Decrease in length of stay.

- Decreased pain;
- Decreased risk of infection;
- Contribute to cause of death.

Pressure ulcers affect quality of life and can be associated with significant morbidity. Litigation. These wounds are slow to heal and may affect healing, extended hospital stay and chronic pain syndromes (Bonnet and Marret, 2005).

Effective acute pain management requires systematic patient assessment on admission, at scheduled intervals, in response to new pain and before discharge. Pain intensity should be regarded as a vital sign and recorded as regularly as other vital signs, such as pulse and blood pressure.

- Increased risk of infection;
- Decreased pain;
- Decrease in length of stay.

Pain management

Most inpatients will experience some degree of pain during their stay in hospital. In addition to the obvious discomfort for the patient, poor pain management can result in delayed wound healing, extended hospital stay and chronic pain syndromes (Bonnet and Marret, 2005).

- Excellent pain assessment;
- Enhanced patient satisfaction outcomes;
- Reduced length of stay.

Patient observations

The primary role of monitoring patient observations is to make clinicians aware of the deteriorating patient. The National Confidential Enquiry into Patient Outcomes and Death has found the patients who did not survive had often shown signs of deterioration long before they died (Cullinane et al, 2005).

Abnormal physiological values are often charted without action in the hours preceding an in-hospital cardiopulmonary arrest and up to 24 hours before ward patients are admitted to intensive care.

The enquiry recommended that hospitals should pay more attention to physiological signs of decline, put in place ‘track and trigger’ systems for all patients and link these to a response team skilled in managing acute clinical problems.

Key issues:
- Failure to measure basic observations of vital signs;
- Lack of recognition of the importance of worsening vital signs;
- Delay in responding to deteriorating vital signs.

Infection prevention and control

Healthcare-associated infections have a high profile nationally and locally. Directives on reducing HCAI rates consistently guide healthcare providers towards developing cultures that embed infection prevention and control into all aspects of clinical care.

Key issues:
- Patient experience, including safety and comfort, and awareness of infection status;
- Early identification and management of known or suspected infections;
- Reducing transmission risk;
- Surveillance, analysis of potential acquisition and incident reporting;
- Promoting an organisational culture that recognises the significance of infection prevention and control and responds to the challenges with a focus on both a strategic and clinical aspects.

Medication prescribing and administration

Medication errors tend to fall into three categories: prescribing; dispensing; and administering. All healthcare staff need to find ways to reduce the frequency of these errors.

Medication errors are the second largest category of error after slips, trips and falls reported to the NPSA’s NRLS. Approximately 5,000 medication safety incidents are reported to the NRLS every month.

Key issues:
- Patient safety;
- Incident reporting;
- Open and fair culture.

Other categories are equally important and, as confidence grew, further indicators were introduced, often based around patient safety guidance – for example patient identification and control drug management. This resulted in a bank of over 20 indicators that complemented recommendations from national bodies, including the NPSA.