Chapter 9
Reflections and Understanding of Quality Management in Healthcare

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ABSTRACT

Healthcare organizations (HCOs) leadership must be involved with patient safety inventiveness and healthcare strategy. Leadership is essential to implementing and sustaining continuous performance quality improvement for patient-centered care. Quality management is of extreme significance to the United States (U.S.) healthcare industry and patients. Included are an introduction and background of the U.S. healthcare systems as well as the joint commission and government mandates. One of the primary focuses of the chapter is to enhance health literacy by developing a robust lexicon of fundamental healthcare terms and concepts. Healthcare reforms such as Patient Protection and Affordable Care Act (PPACA) are explored. The quality of healthcare delivery, involuntary reporting, patient safety indicators (PSIs), prevention quality indicators (PQIs), and inpatient quality indicators (IQIs) are explained. The chapter culminates with a discussion focusing on transformational leadership and the strategies for quality management implementation, along with a conclusion.

INTRODUCTION

The health care systems are an assortment of a set of public and private information gathering systems (Agency for Healthcare Research and Quality [AHRQ], 2014). A health care system includes other administrative registration such as medical billing, and non-medical billing, and medical records. Different organizations and Health Care Organizations (HCOs) use health care systems. The chapter focuses on United States (U.S.) HCOs which are normally comprised of hospitals, Community Health Centers (CHCs), general practitioners, clinics, specialty physicians and health plans (AHRQ, 2014). An additional focus of the chapter centers on enhancing health literacy by developing a robust lexicon of fundamental health care terms and concepts. Conflicting views exist around the decision-making processes of health

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care provider leadership in U.S. HCOs (Hinami, Whelan, Konetzka, & Meltzer, 2012). Based on the Avedis Donabedian Model, high quality of care requires observing the structure of the HCO, evaluating the care processes, and measuring patients' care outcomes (Haj, Lamrini, & Rais, 2013). The structure of the HCO denotes the features HCO give to the care of the patient. Assessing the characteristics of U.S. HCOs could include:

- Health care providers specialty
- Type of individuals hired
- The proprietorship of the health organization
- Regulations/Policies related provisions of care, and
- Patient safety.

Change management strategies and employee engagement are effective ways to reinforce the foundation for patient-centered care and patient safety (Frampton, Guastello, Brady, Hale, Horowitz, Smith, & Stone, 2008). The change process is the result of patients receiving care based on industry standard or evidence based on the systems implemented. Patient-centered care and patient safety are based on all the interactions between the patient and the health care provider, and leaders in HCOs. The strategies include involving patients in the decision process and making patients feel comfortable and anodyne. The procedure helps patients to consider their thoughts and ideas, interpersonal processes, as well as providing emotional and informational support. The Donabedian Model related to testing results and to order the correct test such as mammograms, preventive ultrasounds, Electrocardiograms (ECG or EKG), and cancer screenings (E-Source, n.d.).

Outcomes are the change in the status of the patient resulting from the care and treatment provided by the health care provider. Improvements could be in the patient condition, as well as improvements from complications of the symptoms diagnosed. Outcomes included measurements like blood work levels for patients with varying conditions such as high triglyceride levels and associated with other health risk outcomes (E-Source, n.d.). Ruffin (2015) proposed one of the most widely discussed areas is improving the quality of patient-centered care with the use of Health Information Technology (HIT). Operational inefficiencies exist in the utilization of HIT and documentation of individual health care information throughout HCOs (Ruffin, 2015). Operational inefficiency neglects the right people, processes, and technology impacting the ability to enhance productivity and worth of HCO operations (Operations Research, 2007). The neglect could create an increased cost in routine operations for HCOs. There is a direct relation to having the right structures, processes, and outcomes in place for HCOs to operate successfully.

Health Care practitioners in the U.S. have the tools to create a multifaceted overview to include medical terminology, administration, ethical, legal, and standard requirements. Transforming health care systems through consumers participating in health self-management through their health records will be beneficial (Operations Research, 2007). Hopefully, the transformation will lead to improved outcomes, reduced medical errors, and eliminating complications. HCOs are confronted with new challenges and the ability to seize new alternatives day-to-day. Technology in the form of software and hardware has given the health care industry the opportunity to transform services.

The practice types could have immediate and long-term benefits for HCOs and patients. HCOs can standardize practices and requirements consistent with efficiency and effectiveness to avoid high cost (Operations Research, 2007). Health Care providers attempting to improve quality of care and reduce