

## Quality Patient Care: Z- CH 22- Sydney Cmar

### ON-LINE CONTENT (1H)

Review this (chapter, article, website, etc) and place your answers to the following questions (or whatever is appropriate to your assignment) in the Z-CH 22 drop box by 0800 on February 8, 2021:

*In order to receive full credit (1H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed class time.*

Utilizing the Salinas (2017) article, Satisfaction and Quality of Care article, Easter, Tamburri (2018) and Zerwekh (chapter 22) textbook, answer the following questions.

**The following questions will be answered from the Zerwekh and Satisfaction and Quality Care article:**

- 1. What is Quality Improvement (QI) and what are some reports used to track QI?**  
Quality improvement is the process used to measure, monitor, evaluate, and control services which will lead to measurable improvements to health care consumers. Some reports that are used to track QI include incidence reports, variance reports and QI reports.
- 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 Healthcare Providers and Systems. The survey may not be administered to patients discharged to hospice care or nursing homes, law enforcement patients, no publicity patients, or patients with a foreign home address. The purpose of the survey is to measure the patient experience while in the hospital. These results are linked to roughly 30% of the 1.5% of Medicare money that the hospitals are at risk for losing.
- 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 confirm that hospitals with higher patient experience scores have lower rates of readmission and therefore have higher levels of overall quality. Some initiatives that hospitals have incorporated to improve value and outcomes for patients are noise reduction, privacy, room reconfiguration for staff efficiency, and colocation of services. The high HCAHPS ratings area were nurse communication, pain management and cleanliness/quietness.
- 4. What are the four categories that core measures are divided into? How many core measures are there?**

Core measures are divided into patient/caregiver experience, care coordination/patient safety, preventative health, and at-risk populations. There are 31 quality measures divided into the four categories.

**The following questions will be answered from the Patient Safety article:**

**1. What is the benefits of external benchmarking? Provide examples**

The benefits of external benchmarking are is that it can identify other organizations' successful practices, which can then be tested in organizations striving for improvement, and it can allow hospitals to see how they compare to other hospitals. If one hospital only looks at their rates they may not know that they are following behind in infection rates or are doing better than the average. This also allows hospitals to share practices and improvement measures to improve across the board. If hospital A has a high infection rate and hospital B has a low infection rate that can share practices to improve. Also, if hospital A did not do external benchmarking they would not know that they had high rates of infection.

**2. What are the seven used to calculate overall hospital ratings?**

Seven groups of measures are used to calculate overall hospital ratings: mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging

**3. What are the most commonly reported nursing-sensitive indicators?**

The most commonly reported nursing sensitive indicators are pressure injury, falls and falls with injury, hospital-acquired infections, and patient satisfaction with nursing care.

**4. What is the difference between process measures and outcome measures?**

Process measures assess the interventions provided by the health care team, while outcome measures provide evidence of the effect of the interventions.

**Nursing today chapter 22 & Critical thinking Box 22-2 (Zerwekh, 2021)**

**Answer the following questions based off of knowledge gained within the chapter on Quality Patient Care. Provide the method you would use and details for each question.**

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?** I would go about this by auditing the charting and direct observation to determine compliance.
- 2. What would be your indicators?** I would use IV Tube Labeling
- 3. What would be the metrics?** I would use rate of continuous flow IV tubing that ha not been labeled with date and time and rate of intermittent flow tubing that has not been labeled with a time or date.
- 4. Pretend that you have some results after a month. How will you report the information to the manager?** I will report the results to the manager in a report for with the statistics, tables, and charts. I would break down data by shift and floors, as well. I could include any other data that became relevant during my data collection. I would have written explanation to go along with the graphics.