ACORN

AUSTRALIAN COLLEGE OF
PERIOPERATIVE NURSES

JOURNAL OF PERIOPERATIVE NURSING

Volume 31 | Issue 3

Article 1

9-2018

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

Follow this and additional works at: <https://www.journal.acorn.org.au/jpn>

Part of the [Health Services Administration Commons](#), [Health Services Research Commons](#), [Perioperative, Operating Room and Surgical Nursing Commons](#), and the [Surgery Commons](#)

This work is licensed under a [Creative Commons Attribution 4.0 License](#).

Recommended Citation

Ralph, Nicholas (2018) "Editorial: Fundamentals of missed care – Implications for the perioperative environment," *Journal of Perioperative Nursing*. Vol. 31 : Iss. 3 , Article 1.

Available at: <https://doi.org/10.26550/2209-1092.1038>

<https://www.journal.acorn.org.au/jpn/vol31/iss3/1>

This Article is brought to you for free and open access by Journal of Perioperative Nursing. It has been accepted for inclusion in Journal of Perioperative Nursing by an authorized editor of Journal of Perioperative Nursing.

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.

ACORN Board of Directors

Rebecca East
President

Patricia Flood
Director
Journal and Research Committee Chair

Karen Hay
Director
2020 Conference Committee Chair and Professional Advocacy and Advisory Liaison

Diana Hutt
Director
Standards Committee Chair

Grace Loh
Director
Hospital and University Collaboration and Accreditation Committee Chair
Grants, Awards and Scholarships Committee Chair

Paula Foran
Member Director
Membership and Local Associations Liaison Committee Chair

Sophie Erlich
Director
Programs Chair

Donna Stevens
Director
Education Committee Chair

Garry Stratton
Director
Finance, Audit and Risk Committee Chair and 2019 Perioperative Leadership Summit Committee Chair

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.

Associate Professor Nicholas Ralph
PhD, MClInPrac (Perioperative Nursing), RN
Journal Editor

Bianca Viljoen
School of Nursing and Midwifery, University of Southern Queensland

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.

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.

References

1. Darbyshire P, Ralph N, Caudle H. Editorial: Nursing's mandate to redefine the sentinel event. *J Clin Nurs* 2015;24(11-12):1445-1446.
2. Jones TL, Hamilton P, Murry N. Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. *Int J Nurs Stud* 2015;52(6):1121-1137.
3. Lake ET, Germack HD, Viscardi MK. Missed nursing care is linked to patient satisfaction: A cross-sectional study of US hospitals. *BMJ Qual Saf* 2016;25(7):535-543.
4. Ball JE, Bruyneel L, Aiken LH, Sermeus W, Sloane DM, Rafferty AM et al. Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study. *Int J Nurs Stud* 2018;78:10-15.
5. Baker D, Quinn B. Hospital-acquired Pneumonia Prevention Initiative-2: Incidence of nonventilator hospital-acquired pneumonia in the United States. *Am J Infect Control* 2018;46(1):2-7.
6. Recio-Saucedo A, Dall'Ora C, Maruotti A, Ball J, Briggs J, Meredith P et al. What impact does nursing care left undone have on patient outcomes? Review of the literature. *J Clin Nurs* 2018;27(11-12):2248-2259.
7. Duff J, Walker K, Edward KL, Ralph N, Giandinoto JA, Alexander K et al. Effect of a thermal care bundle on the prevention, detection and treatment of perioperative inadvertent hypothermia. *J Clin Nurs* 2018;27(5-6): 1239-1249.
8. Blackman I, Papastavrou E, Palese A, Vryonides S, Henderson J, Willis E. Predicting variations to missed nursing care: A three-nation comparison. *J Nurs Manag* 2018;26(1):33-41.
9. Blackman I, Lye CY, Darmawan IGN, Henderson J, Giles T, Willis E et al. Modeling missed care: Implications for evidence-based practice. *Worldviews Evid Based Nurs* 2018;15(3):178-188.
10. McNair N, Baird J, Grogan TR, Walsh CM, Liang LJ, Worobel-Luk P et al. Is spending more time associated with less missed care? A comparison of time use and missed care across 15 nursing units at two hospitals. *J Nurs Adm* 2016;46(9):428-437.
11. Cho SH, Kim YS, Yeon KN, You SJ, Lee ID. Effects of increasing nurse staffing on missed nursing care. *Int Nurs Rev* 2015;62(2):267-274.
12. Kalisch BJ, Xie B, Ronis DL. Train-the-trainer intervention to increase nursing teamwork and decrease missed nursing care in acute care patient units. *Nurs Res* 2013;62(6):405-413.
13. Birks M, Ralph N, Cant R, Chun Tie Y, Hillman E. Science knowledge needed for nursing practice: A cross-sectional survey of Australian Registered Nurses. *Collegian* 2018;25(2):209-215.
14. Ralph N, Birks M, Cant R, Chun Tie Y, Hillman E. How should science be taught to nurses? Preferences of registered nurses and science teaching academics. *Collegian* 2017;24(6):585-591.
15. Ralph N, Birks M, Chapman Y, Francis K. Future-proofing nursing education. *SAGE Open* 2014;4(4). DOI: 10.1177/2158244014556633.
16. Ralph N, Birks M, Cross W, Chapman Y. 'Settling for less': Designing undergraduate nursing curricula in the context of national accreditation. *Collegian* 2017;24(2):117-124.
17. Moloney C, Taylor M, Ralph N. Flooded with evidence: Using a 'spillway' model to improve research implementation in nursing practice. *Aust J Adv Nurs* 2016;34(1):23-31.
18. Ralph N. Editorial: Engaging with research and evidence is a nursing priority so why are 'everyday' nurses not reading the literature? *ACORN* 2017;30(3):3-5.
19. Davies M, Sutherland-Fraser S, Raddie N, Taoi N, Hazelman M. Implementing standards in Pacific Island countries: The Pacific perioperative practice bundle (Part 2). *ACORN* 2017;30(1):41-48.
20. Levada L. Updating ACORN standard 'Post Anaesthesia Care Unit nurse'. *ACORN* 2016;29(3):48.
21. Osborne S. Recent updates to our national standards. *ACORN* 2016;29(1):54-55.
22. Osborne S, Levada L, Johnson J, Gore A, Ireland S. Standards are living documents. *ACORN* 2015; 28(1):25-27.

Conference photographs and presentations

Professional photographs taken throughout the conference are available to members from the [Conference](#) page of our website.

Most presenters have made their slides available to delegates. These can be found on the [Conference 2018 presentations](#) page of our website. Please remember that these presentations are the intellectual property of the presenter. They are for personal use and cannot be shared without written permission from the presenter.