

# Techniques and tools for strategic management in healthcare



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## Part 1: Quality Management Tools

As the lead project manager of this hospital system, I want to make sure this transition is smooth and successful. It is extremely hard at times to work in the field of Health Care when it comes to the narrowing down the relationship between Cost and Quality. As a hospital our goal is to ensure our patients have the best care possible as well as the physicians are being compensated for their time and services. Health Care has become very complex. Being a medical assistant for 11 years, I have always wanted to ensure the patient care over the cost. Although I am not the Physician, I have always worked for Physician's who felt the same way. They would spend an excessive amount of time with the patient, and other patients did not mind the wait because they knew he would show the same courtesy to them as well. That can end up taking a toll on a private practice. Evidence of the low value of United States health care has led to wasteful spending. (Virtual Mentor, 2014). The main goal is to keep patient's out of the Emergency Departments and allow them to see their Primary Care Providers. Often, we are looking for someone to cure us right away, and many people lose patience with having to schedule an appointment and wait. Many offices have a protocol and will see patient's who need quicker appointments first. Working in Internal Medicine, we see a lot of Medicare and Retired patients who usually wait until they get sick before they come to the office to be seen. We hold sick patient spots to ensure that those patient's can be seen same day as needed. It is important for those who have been to the emergency room to follow up with their primary care providers to allow them to know what happened and to treat accordingly. Insurance companies are

not going to pay for repeat labs or testing without a diagnosis and if communication between the hospital and physician is not happening then it runs into putting the patient through more testing than necessary and putting their care on hold for the same things that have already been checked for by one provider to the next. In this scenario, everyone loses money and time. Having an Electronic Health Records System will improve our plan of care for patient's as well as keep from duplicate testing from happening and allowing providers and specialists to communicate with one another on the same page. The two methods to use to control what is happening and allowing us to view changes whether in growth or decline would be the control charts and the fishbone diagrams. The control charts will allow us to see the changes being made as well as the parts where we need to improve. We use the Fishbone Diagram to identify problems that we may have. These tools will help to see how care is being provided as well as the financial aspect behind it. The fishbone Diagram will aide in helping solve problems and find out where the problems lie within a company.

## Part 2: Construct Performance Management Measures

EHR systems are a lot to take in, when beginning. Once the hospital has a good flow and everyone is on the same page, it truly makes the process of health care more manageable and easier to understand. It keeps everyone on the same page. For us to be successful we need to manage performance to see where each Physician is performing. When we talk about benchmarking and internal and external differences Benchmarking allows for us to implement best practices at the best cost (Ettorchi-Tardy A. 2012). The difference between internal and external benchmarking is that internal <https://assignbuster.com/techniques-and-tools-for-strategic-management-in-healthcare/>

benchmarking is used for the hospitals and companies to learn from their own business internally. An external Benchmark allows us to compare ourselves to other hospitals and organizations on the outside. Benchmarking will help to improve your organization by seeing where you need improvement and where everyone else stands. It allows you to be able to focus on rankings, as well as your patient care. The two techniques I feel would benefit this hospital the most would be the Tactical Dashboard and Report Cards. Tactical Dashboards are an essential part of the EMR system. They measure and analyze the performance of the department's activity as well as the processes and goals (Eckerson, Wayne, 2011). Hospitals often talk about "performance" especially when it comes to providers, nurses and all other staff. We all fit into the process and each of us has a different job to uphold so that everything can run smoothly.

### Part 3: Workflow Concepts

We spend a lot of time at work. Most of us often joke that we spend more time with our work families than we do at home and honestly that is very true on many different levels. Being able to work together as a group and to get along and be on the same page allows for a company to run smoothly. It allows for patients to see that everyone is on the same page and does not allow for them to feel like "no one knows what they are doing." Everyone is normally in their own departments, working for their providers and specific specialties. It allows for us to keep everyone together and organized. I found that the best to help in the transition with the EMR system would be the top-down diagram and well as the swim line diagram. When we use the top-down diagrams it is used to help determine a plan without using a lot of

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complicating steps (LaTour, K. M. 2013). We want to make sure to make things simple and efficient and not complicating if it is not necessary. I also found that the swim line diagrams are efficient and will work to help us keep a consistent work flow going. It basically starts from when the patient walks into our hospital, until the patient leaves the hospital and all the steps in between which range from seeing registration, verifying insurance, as well as vitals, being checked into a room. Having the doctor come in to exam, phlebotomist coming in to draw blood. If we have patient's who need a CT or an MRI, then we add those departments in. We then need the Radiologist to read those results and get them back to the doctor. Then we have treatment of plans, followed by if the patient is going to be admitted to the hospital. It is probably important to let the patient's primary care provider know that their patient is in the hospital so they can be on the lookout for a call from the hospitalist or physician taking care of the patient as well as having your medical assistants or front staff to call and ensure the patient is coming in for a follow up from the hospital and see if the staff is able to get the labs, why the patient went into to the hospital in the first place. It may seem like a lot more work but in the long run when everything is running smoothly, and everyone is on the same page, it makes your job a lot easier. It makes the job of the provider's easier and it helps those that are dealing with insurance claims understand why tests were done and that claims get paid and are not being done more than once because then the patient may get a bill for unpaid charges.

#### Part 4: Apply Techniques

To ensure our EHR system runs efficiently, we need to have a plan from start to finish. We need to make sure we are recording and evaluating the data. Benchmarking and Gantt charts are the best method that I have found to be effective. We can use the Gantt charts to ensure people have the proper training and are doing those modules. If they need help or do not understand it allows us to pin point those people and help them out. Benchmarking will help in many ways as well. It allows for our company to improve health care and to ensure the quality our patients are receiving. We want to know the providers are able to practice and get the benefits they deserve as well and to monitor each of their growths and strengths.

## References:

- Harrison, J. P. (2016). *Essentials of Strategic Planning in Healthcare*, 2nd Edition. [Purdue University Global Bookshelf]. Retrieved from <https://purdueuniversityglobal.vitalsource.com/#/books/9781567937916/>
- Burke, Leah A. (2014). *The Complex Relationship between Cost and Quality in US Health Care*. Retrieved from <https://journalofethics.ama-assn.org/article/complex-relationship-between-cost-and-quality-us-health-care/2014-02>
- Minnesota Department of Health. “Control Charts”. Retrieved from <http://www.health.state.mn.us/divs/opi/qi/toolbox/controlchart.html>
- How to Use the Fishbone Tool for Root Cause Analysis. Retrieved from <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/fishbonerevised.pdf>

- Eckerson, Wayne. (© 2011). Performance dashboards: measuring, monitoring, and managing your business, second edition. [Books24x7 version] Available from <http://common.books24x7.com/libauth.purdueglobal.edu/toc.aspx?bookid=40767>.
- Ettorchi-Tardy, A., Levif, M., & Michel, P. (2012). Benchmarking: a method for continuous quality improvement in health. *Healthcare policy = Politiques de sante*, 7(4), e101-19. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3359088/>
- LaTour, K. M., American Health Information Management Association, Eichenwald, S., & Oachs, P. K. (2013). *Health Information Management: Concepts, Principles, and Practice* (Vol. 4th ed). Chicago, Ill: AHIMA Press. Retrieved from <http://search.ebscohost.com/libauth.purdueglobal.edu/login.aspx?direct=true&db=nlebk&AN=667492&site=eds-live>