
Quality Assurance

For Nurses and Other Members of the
Health Care Team

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ESSENTIALS OF NURSING MANAGEMENT

Quality Assurance

For Nurses and Other Members of the
Health Care Team

Second Edition

Diana Sale





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This book is dedicated to the memory of my father

Michael Tuke-Hastings
(1920–93)

Contents

| | |
|---|-----------|
| <i>Acknowledgements</i> | ix |
| <i>Preface</i> | x |
| Chapter 1 An introduction to quality assurance | 1 |
| Background | 1 |
| Rush Medicus | 5 |
| Monitor | 6 |
| 'In Pursuit of Excellence' | 10 |
| 'Working for Patients' | 10 |
| Medical Audit | 11 |
| Defining quality assurance | 13 |
| Levels of monitoring the quality of care | 13 |
| Levels of evaluation of quality of care | 16 |
| Accreditation | 16 |
| Evaluation of quality of care | 19 |
| Exercise 1 | 24 |
| Chapter 2 Total Quality Management | 29 |
| Background | 29 |
| Concepts | 31 |
| Approach | 34 |
| Exercise 2 | 34 |
| Chapter 3 Standards of care | 37 |
| Background | 37 |
| What are standards of care? | 40 |
| Why do we need standards of care? | 40 |
| How can we use standards? | 42 |
| Exercise 3a | 42 |
| The quality assurance cycle | 43 |

Contents

| | |
|--|------------|
| Who writes the standards? | 44 |
| Exercise 3b | 45 |
| Levels of standard setting and monitoring | 45 |
| Exercise 3c | 47 |
| Terminology used in standard setting | 47 |
| Classifying standards | 52 |
| Checking standards | 56 |
| Monitoring standards | 56 |
| Exercise 3d | 57 |
| The final stage | 61 |
| Summary of points on standard setting | 63 |
| Exercise 3e | 68 |
| Chapter 4 Clinical audit | 71 |
| Definition | 71 |
| The audit cycle | 71 |
| Why do we need clinical audit? | 73 |
| Benefits | 73 |
| Four main principles | 74 |
| Potential problems | 79 |
| The eleven steps to successful audit | 81 |
| General points | 89 |
| Guidelines for success | 90 |
| Examples of areas for clinical audit | 91 |
| Exercise 4 | 93 |
| Chapter 5 Clinical protocols | 95 |
| Background | 95 |
| Example of a clinical protocol | 95 |
| Development of a clinical protocol | 106 |
| The benefits of working through a clinical protocol | 107 |
| Goals of clinical protocols | 108 |
| Exercise 5 | 108 |
| Chapter 6 Monitoring of providers by purchasers | 111 |
| The Dorset Health Commission's approach | 113 |
| <i>Glossary of terms</i> | 123 |
| <i>Index</i> | 131 |

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DIANA SALE

Preface

This is the second edition of the book *Quality Assurance* which was first published in 1990. The first edition was intended for nursing staff who were interested in learning more about Quality Assurance and wanted to set up Quality Assurance projects of their own. This book, the second edition, is intended primarily for nurses but I hope that it will also be of interest to other members of the health care team.

Everyone has a part to play in the delivery of high quality care and as we work as multidisciplinary team we should also develop approaches to Quality Assurance as a team. Care of high quality cannot be maintained if members of the same team are working to variable standards. There needs to be an agreed level to which everyone aspires to ensure that patients or clients receive both care and a service of a level that is of good quality.

In order to understand Quality Assurance it is important to have some insight into the background of the subject, which is included in Chapter 1. This chapter has been brought up to date and includes developments and events that have occurred since 1990.

Chapter 2 looks at Total Quality Management (TQM), which is a method of managing quality issues throughout every aspect of an organisation. TQM has been applied all over the world in manufacturing and service industries and with some success in the health care setting. On the one hand it is a 'tool kit' which contains the methods, tools and structure, and on the other hand it is a successful approach to cultural change which promotes a system of continuous quality improvement.

Chapters 3 and 4 set out some of the approaches by which to measure the quality of service and care received by patients

Preface

or clients and their families or friends. This includes the setting and monitoring of standards and clinical audit.

Chapter 3, on standards, has been changed since the last edition to reflect a simpler and more dynamic approach to setting and, in particular, the monitoring of standards. This approach is based on personal experience and working with a variety of groups since the publication of the first edition of this book.

My work as a management consultant takes me all over the United Kingdom to Acute Hospitals and Community and Mental Health Trusts and I have discovered there is a large variation on the progress made in the area of setting and monitoring of standards. Some staff have done a great deal of very good work on standards while others have done very little. Some are just beginning to think about setting and monitoring standards using a structured approach. Then there are those who say that they have set their standards and hand me a large, dusty tome, written by a committee in 1990. The standards bear no relation to current clinical practice, are not owned or even acknowledged by the staff and have never been monitored. Chapter 3 describes an approach that results in standards that may be seen in everyday practice, that are monitored all the time, based on sound research, valued and owned by the staff and result in good quality care for the patient.

Chapter 4, on clinical audit, is a new addition to the book and sets out one approach to setting up and carrying out an audit. This is a fairly detailed step-by-step guide to audit and is intended for a multidisciplinary approach to audit.

The chapter on clinical protocols (Chapter 5) derives from work undertaken on behalf of Price Waterhouse with St James' Hospital in Leeds, with the kind permission of Leeds Healthcare. This particular approach is a combination of a patient tracking system, anticipated recovery pathways, standards, outcome and workload. The work involved the whole team caring for a patient undergoing a single, first-time hip replacement and tracks the patient's progress from the point of GP referral to discharge.

Chapter 6 looks at the role of the purchaser in Quality Assurance and in particular the monitoring of provider units. This chapter includes a contribution from the Dorset Health

Preface

Commission which looks at developing the commission function of Health Authorities.

In each chapter there are exercises to help the readers to put into practice what has been read and to decide whether or not this particular approach is suitable, as a method of Quality Assurance, for the area in which they are working.

This book is intended as a simple, practical guide to Quality Assurance to help staff with the implementation and running of Quality Assurance initiatives.

DIANA SALE