



Ordem dos Enfermeiros Portugal

Quality Care Standards: evaluation of a dissemination and appropriation project

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**QUALITY CARE STANDARDS: EVALUATION OF A
DISSEMINATION AND APPROPRIATION PROJECT**

2.

**FROM A CONCEPTUAL FRAMEWORK
TO THE DEFINITION OF QUALITY
STANDARDS FOR NURSING CARE**



QUALITY CARE STANDARDS: EVALUATION OF A DISSEMINATION AND APPROPRIATION PROJECT

- **Quality indicators of Nursing care** intend to set the nature and include the different aspects of the profession social mandate.
- We need them to clarify nurses role near the clients, other professionals, to the public and the politicians.

Concerning the quality of the professional exercise of the nurses, we proceed to the creation of a conceptual framework based in four concepts:

HEALTH

PERSON

ENVIRONMENT

NURSING CARE



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Conceptual framework

- **HEALTH** is the state and, simultaneously, the mental representation of the individual condition, the control of suffering, the well-being and physical, emotional and spiritual comfort.
- The mental representation of the individual condition and his own well-being **is variable in the time**; - in other words, each person looks for the balance, at each moment, in accordance with the challenges that each situation places.
- So, the health **is the reflex of a dynamic and continuous process** the person wants to reach the state of balance that is translated in the control of the suffering, the well-being and physical, emotional and spiritual comfort.



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Conceptual framework

PERSON / INDIVIDUAL

- The person is a social being and intentional agent of behaviors based on the values, on the beliefs and on the wishes of individual nature, which makes each person into a only being, with own dignity and self-determination.



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Conceptual framework

PERSON / INDIVIDUAL

Personal behaviors are influenced by the environment in which the person lives and develops.

- Each person, in the search of better levels of health, develops intentional processes based on his values, beliefs and wishes of his individual nature, allows to us an understanding in which – each person have his own health project
- The person can feel healthy when transforms and integrates the changes of his everyday life, in his life project, when the same appreciation of this state were done by the one and by others.



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Conceptual framework

PERSON / INDIVIDUAL

- The person is also a centre of non intentional processes.
- The physiologic functions are important in the process of searching for the best balance.
- The physiologic functions are influenced by the psychological condition and by the well-being and physical comfort. Those relations make clear the individuality and indivisibility of each person; so, the person is looked as sole and indivisible.



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Conceptual framework

ENVIRONMENT

- The environment in which the persons live and develop is constituted by human, physical, political, economical and cultural elements, that influenced the ways of life and have reflects in the concept of health.
- In practice of care, nurses need to center the intervention in the interdependence between person and environment.



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Conceptual framework

- **NURSING CARE**
 - The nursing professional exercise is centered in the interpersonal relation between a nurse and a person or between a nurse and a group of persons (family or communities).
 - Nurses and clients have values, beliefs and wishes of individual nature as result of the different environmental conditions in which they live and develop.



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Conceptual framework

- **NURSING CARE**
 - So, in the context of the professional exercise, the nurse stands out for the training and experience that allows to understand and to respect others, in a multicultural perspective, trying to abstain from value judgments relatively to the client.



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Conceptual framework

NURSING CARE

- The therapeutic relation promoted in the context of nursing professional exercise is based in the respect for client capacities and in the empowerment of his rol.
- This relation is developed and is strengthened along a dynamic process, with the objective of helping the client to be proactive in the attainment of his health project. It is important to establish partnership with the client significant persons (family, significant others).



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- The nursing care is focused in the promotion of the projects of health that each person survives and pursues.
- The nurse care improve the person capacities to manage the resources of the community.
- In the management of health resources, nurses promote the learning and the increasing of the repertoire of the personal, familiar and community resources to deal with the helth challenges.
- The interventions of nursing, frequently, are optimized if the whole family is taken for target in care process, namely when the interventions of nursing are related with the behaviors change.
- The professional exercise of the nurses is inserted in a context of multi-professional acting.



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NURSING CARE

- We distinguish two types of nursing interventions :
 - those who began in consequence of other professional prescription (interdependent interventions)
 - those who began with a Nursing diagnosis and prescription (autonomous interventions).
- Relatively to the interdependent interventions, nurse takes the responsibility for his implementation.



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NURSING CARE

- The nursing decision making, who orientates the autonomous exercise, implicates a systematic approach.
- In the decision taking process, the nurse identifies the needs for nursing care (the individual person or the group).
- When the identification of the client problematic is done, the interventions of nursing are prescribed in order to avoid risks, to detect potential problems and to minimize or to solve the real identified problems.



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NURSING CARE

- In the process of taking decision in nursing and in the phase of implementation of the planned interventions, the nurse incorporates the results of the research in the practice.
- It is recognized that *guides of good practice* of care, based on empirical evidence, are an important basis for the continuous improvement of the quality of nurses professional exercise.



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NURSING CARE

- Other dimension of nursing professional exercise it is the ethical and deontological basis.
- The principles of respect for human dignity, respect for human values and care without discrimination, influence the good practice of nursing.
- Nurses knows that *good cares* mean different things to different persons.



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In this phase, six categories of Quality Care Standards were defined in a descriptive form, relative:

- satisfaction of the client**
- promotion of health**
- prevention of complications**
- client well-being and self care**
- functional re-adaptation**
- organization of nursing services**
 - Information systems, Quality Improvement, Nurses Satisfaction; Training, Management of care; HR.**



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THE QUALITY CARE STANDARDS TRANSLATE PRIORITIES THAT ORIENTATE NURSES PROFESSIONAL EXERCISE :

- provide reflection about care practice
- orientate the decision taking process;
- evidence the visibility of care autonomous dimension;
- allow to define quality indicators.



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- **Identify the main needs in care of the population;**
- **Identify the gains in health that have sensitivity to nursing care;**
- **Provides useful information for the implementation, promotion and evaluation of programs of quality continuous improvement ;**
- **Provides useful information to organizational management and for political decisions in health;**



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3. IMPLEMENTATION OF QUALITY STANDARDS FOR NURSING CARE



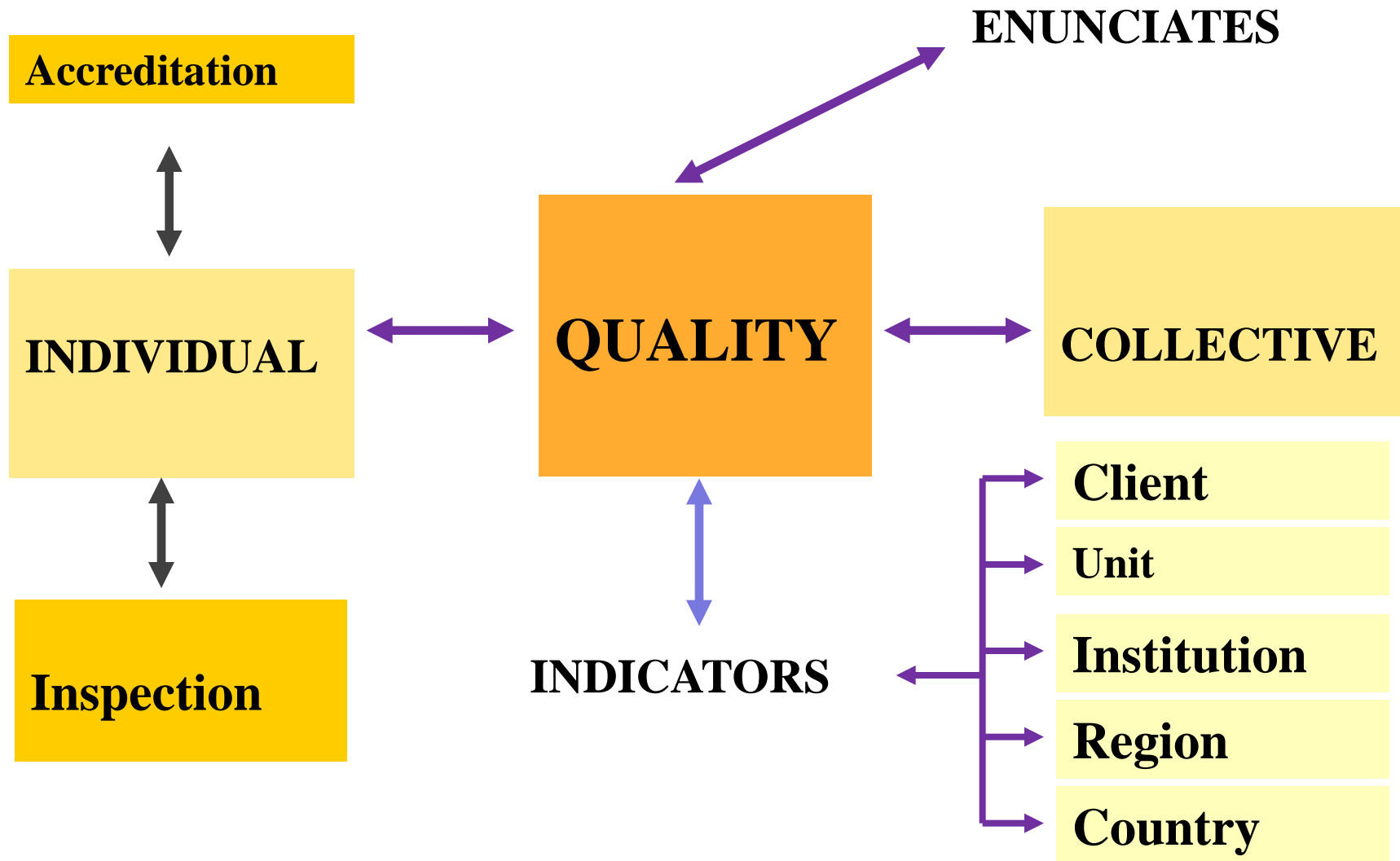
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PURPOSES

- Implementation and development of Continuous Improvement Systems of nurses professional exercise and the quality of the care through the appropriation, by the nurses, of the quality care standards;
- To involve the Health Organizations where nurses develop their clinical practice.



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..... to adequate the resources and to create the
structures

that allow to achieve the quality of clinical practice
in accordance with the conceptual framework.



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PROJECT STEPS

- Sharing the project with the members of the Order of Nurses (all boards);
- Meeting with Portuguese Health Quality Institute;
- Organize 4 regional conferences to share the project with Portuguese nurses;
- Meeting with Nurse Directors and Nursing Teachers



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CONFERENCES GOALS

- To share and to promote the appropriation of the conceptual framework and the descriptive statements of quality;
- To create synergies for the implementation of Continuous Improvement Programs, having as reference the Quality Care Standards;
- To promote an professional exercise with autonomy and responsibility that evidence the impact and the value of nursing care.



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PROJECT DEVELOPMENT

The existence of futures trainers in scope of the promotion for the quality standards and information systems;

Constitution of a group of trainers nurses (1/100).

TRAINERS PROFILE

To be recognized and accepted by peers for his skills;

- To demonstrate leadership capacity;
- To have knowledge and ability about quality management and/or ICNP[©];
- To have good skills on communication;
- To be motivated and available to participate in project.



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HEALTH INSTITUTIONS

RESPONSIBILITIES

- Availability of the trainer nurses to put in place the project;
- Articulation with the Training Department of the Institutions;
- Logistic conditions for supervising;
- Involvement of Nursing Teachers in the care units with nursing students.



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ORDER OF NURSES (Ordem dos Enfermeiros)

RESPONSIBILITIES

- Responsibility for the nurses formation/training that will integrate the trainers group;
- Supervision and support the project development in Health Institutions, through the trainers.



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SUPERVISION BY...

Meetings each three months between the member of the Regional Board of Nursing, responsible for the project and the institutional trainers;

6 months after training, analysis and discussion of the progress report elaborated by the trainers nurses, through an institutional visit.



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SIGNING PROTOCOLS





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Training and Institutional Visit



WHAT WE EXPECT FROM THE TRAINERS?

- To spread Quality Standards;
- To define Quality Indicators;
- To support to the development of Continuous Quality Improvement Programs.



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METHODOLOGY

- Each care unit must have one nurse responsible for the project, trained by the Health Institutions trainers;
- Six meetings (at least) for training in the unit;
- Spreading the conceptual framework and the quality standards, promoting its appropriation by the reflection facing their own clinical practice;
- Definition of quality indicators;
- Development of Continuous Quality Improvement Programs for nursing care;
- Involvement of Head Nurses and Responsible Nurses;
- Involvement of Nursing Schools Teachers;



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- Supervision and support of the trainers from the care units by the institutional trainers;
- Supervision by the Order of Nurses, through the institutional trainer nurses;
- Global assessment of the project and elaboration of a report, each six months;
- Spreading the project outputs for all nurses and other professionals inside the institution, according to the profit in health sensitive to the nursing care.



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4. PROJECT ASSESSMENT: IMPACT AND OUTPUTS



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**Reminding the
stages of the project:**

I Stage – 2005

II Stage - 2007

**Transition of the
project to a
Program**

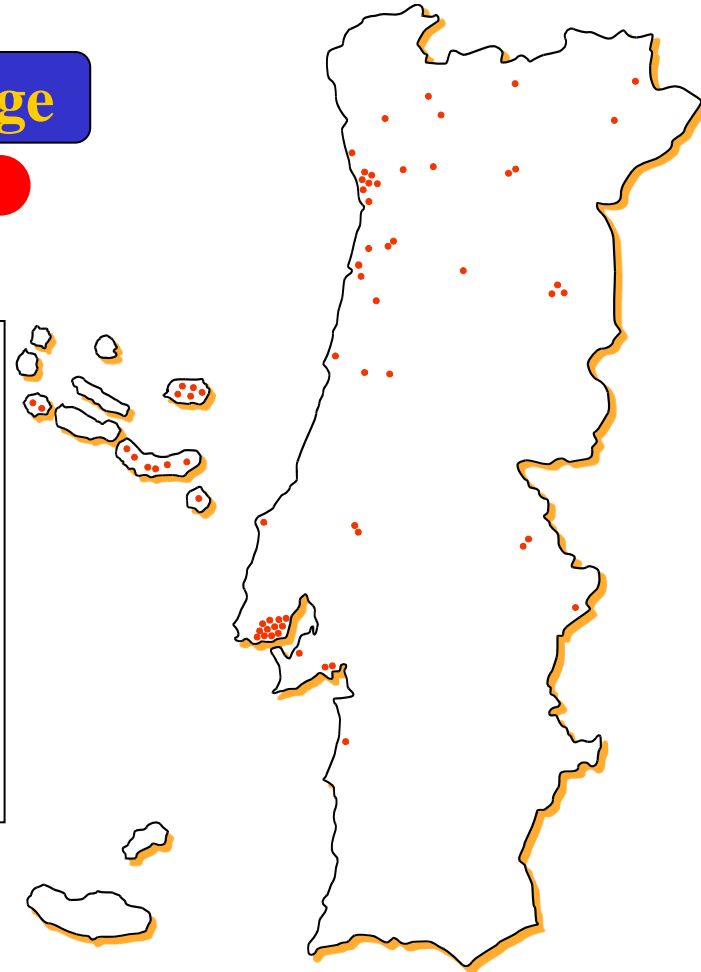
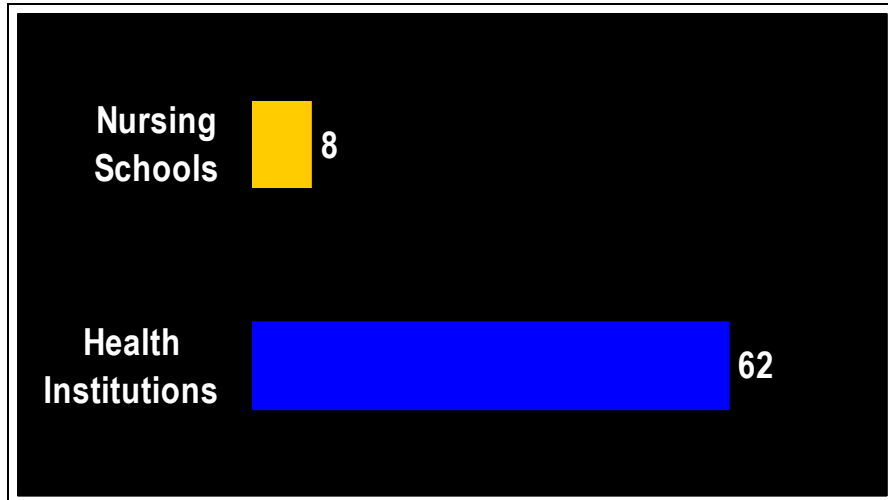
I Stage – 2008/9



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IMPACT and OUTPUTS – I Stage

70 Institutions Adherents





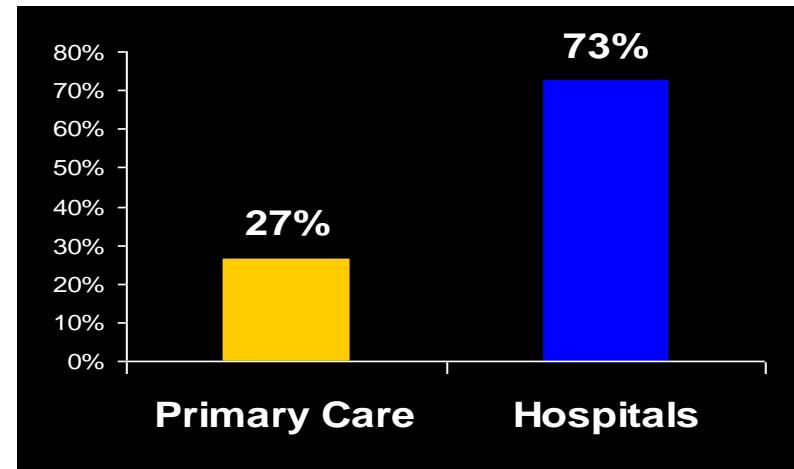
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IMPACT and OUTPUTS – I Stage

About Training Program:

- 178 Nurses was trained.
- Between November 2005 - June 2006.
- Training meetings: 9
(each of them during 7 days)
- Training time: 2646 hours

From Health Institutions



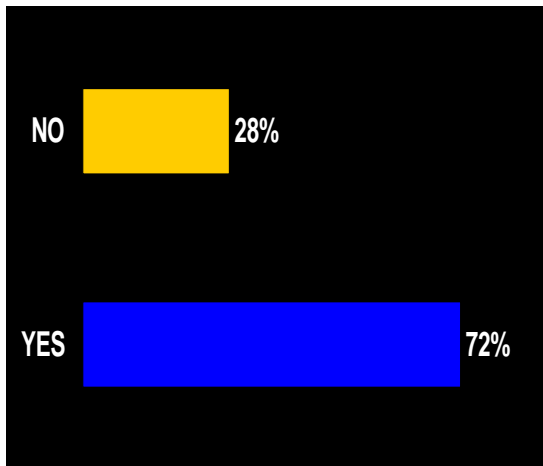


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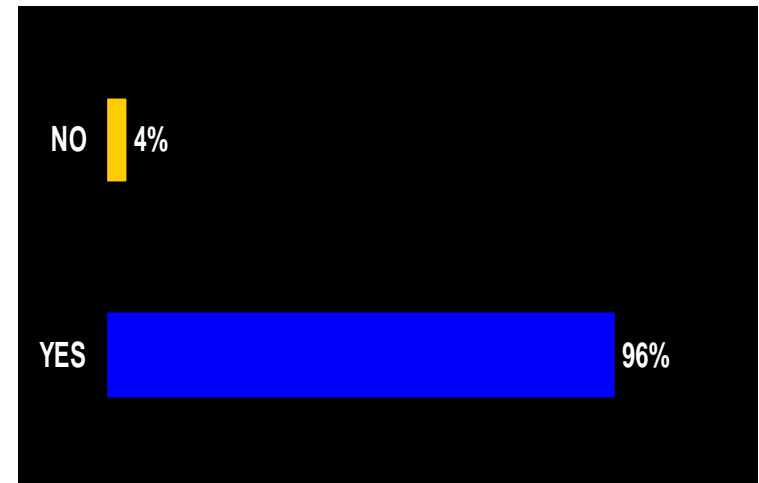
IMPACT and OUTPUTS – I Stage

General outputs from the health institutions:

Units Implementation



Training Sessions (352)



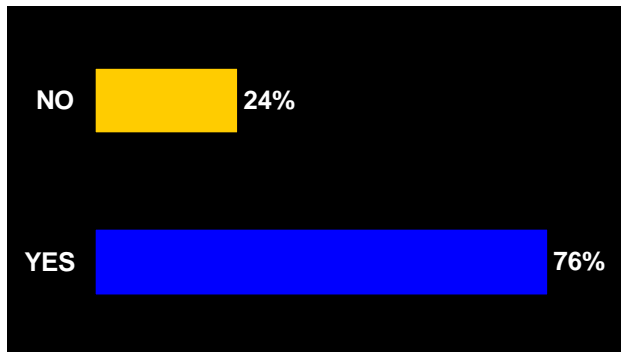


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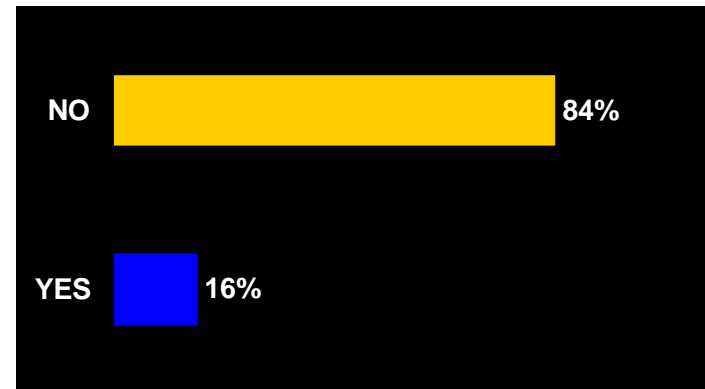
IMPACT and OUTPUTS – I Stage

General outputs from the health institutions:

Project Methodology



Nursing Schools Collaboration



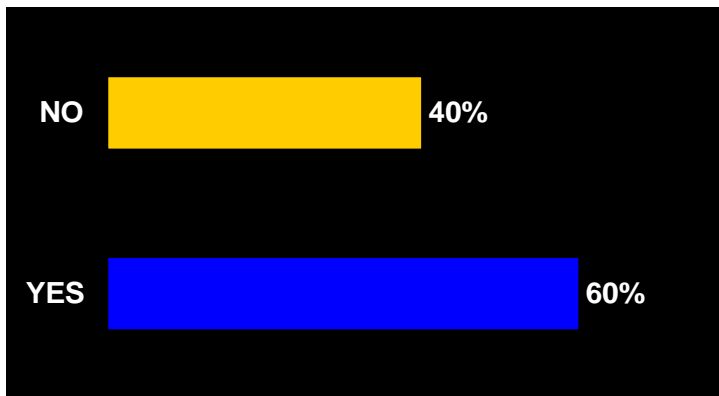


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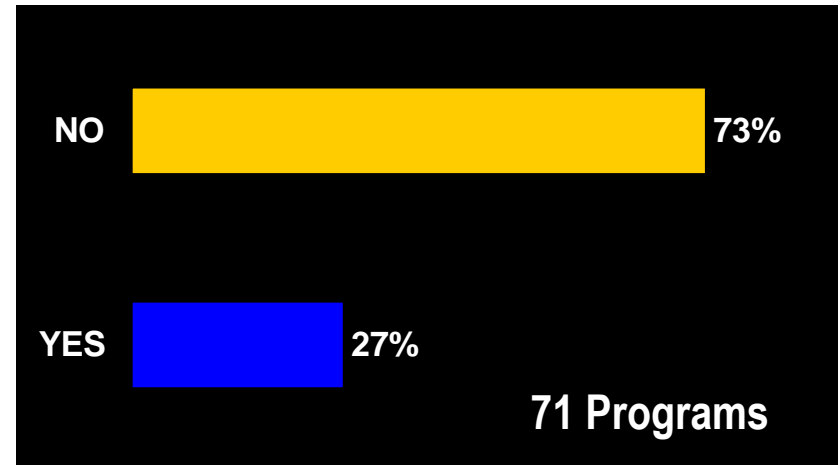
IMPACT and OUTPUTS – I Stage

General outputs from the health institutions:

Nurses Participation (7058)



Continuous Quality Improvement Programs developed





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General outputs from the health institutions:

Results from Quality Standards Reflection

- Greater knowledge;
- Better clinical practice and relationship with clients;
- Improvement of taking decision process;
- Sharing the experiences and ideas;
- Increasing the professional identity, visibility and social representation;
- Establishment of priorities;
- Motivation rise.



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Continuous Quality Improvement Programs

Main areas:

- Pain: assessment and control
- Pressure Sores / Decubitus ulcers
- Self-Care
- Home Care
- Referral, Admission and Discharge
- Infection Control
- Ongoing Care
- Falls
- Primary Nurse
- Needle Stick Injuries



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Continuous Quality Improvement Programs

Gains Identified:

- Pain: assessment and control;
- Nursing records;
- Implementation of ICNP[©] by electronic system
- Communication between staffs;
- Nursing care management and assessment;
- Ongoing care;
- Safety.



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Main Difficulties:

- Shortage of nurses;
- No electronic information system in place;
- Low knowledge about ICNP[©];
- Building Continuous Quality Improvement Programs;
- High mobility of nurses in workplace;
- Low motivation and satisfaction of nursing



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Some outputs from the Nursing Schools (8):

- 82 Nursing Teachers involved;
- 83% students participate in project (1779);
- In all Nursing Schools, the Quality Standards are widespread and included in the curricula;
- Collaboration with 36 services from clinical practice;
- Identified gains through quality standards reflection;
- Seen changes on nursing information systems;
- Some difficulties to work with ICNP.

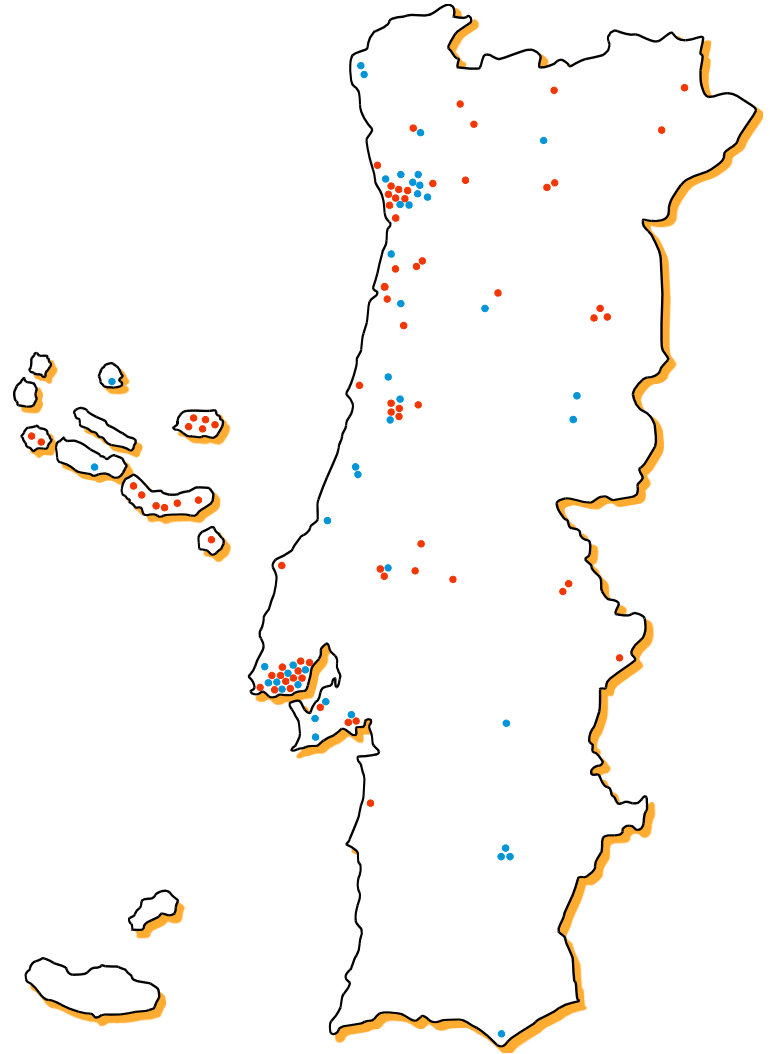


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Since March 2007:

**More 44 Health Institutions
in project**

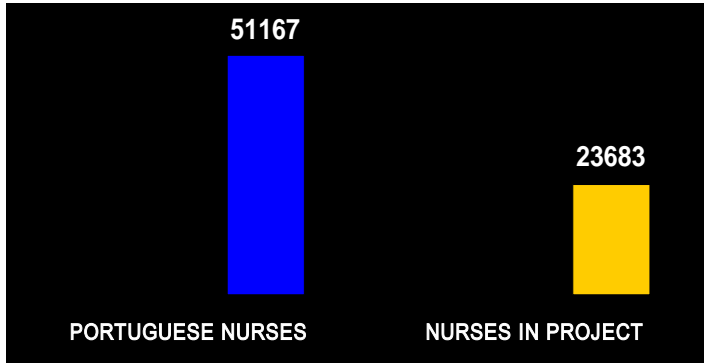
More 105 nurses in training





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46% OF PORTUGUESE NURSES ARE IN PROJECT



The excellence of professional performance never is accidental.

It demands always commitment, dedication and an ongoing process of learning and development.



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5. PROJECT DEVELOPMENT: 2008-2009



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2008-2009

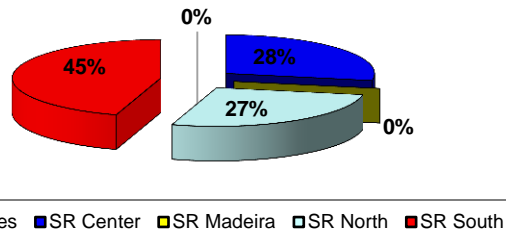
- Primary Health Care Reforms - Political changes
- Priority to Health Regional Administrations
- Project Presentation to Sectorial Health Commission – National Quality Institute

- 3rd Mandate (2008-2011)
 - Project Manager (September 2008)
 - Training of Regional Nursing Boards
 - Institutional visits to health organizations
 - Evaluate the «state of art» of the project



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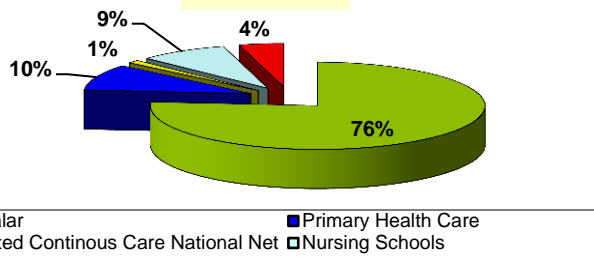
Distribution by regional Section



Regional Distribution

Regional Section	N	%
SR Azores	0	0,00%
SR Center	26	27,96%
SR Madeira	0	0,00%
SR North	25	26,88%
SR South	42	45,16%
<i>Total</i>	93	100,00%

Institution type



Institution Type

Type	N	%
Hospitalar	71	76,34%
Primary Health Care	9	9,68%
Integrated Continous Care National Net	1	1,08%
Nursing Schools	8	8,60%
Other	4	4,30%
<i>Total</i>	93	100,00%



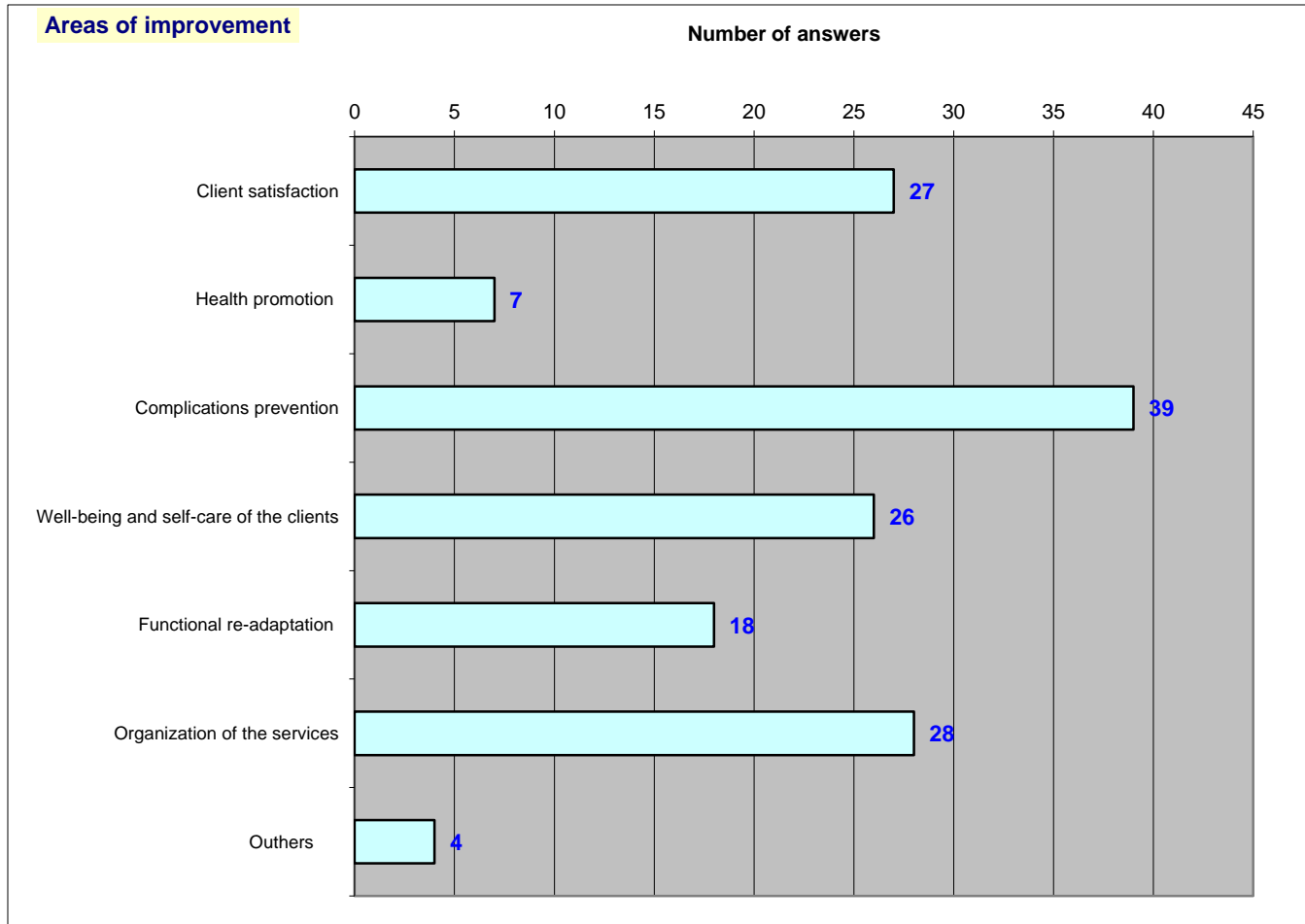
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Characterization (May 2009)

Nurses Trained to be trainers (“dynamizators”)	1190
Amount of Nurses in the health organizations with Protocols with Order of Nurses	17.320
Nurses formed by the Project	56,15%
Services in the health organizations	1027
Services with training	823
% trained services	80,14%



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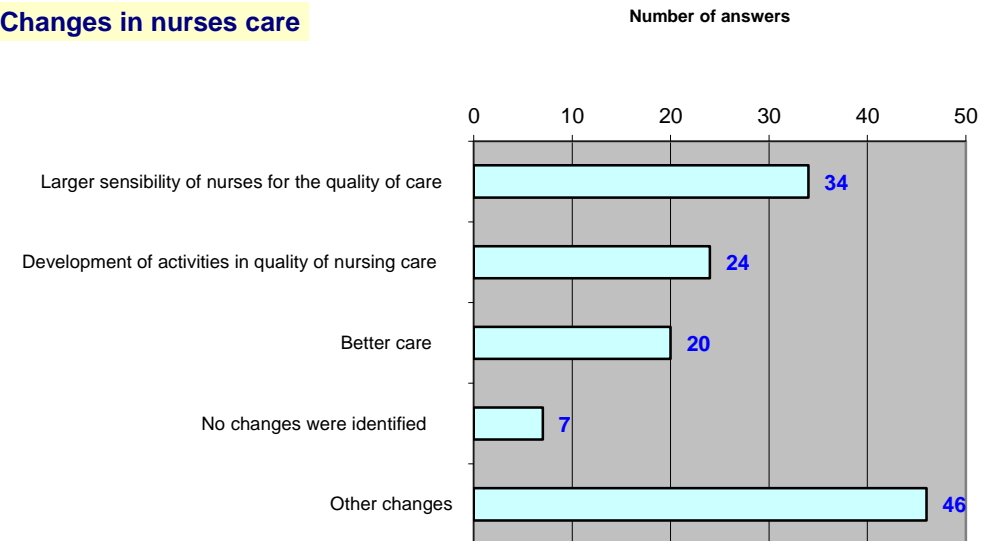


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Quality Indicators

	N
In construction	34
Done	34
Not done	23
Not mentioned	1
<i>Answers</i>	92

Changes in nurses care





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SOURCES

OLIVEIRA, Delfim; CORDEIRO, Raul; LOPES, Fátima; OLIVEIRA, Manuel
QUALITY STANDARDS PROJECT FOR NURSING CARE IN
PORTUGAL. ICN Conference 2007 Yokohama

PROJECT REPORT 2008/2009
MALATO, Domingos (RN, SN)



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Thank you

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