



NURSING CARE SAFETY PLAN IN PATIENT CARE DURING PRIMARY CARE SETTING; REVIEW

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Abstract:

Care plans can be categorized as either casual or formal. An informal nursing care plan refers to a mental strategy of action that is held by the nurse. Enhancing patient safety may be achieved by addressing a multitude of challenges that arise during the transition of patients between primary and secondary healthcare settings. The clinician-patient connection in primary care is crucial for delivering healthcare that is of superior quality, secure, and efficient. Active involvement of patients and their families in primary care fosters the development of trustworthy relationships that enhance safety. This research specifically examines several components of nurse care plans related to patient safety and explores solutions to enhance patient safety in primary care settings. Based on prior research, the nursing team in primary care possesses the capacity to address both national and international patient safety priorities. They achieve this by offering a tool that enables patients to actively participate in their own safety. This approach fosters a collaborative environment where patients and healthcare professionals work together to assume responsibility for the patient's care.

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Introduction:

The organization and delivery of nursing care have a crucial role in determining the quality of hospital stays and the results for patients [1]. The happiness of patients with their treatment is influenced by the occurrence of neglected nursing tasks and the quality of the nurses' working conditions [1]. A care model is a comprehensive system of principles, regulations, and procedures that provide guidance for nursing care. A professional practice model serves as a foundation for delivering high-quality, secure, and patient-centered care. It also contributes to nurses' job satisfaction and provides them with a theoretical framework to articulate and exchange their professional practice [2]. Examining 38 professional practice models showed that they were established on a well-defined understanding of nursing, care focused on relationships, a theoretical framework, and the most prevalent core organizational values [2]. In addition, all models identified six components: leadership, nurse autonomy and cooperation, practice environment, research/innovation, nurse growth and rewards, and patients' results [2]. These findings emphasize the significance of considering the structure of nursing care, especially in hospital settings, and its impact on patient outcomes. This contemplation is crucial for ensuring high-quality and efficient care.

In hospitals, where patients are becoming more complex, stays are shorter, readmission rates are high, workloads are heavy, staff skill mixes are varied, and staffing levels are not ideal, nursing managers may view primary nursing as a beneficial framework for providing patient-centered care, in line with the philosophy of care. Adopting a patient-centered approach to treatment is linked to higher levels of satisfaction. By tailoring and prioritizing care according to the specific requirements of patients, it is possible to improve overall results [3].

This review was aiming to overview the Nursing care safety plan in patient care during primary care setting from different perspectives.

Review:

The World Health Organization (WHO) provides a concise definition of patient safety as the proactive measures taken to minimize mistakes and harmful consequences in healthcare, with the ultimate goal of ensuring that patients are not harmed over the course of their treatment [4]. Every year, a significant number of people worldwide experience impairments, injuries, or even death as a result of hazardous medical procedures. Consequently, there has been an increased acknowledgment of the

significance of patient safety, the integration of patient safety methods into the strategic agendas of healthcare institutions, and a burgeoning corpus of research in this domain. The Institute of Medicine (IOM) issued "To Err is Human: Building a Safer Health System" in 1999, highlighting safety as the first and essential priority. This paper was a significant milestone in the field of patient safety since it highlighted the presence of mistakes in healthcare and the possible risks they pose to patients [5]. While patient safety in hospital settings has received significant attention, the exploration of patient safety in primary care has been relatively limited. However, there has been a recent increase in research focusing on patient safety in primary care [5]. To establish a culture of safety, it is necessary to comprehend the crucial values, attitudes, beliefs, and norms that have significance inside a healthcare organization. Additionally, it is critical to identify the proper attitudes and actions that are anticipated in order to ensure patient safety [5].

Two studies on safety culture employed a qualitative methodology, which was then complemented by either a survey or an audit. The remaining eleven studies employed quantitative methodologies to evaluate safety culture. The systematic review incorporated a qualitative research conducted by Gaal et al. in the Netherlands, which examined the perspectives of primary care doctors and nurses in order to identify specific elements of care associated with patient safety [6]. The most commonly reported occurrences in primary care were related to medication safety, namely in the areas of diagnosis and treatment. Errors in communication and deficiencies in the patient-nursing interaction were the most prevalent mistakes. The critical factors for ensuring patient safety included the presence of necessary medical equipment, easy access to telephones, and secure electrical outlets. General practitioners depended on the expertise and understanding of the practice nurses, as they were responsible for seeing the majority of patients. The general practitioners did not oversee the practice nurses' provision of telephone counsel to patients, which they perceived as a potential risk to patient safety. The findings of this qualitative investigation were utilized to create an online questionnaire, which was among the pioneering efforts to evaluate the perspectives of nurses about patient safety [6] in the Netherlands. It was discovered that nursing care providers were preoccupied with the upkeep of medical records, prescription management, and medication monitoring.

The reviewed papers presented findings about the patients' perception of healthcare [8]. Two individuals expressed their contentment with their experience of receiving care at the hospital. Dal Molin et al. [9] determined that patients' satisfaction with nursing care increased, and the implementation of the primary nursing model had a moderate impact on this result. The hospitalized patients who were assigned the same nurse for consecutive days had the highest levels of satisfaction with their treatment experience [9]. Several studies examine patients' perspectives on the quality of nursing care. Naef et al. [10] found that 96.5% of patients expressed satisfaction with the overall quality of nursing care. The qualities of responsiveness, proficiency, and individualized patient-centered care received high scores, exceeding 90.0%. The features related to the coordination of care were deemed to be of a lower standard. According to Chen et al. [11], patients' hospital ratings in 2016 improved after the implementation of the primary nursing model. Specifically, there was an increase in the number of patients who rated the hospital with a score of 9 or 10 (where scores of 8 to 10 indicate the highest rating), compared to patients in 2009. This rise was observed even after taking into account patient-level factors such as the length of hospital stay. Two studies examined the quality of treatment from the perspective of nurses [9,10]. After implementing the primary nursing model for four months, the nurses reported a significant increase of over 40.0% in the following activities: (1) walking three times a day or as directed, (2) moving patients every two hours, (3) preparing meals for independent patients, (4) responding to calls for assistance within five minutes, (5) participating in interdisciplinary care conferences, and (6) helping patients sit up in bed [10]. Chen et al. [11] found that the implementation of the main nursing model in 2016 resulted in a decrease in the length of patient stay compared to 2009, when this model was not yet in use. The nurses' poll revealed a 1.71-fold rise in the evaluation of patients' care quality as "excellent" in 2016 compared to 2009, while taking into account nurse-level confounders.

Conclusion:

Setting priorities entails defining a hierarchical order for addressing nursing diagnoses and actions. During this stage, the nurse and the client collaborate to prioritize the identified issues that need immediate care. Diagnoses can be categorized and classified based on their priority level, which can be high, medium, or low. Life-threatening issues should be prioritized with utmost urgency. Reporting incidents is a crucial element in ensuring

patient safety. There is a requirement to establish a computerized incident reporting system at primary care health facilities in the Middle East, akin to hospitals, to facilitate the monitoring and subsequent investigation of occurrences. The results of this comprehensive analysis indicate that the developed system should incorporate a local incident reporting system that will document and oversee incidents occurring within the health center. Additionally, a centralized reporting system at the ministry of health should be implemented to address and monitor incidents that are recurring and prevalent in primary care. An method that is focused on the local level helps to encourage reporting and enables faster implementation, while a centralized approach deals with safety concerns that are prevalent and recurring.

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