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Effectively Assessing Risk - Maintaining Quality

The Department of Health (DH) (2009) recommended that successful healthcare services would be integrated, preventative, people-centred and productive. The coalition government has been clear that healthcare will, undergo dramatic changes over the coming years and spending will not rise, cost efficiency savings of £15 -£20 billion must be seen by the end of 2013/14 and need to be reinvested in the service to deliver year on year quality improvements (DH, 2010a). The National Health Service (NHS) will be required to concentrate on improving productivity and eliminating waste while focussing on quality (DH, 2010a). The importance of maintaining and delivering quality care with an ever reducing budget, remains a priority for clinicians and managers, with the DH (2009: 29) stating that there will be 'safer care for patients, who can be confident that they will be protected from avoidable harm'.

The DH (2009) reported that patients' experience and satisfaction would be analysed through the use of Patient Reported Outcomes Measures (PROMs) and that through the results of PROMs up to 10% of income would be dependent upon these measures of success. For 2010/11 the DH (2010b) identified that contracts will require commissioners to make 1.5% of contract value available for providers to earn, if they achieve locally agreed quality improvement and innovation goals. The tariff payment systems will not reward poor quality or unsafe care and the introduction of never events, including pressure ulceration, identifies the increasing importance of practitioners being able to detect the 'at risk' individual to allow for timely implementation and evaluation of preventative strategies. Therefore, the effective and correct use of risk assessment tools by healthcare practitioners is essential to prevent potential complications from arising and promote evidence based quality care.

There are a range of tools healthcare practitioners can choose from to maintain and develop effective and quality based care interventions, in conjunction with clinical judgment. Risk assessment tools should be an integral part of the practitioners role in identifying, planning, implementing and evaluating best practice interventions for individuals at risk. Examples of risk assessment include:

- Malnutrition
- Deep Vein Thrombosis
- Pair
- Pressure ulceration
- Infection

- Falls
- Medication errors

The BJCN will be running a series of articles over the coming year that will focus on risk assessment tools and patient reported outcome measures, the first in this exciting series will be focussed on pain assessment. These articles will raise awareness of risk assessment tools and the continuing importance of understanding and integrating the quality agenda into clinical practice.

References

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