

Component IV: Systems

Module B: Performance Improvement

Topic 1: Quality Assessment

I. Statement of Purpose

To provide the learner with basic knowledge of issues and components of performance improvement and illustrate areas affecting the ambulatory care nurse's practice.

II. Terminology

1. Evidence-based practice
2. Research utilization
3. Critical appraisal
4. Clinical Guidelines
5. Quality Assurance
6. Quality Improvement
7. Indicator
8. Measurement
9. Key Performance Measure
10. Clinical Research oversight
11. Continuous Quality Improvement
12. Nursing Process
13. Mandated Reporting
14. Health Care Reform
15. Standardized Procedures
16. Pay for performance
17. Randomized Controlled Trial
18. Decision Support Tool
19. Decision Support System
20. Algorithm

Acronyms

1. HIPAA-Health Information Portability and Accountability Act
2. SBAR–Situation-Background-Assessment-Recommendation
3. EMR-Electronic Medical Record
4. EHR-Electronic Health Record
5. CPT codes-Current Procedural Technology
6. HIT-Health Information Technology
7. HEDIS-Healthcare Effectiveness Data and Information Set
8. IHI-Institute for Healthcare Improvement
9. CDC- Centers for Disease Control
10. TJC-The Joint Commission
11. JCAHO- Joint Commission on Accreditation of Healthcare Organizations
12. IMQ-Institute for Medical Quality
13. ANA-American Nurses Association
14. QSEN-Quality and Safety Education for Nurses
15. RCT-Randomized controlled trial

16. CINAHL-Cumulative Index to Nursing and Allied Health Literature
17. HCAHPS-Hospital Consumer Assessment of Healthcare Providers and Systems
18. CAHPS-Consumer Assessment of Healthcare Providers and Systems
19. CLIA-Clinical Laboratory Improvement Amendments
20. AAACN-American Academy of Ambulatory Care Nursing
21. AACN-American Association of Critical-Care Nurses
22. NQF-National Quality Forum
23. PCMH-Patient Centered Medical Home
24. IOM-Institute of Medicine

III. Performance Standards

1. Spell and define key terms.
2. Describe the essential concepts of evidence-based practice.
3. Explain the importance and use of evidence-based clinical practice guidelines and other decision support tools.
4. Discuss the components of performance improvement and opportunities for implementation.
5. Identify quality monitors identified by regulation and practice.
6. Explain the concept of risk management as it relates to ambulatory care nursing.
7. Identify where or how healthy work environments may incorporate policy and performance improvement standards.

IV. References

1. AAACN; Ambulatory Care Nursing Orientation and Competency Assessment Guide (2011)
2. AAACN; Core Curriculum for Ambulatory Care Nursing (2006)
3. Alfaro-LeFevre, Rosalinda (2010) Applying Nursing Process: A Tool for Critical Thinking.
4. Cronenwett L, Sherwood G, Barnsteiner J, et al, "Quality and Safety Education for Nurses". *Nursing Outlook* 2007; 55: 121-131
5. Department of Veterans Affairs, Management Decision and Research Center (1998) Clinical Practice Guidelines Primer. Available at www.hsrd.research.va.gov/publications/internal/guideline.pdf
6. Haas, S (2012) Prevention and early detection of "never events" within ambulatory settings to enhance quality and safety and prevent financial losses" *View Point*, 34(1), 6-8.
7. Institute of Medicine "Crossing the Quality Chasm" (2001)
8. Institute of Medicine: "Guidelines for Clinical Practice; From Development to Use (1992)
9. Institute of Medicine "To Err is Human: Building a Safer Healthcare System" (2000)
10. Kramer, Marlene & Schmalenberg, C (2008) "Confirmation of a Healthy Work Environment", *Critical Care Nurse*. Vol 28, No 2, pp56-63.
11. Mellnyk, Bernadette M & Fineout-Overholt E (2011) Evidence Based Practice in Nursing and Healthcare: A Guide to Best Practice.
12. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. (AHRQ Publication No. 08-0043) available at: <http://www.ahrq.gov/qual/nurseshdbk/#evidencebased>

Websites

1. Agency for Healthcare Research and Quality www.ahrq.gov

2. Institute for Healthcare Improvement www.IHI.org
3. Quality and Safety Education for Nurses. www.QSEN.org

Content Outline Theory Objectives	Suggested Learning Activities/Evaluation
Objective 1 Spell and define key terms <ol style="list-style-type: none"> A. Review terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper context. 	Administer vocabulary pretest and post-test Crosswords, other games Lecture, discussion
Objective 2 Describe the essential concepts of evidence-based practice <ol style="list-style-type: none"> A. Evidence-Based Practice is defined as: “Integrating best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care” (QSEN) B. Evidence-based practice provides the framework for evaluating delivery of care (AACN, 2006) <ol style="list-style-type: none"> 1. Evidence-based practice is complementary to the nursing process of assessment, diagnosis, planning and intervention. 2. Its use enhances the value of the practice of nursing. 3. There is an assumption of decreased risk when interventions are supported by research. 4. There is increased potential for better outcomes. 5. Access to evidence is increasingly available and accessible. 6. Use of evidence reduces uncertainty and variability in health care decision-making. C. Sources of credible evidence <ol style="list-style-type: none"> 1. Databases; such as the: <ol style="list-style-type: none"> a. Cochrane Database of Systematic Reviews and Cochrane Central Register of Controlled Trials b. Cumulative Index of Nursing and Allied Health Literature (CINAHL) 2. National Guideline Clearinghouse (www.guidelines.gov) 3. Professional Peer Reviewed journals specific to the practice of nursing and medicine available at Pub Med from the National Library of Medicine www.ncbi.nlm.nih.gov/pubmed/ 4. Federal Government websites <ol style="list-style-type: none"> a. Agency for Healthcare Research and Quality (www.ahrq.gov) (contains the National Guideline Clearinghouse) 	A, B. Lecture/discussion Chose specific topic and selected reading and review on the topic in www.qsen.org Independent study: Select an example of Web-based learning such as: “Evidence-Based Nursing Introduction” www.http://guides.lib.unc.edu/content.php?pid=118238 C. Review selected websites to provide familiarity with content. Class discussion: Review how to access nursing literature in library setting. D. Select scientific articles. Break into groups to discuss which criteria is met with each. Review selected articles to demonstrate levels of evidence for examples. Answer the question: Does the literature meet the criteria for being evidence-based? E. Lecture, discussion Case study for creating change in nursing practice

<ul style="list-style-type: none"> b. National Institutes of Health (www.nih.gov) c. Centers for Disease Control (www.cdc.gov) d. Department of Health and Human Services (www.dhhs.gov) 5. Professional Associations and Organizations <ul style="list-style-type: none"> a. American Nurses Association (www.ana.org) b. American Academy of Ambulatory Care Nursing (www.aaacn.org) c. Sigma Theta Tau International (www.nursingsociety.org) d. Evidence Based Nursing (www.evidencebasednursing.org) no such site e. Quality and Safety Education for Nurses (www.qsen.org) D. Critiquing literature from reliable databases <ul style="list-style-type: none"> 1. Levels of evidence help researchers rate the quality and strength of the evidence and are based on the following principles: (Source: Mellnyk and Fineout-Overholt): <ul style="list-style-type: none"> a. Scientific design b. Statistical significance c. Validity and reliability d. Illustrate least amount of bias e. Are time controlled f. Show evidence of direct correlation to the subject 2. A “hierarchy of evidence” weights scientific evidence according to types of research and may provide additional validity. (Source: Mellnyk and Fineout-Overholt): <ul style="list-style-type: none"> a. Level 1: Evidence from a systematic review or meta-analysis of relevant randomized controlled trials (RCT) or evidence-based clinical practice guidelines based on randomized clinical trials b. Level 2: Evidence from at least one well-designed randomized clinical trial c. Level 3: Evidence obtained from nonrandomized well-designed controlled trials d. Level 4: Evidence from well-designed case control or cohort studies e. Level 5: Evidence from systematic reviews of descriptive or qualitative studies f. Level 6: Evidence from a single descriptive or qualitative study g. Level 7: Evidence from opinions of content authorities or reports of expert panels E. What are the steps in making evidence-based nursing practice changes? 	
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<ol style="list-style-type: none"> 1. Identify patient care problems and frame the clinical practice problem as a question 2. Collect the best evidence 3. Adapt and design the nursing practice innovation 4. Conduct a clinical trial to evaluate the innovation 5. Translate evidence into practice and decide whether to adopt, alter or reject the innovation 6. Re-evaluate the innovation once implemented 	
<p>A. Evidence-based clinical practice guidelines are statements that have been systematically developed to assist nurses in care delivery processes and assist patients and caregivers in making decisions appropriate to specific diseases or health conditions.” (AAACN, 2006)</p> <ol style="list-style-type: none"> 1. Clinical practice guidelines are used across multiple healthcare disciplines. <ol style="list-style-type: none"> a. Unlike clinical practice guidelines, Protocols are procedures or processes that must be rigidly adhered to and used predominantly by unlicensed personnel or in clinical research. b. Clinical practice guidelines allow for critical thinking or reasoning in their use. 2. According to the IOM, Clinical Practice Guidelines serve the following purposes (IOM, 1992): <ol style="list-style-type: none"> a. Assisting in clinical decision-making by patients and practitioners b. Education of individuals or groups about clinical situations and courses of action c. Assessing and assuring quality of care and promoting best practices d. Guiding allocation of resources for health care and assisting in controlling costs e. Reducing the risk of legal liability for negligent care. f. Improving patient safety through reduced errors or omissions 3. Examples of available clinical practice guidelines <ol style="list-style-type: none"> a. US Preventive Services Task Force recommendations (immunizations, falls prevention) (www.ahrq.gov.) b. National Guideline Clearinghouse (www.ahrq.gov) c. Clinical Practice Guidelines (www.ahrq.gov) d. Guidelines issued by professional organizations, such as the American Medical Association “Do Not Resuscitate” guideline and Oncology Nurses Association guideline for handling 	<p>Lecture, discussion</p> <p>Provide examples of clinical practice guidelines and protocols and discuss their differences</p> <p>Review the following websites for content and familiarity. Discuss information contained in website and relevance to discussion. www.guidelines.gov www.ahrq.gov/clinic/uspfix.htm</p> <p>Select one of the following clinical problems and review the guideline associated with the problem: Diabetic Retinopathy Hepatitis C Prevention of stroke in patients with transient ischemic attacks</p> <p>Enlist a supporting agency in demonstrating the use of their clinical decision support system in evaluating an example of a specific patient problem. Suggestions: Diabetes management Pregnancy Renal Failure</p> <p>Review the Scope and Standards of Practice for Ambulatory Care and Telehealth Nursing.</p>

<p>chemotherapeutic agents</p> <p>e. Centers for Disease Control and other specific governmental agencies</p> <p>B. Clinical Practice Guidelines and other decision support <i>tools</i> are employed in clinical decision-making, either alone or as a part of a clinical guideline.</p> <ol style="list-style-type: none"> 1. Algorithms are illustrated decision trees (flow charts) that guide the clinician with specific questions and prompts. 2. Protocols 3. Proprietary information databases, such as Micromedex®, contain medical and treatment information allow for consistency in clinical information while enabling patient management. <p>C. Clinical Decision Support Systems are automated data systems that provide knowledge and patient-specific information and are part of the electronic medical record (EMR).</p> <ol style="list-style-type: none"> 1. They may include pathways or structured plans for a particular health problem or health problems to reduce omissions and increase predictability of desired outcomes. (AAACN) 2. Decision Support Systems incorporate patient-specific data, and medical guidance into the electronic medical record <ol style="list-style-type: none"> a. May include “prompts” or reminders such as laboratory, immunization or mammography schedules b. Can provide prescription updates to prevent medication duplication or interaction errors c. Document issues of compliance or patient understanding of the care plan d. Allows for communication across disciplines and coordination of care <p>D. Desirable attributes of evidence-based guidelines (IOM, 1990)</p> <ol style="list-style-type: none"> 1. Validity 2. Reliability and concurrence by most clinicians 3. Applicability to the population served 4. Flexibility 5. Clarity 6. Multidisciplinary input 7. Scheduled review cycle 8. Documentation of references, citations, procedures, methods <p>E. Critical Thinking, Critical Reasoning and use of guidelines</p>	
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<p>and other decision support tools and systems. The use of guidelines and decision support tools or systems does not replace the nursing process or critical thinking or reasoning by the nurse.</p> <p>F. Standards of Practice are statements developed by professional organizations, government, or regulatory agency by which practice, education, research, or services can be evaluated. The AACN and the ANA have developed standards guiding ambulatory care and telehealth nursing specialization. They include rationale and measurable criteria.</p>	
<p>Objective 4. Discuss the components of performance improvement and opportunities for implementation</p> <p>A. Nurses are actively involved in performance improvement in order to improve quality of care. Performance improvement involves evaluation of the processes of care, not individual performance (AACN, 2006)</p> <ol style="list-style-type: none"> 1. Definition: "Performance improvement is the systematic analysis of the structure, process, and outcomes within systems for the purpose of improving the delivery of care" (TJC) <p>B. Quality Improvement (also known as Continuous Quality Improvement) involves the use of data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems." (QSEN)</p> <p>C. Performance improvement process incorporates a Plan-Do-Study-Act model and may be described using these steps (AACN, 2006)</p> <ol style="list-style-type: none"> 1. Identify the area requiring improvement using data generated by the system. A tasked committee or group may be involved in its selection. 2. Define the current process 3. Select indicators and measurement <ol style="list-style-type: none"> a. An Indicator is a measure that takes into consideration performance in relation to structure, processes or outcomes. (e.g. falls prevention, acquired infection) <ol style="list-style-type: none"> 1) The National Database of Nursing Quality Indicators provides nursing specific indicators 2) Measurement pertains to data collection about the area or process designated for review 3) Use evidence-based practice to formulate possible solutions 4) Identify steps to improve the process 	<p>Lecture, discussion</p> <p>Review selected websites for content and familiarity:</p> <p>Review Quality Improvement section at www.qsen.org. www.nursingquality.org</p> <p>Chose selected topics and have students research indicators appropriate for QI exercise</p>

<ul style="list-style-type: none"> 5) Implement the change 6) Evaluate for positive change in the outcomes 7) Modify and reassess as needed D. Key Performance Measures in ambulatory care include <ul style="list-style-type: none"> 1. Access to care 2. Safety (patient and staff) 3. Quality and Service 4. Productivity 5. Fiscal issues E. Data is used to select performance improvement measures and indicators <ul style="list-style-type: none"> 1. Quality assurance data such as incident reports or risk identification reporting 2. Activities performed or clinical diagnoses encountered on the basis with risk or volume of nursing duties. <ul style="list-style-type: none"> a. High risk, high volume <ul style="list-style-type: none"> 1) Diagnoses, procedures and nursing activities done on a frequent basis with a high degree of risk due to their complex nature. 2) An example is administration of chemotherapeutic agents in an oncology setting. b. High risk, low volume <ul style="list-style-type: none"> 1) Diagnoses, procedures and nursing activities done on an infrequent basis with a high degree of risk due to their complex nature 2) An example is administration of chemotherapeutic agents in a medical clinic. 3. High cost interventions 4. Clinical research oversight 5. Adverse outcomes of nursing care 6. Peer review of telephone engagement 	
<p>Objective 5</p> <p>Identify quality monitors identified by regulation and practice</p> <ul style="list-style-type: none"> A. Regulated quality monitors are tied to patient care initiatives and are required for certification and licensure of the institution. <ul style="list-style-type: none"> 1. Institutions are monitored by regulatory bodies <ul style="list-style-type: none"> a. The Joint Commission (TJC) priority focus areas to ensure quality and secure environments or patients and staff include <ul style="list-style-type: none"> 1) Medication management: reducing medication errors and reconciliation 2) Infection prevention and control: reducing incidence of acquired infection 3) Medical Recordkeeping 4) National Patient Safety Goals 	<p>Lecture, discussion</p> <p>Review selected websites: www.osha.gov and www.nursingworld.org for health and safety topics in the workplace.</p> <p>1) Chose one of the following topics and review regulations and reporting requirements</p> <ul style="list-style-type: none"> Workplace violence Hazardous materials exposure Fall protection Blood borne Pathogens

<ul style="list-style-type: none"> 5) Ethics, rights and responsibility of the individual 6) Life safety: falls prevention, violence 7) Nursing Practice: competency 8) Emergency Management 9) Medical Staff 10) Information Management 11) Performance Improvement and more b. The Patient Safety and Quality Improvement Act of 2005 was written in response to the IOM report “To Err is Human” and federally mandates quality parameters, including privacy and confidentiality (HIPAA), and established a mechanism for reporting and data collection in establishing the Patient Safety Organizations. c. The Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS) or Consumer Assessment of Healthcare Providers and Systems survey (CAHPS) measures and reports patient perspectives of hospital or facility care. Originally implemented in 2005, it is now linked to the Affordable Care Act of 2010. (see below) d. State regulatory agencies monitor individual practice and requirements for healthcare facilities to protect the consumer and employees <ul style="list-style-type: none"> 1) Occupational Safety and Health Administration (OSHA) regulations 2) Labor regulations monitoring workplace hours and safety 3) Division of Consumer Affairs regulating licensure and certifications of personnel e. Specialty areas may have their own quality monitors: Home health has its own data set, OASIS (Outcome & Assessment Information Set) f. Other organizations monitoring quality <ul style="list-style-type: none"> 1) The Institute for Medical Quality (IMQ)-surveyors in conjunction with the American Medical Association (AMA) 2) Clinical Laboratory Improvement Amendments (CLIA) monitors quality in clinical laboratories <ul style="list-style-type: none"> a) Professional nursing and nursing education has created evidence-based resources and programs focused on nursing-specific monitors g. The ANA Patient Safety and Nursing Quality Initiative-established in 1995, and incorporates the 	<p>2) Examine policies implemented by the associated facilities regarding the same topics</p> <p>Review quality competencies and readings on www.qsen.org. Discuss individual competences.</p>
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<p>use of the National Database of Nursing Quality Indicators linking patient safety and nursing outcomes.</p> <p>h. QSEN competencies of quality-provides tools for nursing education focus on competencies</p> <p>B. Other quality monitors are tied to financial reimbursement</p> <ol style="list-style-type: none"> 1. The National Patient Safety Initiative and the Center for Medicare Services (CMS) established by the Affordable Care Act of 2010 that establishes a “pay for performance” mechanism whose goal is to decrease healthcare costs, improve coordination of care and make care more patient-centered by reducing conditions such as hospital-acquired infections, medication errors, and preventable hospital readmissions. Reimbursement is tied to some of the following strategies: <ol style="list-style-type: none"> a. Improved patient safety b. Establishment of collaborative networks under the provision of the Affordable Care Act. Accountable Care Organizations (ACO) and the Patient Centered Medical Home (PCMH) c. Rewards for high performance d. Public-private cooperation e. Standardized measures f. Improved patient compliance and customer service (HCAPS) g. Increased accountability and oversight by quality improvement organizations 2. Private insurers monitor quality parameters 3. “Never events” defined by CMS through state Medicaid programs considered major errors in patient safety and quality and automatically disqualify reimbursement and censure (Haas, 2012) <ol style="list-style-type: none"> a. Surgical errors involving the wrong patient, wrong site, wrong surgery or foreign bodies remaining in the patient b. Patient death or injury involving medication error, unsafe administration of blood products, maternal or child death associated with labor or delivery, falls, pressure injury, or irretrievable loss of a biological specimen c. Patient death or injury resulting from failure to follow up or communicate significant patient results d. Early discharge or elopement of a patient e. Patient suicide f. Death or serious injury of a patient or staff as a result 	
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<p>of electrical shock, introduction of a metallic object into the MRI area, or contaminated drugs or blood products</p> <p>g. Criminal acts resulting from impersonation</p> <p>h. Death or injury of a patient or staff resulting from physical assault or violence</p>	
<p>Objective 6 Explain the concept of risk management as it relates to ambulatory care nursing</p> <p>A. Risk management: An organization-wide program to identify risks, control occurrences, prevent damage, control legal liability; a process whereby risks to an institution are evaluated and controlled</p> <p>B. Mitigating risk to the nurse and healthcare facility is attained by compliance with State Law and the organization's policies and procedures</p> <ol style="list-style-type: none"> 1. Mandatory abuse reporting: elder, child 2. Health information privacy (HIPAA) 3. Incident reporting 4. Patients' Rights (The National Patient Safety Act) 5. Worker safety protections; needle stick prevention, shift work chemical hazards, lateral bullying, and safe patient handling <p>C. QSEN safety competencies clearly outline principles and parameters applicable to system effectiveness and individual performance.</p> <p>D. Liability insurance</p> <ol style="list-style-type: none"> 1. Institutions have liability insurance to protect themselves from errors or other acts causing litigation. Coverage for employees is variable dependent on the institution. 2. Nurses may purchase personal liability insurance individually to protect themselves from risk. 	<p>A. Provide examples of policies and procedures illustrating risk management; abuse reporting laws, HIPAA documentation</p> <p>Review the "Green Guide for Health Care", a toolkit for healthy hospitals and institutions www.gghc.org Discuss areas where nurses can alter the footprint of their institutions.</p> <p>Case study: evaluate risk and possible solutions.</p> <p>C. Review Safety Competencies at www.qsen.org</p>
<p>Objective 7 Identify where or how healthy work environments may incorporate policy and performance improvement standards.</p> <p>A. Kramer and Schmalenberg define a healthy work environment as one that is "productive, able to give quality care, satisfying, and able to meet personal needs." A healthy work environment "increases patient safety and nurse's job satisfaction and retention."</p> <p>B. Maintaining a healthful and hazard free environment in the workplace in part is regulated by</p> <ol style="list-style-type: none"> 1. OSHA and state and local regulations regarding biohazardous waste, hazardous medication administration (chemotherapy), radiation, hazardous 	<p>Lecture, discussion</p> <p>A. Review website materials for content and familiarity www.aacn.org</p> <p>B. Review ANA website for Magnet designation criteria and discussion of healthy workplaces</p> <p>C. Review local regulations regarding home disposal of medications and biohazards. Discuss suggestions and options</p>

<p>chemical use</p> <ol style="list-style-type: none"> 2. California law mandating violence prevention initiatives and security measures such as training in de-escalation techniques and physical barriers in response to episodes of violence against health care workers. 3. Standards for certification by the Joint Commission. <p>C. Minimizing personal risk and promoting self-care is emphasized by nursing organizations</p> <ol style="list-style-type: none"> 1. The ANA Magnet Designation criteria for healthy workplaces which focuses on criteria such as <ol style="list-style-type: none"> a. Quality of nursing leadership b. Quality of care c. Organizational structure d. Quality improvement e. Interdisciplinary relationships f. Community and the healthcare organization g. Personnel policies and programs h. Management style i. Autonomy j. Nursing image k. Nurses as teachers 2. The American Association of Critical-Care Nurses (AACN) similarly have established standards in their Healthy Work Environments initiative <ol style="list-style-type: none"> a. Standards include <ol style="list-style-type: none"> 1) Skilled communication 2) True collaboration 3) Effective decision-making 4) Appropriate staffing 5) Meaningful recognition 6) Authentic leadership b. Along with these standards, the initiative focuses on other aspects of nurse self-care, such as stress reduction, shift work, safe patient handling and lateral bullying. <p>D. Health Care Without Harm Nurses Workgroup www.noharm.org/us_canada/nurses/ and Alliance of Nurses for Healthy Environments www.envirn.org are organizations of nurses focusing on environmental issues in healthcare and the community.</p> <p>E. Nurses are responsible for mitigation in other settings and education of patients on ways to reduce their environmental footprint and personal risk. Topics like appropriate disposal of biological and unused medications in their homes and evaluation of the home environment for patient risk factors should be considered.</p>	<p>for safe disposal if none exist</p> <p>D. Discussion: Environmental impact of nursing care</p> <p>Investigate the following websites</p> <p>Health Care Without Harm Nurses Workgroup www.noharm.org/us_canada/nurses/ Alliance of Nurses for Healthy Environments www.envirn.org</p>
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