

Fundamentals:

Still the building blocks
of safe patient
care



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IN TODAY'S COMPLEX and fast-paced healthcare environment, the importance of fundamentals of nursing care is sometimes overlooked and undervalued. The core principles of nursing care involve meeting the patient's most basic needs. This isn't to imply that nursing care is simple; on the contrary, it's a recognition that nursing is very complex and built on foundational knowledge.^{1,2,3} Both patient care and safety are compromised if basic skills are lacking.⁴

Recent sources reinforce that nursing fundamentals supporting basic care are the root of positive patient outcomes, and that failure to utilize these core fundamentals as the foundation of basic care contributes to errors, prolongs hospitalization, and increases mortality.^{5,6} Both the Institute of Medicine and the World Health Organization (WHO) describe basic patient care as being patient-centered, safe, and effective.⁷ Yet, based on conversations with nursing faculty and an informal review of nursing school schedules, the authors have determined that some schools of nursing have eliminated fundamentals courses in order to concentrate on what they consider to be "higher level" skills.

In light of the current focus on patient satisfaction scores, quality and safety initiatives, and efforts to decrease readmissions, this article examines

the need to reemphasize the basics in nursing education and practice.

Back to basics

Fundamentals or the basics of nursing care have been considered the building blocks of nursing care since Florence Nightingale's time. Her early research demonstrated that better quality of care is related to positive patient outcomes. She suggested that regardless of the patient diagnosis or situation, the "basics" must remain constant.⁸

Despite this mandate, the definition of basic or fundamental care in current literature isn't consistent and is often quite vague. Kitson et al. investigated care fundamentals and discovered a lack of agreement on the definition of fundamental aspects of patient care.⁹ Using a meta-narrative approach, they reviewed numerous textbooks to attempt to identify consistent descriptions for basic nursing care. Areas of similarity woven through some of these texts included patient safety, nutrition, elimination, rest/sleep, mobility, and personal hygiene. Assessing the effects of illness on the patient's activities of daily living and developing interventions to manage this impact is a part of every basic nursing care plan. More recent research also addresses comfort, pain management, patient privacy, and psychosocial needs.⁹ These findings reinforce the need to clearly define

the language and concepts comprising the fundamentals of care.

Austgard states that fundamental care encompasses the patient's basic human needs and shares some common core elements and characteristics across patient populations regardless of diagnosis, prognosis, or cultural identity.¹⁰ This holistic view is essential for high-quality, individualized patient care.

Potter, Perry et al., authors of a well-known nursing fundamentals text, agree that basic human needs must be adequately assessed and met.¹¹ They state that nurses need a broad knowledge base to enable them to respond to the changes and continual challenges of today's healthcare environment. The skills that novice RNs use most often include infection prevention and control, assessment of vital signs, medication management, and patient hygiene.⁴

Along with competence in fundamental nursing skills and tasks, basic nursing care encompasses a responsibility for correct interpretation of assessment data using critical thinking.¹⁰ These concerns aren't for new nurses only; attention to care fundamentals should be every nurse's top priority.

Misperceptions about basic nursing care

Unfortunately, the overall quality of basic care has decreased due to the

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perception of low priority and little acknowledgment of its importance.¹² Some nurses may develop the attitude that basic care is “beneath them” and not an efficient use of their valuable time. This is far from true; current research demonstrates that errors and poor patient outcomes can be traced back to the quality of basic nursing care.¹³

Recently, hospitals and healthcare organizations such as the Association of periOperative Registered Nurses, WHO, and the Agency for Healthcare Research and Quality (AHRQ) have started to focus attention on the importance of fundamental knowledge and skills.^{1,2,3} These same organizations have added review of basic care to annual competency and compliance process recommendations in recognition of the fact that high-quality fundamental care is directly related to positive patient outcomes.

Fundamentals in practice

Hand hygiene is essential to prevent infections, particularly healthcare-associated infections (HAI), in all specialty areas of nursing. As noted by the AHRQ, attention to hand hygiene is important not only to protect the patient, but also to protect healthcare workers.¹² Many institutions have now incorporated proper hand hygiene practices into annual competencies as a reminder to the

healthcare team that this basic skill must be done correctly.^{2,3,14}

Another area of fundamentals that's recently received increased attention is oral care. This must be carried out routinely to prevent complications such as ventilator-associated pneumonia (VAP) and preterm delivery and low-birth-weight infants, which have been linked to maternal periodontal disease.^{15,16}

In a study of nonventilator hospital-acquired pneumonia (NV-HAP), Quinn et al. demonstrated a 39% drop in the incidence of NV-HAP after basic oral care protocols were initiated. This resulted in an estimated cost savings of \$1.6 million dollars.⁶ A comparable study of VAP demonstrated similar results.⁵

Rates of catheter-associated urinary tract infections (CAUTIs) are among the most common device-associated HAIs, particularly in ICUs. CAUTIs have been linked to prolonged hospital length of stay, morbidity, development of antibiotic-resistant pathogens, and increased healthcare costs. These infections are directly associated with improper catheter care and management.¹⁷ The care fundamentals related to positioning of the catheter tubing and bag, routine perineal care, and maintaining a closed system all help decrease the incidence of CAUTI.¹⁸

Stoma and peristomal skin infections are other examples of infections that may be prevented with proper basic skin care techniques and attention to personal hygiene.¹⁹

Communication is also fundamental to safe, high-quality patient care. Nurses must have good communication skills, both oral and written, and be assertive patient advocates. Because unclear communication is a major factor in errors, nursing is reemphasizing communication skills and adopting concise, accurate communication techniques as recommended by The Joint Communication.²⁰ Using the S-B-A-R approach (Situation-Background-Assessment-Recommendation) is one example of standardized communication. Specialty areas of nursing such as the perioperative area incorporate briefings and debriefings and basic safety checklists as a means of consistent, timely, and mindful interdisciplinary communication.^{21,22}

Critical thinking informs decision making

Today's complex world of nursing practice challenges nurses to think critically to facilitate problem solving. Assessment of vital signs is one of the most fundamental nursing skills and all nurses need to be able to demonstrate correct procedural techniques. Subtle changes can indicate a potential problem. Rathbun and Ruth-Sahd suggest the use of algorithmic tools to help novice nurses interpret vital sign data, prioritize patient care, and make rapid decisions about nursing interventions.²³ For example, the algorithm for pulse assessment follows a decision tree for numbers outside of the normal ranges and/or patient's baseline. It also directs nurses to consider causes such as medications, pain, anxiety, cardiac and electrolyte abnormalities as well as possible interventions, all of which solidifies their fundamental knowledge.

Implications for nursing education

One can't deny that the current healthcare environment is chaotic and constantly changing.²⁶ The nursing profession must assure that new nurses are prepared to be successful in this type of environment. In addition, nursing students need to be educated about interdisciplinary communication, leadership skills, evidence-based practice, informatics, and patient safety initiatives.

The authors of this article strongly believe that education on the fundamentals of nursing can't be sacrificed in order to make more time for “higher level” skills. Topics about evidence-based practice, effective communication, leadership, informatics, and patient safety can be woven into a fundamentals course. Nursing faculty must utilize various teaching strategies to optimize student learning of nursing fundamentals while integrating classroom theory within the clinical setting to bridge the gap between education and practice.²⁷

Reviewing root cause information for sentinel events, The Joint Commission found that one of the top causes relates to patient assessment, which is fundamental to patient care.²⁴ For example, in fall-related events resulting in death or permanent loss of function, deficiencies related to assessment were the number one cause.

According to the National Pressure Ulcer Advisory Panel, frequent patient assessment coupled with regular turning, moving, and positioning directly decreases pressure ulcer formation.²⁵ Basic skin assessment and care help prevent skin breakdown and prolonged recovery times. All of these examples support the fact that basic care is vital to sustain positive patient outcomes.

Implications for practice

Nurses in all areas of nursing practice, including nurse educators, need to be more aware that attention to basic care is crucial to improve patient outcomes and build patient trust. (See *Implications for nursing education*.) The examples discussed above provide evidence that patient outcomes, costs, mortality, and readmission rates can all be positively affected by attention to basic care. Using this evidence, nurses can advocate for lower nurse-to-patient ratios. Delegation of basic skills to unlicensed assistive personnel isn't always in the patient's best interest. Because of this, nurses need to delegate appropriately and follow up to evaluate the care given to the patient.

As part of continuing quality improvement, healthcare organizations are requiring evidence-based practices, such as use of care bundles for basic nursing care.⁶ Nurses need to be supported in this regard so they're motivated to provide effective, efficient care. Healthcare leaders need to recognize the importance of basic care and adjust staffing

levels to allow nurses the time they need to complete these fundamentals. Missed basic care also impacts fiscal resources as hospitals are no longer being reimbursed for care related to certain preventable adverse events.

Unique opportunities

Nurses spend more of their time with patients than any other discipline, which gives them unique opportunities to make a difference in patient outcomes. Recent literature has demonstrated the impact of nursing fundamentals and basic care on issues such as infections, falls, pressure ulcers, assessment, and communication that all impact patient safety, healthcare costs, length of stay, and readmissions. For this reason, nurses can't underestimate the importance of fundamentals. These concepts are still the building blocks of all nursing care, no matter how complex. ■

REFERENCES

1. Spruce L. Back to basics: hand hygiene and surgical hand antisepsis. *AORN J*. 2013;98(5):449-460.
2. Spruce L. Back to basics: preventing surgical site infections. *AORN J*. 2014;99(5):600-611.
3. Spruce L. Back to basics: surgical attire and cleanliness. *AORN J*. 2014;99(1):138-146.
4. McNett S. Teaching nursing psychomotor skills in a fundamentals laboratory: a literature review. *Nurs Educ Perspect*. 2012;33(5):328-333.
5. Fields LB. Oral care intervention to reduce incidence of ventilator-associated pneumonia in the neurologic intensive care unit. *J Neurosci Nurs*. 2008;40(5):291-298.
6. Quinn B, Baker DL, Cohen S, Stewart JL, Lima CA, Parise C. Basic nursing care to prevent nonventilator hospital-acquired pneumonia. *J Nurs Scholarsh*. 2014;46(1):11-19.
7. van Achterberg T. Revisiting basic nursing care. *J Nurs Scholarsh*. 2014;46(1):1-2.
8. Nightingale F. *Notes on Nursing: What It Is and What It Is Not*. London: Harrison and Sons; 1859.
9. Kitson A, Conroy T, Wengstrom Y, Profetto-McGrath J, Robertson-Malt S. Defining the fundamentals of care. *Int J Nurs Pract*. 2010;16(4):423-434.
10. Austgard KI. What characterises nursing care? A hermeneutical philosophical inquiry. *Scand J Caring Sci*. 2008;22(2):314-319.
11. Potter PA, Perry AG, Stockert PA, Hall AM. *Fundamentals of Nursing*. 8th ed. St. Louis, Missouri: Elsevier; 2013.
12. Agency for Healthcare Research and Quality. Making Health Care Safer II: An updated critical analysis of the evidence for patient safety practices.

2013. <http://www.ahrq.gov/research/findings/evidence-based-reports/ptsafetyuupt.html>.

13. Ehler BB. A return to basics: an investigation of an increase in central line associated bloodstream infection (CLABSI) role in ICU. *Am J Infect Control*. 2014; 42(6):S100.

14. World Health Organization. *Guidelines on Hand Hygiene in Health Care*. Geneva: World Health Organization; 2009.

15. Sjögren P, Nilsson E, Forsell M, Johansson O, Hoogstraate J. A systematic review of the preventive effect of oral hygiene on pneumonia and respiratory tract infection in elderly people in hospitals and nursing homes: effect estimates and methodological quality of randomized controlled trials. *J Am Geriatr Soc*. 2008;56(11):2124-2130.

16. Saini R, Saini S, Saini SR. Periodontitis: a risk for delivery of premature labor and low-birth-weight infants. *J Nat Sci Biol Med*. 2010;1(1):40-42.

17. Rosenthal VD, Todi SK, Álvarez-Moreno C, et al. Impact of a multidimensional infection control strategy on catheter-associated urinary tract infection rates in the adult intensive care units of 15 developing countries: findings of the International Nosocomial Infection Control Consortium (INICC). *Infection*. 2012;40(5):517-526.

18. Centers for Disease Control and Prevention. Catheter-associated urinary tract infection (CAUTI) toolkit. http://www.cdc.gov/HAI/pdfs/toolkits/CAUTIToolkit_3_10.pdf.

19. Burch J. Care of patients with peristomal skin complications. *Nurs Stand*. 2014;28(37):51-57.

20. The Joint Commission. *Improving patient and worker safety: Opportunities for synergy, collaboration, and innovation*. 2012. <http://www.jointcommission.org/assets/1/18/tjc-improvingpatientandworkersafety-monograph.pdf>.

21. Steelman VM. The importance of briefings and debriefings. *AORN J*. 2014;99(6):665-667.

22. Lyons VE, Popejoy LL. Meta-analysis of surgical safety checklist effects on teamwork, communication, morbidity, mortality, and safety. *West J Nurs Res*. 2014;36(2):245-261.

23. Rathbun MC, Ruth-Sahd LA. Algorithmic tools for interpreting vital signs. *J Nurs Educ*. 2009;48(7):395-400.

24. The Joint Commission. *Sentinel Event Data—Root Causes by Event Type 2004-Q2 2014*. 2014. http://www.jointcommission.org/Sentinel_Event_Statistics.

25. National Pressure Ulcer Advisory Panel. *The NPUAP Selected Quality of Care Regulations Made Easy*. 2014. <http://www.npuap.org/wp-content/uploads/2014/03/NPUAP-F-tag-final-March-2014.pdf>.

26. Isaacson D. Use of critical access hospitals: fundamentals of nursing. *Kansas Nurse*. 2013; 88(4):20-21.

27. Benner P, Sutphen M, Leonard V, Day L. *Educating Nurses: A Call for Radical Transformation*. San Francisco: Jossey-Bass; 2010.

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