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Role of risk assessment and quality improvement strategies for improving adult nursing  
and high-quality care  
[Name of Student]  
[Name of Institute]

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## **1. Introduction**

The assignment will critically analyse the role of quality improvement strategies and risk assessment strategies which helps in providing high-quality and safe adult nursing care. Mainly, the role of quality improvement helps in standardising the structure and processes to lessen the variation, improve outcomes for the service users, organisations, and healthcare systems, and accomplish predictable results (Harvey & Lynch, 2017). Similarly, by applying risk management strategies, the healthcare setting systematically and proactively safeguards the safety of the along with the organisation's accreditation, market share, reimbursement levels, and assets (Salmond & Echevarria, 2017). For performing the critical analysis, the assignment will incorporate an extensive variety of evidence to back up the discussion and analysis. Firstly, MUST and FRAT tools will be used to analyse the role of risk assessment in adult nursing care. Secondly, Root Cause Analysis and Safeguarding in adult nursing care will be discussed. The third section will critically reflect on the factors impacting the ability of a newly qualified nurse which are used to deliver person-centred high-quality nursing; that will include staffing shortage and time management. Furthermore, the fourth section will critically appraise the effects of factors on adult nursing associated with patients with complex care needs including a person-centred nursing framework. Lastly, the discussion and analysis will be summarised in the conclusion section.

## 2. Discussion

### *Role of risk assessment tools in adult nursing care*

According to the study by NHS (2022), in adult nursing care, the risk assessment tools assist healthcare organisations in managing unexpected hazards. To lessen the risks, there is an extensive range of data that needs comprehensive reporting, processing, and decision-making through analysis. Each tool has inimitable features that are suitable according to the needs of the setting. According to NHS (2015), in adult nursing care the role of the risk assessment tools is to identify the vulnerabilities and threats; it recognises the extent of actual risk for an individual area or factor of a system and unswervingly associates this to the possible impacts of the healthcare organisation. It provides comprehensive recommendations and solutions to lessen the risks and provides technical reports regarding the patient.

Therefore, Donini et al. (2016) indicated that the MUST assessment tool is effective in adult nursing care; this tool intends to assist in identifying malnourished patients who are at risk of obesity or under nutrition. Also, it incorporates the management guidelines which can be utilised to establish a care plan for a patient. This tool can be used extensively in different care settings, for example, nursing homes, communities, care homes, and hospitals, to evaluate the risk of malnutrition among adults. According to Al et al. (2018), this tool is necessary to be used in adult nursing care as it provides a comprehensive flow chart demonstrating five steps that can be used for management and screening. Moreover, it provides a BMI chart, weight loss tablets, and substitute measurements when BMI is unable to be obtained by measuring height and weight. MUST incorporate certain benefits that can help in providing care to the patient; that are, predictive validity, internal consistency, face and content validity, and indicate a major increase in dietetic referrals. According to Leigh and Roberts (2018) MUST assessment tool supports the NMC (2018) requirements as it follows five important steps including measuring BMI, noting the unexplained weight loss, focusing on acute illness impacts, and helping in detecting obesity. However, Hormozi et al. (2019) indicated a few challenges in employing the MUST assessment tools in adult care nursing. Due to poor mobility, technical challenges might occur while obtaining patients' measurements. If the patient does not know their previous weight, obtaining weight can be time-consuming as it involves an in-depth

analysis of old clinical records or contacting care homes or relatives. The tool has an impact on the wider healthcare services as it ensures patients' health and safety during appointments, each step performed possesses the duty of care to perform an assessment.

According to the study by McKechnie et al. (2016), in adult nursing care, the FRAT tool is another most common risk assessment tool that can be effectively used. FRAT intends to identify if an individual has a higher, moderate, or lower risk of falling. If the increased risk is demonstrated while the assessment is performed, the nurse might suggest strategies to lessen the chances of injury and prevent falls that was developed as part of an evidence-based fall safety initiative. Meekes et al. (2021) added that this tool was established as a part of a patient-centred initiative for providing safety in the case of falls; thus, it is necessary to be used in adult nursing care. There are certain benefits associated with the FRAT tool as it acts or serves as a risk stratification tool. This tool is highly effective, reliable, and valid when combined with an inclusive protocol, and fall-prevention technologies and products.

FRAT tool positively contributes to and impacts adult nursing care and supports NMC's (2018) requirement because it helps in performing assessments for patients at risk of falls. Also, it estimates the levels of risk, outcomes, and procedures for preventing falls in healthcare settings, mainly, hospitals. In the hospital setting, qualified nurses can utilise the FRAT tool that can assist in adequate care provision to the patient. Nevertheless, Meekes et al. (2021) added that there are certain challenges while using the FRAT tool including inadequate transparency and consistency, insufficient consultation with an adequately varied group of shareholders, and inadequate guidance on risk assessment. Nevertheless, it positively impacts the wider healthcare services as it purposes to sustain safety and lessen faults, injuries, and accidents.

### *Role of quality improvement strategies in adult nursing care*

As per the study by Taylor and Flaherty (2020), while it is important to drive better value, quality improvement strategies in adult nursing care play a substantial role in enhancing all the factors of quality, incorporating the experience of care, effectiveness, and safety. It is important for all care and health systems to seek to enhance these aspects related to high-quality care for individuals using their facilities, regularly. Likewise, as per the report by Stewart and Bench (2018), quality improvement strategies in adult nursing care plays a role in describing quality, establishing measures for improvement, using control charts, recognising variation, and running Plan-Do-Study-Act cycles, which have been effectively applied to health, healthcare settings, as well as healthcare processes.

Correspondingly, according to NICE (2014), in adult nursing care, Root Cause Analysis can be utilised to consistently enhance safety and high quality. It is known and considered as a quality improvement tool which is utilised to deliberate the main source of a problem and recognise the necessary actions to eliminate it permanently. If the main source of the problem is fixed, it will prevent the continuous addressing of negligible symptoms associated with the problem. According to the Royal College of Nursing (2022), in adult care nursing, a root cause analysis can aid in offering a valuable resolution for qualified nurses, other healthcare professionals, and service users to moreover combat and understand the clinical error and avert future accidents. This analysis indicates the role of the interprofessional team in avoiding clinical errors and custodian events within the healthcare setting. Most importantly, this analysis intends to protect the service users by changing and identifying factors within the healthcare setting that can lead to harm.

Similarly, according to Northway and Jenkins (2017), the Safeguarding Adult Reviews Tool is another tool which contributes to consistent improvement in providing safety and high-quality care in adult nursing care. This tool supports individuals that are involved in quality-assuring, conducting, and commissioning safeguarding adult reviews to acknowledge what is right. The coverage of the entire process provides a robust and consistent approach to safeguarding adult reviews. In addition, Preston (2018) highlights that it is based on the developed principles of incident investigations and effective reviews, statutory requirements, along with ethical considerations and practice experience. Moreover, the Safeguarding Adult Reviews Tool is considered as a

procedure for reviewing the actions taken by multi-agencies, which pursues to identify what decisions could be rightfully made by the relevant individuals and agencies that could have to avoid a fatality or harm from occurring. Also, it helps in proactively handling the issues or practice areas before the occurrence of any undesirable incident.

Likewise, as per the report by Small et al. (2016), Kotter's change model can be applied as it contributes to consistent improvement in providing safety and high-quality care in adult nursing care. This model is a procedure which is established to assist the leaders in effectively executing changes in the healthcare setting. It emphasises generating urgency to make instant changes. It makes a nurse walk through the process of sustaining, managing, and initiating change in varied steps. Kuo and Chen (2019) added that for consistent improvement in providing safety and high quality, the first step is to create urgency to prepare the healthcare staff for the impending change and to motivate them to take part in the changing process. Moreover, the second step is to put a team together and cultivate a commitment and culture of trust in the healthcare setting. Thirdly, the strategies and vision are made along with communication of the change in the vision. Afterwards, the obstacles are removed and short-term goals are set. Lastly, the momentum is kept and a sustaining culture is created.

*Critical reflection of the factors affecting personal performance as a nurse*

In my perspective the two main factors that are important in determining my performance as a highly qualified nurse for patient-centred care are time management and staff shortage problems. Firstly, the positive impact of the adequate time management for me is the fulfilment of the main goals of patient-centred care based on providing care by acknowledging the dignity and respect of patients in healthcare decisions. As proper planning of time allows me to cater the essential tasks of assessing the anxiety and fear concerns of different patients for providing a patient-centred care to them. However, the negative impact of inadequate time management results in inadequateness of patient assessments and informing relatives resulting in my improper patient-centred care performance, as patients and their relatives will not be able to practice their right of decision-making in healthcare procedures. Moreover, the positive impact of time management will also allow me to achieve assigned deadlines in patient-centred care as a newly qualified nurse. However, in case of poor time management the negative effect



of decreased promotions in work will arise due to poor quality of provided care. Furthermore, the element of time management is also important in terms of complex care needs and wider healthcare service. Since chronically ill patients and those with multi-morbidity conditions requiring complex care needs of additional support demand for extra time and effort for safety concerns. Therefore, the positive factor of adequate time management for my performance is related to my ability to spend more time on their safe care whereas the negative effect will relate to non-compliance of patient-centred care to these patients. Finally the positive impact of my time management will also be highlighted in terms of improved inventory and cost management for wider healthcare services through adequate execution of all assigned procedures. However, the decline of the revenues and patient satisfactions will result in terms of the negative impact on wider healthcare services.

Alternatively, the factor of staff shortage will also influence my performance for delivering patient-centred care. The positive impact of staff shortage on delivering patient-centred care is related to the chances of career growth and earlier promotions due to increase in working hours. As patient-centred care demands fulfilment of the various needs of the patients in terms of adequate assessments and providing information to the relatives for decision-making, therefore more working hours are required to suffice the shortage in staff. Whereas the negative effect of staff shortage in delivering patient-centred care is related to development of stress due to workload. Similarly, the positive impact of staff shortage in terms of my performance as a newly qualified nurse is based on chances of higher increments and bonuses for extra working hours in providing patient-centred care. Whereas, the negative outcomes for my experience as a newly qualified nurse is based on possibilities of decline in my performance due to excessive work. Moreover, the positive influence of staff shortage on catering complex care needs of various patients is based on use of different technical and mechanical instruments allowing me to acquire more knowledge of the usage of these instruments. However, the negative aspect of catering complex care patients in times of staff shortage is based on chances of further health complications non-compliance of safety measures due to work pressure. Lastly, the positive impact of staff shortage in terms of wider healthcare services is related to improvement of various systems in the hospital to allow efficiency in work despite the less

staff. However, the negative effect of staff shortage in terms of wider healthcare services is related to the decline of health care service quality.

Therefore during my role a newly qualified nurse in adult care setting I will ensure adequate time management by distributing individual tasks into sub-tasks in terms of short achievable deadlines to reduce negative outcomes in patient-centred care. Also I will ensure to use better stress management techniques in case of staff shortages to reduce workload related negative outcomes in patient-centred care.

*Critical appraisal of impact of factors on nursing for patients with complex care needs*

The Person Centred Nursing Framework (PCNF) is a theoretical model used in application of patient-centred nursing care practices. The four pillars that make up the person-centred nursing conceptual model are the nurse's personal qualities (prerequisites), the patient's living conditions (care environment), the nurse's own actions (person-centred procedures), and the results of the patient-centred care (expected outcomes). Given the interdependence of the four constructs, it stands to reason that, in order to provide care that is truly centred on the needs of the individual receiving it, it will be required to take into account not only the care procedures themselves, but also the conditions under which those procedures that are carried out (Eklund, et al., 2019).

The factor of time management in patient-centred care is related to the first and third pillar of the PCNF which is based on the personal skills and nursing practices of the nurse respectively for effective execution of patient-centred care for those with complex care needs. The patients requiring complex care needs such as those suffering from neurological disorders, spinal cord injuries, Parkinson's disease and so on can benefit through execution of adequate time management by nursing staff in terms of compliance of their individual requirements through well-structured assessments. As inadequate time management usually results in neglect of these assessments of complex care patients by nurses.

Moreover, the factor of staff shortage is related to the second pillar of the PCNF based on the appropriate care environment for patient-centred care of complex care patients. The adequate number of staff aids in creating a well functional environment for providing high-quality care to complex care patients without any discrepancy in performance due to excessive workload on nurses.

Various research studies are also conducted on the role of time management and staff shortages on the performance of nurses for patients with complex care needs. The study of (Vizeshfar, et al., 2022) is based on the evaluation of time management on performance of nurses in ICU. The findings of the study reveal the positive effect of adequate time management of nursing staff resulted in better performance and prioritization of the different tasks assigned for the ICU patients. The strengths of these findings are attributed to the comparison of the performance between a control group and an intervention group that received workshop training for time management. However, the weakness of the findings in terms of utilization of small sample population affecting the precision of the findings (Andrade, 2020). The strengths of the methods used in the study are based on collection of fist-hand knowledge through use of primary data in the form of questionnaires (Choy, 2014). As primary data provided reliable and authentic information for research. Also it increases the credibility of the research methods (Terrell, 2012). However, the weakness of the study methods is based on absence of qualitative analysis for revealing detailed insights on the issue (Grossoehme, 2014). Also, the limitation of the randomized control trial is in terms of general application of the findings to the wider population (Kennedy-Martin, et al., 2015).

Moreover an important research study conducted on the effect of staff shortages in nursing care for ICU patients is conducted by (Nakweenda, et al., 2022). The main findings of the study are related to the increase in the workload of nurses in the ICU due to shortage of nursing staff. Moreover, these findings reveal the negative affect of staff shortages on performance of nurses in the ICU in terms of comprise on work quality due to workload. The strengths of these findings are related to emphasizing on the need of staffing strategies in ICU for providing adequate care to patients. However, the limitations of the findings is in terms of use of smaller sample size of the population for extracting the results of data analysis (Andrade, 2020). The strengths of the methods used in the study are based on collection of fist-hand knowledge through use of primary data in the form of semi-structured interviews. As primary data provided reliable and authentic information for research (Choy, 2014). Also it increases the credibility of the research methods (Terrell, 2012). However, the weakness of the study methods is based on use of hospital sectors in certain countries only implicating the absence of general application

of findings. Moreover, the use of public care settings in the study also implicate the absence of application of findings on general aspects of private hospitals (Carlsen & Glenton, 2011).

### **3. Conclusion**

The current discussion highlights the importance of risk assessment tools and quality improvement strategies for nursing care management through a patient-centred care pattern. These tool allow the application of the basic premise of patient-centred care approach in nursing through catering of the individual requirements of the different patients. Also they allow transfer of relevant information to the care takers of the patients for authorizing in decision-making of healthcare procedures. Furthermore the use of effective time management is crucial for achieving high-quality patient-centred care. Similarly the issue of understaffing poses serious implications for comprise on care quality. Therefore, methods for improving staffing are required in hospitals for priding effective care to critically ill patients.

### **References**

Al-Kalaldehy, M., Alghabeesh, S., Suleiman, K. and Abu-Sharour, L., 2018. Assessment of nutritional status of critically ill patients using the malnutrition universal screening tool and phase angle. *Topics in Clinical Nutrition*, 33(2), pp.134-143.

Donini, L.M., Poggiogalle, E., Molfino, A., Rosano, A., Lenzi, A., Fanelli, F.R. and Muscaritoli, M., 2016. Mini-nutritional assessment, malnutrition universal screening tool, and nutrition risk screening tool for the nutritional evaluation of older nursing home residents. *Journal of the American Medical Directors Association*, 17(10), pp.959-e11.

Harvey, G. and Lynch, E., 2017. Enabling continuous quality improvement in practice: the role and contribution of facilitation. *Frontiers in public health*, 5, p.27.

Hormozi, S., Alizadeh-Khoei, M., Sharifi, F., Chehrehgosha, M., Esmaeili, R., Rezaie-Abhari, F., Aminalroaya, R. and Madadi, Z., 2019. Validity of malnutrition universal screening tool (must) in geriatric patients: appropriate screening tool in hospital; must or full-mna?. *Aging Res Clin Practice*, 8, pp.74-79.

Kuo, Y.L. and Chen, I.J., 2019. Facilitating a change model in age-friendly hospital certification: Strategies and effects. *Plos one*, 14(4), p.e0213496.

Leigh, J. and Roberts, D., 2018. Critical exploration of the new NMC standards of proficiency for registered nurses. *British Journal of Nursing*, 27(18), pp.1068-1072.

McKechnie, D., Pryor, J. and Fisher, M.J., 2016. Predicting falls: considerations for screening tool selection vs. screening tool development. *Journal of Advanced Nursing*, 72(9), pp.2238-2250.

Meekes, W.M., Korevaar, J.C., Leemrijse, C.J. and Van de Goor, I.A., 2021. Practical and validated tool to assess falls risk in the primary care setting: a systematic review. *BMJ open*, 11(9), p.e045431.

NHS (2015). Clinical Risk Assessment and Management. Available at: <https://www.dpt.nhs.uk/resources/policies-and-procedures/risk/clinical-risk-assessment-and-management>. Assessed on: January 2015

NHS (2022). Risk assessments. Available at: <https://www.leedsccg.nhs.uk/about/covid-19-primary-care/resources-for-professionals/risk-assessments/>. Assessed on: 2022

NICE (2014). Using Quality Standards to support improvement. Available at: <https://www.nice.org.uk/sharedlearning/using-quality-standards-to-support-improvement>. Assessed in: January 2014

Northway, R. and Jenkins, R., 2017. Safeguarding adults in nursing practice. *Learning Matters*.

- NMC (2018). Future nurse: Standards of proficiency for registered nurses. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf>. Assessed in: 17 May 2018
- Preston-Shoot, M., 2018. Learning from safeguarding adult reviews on self-neglect: addressing the challenge of change. *The Journal of Adult Protection*.
- Royal College of nursing (2022). Work environment. Available at: <https://www.rcn.org.uk/clinical-topics/Patient-safety-and-human-factors/Professional-Resources/Work-environment>. Assessed in: 2022
- Salmond, S.W. and Echevarria, M., 2017. Healthcare transformation and changing roles for nursing. *Orthopedic nursing*, 36(1), p.12.
- Small, A., Gist, D., Souza, D., Dalton, J., Magny-Normilus, C. and David, D., 2016. Using Kotter's change model for implementing bedside handoff: a quality improvement project. *Journal of nursing care quality*, 31(4), pp.304-309.
- Stewart, C. and Bench, S., 2018. Evaluating the implementation of confusion assessment method-intensive care unit using a quality improvement approach. *Nursing in Critical Care*, 23(4), pp.172-178.
- Taylor, M. and Flaherty, C., 2020. Nursing associate apprenticeship—a descriptive case study narrative of impact, innovation and quality improvement. *Higher Education, Skills and Work-Based Learning*.
- Andrade, C., 2020. Sample size and its importance in research.. *Indian journal of psychological medicine*.
- Carlsen, B. & Glenton, C., 2011. What about N? A methodological study of sample-size reporting in focus group studies. *BMC medical research methodology*, pp. 1-10.
- Choy, L., 2014. The strengths and weaknesses of research methodology: Comparison and complimentary between qualitative and quantitative approaches.. *IOSR journal of humanities and social science*.
- Eklund, J. et al., 2019. "Same same or different?" A review of reviews of person-centered and patient-centered care. *Patient Education and Counseling*.
- F, V., M, R., F, S. & R, D., 2022. The effect of time management education on critical care nurses' prioritization: a randomized clinical trial.. *PMC*.

Grossoehme, D., 2014. Overview of qualitative research. *Journal of health care chaplaincy*.

Kennedy-Martin, T. et al., 2015. A literature review on the representativeness of randomized controlled trial samples and implications for the external validity of trial results. *Trials*.

Nakweenda, M., Anthonie, R. & van der Heever, M., 2022. Staff shortages in critical care units: critical care nurses experiences. *International Journal of Africa Nursing Sciences*.

Terrell, S., 2012. Mixed-methods research methodologies. *Qualitative report*.

Vizeshfar, F., Rakhshan, M., Shirazi, F. & Dokoohaki, R., 2022. The effect of time management education on critical care nurses' prioritization: a randomized clinical trial. *Acute and Critical Care*, pp. 202-208..

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