

QA IN THE OBSTETRICS/NURSERY

Bridging the Healthcare Performance Gap

BUILDING YOUR DEPARTMENT'S QUALITY CONTINUUM

A healthy quality program has three critical components. These include quality assurance, quality improvement and performance improvement. Together, they are collectively known as the quality continuum.

Just as every healthcare organization needs to have a healthy quality continuum if it is to be operationally and financially successful in meeting the needs of its patients and communities, every department needs to have an effective continuum if it is to be what it needs to be for the organization. A strong quality continuum helps an organization in living up to the expectations of the people who count on it to meet their needs for access to great patient care.

Some of the important members of the healthcare team are those clinically-oriented departments that are directly involved in the delivery of patient care. While they are key members of the team, it is also important to recognize that they could not be as effective in their roles if it were not for the contributions of the non-clinical members.

The obstetrical nursing services are some of the clinical departments that plays a very important role in assuring high quality patient care, patient safety and a strong reputation for the hospital. It is commonly referred to as the face of a hospital.

This is because this area has a significant impact on the delivery and coordination of safety care for highly vulnerable patients—the mom and her newborn. The experience people have in this area can have a significant impact on decisions to return to the hospital and recommend it to others..

The obstetrical unit controls a series of structures and processes that can impact the patient experience in today's market. These very important areas controls the safety and security of patients in critical situations. They ensure the appropriate coordination and team interaction necessary for the delivery of high quality care in a very complex environment. (See the on-line module titled *Building the Patient Experience*.)

Patient safety and security is an important consideration. The nursing areas are frequently the most influential care givers to set the stage for how safe a patient feels inside the healthcare environment. It is also often the first department that impacts the impressions that the patient's significant others have of the organization. Some of the important impressions that this department impacts are:

1. How competent is the organization in meeting patient needs?
2. How committed is the organization to the delivery of high quality patient care?
3. How committed is the organization to ensuring patient safety?
4. How much the organization cares about the members of its community?
5. How committed the organization is to making people feel well cared for and deeply cared about?

In addition to final impressions, nursing has a significant impact on relationships with other service providers. It is the one department most likely to impact all other departments involved in the patient's care. Their interactions with other providers can have a significant impact on the success of the team approach to care. As you review the enclosed list of quality assurance activities for which nursing has primary responsibility, one can appreciate just how important this department's role is as a member of the healthcare team.

A healthy quality continuum allows our people to know that:

1. *they are in control of their futures;*
2. *their efforts make a difference, and*
3. *that they are part of creating something better for tomorrow than what already exists today.*

They come to appreciate the contributions they make in meeting the mission and creating the vision of the organization.



SO WHAT IS QUALITY!

Quality in healthcare encompasses the ability of an organization or provider to make patients feel very well cared for at the same time they are making them feel deeply cared about. When patients define quality, these are the two things that they repeatedly say they are looking for. For health care's customers, these seem like pretty easy requests and they are becoming less and less tolerant when providers don't get them right.

In today's healthcare environment, quality is about making people feel safe in an environment where they can also feel that they are receiving state-of-the-art care from people who are on top of those variables that could place them in harms way. Safety is a pretty broad term for patients as it ranges from a sense of feeling physically safe in the environment to feeling that they are receiving the very best care that can be delivered by people who genuinely care about the outcomes that their actions lead to. They also want to feel informed and in control of their patient experience.

For the people in obstetrics quality

means timely, safe and appropriate patient care that is consistent with current standards of practice. The patient care delivery system is a complex one and subject to change almost daily as technology continues modify the standards of practice. For the average patient, a trip to the emergency room can be frightening as it is commonly associated with a personal crisis and reduces a person's sense of control. The user-friendliness of the department and a perception of competence can go a long ways in building healthy relationships with patients and communities.

The average patient can not actually judge the quality of the patient care they receive to a level that creates a genuine level of comfort. They can not determine if the battery of tests being ordered by the physician are truly the best tests or if the treatment and drugs are truly the best interventions. Because they need some measures that help them to feel good about their choices, patients tend to rely heavily on pseudo-measures of healthcare quality.

Pseudo-measures are measures that patients and family members can judge more easily because they are familiar with what they are and what they should look like if quality exists. The most common pseudo-measures in healthcare have traditionally been cleanliness, friendliness, physical appearance, and quality of the food. Physical safety and the perception of teamwork are becoming increasingly important measures and they are both very important to the nursing setting. If these pseudo-measures convey a sense of quality, people assume that there is a pretty good chance that the quality of the clinical care is good also.

The measure of quality for people looking to health care is found in the attention to details that they observe. The more attention to details that they witness in pseudo-measures, the more comfortable they are that the same attention is given to the details of direct patient care. Great reputations are not built on being average. They are built on reaching well beyond average and paying close attention to the details that convey a message that providers take their roles in the delivery of great care seriously.

WORKING WITH YOUR QA CALENDAR

The quality assurance calendar is a tool that helps a department to organize and manage its quality assurance and compliance-related activities in a way that reduces resource consumption and the risk of falling behind (see the PACE Workbook on *Working with Your Quality Calendar*). Historically, healthcare organizations have not utilized highly structured systems to collectively organize and manage their quality assurance or compliance-related activities. The lack of such a system has been one of the major contributing factors in prompting healthcare organizations to find themselves in trouble on surveys and having to put an inordinately large number of resources into ongoing efforts to maintain the basics.

Quality and compliance inside health care does not just happen. They are activities that need to be managed. As one looks at the list of compliance and quality assurance-related activities on the following pages, it is obvious how easy it would be to overlook something or get behind if you do not have a system that allows you to manage them.

As most of these activities are time sensitive, once they don't happen it is impossi-

ble to make them up. For example, if a patient should receive a medical screening examination related to EMTALA compliance and it does not occur, it can not be fixed after the fact. If a patient should receive a life-threatening dose of medication, the consequences may not be reversible. If a patient should have had an EKG to provide for early determination of myocardial infarction so that timely clot busting therapy could be administered, providers can't give take back the muscle damage that could have been avoided.

As the healthcare industry continues to become more complex and more and more is asked of our people, systems like the quality calendar can help to better manage activities as it become increasing necessary to find ways of doing more with fewer resources. The answer is not in working harder. It is in working smarter and the quality assurance calendar is a tool that can help department managers to do that.

Some important points in using your calendar are:

1. Only schedule activities that must be done on a Monday for that day. Mondays tend to be bad days in

healthcare organizations because of the many issues that spill over from the weekend. As most legal holidays fall on Mondays, it is the one day of the week that prompts people to more easily get behind because things from the holiday must be pushed to Tuesday.

2. Similarly, it is best if you minimize the number of flexible activities that need to be done on a Friday because that is generally the day that people are pushing to get things done for the weekend. It is also the most common day that people request off to have a long weekend.
3. Try to always set the schedule up so that compliance related activities never consume more than two hours in a given day for any one person. This is one of the reasons that a calendar is so helpful. It allows you to plan and balance things out. Most people can plan to commit up to two hours of the day to designated activities. They can also tend to find time to make those activities happen even on a day when there seems to be one crisis after another.
4. Try to always set the schedule so that

CREATING YOUR QA CALENDAR!

The topics in the table on the next three pages list out the common quality assurance or compliance type activities that could be found on a QA calendar for Nursing Services. Some may not apply to all hospitals as they are dependent on the services offered. Please review this list to determine which topics are important to your calendar and then follow the instructions in the PACE training workbook titled *Working with Your Quality Calendars* to build your calendar. Please note that health care is a very dynamic industry and constantly subject to change. The frequency recommendations in this table should be checked against those established by local state and regulatory agencies. It is also important to monitor for needed modifications to existing standards and new standards that need to be added.

	QA Accountability	Frequency
OBSTETRICAL		
1	Assessment by registered nurse to determine stage of labor	For every labor patient
2	Assessment—Early/false labor	For every applicable patient
3	Assessment—Progression of labor	For every labor patient
4	Preterm labor suppression protocol	For every applicable patient
5	Fetal heart rate assessment	For every labor patient
6	Internal fetal monitor	For every applicable patient
7	External monitor	For every applicable patient
8	Admission history and physical	Per policy and procedure
9	Admission labwork	Per policy and procedure
10	Apgar score	Per policy and procedure
11	Estimation of gestational age	Per policy and procedure
12	Estimation of blood loss	Per policy and procedure
13	Placenta examination	Per policy and procedure
14	Rh sensitization	Per policy and procedure
15	Birth out of asepsis	Per policy and procedure
16	Cesarean Section—preparation of patient	Per policy and procedure
17	Cesarean Section—surgical management and safety	Per policy and procedure
18	Cesarean Section—post-surgical management and safety	Per policy and procedure
19	Emergency Cesarean Section—timely from incision to decision	Per policy and procedure
20	Induction of labor	Per policy and procedure
21	Forceps assisted delivery	Per policy and procedure
22	Management of patient with malignant hyperthermia	Per policy and procedure
23	Nonstress Test	Per policy and procedure
24	Umbilical cord blood sampling	Per policy and procedure
25	Eye treatment of newborn	Per policy and procedure
26	Rubella vaccination	Per policy and procedure
27	Hepatitis B screening—perinatal	Per policy and procedure
28	HBsAg and prophylaxis to the neonate	Per policy and procedure
29	Transmission-based precautions	Per policy and procedure
30	Departmental attire	Per policy and procedure
31	Surgical hand scrub	Per policy and procedure
32	Closed gowning and gloving technique	Per policy and procedure
33	Instrument counting	Per policy and procedure
34	Instrument cleaning and processing	Per policy and procedure

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
35	Infant security plan	Per policy and procedure
36	Infant/child abduction response plan/drill	Per policy and procedure
37	Labor and delivery log	Per policy and procedure
38	Father and/or support person in labor and delivery room	Per policy and procedure
39	Cesarean Section—support person in operating room	Per policy and procedure
40	Consent to treatment	Per policy and procedure
41	Informed consent for invasive procedures	For every invasive procedure
42	Photograph consent	For every series of photographs
43	Interpreter service availability	Continuous
44	HIPAA compliance	Continuous
45	Resource lists for patients and families	On all patient with resource needs
46	Pain management protocol	On all patients with pain
47	Nursing admission assessment	Per policy and procedure
48	Documentation of current medications	On all patient presentations
49	Medication reconciliation	For every patient
50	Initiation of nursing care plan	Per policy and procedure
51	Nursing care plan update	Per policy and procedure
52	Care of patients with latex sensitivities	On all applicable patients
53	Maternal crash cart checks	Daily
54	Neonatal crash cart checks	Daily
55	Crash cart security	Continuous
56	Defibrillator checks	Daily
57	Emergency drug box security	Continuous
58	IV management protocol	On every IV started
59	Restraints compliance	On every use of restraints
60	Safe medication practices	Continuous
61	Narcotic counts	Every shift
62	Narcotic keys control	Continuous
63	Look-a-like/sound-a-alike safety protocols	Continuous
64	High risk medication validations	For all high risk medications
65	Six rights	For all medication administration
66	Medication security	For all medications
67	Medication outdates	For all medications
68	Discharge instructions	For every discharged patient
69	Medication education for all administered and discharge medications	For every patient
70	Patient education for primary diagnosis and all comorbidities effecting continuity of care	For every patient
71	Patient education for all invasive procedures	For every patient
72	Transfers within patient care units	For every patient transferred
73	Transfer to another facility	For every patient transferred
74	Temporary transfer for off-site procedures or treatment	For every patient needing temporary transfer

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
75	Staffing per staff matrix based on census and acuity	Continuous
76	General security	Continuous
77	Sedation monitoring form	Per policy and procedure
78	Sterile technique	Per policy and procedure
79	Use of clinical alarms on medical equipment	Continuous
80	Medication refrigerator/freezer temperature checks	Daily
81	Signing and dating of all medication orders	On all medication orders
82	Telephone/verbal orders	Per protocol
83	Prescription documentation per CMS guideline	Every prescription written
84	Standard precautions	Continuous
85	Communicable infection management	Continuous
86	Communicable disease reporting	As per state requirements
87	Handwashing—CDC guidelines	Continuous
88	Infection control compliance	Continuous
89	Handling of biohazardous waste	Continuous
90	Blood/body fluid precautions	Continuous
91	Sharps management	Continuous
92	Sharps box security	Continuous
93	Sharps disposal	When boxes are 3/4 full
94	Ergonomics	Continuous
95	Patient and visitors safety	Continuous
96	No smoking policy	Continuous
97	Medical device recall	Per policy
98	Compressed gas safety	Continuous
99	Use of electrical equipment in an oxygen enriched environment	Per policy and procedure
100	Equipment malfunction reporting	Per policy
101	Obtaining medical record protocol	As per protocol
102	Release of medical information	As per policy and procedure
103	Legibility of medical record	On every entry
104	Acceptable abbreviations	Continuous
105	Signing and dating of all medical record entries	On every medical record entry
106	MR entry verification with signature	On every medical record entry
107	Critical test results reporting	On every critical value as per policy
108	Panic values management	On every panic value
109	Acknowledgment of results of diagnostic testing	On every diagnostic report
110	Eye wash station integrity	Continuous
111	Staff competencies	Continuous as per policy
112	New staff orientation	For every new employee to ED
113	Electric safety	Continuous
114	Annual policy and procedure review	Annually

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
115	Blood glucose nursing certification	Continuous
116	Blood glucose calibration	As per manufacturer's recommendations
117	Arterial blood gas nursing certification	Continuous
118	ACLS certification	Continuous
119	PALS certification	As per policy
120	Patient education	As per patient need
121	Service contract review	Annually
122	Service contract renewal	Annually or on term
123	New chemical training	Before use
124	Secure MSDS and assure appropriate precautions	Before new chemical use
125	Employee right-to-know MSDS training	On orientation before chemical use and annually
126	Separation of patient care and cleaning chemicals	Continuous
127	Flooring integrity	Continuous
128	Baseboard integrity	Continuous
129	Surface washability	Continuous
130	Annual fire safety training	Annually
131	Annual general safety training	Annually
132	Annual infection control training	Annually
133	Airflow integrity	Continuous
134	Filter changes	Per policy and procedure
135	Staff certification for special equipment management and skills	Before expiration
136	Annual policy and procedure review	Annually
137	Employee training on new/revised policies and procedures	On creation of or revision of policy or procedure
138	Ergonomics compliance	Continuous
139	PPE compliance	Continuous
140	Sharps box management	Continuous
141	General trash management and disposal	Daily or when receptacles are 3/4 full
142	Eye wash station integrity	Continuous
143	Annual review of employee job descriptions	Annually
144	Annual employee performance appraisal	Annually
145	Horizontal surface cleaning	Daily and on each use
146	Deep cleaning schedule	Per schedule
147	Ceiling tile integrity	Continuous
148	Storage 4 inches off the floor	Continuous
149	Storage at least 18 inches from ceiling in sprinkler areas	Continuous
150	Outdates management	Continuous
151	Medication and supplies FIFO	Continuous
152	Bioterrorism readiness protocol	Continuous

KEEPING PACE WITH TODAY'S STANDARDS

Quality assurance or compliance-related activities are extremely important in a healthcare organization because they are generally related to safety and can have a significant impact on patient satisfaction. They frequently involve precautionary steps taken by an organization to prevent an untoward event and to be prepared in the event of a disaster or break in the routine that could place people or the organization in harm's way.

For example, while providers hope they will never need them, there are many precautionary activities that healthcare organizations need to be skilled at in the event there is a fire. They need to know that the generator will run in the event of a power outage. They need to know that we have a strong plan to protect people in the event of a natural disaster. Nursing plays a very important role in any form of disaster preparedness for its own organization and others in the community. This means that this department must always know that it is ready for whatever might come through its doors.

Healthcare organizations also need to know that the day-to-day risk is reduced for people who come into their buildings and the organization. They need to know that the organization is in compliance with current standards of patient care. They need to know that general trauma and acute cardiac condition management protocols are consistent with nationally recognized standards.

Too often healthcare organizations find themselves at risk because they become complacent about quality assurance related activities. As so many of the activities are precautionary in nature and many organizations may never actually have to enact them, it is very easy for an organization to elect to take short cuts or overlook striving for 100% compliance. The danger is in the fact that an organization can't make it up to a patient or a community member or employee when its failure to stay current negatively effects any one of them. If its reputation in the community is damaged, it may never recover.

Proactive compliance is significantly less resource intensive than running to catch up. Developing a corrective action plan in response to a Medicare Condition of Participation survey is never the best way to achieve compliance. Working to overcome the damage created by a negative outcome is definitely more expensive and resource intensive than ensuring the negative outcome could not happen. As the saying goes, "an ounce of prevention is more valuable than a

pound of cure." This is particularly true in health care where the cost of a negative outcome can be particularly steep. A well structured quality assurance program inside the quality continuum can provide for that ounce of prevention to protect an organization.

The majority of the compliance standards for nursing relate to clinical care de-

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where compliance is critical. When any of these areas of responsibility fall out of compliance it is important to bring them back into line as soon as possible.

Because of the magnitude of some of the responsibilities, retrospectively trying to fix them can be a nightmare in addition to placing the organization at risk because of non-compliance. For example, if a fetal monitor fails and a newborn, you can't go back and fit it. If an outdated vaccine is administered to a patient, it creates unnecessary complication for everyone. If the cord were to prolapse and it goes unnoticed, the consequences could be dire. Proactively dealing with issues through prevention can reduce resource consumption by as much as 25 -33%. Every minute appropriately spent on planning (such as the creation of a balanced QA calendar) can save 10 minutes in execution time.

Historically healthcare organizations have had poor systems for managing and documenting quality assurance related activities. Too often those systems for managing these activities have existed in the minds of our managers. While the mind is a very powerful place, the stresses of today's healthcare environment make it a poor stand-alone tool in creating the kind of efficiency and effectiveness we need. As a result, too many things end up being retrospectively repaired rather than proactively managed. The quality calendar system is an approach to proactive activity management. If the average emergency department is able to reduce time and/or resource consumption by an average of 33% because it uses tools to improve its efficiency and effectiveness, it can find itself capable of managing more with less in a less stressful environment. This is an impor-

tant goal in today's healthcare environment. It also reduces the amount of time spent on crisis management which is one of the industry's greatest threats to resources.

When a quality assurance or compliance activity goes out of compliance, it is a department's responsibility to bring that activity back into compliance as quickly as possible in a way that will hold the compliance. The

QA Calendar

	Fre- quency	Resposi- ble Party	Jan	Feb	March	April	May	June
Crash Cart Checks	Daily	Susan	SK OK	SK OK	SK QI	SK OK	SK OK	SK OK

department needs to document the step it took to achieve that compliance and the ongoing activities to monitor it.

The first step is to set up the quality assurance calendar with all of the compliance-oriented activities that are important to the organization. Once the list is complete, the manager, with the assistance of his or her departmental team, defines when each activity is to be completed along with who will be responsible for it. (Remember the stronger the team approach, the greater the potential for success and the more that can be achieved with fewer resources. As long as activities remain in compliance the only documentation that is necessary is to complete the required log for the activity and to indicate an OK on the calendar. When an activity moves out of compliance, a department should be able to demonstrate that it has quickly moved through the steps of the PACE cycle. Documentation should demonstrate that it quickly identified the issue (moving the issue to its quality improvement calendar), PLANNED to re-establish compliance, ACTED to initiate the plan, CHECKED to make sure that the plan achieved the designed results and ENHANCED the plan to achieve the best outcomes possible. Once compliance is re-established and a short period of more intensive monitoring demonstrates compliance, the department can return to its normal schedule of monitoring as defined by the calendar.

The calendar should be evaluated each year as part of the annual review of services to determine needed additions and revisions that would increase departmental efficiency in achieving continuous compliance.



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*Success has a price tag on it, and it reads
COURAGE, DETERMINATION,
DISCIPLINE, RISK TAKING,
PERSEVERENCE, and
CONSISTENCY—doing the right
THING for the RIGHT REASONS and
not just when we feel like it.*

James B. Menton

The Future Starts with a Strong Today!

Building a strong reputation and future for a healthcare organization starts with building a strong today. In many ways it is like building a new building. If you don't start out with a sound foundation it becomes increasingly difficult to build a structure that can be as tall as you would like or that can withstand the various elements that place stress on it. When the foundation isn't strong, you frequently find yourself having to put additional resources into shoring it up and to apply patches where necessary. You also tend to find yourself having to monitor it more closely every time the structure is placed under stress to make sure it will hold up. A healthy quality assurance program is about making sure a healthcare organization has a strong foundation on which to build tomorrow and the future. If an organization is constantly struggling to maintain compliance with today's standards, the activities steal valuable time and resources away from efforts that could be used to build a healthier tomorrow. Given the strain on today's healthcare resources, providers need to ensure that they are getting the most they can from what they have. They need to make sure that quality lives today so it is easier to build a better tomorrow.

BRINGING IT ALL TOGETHER

A healthy quality program is about making sure that our organizations are being true to the business of health care. That business is the delivery of high quality patient care in an environment that makes our patients and communities feel well cared for and deeply cared about. It is about making sure that our organizations are healthy and strong for today, tomorrow and into the future.

The quality program creates the structure to support the creation and implementation of the many systems that (1) ensure that our organizations and patient care services are what they need to be to make our organizations strong for today, (2) continuously work to improve and meet the changing needs of tomorrow as technological advancements continue to reshape the delivery of patient care, and (3) bring the strategic plan and vision of an organization to life while holding true to the mission and values of the organization. A healthy quality pro-

gram is about much more than making sure that our organizations are meeting the expectations of outside regulators and the many external customers that enter our doors every day.

The mission defines why our healthcare organizations exist. The vision defines where we picture our organizations to be at some point in the future if the organization is to remain strategically positioned for success while it remains true to its mission and values. Our values define those behaviors we hold to be important to every day life if we are to remain true to our missions (who we are).

It can be very easy for these important messages to become fluff and pie-in-the-sky words that only raise more doubt and questions if people can not see the path that brings them to life. A healthy quality program provides that path by creating the structures and systems that make proactive change possi-

ble.

The mission, vision and values of an organization come to life when they are successfully married together through the organization's quality program and strategic planning activities. These two activities create the environment for the creation of a culture for quality where patients feel well cared for and deeply cared about while healthcare providers have the potential to feel good about their contributions in improving the quality of life for the public that entrusts them with their care.

