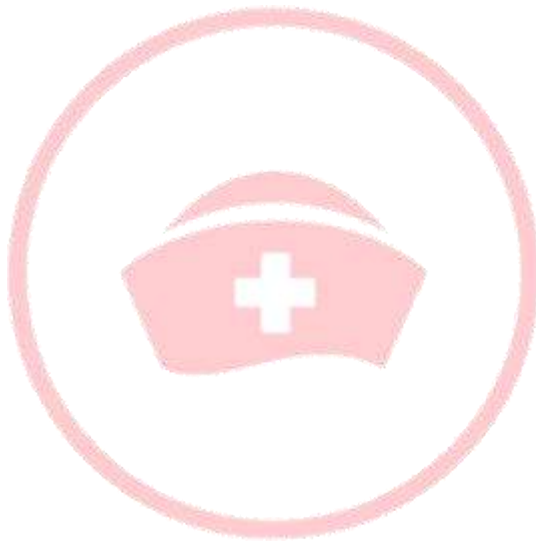


Improving quality

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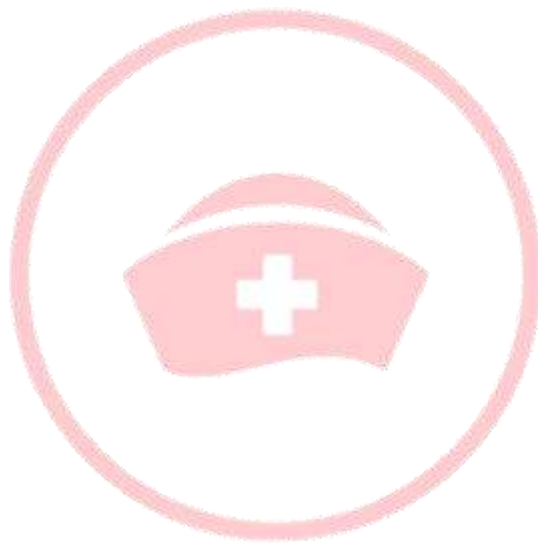
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The prevalence of pressure ulcers for hospitalized patients has become a problematic issue of the healthcare sector. Apart from increased costs of care for and lengthened stay in hospitals for the patients, pressure ulcers is classified as one of the most prevalence hospitals acquired infections even at a time when the Medicare has called off all reimbursements for HAIs., this has placed the burden of costs on the respective care facilities and the impacts on the budget have been enormous. To the patient, pressure ulcers are a further burden to their primary illness and its impact on the morale, recovery and restoration is significant (Institute of Medicine of the National Academies, 2012).

The high prevalence of pressure ulcers has been associated with the lack of adherence to the safety and quality practices that are expected to be afforded for hospitalized patients especially those with mobility and toileting limitations. The lack of appropriate monitoring policies for these patients and the substandard level of collaboration are the primary issues that have led to increased cases of pressure ulcers in healthcare facilities. However, the integration of a care bundle that includes hourly rounding and bedside shift reporting is seen as one strategy that can significantly reduce the number of cases of pressure ulcers within the patient population. Hourly rounding is based on the need to make objective visits to the patient after every hour to help recognize their changing needs and afford them the necessary help (National Quality Forum, 2007).

On the other hand, bedside shift reporting is a strategy that has been adopted to help increase collaboration between the care workers and specifically amongst the nurses. In this case, during shift transitions, the incoming nurse and the outgoing nurse are expected to make transfer all the technical and official responsibilities at the bedside in the response of the patient. This ensures that the patient is involved in the development of the care plan for the incoming shift

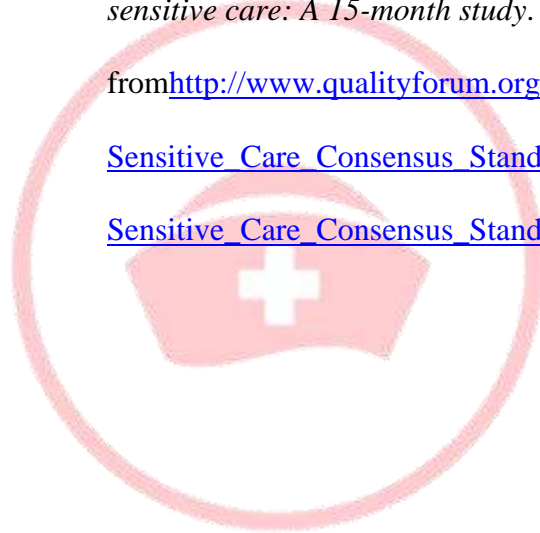
while also ensuring that there are minimal misses and errors as would occur with transitions along the hallway or in the nurse's office (Berwick, 2002). Essentially, the strategy aims to achieve three aims of improvement, patient-centered care by involving the patient in the development and review of the care plan at various points of transitions; the aim of safety by integration of preventive measures for avoidable incidences and effectiveness by closing all the gaps and loopholes that may exists in the delivery of care through maximizing collaboration (Institute of Medicine of the National Academies, 2012).



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References

- Berwick, D. (2002). *Escape fire: Lessons for the future of health care*. Retrieved from http://www.commonwealthfund.org/usr_doc/berwick_escapefire_563.pdf
- Institute of Medicine of the National Academies. (2012). *Crossing the quality chasm: The IOM Health Care Quality Initiative*. Retrieved from <http://www.iom.edu/Global/News%20Announcements/Crossing-the-Quality-Chasm-The-IOM-Health-Care-Quality-Initiative.aspx>
- National Quality Forum (2007). *Tracking NQF-endorsed consensus standards for nursing-sensitive care: A 15-month study*. Washington, DC: National Quality Forum. Retrieved from http://www.qualityforum.org/Projects/s-z/Tracking_Nursing-Sensitive_Care_Consensus_Standards_%282007%29/Tracking_Nursing-Sensitive_Care_Consensus_Standards.aspx



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