Patient Safety and Clinical Quality in Complex Nursing Care

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Author Note

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# Description

The first activity required me to study the case of an 84-year-old Mrs. Collins, who suffered a fall in the confines of her own home and was taken to the hospital for further treatment. The video described her condition up to 12 weeks of her first fall, detailing her present state and how it affected her and those around her. The second activity contained a video showing clinicians the drawbacks and genuine health concerns associated with allogeneic blood transfusions. It showed the change in the flow of red blood cells through the body pre-transfusion and post-transfusion of allogeneic blood products.

## *Feelings*

The first activity makes me believe that there was a whole lot more than could be done for Mrs. Collins. There should have been a system already in place to support older patients, especially when they are prone to frequent falls. On the other hand, the second activity surprised me slightly. Allogeneic blood transfusions, in my opinion, was life altering in the field of medicine. It gave patients a chance at survival when there were none. However, hearing the views of experts on the subject, of how they disapprove of using blood transfusion and the way they proved their point was enough to have me research the subject further. Prior to these activities, I believe that my ability to take care of the elderly, fall prone patients and look after them was fairly limited. Now I am better aware of how to handle such a case delicately and identify areas that need my attention. Similarly, I now am aware of better alternatives to allogeneic blood transfusions in response to certain medical conditions, if they may arise.

# Evaluation

Both activities were incredibly useful since I learned that due attention isn’t paid to patient care and wellbeing in both these areas. Older patients need special attention and care, especially when they are fall prone and are suffering through the early stages of dementia. The number of elderly being hospitalized for falls in a year alone is around 450,000 reportedly, which is escalating every day (Treml et al., 2011). Thus, learning the common factors that become the cause of patients falling at home, along with the recognition of basic risk assessment and why do these falls recur, with the interventions that can be used is rather important (Jones and Whitaker, 2011). Additionally, just as surprising it was to discover blood transfusions had drawbacks associated with them, it was equally as surprising for me to know that various medical conditions, such as anemia as post-op blood loss can both be managed without blood transfusion (National Blood Authority, 2014).

# Analysis

My personal experience with regard to both these activities was incredibly rewarding, especially given the fact that I was able to learn to recognize the basic risk assessment and the ways of interventions to deal will the falls. The National Institute for Clinical Excellence, (2004) states that a ‘fall’ is used to define an incident when an individual finds him or herself involuntarily on the ground. On the other hand, this activity was crucial for me to develop a deeper understanding of allogeneic blood transfusion. I learned about reactions among patients with regard to blood transfusions and what kind of staff incidents and episodes to look out for, such as IBCT i.e. Incorrect Blood Component Transfusions, where patients were transfused with blood that was meant for another patient (Watson & Denison, 2014). This activity brought me insight into how human errors, despite having the very best interests of our patients at heart, can result in dire consequences for our patients, especially with regard to things that are completely out of their control. Thus, during my next clinical placement, I will try to mitigate the risks associated with falls in the older patient and work towards providing them with immediate initial assessment and care that could keep them from being limited to their beds for an extended period of time. Similarly, I will try my level best to minimize human errors associated with blood transfusions for patients and make the entire process relatively easy for patients, especially those that are in a delicate condition (Goodnough and Shander, 2012).

# Conclusion

My awareness on the subject has certainly changed. I have learned that access to the right risk assessments tools is the key for the nurses to be able to implement proactive as well as practical measures that may help them identify who is at the greatest risk for falling (Carter et al., 2001). This will allow the nurses and me to be able to support the older patient in ways that they particularly need and how to deal with them on a priority basis. Here, I have learned that both education on the subject and intense training about handling it is crucial, especially while working with older people (Cameron et al., 2012; Jones and Whitaker, 2011).

Moreover, as far as blood transfusions are concerned, I will ensure that all suspected transfusion are reported on an immediate basis to the hospital transfusion laboratory. With regards to a patient suffering from a reaction in response to a blood transfusion, I will make sure that the reaction and the events that led up to the reaction are properly documented into the patient’s notes. I have learned that since most allergic reactions are characterized by fever, anaphylaxis, urticarial or a rash, I will make sure that I report it in immediately (Domen and Hoeltge, 2003). This way, proper treatment can be administered and the patient care is maintained. Additionally, I will also try my best to make sure that all patients that need a blood transfusion are in designated areas of the clinic where they can be directly observed and the practitioners are up to date on blood components and training practices being used (Tinegate et al., 2012).

# Action Plan

With regard to order patients prone to falls, this is what can be done to improve their quality of life. The suggestions are expected to yield reasonable improvements concerning the care of such patients following the implementations of the guidelines discussed below:

* Distribute educational materials, including print, audiovisual or electronic information.
* Provide educational outreach, in which a trained person meets targeted providers in their practice setting and explains the desired change.
* Use patient-directed interventions where older people are encouraged to influence service providers.

On the other hand, one of the biggest issues that can be identified in relation to blood transfusion reaction and learning more about how one can incorporate certain practices that can decrease the use of allogeneic blood transfusions in the first place (National Blood Authority, 2014). Additionally, I would also try to implement the use of the BCSH (2009) guidelines by taking detailed records of

* Take temperature, blood pressure and pulse rate 15 minutes after the beginning of each blood component. Make sure that these readings are different from the baseline readings taken earlier rather significantly. Also keep an eye on the respiratory rate.
* Also record the temperature, blood pressure and pulse rate an hour prior to the process of blood transfusion.
* Once the transfusion is done, record the temperature, blood pressure and pulse rate at least an hour after the blood transfusion has been completed.

I suppose by implementing both of those things, I may be able to make a definite change in the quality of life of patients and the healthcare practices that are particular to their needs.

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