

Application of Medical Cooperative Management Mode in Nursing Management of Basic Hospital

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Abstract: Objective To explore the application value of medical cooperative management model in nursing management of internal medicine in primary hospital. **Methods** A total of 100 patients were enrolled in our hospital from January 2016 to January 2017. All patients were divided into two groups by random number table. The patients were divided into two groups: control group and experimental group, 50 cases in each group. The control group was treated with routine nursing mode, and the test group was treated with medical care and nursing model. The nursing effect of the two groups was compared. **Results** The average hospital stay was 11.3 ± 4.8 days, the average score was 82.3 ± 12.4 points, the total length of hospital stay was 8.9 ± 4.3 days, and the satisfaction score was 90.5 ± 11.7 points. The scores of hospitalization were significantly lower than those of the control group, and the scores of satisfaction were significantly higher than those of the control group ($P < 0.05$). In the control group, the incidence of adverse events was 10%. A total of 4 patients developed adverse reactions such as hemorrhage and infection. The incidence of adverse events in the test group was 4%. Only 2 cases had adverse reactions such as hemorrhage, which were significantly lower than those in the control group ($P < 0.05$). **Conclusion** The synergistic management model of medical care is effective in the nursing management of medical care in primary hospitals, which can effectively improve the satisfaction degree of patients, reduce the risk of adverse events and improve the quality of medical services, and be worthy of promotion in primary hospitals.

Keywords: health care collaborative management model, primary hospital; nursing model, medical nursing

With the continuous improvement of medical level and the continuous reform of medical model, how to live a healthy life has become the focus of attention in contemporary society. People began to gradually focus on the medical service industry, which also posed a greater challenge to the vast number of medical staff. Medical nursing is formed with the social progress, medical development and the change of nursing concept. Its purpose is to serve the public, always "patient-centered, to improve the quality of nursing as the core" to provide "high quality, efficient and satisfactory" nursing services for the majority of patients [1-4]. Medical nurses in grass-roots hospitals need comprehensive professional knowledge, good medical ethics and recuperation, and skilled professional skills to provide patients with assured and high-quality nursing services. Medical-nursing collaborative management model is a new type of nursing management model, specifically refers to doctors and nurses forming relatively fixed diagnosis and treatment team, taking medical-nursing team as the basic unit of work to provide patients with treatment, nursing and rehabilitation integrated responsibility system of overall medical services [5-7]. This new management mode has broken the original pattern and formed a new working pattern of doctors, nurses and patients. Doctors and nurses jointly participate in the formulation of treatment plans, discuss and analyze treatment plans, and take timely adjustments according to the actual situation of patients, improve service and treatment, and improve the prognosis of patients. It has been reported that the collaborative management model can improve the quality of hospital services, reduce the risk of adverse events, and increase the satisfaction of patients and their families. Therefore, this study selected 100 patients who came to our hospital and randomly divided them into control group and experimental group. They adopted conventional nursing mode and medical care collaborative management mode to carry out nursing care, and explored the application value of this mode in the medical nursing management of grass-roots hospitals.

1. Materials and Methods

1.1 General Information

All patients were from January 2016 to January 2017 in our hospital, a total of 100 cases. All patients were divided into two groups by random number table, control group and experimental group. There were 50 cases in the control group, including 23 males and 27 females, aged 25-60 years, with an average age of 48.4 ± 9.2 years, and 50 cases in the experimental group, including 25 males and 25 females, aged 29-65 years, with an average age of 51.4 ± 7.8 years. There was no significant difference in general data between the two groups. All patients were willing to cooperate with the experiment and signed the informed consent. The study was approved by the Medical Ethics Committee.

1.2 Test Method

(1) Patients in the control group were given routine nursing mode. Nurses need to observe the depression of patients, establish good nurse-patient relationship, treat patients with a gentle and patient attitude, encourage patients to express their own emotions, prevent patients from negative thinking, help patients review their own strengths and strengths, increase patients' contacts with themselves and the outside world, and encourage patients to actively participate in social life. Motion: Provide comfortable and quiet living environment for patients, reduce external stimulation and injury to patients, eliminate the lack of security of patients themselves, and guide patients to listen to music, breathe deeply, sit still, jog and so on, alleviate anxiety and anxiety of patients.

(2) The experimental group adopted the cooperative management mode of medical care, and formed various medical and nursing groups under the leadership of the general manager and each group leader. They were jointly responsible for the diagnosis, treatment and nursing of patients. Specifically as follows: According to the specialty of patients, doctors and nurses, a cooperative medical and nursing team is formed. Each team is responsible for fixed patients and carries out the responsibility system. From admission to discharge, the team is responsible for treatment and clinical nursing. Every day, nurses need to accompany doctors to make ward rounds, fully understand the patient's condition, work out and discuss the treatment plan of patients, and make timely adjustments according to the actual situation. Medical staffs need to pay attention to the psychological state of patients. Medical staff and patients should communicate frequently and establish a good tripartite relationship. During rehabilitation, patients can participate in the planning of their own rehabilitation treatment programs, put forward their own suggestions and opinions. Nurses also need to communicate with the attending physicians frequently, and develop personalized rehabilitation programs according to the objective situation of patients. Fig. 1 is a collaborative management model of internal medicine nursing in grass-roots hospitals.

1.3 Observation Indicators

The hospitalization days, adverse events and satisfaction were compared between the two groups. The satisfaction degree of patients was collected according to the satisfaction questionnaire, which included basic nursing, specialist nursing, nurse-patient communication, health education and so on. The score was 5, from high to low, 5, 4, 3, 2 and 1, respectively, indicating "satisfaction", "general satisfaction", "dissatisfaction" and "very unsatisfactory", with a total score of 100.

1.4 Statistical Analysis

Statistical software SPSS 19.0 was used to analyze all the data. T-test was used to compare the measurement data between groups, analysis of variance was used for comparison within groups, and χ^2 test was used for counting data. $P < 0.05$ showed significant difference.

2 Results

2.1 Comparison of Hospitalization Days and Satisfaction between Two Groups

The average hospitalization days in the control group were 11.3 (± 4.8) days, and the average score of satisfaction was 82.3 (± 12.4); the average hospitalization days in the experimental group were 8.9 (± 4.3) days, and the score of satisfaction was 90.5 (± 11.7). The hospitalization days in the experimental

group were significantly lower than those in the control group, and the satisfaction scores were significantly higher than those in the control group, and the differences were statistically significant ($P < 0.05$), as detailed in Table 1.

Table 1: Comparison of hospitalization days and satisfaction between two groups ($\bar{x} \pm s$)

group	Total number of cases (n/cases)	Hospitalization days (days)	Satisfaction Score (Score)
control group	50	11.3 \pm 4.8	82.3 \pm 12.4
experimental group	50	8.9 \pm 4.3	90.5 \pm 11.7
T value		3.2	3.7
P value		<0.05	<0.05

2.2 Comparison of Adverse Events between Two Groups during Hospitalization

The incidence of adverse events in the control group was 10%. Four patients had adverse reactions such as bleeding and infection. The incidence of adverse events in the experimental group was 4%. Only two patients had adverse reactions such as bleeding, which was significantly lower than that in the control group and had statistical significance ($P < 0.05$). See Table 2 for details.

Table 2: Comparison of adverse events during hospitalization between two groups (%)

group	Total number of cases (n/cases)	Incidence of adverse events (%)
control group	50	10 (5/50)
experimental group	50	4 (2/50)
χ^2 value	-	2.8
P value	-	<0.05

3. Discussion

With the continuous development and reform of medical service system in modern society, nursing service industry has made corresponding progress. In grass-roots hospitals, nursing departments need to constantly reform the nursing mode, improve the quality of their own nursing services, strengthen communication with patients, take patients as the center, and ensure patients can enjoy high quality clinical nursing services by providing comprehensive nursing services to patients. Medical-nursing collaborative management model is a new type of nursing management model, which can improve communication between doctors, nurses and patients, strengthen cooperation and communication between doctors and nurses, and improve the level of hospital service [8-9]. Therefore, this study selected 100 patients who came to our hospital and randomly divided them into the control group and the experimental group, and adopted the conventional nursing mode and the medical care collaborative management mode to carry out nursing, to explore the application value of this mode in the medical nursing management of grass-roots hospitals.

3.1 Advantages of Medical-Nursing Collaborative Management Model in Medical Nursing Management of Grass-roots Hospitals

The application of medical-nursing collaborative management model in the nursing management of Internal Medicine Department of grass-roots hospitals can strengthen the communication and cooperation between doctors, nurses and patients, and enhance the satisfaction of doctors and patients with nursing work [10-12]. At the same time, active and effective communication can also enhance the enthusiasm of nurses and ensure the quality of medical and nursing services. On the other hand, nurses under the medical-nursing collaborative management model need to continue. Discuss and communicate with doctors according to patients' condition, so they can also improve their professional quality and professional level, so as to improve their comprehensive quality of nursing [13-14]. On the basis of effective communication, doctors and nurses make use of their professional knowledge and background to complement each other's shortcomings, make joint decisions and share responsibilities on the basis of sharing responsibilities, which can provide patients with high-quality nursing services, adapt to the rapid changes in nursing reform at the present stage, and make rational allocation and utilization of resources. Maximization of current resource utilization.

3.2 Preliminary Practical Achievements of Medical and Nursing Collaborative Management Model in Medical Nursing Management of Primary Hospitals

The results showed that there were 50 patients in the control group, with an average hospitalization time of 11.3 (+4.8) days and an average score of 82.3 (+12.4). There were 50 patients in the experimental group, with an average hospitalization time of 8.9 (+4.3) days and a satisfaction score of 90.5 (+11.7). The hospitalization days in the experimental group were significantly lower than those in the control group, and the scores of satisfaction were significantly higher than those in the control group, and the differences were statistically significant ($P < 0.05$). The incidence of adverse events in the control group was 10%. Four patients had adverse reactions such as bleeding and infection. The incidence of adverse events in the experimental group was 4%. Only two patients had adverse reactions such as bleeding, which was significantly lower than that in the control group ($P < 0.05$). The results prove that the collaborative management model can significantly improve the quality of hospital services, improve patient satisfaction and reduce the risk of adverse events. It can not only change the clinical outcomes of patients, but also help nurses to establish a better social image, improve patients' and their families' respect for nurses, and promote the healthy and orderly development of the nursing industry. Medical staff are required to be assessed regularly in order to help nurses learn and master new nursing knowledge and technology in a timely manner. After completing their daily work, doctors and nurses need to meet regularly every day to summarize the progress of the day, review the shortcomings of the work, summarize the work in a timely manner, and plan and work of the collaborative working group. Reporting results to superior leaders, timely transmission of work progress, implementation of various plans and arrangements, each performing its duties, to ensure the healthy operation of the whole model. In terms of training, the collaborative management mode requires doctors and nurses to participate in various training projects of hospitals on time and according to the plan, to learn various nursing and related courses as required, and to attend psychological lectures held by hospitals regularly, so as to improve self-regulation ability and alleviate job burnout caused by high-intensity work. This model requires medical staff to study continuously. On the one hand, it can improve the professional quality of medical workers; improve the quality of nursing service and patients' confidence in self-healing. On the other hand, medical staff participating in psychological training can improve the communication with patients, deepen the awareness of patients, so as to facilitate doctors and nurses to choose more appropriate treatment programs.

In summary, Medical-nursing collaborative management model has a certain application value in medical nursing management of grass-roots hospitals. It can effectively improve the service quality of medical staff and patients' satisfaction. It is worth popularizing and applying in clinical practice.

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