Principles of Nursing Practice: principles and measures consultation

August – October 2010

Summary report for nurse leaders
Who is this report for?

This summary of example measures is primarily designed for nurse leaders for the purpose of helping them to strengthen or complement the measures they may already be using in relation to the Principles of Nursing Practice, as a way of improving the quality of care or for influencing the content of local audits and the content of the electronic health record.

Introduction

The Principles of Nursing Practice\(^1\) were developed by the Royal College of Nursing (RCN) in partnership with the Department of Health, the Nursing Midwifery Council and patient and user organisations. They describe what everyone can expect from nursing practice, whether they are colleagues, patients, or the families or carers of patients.

The RCN recognises the importance of having clear measures that can be used to verify whether nursing care matches the Principles of Nursing Practice. This report is the result of work the RCN has undertaken to find examples of quality measures\(^2\) that serve this purpose. It shares examples of measures that can be used to give feedback against the Principles. Some of these are already in use. Others require further development to meet the endorsement criteria the RCN is using to identify and promote measures that truly reflect good nursing care.

The RCN asked nursing experts to select measures that were the best examples from a list derived from the literature. Only the most frequently chosen measures are identified in the report. This list is not intended to be a final list, but one that provides interim examples to assist nursing whilst further work to address rigour, sophistication and integration with the eHealth record and to reduce the burden of data collection. This report marks the beginning of a programme of work that will continue to indentify measures that provide evidence for the presence of the Principles of Nursing Practice\(^3\).

Approach

The example measures have been established through:

- a review of relevant health and social care documents across the UK
- a consultation with a group of nursing experts and other associated stakeholders, including: RCN Country and Regional Heads, Directors of Nursing, the RCN Quality Improvement Network, RCN fellows across the four countries and Deans of Nursing and Midwifery schools via the Council of Deans, and international experts in practice development.

The consultation obtained consensus for three example measures for each Principle of Nursing Practice. In some cases, the language used to describe a measure has been adjusted to illustrate a particular Principle better.

The most frequently selected measures are provided in Box 1. For each Principle an example measure is given for person-centred care, safe and effective care, and context of care. These three aspects reflect nursing’s contribution to quality health care as described in the RCN Position statement on measuring quality\(^4\).

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\(^1\) Detailed information about the Principles of Nursing Practice is available at: www.rcn.org.uk/nursingprinciples

\(^2\) The RCN defines a quality measure as a mechanism to assign a quantity to quality of care, by comparison to a criterion.

\(^3\) Information about these projects are available at www.rcn.org.uk/nursingprinciples.


\(^5\) Shared governance is defined as a formal system in the workplace for decision-making that draws on evidence from a variety of sources (e.g. audit, feedback, reflective practice, research) and involves all stakeholders (Manley 2007)
### Box 1: Example measures for each Principle of Nursing Practice

<table>
<thead>
<tr>
<th>Principle</th>
<th>Example measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>Nurses and nursing staff treat everyone in their care with dignity and humanity – they understand their individual needs, show compassion and sensitivity, and provide care in a way that respects all people equally.</td>
</tr>
</tbody>
</table>
| **Example measures** | • person-centred care – patients/people who felt privacy and dignity was maintained  
• safe and effective care – patients/people with nutritional assessment and management plans  
• context of care – patients/people who reported nurses talked in front of them as if they were not there. |
| **B** | Nurses and nursing staff take responsibility for the care they provide and answer for their own judgments and actions – they carry out these actions in a way that is agreed with their patients, and the families and carers of their patients, and in a way that meets the requirements of their professional bodies and the law. |
| **Example measures** | • person-centred care – incidence of written complaints/compliments  
• safe and effective care – patients whose recorded vital signs triggered an appropriate response  
• context of care – teams with a shared governance system in place for decision-making and evaluation. |
| **C** | Nurses and nursing staff manage risk, are vigilant about risk, and help to keep everyone safe in the places they receive health care. |
| **Example measures** | • person-centred care – patients/people who perceive adequate nurse staffing levels  
• safe and effective care – patient falls in which injury occurs  
• context of care – teams who have assessed safety climate/culture. |
| **D** | Nurses and nursing staff provide and promote care that puts people at the centre, involves patients, service users, their families and their carers in decisions and helps them make informed choices about their treatment and care. |
| **Example measures** | • person-centred care – patients/people who perceive they are provided the opportunity to be involved in decision-making about care  
• safe and effective care – patients/people confident in nurses skills and knowledge  
• context of care – teams where staff perceive culture as patient-centric. |
| **E** | Nurses and nursing staff are at the heart of the communication process: they assess, record and report on treatment and care, handle information sensitively and confidentially, deal with complaints effectively, and are conscientious in reporting the things they are concerned about. |
| **Example measures** | • person-centred care – patients/people who report they were provided information about the outcome of their treatment/operation  
• safe and effective care – handovers that comply with best practice standards  
• context of care – teams who have documentation audits, for example, record keeping standards. |
| **F** | Nurses and nursing staff have up-to-date knowledge and skills, and use these with intelligence, insight and understanding in line with the needs of each individual in their care. |
| **Example measures** | • person-centred care – patients/people who felt involved in decision-making about care  
• safe and effective care – patients/people discharged following discussion with the community nursing team  
• context of care – staff who receive mandatory training to ensure patient safety. |
| **G** | Nurses and nursing staff work closely with their own team and with other professionals, making sure patients’ care and treatment is co-ordinated, is of a high standard and has the best possible outcome. |
| **Example measures** | • person-centred care – patients/people who felt their care as seamless and uninterrupted well together  
• safe and effective care – patients/people who felt health professionals in the team worked together  
• context of care – patients/people who can name their key worker/nurse responsible for their care. |
| **H** | Nurses and nursing staff lead by example, develop themselves and other staff, and influence the way care is given in a manner that is open and responds to individual needs. |
| **Example measures** | • person-centred care – patients/people provided with an opportunity to provide feedback about the care they have received  
• safe and effective care – patients/people who feel they have received continuity of care  
• context of care – staff participating in appraisals annually. |
Observations from project/consultation

• Few of the example measures identified through the consultation meet all the RCN criteria for good measures.

• Many of the example measures are specific to particular settings (in particular, acute setting) or are specific to patients with certain conditions.

Next steps

• Further work needs to be undertaken to identify and/or develop measures in relation to a broader range of patient pathways.

• Further work is required to develop rigorous measures that are valid and reliable indicators of nursing’s contribution to health care.

• This project establishes the best examples of current measures from the perspective of expert consensus, and is an initial part of the RCN’s broader objective to support and coordinate this work as it develops in the future.

• The RCN will continue to bring together existing measures and flag where gaps exist.

• The RCN will endorse existing measures against rigorous criteria and support the development of standards or outcomes measures based upon these.

• The RCN will demonstrate how measures relate to the RCN Principles of Nursing Practice and will promote quality measurement activities amongst all nursing staff.

* Details about RCN endorsement criteria can be found at www.rcn.org.uk/nursingprinciples