Managing Quality across Various Health Care Settings

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Introduction

Good afternoon! Ladies and gentlemen! I warmly welcome all of you on behalf of the authorities for joining this session. The current lunch-and-learn session will purposefully explore patient care along with the significance of communication among physicians and hospitals for value-added patient healthcare. As a case manager at the patient follow-up ward in the Hoover Healthcare Unit, it is my routine duty task to converse with facility providers for patient care and I also urge for arranging the respective facilities for gaining the purpose of patient care. However, we intend to focus on operational structure along with primary priorities to accomplish the goals of patient care.

Agenda

- Reviewing the COC (Continuum of Care) among both ends of the healthcare string i.e., hospitals and physicians. Dependent upon the information quoted in a published research article titled "Older people's views of the quality of care: a randomized controlled study of the continuum of care."
- Analyzing the care quality by estimating its effectiveness under the canvas of COC (Continuum of Care). The main focus will be on the particular integration of hospitals and physicians to ensure the quality care of patient slots.
- Further reviewing integration of COC (Continuum of Care) in the light of operational approach. For the purpose of enhanced healthcare, the practice of total managed care will be reviewed accordingly.

Continuum of Care (COC)

Overview:

All the medical services providers who are part and parcel of patient care are collectively entitled to the continuum of care (COC). These may include medical practitioners or physicians, rehabilitation quarters, hospitals, or all other medical services required for treatment. Continuum of care may involve several integrated steps or functional units like profound planning, control & coordination, a comprehensive communication system, and financial perspectives. Patient care may involve the

services of physicians as frontline soldiers with hospitals and outpatient care as the secondary and tertiary members. Meanwhile, for maintaining care and preventing drawbacks from the treatment services, a streamlined flow of steps under COC is essential. These steps or phases may include medical incidents, rehabilitating prospects, maintenance of health paradigm, and hospital care along with ambulance care conditions.

Further Reading:

The said research was completed on elders with the purpose to estimate healthcare quality on two parameters i.e., with COC services and without these services. The results of the research revealed that elder patients with COC had enhanced healthcare quality. They had assistance-based awareness and knowledge as they had case managers' guidance. These patients also reduced hospital visits along with improved physician care concerning follow-ups. On the other hand, the slots of patients without COC showed minute or no progress in respective treatment and healthcare quality. Overall, they showed no improvement regarding healthcare quality.

Berglund, H., Wilhelmson, K., Blomberg, S., Dunér, A., Kjellgren, K., & Hasson, H. (2013). Older people's views of quality of care: a randomised controlled study of continuum of care. *Journal of Clinical Nursing*, *22*(19-20), 2934-2944.

Care Quality

Overview:

From a healthcare quality perspective, physicians act as frontline workers to provide treatment plans. Physician mainly evaluates the actual condition of any patient by examining the patient or further recommencing any required tests. The treatment plan prepared by such experts has the patient's complete history as a baseline. In further steps, the integrated utilization of all available resources helps to diagnose properly by adopting a holistic approach. These resources may comprise hospitals, outpatient centers, rehabilitation facilities, diagnostic units, and medical staffing. For the purpose of high-quality patient care, physicians try their level best to provide patent centered care opportunities to ensure high leveled patient care. Meanwhile, the healthcare cost can also be lessened by providing follow-up facilities and healthcare treatment whenever needed.

Further Reading:

This research revolves around total quality management with a focus on previous studies. The COC in alliance with healthcare management implementation revealed an enhanced care quality. Patients got proper follow-up care from their physicians when they were ill under the health care management

program. In all these patients, care coordination along with disease management was improved. In addition, the accumulative and integrated effect of healthcare facility providers resulted in high-quality patient healthcare.

Talib, F., Rahman, Z., & Azam, M. (2011). Best practices of total quality management implementation in health care settings. *Health marketing quarterly*, *28*(3), 232-252.

Operational Approach

Overview:

The overall treatment planning and post-treatment follow-up require a comprehensive communication channel between medical service providers. The patient outcome treatments can be improved by streamlining and creating viable communication sources among all the providers. These providers work in a cyclic manner. For example, in case of outside examination, the hospital provides treatment outcomes to physicians for follow-up and updates purposes. In this context, multiple communication means can be used including telehealth services, e-medical records, and computerized orders along with result requests. In other words, inter-communication facilitates results in enhanced healthcare quality.

Further Reading:

The coordination of care among several units may revolve around the active role of hospitals. In the absence of COC implementation, the patient seeks hospital care but coordination by providers increases the patient's involvement in treatment and follow-ups. Undoubtedly, hospitals provide quality care but they lack follow-up channels and required pieces of equipment. So, the communication channel between hospitals and physicians increases healthcare quality and improves patient healthcare.

De Regge, M., De Pourcq, K., Meijboom, B., Trybou, J., Mortier, E., & Eeckloo, K. (2017). The role of hospitals in bridging the care continuum: a systematic review of coordination of care and follow-up for adults with chronic conditions. *BMC Health Services Research*, *17*(1), 1-24.

Conclusion

In a nutshell, it can be inferred that the continuum of care (COC) ensures improved patient healthcare. The coordination and communication between physicians and other healthcare facility providers improve healthcare maintenance and relinquish gaps of care. In addition, patients with guidance and assistance have comprehensive knowledge and awareness resulting in better follow-ups while other patients have low-quality healthcare. COC is beneficial for both the healthcare industry

and patients in the context of a holistic approach. However, as a nurse case manager, I intend to guide and assist my patients to improve healthcare maintenance by involving all the concerned parties to improve healthcare progress.

References

Berglund, H., Wilhelmson, K., Blomberg, S., Dunér, A., Kjellgren, K., & Hasson, H. (2013). Older people's views of quality of care: a randomised controlled study of continuum of care. *Journal of Clinical Nursing*, *22*(19-20), 2934-2944.

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