

Benchmarking productivity in the hospital



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Benchmarking Productivity in the Hospital Details: al Affiliation: Introduction

Though medical nursing has existed for years, there exists little objective data on practice structures, which contain incentives, and opportunities for high quality nursing care. Several processes have dramatically reshaped the healthcare industry. These include massive redesign activities, the active seeking of the best practices in most aspects of health care, and competition between health care institutions in order to improve performance (Chitty, 2004).

Method

In dynamically looking for the best applications to assist in the restoration of nursing services, nursing needs to be assessed in terms of how much it should cost. The study of how best to sustain safety in the workplace should also be undertaken. In our survey, first, we identified a number of key benchmarks. These included the number of nurses attending to a full time physician as well as the number of patients allocated to every nurse. Questions were then developed for these benchmarks and organized categorically. In this staffing, demographics and expenses categories, the easiest questions would be answered first. Participants were informed that they did not have to answer all questions.

Respondents, who came from the in and out patient population, were quizzed as to the number of drug administration services and examination practices had been given by nurses between specified visits to the hospital. Given by way of questionnaire, responses were received from 73 patients (20%). Of these, 15 were new mothers, 34 were oncology cases and 24 were admitted patients recovering from communicable diseases.

Results

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Results showed that established patient visits per nurse were 5. Nurses commonly split their duties between the maternity ward and the pediatric ward. They also performed other administrative duties such as signing in patients as the hospital had not yet located a receptionist. Admitted patients were also asked to indicate the number of chairs and other furniture in their rooms. The number of initial drug administration codes was calculated by the number of full time nurses. It was then multiplied by the number of days during the month in which this study was carried out. Patients per full time nurse per working day, including those who did not have serious injuries, ranged from 3.7 to 8.1.

Findings

The results of this study indicate that nurses though slightly strained in attempts to cater for the large volume of patients, the majority of whom had minor injuries, were adjusting favorably to the increased requirements of the populace. It does show an indication of the need for extra hospitals to be constructed. This would be of special assistance removing some of the burden of patients who cannot travel far due to the seriousness of their ailments. It was also observed that the result of strained resources was a marked decline in record keeping.

Conclusion

Documentation in medical records of individual patients failed in supporting information flow that ensures the continuity, quality, and safety of nursing care. Disproportionate attention to secondary purposes, such as authorization or accreditation, produced medical records that were document centered rather than patient focused. The data yielded by this research will evaluate performance of nurses and work towards continuous

improvement of health institutions and find ways of increasing efficiency.

Reference

Chitty, K. (2004). Professional Nursing: Concepts and Challenges.
Philadelphia: Saunders.