Have you SCAND MMe Please? A framework for nurses to prevent harm during acute hospitalisation

Bernice Redley

Centre for Quality and Patient Safety Research - Monash Health Partnership; Centre for Quality and Patient Safety Research, School of Nursing and Midwifery, Faculty of Health, Deakin University

PROBLEM:

- Preventable harms are a significant problem for health systems worldwide. ¹
- National and international recommendations and best practices guide care of older people in hospital.¹
- Nurses' responsibilities include preventing harms during hospitalisation.
- Nurses' workloads and administrative burdens associated with harm prevention involve numerous assessment forms, are cognitively taxing, time demanding, confusing, and sometimes overwhelming.^{2,3}
- To date, the success of harm reduction or prevention strategies in acute hospitals has been limited.
- Hospital harm prevention strategies often do not comprehensively address the multiple interrelated factors that contribute to common preventable harms affecting older hospitalised patients.²

METHODS:

The mnemonic 'Have you SCAND MMe Please?' represents a framework of eight factors, sensitive to the quality of nursing care, that contribute to preventable harms common in older hospitalised patients, drawn from best practice guidelines.^{4,5,6}

Two studies used the framework of eight factors that contribute to preventable harms common in older people in hospital.

- 1. Examination of 152 standard assessment forms across 11 hospitals, and 9 focus groups with 69 participants.²
- 2. Retrospective audit of nursing care documented in 400 medical records of older medical inpatients admitted for longer than 72 hours at four hospitals, and interviews with 33 staff.⁷

All data were collected from public and private hospitals in Victoria, Australia.

AIM:

The aim of this paper is to present a framework to guide comprehensive high quality nursing care to prevent harms common to older patients in hospital.

CONCLUSION:

Have you SCAND MME Please? mnemonic provides a framework to assist nurses to recall and implement comprehensive harm prevention strategies for safety for older hospitalised patients.

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Skin integrity

Plan and implement strategies to identify any actual, or risk for, skin damage and maintain skin integrity while in hospital.

- All health services had a standard form for assessment of pressure injury risk.
- Assessments of *Skin integrity* was documented for 94-97% of older patients; interventions were documented in up to 54% of records.

Mobility and self-care

Assess independence in functional mobility tasks to maximise safety, prevent falls, and guide assistance to promote participation in self-care.

- Assessment of *Mobility* or falls was documented for 95-98% of patients.
- Up to 65% of records had mobility interventions documented.

Continence

Identify, manage and prevent urinary and/or faecal continence problems from occurring or worsening.

- Assessment of *Continence* was documented for 4-31% of older patients.
- A bowel chart was the most frequent intervention documented in up to 84% of records.



Medication risks

Optimise drug therapy for older patients by proactive management of high risk medications (A-PINCH)⁸ and early detection and action to prevent interactions, complications or errors.

• A medication risk assessment was documented in only 8-15% of records.



Assess for medical risk and complications

Assess for medical risks and proactively manage common complications; these include clinical deterioration and hospital acquired complications such as venous thromboembolism, hospital acquired infections, and poor glycaemic control.

• An initial medical assessment was missing from 5-12% of care records; less than 40% had escalation plans documented.



Pain

Assess for the presence of pain and implement pain management strategies appropriate to the location and type of pain.

- Assessment of *Pain* was documented in 93-97% of patient records.
- Over 90% of patients at all sites had an analgesic ordered.
- Pain was consistently overlooked by clinicians as a contributor to preventable harms during hospitalisation.⁷



References

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Identify under-nutrition; plan and implement strategies to prevent and/or reverse.

- Few hospitals had standard forms for assessment of nutrition.
- Assessment of *Nutrition* was only documented for 9-49% of older patients.



Delirium, dementia and cognitive impairments

Identify cognitive impairment and differentiate dementia, delirium and depression to implement condition specific interventions.

 Assessment of Cognition (Delirium, Depression & Dementia) was only documented for 10-24% of older patients.

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Nutrition







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