

Dawm valley hospital : selecting quality measures for the hospital board

[Business](#), [Management](#)



Dawn Valley Hospital Discuss the wisdom of the Board's request for an aggregated quality score monthly The Board requested for an aggregated quality score monthly because the monthly aggregated quality score was to include a representation of quality and safety at each of the facilities of Dawn Valley Hospital, as a whole. The facilities are the inpatient hospital and two off-site primary care clinics. Initially, the Board received quarterly spreadsheets, which showed data on costs, utilization, operating efficiency, outcomes, process variables, customer satisfaction and other numbers by facility (Matre, Koch, & McLaughlin, 2013). It was realized that only some of the aforementioned data was clearly related to quality. Therefore, the information was not in a form that would allow full utilization by the Board. The Board established that it was worthy to have measures that relate to quality clustered together for organizational focus. Also, the Board established that it was vital to have the information in a form that would allow the Board to make comparisons within Dawn Valley Hospital, as well as, with other institutions. Finally, having an aggregated quality score monthly would make the number of measures manageable for the Board. Therefore, the Board required data that it could use to prepare reports. Also, the Board required information that could show trends.

2. How do the information needs of a managing Board and potential patient differ, and why? The information needs of a managing Board and potential patient differ in various ways. First, a managing Board requires measures that are aggregated into single or few numbers while potential patient information needs require measures that are not aggregated into single or few numbers (Matre, Koch, & McLaughlin, 2013). Secondly, patient level values are

aggregated to the facility level while measures are aggregated for all the major faculties for the Board. This difference arises because of the different needs of potential patients and the managing Board. A managing Board requires overall information that can be used to show organizational trends and devise focus while patient level information requirements pertain to how patient conditions should be dealt with to improve individual patient outcomes.

3. Discuss the pros and cons of various quality-measurement systems for an institution like Dawn Valley Hospital. The use of CMS Hospital Compare may be advantageous because it allows health care professionals and consumers to make hospital comparisons online. However, this quality measurement system does not provide composite ratings, and does not aggregate measures into single or few numbers (Matre, Koch, & McLaughlin, 2013). Joint Commission ORYX Core Measures provides hospitals with an opportunity to mix and match sets of both core and noncore measures so that they can align their offerings better, but it does not aggregate the core measures into composite measures. On the other hand, the High Quality Incentive Demonstration approach allows for systems perspective on care and provides a sensitive scale for measuring improvements. It also represents patient interests better. However, a small hospital such as Dawn Valley with small number of patients cannot use the all-or-none scale because a small of patients can easily destabilize the overall scores.

4. When the quality measures have been selected, how will they be displayed and in what context to help the Board interpret the results? When the quality measures have been selected, they may be displayed as process scores in the context of avoidance rates. This means that the Board can get outcome

measures, which it can use to interpret the results. For instance, where the process scores are high, leading to high avoidance rates could mean that the quality of health care provision is high while low process scores, leading to low avoidance rates could mean low quality in health care provision. 5. The literature notes that all these measures show current quality levels at the institution but do not indicate where improvement can and should be made. What additional information, if any, should the Board request to help it guide future improvements? Which method of aggregation, if any, should Ms. Kleindorfer recommend to Mr. Farrington for the quality and safety data that he will present to the Board? Since the current quality levels at the institution do not indicate where improvements can and should be made implies that the Board will have to request for additional information to help it guide future improvements. Therefore, the board will seek information on outcome measures and process indicators. Information on process indicators will provide further knowledge about the processes that need improvement and those that the hospital can improve. Also, outcome measures will help the Board distinguish well performing areas from poorly performing areas. Ms Kleindorfer may recommend the High Quality Incentive Demonstration method to Mr. Farrington for the quality and safety data that he will present to the Board. This is because the High Quality Incentive Demonstration method represents interests of the patients better and fosters a systems perspective on care, as well as, offering a more sensitive scale for measuring improvements. This can help the Board to adequately measure quality of healthcare services and device improvement strategies for areas that require improvement. Reference Matre, J. G., Koch, K. E., & McLaughlin, P. C.

(2013). Dawn Valley Hospital: selecting Quality Measures for the Hospital Board. Retrieved from <http://www.sendspace.com/file/st5kw7>