

Study on Nursing Safety Management Effect in Patients with Cancer

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Abstract: **Objective:** To analyze the effect of nursing safety management in patients with cancer. **Method:** Patients were selected from the Department of Oncology in 2015 for routine management, and the results were compared with the implementation of the 1 month 1 theme to enhance the safety of 2016 patients. **Results:** Between January and November 2016, compared with the same period last year, the number of inpatients increased by 17.10% over the same period last year and the incidence of 11 adverse events such as fall and fall out of pipe was decreased. **Conclusion:** Nursing safety management in the Department of Oncology can prevent the occurrence of nursing risk events, the occurrence of complaints, improve the patient 's nursing satisfaction, enhance the quality of care, and protect the rights and interests of patients and maintain the hospital and social benefits.

Key words: Oncology; Nursing; Safety management

1. Data and method

1.1 General information

The results were compared with those patients with intensive care and safety management in 2015. The patients undergo treatment mainly with lung cancer, breast cancer, lymphoma, pancreatic cancer, gastric cancer, liver cancer, colon cancer and rectal cancer.

1.2 Method

In 2015, the use of routine care management in cancer medical cases, including disease observation, symptomatic support and so on. In 2016, emphasis on the implementation of nursing safety management, each month put forward a nursing safety management theme, January to November a total of 11 security theme. Actively carry out safety identification training, optimize the work process, clear management responsibilities, develop response to risk

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countermeasures, strengthen the emergency response capacity of nurses. The specific steps are as follows:

(1) The comprehensive risk of nursing care in the department to conduct a comprehensive assessment and accurate identification, the assessment found that risk factors include: the disease is dangerous, the disease is complex, combined with other heavy diseases, patients with more elderly, the probability of occurrence of complications is higher, nurses lack of clinical care experience, poor patient compliance.

(2) The department needs to organize general nursing staff to carry out cluster safety management training and learning, the safety management of the relevant processes and emergency response measures to fully understand, learn good communication skills, the potential nursing risk in the department is effectively identified and analyzed, and the corresponding countermeasures are put forward for the analysis results.

(3) The department of the original work process to conduct a careful analysis to find out the shortcomings, will be inadequate to correct and avoid the risk of the process caused by improper events, through the implementation of nursing responsibility to give the responsibility of nurses specific nursing content implementation, so that each patient has their own responsibility nurses, to facilitate the effective implementation of nursing services and comprehensive responsibility for each patient's basic care and specialist care, so that the nursing work are effectively implemented in the department to implement human resources allocation and a clear division of labor, when the senior nurses found that inexperience nurses nursing management problems need to timely and patiently corrected, through mutual help and mutual assistance to improve the quality of care services to work.

(4) According to the specific circumstances of the department to develop safety management system and in the event of such as earthquake, fire, sudden power outages and other accidents in strict accordance with the safety management system, while the department also need to strictly implement the countermeasures to deal with chemotherapy drug extravasation and the use of antibiotics and safety advises.

(5) The nurses of the specialist care capacity and emergency treatment capacity to continue to strengthen and cultivate the clinical thinking of nurses and familiarity of new medical knowledge to develop a relevant systematic training process for common diseases and other disease for the routine care process and first aid technology and other targeted training, preach teacher must be a multi-year clinical experience of senior nurses. Nurses captain can be combined with clinical cases to give members of the safety management team guidance, teaching nurses do not ignore the patient's complaints, the patient's abnormal symptoms and progressive disease development must be enough attention, can not be taken lightly, to avoid accidents which threatening the safety of patients.

(6) The use of patrols and supervision and other methods to effectively monitor the risk of care through the public care complaints and the convening of the nursing staff to discuss the coordination of measures such as the implementation of continuous improvement of nursing quality, nursing risk factors to discuss and put forward rectification opinions. The monthly analysis of nursing work in the to find out security risks, find the reasons from careful analysis, put forward targeted solutions and the develop of preventive measures and improvement measures.

1.3 Statistical analysis

SPSS 13.0 statistical software was used to analyze all the clinical data of the patients who participated in the study. Among the two groups, the nursing complaint rate, nursing satisfaction and nursing risk events were compared with [n (%)] The expression of χ^2 test, $P < 0.05$ for the difference was statistically significant.

2. Results

2.1 Hospitalization, see Table 1.

Table 1

Project Year	No. Of open bed	Hospitalization	No. Of admission	No of discharged	First class nursing	Spe cial care nursing	Infusion times	Blood Transfusion	Deep vein catheterization PICC	Deep vein catheterization others	Tracheotomy care
2015 (1~11)	325	87616	9660	9621	1989	0	94885	1539	9586	1860	85
2016 (1~11)	325	102598	10990	10962	2997	0	1068	1949	12915	6215	263

2.2 Patient number

The number of people admitted to hospital, from January to November 2016 compared with the same period last year: hospital population increased by 13.77% over the same period last year, the number of discharged increased by 13.94%; first class care increased by 49.77%, PICC catheter maintenance increased of 45.16%, deep vein catheterization increased by more than 1 times, blood transfusion increased by 26.67%.

2.3 Adverse events statistics

From 2016 January to November compared with the same period last year, in the fall, the pipeline slippage, safe medication, blood transfusion, disease observation, shift system, equipment, special events, intravenous infusion treatment, drug-resistant cross-infection management , pressure sores in the increase and decrease as shown in Table 2.

Table 2 Adverse Event Statistics

Project Year	No. of people hospitalized	Falling	Pipeline slippage	Medication problems	Blood transfusion problem	Disease observation	Shift system	Equipment usage	Special events	Intravenous infusion treatment	Drug-resistant cross-infection management	Pressure sores
2015 (1-11)	87616	7	11	5	0	3	1	0	1	1	1	6
2016 (1-11)	102598	6	11	6	0	3	1	1	0	0	1	4

The data of Table 2 were analyzed by SPSS 13.0 statistical software. All the clinical data were collected from patients with cancer internal medicine. The t test value was 1.623, the chi-square value was 4.823, and P was 0.032 <0.05, which was statistically significant.

3. Discussion

The safety of the nursing work in the department is the basic condition for ensuring the smooth, normal and effective

medical work. Therefore, in order to improve the quality of the nursing work and ensure the best therapeutic effect of the patients, requiring nurses and hospitals to ensure the safety of care to prevent problems caused by inadequate attention. On the current situation, there are a lot of cancer medical care hidden dangers, mainly: 1) Nurses: The arrangement of the number of nursing staff is unreasonable, resulting in nursing work cannot fully meet the nursing requirements of the department, and increased workload of nursing staff ; Secondly, the professional skills of nurses is not high, coupled with the special type of disease in patients with cancer, the need for the treatment of drugs more complex and complex equipment which required high technical skills, nursing staff in the implementation of nursing operations , the failure to fully grasp the use of medical equipment, often appear improper use, in the drug guidance, such as wrong dose and wrong guide to medication methods; Finally, the nursing staff's sense of responsibility is not strong. In the development nursing work in the process, some nursing staff did not pay attention to nursing procedures and principles of attention, so there is a serious attitude problem in nursing and other issues, such as the integrity of the case writing and non-normative, seriously reduce the effect of department nursing work. 2) Hospital: Hospital ward layout is old, especially the bathroom and balcony, which cannot meet the demands of patients with cancer medical treatment coupled with the nursing management system is imperfect. There are loopholes in equipment management problems and there are nursing security risks. 3) Patients themselves and their families: The cancer patients with a special type of disease, they need for long-term treatment and to implement the relevant surgery in order to effectively control the development of the disease, so the patient is difficult to avoid anxiety and other emotions, plus the pain of their own suffering, often lead to the patient cannot reasonably control their own emotions; and patients with family members do not understand the relevant treatment and care operation behavior, resulting in misunderstanding, not actively cooperate with the hospital to carry out medical and nursing work, such as leaving the hospital; Or some family members cannot afford high treatment costs and medical disputes. It is necessary to take effective measures to control the management, including: 1) Nursing staff: The hospital should fully understand the nursing work and requirements of cancer medical staff, reasonable deployment of nursing staff based on care and treatment to minimize the workload; regularly carry out nursing staff professional skills training to enhance the nursing staff's sense of care and nursing professional skills; to develop a reasonable incentive mechanism to fully encourage and stimulate the enthusiasm of nurses work. 2) Hospitals: The first need to improve the hospital infrastructure construction and management, bathroom to put on anti-skid pad, balcony installation protective net, window opening size control, as far as possible to provide patients with comfortable and convenient care environment; timely repair and replacement of medical equipment to improve the treatment of patients, but also need to strengthen the management of medical equipment to ensure the smooth development of nursing work. 3) In the daily care work, nurses should pay attention to effective communication with the patient, timely grasp the psychological dynamics of patients, patiently explain to the patient the doubts in their hearts, inform patients with disease treatment requires a process, treatment costs can be partially reimbursed, can get high quality of life, to eliminate the various mental stress of patients, to avoid causing psychological barriers; once found that patients or the existence of psychological barriers, should immediately take effective psychological counseling measures to strengthen the psychological management of patients and their families. For patients with severe psychological malformations and psychological disorders should report to the doctor, the implementation of multidisciplinary consultation, the necessary by the psychotherapist for its psychological treatment. 4) Improve the service process, the establishment of rules and regulations: According to the actual hospital care work to protect the patient's treatment and care security, improve the efficiency and quality of care, improve the operation process and common diseases, routinely issued to the hands of each nurse to strengthen the routine care of the study. 5) To assess the risk factors for patients to strengthen the care of high-risk groups: For patients with accidental injury assessment, for high-risk groups in the patient list to make eye-catching signs. Each shift to focus on observation of patients and take

predictive protective measures to avoid the occurrence of security risks. Create a safe ward environment for patients with a non-slip mat. 6) Strict quality control, reduce errors and disputes to give full play to the role of quality control group, pay attention to the quality of every link in the nursing process. Pay special attention to the quality control of the weak links, the vulnerable groups such as the new distribution staff, internships and senior staff as the focus of supervision of the object, pay attention to holidays, night shift, patients and more busy time monitoring. 7) To strengthen the training of young nurses, improve safety awareness. The new nurses in strict accordance with the requirements of standardized training of young nurses, the development of training programs, based on a solid grasp of the basic theory and operation on the basis of gradually familiar with and master the specialist theory and operation. Selection of excellent nursing staff, the implementation of one-on-one teacher to teach, mainly from the theory, skills, communication skills, safety awareness and other aspects of systematic training. We through the case tracking method, the young nurses training and cluster assessment, effectively improve the young nurses' comprehensive judgment and analysis capabilities. Through the regular illness ward care adverse events to sum up, analyze, formulate corrective measures and follow the verification measures to implement and correct the behavior of nonconforming behavior. 8) Medication management. The development of drugs to use, the use of norms, improve the work process to ensure the safety of patients with medication. Strict implementation of the investigation system, the accurate implementation of doctor's advice. Special drugs: Chemotherapy drugs, toxic anesthetic and painkillers were registered to daily inventory. To strengthen the training of young nurses specialist training and assessment; the preparation of qualified personnel for chemotherapy and regular training and assessment. Strengthen the knowledge of new drugs to learn, strengthen drug safety, strengthen the sense of responsibility and "cautious" consciousness, and improve the nursing staff legal and security risk awareness. 9) Do personal protection of the staff. The department is equipped with professional biological safety cabinet, which is equipped with chemotherapy drugs. The staff should be in the allocation of chemotherapy drugs or close contact with chemotherapy drugs should be personal protection, such as wearing masks, hats, goggles, protective clothing and gloves, masks should be specialist anti-penetration masks, skin damage should wear double gloves, regulate the isolation of clothing off the method, the mask wearing a correct way to avoid non-standard operation caused by secondary pollution. Strengthen the management of chemotherapy drugs as far as possible to reduce contact with chemotherapy drugs; in the allocation of chemotherapy drugs, you should first gently hit the neck and bottom of the drug packaging to ensure that no drugs remain in the bottleneck before they can open, hand breaking the ampoule drugs, should be in the opening at the gauze to prevent drug splash. Regulate the process of chemotherapy drug distribution, exposure to chemotherapy drugs should be hand-washing before and after, to avoid incorrect hand-washing method to increase the residual hand chemotherapy drugs, indirectly through the digestive system into the human body, causing damage to the staff.

Conclusion

In short, in the Department of Oncology to carry out nursing safety management, to prevent care risk events, complaints occur, improve patient care satisfaction, enhance the quality of care for the protection of patients' rights and interests, maintenance of hospital and social benefits of significant value.

References

1. Huang Lijun, Bai Shi, Huang Yina. Nursing Safety Culture in Neurological Quality Care Services in the Application of Practice and Effect Analysis [J]. Chinese Medicine Guide, 2015,33: 238-239.
2. Kang Huiqing, Zhao Yanli, Guo Chunyan. Tumor Internal Medicine Hospital Infection Monitoring and Nursing Management [J]. China Health Industry, 2015,25: 86-88.

3. Liu Shaojuan, Yu Huiqin. Nursing Risk Management to Improve the Safety Management of Patients with Renal Syndrome Analysis [J]. *General medicine clinical and education*, 2016,02: 234-236.
4. Liu Fang. Nursing Safety Quantitative Management Model in Neurology Medical Care Management Work [J]. *China Health Industry*, 2016,03: 141-143.
5. Gong Yueli. Nursing Risk Management in Improving the Safety of Patients in the Application and Effect Analysis [D]. Jilin University, 2014.
6. Wang Haiyan. Drug Safety Management Procedures in the Elderly Patients with Neurological Care in The Application [J]. *Journal of Traditional Chinese Medicine*, 2015,08: 83-84.
7. Zhu Xiuqin, Guo Hongjing, Li Guoying. Inpatient Nursing Care Management Model Construction and Effect [J]. *Chinese Journal of Health Medicine*, 2013,06: 491-493.