D.D. BAINBRIDGE & ASSOCIATES, INC.

QA IN THE LABORATORY

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 diagnostic patient care services. The diagnostic activities of these departments provide valuable information for the direct care providers in determining the best treatment for patient health issues and assessing patient response to care interventions.

The laboratory department is one of the clinical 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 management of a patient's clinical condition through the management of key diagnostics and categories of interventions such as blood and blood components.

The laboratory controls a series of structures and processes that can impact the patient experience in today's market. This very important department controls the safety and appropriateness of a series of critical diagnostics that can easily impact patient care and outcomes in quality of life situations. It plays an important role in the inpatient, outpatient and emergency management of patients. It helps to convey a sense of accessibility and caring for the community. (See the on-line module titled *Building the Patient Experience*.)

Patient safety is a very important concern in today's healthcare environment. With the proliferation of medications and patient care interventions, the potential for untoward events, and the very complex multidisiciplinary environment that is only becoming more complex with each passing day, the laboratory has some pretty big responsibilities. Some of the important contributions made by this department include:

1. How competent is the organization in meeting patient needs?
2. How committed is the organization to the delivery of high quality patient care?
3. How committed is the organization to ensuring patient safety?
4. How much does the organization care about the members of its community?
5. How committed is the organization to making people feel well cared for and deeply cared about?

In addition to helping to establish first impressions, the laboratory has a significant impact on relationships with other providers in the communities. Their interactions with other agencies and providers can have a significant impact on the bigger community relationship. As you review the enclosed list of quality assurance activities for which the laboratory 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 harm's 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 laboratory department, quality means accurate and timely testing consistent with physician orders and current standards of practice in a way that is sensitive to the need for patients to feel that they are in control. 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.

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 quality controls are not properly run on equipment before testing, the organization could find itself unable to ensure the quality of the testing. If refrigerated blood unit temperatures are not checked as recommended and the cooling unit fails, the organization could place a patient's life at risk by administering unsafe blood products.

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.

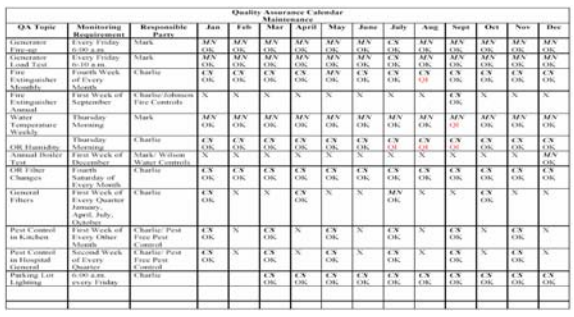
8. Schedule the more flexible activities around the work demands in the department. The demands on most departments in a healthcare organization fluctuate to varying degrees. To be respectful of the workforce and increase the potential for getting the work done, it is important to schedule activities 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 Laboratory 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 you 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	Requisition completeness	On every order
2	Requisition internal management	On every order
3	Laboratory test panels	Per proficiency protocols
4	Routine AM collection of specimens	On every routine order
5	Stat collection of specimens	On every stat order
6	Transportation of specimens safety	On every transport
7	Timeliness of results reporting	On every specimen
8	Daily review of patient results	Daily
9	Proficiency testing for non-waived testing	Per proficiency protocols
10	Processing of specimens for reference labs	On every specimen
11	Waived testing	Per protocols
12	Waived testing personal competency	For every employee that does waived testing
13	Point of care testing	Per protocols
14	Point of care testing personal competency	For every employee that does point of care testing
15	One touch blood glucose monitoring	Per protocol
16	Personal one touch glucose competency	For every employee that does glucose one touch testing
17	Quality control records	Per state and federal protocols
18	Product ordering and management to maintain adequate par levels	Per requirements for patient volumes
19	Blood bank compliance	Per blood bank regulations and standards
20	Chemistry compliance	Per chemistry regulations and standards
21	Hematology compliance	Per hematology regulations and standards
22	Microbiology compliance	Per microbiology regulations and standards
23	Serology/Immunology compliance	Per serology/immunology regulations and standards
24	Transfusion review	For every unit of blood delivered
25	Autologous blood management	For every unit of autologous blood
26	Timely reporting of panic values	On every specimen with panic values
27	Maintenance logs	Daily and as recommended by manufacturers
28	Packed cell management	Per protocols
29	Fresh frozen plasma management	Per protocols

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
30	Platelet management	Per protocol
31	Whole blood management	Per protocol
32	Blood warmer compliance	Per protocol
33	Identification of patients	Every patient with lab orders
34	Labeling of specimens	Every specimen
35	Blood collection procedures	With every blood draw
36	Urine collection procedures	With every urine collection
37	Non-blood/urine body fluid collection procedures	With every collection
38	Pre-testing patient instructions and preparation	With every test that requires special instructions
39	Authorization for disclosure of HIV testing	With every HIV specimen
40	Reportable test results to outside agencies	With every reportable
41	Abbreviation compliance	Continuous
42	Written order for every test	With every test
43	Written diagnostic reason for every test	With every test
44	Telephone/verbal order management	With every order
45	Timing and dating of all requisitions	With every collection
46	Reagent room temperature control	Continuous
47	Reagent room humidity control	Continuous
48	Call schedule to ensure 24 hour coverage	Continuous
49	Response to on-call requests within _____ minutes	With every call
50	Blood reaction management	With every reaction
51	Reportable event management	With every reportable event
52	Standard precautions	Continuous
53	Special handling procedures for high risk specimens	For every high risk specimen
54	Infection control compliance	Continuous
55	HIPAA compliance	Continuous
56	Standing order management	Continuous
57	Standing order annual review and approval	Annually within 30 days of last review
58	Outdated reagents and supplies in lab	Continuous
59	Outdated reagents and supplies at point-of-care testing locations	Continuous
60	Management of questionable orders per rules, regulations and procedures	Continuous
61	Handwashing	Continuous
62	Service contract review	Annually
63	Service contract renewal	Annually or on term
64	New chemical training	Before use
65	Secure MSDS and assure appropriate precautions	Before new chemical use

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
66	Employee right-to-know MSDS training	On orientation before chemical use and annually
67	Separation of patient care and cleaning chemicals	Continuous
68	Flooring integrity	Continuous
69	Baseboard integrity	Continuous
70	Ceiling integrity	Continuous
71	Surface washability	Continuous
72	Annual fire safety training	Annually
73	Annual general safety training	Annually
74	Annual infection control training	Annually
75	Staff certification for special equipment management and skills	Before expiration
76	Annual policy and procedure review	Annually
77	Employee training on new/revised policies and procedures	On creation of or revision of policy or procedure
78	Ergonomics compliance	Continuous
79	PPE compliance	Continuous
80	Sharps management on draw trays	Continuous
81	Sharps box management	Continuous
82	Sharps box disposal	When 3/4 full
83	General trash management and disposal	Daily or when every receptacles are 3/4 full
84	Eye wash station integrity	Continuous
85	Emergency shower integrity	Continuous
86	Annual review of employee job descriptions	Annually
87	Annual employee performance appraisal	Annually
88	Horizontal surface cleaning	Daily and on each use
89	Deep cleaning schedule	Per schedule
90	Storage 4 inches off the floor	Continuous

Please note that the laboratory is an area where the quality calendar can reflect a breakdown of the many compliance related activities that would fall into categories such as proficiency testing, quality control and waived testing or these major categories can appear on the calendar with a detailed list existing separately on state mandated logs. This list reflects the major category approach. A lab has the responsibility of making sure that all applicable activities that would fall into each of the categories are adequately addressed.

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 pharmacy 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 pharmaceutical management. 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 them 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 laboratory department relate to accuracy, timeliness, general safety and reporting. These are 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	Jan	Feb	March	April	May	June
Proper Labeling	Every Specimen	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 a nightmare in addition to placing the organization at risk because of non-compliance. For example, the failure to report accurate results can result in patient harm. Failure to maintain proficiencies can result in regulatory compliance investigations, fines and the failure to operate. Failure to monitor order appropriateness can result in a failure to get paid. 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 laboratory 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.

D.D. BAINBRIDGE & ASSOCIATES, INC.

Phone: 716/676-3635
Fax: 716/676-2404
E-mail: darlene@ddbainbridgeassoc.com

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.