

From the Editor-in-Chief

Quality Improvement – Every Nurse’s Responsibility

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Quality improvement (QI) is both a simple and a complex concept. QI can range, for example, from a simple improvement that finds a way to provide easier and more timely access to equipment to a complex improvement, such as changing a national culture from one that sees in-center hemodialysis as the default treatment option for patients requiring kidney replacement therapy to

thinking home therapy or transplant first, and creating the resources and systems necessary to make that change a reality. While many people think first and foremost about patient care when QI is mentioned, QI is actually a broad concept that also includes such things as the process by which care is delivered, how health care workers acquire knowledge and expertise, how health care organizations are led and managed, and the work environments in which health care workers practice.

Step One

The first obvious step in the QI process is to identify what needs to be improved. What creates a barrier to providing quality care or assuring a patient’s or a nurse’s safety? What makes it easier to do the wrong thing than to do the right thing? The best person to identify needed improvements is generally the person closest to the issue – often the nurse. However, sometimes the potential identified improvement seems too big and unwieldy to tackle. Couple that with a health care team that has been pushed to and beyond its limits the last two years, and you have a recipe for “do what you can to fix the immediate problem and move on.” But that isn’t the best response. Even the biggest issue can be broken down to small components, and teamwork is often more effective than solo acts. The first step, therefore, when you see a need for improvement is to let others know a problem or potential problem exists.

Quality Improvement

Many processes can contribute to QI, and sometimes, the sheer number of processes and resources can be overwhelming. Langley and colleagues (2009) offer a model for improvement based on three fundamental questions and the Plan-Do-Study-Act (PDSA) cycle. The three questions are:

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- “What are we trying to accomplish?”
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?” (p. 5)

The PDSA cycle is used to build knowledge, test a change, and/or implement a change. Some simple QI efforts do not need a PDSA cycle, while complex QI efforts may require multiple cycles. Doing QI is very different than doing research. Unlike research, many things that affect QI efforts cannot be controlled, which makes it necessary to periodically re-assess and make adjustments, thus the need for PDSA cycles. QI, like nursing, happens in the real world and, to be sustainable, QI must consider real world issues.

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We have much to do. The need for a major transformation to improve the health care system was evident before the pandemic. The need expanded and became more obvious as the pandemic continued. This is not a “one and done” transformation. As nursing leader Dr. Tim Porter-O’Grady said at a recent national conference of nursing leaders, “We are at the beginning of a long trajectory of transition in health care.”

Successful QI requires collaboration – individuals with diverse knowledge, expertise, and views coming together for the benefit of the whole. Inclusion and diversity trump exclusion and silos every time. QI is every nurse’s responsibility – identifying opportunities and advocating for improvement, working with others to make improvements, and sometimes, leading the improvement efforts.

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Reference

Langley, G.J., Moen, R.D., Nolan, K.M., Norman, C.L., & Provost, L.P. (2009). *The improvement guide: The practical approach to enhancing organizational performance*. Jossey-Bass.