**Response to Classmate (Bonnie)**

[Name of Writer]

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Dear Bonnie

Your research on all three of the conceptual analyses is impressive and leaves little else to be explored or probed in this area. From high reliability organizations proving to be beneficial for both patients and healthcare providers, to readmission penalties acting as a powerful deterrent, to accreditation being helpful in home-based care; the paper was helpful and perceptive.

High reliability in healthcare is one of the frameworks for the practical implementation of value-based care. The fact that high reliability has the potential to make everything inside a healthcare facility designed to provide maximum yield for both the patients and the organizations makes it an attractive idea. Value-based healthcare means optimizing the healthcare benefits for every dollar spent (Joel Tsevat, 2018). High reliability in healthcare achieves this through interventions and processes that enable the workforce to work smarter instead of simply working harder. (Cynthia A. Oster, 2018) This same idea then bleeds into the current practice of penalizing hospitals for having high readmission rates. If most of a hospital’s patients have to come back to the same facility after being treated; it indicates a trend of medicinal shortcomings or flawed implementation of treatment plans. Since the new tide follows value instead of quantity of care, this penalty makes perfect sense. (Rupinder P. Jindala, 2018) Home-based care is an issue requiring reform as it involves a considerable chunk of patients who would otherwise be cared for in a hospital. Terminally ill patients or senior citizens can require care in familiar surroundings. This is why accreditation for home-based services reduces the hassle around these. (Scrivens, 1998)

I especially appreciate the explanations you have provided over the high reliability organizations and how a healthcare facility can be turned into one. I also agree with how you have pointed out similarities and differences between the analyses. There is a flow from one topic into the other which should be appreciated. High reliability in healthcare relates to readmission penalties as both point to policies that could turn the current system of healthcare provision into one that relies on value. You then successfully mold this into why home-based care is also an important part of this process and how accreditation will help us achieve that. Through integrating terminal patients or the elderly who might need constant care in familiar surroundings, home-based care becomes a major stakeholder. The relationship between the three ideas has been drawn effortlessly which is refreshing. I am especially fascinated by the lean healthcare program which has been provided by you as a possible scheme for obtaining a high reliability organization within the healthcare facility. There is statistical evidence attached which makes your research reliable.

However, I would like to add a few ideas to the already profound mix of theoretical ideas and practical implications that you have already listed. The first issue I would like to raise here is the dismissal of the process itself. The move or the conversion of a present-day healthcare facility into a high reliability organization is not an unflinching algorithm that simply needs application. It is, rather, a journey involving interventions and selection of those processes that yield multi-faceted goals. (Cynthia A. Oster, 2018) Your paper claims that healthcare facilities cannot sustain a trial and error methodology. Even though I agree with this; I must point out that every facility will need time and resources to accurately optimize the algorithm for their own specific needs and their distinct customer base. Unfortunately, it must leave room for a certain unavoidable amount of trial and error.

Therefore, I appreciate and agree with the research behind your paper and the conclusion it offers. There are, however, a couple slight hiccups that could be straightened for maximum impact.

# References

Cynthia A. Oster, S. D. (2018). Practical Application of High-Reliability Principles in Healthcare to Optimize Quality and Safety Outcomes. *The Journal of Nursing Administration*, 50-55.

Joel Tsevat, C. M. (2018). Value-Based Health Care Meets Cost-Effectiveness Analysis. *Annals of Internal Medicine*, 329-332.

Rupinder P. Jindala, D. K. (2018). Factors influencing hospital readmission penalties: Are they really under hospitals' control? *Decision Support Systems*, 58-70.

Scrivens, E. (1998). Widening the scope of accreditation – issues and challenges in community and primary care. *International Journal for Quality in Health Care*, 191-197.