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 THE DYNAMIC STANDARD SETTING SYSTEM
 

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**Table 2.1**  
**Comparing DySSSy and Medical Audit**

<i>DySSSy</i>	<i>Medical Audit</i>
Standards are broad statements of what is to be achieved	Standards are targets or degrees of compliance
Structure process and outcome criteria are identified for each standard statement	Structure, process, outcome is used to classify the topic for audit
Audit objective is defined after standard and criteria are identified	Audit objective formulated from the identified topic
Audit criteria are developed from the criteria for the standard. Methods of data collection are developed from the audit criteria	Methods for audit are chosen from the audit objective, criteria comprise a statement of what is to be measured
Role of the group facilitator is made explicit	Role of audit support staff is made explicit
DySSSy is marketed as a problem-solving approach to quality improvement	Medical audit is marketed as an educational tool

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2.7.5 As nurses have increasingly moved into multiprofessional quality and audit projects, differences in approaches and terminology have become apparent. Table 2.1 summarises the important differences between what was originally called medical audit and the Dynamic Standard Setting System.

## 2.8 The Central Role of Facilitation

2.8.1 As described above, the facilitator role is seen to be central to the implementation of DySSSy. The facilitator is someone who has experience not only of quality improvement but also of working with groups. The role involves guiding, supporting and enabling the group in the process of achieving their project. In order to establish and maintain the system within an organisation the role is described at three levels.

2.8.2 The expert facilitator may be found working at national or regional level, and was the role played by the Standards of Care Programme team as DySSSy was first developed and disseminated. The role is one of external consultant providing resources and training for key facilitators.

2.8.3 The key facilitator operates at an organisation-wide level and is principally concerned with creating and maintaining the organisational framework for quality improvement. A major part of this role is to provide support for local facilitators.

2.8.4 Depending on the size of the organisation, local facilitators may have responsibility for co-ordinating activities within a directorate, ward or department. The role is one of facilitating local groups, liaison with the key facilitator, and providing guidance and encouragement locally.

## 2.9 The Work of the Dynamic Quality Improvement Programme

2.9.1 The RCN Dynamic Quality Improvement Programme, established in 1985 as the Standards of Care Project, has developed nursing quality through a number of initiatives. In its ten-year history programme staff have been involved in the formulation of national standards; the development of an educational programme; the development of a network of practitioners involved in quality improvement in the UK; the expansion of the network into