Assignment #1

Healthcare Quality and Cost Management Issues

Tracey Smith; 6724

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Prof. Patricia Cholewka

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 Healthcare quality and cost management issues are a problem that is often faced in the medical industry on a daily basis. Health care quality has evolved over the years to improve and promote the safety of the patients, clarity of patient and clinician roles, advances to approach circumstances and individual patient needs, and tailor use of appropriate communication skills. By accomplishing these expectations, cost management issues will be reduced due to the evolving nature of technology by containing costs and helping manage the quality of care and overall health of the patients.

 In order to reduce the cost of healthcare without compromising patients’ health and safety as a nurse manager I would suggest to begin using tools such as computing power that is affordable and available vastly, connectivity that allows access to information almost anywhere, team- based care which is a relationship between patients and health care providers so that effective care can be delivered, and a system of engineering techniques. According to the Consensus Report from the Executive Office; “Best Care at Lower Cost: The Path to Continuously Learning Health Care in America” (2012); these transitions are becoming possible and being placed into various health care organizations to take on its full course of action. By introducing these techniques and applying it the healthcare system it will continue to evolve into a system worth acquiring knowledge from. Based on the Consensus Report from the executive Office; “Best Care at Lower Cost: The Path to Continuously Learning Health Care in America” (2012) upon carrying out these transitions it will be able to coordinate alongside science and informatics, improving patient conditions with respects to their disease processes, well- being,

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and functional status, incentives, and an environment that promotes continuous improvement to produce the best care at a reduced amount. Upon adapting these practices in the healthcare system patient care will be viewed as such; records would be updated and available for use by patients, care that is given will be known as reliable, patients and their family will be the immediate source when it comes it decision making, all team members would be aware of their colleagues activities, prices and costs would be completely transpicuous to all, incentives would reward outcomes and value not the measure of capacity, errors will be noticed and corrected, and the results of this whole ordeal will be used to improve the healthcare system.

 According to the Consensus Report from the Executive Office; “Best Care at Lower Cost: The Path to Continuously Learning Health Care in America” (2012) by reducing the cost of healthcare without compromising patients’ health and safety, strategies must be introduced by first identifying the cost- escalation drivers. Issues that must be addressed are costs that lack aggressive forces, the quality of care that delivers less than evidenced- based medical resolutions, patient care where safety is not a priority, the delivery of medical services in which health care provided is not up to recommended levels, and employee behaviors that change and lead to poor health.

 As a nurse manager I will suggest incorporating these changes in the workplace through the use of classic change strategies. According to Marquis, B.L. & Huston, C.J. (2012) alongside the stages of change behavioral strategies are important aspects to assess such as giving current research as evidence to support the change (p.123). Changes such as rational-empirical strategies are assumed when a lack of knowledge by human beings must be factual information

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in order to document the need for change. When nurse managers suggest ideas for their nursing staff regarding healthcare he or she must have evidence to support the statements. Normative- reeducative strategies are when groups begin to discuss change in order to influence others to change without the use of factual data. This strategy is influenced from interpersonal relationships such as the behaviors of people, their roles, and relationships towards this change. Power- coercive strategies are formulated by groups coming together and partaking in strikes and sit-ins in order to enact the new change. This would be a change that will be placed on the health care system as a force if other changes have taken place and no actions has underwent. These strategies are important in the improvement of the healthcare system and how people respond to change.

 According to “Report to Congress: National Strategy for Quality Improvement in Health Care” (2011) a mechanism that I could suggest to improve and ensure the quality of care is the National Quality Strategy which was made in order to change the necessary health needs. It will be based solely upon ambitions that are created through the collaboration of public and private sectors. They will continue to build on successes that are already there and expand the growth in respect to and necessities of the local communities. Consumers, hospitals, clinicians, businesses, drug manufacturers, those that represent the health information technology industry and many more will therefore improve the quality of care.

 The Federal Government will serve as a paradigm for the Department of Health and Human Services so this way a new program, rules, and a tool to assess the progress of health care are available. Subsequently a Federal Interagency Working Group on Health Care Quality will

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collaborate and cooperate with the Federal Department to therefore advance in order to avoid duplicates, assure liability, and quality reporting to move forth the priorities of the National Quality Strategy. Updates will also be reported each year to the public in order to portray the aims that were met on improved health, better care, and an affordable care for all.

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References

1. Marquis, B.L. & Huston, C.J. (2012). Leadership and Management Tools for the New Nurse: A Case Study Approach, NY: Lippincott Williams & Wilkins.
2. National Academy of Sciences (2012). *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. Retrieved September 17, 2012, from <http://book.nap.edu/openbook.php?record_id=13444&page=4>
3. U.S. Department of Health & Human Services (2011). *Report to Congress: National Strategy for Quality Improvement in Health Care*. Retrieved September 17, 2012, from <http://www.healthcare.gov/law/resources/reports/quality03212011a.html>