



Quality Improvement in Nursing

Edited by
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Senior Lecturer at Edge Hill University

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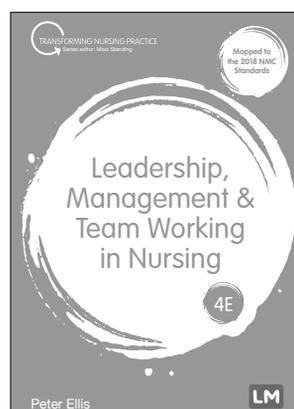
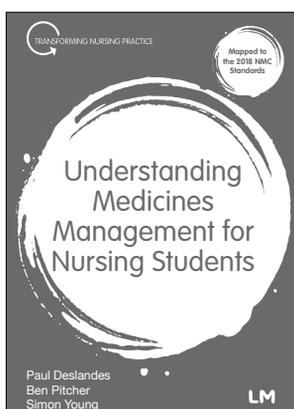
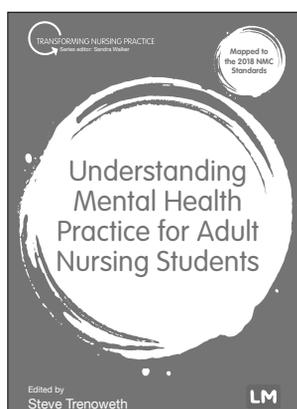
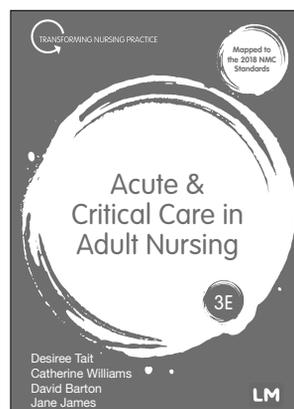
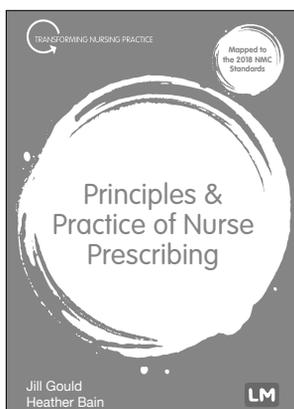
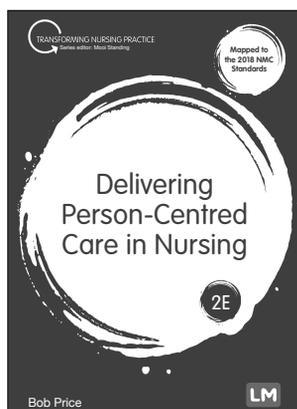
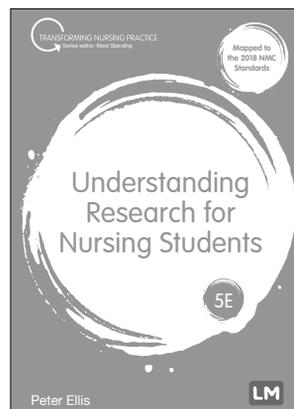
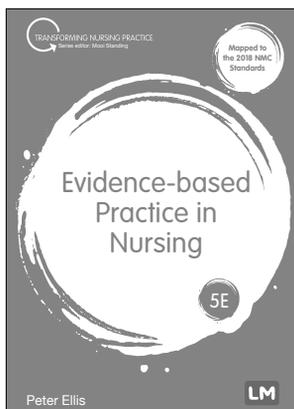
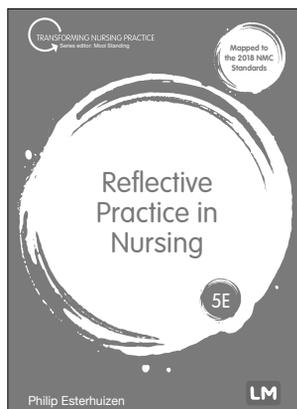
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Chapter 8

Quality improvement and you

The future

Gillian Janes and Catherine Delves-Yates

NMC Future Nurse: Standards of Proficiency for Registered Nurses

This chapter will address the following platforms and proficiencies:

Platform 1: Being an accountable professional

- 1.1 understand and act in accordance with the code: professional standards of practice and behaviour for nurses, midwives and nursing associates, and fulfil all registration requirements.
- 1.17 take responsibility for continuous self-reflection, seeking and responding to support and feedback to develop their professional knowledge and skills.

Platform 6: Improving safety and quality of care

- 6.4 demonstrate an understanding of the principles of improvement methodologies, participate in all stages of audit activity and identify appropriate quality improvement strategies.
- 6.7 understand how the quality and effectiveness of nursing care can be evaluated in practice, and demonstrate how to use service delivery evaluation and audit findings to bring about continuous improvement.

Chapter aims

After reading this chapter you should be able to:

- demonstrate knowledge of a wider range of quality improvement techniques;
- outline how you might communicate your quality improvement capability and the benefits of this to others, including a potential employer;
- develop a realistic action plan for enhancing your quality improvement expertise over the next two years.

I'm quite confident I have a decent understanding of quality improvement and how to lead improvement in practice now. I know employers are looking for this so I would be able to talk about it at interview, but it all feels a bit woolly when I don't really know where I want to work or what my future focus will be.

(Ali, final year student)

I was frustrated with my lecturer and practice assessor encouraging me to produce a future development plan when, as a student, I wanted to concentrate on passing and getting a job. Their advice was good, however, because at interview I was asked about my development needs and how I could contribute to improving the service I'd be joining. Thinking about these things and developing a plan beforehand meant I was well prepared to answer this, which I'm sure helped me get the job! Also, when my preceptor saw my plan, she helped me connect with improvement specialists in my new workplace.

(Mo, newly qualified nurse)

Introduction

From all the previous chapters you should now have a good understanding of what quality improvement is, why it is relevant for you to develop knowledge and skills in this topic area and how to apply this as part of your everyday nursing role. As we discussed in Chapter 7, there is still plenty of scope for nurses to contribute to quality improvement in practice and a range of priority areas in which you could do so. This chapter will therefore focus on you and your future development as a quality improver by considering how you might continue developing this area of expertise as you prepare for the next phase of your career.

To help you do this we will start by hearing from Harry and Elisabeth, who you met earlier in the book, as they update you on their progress.

Case study Harry



Hello again! We first met in Part 1 of the book, at the start of my nursing programme, when I realised we could improve how patient data was presented in the bedside folders. This change could save time but, more importantly, improve patient safety by reducing the chance of important information being missed. With help from my supervisor and matron the change was tested and adapted using the Model for Improvement as a guide; we got the folders organised effectively with staff happily using them routinely. It worked so well that other areas in the organisation adopted this change too – such a positive outcome!

I am now in my final year and looking back, this was such a good experience. When we were implementing the change, I completed a self-assessment of my improvement capability using the six Cs framework (see Chapter 2). Reviewing this now shows me how much my capability has increased. I still have the same strengths: my ability to care, be compassionate and communicate effectively, although if I could, I would score myself '4' for these now! But the area where I have developed most is courage – to do the right thing for those I care for, to speak up when I have concerns and to have the personal strength and vision to innovate and embrace new ways of working. To me this is the most important of the six Cs and relates directly to being 'an improver' in nursing practice.

Every day I can enhance the quality of the service people receive. I now have the courage, supported by my developing improvement knowledge and experience, to do this. I am currently developing a plan to improve the information people receive about the food they are served in hospital, identifying not only the choices they can make but also the nutritional value. This is the final piece of academic work for my degree, and I aim to implement it in my new role as a Staff Nurse – when I spoke about it at interview, they thought it was a great idea. I still have lots to learn and plenty of work to do but being able to improve things is so motivating!

Case study Elisabeth



Hello! It's Elisabeth! We first met in Part 2 of the book, when I was at the end of my second year of the nursing programme. I wanted to improve nurse communication during handover. This was the focus of my final piece of academic work and when I got my first staff nurse job, I worked with other members of the team to implement the use of the SBARD tool during handover in our

department. While I was really pleased with the grade I got in my degree for the quality improvement plan I wrote, implementing it in practice taught me so much more. To share our experience, we wrote an article that was published and next month we are presenting what we did at a national conference!

The most important thing I learned is that we can always improve care. The conference presentation will discuss what we have done to enhance the change we implemented, as we are continuously improving it – handover can be even better! I never thought I would have the confidence or skills to do this, but when I think about the people we care for and how they deserve best care, it spurs me on! We all need to constantly improve and talking with others helps them to improve their practice too. This experience hugely developed my improvement knowledge and confidence to involve others in trying out new things. This is so important for the delivery of good care and as nurses we are in an ideal position to do it.

Developing knowledge of other improvement strategies

In this book we focus specifically on using just one of many improvement methodologies, i.e. the Model for Improvement (MFI) (Langley et al, 2009), to guide you from start to finish through the process of identifying and leading an improvement in practice as part of your everyday nursing role. We deliberately chose this approach because it helps to focus on a limited range of information when learning something new. This should enable you to develop a solid foundation from which to build expertise and prevent yourself becoming overwhelmed. Chapter 1 introduces the MFI – so if you want to refresh your memory you can review that section before proceeding. Having developed your understanding of the MFI, a commonly used, relatively simple approach to improvement, does not mean you should stop there; you will find, and may already be aware of, other improvement techniques that your organisation uses or that you have heard colleagues talking about. The next step therefore is to familiarise yourself with other commonly used improvement approaches to extend your improvement knowledge and skills and ability to apply these when working in different contexts. Activity 8.1 will help you do this.

Activity 8.1 Building knowledge

Compare and contrast three improvement techniques (apart from the MFI) that are used in healthcare. (If you need examples consider: LEAN, Kaizen (Continuous Improvement), Six Sigma, Total Quality Management (TQM), Business Process Management)

For each technique you have chosen:

(Continued)

(Continued)

- What are the basic principles or elements of the approach?
- Where did the approach originate? I.e. in which sector? When? What could be the implications of this for its application/adaptation in healthcare?
- How has the method been used to improve healthcare services? What examples of application can you find?
- What evidence is there of any benefit or impact from the application of this approach in healthcare?

In addition, talk to colleagues about other improvement approaches they have used or seen used. Doing this demonstrates to others that you value and have an interest in improving services and helps develop your own expertise. See also BMJ Open Quality in the further reading section at the end of this chapter for more examples.

The range of tools that can be used to support the process of improvement we discussed in previous chapters is only a sample of the many available. We have focused on those used most by students and frontline practitioners in healthcare. However, you are highly likely to read about or come across other, equally relevant improvement tools being used in practice. These experiences provide good opportunities to continue developing your understanding of a much wider variety of techniques than an introductory text like this can cover and is therefore encouraged. For example, you may wish to focus more on behavioural science, in which case referring to the Yorkshire Contributory Factors Framework (Lawton et al, 2012) when analysing an issue during Stage 1 of the MFI, or Nudge theory (Thaler and Sunstein, 2008) when designing an intervention, may be particularly useful. Activity 8.2 provides guidance on how to expand your knowledge of different improvement tools but remember, this process is an ongoing journey and you will add to your improvement skillset throughout your career.

Activity 8.2 Building knowledge

Make a list of the quality improvement tools you have learned about or tried out in previous chapters, then review the toolkit resources in Chapter 4 (further reading section) and Quality Improvement Essentials Toolkit – Institute for Healthcare Improvement (IHI) (register for a free account to access these resources if you haven't previously done so).

Focusing specifically on tools you are not familiar with:

- Choose 2–3 and make brief notes in your own glossary of terms that you were encouraged to develop in the Introduction chapter.
- Speak to colleagues with improvement experience about the new tools you have listed – what experience of them do they have, when have they seen them used, how and to what effect etc.?

Communicating your quality improvement capability to others

Communicating your capability to others, including potential employers, requires self-awareness and healthy self-esteem or self-worth. At this point it would be useful to remind yourself of where you were at the start of this book by reviewing the results of the self-assessments you undertook in Chapter 2 to enhance your self-awareness of your initial leadership and improvement capability. In addition, review your notes from Activity 5.1 in Chapter 5, where you considered what had stimulated your idea for improvement and how this helped you to fulfil the requirements of the NMC Code (2018b) and the ‘Future Nurse’ proficiencies (NMC 2018a).

Nurses are renowned for not publicising their achievements or contribution to care. As we saw in Chapter 7, it is sometimes colleagues, other members of the MDT, that more readily recognise these. Learning to share your talents and successes in a natural way without coming across as arrogant does not necessarily come easily to even the most accomplished of people and yet is a key personal leadership skill in the modern world (Klaus, 2004). We may all like to think that doing excellent work is enough to spread good practice or support your own career; however, as is also highlighted in Chapter 6, this is not necessarily so. One of the difficulties many nurses have in recognising their own contribution can be linked to the term ‘expert’. For example, when do you become an expert? If this resonates personally it might help to think about it in terms of ‘gravitas’. Gravitas can be thought of as the ability to command trust and respect from others and Goyder (2014) uses the following equation to represent how multiple components come together to create this characteristic in an individual:

$$\textit{Gravitas} = \textit{Knowledge} + \textit{Purpose} + \textit{Passion} - \textit{Anxiety}$$

Using this equation to frame how you think about your expertise and contribution to improvement can be helpful in overcoming the ‘imposter syndrome’ felt by many practitioners. Ensure that you identify aspects of improvement knowledge and skills you wish to enhance, then if you have some trepidation about taking the next step in your career, this will be balanced by a clear purpose as well as your passion for ensuring people receive the best care possible. The increased recognition of the value of clinical knowledge and skills to the systematic and evidence-based enhancement of practice, for example in the form of clinical academic roles and joint clinical/university appointments, which are now becoming more widespread, should also help. This may be a pathway you want to consider in your future career plan, but first, Florence who we met at the start of Part 3 of this book has an update for us.

Case study Florence



Hi! It's Florence! I shared my story in Part 3 of the book, but I want to add my thoughts about the skills we bring from our previous work and life experiences – 'transferable skills' – that also help equip us to improve care.

As nurses we are often not good at identifying our own expertise, either for personal development or to share with others. We do, however, all have a wide range of skills and competencies we use every day to navigate daily life. We are all leaders, leading ourselves and others such as our family, friends and professionally, where we frequently apply leadership skills when working with others in our nursing role. For example, I have two young children and caring for them has developed my organisational and communication skills greatly; I must plan and negotiate with others to ensure my children are looked after so I can attend placement or study during 'out of school' hours. I first applied and developed these skills as a Health Care Assistant, then almost every day since I started the nursing programme; and being involved in improvement gives me the opportunity to enhance these skills further.

So don't forget what you do outside the nursing programme and any professional care roles you have. If you think about what you do just to get yourself to placement or university on time, run your home and have food in the cupboard, I am sure you will identify other transferable skills you can use for improving healthcare too!

Take the first step of assessing your current improvement capability by completing Activity 8.3; it focuses on a new job but you could adapt it to consider a new placement or in preparation for your next personal development review.

Activity 8.3 Reflection

Review a job description for your next role, looking specifically at the quality improvement-related criteria. Make notes on how you could demonstrate your ability against these based on your knowledge and experience of the topic to date. Some things to think about as you do this are:

- Which past experiences or achievements could you use to demonstrate your ability and/or potential against these criteria?
- Which aspects of these achievements might it be relevant to highlight? e.g. how you involved the relevant stakeholders, which improvement methodology/change theory/leadership skills did you use? How did you maintain and evaluate progress?

- Which transferable skills do you have that could be applied to the improvement aspects of this role? For example, when have you had to convince others to support you in making change? (don't forget any roles you have held outside nursing.)

Discuss your conclusions from this reflection with your lecturer, practice supervisor or a trusted friend/colleague. Ask them to help you identify any illustrative or transferable examples you might have missed.

Reviewing your progress and forward planning

Lifelong learning is expected of all healthcare professionals and demonstrating your ongoing development is a formal requirement of continuing professional registration through the revalidation process. Continuing professional development is relevant to all aspects of the NMC Code (2018b), but of specific interest here are two main areas, i.e. Practise Effectively and Preserve Safety. Similarly, all the Future Nurse proficiencies platforms are related to the nurse's role in quality improvement although this is most predominantly the case for platforms 1 (Being an accountable professional), 5 (Leading and managing nursing care and working in teams), 6 (Improving safety and quality of care) and 7 (Co-ordinating care). Having completed the activities and learning in this book, now is a good time to develop a plan for the next stage of your progress as a quality improver based on a review of how far you have come.

Activity 8.4 Measuring

Review the self-assessment you undertook in Chapter 2 regarding your personal and technical improvement knowledge and skills and the action plan you developed to enhance these. Reflect on and make a note of the elements in the plan you have achieved and the general progress you have made in developing your improvement expertise.

Next review your response to Activity 8.3 – which areas were you finding it difficult to demonstrate experience of, and for which ones could you only give limited responses or examples?

Based on these reflections and focusing on how your quality improvement knowledge and skills have changed, revise your personal action plan from Chapter 2 or draft a new one to guide your further improvement skills development over the next 1–2 years. You may find it helpful to refer to the Conceptual Model of Improvement (see Foundations chapter Figure F1) to remind yourself of the different components of Improvement Science when doing this activity.

We encourage you to complete this activity in discussion with your practice assessor; you may also find it useful to seek advice from a colleague with quality improvement experience or by talking to an improvement practitioner in your organisation.

Considering the need for nursing role models in quality improvement discussed in Chapter 7, we suggest you consider how you might demonstrate good quality improvement practice to others as you go about your everyday work. Identifying the support you need to do this and how you could access or generate this will be time well spent.

Adopting a staged approach to your development as a quality improver is likely to be most productive. For example, what will be your priorities for the next three, six, 12 and 24 months? Also, what aspirations do you have that either depend on your achievement of these short-term goals or will take longer to achieve? – these could be your longer-term goals/priorities. This is a very individual process that will be influenced by many factors including, for example, how far into the nursing programme you are when you start this process, local organisational context and your previous life and work experiences.

You may wish to become the ‘go to person’ for quality improvement in your team – or ultimately the whole organisation – but need to gain more experience of being involved in improvements in practice or learn about new improvement techniques to enable you to achieve this longer-term goal. Although the focus here is on further developing your quality improvement expertise, take Florence’s advice from earlier and do not forget your transferable skills, i.e. leadership, communication, person-centred care focus, empathy or assertiveness, for example, as these can also be developed simultaneously, enabling your broader personal development as a qualified practitioner and leader in the profession.

In terms of transferable learning, do not limit yourself to the traditional application of tools that you are familiar with or be afraid of thinking differently. For example, Figure 8.1 demonstrates how one of the authors applied their knowledge of quality improvement to support reflection on and communication of their career and contribution to healthcare through applying the MFI in a creative and novel way.

Chapter summary

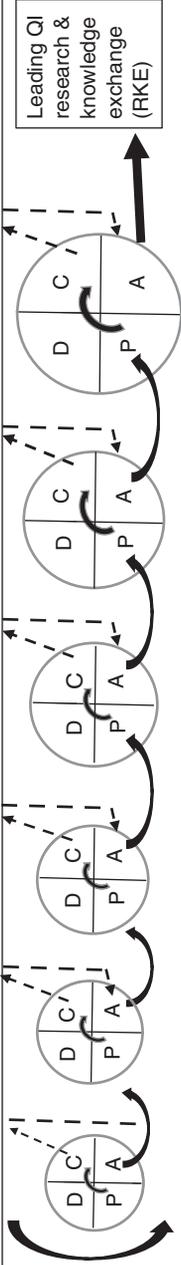
This chapter has encouraged and enabled you to review how your improvement knowledge, skills and competency have changed as a result of your learning and suggests how to develop a practical plan for enhancing these further. This included the creative and novel application of the explanatory MFI to support reflection on your personal development. The work you have undertaken in the activities in the previous chapters places you in an excellent position from which to continue improving person-centred care services in collaboration with patients, carers and other members of the multidisciplinary team.

Hopefully you will have found this textbook helpful in supporting the development of your quality improvement expertise and contribution. We wish you every success as you move forward.

Q1. What am I trying to achieve? (AIM): To enhance healthcare quality and health outcomes by maximising patient and staff empowerment/ability to contribute.

Q2. How will I know the change is an improvement (EVALUATION CRITERIA): Health outcome and quality metrics; Patient/staff feedback; personal reflection; external/peer recognition and esteem; empowerment/ability to contribute.

Q3. What changes can I make that will lead to improvement (IDEAS GENERATION, APPRAISAL & DESIGN CHANGE)



<p>Cycle 1: 1984-1989 Staff/Senior Staff Nurse Developing nursing expertise; sharing practice for critique; clinical educator</p>	<p>Cycle 2: 1989-2002 Practice Nursing Sister/Senior Sister; Primary Care Advisor Extending expertise: Primary care & PH service & policy development/delivery; multisector working and KE</p>	<p>Cycle 3a: 2002-2009; 2013-2018 Lecturer/Practitioner; Senior/Principal Lecturer Combining clinical practice, HC workforce education, RKE</p>	<p>Cycle 3b: 2013-2018 Principal Lecturer; Teaching Consultant HE policy/academic practice development and delivery, RKE</p>	<p>Cycle 4: 2018-2020 NIHR Senior Research Fellow Applied RKE: workforce engagement & wellbeing; patient safety focus; developing clinical academics</p>	<p>Cycle 4: 2020-present Associate Clinical Fellow/Reader Applied research & KE: leadership for QI & workforce development</p>
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PH – Public Health, KE – Knowledge Exchange, RKE – Research and Knowledge Exchange, HC – Healthcare

Figure 8.1 Application of explanatory MFI: integrating and applying the art and science of leadership for quality improvement to improve health outcomes

Useful websites

<https://bmjopenquality.bmj.com/> BMJ Open Quality – open access journal publishing case study reports of improvement in practice.

<http://www.ihl.org/education/IHIOpenSchool/Chapters/Pages/default.aspx> Information on Institute for Healthcare Improvement chapters network

<https://q.health.org.uk/> Quality Improvement Network – access to peer support and resources – apply for free membership when you are able to demonstrate you have led successful improvement on a wider scale than your own team.