Quality and safety in practice

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 Nursing has a noteworthy outcome on the consequences of a specific group of patients. They are predominantly involved in stopping and preventing hostile procedures. The long-lasting effects of chronic diseases can also be reduced by the best practice of team members. The participation of nurses in the safe management of medicine is an extensively researched subject in the texts as the management of medicine to patients is the chief accountability of nurses. Being nurses, we have the accountability to manage, administer and educate patients regarding medicines. Therefore, we must own required abilities, information and capability to administer and manage medicines to patients. Being a nurse, I am usually involved in the provision, grounding, management and administration of medicine. By applying evidence-based practice in the management of medicine, death linked with medicine mistakes, medicine associated problems and health budgets can be reduced. Mistaken management of medicine can lead to serious consequences, such as severe impairment, extensive stay at a hospital, or maybe death.

Nurses have undoubtedly been anxious about describing and determining quality care. We are concerned and educated to provide patient safety and quality care as patient security is the keystone of high-grade health care. A considerable amount of our work is related to outlining patient care and practices. Our major work that averts damage and injury has engrossed on negative consequences, such as morbidity and mortality. Nurses are serious about the investigation and management that decrease such hostile consequences. Much work leftovers need to be completed in assessing and evaluating the influence of nursing care. Nursing practices put emphasis on helpful quality indicators which is self-care and other measures of recovering health status.

Health care facilities are delivered to patients in an atmosphere with multifaceted connections between countless aspects, such as the illness procedure itself. Other factors are clinicians, machinery, strategies, and measures. After these complex matters’ interrelation, injurious and surprising consequences such as errors can happen. Different cases have demonstrated that patient-centered precaution including an understanding of collective liability among patients and care providers improves health outcomes. Communication methodologies that permit patient access to information and knowledge also have a direct impact on better health outcomes. Conclusions through different cases directed that patients who remained involved in decision making about their health status have greater health status, improved results, and lesser overheads.

Chief difficulties ascend when delivering careless practices and services to patients. Studies have shown that clinical caring procedures into routine daily practice have improved the health status of patients efficiently. Facts show that several patients do not get proper care, or that patients get unnecessary or injurious care which leads to a lengthy stay at hospitals. The studies have suggested delivering information regarding the advantages of shifting careless to careful medical practice. Considerable proof recommends that changes to a careful behavior are possible, but this alteration usually needs widespread approaches at various levels.

There is no specific model that would result in better health outcomes regarding patient safety and quality care. But various strategies were implemented in nursing practices which indicates that the error decline philosophy is certainly not static. This is continuously evolving and twisting. It indicates that the stable state of patient security, care and safety cannot ever be attained without universal mindfulness. As revealed by the studies, here are some necessities that the nurse head must implement to progress and improve patient health status. These necessities must be introduced by nurse policymakers and leaders. Availability and provision of caring and safe environment, accessibility to services and accountability of nurses is very important to provide services like better patient safety and quality care (Aiken & Tishelman, 2012). Furthermore, assessments and decisions made at one level will ultimately affect all further levels. For instance, a decision to decline the workforce made at the management level will unavoidably affect health system connections and nurse dealings with patients. This would result in accumulative caseloads and duties, and thus possibly rise in medical mistake. This infers that from nurses to physicians, they can emphasize on simple approaches to recover devotion to identify preventable side effects would result in successful patient safety. It involves the entire health team to improve patient safety and delivery of quality care.

**References**

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