



Quality Care: Where We Came From and Where We Must Go

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The focus of this new column will be to showcase innovative work that has advanced quality in areas of practice and care delivery that are of interest to the practicing oncology nurse. Examples include, but are not limited to, practice environment innovation, patient outcomes and experiences of care, team effectiveness, and unit-based or institutionwide system changes.

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The editorial board's decision for the *Clinical Journal of Oncology Nursing* (CJON) to place special emphasis on quality comes at an important time. Passage of the Patient Protection and Affordable Care Act (2010) expanded healthcare access to millions of Americans, mandating sweeping reform to the current system. The goals of increasing access and decreasing cost, while maintaining or improving quality, are central to the mandate of this new law. These goals pose specific and important challenges to those in oncology care. How can healthcare providers give cost-effective care that produces reliable and consistent quality outcomes for patients with cancer and their families? How can healthcare providers ensure patients and payors that the interventions at the system, institution, and individual patient levels produce outcomes that are of sufficient value (low cost and consistent, reliable quality) to garner their trust and payment? Some answers to these questions lie in the growing body of knowledge regarding the science and methods of quality improvement. In this article, the evolution of quality improvement in health care is examined, as are the implications for oncology nurses and oncology care.

History and Evolution

Healthcare quality improvement is focused on the design, implementation, spread, and sustainability of interventions that demonstrate measureable improvements in clinical care processes and/or systems supporting those processes. The objective is to deliver the highest quality care at the lowest possible cost. The Institute of Medicine ([IOM] 1999) defined quality as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. The IOM (2001) later expanded the definition by identifying six aims for improving the quality of healthcare to make it safe, effective, patient-centered, efficient, timely, and equitable. These aims have guided quality improvement work in health care for the past decade. In 2011, a working group called the National Strategy for Quality Improvement in Healthcare was formed with the passage of the Patient Protection and Affordable Care Act and charged with developing quality aims and priorities for health care in the United States. The group issued its first report to Congress in April, 2012 (Agency for Healthcare Research, 2013).

The aims are similar to those identified by the IOM in 2001. However, emphasis is placed on improving population health, preventing disease, and the affordability of care (see Figure 1).

The evolution of quality improvement in health care has roots in the work of Florence Nightingale. Working in a Turkish Hospital caring for British soldiers during the Crimean War, Nightingale established the link between sanitation, hygiene, infection, and mortality rates. Informed by her observations of the practice environment and care delivery systems, she implemented interventions corresponding to emerging theories of the spread of infection-causing microorganisms. Her interventions put emphasis on hand hygiene, changing of bed linens, sanitizing surgical instruments, providing proper nutrition, and ensuring fresh, continuous airflow for patients. A forerunner in the measurement of patient outcomes, Nightingale examined the impact of these interventions on infection and mortality over time, demonstrating a decrease in mortality rates from 60% to 1% (Goldie, 1987; Kalisch & Kalisch, 2004). Spreading and sustaining those changes across the system, she used her own evidence to create a safer, more reliable practice environment for a patient population at high risk for infection. Nightingale's work distinguishes her as a pioneer in developing the fundamentals of quality improvement methods and measurement. Her work leaves nurses and other healthcare providers a powerful legacy for continuously improving the quality of care for patients and families.

The focus on healthcare quality in the United States continued into the 20th century and was marked by the transformation of medical education, government funding of programs supporting maternal child health, and the creation of Medicare and Medicaid. At the same