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Quality of care. Understanding the theoretical framework and learning the practical setting

Whenever talking or reading about the quality becoming too abstract concept – there is a simple way to avoid a confusion. There are four major steps to be taken and a structural way of thinking occurs: 1) introducing the terminology (quality, standard, quality assurance and assessment), 2) acquainting with standards in cancer care and oncology nursing, 3) gaining the skills of practical formulating and writing of (basic) standards of care and practice, 4) convincing about necessity of building up a quality assurance strategy and an active participation in that process.

QUALITY OF CARE

"The problem of quality has absorbed people for millennia. Aristotle introduced it to philosophy four centuries BC. It was gaining significance with the development of the exchange of goods. At present, special international organizations and associations sponsor scientific research, publish books and magazines, and organize conferences and seminars on quality. An interdisciplinary branch of knowledge emerged known as qualitology. Quality has become a key to success, a key to economic «miracles»" (8). Ensuring high quality in all areas of socio-economic life, specially in the health care system, is of great importance.

DEFINITION OF QUALITY AND ASSURANCE

Defining quality is difficult – it is a concept, a notion, an idea, an abstraction. The Concise Oxford Dictionary definition suggests that it is a " degree of excellence". It is a subjective concept. According to Pirsig: "quality is what you like".

It is also an elusive concept. Brook suggests that: "quality is a moving target – a process of continuous improvement". It is important to turn this subjective, elusive and unattainable concept into something objective, graspable and both possible and desirable to achieve. Therefore, the concept has to be made practical, translated into a process, an activity, that starts by defining "quality" and "excellence" clearly, concisely and comprehensively so it can then be measured to provide evidence of achievement or otherwise. This process forms the basis of all quality assurance initiatives. The world "assurance" is defined as a "formal guarantee certainty" (Concise Oxford Dictionary).

DEFINING QUALITY - STANDARD WRITING

The theoretical basis: Among the earliest attempts at assessing the adequacy of medical and nursing care were Florence Nightingale's Reports published in 1958. Her work included a comparison of the British army and civilian population in terms of mortality. She demanded the establishment of quality standards in the military health service (7, 8). At present, two sources have been used as the theoretical basis for writing the standards of care. Donabedian described the measurement of effective medical care in terms of "structures, processes and outcomes". "Structures" included the adequacy of health care facilities, the qualifications of practitioners and the financial aspects of medical care. "Processes" were the aspects of care that demonstrated that "medicine is properly practiced", and "outcomes" the concrete and precise measurements of the effectiveness of medical care – survival rates, restoration of function and so on (9).

Wilson described the Donabedian model as "inputs, methods or procedures, and outcomes". He added and described inputs as "people , equipment and environment" – the resources required to attain a defined level of care. Methods or procedures became the everyday practice that was required – the professional or technical skills or expertise. Outcomes were targets of care or services as measured by "productivity, quality, and client satisfaction" (9).

Is quality assurance a luxury or a necessity for European health care today? At a time when the region faces an economic chaos, and a growing catalogue of old and new health needs, discussing the virtues of standard setting and clinical audit may seem irrelevant and insensitive. The truth is that doctors and nurses who are not involved in quality assurance are unlikely to fare any better, even in these desperate but increasingly common circumstances. Without the quality assurance, they cannot articulate their needs, establish

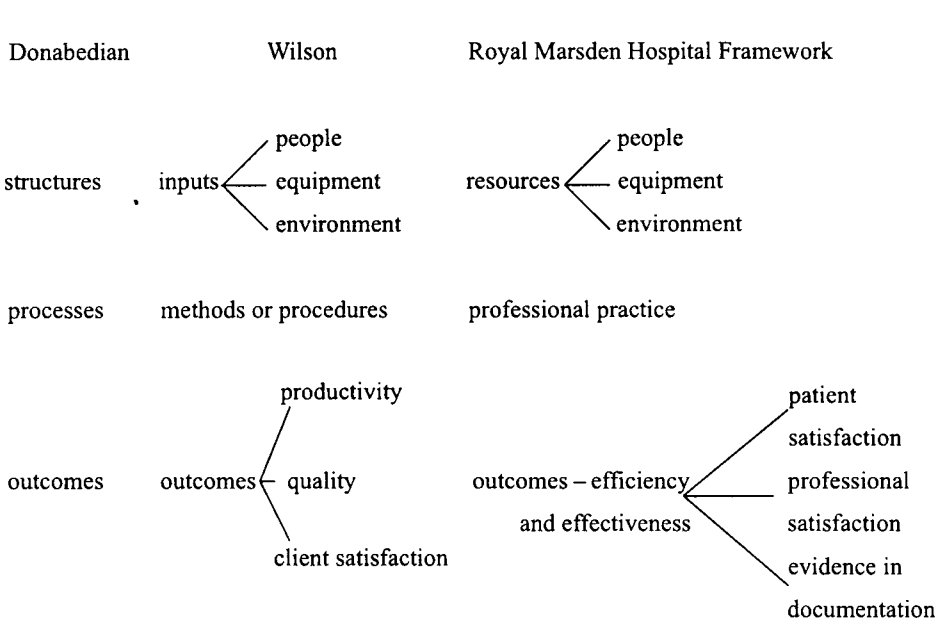

Fig. 1. Three models of standard's creation

priorities or evaluate progress. They will not have evidence at hand to argue the case for more resources or demonstrate the value and effectiveness of good care (14, 15).

Only by reviewing practice, setting standards, measuring progress and introducing the necessary changes – the continuing cycle of audit – can they hope to make lasting improvements. However, this is not to argue that every approach to quality assurance is useful. When human and financial resources are in such short supply, even more care should be taken to ensure that the chosen method is appropriate to the setting. Battles over the right or wrong way of doing it, so beloved by the exponents of each system, are usually fruitless. Instead, they should select and, if necessary, adapt the approach that seems most relevant to their circumstances.

Jane Salvage – Regional Adviser for Nursing, Midwifery and Social Work, of the World Health Organization, in the European Region says: "In making this choice, it is useful to bear a few key principles in mind. These can be used as criteria to weigh up the relative merits of each approach. Six principles spring to mind, but you may want to add to the list: Is the approach simple to understand and use? Does it appeal to the clinic nurse? Can the nursing staff participate in it? Is there any evidence that it is effective? Is it cost-, time-, and money-effective? And finally: will it help to empower nurses and patients? If the answer to all questions is yes, the method will probably be useful to nurses in any situation. They can then apply it to whatever issue is most urgent, whether it be a lack of drugs or the organization of a patient's day. But those nurses who turn a blind

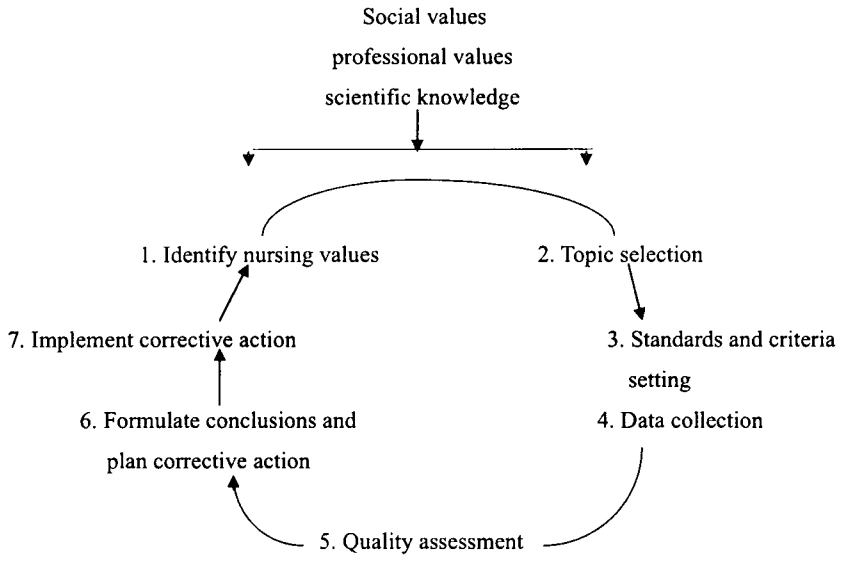

Fig. 2. Quality assurance model by Norma Lang

eye to the need for a systematic approach to evaluating and improving their practice will suffer – and so will their patients (2, 6, 11, 13)".

THE MANAGEMENT OF QUALITY

There are three factors that are essential to ensure the success of any quality assurance initiative – from definition of quality to measurement, to the implementation of change. These factors relate directly to the concepts of leadership and staff participation suggested by Nichol and form the basis of a quality management structure.

Ownership. Health care professionals are the people to define the level of "excellence" which foster the sense of ownership. Strategies for change resulting from quality assurance initiatives should also be determined by those at the center of patient care and those strategies then discussed and negotiated with the relevant managers of the service.

Communication. In practice, this involves the identification and maintenance of a well developed and sensitively managed exchange of information at all stages of the quality assurance process that flows both upwards and downwards, as well as laterally, to ensure that everyone involved at every stage of the process shares and participates in the initiative.

Leadership. Management support at all levels of the organization may be required to facilitate change – particularly where there are resource or policy implications for the achievement of excellence.

STANDARD STATEMENT

The standards began with a clear and concise definition of the level of excellence to be achieved for a patient with a specific problem or need – by the specific member of the multidisciplinary team. Quality and standard are the abstracts. In order to translate them into the professional practice it is necessary to describe – elaborate standard in terms of criteria, which are related directly to process, structure and outcomes. Unlike the abstract the criteria are objective and therefore can be measurable. Standard is a model, norm of behaviour – recommended for exact reproduction or imitation. Quality may be described as the desired level of excellence. As abstracts terms should gain a structural character. Therefore, standards should be organized toward a goal, achievable, measurable, observable.

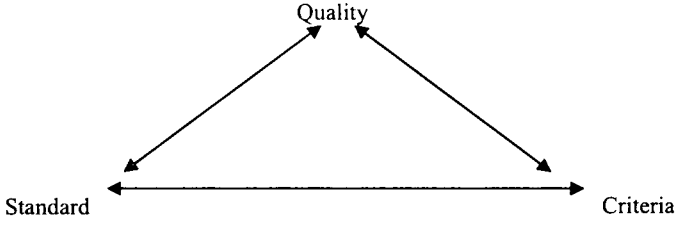

Fig. 3. The conceptual model – three basic elements

Standard is often described as level of performance agreed by the professionals in some discipline /area/ population. Standard may be defined as model/norm of performance and realization of specific functions and tasks toward the subject of nursing activities within: patient, family, social group, society.

There are certain needs which are the basic platform for the quality assurance system and standards setting. These are the needs of: nursing profession, professional development, development of body knowledge of nursing sciences, co-working non-nurses, nursing students, society, sciences, and society.

TYPES OF STANDARDS

There two main types of standards: I - standards of care and nursing, II - standards of professional practice, education, ethics etc.

Example 1:

Source: standards of care: Cancer Nursing, Royal College of Nursing (12)

Topic 3: Family Care

Standard statement: The family of the individual with cancer is prepared and supported by the nurse and referred to the other members of the multidisciplinary team where necessary to adapt to the changes throughout the course of cancer.

Example 2:

Source: American Nurses Association and Oncology Nursing Society: Standards of Oncology Nursing Practice (1).

Professional Performance Standards:

Standard VII. Professional Development

CONCLUSIONS

The oncology nurse assumes responsibility for professional development and continuing education and contributes to the professional growth of others.

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SUMMARY

Different professional reports set out recommendations for the delivery of high-quality services in cancer centers, units and primary health care. The explicit recommendations of the reports emphasized the need for cancer service to take account of the views and preferences of patients as well as of their families and careers. The assessment of the compliance with those recommendations is a base for the professional audit, measurement of the actual quality of care given, as well as the accreditation of cancer centers and units. Therefore, ensuring high quality in all areas of health care system is of great importance.

Jakość opieki. Założenia teoretyczne i ich realizacja

Problemy związane z jakością jawiły się w polu zainteresowania człowieka już u zarania dziejów. Obecnie jakość jest problemem stojącym w centrum zainteresowania wielu dziedzin naukowych, a nawet stała się domeną konkretnych specjalności. Wzrost zapotrzebowania na rozpoznawanie i ocenę poziomu jest spowodowany zmianami zachodzącymi wewnątrz służby zdrowia oraz wśród samych pacjentów, których zachowanie w ostatnim dziesięcioleciu uległo znacznej ewolucji. Istotne znaczenie posiadają profesjonalne wartości pracowników systemu ochrony zdrowia, zwłaszcza te, które warunkują pacjentocentryczny model opieki nad osobą chorą. Dla tych pracowników najwyższa możliwa do osiągnięcia jakość ich praktyki zawodowej jest nie tylko obowiązkiem w stosunku do zakładu pracy i pracodawcy, ale przede wszystkim naczelną zasadą, przejawiającą się we wszelkich kontaktach z podopiecznymi. Do pomiaru jakości należy przyjąć jak najbardziej obiektywne i mierzalne sformułowanie, posiadające konkretny wymiar, a w konsekwencji dające się osiągać i podlegać ocenie. Rolę tę pełnią standardy opieki i praktyki, których przestrzeganie jest warunkiem i gwarancją optymalnej jakości działań zawodowych.