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Editorial: Fundamentals of missed care – Implications for the perioperative environment

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Predictors of missed care include youth (<35 years), qualification level, absenteeism within the last three months, limited professional experience and workplace type⁸. Same-day missed care events can also lead to further missed care events due to the accrual of work demands across shifts⁹. As causes of missed care are still emerging, identifying simple, cost-effective solutions for reducing missed care has proved elusive. Increasing nursing time was reported to have no effect on lowering missed care incidence in one multisite US study¹⁰. However, in a Korean study, increasing nursing hours lowered rates of missed care¹¹. A train-the-trainer intervention reduced missed care in a North American study although the authors relied on self-reported survey data¹². Improving the knowledge^{13,14}, educational level^{15,16} and research literacy^{17,18} of perioperative nurses.

The Australian College of Perioperative Nurses (ACORN) is one of the leading global voices in setting standards within the perioperative environment^{19–22} yet, based on the literature about missed care, it is likely that many of these standards are not met during routine care each day. Clinical standards are typically effective as the sum of their parts and rarely work when implemented as a series of missed components of care. Future standards development in the perioperative setting must account for the issue of missed care by acknowledging mechanisms and processes for assuring full implementation wherever possible.

Editorial

Fundamentals of missed care: Implications for the perioperative environment

Missed care is often described as an 'error of omission' and refers to nursing care that is needed but delayed, partially completed or not completed at all¹. There is an increasing weight of evidence pointing to missed care as a widespread phenomenon that poses serious implications for patient safety.

The prevalence of missed care is reported in a review and meta-analysis of the literature, where the authors found between 55 and 98 per cent of nursing staff missed one or more cares². Missed care is strongly associated with poorer patient satisfaction³ and, more recently, has been linked to a seven per cent increase in the odds of a patient dying within 30 days of admission to hospital⁴.

In a study of 1300 hospitalised patients, Baker and Quinn⁵ found a failure to provide fundamental nursing interventions such as oral care, head elevation and deep breathing resulted in an increased incidence of hospital-acquired pneumonia. A recent systematic review reported associations between missed care and medication errors, bloodstream infections, pneumonia, urinary tract infections, nosocomial infections, patient falls and pressure ulcers⁶. In the context of perioperative nursing, Duff⁷ reports missed care in the perioperative environment including a frequent failure to record temperature and provide forced-air warming.

ACORN

The Australian College of Perioperative Nurses (ACORN) is a registered health promotion charity that serves the patient, community and the perioperative profession to promote the prevention and control of disease. ACORN's vision is for Australian patients to receive the safest and highest quality perioperative care in the world.

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Although solutions are still being sought, it would be naive to think the issue of missed care can be solved by introducing a single tool, another checklist or even a budgetary injection. The reality is that perioperative nurses practice in an increasingly complex environment. Issues such as missed care require an acknowledgement of this complexity by continuing to search for and communicate effective, stakeholder-informed solutions in environments where quality improvement processes are embedded, iterative, recursive and ongoing.

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