D.D. BAINBRIDGE & ASSOCIATES, INC.

QA IN CENTRAL SUPPLY

Bridging the Healthcare Performance Gap

BUILDING YOUR DEPARTMENT'S QUALITY CONTINUUM

A healthy quality program has three critical components. These include quality assurance, quality improvement and performance improvement. Together, they are collectively known as the quality continuum.

Just as every healthcare organization needs to have a healthy quality continuum if it is to be operationally and financially successful in meeting the needs of its patients and communities, every department needs to have an effective continuum if it is to be what it needs to be for the organization. A strong quality continuum helps an organization in living up to the expectations of the people who count on it to meet their needs for access to great patient care.

Some of the important members of the healthcare team are those clinically-oriented departments that are directly involved in the delivery of patient care. While they are key members of the team, it is also important to recognize that they could not be as effective in their roles if it were not for the contributions of the non-clinical members of the team such as the central supply department.

The central supply department is one of the departments that plays a very important role in assuring high quality patient care, patient safety and a strong reputation for the hospital. Given the important infection control considerations and concerns that exist in today's healthcare environment, central supply plays a key role in infection prevention practices. The ability to prevent hospital acquired infections can go a long ways in protecting a healthcare organization from risk.

The central supply department controls a series of structures and processes that can impact the quality and cleanliness of patient care supplies. This very important department impacts the safety and security of patients in critical situations. It is one of many departments that control important activities that support the success of critical encounters in the patient experience. (See the on-line module titled *Building the Patient Experience*.)

Patient safety and security is an important consideration. The central supply department is frequently the department to set the standards for the cleanliness and sterility of patient care equipment. It is also often the department that assures adequacy of certain patient care supplies. Some of the important patient care consideration that this department impacts are:

1. The sterility of invasive patient care supplies.
2. The sterility and integrity of critical patient care equipment.
3. Coordination of important practices for the prevention of hospital acquired infections.
4. Sterile supply management for timely and adequate access based on patient care needs.

In addition to infection control practices, the central supply department has a significant impact on other clinical department by helping to control inventory and supply management. The team effort that exists between this department and the clinical departments across a healthcare organization can go a long way in creating the kind of patient care environment where patients can feel well cared for and safe. As you review the enclosed list of quality assurance activities for which the central supply department has primary responsibility, one can appreciate just how important this department's role is as a member of the healthcare team.

A healthy quality continuum allows our people to know that:

1. ***they are in control of their futures;***
2. ***their efforts make a difference, and***
3. ***that they are part of creating something better for tomorrow than what already exists today.***

They come to appreciate the contributions they make in meeting the mission and creating the vision of the organization.

SO WHAT IS QUALITY!

Quality in healthcare encompasses the ability of an organization or provider to make patients feel very well cared for at the same time they are making them feel deeply cared about. When patients define quality, these are the two things that they repeatedly say they are looking for. For health care's customers, these seem like pretty easy requests and they are becoming less and less tolerant when providers don't get them right.

In today's healthcare environment, quality is about making people feel safe in an environment where they can also feel that they are receiving state-of-the-art care from people who are on top of those variables that could place them in harms way. Safety is a pretty broad term for patients as it ranges from a sense of feeling physically safe in the environment to feeling that they are receiving the very best care that can be delivered by people who genuinely care about the outcomes that their actions lead to. They also want to feel informed and in control of their patient experience.

For the people in the central supply department, quality means timely, safe and appropriate processing and handling of sterile patient care supplies and equipment in a manner that is consistent with current standards of practice. The patient care delivery system is a complex one and subject to change almost daily as technology continues modify the standards of practice. For the average patient, a trip to the hospital can be frightening as it is commonly associated with a personal crisis and reduces a person's sense of control. Patients need to feel that everyone is doing his or her part in creating an environment that ensures his or her safety. Central supply plays a key role in creating that environment.

The average patient can not actually judge the quality of the patient care they receive to a level that creates a genuine level of comfort. They can not determine if the battery of tests being ordered by the physician are truly the best tests or if the treatment and drugs are truly the best interventions. Because they need some measures that help them to feel good about their choices, patients tend to rely heavily on pseudo-measures of healthcare quality.

Pseudo-measures are measures that patients and family members can judge more easily because they are familiar with what they are and what they should look like if quality exists. The most common pseudo-measures in healthcare have traditionally been cleanliness, friendliness, physical appearance, and quality of the food. Physical safety and the perception of teamwork are becoming increasingly important measures and they are both very important to the emergency room setting. If these pseudo-measures convey a sense of quality, people assume that there is a pretty good chance that the quality of the clinical care is good also.

The measure of quality for people looking to health care is found in the attention to details that they observe. The more attention to details that they witness in pseudo-measures, the more comfortable they are that the same attention is given to the details of direct patient care. Great reputations are not built on being average. They are built on reaching well beyond average and paying close attention to the details that convey a message that providers take their roles in the delivery of great care seriously.

WORKING WITH YOUR QA CALENDAR

The quality assurance calendar is a tool that helps a department to organize and mange its quality assurance and compliance-related activities in a way that reduces resource consumption and the risk of falling behind (see the PACE Workbook on *Working with Your Quality Calendar*). Historically, healthcare organizations have not utilized highly structured systems to collectively organize and manage their quality assurance or compliance-related activities. The lack of such a system has been one of the major contributing factors in prompting healthcare organizations to find themselves in trouble on surveys and having to put an inordinately large number of resources into ongoing efforts to maintain the basics.

Quality and compliance inside health care does not just happen. They are activities that need to be managed. As one looks at the list of compliance and quality assurance-related activities on the following pages, it is obvious how easy it would be to overlook something or get behind if you do not have a system that allows you to manage them.

As most of these activities are time sensitive, once they don't happen it is impossible to make them up. For example, if a surgical equipment is not properly sterilized, a patient could die or experience delayed healing because of serious infection. If an adequate supply levels for patient care equipment is not maintained care could be delayed. If endoscopic equipment is not properly cleaned and maintained, patients could be placed at risk of contracting life threatening infectious diseases such as AIDS and HIV. If expiration dates are not properly managed, patient risk can be increased.

As the healthcare industry continues to become more complex and more and more is asked of our people, systems like the quality calendar can help to better manage activities as it becomes increasingly necessary to find ways of doing more with fewer resources. The answer is not in working harder. It is in working smarter and the quality assurance calendar is a tool that can help department managers to do that.

Some important points in using your calendar are:

1. Only schedule activities that must be done on a Monday for that day. Mondays tend to be bad days in healthcare organizations because of the many issues that spill over from the weekend. As most legal holidays fall on Mondays, it is the one day of the week that prompts people to more easily get behind because things from the holiday must be pushed to Tuesday.
2. Similarly, it is best if you minimize the number of flexible activities that need to be done on a Friday because that is generally the day that people are pushing to get things done for the weekend. It is also the most common day that people request off to have a long weekend.
3. Try to always set the schedule up so that compliance related activities never consume more than two hours in a given day for any one person. This is one of the reasons that a calendar is so helpful. It allows you to plan and balance things out. Most people can plan to commit up to two hours of the day to designated activities. They can also tend to find time to make those activities happen even on a day when there seems to be one crisis after another.
4. Try to always set the schedule so that

WORKING WITH YOUR QA CALENDAR

the compliance activities are carried out as early in the day or shift as is possible. If people get the compliance activities out of the way first, it is easier to make sure that they don't get lost in the chaos of the day.

5. Always set a specific time for an activity to be done. One of the common mistakes that we make in health care is to tell people to get things done before the end of the day. Because these activities tend to be viewed as extras or incidentals by many of our people, they tend to do better in getting them done if the expectation for completion is well defined. For example, if the maintenance director tells a worker to check water temperatures sometime before the end of the shift the employee is much more likely to forget than if he is told to complete the task right before coffee break or between the hours of 8:00 a.m. and 9:00 a.m.

6. Spread the activities across the workforce. The more people involved, the easier it is to reduce the amount of time that the activities will take. Many areas of a healthcare organization suffer from a syndrome called STP— "the same ten people" (or in some places, it can be the same two or three people.) The more responsibilities that are placed on a smaller number of people, the greater the chance that some won't happen. The calendar is designed to assign responsible parties to activities. Involving the staff in these accountabilities increases their awareness of the activity, can serve as an educational activity and increases what a department can accomplish. The biggest problem with "STP" is that when those ten people max out, so does the department or the organization. It is important to break through these self-imposed glass ceiling if people are to make our healthcare organizations everything they can be.

7. For activities that impact more than one department, make sure that they are on the calendar for each entity impacted. This creates a safety-net for the activities because we now have two or more pairs of eyes watching them. For example, humidity levels for the operating room would be on calendars for maintenance and the operating room. While it is generally the maintenance and engineering staff that actually check the humidity levels, it is the operating room's standards of practice that humidity levels be maintained within the recommended range. It is not a sign of weakness to create a system of checks and balances but it is a sign of weakness to let turf wars get in the way of success and patient safety. Another good example would be pest control in the kitchen. This is a shared responsibility for dietary and maintenance. When organizations have two sets of eyes monitoring for the same activity, they reduce the potential for error.

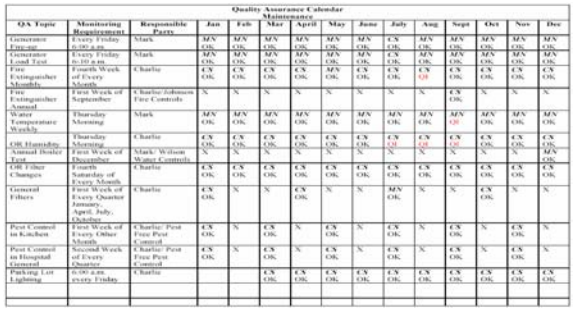
8. Schedule the more flexible activities around the work demands in the department. The demands on most departments in a healthcare organization fluctuate to varying degrees. To be respectful of the workforce and increase the potential for getting the work done, it is important to schedule activities to increase their potential for success. For example, snow removal and yard work may make the winter, spring and summers busy times for the maintenance departments in many areas of the country. October and November may represent a narrow window of time where the demands are fewer and be the best time for things like annual policy and procedure review.

9. Require that documentation on the calendar is completed before leaving the building each day and preferably within two hours of completion. Allowing people to catch up documentation of activities increases the likelihood that appropriate documentation won't get done. It also increases the likelihood that the activity will not get done. Having to document in a timely manner means that employees are more likely to remember to do it and do it accurately.

10. The manager should check the calendar every day. It doesn't take long to glance down through it to make sure every box is filled in and it saves the manager from having to play the "Did-Ya" game. The "Did-Ya" game is one where managers waste time and energy running around all day saying "did ya" to make sure things are getting done. This kind of activity wastes time, takes the manager away from more important things (like helping to build the organization's future) and can be pretty damaging to staff relations. Checking the calendar every day also saves the manager from any unpleasant surprises. It also conveys the importance of the activities to the work force. There is nothing more contradictory to a workforce than to have a manager who says something is important but his or her behavior conveys just the opposite. Checking the quality calendar every day is one way a manager can walk the talk.

11. Group activities in ways that promotes efficiency and effectiveness. For example, many of the safety monitoring requirements can be achieved as part of well-defined safety rounds. Safety rounds conducted once or twice a month can accomplish a lot in a short period of time. When married to infection control surveillance, such rounds could be highly productive activities.

12. Look for opportunities to increase efficiency through teamwork with other departments. For example, in one hospital, housekeeping staff touched up painted surfaces in patient rooms where the paint had been chipped away during the patient's stay. They did this during terminal cleaning of the room after patient discharges. The maintenance and housekeeping staff found this to be a more efficient use of people's time than the old system where housekeeping would fill out a maintenance request and then maintenance staff would come up and repair a few chipped paint surfaces.



Quality Assurance Calendar
Maintenance

QA Topic	Monitoring Requirement	Responsible Party	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Generator Fire-up	Every Friday 6:00 a.m.	Mark	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	CS OK	MV OK	MV OK	MV OK	MV OK	MV OK
Generator Load Test	Every Friday 6:10 a.m.	Mark	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	CS OK	MV OK	MV OK	MV OK	MV OK	MV OK
Fire Extinguisher Monthly	Fourth Week of Every Month	Charlie	CS OK	CS OK	CS OK	CS OK	MV OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK
Fire Extinguisher Annual	First Week of September	Charlie/Johnson Fire Controls	X	X	X	X	X	X	X	X	CS OK	X	X	X
Water Temperature Weekly	Thursday Morning	Mark	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK	MV OK
OR Humidity	Thursday Morning	Charlie	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK
Annual Boiler Test	First Week of December	Mark/ Wilson Water Controls	X	X	X	X	X	X	X	X	X	X	X	MV OK
Oil Filter Changes	Fourth Saturday of Every Month	Charlie	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK
General Filters	First Week of Every Quarter January, April, July, October	Charlie	CS OK	X	X	CS OK	X	X	MV OK	X	X	CS OK	X	X
Pest Control in Kitchen	First Week of Every Other Month	Charlie/ Pest Free Pest Control	CS OK	X	CS OK	X	CS OK	X	CS OK	X	CS OK	X	CS OK	X
Pest Control in Hospital General	Second Week of Every Quarter	Charlie/ Pest Free Pest Control	CS OK	X	CS OK	X	CS OK	X	CS OK	X	CS OK	X	CS OK	X
Parking Lot Lighting	6:00 a.m. every Friday	Charlie			CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK	CS OK

CREATING YOUR QA CALENDAR!

The topics in the tables on the next pages list out the common quality assurance or compliance type activities that could be found on a QA calendar for the Central Supply. Some may not apply to all organizations and others may need to be added as compliance standards are dependent on the services offered. Please review these tables to determine which topics are important to your calendar and then follow the instructions in the PACE training workbook titled *Working with Your Quality Calendars* to build your calendar. Please note that health care is a very dynamic industry and constantly subject to change. The completeness of the list and frequency recommendations in these tables should be regularly checked against those established by federal, state and local regulatory agencies.

	QA Accountability	Frequency
1	Inventory control	Continuous
2	Equipment control	Continuous
3	Failed equipment labeling	On every piece of failed equipment
4	Failed equipment segregation	On every piece of failed equipment
5	Failed equipment control	On every piece of failed equipment
6	Biomedical checks	On all clinical equipment per protocol
7	After hour acquisition log of supplies and equipment	Continuous
8	Selection of disposable products	On every disposable product
9	Central service equipment distribution log	Continuous
10	Environment cleaning plan	Continuous
11	Traffic control	Continuous
12	Red line compliance	Continuous
13	Dress code compliance	Continuous
14	Contamination control	Continuous
15	Storage of clean supplies and equipment	Continuous
16	FIFO	Continuous
17	Storage of sterile supplies	Continuous
18	Sterile supply control in surgical services	Continuous
19	Asepsis	Continuous
20	Standard precautions	Continuous
21	Hand hygiene	Continuous
22	Disposal of sharps	Continuous
23	Sharps container control	Continuous
24	Disposal of sharps containers	When 3/4 full
25	Ethylene oxide (EO) sterilization safety	Continuous
26	Ethylene oxide employee monitoring	Continuous
27	Management of emergency leak of ethylene oxide	Continuous
28	Daily ETO gas testing	Per policy and manufacturer's recommendations
29	Fire safety	Continuous
30	Fire extinguisher access	Continuous
31	Safe Medical Device Act compliance	For all clinical equipment
32	Electrical safety	Continuous
33	Decontamination— receiving and handling	For every received supply and piece of received equipment
34	Utensil washing	For every utensil
35	Management of disposable supplies	Per policy and manufacturer's recommendations

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
36	Instrument care and cleaning	Per policy and manufacturer recommendations
37	Preparation of reusable instrument trays	Per policy
38	Management of pre-prepared trays	Per policy and manufacturer recommendations
39	Separation of sterile from non-sterile	Per policy
40	Wrapping	Per policy
41	Envelope wrapping	Per policy
42	Oblong wrapping	Per policy
43	Proper packing of articles for sterilization	Per policy
44	Cleaning and care of air-powered drills	Per policy and manufacturer's recommendations
45	Cleaning of anesthesia supplies	Per policy and manufacturer's recommendations
46	Cleaning and processing of catheters and tubing	Per policy and manufacturer's recommendations
47	Care and cleaning of endoscopic instruments	Per policy and manufacturer's recommendations
48	Care and cleaning of fiberoptic endoscopes	Per policy and manufacturer's recommendations
49	High level disinfection of endoscopes	Per policy and manufacturer's recommendations
50	Care and maintenance of Gomco suction equipment	Per policy and manufacturer's recommendations
51	Care and maintenance of heat pad (K-pad) equipment	Per policy and manufacturer's recommendations
52	Care and maintenance of hypo/hyperthermia units	Per policy and manufacturer's recommendations
53	Care and maintenance of infusion pumps	Per policy and manufacturer's recommendations
54	Cleaning and processing of needles	Per policy and manufacturer's recommendations
55	Integrity of crash cart supplies	Continuous
56	Labeling of sterilized items	Per policy
57	Sterilization log	For every item sterilized
58	Lot load records	For every item sterilized
59	Biological indicator use per load	Per policy and CDC recommendations
60	Steam and Ethylene oxide sterilization failure checklist	On every sterilization load
61	Bowie Dick Test	Per policy and CDC recommendations
62	Flash sterilization	Per policy and manufacturer's recommendations
63	Steam sterilization	Per policy and manufacturer's recommendations
64	Record keeping for sterilizers	Per policy and manufacturer's recommendations
65	Cleaning of sterilizers	Per policy and manufacturer's recommendations
66	Selection of FDA approved sterilants and disinfectants	Per policy and CDC recommendations
67	Glutaraldehyde precautions	Per policy and manufacturer's recommendations
68	Recall compliance	Per policy and FDA recommendations
69	Sterilization of implantable items	Per policy and manufacturer's recommendations

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
70	Processing of sterile linen	Per policy
71	Unit outdate management	Per policy
72	Surgical/procedure tray count sheets	Per policy
73	Infection control compliance	Continuous
74	Event life shelf life management	Per policy
75	Handling of biohazardous waste	Continuous
76	Blood/body fluid precautions	Continuous
77	Eye wash station integrity	Continuous
78	Staff competencies	Continuous as per policy
79	New staff orientation	For every new employee to ED
80	Service contract review	Annually
81	Service contract renewal	Annually or on term
82	New chemical training	Before use
83	Secure MSDS and assure appropriate precautions	Before new chemical use
84	Employee right-to-know MSDS training	On orientation before chemical use and annually
85	Separation of patient care and cleaning chemicals	Continuous
86	Flooring integrity	Continuous
87	Baseboard integrity	Continuous
88	Ceiling tile integrity	Continuous
89	Surface washability	Continuous
90	Annual fire safety training	Annually
91	Annual general safety training	Annually
92	Annual infection control training	Annually
93	Airflow integrity	Continuous
94	Staff certification for special equipment management and skills	Before expiration
95	Annual policy and procedure review	Annually
96	Employee training on new/revised policies and procedures	On creation of or revision of policy or procedure
97	Ergonomics compliance	Continuous
98	PPE compliance	Continuous
99	General trash management and disposal	Daily or when receptacles are 3/4 full
100	Eye wash station integrity	Continuous
101	Annual review of employee job descriptions	Annually
102	Annual employee performance appraisal	Annually
103	Horizontal surface cleaning	Daily and on each use
104	Deep cleaning schedule	Per schedule
105	Storage 4 inches off the floor	Continuous
106	No large bore corrugated boxes	Continuous

KEEPING PACE WITH TODAY'S STANDARDS

Quality assurance or compliance-related activities are extremely important in a healthcare organization because they are generally related to safety and can have a significant impact on patient satisfaction. They frequently involve precautionary steps taken by an organization to prevent an untoward event and to be prepared in the event of a disaster or break in the routine that could place people or the organization in harm's way.

For example, while providers hope they will never need them, there are many precautionary activities that healthcare organizations need to be skilled at in the event there is a fire. They need to know that the generator will run in the event of a power outage. They need to know that we have a strong plan to protect people in the event of a natural disaster. The central supply department plays a very important support role in any form of disaster preparedness for its own organization and others in the community. This means that this department must always know that it is ready for whatever might come through its doors.

Healthcare organizations also need to know that the day-to-day risk is reduced for people who come into their buildings and the organization. They need to know that the organization is in compliance with current standards of patient care. They need to know that sterilization and invasive equipment cleaning protocols are consistent with nationally recognized standards.

Too often healthcare organizations find themselves at risk because they become complacent about quality assurance related activities. As so many of the activities are precautionary in nature and many organizations may never actually have to enact them, it is very easy for an organization to elect to take short cuts or overlook striving for 100% compliance. The danger is in the fact that an organization can't make it up to a patient or a community member or employee when its failure to stay current negatively effects any one of them. If its reputation in the community is damaged, it may never recover.

Proactive compliance is significantly less resource intensive than running to catch up. Developing a corrective action plan in respond to a Medicare Condition of Participation survey is never the best way to achieve compliance. Working to overcome the damage created by a negative outcome is definitely more expensive and resource intensive than ensuring the negative outcome could not happen. As the saying goes, "an ounce of prevention is more valuable than a pound of cure." This is particularly true in health care where the cost of a negative outcome can be particularly steep. A well structured quality assurance program inside the quality continuum can provide for that ounce of prevention to protect an organization.

The majority of the compliance standards for central supply relate to the processing and maintenance of critical patient care instruments and equipment. These are two very big areas of responsibility where compliance is critical. When any of these areas of responsibility fall out of compliance it is important to bring them back into line as soon as possible.

QA Calendar

	Frequency	Responsible Party	Jan	Feb	March	April	May	June
Outdate Checks	Daily	Susan	*SK* OK	*SK* OK	*SK* QI	*SK* OK	*SK* OK	*SK* OK

Because of the magnitude of some of the responsibilities, retrospectively trying to fix them can be impossible in addition to placing the organization at risk because of non-compliance. For example, if the sterilizer is not properly certified and found to not be functioning and a patient dies from a post-operative infection, you can't go back and fit it. In an outdated supplies are used in the care of a patient, it creates unnecessary complication for everyone. Proactively dealing with issues through prevention can reduce resource consumption by as much as 25 –33%. Every minute appropriately spent on planning (such as the creation of a balanced QA calendar) can save 10 minutes in execution time.

Historically, healthcare organizations have had poor systems for managing and documenting quality assurance related activities. Too often those systems for managing these activities have existed in the minds of our managers. While the mind is a very powerful place, the stresses of today's healthcare environment make it a poor stand-alone tool in creating the kind of efficiency and effectiveness we need. As a result, too many things end up being retrospectively repaired rather than proactively managed. The quality calendar system is an approach to proactive activity management. If the average central supply department is able to reduce time and/or resource consumption by an average of 33% because it uses tools to improve its efficiency and effectiveness, it can find itself capable of managing more with less in a less stressful environment. This is an important goal in today's healthcare environment. It also reduces the amount of time spent on crisis management which is one of the industry's greatest threats to resources.

When a quality assurance or compliance activity goes out of compliance, it is a department's responsibility to bring that activity back into compliance as quickly as possible in a way that will hold the compliance. The department needs to document the step it took to achieve that compliance and the ongoing activities to monitor it.

The first step is to set up the quality assurance calendar with all of the compliance-oriented activities that are important to the organization. Once the list is complete, the manager, with the assistance of his or her departmental team, defines when each activity is to be completed along with who will be responsible for it. (Remember the stronger the team approach, the greater the potential for success and the more that can be achieved with fewer resources.) As long as activities remain in compliance the only documentation that is necessary is to complete the required log for the activity and to indicate an OK on the calendar. When an activity moves out of compliance, a department should be able to demonstrate that it has quickly moved through the steps of the PACE cycle. Documentation should demonstrate that it quickly identified the issue (moving the issue to its quality improvement calendar), PLANNED to re-establish compliance, ACTED to initiate the plan, CHECKED to make sure that the plan achieved the designed results and ENHANCED the plan to achieve the best outcomes possible. Once compliance is re-established and a short period of more intensive monitoring demonstrates compliance, the department can return to its normal schedule of monitoring as defined by the calendar.

The calendar should be evaluated each year as part of the annual review of services to determine needed additions and revisions that would increase departmental efficiency in achieving continuous compliance.

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Success has a price tag on it, and it reads COURAGE, DETERMINATION, DICIPLINE, RISK TAKING, PERSEVERENCE , and CONSISTENCY—doing the right THING for the RIGHT REASONS and not just when we feel like it.

James B. Menton

The Future Starts with a Strong Today!

Building a strong reputation and future for a healthcare organization starts with building a strong today. In many ways it is like building a new building. If you don't start out with a sound foundation it becomes increasingly difficult to build a structure that can be as tall as you would like or that can withstand the various elements that place stress on it. When the foundation isn't strong, you frequently find yourself having to put additional resources into shoring it up and to apply patches where necessary. You also tend to find yourself having to monitor it more closely every time the structure is placed under stress to make sure it will hold up. A healthy quality assurance program is about making sure a healthcare organization has a strong foundation on which to build tomorrow and the future. If an organization is constantly struggling to maintain compliance with today's standards, the activities steal valuable time and resources away from efforts that could be used to build a healthier tomorrow. Given the strain on today's healthcare resources, providers need to ensure that they are getting the most they can from what they have. They need to make sure that quality lives today so it is easier to build a better tomorrow.

BRINGING IT ALL TOGETHER

A healthy quality program is about making sure that our organizations are being true to the business of health care. That business is the delivery of high quality patient care in an environment that makes our patients and communities feel well cared for and deeply cared about. It is about making sure that our organizations are healthy and strong for today, tomorrow and into the future.

The quality program creates the structure to support the creation and implementation of the many systems that (1) ensure that our organizations and patient care services are what they need to be to make our organizations strong for today, (2) continuously work to improve and meet the changing needs of tomorrow as technological advancements continue to reshape the delivery of patient care, and (3) bring the strategic plan and vision of an organization to life while holding true to the mission and values of the organization. A healthy quality program is about much more than making sure that our organizations are meeting the expectations of outside regulators and the many external customers that enter our doors every day.

The mission defines why our healthcare organizations exist. The vision defines where we picture our organizations to be at some point in the future if the organization is to remain strategically positioned for success while it remains true to its mission and values. Our values define those behaviors we hold to be important to every day life if we are to remain true to our missions (who we are).

It can be very easy for these important messages to become fluff and pie-in-the-sky words that only raise more doubt and questions if people can not see the path that brings them to life. A healthy quality program provides that path by creating the structures and systems that make proactive change possible.

The mission, vision and values of an organization come to life when they are successfully married together through the organization's quality program and strategic planning activities. These two activities create the environment for the creation of a culture for quality where patients feel well cared for and deeply cared about while healthcare providers have the potential to feel good about their contributions in improving the quality of life for the public that entrusts them with their care.