

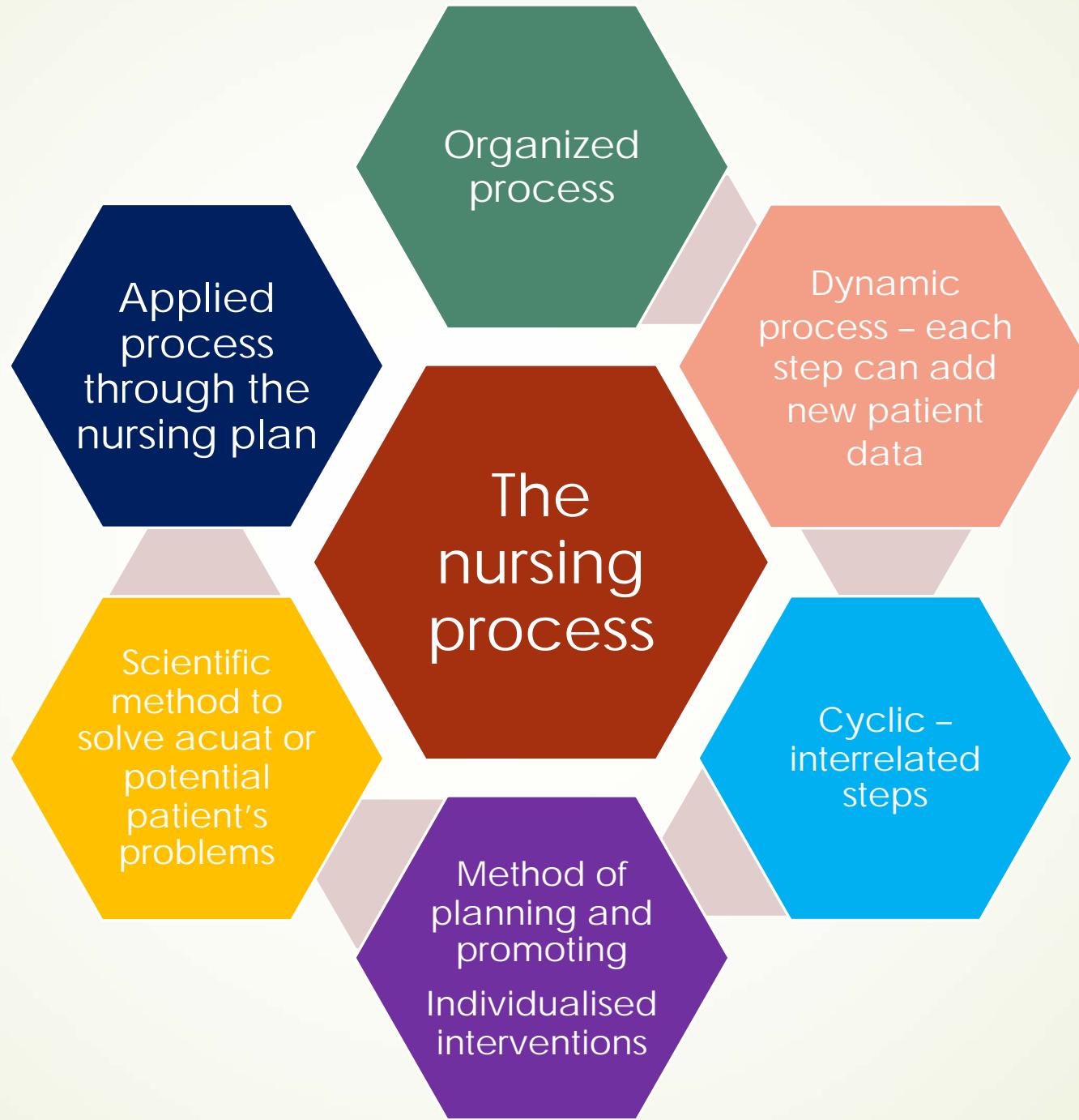
THE CARE FILE - SYNTHESIS OF THE QUALITY AND SAFETY OF NURSING CARE



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THE CARE FILE

1

• CENTRALISED GENERAL DATA- ADDMISSION PARAMETERS

2

• INFORMED CONSENT

3

• INFORMATION ON HOSPITAL RULES

4

• THE NURSING PLAN

5

• EVALUATION OF FALL RISK- DOWNTON SCALE

6

• EVALUATION OF PRESSURE ULCERS RISK- NORTON SCALE

7

• DOCUMENT OF PATIENT'S MOBILITY

8

• MONITORING PERIPHERAL VENOUS CATHETER (PVC)

9

• UNEXPECTED PROBLEMS DURING HOSPITAL ADMITTENCE

10

• SOCIAL ACTIVITIES

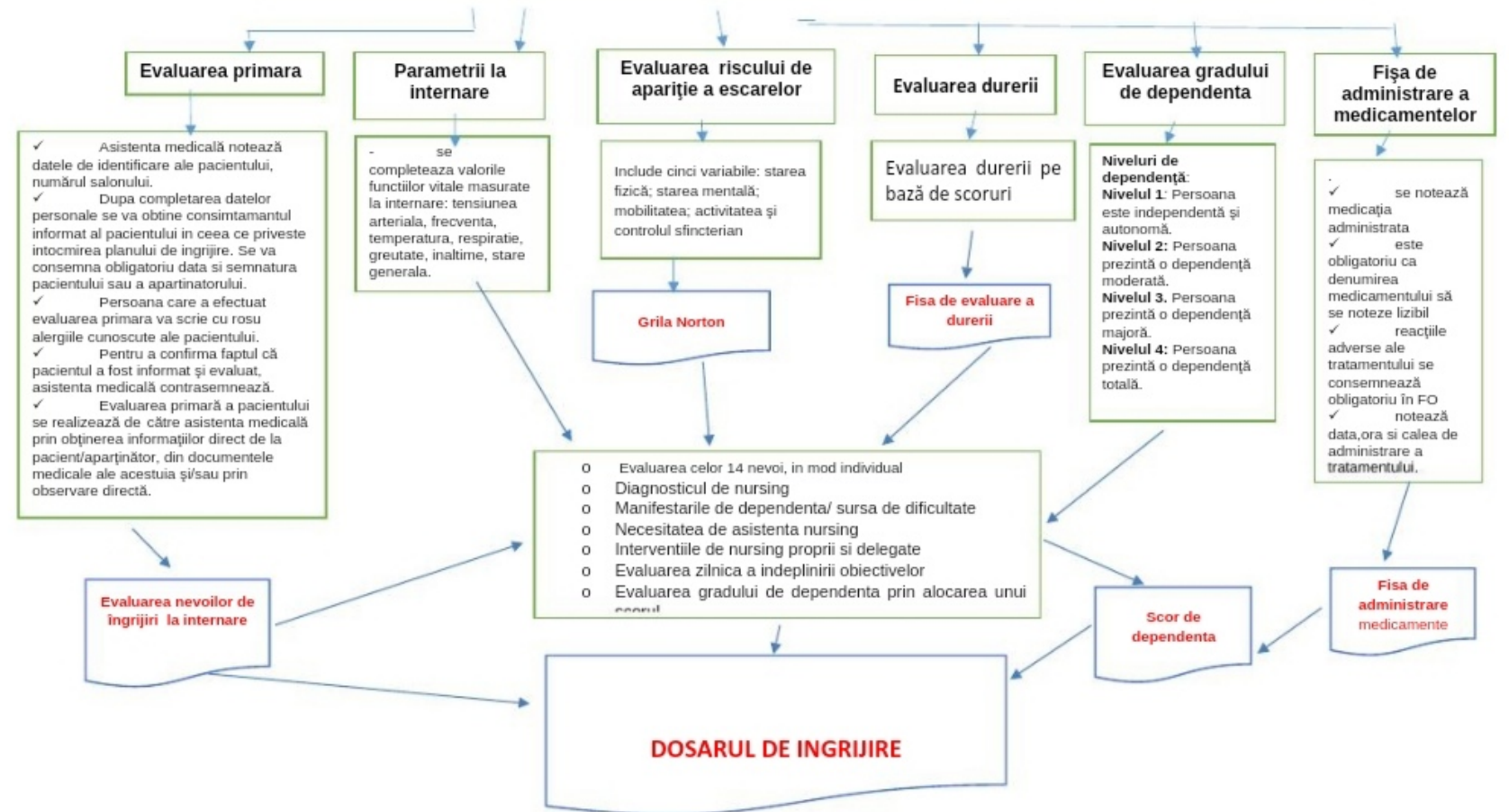
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• HEALTH PROMOTION EDUCATION

12

• DOCUMENT ON DELIVERED CARE AND RECOMMENDATIONS ON DISCHARGE

CONSEMNAREA ÎN PLANUL DE ÎNGRIJRI – RESPONSABIL: ASISTENTA MEDICALĂ



THE STEPS OF THE NURSING PROCESS

THE REGISTERED NURSE



1

• PATIENT'S EVALUATION

2

• CARE PLANNING

3

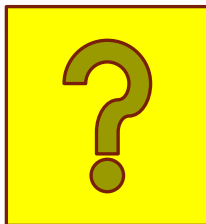
• DELIVERY OF THE CARE PLAN

4

• EVALUATION OF CARE RESULTS



Evaluation



Fundamental
patient's
needs

Nursing
diagnostics



NURSING DIAGNOSTICS

- Actual diagnostics;
- Possible diagnostics;
- Increased risk diagnostics;
- Wellbeing diagnostics

Diagnostic labels -NANDA standardisation



Risks related to not using the care file

- Disfunctional risk related to incorrect and real time evaluation of the patient
- Disfunctional risk related to incorrect and real time evaluation of patient care
- Risk of professional accidents related to biologic exposure
- Pressure ulcers risk
- Fall risk

INDICATORS OF EVALUATION AND MONITORING OF EFFICIENCY OF CARE file

Indicators for efficiency of care file		Limit/addmitted interval
Structure indicators	Nr. Hired nurses/ estimated nr. of needed nurses (according to nursing needs of the patients)	Min. 80%
Process indicators	<p>Nr. Qualified nurses for a procedureii/Nr. Staff members that perform it</p> <p>Nr. Care plans/ Nr. Of verified care plans</p> <p>Nr. Of correct completed care plans/Total Nr. Of verified care plans</p> <p>Nr of care plan with nursing objectives in agreement with therapeutic conduct/Total Nr total verified care plans</p>	<p>Ratio = 1. Whole staff should have 8/10 in the assessment of the procedure related to the use of care plan</p> <p>Ratiot = 1. All patient files should have care plans</p> <p>Ratio = 1. All care plans should be complete</p>
Result indicators	<p>Nr of patients and family' complaints related to the received care /Total Nr. Of inpatients</p> <p>Nr. EAAAM reported/Nr. In patients/month</p> <p>Nr of pressure ulcers developed during hospital stayTotal nr of inpatients</p>	<p>0</p> <p>0</p> <p>0</p>

ANMCS ACREDITATION STANDARDS

REFERENCE 2 CLINICAL MANAGEMENT

STANDARD 0203 Medical practice addresses holistic and specific the patient enabeling continuity of care

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CR 020301
CASE
MANAGEMENT USES
DE DIAGNOSTIC
AND THERAPY
PROCEDURES

CR 020302
INTEGRATED
APPROACH TO
CARE IS
CURRENT
PRACTICE

CR020303
THE HOSPITAL
ENSURES
CONTINUITY OF
CARE AFTER
INITIAL
EVALUATION

CR 020304
CARE PLAN IS
PART OF CASE
MANAGEMENT

CR 020305
MEDICAL DATA ARE
REGISTERED
COMPLETELY,
CORRECT AND IN
REAL TIME WITHOUT
REDUNDANCE



02.03.04		Cr	CARE PLAN IS PART OF CASE MANAGEMENT
	02.03.04.01	C	Staff ensures complete and personalized care of the patient
	02.03.04.02	C	Nurses elaborate the care plan according to the medical problems
	02.03.04.03	C	The care plan is adapted in correlation to patient's evolution
	02.03.04.04	C	On discharge the care plan is transmitted to the patient, the family, the GP or the physician who sent the patient for admittance
	2.03.04.05	C	The necessary number of stff is established in accordance with the needs of the patients

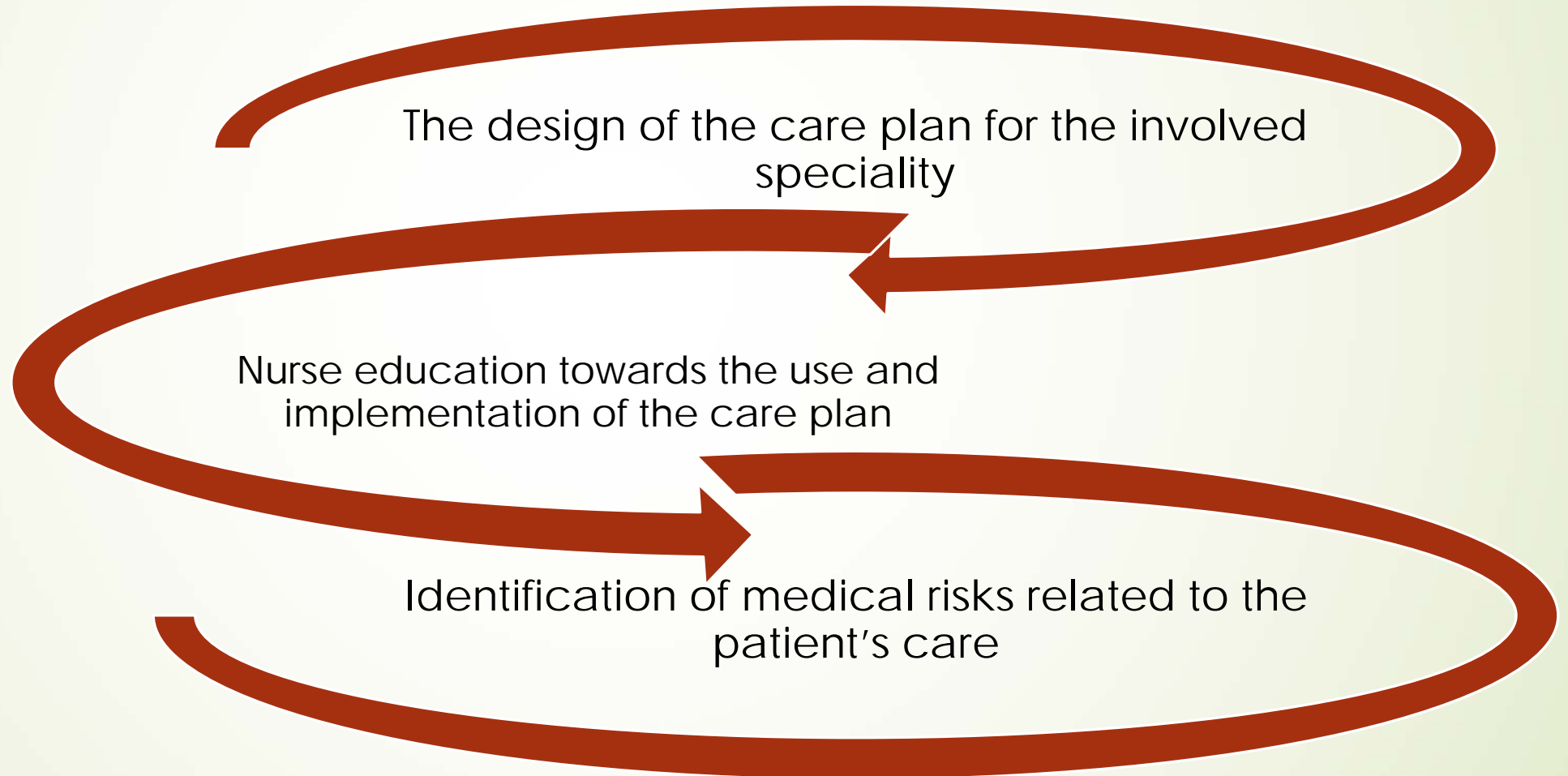
The request of standard 02 03 04 NURSING PLAN IS PART OF THE CASE MANAGEMENT

Responsible attitude
of the staff towards
the patient

Staff competencies
are according to the
patient's care needs

Staff number is
adequate to the
patients' care needs

The implementation of the complete and individualised care plan of the patient is ensured through



Case management

The concordance between physician recommendations and the care plan

The attending physician

- Verifies the concordance in real time between medical prescriptions, hygienic and dietary recommendations and the care plan

The head nurse

- Periodically analyses the content of care plans elaborated by nurses and ensures that errors are not repeated

Adaptation of the care plan to the patient's evolution

The physician


Verifies in the care plan in real time that objectives are adapted to the patient's evolution

Verifies the concordance of the recommendations with the administered medication



Case management

Care plan is announced to the patient and caregivers from the primary medical assistance at hospital discharge

- ▶ The attending physician:
 - ▶ Patient's discharge documents contain the care plan and ensures the continuity of care
 - ▶ Patient's discharge documents contain the care plan and ensures the continuity of care
- 

The necessary staff is established in concordance with the care needs



The head nurse



Adapts the staff number to the care needs



Establishes the number of staff depending on the care needs and the patients' degree of dependence



Ensures the staffing according to the assessment of patients' needs



Conclusions

- ▶ Holistic approach to the patient by the multidisciplinary team and caring according to needs is the guaranty of the quality and safety of the care
- ▶ In Western countries the case manager is the nurse
- ▶ The case manager ensures the continuity of care after discharge from hospital, in the primary assistance