A Tracer Survey to Evaluate the Performance of Nightingale Community Hospital

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Introduction

In planning for Nightingale Community Hospital's (NHC) approaching Joint Commission (JC) audit, a taunt re-enactment tracer survey was directed to evaluate Nightingale Community Hospital's level of consistency in giving safe quality care and administration to its patients. The reason for the tracer methodology is to guarantee predictable, and uniform care is given all through the continuum of care from admission to release.

Tracer Patient Summary

The case examination was executed as a feature of a procedure change to evaluate compliance with The Joint Commission norms. In this procedure, an arbitrary patient outline was chosen and the procedure was taken from admission to release including any straightforwardly related development or readmission.

The outline chosen for this tracer was a 67-year-old patient who experienced an open hysterectomy five weeks preceding hospitalization. The patient was conceded for post-operation infection, abscess arrangement waste at the surgical site and fever seven days back.

She gave fever and post-surgical site waste. Amid her readmission, she experienced a resulting surgical system for the treatment of the injury seepage including an addition of a focal venous catheter for the administration of antitoxins. The patient's release planning included home health care to continue anti-infection treatment.

The main course of treatment for this patient was to lessen her fever and control her disease. While meeting the medical caretaker regarding the range-arranged approach for the administration of the antitoxins, the attendant was not ready to verbalize what the means would be if a request were made for the antimicrobial administration to be inside a range in milligrams. For instance; the request endorsed was for administering antitoxins with the scope of 0.25-100mg. At the point when the medical attendant was asked what measurement ought to have been given, the reaction was 100mg. Legitimate and precise administration of antimicrobials is basic in the treatment of diseases. On the off chance that the measurement of the anti-infection is not satisfactory, it won't be powerful for the treatment of the disease and can prompt bacteria to create resistance. Range orders will be arranged, and the measurement or dosing interim will differ depending on the patient's condition. Per the Joint

Commission, “Medication blunders may happen when staff is communicating or translating medication.”

With a review by the Joint Commission sooner rather than later, the Nightingale Community Hospital created a role play of a tracer patient to quantify our consistency and distinguish issues that need remediation. Furthermore, the approach of this kind of study tracks the quality of care for the patient for the span of their admission procedure till the completion when they are released. This framework enables us to evaluate our qualities and shortcomings concerning strategy, methods, and frameworks set up to give quality care in combination with the models put forward by the Joint Commission.

Furthermore, the patient’s history and physical condition are critical for the utilization of the care group. It is utilized to give an up-and-coming photo of the patient’s general condition and any verifiable hazard factors or conditions that may influence treatment. The H&P additionally informs all other care colleagues of the arranged game plan for the patient with the goal that they and the patient might be fittingly arranged for any upcoming treatment. That this patient’s history and physical were not refreshed according to the convention and that the patient was taken to surgery without it being refreshed demonstrates that restorative activity is required promptly to ensure sheltered and proficient patient care. It is important that the H&P is completed according to the hospital approach within 24 hours of admission to maintain compliance with TJC norms.

The quality group will be entrusted with completing 20 extra tracers in the following 30 days to evaluate the degree of this issue and determine whether it happens haphazardly or as often as possible. The consequences of these extra reviews will be given to the Chief Nursing Officer who will manage any extra strategy started.

The hand-off process will be refreshed to incorporate a check of H&P completion preceding the finish of the move upon the arrival of confirmation and any move made by the nurse to get the H&P from the conceding or going to the supplier.

Analysis

The entire approach of using a tracer patient as a test case could have brought about an antagonistic outcome concerning the quality of care and condition of the patient. On the off chance that a history and physical examination has been done in the required course of events, the plan of care could have been fittingly altered in an opportune way, and patient training issues tended to some time before the release time drew closer. When all is said and done, this one disappointment in the process horribly influenced the intensity and level of quality of care the tracer patient has got, as treatment was conducted before a comprehensive profile of the patient’s condition could be found out. Therefore, it must be understood that the complete profile could have uncovered the actual issues of the patient that would have changed the approach and selection of the treatment plan for the patient. Therefore, a corrective action has been concocted to determine this issue that ought to be put vigorously

immediately.

The history and physical are imperative instruments for utilization by the care group. It is utilized to give a la mode photo of the patient's general condition and any recorded hazard factors or conditions that may influence treatment. The H&P likewise educates all other care colleagues of the planned strategy for the patient with the goal that they and the patient might be fittingly arranged for any upcoming treatment. That this patient's history and physical were not refreshed according to the convention and that the patient was taken to surgery without it being refreshed demonstrates that corrective action is required immediately to guarantee protected and proficient patient care. It is basic for the H&P to be completed according to hospital arrangements within 24 hours of admission to keep up TJC norms compliance.

Moreover, the case of the tracer patient has demonstrated that there are zones of our patient care that we have to enhance, keeping in mind the end goal of compliance with the standards developed by the Joint Commission.

As per the Joint Commission standards, compliance with Joint Commission Standard PC.01.02.03 requires that a history and physical examination must be done within 24 hours of admission of the patient and before the surgery is conducted because this tracer patient, the history, and physical examination were actually done on the 3rd day of the admission of the patient. Furthermore, this patient underwent the surgery two days after she was admitted, much before the history and physical examination were conducted. (The Joint Commission, n.d.)

The overall examination of the patient is an essential device in a patient's care. Moreover, it gives data viewing the patient's general condition and also potential hazard factors that may influence the planned course of treatment. Moreover, the history and physical permit the treatment group to decide whether any extra intercessions are required to lessen the hazard to the patient. The fact that this essential perspective was reprobate in this present patient's care is unsuitable, and a corrective action plan is required.

Corrective Action Plan

Correcting the inadequacies in the tracer patient review will require a re-examine and retrain approach. This will require the contribution from work parts that added to the current issues and additionally, the initiative group to put these new thoughts vigorously. The initial segment of the plan will include changing the arrangement. This has the following parts which comprise of:

1. Direct gathering gatherings to look for contributions on conceivable changes that would try to correct the expressed issue
2. Utilizing picked-up representative info make and re-examine arrangements as it was expected to require that a complete history and physical be performed within 24 hours of admission as per Joint Commission.

3. The quality group will be entrusted with completing 20 extra tracers in the following 30 days to survey the degree of this issue and find out whether it happens arbitrarily or often. The consequences of these extra reviews will be given to the Chief Nursing Officer, who will manage any extra game plan that has been started.
4. The hand-off process will be refreshed to incorporate a check of H&P completion preceding the move's finish upon admission's arrival and any action taken by the nurse to get the H&P from the admitting or going to the supplier.

References

The Joint Commission. (n.d.). *Standards information*. https://www.jointcommission.org/standards_information/edition.aspx

