

Application of Strengthening Detail Management in Intensive-Care Unit Nursing Management

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Abstract: As the core work of the hospital, the intensive care unit (ICU) has gathered many of the most cutting-edge facilities and related medical staff. ICU is the core application way to treat high-risk patients, which often contains the deep hope of patients and their families. Therefore, it is critical to further improve the quality of care management and control in the intensive-care unit. The use of in-depth detail controls is critical to the daily care of patients in intensive-care unit, so it's worth exploring further.

Keywords: Detail Management; Intensive-Care Unit; Nursing Management

The intensive-care unit is a modern, cutting edge approach to health care that has been accompanied by the further comprehensive development of the health care profession, the creation of new medical facilities and the innovation of hospital management and control systems. The related staff of the ICU need to further improve how to effectively control the related nursing work of the ICU. The management and control of details are a brand-new form of management and control that have been gradually formed in recent years. It can better excavate the root of the problems in nursing care, and pay more attention to the detailed services in nursing care, which plays an important role in improving the quality of nursing. This paper will carry on the comprehensive comb to have the in-depth analysis, combined with the situation of strengthening the details of management and

control of the specific situation in a hospital intensive care unit.

1. Relevant information and methods of implementation

1.1 Collection of relevant information

The main data collected for a hospital within a year of nearly 170 patients admitted to the ICU to explore the core target group, specific target group information as shown in **Table 1** below

The patients were divided into control group and observation group according to the time of admission. Each group includes 100 members with similar overall profile

Sex of patients		Overall proportion of patients' diseases		
Male	Female sex	AECOPD	ARDS	Severe asthma
108	62	45%	33%	22%

Table 1. Target group information

1.2 Introduction to care

The control group consisted mainly of routine care in the intensive-care unit, that is, primary care and crisis care which included holistic testing, patient monitoring, and diet control. The observation group may work on the basis of the overall strengthening of the details of the control group with specific strengthening of the following areas: First, the development of a targeted system related to nursing management and control. The core of detail management is to use the process as a benchmark to better manage and control nursing care. The relevant care management staff and a cadre of medical staff should work on the basis of all the engineering processes used by the intensive-care unit and related systems to further reproduce the working system and the corresponding nursing procedures throughout the intensive-care unit, including all links of the day-today nursing system, the rules of nursing control, specialized nursing process, emergency response process, etc.. The second is to explore the hidden dangers of the relevant details of the source. Collecting relevant information comprehensively, further deepening and summarizing the problems existing in nursing, and further analyzing the hidden trouble problems existing in the examination of nursing work in hospitals, sorting out and comprehensively developing the detailed origin of the hidden trouble in nursing are priorities. For example, patients in intensive-care unit who have pressure sores from long periods of bed rest need to be fully attended, especially health care workers have to control their skin. At the same time, the hospital should draw up the corresponding detailed control plan to the most common hidden trouble, and draw up a book to carry out the

whole training in the cycle in the system, so that the relevant medical staff can completely grasp; Third, to further improve the quality of nursing work. Every week is the cycle for the hospital to carry out the examination and assessment. At the same time, hospitals also need to fully train new medical staff to be proficient in the use of conventional medical facilities, and fully encourage the relevant medical staff to further upgrade their professional standards; Fourth, the overall details of the rescue facilities control. The health care workers involved need to ensure that the rescue facility is available in real time. The damaged or missing related facilities should be repaired and supplemented in a timely manner. The rescue facilities also need regular maintenance, and the daily handover work should also be done properly. Fifth, fully improve the overall environment of the ward. Relevant medical staff should keep the ward clean and quiet at all times, and effectively protect the privacy of patients. Relevant medical staff should not engage in too many private activities, so as to better ensure the stability of the ward environment. The nursing control department of the hospital needs to carry out regular tests to further evaluate key indicators such as nursing control quality and patient satisfaction in ICU.

2. Results of the overall development of the application

The scores of nursing management quality, the scores of nursing document writing quality, the qualified rate of basic nursing quality and the satisfaction of patients in the observation group were significantly better than those in the control group. Overall differentiated data are shown in **Table 2** below.

Group	Number of cases	Nursing management score	Nursing document score	Qualified basic care	Patient satisfaction
Observation group	100	98.6± 1.3	98.9± 1.2	98 (98.0)	99 (99.0)
Control group	100	93.6± 1.3	92.1± 1.1	91 (91.0)	91 (91.0)
U/x2,p	P	27.20,<0.01	41.77,<0.01	4.71,<0.05	27.20,<0.01

Table 2. Comparison of nursing quality between the two groups

3. Analysis of the results of the overall development of the application

Through practical application, we find that the effective deep communication between doctors and patients in ICU nursing management can further improve the effect of treatment, which mainly includes: first, deep verbal communication. Health care workers can give lucid patients a comprehensive overview of the intensive-care unit environment, as well as a detailed description of the overall condition and specific treatment options, in particular, for some patients who may have infectious problems should be explained by why their relatives can't accompany around, so as to maximize the patient's support and understanding; Secondly, non-verbal communication. For patients who have difficulty speaking, we can communicate with them deeply by means of gesture, so as to understand their needs in the first time. There are also professional studies that show that the basic sleep quality of patients plays an important role in the recovery of patients with intensive care unit. Therefore, it is also required that relevant nursing staff should make full efforts to arrange medical resources reasonably when the basic conditions permit so as to provide more adequate rest time for patients.

4. Conclusion

The guarantee for the further deepening of the detailed management and control in the intensive-care unit lies in the deep implementation of the relevant rules and regulations and safety management and control, further enhancing the safety awareness of nursing staff, and enhancing the overall professional standard. Through

the actual investigation of the data results of this article, conclusion can be clearly drawn that all indicators of nursing management of the observation group with further deepening the details is significantly better than that of the control group. This shows that enhanced detail control can not only effectively improve the standard of medical treatment in the ICU, but also further improve the professional standards of nursing staff in an all-round way. Therefore, comprehensive management of details in the intensive-care unit is critical to improve the standard of care in hospitals at this stage.

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