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As per the INC Syllabus for MSc Nursing

2nd Edition

HCL Rawat
Navdeep Kaur Brar

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CHAPTER

Quality Assurance in Nursing

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- Legal Significance of Standards
- Nursing Audit
- Utilization of Results of Nursing Audit

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INTRODUCTION



Quality is rapidly becoming a concern to both the consumers and the providers of the services. In healthcare, quality is being demanded and expected and providers are judged by the quality of services and hence, there is a need to sensitize and train nursing personnel to provide quality care. We must accept the fact that someone is very satisfied with an individual product or service performed, while at the same time someone else may be very dissatisfied. Judging quality depends on an individual's knowledge and awareness, experiences, expectations and recognizable standards of quality.

Quality refers to the excellence of a product or a service, including its attractiveness, lack of defects, reliability and long-term durability. Quality assurance provides the mechanism to effectively monitor patient care provided by healthcare professionals using cost effective resources. Nursing programs of quality assurance concerned with the quantitative assessment of nursing care as measured by proven standards of nursing practice. Florence Nightingale introduced the concept of quality in nursing care in 1855 while attending to soldiers in the hospital during the Crimean War.

BASIC CONCEPTS

The nurse manager should be familiar with the following definitions to understand the quality assurance/improvement guidelines distributed by legislative, voluntary, and professional bodies (Gillies, 1994).

Accountability

It is the obligation to provide an estimate for one's actions to the persons who delegated authority for that action. The conscious nurse exhibits accountability toward her/his employer, the patient, and government agency that pays for the patient health care.

A Nursing Care Outcome

It is the end result of a nursing intervention, a measurable change in the state of a patient's health status that is as a circumstance by nursing actions.

A Criterion

It is the value-free name of a variable that is known to be a reliable indicator of quality. For example, nurses' educational preparation will affect the quality of patient care decisions.

A Standard

It is the desired quantity, quality, or level of performance that is established as a criterion against which a worker's performance will be measured.

A Norm

It is the current/present level of performance of a selected work group with reference to a given criterion. For example, the norm for writing nursing diagnoses in the ward for each patient within 12 hours of admission is 50%.

An Objective

It is a goal toward which effort is directed. To be effective, an objective should be expressed in observable, measurable terms and should include a target date for fulfilment. For example, "By May, 2015, all clinical instructors will be certified trainers of cardiopulmonary resuscitation".

A Critical Clinical Indicator

It is a quantitative measure that can be used as a guide to monitor and evaluate the quality of important patient care activities. The effectiveness of a particular nursing intervention is the extent to which desired outcomes are attained through the use of the intervention. The efficiency of a particular nursing intervention is determined by computing the intervention's cost-benefit ratio, or the relationship between the monetary value of resources expended and the monetary value of results achieved.

Quality Assurance

It includes all activities related to establishing, maintaining, and assuring high-quality care for patients.

Quality assurance in nursing is a process of establishing a target degree of excellence (standards) for nursing intervention and then taking steps to ensure that each client receives the agreed-upon level of care.

A quality assurance program is an ongoing, systematic process designed to evaluate and promote excellence in the health care provided to clients. Quality assurance refers to activities that evaluate, monitor or regulate services rendered to consumers. In nursing, the goal of quality care would be to ensure quality while meeting intended goals.

Quality assurance when viewed simply can be broken down into three basic steps:

1. Criterion or standard is determined.
2. Information is collected to determine if the standard has been met.
3. Educational or corrective action is taken if the criterion has not been met.

CONCEPT OF QUALITY IN HEALTHCARE

With respect to quality in healthcare, Ovretveit created the definition of quality that states that the quality of health activities is the complete satisfaction of the needs of those who are in most need of health services for the lowest organizational costs

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within the given limit and guidelines of higher administrative bodies and those paying. It also mentions the components of quality healthcare:

- A high level of professionalism
- Efficient use of resources (human, financial and material)
- The lowest possible risk for the patient
- Patient satisfaction, and
- A positive influence on his state of health.

The quality of healthcare attains these demands and, in accordance with existing knowledge, meets the expectations of the greatest possible utilization with the least possible risk to the patient's health and well-being:

- "Quality assurance is a judgment concerning the process of care, based on the extent to which that care contributes to valued outcomes." **—Donabedian, 1982.**
- Quality is defined as the extent of resemblance between the purpose of health care and the truly granted care. **—Donabedian, 1986**
- Quality assurance originated in the manufacturing industry "to ensure that the product consistently achieved customer satisfaction."
- Quality assurance is a dynamic process through which nurses assume accountability for the quality of care they provide.
- "Quality assurance is the monitoring of the activities of the client care, to determine the degree of excellence attained to the implementation of the activities". **—Bull, 1985.**
- It is a guarantee to society that services provided by the nurses are being regulated by members of profession.
- Quality assurance is defining of nursing practice through well-written nursing standards and the use of those standards as a basis for evaluation on improvement of client care. **—Maker, 1998.**

Nursing quality takes into account three fundamental dimensions: The profession, management and users of health services who should be mutually co-dependent. In doing so, they establish patient satisfaction as a prime indicator of quality.

Meaning of Quality

- "Quality is doing the right thing right the first time and doing it better the next time".
- "Quality is defined as the extent to resemblance between the purpose of health care and truly granted care". **—Donabedian.**
- Quality refers to the conformance to or variations from pre-established criteria, standards, policies or procedures.

The government and the people who pay for the care will see quality as a balance between results and costs to fulfill certain expectations in health care.

ELEMENTS OF QUALITY

Appropriateness: The service or procedure is what the population or individual actually needs.

Equity

Equity refers to fairness and impartiality in the processes and practices related to ensuring the quality of products or services. It emphasizes treating all aspects of quality assurance without bias or favoritism, ensuring that all stakeholders are treated fairly and have equal opportunities.

Accessibility

Healthcare services are accessible without undue constraints of time and distance. Accessibility in healthcare ensures equitable access to services, facilities, information, and resources for individuals regardless of background, location, or physical abilities.

Effectiveness

Effectiveness pertains to how well services deliver intended benefits to individuals and the broader population. It measures the extent to which processes, systems, products, or interventions efficiently and successfully achieve specified goals and desired outcomes.

Acceptability

Services are designed to meet the expectations of patients, providers, and the community. Acceptability assesses how well a product, service, intervention, or behavior aligns with stakeholders' preferences, cultural norms, and expectations, influencing its adoption and satisfaction levels within the community and among users and clients.

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Efficiency

Efficiency ensures equitable resource allocation across services and patients. It involves achieving tasks or goals with minimal resources, time, or effort, maximising productivity and effectiveness to achieve desired outcomes without unnecessary waste or imbalance.

ASSURING AND IMPROVING NURSING QUALITY

Quality assurance is merely a process that incorporates the systematic description, measurement, evaluation and, when necessary, implementation of measures to improve quality. This means the systematic and planned implementation of measures in order to achieve the prescribed requirements for quality.

A distinction must be made from among three concepts: Quality assessment, quality assurance, and quality improvement.

Quality Assessment

Quality assessment is a process which, by employing comparative methods and selected criteria, we can use to compare healthcare services among themselves that have been performed and agreed upon. In nursing, this means a comparison between the nursing services actually offered and selected and established criteria and standards. Not until quality has been assessed can a system of quality assurance be formed, which assists in improving and attaining the desired goals.

Quality Assurance

Quality assurance is not a unique, final action, but a lasting process that demands a constant improvement of the features of products and services.

Quality Improvement

Quality improvement is a process that follows the phases of quality assessment and quality assurance, removes discovered obstacles or problems and raises quality to a higher level.

NEED FOR QUALITY ASSURANCE IN NURSING

Quality assurance in nursing is crucial to ensure safe, effective, and compassionate patient care. It provides mechanisms to monitor and evaluate nursing practices, identify areas for improvement, and implement standards to enhance healthcare outcomes. Quality assurance promotes consistency in nursing practices, improves patient satisfaction, and ensures adherence to professional standards and regulatory requirements.

- To ensure quality, nursing care provided by nurses to meet the expectations of the receiver, management and regulatory body.
- It also intends to increase the commitment of the provider and the management.
- Improves and maintains the patient's state of health.
- Improves and maintains the patient's functional abilities.
- Develop the patient's psychophysical condition or well-being.
- To refine existing methods for ensuring optimal quality health care.
- To provide technical assistance in correcting systemic deficiencies.

PRINCIPLES OF QUALITY ASSURANCE

The principles of quality assurance encompass fundamental guidelines and practices aimed at ensuring high standards of care and continuous improvement in various sectors, including healthcare. There are five basic principles of quality assurance:

1. Quality assurance is oriented towards meeting the needs and expectations of our clients.
2. It focuses on systems and processes.
3. It uses data to analyze service delivery.
4. It encourages the use of teams in problem-solving and quality improvement.
5. It uses effective communication to improve service delivery.

These principles collectively support the goals of quality assurance in healthcare, aiming to provide safe, effective, patient-centered care while continuously striving for improvement and excellence in healthcare delivery.

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For quality assurance in nursing one can use ***external and internal methods***.

The basic difference is that in the case of external quality assurance, the assurance comes from outside (from external professionals and institutions). Quality assurance within health institutions is the task of those who perform nursing, which they plan and implement independently and for which they are also responsible.

Internal quality assurance of nursing can be performed, whether centralized or decentralized.

The characteristics of ***centralized quality*** assurance are:

- The precise analysis of all nursing activities.
- Use of instruments that are scientifically based and practical for nursing.
- Quality assurance executed by a group of experts trained for that purpose .
- Nursing teams that perform nursing have no insight into it.

The characteristics of decentralized quality assurance are the following:

- Observation of the nursing performed.
- The instrument of observation is not firmly specified, being selected with regard to which nursing emergency is observed.
- It is performed at the level of the hospital unit department.
- It is performed by members of the nursing team who work in the unit.
- Members of the nursing team have a direct insight into nursing quality assurance.

QUALITY ASSURANCE PROCESS

Quality assurance process is the systematic process of evaluating the quality of care given in a particular unit or institution.

It includes:

- Setting standards
- Determining criteria to meet those standards
- Data collection
- Evaluating how well the criteria have been met
- Making plans for change based on the evaluation
- Implementation for change
- Monitoring progress
- Documentation and reporting.

Setting Standards

The nursing profession should have to design standards of nursing practice that are specific to the patient population served. These standards could serve as the foundation upon which all other measures of quality assurance are based. An example of a standard is: Every patient will have a treatment chart.

Determining Criteria

After standards of performance are established, criteria must be determined that will indicate if the standards are being met and to what degree they are met. Just as with standards of care, criteria must be general as well as specific to the individual unit. One criterion to demonstrate that the standards regarding care plans for every patient are being met would be: A nursing care plan is developed and written by a nurse within 10 hours of admission. This criterion, then, provides a measurable indicator to evaluate performance.

Data Collection

It is the third step in quality assurance. Sufficient observations and random samples are necessary for producing reliable and valid information. A useful rule is that 10% of the institutional patient population per month should be sampled. The devised tool to collect data should leave as little room for interpretation by the data collector as possible. Data collectors need to be taught the purpose of quality assurance along with the principles of data collection.

Data collection methods include:

- Patient observations and interviews
- Nurse observations and interviews
- Review of charts

A policy should outline guidelines of the reporting of quality assurance data so it is clear who in the organization needs to receive quality assurance information. The policy should also state at what level in the organization the analysis of the different criteria is to take place, to whom these analyses and recommendations are to be reported, who is responsible for implementing the recommendations, and who is responsible for follow-up. Unless definite policies are established, the system may fail and changes in nursing practice are not likely to occur. **—Sullivan, 1992.**

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Evaluating Performance

Various methods can be used to evaluate performance. These include:

- Reviewing documented records
- Observing activities as they take place
- Examining patients
- Interviewing patients, families, and staff

Records are the most commonly used source for evaluation because of the relative ease of their use, but they are not as reliable as direct observations. It is quite possible to write in the patient's chart activities that were not done or not to record those things that were done. Further, the chart only indicates that care was provided; it does not demonstrate the quality of that care. For example, care plan could be checked nursing diagnosis, interventions planned, and discharge planning.

Making plans for change based on the evaluation: It includes taking the actions for improving quality care by changing the present scenario and incorporate new policies for the same.

Implementation for Change

Implement changes or interventions to improve quality, which may include updating protocols, providing additional training, or improving facilities.

Monitoring Progress

Continuously monitor the effectiveness of implemented changes and interventions.

Documentation and Reporting

Document all quality assurance activities, findings, actions taken, and outcomes. Report findings to stakeholders as appropriate.

THE 10-STEP PROCESS IN A QUALITY ASSURANCE PROGRAM

Step 1 – Assign Responsibility

- Nursing departments and services must assign overall responsibility for their monitoring and evaluation activities.
- This person oversees all aspects of nursing monitoring and evaluating, assuring that the activities are comprehensive, effective, uniform, and coordinated.

Step 2 – Delineate Scope of Care and Services

Intended to assure that all nursing activities are considered in monitoring and evaluation:

- Types of patients served
- Condition and diagnosis
- Types of nursing staff providing care and services
- All existing standards of patient care.

Step 3 - Identify Important Aspects of Care and Services

It is important for nursing staff to remember that important aspects of care are activities of the department that will be continually monitored and periodically evaluated to determine if care can be improved or if problems are present. Nursing staff should identify those aspects of care and services that:

- Occur frequently or affect large numbers of patients
- Place patient at serious risk (high-risk)
- Have intended in the past to produce problems (problem-prone).

Step 4 – Identify Indicators

Indicators are measurable variables related to the structure, process or outcomes of care:

- **Structures:** Elements that facilitate care (resources, equipment, numbers and qualification of staff)
- **Process:** Functions carried out by practitioners (assessment, treatment, planning and medication administration).
- **Outcomes:** Includes complications, adverse effects, short- and long-term results of treatment.

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Step 5 – Establish Threshold for Evaluation

- Thresholds are accepted levels of compliance with any indicators being measured.
- Thresholds for evaluations are the level or point at which intensive evaluation is triggered.

Step 6 – Collect and Organize Data

Some common date can be found in:

- Patients, records
- Medication sheets
- Infection control
- Meeting minutes
- Patient surveys
- Incident reports
- Department logs
- Laboratory report
- Direct observation
- Formal evaluation

Step 7 – Evaluate Care

Once an indicator's threshold is reached, the critical step of evaluation is initiated. The most important purpose of monitoring and evaluation is to foster overall continuous improvement in performance.

Examples:

- Lack of knowledge or skill
- Staff members knew what to do but did not do so
- Equipment deficiencies
- Deficiencies in medical record documentation
- Policy/procedure violation
- Lack of adequate staffing
- Infection control violation
- Inappropriate therapy, diagnostics

Evaluation must be designed to identify the opportunities for improvement by:

- Objectively examining the possible causes for the level of performance
- Recommending action pertinent to those causes to improve the performance.

Step 8 – Take Actions to Solve Problems or Otherwise Improve

Staff should direct actions toward the root causes and should have an eye toward overall improvement in the quality of care and services.

Some possible actions if the problem involves *deficiencies in systems,* include:

- Changing communication channels
- Changing organizational structure
- Adjusting staffing or redistributing staff
- Revising job descriptions
- Reallocating resources
- Adding or revising policies and procedures
- Altering the use of equipment
- Purchasing and repairing equipment

Some possible actions, if the problem involves *deficiencies in staff knowledge,* include:

- Modifying orientation procedures
- Providing focused in-service education
- Providing focused continuing education
- Circulating written policies and procedures or other informational material.

Some possible actions, if the problem involves behavior or *performance deficiencies*, include:

- Revising job descriptions
- Informal counseling
- Formal counseling
- Changing assignments
- Disciplinary sanctions
- Limiting staff prerogatives relating to patient care
- Transferring to another unit/department

Step 9 – Assess the Effectiveness of Actions

Monitoring and evaluation does not end when actions are taken. Staff continues to monitor the aspect of care for future opportunities for improvement, but they must determine whether actions are taken successfully in improving care or service.

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If care does not improve within the expected time, staff should re-examine the aspect of care and take further action.

Step 10 – Communicate Relevant Information to the Organization–Wide Quality Assurance Program

It is essential that monitoring and evaluation information be communicated through established channels. Appropriate dissemination of information helps to assure that quality assurance activities are coordinated and that knowledge regarding monitoring, evaluation and problem-solving methods is shared.

APPROACHES FOR A QUALITY ASSURANCE PROGRAM

Two major categories of approaches exist in quality assurance **(Fig. 6.1)**:

1. General
2. Specific

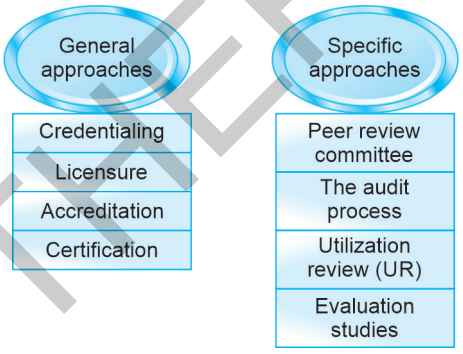

Fig. 6.1: Approaches to quality assurance program.

General Approach

It involves large governing of official body's evaluation of a person's or agency's ability to meet established criteria or standards at a given time.

Credentialing

A person generally defines it as the formal recognition of professional or technical competence and attainment of minimum standards by a person or agency. According to Hinsvark (1981) credentialing process has four functional components:

- To produce a quality product
- To confer a unique identity
- To protect provider and public
- To control the profession

Principles of Credentialing

Credentialing benefits those who are credential in addition to public.

Licensure

Individual licensure is a contract between the profession and the state, in which the state is granted control over entry into and exists from the profession and over quality of professional practice. The licensing process requires that regulations be written to define the scopes and limits of the professional's practice. Law has mandated licensure of nurses since 1903.

Accreditation

National League for Nursing (NLN), a voluntary organization has established standards for inspecting nursing education's programs. In the part the accreditation process primarily evaluated on agency's physical structure, organizational structure and personal qualification. In 1990, more emphasis was placed on evaluation of the outcomes of care and on the educational qualifications of the person providing care.

Certification

Certification is usually a voluntary process within the profession. A person's educational achievement, experience and performance on examination are used to determine the person's qualifications for functioning in an identified specialty area.

Specific Approach

Quality assurances are methods used to evaluate identified instances of provider and client interaction.

Peer Review Committee

These are designed to monitor client-specific aspects of care appropriate for certain levels of care. The audit has been the major tool used by peer review committee to ascertain quality of care.

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The Audit Process (Stan Hope Han Caster, 2000)

It has been described in details further in the same chapter.

- Follow-up of problem topic study selected
- Recommendations for correcting deficiencies, explicit criteria selected for quality care
- Peer review of all cases not meeting criteria
- Records reviewed.

Utilization Review (UR)

Utilization review activities are directed towards assuring that care is actually needed and that the cost appropriate for the level of care provided.

Three type of Utilization Review (UR) are there:

1. **Prospective:** It is an assessment of the necessity of care before giving service.
2. **Concurrent:** It is a review of the necessity of care while the care is being given.
3. **Retrospective:** It is an analysis of the necessity of the services received by the client after the care has been given.

UR has been used primarily in hospitals to establish need for client admission and the length of hospital stay. The UR process includes the development of explicit criteria that serves as indicators of the need for services and length of services.

Advantages of Utilization Review

- It is designed to assist clients to avoid unnecessary care.
- It may serve to encourage the consideration of care options by providers, such as home health care rather than hospitalization.
- It can provide guidelines for staff of program development.
- It provides a measure of agency accountability to the consumer.

The major disadvantage to UR is that not all clients are fit for the classic picture presented by the explicit criteria that serve as the basis for approval or denial of care.

Evaluation Studies

Three major models have been used to evaluate quality; they are:

1. Donabedian's structure- process-outcome model
2. The tracer model
3. The sentinel model

Donabedian's Structure-Process-Outcome Model

Donabedian introduced three major methods of evaluating quality care:

1. **Structural evaluation:** This method evaluates the setting and instruments used to provide care, such as facilities, equipments and characteristics of the administrative organization and qualification of the health providers. The data for structural evaluations can be obtained from the existing documents of an agency or from an inspector of a faculty.
2. **Process evaluation:** This method evaluates activities as they relate to standards and expectations of health provider in the management of client care, data for this can be collected through direct observations of provider encounters and review of records, audit, checklist approach and the criteria mapping approach are used to establish the client encounter protocol.
3. **Outcome evaluation (Fig. 6.2):** The net changes that occur as a result of health care or the net results of health care. The data of this method can be collected from vital statistical records, such as death certificates or telephone client interviews, mailed questionnaire and client records.

The Tracer Method

It is a measure of both process and outcome of care. To use the tracer method, one must identify a volume of clients with a particular characteristic resuming specific healthcare management. Physicians and nurse practitioners, to identify persons with certain illness, such as HTN, ulcers, UTI and to establish criteria for good medical and nursing management of the illnesses have used the tracer method. This method provides nurses with data to show the differences in outcome as a result of nursing care standards.

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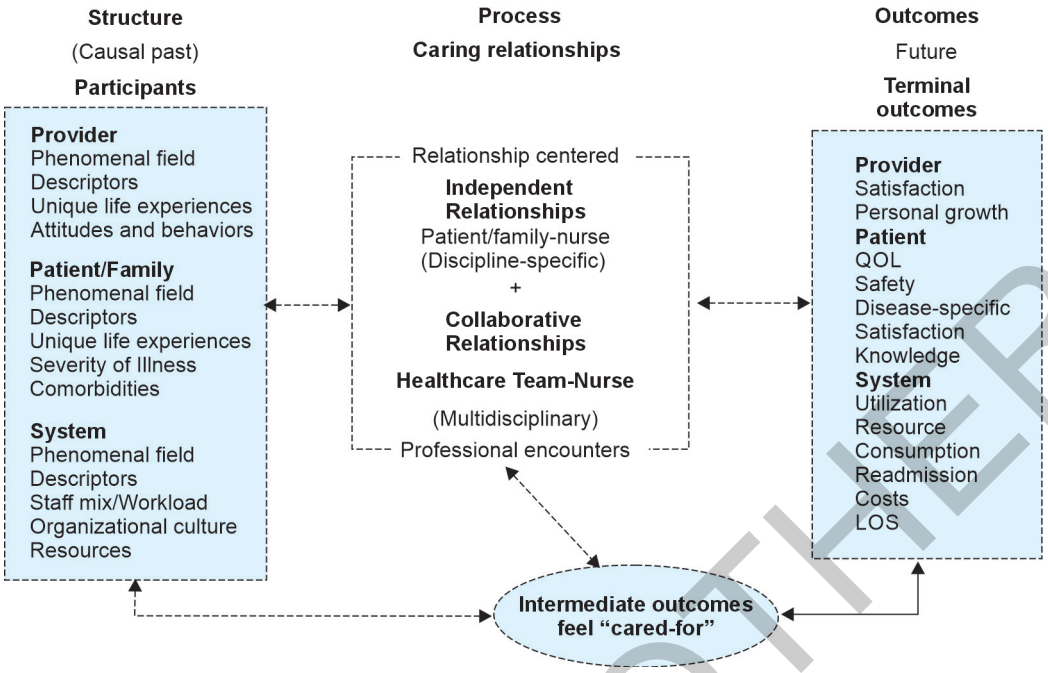

System	*Structure*	*Process*	*Outcome*
Diarrhea control program	◆ Trained community workers ◆ ORS packets ◆ Accessible ◆ Health centers	◆ Education for mothers ◆ Rehydration therapy ◆ Diagnostic studies	◆ Number of children treated ◆ Number of complications arose ◆ Number of deaths due to diarrhea

Fig. 6.2: Example of Donabedian's model of evaluation.

The Sentinel Method

It is an outcome measure for examining-specific instances of client care. The characteristics of this method are:

- Cases of unnecessary disease, disability deaths are counted.
- The circumstances surrounding the unnecessary event or the sentinel is examined in detail.
- In review of morbidity and mortality are used as an index.
- Health status indicator, such as changes in social, economic, political and environmental factors are reviewed which may have an effect on health outcomes.

QUALITY ASSURANCE IN NURSING ACCORDING TO THE NORMA LANG'S MODEL

In literature, one can trace many models to evaluate the quality of nursing. Most models use as their basis Norma Lang's model from 1976, which has seven levels. World-wide many model modifications have originated, e.g., the model of the American Nurses' Association, which has eight levels, or the Royal Australian Nursing Federation with eleven models.

The Norma Lang's model has seven levels that run through three phases **(Fig. 6.3)**.

Description

In the first phase—Description: We identify the values and attitudes that lead us to nursing. Then we select criteria for excellent nursing in standards covering the structure, process and outcome.

Measurement

In the second phase—Measurement: We choose the methodology that is used to determine what our practice is like in comparison with standards and criteria of excellent (very good) nursing, which we have set internally or were set externally.

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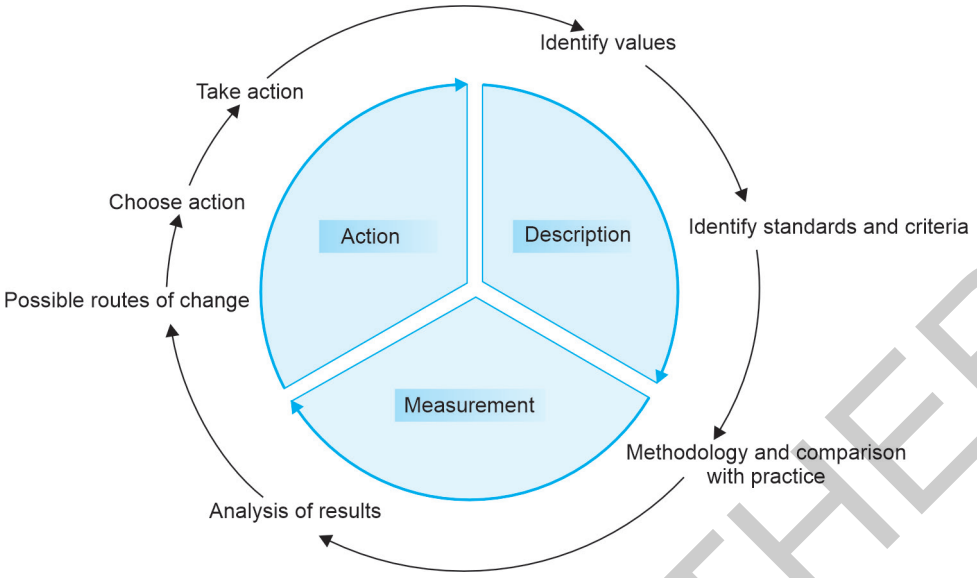

Fig. 6.3: Norma Lang's model.

The results obtained are analyzed and then we decide if and why we need changes. The authors of this model recommends the inclusion of so-called SWOT factors (strengths, weaknesses, opportunities, threats or hazards and traps) in the analysis.

Action

In the third phase—Action: We choose the changes and paths along which the changes will run in our environment and finally introduce the changes in our routine work.

The circle then runs further through all phases because quality assurance is a continuous process.

The first step in this circle of introducing changes is made when nurses decide to inscribe the philosophy of nursing (departments, clinics and hospitals). In order to be successful in doing so, they must speak about personal values, common values, the basic values of our profession, attitudes in connection with nursing patients, ethical issues, the holistic and the individual approach to the patient, uniqueness and singularity of the individual, and basic human rights. These views and attitudes can be written in brief. The next action is to define the purpose—what we are seeking to achieve with quality assurance in nursing?

In order to assess quality, we must be able to describe and present what we are doing? To this, standards and criteria have to be produced. To measure or assess quality, besides SWOT analyzes we can use many other tools or methods that can be found in literature. Here we perform a comparison between "what is done" with "what must be done"? We determine what needs to be done (changed) in order to achieve what is desired and introduce certain changes? Once we find a low level of quality—may be standards are not observed or are unsuitable—then we plan specific activities to alter practice, and the circle begins again.

MODELS OF QUALITY ASSURANCE

- Quality assurance model in nursing is the set of elements personal beliefs and values.
- Be responsible and accountable for providing quality care in line with the set standards.

Philosophy of Quality Assurance Model in Nursing

- Indian Nursing Council believes that nurse will do good for person/receiver of care, do no harm, maintain respect for life and human dignity, believe in human justice and fairness to individuals in terms of access to resources and care and protect the vulnerable.
- Have moral obligation to provide services as prescribed by the regulatory body/healthcare system/organization/institution even if it is in conflict with her.
- Be committed to understanding of dynamic nature of his/her role in interdisciplinary health team.
- Be obliged to create public awareness and consider social expectations before making decisions for providing nursing care.

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- Be obliged to include receiver in making choices in planning and implementation of care.
- Work in conjugation with legislation, accreditation and political system.
- Have obligation to promote education of self and others.
- Be committed to advancement of profession.

Purpose of Quality Assurance Model

The purpose of a Quality Assurance (QA) model in any organization, including healthcare, is multifaceted and essential for ensuring consistent high-quality performance and outcomes. The key purposes of a Quality Assurance model:

- **Standardization:** Establishing standardized practices, procedures, and protocols to ensure consistency in service delivery and adherence to best practices.
- **Monitoring and evaluation:** Continuously monitoring processes, services, and outcomes to identify deviations from standards or areas needing improvement.
- **Quality improvement:** Identifying opportunities for improvement based on data-driven insights and implementing changes to enhance efficiency, effectiveness, and patient outcomes.
- **Risk management:** Mitigating risks associated with patient safety, regulatory compliance, and organizational reputation through proactive monitoring and corrective actions.
- **Compliance:** Ensuring adherence to regulatory requirements, accreditation standards, and legal obligations to maintain licensure and certification.
- **Enhancing patient experience:** Focusing on patient-centered care by improving responsiveness, communication, and overall satisfaction with healthcare services.
- **Supporting evidence-based practice:** Promoting the use of evidence-based guidelines and best practices to guide decision-making and improve clinical outcomes.
- **Staff development:** Providing opportunities for education, training, and professional development to enhance competencies and ensure staff are well-equipped to deliver high-quality care.
- **Transparency and accountability:** Promoting transparency in operations and accountability among healthcare providers for the quality of care delivered.
- **Continuous learning and adaptation:** Facilitating a culture of continuous learning, adaptation, and innovation to respond to changing healthcare environments and patient needs.

Quality Assurance model serves as a framework to ensure that healthcare organizations deliver safe, effective, patient-centered care while continuously striving for excellence and improvement in all aspects of service delivery.

Goals of Quality Assurance Model

- Develop confidence of the receiver that quality care is being rendered as per the assurance.
- Develop commitment of the management towards quality patient care.
- Increase commitment of providers to adhere to set standards for nursing practice and strive for excellence.

Models of Quality Assurance

- System Model for Quality Assurance
- ANA Quality Assurance Model
- JCAHO Quality Assurance Model
- ISO Quality Assurance Model
- **Total Quality Management (TQM)**:
  - Six sigma model
  - Lean management
  - Baldrige excellence framework

A System Model for Implementation of Unit-based Quality Assurance

The implementations of the unit-based quality assurance program, like that of any other program, and involve making changes in organizational structure and individual roles. One method of facilitating and structuring the change process is the system approach in which the task is broken down into manageable components based on the defined objectives.

The basic components of the system are:

- **Input:** Can be compared to the present state of the system.
- **Throughput:** The throughput to the developmental process.
- **Output:** To the finished product.
- **Feedback:** It is the essential component of the system because it maintains and nourish has growth.

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