

# Construction and exploration of medical nurse management system under auxiliary nursing mode

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**Abstract :** Objective To construct a medical assistant nursing staff management system. Methods Use EpiData3.1 software to input survey data, and use SPASS19.0 software for statistical analysis. Through patient care service satisfaction, nursing error rate, caregiver assessment pass rate, patient complaints, service defects, self-evaluation work quality, establishment of service quality sensitive indicators, etc. as the research objects, collect and sort out November and December 2018 Compare and analyze the data from June and July 2019. Results The average score of patient care service satisfaction increased from  $88\pm 91$  to  $93\pm 98$ ; the incidence of nursing errors decreased from 12 cases to 3 cases; the passing rate of nursing staff assessment increased from 72% to 92%; the complaints of patients rose from  $1.2\%\pm 2.12\%$  The rate of decrease was 1.0%; the sensitive indicators of service quality increased from 7 to 14 items. Conclusion According to the "The Occupational Classification Code of the People's Republic of China (2015 Edition)", medical nurses are one of the auxiliary medical service personnel, mainly engaged in auxiliary nursing work. Under the new form of medical and health system reform, the construction of a medical assistant nursing staff management system can reflect the soft power of the hospital, enhance the core competitiveness of hospital services, and promote the sustainable and healthy development of the hospital.

**Keywords :** medical assistant nursing staff ; management system ; construction and exploration

Medical nurses are one of the auxiliary medical service personnel, mainly engaged in auxiliary nursing and other tasks. With the rapid growth of the aging population in my country and the continuous deepening of the reform of the medical and health system, nursing services, as the core of the medical market competition, have directly affected the sustainable development capabilities of hospitals. The birth of medical caregivers is an inevitable product of the quality of medical services. At this stage, the shortage of nurses is difficult to undertake all nursing tasks, and due to the acceleration of people's life rhythm and the escalating demand, caregivers have become the market for medical services. An indispensable occupation<sup>[1]</sup>. The rigid demand for nursing staff positions In the case of the shortage of human resources in soil conservation, assisting nurses to do a good job of patient care and auxiliary nursing, effectively alleviating the pressure of nurses, nursing staff positions have become a rigid demand for hospitals. The establishment of nursing staff positions in our hospital is conducive to the development of high-quality nursing, improving the quality of nursing and promoting high-quality nursing services. The job responsibility management of nursing staff fully reflects the people-oriented service concept. When applied to ward nursing services, all kinds of satisfaction are improved, and the effect of patient satisfaction, hospital satisfaction, and social satisfaction is achieved<sup>[2]</sup>.

## 1 Objects and methods

### 1.1 Target

Our hospital is a three-level comprehensive hospital integrating medical treatment, teaching, scientific research, prevention and health care. There are 20 standard-floor inpatient wards with 1100 open beds. All wards are double or single rooms. There are 51 nurses in 35 disciplines, including 1 male, accounting for 1.97%; 50 women, accounting for 98.03%; 1 deputy chief

nurse, accounting for 1.97%; 1 undergraduate, accounting for 1.97%; 3 junior college students, accounting for 98.03% 5.88%; 4 technical secondary school, accounting for 7.84%; 42 nurses with junior high school education or above, aged 30 to 55 years old, 1 new nurse with H0 level, 33 junior nurses with H1 level, and specialist nurses with H2 level 8 people, 8 senior nursing staff H3 level; 22 people on the staff, accounting for 43.14%; 29 people who are not on the staff, accounting for 56.86%.

### 1.2 The method of constructing the management system of medical caregivers

Our hospital adopts the organization and management model of nursing department-head nurse-foreman-nursing staff. Starting from the aspects of nursing staff recruitment, training, work operation and supervision, we establish and improve standardized nursing care Management system. Aiming at the hidden dangers in the quality of medical services, a three-dimensional network-type comprehensive medical care worker quality management system centered on the patient and led by the nursing department has been established throughout the hospital, and auxiliary care worker management services are implemented to highlight the whole process and full time To further strengthen the quality management of medical services<sup>[3]</sup>.

1.2.1 Establish and improve various rules and regulations, formulate various operating standards and work procedures

(1) Establish various rules and regulations. According to national health laws and regulations, such as the "Identity Verification System", "Three-level General Hospital Evaluation Standards", "Medical Nursing Staff Should Know and Meet", etc., a series of scientific, reasonable and feasible Operate various work processes, improve the job responsibilities of personnel at all levels, implement the responsibilities, rights, and benefits of nursing staff at all levels, and establish preventive measures and monitoring.

(2) Formulate various operating standards to make operations routine. Formulate the "Nurses Work Pocket Book", combined with the actual situation of the hospital, formulate the operation specifications suitable for the nurses, so as to standardize the services of the nurses and make the operation routine.

(3) Develop inspection standards and assessment standards for various service items, covering sensitive indicators of three-level medical management (basic quality, link quality, and final quality) and quality standards for various medical service processes; emphasis on quality control content. There are rectification measures for service quality problems, highlighting the continuous improvement of high-quality services, and forming a virtuous circle of high-quality services<sup>[4]</sup>.

(4) Seriously implement various nursing rules and regulations. Especially the implementation of the first-question responsibility system, identification verification system, and handover system.

#### 1.2.2 Strictly perform job duties

Strictly implement job responsibilities, organize regular supervision and inspections, effectively carry out self-control and mutual control, comprehensively monitor implementation links and final service quality, promote the management interaction between the leadership, functional departments and departments of the hospital, and form the participation of all members. The Nursing Department is working on a good pattern of co-management.

1.2.3 Strictly manage the admission of medical and nursing staff to ensure service safety

Establish a medical care worker service platform in general hospitals to meet the needs of hospital development, focus on the main content of care worker services, promote services to a scientific and standardized track, set up an access system, and pass training and assessment during a trial period of 1 to 3 months, Only after qualified and qualified.

#### 1.2.4 Training

Pre-job induction training: Through pre-job training, understand the general situation of the hospital, relevant laws and regulations, employee handbooks, disinfection and isolation and basic knowledge of bare-handed CPR, and take the post after passing the assessment. Master the work procedures and job responsibilities of nursing staff, and learn the requirements of humanistic quality and appearance.

(1) Training object: new recruits (referred to as new nurse H0)

Training purpose: understand the general situation of the hospital's development, the hospital's corporate culture and service concepts; master the basic requirements of staff quality and etiquette, relevant laws and regulations, and hospital rules and regulations, and initially grasp the work process, basic operations and tools of the nursing staff; master the use of disinfection and isolation Basic knowledge and technology.

Training period: 1 month (30 hours in total, 50 practice sessions)

(2) On-the-job training: (referred to as primary care worker H1)

The first stage:

Training purpose: to learn basic life nursing theoretical knowledge and standard operation, standardize professional behavior, and enhance the nursing concept of humanistic care. Training period: 1 month

second stage:

Training purpose: to be familiar with the procedures and standards for inventory, cleaning, and packaging of various disinfected items. Training period: 1 month

The third stage:

Training purpose: to be familiar with the care requirements, characteristics, physiological and psychological characteristics of the elderly, pregnant women and newborns, nutritional needs and eating principles, and communication skills. Training practice period: 3 months

(3) Specialist training: (referred to as Intermediate Nursing Assistant H2, namely Specialty Nursing Assistant)

Specialist training 1: Training object: working as a caregiver for 1 year

Training purpose: to be familiar with the elderly care requirements, characteristics, physical and psychological characteristics, nutritional needs and eating principles, and communication skills. Training practice cycle: 1 year

Specialist training 2: (referred to as senior care worker H3)

Training object: working as a caregiver for 3 years

Training purpose: to be familiar with the requirements, characteristics, physiological and psychological characteristics of pregnant women, infants and young children, nutritional needs and eating principles, and communication skills. Training practice cycle: 1 year

1.2.5 Quality control, highlight key points, grasp key points, strengthen quality control of weak links

Implement a full-process control management model focusing on link quality, especially focusing on key links, key departments, and key populations, adopt comprehensive inspections, random inspections or regular inspections for key quality links that are prone to service quality problems, and take corresponding control measures to correct them in time Existing problems.

(1) Strengthen the process management of key quality processes<sup>[5]</sup>. It is mainly about the safety management of the patients sent by the field nurses, the management of the assistant nurses work of the ward nurses, and the management of the life care of the patients by the intensive nurses. Formulate standardized management procedures and work systems, with clear monitoring indicators and content.

(2) The first-level quality control means that the department foremen should earnestly serve from their side, self-discipline and supervise each other. Strictly follow the hospital's regulations and quality control standards to monitor the dynamics of undergraduate nursing services in real time, such as checking the implementation of various regulations and operating procedures, and putting forward reasonable suggestions for improving services.

(3) The department quality control team composed of the head nurse and the foreman implements secondary quality control, organizes the self-evaluation and self-evaluation of the nursing service quality of the undergraduate room in a planned way every month, and checks the nurses to perform their duties according to the corresponding quality control indicators. Analyze the department's service quality sensitive indicators, patient complaints, service deficiencies, self-search for deficiencies, self-evaluation of the quality of work, report pros and cons in the department, focus on key education and comment, and formulate service improvement plans, measures and Design new quality goals and focus on process management and link quality control. Emphasis on taking the needs of patients as the orientation and improving patient satisfaction through continuous improvement of services. All members actively participate, continuously improve service quality, and pursue the best.

(4) In the third-level quality control, the nursing department timely and accurately counts the basic quality, final quality and link quality index data of each department; the quality inspection report of the nurses in the hospital is carried out every quarter. The application of total quality management to hospital management is to adopt the concept of full-process, full-staff, and comprehensive quality control, and achieve the goal of improving service quality through the cycle of discovering problems-feedback problems-correcting problems-continuous improvement. The core work is The PDCA cycle<sup>[6]</sup>.

1.2.6 Improve quality information system, broaden quality control information channels, and improve satisfaction

(1) Collect internal quality information

Collect accurate and timely quality information from employees of various clinical medical technology departments, functional departments, and logistics departments through multiple channels, multiple channels, multiple levels, and multiple forms through regular nursing staff meetings.

(2) Collect external quality information

Through regular collection of patient satisfaction surveys and other forms, we can timely understand the external opinions and suggestions on the quality of caregivers, carefully analyze and evaluate the results of patient satisfaction surveys, and timely understand the needs of patients and find hidden dangers in service quality.

(3) Conduct an online questionnaire survey with 50 cases per month. Patient satisfaction can objectively reflect the quality of nursing service, which is the gold standard for measuring service quality. Our hospital assesses patient satisfaction to individual nursing staff, that is, the patient's evaluation of a certain nursing staff, so that nursing staff pay more attention to their own attitudes and behaviors at work, and provide more detailed education, active service, and notification to patients, so that the environment Publicity and education, and the use of hospital service facilities have been well implemented in nursing work, increasing patient satisfaction from 88.15% to 93.19%, and further promoting high-quality nursing services.

1.2.7 Strengthen humanistic construction and establish service quality awareness

It is to formulate and improve relevant policies, regulations and operating mechanisms for medical assistants. A complete set of systems, service models and operating mechanisms are needed to ensure patient safety. It is necessary to understand the work objectives, work content, working methods, Job positions, etc. shall be clearly defined to ensure that medical assistance services can be implemented scientifically.

1.2.8 Strengthen quality and safety awareness

Centering on the principle of "patient-centered and high-quality service as the core", we will carry out high-quality service quality and service theory for medical nurses every year, cultivate high-quality service awareness, learn advanced service concepts, service culture and service skills, and instill nurse-patient communication skills. Harmonious management thinking, fully mobilize the enthusiasm, initiative and creativity of all staff to participate in service quality management, enhance service awareness, responsibility awareness and standard awareness, so that high-quality service runs through every corner of the work, and every caregiver consciously regulates work Process, improve service attitude.

(2) Carefully grasp the basic nursing service learning of nurses, and strengthen the learning of basic theories, basic operations, basic skills, laws and regulations, medical rules and regulations for nurses throughout the hospital every year. The hospital conducts various forms in a planned and focused manner. New knowledge and new technology training.

1.2.9 Strictly implement the reward and punishment system, so that rewards and punishments are clear and responsibilities

(1) Incorporate the assessment scores of the quarterly nursing service quality inspection into the department's comprehensive target assessment, as the department's performance evaluation index, and link it with the department's bonus distribution and personnel promotion, and strengthen the binding force of quality control work;

(2) Establish nursing service excellence awards, which are selected once a year, and give spiritual and material rewards to the departments and individuals with outstanding nursing service quality management of nursing staff.

Set up an information record book, record the quality problems and learning content of each meeting, and make a year-end evaluation. Whoever records the comprehensive and standardized records will give extra points.

### 1.3 Observation indicators

Adopt the patient satisfaction survey form designed by our hospital, the report on nursing adverse events, the nursing staff operation and service evaluation form, and the regular evaluation indicators based on nursing staff's job responsibilities, work routines, and service technical specifications, to satisfy nursing staff's service. The awareness rate of basic nursing knowledge as the key indicators of daily work, the service quality etiquette, hand hygiene implementation,

EK improvement, nursing adverse events (specimen spilling), complaints as comprehensive evaluation indicators, forming a comprehensive and objective nursing staff position. The quality evaluation index has strengthened the nursing staff's active service awareness, and improved the quality of nursing care and patient satisfaction.

#### 1.4 Statistical methods

Use EpiData3.1 software to enter the survey data, and use SPASS19.0 software for descriptive analysis.

#### 2 results

Through the establishment of the medical assistant nursing staff system, patient service satisfaction has been greatly improved, the incidence of nursing adverse events has been drastically reduced, the pass rate of nursing staff assessment has risen sharply, and the rate of patient complaints has dropped. See Table 1.

Table 1 Comparison of various indicators before and after the establishment of the medical care worker management system

time	Average patient satisfaction score	Number of reported nursing events (cases)	Number of adverse events	Number of nurses passing assessment (cases)	Patient the complaint rate (%)	Sensitive indicators
Before construction (November-December 2018)	88±91	12		30	1.2±2.12	7
After construction (June-July 2019)	93±98	3		38	1	14
t	36.62	48.93		15.25	13.25	50
p	<0.01	<0.01		<0.01	<0.01	<0.01

#### 3 Discussion

Because the hospital is a service organization, the management system is complicated, and the medical care workers are also special. The hospital is in a continuously high-load working state, the demand for medical services is constantly escalating, the lack of nursing staff, and the workload is large. Our hospital has since established the Nursing Assistant Department, introduced the total quality management experience of nurses in the group hospitals in the past 20 years, through continuous quality improvement, service management, etc., the quality management of nurses in our hospital has developed rapidly, gradually forming a system, and focusing on humanistic service concepts, To determine the basic guiding ideology of hospital services in accordance with the overall service needs of individuals, groups and society. According to the goal of the hospital's medical care worker system construction, the work content of the service is refined, and the service needs of each department are met by different service objects, different ages, and different departments. The Department of Nursing has established a three-level quality control system for caregiver service quality management by improving the caregiver management organization, and gradually established a full-process, all-round, full-covered standardized, refined, and modern nursing service management system and system implementation guarantee system. Realize the continuous improvement of caregiver service quality management, ensure the safety of service quality, and build a harmonious nurse-patient relationship. Under the new form of medical and health system reform, it reflects the soft power of the

hospital to enhance the core competitiveness of the hospital's services, and the hospital is increasingly stimulating competition. Be neutral and invincible, and promote the healthy and sustainable development of the hospital<sup>[7]</sup>. The construction of the medical care worker service system is not only the need of the social transformation era, but also the need of promoting nursing services in the new era. Through the construction of a series of nursing staff management system, the professional quality and professional standards of nursing staff have been comprehensively improved, the accident rate in nursing work has been significantly reduced, management efficiency has been greatly improved, and the cultural life of nursing staff has been enriched. Through continuous exploration and practice, our hospital has established A set of medical care worker management system, team building has

achieved satisfactory results<sup>[8]</sup>.

#### references

- [1]Hu Liqian. The construction and practice of nursing quality management system[C]. Modern Nursing Forum, 2014.
- [2]Xu Yuxian, Wang Liping, Zeng Anna. Discussion on the construction and practice of the nursing team performance management system in tertiary A hospitals[J]. Journal of Nursing Management, 2014, 14(4):89.
- [3]Xu Yi. Research on the Construction of Shanghai Elderly Care Security System[D]. Shanghai: Normal University, 2015.
- [4]Zhang Peiling, Shen Jian, Xia Ganying. Construction and practice of nursing quality evaluation system in three-level traditional Chinese medicine hospitals[J]. Jiangsu Medicine, 2015(14):1735-1736.
- [5]Lin Huizhu, Zhou Jinping. Establishment and exploration practice of nursing staff post management system[J]. Contemporary Nurses, 2016(9):162-164.
- [6]Liu Xia, Wang Lan, Liu Jianxin, et al. The construction of a comprehensive evaluation system for nursing management and its phased effect evaluation[J]. Chinese Medical Management Science, 2016, 6(2):56-60.
- [7]Zhu Hongyan. The establishment of nursing staff management system under the medical care integration model[J]. Electronic Journal of Practical Clinical Nursing, 2017(22):101.
- [8]Zhou Hongdi, Sheng Zhiren, Liu Chunbo, et al. Construction and practice of flat nursing management system in our hospital[J]. China Rural Medicine, 2018(6):75-77.