Quality Improvement for Nurse Managers

Engage Staff and Improve Patient Outcomes

Cynthia Barnard, MBA, MSJS, CPHQ • Barbara J. Hannon, RN, MSN, CPHQ

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HCPro

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At Northwestern Memorial, she is responsible for patient safety, accreditation and regulatory compliance, infection control, and medical ethics. In the Institute for Healthcare Studies, she is codirector of the advanced course in quality improvement (QI) in the Master's Program in Healthcare Quality and Patient Safety.

Barnard is the author of several books, including *Benchmarking Basics: A Resource Guide for Healthcare Managers* and *Performance Improvement Basics: A Resource Guide for Healthcare Managers* (currently in its second edition), and coauthor of *Performance Improvement: Winning Strategies for Quality and Joint Commission Compliance,* currently in its fourth edition and winner of the 2002 David L. Stumph Award for Excellence in Publication from the National Association for Healthcare Quality.

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Barbara J. Hannon, RN, MSN, CPHQ, is the coordinator of the ANCC Magnet Recognition Program® (MRP) for the University of Iowa Hospitals & Clinics. She chairs the Professional Nursing Practice Committee and Nursing Retention Committee and is involved in QI activities for the department. In 2007, she was selected as one of Iowa's "100 Best Nurses" and in 2009 was profiled in "20 People Who Make Healthcare Better" by *HealthLeaders* magazine.

As the MRP coordinator for the University of Iowa Hospitals & Clinics, she successfully guided the hospital to MRP designation as the 101st MRP hospital in January 2004 and to redesignation in 2008.

Hannon has been a contributing author for *The Image of Nursing: Perspectives on Shaping, Empowering, and Elevating the Nursing Profession* and reviewer of *A Practical Guide to Managing the Multigenerational Workforce.* She is also a frequent contributor to *HCPro's Advisor to the ANCC Magnet Recognition Program®.*

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Introduction

Healthcare reform is dominating the national political and legislative agenda. Although healthcare delivery models will undergo major changes in the coming years, one thing that will not change is the public and government demand for quality patient outcomes and safe, affordable care. Key to improving patient quality outcomes and safety are professional nurses. More than 90% of all direct patient care is done by nurses; therefore, to improve patient outcomes, nurses must be actively involved in all aspects of QI. This requires nurse leaders to be knowledgeable about basic QI concepts to facilitate collaboration with other departments in carrying out interdisciplinary improvement processes, as well as developing and implementing their own QI projects for improving and controlling nursing-sensitive indicators (NSI).

This handbook is designed to engage nurses in QI at the organizational level and to help them develop and implement QI measures to improve NSIs at the unit level. It is responsive to important developments and influences from:

- External agencies, such as the Centers for Medicare & Medicaid Services, The Joint Commission, and consumer and payer groups such as The Leapfrog Group
- Industry research and leaders of improvement, such as the Institute for Healthcare Improvement, the National Quality Forum, the Institute of Medicine, and the Agency for Healthcare Research and Quality
- The National Database of Nursing-Sensitive Indicators®
- The ANCC Magnet Recognition Program® and the American Nurses Association
- Your own patients, community, and internal customers, who demand and deserve excellence, and your own professional integrity and commitment to improvement

It is designed with these assumptions:

- You are a nurse manager or director of a nursing division, department, or unit. Whether you serve patients directly or support those who do, you are committed to continual improvement and excellence and you understand your department's operations.
- You want a more solid understanding of QI techniques, accreditation requirements, or statistics and data analysis.
- You want practical, convenient, and useful tools to focus your quality program on delivering effective results rapidly—but you're busy.

This book is a working tool with concepts you can apply to your own program. Throughout the book, you will find examples of how these concepts might apply to your program.

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Chapter 1

Quality Improvement as a Management Tool

LEARNING OBJECTIVES

- Identify potential benefits quality improvement can bring to a unit
- Identify common quality improvement errors

Why Quality Improvement Matters

Your role as a manager is to deliver a defined level of service and technical quality at an appropriate cost, while advancing the organization's goals through leadership. In other words, your success depends on the quality of your department or unit. Quality improvement (QI) is a science and a discipline that can help you get there.

Your customers evaluate your services every day. As a manager, you need to know what those customers experience and determine whether that experience is the one you want them to have—or, if not, how it can be improved.

If you try to improve your department's operations without a deep understanding of its quality, you are likely to make the situation worse and introduce error and failure. You'll be tinkering with a process you don't fully comprehend.

And if you merely study your department's quality without a focus on continuous improvement, you are likely to find that your customers and even your staff will become frustrated. Quality and productivity may actually decline, and your professional development and excitement may wane (a condition known as *analysis paralysis*).

The answer is to look for new ideas from outside the walls of your department, to bring improvement and stimulation to your team, and to ensure that your customers receive the service they deserve. Your customers may not know whether they are receiving the best possible care and service. This is common in healthcare because a patient rarely can evaluate the technical aspects of care or know what to expect or demand. So it is our ethical obligation to evaluate the quality of our care and service for all of our customers, hold ourselves to a high standard, and continuously improve on their behalf.

QI is a science that brings disciplined measurement, innovation, and focus to the delivery of any product or service. It can apply to almost any process or product

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and can be an effective vehicle to build teamwork, professional satisfaction, and improved patient care and customer service.

The History of QI in Healthcare Delivery

The history of QI in healthcare is remarkably brief. The nature of medical care has always been one of constant improvement through learning from each patient's response to care and systematic learning for generalized knowledge through clinical research. But applying these principles to the delivery of healthcare became widely established only in the 1980s and 1990s, spurred by the evolution of the quality assurance standards of The Joint Commission, the creation of the National Committee for Quality Assurance, and revised Medicare payment systems (i.e., diagnosis-related groups) and *Conditions of Participation*.

The past three decades have seen an explosion of inquiry into how quality actually works in the delivery of care, from back-office functions to bedside care of complex, acutely ill patients. Systematic attention has been paid to process design, measurement, and strategies to improve processes and outcomes.[1]

Particularly in the past decade, attention has focused on the perspective of the patient and family. What does it mean to meet the needs of the patient? How does patient satisfaction contribute to better health outcomes, fewer lawsuits, more satisfied staff members, and lower costs? How do we produce patient satisfaction, anyway?[2]

The History of QI in Nursing

Nursing as a profession is coming late to the QI arena. Historically, although many healthcare institutions have had QI departments, these existed as a separate entity, and they were usually led by physicians more concerned with tracking outcomes of medical care than nursing care; nursing as a profession was minimally involved. But as healthcare organizations transition from separate silos into flattened structures with interdisciplinary team collaboration, nurses are finding themselves participants in improving processes that transcend individual disciplines.

A new body of quality metrics, classified as "nursing-sensitive indicators" (NSI) and endorsed by the National Quality Forum (NQF), requires hospitals to now take a look at patient outcomes that can be improved by attention to nursing practices and nurse staffing. Improving and ensuring consistent performance on these NSIs is squarely in the scope of the nursing practice and should be performed by nurses with a quality background.

Additionally, in recent years, the American Nurses Association and the ANCC Magnet Recognition Program® (MRP) have influenced further development of a body of QI measures based on NSIs. The new requirements for MRP hospital designation and redesignation in the *2008 edition of the ANCC Magnet Recognition Program® Manual* require that hospitals outperform the mean of multiple NSIs. This requirement has resulted in nurses developing QI projects to improve nursing care and patient outcomes in relation to these NSIs, has increased evidence-based literature and research on NSI outcomes, and has led to the creation of specific nursing

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quality national databases. Nurses now have data they can use to define, implement, and control nursing practices in their own organizations to improve patient care.

Public Disclosure of Quality Data

Perhaps one of the most pressing developments in quality in recent years has been the public disclosure of quality and outcomes, which customers can use to select a provider. The most significant new developments include:

- The Medicare Web site, which details processes and outcomes data from hospitals, home health agencies, and nursing homes[3]
- Attempts by The Leapfrog Group,[4] a consortium of payers and employers, to require providers to disclose their compliance with an array of processes believed to be related to higher quality and safety (for publication on its Web site)
- The measures on The Joint Commission's Web site, which are similar to Medicare's measures for hospitals, as well as scores of providers' compliance with The Joint Commission's National Patient Safety Goals

Several private companies also publish self-described quality evaluations of hospitals and other providers based on proprietary analysis of publicly available databases. At a minimum, you should be familiar with any data reflecting your organization's quality on major Web sites, such as those of Medicare, Leapfrog, and The Joint Commission.

What Is Quality?

Your organization may have a definition of quality. A commonly used definition is the one published by the Institute of Medicine (IOM): "The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

A definition of quality applies beyond direct healthcare service; you may simply have a different customer base. For example, if you work in materials management, your customers include the nurse whose customer is the patient. Draw a clear line from your work to those who provide direct care and services, and understand how your work can increase the likelihood of a successful outcome for your customers.

Quality Is a Property of a System

The IOM series on the current status of the healthcare delivery system[5] is an important quality resource. At a minimum, healthcare leaders should be familiar with the executive summaries of two major reports published by the IOM in 1999 and 2001, *To Err Is Human* and *Crossing the Quality Chasm,* respectively.

The latter report described six characteristics of a quality healthcare system (consider the mnemonic STEEEP):

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1. Safe
2. Timely
3. Effective
4. Efficient
5. Equitable
6. Patient-centered

The report also made the fundamental argument—still not fully embraced by healthcare professionals—that quality comes from having appropriate systems in place. As a leader, it is your job to participate in building those systems and making sure they focus on consistent delivery of high-quality care and service.

Your staff members and colleagues may still perceive quality as the product of individual effort and competence (or lack thereof). Current thinking in quality acknowledges the importance of individual quality and competence, but it also emphasizes that individual competence is insufficient to produce consistently high quality. Most medical errors and quality failures occur in the course of work performed by capable people. The breakdowns stem from lack of information, poor communication, inadequate technology, and normal human fallibility in the context of poor work design. Therefore, it is the system that must be evaluated and improved. Better designs can avert quality failures and errors; a vast national effort is under way to discover strategies to develop these designs and disseminate them.[6]

Finally, one of the most exciting developments of the past decade has been the creative application of insights from other industries to the improvement of healthcare. Notably, this has included aviation and nuclear power—high-reliability organizations that operate in high-risk contexts that are similar to healthcare. Evidence of this approach has been building since the late 1980s with the use of quality theory from the great pioneers in manufacturing and process quality (e.g., Deming, Juran, and Ishikawa) to apply to healthcare.[7] A science of high-reliability organizations is developing to help translate this work to practical application.[8]

Quality Improvement and Patient Safety

Your goal is to develop a quality plan that ensures that you deliver the right services, and that you deliver them without errors. The IOM's definition of safe care is avoiding injuries to patients when providing care that is intended to help them.

The patient wants health services that, in the IOM's words, "increase the likelihood of desired health outcomes and are consistent with current professional knowledge." From the patient's perspective, anything that is not safe, or is error-prone, does not meet this definition.

Both quality and safety are properties of a system. In the end, the work you do to measure and improve your systems should contribute to safer and higher-quality care. In Chapter 4, we look at the kinds of measures you can define and implement to accomplish these objectives.

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What Do Leaders Do to Improve Quality?

Figures 1.1 and 1.2 summarize The Joint Commission's basic expectations of you as a leader. Regardless of whether you are part of an accredited organization, the lists are an excellent place to start, and they establish a credible foundation for a leader's essential role in QI.

Common Pitfalls

Vigorous managers have the ability to drive process improvement to a successful outcome. Key to this is an in-depth knowledge of the system being improved and thoughtful application of improvement science to the specific organization and team. Common pitfalls in management of improvement initiatives occur when managers lead teams to try to improve a process or processes they do not really understand, or when they try to impose solutions that are outside the competence or culture of the teams.

Improvement science in healthcare depends on comprehensive technical knowledge of the performance of human beings in systems. As a leader, you have an obligation to master the improvement methodology and to implement improvement through effective teamwork and organizational savvy.

Weick and Sutcliffe remind us that a high-reliability organization is characterized by deference to expertise and mindfulness of potential failure (see the bibliography). As a leader, you are in a position to influence the improvement team to focus on objective data, process mapping, and the insights of frontline staff members. The chapters that follow will assist you in taking a methodical and thorough approach to increase the likelihood of effective and sustained improvement.

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FIGURE 1.1 ▶ THE ROLE OF LEADERS

2009 JOINT COMMISSION LEADERSHIP AND PERFORMANCE IMPROVEMENT STANDARDS SUMMARY

Standard	Content
Developing Your Performance Improvement Plan	
LD.01.03.01	The governing body is accountable for the safety and quality of care
LD.01.05.01	The organized medical staff oversees the quality of care, treatment, and services provided by those who have clinical privileges
LD.03.03.01	Leaders use organizationwide planning to establish structures and processes that focus on safety and quality
LD.04.04.01	Leaders set priorities for performance improvement
Designing Your Performance Improvement Approach	
LD.04.04.03	Any processes that are new or modified are well designed
LD.04.04.07	The organization considers clinical practice guidelines during design or process improvement
Collecting and Measuring Data	
PI.01.01.01	The organization collects data to monitor its performance
Evaluating Data	
LD.03.02.01	The organization uses data to guide decisions and understand variation in the performance of processes that support safety and quality
PI.02.01.01	The organization analyzes and compiles data
Making Improvements	
LD.03.05.01	Leaders implement changes in existing processes to improve the performance of the organization
LD.03.06.01	Those who work in the organization are focused on improving quality and safety
PI.03.01.01	The organization improves its performance
PI.04.01.01	The organization uses data from clinical/service screening indicators and HR screening indicators for assessing and continuously improving staffing effectiveness
Proactive Prevention and Reduction of Adverse Events	
LD.03.01.01	A culture of safety and quality is created and maintained by leaders throughout the organization
LD.03.04.01	The organization communicates information about quality and safety to those who need it, including staff members, licensed independent practitioners, patients, families, and interested external parties
LD.04.04.05	The organization has a facilitywide integrated patient safety program

Source: The Joint Commission, *www.jointcommission.org*

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FIGURE 1.2 ▶ LEADERS' RESPONSIBILITIES TO IMPROVE PERFORMANCE

Line operations managers should regularly assess their compliance with these common Performance Improvement requirements:

❑ Yes ❑ No	The manager can describe the hospital's PI goals for the year and how his or her department can help achieve those goals.
❑ Yes ❑ No	The manager can describe how he or she has allocated resources, such as staff time and information support, to accomplish the hospital's PI goals.
❑ Yes ❑ No	The manager can describe specific improvements that have been made in his or her department.
❑ Yes ❑ No	The manager can describe collaborative improvement projects undertaken with other departments and/or disciplines.
❑ Yes ❑ No	The manager can describe specific measurements that he or she monitors regularly to ensure that processes and outcomes are under control in the department, with specific focus on statistical and benchmarking tools to ensure meaningful assessment.
❑ Yes ❑ No	The manager can describe hospital/organization initiatives to reduce medical errors (as appropriate to department) and his or her role in these initiatives.
❑ Yes ❑ No	The manager can describe PI goals he or she would like to pursue and why they are meaningful to the patient or customer population served by his or her department.

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SELF-ASSESSMENT CHECKLIST

- ▶ You have reviewed the executive summaries of the IOM studies *To Err Is Human* and *Crossing the Quality Chasm*
- ▶ You are familiar with the IOM's definitions of quality and safety
- ▶ You are familiar with The Joint Commission's expectations for management of quality and safety
- ▶ You have reviewed the NQF's endorsed nursing-sensitive indicators
- ▶ You've looked at your organization's quality results as reflected on the Joint Commission and Medicare Web sites (if applicable)
- ▶ You are familiar with The Joint Commission's list of responsibilities of effective leaders
- ▶ You can discuss the importance of a just culture in improving quality and patient safety
- ▶ You have reviewed the bibliography in this book to become familiar with some of the principal Web sites and resources on quality

Endnotes

1. See, for example, the work of Berwick and the Institute for Healthcare Improvement (see the bibliography).
2. See, for example, the groundbreaking book *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*, by Margaret Gerteis, Susan Edgman-Levitan, Jennifer Daley, et al. (eds.); see the bibliography.
3. See *www.cms.gov.*
4. See *www.leapfroggroup.org.*
5. Reports in the IOM's Health Care Quality Initiative that should be familiar to healthcare leaders include *To Err Is Human, Crossing the Quality Chasm,* and *Envisioning the National Health Care Quality Report* (see the bibliography).
6. See, for example, the work of the Institute for Healthcare Improvement and the National Quality Forum. An excellent, brief, and inexpensive videotape that makes this point compelling is *Beyond Blame,* developed by Bridge Medical and distributed by the Institute for Safe Medication Practice *(www.ismp.org)*.
7. See the bibliography for more reading about these developments.
8. See the excellent work of Karl E. Weick and Kathleen M. Sutcliffe (2007), *Managing the Unexpected: Resilient Performance in an Age of Uncertainty* (San Francisco: Jossey-Bass).

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