

# Nursing sensitive indicators essay



It is important for nurses to understand that patient outcomes are directly impacted by the care they receive. Nursing Sensitive Indicators were developed to provide a national quantifying measured set as a way to measure outcomes against processes in relation to nursing care. (Montalvo, 2007) If nurses are able to recognize gaps in care, situations where poor quality of care tend to be more prevalent, or when high risk safety concerns affect care they may be able to prevent negative outcomes from occurring.

Nurses have a duty to provide safe quality patient centered care and as an advocate must take action when that standard of care cannot be provided.

A. Nursing Sensitive Indicators Understanding of the nursing-sensitive indicators can help the nurses in the case scenario to identify the issues that may have contributed to the interference in the delivery of quality care.

There were three nursing-sensitive indicators that had a significant impact on the negative outcome of quality care in this scenario; Restraint Prevalence, Pressure Ulcer Prevalence, Skill Mix.

Knowledge on appropriate restraint use and the facility's policy when providing care to Mr. J could have prevented some of the major issues, which have a significant impact in this case. Mr. should have been assessed to determine if the restraints were necessary. If found to be necessary, he should have been properly monitored, released from the restraints at appropriate intervals, and repositioned at least every two hours. The RN providing care for Mr. J should have recognized the nursing-sensitive indicator for Restraint Prevalence and taken these measures to correct the situation.

She failed to in her duty to provide safe quality care to her patient. Another nursing-sensitive indicator the RN failed to recognize was for Pressure Ulcers Prevalence. This is especially important in patients that are placed in restraints since the patients are unable to change positions independently. This failure to recognize resulted in Mr. J developing a pressure ulcer from not being repositioned by the nurse or the CNA at least every two hours. One nursing-sensitive indicator that was neglected that may have led to better quality care was Skill Mix. The staffing of care providers for Mr. J consisted of the RN and the CNA.

Due to the complexity of Mr. J's care, a LVN would have been a more beneficial part of the care team than a CNA. The LVN would have recognized the need to release the patient from the restraints frequently as well as reposition the patient. The LVN would have also had the nursing knowledge to recognize the redness as a pressure ulcer and the need to take action to prevent further breakdown. This goes to show the importance of having a nurse providing more direct care for patients in high risk situations when the skill level is needed beyond what unlicensed assistive personnel is qualified to provide.

B. Quality Patient Care While it is important for nurses to understand nursing-sensitive indicators and provide quality safe nursing care, it is impossible to eliminate all negative outcomes. It is important for hospitals to collect data on negative outcomes resulting from nursing-sensitive indicators. The availability of the hospital data can help improve the quality of care given by the nurses. For instance, the availability of data on the

Restraint Prevalence could result in a committee looking at the hospitals policy and procedure of restraint use.

A new staff training program on restraints may be developed and implemented. The Risk Management Team may look at the data on Pressure Ulcer Prevalence to determine the factors leading to patients developing pressures ulcers while in the facility. Quality Improvement plans can be developed and implemented by monitoring patient outcomes, collecting the data and analyzing the results. This is a continuous process that is critical to quality patient care and new process must be tested for effectiveness or changed accordingly. (Foulkes, 2011)

Capturing data can be difficult especially throughout an entire hospital system. The National Database of Nursing Quality Indicators can be utilized by hospitals as a way to collect and analyze data to show a correlation between nursing care and patient outcomes. The reports are compiled quarterly and annually for the individual nursing units within the hospital. By having the reports done on a unit level instead on a hospital wide level, it is easier to determine where the nursing-sensitive indicator negative outcomes are occurring and improvements need to happen.

Hospitals can use this data to improve the quality of care throughout by making the data available to the nurse managers and staff nurses on each unit and allowing them to be a part of the improvement process. Nurse managers may need to look at staffing structure on their unit to see if this is a reflection of the poor data. They may need to implement new scheduling measures to ensure appropriate staff is available for the unit. Each unit could

establish quarterly goals for improving patient outcomes and participate in training programs for areas where negative outcomes have been a concern.

On a more widespread facility approach, the hospital could share the data with the Quality Improvement Team to develop a committee to review process that are in place for areas of negative outcomes. The policies and procedures may need to be updated to reflect Evidence Based Practice. They may need to consider process that have safe guards in place. For example, if a patient needs to be placed in restraints then having the RN and the Charge Nurse sign off on the assessment plus having a one on one aide assigned to the patient.

According to Montalvo and Dunton (2007) one facility developed a quality improvement process that required a wound specialist to be available to help improve their hospital acquired pressure ulcer rate. Their rate dropped significantly after implementing this new process. (p. 4) Hospitals may also want to put into place safe guards to prevent nursing staff burn out such as, limit on number of days and hours that may be worked per week. This can improve the nursing-sensitive indicators RN Satisfaction Survey Options and Voluntary Nurse Turnover.

Hospitals that have nurses that are satisfied with their job, high retention rates, and good work practice environment, patients will receive higher quality care. It is one thing to collect the data and analyze it. Another to put new policies, goals safe guards and practices into place. However, if no one is following up to ensure the changes were implemented on the effectiveness of the changes then the quality in care will never improve. Hospitals cannot

wait until the next quarterly report to realize that nothing has changed. A timeframe should be set for implementation and a system developed to ensure that implementation has occurred.

There should be a follow up method in place to review with management, staff, and administration. Previous quarterly results should be compared to upcoming quarterly results over a set timeframe for evaluation of effectiveness. If it is determined to not be effective, then revisions will need to be made until improvements in patient outcomes are seen. For example, HR reports can be reviewed to ensure nurses are not working over a certain number of hours or days per week. The nursing-sensitive indicator data should reflect an improvement in RN Satisfaction Survey Options and Voluntary Nurse Turnover.

C. System Resources, Referrals, or Colleagues The primary ethical issue that stands out is the disregard for the patient's values and beliefs in his Jewish Culture. The RN's lack of compassion and integrity in regards to the half-eaten non-kosher meal needs to be addressed. As nurses, we are ethically bound to respect the cultural needs and preferences of our patients at the same time provide compassionate competent care. (Slate, 2015) The first thing I would need to do is speak with the patient and the patient's daughter.

As nursing shift supervisor, it is my responsibility to reassure her that this issue is being addressed and at all levels to ensure it will not happen again. I would offer my sincere apology. I would also offer to make referral to appropriate religious affiliation to come and speak with the patient and daughter. I would also have a dietary consult done so that she could speak

with them directly regard specific requirements for the patients Kosher diet. The second step would be to determine where the system failure occurred in order to prevent the error from reoccurring.

If it was an informatics error, I would need to communicate with the hospitals IT department to determine a work around until a resolution is found. If the problem was not found to be related to the information getting into the electronic system, then I would speak with the kitchen supervisor. I would verify that the supervisor is aware that the patient is to continue receiving a Kosher diet and dietary staff could then verify correct diet when delivering the meal. Regardless if I discover a system error, I have a culturally sensitive issue with my nursing staff that needs to be addressed.

I would implement a mandatory training for all unit staff on Patient Centered Care that emphasized cultural competency. (Flowers, August 2004) I would remind the nurses of their duty in the ANA Code of Ethics according to Slate (2015), " Respect for human dignity. In the provision of care, the nurse respects the beliefs and customs of the individual, family, or community" (p. 2). The key would be not only to resolve this one issue but to ensure that it does not happen with another patient regardless of their cultural beliefs.

Finally, I would get with my nurse manager to set up an Interdisciplinary meeting including hospital administration to determine if this is a hospital wide issue that needs to be addressed. If it is determined to be a large-scale issue, then a committee needs to be formed to investigate the problem so a plan of action can be developed to resolve the issue. This is where nursing sensitive indicators may show what the exact problem creating the issue is

such as, RN Satisfaction Survey Options. (Montalvo, 2007) Regardless of the cause, it is an issue that needs to be resolved for improved patient outcomes and patient satisfaction.