Nurses lead changes to improve quality of care

**AN INTERNATIONALY RECOGNIZED** leader in nursing quality measurement, nurse staffing effectiveness and clinical patient safety, UCSF nursing professor Nancy Donaldson was awarded the 2011 Excellence in Leadership Award from the Betty Irene Moore School of Nursing at UC Davis.

Donaldson, a clinical professor at the UCSF School of Nursing and director of the UCSF Centre for Evidence-Based Patient Care Quality Improvement, has been engaged in clinically based, multisite quality improvement and translational science inquiry and evidence-based practice capacity development for two decades. She is a productive author of peer-reviewed journal articles, book chapters and academic/staff development educational courseware and media. Since 1996, Donaldson served as the co-principal investigator for the collaborative Alliance for Nursing Outcomes Project, an international, nursing-quality measurement, research and development project.

Further details about the Betty Irene Moore School of Nursing at UC Davis and Nancy Donaldson are available at [nursing.ucdavis.edu](http://nursing.ucdavis.edu).

**Q.** What prompted you to pursue a leadership role in nursing?

**A.** My leadership journey was launched when I became aware of the gap between nursing practice and knowledge—I became passionate about change! In the mid-1970s I was working as a childbirth educator and postpartum follow-up nurse, doing follow-up telephone calls at Hoag Hospital in Newport Beach, Calif. I contacted 150–200 postpartum women each month for a systematic check on how they were doing in the first week post hospital discharge. During those calls I encountered a fair degree of physiological and psychological distress, typical of the early days of what’s referred to as the fourth trimester; but really underappreciated and truly trivialized by our healthcare system.

At the same time the literature was full of articles describing the “crisis of the fourth trimester” and highlighting the developmental, adaptive and role-taking challenges confronting women and their families and impacting maternal and infant health and outcomes. This gap haunted me, and as a result, I began to read more, synthesize what I was learning and spread the word through continuing education workshops, presentations and preliminary publications. 

"Ultimately, my leadership journey was triggered by the voices of my patients."
I was hooked! I pursued my master’s degree and developed a conceptual model for the crisis of the fourth trimester and from there pursued a doctorate in nursing science, conducting a clinical trial exploring the impact of telephone-based postpartum follow-up on maternal outcomes. And from this work I became engaged in the larger work of research utilization, knowledge transfer, implementation science, and evidence-based performance improvement. Ultimately, my leadership journey was triggered by the voices of my patients and their need for advocacy in a healthcare system that provided less support for women and their families than the majority of other nations despite evidence of their vulnerability. The fourth trimester is a uniquely important period in the human experience—a reachable, teachable, referable moment—and we were ignoring it. To a large extent, we still are.

**Q. What motivates you to focus in your particular area?**

**A.** My research and leadership activities focus on the impact of nursing actions on the quality, safety, costs and outcomes of health care. A theme in my career is to advance and build capacity across clinicians, organizations, institutions and systems, as well as to measure and evaluate the impacts of practice. Next, I have sought to build capacity to use the understanding inherent in the findings from ongoing measurement to practice changes, to seek new knowledge to optimize the processes of care and to maximize the benefit to patients. This is thrilling lifework!

**Q. How can the Betty Irene Moore School of Nursing transform education and health care?**

**A.** The school is already doing this now! Building the capacity of faculty and students to lead change, as well as preparing graduate students to be adept in implementation science, translational science, evidence-based performance improvement is vital. Developing the basic competencies of faculty and students, as a community, to evidence synthesizers, innovators, early adopters, and dynamic communicators is fundamental to this work.

**Q. What would you recommend for faculty or graduate students interested in the Betty Irene Moore School of Nursing?**

**A.** Fan the flame of inquiry and ensure the strategic relevance of faculty and student activities within the context of the transforming health-care system. Engage in the public discourse related to health-care quality, costs, safety and outcomes—comment on emerging standards, proposed priorities and the related strength of the evidence. Be accountable for the effectiveness and efficiency of your practice—know the benchmarks that apply to your role and how your performance ranks. Be accountable for the impact of your practice and the use of best available evidence to inform the content of your practice. Be passionate about integrity and foster a culture of personal responsibility, ethical and cultural sensitivity and dialogue. Publish. Present. Prize our professional and each other.