Missed Care: Opportunity for Improvement in Patient Care Outcomes
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Problem: Ensuring quality nursing care and patient safety is a major challenge facing nursing leadership. Missed nursing care, defined as any aspect of required care that is omitted (either in part or in whole) or delayed, has the potential to cause negative patient outcomes (Kalisch, 2006). Evidence points to the omission of nursing care as a critical problem in acute care hospitals.

Evidence: A qualitative study of missed care by Kalisch (2006) identified care omissions in practice. A culture of nursing has evolved over time which finds that failure to complete all required nursing care tasks is not uncommon.

Strategy: The MISSCARE Survey (Kalisch, 2009) was utilized to describe the amount and reasons for missed nursing care.

Practice Change: The identification of missed care and reasons for missed care has the potential to improve outcomes of care to promote safe, effective, quality care.

Evaluation: The MISSCARE Survey was administered to eligible RNs’ from November 1, 2011 to December 31, 2011.

Results: The results show a significant amount of missed care on Telemetry units of which timely medication administration (91.4%) and ambulation (82.9%) ranked highest. The findings were similar to Kalisch (2011); however, the amount of missed care was lower at 59% and 76 %, respectively. Least missed were patient assessments each shift (9.9%) and bedside glucose monitoring as ordered (20.7%). Top reason reported for missing care was labor resources (98.1%). There were no differences in missed care by unit, education, experience, shift, or full/part time status.

Recommendations: The engagement of frontline staff is critical to the analysis of omissions and development of action plans. The failure to administer medications timely and meeting of basic needs could contribute to higher morbidity including higher fall and pressure ulcers rates. Future studies should evaluate the impact of missed care on increasing morbidity, cost, and patient satisfaction.

Lessons Learned: Engagement of RN staff leaders is essential to enhance study participation.
Bibliography:

