

A. nursing –sensitive indicators essays examples

[Literature](#), [Russian Literature](#)



Nursing sensitive indicators are defined as the indicators, which reflect the structure, process and outcomes of nursing care by the American Nursing Association (ANA) (Nursing Sensitive Indicators, 2015). The key purpose of these indicators is to provide principal education that would aid in improvement in patients condition especially in case of falls and pressure ulcers . It is important for the nursing prsonnelsto understand these indicators not only to assist the patient but also to the ensure satisfaction to the family in order provide quality patient care. It becomes more essential for the nurses to scrutinize every minute detail in their patient's improvement in health and their day- to- day needs especially their religious diet preferences.

If the hospital nursing staff had identified the nursing-sensitive indicators in the beginning, then the adverse outcomes mentioned above could have been prevented. The nurses are educated during their practice that through thorough compilation of data, measurement, and assessing healthy nursing practice, the nursing care has direct influence on their patient's outcomes. Due to this research, the profession has been able to promote the exceptional quality of nursing care to their patients by encouraging the development and implementing evidence based practice during the process that are already verified by different researchers in various ways to improve patient care quality .

B. Quality Patient Care

The Nursing sensitive indicators were developed by the American Nurses Association in order to improve the quality care and safety for the patients. These nursing sensitive indicators are the results from the patient treatment

that were previously clinically researched by experts and were proved to directly link to nursing care. The quality of patient care throughout the hospital can be advanced by collecting the data from each unit in the hospital on detailed nursing sensitive indicators. The organization composition of nursing care reflects from the staffing levels and the skill mix of each nursing staff in the hospital nursing unit. This can have a straight effect on quality care delivery and patient and his family's satisfaction. The three nursing sensitive indicators mentioned above play a significant role in the improvement of the delivery of patient care quality and patient and his family's contentment . The collected data normally comprises of types of interventions, assessment methods, communications and various care methods that are currently in use. The acquired pressure ulcers rates, frequency of restraint use, satisfaction with patient and his family with nursing and the overall care delivery by the hospital should be evaluated. If the data suggests that the hospital's present structure and practice is unable to promise positive patient outcomes, then they should be changed

This data collection of nursing-sensitive indicators encourages the hospital to make changes when needed. Poor patient outcomes that are direct result of nursing care can have a negative effect on hospital accreditation and quality ratings. It can also affect the Medicare reimbursement that is based on the performance on certain quality measures such as prevalence of acquiring pressure ulcers while admitted in the hospital and nosocomial infections .

The quality of patient care needs to be enhanced in every hospital set up for which the hospitals are more inclined in improving the working conditions by increasing the number of staff, ensuring breaks between their working

schedule, and offering more educational opportunities . In case of Mr. J, the nursing sensitive indicators were hospital acquired pressure ulcer, use of unnecessary restraints, unsafe patient transfer by CNA, urinal usage as an alternative of ambulating to bathroom, ignoring of the patients cultural beliefs by the nurse, and inability to diagnose Mr. J's problems due to limited knowledge. In order to improve the quality care and safety of the patients, these indicators should be properly assessed and appropriate measures should be taken in order prevent such issues in future from occurring. Courses should be arranged for the nursing staff and CNA's in order to educate them and take right decisions in critical cases and provide quality care and satisfaction to the patients. Appropriate measures would decrease the prevalence of hospital acquired pressure ulcers in patients who suffer from mild dementia or drowsiness due to administered medicines.

C. System Resources, Referrals, or Colleagues

As a shift supervisor, I would solve the ethical issues in Mr. J's scenario using systematic approach. Thus, I would first take care of the patient by focusing on his immediate needs with the assistance of his primary nurse. This would include re-evaluating his need for restraints and performing a skin assessment to check the reason behind the redness and depressed area observed by his daughter on his lower spine. Along with the aid of the patient's physician, his primary nurse, and patient ombudsman, I would then accept that errors had occurred and apologize to the patient and his daughter. I would then encourage them by giving importance to their concerns and assure them that they are being heard. I would reassure them that our primary concern is the health and safety of the patient. Further, I

would explain the necessary steps that will be taken in order to determine why the systems in the first place failed to provide quality patient care and safety to Mr. J and assure them that measures would be quickly taken to resolve these issues. Lastly, I would inform them that a dialogue will be kept open and will continuously keep informing them about the changes that will be made to improve the system .

As a supervisor, I would also report the risk and quality management about the events that occurred, as the hospital administration and the patient's physician were already warned. A team will then be assembled and would be given the ability, assets, and clinical and the administrative leaders support in order to take care of the system failures. This team will involve the physician assigned to the patient, the kitchen supervisor, a unit nurse manager, a staff nurse, CNA, a social worker and the quality and risk manager . A Rabbi from the Jewish Community will be invited to explain to the team and possibly the entire nursing and kitchen staff, the significance and importance of a kosher diet.

It would also be vital for the hospital administration to realize why the nursing supervisor on duty ignored the error by not filling out a formal report and notifying the family. The culture of safety would be changed if the nurse attempted to overcome the fear of blame and punishment from the hospital. Bringing changes would ensure that the staff would feel free to disclose such errors with the understanding that reporting them could improve patient quality of care by identifying possible system failures .

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