QUALITY ASSURANCE

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Key words:

ABSTRACT: Quality assurance in health care is often taken to be an innovative of late twentieth century but its gestation has a much longer history.It is the process of assuring compliance to specification, requirements or standards and implementing method for conformance . In nursing quality assurance has focused on nursing care delivery structure, process and outcomes. Problems identification, analysis and corrective action have gradually evolved to systematic monitoring of nursing services. The standards of nursing care for patients outcomes and for nurse performances are the basic component for quality management approach.

INTRODUCTION:

Quality assurance (**QA**) refers to the planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled. It is the systematic measurement, comparison with a standard, monitoring of processes and an associated feedback loop that confers error prevention. This can be contrasted with "Quality Control". This is focused on process outputs.

DEFINITION:

Quality assurance is an estimation of the degree of excellence in patient health outcomes and in activity and other resource cost out comes. (Zimmer)

Quality assurance is the monitoring of the activities of client care to determine the degree of excellence attained to the implementation of the activities. (Bull, 1985)

Quality assurance is the defining of nursing practice through well nursing standards as a basis for evaluation on improvement of client care. (Marker-1998)

PURPOSES/NEED FOR QUALITY ASSURANCE:

- To introduce code of ethics and professional conduct for nurses in India.
- To prepare nursing personnel for implementation of quality assurance model in nursing.
- Rising expectations of consumer of services.
- Increasing pressure from national, international, government and other professional bodies to demonstrate that the allocation of funds produces satisfactory results in terms of patient care.
- The increasing complexity of healthcare organizations.
- Improvement of job satisfaction.
- To prevent rising medical errors.

PRINCIPLES OF QUALITY ASSURANCE:

Leadership:

It is important in nursing not only in learning but also in client care to become responsible productive team members.

Commitments:

In nursing profession there should be some commitments and standards of excellence based upon the client and learners.

Customer focus:

A quality assurance should focus on customer care.

Process oriented and standard:

Another important principle of process oriented and out come follow the nursing process in giving care and also it is important to evaluate the outcome.Sometimes changes are needed and should be made according to the problem of the patient, may be long term or short term.

Participative management:

In administrative area all members should maintain good morale for good management of client care.

Individual responsibility:

Each and every person should show some responsibilities in maintaining standards of excellence, All should have different ideas and opinions in performing client care and that should be clarified with other health care team members.

Employee empowerment:

The true profession strives to give its members this economic price suggesting and implementing reasonable scale and it is paid to the members.

Protective improvement:

The institution should maintain the safety and security of the employees.

Continuous process:

Quality assurance is a cyclic process focuses on continuously improving system by gathering data on performance and using multidisciplinary system teams. The steps carried out are analyse systems, collect measurements and propose changes.

Team work:

The team member has to develop good morale among themselves in providing care to the clients. Team work develops effective client care plans and coordinates work in delivering quality care to the client.

Education and training:

For the continuous approach to quality care the nurses' knowledge should be updated in rendering quality care to the client. This should be achieved through continuous staff development programme, in service education and on the job training programme.

APPROCHES FOR QUALITY ASSURANCE PROGRAMME:

Two major categories of approaches exit in quality assurance. They are-

General approach

Specific approach

GENERAL APPROACH: -

It involves large governing or official bodies evaluating a person or agency's ability to meet established criteria or standard during a given time.

A. Credentialing- It is the formal recognition of professional or technical competence and attainment of minimum standards by a person and agency. Credentialing process has four functional components-

- ✓ Produce a quality product
- ✓ Confirm a unique identity

- ✓ Protect the provider and public
- ✓ Control the profession

B. Licensure- It is a contract between the profession and the state in which the profession is granted control over entry into an exit from the profession and over quality of professional practice.

C. Accreditation- It is a process in which certification of competency, authority, or credibility is presented to an organization with necessary standards.

D. Certification: Certification is usually a voluntary process with in the profession .A person's educational achievements; experience and performance on examination are used to determine the person's qualifications for functioning in an identified speciality area.

SPECIFIC APPROACHES:

Quality assurance methods used to evaluate identified instance of providers and client interaction

1. Peer review:

- ❉ To maintain high standards, peer review has been initiated to carefully review the quality of practice demonstrated by members of a professional group.
- ❉ Peer review is divided in to two types. One centres on the recipients of health services by means of auditing the quality of services rendered. The other centres on the health professional by evaluating the quality of individual performance.

2. **Standard as a device for quality assurance:**

Standard is a pre-determined baseline condition or level of excellence that comprises a model to be followed and practiced. The ANA standard for practice includes;

Standard 1: The collection of data about health status of the patient is systematic and continuous. The data are accessible, communicative and recorded.

Standard 2: Nursing diagnosis is derived from health status data.

Standard 3: The plan of nursing care includes goals derived from the nursing diagnoses.

Standard 4: The plan of nursing care includes priorities of clients.

Standard 5: Nursing actions assist the patient to maximize his health capabilities.

Standard 6: The patient's progress or lack of progress towards goal achievements is determined by the patient and the nurse.

Standard 7: The patient's progress or lack of progress towards goal achievements directs re-assessment, re-ordering of priorities, new goal setting and a revision of the plan of nursing care.

3. Audit as a tool for quality assurance:

- ✍ Nursing audit may be defined as a detailed review and evaluation of selected clinical records in order to evaluate the quality of nursing care and performance by comparing it with accepted standards .
- ✍ To be effective a nursing audit must be based on established criteria and feedback mechanism that provide information to providers on the quality of care delivered.
- ✍ To evaluate quality nursing care regularly, many staff nurses do indeed welcome opportunity to develop criteria, to review nursing care retrospectively and concurrently and to discover methods of achieving higher levels of quality nursing care.

Utilization Review:

Utilization review activities are directed towards assuring that care is actually needed and that cost appropriate for the level of care provided.

There are three types of utilization review.

1) Prospective
2) Concurrent
3) Retrospective

Prospective:

It is an arrangement of the necessity of care before giving service.

Concurrent:

It is the review of the necessity of care while care is being given.

Retrospective:

It is an analysis of the necessity of the service received by the client after the care has being given.

QUALITY ASSURANCE CYCLE:

It is a cyclical, interactive process that must be applied flexibly to meet the needs of a specific program. It includes,

1. Planning for quality assurance:

The first step prepares an organization to carryout QA activities. Planning begins with a review of the organization's scope of care to determine which services should be addressed.

2. Setting standards and specifications:

To provide consistently high quality services an organization must translate its programmatic goals and objectives into operational procedures. In its widest sense, a standard is a statement of the quality that is expected eg. clinical protocols.

3.Communicating guidelines and standards:

Once practice guidelines, standard operating procedures and performance standards have been defined it is essential that staff members communicate and promote their use. This will ensure that each health worker, supervisor, manager, and support person understands what is expected of him or her. This is particularly important if ongoing training and supervision have been weak or if guidelines and procedures have recently changed. Assessing quality before communicating expectations can lead to erroneously blaming individuals for poor performance when fault actually lies with systemic deficiencies.

4.Monitoring quality:

Monitoring is the routine collection and review of data that helps to assess whether program norms are being followed or whether outcomes are improved. By monitoring key indicators, managers and supervisors can determine whether the services delivered follow the prescribed practices and achieve the desired results.

5.Identifying problems and selecting opportunities for improvement:

Program managers can identify quality improvement opportunities by monitoring and evaluating activities.

Other means include soliciting

suggestions from health workers, performing system process-analyses, reviewing patient feedback or complaints, and generating ideas through brainstorming or other group techniques. Once a health facility team has identified several problems, it should set quality improvement priorities by choosing one or two problem areas which is to be focused. Selection criteria will vary from program to program.

6.Defining the problem:

Having selected a problem, the team must define it operationally as a gap between actual performance and performance as prescribed by guidelines and standards.

The problem statement should identify the problem and how it manifests itself. It should clearly state where the problem begins and ends and how to recognize when the problem is solved.

7.Choosing a team:

Once a health facility staff has employed a participatory approach for selecting and defining a problem, it should assign a small team to address the specific problem.

The team analyze the problem, develop a quality improvement plan, implement and evaluate the quality improvement effort. The team should comprise those who are involved with, contribute inputs or resources to benefit from the activity or activities in which the problem occurs.

8.Analyzing and studying the problem to identify the root cause :

Achieving a meaningful and sustainable quality improvement effort depends on understanding the problem and its root causes. Given the complexity of health service delivery, clearly identifying root causes requires systematic and in depth analysis. Analytical tools such as, system modelling, flow charting, and cause and effect diagrams can be used to analyze a process or problem. Such studies can be based on clinical reviews, health centre register data, staff or patient interviews and service delivery observation.

9.Developing solutions and actions for quality improvement:

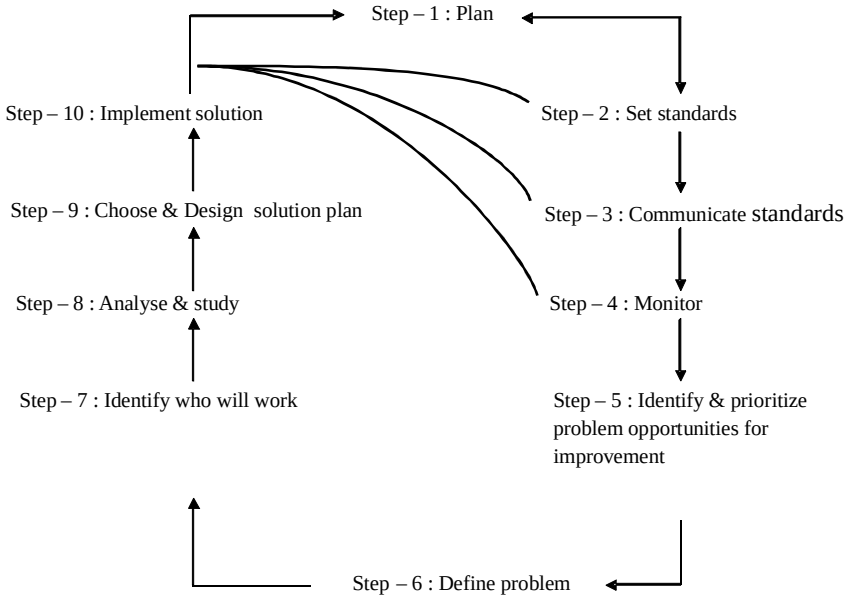
The problem solving team should now be ready to develop and evaluate potential solutions. Unless the procedure in question is the sole responsibility of an individual, developing solutions should be a team effort. It may be necessary to involve personnel responsible for processes related to the root cause.

10. Implementing and evaluating quality improvement efforts:

The team must determine the necessary resources and time frame and decide who will be responsible for implementation. It must also decide whether implementation should begin with a pilot test in a limited area or should be launched on a larger scale. The team should select indicators to evaluate whether the solution was implemented correctly and whether it resolved

the problem it was designed to address. In depth monitoring should begin when the quality improvement plan is implemented. It should continue until either the solution is proven effective and sustainable or the solution is proven ineffective and is abandoned or modified.

QUALITY ASSURANCE CYCLE



JCAHO QUALITY ASSURANCE GUIDELINES/STEPS:

1) Assign Responsibility:

According to JCAHO the nurse administrator is ultimately responsible for the implementation of a quality assurance program. Completing step in one of the JCAHO commission's ten step processes require writing a statement that describes who is responsible for making certain that QA activities are carried out in the facility. Assigning responsibility should not be confused with assuming responsibility.

2) Delineate Scope of Care and Services:

Scope of care refers to the range of services provided to patients by a unit or department. To delineate the scope of care for given department personnel should ask themselves, what is done in the department?

3) Identify Important Aspects of Care and Services:

Important aspects of nursing care can best be described as some of the fundamental contribution made by nurses while caring for patients. They are the most significant or essential categories of care practiced in a given setting. There is no prescribed list of important aspects of care that every organization must monitor.

4) Identify Indicators of Outcome (Not Less Than Two, No More Than Four):

A Clinical indicator is a qualitative measure that can be used as a guide to monitor and evaluate the quality of important patient care and support service activities. Indicators are currently considered as being of two general types i.e. sentinel events and rate based. Indicators also differ according to the type of event they usually measures (structure, process, outcome)

5) Establish Thresholds for Evaluation:

Thresholds are accepted levels of compliance with any indicator being measured. Thresholds for evaluation are the level of or point at which intensive evaluation is triggered. A threshold can be viewed as a stimulus for action.

6) Collect Data:

Once indicators have been identified, a method of collecting data about the indicators must be selected. Among the many methods of data collection interviewing patient/family, distributing questionnaires, reviewing charts, making direct observation etc. are commonly used methods.

7) Evaluate the Data:

When data gathering is completed in the process of planning patients care, nurses make assessments based on the findings. In the QA process as a whole, when data collection has been completed and summarized, a group of nurses make an assessment of the quality of care.

8) Take Action:

Nurses are action-oriented professionals. For many nurses, the greater portion of every day is spent on patient's intervention. These actions and interventions conducted by nurses promote health and wellness for patients. Converting nursing energy into the QA process requires formulating an action to address identified problems.

9) Assess Action Taken:

Continuous and sustained improvement in care requires constant surveillance by nurses of the intervention initiated to improve care.

10) Communicate:

Written and verbal messages about the results of QA activities must be shared with other disciplines throughout the facility.

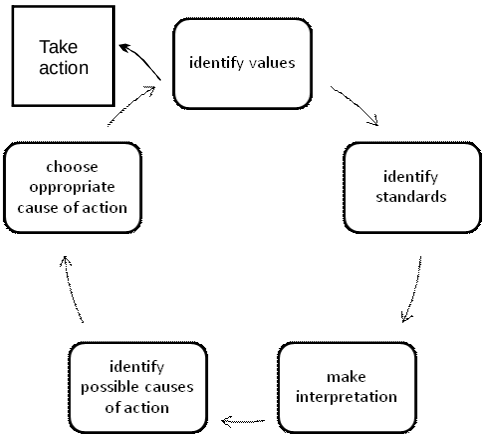
Models for Quality Assurance:

Models of client care giving is mainly based on structure, process and outcome. Ideally they provide structure to guide nurses through the nursing process to reach described client out comes. Some of the models are,

1. ANA MODEL.
2. A SYSTEM MODEL FOR IMPLEMENTATION OF UNIT BASED QUALITY ASSURANCE
3. DONABEDIAN MODEL.(1985)
4. QUALITY HEALTH OUTCOME MODEL.
5. FISH BONE MODEL/CAUSE &EFFECT MODEL
6. SIX SIGMA MODEL.
7. PLAN DO STUDY ACT CYCLE.(PDCA)
8. QUALITY PRACTICE SETTING ATTRIBUTE MODEL
9. QUALITY MANAGEMENT MODEL (OBRA) OMNIBUS BUDGET RECONCILIATION 1987.
10. OMAHA SYSTEM
11. WILSON'S SYSTEM
12. MARKER'S UMBRELLA MODEL

1. ANA Model :-

This is the first proposed and accepted model of quality assurance was given by LONG and BLACK.This helps in the self determination of patients and family, nursing health orientation, patient's right to quality care and nursing contribution.



a. Identify value:

- In the ANA value identification such as issue of patient/client philosophy, needs and rights, economic, social, psychology and spiritual perspective and values are considered.

b. Identify structure, process and outcome standards and criteria:

- Identification of standards and criteria for quality assurance begins with the philosophy and objectives of organisation.
- Standards of structure are defined by licensing or accrediting agency.
- Another standard of structure includes the organizational chart, which shows supervisory methods, communication patterns, staff pattern and sometimes staff assignments.
- To be able to identify the net changes in the clients health status as a result of nursing care will give nursing profession data to show the contributors of nursing to the health care delivery system.

c. Select measurement needed to determine degree of attainment of criteria and standards: :

- Measurements are those tools used to gather information or data, determined by the selection of standards and criteria.
- The approaches and techniques used to evaluate structural standards and criteria are nursing audit, utilizations review, review of agency documents, self studies and peer review, written audit and videotape.
- The evaluation approaches for outcome standards and criteria include research studies, client satisfaction surveys etc.

d. Make interpretations:

- The degree to which the predetermined criteria are met is the basis for interpretation about the strengths and weaknesses of the program.
- The rate of compliance is compared against the expected level of criteria accomplishment.

e. **Identify Course of action**:

- If the compliance level is above the normal or the expected level, there is great value in conveying positive feedback and reinforcement.
- It is necessary to identify the cause

of deficiency.

- ❄ Then, it is important to identify various solutions to the problems.

f. **Choose action**:

- ❄ Usually various alternative course of actions are available as remedy of a deficiency.
- ❄ Thus it is vital to weigh the pros and cons of each alternative while considering the environmental context and the availability of resources.
- ❄ In the recent more than one cause of the deficiency has been identified and got corrected.

g. **Take Action**:

- ❄ It is important to firmly establish accountability for the action to be taken.
- ❄ It is essential to answer the questions of who? What? When to do this?. Then conclude with the actual implementation of the proposed courses of action**.**

i.Evaluate:

- ❄ The final step of quality assurance process involves an evaluation of the results of the action.
- ❄ The reassessment is accomplished in the same way as the original assessment begins, the QA cycle begins. Careful inter-pretation is essential is offered to those who participated and the decision made about when to again evaluate that aspect of care.

2) A System Model For Implementation Of Unit Based Quality Assurance:

The implementations of the unit based quality assurance program, like that of any other program involve making changes in organizational structure and individual roles. One method of facilitating and structuring the change process is the system approach in which the task is broken down into manageable components based on defined objectives.

The basic components of the system are

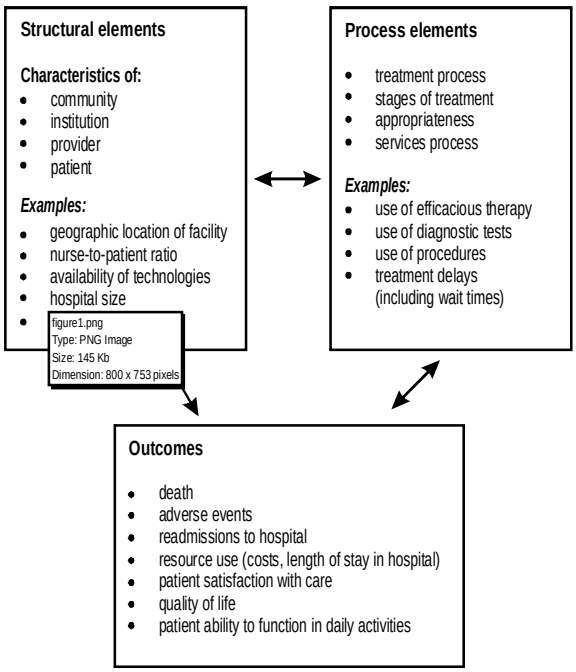
1. Input.

2. Throughput.

3. Output.

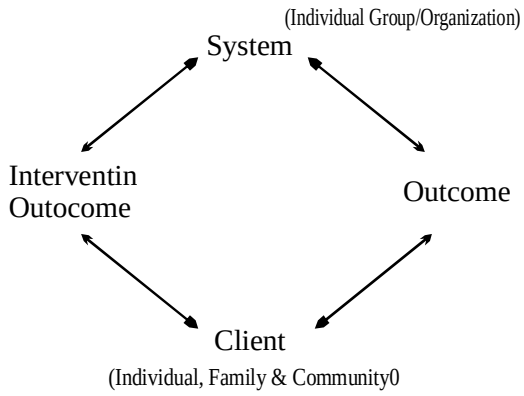
4. Feedback.

3. **Donabededian Model:-** The Donabedian parachign is recognised as a method of measuring quality as structure, process and out come and is depicted in the linear model.This can be used in community settings.



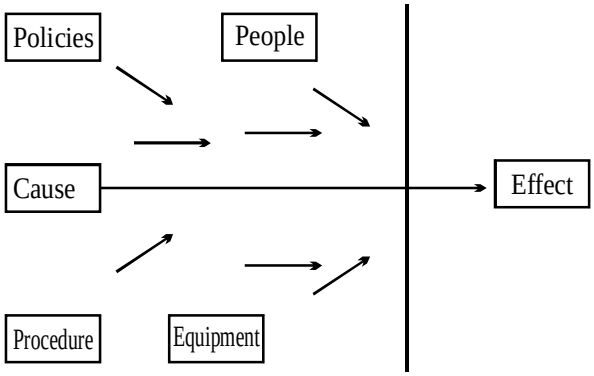
4. Quality Health Outcome Model:

The uniqueness of this model proposed by Mitchell and co, is the point that there are dynamic relationships with indication that not only act upon, but also reciprocally affect the various components.



5. Fish Bone Model:-

It is an example of fish bone diagnosis that may need to describe root causes of medication errors in a hospital setting. The problem is“ medication errors”.The main classification in these examples are - people, polices, procedures, and planned equipments each showing a variety of levels of causes.



6. Six Sigma: It refers to six standard deviations from the mean and is generally used in quality improvement to define the number of acceptable defects or errors produced by a process. It consists of 5 steps: define, measure, analyze, improve and control (DMAIC).

 Define: Questions are asked about key customer requirements and key processes to support those requirements.

 Measure: Key processes are identified and data are collected.

 Analyze: Data are converted to information; causes of process variation are identified.

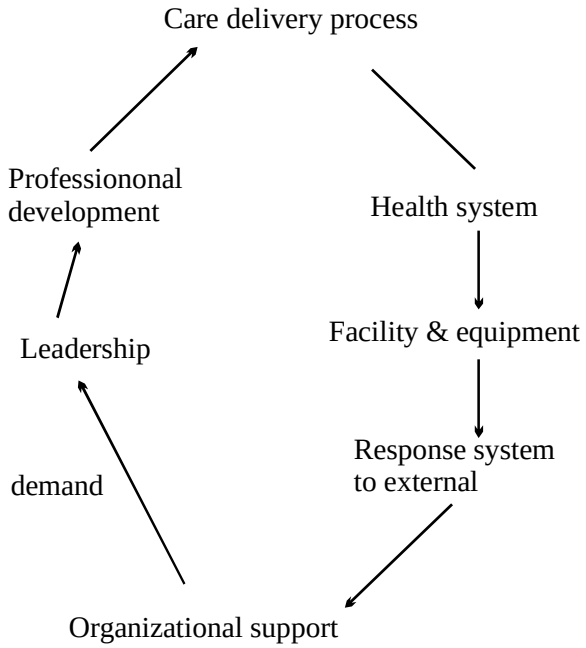
 Improve: This stage generates solutions and make and measures process changes.

 Control: Processes that are performing in a predictable way at a desirable levels.

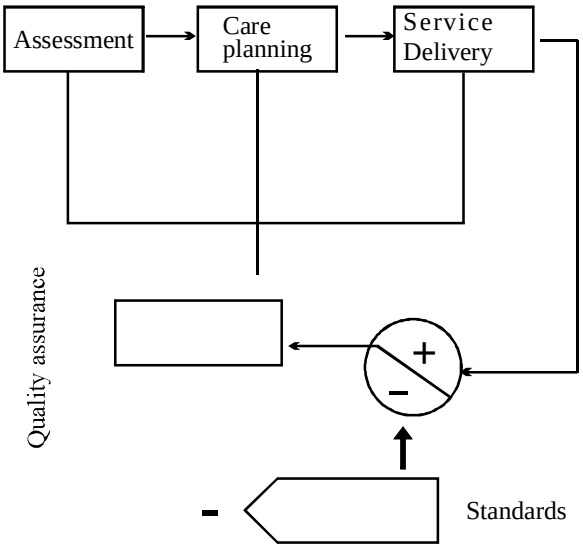
7. Plan, Do, Study, Act Cycle :(pdca): It is an improvement model advocated by Dr. Deming which is still practiced widely that contains a distinct improvement phase. Use of PDSA model assumes that a problem has been identified and analyzed for its most likely causes and that changes have been recommended for eliminating the likely

causes. Once the initial problem analysis is completed, a **Plan** is developed to test one of the improvement changes. During the **Do** phase, the change is made, and data are collected to evaluate the results. **Study** involves analysis of the data collected in the previous step. Data are evaluated for evidence that an improvement has been made. The **Act** step involves taking actions that will hardwire the change so that the gains made by the improvement are sustained over time.

8. Quality Practice Setting Attribute Model:



9. Quality Management Model (obra) Omnibus Budget Reconciliation 1987:



10) Omaha System:

- Omaha system has measurement approaches that make it a useful model for determining the quality of nursing care provided to individuals, families and communities.
- Evaluation focuses on process indicators, client outcome measures and satisfaction with care with the use of this comprehensive.
- In this model outcomes are rated in terms of knowledge and status.
- This approach allows for qualifying a range of security as well as progress toward or away from optimal health on going maintain of there departs as they relate to individual, family

community problems allows for evaluation of nursing interventions a necessary component of both quality assurance and outcome arrangement.

For instance, individual evolved in a 6 weeks health promotion program on weight management can be assured initially for this knowledge of healthy eating and exercise their current behaviours relative to both and their current status (eg body mass index).

- The outcome of the program can be assessed by measuring the same indicators and then comparing the initially obtained individual and aggregated data with data collected after the programme is concluded, whereas individual positive changes, such as decreased BMI, are a positive indicator, the impact on the entire group is of even more importance in forms of community level health status.

11) Wilson's Model:

Wilson tried to operationalize Donabedian model into a tangible and practical form.

- He redefined it as inputs, methods or procedures and outcomes. He described "**inputs** as people (personnel), **equipment & environment**," i.e. the resources need to attain a defined level of care.
- Methods or procedures became the everyday practice that is required, i.e. the professional or technical skill or expertise.
- Outcomes are the targets of care or services as measured by productivity, quality, and client satisfaction.

12) Marker's Umbrella Model:

The Marker model is a system for providing continuity, consistency and competency in clinical patent care. The model describes connecting characteristics for comprehensive quality assurance models are:

Standard development.
Continuous advanced training.
Confirmation of technical authority.
Evaluation of the execution of care measures.
Examination.
Parallel examination.
Risk management.
Control of the demand resources.
Active problem identification.

ROLE OF NURSE IN QUALITY ASSURANCE:-

- **INITIATOR**

  Creates awareness or sensitizes the nurses about the importance of quality assurance.

- **FACILITATOR**

  She facilitates to develop, implement, monitor and evaluate standards for nursing practice at all times.

- **COORDINATOR**
  She coordinates the different units of quality assurance progammes and coordinates the activities with the hospital quality assurance programme.
- **EDUCATOR**
  She gives orientation to nursing personnel regarding the need for standards and auditing of nursing service.
- **LEADER**
  She communicates the quality message to all the staff members.
- **EVALUATOR**
  She evaluates the implementation of standards for nursing practice.
- **SUPERVISOR**
  She supervises the activities of different committees. She supervises the nurses at first and second level leadership positions.

CONCLUSION

Quality assurance is to provide a higher quality of care. It is necessary that nurses develop standards of patient care and appropriate evaluation tools, so that professional aspects of nursing involving intellectual and interpersonal activities. Quality will be ensured and attention will be given to the individual needs and responses to patients.The formulation of standards is the first step towards evaluating the nursing care delivery. The standards serve as a base by which the quality of care can be judged. This judgement may be according to a rating or other data that reflects the conformity of existing practice with the established standards. The standards must be written, regularly reviewed and well-known by the nursing staff.

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