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Guest Editorial

Quality Improvement: Building a Pathway to Safety Culture

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Quality and safety are globally recognized as the hallmarks of good patient care yet reports continue to document high incidence of preventable harm in allcountries[1]. Healthcare providers subscribe to a moral and ethical code based on "first do no harm"[2] but as humans, it is inevitable we will make unintended mistakes. Quality improvement is a pathway to patient safety when healthcare providers have the knowledge, skills and attitudes to assess outcomes of care they provide. A spirit of inquiry is fundamental to continuous quality improvement as each provider asks questions about what is best care, what evidence supports the decisions made in caring for a patient, what knowledge is needed to provide best care, and what steps can insure the right patient receives the right care at the right time in the right way. The STEEEP model provides a systematic guide to assess healthcare quality through six domains: care that is safe, timely, efficient, effective, equitable, and patient centered[3].

Hospitals and other healthcare settings are responsible for identifying and measuring indicators for quality of care to address accreditation requirements and develop safety culture. As learning organizations healthcare delivery settings focus on improvement and what can be learned every day from practice outcomes. Quality indicators are continuously monitored and examined for variation to assess risks and prevent patient harm. Safety culture is a subset of the overall organizational culture in which all members of the organization adhere to a mindset of safety and improvement by practicing evidence based best care, continuous quality monitoring, person centered care, and interprofessional collaboration. The technology infrastructure has a significant impact on how well hospitals and other delivery settings are able to record and evaluate patient care outcomes, yet many settings lack the capacity of an electronic health system to identify results of interventions such as hand washing, skin monitoring, and lapses in medication administration. It is the blending of a mindset to recognize quality indicators and the resources to integrate technology applications to assess defined quality indicators and the role of interprofessional practice coordination.

Each country, each healthcare system, and each individual working in those systems are accountable for being a part of the solution through a new quality and safety mindset that drives performance outcomes. Quality improvement is a team activity requiring the efforts of every team member. However, nurses are in a front line role to influence and

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lead development of a quality and safety climate in the various types of healthcare delivery setting from primary care to acute care. Because of their constant presence, they continually assess patients, are present to communicate with patients and their families to determine a care plan, evaluate results of interventions and effectively communicate information and outcomes with the entire team. The Quality and Safety Education for Nurses (QSEN) project launched in the United States in 2005 to define the six Institute of Medicine quality and safety competencies[4]: patient centered care, team-work and collaboration, evidence based practice, quality improvement, safety, and informatics[5]. The success in transforming nursing education and influencing practice has spread globally offering a roadmap to curriculum development, practice guidelines, and professional practice models and can be adapted by other health disciplines as well.

Currently, the QSEN project has been presented in at least 12 countries and the QSEN book has been translated into 4 languages. The 4 regional centers in the US work collaboratively with professional organizations with a focus on combining work competencies with specialty standards. One such combination mixed infusion therapy with magnet standard. The goal of QSEN for professional identify formation to recognize quality and safety as essential components of day to day healthcare applies to all members of the healthcare team; quality and safety are not optional or add on busy work but are the work of every team member. Nurses can use their front line role to be a driving force for assuring patients are free from hospital acquired infections, maintain skin integrity, receive accurate medication administration, and many other nursing quality indicators as they fulfil their care coordination role. It is the shared role of all team member to develop the knowledge, skills and attitudes (competency) to know how to measure outcomes of care and compare with accepted benchmarks in striving for zero patient harm. By applying systems thinking, healthcare professionals can reflect on their work and deploy second order problem solving that uses quality improvement methods to address poor process designs, inadequate resources, staffing and workplace concerns, and application of evidence based standards.

In Thailand, quality and safety has been concerned for a long time in all levels of care. Initially, it was a responsibility of healthcare professionals to engage in quality of care improvements through development of care standards, guidelines, and professional code of care. Subsequently the national hospital accreditation criteria was developed with nearly 20 years of implementation to assure adherence to quality of health care organization criteria. The role of education has evolved as well with curricular development to include quality improvement concepts, measurement science, and implementation strategies to close gaps in care between reality and benchmarks. Course development in health professions includes bachelor and master's programs. Moreover, quality of care research are conducted by faculty and graduate students.

Recognizing the role of all healthcare disciplines the current focus is on inter-professional teamwork education and practice. Using a variety of educational strategies to raise the awareness of students of the critical responsibility to learn from, with and about each other, educators must model and coach the importance of inter-professional approaches to quality improvement and safety Increasingly research links the benefits of interprofessional education and practice in improving patient care outcomes, increasing satisfaction among providers, and influences the overall work environment.

Several recommendations can inform a pathway for improving quality and safety. First, research is needed to examine and understand effective approaches to quality improvement, communicate findings, inspire team members to change behaviors, and compare results across institutions and borders. Secondly, educators in academia and practice can form collaborative approaches to advance education of pre-licensure and post graduate healthcare professionals in developing the six quality and safety competencies. Thirdly, interprofessional teamwork skills are imperative in changing the healthcare environment to address satisfaction and retention issues. Fourthly, more technology can be used to improve quality and safety culture and to build capacity of health personnel. Lastly, introducing reflective practices to analyze one's own practice to systematically learn from every experience will add to knowledge development and foster mindful engagement.

References

1. National Academies of Medicine. Crossing the Global Quality Chasm: Improving Health Care Worldwide. Institute of Medicine. http://www.nationalacademies.org/hmd/Reports/2018/crossing-global-quality-chasm-improving-health-care-worldwide.aspx. Accessed January 21, 2020.
2. Institute of Medicine (US) Committee on Quality of Health Care in America. *To Err Is Human: Building a Safer Health System*. (Kohn LT, Corrigan JM, Donaldson MS, eds.). Washington (DC): National Academies Press (US); 2000. http://www.ncbi.nlm.nih.gov/books/NBK225182/. Accessed January 21, 2020.
3. Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington (DC): National Academies Press (US); 2001. http://www.ncbi.nlm.nih.gov/books/NBK222274/. Accessed January 21, 2020.
4. Institute of Medicine (US) Committee on the Health Professions Education Summit. *Health Professions Education: A Bridge to Quality*. (Greiner AC, Knebel E, eds.). Washington (DC): National Academies Press (US); 2003. http://www.ncbi.nlm.nih.gov/books/NBK221528/. Accessed January 21, 2020.
5. Cronenwett L, Sherwood G, Barnsteiner J, et al. Quality and Safety Education for Nurses. *Nurs Outlook*. 2007;55(3):122-131. doi:10.1016/j.outlook.2007.02.006

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