



# Good Practice Guidance for Selecting and Applying Quality Indicators in Community Nursing



**Developed during a collaborative project involving University of the West of England, University of Bristol, NHS Bristol CCG, London School of Hygiene and Tropical Medicine and University of Manchester**

**The following guidance for good practice in quality assessment of community nursing services was derived from evidence found in the Measuring Quality in Community Nursing Study. Participants included health service commissioners, community nursing service managers and frontline staff and service users. Guidance is grouped under the headings of Selection (choice of indicators), Application (implementation in practice) and Usefulness (the extent to which the indicator is indicative of service quality).**

**Key stakeholders for all processes may include commissioners, providers, community nurses and other clinicians across all grades, patients, formal and informal carers and their representative organisations, researchers and academics, as well as experts in measurement such as health economists and data analysts.**

### **A. SELECTION**

- Start the process early to enable time to identify, engage and actively involve representatives from key stakeholder groups in the identification and selection of quality indicators. Consider starting with the co-design and co-production of service specifications as this will inform the development of person-centred quality indicators.
- Involve frontline staff in the selection and design of quality indicators as this will improve ownership and understanding and ensure that it is a valid indicator of service quality and can be used to improve it.
- Capture the true quality of the service by varying how it is measured – consider using a mixture of both numbers (quantitative) and narrative (qualitative) data including case studies and patient stories that involve patients and carers directly.
- Use information from existing data (e.g NICE guidelines) and learning from previous quality indicators and link back to service specifications to help inform indicator identification and selection.
- Be explicit about the purpose and intended goal of a quality indicator. Ensure that the focus is on improving the quality of services and consider using person-

centred outcomes such as patient reported outcome measures or goal attainment setting.

- When selecting indicators, especially if these are financially incentivised, consider both the intended and possible unintended consequences of their implementation.

## **B. APPLICATION**

- Ensure that the total number of quality indicators is appropriate for the setting within which they are to be implemented and that they link back to the service specification.
- Avoid introducing too many simple measures across the service which, when all combined, result in an over-complicated process for staff on the ground.
- Ensure that the indicators selected are appropriate for the community context within which they are to be applied. Take account of individual patients' needs, the care environment, the current infrastructure (including IT), resources and existing data, as well as the knowledge and skills available.
- Consider using indicators that are SMART – specific, measurable, appropriate, realistic and time bound.
- Develop clear communication and engagement plans to support the identification and delivery of quality indicators.
- Make sure all those involved in collecting data, including frontline community nursing staff, are fully engaged in the process and informed well beforehand about what data they have to collect, why they are doing so and what will happen to the information they gather.
- Where possible ensure that data gathered by nurses for quality purposes from individual patients are relevant to their care.
- Make sure that all stakeholders involved in the process, particularly frontline staff, receive timely, regular and accessible feedback about data collected and resulting findings so that these can inform further quality improvement.

- Invest in streamlining communication systems between different organisations and sectors.

### **C. USEFULNESS**

- Ensure that the right information (data) is collected to help measure progress towards achievement of an indicator.
- Ensure that the indicator is fit for purpose, that is, that the intended benefit is being produced.
- Ensure that the right measures are selected to reflect the goal and consider use of proxy measures for those with long term outcomes.
- Ensure that the data collected reaches an agreed standard and has been validated and triangulated where possible. Consider providing education and training to staff to support data entry, data collection, the understanding of quality and quality indicators, quality improvement, clinical audit and evaluation.