

SAFETY IN AMBULATORY CARE

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CONTENT

EXPECTATIONS AND
OUTCOMES

- Ambulatory care
- Case based learning
- Burden & Impact of Poor Ambulatory Basic Care (ABC)
- Identify the Gap in care
- strategies to improve it
- Domiciliary Setting like Management of Post-surgical complication, bed sore and Medical reconciliation

Definition: Ambulatory care

- *“Ambulatory care”* refers to the individuals and organizations that deliver personal health care services on an *outpatient basis*.
- It is provided by the “primary care” and “primary health care
- **80%** care would be provided as Ambulatory care services
- **40%** avail public health services
- It’s a huge contributor for **out of pocket** expenditure
- Huge safety hazard for public health **25% errors**

Safety:

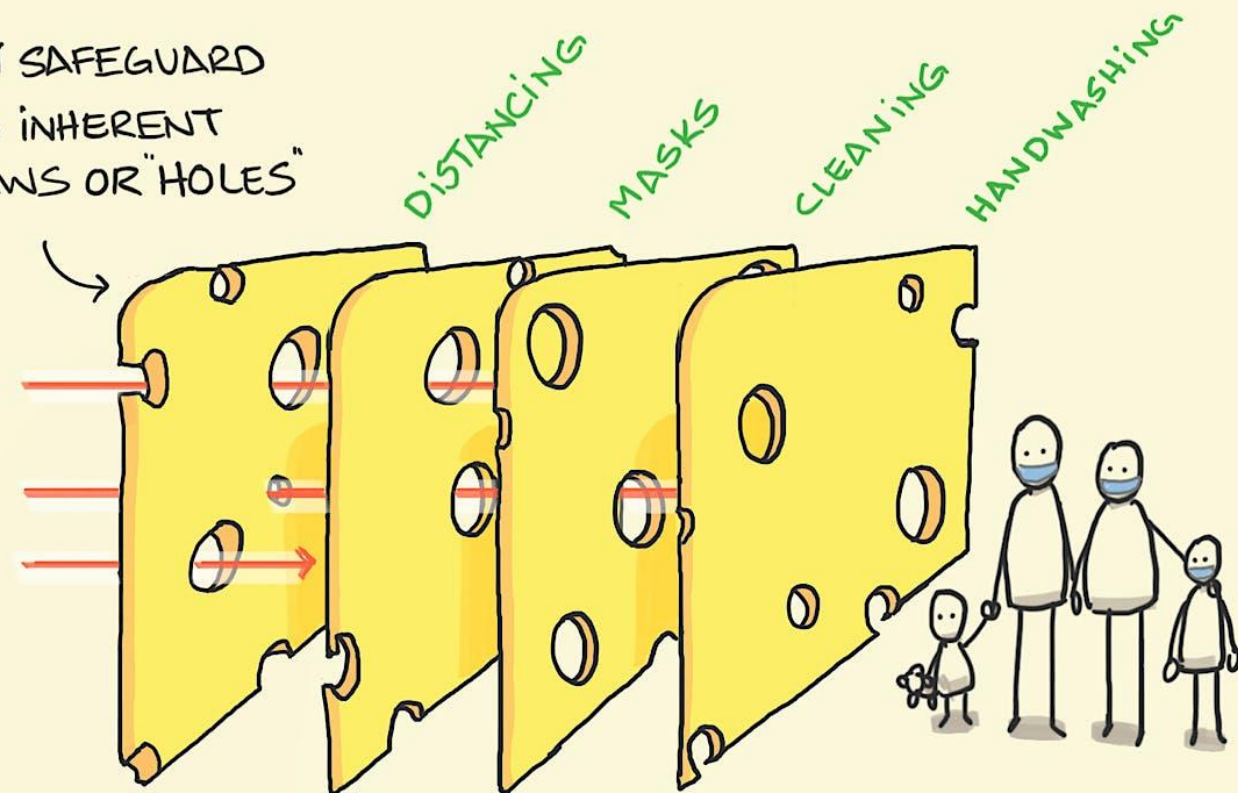
- World Health Organization, *patient safety means offering "freedom ... from unnecessary harm or potential harm"* associated with healthcare
- *Prevent inadvertent harm:* The first step is to acknowledge that such harm occurs and may be the result of medical error.
- Culture of safety
- Openness to accept mistake
- Understand the science of error

Swiss Cheez Model:

THE SWISS CHEESE MODEL

FOR UNDERSTANDING ACCIDENTS AND IMPROVING SAFETY

ANY SAFEGUARD
HAS INHERENT
FLAWS OR "HOLES"

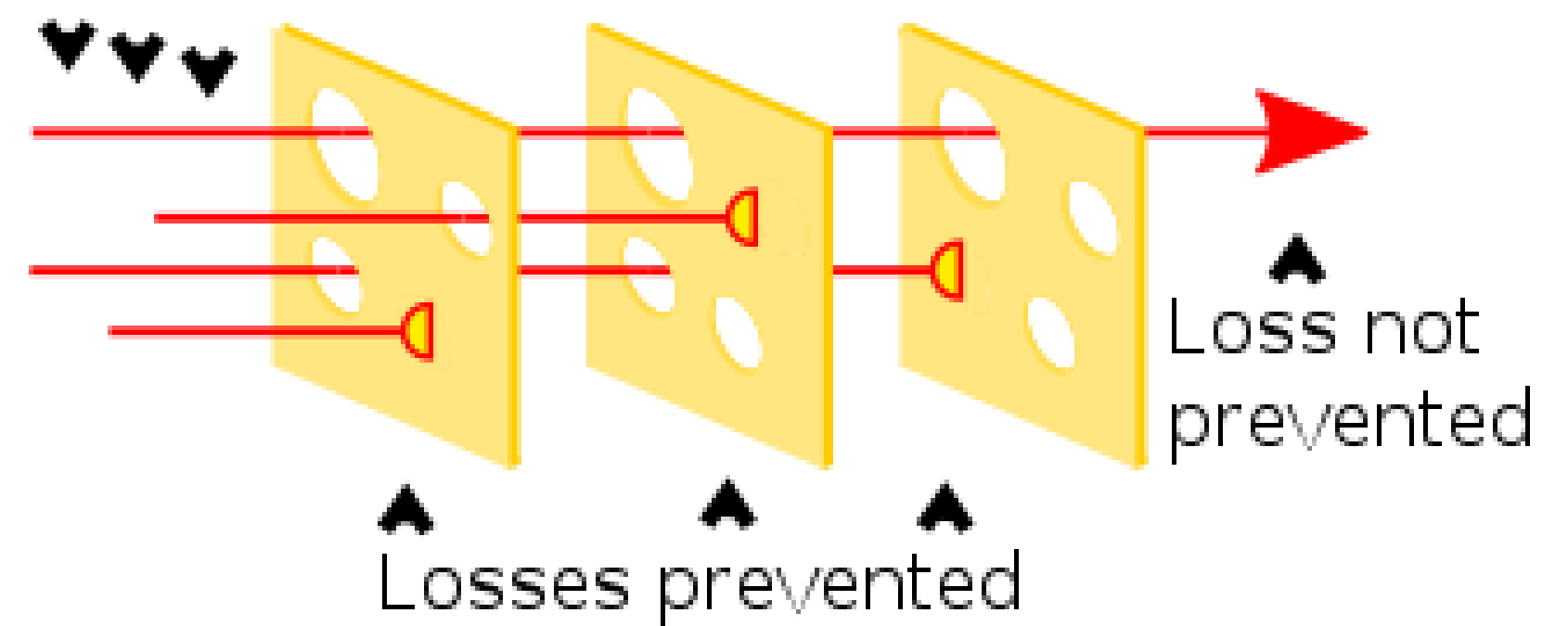


PROBLEMS OCCUR WHEN MULTIPLE "HOLES" LINE UP

MODEL: J REASON

sketchplanations

Hazards



International Patient Safety Goals (IPSG)*

GOAL **1** Identify Patients Correctly



GOAL **2** Improve Effective Communication



GOAL **3** Improve the Safety of High-Alert Medications

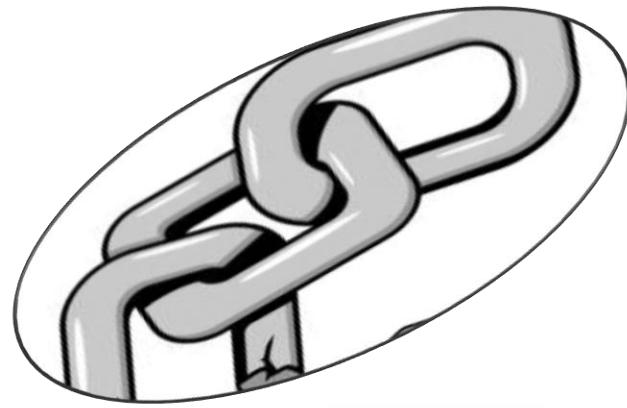


GOAL **4** Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

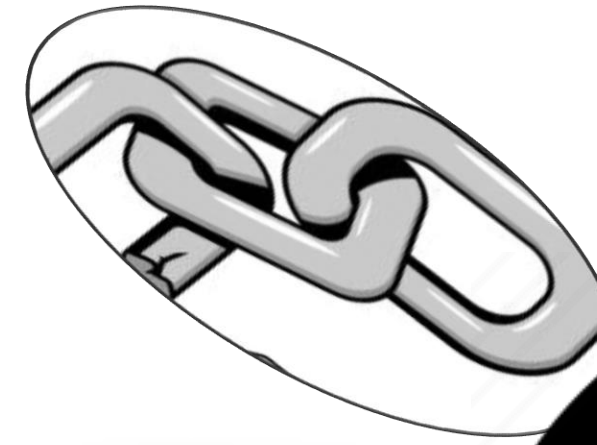
GOAL **5** Reduce the Risk of Health Care-Associated Infections



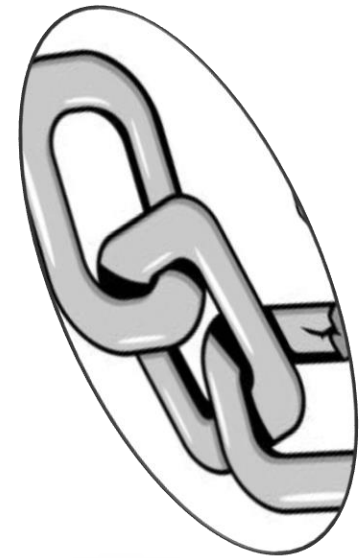
GOAL **6** Reduce the Risk of Patient Harm Resulting from Falls



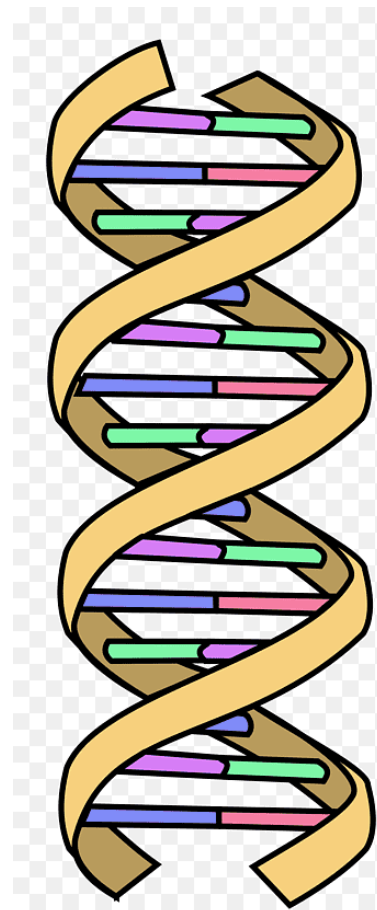
**Effective
Definitive Care**



**Efficient
Pre-hospital Care**



**Community awareness &
empowerment**



Ambulatory Care



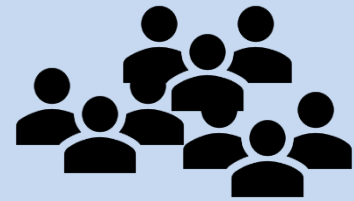
Re-integration into community

Interconnected View/ integrated view

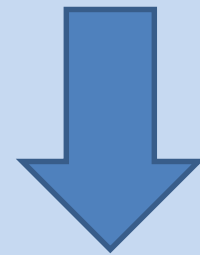
BURDEN OF AMBULATORY CARE

Impact on Healthcare

8 Billion



Hospital Visits

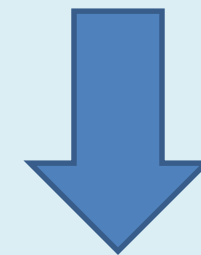


**>4.5 Million
Adverse Drug Reaction**

7 Billion



Admission



**15% acute care
activity**

BURDEN OF AMBULATORY CARE

Poor Ambulatory Care



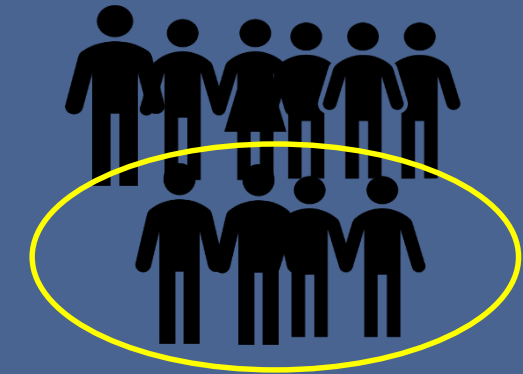
2-3/100

Missed or delayed diagnosis

X
ERROR

5%

Diagnostic error annually



4 /10 (25%)

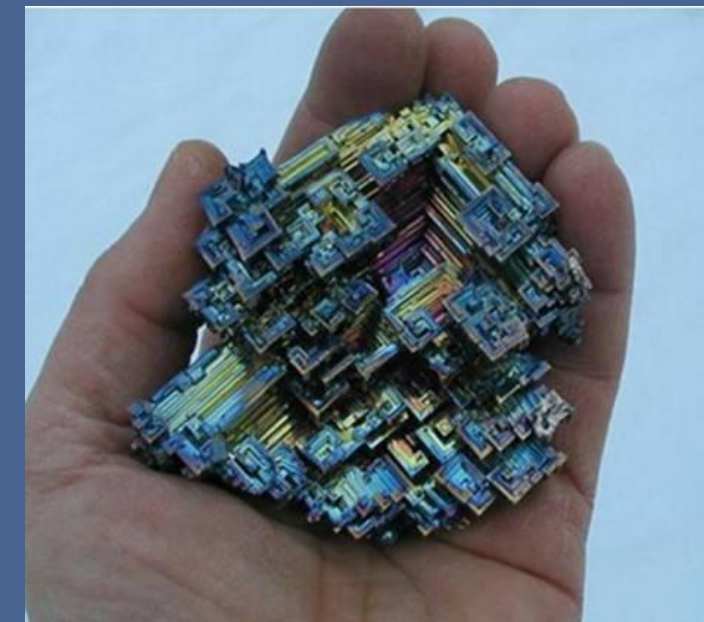
Diagnosis/prescription/
medicine



=



+



+



Fiscal Impact (Poor Ambulatory Care)



3%

GDP (developed country)



2.5%

waste of total health budget

Case Based Scenario



Spinal Cord Injury



Reunited with family
With different abilities



Case of Poor Ambulatory Care



Came with complaints of high grade fever and low BP

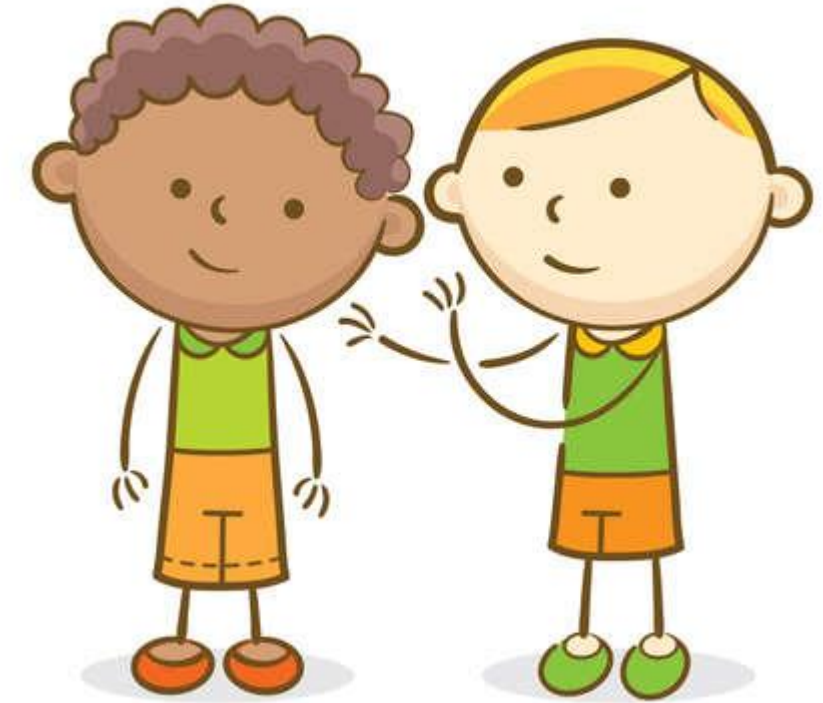
- Infected Surgical site
- Was talking wrong medicine
- Developed grade to pressure ulcer on the lower back

Ambulatory Care:

A strategy for STEE (safe, timely, effective, efficient)

Care is **PPAS**

- **P**artnering: patient & family
- **P**atient **C**entric **A**pproach: Listen Patient perspective too
- **A**cceptance: errors can be made
- **S**hared decision making: Decoding the care and communication



How to improve Ambulatory Care:

Integration: Processes, governance and information systems are the key to improve.

Standard documentation (Digitalisation): Implementing an integrated

information infrastructure

- (a) capture occurrence of harm
- (b) enable learning from safety lapses, and
- (c) Strengthen communication between patient and care provider

Capacity Building: Skills, knowledge, attitude and habit formation with enabling environment to implement the skills and learning



How to improve Ambulatory Care:

Engage, empower & patients: key to safer primary and ambulatory care- low hanging fruits

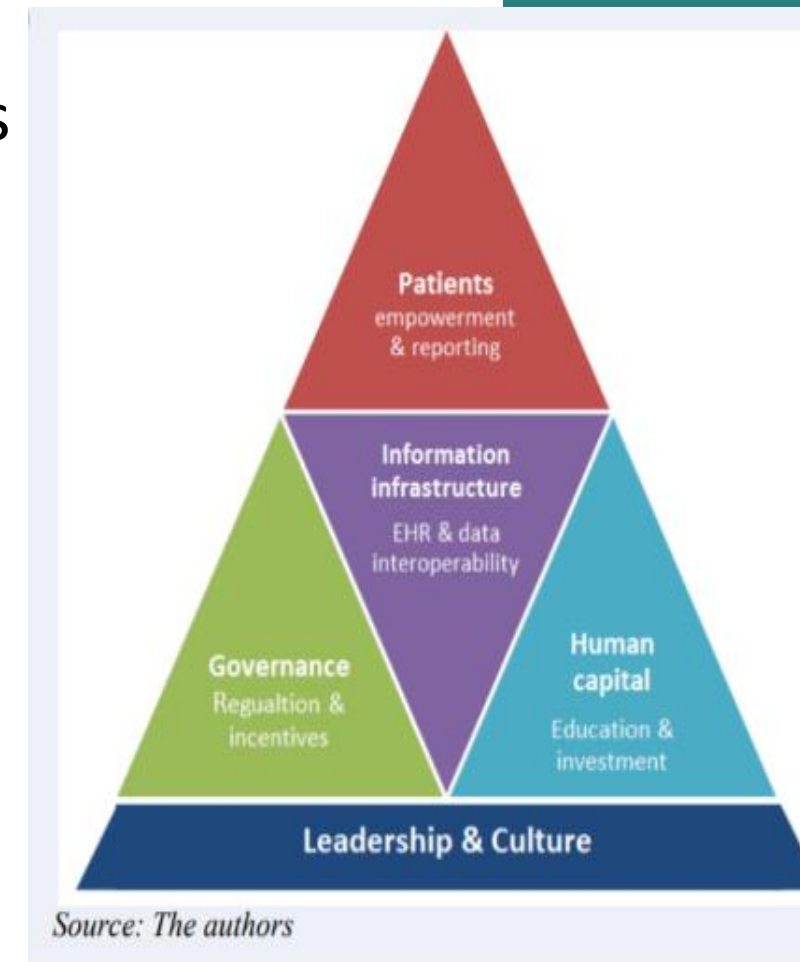
Standard process & protocols and patient access to their EHR.

Leadership is needed at all levels of the health system.

positive safety culture focused on collective improvement and teamwork.

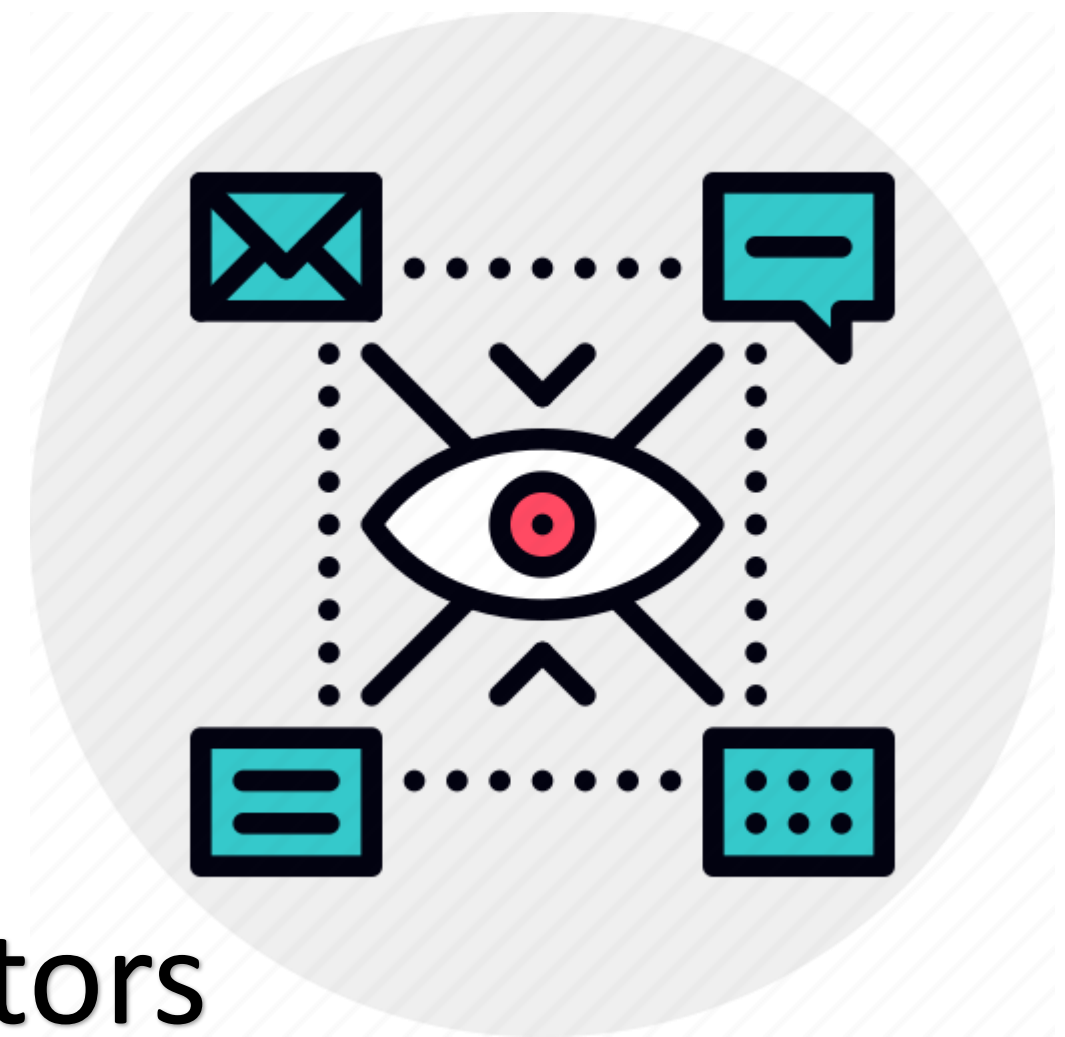
This can only be achieved with leadership at all levels of the health system.

Political leadership is essential.



**If done well it can reduce the burden of harm by up to 15%,
saving billions of dollars each year – a very good return on investment.**

How to improve Ambulatory Care: Monitoring Surveillance system

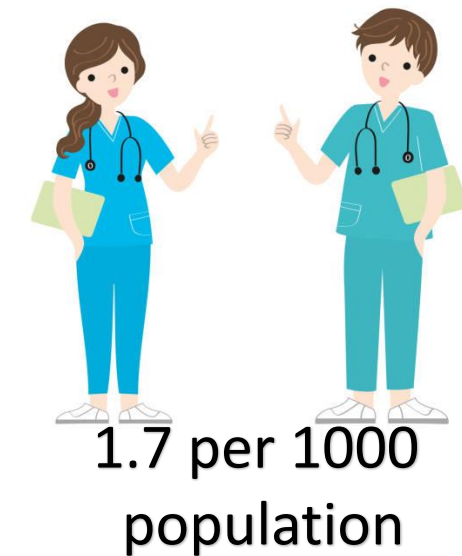


Quality indicators
Audits/ Safety Checklist/ Monthly Reporting
Staff engagement meetings- discussion

Nursing care in Domiciliary Post-surgical complicationary Care:

Challenges

- Lack of Human resources
- Training need unattended
- Resources constrained Settings
- Lack of autonomy and self reliance model



Task-shifting model



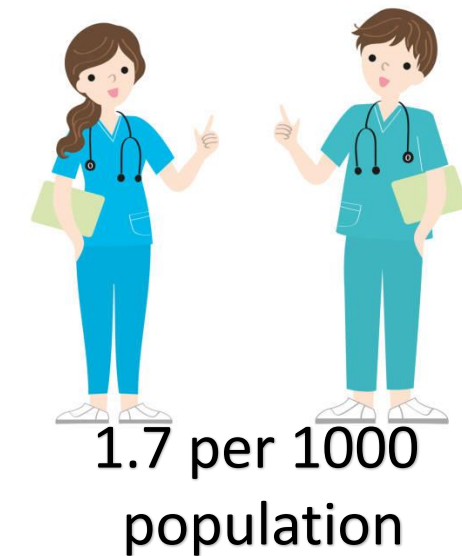
Innovation/creativity



Tele-care



Nursing care in Domiciliary Post-surgical complicationary Care:



Task-shifting Model


- Planning of domiciliary care starts from admission
- Clear communication is key
- Patient and family education since first day
- Simplify care to develop confidence and reduce error while at home
- VSP-Vital Signs, Surgical Site, Pain assessment

2 Concept important for patient safety in ambulatory care

- Teach Back- return demonstration
- Double Check- two time checking eg medicine to avoid error

Nursing care in Domiciliary Post-surgical complicationary Care:

- Early Warning Signs Assessment
- Post Operative WHO Document


World Health Organization

Postoperative care

Post operative note and orders

The patient should be discharged to the ward with comprehensive orders for the following:

- Vital signs
- Pain control
- Rate and type of intravenous fluid
- Urine and gastrointestinal fluid output
- Other medications
- Laboratory investigations

The patient's progress should be monitored and should include at least:

- A comment on medical and nursing observations
- A specific comment on the wound or operation site
- Any complications
- Any changes made in treatment

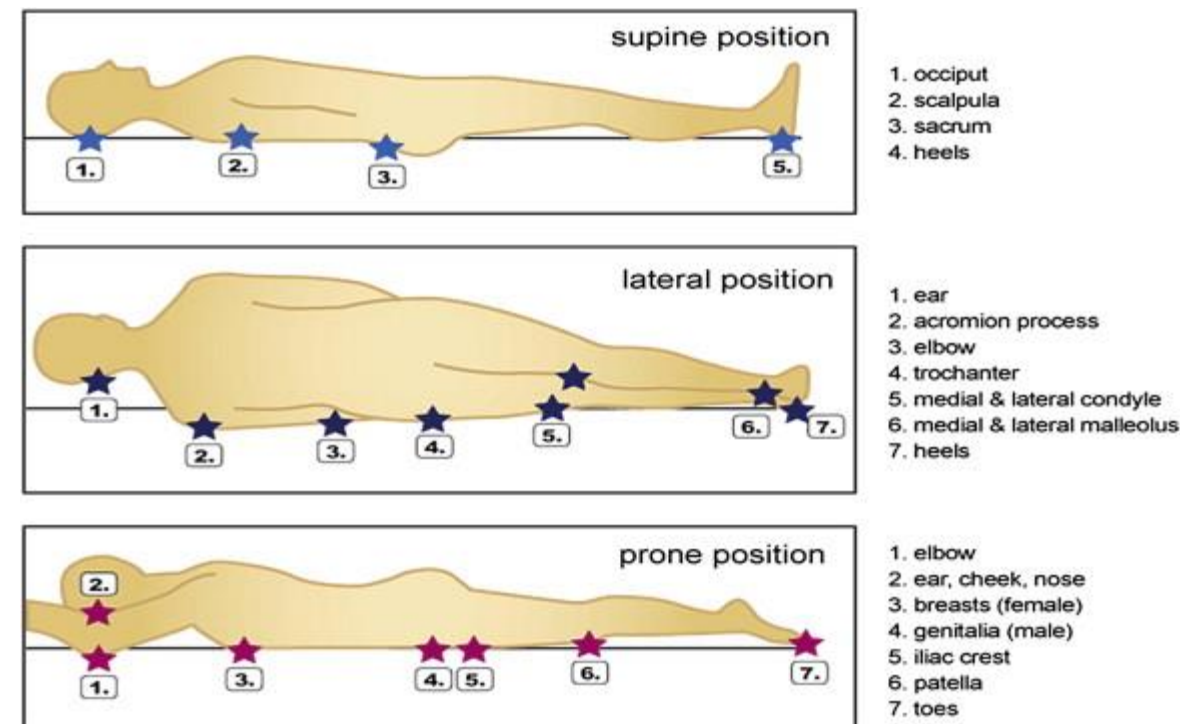
Aftercare: Prevention of complications

- Encourage early mobilization:
 - Deep breathing and coughing
 - Active daily exercise
 - Joint range of motion
 - Muscular strengthening
 - Make walking aids such as canes, crutches and walkers available and provide instructions for their use

| MEWS (Modified Early Warning System) | | | | | | | |
|--------------------------------------|----------------------|----------------------|----------------------|---------|----------------------------|----------------|---------------|
| | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| Respiratory Rate per minute | | Less than 8 | | 9-14 | 15-20 | 21-29 | More than 30 |
| Heart Rate per minute | | Less than 40 | 40-50 | 51-100 | 101-110 | 111-129 | More than 129 |
| Systolic Blood Pressure | Less than 70 | 71-80 | 81-100 | 101-199 | | More than 200 | |
| Conscious level (AVPU) | Unresponsive | Responds to Pain | Responds to Voice | Alert | New agitation Confusion | | |
| Temperature (°c) | | Less than 35.0 | 35.1-36 | 36.1-38 | 38.1-38.5 | More than 38.6 | |
| Hourly Urine For 2 hours | Less than 10mls / hr | Less than 30mls / hr | Less than 45mls / hr | | | | |

Pressure Ulcer Management:

- 2 hourly positioning
- Pushup- technique
- Early mobilization
- Quick inspection
- Early detection
- Pressure releasing
- **Braden Scale & Pressure Ulcer grading & read international guidelines such European Pressure Ulcer Advisory Panel**



Medication Reconciliation :

List the patient's current medications

List the medications currently needed

Compare the lists

Make a new list based on the comparison

Communicate the new list to the patient and caregivers.



May use permanent marker to write
medicine on strips





I'm so happy to be here Thank You!

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(Feel free to connect)