Reliably Addressing “What Matters” Through a Quality Improvement Process

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Oncology nurses have a critical role in mitigating the intense vulnerability, loss of control, and fear of the unknown that characterizes the experiences of patients with cancer and their family members. Reliably inquiring about the issues that are at the forefront for patients and their loved ones can encourage a deeper dialogue—where nurses can understand and address the issues that are most important to them. A practical quality improvement approach can help to ensure that processes are in place to assist nurses in devoting time to reliably inquire about “what matters” to each patient at every encounter.

At a Glance
- Inquiring about what matters to patients at every encounter is a key element of relationship-based care.
- Using a practical quality improvement framework enables nurses to create, test, and implement reliable processes to assess and address the issues that are most important to patients.
- Developing, testing, reliably implementing, and spreading changes are essential improvement abilities for oncology nurses in all clinical settings.

The concept of asking, “What matters to you?” as well as, “What is the matter?” was introduced by Barry and Edgman-Levitan (2012) in the context of implementing shared decision making among patients, their families, and the healthcare team. Barry and Edgman-Levitan (2012) wanted to increase clinicians’ awareness of important issues in patients’ lives that could drive customized plans of care. Leaders at the Institute for Healthcare Improvement (IHI) believe that “What matters to you?” is a simple yet profound concept that is key to creating deeply personal engagements with patients and their family members through a greater understanding of what is in the forefront of their minds at each encounter. Inquiring about what matters can encourage a deeper dialogue, serving as a foundation for developing genuine partnerships with patients and family members to transform their experiences of care (IHI, 2015a, 2015b).

Oncology nurses seek to understand the comprehensive needs and goals of the patients and families they serve. However, in the busy world of clinical care, innumerable situations arise in which what really matters is not understood or addressed. The critical role of oncology nurses in mitigating the intense vulnerability, loss of control, and fear of the unknown that characterizes the experiences of patients with cancer and their families was described by Gross (2015), in which the following call to action was put forth.

What if we created a space for every patient every day where, in a consistent manner, we assess and address the issues that are most important to them? What would we discover by making this as important and as consistent a practice as the safety steps in chemotherapy administration? (Gross, 2015, p. 144)

How should teams of oncology nurses embark on the quality improvement journey to reliably inquire about what matters for each patient at every encounter? The Model for Improvement (Langley et al., 2009), used by IHI and countless others as the engine for change and improvement, is one methodology that can help teams get started. The following introduction to the Model for Improvement describes the fundamentals for a practical approach for quality improvement and includes examples of how each step can guide the reliable implementation of “What matters to you?” in an infusion center for patients with cancer.

Model for Improvement

The Model for Improvement is a framework for accelerating the pace of improvement (Associates in Process Improvement, 2015) and is not meant to replace other change models that oncology nurses may already be using.
Rather, the Model for Improvement provides a practical framework to accelerate the pace of improvement. The model (a) consists of three fundamental questions (“What are we trying to accomplish?”, “How will we know a change is an improvement?”, and “What changes can we make that will result in improvement?”) that can be addressed in any order, and (b) makes use of the Plan-Do-Study-Act (PDSA) cycle to test changes. The PDSA cycle guides the learning from the tests of a change to determine if the change is an improvement (Deming, 2000). The three questions combined with the PDSA cycle create the foundation of the Model for Improvement.

Including the right people on a process improvement team is the critical first step for any successful improvement effort. The day-to-day leader for the initiative should identify a core team that will be dedicated to creating, testing, and implementing reliable processes to assess and address the issues that are most important to patients. Team members should include patients and family members, oncology nurses, and other staff to form a frontline improvement team for the co-design, testing, and implementation of effective interventions.

Steps in the Process

Intending to improve is a necessary first step toward improvement. The team develops a written aim statement that outlines what it is trying to accomplish. The aim should be time-specific and measurable (i.e., how good and by when?).

Patient survey
Please rate your experience with the infusion center by indicating your response to the following statement: “The nursing staff asked about ‘What matters to me?’ and provided support and ensured that I received the help I needed.”

| Scoring | Numerator: Number of completed surveys indicating ”strongly agree” to the statement | Denominator: Number of completed and returned surveys for the month |

Aim: The nursing staff asks every patient, “What matters to you?” during the infusion appointment, documents the issues that are important to each patient, and ensures that a plan of action is in place to meet the patient’s needs, values, and preferences 90% of the time.

Measuring improvement: Improvement teams use quantitative measures to determine if specific changes actually lead to improvement. Track measures over time to assess impact of changes (see Figure 1).

Testing changes: Although not all changes lead to improvement, all improvement requires change (IHI, 2015a, 2015b). Ideas for change may come from a variety of sources—evidence-based practices, such as the use of the teach-back method (Always Use Teach-Back, 2015) to assess what patients understand about clinical treatments and potential side effects, qualitative feedback such as the voice of the patient, insights or theories (Provost & Bennett, 2015) of nurses and others who work in the clinical area, and ideas generated from creative processes, such as brainstorming sessions with nurses, patients, and family members to generate new change ideas to test (see Figure 2).

Plan-Do-Study-Act Cycle

The PDSA cycle is a method often used for action-oriented process improvement—by planning it, trying it, observing the results, and acting on what is learned (Deming, 2000). Testing individual changes helps frontline teams to learn quickly about what new ideas should be adopted, adapted, or abandoned.

Oncology nurses in an infusion center should test new change ideas to help them develop more reliable processes for assessing and addressing the issues that are most important to patients and their families. Reasons to do this include:

- To increase the belief that the change will result in improvement
- To determine which of several proposed changes will lead to the desired improvement
- To evaluate how much improvement can be expected from the changes
- To decide whether the proposed changes will be effective in the actual work environment
- To decide which combinations of changes will have the desired effects on the measures of quality
- To evaluate costs, impact, and possible unintended consequences from a proposed change
- To minimize resistance from staff during implementation of the changes.

Implementing Changes

After testing changes on a small scale, learning from each test, and refining the changes through several PDSA cycles, the team is ready to implement the successful changes. A key step is to develop standard work processes and communicate these to all nursing staff in the infusion center. Whenever possible, make it easy to do the right thing. A reliable system makes use of human factor principles (e.g., building on existing habits, using checklists to avoid relying on memory, foolproofing the process to make doing the wrong thing difficult, using standard protocols and training to build new
The Model for Improvement can serve as a powerful engine for change and improvement in all clinical settings. To make improvements, be clear about what is to be accomplished, how to know that a change has led to improvement, and what changes can be made that will result in an improvement.

Developing, testing, reliably implementing, and spreading changes are all improvement capabilities that are essential for oncology nurses. Although this article focuses on the application of the Model for Improvement to help oncology nurses assess and address the issues that are most important to patients, this model and the related competencies can serve as a foundation for any improvement effort.

References


