Development and implementation of a quality assurance framework in nursing and midwifery practice

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Introduction

There is a longstanding aim for continuous improvement in the NHS, and a plethora of UK government policy on quality. Whilst the drive for high quality care comes from a national and professional level, it remains the responsibility of healthcare providers to demonstrate and provide evidence of how they deliver high quality care in a local setting.

More recent developments in nursing include a high level national strategy and framework, however, there was a gap in the evidence for a systematic research based approach to engaging nurses in measuring and improving at scale within a local hospital setting.

This doctoral study set out to design and implement a structured framework to improve the quality of care across wards and departments.

Everyone

Counts

Nursing and Midwifery Strategy

Care Quality Assurance Framework

Friends and Fami

Always Events

Listening and

Learning

Care Compassion Competence Communication Courage Commitment

NHSLA

မ္ Harm Free Care

Prevention &

Safeguarding

for All

Caring for you

Infection

)utcomes

Back to Basics

🖸 Developing Clinic

Communication

NHS

Staffing

Education &

evelopment

Responsibilities

Leadership

Roles &

Aim

The aim was to support nurses and midwives in delivering a nursing and midwifery strategy to improve the quality of patient care, through the development and implementation of a quality assurance framework: 'How can a nursing and midwifery quality assurance framework contribute to improving quality of care in nursing and midwifery practice?'.



Action Research

Action research is commonly reported as a methodology of choice when working with practitioners to deliver changes in practice.

This study adopted a participatory action research approach to facilitate the development, delivery and evaluation of a quality assurance framework to support nurses and midwives in the implementation a local nursing and midwifery strategy to improve the quality of patient care.

This included the development of quality assurance standards and programme of assessment days including: observations, interviews and examination of a portfolio of evidence.

A participatory action research approach supported collaboration and the ward and department teams were empowered to 'own' the action research process through good communication and the conscious employment of a practice development approach.



Gateshead Health NHS Foundation Trust



Heat Map of Accreditation Results by Ward/Dept

The evaluation was supplemented by thematic analysis of qualitative interviews with participants.

omain 1 - WORKFORG

Assurance Standards

A substantial element of this study involved the development of a set of quality assurance standards and comprehensive programme of ward and department assessments.

		D
lity Accreditation	QE Gateshead	N
mework	Quality and excellence in health	1.

The Care Qual

order to ensure patient safety, standards of care, public confidence and The Care Quality Assurance amework was developed to ensure the co-ordination and delivery of the key objectives identified in e Nursing and Midwifery Strategy

press and recognises and rewards excellence. It provides wards and departments with a dinated set of standards that provide information in relation to quality and safety identifie

e Care Quality Accreditation Framewo

Care Quality Accreditation Framework (COAF) provides a minimum set of standards that can b d to enable the wards and departments to capture the quality and safety aspects of care

standards reflect the 4 domains that have been identified as key to the delivery quality c

- Domain 2 Patient Safe Domain 3 - Clinical Care
- Domain 4 Patient Experience

ch domain contains a set of standard statements and gives examples of the evidence required to luate performance. A Red Amber Green (RAG) rating system is then used to present results.

Accreditation will **not** be achieved if a **RED** rating is awarded in any of the 4 Domain

ER: In Domain 1, 3, 4, Accreditation will not be achieved if more than 2 AMBER ratings are

REEN: In Domain 2, GREEN ratings must be awarded in ALL standards for accreditation to be

1.	WORKFORCE - Working Environment and Co	ulture		Qual	lity metrics	
lo	Standard	Examples of Evidence	Red	Amber	Green	Outstanding
1	Systems are in place to faciliatate effective two way communication between staff and managers.	No of staff meetings Minutes – dissemination of information	<3	3 - 5	>5	
		% attendance.	>28%	28 – 32%	33%	
2	Staff are involved in the delivery of the Nursing and Midwifery Strategy	Work stream leads	No	Partial	Yes	
3	Staff have access to relevant leadership and management development opportunities.	Evidence of leadership and management training, training at band 7/6/5.	No	Partial	Yes	
4	The level of staff satisfaction is high	Staff interviews Results from cultural barometer, <u>MapSaf</u> , Organisation Health Index National Staff Survey results	No	Partial	Yes	
5	Processes are in place to effectively manage sickness and absence.	Sickness/Absence levels. Short term % Evidence of appropriate	>5%	4 - 5% Partial	<3.4% Full	
		management as per policy. Staff Interviews	engagement	engagement	engagement	

		Staff Interviews							
om	ain 3 – CLINICAL CARE								
	CLINICAL CARE - Discharge planning		Quality metrics						
	Standard	Examples of evidence	Red	Amber	Green	Outstanding	N/A		
.1	An expected date of discharge is clearly identified.	Nursing records or whiteboard	<80%	80-90%	90-100%				
.2	Discharge planning is addressed from the day of admission.	Nursing records	<80%	80-90%	90-100%				
.3	There is clear communication between the MDT when planning discharge	Observation in practice, staff interviews Patient Records.	NO		YES				
	CLINICAL CARE - Documentation and reco	ord keeping							
.1	A nursing assessment being undertaken on admission to the clinical area.	Medical I Records Audit Observation in practice	<80%	80-89%	90-100%				
.2	Risk assessment booklet is completed on admission and reviewed weekly or when condition dictates.	Medical I Records Audit Observation in practice	<80%	80-89%	90-100%				
.3	Patient care is planned , implemented and evaluated.	Observation in practice	<80%	80-90%	90-100%				

2.1	PATIENT SAFETY - Reducing Harm from Medication		Quality metrics					
No.	Standard	Examples of evidence	Red	Amber	Green	Outstanding	N	
	Controlled drugs are managed and administered safely.	Evidence of a minimum of weekly CD check in margins of CD register.	NO		YES			
		No. and type of untoward events from Datix	YES	Evidence of learning	NO			
2.1.2	Medicines are administered per Trust Policy	Untoward events No and Type from datix	YES	Evidence of learning	NO			
	1	Observation in practice – secure storage, correct administration/ IPC measures, patients are aware of their medicines.	NO		YES			
		Missed doses of critical medicines – safety thermometer results	NO		YES			

4.1	PATIENT EXPERIENCE - Communication		Quality metrics					
No.	Standard	Examples of evidence	Sed	Amber	Green	Outstanding	N/A	
4.1.1	When you reached the ward, did you get enough information about ward routines e.g. mealtimes, visiting, doctors ward rounds?		0-3	3.1 - 4.9	5>			
4.1.2	When you had important questions to ask a member of staff did you get answers that you could understand?		0-3	3.1 - 4.9	5>			
4.1.3	If your family or anyone else close to you wanted to talk to a doctor did they get the opportunity to do so?		0-3	3.1 - 4.9	5>	-		
4.1.4	Have you found someone to talk to about your worries and fears?		0-3	3.1 - 4.9	5>			
4.2	PATIENT EXPERIENCE - Care			-				
4,2.1	Do you get enough help from staff to eat your meals?		0-3	3.1 - 4.9	5>			
4.2.2	Do you get enough help from staff with washing and dressing?		0-3	3.1-4.9	5>			



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Results

A total of 122 assessments days were conducted over a 4 year period (2012 to 2016) across 33 clinical areas. The results, represented in the heatmap above, demonstrated an improvement, in relation to patient outcomes and experience (measured by the standards) across all areas.

The findings demonstrated that quality of care improved across all four domains of the nursing strategy, as measured by the assurance standards.

The evaluation was supplemented by a thematic analysis of qualitative interviews with nurse and midwife participants to capture their reflection on their involvement in this programme of work.

Thematic Analysis

Strong clinical leadership, a supportive culture, and staff engagement were identified as key enablers which facilitated improvements in the quality of care this is congruent with current academic literature.

When you are doing the ward assessments, the ward managers and deputies are sort of really looking forward to this as it is an opportunity to really shine and show

I think the leadership does make a big difference ... if you get a good ward *leader with good deputies then it is about* that whole team approach and the involvement with the staff nurses ...

off all the good practice they are

doing.

Conclusion

The study found that a structured approach to developing a quality assurance framework is an important feature of improving care for patients. This work demonstrates a unique contribution to nursing knowledge within the context of a local hospital setting and informs future developments on nursing and midwifery strategy and practice. This also provides an evidence based standardised approach to supporting the delivery of a nursing strategy to improve quality and is relevant to those who seek to improve the quality of patient care, both within the UK and internationally.

... this is 'our overall expectation of high quality care' sort of, without fail... in all areas.

I think when you are new into the role as a ward manager, it's good, sort of, structured expectation of where you should be.

References

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