

# Implementing an Effective Quality Assurance Program to Improve Hospital Clinical Outcomes

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### Overview

The idea that a holistic approach that involves everyone in the organization and partners with individuals to create a meaningful quality assurance program and being an agent of change has proven to be most successful model for progress. This very idea is the reason why everyone gets involved in quality improvement projects “from Doctors, and nurses to data analysts and administrators [1].”

Because quality affects every area of the healthcare facility, it’s important to include members of many departments on your steering committee, including those who aren’t involved in direct patient care. For example, patient account representatives, legal consultants and clinical educators often play an indirect but important role in patient satisfactions and can be valuable committee participants [2].

The term “Quality Assurance refers to the identification, assessment, correction and monitoring important aspects of patient care designed to enhance the quality of Health Care Maintenance services, consistent with achievable goals and within available resources [3].

The idea of developing a Quality Assurance came about because of low Hospital Consumer Assessment of Healthcare and Systems Survey scores (HCAHPS) and failure to provide meaningful statistics to support service reimbursement levels. They felt that it was necessary for every healthcare organization to develop a quality assurance process. Believing that by creating a strong quality assurance program is the key to meeting patient expectations and initiating changes that would improve patient comfort, patient clinical outcome and patient satisfaction levels.

This article aims at describing the Federal government agencies responsible for creating the HCAHPS standardized and data collection tool, the quality assurance program in the hospital landscape and examines roles of Executive Directors involved in formulating, creating, and implementing hospital quality assurance program policies.

### The Federal Government Agencies Responsible for Creating the Hcahps Standardized Survey and Data Collection Tool

The Centers for Medicare and Medicaid Services (CMS) is the United States Federal Government agency that oversees most of

the regulations related to the health care system. CMS provides federal government subsidized medical coverage through a various number of programs including:

- Medicare for the elderly and disabled
- Medicaid for lower-income individuals and families
- State children’s Health Insurance coverage for children under 19.

CMS is also responsible for ensuring compliance to the Health Insurance Portability and Accountability Act (HIPAA), which works to reduce costs while protecting patients and providing better medical care, is a major piece of health care regulation and was instituted to improve the efficiency and effectiveness of the health care system [4].

The Agency for Health Research and Quality (AHRQ) is another agency that falls under the U.S. Department of Health & Human Services (HHS). It conducts research aimed at improving the quality of health care, reducing costs, and addressing patient safety and medical errors [4].

The National Committee for Quality Assurance (NCQA) ensures the quality of managed care plans. It was established in 1991 to provide standard and objective information about HMO [4].

The Centers for Medicare and Medicaid Services (CMS) notes that “Effective Quality Assurance Performance Improvement (EQAPI) is critical to our national goals to improve care for individuals and improve health for population while reducing per capita costs in our health care delivery system [5].

To achieve the golden goals of improving care for individuals and population, the Centers for Medicare and Medicaid Services (CMS) established the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) standard for all hospitals in the United States. The survey is for adult inpatients, excluding psychiatric patients.

The HCAHPS is a standardized survey instrument and data collection methodology that has been in use since 2006 to measure patients’ perspectives of hospital care [6].

HCAHPS is the first national standard publicly reported survey

of patients' perspectives of hospital care. HCAHPS sets three goals that include:

**First:** To produce data about patients' perspectives of care that allow comparison of Hospitals on topics that are important to customer,

**Second:** To ensure public reporting of the survey results to create new incentives for hospitals to improve quality of care, and

**Third:** The public reporting enhances accountability in healthcare and increases transparency of the quality of hospital care.

The HCAHPS Survey is composed of 27 items, but there are 18 substantive items that encompass critical aspects of the hospital experience and include: communication with doctors, communication with nurses, responsiveness of the hospital staff, cleanliness of the hospital environment, quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital and recommendation of hospital [6].

Because of low HCAHPS scores and failure to provide meaningful statistics to support reimbursement levels, it is essential for every healthcare organization to develop a quality assurance process.

#### **The Quality Assurance Program in the Hospital Landscape**

Quality is the appropriateness of a set professional procedures for a problem and objectives to achieve the problem [7].

In today's healthcare landscape, hospitals are faced with a wide range of quality assurance issues that include:

1. Pharmacist-led Medication Therapy Management
2. Optimizing sepsis care, improve early recognition and outcomes.

In order to solve these problems, it is important to put in place an effective quality assurance program. Essentially, it is important to note that, a Quality Assurance Review (QAR) of a program should be viewed as a multidimensional process. At a minimum, it demands:

1. Problem identification,
2. Assessment of Health Maintenance Services,
3. The preparation of policy and application of methods to improve or correct identified problems,
4. Documentation of the technical competence of the service provider, and
5. Follow-up

Efforts to achieve efficient quality assurance program in the hospital industry will require following some steps that include:

**Step 1:** Create a Steering Committee. The evaluation committees will be tasked to evaluate current policies, and procedures, review regulations, recommend any changes, make suggestions about reporting procedures and set goals. In fact, a Steering Committee should establish processes that will improve patient outcomes, reduce errors and boost HCAHPS scores. Input from the committee will help hospital leadership set realistic quality assurance priorities and processes.

**Step 2:** Spread the news about the healthcare assessment across the hospital community beginning from volunteers all the way to nursing staff. Physicians and administrative staff. It is recommended that the news could be shared during the department

meetings, by email, by flyers and via internet. It is critical to let the employees understand the reasons quality assurance is important. Making sure to explain the importance of patient satisfaction scores and how the patient satisfaction survey affects the (HCAHPS) and affects hospital finances.

**Step 3:** Evaluate Results. It is critical to stay-up to date with information contained in the HCAHPS reports in other to make the healthcare quality assurance program effective. It is important to review the information and input provided by patients, their families and staff. It is also necessary to look at the performance indicators, this will help to ensure that the quality assurance program produces results, and that benchmarks and targets are met.

**Step 4:** Implement Corrective Strategies. A strong and effective healthcare quality assurance program would have the benefits of providing the opportunity to quickly identify problems that can affect patient care or patient safety and make immediate changes. Also, an effective quality assurance program would be able to determine the root cause of errors and adverse events and developing protocols to prevent or reduce them.

In many hospitals, it is the Quality Assurance Department that leads the way in the quality assurance program processes. It is the Quality Assurance Department that is charged with the responsibility to formulate quality assurance policies and procedures that ensure the patient safety and patient quality of care.

The department leaders play an active role in patient safety and quality improvement with support from the top management. The hospital management should put in place a proactive risk management team to identify the risks to the patients and corrective and preventive actions taken to eliminate risk.

Internal audits must be conducted to check whether the procedures are in place. The drawbacks must be identified and actions must be taken based on the reports.

An extensive medication audit should be conducted by the clinical pharmacy team to identify errors. The errors must be classified according to National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) index. Errors must be analyzed corrective and preventive actions must be taken for errors identified.

The Laboratory and Radiology Committee should be responsible for matters relating to:

- Number of reporting errors per 1000 investigations
- Percentage of adherence to safety precautions by staff working in diagnostics [4].

The Medication Safety Committee, will look after:

- The medication errors rate
- Percentage of medication chart with error prone abbreviations in patient developing adverse drug reactions, and
- Identify compliance rate to medication prescription among patients.

The Clinical and Managerial Committee will be entrusted with the task of monitoring:

Appropriate handovers during staff change of doctors, nurses per patient per shift,

- Incidence of needle stick injuries,
- Percentage of near missed errors,
- Patients' fall rate (falls per 1000 patient days)

- Time taken to arrange for patient discharge
- Waiting for completing diagnostic procedures, and
- Monitoring waiting time 'for out-patient consultation etc [3].

### **Roles of Executive Directors Involved in Formulating, Creating and Implementing Hospital Quality Assurance Program Policies**

**The Executive Director:** shall ensure that adequate necessary staff is provided to carry out the activities described in the quality assurance plan on matters relating to management and operation of the hospital. Including: frequent communication with the Medical Director and Board of Directors concerning the administration of policies and procedures designed to enhance and improve the quality of Health Maintenance Services.

**Medical Director:** Will be responsible for the development, implementation and coordination of clinical Quality Assurance program. The Director will:

- Guide and directs the hospital on issues related to the delivery of Health Maintenance Services,
- Provide clinical input necessary in the decision-making process of the hospital
- Serve as the primary professional link between the principal providers
- Establish and maintains effective and cooperative relationships with the general medical community.

**The Quality Assurance Committee:** Shall be the functional complaint of the Quality Assurance program and shall be comprised of the following members:

1. Three (3) primary care physicians, one (1) of whom shall be the Medical Director.
2. One (1) specific physician who shall serve as Committee needs Director,
3. Quality Assurance Consultant who shall serve as program coordinator,
4. Director of utilization Review/Hospitalization,
5. Public Health Nurse.

**Board of Directors:** Shall be responsible for the overall adoption and implementation of written policies and procedures governing the operations of the Hospital Services including Quality Assurance Program [3].

### **Conclusion**

A strong and more structured Hospital Quality Assurance program always provides the opportunity to quickly identify problems that can affect patient safety that may lead to making immediate changes.

When an effective and a well formulated Quality Assurance program is used, Hospitals can expect:

- Greater level of customer satisfaction
- Elimination of waste by eliminating rework
- High level of confidence in planning, and
- Financial rewards for the hospital which are a result of more patients coming to receive care through referred clients as well as through reduction of monies spent on rework tasks.

More than anything, this article has demonstrated Quality Assurance program creation steps as well as describing leadership roles among who are in the frontline action of the Quality Assurance Program in the Hospitals industry with the hope that the information shared would help to reshape the lingering quality assurance issues permeating in the healthcare industry today.

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