

Quality management assessment summary



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Quality Management Assessment Summary HCS/451 - Health Care Quality Management and Outcomes Analysis Monday February 18th, 2013 Darlene Cantu Quality Management Assessment Summary A quality management plan is employed by an organization to define how processes are conducted, organize how procedures that make up processes are done, and evaluate past performance to determine what should be done differently to enhance future performance and outcomes. The process of an evaluation helps to ensure that the highest potential is reached in each set of circumstances.

A quality management plan should pursue to oversee how complications are dealt with and to reassess such impediments afterwards to ascertain if alterations or modifications to policies and procedures are called for to avert such potential obstacles in the future. This definition is echoed in the perspective of Sollecito and Johnson (2013), " Quality management is a systematic and continuous development that organizations use to deliver products, services, and to distribute merchandise that will meet or exceed consumer expectations.

Quality management in healthcare has evolved over the years to address increased demands from consumers related to the quality of care as well as to address problems in patients' outcomes. " All organizations use various buzz words specific to their company, and often common in the specific profession, to define the archetype of quality management. Often these buzz words, slogans, and mottos are a way to simplify and illuminate the mission statement of the program and outline the organization's goals.

Quality management seeks to engage everyone to work progressively towards delivering better results. However, risk management only assists to

regulate and control losses to prevent or reduce exposure to various risks and liabilities. Although they are distinctive from one another in basic objectives, quality management's and risk management's fundamental goals are frequently similar to each other within the organization. For this reason, the two programs are often created, implemented, and developed together.

The Objective of a Quality and Risk Management Program

As expressed by Shannon (2012), " Risk Management is the process of making and carrying out decisions that will assist in the prevention of adverse events and minimize the effects of those events. Historically, risk management in the health care setting and in health care organizations managed risks in a reactive manner which means each department worked independently to resolve its own issues. " Risk and quality management as a practice progressively changes and adjusts to new environments, circumstances, and individuals. In the health care industry this is intensely valid as the skills, regulations, and personnel are constantly fluctuating.

To accomplish the mission within a specified set of benchmarks processes, training, and the administration within the organization must be adjusted and improved to mirror the changes within the health care industry. One of the primary principles of risk management in a health care organization is to diminish liability. As affirmed by Shannon (2012), " Risk Management was introduced into the health care industry in response to the " malpractice crisis. " As an organization grows and expands its scope within its industry the capacity for risk and lawsuits increases as well.

Hospitals are characteristically the largest organizations within the health care industry. Compared to smaller health care organizations hospitals have

a greater potential for increased lawsuits and have more to lose in legal proceedings such as status, licensure, and money. To counteract this increased potential for loss, quality and risk management set policy, oversee execution of standards, and assess performance to make adjustments as needed.

Key Concepts of Quality Management:

1. Quality Administration
 - a. Determine and institute policy and procedures
2. Quality Supervision
 - a. Inspect workflow and progress
3. Quality Development
 - . Assess execution
 - b. Make modifications to increase performance

Quality Management's Function within a Hospital Setting

The most notable purpose of a quality management program in a hospital setting is to succeed in delivering superior patient care. As the hospital seeks to deliver exceptional patient care, a quality management program must also confirm that laws and regulations are obeyed, liability and losses are controlled, and that revenues progressively grow. In the process of creating this plan, the administration sets short-term goals that will lead to the realization of defined long-term goals.

Short-Term Goals

1. Increase and sustain patient care ratings
2. Improve productivity
3. Develop and execute a defined strategy to be in compliance with approaching government regulation and law changes that affect the health care industry

Long-Term Goals

1. Earn and preserve a positive reputation with excellence in patient care and safety
2. Lower losses from incurred liability below a defined limit
3. Grow net profit at a sustained pace

Fundamental Quality Management Policies

To create, launch, and sustain an effective quality management program it is crucial that a ground work of fundamental policies be established and adhered to.

Policies direct everyone within the hospital in order to accomplish the organization's goals and mission. Fundamental Quality Management Policies

1. The safety of patient and employees is always the primary priority and is the responsibility of everyone within the organization
2. Laws and regulations must be strictly adhered to
3. Commitment from every member of the organization to continual quality improvement by abiding by procedures and endeavoring to identify and correct problems which negatively impact the organization's fundamental mission of providing quality care .
- Dedication towards a proactive approach of preventing complications by identifying potential risks and eliminating them
5. Proper reactive actions when a hindrance does arise to ascertain the causes and formulate solutions to inhibit reoccurrence

The philosophy that everyone's safety and care is a fundamental principle in the health care profession and is consequently an imperative standard that should be defined by the hospital's policies. Establishing this as primary directive for all employees and situations sets the tone for subsequent policies and procedures.

This first policy also seeks to define one of the main tenets of the hospitals mission that every human life is valued as to mitigate the perception of risk and improve the confidence of patients and employees with regards to the hospital. This primary directive will also positively guide outcomes in patient care by empowering employees to ensure proper treatment of others and prevent unnecessary risk. Observance of laws and regulations is crucial to maintain licensure, avoid liability, and deliver quality care.

Setting policies that articulate the necessity of detection, resolution, and prevention of issues that hinder quality or create risks form the framework

for a sustainable quality improvement program. With this directive the majority of potential problems are identified and resolved before they have a negative impact on achieving the hospitals goals and the remaining problems that do occur are used as learning experiences to prevent future issues and safeguard against negative outcomes of future endeavors within the organization. Influential Factors of Quality Outcomes

Hospitals deal with a wide array of issues that may advance or obstruct the focus of a quality improvement management program. These issues have both internal sources and external influences. Internal Sources 1. A Constant uniform organizational scheme for refining quality 2. Leadership that is devoted to and enthusiastic about quality improvement 3. Proper allotment of resources dedicated to quality improvement 4. Employee confidence and support regarding changes 5. Interdepartmental collaboration and comprise External Influences 1. Upcoming and impending changes and additions to government laws and regulations 2.

Convincing motivators from insurance providers? br /> 3. Consistent and random audits to assess compliance 4. Community accountability 5. Membership in a cooperative with other health care providers with a common goal of quality improvement Of the two factors internal sources play the bigger role in influencing a quality management program. Genuine and lasting change comes from within an organization and is only marginally influenced by external forces. To make an impactful change the management team of an organization must develop and communicate a consistent concept and strategy for quality improvement.

This consistency eases and expedites change by ensure everyone in the organization is on the same page to produce steady positive outcomes. After the initial implementation of a quality improvement plan participants need to be monitored and directed by effective leadership to ensure the plan is abided by and oversee modification to the plan as necessary. Creating, implementing, and sustaining a positive change within an organization requires resources such as manpower, financial capital, and equipment.

Once resources are approved and provided leadership must allocate these to the applicable departments of the organization to facilitate the operation of the quality management program. To accomplish a transition to and maintain a culture of risk management and quality improvement leadership must earn the support of all the participants of the quality improvement plan. To gain this buy-in leadership must champion the highlights of the plan that positively alter the work and environment of the participant employees. Once initialized department must strive to work together to realize the common goals of the hospital.

This interdepartmental cooperation is a key factor in sustaining a successfully quality management program. Among these factors the most prominent role is played by leadership. Ineffective leadership can adversely impact execution of a quality improvement plan by: degrading consistency in strategy and communication thereby creating a possibility performance will deteriorate; diminishing the morale of participant employees by neglecting to provide guidance and; inadequate resources and inappropriate distribution of resources rendering employees incapable of making and sustaining changes that the plan requires.

While external forces have only a marginal position in a quality management infrastructure, these forces can negatively impact the program or provide the initial motive to make changes requiring the development of a quality improvement program. Government inspection to ensure compliance with laws and regulation, motivators from insurance providers, and the community the hospital serves can all compel a hospital to realize the need for improvement by identifying problems the organization is experiencing.

Health care facility cooperatives and government agencies can guide positive changes by giving input for quality improvement based upon the law or experience. For these reasons, outside influences should be accounted for in during the creation, and execution of a quality improvement management program. Conclusion Considering approaches, policies, and goals it is evident that the roles and functions that risk management and quality improvement perform intersect each regularly.

ECRI Institute realized that (2009), " As the risk management and quality improvement functions in hospitals focus on patient safety initiatives, professionals from both fields indicate that their activities overlap. " Mitigating risks averts most negative outcomes and therefore pursues not only to avoid losses but also to enhance quality. To improve and maintain quality performance risks need to be identified and resolved so that efforts put forth in a quality improvement program are not hindered by a foreseeable issues that could have been avoided with proper risk management methods.

Quality improvement and risk management work together to achieve excellence by improving policy and procedures, offering guidance, and

providing oversight in order to progressively develop improved processes, employees, and environments in the hospital setting. A strategic development and effective execution of quality improvement and risk management programs are major contributing factors to the general performance of a hospital. References Sollecito, W. A. , & Johnson, J. K. (2013). Improvement in Health Care (4th ed. . Retrieved from The University of Phoenix eBook Collection database. Shannon, L. D. (2012). The Purpose and Goals of Risk Management. Retrieved from [http://www. slideshare. net/Msfent1/the-purpose-and-goals-of-risk-management-4159859](http://www.slideshare.net/Msfent1/the-purpose-and-goals-of-risk-management-4159859) ECRI Institute, Health Care Risk Control (2009). Risk and Quality Management Strategies. Retrieved from [https://www. ecri. org](https://www.ecri.org) Carroll, R. L. (2009). Risk Management Handbook for Health Care Organizations. Retrieved from The University of Phoenix eBook Collection database.