

NURSES ROLE IN HOSPITAL QUALITY IMPROVEMENT



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ABSTRACT

Nurses today have many roles. In addition to meeting the needs of patients and serving as part of the health care team, nurses also play a key role in meeting the Joint Commission's National Patient Safety Goals in such areas as medication safety, communication and patient safety. This role allows nurses to contribute to quality improvement. Continuous quality improvement is a concept which includes: Quality assurance—the provision of services that meet an appropriate standard. Problem resolution—including all departments involved in the issue at hand. Quality improvement—a continuous process involving all levels of the organization working together across departmental lines to produce better services for health care clients. Deming and others have espoused total system reform to achieve quality improvement—not merely altering the current system, but radically changing it. It must be assumed that those who provide services at the staff level are acting in good faith and are not willfully failing to do what is correct. Those who perform direct services are in an excellent position to identify the need for change in service delivery processes. Based on this premise, the staff nurse—who is at the heart of the system—is the best person to assess the status of health care services and to work toward improving the processes by which these services are provided to clients in the health care setting. The nurse manager must structure the work setting to facilitate the staff nurse's ability to undertake constructive action for improving care.

KEY WORDS: Hospital, health care, nurse managers, sustained improvement, quality improvement, admin-istrative burden, hospital leadership.

INTRODUCTION

The use of quality circles, quality councils, or quality improvement forums to facilitate the coordination of quality improvement efforts is an effective way to achieve success. The QA coordinator assists departments in documenting that the quality improvement efforts are effective across all departments of the organization, and aggregate data to demonstrate that they meet the requirements of external regulatory agencies, insurers, and professional standards. The nurse executive provides the vision and secures the necessary resources to ensure that the organization's quality improvement efforts are successful. By inspiring and empowering the staff in their efforts to improve the process by which health care is provided, nurse managers participate in reshaping the health care environment. The professional nurse plays a vital role in the quality improvement of health care services. However, nurses cannot make these improvements in a vacuum; they must include other professionals and ancillary personnel in their efforts. Total quality commitment must include all levels of an organization's structure. Quality patient care services will be achieved as the result of positive interactions among departments working together to build a dynamic mechanism that continuously improves the processes and outcomes of health care services.

As the nation's hospitals face increasing demands to participate in a wide range of quality improvement activities, the role and influence of nurses in these efforts is also increasing, according to a new study by the Center for Studying Health System Change (HSC). Hospital organizational cultures set the stage for quality improvement and nurses' roles in those

activities. Hospitals with supportive leadership, a philosophy of quality as everyone's responsibility, individual accountability, physician and nurse champions, and effective feedback reportedly offer greater promise for successful staff engagement in improvement activities.

Yet hospitals confront challenges with regard to nursing involvement, including: scarcity of nursing resources; difficulty engaging nurses at all levels—from bedside to management; growing demands to participate in more, often duplicative, quality improvement activities; the burdensome nature of data collection and reporting; and shortcomings of traditional nursing education in preparing nurses for their evolving role in today's contemporary hospital setting. Because nurses are the key caregivers in hospitals, they can significantly influence the quality of care provided and, ultimately, treatment and patient outcomes. Consequently, hospitals' pursuit of high-quality patient care is dependent, at least in part, on their ability to engage and use nursing resources effectively, which will likely become more challenging as these resources become increasingly limited.

QUALITY AS EVERYONE'S RESPONSIBILITY

A hospital culture that espouses quality as everyone's responsibility is reportedly better positioned to achieve significant and sustained improvement. While hospital respondents characterized the role of nurses in quality improvement as crucially, they also emphasized that nursing involvement alone is insufficient because "it is not simply nursing's work or quality's work; it is the work of the whole organization."

In most hospitals, quality improvement efforts transcend departments, and nurses are reportedly involved, at some level, in virtually all of these activities because of their clinical expertise and responsibility for the day-to-day coordination of care and other services for patients. However, respondents said that to really improve quality, you have to have every staff member engaged, including other clinical staff, such as physicians, pharmacists and respiratory therapists, as well as nonclinical staff, such as food service, housekeeping and materials management. As a director of quality improvement stated, "Nursing practice occurs in the context of a larger team. Even on a pressure ulcers team, even though it is primarily a nursing-focused practice, you have the impact of nutrition, for example. In cases that are clinically challenging, like transplants, you would also have the impact of our surgeons, for instance."

CULTURE SETS STAGE FOR QUALITY IMPROVEMENT

Across the board, respondents emphasized that a supportive hospital culture is key to making important advances in quality improvement. They identified several key strategies that help foster quality improvement, including:

- Supportive hospital leadership actively engaged in the work;
- Setting expectations for all staff—not just nurses—that quality is a shared responsibility;
- Holding staff accountable for individual roles;
- Inspiring and using physicians and nurses to champion efforts; and
- Providing ongoing, visible and useful feedback to engage staff effectively.

While respondents acknowledged these are important factors, there was considerable

Across hospitals, broad-based staff inclusion in quality improvement varies. One hospital CNO reported, "I wish quality improvement could be done in a more multidisciplinary fashion. We tend to hand off pieces to each other and work in silos. Nurses themselves are very involved, but a lot of what happens is beyond just the nurse. I would like to be able to get the entire group, from nurses to the pharmacy to lab techs to medical records to physicians together in a multidisciplinary way to say, 'Something happened. Let's check what went wrong together.'" To confront this silo mentality, one hospital moved the reporting relationship of the quality improvement department to the CEO as a signal to staff that quality improvement was not just a nursing activity but a responsibility of all staff.

LEADERSHIP SUPPORT

To create a hospital culture supportive of quality improvement, respondents stressed the importance of hospital leadership being in the vanguard to engage nurses and other staff. As a representative of an accrediting organization said, "For any quality improvement project to be successful, the literature shows that support has to trickle down from the top. That is important to success. That level of sponsorship has to be there for quality improvement to be successful. Not only nursing leadership, but across the board from the CEO down."

As an example, the CEO of one hospital supported nurses in their efforts to better track and address the prevalence of bedsores among patients, even though doing so required that the information be reported to a state agency. Despite the potential for

negative attention to the hospital, the CEO encouraged nursing staff to take ownership of a quality problem where there was an opportunity to improve patient care. Hospital respondents expressed the importance of not just “paying lip service” to quality improvement, but also to dedicating resources to these activities. Some hospitals, for example, have reportedly expanded their nursing leadership, infrastructure in recent years and some have created new nursing positions dedicated to quality improvement (e.g., director of nursing quality). Some respondents reported providing nurses with more support for administrative tasks such as data collection and analysis.

CHALLENGES SPECIFIC TO NURSES' INVOLVEMENT IN QUALITY IMPROVEMENT

Hospital respondents reported several challenges related specifically to nurses' involvement in quality improvement, including:

- * Having adequate nursing staff when resources are scarce;
- * Engaging nurses at all levels—from bedside to management;
- * Facing growing demands to participate in more, often duplicative, quality improvement activities;
- * Dealing with the high level of administrative burden associated with these activities; and
- * Confronting traditional nursing education that does not always adequately prepare nurses for their evolving role in today's contemporary hospital setting.

SOME USEFUL FEEDBACKS

- ☆ Hospitals that actively communicate with and provide timely and useful feedback to staff reportedly are more likely to foster quality improvement than those that do not. As one hospital CNO noted, “We have tried to be as transparent as we can and share as much information as we can with our nursing staff. They get a lot of information and that helps them stay motivated and engaged in the process.”
- ☆ Hospitals use a variety of feedback mechanisms. One widely used mechanism is a periodic scorecard that provides information on how performance, including quality improvement, is progressing toward goals. According to respondents, the information is typically provided at both the hospital and individual unit levels and is visibly displayed throughout the hospital for all staff to see. Other commonly reported methods of providing feedback on quality improvement include newsletters, staff training, new employee orientation, e-mail communications, unit-based communication boards and staff meetings. Respondents cautioned, however, that the key to effective feedback is not just the amount of information provided, but also how meaningful that information is for staff. As a hospital CNO explained, “Our quality regimes until now have just been leaning toward giving numbers. That doesn't affect nurses' practice, but if you give them more detail, it makes it more meaningful for them.”

☆ Two-way feedback between hospital leadership and staff is also important. Several respondents reported using patient safety rounds as one way of facilitating this. In one hospital, executives periodically visit individual patient care units and sit down and talk with staff. One of the questions they ask of staff is, "What keeps you awake at night?," referring to any patient quality or safety concerns staff may have. This process has reportedly been effective in identifying and promoting nurses and physicians to champion quality improvement efforts reportedly helps empower staff to engage in and move quality improvement initiatives forward.

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