

A Speech on the Essence of Nursing-Sensitive Quality Indicators

A Speech on the Essence of Nursing-Sensitive Quality Indicators

"Distinguished guests, ladies and gentlemen, good afternoon? We gather here today to learn and emphasize the significance of indicators that are sensitive to the practice of nursing since it is an emerging and crucial field. The National Database of Nursing Quality Indicators (NDNQI) is the sole national nursing database that offers to report structure outcome indicators and process data on a quarterly or annual basis while seeking to assess nursing care at the level of a unit. Further, the database is a form of linkage between the levels of nursing staff and the patient outcome in practice.

The nursing-sensitive quality indicators are measures used in nursing to consider specific characteristics of care in practice. The features fit in three broad categories: structure, process and outcomes. Structure indicators consist of nurses as staff and their proficiency levels in the skill, education, experience, and extent of certification in practice. Further, the process indicators feature the determining techniques for patient evaluation and nursing care models. Job satisfaction in the nursing practice also serves as a point of reference in the profession.

Outcome indicators highlight the patient's results that are delicate to the practice of nursing, since we as nurses rely on quality rather than quantity to produce positive patient outcomes in this field. The quality of treatment decisions and monitoring can affect patient outcomes considerably. There are several indicators which over the years signify original indicators. The measures are ten in number and include; pressure ulcers, falls, patient satisfaction with nursing care, pain management, overall care and provided medical information (Montalvo, 2007). In equal measure, nursing job satisfaction, staff mix, rates of nosocomial infections and the summative hours of nursing care per patient per day are part of the original indicators. True measures of value should give consideration to what matters to the patient.

For my speech, I selected patient satisfaction with nursing care as the focus indicator since it is essential for establishing evidence-based practice guidelines. Most of the patients seeking medical attention often expect satisfaction through health care delivery. Assessing a patient's satisfaction with nursing care focuses on evaluating communication in the areas of patient involvement, in decision making, reassurance and transfer of information. Patients actively engaging in the treatment process is also vital to measuring positive outcomes. Collecting feedback aftercare from the patients is the most reliable technique to gauge the level of satisfaction obtained from the care provided. The methods, however, should observe the laid down ethical guidelines and as a consequence, the facility should observe concerns such as the patient's confidentiality.

From the assessment of patients for their satisfaction, a unit's management obtains vital information which most view as a resource. The data, for instance, offers the care providers with insights on factors that define a patients' expectations of quality nursing care. Patient focused data should include questions such as "How helpful was the information given to you about your condition and treatment during care?". "Were the different people involved in your care working well together to provide the best care?" This will allow healthcare providers a foundation and better position of improving areas that point out as failures. Withal, the nursing team carries out effective planning on what changes to prioritize and highlights the areas requiring further training.

Further, the evaluation for the satisfaction offers important wide-ranging advantages to capturing patient views, that will provide health care workers with details to redefine their objectives of care. The analysis also indicates the degree to which a health unit has achieved its expected healthcare outcomes (Karaca & Durna, 2019). Also, the patient provided details

evaluates the degree of safety by pointing out any unintentional or adverse results of a particular intervention that would have otherwise gone unknown. Positively, through the identification of the patient's expectations, a health unit can adjust the performance of its services to meet individualized levels of expectation.

There are high chances that patients who derive satisfaction from the nursing care will adhere to the prescribed regimens. In turn, adherence becomes a notable contribution towards the positive influence on the patient's health. Further, there is a high possibility that patients who are satisfied with the nursing care from a particular facility will recommend them to their family and friends. The recommendation, as studies observe, is higher in satisfied patients than among patients who remain unsatisfied with the care.

Health facilities are flexible workplaces; therefore, new nurses, who are often inexperienced, will join the facility at a particular time. For a reason, there is a need for new nurses to be familiar with patient satisfaction with nursing care when serving patients. As a new nurse, it may be difficult trying to get acclimated to the new systems of a facility while focusing on providing the best possible care. It is the role of the experienced nurses and the concerned unit management to provide maximal support during this transition and ensure new nurses have a clear comprehension of the essence indicated from facility. The collaborative network will help the new nurses carry on with the present reputation of the health facility comfortably.

New nurses also need to be familiar with the indicator to be sensitive to the kind of intervention they accord to patients. With a focus on satisfying patients, the new nurses will select remedy models that promote patient's safety through minimizing adverse effects and reducing chances for mistaken administration. Once a new nurse has an adequate grasp of the processes a higher occurrence of achieving optimal quality care will be produced. As long as we

as nurses and healthcare providers aim high to achieve quality care, we already master a significant step to delivering patient satisfaction.

My organization collects data on patient satisfaction with nursing care using survey questionnaires which have open and close-ended questions. The surveys target patients between the age of 18 to 74 and seek their sociodemographic data and requests for their nursing care ratings (Tarus et al., 2014). Further, the surveys evaluate the patient for information on nursing services and autonomy. For instance, the questionnaires ask the patients if the attending nurse served them with dignity and if their privacy was a priority during the nursing sessions. In equal measure, the surveys seek to obtain details on the quality of communication and information the patients receive from the nurses, and if nurses presented it effectively.

The organization distributes data through both active and passive dissemination. However, I cannot help but notice that active techniques, in particular, those that are multifaceted are more effective compared to the passive methods (Brownson, Colditz, & Proctor, 2018). Nurses have a critical role in supporting accurate reporting and ensuring high-quality results since we are essential players in nursing care. We must observe accuracy in entering data regarding nursing intervention. Something as simple as data entry, guarantee the patient accountable care.

The patient information such as their health history, demographics, previous comprehensions current conditions and tendencies should be of optimal accuracy. Data accuracy will enable the concerned staff to treat the patient most effectively with high efficiency. Accurate data entry during intervention improves the patient's coincidence in nursing care. Therefore, through precise data records, the patient is likely to achieve satisfaction. The interaction of the data with other concerned nurses also guarantees efficient communication with the information.

Withal, when nurses enter accurate data during the intervention, it reduces complications on the care given to patients. The data will indicate facts to other professionals on tendencies of treatment and failures or any side effects that could result from a particular intervention model.

Thank you”.

References

- Brownson, R. C., Colditz, G. A., & Proctor, E. K. (Eds.). (2018). *Dissemination and implementation research in health: translating science to practice*. Oxford University Press.
- Karaca, A., & Durna, Z. (2019). Patient satisfaction with the quality of nursing care. *Nursing Open*, 6(2), 535-545.
- Montalvo, I. (2007). The national database of nursing quality indicators™ (NDNQI®). *OJIN: The Online Journal of Issues in Nursing*, 12(3), 112-214.
- Tarus, T. K., Mangeni, J. N., Nyariki, J. C., Simiyu, K. N., Obel, M. C., Gitonga, M. M., & Albright, A. (2014). Assessment of patient satisfaction with nursing care at a large public referral hospital in Kenya. *Assessment*, 4(26).