This represents the International Year of the Child—1979 for the whole world. This indicates the growth of a child physically, psychologically, and spiritually by fulfilling the seven basic fundamental needs.

The Rights of the child

Every child has the right :

- ☐ to affection, love and understanding.
- ☐ to adequate nutrition and medical care.
- ☐ to free education.
- ☐ to full opportunity for play and recreation.
- ☐ to a name and nationality.
- ☐ to special care, if handicapped.
- ☐ to be among the first to receive relief in times of disaster.
- ☐ to learn to be a useful member of society and to develop individual abilities.
- ☐ to be brought up in a spirit of peace and universal brotherhood.
- ☐ to enjoy these rights, regardless of race, colour, sex, religion, national or social origin.

(UN Declaration of the Rights of the Child, 1959.)

A word for the Nurses :

The nurses should not only be interested to know what the Government of India has done at the different levels of organisation but should ask: How are they going to reach to the common man ? What will be the outcome. They should also be interested in what they can do at their different level of organisations and how they can make it effective and interesting. Therefore, the nurses working in the different departments of the hospitals or in the community (urban and rural areas) or with local voluntary organisations are advised to keep themselves in readiness for celebrating the 'International Year of the Child' in 1979. They should approach the community by giving group demonstrations, making posters and booklets, film strips or giving a skit programme on the television and role play etc. They should even conduct some health contests at their places.

Nursing Audit for Self Regulation in Nursing

A paper presented by Ms. Ruby N. Eliason at North Zone Annual Conference held from October 17 to 21, 1978.

THE matter of control of the quality of nursing practice by nurses is imperative if nursing is to survive as a profession. In the past the only controls have been licensing laws and varying institutional administrative controls. Society in the seventies is making new demands on the health profession. In United States of America, eight states have already passed legislation demanding continuing education to retain the nursing license. Another legal control measure came into force in 1972 calling for Professional Standards Review Organizations (PSRO) at the local hospital level to ensure quality care by peer review (5,86). The world trend of professional accountability to an enlightened public can no longer be ignored by nursing.

We nurses easily use the words "quality nursing" but have we defined what we mean by "quality"? Do we measure whether or not we have arrived at the state of "Quality" functioning ? Do we know our deficiencies ? Are we ready to admit our deficiencies to our peers ? Are we taking steps to remedy our deficiencies ? These are the paths leading to the practice of quality clinical nursing. Only by such self-regulation can we retain our identity with the health professions as mature partners.

The use of the Nursing Audit to regulate and control nursing practice is the means at our disposal.

What is nursing audit

Nursing audit refers to the assessment of the quality of clinical nursing (7,31). Berg (4,331) clearly describes the basic approaches and steps of the audit :

> Assessment of the *content* of care asks the question "Is nursing properly practised ?" Assessment of the *structure* of care asks "Are the facilities, equipment, and manpower resources available conducive to the delivery of quality care ?" While assessment of the *outcomes* of care asks "What effects nursing care have on alteration of the health status of the recipient of the care ?" Each question has a different frame of reference. *Content* assessment focusses on the performance of the practitioner, *structure*

focuses on the practitioner and the environment in which she delivers care, and *outcome* focuses on the patient.

Whatever the frame of reference or the question asked in assessment of quality of care, certain basic steps must be taken in measuring quality .

A. Define what should be present.

B. Compare what should be with what is.

C. Identify the gaps and take action.

Nicholls (8,456) further clarifies the concept of quality control by focus on the outcomes of care :

> Structure and process are means to an end, the care a patient receives. Evaluating outcomes and modifying practice to ensure reaching desired outcomes constitutes quality control.

The written standards, the audit tool

Nursing Standards are the model against which assessment is made. For example, the Standards list the desired nursing action (process, criteria, "means" standards). or the desired patient outcomes (outcome, criteria, "ends" standards) (8,458; 15,17). Berg (4,333) calls the criteria "the heart of the audit".

Nursing literature reveals a maturing process in the writing and use of Standards. The Standards of the American Nurses' Association (1) published in 1965 focussed primarily on the *structure* of nursing practice (e.g. organization, funding, staffing, etc.) with some criteria on nursing process (e.g. evaluation).

In the 60's, Phaneuf (10) developed Nursing Audit Standards using the *process* approach to nursing practice. During the period 1973-1976, the American Nursing Association published a series of Standards focusing on nursing *process*.

> to provide a model to guide the development of a reliable means to assess the quality of nursing process which is provided in any setting for any type of physiologic alteration in adults (9,3).

With the 70's has come a new trend. We have not taken our eyes off nursing activities—the "means" to the end, the nursing process. But nursing leaders say that the most significant assessment is to look at what happens because nurses have nursed—the end results, the *outcome* of nursing. An example of a nursing outcome criterion might be "the patient will be able to carry out the activities of daily living before discharge from the hospital" (8,458). A number of outcome tools have been developed for assessing the nursing outcomes of sick populations (2,6), and Pridham (11) has prepared a tool for assessing the outcomes of well child care. To facilitate the writing of outcome criteria, Zimmer (16) has given some helpful guidelines.

Many nursing leaders encourage the use of both nursing process and nursing outcome Standards. However, Rinaldi (13) suggests the use of the process approach for learning beginning auditing skills as it yields excellent feedback information on practices of charting and procedures.

The first step in developing Standards of nursing is to select and define *the patient population* for which Standards are needed. Berg (4) suggests selecting the patient group accounting for the highest number of days in each speciality department, such as "the patient with right hemiplegia." Hilger (6,324) gives the following guidelines :

> Criteria should be written for a specific population of consumers with commonalities that can be identified. A number of frameworks can be used to classify populations, such as developmental stages (adolescent); concepts (rehabilitation); syndromes (pain); or disease entities (myocardial infarction). As an example, a patient population might be selected consisting of adult patients with new colostomies. This is a very specific patient population which excludes children, patients with old colostomies, and all patients with other types of ostomies.

Taylor (14,340) suggests the use of *a time framework for measuring* outcomes, of clinical nursing, and the need to develop outcome criteria for each critical period, e.g.

> ...for a normal maternity patient, the critical points might be the end of each month, the conclusion of labour, the first day post-partum, and the day of discharge. For the surgical patient the critical points might be the evening prior to surgery, the day following surgery, the fourth post operative day, and the day of discharge.

Taylor (14) outlines a methodology to develop criteria and the tool for assessment of outcomes :

Step 1. Define the Patient Population;

Step 2. Identify a Time Framework for Measuring Outcomes of Care;

Step 3. Identify the Commonly Recurring Nursing Problems Presented by the Defined Patient Population During Each Time Period;

Step 4. State the Patient Outcome Criteria;

Step 5. Specify the Acceptable Degree of Goal Achievement;

Step 6. Specify the Source of Information;

Step 7. Design and Test a Tool.

Conduct the audit

Where, when, and how should the nursing audit be done? Davidson (5,176) says that health caer plans

must include "a balanced program of retrospective and concurrent review....."

The *retrospective review* refers to "an indepth assessment of the quality...after the patient has been discharged" (5.244). Because the patient's chart is the source of data, the importance of the nurses' notes is evident.

> Watson (15,21) explains that the *concurrent* care review...refers to these evaluations conducted on behalf of patients who are still undergoing care. This form of review may be conducted in several ways. It is important, however, to note that predetermined criteria must be used in concurrent review just as they are for retrospective review. The concurrent care evaluation process includes assessing the patient at the bedside in relation to these criteria, interviewing the staff responsible for his care, and reviewing the patient's record and care plan.

The nursing audit should be done on a continuing basis usually every month (7). Rinaldi (13,256) has given 89% as an acceptable score.

Take action to maintain controls

The most important step in the nursing audit involves utilization of the data. The data analysis will give deficiency causes, e.g. deficits in knowledge, performance, or recording (13,259). Berg (4,334) describes a "patient care education cycle" in which the gaps in care are channelled into continuing education objectives. Rinaldi (12,268) suggests that follow up actions are incorporated into in-service education, clinical nursing rounds, and supervision. Bailit (3,334) cautions nurses about follow up "The gaps that occur represent potential for improvement and must lead directly to appropriate action to close the gaps or the audit becomes a hollow exercise."

Who does the nursing audit?

Although Zimmer (17,311) says that all nursing categories must be involved in quality assurance, she gives the responsibility to those involved in direct care :

> It is the staff nurse, head nurse, and clinical nurse specialist who are involved together in delivery of care to very specific patient populations, who have the required knowledge of desired patient health/wellness outcomes, nursing activities that assist patients to attain these benefits, and observable evidence of patients' progress towards these results. These nurse peers are responsible and accountable for the quality of delivered nursing care.

Conclusion

This paper has dealt with an overall view of the nursing audit, including the basic approaches and steps, and the assignment of the responsibility to the nurse practitioners themselves.

Nursing leadership maintains that "A profession's concern for the quality of its service constitutes the heart of its responsibility to the public" (9,1). What are you doing about quality control? Why not try the nursing audit? Don't be too concerned about finding the perfect audit method, for research has shown that "the most important factor in improvement of the quality of care is that the quality is, in fact, being evaluated" (3,151).

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