

## The ANA's Visionary Approach

Shining the light on high-quality care—one step at a time.

In the Middle Ages, master craftsmen formed guilds to protect their interests and reputations. Through specific guidelines and quality control, the guild carefully ensured the quality of members' work so that consumers felt they could trust a product coming from any member. No product could be sold legally without the guild's stamp of approval.

Fast-forward a few hundred years. The seal of approval is a concept alive and well in manufacturing and other industries, but it's been hard to quantify the quality in others. The health care industry, particularly, has found it difficult to measure the quality of the services it provides. This difficulty has been compounded by the amazing growth of medical science and technology in recent years, which has made quality a constantly moving target. But even before the landmark 2000 Institute of Medicine study *To Err is Human: Building a Safer Health System* brought to the public's attention the prevalence of preventable medication errors, some groups were already zeroing in.

By 1994, the ANA understood that evidence-based information would be needed to provide answers to the quality puzzle. It launched a series of initiatives that came to be known as Nursing's Safety and Quality

Initiative to measure the effect of nurses on patient safety and quality of care. And that effect is potentially enormous, since nurses make up 54% of all health care workers and are employed across the broad spectrum of health care settings.

"Of critical importance to the initiative is providing nurses with an appreciation of the underlying definition of quality, which (as it relates to health care) has evolved over time from the perspective of meeting a minimum standard, through the absence of defects and capacity building, to the current perspective," writes Rita Munley Gallagher, PhD, RN, senior policy fellow at the ANA. "Currently, quality is meeting the public's expectations in the delivery of clinically effective, efficient, and affordable health care services. . . ."

So that quality would no longer be merely in the eye of the beholder, the ANA set out to answer lingering questions such as how nurse staffing levels affect patient outcomes or how the nursing staff should be composed for optimum benefit. The association developed the following "nursing-sensitive" indicators for quality care:

- total nursing care hours provided per patient day
- nurse (RN) satisfaction
- patient falls
- patient falls with injury
- patient pressure ulcers
- mix of RNs, LPNs, and unlicensed staff

These and subsequent indicators were developed from empirically-based research and reviewed by a panel of nurse experts. The next step is to collect data on these indicators from nursing units and use them to evaluate, educate, and direct for positive change.

### A DATABASE IS BORN

The ANA needed a place to store and share this information with others, hence the creation of the National Database of Nursing Quality Indicators (NDNQI) in 1999. Almost 800 hospitals in all 50 states and the District of Columbia currently participate, submitting quarterly data on the nursing-sensitive indicators and receiving quarterly feedback reports. This periodic reporting depicts any trends that might be occurring.

NDNQI has two primary goals: (1) to provide comparative information for health care facilities to use in improving quality, and (2) to develop national data on the relationship between nurse staffing and patient outcomes. "NDNQI now has sufficient data to actually help members of the database improve their quality," says Patricia S. Yoder-Wise, EdD, RN, CNAA, FAAN, the ANA's first vice president. "The intensity of the measure development thus far can assure nurses that they are obtaining valuable data about staffing and practice on a unit-based

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level. This is the only national-level, unit-based measure of nursing quality. Further, it is highly confidential in its approach to creating data comparisons so that no member organization is at risk for being known without the organization's permission or authorization."

The ANA's long-term goal is to have all U.S. hospitals submit data on nursing-sensitive indicators to the NDNQI.

In addition to the indicators originally established, several more have been developed and implemented. These include pediatric pain assessment, peripheral intravenous infiltration, restraint use, and patient aggression.

#### **THE NATIONAL QUALITY FORUM**

At about the same time the ANA was developing NDNQI, the President's Advisory Commission

on Consumer Protection and Quality in the Health Care Industry, which included then-ANA president Beverly Malone, PhD, RN, FAAN, issued a report calling for the creation of an organization composed of both private and public entities to "improve American health care through endorsement of consensus-based national standards for measurement and public reporting of health care performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable, and efficient" (National Quality Forum mission statement). The resulting National Quality Forum (NQF) is a nonprofit, voluntary, consensus standard-setting organization composed of more than 200 public and private organizations, including the ANA, across the

spectrum of the health care delivery system.

The ANA, along with the American Academy of Nursing, the American Association of Colleges of Nursing, and the American Association of Nurse Anesthetists, represents nursing at the NQF table. The ANA participates in its Health Professional, Provider, and Health Plan Council, as well as submits measures for the NQF to use in measuring nursing. "The ANA represents the reality of implementation when measures are proposed that affect nurses and nursing," says Yoder-Wise. With the input of the ANA and its nursing partners on the council, NQF presented 39 nursing-sensitive measures in its initial report in 2003.

NQF has some ambitious goals, among them having the

standards it endorses become the primary standards used to measure the quality of health care in the United States. It also expects to be the principal body that endorses national health care performance measures, quality indicators, and quality of care standards. It is increasingly being seen as a driving force behind health care quality improvement, with its scope extending from cancer care to diabetes care to hospital care.

### **HOW TO SAVE 100,000 LIVES**

Most recently, the ANA has partnered with the Institute for Healthcare Improvement in an initiative known as the “100K Lives” campaign, with a goal of enlisting more than 2,000 hospitals to commit to making changes in their care that have

been proven to prevent avoidable deaths. The campaign recommends the following six changes for all hospitals that sign on:

- deploy rapid response teams at the first sign of patient decline.
- deliver reliable, evidence-based care for acute myocardial infarction to prevent deaths from heart attack.
- prevent adverse drug events by implementing medication reconciliation.
- prevent central line infections by implementing a series of interdependent, scientifically grounded steps called the “central line bundle.”
- prevent surgical site infections by reliably delivering the correct perioperative antibiotics at the proper time.
- prevent ventilator-associated pneumonia by implementing a

series of interdependent, scientifically grounded steps called the “ventilator bundle.”

“Many of these changes are nursing interventions,” points out ANA president Barbara Blakeney, MS, RN. “These are small adjustments in our practice that can make a big difference.”

The quest for quality is ongoing. While there can be no single “seal of approval,” the ANA continues the visionary, even revolutionary, approach to improving care that Florence Nightingale herself initiated a century and a half ago. After all, according to Blakeney, “It is not enough to have patients leave hospitals and other care settings relieved that they’ve suffered no harm. It is *as* important they leave knowing they have received superb, high-quality care.” ▼