

Performance appraisal system

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Performance appraisal system Table of Contents Coexistence of CQI and punitive reporting systems in the nursing homes on US 3 Methods of implementation of a CQI process for reducing medical errors 4 Changes in the incident reporting and the performance appraisal systems 5 Reference 7

Coexistence of CQI and punitive reporting systems in the nursing homes on US Despite extensive efforts for the removal of punitive reporting systems in the nursing homes in US, there are evidences which suggest that they continue to exist. In fact the front line staffs remains in the fear of serious repercussions both from the management as well as their peers even in the case of the smallest mistakes (Vogelsmeier & Cawiezell, 2007, p. 1). Pay for performance in medicine is an issue which has evolved lately as being a cost effective way of eradicating wastage in health care spending. There are instances in which positive benefits have been generated particularly in the preventive tests and screening procedures where the data on results and treatment can be availed easily. As the performance measures have become less easily available and less accurately recorded and the positive patient outcomes are not considered as straightforward, analysts and researchers have raised concern over the issue. The goal for improving quality has created the emergency to focus on certain measurable aspects of quality while undermined the focus on other important but immeasurable aspects of quality (Department of Health and Mental Hygiene, 2007, p. 1). As per the new medication management advisory committee set up in America, the administrators in the nursing homes must ensure quality assurance and develop and implement measures which reduce the risks of potential and actual errors in the medical facilities. This has made it mandatory to develop

non punitive processes of reporting and implement such polices which reduces the possibilities of errors in medication administration (Sheps, 2008, p. 14). Methods of implementation of a CQI process for reducing medical errors Following are some of the steps for implementation of a continuous quality improvement strategy in nursing homes to reduce medical errors: The program must begin with the assessment of the duties of the nursing homes' management goals and then make a thorough investigation of the nursing home's incident reports. This must be followed by identifying the goals and the recommendations for improving the safety of patients, developing a non punitive system of reporting, developing accurate specifications for dispensing of drugs, administering the documentation procedures and also developing accurate specifications for the self administration of drugs for the qualified patients (Sheps, 2008, p. 14). The nursing home administrator must be allocated the duty to ensure that the quality assurance committee in the nursing homes implements effective measures to reduce the risks of medical errors. These would include increasing the awareness and education of the patient families about medication, increase legibility of prescriptions, reducing confusions and errors in the labeling of drugs, development of a non punitive system of reporting and implement medical safety practices. The program must also attempt to educate the staff about drugs which have similar names, analyze the causes of errors and the reasons why they occur. Most importantly the program must try to identify, develop and recommend plans for identifying the deficiencies in the managements' pharmaceutical practices (Sheps, 2008, p. 14). The administrator must ensure that the staffs are provided

education and training for the prevention of actual and potential errors. The training must be provided as per orientation and on an annual basis towards all the non physician personnel who are associated directly with the care of patients. The training would include such information which are relevant to the administration of patients and medications, instructions on medication categories as per the needs of patients, policies and facilities regarding the administration of medication, assistance of patients as to self administration of drugs where appropriate and identification of the potential causes of medical errors (Sheps, 2008, p. 14). The consultant pharmacist must have the role of conducting monthly reviews of the drug regimen and identify the problems based on which he must implement clinical recommendations to be followed by the administrator and the nurse in charge. He must report in the case of product defects or adverse reactions to drugs, identify the case of known allergies and adverse effects and must ensure that the drugs are not limited and can be controlled by stop orders such that physicians can be notified from before the last dose of the drug (Sheps, 2008, p. 14). Changes in the incident reporting and the performance appraisal systems The most effective of reducing punitive reporting would be spread the awareness and concern and communication about the possible results of medication errors. The system of inflicting punishments for medical errors must be reduced; rather the focus must be given towards removing the chances of removal of those errors. The possibilities of serious repercussions and punishments on staff would be likely to increase the errors in reporting on the part of the nursing staffs. The punitive reporting system must be replaced with a proper system of performance appraisal where the nursing staff could be appraised

based on their performance or the degree of reduction of medical errors. This would be effective in motivating the staff towards taking extra care of their performance. Instead of deducting points for errors, extra points could be allocated for achievement of better results. The primary aim of the performance appraisal system must be to attain greater satisfaction of staff which would consequently motivate them to enhance performance and productivity. Their salaries and appraisals would also be based purely on their productivity and performance. Appointment of an HR consultant would be effective to realize and identify the existing problems that the staffs were facing and the reasons for their poor performance. This would help to generate an authentic report of the present conditions based on which correct recommendations would be made. A proper communication approach coupled with a justified system of appraisal would be effective in reducing medical errors and enhance chances of improvement of the same. Reference Department of Health and Mental Hygiene. (2007). Nursing home pay for performance. Retrieved on July 13, 2011 from <http://www.dhmh.state.md.us/mma/pdf/nursinghomeP4PJCRfinal1-07.pdf>. Sheps, C. G. (2008). Nursing Home Medication Error Quality Initiative. Retrieved on July 13, 2011 from http://www.shepscenter.unc.edu/meqi_info/reports/MEQIRReportYear5.pdf. Vogelsmeier, A. & Cawiezell, J. S. (2007). Quality Improvement in Long-term Care. Retrieved on July 13, 2011 from <http://www.sjsu.edu/people/phyllis.connolly/courses/c17/s1/Volegjustcult25551475.pdf>.