

# The Application of Nursing Risk Management in Infectious Wards

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**ABSTRACT** **Objective:** to improve the quality of management, infection nursing incidence of adverse events. **Methods:** through the establishment of the risk management group, standardized infection process systems, assessment of the process of implementing links monitoring. Pearson chi-square test the number of nursing risk management before and after testing. Direct and non-direct care of before and after results of risk management risk compared with the Pearson chi-square test. **Results:** There are significant differences,  $p < 0.05$ . Patient satisfaction increased from 92.7% to 98.1%. **Conclusions:** Nursing care and nurses' overall quality improvement in the quality of risk management, reduced number of nursing defects. Nurse-patient relationship thawed.

## KEYWORDS

Risk management  
Infection management  
Infection nursing

## 1. Introduction

Infectious Disease is a special section where receive and cure all kinds of infectious diseases. The most important working point is to obey strict rules and management of disinfection and isolation. Because of the working features, its potential safety hazard include not only nursing risk management but also infection control, occupational safety control, disinfection methods, staff and so on. In recent years, the churn rate of nurses is going higher and the rotation rate becomes rather big. Newcomers come and go frequently, especially these sections with high risk like infections department. There are few nurses who want to stay steadily in infection department. So it is an idle talk of hierarchy configuration management. It is common to see that there are always several floors and many different endemic areas in each infection department. So staffs are relatively in sufficient. Many nursing risks and imperfection exist. In allusion to these different factors, it is planned to carry out risk management in order to intensify risk education to nurses and risk management of infection department, thus, not only to offer nursing service with high qual-

ity and security, but also to defend ourselves effectively. It can prevent the occurrence of nursing dispute and enhance nursing service. Now please see the application of nursing risk management in infection department wards below.

## 2. General data

There are 33 sick beds in infection department in our hospital, 10 nurses from 19 to 43 years old, there is only one head nurse with senior professional post and the rest are all nurses with junior professional post. One person has bachelor degree and 6 have college degree, 3 graduated from technical secondary school. There should be 13 nurses in our section according to the ward and nurse rate 1:0:4. Because of various factors, 75 cases risk accidents happened within the whole year of 2014. Mainly reflect in the following aspects: medicine given problems 8 cases, fast transfusion dripping speed 7 cases, phlebitis 7 cases, pricking wound 6 cases, insufficient basic nursing 6 cases, incorrect blood drawing 6 cases, medical waste sold illegally by cleaners 6 cases, tumble 5 cases, skin injury 5 cases, misuse of equipment 4 cases, patients' cellphone stolen 4 cases, complained by patients or their relatives 3 cases, eyes hurt by ultraviolet ray 2 cases, patients running away 2 cases, alcoholic liver illusion suicide 2 cases.

## 3. Methods

### 3.1. Establish risk management group, make risk management strategy, and carry out precautionary measure

As far as the nursing staffs are concerned, their operational process and practicing scope should be standard.

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Detail procedure and protecting measure should be made. It should be differed from different subarea identification strictly in accordance with rigor isolation, respiratory tract isolation, intestinal canal isolation, touching isolation, blood and humor isolation, tubercle bacillus isolation etc. Risk management rules should be made in allusion to potential nursing risk, such as notification of infection disease reporting rules, tumble preventing rules, medicine giving rules, blood drawing rules, vein cure rules, double checking rules etc. The risk group is made up with head nurse, team leader and a senior nurse. A monthly meeting will be hold by them to deal with these hidden dangers and make preventing methods. Patients' suggestion will be collected by them through monthly meeting with patients. Our aim is to discuss solutions of hidden problems and solve them timely in order to reduce occurrence of serious accident.

### **3.2. Timely evaluate and report nursing risk**

Since most patients in the infection section need to be isolated, there is scarcely chaperonage person left to take care of them. It undoubtedly increased the risk during self-care. So the duty to inform seems so important. The following things like falling down, incorrect medicine given, skin injury, high risk exosmose and other potential dangers. Nurses should detect suicide of hepatopathy patients timely, keep secret for AIDS patients, foresee vindictive act of special patients, and put an end to pathophoresis between patients and doctors. Nurses should be trained constantly to let them know the risks they will meet while working. As soon as an accident is found, it will be reported immediately in order to take remedial action in time.

### **3.3. Enhance nursing risk monitoring, avoid occurrence of risk event**

Head nurses take the responsibility of monitoring and checking fulfilling instance of rules. Such as whether entering different areas according to the preventing process or not, whether the dressing for fence meet the requirement or not, whether the gloves and materials for medical care are dedicated in use, whether things of patients are disinfected in time, something for first-aid is in good condition or not, and they should make sure that each identification is hung up clearly, carry out different regimes carefully like medical wastes collecting, shifting, drug using, propaganda in hospital, etc. to strengthen their realization of preventing cross infection. Try to help nurses with foreseeing the risk occurrence and supervising at the same time. Lead them to take suitable action when solving problems, observe patients' situation carefully.

### **3.4. Convert the opinion of nursing service, enhance the comprehensive quality of nurses with clear aim, and strengthen self-protective realization**

Nurses should be trained regularly to know more about the goal of risk management, correctly realize the existence

of risk, pay more attention to the precaution of risk, and keep the principles of strictly control at first while seriously process at the end. Intensify particular skill learning and business operating training. When new relative knowledge is found and analyzed in detail, nurses should learn timely and prevent according to these knowledge. Supporting should be given to nurses to make them attend more academic activities. Then the realization of risk and service can be converted better. In this department, most disease is transferred by blood and breathing, so gloves and mouth-muffle are used frequently. But gloves may hamper agility during operation. Thus we should mix precaution and skills together to avoid self-injury during most operation. Therefore, the risk should be told and trained to nurses. Try to strengthen comprehensive quality of these nurses through carrying out supervising regime effectively. If occupational exposure occurred, wound should be dealt with and reported, tested, prevented at the first time, try their best to make all clearly to know the solving strategies after occupational exposure in order to achieve the goal of precaution.

### **3.5. Make all regimes perfect and develop holistic nursing by primary nurses**

System of reporting cure process should be carried out. Head nurse should check wards twice in the morning and evening not only in working days but also in holidays. Second-line of nursing should be prepared any time.

Nurses can analyze nursing quality in morning meeting, make comments on defect within this week and raise improvement measure. Change result control into process and beforehand control. Remediation and explanation should be taking when defect happened. It will reduce nursing defect and improve nursing quality. Comprehensive quality becomes higher and higher since holistic nursing getting involved. Thus to make them know clearly about consequence that needs to undertake for disobeying principles. Then, learning more relative knowledge by them conscientiously. So a good risk precaution environment is formed, and nursing dispute will be reduced month by month.

### **3.6. Effective evaluation**

According to the 16 nursing defect occurred before risk managing from 2011 January to 2012 December and after risk managing from 2013 January to 2014 December.

### **3.7. Statistical treatment method**

Now divide these risks into two main kinds, direct and indirect risk. Pearson chi-square test is taken after combining these data from both pre-management and post-management.

## **4. Result**

It concluded from Table 2 that direct and non-direct nurs-

ing risk occurrence before and after risk management compared by the Pearson chi-square test, and there are significant differences,  $p < 0.05$ . Nursing quality has been enhanced after risk management.

**Table 1.** Direct and indirect nursing risk occurrence (case).

	Items	pre-man- agement	post-man- agement
Direct nursing risk	Medicine given	8	2
	Fast transfusion dropping speed	7	1
	phlebotomosis	7	1
	Incorrect blood drawing	6	2
	Insufficient basic nursing	6	1
	Skin injury	5	1
	Equipment misused	4	1
	Patients' complaining	3	1
	Eyes' ultraviolet injury	2	0
	Infusion reaction	2	0
	Patient suicide	1	0
	Pricking wound	6	3
	Patients' tumble	5	4
Indirect nursing risk	Medical wastes sold by cleaners illegally	5	3
	Patients' wealth missing	4	2
	Patients' fleeing since unsteady mood	2	1
	Patients with alcoholic liver jumping off by illusion	2	0

It concluded from Table 1 that nursing defect has decreased after risk management.

**Table 2.** Comparison of direct and indirect nursing risk occurrence before and after risk management (Case).

Group	n	Direct nursing risk	Indirect nursing risk
Before risk management	75	51	24
After risk management	23	10	13
$\chi^2$		4.504	
$p$		< 0.05	

#### 4.1. Quality of nurses and satisfaction index of patients have enhanced

Nurses' concept of law and risk consciousness has strengthened and their service concept, technique level has enhanced and nursing behaviors have been standard after risk management. The general quality of nursing has risen to a large degree. Nursing defect rate has lowered and complaint rate in later period is nearly zero. The satisfaction index of patients has increased to 98.1% from 92.7%.

## 5. Discussion

### 5.1. Institutionalization and standardization of the management guarantee the implement of risk management

There are some existing and potential risk factors of nursing in department of infectious diseases, such as ward environment facility risk, infection risk in wards for infectious disease, nurses who are unfamiliar with work environment and lack of experiences and risk caused by weak legal consciousness. As for these factors, under the guidance of the core system this study refined and improved a variety of labels, processes, systems and organizing. All of the nurses needed to study and implement as demands step by step by the supervision of the nurse manager, and anyone who failed to observe the demands would be penalized. The nursing personnel were gradually adapted to the system and worked as the rules, thus errors in management were reduced in a degree [1].

### 5.2. The key factors of success in risk management: to analyze the reasons of risk, solve the nursing risk flexibly and implement in accordance with the system

When unexpected situation occurs, such as understaffed period, a large number of patients with seasonal and sudden infectious disease in the ward and nursing defect caused by lack of communication between nursing personnel and patients, nursing personnel must analyze the specific reason, understand the details meticulously and take measures to solve the problems. For example, nursing personnel need to make good preparation to prevent loopholes and strengthen high-risk management, and implement flexible schedule to ensure sufficient human resources in risk period. To make the risk management easier, they also need to respect for objective factors, do flexible communication and coordination, and solve problems practically.

### 5.3. To pay attention to process supervision and make the process become a habit

Some nurses implement the regulations just as a mere formality. There are few nurses observing to the rules, such as double check system, bedside transition rule, the separation health system and the elderly care system, leading to the implementation disorder. It is necessary to urge nurses to study more and emphasize the serious consequences of dereliction of duty to improve good working habit of nurses. Nurse managers need to check the implementation of regulations regularly and urge nurses who do not meet the requirements to fill in the nursing adverse event form and analyze reasons seriously in case that similar incident occur again. Quality inspection and supervision should be carried out every month to guarantee the effective execution of the regulations [2].

#### **5.4. To promote nursing risk management, strengthen operational capacity training and fully arouse the enthusiasm of nursing staff**

It is necessary to improve the nursing level. One-to-one teaching is necessary for nurses with potential risk and new nurses. Evaluation system, knowledge study once a week and risk education should be carried out before they are allowed work alone. Teaching round, case discussion and examination of the regulations, theory and skills should be implemented. Nurses with good performance should be awarded and irresponsible nurses should be criticized and guided correctly or even punished financially if necessary [3]. Regular nurse activities can be organized to understand the ideological trend and listen to

their views. Thus the target that everyone truly takes the patient as the center, actively participates in nursing risk management and zero defect exists in nursing work can be achieved.

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