The impact structured patient assessment frameworks have on patient care: an integrative review

Munroe B, Curtis K, Considine J, Buckley T

CRD summary
The authors concluded that structured patient assessment frameworks enhance clinician performance of patient assessment and hold the potential to improve patient care and outcomes. The authors drew attention to methodological shortcomings in the evidence presented and their recommendations for research seem justified. Largely due to the poor quality of included studies, the conclusion and implications for practice may be overstated.

Authors' objectives
To evaluate the impact of structured patient assessment frameworks on patient care.

Searching
CINAHL, MEDLINE and ProQuest Dissertations and Theses were searched for papers written in English. There were no date restrictions. Search terms were reported. Reference lists of related articles in journals and textbooks were searched.

Study selection
Eligible for inclusion were all studies of patient assessment frameworks specific to nurses, training or practising paramedics or medical practitioners responsible for acutely unwell patients in the pre-hospital or hospital setting. Outcomes of interest were impacts on the patient or the clinician performing the assessment. Patient assessment frameworks had to include teaching or guidance leading to a comprehensive assessment. Studies of triage assessments and studies of scoring systems that did not involve a structured assessment of the entire patient were excluded.

Included studies were conducted in Australia, United Kingdom, USA and Canada and published between 1988 and 2011. Among the various patient assessment frameworks were those designed for emergency care, speciality wards and trauma patients. Most studies relied on an audit of clinical notes.

Studies were selected for inclusion by three reviewers.

Assessment of study quality
Study quality was assessed using an established checklist. Criteria were not reported.

The authors did not state how many reviewers carried out the quality assessment.

Data extraction
Data were extracted to signify the direction of effect, often by percentage change, on the outcomes assessed.

The authors did not state how many reviewers were involved in data extraction.

Methods of synthesis
Narrative synthesis. The synthesis was presented by impact of frameworks on the six main areas of patient care: assessment process, documentation, communication, care implementation, patient and clinician satisfaction, and patient outcomes.

Results of the review
Twelve studies were included in the review. Where reported, sample size ranged from 13 to 3,442 participants (total number of participants unclear). The quality of included studies was considered by the authors to be low. Individual study quality was not presented. Most studies did not include comparative data. Half of the studies used a pre-post intervention design. There was one randomised controlled trial (RCT).

Five studies showed that structured patient assessments improved the relevance of collected information, particularly
through use of prompt or algorithms (three studies) and reduced the incidence of missed injuries (two studies). Completeness and quality of clinical documentation was improved in three studies (including the RCT). The authors reported that evidence was limited and/or contradictory in respect of the impact of patient assessment frameworks on implementation of care (five studies), clinician and patient satisfaction (two studies, including the RCT), communication between clinician and patient (one study) and other patient outcomes such as mortality and minor disability (three studies, including the RCT).

**Authors’ conclusions**

Structured patient assessment frameworks enhance clinician performance of patient assessment and hold the potential to improve patient care and outcomes.

**CRD commentary**

The review question and inclusion criteria were adequately specified to enable replication but broadly for study design. Relevant databases were searched for published and unpublished material. The language restriction may mean that relevant studies were overlooked. The review process was sparsely reported, meaning that bias and error could not be ruled out. Study quality was assessed. Assessment criteria were unclear but included studies were largely non-comparative designs so the authors’ conclusion about low level quality was likely to be appropriate. Study details were provided and suggested wide variation in patient assessment tools and delivery settings.

The authors drew attention to methodological shortcomings in the evidence presented and their recommendations for research seem justified. Largely due to the poor quality of included studies, the conclusion and implications for practice may be overstated.

**Implications of the review for practice and research**

**Practice:** The authors stated that acute care clinicians should consider using structured patient assessment frameworks in clinical practice to enhance their performance of patient assessment.

**Research:** The authors stated that further research was needed to establish the relationship between structured patient assessment frameworks and patient care process and outcomes, particularly in nursing.

**Funding**

No funding.

**Bibliographic details**


**PubMedID**

23656285

**DOI**

10.1111/jocn.12226

**Original Paper URL**


**Indexing Status**

Subject indexing assigned by NLM

**MeSH**

Humans; Nursing Assessment; Patient Care

**AccessionNumber**

12013025180
Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.