

# Balancing productivity and quality patient care



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### Abstract

The purpose of this examination is to identify challenges balancing productivity and quality patient care as it stands from a supervisory position. Today's supervisors must not only focus on their staff and patients, but also on the organizational business aspects such as increasing productivity and quality patient care. Supervisors are getting sandwiched between balancing productivity and quality care. In this somewhat daunting quandary the supervisors must strive to find ways to accomplish both missions. As I will propose this will require communication changes in organizational health care systems and a paradigm shift in current ideologies in the health care industry.

Let's start off in my own backyard so to speak, my organization is a Nursing and Rehabilitation hospital. The Mission statement is, " Come Here, Get Well, and Go Home". This is a 213 bed facility. There are approximately 135 employees throughout the organization working on any given day. The organization specializes in sub-acute care, long-term care and has a rehabilitation unit. Also the organization has physical therapy, occupational therapy and speech therapy components to support patient's recovery. All of these people in organization eventually may have some contact with a new patient at different times in the recovery process.

It is obvious from a macro-perspective it would be difficult to realize any improvements in productivity or patient care without solid supervisory skills

and knowledge. Nursing is my focus and professional occupation in which I will narrow the field to nursing for this examination.

As a nursing supervisor one has to continually be knowledgeable to accomplish both goals of productivity and quality patient care. Their responsibilities include planning, organizing and overseeing staff. Nurse supervisors provided leadership two staffs under their charge. The nurse supervisor implements and interprets organizational policies and procedures maintaining nursing standards and regulations. They also continually evaluate patient care and ensuring their satisfaction. A nursing supervisor skills also include budgeting, prioritizing duties and delegating responsibilities.

Some of the obstacles that impede the ability of nursing supervisors out of their control is rising healthcare expenditures have motivated spending reforms such as Medicare's payment system. While such initiatives aim to limit wasteful healthcare expenses, they may inadvertently result in lower-quality care: providers may face an incentive to reduce the quality of their treatments to minimize costs and increase patient loads. (McDevitt, 2013)

Unfortunately this is not the only pressure in which health care organizations have to do more with less. Supplies, operating costs, state and national legislation has placed a huge strain on the healthcare system at large.

In the past nursing productivity has been defined as the ratio of patient care per hour, per patient to salary and benefit costs paid out to staff by the organization. (Kohr, 2012) In the current economy this does not take into consideration the level of expertise in which nurses must process information

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to accomplish the goals of increased productivity and patient care. After all of that is said:

Nursing productivity models of any kind should take into account patients' needs, nursing competencies, the availability of material resources, and services provided. Nursing workload is a direct reflection of these variables and affects the delivery of patient care, patient safety, as well as satisfaction of nurses and of patients and their family members. Many investigators have linked nursing staff indicators and nurse staffing with patients' outcomes (Kohr, 2012)

The problems of balancing productivity with quality patient care are reducing costs and employee hours for the sake of protecting the bottom line is that really "protecting the patient?." Yet that statement has clearly infiltrated and grayed the area between professional ethical, moral boundaries.

In attempts at optimizing for efficiency are we as supervisors ultimately must manage both dichotomies. Managing these dichotomies is seemingly overwhelming at first glance. This is what I mean by the proverbial sandwich effect, the danger here is being so overwhelmed that you are paralyzed into doing nothing. I contend that productivity and quality patient care are not at odds with one another: they are both vital to the success of any healthcare organization.

The essence of productivity vs. quality patient care dilemma is this:

Productivity is visible, continuous, readily-understood and directly measured: a daily metric. On the other hand, quality patient care is invisible, boring,

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discontinuous, indirect, and its success is measured by the absence of negative outcomes. (Appel, 2012) Now that's somewhat of a quandary. Almost in the same breath organizations are willing to state quality patient care is our core principle. The problem, however, is turning that vision into action: it is in the daily operations (Appel, 2012) and responsibility functions of the nurse supervisor, this is where the rubber meets the road.

Nurse supervisors are critical to the surveillance and coordination that reduce such adverse outcomes. Much work remains to be done in evaluating the impact of nursing care on positive quality care indicators, such as appropriate self-care and other measures of improved health status. (Mitchell, 2008)

Nurse supervisors must instill in the people that they manage to continually gather information that can be correlated into data to finding that balance between productivity and quality patient care. Whether it be quantitative or qualitative data all must be brought together to facilitate to make informed decision for possible change. Harnessing this information could unlock knowledge that may elicit innovations striking that balance between productivity and quality patient care. Leave no stone unturned, is the mantra of nurse supervisors in today's tough economic and social times.

How do we start? Communication, communication, communication is essential to establish any opportunity to balance a seemingly diametrically opposed processes. They can be integrated (productivity and quality patient care) to provide success for the organization and the patient. Tighter reins of communication and functions must be streamlined for optimal performance.

Nurse supervisors can trigger a needs analysis of the situation informing the employees and organization that there is a performance gap between productivity and quality patient care. This brings in the team concept of the organization as a whole (everyone's job) needs to be the spearhead, focal point for systematic change and concern with both issues of productivity and quality patient care.

A decision-making structures is needed, a paradigm shift. What is a paradigm shift? Stephen Covey suggests that a "paradigm shift" is what we might call the "AHA!" experience when someone finally "sees" the composite picture in another way or finally "sees the light." (Covey, 2004)

The health care industry has been moving "paradigm shift" toward placing more value on quality and outcomes. This affect has changed in the way health care organizations do business. Higher quality can be the solution," said Dr. Michael Ogden, chief clinical integration officer with Cornerstone Health Care during the discussion at High Point University. "In health care specifically, higher quality could actually lead to lower costs." (Covington, 2014) As a nurse supervisor myself this sounds good but how do we get there?

Some employers and health plans are pushing for greater price transparency. They argue that if consumers realized that they could receive high-quality services from lower-cost providers, they would seek them out. This, in turn, could encourage competition among providers based on the value of care not just on reputation and market share. (Unknown, 2012)

Another aspect would be to empower the patients to be active participants making decisions about their own care. Empowerment of the patient also means to include them as a part of the health care team which may stimulate opportunities and innovation.

As a nurse supervisors some of these ideas are not new, I however assert that nurse supervisors must educate themselves to perform their managerial duties at high levels, not only will the organization benefit, but so too will the patients. Nurse supervisors will need considerable intestinal fortitude to sustain balancing productivity and quality patient care.

A nurse supervisor of the future will have to be multi-dimensional with traits like leadership and persuasion skills. Nurse supervisors must show empathy, creating trust with coworkers and patients. They must also have analysis skills, to be able to make fact-based decisions. Last but not least, a nurse supervisor must have performance management and coaching skills to follow through on goals and objectives. Finally, I concludes this examination by making a statement that balancing productivity and quality patient care will always be challenging.

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