

DOWNLOAD PDF STRATEGIC PLANNING AND ORGANIZING OF PATIENT CARE FOR QUALITY AND SAFETY

Chapter 1 : Strategic Plan | Safety and Quality

Planning for continuous improvement of quality, service, and cost-effectiveness are critical competencies of successful 21st century health care organizations. Leadership in the health care organizations of the 21st century demands competent nurses.

The primary mission at HHS is to provide high-quality service and safe care to the patients, families and communities we serve. Meeting this obligation requires a focus on the outcomes within this perspective that are monitored and measured. Finances The key question related to financial outcomes was, "How would HHS be viewed by funders when zero preventable deaths had been achieved? The key to measuring these outcomes was to "connect the dots" among components of the strategy with financial measures. Performance Drivers Internal Processes The first performance driver of the balanced scorecard is internal processes, that is, the processes at which HHS must excel to meet "customer expectations" of patient safety. These include the critical processes that contribute to the articulated outcomes of the customer perspective and the hospital accountability agreements, performance management expectations and the external requirements of agencies such as CCHSA. An extensive number of processes were identified from the literature and external agencies using an affinity diagram; six categories or bundles of internal processes were identified including infection control practices e. Learning and Growth The final perspective of the balanced scorecard - learning and growth - addresses how the organization will sustain its ability to change and improve Kaplan and Norton In other words, it includes the key processes required for learning and development of the organization to achieve improvements in patient safety and quality. In alignment with the HHS values, this part of the strategy map was renamed "learning and innovation. A learning organization "tries to make a working reality of such desirable attributes as flexibility, teamwork, continuous learning, employee participation and development" Mabey and Salaman , cited in Garavan This is similar to high reliability organizations "where individuals can communicate openly about concerns, and design systems that make it difficult for failures to occur. Effective communication, teamwork and shared learning are inherent properties of these organizations" Leonard et al. The initiatives and categories of this perspective were categorized within the four cornerstones of the HHS Patient Safety Model. The components of this part of the plan included quality improvement processes and tools, education and training related to patient safety, integration and management of data and information and organizational culture. Indicators to Monitor Progress toward the Goal The patient safety strategy map provides a foundation to select a core set of quality and patient safety performance indicators for the scorecard. Examples of core indicators include process and outcome indicators from specific initiatives as well as the Hospital Standardized Mortality Ratio or infection control measures, such as rates for *Clostridium difficile*. Indicators such as these identify the need for and drive continuous improvement toward the achievement of the quality and patient safety goals. Measurement of key indicators is required to set goals and measure achievement; these measurements also provide a visible scorecard to monitor performance levels and assist with prioritization of quality initiatives. Dashboards succinct visual displays of data to monitor quality improvement are being developed that will make data measures accessible, visible and meaningful to users and provide a mechanism as performance tools. Once the balanced scorecard of concrete performance indicators and measures has been derived from the strategy map and performance has been monitored, the cause-and-effect relationships of the strategy map can be analyzed to inform chosen strategies. The strategy map framework and the balanced scorecard performance measurement methodology offer an effective means to manage human resources and information-capital development and deployment. The Patient Safety Plan The four-year patient safety plan includes the strategy map and details of the specific initiatives included within the six bundles of internal processes. The plan also includes the sequencing of all the initiatives within the four balanced scorecard perspectives over a four-year period. The actual selection of initiatives to be undertaken each year is based on organizational priorities, current initiatives and the need to adhere with

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CCHSA required organizational practices for our accreditation in May. The initiatives within the learning and innovation perspective were sequenced in the four-year plan to ensure that they would be addressed prior to, or in conjunction with, the organization embarking on specific internal process improvement initiatives. The completed patient safety plan identified 59 initiatives categorized into bundles of strategies within the balanced scorecard perspectives. Each initiative had clearly defined metrics, which would be reported on a regular basis to the Patient Safety Steering team. The 59 initiatives were presented in a graphic format that allowed for a visual perspective of how the initiatives align and overlap as well as the timing of the initiatives over four years. Lessons Learned Four key lessons were learned in the development of the patient safety plan. Firstly, the development of a strategy map and a comprehensive patient safety plan requires a significant initial commitment of time and expert resources. However, its hope is that the future benefits will provide exceptional value. Secondly, flexibility and adaptability are essential. The plan must allow for revisions to meet internal and external constraints and drivers as they become apparent. There needs to be commitment to evaluate and update the plan yearly based on these new internal and external drivers and with consideration of the organizational capacity. The third lesson includes assessing the demands of other organizational initiatives unrelated to patient safety for resources such as education, information technology and decision support. Finally, it is important that the plan accounts for the impact and finite capacity for change at a unit level and includes reserve capacity to support and sustain ongoing issues of patient safety that are raised through occurrence reporting, patient safety leadership walkarounds and root-cause analysis of sentinel events. Conclusion The Kaplan and Norton balanced scorecard and strategy map framework offer an effective method to plan strategically for patient safety and allow for an easy-to-understand visually formatted presentation of the plan that depicts the cause-and-effect relationships of patient safety strategies. It provides alignment with the organizational mission, vision and values with a clearly articulated goal, and provides a balanced approach in terms of the perspectives of the balanced scorecard and the components of the HHS Patient Safety Model. You can reach her at , ext. Organizational Development and Change 7th ed. A Review and Evaluation. Translating Strategy into Action: Converting Intangible Assets into Tangible Outcomes. To Err Is Human: Building a Safer Health System. Achieving Safe and Reliable Healthcare.

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Chapter 2 : Advocate Health Care's 5 Keys to Patient Safety

Use performance data for strategic planning and new program design. Identify improvement opportunities, and help achieve improvements. Keep board informed of quality and patient safety issues.

Advancing Exceptional Care identifies the relentless pursuit of quality, safety and accessibility as a strategic priority. Performance accountability for quality and patient safety is reported by the: Our QIP outlines our accountability to our community, patients, staff, physicians and volunteers to deliver high quality health care and create a positive patient experience. With this plan, we are able to identify our areas of improvement and monitor our performance. In compliance to the Excellent Care for All Act, opens in new window achievement of targets tied to executive based compensation is also identified. The workplan includes our improvement initiatives, indicators, targets and change ideas that GRH will focus on in Publicly reported indicators Grand River Hospital actively participates in, and assesses, how well we are progressing in the cycle of continuous quality improvement. Our board of directors and management team believe it is important for our community to have access to information on how well we perform over time, how we compare to provincial standards and other hospitals, and to learn about our plans for improvement. The indicators noted below are reported by hospitals in Ontario. This helps us to measure how we are doing in compared to provincial and national targets. Access to care Access to care including wait times for surgical and medical imaging procedures. Safety of care Patient safety indicators including indicators for hospital infections and infection control and patient safety. The program is an extensive self-assessment process, which includes a third-party evaluation of our care and services by Accreditation Canada surveyors. The full report can accessed here. This accreditation process supplements lab licensing and is mandatory for all medical laboratories in Ontario. GRH has put in place best practice guidelines opens in new window in nursing across the hospital. These guidelines bring the latest evidence in patient care into day-to-day nursing practice, helping improve outcomes, quality of care and comfort for patients and families. Although surgical quality is measurable, collection and access to data is inconsistent. Health Quality Ontario is bringing NSQIP to Ontario to provide hospitals with high quality clinical data, combined with a quality improvement program designed to decrease surgical complications, improve patient care and outcomes, and decrease the cost of health care delivery. On April 1, GRH joined with 14 other hospitals in this program.

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Chapter 3 : JHM Strategic Priorities

A robust strategic planning process will allow these issues to be debated at the onset then continuously modified as the organization's situation shifts, which it surely will. With prioritized strategic issues in hand, development of a strategic plan should address each of the questions above.

The Center for Clinical Effectiveness coordinates performance improvement activities across LUHS, helps to prioritize LUHS performance improvement efforts, identifies and implements state of the art quality and safety monitoring, analytic, and improvement tools, and communicates results of performance improvement work within LUHS and externally to the community, customers, payers, health care industry, and academic colleagues. The Center for Clinical Effectiveness: The departments, divisions and service lines identify opportunities for improvement, develop solutions, implement recommendations and analyze results, utilizing appropriate quantitative and statistical approaches, in order to improve the quality and safety of care. These units work independently or collaboratively as appropriate to the patient population, services provided and organizational structure. Priorities for performance improvement may be determined utilizing the LUHS prioritization criteria. Medical Staff Committees Medical Staff Committees assess quality and safety of care and opportunities for improvement. Processes are reviewed according to the requirements for the monitoring of blood and blood product use, medication management, operative and invasive procedures, medical records, infection control, utilization management and pain management. Other issues related to all aspects of care and all settings in the continuum of care may also be reviewed. Medical Staff Committees meet regularly to:

Quality and Resource Management The Quality and Resource Management department concurrently reviews inpatient admissions. Upon review, all mortalities and cases with potential for suboptimal clinical outcome are referred to the Chief of Staff, who reviews the case and either assigns a standard of care or refers it to the appropriate clinical or ICU director for review. After this peer review, cases assigned a level 3 standard of care opportunity for improvement or level 4 standard of care medical mismanagement receive another review by the Chief of Staff and the Medical Care Evaluation and Analysis Committee. In this manner, all cases with significant adverse outcomes are evaluated to identify opportunities to improve care and to identify sentinel events. Medical Care Evaluation and Analysis Committee The Medical Care Evaluation and Analysis Committee is a Medical Staff Committee that meets at least twice monthly to identify, evaluate and investigate events and occurrences associated with, or resulting in any adverse clinical outcome, patient dissatisfaction, or near miss. The Medical Care Evaluation and Analysis Committee is responsible for determining which occurrences are sentinel events and for directing the conduction and completion of root cause analyses. Recommendations to enhance quality of care and patient safety are implemented as appropriate. The Committee will report its findings, conclusion and recommendations to the Medical Executive Committee periodically, as appropriate.

Environmental Health and Safety Committee The Environmental Health and Safety Committee focuses on issues related to the environment in which patient care services are delivered. Ensuring a functional, supportive and safe setting for patients, faculty, staff and visitors is vital. The committee develops, implements, monitors and evaluates processes and programs aimed at maintaining a safe environment. These subcommittees identify performance indicators and relevant benchmarks and conduct process improvement processes that are evaluated monthly and reported to the Safety Committee.

Quality Improvement Methodology New Service and Process Design New services are designed, product lines extended, and functions or processes are changed based on the mission, values, guiding principles and strategies of the organization, following input from community, patients, staff and others. New processes and services are developed or modified incorporating the needs and expectations of patients, staff and others, the results of performance improvement activities when available, information about potential risks to patients when available, current knowledge from scientific and professional resources, available guidelines and practice parameters, external benchmarks sentinel event alert information, and proactive risk assessment.

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Those directly involved in delivering the service or participating in the processes are closely involved in the planning and implementation phases. As new services and processes are designed and modified, mechanisms to evaluate them are planned and implemented. Measures of performance and targets are set and monitored. Patients, care providers, staff and other stakeholders are involved in the evaluation process. Measurement Performance improvement monitoring and evaluation standards are system-wide comprehensive, department, division, service line or population focused and require the following:

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Quality, value and cost: the aim of this priority area is to have a health system that provides the right care to patients and consumers, improves health outcomes for patients and optimises the value of the healthcare system by improving productivity.

Chapter 5 : Strategic Plans & Annual Reports / BC Patient Safety & Quality Council

- Marketing is the process of creating a product or health care service for patients, and it uses the four Ps of marketing: patient, product, price, and placement - to place desirable health care services or products in desirable locations at a price that benefits both the patients and the health care facility.

Chapter 6 : Robotic Surgery Planning

Provide chronic care management services to patients with multiple chronic conditions, including comprehensive care management, a care plan, and care transitions Note: Additional strategies on preventive care are in Strategic Objectives , , and

Chapter 7 : Johns Hopkins Medicine Strategic Plan

This strategic plan is a living document that provides strategic direction and operational guidance for Parkland. Key concepts emerged in the planning. First, the desire to contribute knowledge and leadership through scholarship and patient-focused, innovative care improvements.

Chapter 8 : Health Care Quality and Patient Safety - calendrierdelascience.com

The quality and safety plan can cascade throughout the organization by having measures and targets that align with the strategic plan of the organization. Embedding the quality and safety plan into the broader strategic plan will ensure that it is an integral part of a broader organizational strategic plan and agenda.

Chapter 9 : Quality and Safety Plan

STRATEGIC PLANNING AND SWOT ANALYSIS In Step 2 of SWOT analysis, data on the organization are collected and sorted into and higher-quality patient care. For.