Philosophy
The Department of Nursing Services and Patient Care (DoN) philosophy reflects the value of
total quality and safety as we continually strive for excellence in evidence-based nursing practice,
education, work environment, and research. The program supports the UI Healthcare mission of

Key Concepts
The Quality Plan for the DoN is based on the fundamental concept that the promotion of high
quality patient care is a team obligation and is fundamental to every aspect of the care delivery
process. Quality work is the responsibility of every person and is obtained through appropriate
planning and management of all patient care activities. The Professional Nursing Practice Model
(PPM) as depicted in Figure 1, reflects the core elements that support the UIHC culture of
accountability resulting in safe, high quality patient and family-centered care.

Figure I

Through the Professional Nursing Practice Model, nurses across all levels of the organization are
involved in quality management activities through participation in the following:

- Nurse Residency Program;
- Performance improvement teams;
- Benchmarking initiatives;
- Research;
- Evidence-based practice projects;
- Product analysis projects; and,
- Unit based councils (UBC).
Quality management activities and projects emanating from these programs and initiatives utilize data that are derived from both internal and external sources as well as various types of evidence and other information that informs nursing practice. Ultimately, the work produced through these projects and initiatives is integrated into quality improvement decisions and practices. Linking with Quality Improvement and Safety (QIS) promotes coordination, as well as integration and sustainability. Reporting within the quality improvement program is the responsibility of participants and committees representing each of the above activities to facilitate coordination and integration.

Quality Plan Structure
The Quality Plan has been developed to describe the administrative structure of the various quality-themed entities within and related to the DoN. These entities include Nursing Executive Committee on Quality Management (NECQM), Nursing Quality Improvement and Safety Committee (QIS), Office of Clinical Quality, Safety and Performance Improvement (CQSPI), and the Joint Office for Compliance. (See Figure II & III)

Furthermore, the Quality Plan describes the departmental and organizational responsibilities of the various entities and the means of ensuring that all aspects of care are in conformance with organizational and regulatory standards.
Figure II

UIHC Performance Improvement Program
Organizational Structure

Board of Regents

VPKA Cabinet

DEO UIHC

University Hospital Advisory Committee (HAC)

Professional Practice Subcommittee Membership

Chief Quality Officer

Chief of Staff MD

Pediatrics MD

Pathology MD

Otolaryngology MD

UIHC Administration Associate Director

Assistant Chief Nursing Officer

Obstetrics/Gynecology MD

Hospital Dentistry DDS

Radiology MD

Family Medicine MD

Urology MD

Ophthalmology MD

Surgery MD

Neurology MD

Anesthesia MD

Neurosurgery MD

Pharmacy Director

Orthopaedic Surgery MD

Internal Medicine MD

Psychiatry MD

Operations Excellence and Quality/Safety Assistant VP

Radiation Oncology MD

Dermatology MD

Children's Hospital APN

Office of Nursing Quality (see Figure V)

Joint Office for Compliance

Clinical Quality, Safety, and Performance Improvement
Figure III

**Quality Plan Purpose**

The primary purpose of the DoN Quality Plan is to provide an action-oriented and patient-centered framework for comprehensive, integrated, evidence-based, and data-based quality management decisions directed toward improving care delivery, organizational performance, safety, and patient outcomes at all levels. Specifically, the Quality Plan promotes improvement in health outcomes through a comprehensive ongoing program which:
• Monitors and evaluates the status of identified patient care processes and outcomes;
• Monitors and evaluates compliance with established patient care standards;
• Systematically identifies opportunities and endeavors to improve patient care and service activities including through research projects; and,
• Develops, plans, implements, and evaluates activities to improve care

The Office of Nursing Quality
The Office of Nursing Quality is a component of the comprehensive UIHC quality process. It is administered by the Associate Chief Nursing Officer (ACNO) with major operational accountability to the Quality Improvement and Safety Committee (QIS), a standing committee of the Nursing Leadership Council (NLC). (See Appendix A) This committee is co-chaired by Advanced Practice Nurses from the DoN Office of Nursing Quality.

The Office of Nursing Quality interfaces with the UIHC Quality Performance Improvement Program (QPIP) and Joint Office for Compliance (JOC) as depicted in Figure II, which illustrates the administrative reporting channels and organizational structures through which quality management activities occur, both centralized and decentralized.

The DoN Quality Plan has both centralized and decentralized components. Centralized data focus on indicators applicable to all divisions/units. These data are collected and analyzed centrally, either within the DoN or in CQSPI, and are distributed to individuals accountable for review, development, and implementation of action plans. Decentralized responsibility for improvement of patient care is delegated to the clinical nursing divisions and their respective nursing units. Each clinical nursing division has assigned staff who are responsible for quality and safety activities and who represent their respective divisions on the QIS committee. The Directors for Clinical Services are responsible for quality and safety within clinical divisions and Nurse Managers are ultimately accountable for quality of patient care within units.

Divisional Shared Governance Models (including Quality Structures)
AMB
BHS
CWS
ISS
MSS
POD

Models to Promote Quality
Quality of patient care and patient safety at UHIC is managed through the use of the following models:

A. **UIHC’s Performance Improvement Program** provides a structural and functional framework for PI activities across the institution. The performance improvement model used at UIHC is the Six Sigma DMAIC approach and can be applied to clinical outcomes, operational processes, and technologic applications. This model builds upon traditional quality improvement methods by emphasizing clear project selection, determining expectations, defining the problem, identifying metrics, analyzing data, implementing an action plan and establishing a follow up plan to maintain the gain. The DMAIC approach focuses on the process rather than the individual, recognizing both internal and external customers are involved. DMAIC is a detailed, measurable, and sustainable methodology. (See Figure IV)
The DMAIC model utilizes five steps:
1. Define
2. Measure
3. Analyze
4. Improve
5. Control

B. Certain projects or initiatives call for rapid cycle change. In these cases, the Deming Cycle (also known as PDSA/PDCA cycle) serves as the guiding framework (Langley, Nolan, Norman & Provost; 2009). The four stages of the cycle can be found in Figure V. Each stage has a core set of objectives to meet, such as those found in Figure V. Knowledge gained from the test of change in one cycle could lead to adjustments in the overall plan therefore, creating another cycle to test the change. (See Figure VI)

C. Evidence-based practice is the process of shared decision making between practitioner, patient, and others significant to them based on research evidence, the patient’s experiences and preferences, clinical expertise or know-how, and other available robust sources of information (STTI, 2008).
Evidence-based practice has been shown to improve care processes and measurable improvements in patient outcomes. Nursing led evidence-based practice initiatives at UIHC support the UIHC quality agenda and many have demonstrated a significant impact on quality and safety as demonstrated by

1. Improved patient quality and safety;
2. Improved patient/family satisfaction;
3. Reduced length of stay and costs;
4. Improved staff satisfaction and safety; and,
5. Creation of innovations in nursing practice.

The *Iowa Model of Evidence-Based Practice to Promote Quality Care* (Titler, et. al., 2001) outlines the process used by DoN nurses to make decisions about day to day practices that effect patient care outcomes. The Iowa Model includes several feedback loops, reflecting analysis, evaluation and modification based on that evaluation of both process and outcomes. Quality improvement and safety are woven into the Iowa Model (e.g., triggers, organizational priorities, pilot evaluation, monitoring for integration). (See Figure VII)

Coordination between the Office of Nursing Quality and Nursing Research and Evidence-Based Practice (NREC) promotes quality improvement in a number of ways:

1. Use of best evidence;
2. Systematic evaluation;
3. External dissemination;
4. Coordination to avoid duplication and efficiency;
5. Integration and sustainability of practice changes;
6. Efficient communication and reporting of practice changes;
7. Visionary work addressing national healthcare agenda; and
8. Identification of important research questions and programs consistent with priorities in the DoN.

Coordination is strategically outlined through committee membership and duplicate functional responsibilities, as well as, consultation and educational offerings.
Figure VII

The Iowa Model of Evidence-Based Practice to Promote Quality Care

Problem Focused Triggers:
1. Risk Management Data
2. Process Improvement Data
3. Internal/External Benchmarking Data
4. Financial Data
5. Identification of Clinical Problem

Knowledge Focused Triggers:
1. New Research or Other Literature
2. National Agencies or Organizational Standards & Guidelines
3. Philosophies of Care
4. Questions from Institutional Standards Committee

Consider Other Triggers

Is this Topic a Priority for the Organization?

Yes -> Form a Team

No -> Assemble Relevant Research & Related Literature

Critique & Synthesize Research for Use in Practice

Is There a Sufficient Research Base?

Yes -> Conduct Research

No -> Pilot the Change in Practice

1. Select Outcomes to be Achieved
2. Collect Baseline Data
3. Design Evidence-Based Practice (EBP) Guideline(s)
4. Implement EBP on Pilot Unit
5. Evaluate Process & Outcomes
6. Modify the Practice Guideline

Continue to Evaluate Quality of Care and New Knowledge

Is Change Appropriate for Adoption in Practice?

Yes -> Institute the Change in Practice

No -> Disseminate Results

Monitor and Analyze Structure, Process, and Outcome Data:
- Environment
- Staff
- Cost
- Patient and Family

To:
The Iowa Model of Evidence-Based Practice to Promote Quality Care. Critical Care Nursing CITUS of North America, 13(4), 491-500.

Requests To:
Department of Nursing
University of Iowa Hospitals and Clinics
Iowa City, IA 52242-1099

Revised April 1995 © UHIC
Quality Plan Charter

Descriptions of Organizational Component

A) The Nursing Executive Committee on Quality Management (NECQM).
   I) Membership: Nursing Administrative Operations Council (NAOC) members, Chairs of the Nursing QIS Committee, NDNQI Data Coordinator, representative from CQSPI, and divisional quality APNs.

   II) Functions of the Nurse Executive Committee on Quality Management (NECQM) include:
      a) Provides oversight and leadership for the DoN and integrates quality improvement activities across the health system to advance patient care quality and safety;
      b) Serves as the Review Board for Nurse Sensitive Indicators (NSIs); and,
      c) Provides direction to or set target goals for QIS in terms of operations.

B) The Quality Improvement and Safety Committee (QIS), promotes the use of evidence-base practice to improve the quality and safety of patient care. Members of the QIS Committee assist nursing staff to interpret and use data from internal and external sources to improve care or resolve identified problems. The QIS Committee and its members promote a culture of safety.

   I) Membership:
      a) Associate Chief Nursing Officer (ACNO);
      b) Departmental Nursing Quality APNs;
      c) Evidence-Based Practice Coordinator;
      d) Magnet Program Director;
      e) Nurse Residency Coordinator;
      f) At least one APN from each Nursing Division appointed by the Director for Clinical Services for that division with expertise and accountability for divisional QI;
      g) At least one representative from Staff Nurse Council;
      h) Staff nurse from each divisional quality committee, and the following committees: Professional Nursing Practice, Nursing Informatics, Staff Education, and Patient Education; Research and Evidence-based Practice; Ambulatory Quality Management Committee; the office of Clinical Quality, Safety and Process Improvement (CQSPI);
      i) Ad hoc member from the College of Nursing; and,
      j) Representatives from other councils and committees invited as needed.

   II) Functions of the QIS Committee include:
      a) Develop an annual departmental Quality and Safety Plan with goals consistent with hospital quality and safety goals defined by CQSPI and approved by NECQM.
      b) Promote the use of an institutional set of core outcome indicators, National Database of Nursing Quality Indicators (NDNQI) benchmark data and reference databases to monitor and improve the quality of care and ensure a safe patient environment.
      c) Assist nursing staff to interpret and use data from internal and external sources to improve care or resolve identified problems.
d) Coordinate or conduct interdisciplinary performance improvement projects and use results of evidence-based practice projects that impact patient care delivery from multiple services.

e) Facilitate performance improvement efforts of unit, division, department and interdisciplinary teams using the established process identified by the institution.

f) Assist Department of Nursing Services and Patient Care staff and performance improvement teams to comply with UI Hospitals and Clinics institutional process for conducting and reporting quality activities.

g) Support nursing staff involvement in collaborative quality initiatives and the evaluation of safe practices to improve organizational performance and continuously improve patient outcomes.

h) Utilize existing systems in units and across divisions including unit councils, divisional quality committees, quality staff nurses, nurse sensitive indicator (NSI) unit champions, geriatric resource nurses, ergonomic key coaches, pain champions/resource nurses, and Skin Team Advocate and Resource (STARs) to accomplish organizational quality objectives.

i) Develop mechanisms for using evidence-based practice to improve the quality and safety of patient care.

j) Promote discussion and exchange of information regarding status of evidence-based practice and process improvement projects.

k) Provide education and consultation to internal and external constituents regarding QI activities.

l) Report key findings and quality and safety issues to the Nurse Executive Committee on Quality Management (NECQM).

C) The Office of Clinical Quality, Safety and Performance Improvement (CQSPI)

I) Membership: CQSPI leadership consists of Chief Quality Officer, Quality; Chief Safety Officer and Operational Improvement Manager/Director.

The three components of CQSPI include: programs of Infection Prevention, Performance Improvement, and Patient Safety. Click here for organizational chart.

II) Functions of CQSPI include: The goal of CQSPI is to continuously improve the quality, safety, efficiency, and effectiveness of healthcare for patients. The focus is on improving patient outcomes and promoting a culture of quality and safety through education, communication, and facilitation. Each Nursing area (click here for list) and each Department has a Quality and an Infection Liaison.

a) Program of Infection Prevention (Hospital Epidemiologists) focuses on infection prevention and surveillance.

b) Performance Improvement Program focuses on clinical quality performance measure, clinical benchmarking, national registries, and public reporting initiatives.

c) Patient Safety Program focuses on patient safety and works in conjunction with the Joint Office for Compliance.
D) The Joint Office for Compliance (JOC)

I) Function of The JOC: To ensure the highest standards of ethics, quality of care, and safety are effectively implemented at UIHC for patients and staff. The JOC was established to ensure each staff member has a clear understanding of his or her responsibility and acts accordingly. Click here for organizational chart. The Department of Nursing and Office of Nursing Quality works together with JOC on the following activities:

a) The Joint Commission and other regulatory bodies (mock reviews, tracers, periodic performance reviews, surveys and resolution of citations);

b) Root Cause Analyses involving Sentinel Events and Serious Adverse Events;

c) Policy implementation and Measures of Success (compliance); and

d) Safety Oversight Team.

Nursing Departmental, Divisional and Unit Quality Metrics
See Attachment

Approved: Nursing Executive Committee on Quality Management May 2013