



# NMNEC Concept: Health Care Quality

**Mega Concept:** Professional Nursing

**Category:** Care Competencies

**Concept Name:** Health Care Quality

**Concept Definition:**

A process in which outcome measures are used to continuously improve the quality and safety of health care systems.

**Scope and Categories:**

Health care quality is complex because of the many perspectives involved: perspective of the patient, provider, nurse, or institution. The Institute of Medicine's (IOM) definition is: "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." (Harris-Wehling, 1990). Quality improvement is an important component of health care quality. The Quality Safety Education for Nurses (QSEN) in their 2019 initiative identified quality improvement (QI) as a key competency for nursing students. QSEN defines QI as 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" (Quality and Safety Education for Nurses, 2019).

The scope of health care quality could be visualized on a continuum ranging from consistently poor quality and poor patient outcomes to high-quality, error-free care with optimal patient outcomes (Woods, 2017).

Multiple variables impact the continuum of health care quality. The scope of these variables includes:

- Delivery of care that is evidence-based
- Delivery of care that is safe
- Delivery of care that is patient centered
- Efficient use of resources/cost effectiveness

Measures (categories) that reflect the quality of care include:

- Patient care outcomes
- Patient satisfaction



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## Attributes:

The attributes of health care quality are typically referred to as quality indicators. The Institute of Medicine (IOM) in 2001 identified six important quality indicators for health care as:

1. **Safe:** Avoid harm to patients from the care that is intended to help them.
2. **Effective:** Provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (i.e., avoid underuse and misuse of services, respectively).
3. **Patient-centered:** Provide care that is respectful of and responsive to individual patient preferences, needs, and values and ensure that patient values guide all clinical decisions.
4. **Timely:** Reduce waits and sometimes harmful delays for both those who receive and those who give care.
5. **Efficient:** Avoid waste, including waste of equipment, supplies, ideas, and energy.
6. **Equitable:** Provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

## Theoretical Link

Woods (2017) explained that the Donabedian model developed in 1983 is the most common framework used to determine quality in health care. Use of this model can help to evaluate quality of health care. This model consists of a three-part procedure:

- **Structure** is the organizational setting
  - Adequacy of facilities, equipment, technology
  - Personnel, e.g. staff mix (techs, RNs, etc.)
  - Nurse: patient ratios.
- **Process**
  - Organizational services offered
  - Technical quality of the services
  - Staff development opportunities
  - Interpersonal relations
  - Governance of an organization
  - Patient education
  - Patient access
  - Safety
  - Continuity of care
- **Outcomes**
  - Staff performance
  - Patient satisfaction



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- Health outcomes.

## Context to Nursing/Healthcare:

Nurses are on the front-line in delivering safe, effective, and efficient care to patients. Nurses need to have an understanding of and willingness to participate in measures that promote and ensure the health and safety of patients (Woods, 2017). This includes identification of unsafe practices with appropriate response to ensure safe outcomes for patients, and co-workers, as well as oneself (Woods, 2017). The knowledge, skills, and attitudes identified by the QSEN initiative related to quality improvement (2019) are appropriate goals for nurses to understand and accomplish in assuring health care quality:

Knowledge	Skills	Attitudes
1. Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice	1. Seek information about outcomes of care for populations served in care setting. Seek information about quality improvement projects in the care setting	1. Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
2. Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families. Give examples of the tension between professional autonomy and system functioning	2. Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit. Participate in a root cause analysis of a sentinel event	2. Value own and others' contributions to outcomes of care in local care settings
3. Explain the importance of variation and measurement in assessing quality of care	3. Use quality measures to understand performance. Use tools (such as control charts and run charts) that are helpful for understanding variation  4. Identify gaps between local and best practice	3. Appreciate how unwanted variation affects care. Value measurement and its role in good patient care
4. Describe approaches for changing processes of care	5. Design a small test of change in daily work (using an experiential learning	4. Value local change (in individual practice or team practice on a unit) and its



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	<p>method such as Plan-Do-Study-Act). Practice aligning the aims, measures and changes involved in improving care</p> <p>6. Use measures to evaluate the effect of change</p>	<p>role in creating joy in work. Appreciate the value of what individuals and teams can to do to improve care.</p>
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Regulatory agencies: Provide oversight to ensure public safety, license health care facilities, and fine or restrict services to agencies that fail to meet expected standards (Woods, 2017).

- Centers for Medicare & Medicaid Services (CMS)
- The Joint Commission (TJC)
- Occupational Safety and Health Administration
- U.S. Food and Drug Administration

Advisory bodies: Nurses need to be informed of advisory bodies that monitor and influence health care quality. These include:

- The Institute of Medicine (IOM)
- The National Quality Forum (NQF):
- Institute for Health Care Improvement (IHI)
- Nursing-Specific Advisory Bodies including:
  - The National Database for Nursing Quality Indicators (NDNQI)
  - The National Center for Nursing Quality (NCNQ)

Health information technology (HIT): The potential for technology to assist in providing quality health care and eliminating error is great; technology helps to track quality performance standards. Some examples are:

- Electronic health record (EHR)
- Computerized physician order entry (CPOE)
- Bar code medication administration (BCMA)
- Clinical decision support system (CDSS)
- Telehealth

(Kelly, et. al., 2014)

### Interrelated Concepts:



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- **Safety:** The concepts of health care quality and safety are closely related. Without safety in patient care, quality cannot exist. Analyses of near miss, adverse, and sentinel events improve the quality of health outcomes.
- **Health Care Delivery Systems:** The philosophy, culture, type of governance, organizational framework, profit vs nonprofit entity, etc. could impact the quality of health care (Bodenheimer & Grumbach, 2012).
- **Health Care Disparities**
- **Health Care Economics:** Cost and efficient use of resources has a major impact on health care quality; cost also affects access to care, a health care quality issue (Bodenheimer & Grumbach, 2012).
- **Health Care Policy:** Regulatory agencies such as the State Board of Nursing, The Joint Commission, and Centers for Medicare and Medicaid Services set policies to ensure quality in nursing services and patient care (Woods, 2013).
- **Technology and Informatics:** The dynamic use of technology and informatics in patient care impacts quality of health care.

### New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:

- Quality Plans and Philosophies
  - Examples of quality plans and philosophies that could be used (examples are not required):
    - Magnet designation:  
The American Nurses Credentialing Center (ANCC) offers the Magnet Recognition Program, the ultimate credential for health care organizations able to demonstrate high quality nursing care (2020). The components of magnet designation include: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations, and improvements; and empirical quality results.
    - Total Quality Management(TQM) OR Continuous Quality Improvement (CQI)
- Error Prevention Strategies to Improve Health Care Quality
  - Examples of error prevention strategies that could be used (examples are not required):
    - Root cause analysis (RCA): a strategy used to identify the root cause of an incident, e.g. death or a serious adverse event.
    - Plan-Do-Study-Act (PDSA): PDSA is a useful tool to document a test of change. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act) (Institute for Healthcare Improvement, 2020).
- Core Measures



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- Use examples not just from acute care settings. Focus on core measures that are pertinent to clinical settings/sites/populations being addressed in clinical courses.

### **Optional Exemplars:**

- Medical Home Models: The American Academy of Pediatrics (AAP) originally developed the medical home model for delivery of primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective (2020).
- Culture of Safety
- High reliability organizations (HRO) (Kelly, et. al., 2014)



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## Resources:

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