Heart Failure Clinic and Healthcare Systems

Posted on August 2, 2018

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Introduction

Goals, Disciplines, Needs & Requirement

One of the primary goals of the heart failure clinic and healthcare systems reforms is to improve the quality of care and to come up with a cost-effective plan. To meet the patient's needs or care factors and to follow the clinical needs of patients with heart failure, you must make the nursing staff reflect specific services.

Most heart failure clinics and hospitals are comprised of nurses and clinical staff who fulfill their patients' needs, but to control the associated costs, their hours of work must be reduced. One of the critical components that play an essential role in the heart failure clinic premises or organization of health care services is the nursing staff to meet the crucial needs of the patients (Rich et al., 1995).

Workflow & Structure

Healthcare delivery is a very complicated process that involves multiple working sites, home-based care agencies, care facilities, community services, ambulance centers, and many other relevant subsidiaries.

Discussion & Analysis

Patients Diversity

Most people seek medical attention because of chronic heart diseases, spending 70% on health care (Stromberg et al., 2001). Congestive Heart Failure is a serious ailment that occurs due to unresponsive blood circulation and oxygen through the heart pump.

Effect of Collaboration, Communication & Committee Negotiation

Evaluating department-specific needs, including the detailed procedure for continuous improvement,

while considering the patients, knowing employees, medical staff, and projects to fulfill the patients' needs and manage resources, is a critical perspective and a core component of the budget process.

Furthermore, this ailment (Heart Failure) usually causes a lot of money or costs to the country, with almost millions of people suffering from it (Brewster et al., 2014). It is necessary for the healthcare nursing staff in heart failure clinics to recognize the association between patient outcomes and RN staffing.

According to researchers, heart failure clinics and other healthcare systems must have committee staffing that will create and meet the strategic needs of the patient population. Another approach is to command the specific patient ratios to the nurse on a regulatory basis.

Nursing Act Practice, Standards, Performance Measures & Management Strategies

According to the American Nurses Association (ANA), a model that empowers the creation of staffing plans in the heart failure clinics and healthcare systems for each unit to make it flexible to account for changes that include patient needs.

All the nursing staff members are comprised of both licensed and unlicensed labor force in most of the heart failure clinics and healthcare systems. According to the employee standards and performance policy, the performance standard and qualification skills level require certified surgical techs, as well as technicians for patient care RN and LPN, as per rule-based.

All the persons must have complete competency documents (CAP) of that work area or must be under the supervision of a head to ensure the proper patient care in the heart failure clinics.

Following the basic guidelines, core staffing plans must be considered to determine the ratio of nurse-patient using the level of skills.

Workload assessment may be adjusted and up or down at a minimum level, including acuity of the patient, care activities like education, discharges, and procedures-based scenarios (Brewster et al., 2014).

Scheduling, Budgeting, and Accountability Factors.

Another critical role is to schedule limitations to ensure patient safety and healthcare in a heart failure clinic or any hospital premises, as well as to consider quality factors. Relevant technological tools like biometric systems, monitoring software, and other appropriate tools are used to acknowledge cost-effective methods. Reducing false assumptions, improving the supply chain, expanding to discharge, overtime, additional diagnostics & Testing, and payment or billing errors can lead to a profitable method.

Sometimes, in case of emergency, hours of work can be extended to make sure patient care is provided using hourly-based shifts, and even the maximum consecutive working hours must not exceed fourteen.

Conclusion

Staff personnel must be assessed to ensure that qualified staff members are available to meet the needs of patients in heart failure clinics. Sometimes, activities do fluctuate because of the work and require proper planning. (PRN) Relief staff must be scheduled for assigning or can be reassigned to a specific patient care unit.

Staffing alternatives must be requested to rotate through the shifts, and the interested candidates must be contacted to fulfill the clinical needs of the heart failure patients.

Every heart failure clinic, hospital, and any other health care system must provide a nursing service staffing plan to each of the members of the hospital or clinic. To ensure the best quality of patient care, 50% of the committee members must be registered.

References

Brewster, L., Mountain, G., Wessel, B., Kelly, C., & Hawley, M. (2014). Factors affecting front line staff acceptance of health technologies: a mixed-method systematic review. *Journal of Advanced Nursing*, *70*(1), 21-33.

Rich, M. W., Beckham, V., Wittenberg, C., Leven, C. L., Freeland, K. E., & Carney, R. M. (1995). A multidisciplinary intervention to prevent the readmission of elderly patients with congestive heart failure. *New England Journal of Medicine*, *333*(18), 1190-1195.

Stromberg, A., Mortenson, J., Fordland, B., & Dahlström, U. (2001). Nurse-led heart failure clinics in Sweden. *European Journal of Heart Failure*, *3*(1), 139-144.