

Performance measures

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



Performance Measures Introduction Patient satisfaction is the key outcome any hospital or health will always focus on. As a government the safety and health of its citizens is a primary concern and so is the need to ensure proper and quality healthcare service to the public. The reason for the US government to carry out a continuous process of data collection on the process of care and patient hospital experience is to ensure that the public is satisfied with healthcare service. This is by ensuring that each hospital maintains its reputation by providing quality service and the patients at the end of it draw great benefit in the end. To ensure the government meets its goals the US government has put in place a system that uses patient's perspective of care they receive to assess the nation's healthcare using a survey program called HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems). To ensure this is the case the US government collects data on hospitals and compares it using the "Hospital Quality Initiative" which is a tool that uses a variety of methods to help in support and greater improvement in the services and quality of care that hospitals provide. Performance results After accessing the government database on hospital performance through HCAHPS, I was able to compare the data for Pneumonia care between my hospital and two other hospital in my area. I compared the effectiveness of pneumonia care on Lee Memorial Hospital and Leesburg Regional Medical Center against the hospital I work at Gulf Coast Medical Center. The results were for comparing the patients' performance after receiving their first hospital dose of antibiotics. The next test compared results on percentage of patients that received the appropriate initial pneumonia antibiotics. The results for the first test showed

that my hospital had a percentage of 89 while the other two had 96 percent. The second test showed that Gulf Coast Medical Center had 89 percent, Lee Memorial 91 percent and Leesburg 97 percent. From the results and comparison, it was evident that Gulf Coast Medical center needs to enforce a program that will improve the situation at the hospital on pneumonia care. I decided to design an improvement plan on pneumonia care because after going through other care plans and compared the results of the three hospitals such as the general process of care I found pneumonia care at Gulf Coast Medical Center to be lowest. Improvement plan Following the above results, I decided to come up with an improvement plan that would see the Hospital's pneumonia care performance go up. The plan's basic idea is to improve the antibiotic timing and selection process on the patients' first dose (Dean & Bateman, 2004). The plan involves reducing the frequent delay in carrying out blood cultures and confusion that arises when administering antibiotics. This will be solved by moving the blood culture process from the phlebotomists section to the emergency room nurses. These nurses are responsible for the administration of antibiotics they are therefore in a better position to control the two interventions (Gross, Patriaco, & McGuire, 2002). That is providing accurate results and supplementing the results with the proper antibiotics. If the necessity occurs, the nurses can contact the phlebotomist who is devoted to the emergency room when instant need occurs. Additionally the plan will develop a system that will ensure there is a hold on antibiotic orders that are to be administered to pneumonia patients until documentation of blood cultures in the emergency room is done. The final policy in the plan will be to allow nurses to administer the necessary

vaccinations as long as certain criteria are met without seeking the order from a physician. Timeline for implementation The timeline for implementation of this program before it is evaluated should be from April giving it enough time between now and April 1 2013 for the hospital management and my colleagues to analyze and be convinced of its success rate. The program if successful at the time of evaluation, which will be after three months then it, will be adopted and used as a hospital procedure. If no improvement results are noticed then necessary measures will take effect whether to abandon or improve it and re-implement after fixing the areas that need adjustment. Measurement of results From time of implementation, July 1 2013, which will be exactly three months the hospital will carry out an evaluation of the hospital performance, compared to its previous performance before implementation. This will be done internally to assess the performance also data from government HCAHPS department will also be used to value the hospital performance against its counterparts in the region. The results will determine whether the program should be incorporated into the hospital system or if it should be rejected. Conclusion I am confident that this program is going to work and in the long run there will be a great improvement of pneumonia patients care at Gulf Coast Medical center. The program has worked before in various hospitals including Holland hospital, which introduced it, and I am going to share this insight with the management, which I hope will improve their chances of accepting the plan (Lashbrook, 2009). References Dean, N., & Bateman, K. (2004). Local Guidelines for Community-acquired Pneumonia: Development, Implementation, and Outcome Studies. *Infect Dis Clin North*, 975-991. Gross,

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