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Z Ch 22

1. Quality improvement refers to the process or activities that are used to measure, monitor, evaluate and control services, which will lead to measurable improvement to health care consumers. Reports that are used to track this are incidence reports or variance reports.
2. HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems. The purpose of this survey is to see how Medicare payment and patient experiences are related. The VBP program is responsible in improving patient's quality of care and in this situation, it is working to improve care financially.
3. Hospitals are at financial risk for poor patient experience scores. Using the survey will help hospitals determine how they can improve satisfaction scores. Asking questions such as "would you recommend this hospital to your friends and family?"
4. There are 13 core measure sets. Some of these include advanced directives, autopsy rates, leaving against medical advice and elopement rates.
5. Goals- improve the accuracy of patient identification, improve the effectiveness of communication among caregivers, improve the safety when using medication, reduce the likelihood of patient harm when using anticoagulation therapy, maintain and communicate accurate patient medication information, reduce the harm associated with clinical alarm systems, reduce the risk of healthcare associated infections.
6. To improve accuracy of patient identification you must use two identifiers. Identify the correct patient and match it with the reason they are here, then use their wristband or DOB. Improving communication among caregivers can be improved by reporting critical information in a timely manner. Labeling medications correctly will improve medication safety. Ensuring correct dose of anticoags, consistent monitoring and patient compliance will decrease patient harm when on anticoags. Comparing medications, the patient is on now and newly added medication orders is crucial for patient safety. Managing and updating alarm systems regularly will help reduce harm and improve safety. Improving and maintaining hand hygiene among staff members will reduce infections.
7. Ensuring patients have an ID band on, matching patient ID with chart and asking DOB. Communicating critical labs with the physician, charge nurse and charting information accordingly. Checking

medication labels, doses and times before administering them, checking compatibility and why the patient is on the med. Monitoring VS and labs when patient is on anticoags and patient education. Ensuring patients new orders will not interfere with current orders such as medications and communicating new orders to other nurses and the patient. If you notice an issue with any alarm systems, you must report this immediately to ensure hospital safety. Tagging and reporting damaged equipment and getting it fixed in a timely fashion. Foaming in and out of patient rooms, washing hands with soap and water routinely and educating patients on hand hygiene will decrease incidences of infections.

8. Benchmarking is a continuous process in which hospitals can monitor, measure and compare their processes with other external areas.
9. The purpose of analyzing outcome data and comparing performance to external benchmarks is to continue improvement for areas in the hospital. If you are comparing and measuring your successes, you will always have new goals and that means you will always be improving.
10. P- plan. State the goal of the RCC cycle. D-do. Carry out the RCC on one or two nursing units for 3-7 days. S-study. Compare the resulting data to your predictions, to baseline, and contrast it to previous time frames. A-act. Act on what was discovered after the initial RCC.
11. I would first determine my goal and set a plan. I would gather all information I had regarding the IV tubing, how nurses are hanging medications and how often. Ensuring all equipment is readily to all the nurses on the unit.
12. My indicators would be how many problems this issue is causing and if it is causing any patient harm.
13. The metrics would be how many problematic incidences there are versus how many successful incidences. Is the problematic incidences more?
14. I will report this to the manager with all of my data present. Showing how much it has improved compared to when we started.