

# QUALITY IMPROVEMENT

A GUIDE FOR INTEGRATION IN NURSING

**Anita Finkelman, MSN, RN**

Visiting Lecturer, Nursing Department  
Recanati School for Community Health Professions  
Faculty of the Health Sciences  
Ben-Gurion University of the Negev  
Beersheba, Israel



JONES & BARTLETT  
LEARNING

World Headquarters  
Jones & Bartlett Learning  
5 Wall Street  
Burlington, MA 01803  
978-443-5000  
info@jblearning.com  
www.jblearning.com

Jones & Bartlett Learning books and products are available through most bookstores and online booksellers. To contact Jones & Bartlett Learning directly, call 800-832-0034, fax 978-443-8000, or visit our website, [www.jblearning.com](http://www.jblearning.com).

Substantial discounts on bulk quantities of Jones & Bartlett Learning publications are available to corporations, professional associations, and other qualified organizations. For details and specific discount information, contact the special sales department at Jones & Bartlett Learning via the above contact information or send an email to [specialsales@jblearning.com](mailto:specialsales@jblearning.com).

Copyright © 2018 by Jones & Bartlett Learning, LLC, an Ascend Learning Company

All rights reserved. No part of the material protected by this copyright may be reproduced or utilized in any form, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission from the copyright owner.

The content, statements, views, and opinions herein are the sole expression of the respective authors and not that of Jones & Bartlett Learning, LLC. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise does not constitute or imply its endorsement or recommendation by Jones & Bartlett Learning, LLC and such reference shall not be used for advertising or product endorsement purposes. All trademarks displayed are the trademarks of the parties noted herein. *Quality Improvement: A Guide for Integration in Nursing* is an independent publication and has not been authorized, sponsored, or otherwise approved by the owners of the trademarks or service marks referenced in this product.

There may be images in this book that feature models; these models do not necessarily endorse, represent, or participate in the activities represented in the images. Any screenshots in this product are for educational and instructive purposes only. Any individuals and scenarios featured in the case studies throughout this product may be real or fictitious, but are used for instructional purposes only.

The authors, editor, and publisher have made every effort to provide accurate information. However, they are not responsible for errors, omissions, or for any outcomes related to the use of the contents of this book and take no responsibility for the use of the products and procedures described. Treatments and side effects described in this book may not be applicable to all people; likewise, some people may require a dose or experience a side effect that is not described herein. Drugs and medical devices are discussed that may have limited availability controlled by the Food and Drug Administration (FDA) for use only in a research study or clinical trial. Research, clinical practice, and government regulations often change the accepted standard in this field. When consideration is being given to use of any drug in the clinical setting, the health care provider or reader is responsible for determining FDA status of the drug, reading the package insert, and reviewing prescribing information for the most up-to-date recommendations on dose, precautions, and contraindications, and determining the appropriate usage for the product. This is especially important in the case of drugs that are new or seldom used.

12476-7

#### Production Credits

VP, Executive Publisher: David D. Cella  
Executive Editor: Amanda Martin  
Editorial Assistant: Emma Huggard  
Director of Vendor Management: Amy Rose  
Senior Marketing Manager: Jennifer Scherzay  
Product Fulfillment Manager: Wendy Kilborn

Composition and Project Management: S4Carlisle Publishing Services  
Cover Design: Scott Moden  
Rights & Media Specialist: Wes DeShano  
Media Development Editor: Troy Liston  
Cover Image: © adistock/Shutterstock  
Printing and Binding: Edwards Brothers Malloy  
Cover Printing: Edwards Brothers Malloy

#### Library of Congress Cataloging-in-Publication Data

Names: Finkelman, Anita Ward, author.  
Title: Quality improvement : a guide for integration in nursing / Anita Finkelman.  
Description: Burlington, MA : Jones & Bartlett Learning, [2018] | Includes bibliographical references and index.  
Identifiers: LCCN 2016051851 | ISBN 9781284105544  
Subjects: | MESH: Quality Improvement | Nursing Process | Integrative Medicine | United States  
Classification: LCC RT41 | NLM WY 100 AA1 | DDC 610.73—dc23 LC record available at <https://lccn.loc.gov/2016051851>  
6048

Printed in the United States of America  
20 19 18 17 16 10 9 8 7 6 5 4 3 2 1



# Acknowledgments

I thank my family, Fred, Shoshannah, and Deborah, for tolerating my long years of writing and supporting my efforts—being there when I was frustrated and also celebrating goals met. The Jones & Bartlett Learning team is always a joy to work with on projects, and I appreciate the support of Amanda Martin, Emma Haggard and Jennifer Sherzay. My experiences in practice, administration, and education and all my students have given me opportunities to consider many aspects of nursing practice and education and the critical need for improvement.

# Preface

*Alice in Wonderland* provides a window into a world that is confusing, often viewed as nonsensical, where language and terminology are not clear; where characters change forms and their identities are uncertain; and where time is not always based on reality. One of the main characters, the Red Queen, makes it clear that you cannot expect to improve if you allow the status quo to continue. Alice, the main character, struggles in this world to find her way, as if in a maze, not knowing where to go or what her destination may be. Alice is full of questions as she tries to make Wonderland clearer to herself and engage others in Wonderland. She does discover that to be shown something improves her understanding. “What is the use of a book,” thought Alice, “without pictures and conversation.” Alice also comments on change, “How puzzling all these changes are! I’m never sure what I’m going to be, from one minute to another.”

Why have I chosen to use *Alice in Wonderland* to introduce this preface and also each section in the text? The world of health care and quality improvement is also confusing; language and terminology, roles and responsibilities, functions, quality improvement process and measurement, and many other elements are not always clear. Trying to understand the system and quality improvement takes effort and comes with frustration. You need to ask questions and seek out information, information that changes and expands your knowledge. Quality improvement itself is based on change—data and measurement. If we want to provide quality care, however, it is clear we cannot continue with the status quo. You will be entering a maze of information about quality improvement, which at times is confusing and at other times makes perfect sense. As a nurse, you must engage as Alice did in the journey to reach the goal.

As is typically the case when a nurse feels motivated to write a textbook, I was driven by the desire to provide resources for students to expand learning opportunities. This desire is influenced by my clinical and teaching experiences. Specifically, I sensed the need to help guide efforts toward quality improvement in nursing. As described in the text, the quality of health care in the United States has been the subject of intense scrutiny. For example, in May 2016, a study noted that if errors were considered in the listing of causes of death, they would be the third most common cause of death in the United States (Makary & Daniel, 2016). This statistic represents one example of many supporting the need for quality improvement.

In exploring the specifics of quality improvement, it is important to understand the national view of healthcare quality, which is fairly new and has been strongly influenced by the Institute of



Medicine's *Quality Chasm* reports. Quality improvement is related to change, but not all change is improvement. Knowledge is very important to improvement, but not all knowledge leads to improvement. We need more than knowledge about quality improvement; we must take actions and implement effective changes. The complexity of improvement is one of the difficulties we have in health care, and this complexity is compounded by both the complex healthcare system and the complexity of health problems and treatment for individual patients. None of these challenges, however, should be used as excuses to avoid what must be done: improve care daily, one patient at a time and throughout the system, whether that be within the healthcare delivery system, within an individual healthcare organization, or at the local, state, national, or even global level. To accomplish this goal requires a clear, effective framework that provides direction for planning and implementation of continuous quality improvement (CQI). Nurses must be prepared to participate in all settings and positions to engage in CQI, demonstrating leadership. As Kennedy (2016) states, "A Culture of Safety begins with us. We need to follow the evidence and own up to our role" (p. 7).

This text is divided into 3 sections and 12 chapters. Section I covers Chapters 1–4. This initial content focuses on healthcare quality perspectives. The chapters consider the attributes of quality care and factors that influence it, such as ethical and legal concerns, accreditation, standards, education, professional concerns, and change. Section II includes Chapters 5–10, focusing on planning and measurement to meet CQI outcomes. The final section, Section III, includes Chapters 11 and 12 and covers the last phase of the quality improvement process, preventing quality problems or responding to problems based on measurement. In conclusion, Chapter 12 discusses the need for nursing engagement and effective leadership in CQI.

Each chapter begins with Chapter Objectives, a Chapter Outline, and Key Terms relevant to chapter content. Following the chapter conclusions, the end of chapter content, Apply CQI, includes the following resources and activities for additional student learning:

- *Chapter Highlights* identifies some of the key points in the chapter content.
- *Critical Thinking and Clinical Reasoning and Judgment* provides opportunities for students to examine more of the content by completing individual and team activities, including written assignments, development of presentations and visuals, and discussion in class or online.
- *Connect to Current Information* identifies web links related to some of the chapter content—for example, government sites and healthcare profession organizations.
- *EBP, EBM, and Quality Improvement: Exemplar* provides a citation for a reference that explores evidence-based practice (EBP), evidence-based medicine (EBM), and quality improvement. It then poses questions about the reference to consider.
- *Evolving Case Study* is a case scenario focused on CQI with questions to consider.
- *References* identify references used to develop the chapter content.

Chapters include figures, exhibits, and tables to provide additional data and information supporting chapter content. Chapters also include Stop and Consider boxes, which highlight important thoughts relating to the content. As the student reads the chapter, he or she should stop

and consider the statement in relation to the content and personal views. Finally, two appendices are included at the end of the text:

- Appendix A: Examples of Affordable Care Act of 2010 Provisions Related to Quality Care
- Appendix B: Examples of Major Healthcare Organizations and Agencies, Governmental and Nongovernmental, Related to Quality Improvement

## References

---

Carroll, L. (1865). *Alice's Adventures in Wonderland*. London: Macmillan Publishing.

Kennedy, M. (2016). A Culture of Safety starts with us. *AJN*, 116(5), 7.

Makary, M., & Daniel, M. (2016). Medical error—the third leading cause of death in the U.S. *BMJ*, (May 3). Retrieved from <http://www.bmj.com/content/353/bmj.i2139/rr-40>

# Contents

<b>Acknowledgments</b>	<b>iii</b>
<b>Preface</b>	<b>iv</b>
<b>SECTION I HEALTHCARE QUALITY PERSPECTIVES</b>	<b>1</b>
<b>Chapter 1 Healthcare Quality</b>	<b>3</b>
<b>Chapter Objectives</b>	<b>3</b>
<b>Outline</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>Healthcare Quality in the United States</b>	<b>4</b>
<b>Status of Healthcare Quality</b>	<b>20</b>
<b>The Vision of Healthcare Quality</b>	<b>25</b>
<b>Value and Cost</b>	<b>32</b>
<b>Healthcare Reform and Quality Improvement:     Affordable Care Act of 2010</b>	<b>36</b>
<b>An Important Step Toward Improvement:     National Quality Strategy</b>	<b>39</b>
<b>Introduction to Leadership, Interprofessional Teamwork,     and Nursing Responsibility for CQI</b>	<b>43</b>
<b>Conclusions</b>	<b>45</b>
<b>Apply CQI</b>	<b>46</b>
<b>Chapter Highlights</b>	<b>46</b>
<b>Critical Thinking and Clinical Reasoning and Judgment:     Discussion Questions and Learning Activities</b>	<b>47</b>

	<b>Connect to Current Information</b>	<b>47</b>
	<b>EBP, EBM, and Quality Improvement: Exemplar</b>	<b>48</b>
	<b>References</b>	<b>48</b>
<b>Chapter 2</b>	<b>Quality Improvement: Ethics, Standards, Regulatory, Accreditation, and Legal Issues</b>	<b>53</b>
	<b>Chapter Objectives</b>	<b>53</b>
	<b>Outline</b>	<b>53</b>
	<b>Introduction</b>	<b>54</b>
	<b>Ethical Concerns</b>	<b>54</b>
	<b>Standards and Quality Improvement</b>	<b>61</b>
	<b>Government Standards, Legislation, and Regulations</b>	<b>62</b>
	<b>Accreditation</b>	<b>65</b>
	<b>Legal Issues</b>	<b>69</b>
	<b>Conclusions</b>	<b>70</b>
	<b>Apply CQI</b>	<b>71</b>
	<b>Chapter Highlights</b>	<b>71</b>
	<b>Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities</b>	<b>71</b>
	<b>Connect to Current Information</b>	<b>72</b>
	<b>EBP, EBM and Quality Improvement: Exemplar</b>	<b>72</b>
	<b>References</b>	<b>73</b>
<b>Chapter 3</b>	<b>Healthcare Professions Core Competencies to Improve Care</b>	<b>77</b>
	<b>Chapter Objectives</b>	<b>77</b>
	<b>Outline</b>	<b>77</b>
	<b>Key Terms</b>	<b>76</b>
	<b>Introduction</b>	<b>78</b>
	<i>Health Professions: A Bridge to Quality</i>	<b>78</b>
	<b>Quality and Safety Education for Nurses</b>	<b>90</b>
	<b>Education to Improve Quality of Care</b>	<b>92</b>





	<b>Conclusions</b>	<b>100</b>
	<b>Apply CQI</b>	<b>101</b>
	<b>Chapter Highlights</b>	<b>101</b>
	<b>Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities</b>	<b>101</b>
	<b>Connect to Current Information</b>	<b>102</b>
	<b>EBP, EBM, and Quality Improvement: Exemplar</b>	<b>102</b>
	<b>References</b>	<b>103</b>
<b>Chapter 4</b>	<b>Change and Healthcare Delivery</b>	<b>107</b>
	<b>Chapter Objectives</b>	<b>107</b>
	<b>Outline</b>	<b>107</b>
	<b>Introduction</b>	<b>108</b>
	<b>Change: An Ongoing Experience in Healthcare Delivery and Quality Improvement</b>	<b>108</b>
	<b>Stakeholders</b>	<b>116</b>
	<b>The Change Process</b>	<b>117</b>
	<b>Barriers to Change and Strategies to Prevent or Overcome Barriers</b>	<b>125</b>
	<b>Examples of Methods to Assess and Describe the Need for Change and Develop Solutions</b>	<b>130</b>
	<b>Examples of Methods Used to Describe Planning for Change</b>	<b>134</b>
	<b>Conclusions</b>	<b>134</b>
	<b>Apply CQI</b>	<b>135</b>
	<b>Chapter Highlights</b>	<b>135</b>
	<b>Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities</b>	<b>136</b>
	<b>Connect to Current Information</b>	<b>136</b>
	<b>EBP, EBM and Quality Improvement: Exemplar</b>	<b>137</b>
	<b>References</b>	<b>138</b>

<b>SECTION II</b>	<b>UNDERSTANDING THE HEALTHCARE ENVIRONMENT TO IMPROVE CARE</b>	<b>141</b>
<b>Chapter 5</b>	<b>Entering the Quality Improvement World</b>	<b>143</b>
	Chapter Objectives	143
	Outline	143
	Introduction	144
	Creating a Vision of Quality Care: Theories, Models, and Approaches	144
	The Blame Culture and Its Impact	157
	Culture of Safety	159
	Conclusions	167
	Apply CQI	167
	Chapter Highlights	167
	Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities	167
	Connect to Current Information	167
	EBP, EBM, and Quality Improvement: Exemplar	169
	References	170
<b>Chapter 6</b>	<b>Patient and Family Engagement in Quality Improvement</b>	<b>175</b>
	Chapter Objectives	175
	Outline	175
	Introduction	176
	Patient-Centered Care Supports Patient/Family Engagement in CQI	176
	Reimbursement, the Patient, and CQI	184
	Patient, Family, and Staff Responses to a Patient/Family Quality Improvement Role	185
	Methods to Increase Patient/Family Engagement in CQI	189
	Technology to Support Patient Engagement	196
	Monitoring and Measuring Patient Satisfaction and Patient-Centered Care	198
	Examples of Patient-Centered Initiatives	200



	<b>Conclusions</b>	<b>204</b>
	<b>Apply CQI</b>	<b>204</b>
	<b>Chapter Highlights</b>	<b>204</b>
	<b>Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities</b>	<b>205</b>
	<b>Connect to Current Information</b>	<b>205</b>
	<b>EBP, EBM, and Quality Improvement: Exemplar</b>	<b>206</b>
	<b>References</b>	<b>207</b>
<b>Chapter 7</b>	<b>Quality and Safety: Basic Understanding</b>	<b>211</b>
	<b>Chapter Objectives</b>	<b>211</b>
	<b>Outline</b>	<b>211</b>
	<b>Introduction</b>	<b>212</b>
	<b>Understanding Errors</b>	<b>212</b>
	<b>Staffing Levels, Workloads, and Outcomes</b>	<b>229</b>
	<b>Frontline Safety</b>	<b>232</b>
	<b>Human Factors and Quality</b>	<b>234</b>
	<b>Workplace Safety</b>	<b>243</b>
	<b>Conclusions</b>	<b>247</b>
	<b>Apply CQI</b>	<b>247</b>
	<b>Chapter Highlights</b>	<b>247</b>
	<b>Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities</b>	<b>248</b>
	<b>Connect to Current Information</b>	<b>248</b>
	<b>EBP, EBM, and Quality Improvement: Exemplar</b>	<b>248</b>
	<b>References</b>	<b>250</b>
<b>Chapter 8</b>	<b>Setting the Stage for Quality Improvement</b>	<b>257</b>
	<b>Chapter Objectives</b>	<b>257</b>
	<b>Outline</b>	<b>257</b>
	<b>Introduction</b>	<b>258</b>
	<b>Impact of Fragmentation of Care and Variation in Care</b>	<b>258</b>
	<b>Surveillance</b>	<b>260</b>

	<b>Examples of High-Risk Situations for Errors and Reduced Quality Care</b>	<b>261</b>
	<b>Examples of Two Major National Initiatives Focused on Potential Risks of Inadequate Quality Care</b>	<b>287</b>
	<b>Conclusions</b>	<b>301</b>
	<b>Apply CQI</b>	<b>301</b>
	<b>Chapter Highlights</b>	<b>301</b>
	<b>Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities</b>	<b>302</b>
	<b>Connect to Current Information</b>	<b>302</b>
	<b>EBP, EBM, and Quality Improvement: Exemplar</b>	<b>303</b>
	<b>References</b>	<b>304</b>
<b>Chapter 9</b>	<b>The Quality Improvement Plan</b>	<b>311</b>
	<b>Chapter Objectives</b>	<b>311</b>
	<b>Outline</b>	<b>311</b>
	<b>Introduction</b>	<b>312</b>
	<b>Quality Improvement Program: Structure to Support CQI</b>	<b>312</b>
	<b>Purpose of the Quality Improvement Program and Planning</b>	<b>313</b>
	<b>Planning and Implementation</b>	<b>314</b>
	<b>Conclusions</b>	<b>323</b>
	<b>Apply CQI</b>	<b>323</b>
	<b>Chapter Highlights</b>	<b>323</b>
	<b>Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities</b>	<b>323</b>
	<b>Connect to Current Information</b>	<b>323</b>
	<b>EBP, EBM, and Quality Improvement: Exemplar</b>	<b>324</b>
	<b>References</b>	<b>324</b>
<b>Chapter 10</b>	<b>A Toolbox to Monitor, Measure, and Analyze Care Quality</b>	<b>327</b>
	<b>Chapter Objectives</b>	<b>327</b>
	<b>Outline</b>	<b>327</b>
	<b>Introduction</b>	<b>328</b>
	<b>Measurement</b>	<b>328</b>



<b>Monitoring Care Quality</b>	<b>341</b>
<b>Analysis of Care Quality</b>	<b>359</b>
<b>Multiple Roles of Nurses in Quality Improvement: Monitoring, Collecting Data, and Analyzing</b>	<b>376</b>
<b>Conclusions</b>	<b>378</b>
<b>Apply CQI</b>	<b>378</b>
<b>Chapter Highlights</b>	<b>378</b>
<b>Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities</b>	<b>379</b>
<b>Connect to Current Information</b>	<b>379</b>
<b>EBP, EBM, and Quality Improvement: Exemplar</b>	<b>380</b>
<b>References</b>	<b>381</b>
<b>SECTION III ENSURING THE HEALTHCARE ENVIRONMENT IS FOCUSED ON QUALITY</b>	<b>387</b>
<b>Chapter 11 Creating and Sustaining Quality Care: Prevention of Quality Care Problems</b>	<b>389</b>
<b>Chapter Objectives</b>	<b>389</b>
<b>Outline</b>	<b>389</b>
<b>Introduction</b>	<b>390</b>
<b>Examples of Methods to Prevent or Reduce Quality Care Problems</b>	<b>390</b>
<b>Teams</b>	<b>411</b>
<b>Technology and Informatics</b>	<b>423</b>
<b>Multiple Roles of Nurses in Preventing or Reducing Quality Care Problems</b>	<b>442</b>
<b>Conclusions</b>	<b>447</b>
<b>Apply CQI</b>	<b>447</b>
<b>Chapter Highlights</b>	<b>447</b>
<b>Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities</b>	<b>448</b>
<b>Connect to Current Information</b>	<b>448</b>
<b>EBP, EBM, and Quality Improvement: Exemplar</b>	<b>449</b>
<b>References</b>	<b>450</b>

<b>Chapter 12</b>	<b>Nursing Leadership for Quality Improvement</b>	<b>457</b>
	Chapter Objectives	457
	Outline	457
	Introduction	458
	<i>Progress Toward Meeting The Future of Nursing: Leading Change, Advancing Health Recommendations</i>	458
	Transformational Leadership	466
	Decision-Making	471
	Communication: Impact on Leadership in Quality Care	476
	Leadership: Ensuring That Staff Are Up to Date and Engaged in Quality Care Status	476
	Nursing Leadership and CQI	477
	Examples of Nursing Initiatives to Improve Care	482
	Conclusions	486
	Apply CQI	487
	Chapter Highlights	487
	Critical Thinking and Clinical Reasoning and Judgment: Discussion Questions and Learning Activities	488
	Connect to Current Information	489
	EBP, EBM, and Quality Improvement: Exemplar	490
	References	491
<b>APPENDIX</b>		<b>495</b>
	Appendix A	495
	Examples of Affordable Care Act of 2010 Provisions Related to Quality Care	
	Appendix B	497
	Examples of Major Healthcare Organizations and Agencies, Governmental and Nongovernmental, Related to Quality Improvement	
<b>INDEX</b>		<b>501</b>