

QUALITY IMPROVEMENT
ANNOTATED BIBLIOGRAPHY
NEW CITATIONS – OCTOBER 2007

Braaten, J. S., & Bellhouse, D. E. (2007). Improving patient care by making small sustainable changes: A cardiac telemetry unit's experience. *Nursing economic\$, 25(3)*, 162-166.

With the introduction of each new drug, technology, and regulation, the processes of care become more complicated, creating an elaborate set of procedures connecting various hospital units and departments. Using methods of Adaptive Design and the Toyota Production System, a nursing unit redesigned work systems to achieve sustainable improvements in productivity, staff and patient satisfaction, and quality outcomes. The first hurdle of redesign was identifying problems, to which staff had become so accustomed with various work arounds that they had trouble seeing the process bottlenecks. Once the staff identified problems, they assumed they could solve the problem because they assumed they knew the causes. Utilizing root cause analysis, asking, "why, why, why," was essential to unearthing the true cause of a problem. Similarly, identifying solutions that were simple and low cost was an essential step in problem solving. Adopting new procedures and sustaining the commitment to identify and signal problems was a last and critical step toward realizing improvement, requiring a manager to function as "teacher/coach" rather than "fixer/firefighter". (Source: PubMed)

Bryan, J., Carstairs, T., Hurst, L., & Mahendran, M. (2006). Ongoing quality monitoring and enhancement explained. *Nursing times, 102(36)*, 32-35. The University of Northampton (formerly University College Northampton) was one of five sites selected to pilot ongoing quality monitoring and enhancement (OQME). The process measures the quality

of healthcare education programmes provided by academic institutions and clinical learning environments using an integrated and streamlined system. This article describes OQME from a clinical placement perspective. (Source: PubMed)

Edwards, S. L. (2007). Critical thinking: A two-phase framework. *Nurse Education in Practice*, 7(5), 303-314.

This article provides a comprehensive review of how a two-phase framework can promote and engage nurses in the concepts of critical thinking. Nurse education is required to integrate critical thinking in their teaching strategies, as it is widely recognised as an important part of student nurses becoming analytical qualified practitioners. The two-phase framework can be incorporated in the classroom using enquiry-based scenarios or used to investigate situations that arise from practice, for reflection, analysis, theorising or to explore issues. This paper proposes a two-phase framework for incorporation in the classroom and practice to promote critical thinking. Phase 1 attempts to make it easier for nurses to organise and expound often complex and abstract ideas that arise when using critical thinking, identify more than one solution to the problem by using a variety of cues to facilitate action. Phase 2 encourages nurses to be accountable and responsible, to justify a decision, be creative and innovative in implementing change. (Source: PubMed)

Ferguson, L., Calvert, J., Davie, M., Fallon, M., Fred, N., Gersbach, V., et al. (2007). Clinical leadership: Using observations of care to focus risk management and quality improvement activities in the clinical setting. *Contemporary nurse : a journal for the Australian nursing profession*, 24(2), 212-224.

In an era when patient safety and quality of care are a daily concern for health care professionals, it is important for nurse managers and other clinical leaders to have a repertoire of skills and interventions that can be used to motivate and engage clinical teams in risk assessment and

continuous quality improvement at the level of patient care delivery. This paper describes how a cohort of clinical leaders who were undertaking a leadership development program used a relatively simple, patient-focused intervention called the 'observation of care' to help focus the clinical team's attention on areas for improvement within the clinical setting. The main quality and safety themes arising out of the observations that were undertaken by the Clinical Leaders (CLs) were related to the environment, occupational health and safety, communication and team function, clinical practice and patient care. The observations of care also provided the CLs with many opportunities to acknowledge and celebrate exemplary practice as it was observed as a means of enhancing the development of a quality and safety culture within the clinical setting. The 'observation of care' intervention can be used by Clinical Leader's to engage and motivate clinical teams to focus on continuously improving the safety and quality of their own work environment and the care delivered to patients within that environment. (Source: PubMed)

Rubinfeld, M. G., & Scheffer, B. K. (2006). *Critical thinking TACTICS for nurses :Tracking, assessing, and cultivating thinking to improve competency- based strategies*. Sudbury, Mass.: Jones and Bartlett. This book addresses issues such as critical thinking language, awareness enhancement, the merging of critical thinking and quality care, encouraging the critical thinking of staff and students, and designing performance criteria for critical thinking. The authors draw on their research and expertise in teaching and practice to synthesize the seventeen components of critical thinking in nursing with the Institute of Medicine's (IOM) five competencies: patient-centered care, interdisciplinary team work, evidence-based practice, informatics, and quality improvement. (Source: Publisher)