

Nursing assessments – a critical component of nursing care

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Nursing assessment

- Assessment data should reflect information from as many sources as needed for complete accuracy.
- Sources include:
 - Interview, history taking, physical assessment, review of records, family interviews, contact with other health professionals

Assessment leads to a plan

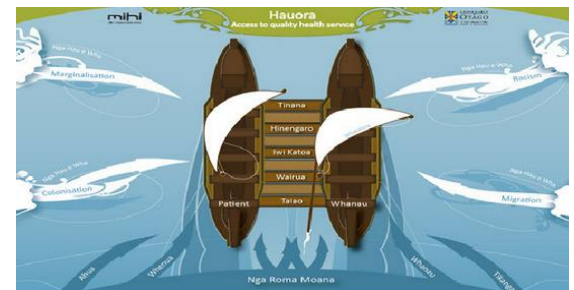
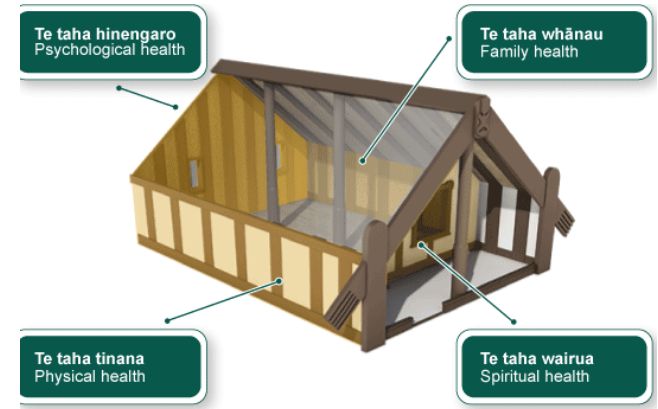
- Assessment
- Reassessment
- Sub- assessment
 - Identification
 - Act
 - Refer

Tick box actions or thinking

- Identify missing information
- Consider all possibilities with curiosity
- Anticipate potential problems
- Draw valid conclusions from the evidence or data
- Verify accuracy and reliability of data

Frameworks

- Tick box?
- Te wharetapa whā
- Head to toe
- Subjective data, objective data,
- Data cues
- Systems
- Direct Questioning
- Meihana Model
- Social determinants of health



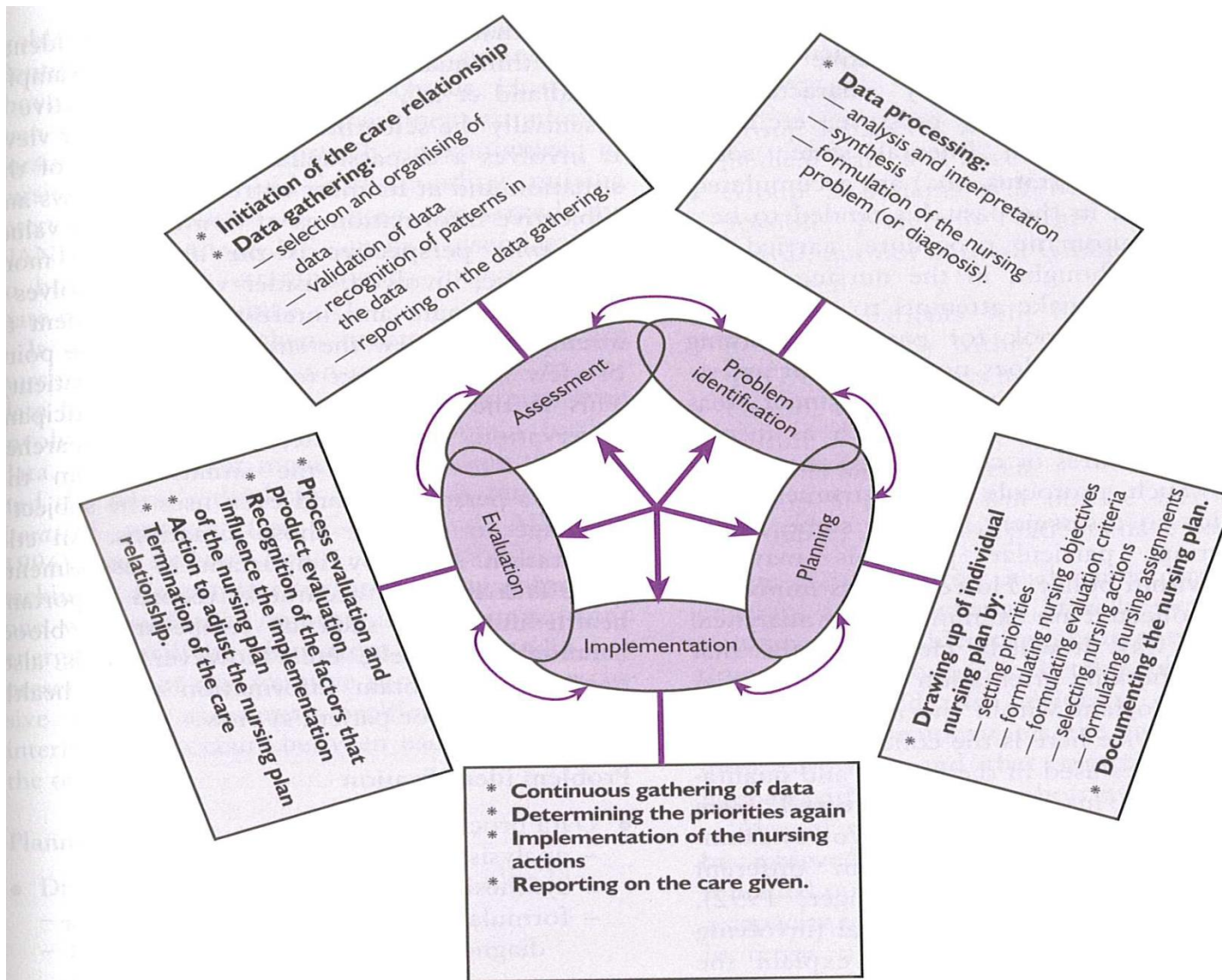


Figure 24.3 The nursing process method

Assessment, reassessment action and intervention

- Data gathered to determine and eliminate or manage actual or potential health problems.

Context of care

- What is your reality?
- Who sees the problem?
- Are your assessments delivering the care required?
- What is preventing improving patient outcomes?

HDC report 15hdc01144

- Care of 20 year with emerging meningitis
- Dr and 1 nurse in breach of the code
- 2 nurses adverse comments
- Health provider – no breach
- Core issue was the lack of comprehensive assessments (direct questioning), recognition of red flags, appropriate intervention and referral.

HDC nursing adviser comments

- *“Effective clinical assessment requires focussed questioning and is used to determine whether the patient has any ‘red flag’ symptoms present or not. While I consider this necessary for all health consultations the limitations of telephone assessment make it even more so.”*

HDC nursing adviser comments

- *“I consider that the documentation [from Ms A’s previous interactions with SHS] refers to symptoms that are ‘red flags’ — bad headache, vomiting, not particularly responsive — and should have prompted focussed questioning from [RN C]. There is no evidence that this occurred and I am moderately critical of this.”*

Patient outcomes – what the data shows us

ACC treatment injury data – Supporting patient safety, April 2017.

- Infections of all types
- Infections following surgery
- Line infections (peripheral and central)
- Central line infections
- Pressure injuries
- Medication adverse reactions
- Medication errors (prescribing and dispensing)
- Pulmonary embolism (PE)
- Deep vein thrombosis (DVT)
- Neonatal encephalopathy (NE)

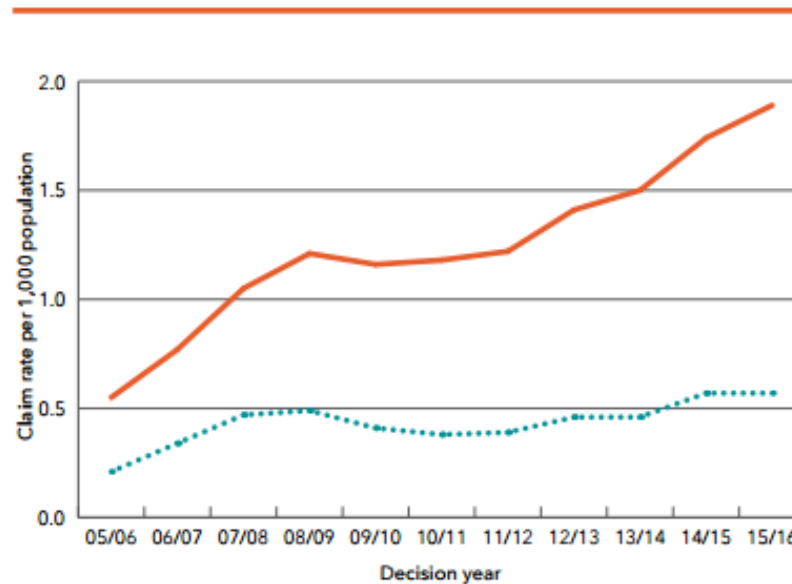
http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_ip/documents/reports_results/sps_report_apr2017.pdf

Claims nationally have increased

ALL ACCEPTED
TREATMENT INJURY CLAIMS,
IN ALL FACILITIES
(PER 1,000 POPULATION,
BY DECISION YEAR)

KEY

- All claims
- Entitlement claims



70% of claims are in public and private hospitals

Pressure injury = ACC case study

- Tania, aged 77, was admitted to hospital with a chest infection and problems getting around because of gout, osteoarthritis, and poor circulation to her feet. The focus of the medical team was on pain relief and treating the chest infection.
- As the nursing assessment did not include any risk of developing pressure injury, no preventive measures were put in place.

- **Five days** after admission Tania was diagnosed with a **stage 2 pressure wound** on her lower back, as well as pressure injury on her left and right heels – stages 3 and 2 respectively. Pressure dressings were applied, and pressure relief placed under Tania's ankles. **An air mattress was ordered and arrived two days later**, but the pressure injury on the left heel progressed to stage 4.

- **Surgery** was needed to debride the pressure injury, and Tania needed a longer stay in hospital with further surgery.
- **She also needed district nurse care once she returned home. Support from ACC included surgery and specialised wound care in hospital, district nursing, home help and some housing modifications to allow better access by health care workers as Tania recovered.**
- ACC's support did not include care relating to the arthritis or circulation problems.

- Pressure injury claims are generally related to inadequate pressure area prevention or management. For example, no risk assessment, no prevention plan, or a lack of pressure injury care.
- <https://www.acc.co.nz/for-providers/treatment-safety/>

GUIDING PRINCIPLES FOR PRESSURE INJURY PREVENTION AND MANAGEMENT IN NEW ZEALAND MAY 2017

- **ASSESSMENT:** Pressure injury risk assessments are completed as part of admission, referral and transfer processes, with reassessments when people's health status changes. At-risk areas are checked regularly and whenever the opportunity arises.

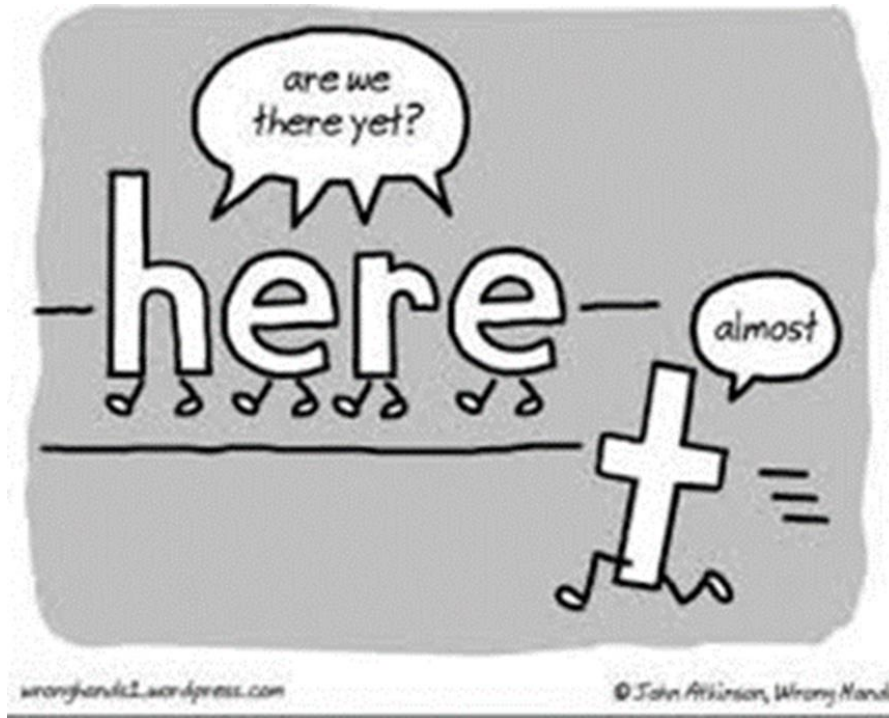
<https://www.acc.co.nz/assets/provider/acc7758-pressure-injury-prevention.pdf>

Balancing act

- What prevents robust assessments?
- What are the risks?
- What are the solutions?



Questions:



Resources - weblinks

- <https://www.acc.co.nz/for-providers/treatment-safety/>
- <http://nursingreview.co.nz/nurse-telephone-triage-assessment-criticised-in-hdc-report/>
- <http://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/Nursing-Documentation/Pages/default.aspx>
- <http://nursingreview.co.nz/ed-transfer-targets-and-rn-ordered-blood-test-results-under-spotlight-in-hdc-decision/>