Teaching a New Approach to Quality Improvement
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ABSTRACT
Whatever the educator's role in teaching quality methods, rapid, industry-wide changes in quality practices are having a profound impact on the education department. Familiar, comfortable teaching methods for monitoring and evaluation have disappeared. Clinical practice models, long the mainstay of nursing education, have become obsolete in today's multidisciplined environment. This article describes a new approach to quality improvement that utilizes a model expanded beyond clinical practice: a tri-focus of patient, staff, and system, integrated with the four broad-based categories of standards (structure, outcome, process, and evaluation) to achieve quality improvement within the organization.

Suppose a vice president for nursing handed the director of the education department, a former tennis champion, a tennis racquet and a can of tennis balls. "Now," she said, "Every nurse who works here must know how to play tennis." Accustomed to filling multiple roles, the director takes the racquet and balls and, with staff members in tow, sets out for the local tennis courts to teach the staff members the game.

Imagine the director's frustration to find several paved tennis courts with no painted boundary lines, no center posts, nets, or encompassing fence. The familiar props that validate the rules of tennis are missing! In spite of her background as a tennis champion, in spite of having a proper racquet and balls in hand, she finds it impossible to demonstrate the game. Just so, today's educators, viewed as information experts, face similar frustration when asked to teach staff members the fundamentals of the quality assurance (QA) game. The familiar props that validate the old QA rules are missing.

For example, some of the familiar missing props include the term QA. Quality management (QM) or quality improvement (QI) have replaced the familiar QA. Quality may be managed or improved but not assured. Using the term standards to refer to nursing care plans is no longer valid. Since the publication of the new Joint Commission for the Accreditation of Health Care Organizations (JCAHO) 1991 standards, individualized nursing care plans on every patient's chart are no longer required by JCAHO. Few nurses are confident that they understand the impact of this change to the profession. (Several states still require individualized care plans on every patient's chart. Be sure to check your state requirements.) This new JCAHO mandate has created a necessity to reevaluate the terms standard and care plan and the significance to patient care and the health care organizations. Another of the traditional props of QA is the policy and procedure manual. Placing policies (a structure standard) and procedures (a process standard) in a combined manual has become outdated in today's health care organizations. With these and many more changes occurring at a rapid rate in the health care industry, is there a way for educators, who are considered the resident experts, to turn their departments into quality resource centers?

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THE BLUEPRINT FOR QUALITY MANAGEMENT: A NEW APPROACH

The Blueprint is an easy-to-teach new approach to quality management that is in sync with the 1990s environment. That is, it looks beyond the bedside and considers the entire scope of nursing as a service delivery business. This model may be used as an innovative teaching tool that helps show staff members the new, broader focus of today's nursing practice. The model further shows the integration of standards with quality management (Figure 1).

As a service business within the health care industry, nursing has long been concerned with quality of care. Despite all the industry changes, that concern for quality has not changed. But the emphasis is no longer solely on how well we deliver care, but also on the results or outcomes of that care.

With the emphasis on outcomes of care, quality cannot be left to happenstance. In fact, quality is never an accident. Every educator knows that an organization does not develop an effective quality management program by chance. Often, it is the educator who has the thankless job of bringing order out of QA chaos and translating it into staff actions. How much quicker, better, and smarter, the educator could develop a quality management program if there were an organized plan of action available. In other words, a model!

The Blueprint is a total quality management model that serves as a plan of action for implementing a complete program. Furthermore, it organizes the quality management program beyond clinical practice. Traditionally, clinical practice models have been the only option. Today, trying to organize and operate a quality management program with a clinical practice model results in confusion because the scope of nursing has changed dramatically and clinical practice models have not expanded with nursing's role. Additionally, new JCAHO regulations demand a multidisciplinary approach to quality—not just a clinical approach.

The Blueprint provides a new approach for educators because it looks beyond the bedside and considers the entire scope of nursing as a service delivery business. This concept broadens the nurse's focus beyond clinical practice to include professional and administrative practice as well.

A LOOK AT THE MODEL

The Blueprint is divided both vertically and horizontally. Vertically, the Blueprint is divided into three sections called domains. These three domains correspond to the idea that nursing is a service delivery business. The components of a service delivery business include someone who receives a service, someone who delivers a service, or someone who governs a service.

These three business components are the basis for the three domains within the model: clinical, professional, and administrative. Vertically, the first domain of the model is clinical, the middle domain is professional, and the third domain is administrative.

It is necessary for every educator to understand this idea and to teach it to staff members. This knowledge directly concerns every nurse within the organization because the practice of nursing encompasses responsibility and accountability in all three domains, at all times, because standards are delineated by domain. They are: standards of care, standards of practice, and standards of governance.

Every nurse has responsibility and accountability for carrying out the standards in each domain as well as monitoring and evaluating them. Every standard in the first domain relates to the patient and is a standard of care. Every standard in the center domain is a standard of practice and relates to the professional staff. Every standard in the third domain is a standard of governance and relates to the system. Rarely have staff members thought of standards beyond those that relate to direct patient care. Educators must now insist on a broader focus in order to create the multidisciplinary quality approach that is the JCAHO mandate of the 1990s (O'Leary, 1990).

Horizontally, the Blueprint demonstrates and supports a direct link between standards and quality management because the model is organized horizontally into the four broad-based categories of standards. These categories are listed down the right-hand side of the model. The first three standards categories: struc-
ture, outcome, and process, are based on the work of Avidis Donabedian (Brett, 1989). The fourth broad-based category, evaluation, has been added out of necessity in today's quality environment that emphasizes continual improvement. It is easy to remember and teach the four categories if you think of quality as a game. Use the following simile to teach the categories of standards to the staff members:

- Structure standards are like the rules of the game.
- Outcome standards are like the final score.
- Process standards are like playing the game.
- Evaluation standards are like the analysis of the game.

Within each of the four broad-based categories of standards, there are specific standards. Perhaps you never before thought that these individual documents or pieces of information were standards. Nevertheless, each is a standard and falls within one of the specific standard categories: structure, outcome, process, and evaluation.

Structure standards, for example, are the foundational documents that state how the organization will be operated. Structure standards include the mission, goals, philosophy, and policies of each division and of the organization.

Outcome standards are in a special category because they do not stand alone as do structure, process, and evaluation standards. They cannot stand alone because they describe the changes that should occur by carrying out the actions of one of the structure, process, or evaluation standards. Therefore, outcomes are sometimes referred to as "piggy-backed" standards because they can only exist as a statement of a desired achievement on one of the other categories of standards.

Process standards are the action-oriented standards. They revolve around what nurses do and what patients get. Process standards include procedures, practice guidelines, action plans, and all documentation.

Evaluation standards include all the appraisal mechanisms of the model. They are an innovative component of the Blueprint. Evaluation standards have always existed but, typically, have been unidentified and unnamed. Just as standards must be written for acceptable operation of the health care facility, for outcomes, and for acceptable delivery of care methodology, so standards also must exist to delineate acceptable appraisal practices. These standards include satisfaction surveys, forms, and tools for monitoring and evaluation and for research.

The Blueprint model is easy to teach because it emphasizes an organized standards-based system using the three domains: clinical, professional, and administrative, and the four broad-based categories of standards: structure, outcome, process, and evaluation. An understanding of standards and the three domains are critical to the implementation of a quality management program because all monitoring revolves around standards and all evaluation encompasses the three domains: clinical, professional, and administrative. For example, every monitor must be standards-based and every solution must have a tri-focus. Figure 2 shows the decision tree for problem-solving within the Blueprint.

Organizational advantages to using the Blueprint as a model include:

- providing a plan to be used in teaching staff members;
- creating a standards-based system that emphasizes staff member performance;
- creating a basis for standards-based job descriptions that emphasizes performance;
- delineating three distinct domains resulting in specificity and placement for each standard within the organization;
- specifically defining standards of care, practice, and governance;
- providing a visual aid when explaining the program to new employees, the JCAHO, and others;
- providing a common language for all staff members;
- ensuring that all staff members are "singing from the same hymnal" or directing efforts uniformly toward achieving organizational goals;
- providing a firm basis for the quality management program using the tri-focus of the three domains;
- decreasing costs of care and service by ensuring that things are happening the way they are planned to happen; and
- becoming the basis for a controlled, decentralized, shared-governance management system for the division of nursing or total organization.

The Blueprint for Quality Management has advantages for the health care providers within the organization. For the educator, it provides a visual aid for teaching staff members and provides a framework for the definition of nursing practice within the organization.

The Blueprint increases continuity and consistency
in care delivery for the patient, specifies outcomes for services provided, and improves satisfaction with nursing services.

For the staff, the Blueprint increases understanding of expectations, autonomy and control of practice, accountability, and awareness of the link between standards and quality; and provides a framework for accomplishing quality management within professional practice environment.

For management, the Blueprint provides the outline for a complete quality management program, increases coordination of priority activities, improves use of resources (human, fiscal, and material), and provides measurable data for evaluation of the system. In the event of litigation against the institution, the program is completely organized with every standard in writing and each domain monitored.

For the physician, the Blueprint delineates the care, practice, and governance that may be expected for his or her patient, and integrates the role of quality between medicine and nursing.

Finally, the Blueprint provides the ancillary staff with an outline for interaction with the division of nursing and provides structure for decision-making.

The Blueprint is an educational tool that takes the uncertainty and guesswork out of teaching the fundamentals of quality to staff members. It further provides an organizational model by which to develop standards and carry out a quality improvement program within the organization. Quality improvement relates to doing things right. The Blueprint offers a visual presentation of a systematic method for guaranteeing that organized activities happen the way they are planned to happen. It is a teaching aid to a complex subject that can be used by every educator to bring staff members into the current knowledge of the 1990s.

REFERENCES