report.

Clinically, dislodging of the nasogastric tube is very common in the ward, mostly because the adhesive is not strong enough or the method of application is inappropriate. Improper application method can cause inflammatory patient's nasal mucosa. In addition, when a confused patient pulls the nasogastric tube, staff has to reinsert causing more discomfort. Therefore, the nursing staff needs to make improvement to prevent nasal mucosal pressure and slippage. In addition to the development of standard care procedures, strengthening the caregiver's health education has also put aside the old concepts and researched a better way to make the nasogastric tube more secure and effectively reduce the occurrence of nasal mucosal pressure.

Effective Communication at Shift Change to Reduce Errors

One morning, I heard the doctor asking the nursing staff during the rounds: "What is the amount of intravenous delivery for this patient yesterday? Why doesn't it match the total amount? Isn't it clear that the doctor ordered it? Why didn't people ask? Who

is involved during the shift change? This is too much! I need to file an incident report." The nursing-in-charge looked terrified and was a little overwhelmed while apologizing to the doctor, saying that it was because of communication errors during the shift change. This is the most memorable and discussed event among the recent medical safety incidents.

As a result of the nurses not knowing the doctor's order and a failure in communication during shift change, the IV quantity was incorrect. Through this incident, the nursing-in-charge discussed the issues in the morning meeting and at the ward meeting, clarified the doctor's order, and also took the opportunity to educate the nursing staff to improve medical care quality as well as effective communication.

Prevent Patients' Falling Accidents

At present, most of the wards contain oncology and gastroenterology patients. Most of the patients need analgesics for pain management, but its side effects increase the chance of falling accident. "Nurse, my dad is in pain now. Can you help relieve his pain?" "Nurse, my dad is more comfortable after the sedation and resting in bed now. I am leaving now; I have to go to work tomorrow. Please watch him carefully. Thank you." Oncology patients often use morphine-based analgesics, which include side

effects such as nausea, vomiting, and sleepiness. Many patients, who use painkillers that are not accompanied by their families, have higher chances of accidental falling.

Once because of the fall, a patient suffered a hand fracture. The anxious fresh colleague worried about the patient's condition and whether the family would blame them for not doing a good job in health education. Her mood was affected all day and cried in the staff room, remorseful. For the new graduate, this was a big setback.

Among the patients I cared for, there were situations where there were no family members present. When caring for such patients, I will treat the patients as my own family members. After all, being sick and alone in the hospital without family must be lonesome! If the patients want to drink water or go to the bathroom, I will spare some time to assist them. However, there was one time where I just left the ward, and everyone ran to the hallway after hearing a loud bang. It turned out that the elderly patient wanted to fill the water container and was embarrassed to trouble us so he walked out by himself. However, he was weak and fell to the ground. I could not blame him at the moment, so I quickly dealt with his wounds; calmed his emotions; and told him: "When you need us, you can call us anytime. Don't be embarrassed." The patient said anxiously, "I'm sorry for causing you trouble."

If my response was: "Didn't I tell you not to leave the bed yourself? Why didn't you listen?" It may cause the patient to be more emotional and turn remorse into anger. Nursing is about love and care. If we change our thinking and care more about others, I think patients will be more cooperative.

Learn from Errors

If a patient does not have family caregiver, we need to increase monitoring visits. If no caretaker is available the ward should be equipped with out-of-bed warning devices. Using the out-of-bed warning device can let the nursing staff know if the patient is about to get out of bed and can provide timely assistance to reduce the accidental falls.

Based on years of experience of caring for patients, filing incident reports is tantamount to "learning from errors", learning and growing from practice. "Proactive" and "careful" can effectively prevent the occurrence of safety incidents. When other staff has safety incidents, we must vigilant so similar incidents won't happen under our watch. When in doubt, ask for help, even if reprimanded, the surrounding nurses may become our mentors. Colleagues learn from each other, remind each other, and work together to create a safe and comfortable medical environment, which is also the main purpose of incident notification - keeping patients safe.

Reflection on End of Life Care: Experiences and Inspirations of Nursing Care for Terminally Ill Patients

Caring for patients who are approaching the end of their lives and dealing with death is one of the compulsory courses for clinical nursing staff.

Nursing staff are endeavored to provide the best quality of care to their patients; but when parting is inevitable, they also want to help their patients to face death with dignity. Hospice and palliative care has become an active elective for nursing staff of all units, and they learn to create meaning and value for their own lives from the process of end of life care.

By Wang Shu-Chen, Deputy Director of Nursing Department, Hualien Tzu Chi Hospital

The definition of a terminally patient is one who is expected to die within one year. Hospice and palliative care for terminally patients is the best expression of the humanistic spirit of health care, as it emphasizes the concept of the Five Wholes: Whole person, Whole family, Whole team, Whole journey and Whole community. However, in the medical arena, nursing staff will also be involved in end of life care in other medical and surgical wards or acute care units, not just in hospices. In a survey conducted by Tzu Chi Nursing Journal in 2008, about 25% of nursing staff were willing to transfer to a hospice unit. The main reason for the willingness was that they would provide better quality of care to terminal patients, while the main reason for the unwillingness to transfer was that they did not know how to deal with terminal patients.

Taiwan's Palliative Care Ranked as No. 1 in Asia
Degree of Preparedness of Nursing Staff for End of Life Care

The government is highly supportive of hospice policy and its implementation. In 2009, eight non-cancerous end of life illnesses were included in the national health insurance coverage, and in 2013, hospice shared care was introduced, giving terminally ill patients in general wards a chance to receive hospice palliative care. With the enlargement of aged population, the government began introducing community hospice and offer class B community hospice services and home hospice care. According to the Quality of Death Index survey published by the Economist Intelligence Unit (EIU) in 2015, the quality of end of life care in Taiwan is ranked first in Asia and sixth in the world. But what is the level of the experience of our clinical nurses in end of life care, and can they be inspired through end of life care?

76% Had End of Life Care Experience,
Nearly 90% Patients Received Hospice Care.

The survey was organized by the nursing department of Hualien Tzu Chi Hospital, and the emphasis is on the experience and inspiration of nursing staff on end of life care. The electronic questionnaires were sent to the nursing staff of six Tzu Chi Hospitals and 1,488 valid copies were recovered; out of which 76% of the subjects, which was 1,131, had end of life care experience, while 24% had not.

Among the nursing staff who had end of life care experience, 87.7% of the patients they had cared for received hospice care, which shows that the prevalence of hospice care for terminally ill patients is relatively high in Tzu Chi Hospital. The percentage of patients cared for who did not receive hospice care was higher in the functional team, surgery and acute care staff than in other departments.

Basic Statistics

Gender	Number of People	%
Female	1,404	94.4
Male	84	5.6
Total	1,488	100.0
Age	Number of People	%
under 20	39	2.6
21~25	533	35.8
26~30	248	16.7
31~35	197	13.2
36~40	218	14.7
above 40	253	17.0
Total	1,488	100.0

Increased Awareness of Patient and Family Involvement in Medical Decision-Making

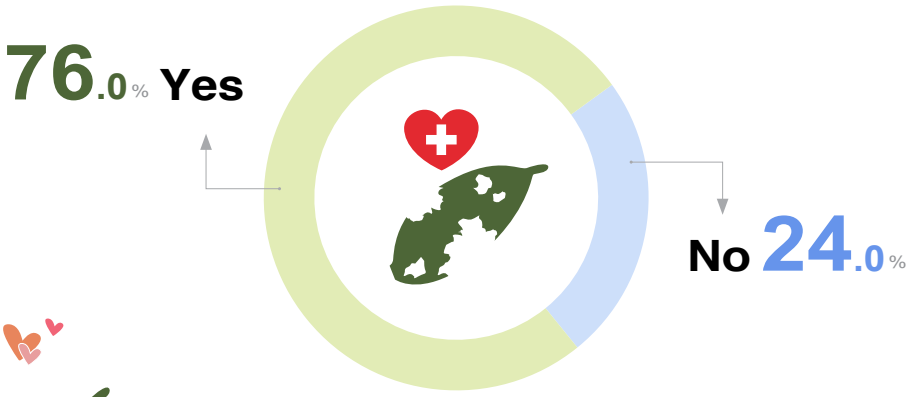
When asked who initiated the hospice care for terminally ill patients, physicians accounted for the highest percentage of encounters (78.8%), followed by nurse practitioners (57.5%), nurse specialists (52.4%), but a significant percentage of encounters also came from the patients' family and friends (44.4%), and the patients themselves (31.4%). These figures show that more and more family members and patients themselves are involved in their own medical decisions.

Estiblished in 1996, the Heart Lotus Ward at Hualien Tzu Chi Hospital has been advocating hospice care in local communities. Over the past years, it has organized activities in various communities in Hualien County since 2006 to provide correct concepts of hospice care and to dispel the misconception that a hospice ward costs a fortune and is a ward for people waiting to die. Emphasis has been placed on patients' health awareness in the recent years, and Shared Decision Making (SDM) has been promoted in intensive care units to allow patients and their families to make decisions about their own medical care according to their own needs. The "Five Benefits of Doctor-Patient Communication" poster is also displayed in the stairwell so that visitors or outpatients know how to talk about their illnesses. Before the clinic visit, there is a medical questionnaire that allow patients to list their concerns that are to be raised, so that they can receive better medical care. However, people are still regard death as a tabooed topic for discussion. The Heart Lotus Ward Lounge and Sky Garden were renovated in August 2019, with the expectation that this space would not only

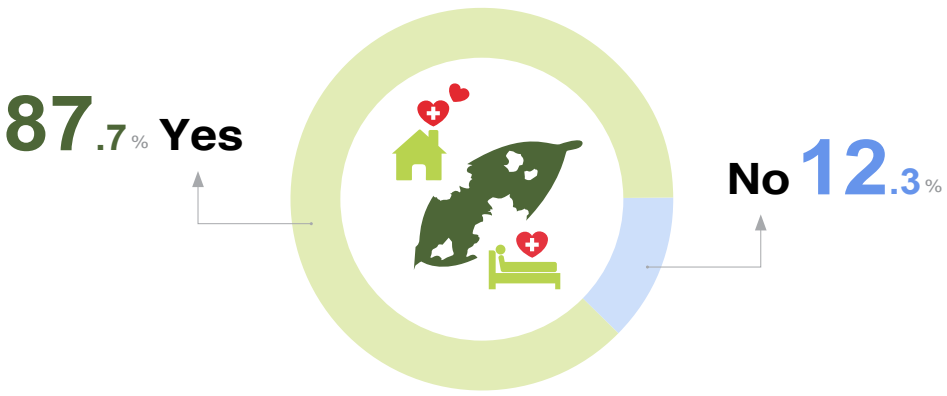
Job Title	Number of People	%
Registered nurse	1,185	79.6
Deputy head nurse	62	4.2
Head nurse	58	3.9
Supervisor	23	1.5
Functional unit/case manager	49	3.3
Nurse practitioner/senior RN	111	7.5
Total	1,488	100.0
Department	Number of People	%
Internal Medicine	295	19.8
Surgery	219	14.7
Pediatrics	48	3.2
Obstetrics & Gynecology	63	4.2
Intensive Care & ER	295	19.8
Functional Unit	22	1.5
Kidney Dialysis	46	3.1
Operating Room	102	6.9
Outpatient Clinic	198	13.3
Palliative Care	40	2.7
Administration	36	2.4
Psychiatry	51	3.4
Others	73	4.9
Total	1,488	100.0

be a more comfortable space for patients, but also a place for education about life and death. Therefore, the Heart Lotus Ward of Hualien Tzu Chi Hospital invited the Department of Art and Design of National Dong Hua University to design and produce the “Wishing Wall”. The design is intended to be an interactive exchange, which not only allows patients to say their final farewells to their families and the medical team, but also allows young people in their early twenties to take this opportunity to better understand the issues of life, as they need to interview patients, the patients’ families, caregivers, and even their own families before creating the wall. After interviewing a patient, one student felt that life is impermanent, and time with families should be treasured. The wishing wall in the Heart Lotus Ward became the best life lesson for these students, and there will be more life education in this space in the future.

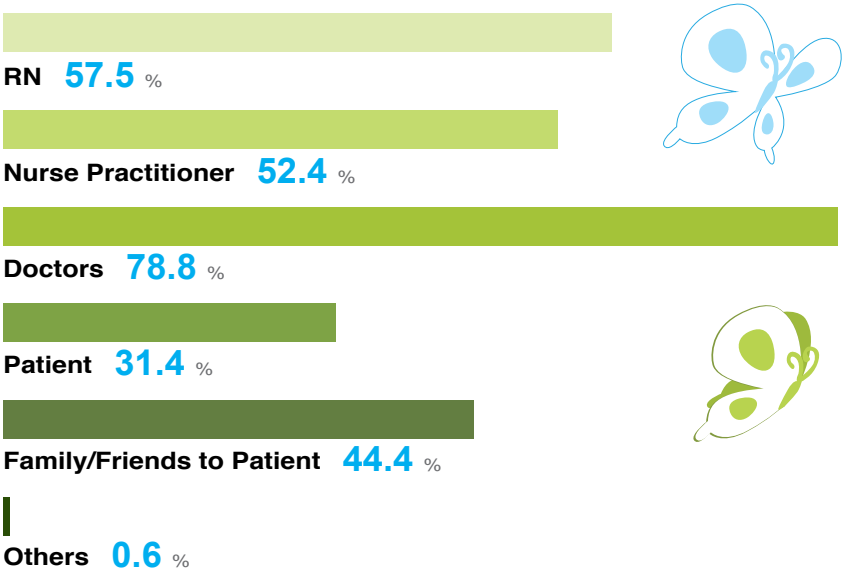
Q1 Do you have end of life care experience? (N = 1,488, single choice)



Q2 Have the terminal ill patient(s) you have cared for received hospice care (including hospice co-care, admission to a hospice unit, home hospice)? (N = 1,131, single choice)



Q3 Who initiated or advised the hospice consultation in your experience with terminally ill patients? (N = 992, multi-choice)



Difficulties in End of Life Care: Whether to Say or Not to Aay, and How to Say It

When asked about the most difficult aspect of end of life care, the highest proportion of nursing staff with end of life care experience answered “family members wishing to conceal the patients’ illness” (38.3%), followed by “informing them of the illness” (33.6%), followed by “patients’ or family members’ feelings of abandonment upon hearing about the transfer to hospice” (30.7%) and “family members’ emotions, such as sadness, anger, anxiety, and etc.” (30.7%), and lastly “family members have expectations for the patients’ recovery”, 30.6%.

According to the in-depth analysis of the 241 acute and intensive care nurses, the most difficult aspects of end of life care were the following: “family members have expectations for the patients’ recovery” (37.3%), “family members wish to conceal the patients’ illness” (36.2%), and “the patient’s or family members’ feelings of abandonment upon hearing about the transfer to hospice” (30.2%). Because the rate of unanticipated hospitalization is higher among patients with acute and severe illnesses, the family’s expectation that the patient will be saved is also higher, and their sense

of loss will be stronger when they are informed that the patients will be transferred to a hospice unit. Because nursing staff are directly facing the issues regarding these patients and their families, since 2018, the acute and intensive care unit of Hualien Tzu Chi Hospital has their nursing staff attending basic and advanced hospice training from the Taiwan Association of Hospice Palliative Nursing, as well as in-service training and case discussions within the unit, with the expectation of assisting the nursing staff to overcome these challenges.

Hospice Interdisciplinary Teams Encourage the Development of a Common Language

For the 40 nursing staff of the Heart Lotus Ward, their take on the most difficult aspects of end of life care slightly differs from the rest. The highest percentages were 37.5% for each of the three items: family members wishing to conceal the patients' illness, family members having expectations for the patients' recovery, and different opinions among the care team. The second popular choice, which occupied 32.5%, was family members' emotions, such as sadness, anger, anxiety, and etc. The result shows that the family members' request to conceal the patients' illness causes greater distress to the nursing staff regardless of the unit, and that a noticeable issue in the Heart Lotus Ward is the divergence of opinions among the care team, which goes to show the importance of the concept of whole team care in the "Four Wholes: Whole-Person, Whole-Family, Whole –Process, Whole-Team" of hospice care. In August 2019, Hualien Tzu Chi Hospital invited Professor Claire Johnson, an expert from Australia's national program, the Palliative Care Outcome Cooperation (PCOC), to speak at the hospital. The professor pointed out that Australia uses PCOC as a common language for the teams, and interdisciplinary teams use the standardized tools and methods of the PCOC program in their discussions, which improves the collaboration among the care team members.

Provide Comfortable Care to the Patients and to Fulfill the Patients' Wishes

During end of life care, the highest percentage of nursing staffs' psychological feelings was "to provide comfortable care to patients" (74.4%), with nearly three-quarters of nursing staff having this self-expectation; followed by "trying their best to help patients fulfill their wishes" (39.1%) and "wishing the patients well" (35.7%). The aforementioned are positive feelings. However, some nursing staff felt "sadness" (30.6%) and "powerlessness" (24.6%).

Q4 What do you find as the most difficult part of caring for a terminally ill patient? (N = 1,131, multi-choice)

Truth Telling **33.6** %

Different opinions among the care team **19.5** %

When to mention transfer to hospice care **26.3** %

Patients' or family members' feelings of abandonment upon hearing about the transfer to hospice **30.7** %

Patients' fear of death **18.2** %

Patients' discomfort cannot be relieved **20.1** %

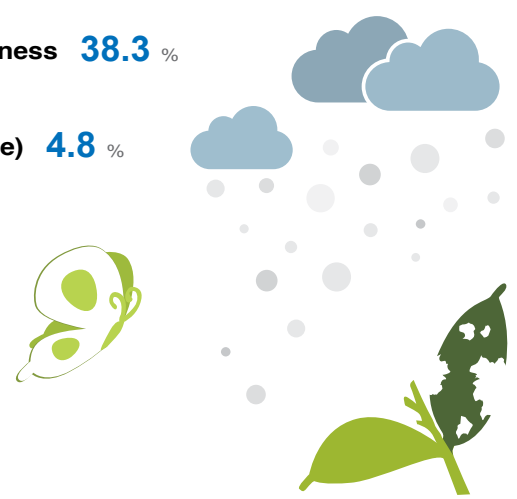
Family members' emotions, such as sadness, anger, anxiety, and etc. **30.7** %

Family members have expectations for the patients' recovery **30.6** %

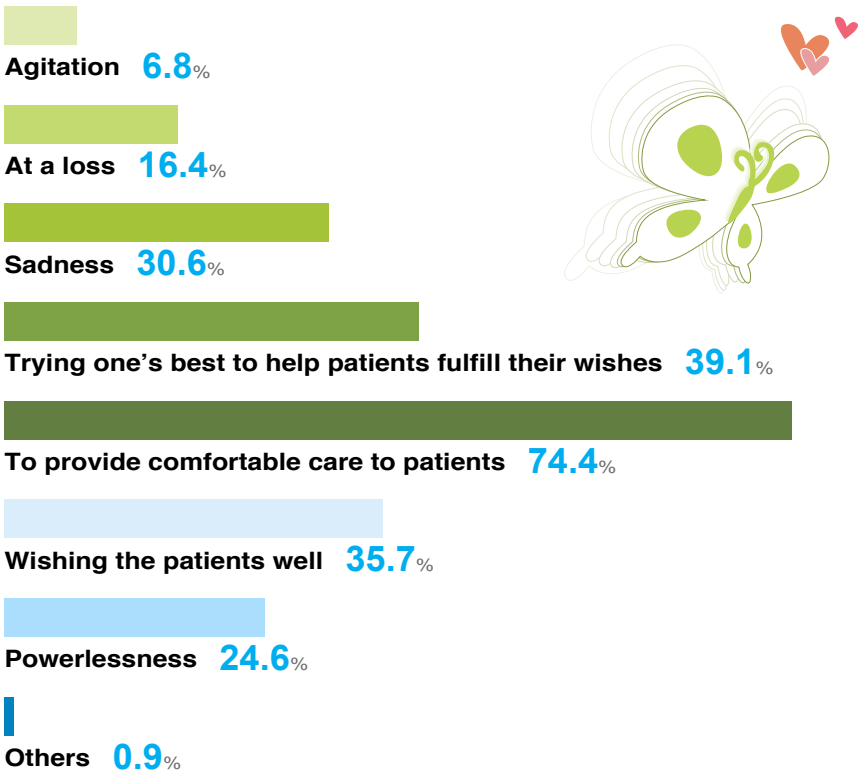
Family members wish to conceal the patients' illness **38.3** %

Personal conflict (feel sad for patients, avoidance) **4.8** %

Others **1.2** %



Q5 The most common psychological feelings you have when you're facing the end of a terminally ill patient. (N = 1,131, multi-choice)



This question was further analyzed for the acute and critical care nurses (n = 241). Their feelings from end of life care agrees with the results of overall nursing staff, but the emotions such as "sadness" (23.5%) and "powerlessness" (15.3%) were lower than those of the overall nursing staff. When asked the same question, the statistics of the Heart Lotus Ward nursing staff (n = 40) showed that their strongest psychological feelings were "expecting the patient to feel comfortable" (92.5%), "wishing the patient well" (72.5%) and "trying their best to help patients fulfill their wishes" (57.5%), which echoed the value of hospice care; "sadness" (5%) and "powerlessness" (22.5%) were also lower than the overall responses.

Q6 What do you normally do when you experience stress care for terminally ill patients? (N = 1,131, multi-choice)

Talk to supervisor 15.1%

Talk to colleague(s) 54.8%

Talk to friends & families 25.6%

Talk to psychologist 6.9%

Talk to social worker 5.6%

Talk to chaplain / spiritual carer 3.4%

Social group(s) outside the hospital 4.0%

Going out 37.4%

Eat and drink 18.9%

Sleep 28.3%

Others 4.3%

Addressing Grief and Powerlessness in Hospice Care

As a matter of fact, hospice wards are more likely to participate in classes related to communication and grief care, and the hospice care team includes psychologists and religious teachers, all of which provide great psychological support to the nursing staff.

For example, the Heart Lotus Ward of Hualien Tzu Chi Hospital organizes an annual support group for bereaved families in the ward, giving the nursing staff a chance to care for the families again and offer the families an opportunity to speak their minds. The 2019 event was themed on horticultural therapy, where bereaved families use a combination of plants to reminisce about their memories of the past. There was a Mr. Wu whose father passed away in the Heart Lotus Ward. When he walked into the ward again to participate in the event, he was quiet and indifferent. At the end of the event, when the horticulture therapist invited everyone to write down on two pieces of paper their impressions of the deceased and what they wanted to say to them, Mr. Wu began to talk about how irritated his father was and how violent he was to the family; he also mentioned that he hopes to deal with his emotional baggage now that his father is gone. After the program, Mr. Wu felt emotionally brighter and looked forward to attending the event every year.

Manage End of Life Care Stress by Talking to Someone

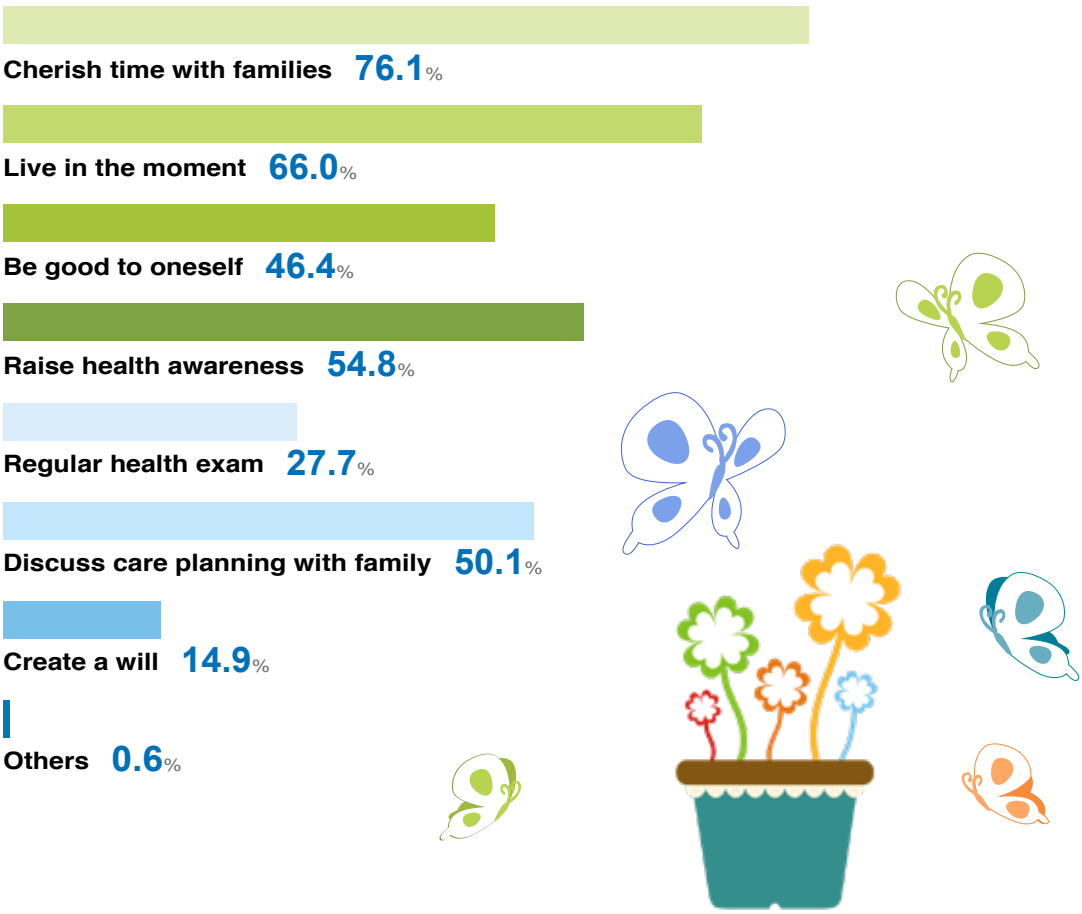
When the nursing staff were asked how they usually cope with stress from end of life care, the majority of them talked to their peers (54.8%), followed by going out (37.4%) and sleeping (28.3%). Acute and intensive care nursing staff (n = 241) also had the highest percentage of talking to their peers, which was 46.6%, followed by going out (40.7%) and sleeping (38.4%). The top two items for nursing staff (n = 40) in the Heart Lotus Ward were also talking to peers (52.5%), followed by going out (45.0%) and eating and drinking (35.0%), while 27.5% choose to talk to psychologists and 12.5% to religious teachers. On the contrary, all nursing staff and acute and intensive care unit nursing staff were less likely to talk to these two professions.

Seize the Moment and Cherish Family and Health

When asked about the inspiration of the nursing staff from end of life care, 76.1% said that they should cherish the opportunity to spend time with their family, 66.0% said that they should live in the present, 54.8% said that they should take care of their body, and about half said that they should discuss medical decisions with their family beforehand (50.1%).

Q7 My inspiration from caring for terminally ill patients?

(N = 1,131, multi-choice)



End of life care places caregivers in a difficult situation: they are forced to provide the patients with the best care possible as the patients face the impending death. That is why the nursing staff will inevitably endure the stress of the patients' death, and the stress from the family members. On the other hand, they have a chance to create meanings in their lives from end of life care, and an opportunity to witness how all the patient faces death in their own ways, showing the sincerity of humanity. Whether it is an apology, a thank you, a love you, or a farewell, it is never too late before the moment of death arrives.

Special Report 2

Intensive Hospice Care Helps Everyone Involved

By Wang Wan-Hsiang, Deputy Director, Department of Nursing, Hualien Tzu Chi Hospital

"I feel that my colleagues have become more tenderhearted, reminding each other to keep the volume down when a patient is approaching death, and allow the family to spend more time with the patient. More importantly, through the hospice care manual developed by the unit, the nursing staff have practical tools to teach the family members the preparation they can work on, so that there will be more than just panic and grief; and to accompany them towards the end of life through the Four Lessons of Life and comfort care."

Hospice care, as most people think of it, only happens in hospice rooms. But it is just as important to the patient in the intensive care unit struggling to survive. When there is still a glimpse of hope, the medical team will try their best to save it; but when it is irreversible, it is extremely important, albeit not easy, to keep both the dead and the living both at peace.

The reason is that when it comes to the final moments of life, the patients' family needs to be care for as much as the patients do, because they also suffer, physically and mentally, throughout the process, and the

nursing staff are challenged in terms of their emotional well-being and professional readiness. The PGY manuals of my colleagues often inform us that they do not know how to respond when they encounter such a situation, and they may even try and avoid it. This dilemma has become a source of stress for them. That is when we started to think about ways for them to act as angels for the patients and their families in the last stage of their journey, not only to accompany them through the valley, but also to let us as caregivers of the patients and their families feel at ease.

We selected willing and promising colleagues for planned training, and initiated transfer training upon their return to the hospital. Furthermore, through the development of lesson plans, we include the introduction and practice of the "Four Lessons of Life" in our regular on-the-job education and intensive care training. Through systematic teaching and practice of comfort care for terminally ill patients, nurses can become familiar with how to deal with the impermanence of life, so that they can be more tenderhearted and more competent, assist the patients, the patents' families, and the nurses themselves to be at ease throughout the entire process.

"Through the training in hospice related courses, I know more about what I can do for my patients when they are at the end of their life, instead of just wait," said Nurse Ya-Ju, a nurse practitioner with four years of clinical experience. "In the past, we used to wait until the last moment before we inform the family to take the patient home. Now, thanks to this training,

ICU teams are also trained in hospice care and can help patients and their families to face the final moments when medical expertise has been exhausted and ineffective.

when the patient's vital signs start to change, we proactively ask the family if they want to spend more time with the patient and inform them what else they can do to help the patient. Many family members told me before they left the ICU that they are grateful that I was there for them as they accompanied the patient in the last moment, so that they could have less regrets. I, on the other hand, also had a great sense of accomplishment, and find this kind of companionship extremely valuable." Head Nurse Pei-Yu also said, "I went to the hospice care training and acquired more knowledge in the field, and in return I gained more confidence. When I returned to the unit and began implementing hospice training, I felt that my colleagues have become more tenderhearted, reminding each other to keep the volume down when a patient is approaching death, and allow the family to spend more time with the patient, or push the Angel Trolley to the patients' bedside at ease their heart. More importantly, through the hospice care manual developed by the unit, the nursing staff have practical tools to teach the family members the preparation they can work on, so that there will be more than just panic and grief; and to accompany them towards the end of life through the Four Lessons of Life and comfort care. The physicians in our unit responded very well to the concept of hospice care, on top of that the improved communication help increased the quality of our terminal care, I think this is great."

Although we cannot control the length of life, we can work on the quality of it. Intensive hospice care offers precisely that, giving every patient an opportunity to leave with dignity, and the family and medical staff can live without regrets.

Angel Trolley: A mobile prayer platform in the ICU that modeled after the hospice ward. According to different patients' beliefs, different pictures (Buddha, Christ, and etc.) are placed on the trolley. It is pushed to the foot end of the bed, so that the patients can see them and receive spiritual comfort.

Special Report 2

Palliative Care Quality Challenges in Taiwan

By Dr. Wang Ying-Wei, Director of Health Promotion Administration, Ministry of Health and Welfare

The Economist Intelligence Unit (EIU) evaluated the quality of death in different countries in 2015, and Taiwan ranked sixth in the world and first in Asia among 80 countries. While we were all thrilled with the achievement, Control Yuan sent a letter to the Ministry of Health and Welfare, pointing out that there are still many deficiencies in Taiwan's end of life care, and that more efforts are needed to improve it, and that improvement must be tracked annually. In light of these almost opposite results, is the quality of palliative care in Taiwan adequate or not?

Palliative care is holistic care for the critical or terminally patients that covers physical, psychological, social, and spiritual aspects, as well as the needs of the patients and caregivers, and is provided in a variety of settings such as the patients' home, institution, or hospital. In 2018, the International Association for Hospice and Palliative Care (IAHPC) proposed a consensus definition of hospice and palliative care: Palliative Care is an active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and their caregivers[1].

The report published by the Worldwide Hospice Palliative Care Alliance[2] discusses in detail the changes in palliative care from the traditional to the 21st century. The traditional model targets terminal cancer patients with prognosis of months to weeks. The 21 Century holistic hospice palliative care expands its target to all patients with severe, progressive, life-threatening diseases. Traditionally, only patients with progressive deterioration have been accepted, but in the future, palliative care will be provided for progressive, but often sudden, deterioration. The traditional model is to choose either curative or palliative care, but the current concept is that both can be administered simultaneously as needed, with the primary purpose of managing complex or severe clinical conditions. The provision of service is no longer limited to institutions only, but is gradually developing into community-based holistic care to provide a systematic service. Due to the rapid increase in aged population, the development of community-centered supportive environments and palliative care based on public health are recent trends in various countries.

The implementation of palliative care can not only improve the quality of life of patients and caregivers, but also reduce the cost of medical care according to research, especially the introduction of home palliative care, which can effectively reduce the use of emergency room and intensive care unit[3]. Many countries have made palliative care a part of the official health care system, and regular monitoring of palliative care becomes mandatory to ensure it satisfy a certain quality standard.

In the United States, the fourth edition of Clinical Practice Guidelines for Quality Palliative Care was published in 2018[4], and many studies have been conducted to support the importance of these eight components in improving the quality of palliative care[5]. The United Kingdom published its End of Life Care for Adults: Service Delivery in 2019[6], and Australia published its National Palliative Care Standards in

2018[7]. In addition, the White Paper on Hospice and Palliative Care Policy in Taiwan, written by the Taiwan National Health Research Institute[8], sets out three visions: (a) respecting individual uniqueness and values and providing all people with the opportunity for quality of life and death, (b) providing integrated, Five-Whole care that optimizes comfort and quality of life, and (c) ensuring the expertise, attitudes, and skills of the care team and providing coordinated care. Each country has framed the basic components of the quality of palliative care in a holistic and macro perspective.The assessment of the quality of palliative care must be based on relevant indicators and reliable information sources. Generally speaking, information sources can be divided into three categories: population-based administrative data, clinical data, and patient-reported outcomes. General administrative data is more readily available and provides a complete outlook of the overall health care system; clinical information provides a comparison between care results and benchmarking care; and patient-reported outcomes directly reflect the impact of care. [9]

Quality of Palliative Care at the Macro Level

The Economist Intelligence Unit (EIU) evaluated the quality of death in 40 countries in 2010[10] and ranked Taiwan 14th in the world and 1st in Asia in terms of the quality of terminal care. The evaluation was based on four main components: financial burden of terminal care, external environment, quality of care, and accessibility of services. Taiwan performed well in the first three categories, but lacked in accessibility (ranked 19 out of 40 countries/regions), so the training of community hospice and Class B hospice care workers can partially solve the accessibility issue. In 2015, the think tank conducted the second survey on the quality of death for terminal patients[11], and among the 80 countries assessed, Taiwan ranked 6th worldwide and 1st in Asia, followed closely behind the top five: UK, Australia, New Zealand, Ireland and Belgium. Palliative

Table 1 Comparison of major strategies for palliative care in the US, UK and Australia

U.S. Clinical Practice Guidelines for Quality Palliative Care[4]	1.Structure and process of care 2.Physical aspects of care 3.Psychological and psychiatric aspects of care 4.Social aspects of care 5.Spiritual, religious and existential aspects of care 6.Cultural aspects of care 7.Care of the patients nearing the end of life 8.Ethical and legal aspects of care
End of life care for adults: service delivery [6]	1.Identifying terminally ill adult patients and their caregivers 2.Assessing the need for holistic care 3.Supporting Caregivers 4.Providing appropriate information, including shared decision-making 5.Reviewing the current treatment and stop unnecessary treatment 6.Creating an advance care plan 7.Regularly revisit requirements 8.Sharing information across services 9.Providing comprehensive professional care 10.Coordinating respite care to ensure seamless integration of patients into different services 11.Providing holiday, weekend and out-of-hour service
National Palliative Care Standards 5th [7]	1.Initial and ongoing assessment incorporates the person's physical, psychological, cultural, social and spiritual experiences and needs 2.The person, their family and carers work in partnership with the team to communicate, plan, set goals of care and support informed decisions about the care plan 3.The person's family and carers' needs are assessed and directly inform provision of appropriate support and guidance about their role 4.The provision of care is based on the assessed needs of the person, informed by evidence and is consistent with the values, goals and preferences of the person as documented in their care plan 5.Care is integrated across the person's experience to ensure seamless transitions within and between services 6.Families and carers have access to bereavement support services and are provided with information about loss and grief 7.The service has a philosophy, values, culture, structure and environment that supports the delivery of person-centred palliative care and end-of-life care 8.Services are engaged in quality improvement and research to improve service provision and development 9.Staff and volunteers are appropriately qualified, are engaged in continuing professional development and are supported in their roles

and healthcare environment, Human resources, Affordability of care, Quality of care, community engagement. The result of the survey, which consisted of five main categories, were further investigated. In palliative and healthcare environment, Taiwan was ranked 5th from 15th in 2010; in human resources, ranked 10th; in affordability of care, ranked 7th from 10th; in quality of care, ranked 6th from 10th; and in community engagement, ranked 5th from 19th.

Common characteristics of countries with high quality of death include effective national hospice and palliative policies, high levels of public expenditure on health care services, extensive hospice training resources for general and professional healthcare workers, adequate funding for hospice and palliative care, availability of opioid pain medications, and high levels of public awareness of hospice care. Although Taiwan is ahead of Singapore and Japan in overall ranking, it is ranked 25th and 24th out of 80 countries in terms of "shared decision-making" and "availability of specialised palliative care workers", which need to be addressed.

In addition to the EIU ratings, Clark (2019) compares the development of palliative care in 198 countries and categorizes countries around the world into six levels of palliative care based on 10 indicators, including provision of services, geographical spread of services, range of available funding sources for palliative care, existence of national strategy or plan for palliative care, existence of legal provision to support palliative care, availability of morphine and other strong opioids, country consumption of morphine per capita, training programs for professionals in palliative care, education for pre-qualification doctors/nurses, and existence of meetings, associations, journals, conferences. The first category indicates that there is no known palliative care activity, and category 4b indicates that palliative care services at an advanced stage of integration to mainstream health care services. There are 30 countries (15%) that fall into category 4b, and Taiwan, along with the United

Pre-meeting workshop of PCOC (Palliative Care Outcomes Collaborative Model) on November 19, 2019, from left: Wang Shu-Chen, Deputy Director of the Department of Nursing, Hualien Tzu Chi Hospital; Australian doctoral student from Bhutan; Director-General Wang Ying-Wei; Professor Kathy Eagar, chair of PCOC; Dr. Barbara Davison, Director of PCOC; and Huang Chiao-Wen, Secition Chief of the National Health Service, discussing the Taiwan and international PCOC Collaborative Project.

Kingdom, Canada, Australia, Japan and South Korea, falls into this category. [12]

Quality of Palliative Care in Terms of Clinical Care and Patient Perception

High-quality care encompasses safety, clinical effectiveness, and a positive patient experience, which is defined as a sense of self-control, respect, and patient-centered care[13]. International palliative care assessment tools take into account both clinical effectiveness and patient experience, such as the UK's Integrated Palliative Care Outcomes Scale (IPOS)[14] and the Australian Palliative Care Outcomes Collaboration (PCOC)[15], both of which include professional assessment scales and patient self-representation scales and patient changes can therefore be clinically captured. The IPOS is assessed every three and seven days during patient admission, while the PCOC is assessed daily during patient admission, and in the case of home palliative care, the assessment is done during home visits. The patient assessment, after digitally recorded, can be used for comparison of changes in patients as well as quality monitoring against benchmark data.

Conclusion

When discussing the quality of palliative care from the macro perspective of the health care system, Taiwan has done exceptionally well in different assessment indicators around the world. On the other hand, palliative care quality can also be assessed from clinical care and patient perceptions, which has not been comprehensively promoted in Taiwan and has led to a lot of doubts about the actual quality of palliative care. Learning from the experience of the UK or Australia and introducing internationally validated assessment tools is a feasible way to improve the quality of palliative care in Taiwan in the future.

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From Panicking to Be Undisturbed in Clinical Practice

By Lu Ching-Wei, RN, 6B Ward, Taichung Tzu Chi Hospital
Translator: Doris Shieh

A simple comment by a middle school classmate, "Why don't we study nursing", led me to submit an entrance application to the nursing school. After I was notified of being admitted, I still went through a university exam at my parents' request. The family was feuding if I should attend Chiayee Girls' High School or Taichung Nursing Technical College. Ironically, the classmate who initiated the nursing idea did not end up in nursing. My family was very much against my choice. However, I followed my dreams of helping others and to obtain medical knowledge and being rebellious. I left Yuanlin by myself after middle school to Taichung. In the blink of an eye, I have lived in this city for eight years. I spent seven years to complete five technical and two specialty requirements and left the small community of Taichung Nursing College after graduation.

Since reality is different than planning, I did not stay within a one-mile radius near the hospital. After starting in Taichung Tzu Chi Hospital, I ended up working in the Obstetrics and Gynecology department, a unit I never thought I would stay long.

Clinical work and college laboratories are very different. That was my conclusion two weeks after starting at the unit. Facing new environment, unfamiliar system, and different specialty, everything had to be learned. Every step was taken cautiously to avoid error and progressed anxiously for performance and speed. However, this attitude distracted me from critical details. The basic training of medication prescription is "Read three times and cross-reference five times" to ensure the patients' safety. However, while seeking for speed, I neglected to pay attention to the basics and made three errors in the first two months.

When I knew I was being "called" to the supervisor's office, I was ashamed and blamed myself for making such basic errors during my probation. I kicked myself for not able to learn from my previous mistakes. I can forgive myself after the first error but after the third mistake, I could not come up with any more excuses. I remained silent throughout the interview because I knew I was the source of the issue.

I thought I would be lectured by my mentor sister because even I wanted to punish myself and wondered if I had the competency. To my surprise, my mentor only said, "Now you will always remember!" Of course, everyone makes mistakes. The important thing is to learn from those mistakes and learn from them to avoid repeating the same error.

Her words relieved some of my guilt and shame. I adjusted my pace, calmed my mind. I no longer rush through things - quality over quantity and speed for everything I do. Gradually, my panic turned into ease. My three mistakes are constant reminder to be mindful of the basics and being more attentive. One must double-check to ensure accuracy. There is no absolute certainty, even with 90% confidence, I should check with other senior staff. I am willing to share my experiences and failures with newcomers to warn them of their blind spots. When patient safety is at risk, it is a warning sign not just for the person involved but for everyone in the team. Now I am more proactive in interacting with senior staff and welcome opportunities to help other junior nurses. I no longer shy away from asking questions for fear of being ignorant. I am grateful for this change. It was the staff and culture that helped me to overcome those “failures” and grow from those experiences.

Looking back at the one short year of my nursing career, it was filled with surprises but my stay in this department is perhaps the most beautiful. Initially, I volunteered to help in order to broaden my field of expertise and as a steppingstone for my career.

Working with a diverse supporting unit requires many adjustments; it makes me appreciate the importance of teamwork. The short half-a-month project was an experience of a lifetime. My proudest moment aside from expanding my field of knowledge was that I cared for my own patients. To be self-reliant and self-competent are the biggest support I can provide to any group. After volunteering at support services, I learned more about my shortcomings. There is so much to learn about stabilizing patient's medical condition. The devils are in the details. I need to be more attentive and mindful if I want to achieve the goal of sending patients home with smiles on their faces. In the coming days, I wish to be exposed with more opportunities on training and to practice in other fields to strengthen and grow my nursing career.

Grow Stronger by Getting Over the Near-Miss Events

By Chen Mei-Feng, Deputy Head Nurse, 6B Ward, Taichung Tzu Chi Hospital
Translator: Doris Shieh

"Is Ching-Wei available?"
"No!" (Answered Ching-Wei)
"I see how it is now! You are ignoring me!"
"Please wait, Head Nurse! I am busy now!"

I noticed that Ching-Wei was scurrying between the nursing station and the patient rooms, occasionally slowed down because I had called her, and making phone calls for patients who needed attention from other departments with a sense of urgency yet remain courteous. After she took care of everything, she stopped by my office to check on what I needed earlier.

Who would have thought this seemingly frazzled newcomer had surprisingly become a very efficient and competent patient care nurse. She just completed her first year here. At the beginning she broke down and cried because she was not able to handle all these patients. Now, after being

mentored by senior staff, she went from being panic to much calmer and confident. Occasionally, she still shows anxiety and stress but compares to her self-deprecating coined term of "caterpillar" earlier, she morphed into a beautiful butterfly.

Learn from Mistakes but Not Being Held Back by Other Mistakes

She used to be afraid to talk in the managers' offices, previous manager and I included. Once the office door is closed, I noticed she started to show unease. After further discussions, I realized that during her first two months on the job she had made three mistakes in handling medication. One was an incorrect dosage, one was opening the medication without scanning the bar code, and the third was giving medication without required penicillin pre-screen. Those were all errors because of rushing. Although no harm was done to the patients, these cases traumatized her with guilt and self-doubt. Owing to her subconscious labelling, every time when she was called to the manager's office she thought something was wrong. I tried to explain to her that the errors were warnings to us. Not only can they expose our professional shortcomings that we should improve, they also alert others to avoid the same mistakes. Yet she still wasn't able to overcome the emotional obstacle. It was not until one day when a more senior nurse told her that remembering mistakes is important, but not let them hinder our progress is even more so. She gradually began to let go of her attachment and grow from these experiences proactively.

As we continue to recruit new graduates, Ching-Wei becomes the more senior level staff. She shares her mistakes and experiences when she talks to the junior nursing staff. She passes on the advice and guidance that she had learned from her mentors to comfort and encourage newcomers. This is the true meaning of paying it forward.

A Sense of Accomplishment and Gratitude of Teaching

After over ten years of clinical experience, I progressed from a junior level nurse to a supervisor and now an assistant nursing manager. From being a member to becoming a leader, I have led many direct reports, witnessed their growth to become team leaders or even mentors for other colleagues. The sense of accomplishment and gratitude is indescribable.

Of course, I also ran into roadblocks in my teaching career when nurses I supervised quit. This was a big blow to my confidence but after some consideration and adjustment of my teaching style and soliciting junior staff's feedback on clinical assignment, I was able to improve the teaching curriculum,

find ways to better communicate and see things from others' perspectives. Although mentoring junior staff is time consuming and requires a lot of extra administrative logistics, the rewards are substantial. For example, after the initial trial period, junior staffs usually write thank-you cards (handmade) as a token of appreciation. This is a simple gesture but it truly resonates with me. In return, I give three-in-one colored pen because they also helped me grow.

Adjust Emotional Loss; Learn to Be a Manager

After becoming a manager, I spent most of my time in the office and felt the isolation. I missed the time when I was a unit supervisor who knew everything first hand - all the gossips, like who had a fight with their boyfriend, who was mad at the their family or who spent too much money, etc. When I went from a coworker to a manager, there seemed to be a little gap in terms of our relationship. I had to hear some secrets or side stories second-hand or the last to know. Many colleagues feared that talking to me would take me away from my busy schedule. These kinds of emotional loss were quite immense. Of course, how to manage people who were once my coworkers take time and we all need to grow and adjust accordingly. Therefore, this is my biggest difficulty and challenge now.

As a new manager, I need to be trained in different administrative areas. Luckily, when I ask for help, senior managers or directors at all levels are willing to assist with patience. Coworkers from the same units have also been very understanding. Every time I am in a bind, they remind me to relax, do not stress out. They tell me that I am the best! It may seem like a simple gesture or a little encouragement; they have huge impact on me. This unit is like a big family, we all care about each other. We encourage each other and grow together.

We Must Save Her Life

By Lin Yi-Jun, RN, 9A Ward, Taichung Tzu Chi Hospital

"Our patient's son wrote us an appreciation letter and made Bao-Tze (steamed bun) to treat us. He kept on saying, 'We really appreciate all of you so our family has one more chance of reunion.'…" The head nurse reported this in the ward morning meeting and reminded us that saving precious lives was so important. I was one of the members on that team, thus witnessed this life-saving miracle.

Our 9A ward primarily takes patients with neurological disorders. One day, while on duty with another junior nurse and our head nurse, we had a patient grandma who required blood transfusion because of low red blood cells count and black stool. After we started the transfusion grandma was stable and conscious. We went on to attend others. All of a sudden the junior nurse ran to me asking for help, "Please come and help me with grandma, she looks strange."

Immediately I dropped everything and ran with her. "Is she the one who was talking with me just a few minutes ago?" Grandma coma index dropped from 15 to 4, and blood pressure was between 50 and 60.

I immediately adjusted grandma's IV, and told the junior nurse to notify the attending doctor while asking the carer what happened. The junior nurse nervously replied, "She just went to the restroom and then it happened; I don't know what is going on." The nurse practitioner came thereafter to support us. Then slowly grandma regained consciousness and her blood pressure was back to normal. The medical team, including us, felt relieved but continued to play detectives searching for the causes. During the process, grandma's vital signs were unstable. We felt extremely pressured and worried.

Meanwhile, we continued setting-up beds to receive new patients from the emergency room, preparing shift changes while the emergency bells kept ringing constantly. Our shift leader quickly allocated resources to handle the situation. Our head nurse directed us on grandma's follow-up. We coordinated really well and the ward were handled smoothly.

The oldest son of the grandma came to visit and the visiting doctor explained grandma's critical condition while the team kept searching for the cause of her illness. The son expressed that he didn't want his mom to

suffer too much because of her old age. Thus, he signed a “Do not resuscitate” order. Knowing her prolonged unconscious condition, he felt depressed and worried. We comforted him and constantly checked on grandma’s condition hoping to find the causes of her illness.

Grandma was in coma when the night shift began. The junior nurse for the night shift was terrified because this was her first encounter. She seemed to have seen our confusion during day and knew she would be lost. We decided to stay and take care of grandma so the night shift nurse was relieved to attend other priorities. Then when they couldn’t detect the blood pressure, the doctor and family members decided to

place both nasogastric and urinary tubes. When we the placed the nasogastric tube into her stomach, fresh blood drained out from the tube. We finally figured the cause, it was her stomach bleeding.

The visiting doctor and us immediately examined her to stop the bleeding. Meanwhile, we worked to stabilize grandma's vital signs. As we continued to find suitable intravenous sites, we encountered more serious problems and challenges.

The blood from grandma's nasogastric tube kept coming out, her stool was bloody, blood pressure was unstable, her arms and legs were getting cold, the color of her legs were changing to marble white, and catheters were hit and miss. Doctor continuously had to swap pumps and medicines. We were busy changing diapers, calculating blood volume, preparing the intravenous, getting the transfusion ready, and adding more blankets to keep her warm. When the catheters failed, we replaced them and checked the medicine, providing medicine, and tried to encourage the family. We were about to give up after an hour's hard work without seeing any signs of improvement, then we heard a loud voice from our head nurse: "We must save grandma!"

Hearing the cheering word we took a deep breath and continued to fight for grandma. It seemed like grandma heard our call; she groaned as if she was fighting and doing her best! Finally, we stabilized grandma's vital signs. Then grandma was able to go through an endoscopy examination and the bleeding spot sutured. After that, she was in ICU for observation and when her condition was stabilized, she was transferred to Gastroenterology ward. After few days, she recovered and was home with family.

When the visiting doctor and nurse practitioner expressed that while grandma was transferred to Gastroenterology ward, the family members kept thanking us for saving grandma. They wrote us a "Thank you letter" with a thousand words. The most impressive words were: "When I saw my mother fighting for her life, I could only sit next to her hopelessly. When the head nurse said 'We must save grandma', I saw the light at the end of the tunnel."

Those words kept circling in my head; I deeply understand its meanings in our profession. Love is invisible, and it builds on trust and hope from patients and family. We do our best to save lives. In nursing, there is only success in a team and no personal heroism.

So Proud of Our Rehabilitation Ward Nurses

By Sung Pi-Yu, Visiting doctor, Rehabilitation Dept., Taichung Tzu Chi Hospital

Today I would like to share the story of "A thousands faces of a nurse" – the nurses who work at the hospital ward10C – our Rehabilitaion Department. At ward 10C of Taichung Tzu Chi Hospital, all of the patients require some types of rehabilitation. These patients were diagnosed with stroke, spinal injury, brain damage, brain tumor, etc... These patients all had some handicap and or difficulty to move themselves around. Family members are always confused on how to take care of them. The patients also are prone to depression. Thus, teamwork is very important for this type of medical care. Nurses play an important role for the team.

Every day around the clock, nurses take care of patients in three shifts. Other than checking their vital signs, they deal with problems and questions from patients and their families. These questions span a wide spectrum including how to change diapers, feeding tube maintenance, moving and turning the patients, how to take care of the patients after they return home, like taking

bath, transportation, handicap handbook application, and how to help dress patients suffering with strokes…

There are a vast variety of tasks but nothing is impossible. These nurses spend numerous effort and time to learn the real-life skills which they were not taught in formal training. For example, moving and turning the patients, dressing up with only one hand, using a cane to walk; they also need to familiarize with long term care topics like supporting tools and supplies. Moreover, they spend a lot of their own time to assist patients undergoing physical therapy, and activities like the Christmas ginger bread houses or the Mid-Autumn festival. They could've used their spare time to finish their practical work and their administrative functions.

Why are they willing to do these chores? One nurse replied, "If a patient makes progress or feel happy, all our efforts are worthwhile." It's this selfless spirit that propels them to accompany patients with neurological disorders. Besides, moral and spiritual support is needed for patients in recovery.

Also, these nurses are like white angels supporting a vast medical team network. They know the conditions of patients as well as their family members, and are aware of the latter ability in taking care of the patients.

"Can you help me here? I want to help my mom turn." A nurse quickly responded as soon as she heard the request. "First, roll up the blanket and place it behind the back. You can also place a pillow between the legs…" Then they taught them hands-on about caring like how to turn a patient, changing diaper, tube irrigation, and sputum collection. There are numerous tasks to take care patients recovering from strokes. Since most family members are not familiar with such nursing skills, nurses have to teach them little by little and hope patients will get good care after they return home. These tasks are not only complicate but required customization for the needs of individual patient, especially when there are cared by different family members or foreign helpers. Only they can understand the challenges for post recovery and long-term care.

"Teacher, how do I use this hand to pull my clothing up? How do I smoothly pull this over my head?" During the morning meeting, nurses from night and day shifts were concentrating on a training session by a professional therapist who demonstrated how to dress a stroke patient. After the demonstration, everyone was practicing with the own patients. This type of class is to help those nurses realize the difficulty and techniques when helping stroke patients. When they actually help patients the next time, this task will be easier to apply. Patients won't feel alone and helpless because someone would support them and practice with them. This increases patients' ability to be self-sufficient in the long run.

"Senior sister (the nurse practitioner), what type of rehabilitation exercises for this elderly patient should we choose?" The nurse pointed to the contents of a blue folder and asked the therapist politely. "You can let him and other patients come to the nurse station together to play a fish game." Please don't think we have a small fish ball with live fishes, it is children's fishing game. Why play fishing game? It's because the fishing game can help train hands' movement and can help patients get together and encourage each other to build up friendship. How do we know who can work together? It would have to depend on the nurses who take care and observe them daily and know their conditions.

In order for patients to make friends for their long hospital stay, chatting with new friends are important for emotional support. Nurses would use the evening shifts to let patients play small games or activities such as: walking together, practicing standup, exercising to strengthen the rehabilitation, enriching the rehabilitation's contents. Therefore, the relationships are close between patients and nurses.

"Aunty, there is a contest for decorating the pomelos! Will you come and give us one pomelo to decorate? We will vote for the best decorated one later." The decoration of pomelos was about to begin. Those who participated at the contest would always look at the board to find out how many votes they had received whenever they passed by the nurse station. As we moved closer to the deadline, everyone was getting nervous. The success of this activity for the festival lied on the nursing staff. Not only did they need to encourage the patients to participate for the contest, but also helped the patients decorate the pomelos. During the process of the contest, the nurses would try to involve everyone having fun. They also would console those who did not win the contest.

Nurses play many roles in our department, and everyone is a great performer. As a Rehabilitation Practitioner, I am very proud of our nurses.

Thank Heart Lotus Volunteers for Palliative Care Support

By Wang Cheng-Fen, Internal Medicine Nurse Practitioner, Taipei Tzu Chi Hospital

Early in the morning, they walk softly along the hallway, or in-and-out of the Heart Lotus Ward. They quietly arrange teas in the Buddhist prayer room, sweeping dropped leaves in the patients' garden, and help distributing meals for the midnight shift nurses. They are our respectful palliative care volunteers.

The Heart Lotus volunteers are specially trained for palliative care of terminally ill patients and their families. Their services include simple chores such as hair cutting and bathing. They also assist feeding and exercising and even more in-depth companionship with patients. With routine services and long-term interaction, the volunteers establish mutual trust with the patients and their families. They also work harmoniously and interact smoothly with our medical team. The Heart Lotus volunteers participate in weekly Palliative Care meeting every Wednesday. During these meetings, medical and psychological personnel, and social workers get together to discuss individual cases. Volunteers would also share their experience in terms of their interaction. They follow the medical team during rounds so that they can assist patients and families as needed.

Softly and empathetically, the volunteers would talk to the family members of the patients in the café. They would casually chat on the weather, the seasons of the year, the scenic natural, etc. With a cup of steaming tea between them, the conversations are just like between old friends. As for the food, the volunteers would try every possible approach to satisfy the patients' desire.

Visit of the Tzu Chi Artists Team to the Heart Lotus Ward.

The volunteers are all proud of their outdoor garden. Rain or shine, there is always someone carefully tending the flowers. They planted osmanthus, jasmines, mountain hibiscuses, grapevines, loquats, passion fruits, and many more. Patients take sunbaths under the plants, and their family members can also relax in the shades. Many nurses also go to the garden and pick flowers for their patients.

There are volunteers for tea arts, food preparations, gardening, and other specialties. They are the powerful support of the palliative care team. These volunteers never stop serving. Their positive attitude provides the stability for the patients, the families and the professionals.

Heart Lotus volunteers also serve as comforting parents of the palliative care team. Their aromatic tea starts our daily routine. Their delicious refreshment jump starts our energy in our daily work. Furthermore, every month there is a special day that they treat us with their homemade gourmet dishes. We would chat and eat just like under the care of our own parents. Our comforting parents also carefully maintain every details of the palliative care of the hospital, so that the area appears warm and comfortable.

The entire palliative care team loves our volunteers. We thank them for their boundless love. We return that love in-kind in terms of quality care to our patients.

A Novice Male Nurse in Palliative Care Ward

By Liu Yu Kuan, RN, 6C Palliative Care Ward, Taipei Tzu Chi Hospital

The decision to stay on a job is very difficult to make for a new comer. One of the important factors is the work environment. After my graduation from the five year professional college, I decided to stay in school for a two-year specialist training. Based on my personal interest and recommendations of my senior friends, I chose to enter the Palliative Care Ward of the Taipei Tzu Chi Hospital.

Different from the cold felling of most of other hospitals, Tzu Chi Hospital offers a warm atmosphere once you walk into it. Maybe because of the soft lighting, maybe from the color of the flooring, or just because of the smiling volunteers (bodhisattvas) all around the building, you don't have the lost feeling as in other hospitals. Palliative Care Ward provides 12 beds. The structure and the hardware arrangement are simple, and therefore it is very easy for a new worker to get familiar with. There is also a group of friendly staff who always extend their helping hands for the new comers. All these are encouraging elements for an intern like me to stay on my career track.

During my two years of special NPGY (Nurse of post-graduated year) training, I was fortunate to be under the clinical mentoring of a senior nurse, like me she is also graduated from Tzu Chi University of Science and Technology. She is

calm, careful, cheerful, warm, and always carrying a sweet smile. Even though she graduated a year earlier, I always follow her personal attitude and professional skills as my career example. I really appreciate her teaching throughout the years. There are significant differences between an intern and a formal nurse. As a nurse, I have to take responsibility for every little thing I do. It doesn't matter whether it's serving medicine, taking clinical notes, performing nursing tasks, and many more duties. They are all suddenly falling on a true nurse's shoulder. Nursing is a front line contact between the patient and the other health care personnel. I must be knowledgeable and be able to cover everything that possibly happens in the ward. We are the care taker and speaker for the patient, the communicator, the instructor, and the consultant. We need to contact other members of the medical team at the proper time, and we have to be very sensitive. Luckily, with the help of my senior mentors, I was able to smoothly step over the transition line and actually enter the career I was longing for.

I enjoy the free and easy spirit in the poetry by the famous poet Xú zhìmó: "With a soft flick of the sleeves without taking away a trace of the cloud." Life is just an uncertainty, death does not threaten me. That is one important reason that I chose nursing and to continue my practice in palliative care. During my first year working in the ward, I witnessed so many patients finished their live journeys. From these experiences, I realized that let go is not that easy. To let go of that bonding between loved ones is not easy to describe. We, as members in the palliative care team are not just care takers of the patients. We take care of the deceased, the whole family, and

even the whole community. We need to make sure the peaceful ending of patient's body, mind and spirit. We also need to make sure that patient's wish is fulfilled and patient's family members are well consoled.

Our future is unpredictable. Some lives burn out like a little match while some like a thick candle. A sudden blow of wind can extinguish a steady flame; a sudden accident may end a happy life. I witnessed a 29 year old male brain tumor patient. He was the father of two lovely children - seven and two-year old. I stood helplessly to observe the sadness of his young wife. Meanwhile, I also found the strength hidden in her sadness.

Seize the moment; make good use of today, because we are alive. Many of the patients' family members are amazed that I work in palliative care at such a young age. Yes? It is true, the decision was not easy. The path is not always straightforward. From the very beginning, I had no idea what involved in this line of work. But at the current time I feel proud of this career. Now, I can tell other junior nurses of the ward that I am so proud to be a palliative care nurse. Thanks to my mentors and to the family members of my patients, I am so grateful that we share a small portion of our lives together. Thank you!