

Quality of Care for Nursing

วิมลวัลย์ วโรพาร, รามารุ่น 3

นักวิชาการพัฒนาคุณภาพ

คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี

มหาวิทยาลัยมหิดล



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Faculty of Medicine Ramathibodi Hospital



Quality of care

- the Institute of Medicine (IOM)
 - the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge



Florence Nightingale

- 1855; analyzed mortality data, and accomplished significant reduction in mortality through organizational and hygienic practices.
- 1859; creating the world's first performance measures of hospitals

“Nursing As the Key to Improving Quality Through Patient Safety”

Quality of Care

- 1970s,
 - Wandelt ;
 - reminded us of the fundamental definitions of quality as characteristics and degrees of excellence,
 - Lang ;
 - proposed a quality assurance model



Nursing As the Key to Improving Quality Through Patient Safety



- In the past
 - nursing's responsibility in patient safety in narrow aspects of patient care,
 - for example,
 - avoiding medication errors
 - preventing patient falls



Nursing As the Key to Improving Quality Through Patient Safety



- Now; the roles of professional nurses
 - in integrating care (which includes interception of errors by others—near misses)
 - as the monitoring
 - Surveillance
 - The study demonstrated lower severity-adjusted mortality related to better nurse and physician cognitive diagnostic and treatment decisions, more effective diagnostic and therapeutic processes, and better nursing surveillance



Goal

- Patient Safety

(is the cornerstone of high-quality health care)



Indicators

- negative outcomes of care,
 - mortality and morbidity
 - ME
 - incidences
- positive quality indicators,
 - appropriate self-care
 - other measures of improved health status.



Nurses Responsibility



- Safety Culture
- Communication
- Competency



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Safety Culture



Safety Culture



–What people at all levels in an organization do and say when their commitment to safety is not being scrutinised.



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Why Safety Culture??



- Hospital Errors are the Third Leading Cause of Death in U.S
- **Washington, D.C., October 23, 2013** – New research estimates up to 440,000 Americans are dying annually from preventable hospital errors. This puts medical errors as the third leading cause of death in the United States,



World Health Organization (WHO 2002)



- **10 facts on patient safety**

- **Fact 1**

–Patient safety is a serious global public health issue.



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World Health Organization (WHO 2002)

- Fact 2



– Estimates show that in developed countries as many as one in 10 patients is harmed while receiving hospital care. The harm can be caused by a range of **errors or adverse events**.



Adverse events(ME)

Medication errors

Adverse drug events

Error
without
adverse
drug
event

Error
with
adverse
drug
event

Adverse
drug
event
without
error

World Health Organization (WHO 2002)



- **Fact 3**

- In developing countries, the probability of patients being harmed in hospitals is higher than in industrialized nations.

The risk of health care-associated infection in some developing countries is as much as 20 times higher than in developed countries.



Fact 3

- HAI
 - health care associate infection
 - hospital acquired infection
- เป็นสาเหตุการตายมากที่สุด



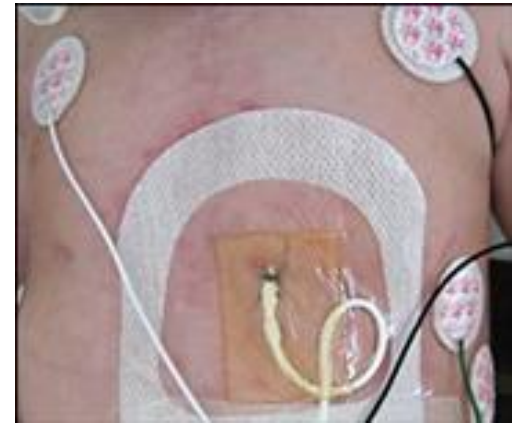


Centers for Disease Control and Prevention (CDC)

- The Centers for Disease Control and Prevention (CDC) is the national public health institute of the United States.
- The CDC focuses national attention on developing and applying disease control and prevention. It especially focuses its attention on [infectious disease](#), [food borne pathogens](#), [environmental health](#), [occupational safety and health](#), [health promotion](#), [injury prevention](#) and educational activities designed to improve the health of [United States citizens](#). In addition, the CDC researches and provides information on [non-infectious diseases](#) such as [obesity](#) and [diabetes](#) and is a founding member of the [International Association of National Public Health Institutes](#).

Insertion technique (CDC)

- Maximal Sterile Barrier Precautions
- Dressing; sterile, transparent
 - (Category IB)



peripheral line preparation: **scrub**
dressing; **sterile (Category 1A) gauze**, transparent,



Hubs; scrub the hub 15 sec

add on devices; Needleless Intravascular Catheter Systems

needle system

- *needle-less system
(needle-Free Connector)*



Scrub the hub before injection : 15 sec
alcohol swab, site-scrub



Scrub the Hub! Catheter Needle-less Port Decontamination

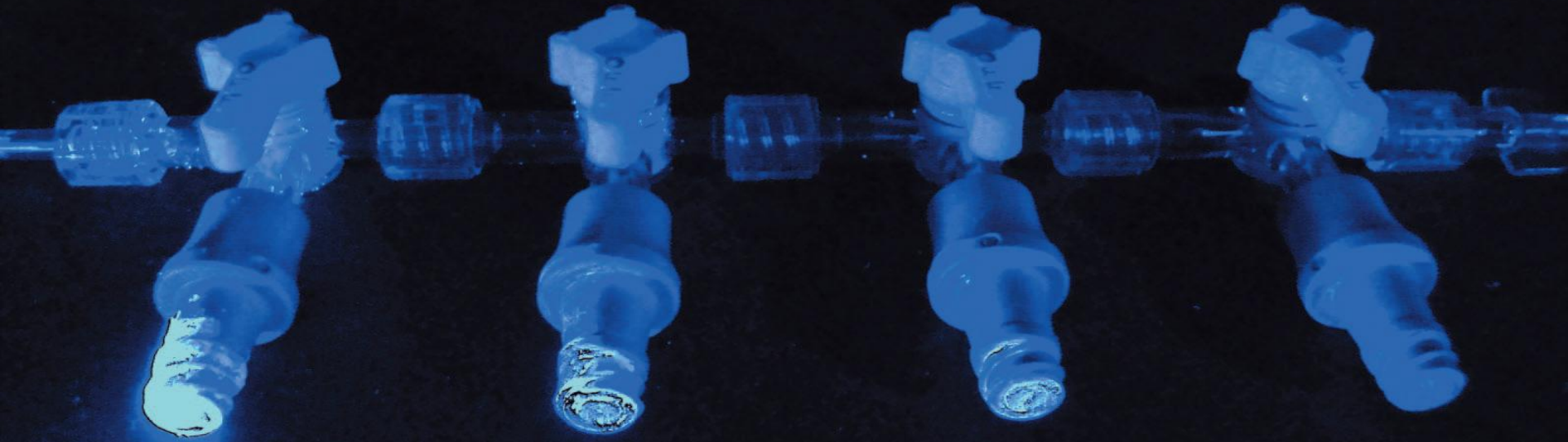
applied commercially available fluoresceine-impregnated powder (Brevis Corporation, Salt Lake City, UT) to CVC hubs and subsequently scrubbed the hubs with 70% isopropyl alcohol pads for 0 (control), 5, 10, and 15 s. Using ultraviolet light, we exposed residual fluorescent powder on the CVC hub.

0 seconds

5 seconds

10 seconds

15 seconds



World Health Organization (WHO 2002)

- **Fact 4**



- At any given time, 1.4 million people worldwide suffer from infections acquired in hospitals. **Hand hygiene** is the most essential measure for reducing health care-associated infection and the development of antimicrobial resistance.



WHO; how to hand-wash, hand-rub

2009

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

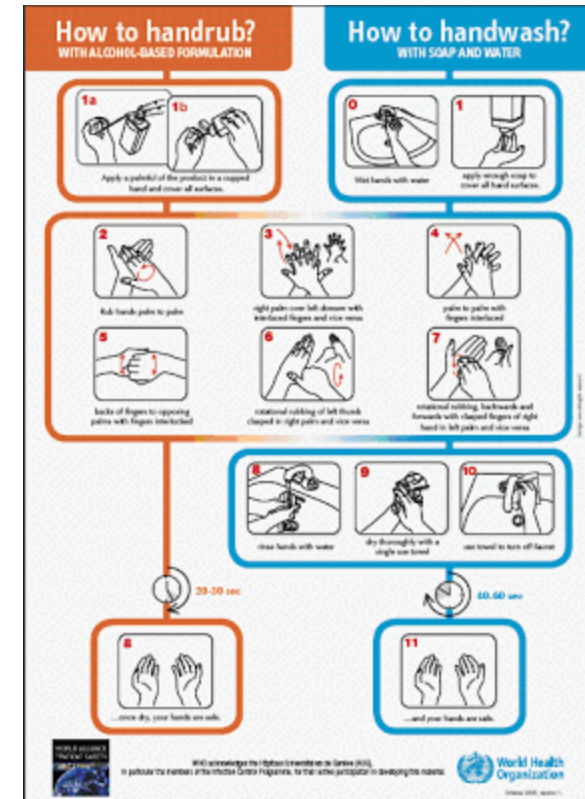
⌚ Duration of the entire procedure: 40-60 seconds



How to Handrub?

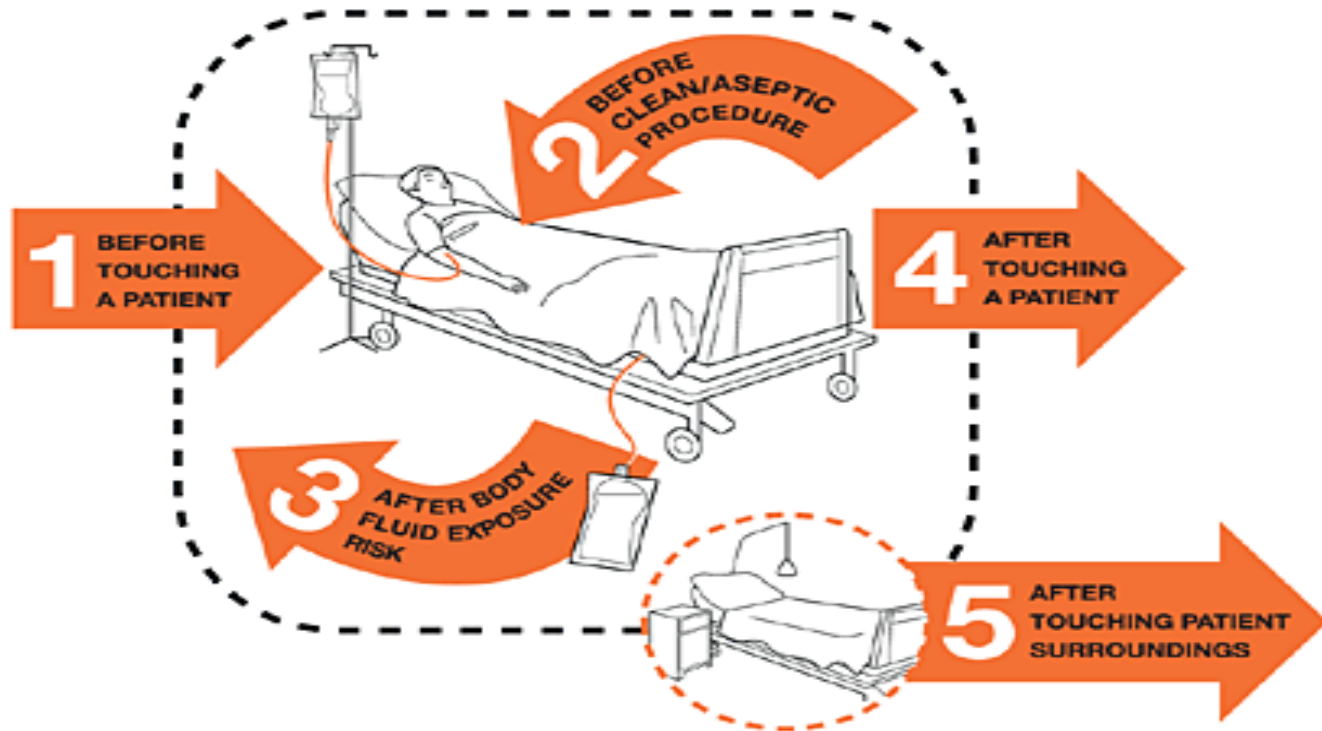
RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



World Health Organization (WHO)

- hand washing: 5 Moments for Hand Hygiene

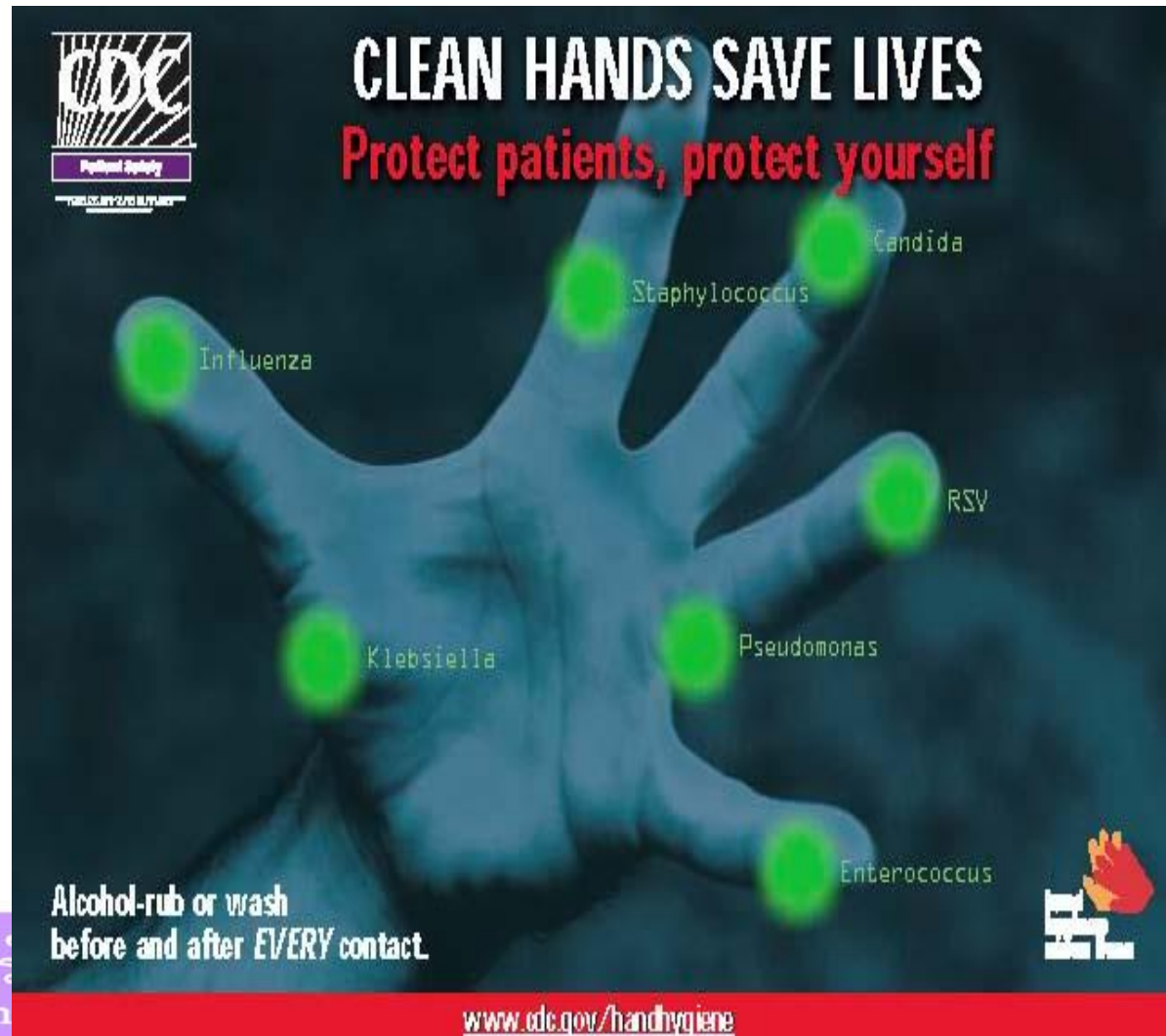




CDC



- Hand Hygiene



World Health Organization (WHO 2002)



- **Fact 5**

- At least 50% of medical equipment in developing countries is unusable or only partly usable. **Often the equipment is not used due to lack of skills** or commodities. As a result, diagnostic procedures or treatments cannot be performed. This leads to substandard or hazardous diagnosis or treatment that can pose a threat to the safety of patients and may result in serious injury or death.



World Health Organization (WHO 2002)



- **Fact 6**

- In some countries, the proportion of injections given with syringes or needles reused without sterilization is as high as 70%. This exposes millions of people to infections. Each year, unsafe injections cause 1.3 million deaths, primarily due to transmission of blood-borne pathogens such as hepatitis B virus, hepatitis C virus and HIV.



World Health Organization (WHO 2002)



- **Fact 7**

- Surgery is one of the most complex health interventions to deliver. More than 100 million people require surgical treatment every year for different medical reasons. Problems associated with surgical safety in developed countries account for half of the avoidable adverse events that result in death or disability.



SIMPLE

- S
 - Safe site surgery



World Health Organization (WHO 2002)



- **Fact 8**
 - The economic benefits of improving patient safety are save cost



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World Health Organization (WHO 2002)



- **Fact 9**

- Industries with a perceived higher risk such as aviation and nuclear plants have a much better safety record than health care. There is a **one in 1,000,000** chance of a traveller being harmed while in an aircraft. In comparison, there is a **one in 300** chance of a patient being harmed during health care.



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World Health Organization (WHO 2002)



- **Fact 10**

- Patients' experience and their health are at the heart of the patient safety movement. The World Alliance for Patient Safety is working with 40 champions – who have in the past suffered due to lack of patient safety measures – to help make health care safer worldwide.



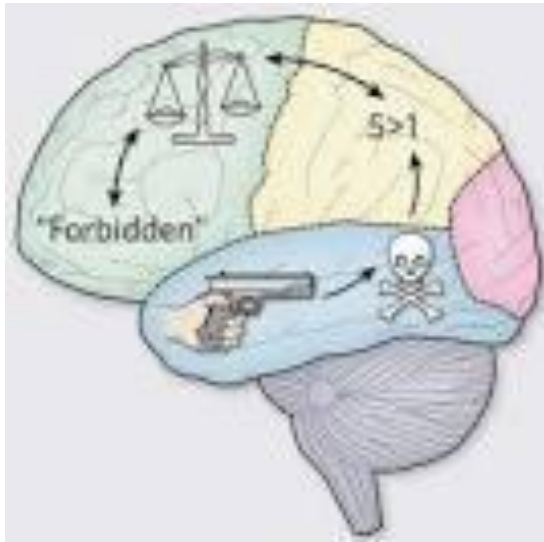
Factors increase quality of care

- Nurse's Competency
 - Knowledge
 - cue
 - update
 - Experiences
 - level
 - Concern
 - Management
 - Time



Factors increase quality of care

- Clinical Judgment
 - NURSING DIAGNOSIS
- Ethical judgment



Factors increase quality of care

- Team work
 - communication



Patient Safety Start with me

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graph TD; Patients([patients]) --> QoC[Quality of care]; HC[Hospital health care] --> QoC; NC[Nurse's competency] --> QoC;
```

patients

Hospital health care

Nurse's competency

Quality of care

- Good Outcomes

-Safety, Satisfaction



ขอบคุณค่ะ!