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Sponsored By the Letters 'Q' and 'A'

Nurses involved in quality assurance get it done on the floor, behind the scenes

By Joe Darrah

Quality assurance has long been associated with major purchases like a new car or a home appliance. Spend an inordinate amount of money in today's marketplace and it's likely to be accompanied by offers for an additional warranty or insurance policy.

Whether or not nurses are ready to accept it, "QA," as it's often called for short, has also quickly become part of the healthcare lexicon. With the cost of health insurance ballooning at a rate seemingly comparable to that of gas prices and the continuous "graying of America," consumers have become more cognizant of getting their money's worth when it comes to receiving healthcare not just for themselves, but for their loved ones.

But there aren't any lemon laws when it comes to healthcare. Quality assurance and guarantees of good service aren't maintained by third parties. Sure, there are nursing boards in each state that discipline those clinicians who prove to be negligent, as well as various independent organizations that publicly rate the ability of clinicians to do their jobs, but a promise of proper care is often only as valuable as the care provided.

Ultimately, it's up to providers and their facilities to ensure patient care is safe and competent.

"That's why one of the first requests people have when they're in a healthcare facility today is, 'I'd like to speak with the quality assurance nurse,'" said Maryann Ingram, LPN, ICP, infection control practitioner and assistant director of nursing (ADON) at Frederick Villa Nursing Center, Catonsville, MD. "People just like to hear the words 'quality assurance.' And quality assurance has become as much a responsibility for nurses as nursing care in general."

LPNs, as bedside nurses, can expect to be held more accountable for assisting their facilities in maintaining QA regardless of their titles or job descriptions as this demand becomes more ingrained within the healthcare landscape, Ingram added.

No Universal Meaning

While no clear definition of QA exists, Ingram believes all nurses should know what quality assurance means to them and their facilities in order to understand how to practice it.

"To me, it means having the ability to provide programs in your facility that contribute to outcomes that improve quality of life and prevent medical errors," she said. "Providing quality assurance can be as simple as making sure all residents have comfortable slippers on their feet to as serious as preventing infections that assure they won't need to have their feet amputated and that they can actually wear their slippers. But the goal should always be resident safety ."

Promoting a safe environment is best accomplished by striving to achieve goals that are attainable, Ingram added.

A few pertinent examples are following proper sanitation protocol during flu season, practicing medication safety by monitoring use of powerful drugs such as Coumadin and preventing the spread of super bugs through responsible antibiotic administration.

While it's an accepted inevitability that multiple long-term care residents will develop flu each year, that doesn't mean nurses shouldn't try to halt the virus in their facilities, Ingram said. Instead, measures aimed at stopping the spread of infection need to be in place. At Frederick Villa, this is attained through education on appropriate handwashing and sanitation as well as promotion of annual flu shots among residents and staff.

"If you can put protocol in place that prevents just one resident from making another resident sick, you've served your purpose," she said.

As far as safe drug use, Ingram recently participated in an initiative that helped physicians assess their Coumadin administration by monitoring staff and ensuring everyone was distributing the correct dosage levels at the right times and documenting any side effects experienced by residents.

Through the program, Ingram was also confirming correct prescription orders by the pharmacy. Furthermore, she's attempting to decrease any unnecessary use of antibiotics among residents by conferring with physicians and the nurse practitioner about current resident symptoms to determine whether continued antibiotic use is warranted.

"If the residents don't truly have an infection and are asymptomatic, they don't need to be on the antibiotic," Ingram said. "They don't need to finish the prescription. The safe thing is to take them off."

Ingram also recently started a bowel and bladder management program that calls for nurses to keep a daily chart of each time their residents use the bathroom in an effort to avoid their having any wetness before they are to be toileted.

Everything's In Place

At the Colonnade at Schwenksville (PA), an affiliate of Oakdale Heights, Redding, CA, Shirley Morris, LPN, said quality assurance also means making sure her facility has all the supplies it needs for resident care by keeping a weekly inventory and following a monthly budget.

This is not a daily job, per se, but the supplies she's ordering, such as disposable undergarments, washcloths, bed pads, medication cups, gauze, wraps, antibiotic ointment and hand sanitizers, are necessary for the day-to-day functioning of the facility and well-being of the residents, said Morris. As director of the memory care unit, she also oversees the floor's caregivers, activities calendar, medication administration and patient assessments.

"Monitoring the use of our products and making sure everything we need is in stock is a big job," Morris said. "Sometimes, it's a given that these items are just 'there.' People don't always stop to think, 'Oh, somebody had to order that.' But if people don't have something they need, you can bet they'll know who to come to."

Costs and Effect

But simply manning a stock room is not enough. Morris often has to juggle trying to order enough supplies in advance with being mindful of what she's expected to have to spend in the future. This can be especially tricky when an overly expensive piece of equipment such as a chair scale or pulse oximeter is needed.

While she has the authority to directly order most things the facility needs, Morris has to get administrative approval for any purchase that's more than \$1,000, she said. However, in the 5 years she's been with the facility, such orders were only required twice.

"We've always seemed to be under budget," she said. "And we're fortunate enough to have a budget that's not tight, so I can usually order supplies ahead of time without having to worry. If we have an emergency I can justify a purchase of something vital so long as we try cutting back spending the following month to make up for it. It's good to know that I work for a company that can accept necessity and not just be concerned with the bottom line. You need to know that if you need something, people can appreciate that you've gone over budget for the sake of the residents."

At Frederick Villa, Ingram also oversees inventory through a computerized barcoding system. She's expecting to take over budget management in the near future but said she can already see where spending the facility's money wisely and providing QA go hand in hand. She points to a recent decision in which she chose to order non-sterilized over sterilized bandages.

"We noticed residents were being dressed with sterilized bandages, which are more costly, when they didn't need sterilization — they just need to have clean, unused products," Ingram said. "So, we opted to go with bandages that don't come individually wrapped and purchased an airtight container to place the bandages in once they're removed from their package. The residents are completely safe with these bandages, and our costs are down."

When Accidents Occur

Simply having working QA efforts in place doesn't mean everything's perfect.

"People make mistakes," Ingram explained. "What needs to be done to promote quality assurance is making sure you educate your staff on what they've done wrong and how they can correct it."

This can be done by providing inservices and giving instruction at the bedside, she added.

"You have to lead by example," Ingram said. "That means when I'm making rounds and see something has to be done correctly, I do it. I still have my nursing license; it's just that I don't have a set of 20 patients I'm responsible for each day."

Morris, however, does — up to 35 in fact on her Alzheimer's unit. Her challenge has been making herself openly available to her staff and residents when needed while keeping up with the "behind-the-scenes" tasks as she can. Part of her job description calls for delegating when she sees fit.

"There needs to be responsibility assigned, whether it's to me or someone else, to make sure our inventory is kept and is documented," Morris said. "It's not like you can just monitor the floor part of the day and go

away — you have to be watching all the time. So, you just multitask. I start my day checking on our residents to see if anyone got sick overnight or needs to be assessed, and inventory is just something I get to when I have time. It's challenging, but you just have to look at it as one more thing that has to be done during the course of your day."

Role For Everyone

In her role as ADON, Ingram is responsible for overseeing wound-care management as well as the nursing department's staffing coordination and time management, making sure all shifts are staffed appropriately and nobody is working unnecessary overtime.

A nurse of 15 years, Ingram has held various nursing positions since earning her LPN, including staff nurse, charge nurse, unit manager, clinical coordinator and staff development coordinator.

One constant that's remained has been a responsibility to assure quality care. It's just that today that role is more prominent, Ingram said. Still, she urges LPNs to accept the inherent QA demands one assumes simply by being a nurse. Ingram related an incident as a young nurse when she realized her unit's halls weren't being cleaned after lunch, as was expected.

"By realizing a problem and informing administration, I helped produce a better outcome and reduced the chance of an accident," she said. "And that's something any nurse can do. Everybody can impact quality assurance if they really care about their patients and their facility; even those doing the laundry."

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