D.D. BAINBRIDGE & ASSOCIATES, INC.

QA IN INFECTION CONTROL

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.

The infection control department is one of the support quality departments that plays a very important role in assuring high quality patient care, patient safety and a strong reputation for the hospital. It makes a major contribution to the prevention and management hospital acquired infections and the factor that can place patients at risk.

The infection control department impacts some of the most important safety considerations for a patient today—the prevention of hospital acquired infections. This very important department provides critical direction of oversight for those practices and systems that mitigate the potential for hospital acquired infections and negative patient consequences related to infections. It helps to set the policies, procedures and practices that protect patients from harm. These aspects of patient care goes a long way in controlling a number of patient encounters that impact the patient experience. (See the on-line module titled *Building the Patient Experience*.)

Patient safety is a very important concern in today's healthcare environment and hospital acquired infections tend to be at the top of the list. With the proliferation of medications, the potential for untoward medication events, and the very complex multidisiciplinary environment that is only becoming more complex with each passing day, infection control has some pretty big responsibilities. Some of the important contributions made by this department include:

1. The establishment of practices and systems that minimize the potential for infection as a result of care rendered.
2. Oversight for practice and system compliance.
3. The timely identification of infectious processes that could represent a risk to a patient.
4. The effective management of infectious risks that could place patients, workers and community members in harms way..

In addition to the control of infection control practices, this department plays an important role in the consultation with and education of other members of the healthcare team in an effort to ensure the delivery of the highest quality of care possible. As you review the enclosed list of quality assurance activities for which infection control 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 infection control department, quality means the operationalization of correct and reliable practices consistent with current standards of practice in a way that protects patients and workers from preventable infectious risks. The healthcare system is pretty complex and often difficult for experienced healthcare professionals to understand. For the average patient, it is commonly a trip into the twilight zone. The user-friendliness that a healthcare provider can drive into the patient experience can go a long ways in building healthy relationships with patients and communities.

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, they tend to rely heavily on pseudo-measures of 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, physical safety, quality of the food and the perception of teamwork. Factors that impact the patient's perception of safety is taking an important role as a very influential pseudo-measure. 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. Infection control has a significant impact of patient pseudo-measures in today's healthcare environment.

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 accurate and critical information is not collected prior putting a surgical patient in the same room with a MRSA patient can place the surgical patient at risk. The administration of an antibiotic for a bacteria that is shown to be resistant can delay care or increase the risk of further harm.

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 ceilings 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 Infection Control. 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	Statement of authority	Annual
2	Scope of service	Annual
3	Infection Control Plan	Annual
4	Infectious disease risk assessment	Annual
5	Preventive activities for patients with risk factors	For every patient
6	Investigation of potential hospital acquired infections	For every patient with signs and symptoms
7	Monitoring of treatment for patients with confirmed hospital acquired infections	For every patient with confirmed hospital acquired infections
8	Environmental monitoring	Continuous with formal tours monthly
9	Post discharge follow-up for surgical site infections	For all surgical patients
10	Timely implementation of isolation	For every patient warranting isolation
11	Isolation practice compliance	For every isolation patient
12	CDC guideline compliance	Continuous
13	Response to an influx of infectious patients	As per policy and procedure
14	Reporting of reportable diseases	For every surgical patient
15	Consent for HIV test	For each HIV test
16	Healthcare worker consent to perform HIV antibody test	For each HIV test
17	Authorization for disclosure of results of the HIV antibody blood test	For each HIV test
18	Management of accidental blood/body fluid exposure/contamination	Per policy and procedure
19	Management of accidental blood/body fluid exposure/contamination—HBV/HIV post exposure evaluation form	Per policy and procedure
20	Accidental blood/body fluid exposure/contamination—Medical evaluation form	Per policy and procedure
21	Accidental blood/body fluid exposure/contamination—Employee follow-up instruction form	Per policy and procedure
22	Accidental blood/body fluid exposure/contamination—Report of exposure to bloodborne pathogen	Per policy and procedure
23	Bloodborne pathogen protocols	Continuous
24	PPE availability	Continuous
25	PPE compliance	Continuous
26	Reportable disease identification	For each reportable case
27	Reportable disease reporting	For each reportable disease
28	MRSA precautions	With each MRSA case
29	VRE precautions	With each VRE case
30	Management of multiple drug resistant organisms (MDROs)	With each applicable culture
31	Management of Severe Acute Respiratory Syndrome (SARS)	For each SARS case
32	Pre-employment physical examination	For each new employee before patient contact

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	QA Accountability	Frequency
33	Two step tuberculosis skin test	For all new employees
34	Health questionnaire for positive skin test reactions	For all positive tests
35	Chest x-ray for all positive skin tests	Per policy and procedure
36	Routine mantoux testing	Per policy and procedure based on employee risk category
37	Availability and appropriate use of respiratory protection equipment	Per policy and procedure
38	N95 Fit-testing	Per policy and procedure
39	Rubella screening	Per policy and procedure
40	Rubella vaccine consent form	For every Rubella vaccine administration
41	Varicella Zoster screening	Per policy and procedure
42	Reporting of personnel illness	With each personnel illness
43	Personnel illness trending report to Infection Control Committee	Monthly
44	Employee exposure to communicable disease	Per policy and procedure
45	Infectious control log for hospital acquired and community-acquired infections	Continuous
46	Sharps Injury Protection Plan	Annual
47	Sharps injury log	Continuous
48	Offer of Hepatitis B vaccine	Per policy and procedure for high risk employees
49	Consent for Hepatitis B vaccine	For every vaccination
50	Statement of declination for Hepatitis B vaccination	For every declination
51	Medical waste management plan	Annually
52	Medical waste tracking form	Annually
53	Medical waste hauler contract	Annually
54	Medical waste secured storage	Continuous
55	Departmental infection control plan	Annual
56	Flooring integrity	Continuous
57	Asepsis	Continuous
58	Attire in the operating room	Continuous
59	Gowning and gloving technique	On every surgical case
60	Sterile technique	
61	Waterless, scrubless, brush-free surgical hand prep antiseptic	Per policy and procedure
62	Sterilization	Per policy and procedure
63	Cleaning of ventilators	Per policy and procedure
64	Cleaning of anesthesia machines	Per policy and procedure
65	Biological monitoring	Per policy and procedure
66	FDA issues of notice	For every FDA notice
67	Rotation of sterile supplies	Per policy and procedure
68	Disposable versus nondisposable protocols	Per policy and procedure
69	"Event-related" sterility maintenance (shelf-life)	Per policy and procedure

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
70	Outdates and dated items	Per policy and procedure
71	Recall notices for outdated or potentially contaminated supplies	Per policy and procedure
72	Management of implantable devices	Per policy and procedure
73	Flash sterilization	Per policy and procedure
74	Processing flexible endoscopes	Per policy and procedure
75	Management of Creutzfeldt-Jakob Disease	Per policy and procedure
76	Skin preparation for invasive procedures	Per policy and procedure
77	Air filter preventive maintenance	Per filter change schedule
78	Rodent/pest control	Continuous
79	Negative-pressure isolation room integrity	Continuous
80	Positive/negative air flows	Continuous per guidelines
81	HBsAg Screening of pregnant women	Per policy and procedure
82	Immunoprophylaxis of newborns	Per policy and procedure
83	Hand hygiene	Continuous
84	Handwashing	Continuous
85	Waterless hand cleaners	Continuous
86	General hygiene and attire	Continuous
87	Annual policy and procedure review	Annually
88	Approval of cleaning supplies	With every new cleaning supply
89	Annual review and approval of cleaning supplies	Annual
90	Employee training on new/revised policies and procedures	On creation of or revision of policy or procedure
91	Opening/dating of sterile vials	Per policy and procedure
92	Cleaning and technique for laminar flow hood	Per policy and procedure
93	Sharps box management	Continuous
94	General trash management and disposal	Daily or when every receptacles are 3/4 full
95	Eye wash station integrity	Continuous
96	Annual review of employee job descriptions	Annually
97	Annual employee performance appraisal	Annually
98	General cleaning protocols	Continuous
99	Horizontal surface cleaning	Daily and on each use
100	Deep cleaning schedules for every department	Per schedules
101	Special cleaning protocols	When situation demands it
102	Storage 4 inches off the floor	Continuous
103	Food temperatures	Per safe practice guidelines
104	Food storage	Per safe practice guidelines
105	Dish washing/ sanitizing	Per safe practice guidelines
106	Food prep	Per safe practice guidelines
107	Food Handling	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 we have a strong plan to protect people in the event of a natural disaster. These are also important activities for departments such as the infection control because these departments often need to play a very important support role. The moment of crisis is not the time to be determining what the department's contribution should be.

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 principles of infection control. They need to know that general safe medication practices are followed.

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 view the as routine for regulatory compliance, 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 response 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 the infection control department relate to general practices of prevention and after-the-fact management to reduce the potential for negative consequences. 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 in line as soon as possible.

QA Calendar

	Frequency	Responsible Party	Jan	Feb	March	April	May	June
Proper Labeling	Every Drug	Susan	*SK* OK	*SK* OK	*SK* OI	*SK* OK	*SK* OK	*SK* OK

Because of the magnitude of some of the responsibilities, retrospectively trying to fix them can be a nightmare in addition to placing the organization at risk because of non-compliance. For example, the failure to recognize breaks in techniques can result in patient harm. Failure to appropriately manage prevention activities can result in regulatory compliance investigations and fines. Failure to identify infectious processes early and manage them appropriately can result in untoward patient events. 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 infection control 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 steps 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.