PROBLEMS AND COUNTERMEASURES OF PEDIATRIC EMERGENCY NURSING SECURITY

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ABSTRACT

Introduction: Through the study of pediatric Emergency Nursing Security problems, find the method to protect the safety of emergency patient care.

Materials and methods: Through the questionnaire and present situation analysis, methods of nursing dispute treatment effect.

Results: In the event of approximate growth of patient number, nursing complaints in the second quarter of 2015 decrease by 66.6% compared with the second quarter of 2014, with patient satisfaction increased by 10% and nurses’ job satisfaction increased by 15%.

Discussion: Only when we realize that nursing security represents the core of nursing work, put nursing security in the first place, strengthen nurses’ learning and training in safety awareness, can we effectively avoid nursing disputes in clinical practice and provide a safe, quiet working environment for nursing work.

Keywords: Emergency, Nursing Security, Countermeasure, Children.

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Introduction

With the improvement of modern medical technology, people have growing requirements for hospital treatment, which includes higher requirement for medical environment, experience except for the most basic requirement of good diagnosis and treatment of diseases. For pediatric emergency department, a special department that “treats small patients and faces older families”, the above requirements are particularly important. Meanwhile, how to protect patients’ nursing security during hospitalization becomes a obligatory basis. Security of each step of nursing care is closely linked with whether the patient can be cured. Therefore, to protect nursing security of emergency pediatric patients is the key for us to do a good job in pediatric emergency nursing.

The Current Issues in Pediatric Emergency Nursing Security

Current Status of the National Pediatric Emergency

Currently, hospital outpatient and emergency services constitute 80% of hospitals’ emergency treatment work. Pediatric outpatient and emergency departments in children’s hospitals and top three hospitals are overcrowded, with waiting area comparable to waiting hall, for which growth in pediatric outpatient and emergency patients of our hospital serves as a microcosm. In today when healthcare situation is increasingly tense, pediatric health care workers face issues such as heavy workload, great noisy environment, great work pressure and lack of family members’ understanding, etc. As a result, employed doctors and nurses are reluctant to engage in pediatric, with constant resignation...
and fewer and fewer employees. Many large hospitals are recruiting pediatricians nationwide, but often no one is interested.

Problems in Pediatric Emergency Nursing Human Resource

• Pediatric emergency is a department with very strong specialty and it takes three to five years to train a qualified pediatric emergency nurse. Great personnel mobility results in higher junior proportion of pediatric nurse. If the nurse risk awareness is weak, nursing risk will be increased, which will lead to reduced nursing security and absence of security at all in patients’ receipt of nursing service. If nursing techniques and communication skills fail to meet the needs of patients and their families, nursing disputes can be easily generated.

• Several nurses do not love emergency nursing work, who do not feel at ease in the emergency work, work carelessly and refuse to learn from mistakes in the case of small mistakes.

• Nursing staff have inadequate communication skills, insufficient service awareness, fail to serve patients with sincere, care, patient, who sometimes take indifferent attitude in busy work due to too many patients, resulting in families’ difficulty to understand upon occurrence of disputes with families.

• A Few Nursing Staff Don’t Have Strong Sense of Responsibility. Because of nurses’ not strong sense of responsibility, the following nursing security issues can be easily caused: liquid mismatch, drain output, infusion reactions, phlebitis, liquid leakage, tissue necrosis and improper adjustment of infusion speed caused by liquid leakage, wrong infuse (change), intravenous air embolism, infusion tube blockage, improper vein choice, etc.

• Problems of Patients and Their Families. Due to the special nature of emergency children, nurses’ any treatment reveals everything at a glance, but even nurses operate according to strict rules, “drawing blood with one prick” cannot be guaranteed. At this point, some family members often have thrilled reactions, quarrel or make some offensive behaviors, which causes great psychological pressure on nurses on duty and increases the incidence of nursing errors.

Problems in Diagnosis and Treatment Environment

• Some patients admitted in pediatric emergency have severe illness or with quick condition changes, and most have critical condition at emergency who need immediate local rescue. Therefore, rescue environment is not relatively closed like ICU, but a relatively open environment. In the rescue process, we sometimes tend to engage in rescue and treatment of disease, while ignoring communication and placement with their families, which easily causes hospital patient conflicts.

• With large number of emergency visits, pediatric emergency occupies a very high proportion in overall emergency medical missions. In general top three general hospitals, pediatric emergency accounts for 1 / 3 - 1 / 5 of total number of hospital emergency. Growth rate of patients exceeds rate of hospital personnel training, resulting in the so-called phenomenon of “emergency failure”.

Manager Problems

• Managers have randomness in management, who fail to find and implement hidden safety dangers in accordance with regulatory process and system, manage with sparing sensibilities, “focus on the person rather than issue”, fail to do well in system implementation, evaluation in management.

• Risk awareness education is not systematic and orderly, lacking regular, institutionalized risk education for nursing staff. After occurrence of risks, nursing staff cannot draw inferences and learn lessons from the depths of the event.

• Drugs, material facility factors such as inappropriate drug compatibility and administration route, improper drug storage. Emergency green channel should be smooth, but possibility of mechanical equipment failure cannot be excluded.

Materials and methods

• By analysis of the above reasons, combined with nursing disputes in recent years, the following points are proposed on how to protect safety of pediatric emergency nursing patients and make security awareness countermeasures.

• Enhance learning of relevant regulations and policies Organize nurses, especially young nurses, to learn the relevant regulations and policies, such as “Nurses Regulations”, “Medical Accidents Processing Guideline”, “Medical Institution Regulations”, nurse core system and other laws and regulations closely related to nursing care. Only when nurses master laws and regulations to comply with in the course of practice, regulate practice behaviors according to core system requirement,
know what they can and cannot do, what work can be simplified, what cannot be simplified, can they practice legally in work, standardize their operating procedures, and protect safety of children nursing care and treatment.

- Firmly establish the “patient-centered” service concept. Train nurses’ attitude of natural intimacy, encourage the highly educated nurses to design questionnaires, to find the most concerned, the most important issues for families from such aspects as “technological level\(^4\), service attitude, treatment environment, language and appearance, health education, nurse-patient communication, etc.”, then make improvement and evaluation to achieve genuine communication between nurses and patients.

- Scientific personnel management

Make reasonable scheduling according to the human resources characteristics of the department, enable combination of the old and new and flexible scheduling, assign senior nursing staff to each shift, so that nursing staff take turns in duty with reasonable combination and that there are nursing staff with higher technological level in the post in every shift. Practice preparatory shift system and leader responsibility system in seasons with surging patients, effectively protect ratio of nursing staff at peak hours to ensure the safety of nursing bodies and objects.

- Implement scientific level hierarchical management and performance appraisal

Based on the characteristics of our department, develop performance evaluation integrated approach for our department, make assessment and evaluation from all aspects of virtue, ability, diligence, and achievement, etc. which reflect quantity and quality of nursing work, to inspire nurses’ work enthusiasm and initiative.

- Improve processes with 6-sigama\(^5\) quality control management, improve infusion plan of outpatient and emergency, adopt seamless connection of electronic integration to shorten patients’ waiting time and improve accuracy of implementation of medical advice.

- Implement medicine dispensing & checking process with “one bag for one person” for outpatient and emergency patients.

- Try to meet treatment needs of children and their families as much as possible, establish harmonious relationship\(^3\) of mutual trust, mutual cooperation, interdependence between nurses and patients.

- Implement “infusion appointment” process, to solve the problem of difficult queuing for infusion. Make appointment for the next day’s infusion so that families make reasonable time arrangement and reduce unnecessary waiting.

- Encourage participation of patients’ family members to nurses’ check workflow, realize double check of nurses and patients, to detect security risks in operation.

**Attach importance to detail management, establish risk management and implement key monitoring**

- Change negative treatment to beforehand prevention. This positive ex ante risk management is more comprehensive and more scientific than negative post-processing\(^6\).

- For key aspects of monitoring of critically ill patients, newly admitted critically ill patients and patients with potential medical disputes should be arranged within nurse sight as far as possible. Strengthen inspection, do a good job in key aspects of patient monitoring and timely handle emergencies to nip in the bud.

- Monitoring of goods, facilities management link. There are regular shifts to check the emergency room equipment and instruments each day, with twice weekly thorough cleaning, disinfection and maintenance.

- Do a good job in disinfection and isolation to prevent cross infection in the hospital Do a good job in disinfection and isolation knowledge training among doctors and nurses as well as hand disinfection training among health workers.

**Results**

We randomly collected 30 patients and families’ satisfaction survey, nurses’ job satisfaction, incidence of adverse events, nurse-patient dispute incidence from April to June, 2014 when countermeasures were not taken to April to June, 2015 after countermeasures were taken for multi-dimensional comparison and evaluation. Now we select time of three months before improvement and three months after improvement for effect evaluation and obtain data in the following table 1

We divide the 60 cases of children patients into intervention and control group, each group with 30 cases in strict accordance with the principle of random grouping. In intervention group, there are 16 cases of male children, 14 cases of female children, who are aged between 2 months to 6 years old, with average age at (3.8 ± 0.6) years; in control
group, there are 18 male children, 12 female children, who are aged 1 month to 7 years with average age at (3.7 ± 0.5) years.

<table>
<thead>
<tr>
<th>Time</th>
<th>Patient satisfaction</th>
<th>Nurses’ job satisfaction</th>
<th>Incidence of adverse events</th>
<th>Nurse-patient dispute incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014.4-2014.6</td>
<td>76.66%</td>
<td>80%</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2015.4-2015.6</td>
<td>96.66%</td>
<td>95%</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1: Improve the performance evaluation before and after the improvement.

The two groups have no significant difference in clinical data of age, sex, symptom expression, etc., without statistics value and comparative analysis between the two can be undertaken. In terms of patient satisfaction survey, we mainly conduct comparative survey from five aspects of “nurses’ technical level, service attitude, trust between nurses and patients, nurses’ propaganda and education, waiting time for patients to receive treatment”.

<table>
<thead>
<tr>
<th>Group</th>
<th>Case number</th>
<th>Satisfied</th>
<th>Basically satisfied</th>
<th>Not satisfied</th>
<th>Overall satisfaction rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention</td>
<td>30 (93.38)</td>
<td>1(3.33)</td>
<td>1(3.33)</td>
<td>29(96.66)</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>30 (100.00)</td>
<td>5(16.66%)</td>
<td>7(23.33%)</td>
<td>23(76.66%)</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Comparison of clinical outcomes of the two groups of children.

Satisfaction comparison of the two groups of children patients

Nursing satisfaction of intervention group is 96.66% while that of control group is only 76.66%. The difference is obvious, statistically significant (P <0.05) (Table 3).

Discussion

Various insecurity factors still exist in medical care. Only when we realize that nursing security represents the core of nursing work, put nursing security in the first place, strengthen nurses’ learning and training in safety awareness, professionalism and institutional norms, carry out various forms of safety education for patients and their families, encourage them to participate in security management, improve the quality control system, take scientific and rational work processes, make effective communication between nurses and patients, develop exquisite technical skills, have the faith of “keeping children patients as the center”, can we effectively avoid nursing disputes in clinical practice and provide a safe, quiet working environment for nursing work.

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