

Laura Souslin 2020 Quality Patient Care: Z- CH 22

Utilizing the Salinas (2017) article, National Patient Safety Goals 2020 article, Easter, Tamburri (2018) and Zerwekh (chapter 22) textbook, answer the following questions.

1. What is Quality Improvement (QI) and what are some reports used to track QI?

QI uses data to monitor outcomes of care, outcome of processes, improvement methods to design, improvement methods to test changes, and continually improve the quality and safety of health care systems. Reports used to track QI are QSEN and HSRA.

2. As stated in the Salinas article, what does HCAHPS stand for and what individuals may not receive the HCAHPS survey? What is the purpose of the surveys and how does it link to Value Based Purchasing?

HCAHPS stands for hospital consumer assessment of health care providers. Individuals that may not receive this survey include patients who have a psychiatric MS-DRG/principle diagnosis, discharged to hospice, discharged to nursing homes, law enforcement patients, publicity patients, or have a foreign address. The purpose of the survey is to examine the relationship between reported patient experience and objective hospital quality. It links to Value based purchasing by the hospital not being reimbursed due to poor patient experience.

3. According to Salinas, what did the findings from this study confirm? What are some of the initiatives' hospitals have incorporated to improve value and outcomes for patients? What areas of high HCAHPS ratings were found to lower readmission rates and decrease rates of mortality?

The findings from this study confirmed that hospitals with higher levels of patient satisfaction tended to have lower rates of readmission. Hospitals had to become more innovated in how they provide patient care. Some of the initiative hospitals have incorporated to improve value and outcome for patients include noise reduction, privacy, room reconfiguration for staff efficiency, and colocation of services. Nurse communication, pain management, cleanliness, and quietness correlated to the lower readmission rates and decreased mortality rates.

4. What are the four categories that core measures are divided into? How many core measures are there?

The four categories that core measures are divided into are the process of care, clinical outcomes, patient experience, and efficiency of care. There are 13 sets of core measures required by CMS that include Accountable

care organizations, patient centered medical homes, primary care, cardiology, gastroenterology, HIV and Hep C, medical oncology, OB/GYN, orthopedics, and Peds.

5. The following questions will be answered from the National Patient Safety Goals 2020 article:

1. What are the goals listed in the article?

Improve the accuracy of patient identification, Improve the effectiveness of communication among caregivers, Improve the safety of using medications, Reduce the likelihood of patient harm associated with the use of anticoagulant therapy, Maintain and communicate accurate patient medication information, Reduce the harm associated with clinical alarm systems, Reduce the risk of health care-associated infections, Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms in acute care hospitals, Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines, Implement evidence-based practices to prevent central line-associated bloodstream infections, Implement evidence-based practices for preventing surgical site infections, Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI), Reduce the risk for suicide, and Conduct a pre-procedure verification process.

What is the rationale given for each goal, written in your own words?

2. What are at least 3 expected elements of performance for each goal discussed in the article?

Nursing today chapter 22 & Critical thinking Box 22-2 (Zerwekh, 2018)

1. What is benchmarking?

Benchmarking is the process of comparing outcome measures among hospitals or individual units.

2. What is the purpose of analyzing outcome data and comparing performance to external benchmarks?

The purpose for this is to assess own performance, evaluate against high performers, and identify improvement opportunities.

3. Name all the phases in the PDSA cycle and give a brief description of each phase.

Plan: share the goal, make predictions of what is expected to happen.

Do: put the plan into place.

Study: compare results.

Act: make changes based on result.

Your nursing unit has experienced a problem with the IV tubing not being labeled to show when it needs to be changed. You are the QI nurse who must collect data for a process improvement project. The nurse manager has asked you to determine baseline data for a month and report your findings to her.

- 1. How would you go about doing this?** Identify the problem, find the root cause, plan, put into place, compare results, and make changes before implementing.
- 2. What would be your indicators?** How many times tubing was found unlabeled within a certain time frame would be the indicator.
- 3. What would be the metrics?** Actual amount of tubing found labelled.
- 4. Pretend that you have some results after a month. How will you report the information to the manager?** Place results into a graph so that representation of information is clear.