EDITORIAL

Assuring care: are we ready to move beyond compliance measurement against targets?

Jan Dewing

Surely we must be reaching saturation point with metrics and dashboards and the like? These top-down measures, often imposed on clinical teams and workplaces, are championed by some as assuring quality of care, whereas what they generally do is measure compliance with targets – even if that was not the original intention. The way they are set up and uniformly implemented means they often stifle local ownership and a sense of individuality and while they may lead to some improvement in care, they do not address the fundamentals of achieving innovation in caring practice. They often miss some of the most vital aspects of person-centred care – those that matter most to people receiving and providing care. As an example, a cross-sectional survey across 400 hospital wards in England by Ball et al (2013) found that 86% of nurses reported one or more care activity had been left undone, with a mean of 7.8 activities not done. It seems these activities were most often comforting and talking with patients (66%), education (52%) and documentation of care (47%). I often find an inverse relationship between the amount of metrics collected and the implementation of any learning that emerges from them in real time in practice.

Further, systems and processes in many healthcare organisations do not enable empowerment and openness when it comes to reporting metrics or teams being able to exert influence on the same systems and processes. Local influence often amounts to poor compliance with reporting. Having standardised implementation and robust reporting and governance at senior and board level is not necessarily a guarantee of high-quality care in any organisation. Many teams know they need to comply and this is therefore what the metrics must show. Teams take their lead from what is accepted and rewarded in their organisation. Often delivering on a tough target (and keeping the consequences for staff and patients unreported) is favoured over an honest account that misses the target. In this process the 'person' often gets lost and forgotten about. Moreover, the learning that emerges from the data and time-intensive reporting methods is often minimal and removed from the place of care delivery and experience. Cagan (2015), unrelated to the healthcare industry, shows how a culture of innovation is more than engineering new systems and processes; it must incorporate implementation and an essential part of that is learning at speed. In particular, teams need the resources required and permission to do what is needed to meet their commitments.

Practice developers need to be mindful that when designing research and intervention projects, we do not add to the burden of measurements via metrics. See, for example, the ideas on key performance indicators for nursing and midwifery by McCance and colleagues (2012). I'd welcome submissions to the journal that demonstrate any of this, or that propose approaches, models and frameworks for how we can move forward.

Finally, I can't end without acknowledging the importance of the recent UK-based Nursing Times Inspirational Leadership Awards for 2015 to practice development. Four members of the International Practice Development Collaborative received awards – Professor Kim Manley, Professor Tanya McCance, Professor Brendan McCormack and myself. The testimonials show the influence, impact and legacy of IPDC members nationally and internationally. Perhaps UK readers could start thinking about who we can nominate for 2016? For readers outside the UK, please let the *IPDJ* team know of practice developers who gain awards and recognition in your country and we will be pleased to share their successes in the journal.

Following on from our successful special issue on person-centredness we are now delighted to offer you the third issue for 2015. Next year promises to be an even busier year for us, as it brings the IPDC International Enhancing Practice 16 Conference. The call for abstracts and registrations is now open. In addition, we are making some governance improvements to enable the journal to develop further as an open access publication.

References

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