QUALITY ASSURANCE in
NURSING ASSOCIATION

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QANA

MAY 1993
Dear Colleagues,

As promised at our AGM. in November, here is our Spring newsletter to keep you up to date on QANA activities. By now I'm sure you are experts in QA having read all the literature in our Autumn Newsletter! We have some more to offer you from Professor Roger Ellis. I can recommend number 4 on the list. It is a very good practical guide for beginners. Number 3 is for the more advanced in QA and is to be recommended for an overview of QA in the caring professions and the different approaches needed for each.

Since our Conference in November '92 (brief Summary enclosed compiled by Gerard Feely, INRIG) which was very successful, the QANA committee have been planning and conducting a facilitators course. Ten nurses completed the course. Much of the discussions centred round the opportunities for development of QA in their own area of work. For some this presents no problem as there already exists a climate of acceptance of the need for change. For others it will be more difficult and they will need a great deal of support. A follow up day has been arranged in July to further explore this and to try to identify the constraints to pursuing a project in each individual's area of work.

The participants came from a variety of backgrounds, from private and voluntary hospitals and from the community. There were tutors, staff nurses, ward sisters, public health nurses and midwives. It was a most stimulating and rewarding experience to work with such an enthusiastic group.

It is hoped that this group will comprise the nucleus of a network which will become a national network. It is planned to hold another course in the Autumn.
We are also in the process of planning our annual Conference with a provisional date of November 12th. The theme is "Change". Given the change that is required and that is brought about when people come together to plan QA projects. This can range from change in attitudes to change in practice to change in structure. A very interesting group of speakers is planned. We hope as many as possible of our members will come.

The next Euroquan meeting will be held in Dublin on Sept. 9th-11th in Trinity College. This is only open to country representatives and their guests. Please note that all members of QANA are automatically members of Euroquan. The Spring '93 issue of the Euroquan Newsletter is enclosed. Also enclosed is a notice of the first Euroquan Conference to be held on June 22nd-24th 1994 in London. It is hoped that as many as possible will attend this.

Deirdre Fitzsimons. Chairperson QANA.
The Quality Assurance in Nursing Association (QANA) hosted its 4th Annual Seminar in the Gresham Hotel, Dublin. The stated aim of this seminar was "to identify organisational structures for the development of quality assurance in the nursing service at local and national level".

The first day of the seminar was ably chaired by Ms Deirdre Fitzsimons who, in her opening remarks, called for the need to establish posts for quality assurance placed in strategic regional positions. She asserted that quality assurance was no longer "an optional extra".

The Minister for Health, Dr John O'Connell, provided the opening address. Referring to health care financial constraints he began by stating that there are no easy options ahead. He stated that health care staff will have a "pivotal role" in ongoing development. The Minister asserted that nursing has symbolised the "caring" component of health care and that quality sums up the essence of any service which is consumer oriented. There is an onus on each health care
member to provide quality care and often organisations like Q.A.N.A. can contribute to better services. Dr O’Connell stated that he was pleased to see the international links which Q.A.N.A. had established, believing that such links facilitate the transfer of information and research.

The Minister went on to highlight a number of initiatives which might enhance the quality of care. The patients’ charter, he hoped "will be a constructive guide to all carers in enhancing and providing quality care". Referring to the Review of the Nurses Act (1985), to An Bord Altranais’ Review of Education and Training, and to the Nurses Representative Council, which was established earlier this year, he stated that these initiatives will provide nurses with a say in the formulation of health care policy and in pointing the way forward to the 21st century.

"Developing Quality Assurance within a Region" was the title of the first paper given by Professor Janet Duberly, Project Manager for Accreditation in Bristol. In her paper Prof. Duberly outlined how the South Western Regional Health Authority is creating structures for ensuring quality. She began by outlining the changes which have taken place in her region within the context of changes in the N.H.S. in Britain and she described in particular the introduction, in 1988, of the "internal market" in which health authorities now "purchased health care". The aims of such changes were to "create a vibrant health service which is dynamic and responsive to changing health needs", with the effect of loosening the bureaucracy of the N.H.S. Prof. Duberly then outlined the organisational structures before and after the NHS reforms in her regional health authority, illustrating
These new structures raise some fundamental questions which the speaker highlighted.

1. How, for instance, can and does "quality" feature in health care contracts?

2. Should purchasing authorities provide standard specifications?

3. Will the quality standards interfere with unit management?

4. Will the purchasing authority be able to monitor quality?

There is, she said, a tendency to see value for money in terms of cost and there is a contention that the market place situation - which is a competitive one - will be a guarantor for quality. However, relying on the market place isn’t always an option for guaranteeing quality, especially in a very rural area like the South Western area. The speaker went on to describe the mechanism which she and her colleagues in Bristol used to facilitate the introduction of quality in the "internal market". This mechanism involves a partnership of purchasers, providers, professionals and managers, all having a role and responsibilities for ensuring delivery of quality service. Accreditation is the essence of the mechanism, in which provider units demonstrate capability through outcomes of performance evaluation measures. "Quality should not be judged by good intentions but by the outcome of our good intentions" stated Prof. Duberly.
Provider units, therefore, show evidence of improved quality through the data of outcome measures and judgements of "good and bad" quality are determined by the values which underpin the organisation. The speaker defined a quality service as the delivery of a service to the satisfaction of customers or clients within the resources available. Quality indicators in a health service include effectiveness, acceptability, efficiency, a relevance to social needs as well as equity and access. The quality monitoring system which one employs should be "capable of providing reliable objective data in order to demonstrate improvement". Prof. Duherly's exposition of her regions' attempts to assure quality was most eloquently delivered and demonstrated how underlying principles of quality assurance can be converted to the practice of health care delivery.

The second part of the first day Ms Hannie Giebing spoke on Nursing Quality Assurance in the Netherlands - This was very interesting as it gave a comprehensive overview of a system different to that developing in the UK which contrasted well with Professor Duberly's discussion on the structures in her region. This is a unit based approach, from the bottom up but strongly supported by C.B.O. (Support, Education, Research). One very interesting aspect of this structure is that C.B.O. enters into a contract with each hospital/unit to provide a standard in exchange for support and research and education to develop standards of care.

Day 2 was chaired by Mr Stephen de Burca, the Programme Manager for the Special Hospital Care Programme of the Mid-Western Health Board.
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The Opening Session of day 2 was Mr Fergal Quinn, of Superquinn, who spoke on "Quality Assurance Structures in a Service Industry". Mr Quinn gave a brief history of his early life in the supermarket business. His objective in early business was not to sell more but rather "to get people back again". This Mr Quinn called the "Boomerang Principle" and he suggests that this principle is a good one when running a service industry. Speaking about quality, the speaker asserted that we must listen to our client and that we can only give quality service through people, not through technology. Mr Quinn went on to provide some instances in Superquinn in which people and not technology are employed to ensure quality. The establishment of customer panels, supermarket manager becoming Superquinn customers by "jumping the counter" and the siting of the managers' office on the supermarket floor were some such instances.

Mr Quinn made some significant assertions which have application to health service provision. If one sets a target of standards, one can go to great lengths to achieve one's targets, was one such example. He also believes that service personnel should be recognisable, available and warm to the client and asserted that having a "company mission" is an essential element in quality service. Mr Quinn's presentation was eloquent, witty and was most enthusiastically received by the audience.

The Morning Session continued with a number of speakers providing accounts of quality assurance initiatives which have been undertaken in their various organisations. Ms Mary Keane, the Co-Ordinator of the Programme Development Unit, outlined such an initiative in the
Hospitaller Order of St John of God. Ms Keane described the development of a set of general standards and organisational indicators, a set of specific standards and indicators within the various service components of the St John of God organisation and also the structures for managing service quality within the various service centres. The impetus for such initiatives was a concern on the part of the St John of God Order to "keep the person at the centre of its service". The possibility of a future internal market in health care provision in Ireland was another factor in the initiative. The speaker described the process, which began in November 1989, of introducing quality assurance by a series of phases. The first phase required an evaluation of what methods to use and which personnel to involve in the process. The first phase required an evaluation of what methods to use and which personnel to involve in the process. The second phase, the developmental phase, entailed establishing standards and indicators which were based on data provided by the various service personnel. The "implementation phase" involved an education process for the various service personnel. The "implementation phase" involved an education process for the various service disciplines as well as the establishment of a quality assurance committee and quality assurance teams to implement and manage the quality assurance activities.

Ms. Anne Sheridan, a nurse tutor at the School of Nursing at one of the St John of God Centres, then presented an account of how this process was applied to bring about quality with the nursing discipline. Ms Sheridan stated that she and her colleagues had learned much in putting into place a quality assurance assignment in her hospital. The
The final paper of the morning was delivered by Ms Yvonne O’Shea, Assistant Director of Nursing at St James’s Hospital, Dublin and had as its theme "a process of change". The speaker outlined the various forces of change which have brought about the development of quality assurance at St James’s including increased patient turnover, information technology, various national and international reports as well as the potential for litigation. She also described the "bottom-up" feature of the change personnel, with the emphasis on involving nurses on the ground in all aspects of the change. Ms O’Shea then spoke about the core elements of the change which included the introduction of new nursing records, core care plans, a ward management standards group, and the advent of a nurse management information system. She also highlighted some of the problems encountered in the "complex environment" of change. These included resistance to change, negative attitudes, lack of resources as well as difficulties in co-ordinating all of the multi-disciplinary levels. In pointing to the way forward the speaker cited Benna & Manus who, referring to an organisation in failure stated "... they tend to be overmanaged and underfed". Ms O’Shea concluded an excellent presentation by listing the principles of the various quality initiatives at St James’s. These include ownership and control by practitioners, patient focused, situation based and achievable.
The Q.A.N.A. 4th Annual Seminar was a most enjoyable and informative happening, highlighting the fact that quality assurance is not simply some notion that is to be found in nursing and other literature but is in fact a reality in many organisations and health care environments.