

Improving quality of health care services

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Improving Quality of Health Care Services The U. S. leads the way in many areas into the future of economy, wealth and civilization. America spends more on health care than any other nation with quality and safety being a key focus. Nevertheless, evidence of improvement of decreased errors is limited. We lack answers to financial stability and providing quality health care to all (Becher & Chassin, 2001). Nationally, everyone is engaged in improving the quality and safety of healthcare.

We need to be awakened to preventing errors and providing safer care (Laureate, 2009). The purpose of this paper is to discuss the initiative to improve quality and safety of health care with the " Six Dimensions of Goodness in Healthcare. " A quality and/or safety initiative Healthcare facilities are engaging in the prevention of medical errors and providing better care. Many institutions are implementing process improvement focused on six key dimensions to enhance the quality and safety in their healthcare setting (Laureate, 2009).

The six dimensions are: Safety-to avoid injury to patients from the care that is intended to help them; Timeliness-to reduce waits and harmful delays; Effectiveness-to provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (avoiding overuse and underuse, respectively); Efficiency-to avoid waste; Equitability-to provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socioeconomic status; and Patient centeredness-to provide care that is respectful of and responsive to individual patient preferences, needs, and values (Madhok, 2002). Reasons for the initiative The Institute of Medicine

(IOM) has a growing concern about medical errors. The IOM report "Crossing the Quality Chasm," asked for a basis change, recommending that the delivery of health care be based on six key dimensions. We have an interaction between the errors of individuals and system flaws that need to be prevented. We need to strengthen our defense systems (Madhok, 2002). The report, "To Err is Human" estimated that 44,000 Americans die per year as a result of medical errors.

More deaths occur in a given year from medical errors than from motor vehicle accidents, breast cancer, or AIDS. National costs of preventable medical errors were estimated between \$17 billion - \$29 billion (Madhok, 2002). Healthcare institutions are embracing new initiatives for safer care based on the six dimensions. Healthcare systems are implementing the six dimensions as a basic initiative to improve quality. The IOM states that American healthcare must make vast changes to have clinically safe and quality care (Madhok, 2002). The six dimensions can influence and direct the overall process of improvement (Laureate, 2009). Payment systems such as Pay for Performance are causing facilities to incorporate the six dimensions.

Pay for Performance initiatives advocate financial rewards to hospitals demonstrating outstanding preventative and care giving practices (Sultz & Young, 2011). Poor outcomes with medication errors, skin breakdown, patient falls, isolation procedures, and drug protocols can effect payment to hospitals (LaureateEducationInc, 2009). High quality medical care at an affordable cost is a growing goal for healthcare institutions. Effective, safe, and affordable health care leads to higher patient satisfaction (Quality Initiatives, 2004). Strengths and limitations of the initiative The six

dimensions encourage a strong focus on health care quality and error prevention.

They encourage policymakers, purchasers, regulators, health professionals, health care trustees, management, and consumers to commit to a national system level of process improvement for quality health care. They encourage a shared agenda to pursue safer care (Madhok, 2002). This can cause facilities wanting independence limitations. Overuse of fee-for-service has been associated with higher rates of variety of health services. Americans are fascinated with technology and often want something done whether it is the best choice of care. Health care providers accommodate consumers. A more unified system could provide better care. It could decrease spending and limit the freedom to choose any type of care one desires (Becher, & Chassin, 2001).

A fragmented healthcare system needs to come together to provide equal access and care to all U. S. citizens (Laureate, 2009). The six dimensions promote a high level of performance leading to better quality performance and a process of care measures. Healthcare is “ raising the bar” for better care with enhanced collaboration, benchmarking, and facility board goals to support the dimensions (Jiang, 2010). Quality goals such as Zero central line infections & zero sepsis is encouraging a higher level of care instead of being satisfied with average outcomes of care (Jiang, 2010). Role of nursing Health care is a team sport. Nursing needs to be part of the team and be actively involved in preventing harm to patients (Laureate, 2009).

Effective leadership with health care change needs to come from those engaged in providing health care to patients (Becher & Chassi, 2001).

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Nursing should be a part of identifying the error cause, gathering data, and making goals to prevent subsequent errors (NCC MERP, 2002). Nursing can be more aware and involved in prevention. Nursing can adopt higher standards and have an attitude of prevention concerning errors. Patients should not ever leave a health care facility in a condition worse than they arrived. U. S. health care must improve their standards of care (Laureate, 2009). Nursing can be a part of better communication and handoff's. The patient has often been the communication link to give report to the next caregiver (Becher, E. & Chassin, M. , 2001).

Bedside nurses need empowerment to provide care and be involved in creating policies for better care. Nurses need more education, to get more involved in National groups that can affect policy, and to participate in research. Nurses have a great responsibility for safe healthcare. They have an opportunity to make a difference (Laureate, 2009). Nursing should be a part of identifying the error cause, gathering data, and making goals to prevent subsequent errors (NCC MERP, 2002). Summary - 10 point The second IOM report " Crossing the Quality Chasm," asked for a fundamental change, recommending that the delivery of health care in the 21st century be based on six key dimensions (Madhok, 2002).

The key dimensions are safety, effectiveness, patient centeredness, timeliness, efficiency, and equitability (Laureate, 2009). Healthcare systems are implementing the six dimensions as a basic initiative to improve quality and safety and direct the overall process of improvement of care (Laureate, 2009). We have an interaction between the errors of individuals and system flaws that need to be prevented. We need to strengthen our defense

systems (Madhok, 2002). A fragmented healthcare system needs to come together to provide equal access and care to all U. S. citizens (Laureate, 2009). Nurses can be a large part of implementing the six dimensions. Nurses have a great responsibility for safe healthcare.

They have an opportunity to make a difference (Laureate, 2009). The six dimensions of goodness can assist the U. S. to improve quality and safety in the healthcare system. References Becher, E. & Chassin, M. (2001) Improving quality, minimizing error: Making it happen. *Health Affairs*(20)3 68-81. Retrieved on February 5, 2011 from <http://content.healthaffairs.org/content/20/3/68.full.pdf> Becher, E. & Chassin, M. (2001). Improving the quality of health care: Who will lead? *Health Affairs*, 20(5), 1-6. Retrieved from Walden University Library website: <http://web.ebscohost.com.ezp.waldenlibrary.org>. Jiang, H. (2010). Enhancing quality oversight.

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