

# Baptist health south florida qi plan authority, structure and organization essays...

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## **Introduction**

QI involves team work the need for all members to understand their roles and the process that is involved hence. That includes members ranging from the board, management and the medical staff. In addition, service delivery quality is dependent on several factors including external agencies and authorities as well as internal factors such as resources and structure. In that view, this report identifies roles for all involved members and defines authority and structure for implementation of QI plan focusing on service delivery for Baptist Health South Florida.

- Members' roles and responsibilities

## **Board of directors**

The board has three primary responsibilities including establishment of the suitable policies, overseeing activities and making the strategic and significant decisions. (Parand, Dopson & Vincent, 2013)

## **Executives**

They should provide resources for the programs as a way of strengthening the QI activities and also provide a budget for the QI that is useful for training and other activities. Further, the executives should ensure that the staff and the patients understand the decision making and the data involves.

## **Quality Improvement committee**

The committee's responsibilities will include developing work plans for the QI programs as well as orienting all people involved in the process to the Committee's process, resources and plans. In addition, the committee should

ensure timely solutions for problems that could face the QI and review data from the work plans on an annual basis. Further, it should identify training needs, providing the training and tracking its attendance as well as revise the work-plans and QI model after the annual reviews. Finally, the committee should report the program's findings to Directors. (Riley, Moran, Corso, Beitsch, Bialek & Cofsky, 2010)

### **Middle level management**

The management should ensure that staff adheres to the QI plan measures such as record keeping and quality service delivery. In that respect, they will play a supervisory role to medical staff in enhancing service delivery quality.

### **Medical staff**

Medical staffs are the members with direct contact with patients, in that respect, they will be responsible in delivering services in line with set standards. In addition, the team will be responsible for keeping the service records on patients and their treatments. . (HRSA, 2014)

- Performance communication

### **The following strategies should be applied as a means of ensuring regular internal communication regarding the QI performance.**

- The committee should provide updates to all members in all QI meetings.
- There should be presentations on program and division levels.
- Committee should provide tips to employees on their intranet home pages.
- Provision of quarterly reports at departmental levels. (Kane, Moran & Armbruster, 2011)

- Data collection and reports preparation

Data collection will be on a continuous basis during the service delivery to patients. That will involve the time taken to treat customers and provide them with comprehensive solutions. On the other hand, data on patients' satisfaction will be collected during an annual survey that will seek customers' feedback. In that respect, the reports on the data collected will be prepared by those responsible for collecting it including the service departmental heads and an independent consultant undertaking the study. (HRSA, 2014)

- Members education and orientation to the plan

As a means of enhancing members understanding of respective roles and responsibilities, it will be crucial to educate them on the programs objectives and standards. In that respect, the QI committee will be responsible for identifying suitable training for all member groups as a way of ensuring that they get skills relevant to their roles. (Kane et al, 2011)

- Annual evaluation

Elements to be evaluated include patients' satisfaction and service turnaround time. To evaluate the two elements, a survey will be done on the treated patients to identify their satisfaction with service delivery. An independent consultant will do that through email and phone interviews and questionnaires. In addition, the QI committee will evaluate the patients turnaround time by collecting service data and reviewing the objective's achievement. (Riley et al, 2010)

- Change implications' monitoring

Effects resulting from the implemented changes will be monitored on a

continuous basis with a focus on customer reaction to the new service delivery process. That will involve taking physicians and the other medical staff's view on their interactions with patients and the process effect on their service delivery. (Kane et al, 2011)

#### - External effects

The plan's implementation will be subject to various factors among them authorities in the industry as well as other stakeholders with an interest on quality of healthcare service delivery. Thus the decision making process will consider government and accrediting authorities as well as professional interest group's needs for quality service delivery. In that respect, the organization will have to set standards that are acceptable to the authorities as a way of avoiding possible conflict that could interrupt the hospital's operations. . (HRSA, 2014)

#### - Plan implementation challenges and barriers

Being subject to various external and internal factors, the process could face a number of barriers and challenges. They include lack of coordination by all members given the large number of stakeholders involved. That could be a challenge in decision making and process improvement. Other challenges would involve aligning the standards with all stakeholders' expectations. That owes to the diverse expectations and needs that stakeholders have regarding healthcare service delivery. (HRSA, 2014)

#### - Strategies for successful QI implementation

Enhancing the QI program will require a change in organization structure and culture as a means of overcoming possible barriers and efficiently achieve the set goals. Thus, all staff members will be required to embrace QI

philosophy and understand their individual and collective roles. In addition, there should also be appropriate supervision in all the areas of QI. Further, the organization should concentrate on the key processes and have systematic cycles of execution, planning and evaluation. Other strategies include educating all members and providing them with skills necessary for the QI process as well as rewarding members based on their performance. Further, there should be data display in areas where even the patients can access as a way of educating them and involving them in the process. Finally, the process should also offer opportunities for all members to participate in the QI. (WHO, 2014)

## **Conclusion**

In view of the report, it is clear that the process will require participation of all members from the top leadership to the medical staff. In that respect, all members will be required to understand and effectively play their roles. In addition, effective communication, members' orientations, continued monitoring, and annual evaluations should be applied for the achievement of set service delivery standards improvement. Finally, it has been identified that there will be a need to adjust the organizational structure and culture in addition to all members adapting the QI philosophy. In addition, the organization should ensure appropriate training for all members as well as involvement of patients through data and results sharing.

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