Stimulating a Culture of Improvement: Introducing an Integrated Quality Tool for Organizational Self-Assessment

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As leaders and systems-level agents of change, oncology nurses are challenged by opportunities to guide organizational transformation from the front line to the board room. Across all care settings, reform and change initiatives are constants in the quest to optimize quality and healthcare outcomes for individuals, teams, populations, and organizations. This article describes a practical, evidence-based, integrated quality tool for initiating organizational self-assessment to prioritize issues and stimulate a culture of continuous improvement.

At a Glance
• Quality is complex and multidimensional.
• Organizational improvement begins with self-assessment.
• Management of change requires competent leadership.

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Team Satisfaction Surveys

Three published surveys were completed by 25 frontline staff (radiology technologists, RNs, schedulers, nurse practitioners, file clerks, residents, fellows, medical records clerks, laboratory aides, program administrators) to quantify levels of individual and team engagement. Results indicated a moderate level of stress, and the employees also stated that the clinic was not a better place to work than the prior year (Dartmouth Institute, 2015). Findings from an interdisciplinary survey suggested that healthcare team members did not feel free to question the actions of those with more authority (Upenieks, Lee, Flanagan, & Doebbeling, 2010). Results from a team assessment tool found that staff lacked several characteristics, including a clear purpose, feelings of safety in decision making, and stimulate a culture of continuous improvement.

A bout 1.6 million new cancer cases are diagnosed in the United States annually and, by 2030, this figure is estimated to reach 2.3 million (Bylander, 2013). These numbers are daunting and require new approaches for planning and implementing services throughout the continuum of care (Ferrrell, McCabe, & Levit, 2013). For more than two decades, the U.S. healthcare system has been in flux as leaders in business, health, education, technology, and government grapple with the growth, complexity, and scale of change required to improve care delivery. Reform and change initiatives are important in the quest to optimize quality and outcomes for individuals, teams, populations, and organizations. Oncology nurses are well suited to be able to affect change and find opportunities to guide organizational changes (Day et al., 2014).
The challenge for management was to categorize key findings to inform and initiate a timely action plan for quality improvement.

**Challenge of Defining Quality**

The Institute of Medicine (IOM, 2011) stated that “quality of care depends to a large degree on nurses” (p. 26). What is the best definition of quality care? Although no universal, clear-cut definition for healthcare quality exists, oncology nurses must define quality care within a local and national context as they formulate action plans for improvement. Given the current focus on healthcare reform and value-based payment, it is desirable to align improvement efforts to measurement of value. Porter (2010) advocated that value improvement depends on results and benchmarking patient outcomes and costs longitudinally, and emphasized that current organizational structures and inadequate health information systems inhibit the ability to prioritize, deliver, and track value.

In contrast, other authors have published quality definitions, improvement domains, frameworks, or priorities that assist organizations to define elements that foster a culture of quality. During a literature review to identify surveys to evaluate staff engagement, several publications described quality domains and priorities. Although some surveys were simple, others were complex and multidimensional. Two meaningful definitions of quality were identified.

- Quality care means providing patients with appropriate services in a technically competent manner, with good communication, shared decision making, and cultural sensitivity (IOM, 1999; Coleman, 2013).
- Quality care is “getting the right care to the right patient at the right time—every time” (Lillington et al., 2013, p. 584), as well as care that is consistently “safe, effective, patient-centered, timely, efficient, and equitable” (IOM, 2001, p. 6).

Three national frameworks published by renowned organizations were reviewed and compared. Each framework defined six different dimensions of quality improvement; however, overlap was apparent. The IOM defined six aims for improvement in health care (Coleman, 2013; IOM, 2001). The U.S. Department of Health and Human Services (2013) generated six priorities for the National Quality Strategy. The American Association of Colleges of Nursing (2012) described six competencies to ensure Quality and Safety Education for Nurses (QSEN) (Cronenwett et al., 2009; Dolansky & Moore, 2013).

The overlapping definitions, domains, and priorities prevented the use of a single framework to contextualize quality related to levels of employee engagement and teamwork. Only the QSEN nursing competencies explicitly defined “teamwork and collaboration” as a distinct domain.

**Development of an Integrated Quality Tool and Template**

A structured, alphabetical template was subsequently developed to consolidate 18 domains and eliminate overlap. The template contained 11 well-established quality domains and was used to stratify survey data (see Table 1). This integrated quality tool served two purposes. First, the template offered a structure to categorize results. For example, no findings were generated relative to “informatics” in contrast with an abundance of data for teamwork and collaboration. Second, the tool could be used to incorporate practical resources. For example, teamwork and collaboration was determined to be a priority for unit-based improvement in the breast center because of a majority of responses in this category. A separate literature search for evidence-based resources was completed for each domain. For example, correlative resources for team development were listed in teamwork and collaboration (see Figure 2). As a starting point for discussion, integration of relevant quality domains into one standardized tool proved to be particularly useful for unit management and leadership. The compilation helped to guide leadership.
Planning for Improvement

According to Mitchell (2013), two-thirds of organizational change projects fail because of unstructured implementation efforts. As organizational and systems-level agents of change, well-intentioned leaders often do not know where to start. In this project, the synthesis of literature review, survey findings, and SWOT analysis led to valuable results that informed priorities for intervention and improvement. This integrated quality tool is one option available for organizational self-assessment, data categorization, and development of focused action plans. The Agency for Healthcare Research and Quality (2012) recommends seven steps for action planning: (a) understand your survey results, (b) communicate and discuss survey results, (c) develop focused action plans, (d) communicate action plans and deliverables, (e) develop action plans, (f) track progress and evaluate impact, and (g) share what works. This unit-based change management project was conducted to assess complex team dynamics and prioritize opportunities for improvement. The integrated quality tool emerged as a practical necessity and is recommended as a starting point to stratify issues and focus improvement efforts.

Implications for Nursing

Performance excellence and quality of care are at the top of the agenda for individual and organizational healthcare leaders, particularly nurses. In a recent introduction to the National Quality Strategy spawned by the Patient Protection and Affordable Care Act of 2010, Kennedy, Murphy, and Roberts (2013) suggested that nurses are crucial in driving the quality agenda through exemplary leadership and active participation. Grossman and Valiga (2013) emphasized that quality and achievement of positive outcomes requires interprofessional accountability for providing effective interventions. Mary Wakefield, PhD, RN, administrator of the Health Resources and Services Administration, posited the following about future nurses.

[Nurses] must be well prepared to provide comprehensive, team-oriented, patient- and population-based care and must be capable of harnessing technology in the process. Nurses’ knowledge will include the science of patient safety, quality improvement, systems design, and the deployment of navigational skills to support those facing the daily challenge of managing complex chronic illnesses. (Stone, 2012, para. 7)

Given that the scope of cancer care ranges from prevention to palliation and is a major public health concern, oncology nurses will be continually challenged to deliver high-quality comprehensive care.

Conclusion

Quality is a multidimensional concept with many implications for promoting

### TABLE 1. Integrated Quality Tool for Organizational Self-Assessment

<table>
<thead>
<tr>
<th>Quality Domain</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Care coordination</td>
<td>Promoting effective communication and coordination of care</td>
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<tr>
<td>Clinical processes and effectiveness</td>
<td>Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease</td>
</tr>
<tr>
<td>1. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit</td>
<td></td>
</tr>
<tr>
<td>2. Evidence-based practice: Integrating best current evidence with clinical expertise, patient and family preferences and values for delivery of optimal health care</td>
<td></td>
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<tr>
<td>Efficiency</td>
<td>Avoiding waste, including waste of equipment, supplies, ideas, and energy</td>
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<td>1. Efficient use of healthcare resources: Working with communities to promote wide use of best practices to enable healthy living</td>
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<tr>
<td>Equity</td>
<td>Providing care that does not vary in quality because of personal characteristics, such as gender, ethnicity, geographic location, and socioeconomic status</td>
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<tr>
<td>Informatics</td>
<td>Using information and technology to communicate, manage knowledge, mitigate error, and support decision making</td>
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<tr>
<td>Patient and family engagement</td>
<td>Ensuring that each person and family member is engaged as partners in their care</td>
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<tr>
<td>1. Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions</td>
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<tr>
<td>2. Patient-centered care: Recognizing the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs</td>
<td></td>
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<tr>
<td>Patient safety</td>
<td>Making care safer by reducing harm caused in the delivery of care</td>
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<tr>
<td>1. Safe: Avoiding injuries to patients from the care that is intended to help them</td>
<td></td>
</tr>
<tr>
<td>2. Safety: Minimizing risk of harm to patients and providers through system effectiveness and individual performance</td>
<td></td>
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<tr>
<td>Population and public health</td>
<td>Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>Using data to monitor the outcomes of care processes and using improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems</td>
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<tr>
<td>Teamwork and collaboration</td>
<td>Functioning effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care</td>
</tr>
<tr>
<td>Timely</td>
<td>Reducing waits and harmful delays for those who receive and give care</td>
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Note. Based on information from American Association of Colleges of Nursing, 2012; Cronenwett et al., 2009; Dolansky & Moore, 2013; Institute of Medicine, 2001; Kennedy et al., 2013; U.S. Department of Health and Human Services, 2013.
organizational change and professional excellence. According to Kennedy et al. (2013), “nurses can lead from any chair” (para. 25). To stimulate a culture of quality improvement, oncology nurses are encouraged to enhance their individual leadership competencies for personal growth and use evidence-based approaches to optimize quality, team effectiveness, and system redesign across settings (Berwick, 2011; Day et al., 2014; Fessele, Yendro, & Mallory, 2014; Oncology Nursing Society, 2012). The foundation for transformation in healthcare delivery begins and ends with quality.

References

FIGURE 2. Teamwork Resources for Integrated Quality Tool for Organizational Self-Assessment

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