



FORCE 7 Quality Improvement

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EXECUTIVE SUMMARY FORCE 7: QUALITY IMPROVEMENT

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“Guided by the needs of our patients and their families, we deliver the very best health care in a safe, compassionate environment; we advance that care through innovative research and education; and, we improve the health and well-being of the diverse communities we serve.”

Massachusetts General Hospital Mission Statement

Although quality and safety have always guided practice at MGH, the recent hallmark studies from The Institute of Medicine have heightened attention to quality and safety nationwide, and the health care industry, including MGH, is now being challenged to improve its systems. To meet this edict as well as the growing requirements of quality benchmarking and reporting, a critical and strategic review of the MGH quality infrastructure has been conducted.

A Quality and Safety strategy emerged several years ago from the executive leadership retreat to create a new culture at MGH supporting the vision of leading the Nation in quality and patient safety. To achieve this objective, a reorganization was needed at both at the Hospital and Patient Care Services levels to continue to advance the quality and patient safety agenda. Towards that end, the MGH Center for Quality and Safety was launched in 2007. In concert with this Hospital change, the Patient Care Services Office for Quality and Safety was created. The Institute of Medicine’s six aims for quality improvement: patient-centered, timely, efficient, effective, equitable and safe patient care, serve as a framework for both departments. Strategic goals and tactics were identified in 2007 for the organization’s quality and safety initiatives. Program descriptions, fiscal allocations, progress and outcomes are depicted in this Force.

Dissemination of these organizational changes is essential to actualizing the quality and safety goals and initiatives. Communication channels have included: updates in Caring Headlines and PCS New You Can Use; presentations at the Nursing Director meeting, Combined Leadership Meeting, Staff Nurse Advisory Committee, Committee Leaders Meeting (co-chairs and coaches of the seven PCS Collaborative Governance Committees); retreats, unit-based staff meetings and a number of open forums for clinicians and support staff throughout Patient Care Services.

Contributing to quality improvement activities is fundamental to the role of the professional nurse at MGH and an integral component of the Professional Practice Model. Its importance is articulated in the position description for the Senior Vice President for Patient Care and Chief

Nurse, and reflected in her placement as one of three senior executive organizational leaders charged with the Hospital's Quality and Patient Safety Strategy. Facilitating Staff Nurse involvement in quality improvement activities is critical to the success of programs and initiatives that support quality patient care at MGH. Infrastructures such as the components of the Institute for Patient Care are described throughout this Force and have been created to provide the resources, education and support needed to empower nurses to contribute and lead organizational and unit level quality improvement initiatives. Examples of evidence-based initiatives with Staff Nurse involvement including, Nurses Improving Care for Health System Elders (NICHE), The Tracheostomy Quality Team, Anticoagulation Management Services, and Pediatric Bedside Family-Center Rounding, are highlighted as well.

In addition to the unit or population-based opportunities, Collaborative Governance (CG) provides another vehicle for staff nurses to contribute to the organization's quality improvement activities. While all of the CG committees work to provide the highest quality care to patients and their families, the interdisciplinary Quality Committee which includes staff nurses targets PCS quality and safety initiatives for its work.

Collection and dissemination of relevant quality data to stakeholders throughout the organization is essential to advance the quality and safety agenda at MGH. Several years ago Patient Care Services (PCS) introduced an electronic, unit-based dashboard to assist nursing leaders by providing a snapshot of the metrics that were felt to best reflect the "health" of a unit. The decision was made to include fall rates on these dashboards, along with several other indicators that reflected clinical outcomes, staff indicators, and financial performance. Hospital, population and unit-based examples are showcased in this Force.

As the science of nursing-sensitive indicators and the availability of national databases evolve, so do the decisions about measurement selection and benchmarking. MGH is continually evaluating the selection of appropriate metrics, tools and methodologies to ensure that measurement is sound and benchmarking is meaningful. Some of the principles that have been developed to direct decisions regarding participation in national databases include: 1) the data must be readily available, 2) the indicator data should be verifiable, 3) data collection processes must be cost effective, and 4) decisions regarding a particular metric should consider the value of the benchmark comparison. Nursing leaders at the organizational, departmental and unit level are involved in and critical to these decisions. Numerous and varied examples of nurse sensitive indicators as well as benchmarking with external entities are provided in this Force for review.

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