



# Quality in the workplace: An NZNO e-book



## Introduction

Welcome to the NZNO e-book on quality. This e-book is designed to provide you with the most up-to-date information on quality in healthcare. Here you will find the principles underpinning quality, along with links to videos, websites and other resources to assist you in creating a quality workplace.

Throughout this e-book you will be directed to:



Helpful tools and resources



Websites



Video clips

Just click on the icon and you will be taken directly to the online resource. In-text links will be highlighted in [blue](#).

Note: An internet connection is required to review these elements of the e-book. If you have difficulty accessing the links through this e-book, please visit the NZNO publications page ([http://www.nzno.org.nz/resources/nzno\\_publications](http://www.nzno.org.nz/resources/nzno_publications)) for direct links to these resources. Some DHBs do put restrictions on what content can be accessed on line and a home computer may be necessary in some cases. Bear in mind that, if you are viewing all of the content in this e-book, it may take longer to read than you think!

We hope you enjoy this resource and find it useful in your workplace.

## What is quality?

Quality health care means doing the right thing, at the right time, in the right way, for the right person and obtaining the best possible results. Quality health care is safe, effective, patient-centred, timely, efficient and equitable (Institute of Medicine, 2001). Quality is a concept that expresses people's perceptions of what makes something seem better or worse in some way (Dailey, 2013). It is a core element of the New Zealand health care system and substantial work has been done to improve healthcare quality throughout the sector. A significant proportion of this work has been focused on using a systems approach to quality, ie. an approach that considers how the whole system interacts to create an environment and culture of safety and quality. Quality is not limited to acute care or institutional settings, but is relevant throughout the health-care sector. With growing inequalities between the health of Māori, Pacific and other New Zealanders, ensuring quality in health care is more important than ever.



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## Quality principles

A cornerstone of the modern quality in health care agenda is the 2001 Institute of Medicine report (USA) entitled *Crossing the quality chasm: a new health system for the 21<sup>st</sup> century*. The report identifies six core domains, each built around the need for health care to be:

- > *Safe*: avoiding injuries to patients from the care intended to help them.
- > *Effective*: providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit.
- > *Patient-centred*: providing care that is respectful of, and responsive to individual patient preferences, needs, and values, and ensuring patient values guide all clinical decisions.
- > *Timely*: reducing waits and sometimes harmful delays for both those who receive, and those who give care.
- > *Efficient*: avoiding waste, including waste of equipment, supplies, ideas and energy.

- > *Equitable*: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.

## International resources

Nurses have a central role to improve the quality of health care through patient safety interventions and initiatives. There are many resources, both locally and internationally, you can use to advocate for best practice and the safety of your patients. The following are international resources you may find useful:

- > A good definition of patient safety and quality initiatives can be found in Pamela Mitchell's *Defining patient safety and quality care*.
- > The Agency for Healthcare Research and Quality (AHRQ) (USA) has many excellent resources for improving patient safety and the nursing contribution to this. In particular, the AHRQ Patient Safety Network's [patient safety primers](#) offer a range of useful background documents, including some on [nursing](#) and [quality in primary care](#).
- > The links between quality workplaces and quality patient care are clear: patient safety is affected by all aspects of health systems, their resourcing and management. One such source of evidence that can be used to advocate for your patients is the Royal College of Nurses (RCN) resources and tools on quality improvement. These can be found [here](#).

In Gordon, Mendenhall and O'Connor's (2013) book *Beyond the checklist*, the authors argue that the following principles underpin the safe provision of health care:

- > Teamwork
- > Communication >
- Collaboration >
- Respect

When teamwork, communication, collaboration and respect are lacking, errors will happen. Gordon et al.'s book discusses how the lessons learned from the aviation industry can be applied to safety and quality in health care. The book is available from the NZNO library. The following video clip provides some background information.



Beyond the Checklist

## The New Zealand quality environment

### The Nursing and Midwifery Councils of New Zealand

The Nursing and Midwifery Councils of New Zealand have a primary role in keeping the public safe and ensuring nurses and midwives are competent and fit to practise. Under the *Health Practitioners Competence Assurance Act (2003)* the Nursing and Midwifery Councils set the scopes of practice, qualifications, and ongoing competence requirements for nurses and midwives. These aspects ensure ongoing quality in the provision of care.



Nursing Council of New Zealand website



Midwifery Council of New Zealand website

### The Health Quality & Safety Commission

The Health Quality & Safety Commission (HQSC) oversees the quality of health care in New Zealand and is mandated by legislation (the *New Zealand Public Health & Disability Amendment Act (2010)*) to ensure all New Zealanders receive the best health and disability care within available resources. The commission has taken over some of the functions previously carried out by the Ministry of Health's now disestablished Quality Improvement Committee. The work of the HQSC is guided by the New Zealand "Triple Aim" for quality and safety outcomes as shown in figure one. The "Triple Aim" outcomes summarise the goals of the New Zealand health sector: improved quality, safety and experience of health care; improved health and equity for all populations; and best value from public health system resources (HQSC, 2012).



Figure 1. The New Zealand Triple Aim for quality improvement (HQSC, 2012).

Achieving quality is a continuous process and, as noted above, nurses have a core role at all levels –system, individual and community. The HQSC regularly identifies priority areas for intervention. In 2013/14 these were preventing and reducing harm from falls, reducing hospital-acquired infections, reducing peri-operative harm, and reducing medication errors (HQSC, 2013). These are outlined below but the HQSC website has a range of other resources you will also find useful. We recommend you spend some time browsing its website to find useful resources.



HQSC website

### Reducing harm from falls

In 2012/13, patient falls accounted for 52 per cent of 489 reported serious adverse events in New Zealand health care settings. Of these falls, 106 patients suffered a fractured hip. The direct cost of patient falls in hospitals for 2010-11 was \$3-5 million (De Raad, 2012). In addition, the pain and suffering caused by falls is immeasurable. The HQSC website hosts a range of useful resources designed to help reduce falls including videos, resources, information and posters. The link to the website is below, along with a sample video.



Reducing harm from falls – HQSC website on falls prevention



Staying safe on your feet in the community – video from the HQSC on how to build strength and flexibility to prevent falls.

### Hospital-acquired infections

Infection acquired during a visit or stay in a hospital or health facility is one of the most common adverse events in health care in the world. Up to 10 per cent of patients admitted to hospitals in the developed world acquire one or more infections, with an estimated annual cost in New Zealand of approximately \$140 million (Online. <http://www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/>. Accessed December 18, 2013). The HQSC programme on infection prevention provides a range of resources to support you in your practice, notably on hand hygiene, central line-associated bacteraemia and surgical-site infection surveillance. See links to some of these resources below.



HQSC infection control and prevention website



Glen's story – how hospital acquired infections can impact on a person's life and family

### Reducing peri-operative harm

Almost 60 per cent of adverse events in New Zealand hospitals are associated with surgery and more than 60 per cent of these can be considered preventable (Davis, et al., 2003). Perioperative harm events made up 36 per cent of the non-mental health serious adverse events reported to the commission in 2012–13. The commission's perioperative harm prevention programme aims to improve the quality and safety of health care services provided to patients undergoing surgery in hospital. It focuses on preventing adverse events which can harm patients. A core element of this programme is introduction of the [Surgical Safety Checklist](#). This checklist was launched by the World Health Organization in 2009 and is a simple process for ensuring the correct surgical procedures are carried out on the correct patient. According to the HQSC website, implementation in New Zealand may save up to \$5.7million per year (Online. <http://www.hqsc.govt.nz/our-programmes/reducing-perioperative-harm/about-us/>. Accessed January 13, 2014).



Surgical Safety Checklist



HQSC Safe Surgery NZ website



Atul Gawande: How do we heal medicine

### Reducing medication errors

The HQSC also runs the National Medication Safety Programme aimed at reducing the number of New Zealanders harmed each year by medication errors. Nurses have a primary role in medicines administration and the HQSC programmes include:

- > Handover of care and [medicine reconciliation](#)
- > The [National Medication Chart](#)
- > IT and [electronic medicines management](#)
- > Medication safety [alerts](#)
- > Look-a-like medicine names and [tall man lettering](#)

In addition, the NZNO resource on medicine administration is an essential guide for all nurses working with medicines:



NZNO Guideline for nurses on the administration of medicines 2014 (updated 2016)

## Serious Adverse Event Reports

Health care professionals including nurses, doctors, midwives, health care assistants and anyone else involved or associated with the care of patients are professionally required to report any incident that may affect a patient regardless of whether that incident has caused harm or not. Reporting incidents enables us to learn from them and prevent them happening again. Each year, the HQSC publishes a serious adverse event report. These reports document those incidents that have resulted in serious harm to patients. We strongly recommend you review these reports both to improve your own practice and to support others improve theirs.



Serious Adverse Event Reports

NZNO also publishes a series of useful guides to support you in writing incident reports, how to manage a serious or sentinel event and what to do if you are involved in an investigation. Further information about the support services NZNO provides are found later in the e-book.



NZNO Incident reporting 2014



NZNO Serious and sentinel events 2011



NZNO Investigations – your rights and responsibilities 2011

## Care Point and Safe Staffing

There is a growing body of knowledge pointing to very strong links between safe staffing and patient outcomes. The high profile Mid Staffordshire National Health Service (NHS) Foundation Trust public inquiry (the Francis Inquiry) highlighted deficits that led to horrific and, in numerous cases, fatal outcomes for patients. Sir Robert Francis (head of the Inquiry) found a chronic shortage of staff, particularly nursing staff, was largely responsible for the substandard care. There is much to be learned from the inquiry and we recommend you take some time to review the associated documents below. The NZNO analysis provides a summary of information relevant to nursing.



Mid Staffordshire NHS Public Inquiry website and associated documents



NZNO analysis of the Mid Staffordshire NHS Public Inquiry



What does the Mid Staffs hospital report mean for the NHS (UK)? – video

Unsafe staffing can be the result of too few staff to meet patient demand, or an imbalance in the skill mix where the skill/experience and qualification of the team is mismatched to patient need. NZNO commonly receives reports from members about staff not being replaced when they call in sick, being unable to take holidays or professional development leave because of short staffing, and not being able to provide the level of care to patients they want to deliver. Anecdotal evidence from members indicates this is an issue widespread across all sectors – aged care, primary health care, DHBs, the private sector, mental health, and midwifery. The following links will take you to useful literature and references on care rationing, nurse sensitive indicators, and adverse outcomes associated with poor staffing levels. These can be used to advocate for appropriate staffing.



NZNO paper on nurses in acute care settings



Schubert, et al., (2008). Rationing of nursing care and its relationship to patient outcomes: the Swiss extension of the International Hospital Outcomes Study



Needleman et al., (2002). Nurse-Staffing Levels and the Quality of Care in Hospitals



Walker & Clendon (2012). Failure to rescue: a New Zealand nursing perspective

NZNO has been committed over the past decade to addressing the issues of unsafe staffing and the impact of this on patient care and staff morale. The Safe Staffing/Healthy Workplaces Committee of Inquiry was set up in 2005, as a result of national negotiations between the NZNO and DHBs (Safe Staffing/Healthy Workplaces Committee of Inquiry, 2006, p 17). The report identified seven elements necessary to achieve a safe and effective health care environment:

- > the requirement for nursing and midwifery care;
- > the cultural environment;
- > creating and sustaining quality and safety;
- > authority and leadership in nursing and midwifery;
- > acquiring and using knowledge and skills;
- > the wider team;
- > the physical environment, technology, equipment and work design.



Report of the Safe Staffing Healthy Workplaces Committee of Inquiry (2006)

The Safe Staffing Healthy Workplaces (SSHW) Unit (the unit) was established following the release of the report, to create a programme which uses the seven essential components of safe staffing and healthy workplaces. One of the core projects

undertaken by the unit is the care capacity demand management (CCDM) programme. CCDM is a way of matching service demand with service capacity to ensure the right number and skill mix of staff are available to meet the needs of patients. CCDM was developed after the unit worked with three demonstration sites in 2009, and is currently being implemented in 12 DHBs. The components of the CCDM programme are the base staffing methodology - mix and match part one, mix and match part two, and variance response management, and the core data set. The following video will provide you with useful information on CCDM.



What is Care Capacity Demand Management?

Care Point is NZNO's campaign branding intended to successfully drive CCDM into DHBs. It is primarily directed at supporting NZNO delegates and members, through increasing their knowledge and understanding of CCDM. It provides a suite of tools to support conversations between staff and members to increase understanding and engagement with the safe staffing agenda, and CCDM. CCDM is to be rolled out across primary health care settings in the future.



What is Care Point?

## Quality in primary health care settings

The complexity of the primary health care (PHC) environment makes quality both challenging and essential. Work in Aotearoa New Zealand is only just starting to address quality issues in PHC. As mentioned earlier in the document, there are some useful resources available internationally (see [here](#)). Locally, an Expert Advisory Group has been working on establishing an integrated performance and incentive framework for PHC. Although this framework is very focused on general practice initially, the intention is it will incorporate all facets of PHC, including Māori and Pacific providers and NGOs. The framework is based around the HQSC Triple Aim outlined earlier in this document.



Integrated performance and  
incentive framework

## The consumer perspective

People (consumers, patients or clients) are the reason we have a health system. Indeed, person-centred care is one of the cornerstones of health care practice. Unfortunately, we are often not very good at listening to peoples' perspectives. Good communication with people is an essential element of quality health care. People who receive care know when that care is of high quality and we should seek their opinion on quality of care as part of our quality processes. This may start with customer satisfaction surveys and focus groups, but should be wider than this. Obtaining consumer input into the design, delivery and quality of health-care systems is an essential part of ensuring quality health care. There are a number of groups that may be able to assist in obtaining consumer input into quality processes. The [Mental Health Foundation](#) is a useful starting point. We recommend you review your organisation's policies on consumer engagement and consult where necessary.

In its 2011-2014 Statement of Intent, the HQSC committed to introducing a patient and consumer engagement and participation programme of work, called 'Partners in Care'. The commission recognises the different levels of involvement patients and consumers have with the health, disability and aged-care sectors. These levels include partnerships with providers about their own individual and family needs, the delivery of services, setting priorities, policy development, planning and governance. The programme of work is called 'Partners in Care'. Resources and information about this programme can be sourced below.



HQSC Partners in Care

A number of elements should be standard practice in health care to ensure quality health care includes the patient/consumer voice. These include cultural competence and ensuring people have access and support through complaint processes.

### Cultural competence

Cultural competence describes the skills required of health practitioners to work with people who come from groups or cultures different from their own (Duke, Connor & McEldowney, 2009). It is a requirement of the Health Practitioners Competence Assurance Act (2003) that all health practitioners are culturally competent. Gaining cultural competence is an evolving process inextricably linked to cultural safety.

Cultural safety provides the basis from which a practitioner can become culturally competent. It is a concept that refers to exploring, reflecting on, and understanding one's own culture and how it relates to other cultures with a view to promoting partnership, participation and cultural protection (McMurray & Clendon, in press). Both cultural competence and cultural safety are required to achieve quality practice.

It is also essential that organisations are culturally competent. McMurray and Clendon (in press) outline six principles of culturally competent organisations. Culturally competent organisations:

- > acknowledge diversity;
- > provide culturally appropriate care;
- > enable self-determination and reciprocity;
- > hold governments and health planners accountable for meeting the needs of all cultures;
- > manage from a culturally competent evidence-base; and
- > recognise need for culturally competent training.

Courses and resources are available through the Culturally and Linguistically Diverse (CALD) New Zealand website, set up to provide practitioners with support when working with people from culturally and linguistically different backgrounds to their own. If you live in the Auckland region, you can access the courses for free. Other useful resources are also listed below:



CALD



Best health outcomes for Māori:  
Practice implications (Māori Ora  
Associates and Medical Council of  
New Zealand, 2008)



Te tūroro Māori me o mahi. The Māori  
patient in your practice. Guidelines on  
Māori cultural competencies for  
providers (ACC, 2008).

### Complaints processes

Everyone using a health or disability service has the protection of the *Code of Health and Disability Consumers' Rights* (the code). Point 10 of the code states that the consumer has the right to complain and have their complaint taken seriously. It is the responsibility of the health care provider to ensure an appropriate complaints process is

in place and that consumers can access this easily and make a complaint in the easiest way for them. The Health and Disability Commission (HDC) has a range of resources to help ensuring organisations have an appropriate complaints process and its website is listed below, along with a link to the code brochure for consumers and the full code. NZNO also provides a resource document and this is also listed below.



Health and Disability  
Commissioner's website



The Code of Health and Disability  
Consumers' Rights (Brochure)



The Code of Health and Disability  
Consumers' Rights (full version)



The Code of Health and Disability  
Consumers' Rights (NZNO resource)

The Health and Disability Commissioner's mission is to independently uphold consumer rights by:

- > promotion and protection;
- > resolving complaints;
- > service monitoring and advocacy; and > education.

The HDC investigates complaints and publishes findings on its website. Nurses are frequently mentioned in these reports and there is significant learning to be had from reading through some of these. The link below will take you to the webpage where the commissioner's decisions can be found.



HDC Decisions and case notes

## Nurses: a force for change

The International Council of Nurses (ICN) has developed a simple, evidence-based equation that describes how fundamental nurses are to quality health care:

An educated nurse workforce + a good work environment = high quality care

Nurses are the largest group of health professionals and are often the closest to the patient, whānau and families. For these reasons, nurses are essential in identifying issues, developing solutions, and ultimately improving quality. If there are insufficient nurses working in a dysfunctional/stressed environment, there will be no quality in health care. The ICN International Nurses Day Kit 2014 contains a set of tools and resources from around the world that nurses can use to demonstrate the links between nursing and quality care. We recommend you read this resource and make use of the tools within it. Nurses are a force for change – it is now time to step up even further.



Nurses: a force for change  
(ICN, 2014)

## NZNO role and support

NZNO offers support to members in many areas of quality. To speak with one of our staff regarding how NZNO can help you, please call the Membership Support Centre on 0800 28 38 48.

## Other useful links



Health Navigator: Quality  
improvement



Institute for Healthcare  
Improvement (USA) – videos



Nursing Council of New  
Zealand, standards, guidelines  
and competencies for practice



Midwifery Council of New Zealand

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**Mission statement**

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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