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Nursing

NURSING AUDIT OF COVID WARD DURING SECOND WAVE OF COVID INFECTION MAY 21-JUNE 21

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ABSTRACT

Hospitals are evolved these days as a five star place to treat the patients that's why it is necessary to audit in the hospital so that everything can be evaluated and reviewed so that patient always be happy and be there for long time relationship. A nursing audit is a review of the patient record designed to identify, examine, or verify the performance of certain specified aspects of nursing care by using established criteria. It is the process of collecting information from nursing reports and other documented evidence about patient care and assessing the quality of care by the use of quality assurance programmes. The aim of the nursing audit was to assess and evaluate the standard of nursing care given to the Covid infected patients during second wave of Covid pandemic in tertiary care Hospital. The study was conducted at tertiary care hospital during second wave of infection so that get prepare for third wave. The team of chairman with five members conducted audit by setting a audit tool by self among 25 patients with duty nursing officers. Method: used for this study was concurrent review. Result: shows that 20% overall care was excellent and 68% was rated very good and 8% rated good and 4% was fair. The conclusion: of the nursing audit was the care provided in Covid ward during second wave of Covid 19 infection crisis was very good.

KEYWORDS: Nursing audit, covid infection, second wave, hospital, evaluation of care

INTRODUCTION

- 1. Nursing audit is a review of the patient record designed to identify, examine, or verify the performance of certain specified aspects of nursing care by using established criteria. It is the process of collecting information from nursing reports and other documented evidence about patient care and assessing the quality of care by the use of quality assurance programmes [1]. Nursing audit is a detailed review and evaluation of selected clinical records by qualified professional personnel for evaluating quality of nursing care. [2]
- 2. A concurrent nursing audit is performed during ongoing nursing care. A retrospective nursing audit is performed after discharge from the care facility, using the patient's record [3]. A combination of a large asymptomatic population and the presence of more infectious variants of the virus during the second wave, which is much steeper than the first wave that peaked in September, continue to transmit the virus even to those who are staying indoors. For instance, the UK strain detected in a significant proportion during genome surveillance in Delhi and Punjab has shown a 50% higher transmission, according to the US Centers for Disease Control and Prevention (CDC). The L452R mutation found in the variant B1.671, first detected in India, and too has been associated with increased infectivity. [4]

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3. The aim was to assess and evaluate the standard of nursing care given to the Covid infected patients during second wave of Covid pandemic in tertiary care Hospital.

OBJECTIVES OF NURSING AUDIT

- 4. The objectives of the nursing audit were many folds; however most important and the highlighted are listed below:-
- (a) Evaluating nursing care given during second wave of Covid infection.
- (b) Achieves deserved and feasible quality of nursing care.
- (c) Stimulant to better records for future.
- (d) Focuses on care provided and not on care provider.
- (e) To improve quality of nursing and prepare nursing officers for third wave of Covid 19.
- (f) To find out problem areas during second wave so get better preparedness for third wave.
- (g) Contributes to research.

- 5. In this Tertiary care Hospital, the Covid ward was set up in separate complex consisting of total 136 beds, under 4 separated wards designated as C1,C2,C3 and C4 which include following beds:-
- (a) Level 3 ICU 06 beds
- (b) Level 2 HDU 30 beds
- (c) Level 1 male/female ward 100 beds
- 6. The data of this hospital was taken till 15 Jun 21 for the audit reflects that the total 1287 patients were admitted till now in Covid ward. Out of these, 168 were in DIL, 58 were death in the Covid ward while 1204 were recovered and 18 were referred to higher centres.
- 7. Second wave of Covid pandemic had devastating effect primarily in the month of May and June 21. This period posed a real challenge to the hospital. The figures for the second wave were taken for the month of May 21 and till 15 Jun 21 and is as follows:-

Sl No	Patients	Total No of Patients
1	Total patient admitted	212
2	Patients on DIL	107
3	Patients on Ventilator	40
4	Patients on NIV	07
5	Total death	49
6	Patients Recovered	150
7	Referred higher centre	13

Manpower for Covid Ward

8. The manpower required for the Covid ward was assessed and catered from the existing manpower of the hospital. The ward was made functional in addition to the other routine ward of the hospital. The total manpower catered for the Covid ward per day was as follows:-

Sl No	Nomenclature	No of Manpower
		per day
1	Medical Officer	03
2	Med Specialist	02
3	Anesthetist	01
4	OIC Covid Ward	01
5	Nursing Officer Coordinator	01
6	Nursing Officer	08
7	Nursing Asst	03
8	JCO	03
9	ORA	03
10	Amb Asst	06
11	House Keeper	02

SET UP OF COVID WARD

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12	Guards (JCO)	03
13	Guards (For Exchange O2	05
	Cylinder)	
14	Ward Master	01
15	JCO in charge	01
16	Dhobi	02

NURSING AUDIT

Nursing Audit Team

9. The audit team was formed comprising of six Nursing Officers who were experienced in nursing quality assurance, clinically competent and able to work together in a group with close coordination. Each member of team was competent enough to review and monitor at least 5 patients without compromising their routine shift duties. The teams followed the routine of 01 hr daily audit and team was able to complete the assigned audit within a week time.

The Chairman and the 5 members of Nursing Audit Team are as follows:-

(a) Principal matron - Chairman
(b) Deputy Principal matron - Member
(c) OT matron - Member
(d) G D Matron - Member
(e) G D Matron - Member

(f) GD Matron - Member and Compiler

Date, Place and Duration of Audit

10. This audit was undertaken to assess nursing care with quality of hospital care in covid ICU, HDU and ward during 2nd wave Covid-19 infection. Keeping the objectives in mind, the Nursing Audit Team carried out its assigned tasks under the experienced and able guidance and supervision of Chairman of the Team and also Principal Matron of tertiary care Hospital. The team carried out its tasks for duration of one week achieving the desired objectives. The team members conducted number of visits to various wards viz; Covid ICU, HDU in Covid wards. These wards were made primarily for the Covid infected patients. Team members followed a routine of 01 hr on daily basis, besides normal shift duties on other wards, to evaluate the nursing care, to find out problem areas and to improve quality of nursing care in the Covid ward.

Methodology of Audit

- 11. Each team member was assigned to monitor at least 5 patients. The method used was concurrent review and the evaluations conducted on behalf of patients who are still undergoing care. It includes assessing the patient at bedside in relation to pre-determined criteria for admission in Covid ward, interviewing the staff responsible for this care and reviewing the patients' record, personally checking the medical equipments, drugs and documents. The nursing officers are also observed while working in Covid ward.
- 12. The nursing audit was conducted in Covid ICU, HDU and ward of tertiary care hospital by concurrent method of nursing audit by setting a tool and evaluation done by nursing audit team among 25 patients and 4 nursing officers on duty. The review of related evaluation and discussion among team members helped to get a clear concept about nursing audit before actual auditing done in the Covid ward. For this nursing audit a modified tool with quality care questionnaire were used and observed by the members. This questionnaire was termed as Nursing Audit Form and is attached as Appendix A.
- 13. The data for the study was collected from 12 Jun to 18 Jun 21 for one hour daily, analyzed and interpreted using descriptive and inferential statistics. The questions asked and observed were about the documentation, their discharge, post discharge care, management of the ward, nursing care, behavior of nursing officers, security in the ward, food services, hospital infection control measures, maintenance of

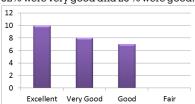
equipments and overall care in the Covid ward etc. The questions were given same scale from excellent to fair for uniformity of comparison. The nursing officers were asked about the problems and suggestions for improvement of hospital services for betterment of nursing care.

SUMMARY OF AUDIT RESULT

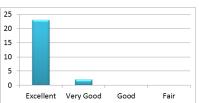
14. The team evaluated the data for the 25 patients of the ward. The data in relation to these patients as per the audit form was collated, studied and analysed. This data was used to find out the audit percentage in all the criteria included in the audit form.

The summary of these results is as follows:-

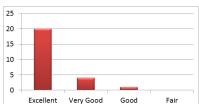
(a) Documentation. The 40 % of the documentation was found excellent, 32% were very good and 28% were good.



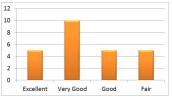
(b) Patient Information Charter. Patient Information Charter was found 92 % as excellent; however only 8% found it very good.



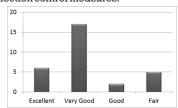
(c) Manpower.80 % found availability of manpower was excellent, 16% rated very good and only 4% said it was good. Overall they were satisfied with the manpower in the Covid ward



(d) Nursing Care. 20 % found nursing care as excellent, 40 % found it to be very good, 20 % said it was good and 20 % found it to be fair. Overall said it was good but need to be improved.

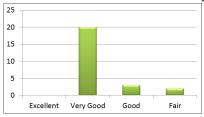


(e) Hospital Infection Control Measures. Among the 25 patients nursing care evaluation, 24% found that infection control measures were excellent, 68% found it very good and 8% said it was good. Overall people were satisfied with the hospital infection control measures.

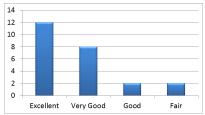


(f) Maintenance of Equipments. After the audit, it was found

that the maintenance of equipments needs improvement. 80% rated this aspects as very good, 12% said it was good. 8% of them said it to be fair. Overall maintenance was very good.



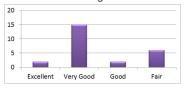
(g) Dietary Services. 48 % found dietary services were excellent, 32% found very good, 8 % said it was good. 12% of them said it to be fair. Overall people were satisfied with the food services. Only patients' complaint of quality of Chapatti provided them.



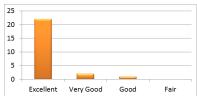
(h) Security. Almost 80 % found the security services was excellent, 16% found it was very good, 4% said it was good. Overall security of the patients, wards and their belongings in the ward was excellent.



(j) Behavior. About 8 % found the behavior of staff was excellent, 60 % was found very good, 8% said it was good. 24% said it to be fair. Overall behavior observed very good but still found lack of coordination and good behavior among few.



(k) Care during Discharge/Death.About 88 % found excellent, 8% was found very good, 4% said it was good. None of them said it to be fair. Overall it was an excellent with the terminal care and discharge.



(l) Overall Care in Covid Complex. About 20 % care was found excellent, 68% was found very good, 8 % said it was good. 4% found fair with the nursing care in 2nd wave of Covid infection.



CONCLUSION

15. A concurrent review for nursing audit was done to evaluate and assess nursing care in covid ICU, HDU and ward during 2nd wave covid-19 infection crisis in Tertiary care hospital. The audit was conducted by team of 5 members under the chairman with sample of 25 evaluation forms. Based on the findings of the audit the following conclusion was drawn. Audit shows that 20% overall care was excellent and 68% was rated very good and 8% rated good and 4% was fair. This mean the care provided in Covid ward during second wave of Covid 19 infection crisis was very good.

16. The three major achievements were patients' information charter and facilities, manpower, care during discharge and death in the ward. The three major problem areas were dietary services, behavior and documentation.

RECOMMENDATIONS

17. On interaction with nursing officers ,other staff ,patients and their attendants, following suggestions came out for improvement:-

- (a) Quality of Food. The food was mostly prepared with the ration available through the ASC. The food preparation was mostly found satisfactory by the patients. However, the Chappatis was found to be half cooked and thus dissatisfied the patients.
- (b) Requirement of Dietician. This wave was observed to be more prominent in the old and diabetic patients. Mostly the patients are in the same category of people. They had poor compliance and food habits. Thus, a dietician was required in the ward for proper diet for the patients and develops the balanced food habit among them.
- (b) Behavior of Staff. It has been observed that there was lack of coordination which further raised lack of the interest among the staff of Covid ward. The major reason observed was overburden of work, low threshold and stress in Covid duties. However, for the proper functioning of the ward the staff should be motivated. Regular interaction and counseling of these staff should be done. They should also be taught at frequent intervals.
- (d) Documentations. The documentation of the patients was generally delayed primarily because of overburden of critical patients. Nursing officers suggested that a few documents may be modified and a single chart should be prepared for monitoring critical Covid patients. This will facilitate quick documentation and will provide more time for patient care rather than maintaining many charts like treatment, investigations and intake output. Old patients and dependents requested that discharge procedure may be done in less time and the advices may be in Punjabi so that they are able to understand better.
- (e) Recording and Reporting. Recording and reporting of few consumables like PPEs, important drugs used in Covid treatment etc should be done on time and in more efficient way.
- (f) Training of Health Workers. Training of staff should be done repeatedly so that they will be more confident in managing Covid infected patients.

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