

Assessment 1: Comprehensive Needs Assessment

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Comprehensive Needs Assessment

A thorough analysis of individuals' health helps health care professionals to utilize their resources methodically to efficiently deliver treatment. This document gives a thorough discussion of a simulated patient's needs assessment and emphasizes the significance of thorough needs analyses in locating and closing patient care gaps and putting in place efficient care coordination. This essay also provides the value of a multidisciplinary approach to care coordination and successful evidence-based practices approach to patient care to enhance medical results.

Current Gaps in Care

A patient named Mr. Decker, who is a diabetic, 79 age, was admitted to a clinic of Vila Healthcare. He was first hospitalized with a seriously infected toe, but his failure to follow post-discharge guidelines has led to his readmission with infection. Lack of a multidisciplinary care approach: The incapacity of the healthcare practitioner to guarantee that conditions like diabetes and aging are taken into account when providing care, ineffective efforts made by the caregiver to ensure that the patient adheres to the post-discharge care instructions and lack of regard for the patient's financial situation: The treatment plan and management did not take into account the patient's low financial situation.

Strategy for Gathering Additional Necessary Assessment Data

The Patient-Centered Assessment Method was used as the needs evaluation tool to make sure Mr. Decker's physiologic, interpersonal, religious, and emotional requirements are met. The approach evaluates patients' needs for their physical, cultural, emotional, and psychological well-being using an incorporated required evaluation system. The choice of the item was made due to its action orientated. It makes it easier to address patients' comprehensive needs, going

beyond the scope of physiotherapeutic treatment to meet their socio-emotional needs (Gierend et al., 2021). Informational Requirements for Patients' Best Care: The following are necessary for an accurate evaluation of Mr. Decker's current care requirements: Details on Mr. Decker's medical history, including his birthdate, sensitivities, weight, present condition and medical background,

Personal data, such as his interests, routines, actions, and hobbies. This will make it clear how Mr. Decker's care requirements will be met (Gierend et al., 2021). Because a personal interview cannot assist collect all the required information for optimal care delivery, the following data gathering methodologies are developed:

- Carefully examining Mr. Decker's actions on social media sites to gather details on his daily routine, key past events, and behavioral patterns.
- Being a member of will aid in bringing clarity to his specific demands and the numerous interconnected influencing elements in his treatment.
- Interviews with close friends and family members in-depth regarding Mr. Decker's routines, temperament, and major developments will allow individualized treatment by assisting in the understanding of the elements that impact it. Adaptive care measures are used.
- Clinical data may be found in large part because to the electronic health record systems used by Decker's former healthcare organizations. Systems for exchanging health information are set up to obtain Decker's longitudinal clinical data from multiple healthcare professionals in order to clarify the numerous influences on his condition, such as diabetes and ageing. The history and physical examination will make sure Mr.

Decker's care takes into account these interconnected aspects and supports a comprehensive approach.

Societal, Economic, and Interdisciplinary Factors Affecting Patient Care

The following elements are influencing Decker's medical treatment outcomes:

Aging: Sepsis in geriatric patients (those over 60) is a particularly difficult condition to diagnose, treat, and recover from because of the physiologic issues that come with ageing. It can be difficult to diagnose geriatric patients because they frequently exhibit unusual, non-specific signs like acute, fatigue, dehydration, poor appetite, and frailty. Sepsis is often detected using systemic inflammatory response syndrome parameters, which are typically not satisfied by elderly people since it is an inflammatory reaction to an infection. Elderly individuals have pharmacokinetic alterations, including a decline in their capacity to support, digest, disseminate, and remove medications, according to Gierend et al. (2021). Due to the enormous effects these pharmacokinetic alterations have on the management of septic, managing elderly individuals requires specific attention. Additionally, specifies changes in the immune system, which is common in older individuals, slows down the healing process for geriatric patients (Gierend et al., 2021).

Care delivery financial assistance: Medicare, the government insurance healthcare system, plays a major role in Mr. Decker's access to healthcare as a 79-year-old man. While hospital treatment and medical insurance are covered by Medicare, the quality of care relies on the insurance plan selected. Medicare's monthly premiums are estimated to be 437 dollars for Section A, which covers hospital insurance and 135.50 dollars for Section B, which covers medical insurance. Other high-end plans will have greater monthly premiums (Seelbach &

Brannan, 2022). Because of Mr. Decker's pitiful financial situation, the type of Medicare plan he could buy changed, which had an effect on the quality of his care.

Minimal social assistance: It is available by Mr. Decker's ageing wife, who still remains with him, his daughter, who visits them periodically, and his nephew and his nephew's wife, who occasionally help out. His capacity to follow the care instructions provided by the caregivers has been greatly impacted by his poor social support. Numerous research offer proof of the influence of social support on health outcomes. According to the individuals surveyed in a study by Seelbach & Brannan (2022) enhanced social welfare was linked to practical and affective gains in health. In contrast to older persons who were content with their current social support, those with inadequate social assistance reported worse health outcomes (Seelbach & Brannan, 2022). Mr. Decker's health condition deteriorated from a minor toe wound to septic as a result of insufficient social assistance in his situation. Diabetic: Mr. Decker's diabetes influences his care since it makes him more susceptible to getting sick and increases the likelihood that sepsis will cause him to die for an extended period. This is supported by the fact that diabetes impairs immune cell function, which reduces the body's capacity to eliminate bacterial buildup and raises infection-related consequences (Seelbach & Brannan, 2022).

Relating Patient Care and Care Coordination Outcomes to Professional Standards

Evaluating the quality of care and improved outcomes of patient care and coordinated care can be used to account for the results of patient care and care coordination. The National Quality Forum's safety analysis is used to assess safety results because of its thoroughness and the credibility of the organization, whose main objective is the creation of protective measures (National Patient Safety Goals, 2022). The Joint Commission's National Patient Safety Goals were chosen as the benchmark for patient safety because they were created using input from a

highly multidisciplinary advisory panel and analysis of data from national sentinel events (Heip et al., 2020). The Care Coordination and Transition Management Logic Model for Registered Nurses will be used as the benchmark for evaluating the effectiveness of care coordination (Heip et al., 2020). The logic model provides holistic links between caregiver abilities, care coordination, and consequences in addition to outlining care coordination quality outcomes (Heip et al., 2020). The logic model also provides an original strategy for interdisciplinary collaboration concentrating on patient-centered treatment.

Each year, the Joint Commission publishes patient safety objectives that have been recognized nationwide as superior standards for patient safety. Identification of a patient by birth date, distribution of test results to the appropriate patient, accurate medication labeling, the sounding of medical product alarms in perfect sync, and illness prevention are some significant standards for patient safety that will serve as the appropriate yardstick for ensuring successful patient safety outcomes (National Patient Safety Goals, 2022). According to The Joint Commission's criteria for patient safety, Mr. Decker received treatment that was perfectly focused on preventing infections during inpatient care, proper medication administration with no negative side effects, and a smooth surgery without any difficulties (National Patient Safety Goals, 2022). The Care Coordination and Transition Management Logic Model lists several significant care coordination performance levels, including the needs analysis depending on various treatment plans, priorities, and objectives; error-free transmission of the patient's care plan; continuous upgrading of care coordination plans; evidence-based practices accomplishing treatment outcomes of eighty percent; and the best comprehension of the multidisciplinary roles between teammates (Gierend et al., 2021). In doing this, the particular patient care coordination saw seventy percent treatment success rates, ninety percent of the patient's wants and desires

could be met by the care plan, and the care plan was updated promptly with no problems identified by the multidisciplinary collaboration.

Evidence-Based Practices for Successful Implementation of Patient Care Coordination

A project called GENeralized Early Sepsis Intervention Strategies (GENESIS) was started to continuously raise the standard of care for sepsis patients. A comprehensive program, GENESIS includes some highly relevant treatment strategies, including organizational evaluations for sepsis occurrence and death rates, the identification of sepsis emergencies, the execution of six-hour sepsis combo pack initiatives by highly coordinated sepsis team members, and the use of comments. In comparison to patient groups who did not get therapy under GENESIS, Gierend et al. (2021) 's study on the effects of GENESIS on a treatment group of 4,801 patients reported an average in-hospital death decrease of 14 percent and a reduction in the lengths of stay of 5.1 days.

Another useful approach is the complex, centrally planned quality improvement program that many clinics in Brazil have adopted (Yoshikawa et al., 2019). During their analysis of ten private clinics adopting the program, Yoshikawa et al. (2019) discovered that the project had two stages. In the first stage, a local board was formed, a screening procedure for sepsis was established, effective treatments were implemented, recommendations for empirical antibiotic therapy were established, proper methods for quick laboratory measurement were developed, and procedures for effective antimicrobial therapy were established. The gathering of information and the production of reports on the mortality rate following the hospital's benchmarks as well as the rate of conformity was part of the second phase. A study demonstrated a drop in death rates from 55percent even before the execution of the plan to 26% after the adoption of the program, making this technique a potential one to pursue (Yoshikawa et al., 2019). Best Strategies from

the Viewpoint of Population Health on Patient Outcomes From the populace's standpoint, the following care practices are shown to be reliable and efficient for improving the health outcomes of senior patients with sepsis: A study by Struyf et al. (2020) discovered the consecutive organ dysfunction index value to be a useful tool in identifying indications of organ dysfunctionality and death rates and, therefore, beneficial in the treatment of infection. This is because geriatric patients exhibit atypical, nonspecific symptoms (Struyf et al., 2020). According to Struyf et al. (2020), the sequential organ dysfunction test scores are well-known in the medical management community and are a reliable indicator of mortality risks. The internationally regarded Surviving Sepsis Campaign recommendations compose the Sepsis as a best practice for treating sepsis, the six bundles is recommended (Seelbach & Brannan, 2022). The Sepsis Six bundle, according to Seelbach & Brannan (2022), is a primary prevention package that prescribes three diagnostic and three therapy steps for each patient in just an hour after learning of the illness (Karaca & Durna, 2019).

Benefits of Multidisciplinary Approach to Patient Care

Mr. Decker is an elderly patient with several illnesses as well as numerous demanding demands. The only method that can effectively handle Mr. Decker's complicated multimorbidity, problems, and mental challenges is an interdisciplinary treatment approach that involves effective communication and cooperation with parental help, interdisciplinary teams, and Mr. Decker. The gaps brought on by sociological, economic, and interpersonal variables can also be narrowed with the help of this interdisciplinary model of care. The strategy is focused on interdisciplinary teams working collaboratively on an equitable basis, which helps eliminate the structure found in conventional health care organizations and raises worker motivation (Toney-Butler & Thayer, 2022). Patient outcomes are enhanced when a multidisciplinary

approach is used to provide care. When compared to operating room teams that are not multidisciplinary, Toney-Butler & Thayer (2022) indicated that the implementation of multidisciplinary operating theatre teams improved attrition time by 16 minutes and significantly reduced long waits, leading to lower hospitalization costs (Seelbach & Brannan, 2022). This study lends credence to the idea that a multidisciplinary approach to patient treatment shortens hospital stays, lowers hospital expenses, and boosts positive patient outcomes.

Conclusion

This study uses the case of Mr. Decker to give detailed needs assessment of patient treatment. The multiple interconnected aspects that must be addressed for a patient to receive the best care such as aging, diabetes, minimal social assistance, and care delivery financial assistance are effectively identified in this research. The research included in the paper has defined reliable benchmarks for measuring the particular outcomes of care coordination. This research successfully identifies prudent and comprehensive evidence-based management strategies for sepsis. Ultimately, empirical data is used to make a compelling argument for an interdisciplinary model of care coordination.

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