



# CONTROLLING

## QUALITY MANAGEMENT

CARMELA LOUISE C. MERCADO, RN

# OUTLINE

- ✓ QUALITY ASSURANCE vs QUALITY CONTROL
- ✓ NURSING AUDIT
- ✓ QUALITY IMPROVEMENT MODELS
  - Total Quality Management (TQM)
  - Plan-Do-Check-Act (PDCA)
  - Donabedian Model
- ✓ PERFORMANCE APPRAISAL



# CONTROLLING

## in nursing management

It involves the systematic process of **monitoring**, **comparing**, **analyzing**, and **adjusting** nursing and other healthcare activities to ensure that they align with established standards and goals

It plays a crucial role in maintaining and improving the **quality** of patient care and the overall **effectiveness** of nursing services within a healthcare organization







QUALITY  
ASSURANCE

VS

QUALITY  
CONTROL

# WHAT'S THE DIFFERENCE?



## QUALITY ASSURANCE

- about building quality into the processes to prevent defects
- focuses on the **entire process** of delivering a product or service to ensure that quality is built into the process itself.

**PREVENTING THE DEFECTS**

## QUALITY CONTROL

- about checking and correcting the output to ensure it meets the established standards
- focuses on the **end result** and is performed during or after the production or service delivery

**FINDING THE DEFECTS**

# WHAT'S THE DIFFERENCE?

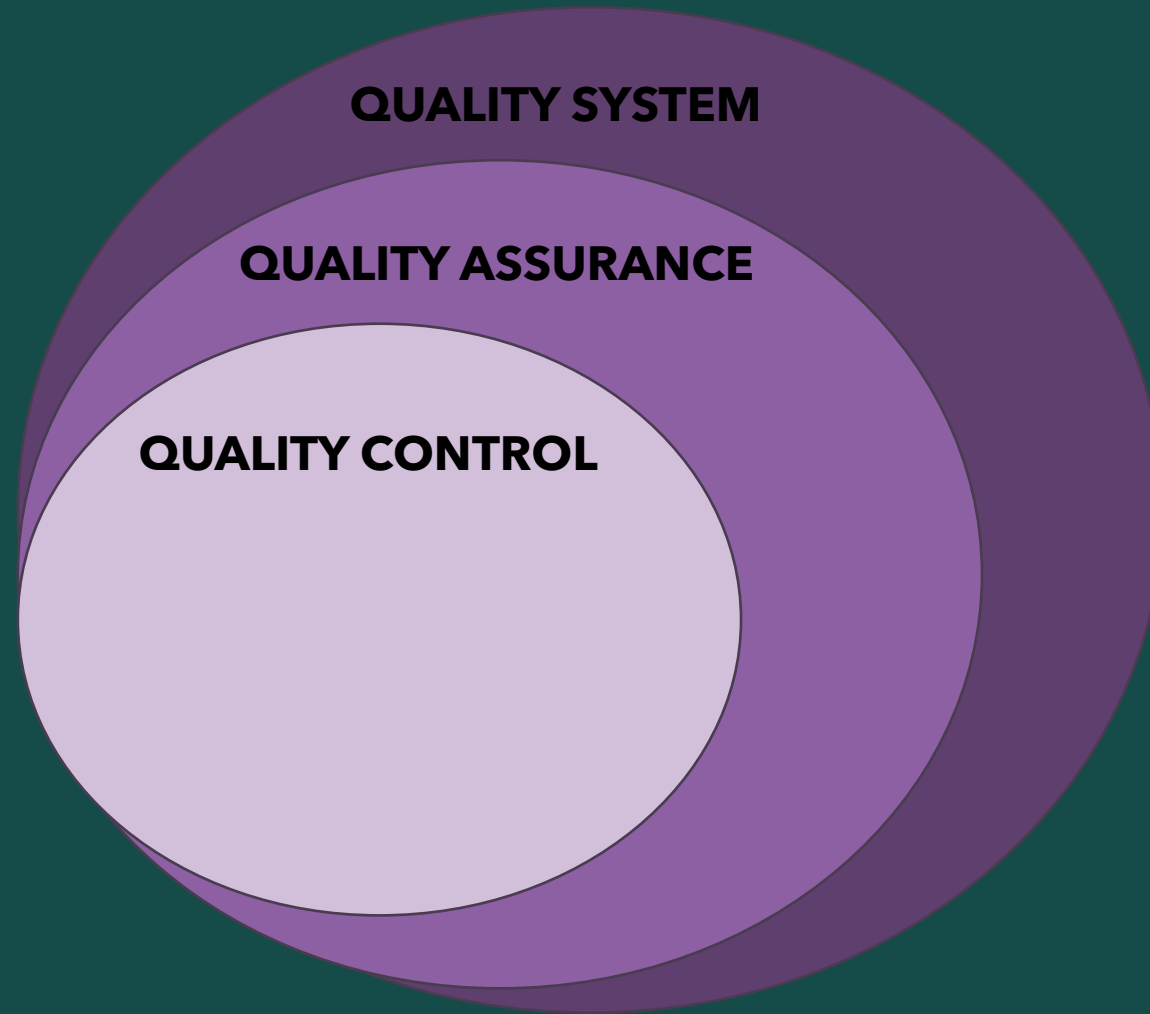


## QUALITY ASSURANCE

- The hospital's QA program for vaccine administration includes the development of standardized protocols for vaccine storage, handling, and administration.
- HOW?
  - ✓ Training sessions
  - ✓ Guideline developments
  - ✓ Regular assessments and audits

## QUALITY CONTROL

- As vaccines are administered to patients, QC involves reviewing individual patient records to ensure that the vaccines were administered correctly, according to the established protocols
- HOW?
  - ✓ Patient chart reviews
  - ✓ Clinical audits
  - ✓ Monitoring of key performance indicators







# NURSING **AUDIT**



# NURSING AUDIT



- A systematic and critical examination of nursing **practices, processes**, and **outcomes** within a healthcare organization.
- Its purpose is to **assess the quality and effectiveness** of nursing care, **identify areas for improvement**, and **ensure compliance** with established standards, policies, and procedures.
- This process involves the **review and evaluation** of various aspects of nursing practice to enhance patient care and safety.

# METHODS OF NURSING AUDIT



## CONCURRENT

- Concurrent nursing audit takes place in real-time, **while patient care is actively being delivered**. The audit occurs concurrently with the provision of care
- **HOW?** direct observation, real-time chart reviews, and feedback to nursing staff

## RETROSPECTIVE

- Retrospective nursing audit occurs **after the completion of patient care**. It involves a review of patient records and documentation after the care episode has concluded.
- **HOW?** examination of patient records, nursing documentation, and other relevant data

# TYPES OF NURSING AUDIT

DOCUMENT	STRUCTURE	PROCESS	OUTCOME
<ul style="list-style-type: none"><li>• Completeness of a consent form</li><li>• Completeness of receiving RN notes</li><li>• Completeness of a medication order</li><li>• Compliance to list of accepted medical abbreviations</li><li>• Compliance to correcting errors in patient's chart</li></ul>	<ul style="list-style-type: none"><li>• Environment of care</li><li>• Staffing and skill mix</li><li>• Credentialing and licensing</li></ul>	<ul style="list-style-type: none"><li>• Shift endorsements</li><li>• Medication administration</li><li>• Perioperative Safety Checklist</li><li>• Admission-Discharge</li></ul>	<ul style="list-style-type: none"><li>• Infection Control: Ventilator-associated Pneumonia, Central Line Associated Bacterial Infection, Catheter Associated UTI etc.</li><li>• HAPI, Fall Rate, Burns, Medication errors</li></ul>



## PART II

### HOSPITAL NURSING SERVICE

#### DOH STANDARDS (Indicators) for HOSPITALS

##### Instructions:

- In the appropriate box, place a check mark (√) if the hospital is compliant or X-mark if not compliant.
- Interview at least 10 patients and 10 hospital staff members.
- Conduct document review of at least 10 sample documents.

CRITERIA	INDICATOR	EVIDENCE	AREAS	COMPLIED	REMARKS
<b>I. PATIENT CARE</b> <b>A. ACCESS</b> <b>Standard: Appropriate professionals perform coordinated and sequenced patient assessment to reduce waste and unnecessary repetition.</b>					
<b>1. NURSING SERVICES</b> Moderate Nursing Care and Management	Licensed and appropriately trained nursing personnel assigned in special and critical areas	<b>DOCUMENT REVIEW</b> PRC Valid license Certificate of relevant training	Wards, ER, OPD		
2. Nurses make use of Nursing Process in the care of patients	Charts have nurses' notes  Presence of Nursing manual and properly utilized Kardex	<b>CHART REVIEW</b> Patients' charts from medical records or wards have nurses' notes  <b>DOCUMENTS</b> Patients' charts Kardex	Wards  Medical Records Office		

**B. IMPLEMENTATION OF CARE**

**Standard: Medicines are administered in a standardized and systematic manner. Diagnostic examinations appropriate to the provider organization's service capability and usual case mix are available and are performed by qualified personnel**

3. Medicines are administered in a timely, safe, appropriate and controlled manner	All medicines are administered observing the five (5) R's of medication which are:  1. Right patient 2. Right medication 3. Right dose 4. Right route 5. Right time	<b>CHART REVIEW</b> Check patients charts for the accuracy of medicine administration.	ER Wards		
4. Only qualified personnel order, prescribe, dispense prepare, and administer drugs.	All doctors, pharmacists and nurses have updated licenses	<b>INTERVIEW</b> Randomly check the licenses of some doctors, nurses and pharmacists if they are updated.	Wards Pharmacy ER OPD		
5. Prescriptions or orders are verified and patients are properly identified before medications are administered	Proof that prescriptions or orders are verified before medications are administered	<b>INTERVIEW</b> Ask staff how they verify orders from doctors prior to administration of medicines.  <b>OBSERVE</b> How staff verifies the prescriptions or orders	Wards ER		



## II. SAFE PRACTICE AND ENVIRONMENT

### A. INFECTION CONTROL

**Standard: The organization uses a coordinated system-wide approach to reduce the risks of healthcare-associated infections.**

8. There are programs for prevention and treatment of needle stick injuries, and policies and procedures for the safe disposal of used needles are documented and monitored	Presence of policies and procedures on the prevention and treatment of needle stick injuries and safe disposal of needles	<b>INTERVIEW</b> Ask staff their policies on needle stick injury  <b>OBSERVE</b> Use of PPEs in doing minor surgeries, IV insertions, etc.	ER Wards		
---	---	--	-------------	--	--

**Standard: Cleaning, disinfecting, drying, packaging and sterilizing of equipment, and maintenance of associated environment, conform to relevant statutory requirements and codes of practice.**

9. Policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies.	Presence of policies and procedures on cleaning, disinfecting, drying, packaging and sterilizing of equipment, instruments and supplies	<b>DOCUMENT REVIEW</b> <ul style="list-style-type: none"><li>• Policies and procedures</li><li>• Logbooks on packaging and sterilizing of equipment, instruments and supplies</li></ul> <b>OBSERVE</b> Designated areas for receiving, cleaning, disinfecting, drying packaging, sterilizing and releasing of sterilized equipment, instruments and supplies.	CSSR		
---	---	---	------	--	--



The background features a collage of colorful, stylized upward-pointing arrows in shades of green, red, orange, and blue. A white keyboard is partially visible in the upper right. A large, dark teal circle is positioned on the left side, containing the title text.

# QUALITY IMPROVEMENT MODELS

# What is **quality improvement** in health care?



## Agency for Healthcare Research and Quality

- "...the **framework** we use to systematically improve the ways care is delivered to patients."

## U. S. Department of Health and Human Services

- "...**systematic and continuous actions** that lead to measurable improvement in health care services and the health status of targeted patient groups."

## From CDC

- "...a continuous and ongoing effort to achieve **measurable improvements** in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which **achieve equity and improve the health of the community.**"



# TOTAL QUALITY MANAGEMENT

- A management approach to long-term success through customer satisfaction.
- It is based on all members of an organization participating in improving processes, products, services and the culture in which they work.





# 7 PRINCIPLES OF TOTAL QUALITY MANAGEMENT:



## 1. Customer Focus:

- Emphasizes understanding and meeting customer needs and expectations.
- Involves gathering feedback and using it to improve products, services, and processes.

## 2. Leadership Involvement:

- Leaders play a crucial role in setting the direction and creating a supportive organizational culture.
- Leadership involvement includes a commitment to quality, providing resources, and fostering a culture of continuous improvement.

## 3. Employee Involvement:

- Recognizes that all employees contribute to the organization's success.
- Encourages teamwork, collaboration, and empowerment, allowing employees to contribute their ideas and take ownership of their work.

# 7 PRINCIPLES OF TOTAL QUALITY MANAGEMENT:



## 4. Process Approach:

- Emphasizes the importance of understanding and optimizing the organization's processes.
- Involves identifying key processes, monitoring their performance, and continually improving them to enhance overall efficiency and effectiveness.

## 5. Continual Improvement:

- Promotes the idea that there is always room for improvement in processes, products, and services.
- Involves regular evaluation, analysis of results, and the implementation of changes to enhance performance.

# 7 PRINCIPLES OF TOTAL QUALITY MANAGEMENT:



## **6. Factual Approach to Decision Making:**

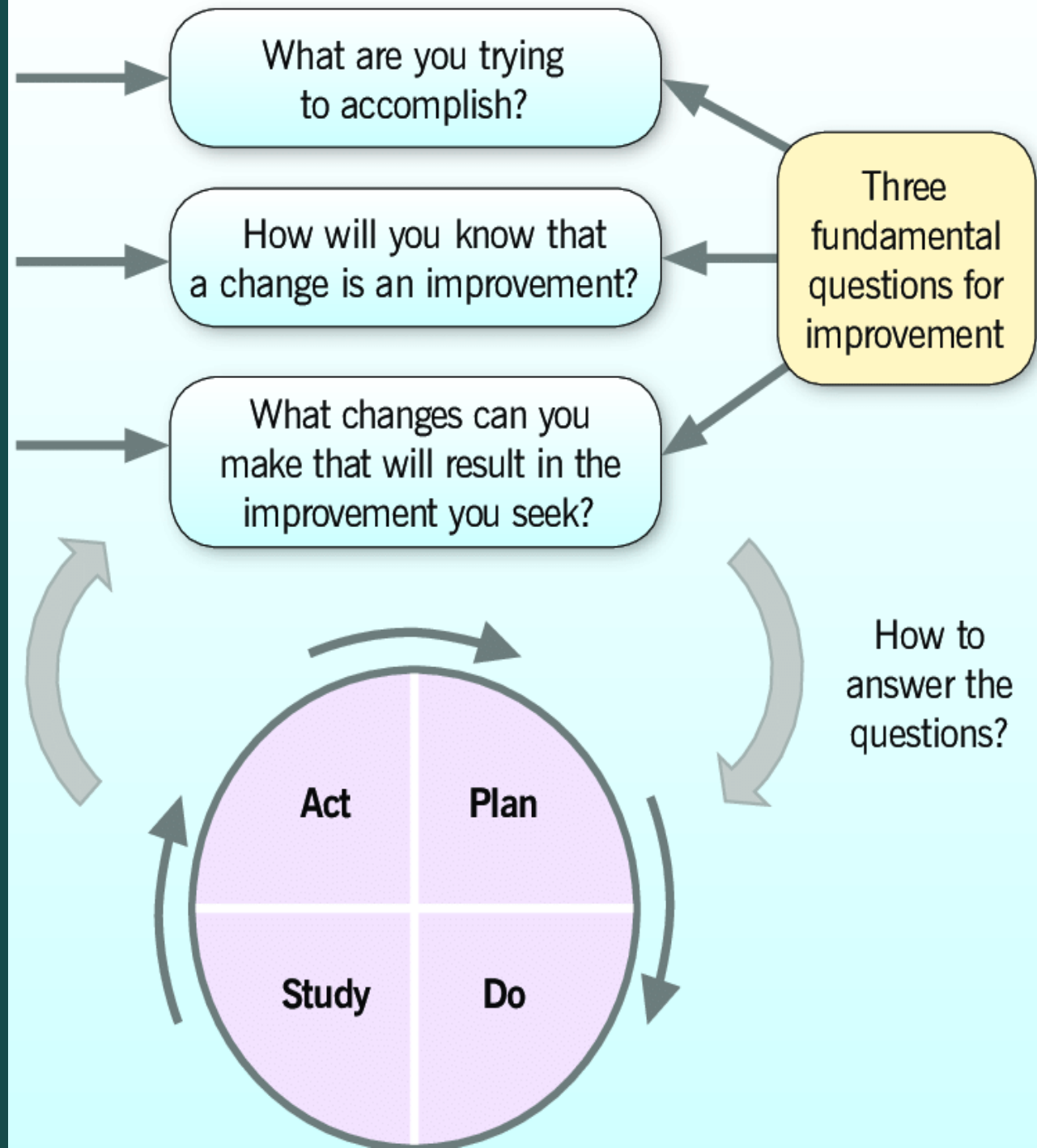
- Encourages decision-making based on data and analysis rather than relying solely on opinions or assumptions.
- Involves the use of statistical tools and methods to inform and support decision-making processes.

## **7. Mutually Beneficial Supplier Relationships:**

- Recognizes the importance of strong relationships with suppliers.
- Emphasizes collaboration, open communication, and a mutual commitment to quality between the organization and its suppliers.

# PLAN-DO-STUDY-ACT

- The plan-do-study-act (PDSA) cycle was developed by Walter Shewhart and W. Edwards Deming
- Shewhart and Deming used the steps of the scientific method as the foundation for the cycle.
- Each step of the scientific method correlates to a step in the PDSA cycle





Take action based on what you learned in the previous steps. If the change did not work, go through the cycle again with a different plan

**ACT**

Recognize an opportunity and plan a change

**PLAN**

**CHECK**

Review and analyze the results and identify what you've learned

**DO**

Implement the change and carry out on a small scale



# DONABEDIAN MODEL

- A classification system for determining types of measures used to assess and compare the quality of health care organizations
- Measures are classified as structure, process, or outcome measure.





# DONABEDIAN MODEL

Donabedian defined process of care as “a set of activities that go on within and between practitioners and patients”

## structure

measures health care provider's capacity, systems, and processes to provide high-quality care.

- Whether the health care organization uses electronic medical records or medication order entry systems.
- The number or proportion of board-certified physicians.
- The ratio of providers to patients.

## process

measures that indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition.

These measures typically reflect generally accepted recommendations for clinical practice.

- The percentage of people receiving preventive services (such as mammograms or immunizations).
- The percentage of people with diabetes who had their blood sugar tested and controlled.

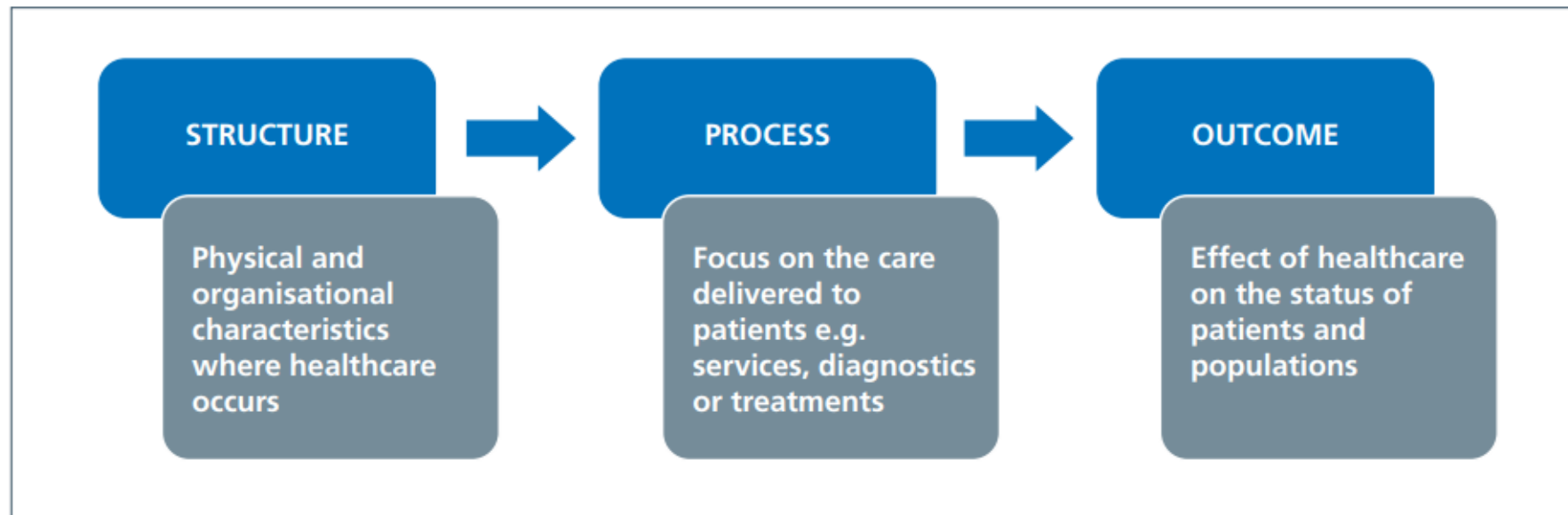
## outcome

measures the impact of the health care service or intervention on the health status of patients.

- The percentage of patients who died as a result of surgery (surgical mortality rates).
- The rate of surgical complications or hospital-acquired infections.

Outcome measures may seem to represent the “gold standard” in measuring quality, but an outcome is the result of numerous factors, many beyond providers' control.

**Figure 1: The Donabedian model for quality of care**





# PERFORMANCE APPRAISAL



BALANCED  
SCORECARD



CE  
SAL



MOVEMENT



# PERFORMANCE APPRAISAL



- A **periodic** assessment of an employee's **job performance** as measured by the competency **expectations set** out by the organization.
- Includes both the core competencies required by the organization and also the competencies specific to the employee's job.
- Purpose of a performance appraisal
  - It helps the organization to determine the value and productivity that employees contribute
  - It also helps employees to develop in their own roles

# TYPES OF PERFORMANCE APPRAISAL



## ✓ **Negotiated appraisal**

- Involve the use of a mediator during the employee evaluation. The reviewer shares what the employee is doing well before sharing any criticisms.
- This type of evaluation is helpful for situations where the employee and manager might experience tension or disagreement.

## ✓ **Management by objective (MBO)**

- Involves both the manager and employee working together to identify goals for the employee to work on. Once they establish a goal, both individuals discuss the progress the employee will need to make to fulfill the objectives.
- When the review time concludes, the manager evaluates whether the individual met their goal and sometimes offers incentives for meeting it.

# TYPES OF PERFORMANCE APPRAISAL



## ✓ **Assessment center method**

- Allows employees to understand how others perceive them. This helps them understand the impact of their performance
- The assessment center method divides the review into three stages: pre-assessment, during assessment and post-assessment. During the assessment, the manager places the individual in role-playing scenarios and exercises to show how successful they are in their role.

## ✓ **Self-appraisal**

- Self-appraisal is when an employee reflects on their personal performance i.e., they identify their strengths and weaknesses.
- This type of appraisal usually involves filling out a form, and manager may choose to follow up on this written self-assessment with a one-on-one meeting.



# TYPES OF PERFORMANCE APPRAISAL



## ✓ **Peer reviews**

- Peer reviews use coworkers as the evaluator for a particular employee. This type of performance appraisal can help assess whether an individual works well with teams and contributes to their share of work.
- Usually, the employee reviewing the individual is someone who works closely with them and has an understanding of their skills and attitude.

## ✓ **Customer or client reviews**

- Customer or client reviews occur when those who use a company's product or service provide an evaluation. This provides the company with feedback on how others perceive the employee and their organization.
- Using this type of appraisal can help improve both employee performances and customer interactions.

# TYPES OF PERFORMANCE APPRAISAL



## ✓ Behaviorally anchored rating scale (BARS)

- Measures an employee's performance by comparing it to specific behavioral examples. Businesses give each example a rating to help collect qualitative and quantitative data.
- These examples help managers measure an employee's behavior on predetermined standards for their role.



Job role: Nurse

Performance dimension: Dealing with difficult patients

1

2

3

4

5


Often impatient  
with difficult patients,  
regularly needs  
other nurses' help  
to deal with these  
patients

Occasionally impatient  
with difficult patients,  
rarely needs  
other nurses' help  
to deal with these  
patients

Never impatient  
with difficult patients,  
shows sympathy  
in their interactions  
with patients


Never impatient  
with difficult patients,  
shows sympathy  
in their interactions  
with patients,  
helps other nurses  
with difficult patients

Never impatient  
with difficult patients,  
shows sympathy  
in their interactions  
with patients  
and their families,  
helps other nurses  
with difficult patients,  
eases patients' fears



"Quality in nursing is not an act, but a **habit**. It is the constant **striving for improvement**, the unwavering dedication to our **patients' welfare**."



The background of the entire image is a repeating pattern of colorful speech bubbles. Each bubble contains a question mark. The bubbles are in various colors including yellow, orange, green, blue, pink, and light blue. The question marks inside are in contrasting colors, such as black, yellow, or pink. The bubbles are scattered across the entire image, with a central grey band containing the word 'QUESTIONS'.

# QUESTIONS

# SOURCES

- <https://www.indeed.com/career-advice/career-development/define-performance-appraisal#:~:text=Types%20of%20performance%20appraisals%201%201.%20Negotiated%20appraisal,reviews%207%207.%20Behaviorally%20anchored%20rating%20scale%20%28BARS%29>
- [Section 4: Ways To Approach the Quality Improvement Process \(Page 1 of 2\) | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)
- [Types of Health Care Quality Measures | Agency for Healthcare Research and Quality \(ahrq.gov\)](#)
- [PowerPoint Presentation \(caho.in\)](#)
- [hfsrb.doh.gov.ph](https://hfsrb.doh.gov.ph) | 522: Connection timed out