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Quality healthcare is a key component in the development of a country and healthcare organizations should continually seek ways to improve themselves for the betterment of their societies, (Hall, Moore & Barnsteiner, 2008). Orange Door Health Center (ODHC) started as a community based crisis-care center with volunteer staff offering healthcare services at a small token fee of $10 “ if one could afford it” (Filipovitch, 2006). However, the demand for the organization’s services grew with time and going into the future the management needed to adapt the organization to offer more holistic healthcare. ODHC was able to obtain a $1. 8 million over a three-year period to implement its plans (Filipovitch, 2006).

ODHC planned to transform from a volunteer-run community crisis-care center into a fully-fledged community clinic. Some of the key changes planned included the transition from volunteer staff to paid staff and the replacement of paper records with an IT based integrated information system. Other envisioned changes were the transformation of the care center to offer chronic care other than primary crisis care. In addition, the management planned to avail appropriate medical care on grounds of culture and linguistics targeting at immigrants and Latinos. ODHC also planned for integration case management of patients besides physical, medical care.

During implementation, some of the planned changes proved hard to implement, and the ODHC’s management made several changes in order to achieve the anticipated changes. Several lessons can be drawn from the ODHC case. First, the need for supportive services grows as much as the change in the caseload. Secondly, there is a need for management to develop productivity benchmarks that are specific to the target group. The case also demonstrates the need for organizations to be flexible in order to accomplish even bigger organizational goals. It also demonstrates that an organization needs proper structures to manage massive funding which can spark rapid growth and threaten an organization’s sustainability (Golensky & Walker, 2003)

Though ODHC faced some challenges in pursuance of its goals it was able to change from paper-based record keeping to integrated IT based systems, increase access to health care for the surrounding community, open opportunities for third-part funding as well as increase the number and competency level of its workforce in line with the rising health care demands.

## References

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