



Rizik od pada kod oftalmoloških pacijenata, potencijalna sestrinska dijagnoza u procesu zdravstvene nege

Fall risk among ophthalmic patients, potential nursing diagnosis in the healthcare process

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Apstrakt

Oblast bezbednost pacijenta je nova u našim uslovima, a od jula 2007. godine prvi put se prate pokazatelji kvaliteta u ovoj oblasti. Veće vrednosti neželjenih događaja u nekim bolnicama mogu ukazivati na bolje registrovanje neželjenih događaja u odnosu na druge bolnice, a ne samo na lošiji kvalitet. Bolnice treba da analiziraju vrstu i učestalost registrovanih neželjenih događaja, uzroke koji do njih dovode i preduzimaju mere za sprečavanje neželjenih događaja.

Sestrinska dijagnoza je specifičan zaključak o reagovanju pojedinca, porodice ili zajednice na aktuelan ili potencijalni zdravstveni problem koji osoblje službe zdravstvene nege može samostalno da spreči, ublaži ili reši. Sestrinska dijagnoza treba da bude iskazana u okviru zakonskih kompetencija medicinske sestre. Rizik od pada definiše se kao „stanje povećane osetljivosti za pad i nastanak telesnih povreda”. Pad se definiše i kao medicinska greška koja predstavlja „neuspeh ili neizvršavanje planiranih postupaka kako je nameravano / npr. greška u izvođenju/ ili „primena pogrešnog plana u postizanju cilja, npr. greška u planiranju. Zajedničke komisije za akreditaciju zdravstvenih ustanova mogu otkloniti blagovremenom procenom rizika primenom navedenih skala kod svih hospitalizovanih pacijenata i implementacijom programa prevencije.

Bezbednost pacijenata je proces u kome zdravstvena ustanova nastoji da pružanje usluga bude bezbedno za pacijente. Taj proces obuhvata: procenu rizika (identifikaciju i upravljanje rizicima po pacijente), izveštavanje i analizu incidenata koji su ugrozili bezbednost pacijenata i kapacitete da se uči na iskustvu kao i primenu rešenja koji će smanjiti da se incidenti ponove.

Cilj rada je dokazati značaj uloge medicinske sestre u zdravstvenoj nezi i bezbednosti pacijenta.

Rezultati istraživanja pokazuju da u svetu oko 10% pacijenata u bolnicama ima iskustva sa incidentima koji su ugrožavali njihovu bezbednost i da je polovina tih incidenata mogla biti prevenirana. Istraživanja takođe procenjuju da je 1% tih incidenata doprinelo smrtnom ishodu lečenih. Iako su ova istraživanja usmerena na akutna oboljenja i stanja, slični su faktori koji dovode do incidenata i u drugim oblastima medicinske nege i lečenja.

Abstract

The area of patient safety is new in our conditions, and since July 2007, quality indicators in this area have been monitored. Higher values of adverse events in some hospitals may indicate better registration of adverse events compared to other hospitals, and not only poorer quality. Hospitals should analyze the type and frequency of registered adverse events, the causes that lead to them, and take measures to prevent adverse events.

A nursing diagnosis is a specific conclusion about the reaction of an individual, family, or community to a current or potential health problem that the health care staff can independently prevent, mitigate, or solve. The nursing diagnosis should be expressed within the legal competencies of the nurse. The fall risk is defined as “a state of increased sensitivity to falling and the occurrence of personal injuries.” A fall is also defined as a medical error that represents “failure or non-execution of planned procedures as intended /e.g. error in execution and/ or “application of the wrong plan in achieving the goal .e.g. planning error. Joint commissions for accreditation of health care institutions can be eliminated by timely risk assessment by applying the mentioned scales in all hospitalized patients and by implementing prevention programs.

Patient safety is a process in which a healthcare institution strives to make the provision of services safe for patients. This process includes risk assessment (identification and management of risks for patients), reporting and analysis of incidents that have endangered the patient's safety, and the capacity to learn from experience, as well as the application of solutions that will reduce the recurrence of incidents.

The aim of the study is to prove the importance of the role of the nurse in health care and patient safety.

The results of the research show that around 10% of patients in hospitals in the world have experiences with incidents that endangered their safety and half of these incidents could have been prevented. The research also estimates that 1% of these incidents contributed to the death of those treated. Although these studies focus on acute diseases and conditions, the factors that lead to incidents are similar in other areas of medical care and treatment.