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Improving Healthcare Quality
Policy Paper: A Proposal

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Improving Healthcare Quality

The quality of healthcare delivery is questionable at times for healthcare facilities. In order to meet customer standards and expectations, we, as healthcare professionals, must administer valuable customer experiences through leadership, professional development, education, and customer care. It is vital to seek a cultural transformation within the facility so that we seize the ability to provide our customers the expected experience and outcomes in care delivery they seek (Scotti, Harmon, & Behson, 2007). My vision is a call for improvement of healthcare quality through leadership, education, professional development, and customer care in order to provide the community a positive impact in improvement in health, quality of life, satisfaction, and confidence in healthcare. These advancements must be cultivated as a team effort that will in turn develop into a synergistic effort in improving healthcare as demonstrated in the visionary paradigm in appendix A.

Participation and empowerment strategies must be the focus of the team and are required in progressively improving and creating a model delivery of care. First is through leadership, which begins with the group of individuals who have been hired for this position, however, does include the development of leadership qualities for all colleagues within the organization. Improving healthcare quality begins with leaders who facilitate empowerment and focus on working effectively as part of the team (Caples & March, 2009). Within the team, there must be support and belief of shared organizational goals, learning opportunities, career development, reward schemes, and autonomy. Essential leadership traits, such as being flexible, accessible, communicative, collaborative, being a good listener, knowledgeable, supportive, influential, and positive must be the ethos, as well as fostered for positive growth

within the healthcare facility. Leadership must resonate and promote such traits with open and honest communication. Empowerment opportunities must include access to information and options for advancement through education and development (Tomey, 2009). Innovation and change must be facilitated through new care delivery models and by influencing the culture of the team. New care delivery models must be a collaborative and multidisciplinary effort in its creation and development. They must influence the culture of the team and it is essential that they include sharpening the focus on the patient. The expectations identified in the care delivery model must be communicated thoroughly and include trust and trustworthiness. Role modeling of desired attitudes, values, and behaviors is cardinal for the maturation of the new care delivery model. Another concept that must be included is shared governance; a way of empowering the team through "involvement in the decision making process relating to clinical practice which also supports their clinical and professional development" (Caples & March, 2009, p. 43) Leadership must ensure that the team perceive provision of quality care as an organizational priority, and must be responsible for the outcome of goals that are identified and implemented by the healthcare team (Tomey, 2009).

Second is through pride and honor of the team. Inclusion of professional practice environments must exist where the model consists of a high-core self-evaluation (Tomey, 2009). It is essential that the evaluation process of the professional and their practice maintain specific skill levels and career paths, (Cooper, 2009) which are influenced by the organization's structure (Caples & March, 2009). The organization must identify the desired practice behaviors, improvement efforts, and final plans for implementation of the team developed model. Once the model is implemented, the organization must direct and reinforce the care on

a consistent basis in order to gain ownership and pride in their improvement efforts. Another

essential factor is the professional development of the team, which requires a constant

commitment in career paths and the maintenance of specific skill levels (Cooper, 2009). Career

fulfillment is fundamental in ensuring the health of the workplace. By being risk takers,

leadership can be tenacious in the health of the work environment (Tomey, 2009) by offering

support, transformational leadership, participatory management, and an accessible and visible

leadership model. Leadership must assume that institutional and individual partnerships

already exist in order to be effective and beneficial to the facility (Cooper, 2009).

Third, the incorporation of education that involves competence through mutually

identified core competencies and a continuing competence program that will ensure the team

has the knowledge, skill and judgment to consistently provide safe and confident patient care.

Core competencies must be based upon ensuring that the team is accountable to society, which

includes an ongoing commitment to remain current and safe within their profession.

Competencies must be "based on substantial knowledge and technical skill with a rigorous

professional practice process guided by science and theory" (O'Rourke, 2003, p. 98).

Accountability for personal and professional development and lifelong learning must form the

basis of competencies identified by the team (McKay, 2004 - 2005). An essential force in the

structural component of the healthcare facility must include a personal pledge for professional

development and life-long learning. By introducing new learning, and by explaining and

predicting discipline-specific outcomes of care through science-based practice, the team can

serve the public confidently and competently (Cooper, 2009).

Finally, in order to provide optimum healthcare to the community, "healthcare organizations must meet customer standards and expectations just as well as other well-run, profitable, and customer oriented businesses do" (Sturm Jr., 2004, p. 134). Therefore, it is essential that the team demonstrate the customer care they strive to achieve through clinical performance and the introduction of primary nursing and autonomy. The implementation of primary nursing will allow the nurse independent judgment and freedom that is empowering to the individual nurse. Autonomy of this caliber will influence decision making processes, give control to the respective nurse, and develop their ability to act, which will in turn create an accountable and competent healthcare team (Tomey, 2009). A high priority status must be place on the provision of continuous role socialization to the professional role in order for a clear image of professionalism is projected (O'Rourke, 2003). It is essential that quality review endeavors be part of the improvement project and become driven and shaped by the entire healthcare team. Their participation in quality improvement efforts will be educational and improve the quality of care by assisting in establishing standards, setting goals, monitoring practice, and measuring outcomes (Tomey, 2009).

In conclusion the outcome and impact on the community will be evident through their improvement in health, their quality of life, and through the satisfaction and confidence of customers. Innovation of the team and their vision for change and quality healthcare delivery must begin through leadership, professional development, education, and customer care. By implementing this culture change in the team and within the healthcare facility, we will begin to meet customer expectations and standards of improved health, quality of life, and satisfaction and confidence in healthcare.

APPENDIX

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