

Quality improvement program

[Health & Medicine](#), [Nursing](#)



Introduction The Virginia Surgical Associates (VSA), a group of specialized surgeons performing surgical and vascular procedures, recently set off a freestanding clinical laboratory where different kinds of medical and surgical procedures can be performed. This outpatient center or ambulatory care clinic aims to increase access to medical and surgical procedures considering that services offered by outpatient clinics are more affordable and cost-effective as compared to operations performed in hospitals. Duplex ultrasound scans, cerebrovascular examinations, venous examinations, peripheral arterial examinations, and arterial duplex imaging are only some of the many procedures performed at the VSA clinic. Normally, not all outpatient clinics are required to pass the Joint Commission Requirements for quality; nevertheless, VSA is necessitated to. Since the time of its launch where it first developed its quality control program until today, the Virginia Surgical Associates remains serious about meeting all Joint Commission Requirements such as the Environment of Care, which pertains to how safe, functional and efficient the environment for patients, staff, and other individuals is in the organization; Infection Prevention and Control: how well the clinic is able to lower down the risk of surgical patients acquiring infection; Rights of Individual, which evaluates the establishment of informed consent, participation in decision-making of patients, and services to respect patient's rights, etc. (Joint Commission, 2014). But despite VSA's strong commitment to maximize the quality of its services, it is still bending more attention to quality improvement that includes examining rates and complications and lab equipments such as ACT machine that s a point-of-care, blood clotting test used to monitor anticoagulation (Philip et al., 2008).

The Virginia Surgical Associates is constantly developing its Quality Improvement Program to address these requisites.

Measures to Monitor and Revise Quality Program Implementation

While healthcare quality measurement is developing, there are more things to take care of. The complicated environment of the healthcare industry makes quality program monitoring and implementation a lot more difficult. It is important that in revising and monitoring quality program implementation, new quality measures are developed in order to address rising issues within the healthcare industry.

1. Type of Care and Patient Engagement. The quality of the healthcare services can be monitored by the patient engagement with respect to the types of care being administered (Mainz, 2003). Quantitative measures such as patient's retention and engagement rate can be indicative of how effective a quality program is. Based on these important measures, monitoring and revising can be done by evaluating the quantitative data collected and the patterns in which effects of the previous adjustment have been observed.

2. Outcome indicators. Perhaps, one of the most effective measures to monitoring quality program implementations is patient outcome. These indicators may include death rate, disease: symptoms, physical signs, and abnormalities; discomfort; disability; dissatisfaction (Mainz, 2003). Out of these clinical indicators, a healthcare organization must be able to assess whether the quality program being implemented should be maintained or revised.

3. Patient Safety. Patient safety includes requirements set by the Joint

Commission. Patient safety is pivotal and indicative of patient outcome. For instance, the ability of the clinic to maintain patient safety may manifest in the number of deaths tallied or the number of cases of patients acquiring infections (Clancy et al., 2009).

References

Clancy, C. M., Anderson, K. R., White, P. J. (2009). Investing in health information infrastructure:

can it help achieve health reform? *Health Affairs*, 28(2), 478-82.

Mainz, J. (2003). Defining and classifying clinical indicators for quality improvement.

International Journal for Quality Health Care, 15, 523-530. doi: 10.1093/intqhc/mzg081.