

Baptist health south florida qi plan essays example

[Technology](#), [Development](#)



Introduction

Baptist Health South Florida is a world class healthcare organization based in Florida with a team of 15, 000 employees and 2, 200 physicians in all specialties. The organization has a reputation for quality owing to its commitments and compassion of service and clinical excellence. (Baptist Health, 2014) In that view, continuous quality improvement is crucial to keeping and enhancing the hospital's position. Thus, the report presents an analysis of the areas that would need quality improvement and the necessary tools for data collection as well as measuring and displaying results.

Report

- Areas of potential improvement

In view of the current healthcare industry trends and environment as well as the hospitals performance and position, the following areas need quality improvement.

- Costs

The need for competitive operations in the industry requires effective cost management as a way of enhancing quality operations. That should seek to ensure costs are in line with set standards. In that respect, excessive cost would mean unnecessary expenditure while too low cost could mean that the equipments and service delivery is of inferior quality. Thus, although the hospital recorded cost reduction in 2013 compared to 2012, it needs to enhance cost management to improve quality and sustainability. (Baptist Health, 2014)

- Service delivery process

Improving service delivery is a crucial way of attracting and creating repeat customers. That is given the increasing competition in the industry that requires businesses to compete on service delivery. (Baptist Health, 2014)

- Physicians' outcomes

Enhancing physicians' outcome is crucial to maintaining the hospitals position as a leading world class healthcare organization in South Florida. That will involve improving the success rate of patients' treatments. (Leape & Berwick, 2000)

- Data needed to monitor improvement

In order to identify and measure the quality improvement progress, there will be a need to use data on the targeted areas. In that respect, the following data will be necessary for monitoring the QI progress.

- Cost per patient

The cost of treatment and service delivery is a key factor of quality improvement thus the need to monitor the cost of services. That will help in identifying significant variations that could be an indication of poor excessive expenditure or low-quality service delivery. Thus, data should be collected on the cost to identify its management in line with systems and services improvement. (Leape & Berwick, 2000)

- Patient service time

Patient's turnaround will monitor the need to improve service delivery as well as time used to address patients' problems. The data can be used to identify whether the hospital is addressing the patient's problems in a time efficient manner. In addition, data on patients' satisfaction will be necessary to

establish the service suitability to the target segments. (Leape & Berwick, 2000)

- Treatments' success rate

Measuring physicians' outcome will require collection of data on their treatment success rate. That will include data on the number of successful treatment and the time taken to achieve such results given the patient's condition. (HRSA, 2011)

- Data collection tools

In a bid to monitor the quality improvement progress, it is crucial to use the most suitable data collection methods. There are various data collection tools that are applicable in collecting data on the identified quality improvement areas. Such tools include questionnaires, interview and records analysis. (Loeb, 2004)

Information collected by each

Record analysis will be useful in collect information on cost. Further, interviews will be used to collect data on service delivery quality. The interview will involve patients are the interviewees. Finally, questionnaires will be used for collecting data on physicians' outcomes by having doctors and patients filling in questionnaires on treatments success rate.

Strengths and weaknesses

Each method has strengths, and weaknesses summarized as follows in view of the intended use.

- Records analysis has the strength in that it provides more accurate information that is not biased and based on point of service entry. However,

the method requires complex analytical skills to identify the necessary data from records.

- Questionnaires are more efficient as they will involve getting data on service quality from the service recipients. However, they could be subject to respondent's bias hence could fail to represent a correct situation in the progress.

- Interviews have a benefit in that they will provide more reliable information as they involve direct response by those involved. However, the method could be complicated owing to the ability to reach involved parties like patients for interviews. (HRSA, 2011)

Tools similarities and differences

Interview and questionnaire methods have similarity in that they collect data from the involved people hence the need for respondents. In that respect, the two presents a primary data collection method. On the other hand, reports analysis is a secondary data collection method that relies on recorded data. (Loeb, 2004)

- Tools for measuring and displaying QI information

Quality measures and displays are developed with the use of various methods including ratios and proportions as well as run and control charts. In addition, the selected methods depend on the selected quality measures and evaluation questions to be answered. In that view, the two selected methods are proportion/ratio measure as well as Control and run charts

Information measured and displayed by each tool

Proportion/Ratios methods are useful for measuring the change in an element as a percentage or proportion of the total. In that respect, it will be useful in measuring and displaying the success rate of physicians' treatments by showing the proportion of total treatments that were successful.

Control and run charts are useful in measuring trends and progress and displaying the change in chart forms. They are useful in measuring progress over time and will be applied to measure progress in cost and patients turnaround time. (Loeb, 2004)

Strengths and weaknesses

Proportion/Ratios provide will provide good measures of the success rate achieved out of the total treatments by physicians. However, they are limited in display ability as they show the proportions for only a given point in time.

Control/Run charts measure and display tool are useful as it helps easier identification of trends over time hence ability to note the progress.

However, the tool requires measure over a period thus may not be reliable for interpretations of a single time performance. (Loeb, 2004)

Tools similarities and differences

The two measures are similar in that they help identify trends in time. That is through change in ratios and proportions as well as shift or change in chart lines that measure progress over time. However, the measures are different in that the charts present measure in graphical form while ratios present measures in figures and percentages.

Usefulness to healthcare

The tools are useful for healthcare industry quality management and improvement. That is because they help in identifying clear trends and help compare service quality within the healthcare industry. (HRSA, 2011)

Conclusion

In view of the analysis, Baptist Health South Florida is a leading organization in Florida and needs quality improvement to retain and enhance its leadership in quality healthcare. In that respect, cost, service delivery and physician outcomes have been identified as areas that need quality improvement. That will require data collection on cost, treatments success rate as well as service delivery quality and turnaround time. To collect the necessary data, three methods have been identified including reports analysis, questionnaires and interview. Finally, the report identifies three data measure and display tools as ratios as well as control and run charts.

References

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