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Quality & Risk Management 2

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Answer to Question 1

The quality consists of the degree to which health services for individuals and populations increase the likelihood of desired health outcomes, are consistent with current professional knowledge and meet the expectations of healthcare users.

The evolution of awareness of quality in healthcare in the public:

Health care quality improvement has become an important, as hospital leaders respond to government and public demands and improve patient health care. The current healthcare quality improvement is a creation of a long experience of efforts. It began with a role acknowledgement of the of quality in healthcare, and gradually evolved to include the prioritization of quality healthcare improvement and the development of systems to monitor, and incentivize quality improvement in healthcare

The awareness of the public about the quality role in health care has increased nowadays and changed without changing the concept of quality. High-profile patient safety failures had its significant on the public's awareness of quality of care. Patient safety has the main role in quality performance measures and it is consisting of multidimensional concepts of quality. A patient care failures occasions made a national evaluation of the patient safety issues troubling healthcare, for example the cyclophosphamide overdose given to a 39 year old cancer patient at cancer institute in 1994 led to death and with other patient led to heart damage .The media played an important role in disseminating this events over three years. Although the medical professionals known to commit deadly unintentional errors in the complex healthcare systems, the public reacts to these cases when it happens with shock and disbelief. People tend to have safe health environment including hospital care on any provided service level. Also, other high profile and fatal medical errors continue to be reported on a weekly basis, contributing to a loss of trust when they experience serious illnesses among patients and their families.

Quality improvement efforts, which can be patient centered, process centered, or employee centered, all have contributed to the improvement of health care delivery over the past 100 years.

In order to ensure successful outcomes and results from quality improvement initiatives, managers and clinicians need to work together in identifying problems as poor quality of patient care, and then implement the solutions. There are three types of quality problems cause patient harm. First, occurs when patients do not get beneficial health services. Second, occurs when patients undergo treatments or procedures from which they will not benefit. Third, occurs when patients receive appropriate medical services, which are badly provided. A health care environment that promotes the collaboration of administrators and physicians in ensuring and delivering quality of patient care is critical. Together, those problems related to patient harm can be reduced.

The Institute of Medicine (IOM) report made the following actions and recommendations to improve quality and safety in healthcare based on their review of patient safety:

1. Improve knowledge, skills and leadership

2. Identify and learn from errors and events

3. Set performance standards and expectations for patient safety.

4. Implement safety systems in different healthcare organizations.

The medical errors continue to occur, and people for care are still at risk in the healthcare system. Furthermore, the patient safety policies to improve patient safety and the quality of healthcare, has been promoted by accrediting bodies, hospital associations and private institutions, but the changes are limited to small improvements and need to be industry wide for the value to be seen by the public in healthcare.

Answer to Question 2

Quality health care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and consistent with current professional knowledge The Institute of Medicine defines healthcare quality as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations.

To build a healthcare system that provides efficient, effective, and consistent patient care, it is important to apply the principles of quality improvement in all aspects of clinical care. The Health Resources and Services Administration (HRSA) address the quality improvement model four key principles to support successful initiatives in achieving better quality of care which are:

1-Focus on patients: address the patient need, patient access, safety, and promoting patient engagement through quality improvement efforts.

2-Focus on the use of data: Both quantitative and qualitative data are essential to assessing the quality improvement success efforts and providing guidance for modification initiation.

3-Focus on a team-based process: quality improvement efforts incorporate a team-based approach to achieve improvements.

4-Focus on delivery system and processes: address organizational resources and processes to impact outputs and outcomes of quality improvement efforts

Dr. Deming introducing and addressing five principles that Help Healthcare Process Improvement, which are:

1-Managed care are managing the processes of care. Clinician's engagement is mandatory in the process of quality of care because they understand the care delivery process and figure out how to improve the process of care over time.

2-Quality improvement is the science of process management: Healthcare consists of multiple interlinked processes that result in a complex system. The Pareto principle describe that there are probably 20 percent of those processes that will result of 80 percent. So, the challenge of any organization is to identify that 20 percent to address challenges.

3-Quality control in healthcare: Data is an essential item in improvement process because it is the reference to build the KPI'S and other measuring tools that can identify and specify the process defects or success.

4-Engaging the smart cogs of healthcare which are clinicians. They are the frontline workers who understand the processes of care.

5-The right data in the right format, in the right hands, at the right time. This is crucial principle because any deviation in the principles steps will lead to an unexpected result or failure in the process.

The improvement occurs through primary drivers and leadership, staff and providers are fully engaged in the process, Reliable care provided by the hospital team applies collaborative, evidence-based care that focusing the hospital culture on patient centered care. We can turn quality improvement in healthcare into a manageable, continuous, and sustained reality.

Answer to Question 5

Quality improvement tools are individual strategies and processes that used to communicate the Quality Improvement efforts. These tools are a systematic approach to analyze practice performance to improve the organization performance and delivery operations. The various approaches used to assess quality improvement are called Quality Improvement (QI) models. These models help to collect data and analyze it prior to testing a change. It is necessary to choose the appropriate QI model guide one's efforts. Also, it is necessary that one fully commits to the entire QI process that ensure healthy QI practices.

Quality improvement tools, also known as standalone strategies or processes which help to understand, analyze the quality improvement efforts such as: run charts, process maps, and fishbone diagrams.

Quality improvement tools used for the change implementation processes by several initiatives. There are various advantages of using specific types of quality tools. These are described as follows:

A-Root-cause analysis: used to assess reported active and latent errors and incidents, to identify the need for changes to policies and procedures to initiate system changes, including improving communication of risk.

B-Six Sigma: a detailed process that differentiated between the variation causes and process outcome. It is an important strategy for problem-solving and continuous improvement; communicating about the problem; guiding the implementation process; and producing clear results in objective way.

C-Plan-Do-Study-Act (PDSA): it is a worksheet used for documenting a test of change; developed by the quality Institute for Healthcare Improvement. The cycle aspect of PDSA starts with piloting a single new process, and examining results and responding to what was learned through problem-solving and making adjustments.

D-Failure modes and effects analysis (FMEA): A systematic evaluating a process method to identify the parts of the process that are most in need of change and assess the relative impact of different failures.

There are a list of tools was developed and adapted by the Institute for Healthcare Improvement to help organizations in improvement acceleration, which are:

1-QI Project Management: describe strategies and allows a workspace to note the next steps for strategy implementation.

2- Visual Management Board: used as a key communication tool which provides information about current process performance

3- QI Project Charter: used to provide a rationale and roadmap for the team's improvement work, keep the focus on a specific opportunity and identifies improvement team members.

A-Histogram: It is a bar chart used to display the variation in continuous data like time, size, or temperature.

B-Project Tracking Tool: used to track clinical quality improvement projects and strategic goals over time.

C-Pareto Chart: identify the factors that contribute to an effect and warrant the most attention.

D-Short Surveys: provide feedback to assess improvement process.

E-Storyboards: a tool for effectively presenting a team's work to a variety of audiences.

Quality improvement will transform healthcare. Quality improvement tools is the important component of quality improvement and a dynamic process that often employs more than one quality improvement tool.

Answer to Question 6

Medical malpractice occurs when the health care professional or provider neglects to provide appropriate treatment, or action, that causes harm, injury, or death to a patient. Malpractice is a negligent act committed by a professional during the course of duty. The negligence could be in medication dosage, diagnosis and management.

The effects of malpractice on patients, whether or not they are involved in a legal suit, can be substantial. The rumors of malpractice for a medical practice can be a turnoff for potential patients that making them to seek help. Concerns regarding negligence can make patients nervous and open interaction as of doctor-patient relationships. Malpractice may affect the healthcare cost. Physicians and healthcare providers argued that malpractice claims are the great cause of escalating the cost of the healthcare. The effects of malpractice on doctors and healthcare professionals is substantial. Being involved in a legal suit involves the insurance companies and the lawyers resolving the issue. However, it is a leading cause of stress in a healthcare professional's life and make them to question their abilities, which can affect their job performance. Also, sometimes lead them to leave the industry to find work in a related field that carries low risk of litigation.

There are examples of medical malpractice that might lead to a lawsuit, such as: failure to diagnose, laboratory results ignorance, unnecessary surgery, surgical errors, improper medication dosage, poor follow-up, premature discharge, etc.

Patients experience a considerable damage in their health represented by one of these factors:

-Suffering

-Considerable loss of income

-Disability

-Constant pain

-Enduring hardship

Major influences that lead to malpractices claim are:

A- Medical Injury, Poor Result, or Adverse Outcome: some identified form of injury as permanent or physical damage.

B- Provider Errors and Negligence: should be unshaded and discussed with the concerned authority in the hospital to avoid reoccurrence of this error that will initiate a malpractice claim.

C- Unrealistic Public Expectations of Medical Outcomes or Over Expectations: public are over estimating the health outcomes and high expecting the results to match perfection and positivity. So adequate informed consent and honest communication are essential to reveal patients concerns about the results.

D-. Weak Doctor-Patient Trust: when there is a decrease of trust between the patient and his healthcare provider or professional it is common to ask both the competence and recommendations of the health care provider when an adverse outcome does occur. When there is a trusts between the patient and his provider rarely to raise a claim or an action against him.

E- Patient Depersonalization: Patient always expect the respect and good treatment from his provider, if the provider violated respect patients may be to file compensation claims out of anger or embarrassment.

F- Certain Patterns of Professional Behavior: Brash speech, rough handling, and other unprofessional behavior detract from a feeling of confidence and security. If patient uncomfortable with his provider, patient may be to seek action against a provider who has consistently been perceived as being unprofessional.

G- Unresolved Misunderstandings: if there is poor communication between both provider and patient. So physicians who do not take the required time to explain the management plan. A patient-provider professional and compassionate relationship is the cornerstone of the management program.

H- Childbirth is the one cause for medical malpractice suits is errors relating to childbirth. Doctor errors may cause serious health problems for newborns, but many of these health problems not related to the doctor's actions. There are three types of the childbirth related medical malpractice claims: injuries to the child or mother, wrongful birth, where parents not aware of birth defects that would led them to avoid or end the pregnancy, and wrongful pregnancy, where an attempted termination fails. Each of these claims is governed through different law and offers different remedies to the injured parties.

Malpractice in healthcare is a serious risk if it was associated with adverse event, injury, permanent damage and death, so all healthcare providers are mandated to deal with the rules, policies and procedures linked to their specialty and provide the best patient care.

Answer to Question 7

Risk Management is an overarching, conceptual framework which guides the development of a systematic approach for risk management and patient safety initiatives. Each organization faces different challenges; there are many models which fits all risk management solution. These challenges faced should be addressed in a risk assessment plan include: Patient safety, Existing and future policy, Potential medical error, and Legislation impacting the field of healthcare. Potential risks should be evaluated and measured in terms of potential negative effects. An organization management plan developed, implemented, and monitored based on the risk assessment.

Thus, it is necessary for any healthcare organization to have qualified healthcare risk managers to assess, implement, develop and monitor risk management plans with the goal of minimizing exposure. Risk managers are trained to handle various issues by the specific organization. These professionals work in the different areas of medical administration such as Finance management, Incident management, Psychological healthcare, clinical research and Emergency preparedness. Risk Management helps to identify and evaluate risks to reduce injury to patients, staff members, and visitors within an organization. The importance of Risk Assessment and Management planning effort is to keep patients safe and reduce their exposure to health threats by monitoring things.

Risk management refers to strategies which reduce the possibility of a specific loss. The systematic gathering and utilization of data are important to this concept and practice which consist of both proactive and reactive components. The Risk analysis results enables to compare different adverse events with their impacts and rank potential risks according to severity. Risk management plans undergo quality assessments for the proposed interventions and actions for the implementation and modification of the strategy.

The List of Risk management Dos:

1- Maintain proper licensure, privileges and credentials all the times.
2- Treat patients with dignity and respect

3- Use standard terminology, avoid abbreviations and use proper writing skills when charting.
4- Do chart comprehensively as soon as possible after the event.
5- Be objective and descriptive in your progress notes
6- Document any non-compliance with the prescribed treatment regimen in chart through polite and objective way.
7- Do initial and date all laboratory slips as per reviewed
8- Obtain written informed consent prior to any non-emergency invasive procedure.
9- Establish an accurate system of warning labels on charts for all patients with known drug sensitivities and allergies.

The List of Risk management DON'Ts:

1- Do not criticize, or complain about other members of the health care team within sight or hearing of patients.
2- Do not promise an improvement and do not guarantee about the specific results
3- Do not write in the record that malpractice occurred or anyone is legally liable.
4- Do not alter or obliterate errors in the chart. Correct errors by drawing a single line through the error, writing word error above the lined out wording, recording the correct information with signing and dating the correction.
5- Do not talk directly to a claimant's attorney. Refer the calls to legal affair.
6- Do not become emotional in chart entries; it is not the suitable place for editorials or opinion pieces.
7- Do not discard any part of the medical record or other diagnostic hard copy.

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