

DOWNLOAD PDF QUALITY IMPROVEMENT IN NURSING AND HEALTHCARE

Chapter 1 : The AHCA Quality Initiative

QI Guide on Improved Nursing Care My Quality Improvement (MyQI) You can use the information in this guide to help improve quality of care across settings and at multiple levels.

Furthermore, nurses are directly responsible for monitoring and assessing patients, and performing immediate interventions to reduce risk or prevent medical complications. Nurses also oversee other care providers, i. An attending nurse even helps educate patients and family members regarding post hospital care, before discharge. These are the reasons nurses play an important role when it comes to improving hospital quality in general. Demand for Hospital Quality Improvement The demand for quality improvement in hospitals is ever increasing due to federal government mandates, as well as local requirements, accreditation or regulatory boards, hospital organizations, medical societies, non-profit organizations NGOs and and health insurance plans. Core qualities reported may vary in terms of target medical concern or hospital department, but in most cases, employee and patient feedback is included in the measurement. The Joint Commission aims to standardize measurements used to check hospital quality. Primary factors relate to the hospital as a whole, medical staff nurses in particular and patients. Since the measurements used vary, attempts to standardize the process have been made. Their measures include the following: Failure to rescue Falls as well as falls with injury Prevalence of pressure ulcer as well as restraint vest and limb Intensive care unit ICU concerns such as urinary catheter-associated urinary tract infections, central line catheter-associated bloodstream infections and ventilator-associated pneumonia Smoking related counseling for acute myocardial infarction, heart failure and pneumonia Skill mix Scheduled hours daily versus number of patients assisted Practice Environment Scale of the Nursing Work Index PES-NWI Voluntary turnover Magnet Recognition Among numerous programs demanding or requesting hospital quality improvement, the most relevant for nurses is the Magnet Recognition. The Magnet Recognition program is based on an appraisal consisting of 14 characteristics. Foundationally, Magnet looks for a strong presence of nurses in the organizational committee structure of hospitals â€” including executive functions â€” empowering nurses in all levels to have a voice in hospital processes. While Magnet was originally focused on recognizing hospitals with higher nurse retention, there are researchers which have proven that Magnet-awarded medical institutions boast of lower mortality rates and higher hospital quality care in general. Leaders set the tone, but everyone should be similarly held accountable for success or failure. Patient Based Quality Patients have a different definition of quality. In a study conducted by Picker Institute Europe, most people who have been admitted to hospitals agree on the following considerations for quality medical care: Patients as well as their families are involved when it comes to making medical decisions. Their preferences, even when against sound medical judgement, are respected. Self-care is supported, in case they prefer this instead of being managed by others i. Information is effectively communicated at a level they can understand. Empathy and emotional support is provided by medical staff. The latter including the hospital as a whole should also be attentive to their physical and environmental needs. Fast and reliable health advice Effective diagnosis, treatment, and medication Continuity of care after discharge Challenges Involved Some of the usual hindrances involved revolve around nurses. Problems include inadequate staffing or uneven distribution of schedules, demanding responsibility which covers all aspects of patient care, ineffective nurse training , inefficient administrative tasks, and traditional nursing education, which often clashes with advancing nursing techniques. Staffing and Patient Care Quality In relation to staffing and scheduling, research from the Institute of Medicine IOM pointed out the direct connection between hospital care quality and nurse staffing. Staffing is directly related to hospital budget considerations as well as the demand of the local labor market for nurses. Another important aspect is the human factor. Fatigue and stress can lead to a decline in patient care quality due to errors in medication, treatment, usage of medical devices, data reporting, and more. Hospital staffing and quality of care are directly related. They also include other factors, like the ratio of nurses to patients, as well as the experience, skill and

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education of nurses assigned. Since most hospitals are aware of when human traffic is heaviest, shifts are evenly distributed to cover the influx of patients, with novice nurses scheduled alongside experienced ones. Although there are emergency situations when there are more patients than usual. Other Factors Related to Quality Aside from adequate staffing, other factors directly affecting quality include the following: Competent nurses Independent and autonomous practice micro-management is frowned upon, even in other professions Management support recognitions, team building, and other activities or programs are present Collaborative working environment particularly between nurses and doctors Patient-centered culture patients over revenue Availability of continuing education and training options Nurses directly affect the quality of hospital care. All efforts to train them and maintain their value should be addressed. Nurses will "in turn" pass the same value and care along to their patients. Tine Health Tine Health resolves one of the major challenges involved when it comes to hospital quality improvement: We provide just-in-time training JITT , using microlearning videos that are available anytime via a smartphone or tablet.

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Chapter 2 : Tine Health – The Role of Nurses in Hospital Quality Improvement

When quality is considered from the IOM's perspective, then an organization's current system is defined as how things are done now, whereas health care performance is defined by an organization's efficiency and outcome of care, and level of patient satisfaction.

These issues cost hospitals, patients and families far more than money. While one person with a vision can drive change, it takes a team to make real improvement stick, especially in a large system. Meet the Pediatric Quality Award winners: Overall winner and waste reduction category winner Eliminating discharge delays Bed capacity management is a critical issue for hospitals because inefficient discharges impact patient flow, slow care and increase costs. Previous projects at the hospital focused on discharging a certain percentage of patients at a specific time of day to free up beds. However, system inefficiencies persisted leading to delayed admissions and transfers. In , unpredictable discharges and lengthy delays were still roadblocks for efficient patient flow. A longer than necessary length of stay LOS meant higher costs for everyone involved. The project team set out to develop standard discharge criteria for 11 common inpatient diagnoses based on available evidence and expert consensus. Today, this information is embedded in the electronic medical record allowing for a new discharge process that is focused on patient needs first, discharging them when they are medically ready. Now, nurses can monitor and signal when patients meet discharge goals. Physicians can better prioritize early rounding. Interventions streamline pharmacy prescription filling processes and improve discharge efficiency. Communicating patient needs became consistent between all care providers, regardless of time of day. Today, at least 80 percent of eligible patients are discharged within two hours of meeting criteria. By decreasing waste associated with inefficient discharges, the new process uncovered substantial cost savings to families, health plans and the hospital. More existing beds are available for higher acuity patients. And decreased LOS supports the global aim of reducing cost of care. As a result, the hospital saw a 38 percent increase in patients discharged within two hours. These efforts led to a 34 percent increase in provider satisfaction and Communication is especially critical as health care providers of different disciplines and training levels transition care, and breakdowns were causing preventable medical errors. Within nine months, the rounding approach changed provider behaviors and the PICU culture of safety. With minimal resources and common sense interventions developed by a multidisciplinary group, the project team developed a consistent process that put key providers on the same page. These initiatives include a new resident daily progress note format, a performance improvement dashboard, and use of a bedside whiteboard to document daily goals. The process also encouraged families – who were previously excluded from rounds – to express concerns and ask questions about the plan of care. Team agreement on goals increased 25 percent by removing common communication barriers, such as bedside nurses multitasking during rounds and interruptions during patient presentations. Additional communications, such as the inclusion of bedside nurse input or reading orders back also helped the unit reach its goals. The unit started to take ownership of the process, as modeled during one chaotic week when several errors were made. Nurses tied the errors back to a variation from the protocols, and they submitted reports to demonstrate patient impact. Organizational transformation category winner Standardizing care protocols with clinical pathways Standardizing care means pediatric patients consistently receive the safest and most effective care for their conditions. The hospital now has 39 clinical pathways in use, and 67 percent of practitioners have used one or more of the pathways. By building your foundation on standard work, you can see very quickly what is effective and what is not – this fosters creativity rather than stifling it. Evidence-based practices – interventions tested and proven to work – mean pediatric patients consistently receive the safest and most effective care for their conditions. Individual variation in practice made it difficult to analyze data trends and understand which interventions were most effective. Five years later, 39 pathways guide providers in treatment plans for patients with a predictable clinical course. The guidelines standardize care for 13 medical specialties and six different surgical

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subspecialties. They also incorporate crossdiagnosis and cross-setting pathways that standardize treatment at every point of care. Reducing variability in care remains a core focus throughout the organization, with 16 additional pathways in queue. Patient safety category winner Moving to no preventable harm In almost every industry, getting to zero errors is a lofty aspiration. In health care, it means patient harm never happens. To achieve this, Nationwide launched an initiative to prevent hospital-acquired harm—a serious issue impacting every hospital—and expanded its quality improvement infrastructure to accommodate more than harm-related projects. The result was that over a three-year period, the hospital reduced its serious safety event rate SSER by 83 percent, preventable harm events by 55 percent, and risk-adjusted all cause hospital mortality by nearly 40 percent. Safety and teamwork scores significantly improved, too. The hospital has sustained these results for more than a year. At the start of the project, more than significant harm events were detected including serious safety events in just one year. The numbers reaffirmed the importance of patient safety and provided a strong foundation for learning. Nationwide selected error prevention tools that formed the basis of the Error Prevention Basic Training Course provided to 8, employees and Leadership Methods Training for hospital leaders. Four years later, the hospital has dramatically changed patient safety protocols to show consecutive months of zero errors in multiple domains. To achieve these goals, it comes down to transforming outcomes for every patient Nationwide treats. With staff awareness and training, clinical variation decreased, errors became less frequent and outcomes improved. From preventing discharge delays to standardizing care protocols, hospitals made strides in making patients safer. When it comes to solving problems in their organizations, they stand out for their commitment to doing things differently. Send questions or comments to magazine childrenshospitals.

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Chapter 3 : Dr. Mike Evans Video: An Illustrated Look at Quality Improvement in Health Care

Many QI strategies currently used in health care, including Continuous Quality Improvement (CQI), have been adopted from other industries that have effectively used QI techniques to improve the efficiency and quality of their goods and services.

Processes that are inefficient and variable, changing case mix of patients, health insurance, differences in provider education and experience, and numerous other factors contribute to the complexity of health care. The goals of measuring health care quality are to determine the effects of health care on desired outcomes and to assess the degree to which health care adheres to processes based on scientific evidence or agreed to by professional consensus and is consistent with patient preferences. Because errors are caused by system or process failures, it is important to adopt various process-improvement techniques to identify inefficiencies, ineffective care, and preventable errors to then influence changes associated with systems. Each of these techniques involves assessing performance and using findings to inform change. This chapter will discuss strategies and tools for quality improvement—including failure modes and effects analysis, Plan-Do-Study-Act, Six Sigma, Lean, and root-cause analysis—that have been used to improve the quality and safety of health care. The rationale for measuring quality improvement is the belief that good performance reflects good-quality practice, and that comparing performance among providers and organizations will encourage better performance. In the past few years, there has been a surge in measuring and reporting the performance of health care systems and processes. One of the challenges in using measures in health care is the attribution variability associated with high-level cognitive reasoning, discretionary decisionmaking, problem-solving, and experiential knowledge. These measures are generally developed through a process including an assessment of the scientific strength of the evidence found in peer-reviewed literature, evaluating the validity and reliability of the measures and sources of data, determining how best to use the measure. Benchmarking in health care is defined as the continual and collaborative discipline of measuring and comparing the results of key work processes with those of the best performers in evaluating organizational performance. There are two types of benchmarking that can be used to evaluate patient safety and quality performance. Internal benchmarking is used to identify best practices within an organization, to compare best practices within the organization, and to compare current practice over time. The information and data can be plotted on a control chart with statistically derived upper and lower control limits. However, using only internal benchmarking does not necessarily represent the best practices elsewhere. Competitive or external benchmarking involves using comparative data between organizations to judge performance and identify improvements that have proven to be successful in other organizations. Quality Improvement Strategies More than 40 years ago, Donabedian²⁷ proposed measuring the quality of health care by observing its structure, processes, and outcomes. Structure measures assess the accessibility, availability, and quality of resources, such as health insurance, bed capacity of a hospital, and number of nurses with advanced training. Process measures assess the delivery of health care services by clinicians and providers, such as using guidelines for care of diabetic patients. Outcome measures indicate the final result of health care and can be influenced by environmental and behavioral factors. Examples include mortality, patient satisfaction, and improved health status. Twenty years later, health care leaders borrowed techniques from the work of Deming²⁸ in rebuilding the manufacturing businesses of post-World War II Japan. The TQM model is an organizational approach involving organizational management, teamwork, defined processes, systems thinking, and change to create an environment for improvement. This approach incorporated the view that the entire organization must be committed to quality and improvement to achieve the best results. CQI has been used as a means to develop clinical practice³⁰ and is based on the principle that there is an opportunity for improvement in every process and on every occasion. CPI, an approach led by clinicians that attempts a comprehensive understanding of the complexity of health care delivery, uses a team, determines a purpose, collects data, assesses findings, and

then translates those findings into practice changes. From these models, management and clinician commitment and involvement have been found to be essential for the successful implementation of change. Shojania and colleagues³⁸ developed a taxonomy of quality improvement strategies see Table 1, which infers that the choice of the quality improvement strategy and methodology is dependent upon the nature of the quality improvement project. The lack of scientific health services literature has inhibited the acceptance of quality improvement methods in health care,^{43, 44} but new rigorous studies are emerging. It has been asserted that a quality improvement project can be considered more like research when it involves a change in practice, affects patients and assesses their outcomes, employs randomization or blinding, and exposes patients to additional risks or burdens⁴⁵ all in an effort towards generalizability. This is a method that has been widely used by the Institute for Healthcare Improvement for rapid cycle improvement. Langley and colleagues⁵¹ proposed three questions before using the PDSA cycles: The PDSA cycle starts with determining the nature and scope of the problem, what changes can and should be made, a plan for a specific change, who should be involved, what should be measured to understand the impact of change, and where the strategy will be targeted. Change is then implemented and data and information are collected. Results from the implementation study are assessed and interpreted by reviewing several key measurements that indicate success or failure. Lastly, action is taken on the results by implementing the change or beginning the process again. This method is applicable to preanalytic and postanalytic processes⁵². This method is suitable for analytic processes in which the precision and accuracy can be determined by experimental procedures. One component of Six Sigma uses a five-phased process that is structured, disciplined, and rigorous, known as the define, measure, analyze, improve, and control DMAIC approach. Next, continuous total quality performance standards are selected, performance objectives are defined, and sources of variability are defined. As the new project is implemented, data are collected to assess how well changes improved the process. To support this analysis, validated measures are developed to determine the capability of the new process. This methodology overlaps with the Six Sigma methodology, but differs in that Lean is driven by the identification of customer needs and aims to improve processes by removing activities that are non-value-added⁵³. Steps in the Lean methodology involve maximizing value-added activities in the best possible sequence to enable continuous operations. Physicians, nurses, technicians, and managers are increasing the effectiveness of patient care and decreasing costs in pathology laboratories, pharmacies,⁵⁹⁻⁶¹ and blood banks⁶¹ by applying the same principles used in the Toyota Production System. Two reviews of projects using Toyota Production System methods reported that health care organizations improved patient safety and the quality of health care by systematically defining the problem; using root-cause analysis; then setting goals, removing ambiguity and workarounds, and clarifying responsibilities. When it came to processes, team members in these projects developed action plans that improved, simplified, and redesigned work processes. Root Cause Analysis Root cause analysis RCA, used extensively in engineering⁶² and similar to critical incident technique,⁶³ is a formalized investigation and problem-solving approach focused on identifying and understanding the underlying causes of an event as well as potential events that were intercepted. The Joint Commission requires RCA to be performed in response to all sentinel events and expects, based on the results of the RCA, the organization to develop and implement an action plan consisting of improvements designed to reduce future risk of events and to monitor the effectiveness of those improvements. Those involved in the investigation ask a series of key questions, including what happened, why it happened, what were the most proximate factors causing it to happen, why those factors occurred, and what systems and processes underlie those proximate factors. Answers to these questions help identify ineffective safety barriers and causes of problems so similar problems can be prevented in the future. Often, it is important to also consider events that occurred immediately prior to the event in question because other remote factors may have contributed. The notion has been put forth that it is a truly rare event for errors to be associated with irresponsibility, personal neglect, or intention,⁷¹ a notion supported by the IOM. Even the majority of individual factors can be addressed through education, training, and installing forcing functions that make errors difficult to commit. Failure Modes and Effects Analysis Errors

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will inevitably occur, and the times when errors occur cannot be predicted. In health care, FMEA focuses on the system of care and uses a multidisciplinary team to evaluate a process from a quality improvement perspective. This method can be used to evaluate alternative processes or procedures as well as to monitor change over time. To monitor change over time, well-defined measures are needed that can provide objective information of the effectiveness of a process. In , the Joint Commission mandated that accredited health care providers conduct proactive risk management activities that identify and predict system weaknesses and adopt changes to minimize patient harm on one or two high-priority topics a year. In conducting a hazard analysis, it is important to list all possible and potential failure modes for each of the processes, to determine whether the failure modes warrant further action, and to list all causes for each failure mode when the decision is to proceed further. After the hazard analysis, it is important to consider the actions needed to be taken and outcome measures to assess, including describing what will be eliminated or controlled and who will have responsibility for each new action. Several common themes emerged: Substantial and strong leadership support, 80â€”83 involvement, 81 , 84 consistent commitment to continuous quality improvement, 85 , 86 and visibility, 87 both in writing and physically, 86 were important in making significant changes. Substantial commitment from hospital boards was also found to be necessary. Yet adopting a nonpunitive culture of change took time, 61 , 90 even to the extent that the legal department in one hospital was engaged in the process to turn the focus to systems, not individual-specific issues. There were many advantages to basing the work of the quality improvement strategies on the teamwork of multidisciplinary teams that would review data and lead change. Team leaders that emphasized efforts offline to help build and improve relationships were found to be necessary for team success. The multidisciplinary structure of teams allowed members to identify each step from their own professional practice perspective, anticipate and overcome potential barriers, allowed the generation of diverse ideas, and allowed for good discussion and deliberations, which together ultimately promoted team building. Teams were seen as being able to increase the scope of knowledge, improve communication across disciplines, and facilitate learning about the problem. Group work was seen as difficult for some and time consuming, and problems arose when everyone wanted their way, 97 which delayed convergence toward a consensus on actions. Team members needed to learn how to work with a group and deal with group dynamics, confronting peers, conflict resolution, and addressing behaviors that are detrimental. As suggested by Berwick, the leaders of the quality improvement initiatives in this review found that successful initiatives needed to simplify; 96 , standardize; stratify to determine effects; improve auditory communication patterns; support communication against the authority gradient; 96 use defaults properly; automate cautiously; 96 use affordance and natural mapping e. Several initiatives standardized medication ordering and administration protocols, 78 , 87 , , , â€” , , â€” realizing improvements in patient outcomes, nurse efficiency, and effectiveness. Related to simplification and standardization is the potential benefit of using information technology to implement checks, defaults, and automation to improve quality and reduce errors, in large part to embedding forcing functions to remove the possibility of errors. Often workflow and procedures needed to be revised to keep pace with technology. Using and analyzing data was viewed as critical, yet some team members and staff may have benefited from education on how to effectively analyze and display findings. Repeated measurements were found to be useful for monitoring progress, but only when there was a clear metric for measuring the degree of success. It was also purported that the costs associated with change will be recouped either in return on investment or in reduced patient risk and thus reduced liability costs. There were several examples of this. Two initiatives that targeted pain management found that educating staff on pain management guidelines and protocols for improving chronic pain assessment and management improved staff understanding, assessment and documentation, patient and family satisfaction, and pain management. Lack of time and resources made it difficult to implement the initiative well. Influential factors attributed to the success of the initiatives were effecting practice changes that could be easily used at the bedside; 82 using simple communication strategies; 88 maximizing project visibility, which could sustain the momentum for change; establishing a culture of safety; and strengthening the organizational and

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technological infrastructure. Collaboratives could also be a vehicle for encouraging the use of and learning from evidence-based practice and rapid-cycle improvement as well as identifying and gaining consensus on potentially better practices. Quality tools used to define and assess problems with health care were seen as being helpful in prioritizing quality and safety problems 99 and focusing on systems, 98 not individuals. The various tools were used to address errors and growing costs 88 and to change provider practices. These are discussed as follows: The rapid-cycle aspect of PDSA began with piloting a single new process, followed by examining results and responding to what was learned by problem-solving and making adjustments, after which the next PDSA cycle would be initiated. The majority of quality improvement efforts using PDSA found greater success using a series of small and rapid cycles to achieve the goals for the intervention, because implementing the initiative gradually allowed the team to make changes early in the process 80 and not get distracted or sidetracked by every detail and too many unknowns. HFEMA was viewed as a valid tool for proactive analysis in hospitals, facilitating a very thorough analysis of vulnerabilities i. The strength of the following practice implications is associated with the methodological rigor and generalizability of these strategies and projects: The importance of having strong leadership commitment and support cannot be overstated. Leadership needs to empower staff, be actively involved, and continuously drive quality improvement. Without the commitment and support of senior-level leadership, even the best intended projects are at great risk of not being successful. Champions of the quality initiative and quality improvement need to be throughout the organization, but especially in leadership positions and on the team. A culture of safety and improvement that rewards improvement and is driven to improve quality is important. The culture is needed to support a quality infrastructure that has the resources and human capital required for successfully improving quality. Quality improvement teams need to have the right stakeholders involved. Due to the complexity of health care, multidisciplinary teams and strategies are essential. Quality improvement teams and stakeholders need to understand the problem and root causes. There must be a consensus on the definition of the problem.

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Chapter 4 : Quality improvement in nursing | Philips Healthcare

The necessity for quality and safety improvement initiatives permeates health care. 1, 2 Quality health care is defined as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" 3 (p.).

What is a Quality Improvement Manager in Nursing? A quality improvement manager in nursing is a very special health care professional who combines their expertise in quality, health care and management to make systematic police and process improvements. Health care organizations across the country are accomplishing these goals through improving patient engagement levels, clinical workflows and mobile technology integration. On the other hand, quality improvement management also strives to reduce miscommunication, patient costs and hospital-acquired health problems. A quality improvement manager in nursing is at the forefront of these innovative, sweeping changes. What are the Advanced Duties? A quality improvement management nurse is tasked with various challenging duties. First, they must continually assess personnel and process performance trends and data. Then, they compare this data against current practices, collect additional information, formulate a plan and provide valuable feedback and improvement recommendations to health care organization executives. Part of this will involve soliciting and surveying patients, employees and anonymous members of the public. Consequently, they must prepare and submit reports to these agencies. Naturally, they must prepare formal responses, quality assessments and risk management reports for hospital administration, regulatory agencies and other official parties. What are the Basic Duties? A quality improvement management nurse must continually participate in departmental, agency or hospital risk, safety, quality, and committee meetings. If required, they must also assist internal attorneys with claims and litigation. Therefore, they will be involved with billing, insurance and patient case management. They must continually collaborate and communicate with other managers to ensure that problems are identified, documented and resolved. Related to this, they must assist with training key staff members responsible for safety and quality. Finally, they must participate in continuing education classes in order to grow professionally and maintain licensure and certification requirements. What are the Required Skills? However, all quality improvement management nurses must have experiential knowledge of the typical tasks performed in the health care facility. They must also have knowledge of the Nurse Practice Act, standard nursing practices and infection control. They must stay well-informed of current issues, trends and research topics related to quality and risk management, according to the CDC. They must also have the ability to organize, coordinate and evaluate patient care services within the context of detailed laws, standards and regulations. Quality improvement management nurses must have excellent interpersonal and communication skills because they will be interacting with staff, administrators and outside health care professionals every day. In brief, a quality improvement manager in nursing is a health care expert who combines their applied knowledge of risk, safety and quality management to ensure a quality, satisfying patient care experience.

Chapter 5 : IHI National Forum

Quality Improvement Initiatives. As part of Stanford Health Care (SHC) commitment to patient centered care, the Nursing Department is actively involved in quality improvement initiatives focused on measuring and improving patient outcomes.

Chapter 6 : What is a Quality Improvement Manager in Nursing?

A quality improvement manager in nursing is a very special health care professional who combines their expertise in quality, health care and management to make systematic police and process improvements.

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Chapter 7 : Quality Improvement Initiative - Nursing Safety | Stanford Health Care

With the rapid expansion of knowledge and technology and a health care system that performs far below acceptable levels for ensuring patient safety and needs, front-line health care professionals must understand the basics of quality improvement methodologies and terminology.

Chapter 8 : 4 Quality Improvement Ideas Hospitals Can Implement

The online MSc in Nursing and Healthcare Quality Improvement programme is an exciting, contemporary, degree for registered Nurses.

Chapter 9 : Health Care Quality and Patient Safety - www.nxgvision.com

From population health management to value-based care, healthcare providers face a quagmire of reimbursement schemes and quality initiatives, each requiring precise analysis of clinical, financial, and patient data.