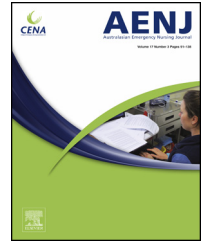




Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/aenj



RESEARCH PAPER

'Hands-on' assessment: A useful strategy for improving patient safety in emergency departments



Angela Jones, RN, PhD*

Megan-Jane Johnstone, RN, PhD, FACN

Maxine Duke, RN, PhD, FACN

Deakin University, School of Nursing and Midwifery, 221 Burwood Highway, Burwood, Victoria 3125, Australia

Received 24 April 2015; received in revised form 16 July 2015; accepted 24 July 2015

KEYWORDS

Patient safety;
Nurses;
Hospital emergency service;
Nursing assessment;
Continuity of patient care

Summary

Background: Patient assessment is an essential nursing intervention that reduces the incidence and impact of errors and preventable adverse events in emergency departments (EDs). This paper reports on a key finding of the ED nurse component of a larger study investigating how registered nurses manage 'discontinuities' or 'gaps' in patient care.

Methods: The larger study was undertaken as a naturalistic inquiry using a qualitative exploratory descriptive approach. Data were collected from a criterion-based purposeful sample of 71 nurses, of which 19 were ED nurses, and analysed using content and thematic analysis strategies.

Results: The component of the study reported here revealed that ED nurses used 'hands-on', head-to-toe assessment to manage gaps in patient care. Examination of the data revealed three key dimensions of patient assessment in the ED: (i) assessment is the 'bread and butter' of emergency nursing; (ii) 'hands-on' assessment techniques are irreplaceable and, (iii) patient assessment is undervalued in EDs.

Conclusions: The findings of this study reaffirm the role of 'hands-on' observation and assessment in creating safety in EDs. Further research and inquiry is needed to determine how health care systems can provide the conditions for ensuring that 'hands-on' assessment occurs.

© 2015 College of Emergency Nursing Australasia Ltd. Published by Elsevier Ltd. All rights reserved.

Introduction

Patient assessment is fundamental to the planning and delivery of nursing care. The importance of observing and

* Corresponding author. Tel.: +61 3 9244 6100.
E-mail address: angela.jones1@deakin.edu.au (A. Jones).

What is known

- Patient assessment is an essential nursing intervention that reduces the incidence and impact of errors and preventable adverse events in EDs. The findings generated through assessment inform nursing decisions about treatments, the urgency of the patient's care, the frequency of further assessments and the involvement of other health professionals. The advent of non-invasive haemodynamic diagnostic and monitoring systems in modern EDs has transformed patient assessment from a 'hands-on' activity to one that is increasingly reliant on technology.

What this paper adds?

- The findings of this study reaffirm the importance of 'hands-on' observation and assessment of patients in modern EDs. They suggest that consideration should be given to balancing the use of monitoring technology with 'hands-on' methods of assessment. Further research and inquiry is needed to determine how health care systems can provide the conditions for 'hands-on' assessment to occur.

assessing patients was first formally recognised by Florence Nightingale who wrote that nurses who did not 'get the habit of observation' should 'give up the being of a nurse'.¹ Patient assessment is an essential nursing intervention that reduces the incidence and impact of errors and preventable adverse events in emergency departments (EDs).² The increasing complexity and acuity of patients in hospital settings and the significant patient safety problem of failure-to-rescue have drawn attention to the importance of patient assessment^{2,3} and the need for a systematic, comprehensive, head-to-toe approach.^{4,5}

ED nurses are responsible for the initial and ongoing assessment of patients in all facets of emergency care. Assessment is crucial in light of the complexity and urgency that characterise many clinical conditions in the ED.⁶ The findings generated through assessment inform nursing decisions about treatments, the urgency of the patient's care, the frequency of further assessments and the involvement of other health professionals.⁷ The advent of non-invasive haemodynamic diagnostic and monitoring systems in modern EDs has transformed patient assessment from a 'hands-on' activity to one that is increasingly reliant on technology. The heart rate, for example, is commonly obtained from measurement of the blood pressure or pulse oximetry rather than palpation of the radial pulse while assessment of the pulse character is infrequent.⁸

This paper reports on a key finding of the ED nurse component of a larger study investigating how registered nurses foresee and detect 'discontinuities' or 'gaps' in patient care and the processes they use to prevent the potentially harmful consequences of these gaps in care from actually reaching patients.⁹ The component of the study reported here revealed that one of the processes used by nurses to manage discontinuities or 'gaps' in patient care

and 'rescue' patients from these discontinuities and the harm that might otherwise have occurred was 'hands-on', head-to-toe assessment.

Aims

The aims of the component of the study being reported in this paper were threefold, notably to:

1. Describe the 'gaps' (discontinuities) in patient care that ED nurses commonly anticipate, detect and bridge during the course of their practice
2. Describe the processes used by ED nurses to manage gaps in patient care encountered during the course of their practice
3. Explore the relationship between ED nurses' gaps management and patient safety outcomes in ED contexts.

Method

Study design

The study reports a component of a larger study that was undertaken as a naturalistic inquiry as described by Lincoln and Guba¹⁰ using a qualitative exploratory descriptive (QED) research method informed by the works of Sandelowski,¹¹ Patton¹² and Ramprogs.¹³

Setting

The ED nurses in the study were located across 14 metropolitan and regional health services in six Australian States and Territories (Victoria, New South Wales, Queensland, South Australia, Northern Territory and Australian Capital Territory).

Participants

A criterion-based purposeful sample of 71 registered nurses was recruited to the original study. Criteria for inclusion were (i) current registration as a Registered Nurse in a state or territory of Australia; and (ii) current employment in a clinical setting relevant to the study. Of those recruited, 19 were ED nurses. The remaining 52 participants were nurses employed in critical care, perioperative, rehabilitation and transitional care, and neuroscience settings. The number of participants recruited and interviewed from each clinical context is summarised in Table 1. Demographic data were available for 18 ED participants. Thirteen participants (72 percent) were female, while five (28 percent) were male. The participants were employed in a variety of roles: staff nurse ($N=5$), clinical nurse consultant ($N=4$), nurse educator ($N=4$), nurse unit manager ($N=2$), clinical nurse specialist ($N=2$) and nurse practitioner ($N=1$). Fifteen participants held post graduate qualifications, 13 (72 percent) in emergency nursing and two in critical care nursing (11 percent).

Download English Version:

<https://daneshyari.com/en/article/2606089>

Download Persian Version:

<https://daneshyari.com/article/2606089>

[Daneshyari.com](https://daneshyari.com)