Nursing Recognition of a Clinical Decline in Pediatric Patients: Quality Improvement

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Quality Improvement in healthcare serves as the framework for optimizing health system performance and aims to improve the patient experience by focusing on safe, effective, and proficient patient-centered care. Quality and Safety Education for Nurses (QSEN) utilizes the comprehension, active practice, and attitudes of practicing nurses to improve the performance of heavily implemented nursing methods and skills. Quality Improvement uses "data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems" (QSEN Institute, 2020, Table 4). Quality Improvement shapes better nursing diagnoses and recognition of patients altering conditions, using tools and measurements to evaluate the performance and values, and creating suitable work environments for expanding patient care. Nurses must stay attentive when interacting with critical pediatric patients to prevent and recognize signs or symptoms of further clinical deterioration. Recognizing these signs can hinder such adverse complications that could shunt more minor patients into life-threatening conditions, or death, at a faster rate.

Article Summary

Introduction

The article aimed to explore nurses' inspection methods of hospitalized pediatric patients and fixate on which non-measurable signs and symptoms nurses consider essential when identifying which inpatient pediatric patients are at risk for clinical worsening. The article conducted an interpretive description qualitative study harnessing data obtained through observing Danish pediatric nurses in practice and synonymously conducting focus group interviews (Rørbech et

al., 2022). The article contributes to the development of nurses recognizing clinical retrogression in pediatric patients by conducting a qualitative study.

Overview

The research article identifies how nurses could improve their priority observations and assessment skills at the bedside to recognize signs of pediatric clinical deterioration. The researchers in the article utilized the Pediatric Track and Trigger tools as a foundational measurement for comprehending the advantages are a nurse's clinical judgment and awareness of the unit (Rørbech et al., 2022). The observational methods used and their relation to the measurement tools describe the QSEN skills seen in active practice that uses quality measures to understand good performance (QSEN Institute, 2020). Additionally, the researchers observed the nurses' care situations, informal dialogues between families and interdisciplinary teams, and impressions from interacting with hospitalized patients during around-the-clock shifts (Rørbech et al., 2022). Observations of these personal impressions conducted by researchers highlight QSEN's attitudes and behavior techniques of nurses as it contributes to the outcome of care in that local setting (QSEN Institute, 2020).

Quality Improvement

Upon reviewing the article, executing this type of care setting and shift in nursing assessments in all areas with pediatric units can aid the quality and health of many. With this deviation, hospitals would need to educate nurses about common signs and symptoms of how acute and drastic clinical failure appears in pediatric patients' pre-implementation. During the change, nurses will benefit from intermittent follow-ups and progress notes. Post-implementation

can allow nurses to unload the daily observations and confirm any goals met with a quality improvement advisor, along with discussing future adjustments. Institutions conducting these studies and making appropriate changes could have financial requirements because proper safety requires payment to all prevailing working parties. Educating nurses, preparing the study layout, including space for an informational seminar, and teaching them to use the scale from Information Technology specialists can require extra finances. To design a similar scale specified for each institution, in-depth cross-sectional studies, analysis of previous rankings, and set target goals that would require a collaborative effort from many health and science professionals. However, there would be an increase in nursing safety because nurses will become more accustomed to noticing potential physiological dangers in pediatric patients, subsequentially boosting patient and nurse satisfaction levels.

Application to Nursing

Nursing is multifaceted, encompassing many areas of nursing practice, education, and evolutionary research to extend studies further. Within the course, creative, collaborative, and evidence-based models of care can generate new possibilities for registered nurses and advanced practice registered nurses with the knowledge, leadership, and team abilities to enhance quality and address system change. Data is used in research to establish a basis for clinical practice and increase our knowledge base in symptom science, wellness, self-management, palliative care, and behavioral health, illustrating the value of nursing care and reducing health inequities. Personalized, integrative, and technology-enabled teaching and learning in education can result in creative and critical thinking, ethical and culturally inclusive foundations for practice, team and communication skills, quality and system improvements, and lifetime learning.

Practice

The best practice for discovering if a pediatric patient is deteriorating is for nurses always to utilize observational techniques when in contact with high-risk patients. The study completed by Rorbech et al. (2022) discovered that to become aware of non-measurable indications and symptoms, nurses engaged in observational practice, aiming for a sensory impression not primarily derived from visual perception and observation from a distance. The observational method involves sensory stimulation and proactive tactile approaches, such as consistently touching or holding the patient's hand when assessing temperature, color, circulation, and movements, which are clinical signs of client decline. The observational practice also includes having prior and secure knowledge of patients as a prerequisite to detecting changed clinical conditions (Strømme et al., 2020). It is more difficult for nurses to assess conditions when unfamiliar with their patient, so having different data and information sourced from consistent bedside family members and physicians can create a better holistic view of the patient's baseline condition.

Education

Rorbech et al. (2022) did not specify clear education guidelines for practicing and extending this study and topic. Education guidelines can include a seminar teaching, or "skills day," for pediatric nurses about statistics behind pediatric morbidity from unnoticed clinical decline and how to stay attentive to every observation nurses make to high-risk pediatric patients. Education on multidisciplinary morbidity and mortality within conferences should modify to increase the nursing presence and enhance the professional team approach to the escalation of care (Liu et al., 2022). The primary education themes should include vigilant awareness of a pediatric patient's

color and skin tone, sounds, movement, and behavior patterns that do not align with their baseline functioning standpoint (Rorbech et al., 2022). As nurses continually detect and see the child's non-measurable signs and symptoms, their subjective clinical judgment is crucial in their early issue detection process.

Research

Rorbech et al. (2022) concluded that following standard protocol is insufficient to ensure the quality of patient care safety. Priorities in further studies should address prior protocol and steps in recognizing early signs, both measurable and non-measurable, of clinical decline and patient safety. The trends in patients' conditions may change rapidly, which is often illustrated by the phenomenon of a client presenting typical vital signs although they deteriorate. Implementing a multimodal program to empower nurses to escalate care will reduce the percentage of adverse events arising from neglecting to escalate (Liu et al., 2022). Future knowledge gaps include studies that gaze at specific clinical contexts before escalation and how to recognize patients at risk better to reduce the need for escalation. Upcoming research should incorporate alternative methods of delivering clinical education to nurses to support patient deterioration recognition and include providers in implementing these tactics. Failure to rescue can negatively affect families, nurses, staff cohesion, and trust, which could require external therapeutic interventions.

Conclusion

By emphasizing safe, effective, and competent patient-centered treatment, quality improvement in healthcare serves as the framework for maximizing health system performance and seeks to improve the patient experience. The Quality and Safety Education for Nurses (QSEN) program utilize the information, conduct, and perspectives of working nurses to enhance

the effectiveness of widely used nursing techniques and abilities. Quality Improvement uses "data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems" (QSEN Institute, 2020, Table 4). Through the use of instruments and measurements to assess performance and values, the expansion of patient care is made possible by quality improvement, which also improves nursing diagnoses and the recognition of patients' changing circumstances. When participating with critical pediatric patients, nurses must remain alert to prevent and notice manifestations or symptoms of significant distress. The qualitative study highlights the significance of nurses measuring vital signs and being attentive to other changes and abnormalities in pediatric patients' clinical and bodily status. By recognizing these characteristics, one might avoid complications that could quickly progress more healthy people into life-threatening situations or even death.

References

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