CHILDREN'S NURSING

Quality patient care: challenges and opportunities

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Abstract

There are several interlocking elements integral to the delivery of safe patient care, including clinical governance, efficient communication, teamwork, risk assessment, inter-professional education and effective leadership. Each element can be challenging to understand, develop, or act on, but it is essential that nurses use these as opportunities to ensure their specialty or service delivers safe and high-quality care. This article discusses each of these elements and its relationship to quality patient care, with specific reference to the role of children's nurses.

Keywords

children's nursing, high-quality care, inter-professional education, leadership, nursing management

Introduction

The provision of high-quality and evidence-based care, encompassing the fundamental needs of children, young people and their families, is essential to achieve clinical excellence. The Willis (2012) and Berwick (Department of Health (DH) 2013) reports recommended the need for numerous improvements in practice, a changing leadership culture and quality care with compassion. However, leaders can only manage effective change if their teams understand and acknowledge the need to continually improve practice. Further, nurses must embrace these changes as opportunities to be critical decision makers, and to enhance the quality of patient care.

Figure 1 represents the various elements of quality patient care, and the article discusses each one. Although the article refers to the role of children's nurses, many of the issues apply to all fields of nursing and to nursing students.

Quality care

The World Health Organization (WHO) (2006) described quality care as patient-centred, equitable care, that is accessible, effective and efficient, and delivered in a safe and acceptable way to individuals. In children's nursing, quality care must focus on the fundamental needs of children and their families, and be informed by the best available evidence, to enable healthcare professionals to deliver and maintain safe and effective care.

Quality is vital in healthcare, and there are strategies and policies aimed at transforming and optimising standards of care (Department of Health, Social Services, and Public Safety (DHSSPS) 2006, Care Quality Commission 2009). Nursing care is always changing, but must continue to meet individual patients' needs, while continually assessing and improving services to maintain high standards of care and provide quality assurance.

The concept of quality care has different meanings to different health professionals, and among different professional groups. In children's nursing, a wide range of issues, such as the relationship between nurses, children and their parents or the standard of clinical environments, can affect the perception of quality care and this can lead to confusion about how quality is defined, recognised or improved (Chang et al 2009).

The plethora of definitions of quality care can impede interpretation of the term, resulting in a lack of understanding among healthcare professionals. Children's nurses must recognise the importance of working together to improve quality care, and ensure patient safety, which depends on creating common goals between members of healthcare teams (Zwarenstein and Reeves 2002).

Efforts to promote high-quality care, however, have been overtaken by the need to cut costs, which could reduce quality and affect patient safety (Cranston 2002). Clinical governance, in this context, is a welcome system of authority where

healthcare teams are accountable and there is a framework to prevent finance taking priority over quality.

Nurses and other health professionals are guided by clinical governance, as a systematic approach to promoting and maintaining high standards of care, safety and patient satisfaction (Braine 2006).

Clinical governance

Clinical governance, which makes NHS organisations responsible for continually improving service quality and safeguarding high standards of care, emerged after several significant health service failures, including the Bristol scandal which resulted in the investigation of the deaths of children who had had cardiac surgery (Kennedy 2003).

The Kennedy inquiry found that the children's deaths were the result of poor standards of care, ineffective clinical supervision and professional support, and a lack of provision for regulating practice. It also reinforced the need for national standards of care and acted as a precursor to prevent such failures reoccurring.

There are several important components of clinical governance vital for implementation of such a comprehensive quality care framework, one of which is risk management. Risk is present in all areas of clinical practice, for example medication administration, moving and handling, and infection control. Human error is a fundamental risk, that is unpredictable and unintentional, therefore implementation of risk management is essential to identify, assess and reduce potential harm to patients, staff and the public (Clarke and Corkin 2012).

Research shows that safety failures occur because of poorly designed management systems, which suggests that organisational, rather than individual, failures more readily result in patient safety issues (Currie and Watterson 2007). Therefore, healthcare staff responsible for managing teams and/or budgets, should ensure the service they deliver is both safe and effective. Research has highlighted that the cost of preventable errors to the NHS could amount to more than £1 billion a year (Frontier Economics 2014).

Nurses are aware of clinical governance, as they are immersed in clinical audits and self-governance to support their professional development and performance (Brennan and Flynn 2013). Clinical governance and risk management must be integral to monitoring patient safety and standards of care.

Team working

Effective teamwork in healthcare systems is a vital aspect of preventing organisational failures and reinforces safe, quality patient care. Teamwork describes a group of people who work together to achieve a common goal and in relation to healthcare, that goal is high-quality patient care (Ellis and Bach 2015). To enable a shared vision, team members assume complementary roles, work cooperatively, and share responsibility for the care they provide (Brennan and Flynn 2013). Teamwork enables professionals to increase their awareness and understanding of each other's clinical expertise, which should lead to sharing information and problem-solving, which contribute to effective care (Rosenstein and O'Daniel 2008). An interdisciplinary approach is required to provide integrated care that best meets the needs of individual patients.

The inability of organisations to ensure effective team working can compromise patient safety. Research suggests that patient care priorities can differ between team members, resulting in patients receiving conflicting information and inconsistent care (Cleary 2003, Rosenstein and O'Daniel 2005). There are various barriers to working cohesively as a team, such as poor communication, negative attitudes and behaviours, and to overcome these team members must have trust in, and respect for, each other (Regan et al 2016).

Case study 1 illustrates how effective teamwork, and clear communication pathways, between children's nurses who work at an advanced level of practice in specialist roles, can improve patients' experiences.

Figure 1. Process of managing opportunities to enhance quality patient care

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Communication pathways

Efficient communication is an integral part of successful team collaboration (Braine 2006). Failures in communication between health professionals, children and their families can be a result of various issues, including language barriers, jargon and inconsistent, or lack of, appropriate record-keeping (Rosenstein and O'Daniel 2008).

The inquiry into the death of Victoria Climbie, a child who died of injuries sustained after months of abuse, highlighted the need for accurate, written communication, in one set of multi-professional notes that can be used and accessed by the entire multidisciplinary team (Laming 2003). This has now become common practice, as a legal and professional requirement, whereby professionals have a greater understanding of their individual roles, responsibilities and accountability in practice (Nursing and Midwifery Council 2015).

Open and consistent verbal communication between healthcare professionals and patients is also required to improve information sharing, and patient safety, which can help prevent clinical errors and increase quality patient care. Further, it is vital that clinical mistakes are analysed to identify learning points and make appropriate changes, where required, to promote safe effective care (Attree 2007).

Children, young people and their families have the right to be involved in decision-making processes, in recognition of the fact that they are partners in care, regardless of age or stage of development (Hendrick 2010). Families' involvement in their children's care can have a positive influence on children's health and well-being, and supporting this recognises that parents are valuable members of the team in relation to safe and effective care. Therefore, children's nurses need to use effective leadership skills to ensure collaboration between healthcare professionals, children and their families.

Leadership styles

There is a significant correlation between quality patient care and effective leadership (Tregunno et al 2009). Transformational leaders have exceptional emotional integrity, creative leadership styles, and use mentoring opportunities to motivate and inspire team members (Doody and Doody 2012).

The nursing profession needs more nurses in senior leadership roles to influence guidelines, shape health policies and develop high-quality nursing services. Effective team working and communication depend on management strategies, and how nurse managers use these in practice to their advantage (Sullivan and Garland 2010).

The success of management strategies is based on nurse managers' ability to engage effectively with, and motivate, the rest of the team, encouraging team members to collaborate in a non-punitive and supportive environment. Effective nursing leadership depends on an honest appraisal of individual strengths and weaknesses, which supports other healthcare professionals to develop their own leadership styles, and enables nursing students to model positive behaviours, qualities and values (Ellis and Bach 2015).

Case study 1

An eight-bed paediatric decision unit (PDU) is staffed by two advanced paediatric nurse practitioners (APNPs) and one specialist children's nurse, with support from senior medical staff. A further three children's nurses are undertaking the advanced paediatric nursing course, and on completion will support further development of the service.

The PDU is open Monday to Friday 8am to 10pm, and accepts referrals from the emergency department, GPs, midwives, health visitors and community nurses. A paediatric advice line is available where referring practitioners can contact a consultant paediatrician for advice and/or discuss a referral to PDU. This unit often accepts acutely ill children with a range of illnesses.

Children referred to the PDU undergo a consultation and examination by an APNP, who then formulates a management plan in partnership with the parents. The children are observed for up to six hours, and a decision is then made by the APNP to admit or discharge.

The community nursing team work with PDU staff to provide follow-up care to discharged patients as required.

An audit to assess the effects of the service showed an improvement in patients' journeys, and a reduction in inpatient admissions, therefore the service has improved the overall quality of care.

To achieve this, effective team working between various specialties and disciplines is required, acute and community nursing teams, nursing and medical teams, and midwifery and health visiting teams. This is essential to provide individual integrated care and clear communication pathways between acute and community services.

The service complements the recommendations in Transforming Your Care (DHSSPS 2011), in which radical changes were proposed to reform and modernise healthcare over five years.

Children's nurses, and those in other fields of practice, must be receptive to change, as the NHS is continually striving to improve and develop clinical excellence (Baulcomb 2003). Staff at the forefront of care delivery can be resistant to change for various reasons, including fear of the unknown and lack of competence (Braine 2006). Frontline staff who have not been involved in the change process from the outset could become resistant. It is important, therefore, to engage staff from the start and to recognise that the only constant in nursing is change.

Some authors refer to healthcare professionals at the forefront of care as being at the 'sharp end'; and managers, who govern work environments and regulate quality care, as being at the 'blunt end' (Armitage et al 2010). However, these distinctions should be considered as a whole, using a systematic approach to provide quality care that includes communicating a common vision, sharing responsibility, engaging in effective team working and therefore promoting quality patient care. Healthcare professionals at the 'sharp end' can experience difficulties if a systematic approach to care is not adopted and can feel unable to voice their concerns in a work culture that attributes blame (Armitage et al 2010).

A culture of blame still exists in health services, and many nurses who voice concerns or report mistakes are subjected to negative experiences (Keers et al 2015). Apportioning blame, and bullying, can prevent nurses from challenging unsafe practice, raising concerns, or reporting errors (Currie and Watterson 2007). To handle conflict skilfully in the workplace, nurse managers must focus on the facts, and develop the ability to reflect as well as evaluate the actions and approaches required to create a positive outcome for all concerned.

Healthcare professionals must be empowered to report errors and near-misses, which is an integral part of risk assessment and management processes, so that clinical incidents can be identified, reflected on and prevented (Clarke and Corkin 2012). This requires an open and supportive culture that meets the needs of children and their families, as well as the needs of staff. Nurse leaders should be visible, model appropriate attitudes, and avoid criticising staff (DH 2013).

Risk assessment

Risk assessment is a vital component of risk management and helps predict potential harm, as well as the potential extent of that harm (Clarke and Corkin 2012). Risk cannot be eliminated, but with good assessment and management it can be minimised, and is a fundamental aspect of care planning.

All areas of practice must be supported to reduce the risk of errors and enhance patient safety. Open and honest dialogue in the workplace is conducive to learning, and standardised communication tools have been introduced to encourage detailed and timely communication between disciplines (Rosenstein and O'Daniel 2008).

For example, the situation-background-assessment-recommendation (SBAR) tool (Institute of Healthcare Improvement 2017) provides a structured framework to ensure essential information is effectively transferred between professionals. The SBAR tool aims to focus the communicator and enhance their critical thinking skills, when used correctly, it can also increase confidence (Marquis and Huston 2015). Further, the tool can enhance inter-professional working and be adapted to different environments and disciplines.

Inter-professional education

It is essential to include the SBAR communication technique in undergraduate inter-professional education programmes (IPE) to highlight the importance of cohesive team working, and link the interface between theory and practice (Braine 2006). Provision of safe, quality care is dependent on effective inter-professional teamwork and collaboration, with an emphasis on role clarification, situation awareness, mutual respect and appropriate communication pathways (Corkin and Morrow 2011).

The WHO (2006) supports joint working between practitioners, in terms of improving communication, promoting safe and quality care, reducing clinical errors and enhancing organisational performance. IPE can enable students to gain knowledge of other professional roles and group dynamics in a safe, risk-free learning environment (Bradley 2006).

Using high fidelity simulation in IPE programmes can help students experience 'real-life' situations and promote positive learning experiences, such as team collaboration and reflective practice. However, Corkin and Morrow (2011) highlighted that while IPE is an essential approach to shared learning opportunities in pre-registration programmes, implementation can be challenging due to timetabling, which requires active engagement and commitment when facilitating delivery of resourceful sessions.

Conclusion

The nursing profession is facing significant challenges, not least in terms of meeting increased service demands at a time of shrinking resources. The effectiveness of healthcare organisations in this rapidly changing climate often comes down to professional capabilities and how well teams respond to opportunities or crises.

Newly qualified nurses must learn to develop organisational skills, communicate appropriately with inter-professional and multidisciplinary teams, and manage risk. Nurse educators should inspire and motivate the development of effective thought leaders by helping students develop essential skills required to deliver high-quality patient care in challenging circumstances.

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