

# The Discussion about Nursing Quality Management in Emergency Department

Xuezheng Zhu\* and Qiaoling Wang

Department of Emergency, The First People's Hospital of Shizhuishan, Shizuishan, Ningxia 753200, China

**ABSTRACT** To probe into the nursing quality control in Emergency Department and improve the nursing quality in Emergency Department. Strengthen the hardware construction and software construction, standardize the service process, implement the risk management, formulate the prevention countermeasures, and work out quality control index. The service consciousness is improved, service process is standardized and the service quality is improved. The nursing quality control has great significance in the rescue, diagnose, treatment and nursing of emergent patients in Emergency Department.

## KEYWORDS

Emergency department  
Quality control  
Nursing management

## 1. Introduction

Emergency Department is the place where emergency patients are accepted and critically ill patients are rescued, also the forefront and window of medical nursing work. Characteristics of Emergency Department: (1) Patients have features of acute attack, urgent condition, complex disease, irritable mood and indeterminate quantity. (2) Medical workers are featured by great risks, high technology, fast work rhythm and quick mind [1]. The quality control of Emergency Department directly concerns the patients' lives. Therefore, thinking and discussing the nursing quality control in Emergency Department are of great significance on how to strengthen the quality management, improve the level of rescuing, treating and nursing in Emergency Department, lower the risk of nursing, and prevent the nursing disputes.

## 2. Analysis of the nursing risks in emergency department

### 2.1. Risks on nursing system

Nursing system is an important content for standardizing and limiting all nursing activities so as to prevent and

manage risks. The nursing system in Emergency Department contains Emergency Room, Transfusion Room, Observation Room, shift change, patients transfer, informing, and signature and so on. If the implementation does not meet requirements, it will cause nursing defects and serious consequences; if the check-over system is not strictly carried out in the process of rescuing, errors may be made in drug doses or types; if shift change system is not carried out, the observation of illness condition is not careful, the estimation of the critically ill patients is not sufficient, a delay of treatment and deterioration of illness may be caused; if lacking due safety protection, the faint and epilepsy patients may face the risk of falling out of bed leading to injury; if disinfection and isolation work are not in place, cross infection may easily be caused, so the execution power of the nursing system is an important aspect to reflect the nursing quality.

### 2.2. Risk on nurses' operating level

If nurses lack of professional quality, skilled operation and acquaintance with the rescue process, rescue opportunities will be delayed. Especially when force majeure happens, the incomplete preparation for rescue articles, insufficient strain capacity and unskilled communication between doctors and patients may hinder the relaxation of patients' family's mood, easily induce contradictions and cause conflicts between nurses and patients.

### 2.3. Risk on nurses' occupation

As the nursing staffs in Emergency Department have to face a large number of acute and severe patients, they will face the risk of various potential contagious diseases, like Hepatitis, HIV and syphilis. Once nurses neglect personal

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\*Corresponding author: Department of Emergency, The First People's Hospital of Shizhuishan, Shizuishan, Ningxia 753200, China. E-mail: xuezheng\_zz3@163.com

protection when they contact with the patient's blood, secretions or excrement, they may be infected even become the infectious media when they contact with other patients. Along with the higher and higher requirements for medical service quality, the relationship between doctors and patients is usually in a state of in harmony. As the most direct operator of treatment, the nursing staffs have to bear three times of personal attack than that in other occupations when nursing disputes occur.

#### **2.4. Risk on document writing**

Nursing documents are the legal files to solve nursing disputes. If the nursing staff do not have a strong sense of responsibility, have imperfections in the recorded time and content, have unclear handwriting, or lack of scientificity, continuity and timeliness in document writing, the nursing staff will be in passive situations in the defense which will not benefit them in showing evidence after nursing disputes occur.

#### **2.5. Risk on lacking of legal consciousness**

Diseases themselves have the characteristics of sudden occurrence and unpredictability, and gap usually exists between expectation of patients and their families and the present medical development level during the medical treatment. In the process of medical treatment, some nursing staffs have weak legal consciousness and insufficient consciousness of self protection, if they can not explain some matters concerning notices and medical expense to the patients clearly, they will be usually blamed by the patients' families when the disease becomes worse or even has a bad ending.

#### **2.6. Risk on medical behaviors**

It will increase risks when patients in Emergency Department adopt incoordination attitude or have unconsciousness on account of suicide or excessive drinking. The aged patients and babies will also become unsafe factors when they accept medical treatment due to their weak sense of hearing and vision [2].

### **3. Methods on risk management in emergency department**

#### **3.1. Strengthening the construction of hardware and supporting medical nursing demands**

##### **3.1.1. Facilities**

Diagnosis room, resuscitation room, observation room, treatment room, disposal room, operation room and other auxiliary equipment should be equipped. Rescue beds and beds for stay view should meet the annual management standards.

##### **3.1.2. Equipment**

Besides the essential insurance equipment like defibrillator, invigilator, breathing machine, sputum aspirator, gastric

lavage machine, electrocardiograph, oxygen supply device, tracheotomy equipment, the goods and medical supplies in the emergency service vehicles should also be prepared completely and sufficiently, and other basic medical equipment should be perfected as well.

#### **3.2. Strengthening the construction of software and improving service skills**

##### **3.2.1. Personnel proportion**

The proportion of nurses and ward beds: Resuscitation Room: 1.0~1.2:1 (at least 1 person each shift), Observation Room: at least 1 person each shift.

##### **3.2.2. Personnel qualification**

Head nurse: As the nurse in charge, he/she should have 3 years of continuous work in Emergency Department. Nurse: All nurses should have Nurse Practitioner Permit and 40 percent of them should be qualified with college degree, in addition, all of them should have more than 3 years of experience in clinical nursing work.

##### **3.2.3. Personnel training**

Continuous improvement of the technical level of the nursing staff is the primary condition to guarantee the nursing quality. Therefore, Emergency Department should have explicit objectives in talent cultivation and should set up an overall system for personnel training.

##### **3.2.4. Working out a cultivation plan for all personnel**

The training plan shall be applicable to the permanent staff in the department, new employees and nurses for further development, and the recurrent training should be carried out regularly. Only after passing pre-job training and meeting the requirement, can the new employees begin to work.

##### **3.2.5. Carrying out the continuing medical education plan for the undergraduate staff**

Nurses that are under the rank of Assistant Director Nurse and less than 45 years old must attend the continuing medical education, take part in the "three-basic" theoretical test every season, attend the "three-basic" skill training and examination in the hospital at least once a year. Each nurse is required to master the usage of all equipment in Emergency Department and to know how to eliminate the normal obstacles. Rehearsals on rescue simulation should be organized regularly and nurses should recite the effects and side-effects of all kinds of emergent medicines.

##### **3.2.6. Setting up a regular business study system**

Various types of vocational studies should be developed to make sure nurses learn new knowledge, new technology and new development. Business study of each department should be conducted at least once a month.

### **3.3. Updating ideas and improving service consciousness**

#### **3.3.1. Quick response concept**

This is the key content of emergency nursing quality control in Emergency Department and also the main work characteristics of Emergency Department. Without quick response, nurses can neither fit for work in Emergency Department, nor meet the needs of emergency patients. Quick response, quick action, accurate operation and high success rate in rescue are the four factors of the quick response concept.

#### **3.3.2. Pre-hospital emergency concept**

Pre-hospital emergency concept means once there is a call, the emergency medical staff can set out quickly and reach the scene at the fastest speed, have the ability to carry out rescue on the scene and give continuous treatment in the way, and have modern hospital emergency knowledge and skill.

#### **3.3.3. Modern monitoring concept**

It includes: (1) Possess of modern monitoring equipment; (2) Proper use and maintenance of the modern equipment; (3) Accurate judgment of all data of the monitor; (4) Observation of various tubes; (5) Observation of disease conditions which is the most important skill that a nurse in Emergency Department should possess and can reflect a nurse's basic theory knowledge and clinical nursing experience.

#### **3.3.4. Modern service concept**

The core of modern service concept is to be patient-centered and to do everything for patients. The satisfaction of patients and their family is the highest standard of modern service. Service means benefit.

#### **3.3.5. Modern benefit concept**

It is the distinguishing characteristics of modern emergency rescue. While rescuing and treating patients, medical staff should stick to healing the wounded and rescuing the dying, and put humanitarian principle into practice. Humanitarian principle does not mean money is not charged, but means rescuing patients firstly and charging them according to regulations and standards. Good benefit is beneficial to enlarging reproduction.

### **3.4. Formulating the emergency work system**

#### **3.4.1. Setting up "emergency green channel"**

This is to practically ensure the medical treatment for the emergent and critically ill patients.

#### **3.4.2. Setting up a leader team to lead emergency work**

The leader team shall include the hospital director who is in charge of medical treatment, and members in charge of medical work, nursing, logistics and Emergency Department.

Nursing Department and Quality Control Department shall check the quality of emergency work regularly and irregularly every week, and reflect information in time so as to overcome the deficiency and shortcomings of the work in Emergency Department.

#### **3.4.3. Developing and implementing post responsibility system of various personnel**

Implement the rescue system for emergent and critically ill patients, the work system, the shift change system, the emergency consultation and discussion system for difficult and complicated cases, the discussion system for death case in Emergency Department, the disposal system for nursing disputes and complaints in emergency medical work and keep corresponding records of the implementation.

#### **3.4.4. Making plans for emergency medical nursing and rescuing**

Make plans for rescuing a large number of patients and plans for handling public health emergency. Keep a record of the component members, conduct regular rehearsals and keep 24-hour communication unobstructed.

#### **3.4.5. Provide a variety of convenient measures**

Provide wheelchairs, boiled water, cups, toilet paper, toilet stool, walking sticks and so on, offer whole process-companion service to the patients without companions, offer whole process-companion to the critically ill patients in their checking process, get ready for all kinds of emergency medicines and other needed objects, and closely observe the disease condition so as to prevent any accidents from happening [3].

### **3.5. Implementing risk management and formulating prevention plans**

(1) The emergency materials and equipment should be in the standby state to be available for use at any time and the rescue medicines should be complete and sufficient. (2) The management system should be perfected. Emergency materials should be placed on the fixed position, managed by fixed person, disinfected and sterilized regularly, examined on the specified time and kept in good condition. (3) During the work shift and before ringing out, the on-duty staff of each shift should supplement the used medicines and equipment, and repair the damaged equipment or report the damage for repair if there is. (4) Set up card for registration of the equipment that costs more than RMB10000 and record the usage and repair of the equipment. (5) Set up cards for work shift of the critically ill patients to make sure the oral work handover is consistent with the written one. (6) Work out key work point and work procedures every week. (7) Make plans for common risk prevention in Emergency Department, such as plans for prevention of the rescuing equipment errors, plans

for prevention of nursing dispute, plans for prevention of nursing document defects, plans for prevention of uncoordinated cooperation between doctors and nurses [4].

#### **4. Discussion**

##### **4.1. Nursing risk management has improved nursing quality**

Nursing risk management is a part of work in improving nursing quality. Risk management plans should be implemented with the nursing quality guarantee plans at the same time. By perfecting service attitude actively, strengthening risk prevention education and attaching great importance to management of all types of unsafe cases, the dispute influence on hospitals has been decreased to the greatest extent and nursing quality has been improved continuously.

##### **4.2. Nursing risk management has improved patients' satisfaction**

Nursing risk management has guaranteed the nursing safety and risk management, and strengthened risk prevention consciousness and active service consciousness of nurses. The effective communication between nurses and patients has harmonized the relation between doctors and patients. Patients have obtained respect and knowledge and showed trust to nurses which have improved their satisfaction of the nursing work. Nursing risk management has effectively guaranteed patients' safety in hospital. Nursing is a continuous and dynamic process. With the development of medical technology and the application of high technology, the nursing work faces high difficulty and risk which requires continuous improvement and promotion of the nursing quality in nursing practice.

#### **5. Discussion**

Nowadays, people are attaching greater and greater importance to life in society and their rescue consciousness is continuously strengthened. By strengthening nursing quality control in Emergency Department, our hospital has seized the theme of "rescue patients' lives" to make efforts in providing "emergent, fast, high-quality and aided" services, has conducted more researches, has been continuously strengthening the construction of hardware and software, which made nurses in Emergency Department get rapid progress in mastering emergency skills, transformed service consciousness thoroughly, further strengthened the capacity of risk prevention and gradually perfected the management in the department.

#### **Conflicts of interest**

These authors have no conflicts of interest to declare.

#### **Authors' contributions**

These authors contributed equally to this work.

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