Measuring quality: how to empower staff to take control

The balanced scorecard can be used to involve nurses in developing and acting on quality indicators; it also shows at a glance how well standards are being met.

Quality is the focus of much activity in the NHS. In the pursuit of providing excellent service quality, the NHS next stage review, undertaken by Lord Darzi, set the basis for a health service that would empower staff and give patients choice. One of the aims of the review was to ensure healthcare would be personalised and fair (Department of Health, 2008). In an interim report, Darzi described the development of a quality framework supported by metrics – ways of measuring outcomes of care – that would be collated from a range of staff groups (DH, 2007).

The standards now in place focus on patient outcomes, and make the provision of high-quality services a priority for the NHS. These standards describe the level of quality that healthcare providers are expected to meet in terms of safety, clinical and cost effectiveness, governance, care that meets individual patient need, joined-up care and quality of care (Care Quality Commission, 2010). Failure to achieve these standards can result in financial penalty, loss of reputation and closure. It is therefore vital that quality of care delivered is regularly benchmarked, monitored and improved to reassure patients and providers that care meets the highest standards.

Griffiths et al (2008) suggested it was important to identify metrics that would have an impact on the delivery of patient care. Since the idea of quality in healthcare is multifaceted, there are many opinions on what actually constitutes quality. In particular, these opinions concern:

- What quality means to patients and their families;
- How it should be evaluated by doctors;
- What role it plays in patients’ overall satisfaction;
- How it should be addressed by healthcare managers (Chilgren, 2008).

Many academics have argued about the nature of quality in healthcare. Descriptions of quality of care vary depending on the perspective and role of the observer, who may be a patient, a clinician, a purchaser, or a manager. Descriptions also depend on the clinical setting, patients’ expectations, and the severity of illness.

Struder (2003) argued that excellence is determined by patients’ perceptions that they should receive extraordinary service and quality. However, Heinemann et al (1996) suggested that, as well as patient satisfaction, specific indicators should be measured to give an insight into how care is being delivered, such as patient falls, medication errors and infection rates. Such metrics should be presented in a meaningful way to identify areas for improvement.

Metrics enable us to understand how procedures are progressing and how they can be improved. They can provide a way of making care providers accountable for the quality of their services. Accountability for quality exists at many levels, starting from the point of care, for example where individual nurses are accountable to clinical managers and patients.

To ensure a high-quality service, we need a system of target setting and performance monitoring of nursing care.
5 key points

1. Performance monitoring is essential to ensure patients receive a high-quality service.
2. Indicators must have an impact on the delivery of patient care.
3. If performance monitoring is to be effective, staff need to feel actively involved.
4. The balanced scorecard assists in measuring performance and helps to identify shortcomings.
5. The system allows staff to see easily where improvements are needed.

BOX 1. WHAT IS THE BALANCED SCORECARD?

The balanced scorecard is a tool used extensively in business and industry, government and non-profit organisations worldwide to monitor organisational performance.

It provides a framework that assists in measuring performance, helps identify what should be done and measured, and enables people to put plans into action.

The balanced scorecard suggests we view organisations from four perspectives, and develop metrics, collect data and analyse this relative to each of these:

- The business process perspective: this refers to internal processes. Metrics here give managers information on how well their unit is running, and whether its products and services meet customer requirements.
- The customer perspective: this involves developing metrics for measuring and evaluating customer satisfaction.
- The financial perspective: this means metrics need to be established to monitor income and expenditure streams.
- The learning and growth perspective: this includes the provision of employee training, along with the use of mentors and tutors within the organisation. It also focuses on the ease of communication between workers that enables them to get help with a problem when it is needed.

However, it is not always clear whether staff have been given the opportunity to discuss this information or taken action in response to any problems or shortcomings it identifies.

This suggests nursing staff at ward level do not fully accept the need to monitor and improve the quality of nursing care provided. However, it may indicate that nurses do not feel a sense of ownership of the information collected.

One way to approach this problem is to use a planning system called the balanced scorecard as a performance tool to monitor care (Kaplan and Norton, 1992). This offers a way of displaying nursing indicators in a way that makes it easy to see quickly any indicators where agreed standards are not being met (Box 1). Fig 1 is an example of a balanced scorecard designed to monitor the quality of nursing care on a hospital ward.

Effective use of the balanced scorecard involves setting targets and tolerances to measure performance regularly, and requiring staff to develop action plans to address unsatisfactory work.

Further evidence derived from ward meetings can then be instigated to show how nursing staff are engaged with, and encouraged to be part of the action-setting and improvement process.

The tool also enables staff to recognise positive outcomes. Performance measurements therefore also help to show how nurses are driving and highlighting their improvement priorities.

Developing a monitoring system

To develop an effective monitoring system, it is essential to ask nurses what metrics they believe would be meaningful when examining ward and nursing performance.

These views can be collected via a questionnaire. To gain a real insight into nurses’ opinions of what indicates the quality of patient care, it is advisable not to refer to any data already collected in the questionnaire.

Questionnaires can be structured around the three subheadings set out in the NHS next stage review (DH, 2008) and by the NHS Information Centre (tinyurl.com/indicators-quality), namely safe, effective and personalised care. Nurses should be asked to list under each of these headings three nursing indicators they think are important, and which could be audited regularly to show the quality of care patients receive.

This information can then be used with the routine data collected and collated to identify the desired nursing metrics.

The next stage is to construct a balanced scorecard using the chosen metrics; the scorecard is usually completed every month, presenting the previous two months of data.

Monthly meetings can then be used as an opportunity for staff to discuss the information provided by the balanced scorecard, encouraging them to share ideas while reflecting on individual learning experiences and needs. These meetings can also be used to develop action plans to address any shortcomings.

Use of nursing indicators in the balanced scorecard

It is important that the public, managers and nurses recognise that each indicator chosen for the balanced scorecard is important and an indicator of nursing care (Lee, 2007).

The indicators must be scientifically sound, usable and feasible. To ensure that meaningful indicators are chosen, they must be measurable using available data at a reasonable cost. There must also be evidence that the quality or quantity of nursing substantially contributes to changes measured by the indicator.

Measures should be chosen that minimise the risk that improved performance on specific indicators gives a false impression of an overall improvement. For example, measures that focus on the performance of care process rather than outcomes are most vulnerable to creating such a false impression (Griffiths et al, 2008).

Balanced scorecard action plans

The scorecard in Table 1 (overleaf) has five headings:

- Efficiency;
- Patient safety;
- Excellence in care metrics;
- Delivering same-sex accommodation (DSSA) compliance;
- Patient experience.

Under each heading, a number of indicators are used to reflect aspects of nursing performance. For example, under “patient experience”, the percentage of patients reporting excellent, good/fair, poor and not applicable are recorded in columns 5 and 6 for the current and previous
month. Additional columns can be added to display data from earlier months if required.

The number of complaints about care, staff attitudes and the percentage of clinical incidents reported within 48 hours are recorded in a similar way. “Need for action” levels for all performance criteria are shown in columns 2, 3 and 4, under the “tolerances” heading.

The tolerances columns are colour coded:
» Green
Acceptable/no specific action required;
» Amber
Take note, consider what action to take if necessary and proceed with caution;
» Red
Stop and consider action required immediately.

This colour coding reflects whether the situation is acceptable and the urgency with which any corrective action should be taken. Monthly statistics shown in columns 5 and 6 are coloured to match the relevant tolerance column. For example, the ward received one complaint about staff attitude in the current month (column 5); this equates with the “tolerance” set in column 3 (amber), so the entry in column 5 is also coloured amber.

Entries for all the data in the scorecard are made using this approach. The colour coding helps staff to rapidly identify potential problem areas and to monitor trends at a glance.

Under the heading “efficiency”, the balanced scorecard shows what is acceptable, what needs action, and how urgently action is needed.

Results can be observed with respect to patient safety. In this example, the number of patient falls may be unusually high because the ward helps to rehabilitate patients with head injuries, and it is useful to add such explanations to scorecards when reporting the results to senior management. However, the reasons for the falls should still be investigated since they were above the target levels set for both the current and previous month.

For the current month, there is an overall improvement across all the indicators relating to “excellence in care metrics”. These are the risk assessments completed on admission, which were highlighted as underperforming in the previous month. Future action plans set by the ward to maintain this improvement include ward audits to ensure that safe staffing levels are maintained across the ward.

Conclusion
The data collated under the “effectiveness” and “patient experience” headings should
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essential to monitoring care quality.

Both Struder (2003) and Heinemann et al (1996) believed that excellence in relation to quality could be viewed from patients’ own experiences. However, Heinemann et al also suggested it was important to establish and monitor specific indicators alongside patients’ experiences to improve the quality of care provided.

Such differences of opinion can reflect different professional perspectives within the NHS. A profession’s targets and aims relating to these professional perspectives can affect the way in which quality indicators are defined.

For example, financial targets are important considerations when trying to ensure hospital trusts run effectively within the resources available. However, while nurses appreciate this is an important part of the provision of a quality service, they consider other indicators relating to nursing performance to essential to monitoring care quality.

Indicators provide a means by which care providers can be made accountable for the quality of nursing services (Griffiths et al, 2008). However, there is an argument that nursing outcome indicators may not always be valid, and that reliable outcome measures can be difficult to identify within general healthcare (Marek, 1989).

The balanced scorecard has been criticised as a means to monitor performance. Wickes et al (2007) and Norrekilt (2003) considered it to be a top-down means of performance management founded on control-based management. Chang (2007) argued that it has little impact on improving performance valued by local managers in the NHS.

However, the Department of Health (2009) recognised the use of the balanced scorecard as a quality control system that provides a framework for business planning, measuring organisational performance and local target setting. It also recognised that, apart from financial monitoring, the balanced scorecard can assist in monitoring customer satisfaction.

In addition, arguments made against the balanced scorecard have not been reflected in our own experience of applying it to monitoring quality of care in an NHS ward. The tool has proved a useful mechanism for drawing attention to trends reflecting both good practice as well as undesirable outcomes that merit urgent attention. This has in turn enabled staff to maintain a high standard of care quality.

References


“I could spend the day doing anything from helping people to write letters to playing volleyball”

Carol Rooney p26