



Progress of Research on the Application of the Unaccompanied Care Model in Clinical Settings

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Abstract

This article reviews the application of unaccompanied care mode in clinical practice both domestically and internationally, and describes the origin, current situation, and development of unaccompanied care mode in clinical nursing in China. This article reviews the application of unaccompanied care mode in clinical practice both domestically and internationally, and describes the origin, current situation, and development of unaccompanied care mode in clinical nursing in China. Understand and analyze the advantages and disadvantages of Understand and analyze the advantages and disadvantages of this model, in order to continuously improve it and provide theoretical basis and reference for future clinical nursing personnel.

Keywords: No accompanying; Care mode; Ordinary ward

Introduction

As a new type of medical management model in China, the unaccompanied care model refers to a patient who is not accompanied by family members during hospitalization, and all medical, nursing and life care is undertaken by medical and nursing staff after hospitalization [1-2], which not only requires a high degree of professionalism on the part of medical and nursing staff, but also embodies mutual trust between doctors, patients and nurses. The unaccompanied care model is an urgent need for the high-quality development of hospitals, and it is the ground grip for the comprehensive realization of high-quality nursing services, and the promotion of this model is an inevitable trend to improve the quality of nursing services [3]. At present, the escort mode will bring some difficulties and challenges to the management of hospitals, such as: Increasing the risk of cross-infection, low efficiency of doctor-patient communication, the patient's rest cannot be guaranteed and so on. It is necessary to carry out the "unaccompanied care" mode, which can not only bring convenience and benefits to patients and their families, but also maintain the order management of the department and improve the quality of nursing services, which is conducive to the improvement of China's health care service capacity [4]. However, the unaccompanied care in China is still in the preliminary exploration, this study is to analyze the application of the unaccompanied care model at home and abroad by reviewing the literature, and to understand the advantages and shortcomings of the existing accompanied care model, so as to provide reference for the future clinical development.

Current Situation at Home and Abroad

A number of Chinese scholars have studied the unaccompanied care model many years ago, but the development of this model is still in its infancy in China [5-7]. The study at [8] found that there is a high turnover of companions in the ward, which makes it difficult to manage them. The implementation of unaccompanied care can reduce the burden of families and society, save manpower costs, improve the environment and order of the ward, and is also a great challenge to the work of nursing staff [9,10].

According to the relevant national regulations, the rate of escort in Grade 3A hospitals should be controlled within 8% [11], but the study shows that most of the hospitals fail to meet the standard, and the rate of escort in some hospitals is even higher than 80% [12].

Studies have shown that the unaccompanied care model has begun its initial pilot implementation nationwide and has shown a trend of development from large cities to small and medium-sized cities, and from public hospitals to private hospitals [13]. Tian Li et al. [14] showed that after a 3-month trial run of unaccompanied care, families were 100% satisfied with the order of the ward environment, 100% satisfied with the quality of care, and the overall quality of nursing services

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improved. Huang Bi [15] and other studies show that by implementing empathy capacity building, standing in the patient's point of view to think about what the patient needs, and solving practical difficulties for them. Effectively enhance nurse-patient satisfaction and reduce the incidence of nursing adverse events. British inpatient [16] patients to implement the unaccompanied care system, the patient's all life by the ward nurses and assistant nurses together to complete. Greatly reduce the burden of family members. Australia [17] hospitals all patients to take unaccompanied care model, to provide great convenience to patients, reflecting the humane management of high-quality nursing services. In Singapore's hospitals, the implementation of the unaccompanied care system, to meet the physical needs of patients is the focus of nursing work [18]. The implementation of "unaccompanied care" can bring benefits and convenience to patients and their families, can comprehensively improve the quality of care, and truly serve the patients, which is worth promoting.

Advantages of Being Unaccompanied

Reduce the incidence of nosocomial infections

There are many potential risk factors in the mobility and hygienic condition of the accompanying staff. The ward is a place where bacteria and viruses gather, and the accompanying staff may be infected, and the family members who come with bacteria may also infect the patients, which greatly increase the risk of the patients being infected. Among them, nephrology has a wide variety of diseases, patients' immunity is greatly reduced due to the use of hormones, and the complexity of the accompanying staff increases the potential risk of infection, and there is a risk of cross-infection and spread of infection. Infection is a common complication of CKD patients, due to the specificity of the disease have different degrees of malnutrition and immunocompromise, very easy to lead to the occurrence of infection. It is particularly important to do a good job of risk warning, and the implementation of the unaccompanied mode of care to a certain extent reduces the risk of infection, reduces the length of hospitalization, reduces economic expenditure, and at the same time reduces the turnover of personnel, improves the environment of the ward and reduces the risk of occurrence.

Reduction of economic expenditures

Carers have a more complex psychological experience of the patient's illness and can experience negative psychology. While needing to spend a lot of time and energy caring for the patient, they may not be able to fulfill the responsibilities assumed by each role, resulting in an imbalance between care giving and life, a conflict of roles, and an inability to take care of other members of the family. At the same time, it is inevitable that changes in personal social relationships will occur, and it will be difficult to adapt to the care of the patient. The increased burden of care not only reduces the quality of life of the patient and the family carer, resulting in social isolation of the family carer, poor health, anxiety and depression, but also leads to intra-familial conflict, and rigidity of the caring relationship [19,20]. The unaccompanied care model can reduce the burden on patients and carers to a certain extent, so that carers can take care of their personal work and family life without causing financial burden and disruption to other family members. Not only can it reduce disease-related nutritional costs, transport costs, accommodation costs, meal costs, companion costs, etc., but also to a certain extent, it saves the waste of human resources costs. In addition, the noisy environment in the ward of the companion mode will affect the communication efficiency to a certain extent for both doctors and

patients. The development of unaccompanied care provides a suitable communication environment for both parties, so that doctors and patients can directly face-to-face more intuitive communication of the patient's condition, more clearly answer the questions of the patient's family members, and can alleviate the family's anxiety and psychological burden.

Enhancing social benefits

In recent years, hospitals have seen the first results of the unaccompanied care model through financial support from the Government. A favorable medical environment helps to maintain the stability of the medical staff team and improve the quality of medical services. The unaccompanied care model mainly consists of nurses (to complete clinical nursing work) and caregivers (auxiliary nurses to assist patients in their daily living). As an emerging industry, caregivers are important in practicing quality nursing service, improving service quality, and carrying out unaccompanied care wards [21,22]. The main work of caregivers is to assist nurses to perform basic nursing operations and meet the needs of hospitalized patients to receive basic life care [23]. All the life care work of the caregiver is completed under the supervision of the nurse, and the nurse also improves her own professional level to a certain extent, and exercises effective communication and collaboration with the caregiver. The two promote each other and work together to lay the foundation for the development of nursing. In the current medical environment, nurses and caregivers are the group of people who provide direct care to patients, and it is important to maintain a long-term, good and effective mode of operation between the teams in order to comprehensively improve the overall quality of nursing services in hospitals, and to provide high-quality medical services to the general public in the community [24].

Enhancement of the general competence of nursing staff

The unaccompanied care model advocates giving patients a full range of life care [25]. It includes disease observation, life guidance, and psychological intervention and so on. It is necessary to strengthen the observation ability of nursing staff, observe more patients during ward rounds, improve the ability to predict risks, do a good job of dynamic assessment of patients, and inform and take protective measures in advance for special patients (advanced age, disability, communication disorders, previous cerebral infarction, hypertension, etc.) to avoid falls, falling out of bed and other undesirable events, to ensure the safety of the patients and avoid accidents, which is of great significance to improve the survival rate of the patients. Significance [26] Before admission, we should do a good job of educating patients, clearly labelling patients' belongings, assessing patients' conditions in various aspects, improving the decision-making power of nursing staff in complex medical environments, and reducing the risk of adverse events during hospitalization [27].

To patients and their families to do a good job of health education, to enhance the patient's knowledge of the disease, no longer verbal preaching, but more in-depth to make them understand the knowledge of the disease. Unaccompanied mode is also a reflection of the humanistic care of nursing staff, when there is no family accompanied by the patient, it is inevitable that the psychological burden, such as "anxiety, nervousness, loneliness increased", nursing staff should be more accompanied by the patient, listen to the patient's demands, to alleviate the patient's negative emotions. When nursing staff have comprehensive and mature communication skills, risk prediction skills, disease education skills, life guidance skills,

teamwork skills, etc., the overall quality of nursing services will be significantly improved [28,29].

Difficulties and Recommendations

Increased risk

Due to the lack of family members accompanying the patient, the first situation of the patient's caregivers could not be informed in time, and invariably there is a risk potential. This puts forward more professional requirements for the clinical work of nursing staff, when the patient is admitted to the hospital, do a good job of risk assessment, timely inform the patient as well as the caregiver, to prevent the occurrence of adverse events. Familiarize themselves with the changes in the patient's condition and dynamically adjust the risk level according to the patient's individual situation; increase the intensity of rounds, and shorten the rounds for patients with serious conditions; consider whether to add a chaperone for special patients such as those with advanced age, disability, and communication disorders, as appropriate, in order to safeguard the patient's daily life.

Nurse-patient relationship

Family care can improve patients' medication adherence, relieve their psychological stress, and achieve better results in the treatment process [30]. However, prolonged family care can also increase the burden of disease [31]. Under unaccompanied care, without the company of family members, patients will be full of worries about the development of the disease, and will inevitably experience anxiety, loneliness and other negative emotions, while family members will be unable to take care of them in person, and will experience agitation, tension and other emotions. Healthcare personnel should promptly appease the emotions of patients and their families, doctors should first recount the patient's condition to the family, nursing staff should make up for the absence of family members, accompany the patient more often, strengthen communication with the patient, establish a positive and friendly relationship, gain their trust, and reasonably arrange the patient's life and living.

Inadequate human resources

At present, there is a general shortage of nursing staff resources in our society, and the unaccompanied care model will increase the workload of nursing staff. Reasonable introduction of third-party outsourcing companies, by a unified after the entry training and licensed caregivers responsible for the training content contains the basic clinical work, so that the caregiver can solve the patient's daily life needs, and effectively communicate with the patient and nurses between the communication. The unaccompanied care model saves doctors and nurses the time consumed in family companionship, allowing doctors and nurses to focus more on patient treatment and maximizing patient recovery [32]. The introduction of the third party is the hospital in order to improve the quality of nursing services, reduce the unnecessary burden of nursing staff, so that the head nurse of the department is more focused on the management, the nursing staff is more focused on the clinical work, and can better solve the cumbersome affairs of clinical nursing.

Conclusion

In response to the national call, all major hospitals are preparing for the "quality nursing service", in which humanistic care is an essential part of nursing practice in hospitals, aiming at the full implementation of the patient-centered service concept.

The unaccompanied care model demonstrates both the

professionalism of the medical staff and the personalized aspect of the service. It creates a good inpatient environment, meets the needs of the disease and health education and guidance for patients through multi-dimensional aspects, and at the same time, it has a more significant effect on reducing the air bacteria count in the ward, improving the environment of the sick area, and reducing the cost of family members etc. [33,34]. However, in the clinic still face: Human resources, effective management, patient cooperation and other issues, in the future to carry out the model of unaccompanied care should continue to improve, timely communication with patients and their families, to do the risk of early warning and countermeasures, regular feedback on the existence of unaccompanied care and solve the problem, and constantly improve the model.

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