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Strategic Leadership and Future Delivery Models

C163

MSN Program

WGU

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**Introduction**

 In today’s healthcare reform, the focus is directed to the improvement of population health, cost

Reduction and increasing patient’s satisfaction. It can be very challenging and complex. The health

Industries must try to accomplish these three goals. The health industries must also focus on the

Improvement of the employee’s work life in order to meet these goals. Nurses have the greater chance of

Building strong relationships with the patients and their families. Nurses are the best healthcare

Professionals that can collaborate with other health care professionals to assure the effectiveness of

 Improving the quality of healthcare(Arungwa, 2015).

HCAHPS has a great impact on financial status of hospitals. The government firmly believes that

They can get more value for the fees paid by the Medicare and Medicaid program for healthcare services.

Value-Based Purchase is a payment system that was implemented by Medicare and Medicaid in order to ensure that they get the value of the money they pay for their healthcare services.

The passing of the Affordable Care Act set the stage for value -Based Purchase system. It is a

Payment system based on the patient’s satisfaction scores. Their goal is to promote the improvement of patient center care and patient satisfaction which eventually leads to better healthcare outcome. These factors also lead to decrease mortality rate. This system is compared to a business model whereas the improvement of the delivery of services leads to positive financial gain. It has been established that the hospitals with the best patient satisfactory scores are most likely the institutions that are financially stable. Compared to most businesses, things that influence their finances positively, becomes a strong reason to drive for success.

**A. Summary of chosen hospital.**

 BWH (Brigham and Women’s Hospital) is the first hospital I choose. It is in the center of Boston, MA. The hospital is an acute care center with also has trauma centers and various emergency

Rooms. The hospital has 793 beds. The hospital accepts all forms of health insurance which includes

Medicaid and Medicare. It is part of a healthcare organization called Partners. The healthcare organization

is nonprofit and participates in the HCAHPS program.

BWH’s clinical departments are, cancer, heart and vascular, lung, neuroscience, orthopedic and

arthritis, primary care, women’s health, anesthesiology, perioperative and pain medicine, dermatology,

emergency medicine, neurology, neurosurgery, obstetrics and gynecology, orthopedic surgery, pathology,

pediatric newborn medicine, physical medicine and rehabilitation, psychiatry, radiation oncology,

radiology and surgery centers.

**A1.2017 HCAHPS scores for BWH**

|  |  |
| --- | --- |
| Communication with nurses  | 83% |
| Communication with doctors  | 82% |
| Responsiveness of hospital Staff  | 67% |
| Communication about medicines  | 65% |
| Cleanliness of the hospital environment  | 69% |
| Quietness of the hospital environment | 53% |
| Discharge information | 91% |
| Care transition | 56% |
| Overall rating of the hospital | 81% |
| Willingness to recommend | 84% |

B1. HCAHPS 2017 scores for the State of MA compared to the national average

|  |  |  |  |
| --- | --- | --- | --- |
| **HCHAPS Survey Scores** | **BWH** | **State of MA average** | **National Average** |
| Communication withHouse | 83% | 81% | 89% |
| Communication withDoctors | 82% | 80% | 82% |
| Responsiveness of hospital staff | 67% | 65% | 70% |
| Communication about medicines | 65% | 64% | 66% |
| Cleanliness of the hospital environment | 69% | 72% | **75%** |
| Discharge information | 91% | 51% | 62% |
| Care transition | 56% | 53% | 53% |
| Overall rating of the hospital | 81% | 71% | 73% |
| Willingness to recommend | 84% | 73% | 72% |

 **B2. Comparison to two other hospitals.**

 CHA (Cambridge Health Alliance) is the major healthcare provider for two cities and surrounding

communities in the State. The services they provide are primary care, specialty care, mental health,

substance abuse services, emergency services, maternity care and behavioral health. The hospital is part

of a community health system and it is location in a convenient neighborhood for the cities and

surrounding the towns. It is a nationally accredited public health department and community health

programs. It is also a teaching hospital.

 NBH (New England Baptist Hospital) is a premier regional healthcare provider, specialized in

orthopedic surgeries and the treatment of musculoskeletal disorder and diseases. The hospital is affiliated

with the two major medical schools in the State and it said to be the official hospital for the States

basketball team for the past 30 Years. The hospital serves more than 19,000 people from all walks of life

and ethnic background.

**HCAHPS scores compared to two area hospitals**

|  |  |  |  |
| --- | --- | --- | --- |
| HCAHPS survey Scores | BWH | CHA | NBP |
| Communication with nurses | 83% | 77% | 87% |
| Communication with doctors | 82% | 80% | 85% |
| Responsiveness of hospital staff | 67% | 63% | 76% |
| Communication about medicines | 65% | 65% | 72% |
| Cleanliness of the hospital environment | 69% | 71% | 80% |
| Quietness of the hospital environment | 53% | 52% | 55% |
| Discharge information | 91% | 88% | 93% |
| Care transition | 56% | 51% | 66% |
| Willingness to recommend | 84% | 66% | 91% |

**B3. Survey response rate compared to two other hospitals.**

 There are multiple factors that can influence survey responses. The design of the survey, gender,

age, educational level and the cultural beliefs of the responders, can impact the survey results. Survey

design has a greatest impact on the response rate are. The shorter the survey, the more likely that the

survey questions will be answered on a timely manner. Surveys should be short with the goals of the

survey in mind when creating the questions to avoid overloading the responders with unnecessary

questions. The questions asked must be very clear in a simple language and with simple easy instructions.

Informing the responder before sending the survey about the purpose, how long the survey will

take and how their feedback will be used, can give incentive for a valid and quick response. Extending

data collection period over a long period of time such as few weeks or days may result in decrease

response rate.

Internal survey such as inpatient health setting tends to have a much higher response rate than

those distributed externally. Face to face interview in healthcare survey response rate is usually higher

than telephone survey (Ekholm et al., 2010). When given a sense of urgency, responders are likely to response in a timely manner. Internet survey response rates are higher among the highly educated who tend to be computer literate (Diment & Garrett, 2007).

Men and women response differently to survey because of physiological differences in brain

function and structure. Studies have shown that there are differences in the way men and women response

to survey because the diverse ways that each gender thinks, feels and behaves. Therefore, male and

female response can have a significantly impact on survey result. Women require more pain relive

medicines that men because men are less likely to verbalize the need for pain medication. Women are

more likely to ask for pain reliever. Therefore, the male and female response to pain relief survey while in

the hospital will differ. Younger participants and those with higher level of education are more likely to

use the internet and the mobile form of survey. The mail survey questioner remains to be the most preferred method (Sacks, 2009).

**B4. Demographic and services provided**

BWH (Brigham and Women’s Hospital) is a healthcare provider in Boston, MA. The facility is

an acute general hospital. The institution’s primary function is to provide inpatient diagnostic and

therapeutic services for a variety of medical conditions, both surgical and non-surgical, to a diverse

population group. The hospital treats patients during the acute phase of their illness or injury. Their

hospital stay is characterized by a single episode or a short duration, after which the patient can return to

his or her normal or previous level of activity.

The hospital is an acute care center with also has trauma centers and various emergency rooms.

The hospital has 793 beds. The hospital accepts all forms of health insurance which includes Medicaid

and Medicare. It is part of a healthcare organization called Partners. The healthcare organization is

nonprofit and participates in the HCAHPS survey.

Their clinical departments are, cancer, heart and vascular, lung, neuroscience, orthopedic and

arthritis, primary care, women’s health, anesthesiology, perioperative and pain medicine, dermatology,

emergency medicine, neurology, neurosurgery, obstetrics and gynecology, orthopedic surgery, pathology,

pediatric newborn medicine, physical medicine and rehabilitation, psychiatry, radiation oncology,

radiology and surgery centers.

BWH is committed to the improvement of the health conditions of Boston residents. The

hospital is focused on Boston’s neighborhoods with disproportionately poor health and social indicators.

The hospital is in the center of neighborhoods that are racially and ethnically diverse in Boston and their

healthcare services reflect these communities. It is reported that in 2013, twenty five percent of the

inpatient populations at BWH were non-White. It is also reported that nine percent of both the

inpatient and outpatient population speak languages other than English as their primary language.

BWH has licensed community health centers that are in the most diverse arears of Boston. Most

residents in these locations speak languages other English at home. The patient population of these

community health centers are quite diverse, both ethnically and economically (Institute for patient and

Family-center care).

**B5a. Cultural Dynamics.**

Humans are culturally program to the extent that they become resistant to change or to learn other

cultures. If we must change, it is a struggle and the process is usually very slow. People react

differently to crisis according the cultural uniqueness and life experiences. It is an establish fact that

patient’s satisfaction is related to the patient’s experiences either direct or indirect interaction with the health care providers. The delivery of nursing care and patient’s environment has a great impact on the patient’s satisfaction, either negatively or positively. However, patient’s own experiences, expectations of how they believe their healthcare should be delivered and their understanding of their care delivery can influence how they rate their satisfaction.

 HCAHPS scores have been liked to demographic factors, size of the hospital and responder’s primary language. The goal is to improve scores, but the priority is to improve the population’s healthcare. In this process, the ability to communicate effectively with patients from diverse backgrounds at their level of understanding is very important. The patients and their families must have a very good understanding of what the healthcare providers are telling them about their illnesses. The hospitals must become vigilant in strengthening their communication process from the highest to the lowest level in order to improve healthcare delivery and patient’s satisfaction. Improving the communication between patients and the healthcare provider can help decrease the rate of readmissions (Budryk, 2015).

Introducing cultural competency training for all healthcare employees can promote effective communication and increase patient’s satisfaction. In the end patient’s health and safety outcomes becomes the critical piece that impact the way they rate their healthcare experiences. Hospitals that has excellent interpreter services tend to decrease adverse events and improve patient’s experience which can also increase HCAHPS scores (Newnum, 2016).

**B5b. Educational Dynamics.**

The education of populations about the prevention and occurrence of certain illnesses begins with a clear understanding of diseases process. While the goal is to improve scores, the priority is to improve the population’s healthcare. In this process, the ability to communicate effectively with patients from diverse backgrounds at their levels is very important. The patients and their family must to be cared for by the hospitals that provide excellent interpreter services from the front desk to the clinical areas.

 Providing an excellent interpreter service will help to increase the patient’s misunderstanding of their illnesses and treatments. Providing clear and meaningful explanations of patient’s conditions and treatments can increase the chances of the patient’s and their families taking charge of their healthcare.

When communication between the care team is transparent, there is a greater chance of the team staying on the same page. The patient that is well educated about their conditions and treatments tend to have positive experience. The commercial that states,” An educated consumer is our best customer fits this concept. Positive experience increases patient’s satisfaction. Increase patient satisfaction leads to increase HCAHPS scores which increase reimbursement. (Murdock & Griffin, 2013).

All patients have the right to receive the proper information about their conditions and treatment options. The proper explanation of patient’s condition and treatment options give them a chance of becoming an active participant in their own care. The patients and their families also become better prepared to care for themselves at home after discharged. When the patients and their families are well informed about their care, the rate of re-admission decreases. Decrease readmission leads to increase patient’s satisfaction and HCAHPS score. Increase HCAHPS scores leads to the increase reimbursement and increases revenue.

**B5c.Socioeconomic Dynamics.**

Socioeconomic factors represent income, education, and ethnicity of a population. Patient’s income, education and ethnicity have a contributing factor to the development of disease and how people understand their treatment. Studies have showed that patients and their family’s priorities are different across socioeconomic populations and how they perceive the value of their healthcare. Socioeconomic status can affect an individual’s health outcome and the delivery of the care they receive. People in a lower economic bracket tend to have the worst self-reported health, and chronic conditions that leads to a lower life expectancy.

They tend to receive fewer diagnostic tests and medications for many chronic diseases because of limited access to healthcare due to cost and health insurance coverage. Healthcare professionals especially physicians perceive that low socioeconomic population are less likely to comply with their treatment plans or understand their disease process. They are perceived to be less education, less intelligent, less independent and less responsible with their health. They are perceived to be less likely to comply with medical advice and follow up care. Therefore, physicians delay diagnostic tests and prescribe generic medications for these population (Arpey et al., 2017).

Due to the many barriers that interferes with the chance of a quality healthcare, patients in the low socioeconomic group tend to be dissatisfied with the delivery of their healthcare. When healthcare organizations and facilities begin to address the unique healthcare needs of the low socioeconomic population efficiently, the HCAPHS scores will have a better chance of increasing. Increase HCAPHS scores will improve the chance of an increase in VBP fund. Increase in VBP funding means increase revenue for the healthcare organization.

**B6. Potential short- and long-term financial impact.**

The healthcare industry can be compared to any other service industry which main goal is to perfect customer service by providing excellent service. Superior service of healthcare agency is associated with the reduction of high mortality rate which is the number one goal. In the beginning of the implementation of patient satisfaction survey, the patient’s relationship with their healthcare providers was the number one focus. The early survey results helped to discover that there is a lack of empathy, and unfriendliness between healthcare providers and the patients. The patients were found to be very dissatisfied with their healthcare providers.

When communication between the team is clear, there is a greater chance of the team staying on the same page. The patient that is well educated about their conditions and treatments tend to have positive experience. The commercial that states,” An educated consumer is our best customer fits this concept. Positive experience increases patient’s satisfaction. Increase patient satisfaction leads to increase HCAHPS scores which increase reimbursement payment (Murdock & Griffin, 2013).

The short-term financial impact on the organization. HCAHPS has a financial impact on the hospitals. The financial benefit may decrease or increase depending on the HCAHPS results. The government firmly believes that they can get more value for the money that is paid to the healthcare providers by Medicare and Medicaid program for their services. Value-Based Purchase is a payment system that was implemented by Medicare and Medicaid in order to make sure they get the value of the money they pay for the delivery of healthcare services. This is like the pay by performance system. High HCAHPS scores will lead to increase reimbursement for the organization. Increase reimbursement means increase financial revenue. The lower the HCAHPS scores, the lower the reimbursement which leads to decrease revenue.

The passing of the Affordable Care Act set the stage for value -Based Purchase system which payment is based on the patient satisfaction scores. Their goal is to promote the improvement of patient center care and patient satisfaction which eventually leads to better healthcare outcome. These factors also lead to decrease mortality rate.

Potential long-term financial impact. This payment system is compared to a business model whereas the improvement of the delivery of services leads to positive financial gain. It has been established that the hospitals with the best patient satisfactory scores are most likely the institutions that are financially stable. Compared to most businesses, things that influence their finances positively, becomes a strong reason to drive for success.

The survey’s results clearly point out the way patients perceive the healthcare services that they receive form their providers. Higher scores mean better patient satisfaction, better care and the higher reimbursement payment. Patients like customers prefer to take their business where they are satisfied with the services. Increase patient’s satisfaction scores means improved quality of care and increase reimbursement for the healthcare facility. Poor survey results cause the healthcare facility to forfeit some of their reimbursement payments from Medicare and Medicaid (Carta, 2018).

The potential long-term financial impact on the facility with consistence low HCAHPS scores will result in continuous decrease in revenues. If the decrease in revenue continues, the hospital may have to reduce their services. They may have difficulty keeping up with the latest healthcare technology and treatments. The delivery of their services may reach a mediocre standard. The end results could be poor reputation, decrease inpatient admissions, lower wages and benefits for their employees. If the decrease in revenue continues, the hospital may close their doors for good.

**B6a. Impact on quality outcome.**

L Patients are like any other customers. They will prefer to take their business where they are satisfied with the services. Increase patient’s satisfaction scores means improved quality of care and better reimbursement for the healthcare facility. Poor survey results may lead to the healthcare facility forfeiting some of their reimbursement payments from Medicare and Medicaid (Carta, 2018).

The potential long-term financial impact on the facility with consistent low HCAHPS scores is decrease in revenues. They may have difficulty keeping up with the latest healthcare technology and treatments. The delivery of their services may reach a mediocre standard which may result in poor healthcare outcome. The end results could be poor reputation for delivery of care, decrease inpatient admissions, lower wages and benefits for their employees. Employees with low wages and fewer benefits tend to be less committed and have low performance rate.

Nurses are affected the most because of staff shortage. Nursing storage could result in the nursing staff been over worked and burn out. Nurses have the greater chance of building strong relationships with the patients and their families. Nurses are the best healthcare professionals that could collaborate with other health care professionals to assure the effectiveness of quality of care (Arungwa, 2015). If the nursing staff becomes over worked, stressed and burn out, they will either leave or decrease their productivity due to low energy related to stress. This can lead to poor quality care outcome, which will lead to lower HCAHPS scores and lower financial reimbursement. If the decrease in revenue continues, the hospital may close their doors or reduce their services which may result in decrease admissions. Low patient’s census can lead to decrease revenue.

**C. Cause of lower HCAHPS scores for BWH.**

Areas of Lower HCAHPS scores compared to two area hospitals

|  |  |  |  |
| --- | --- | --- | --- |
| HCAHPS survey Scores | BWH | CHA | NBP |
| Responsiveness of hospital staff | 67% | 63% | 76% |
| Communication about medicines | 65% | 65% | 72% |
| Cleanliness of the hospital environment | 69% | 71% | 80% |
| Quietness of the hospital environment | 53% | 52% | 55% |
| Care transition | 56% | 51% | 66% |

The areas that BWH scored less compared to two hospitals in the State are, responsiveness of hospital staff, communication about medications, cleanliness of the hospital environment, quietness of the hospital environment and care transition**.** The hospital is focused on Boston’s neighborhoods with disproportionately poor health and social indicators. The hospital is in the center of neighborhoods that are racially and ethnically diverse in Boston and their healthcare services reflect these communities. It is reported that in 2013, twenty five percent of the inpatient populations at BWH were non-white. It is also reported that nine percent of both the inpatient and outpatient population speak languages other than English as their primary language.

The cause for low score for responsiveness of hospital staff to the patients could be related to languages and cultural barriers. Humans are culturally program to the extent that they become resistant to change or to learn other cultures. If a person must change, it is a struggle and the process is usually very slow. People react differently to crisis according the cultural uniqueness and life experiences. It is an establish fact that patient’s satisfaction is related to the patient’s experiences either direct or indirect interaction with the health care providers. This can have a great impact on the patient’s perception of how workers should response. When conversing with patient, standing close in a non-threatening way can allow the patient to feel free to say what is exactly on their mind. Certain cultures and people who understands little or no English avoid looking into your eyes when talking to you. They consider direct eye to eye contract to be impolite or disrespectful.

Low score for hospital staff responsiveness may be due to the employee’s low physical energy related to fatigue, low mental engagement and low morale which leads to decrease commitment to the patient care. When employees feel better about their job, they tend to be more engaged and more productive. When they feel unappreciated, their morale is low, and they become less engaged. These attitudes can reflect on how they take their time to respond to the patients and their families. Employees that are burnout, stressed and fatigued tend to have very little compassion for patients.

 Hospital call light system that is not very efficient can delay staff response to patient’s call. Delay in answering patient’s call has been associated with inpatient patient frequents falls, code blue events and other medical emergencies. These events can be avoided when call lights are answered on a timely manner. Timely responses to patient’s call light can lead to a trusting relationship between patients and staff. Some of the reasons that patients initiate call light are, toileting assistance, pain medications and intravenous noisy alarms.

The answering of call lights within 4 minutes is meaningful to the patients because they feel secured about their care. Non-professional like nursing assistants do not perceive call lights as being important and requiring immediate attention. The answering of call lights must be a high priority among nursing duties. Call lights should not be just another duty that will prevent the nursing staff from performing a very important duty.

Nurse’s friendly attitude when answering the call lights can encourage the patients and families to call whenever they need help. A negative reaction to answering the call light can discourage the patients and families from using the call light even when they are in desperate need. The elderly, the cognitively impaired, the bed reddened, the critically ill and patients with sensory deficits such as hearing, and vision impairment should be placed close to the nursing stations. The inability of the patient to use the call light can lead to unassisted transfers that may lead to falls.

The factors related to falls are, failure to identify patient care priorities, nursing staff’s misconception about use of call light. These factors can lead to the delay in response to patient’s calls. Use of improved call light technology that is easy to use and can differentiates between emergency calls and high priority calls can help the staff to recognize the need to answer call lights immediately. Frustration over delays in answering call lights is one of the most frequent negative comments that patients make (Tzeng, 2010).

Low score in the area of communication about medications can be caused by brake in communication process. The education of populations about the prevention and occurrence of certain illnesses begins with the patient’s clear understanding of diseases process. While the goal is to improve scores, the priority is to improve the population’s healthcare. In this process, the ability to communicate effectively with patients from diverse backgrounds at their levels of understanding is essential. The patients and their families that speaks little or no English should be cared for by the hospitals that provide excellent interpreter services from the front desk to the clinical areas.

 The goal is to improve patient’s understanding about their medications and side effects. The main objective is to increase clinicians and nurses compliance with the explanation of patient’s medications during their entire hospitalization. Nurses should sharpen their skills in identifying the best method that will promote the education of individual patients and their families about their medications.

The care team’s clear communication with patients about their medications can also increase the patient’s knowledge of their treatment plan. The nurses and care team’s effective communication with patients about their medications can promote overall patient’s satisfaction. Patients need to have a full knowledge of the names of their medications, how the medicines work, dosage range, precaution and side effects for safety and quality care. (Al-Abri & Al Balushi, 2014).

 Providing an excellent interpreter service will help to increase the patient’s misunderstanding of their illnesses and treatments. Providing clear and meaningful explanations of patient’s medications and treatments can increase the chances of the patient’s and their families taking full charge of their healthcare. People become more engaged in their health care management when they have clear understanding of all aspect of their healthcare. When communication between the care team is transparent, there is a greater chance of the team staying on the same page.

The patient that is well educated about their conditions and treatments tend to have positive experience. The commercial that states,” An educated consumer is our best customer fits this concept. Positive experience increases patient’s satisfaction. Increase patient satisfaction leads to increase HCAHPS scores which increase reimbursement. (Murdock & Griffin, 2013).

Low response score for cleanliness of the environment could be related to the employee burnout, low morale and decrease engagement in their duties. These problems related to burnt out and stress can lead to frequent staff turnover which leads to shortage and untrained staffs. Improperly supervised staff can lead to the production of unacceptable work. Socioeconomic status, ethnicity and cultural diversity can influence the way people define cleanliness. An executive or a very rich family with multiple maids and servants may expect a different level of cleaning service and frequency (Ellis, 2016).

There are also physiological issues associated with patients and families perception of cleanliness. Some patient may view cleanliness be a marker for their safety and quality life. A patient with immunocompromised illness may be highly concern about a clean environment more than other patients. Patient’s pain may be trigged by a certain smell of an item that may bring on an uncontrollable pain. Patient’s stress level may be elevated due to certain environment. For example, a site of bloody gauge or urinal or bed pan can trigger an elevated stress level for some patients. These patients may need an environment that is emotionally soothing and promotes healing. The patients that are suffering from obsessive-compulsive disorders can become very scared and feel unsafe because of fear of the hospital acquired infections. Hospital cleanliness must be a priority in every organization. It should not be just housekeeping staff responsibility. The patients expect every one that is involved in their care to help keep their environment clean (Ellis, 2016).

Low response score to quietness of the hospital also can be related to the patient’s and employee’s socioeconomic status, ethnical and cultural believes. These factors can influence the expectations of the patients and employees of how quiet hospitals and healthcare center’s environment should be. There are significant differences in how other cultures communicate. Some cultures are known for speaking very loudly while other cultures speak very softly. However, patients have their own experiences, and expectations of how they believe their healthcare should be delivered. Their beliefs can influence how they expect healthcare workers to response to them. The ability to communicate effectively with patients from diverse backgrounds at their level of understanding is very important. The hospitals must become vigilant in strengthening their communication process from the highest to the lowest level in order to improve healthcare delivery.

There are multiple activities in the hospital setting that cause increase noise volume. The many interruptions and noise that comes from such things like the call lights that stay ringing for long period of time, overhead speakers, moving carts, telephones, and shouts in the hallway. There are also frequent interruptions for medications, vital signs, meal delivery, fire drills, code blue drills and many other drills. The total sum of all these activities can drive a sick person crazy. Increase noise volume is the most annoyance and has the most negative effect on patient’s rest and comfort level. Lack of proper rest and sleep contributes to slow healing process, decrease strength of the immune system, lower pain tolerance and slow cell regeneration.

Hi tech devices are the contributing factors that has led to high noise volume in the hospital setting. In the hall ways one can hear the loud noise of intercoms, pagers, televisions, medical monitors in ICU, cardiac units and step-down units, buzzers, and bed alarms. Simple sound of a roommate flushing the toilet at night can cause disruptions in a well desire rest and sleep for the other patients. Staff and visitor’s loud conversations and laughers contribute to another source of high level of noise that may cause the patients to have sleep deprivation which can lead to slow ability to heal. According to studies, 42% of patients have reported that their sleep has being interrupted by multiple loud noises.

Hospitals should do all they can to reduce noise level throughout the hospitals especially at sleep hours. The use of hi-tech devices with low noise volume and other interventions should be implemented to reduce the overall noise level in the hospitals. Apart from the significant lack of sleep, noise may place patient’s safety on line. Therefore, the effort to improve patient’s sleep time for proper healing and safety should become a priority for the improvement of patient’s satisfaction and quality healthcare outcome.

Low scores related to care transition. After the patient has been discharged from the hospital, it is very important for the patient to understand their treatment plan. Care transition, hospital discharge, health literacy and the pharmacy services are interrelated. Patients tend to suffer unnecessary adverse events that can be easily avoided after they are discharged from the hospital. When the care transition is not done correctly, hospital readmissions rates increases and can have a negative effect HCAHPS scores. The education of populations about the prevention and occurrence of certain illnesses begins with a clear understanding of diseases process and treatment plans.

While the goal is to improve scores, the priority is to improve the population’s healthcare. In this process, the ability to communicate effectively with patients from diverse backgrounds at their levels is very important. The patients and their families must to be cared for by the hospitals that provide excellent interpreter services from the front desk to the clinical areas for patients that may need the services. Providing an excellent interpreter service will help to decrease the patient’s misunderstanding of their illnesses and treatments. Providing clear and meaningful explanations of patient’s conditions and treatments can increase the chance of the patients and their families to take charge of their healthcare.

 When communication between the care team is transparent, there is a greater chance of the team staying on the same page. The patient that is well educated about their conditions and treatments tend to have positive experience. The commercial that states,” An educated consumer is our best customer fits this concept. Positive experience increases patient’s satisfaction. Increase patient satisfaction leads to increase HCAHPS scores which increase reimbursement. (Murdock & Griffin., 2013).

Every patient has the right to receive the proper information about their conditions.The level of literacy of patients about their conditions and treatment plan is the key factors to a smooth and effective care transitions at the time of discharge from hospital. Most patients have expressed that speaking to pharmacy about their medications before discharge has been very helpful. Interventions such as medication reconciliations, inpatients counseling and follow up phone calls can help ease patient’s frustration after discharge. Follow up care with home care agencies, families care givers, outpatient care centers and primary care practitioners can help the care transition to be more effective (Squires, 2018).

**D. Organizational Change**

The concept of team-based care versus team-based primary care. Team care approach is the bringing of multi-disciplinary healthcare professional and workers to provide care for a patient. It is usually a physician, or a nurse practitioner or physician assistant led team. The patient centered primary care model is described as the relationship-based with the partnership of the healthcare professional and the patient and their families and the care team. It is oriented toward the patient and their families (Schottenfield et al., 2016).

**D1. Organizational Change and HCAHPS scores.**

The number one phase of performance improvement plan should start with change in the model of care and the setting of goals. The new approach is to change to a new model of care from team-base care to patient centered team-based primary care model. In this model of care, the healthcare team will consist of at least two healthcare providers that will work collaboratively with the patients and their caregivers. The care givers include the clinicians, primary doctors and other doctors involved, pharmacist, therapist, dieticians, social workers, environmental care staff and a clergy staff. The patient and the family will also be a full participant in the team. This model is patient-centered primary care, because it is the making of the primary care to be more comprehensive and reachable for patients and their families. The patient and their family’s needs become the most importance factor. The concept of the care is the partnering with the patients and their families to fully understand and respect every patient’s unique needs. Their cultures, values, and the way they prefer to do things is the foundation of the delivery of their care. In this model, the patient’s and their families are encouraged to learn, manage, and organize their care at the level they choose.

The initiative will be implemented first on the medical units that are in the same building. After the first trail, the evaluation and necessary adjustments will be made. The initiative will advance to other units in the other buildings every six months until the entire hospitals has becomes a full participant in the new model of care concept.

The new initiative should start with the implementation of the change system, the outcome measurement and the formulation of the appropriate improvement plan. The first step to take is the setting of up an eye watch campaign team. The eye watch campaign team members will be volunteers’ staff from members from various units and departments. At least one or two staff members from various departments, patient and family council members. The team will report the systems that they have noted to be ineffective.

The re-education of the staff is the next step. Staff must understand the concept of patient- centered primary care and the goal of improving quality care outcome. The primary goal is to improve patient care experience, promote population health and reduce the cost of healthcare. The healthcare leaders and stakeholders must understand the connection of patient’s satisfaction scores and the quality of care. All the stakeholders must be educated about the concept of value based-payment and how the customer’s satisfaction scores can determine the financial future of the organization. Their level of understanding of the value-based payment system can determine their level of commitment to the change process (Schottenfield et al., 2016).

 The patients will be asked to evaluate the delivery of care at least 7 days after they are discharged from the hospital. In the survey, emphasis will be placed on the lower score areas for BWH. Their lower score areas are, responsiveness of the hospital staff, cleanliness, quietness of the hospital environment, discharge and care transition. Improving the patient satisfaction scores in these survey areas will lead to the improvement HCAHPS scores and increase revenue.

Priority to improve the communication between the care team is transparent will be included in the strategic plan. When the communication between the team is greatly improved, the chance of the team staying on the same page is guaranteed. The patient that is well educated about their conditions and treatments tend to have positive experience. The commercial that states,” An educated consumer is our best customer fits this concept. Positive experience increases patient’s satisfaction. Increase patient satisfaction leads to increase HCAHPS scores which increase reimbursement.

Every patient has the right to receive the proper information about their conditions and treatments. People who have easy access to pharmacy system that makes it easy for them to get their medications, become highly knowledgeable about their medications. When the patient understands their treatment regime, their compliancy with their medications increases. They also tend to be satisfied with the delivery of their healthcare which leads to increase HCAHPS scores and increase reimbursement.

The recommendation is to use patient’s satisfaction scores as a measurement for the strategic plan to achieve the short term and long-term goal of improving HCAHPS scores and the quality of care. The patient that feels good about the delivery of their healthcare, tend to comply with the prescribed treatments.

The hospital will evaluate their entire care team and their current model of healthcare delivery. The internal system survey will focus on the evaluation of the entire care team not just an individual’s interactions. The value of care delivery will be measured by the effectiveness of the entire care team not just the clinicians. The improvement in the area of nurse’s communication with patients about their care can promote higher HCAHPS scores, because they spend more time with patients than other healthcare professionals.

The scores for the areas of nursing interactions with patients are likely to be higher than the doctor’s interactions if their communication skills are improved. The nurses spend more time with the patients than any other healthcare professionals, therefore they have more opportunity to educate the patients about their conditions and treatments.Therefore nurses should consider the responsibilities of teaching the inpatients and families about their medications as an important part of their duties. The finale step is the survey of the staff, patient’s and family’s level of the understanding of the change process and their feedback of the program. The process will include continuous studies, evaluations and adjustments of the plan to improve the healthcare delivery services that will meet the needs of the patients, the families and the employees (Arungwa, 2015).

**D2.Structure process and outcomes of strategic plan.**

A strategic plan to attain quality outcome and boot HCAHPS scores must be implemented. A strategic plan is a project undertaken by an organization for sole purpose of achieving their short and long-term goals. The organization will first look at their current situations, inside and outside the environment. The team will then proceed to the formulation of the objectives and strategies. A change in the model of care delivery must be intimated. The patient center primary team care will be adapted.

Strategic planning steps should include the analysis of the current model of care. The key areas to carefully examine are the external environmental factors such as other hospitals in the area, how much supply power available and the power of the customers. There should be aware of the threat that the patients and families can trade services in order to step up into the latest model of care. Therefor the need to implement the latest suitable model of care in the strategic plan is imperative.

The proposed new model of care must be developed according to the organization’s vision and mission statement. A detailed description of where the organization must be, it values; beliefs and the set goals should be written. The detailed strategies plan should include the best way to achieve the goals.

The goal to attain quality care outcome and increase reimbursement strategic plan should be targeted over a three- to five-year period. The goal is to provide a positive experience that will attract patients. During the first year, a performance improvement team should be created. The performance improvement team members should include the head of quality assurance, head of human resources, staff members from various departments, such as medicine, nursing managers, nurses from clinical care units, outpatient departments, therapy, pharmacy, education department, business office, and patient representatives and senior managers. The process will start with the evaluation of the present model of care and the survey results for the past five years.

The focus will be on the communication methods among staff, patient education tools, internal and external survey procedures and data collections procedures. There will be monthly in-house surveys on communication methods, patient education, pain management, discharge procedures, readmissions data, quietness and cleanliness of the facility. The survey evaluation process will continue for three months. The data reports on incidents such as falls, the patient’s complains, and any other reports should be provided for all units. There will be weekly open forums for all staff from every department for the first three months.

The business and finance department will provide statistics on the hospital’s revenues every six months during the meetings with the upper management. The departmental managers will be responsible for educating their staff on the positive and negative reports. Evidence-based staffing pattern will be established according to the needs of each unit. A yearly hospital-wide mandatory in- service day will be established on two consecutive days for every hospital staff member to attend.

 Policies and procedures will be reviewed according to their departmental duties during the two-day in-service. There will be a weekly in-house survey forms for the patients and their families to fill out during the first six months. The data will be documented and presented at the monthly meetings with the performance improvement care team. The initiative will be evaluated every six months and adjustment will be implemented as needed. At the end of each year, a town hall meeting will be held, and all survey results will be shared with the staff. The target date to mark the program’s success will be at the end of threeyears. The achievement of 80% and above in every survey area will be the goal at end of the three years target date.

The constant empowerment, education of the staff and stakeholders and the involvement of every staff in the strategic planning is essential for the success of the program. Every staff member must be aware of the vision, mission, and goals of the organization. Medicine department including fellows, medical interns, medical students, therapist, and pharmacist must be fully oriented to the organization’s vision, missions, and goals. The entire hospital’s departmental managers will provide monthly mandatory in-services and online reading literatures on HCAHPS for their staff and patient representatives.

Employee’s engagement in decision making of policies and procedures can promote the success of the vision of the initiative which is to increase patient’s satisfaction. The employees that are egger to promote the vision should be encouraged to volunteer as members of the transition team. There is a strong coloration between devoted employee and happy satisfied patients. The strategic plan to improve patient satisfaction scores will stand a chance of being successful when there is a meaningful relationship between the patients, staff and their care team. When a meaningful strong team is establishes, the quality care outcome improves, and employee’s satisfaction level also increases (Bickmore & Merkley, 2019).

**D3, Improvement organizational quality by incorporating evidence-based practice and shared governance.**

Incorporating evidence-base practice and shared governance are the best combination that can improve organization’s quality care outcome. In order to increase chances of the successful improvement of the quality care project, the organization must have a sound evidence-based practice initiative that is suitable for the organization. The improvement initiative must have evidence that it will be beneficial for the organization.

The staff, especially the clinician staff such as nurses and allied health professionals must have the skills to perform their duties effectively. Therefore, re-educating the staff to sharpen their professional skills is very important in the process to improve quality of care. The process begins by educating patients and staff on how important the feedbacks are for the decision making on the improvement plans. The feedbacks from patients and staff will serve as the tool that can help to provide the answers for the improvement of the patient care center and the work place for employees.

**D4. Method of incorporating shared accountability among patients, medical providers, payers and personnel.**

In shared accountability approach, everyone is involved in improving healthcare. The patient, the health plan provider, healthcare organization, physician, payers and the community, must work together as a team to maintain and improve the health of an individual. The main goal of shared accountability is to improve the value of health care through accountability. The concept of share accountability was design to increase the chance of an effective and low-cost health care. The goal is to improve healthcare which leads to better healthcare deliver and a quality low healthcare cost.

 Healthcare cost has risen because of the increase use of health care and even more expensive types of treatments. The rise in healthcare cost can be contributed to the fact that people are living longer, and the population has become sicker with many chronic health conditions. One of the conditions is the rising incidence of obesity especially among children. Also, the increase in the aging population has contributed to the increase in healthcare expenditure. The cost of healthcare is expected to increase as seniors live longer and require more care.

There are many chronic diseases that are associated with aging process and other health risks factors such as chronic diseases. Chronic disease such as type 2 diabetes, cardiovascular disease, hypertension, dyslipidemia, stroke, joint pain and cancer contribute to the high cost of healthcare. Many times, they order more tests and perform more procedures that are not necessary. High technology may have reduced cost in other fields but have added cost healthcare. People in general tend to view more care and newer technique in healthcare as better care.

The approach to better care can be promoted by prevention, wellness and care management program that can help individual stay healthy. Evidence- based medicine suggest a new direction towards wellness practices that leads to better and lower cost of healthcare is population healthcare. Wellness programs engage patients in the management of their health. Therefore, the focus should be redirected towards wellness programs with leads to a change in behaviors for patients, care givers and payers. Wellness programs are not just focus on the treatment but also on prevention of diseases and management of chronic conditions.

Shared accountability approach is imitated to promote better care and better health for the populations which also leads to better management of healthcare cost. The patients, the care givers and the payers are motivated to see the highest values of care. The process involves a commitment to evidence- base care which is supported by physicians and other healthcare givers who are committed to the delivery of the most effective treatments for the patients. In this process, over treatment, under treatment and unnecessary treatment are avoided.

The patient’s involvement in the share accountably is a key factor. Many times, patients are unaware of the risks, benefits and differences in payment or the options their health insurance is offering them. Health insurance does not encourage patients to be more discriminating consumers of care. The healthcare in the share accountable method is transparent, where by the patients and the clinicians make informed decision together.

In shared accountability, stakeholders within the health care system, the members of the healthcare team, the patients and families are expected to contribute to the success of the measures that are imitated for the improvement of healthcare delivery (Zimmerli.2013).

**D5. Methods to incorporate technology trends within the healthcare**

Medical technology designs have impacted healthcare industries tremendously. The medical technology has been incorporated into the workflow of clinicians which has allowed decision making for the treatment of patient faster. Bedside devices such as vital sign monitor, heart monitors and ventilators has helped healthcare workers to make important decision about their patients at that moment. High technology may have reduced cost in other fields but have added cost in healthcare. People in general tend to view more care and newer technique in healthcare as better care.

Electronic medication administration record system is one of the most important parts of healthcare. One of the most important responsibilities of a nurse is to administer medications safely to the patients. This is done multiple times per day. The incident of medication error is the most reported adverse event is hospitals. Electronic medication recording which is referred to as eMAR allows nurse to manage medication administration efficiently and safely by the reduction of the rate of error (Appari, et al, 2012). Medication error is one of the leading causes of death in the United State. The reported numbers do not even include the undocumented cases.

 Medication errors lengthen inpatients hospital stays, increase inpatient expenses, and lead to more than 7,000 deaths annually in the United States. All medications have the potential to cause harm, but a select group of drugs on the high-alert medications list carries a higher risk of causing injuries to patient. The risk of serious injury or death is high even when given correctly (Chu, 2016).The hospitals should incorporate the use of the most effective user friendly eMAR system for the nurses and clinicians.

The use of telehealth will become routine due to the increase use of smartphones and consumers becoming more comfortable with the idea on online visit with their healthcare practitioners. All the States in the US have now approved the use of the remote diagnostic and treatment centers for patients. The insurance companies are now required to cover the cost of the telehealth services. It is predicted that between 50 percent and 70 percent of doctor’s office visit would be replaced by remote monitoring. Consumers now have apple watches that monitor their blood pressures instantly and the information can be texted to their PCP’s phone. The FDA has approved mobile devices that measures heart rhythms and blood glucose level for diabetic patients.

Private health care insurances companies are beginning to seriously investigate the value-based care. This has caused hospitals and healthcare systems to consider the extensive investment in the infrastructure of health IT. It becomes crucial for doctors to be able to electronically access patient’s records easily at any time and in the case of emergency. The patients and their families should be able to also access their medical records electronically at any time .Incorporating electronic health records in health care delivery will promote quick access to patient’s information in times of medical emergencies. Hospitals and the affiliated facilities should be able to access the patient’s record 24/7 when necessary.

Due to the rapid growth in medical technology, the hospitals should strategize for the future by investing in electronic patient care devices that are accurate and saves times. The health care centers should invest in technologies that can impact the hospital’s services and safety which will increase HCAHPS financial reward. Hospitals will have to invest their money wisely in medical technology and they need to be transparent in the process and decision making. The hospital also needs to communicate clearly about cost of services, evaluate the requests for capital equipment and explain to everyone involved on how they prioritize the purchase (Daly, 2018).

**D6.Method used to improve care delivery system**

 The number one process that can enchant the improvement of care delivery is through quality improvement. This is a method that is called QI which is a data-based method that is used to bring about immediate improvement in healthcare delivery. There are always changes in medical practice .The clinicians and managers learn and adapt to new medical knowledge, new technology and new pattern of diseases. QI allows us to make changes systematically. QI measures and assess the effect of a change and gives the information back into the clinical units where adjustments are constantly made until they are satisfied with the results .Facilitating the quality improvement process begins by placing a priority on encouraging communication, staff and patient engagement and stakeholder’s participation. Participation of all parties involved is necessary for success of the QI process.

 The implementation of the improvement plan should start on small scale demonstrations. One unit at a time is easier to manage and allows for small test demonstration and refining. The change team should include small group of caregivers, administrators and other staff members who give care to the patient on daily basis. The first step is the identification of a goal or the purpose and the creation of an intervention according to evidence-base practices. The establishment of improvement goals, identification of possible strategies, choosing an intervention and preparing a written plan of action is crucial.

 The organization of the writing of the action plan is very important. It is important to clearly, state the goals and strategies that are needed to be implemented in order to achieve the goals. The specification and the identification of the actions needed to put the selected interventions to address the problems is important. The plan must be reviewed with the team and their points of view must be documented. Key questions to ask are, focused areas for improvement, initiatives goals, people that will be affected and how they will be affected, and who will lead and champion the management of the project.

The other important questions are, the resources that are needed, how to overcome possible barriers and how to measure and monitor progress and success in reaching the desire changes for the improvement of the HCAHPS scores. The method selected to measure the success of the project must be clearly linked with the goals and the intervention itself.

**D7. Method to improve financial stability**

The team must take special time to understand the problems of the facility**.** The first step to take when you start a financial improvement project in a hospital is to carefully study and understand the history of the facility. The clear understanding of what the facility has been doing, the problems that needs to be corrected and what was missing in the previous improvement effort procedures.

 The effect of unhappiness among staff on hospital financial performance: Happy staff, happy patient and great hospital go together. The examination of the level of satisfaction among the staff members is very important. Patient’s satisfaction scores and the staff’s satisfaction correlate. When employees are struggling and unhappy, morale becomes low and turnover rate increase. This becomes a major problem because such work environment causes people to have negative attitudes and such people will not step up to do things correctly.

The facility may end up losing some percent of efficiency when the unhappy staff members and quality of the work production falls below standard. The reduction of the out-of-network revenue leakage can increase revenue. The coordination of patient care across a clinician integrated system network can decrease the chances of denials and under payments. This approach reduces revenue leakage.

 It becomes dangerous when some staff just don’t care about their job but only cares about taking the salary and go home. You can be sure that the patient’s satisfaction rate will decrease if the staff members are unhappy. This can lead to low HCAHPS score and decrease financial reimbursement. When the staff members are happy, they tend to perform their duties beyond their expectations and that leads to a satisfied customer. Increased patient’s satisfaction leads to increased HCAHPS score and increase reimbursement and revenue.

Affiliation with other larger organizations to share medical expertise and talent reduce spending on salary for the expertise. Smaller hospital needs to join the bigger hospitals for extra support. The extra support from the bigger hospital can decrease the pressure to perform alone, at a maximum level effectiveness. The small hospitals form an affiliated partnership with another healthcare organization in order to share their top talented medical expertise. This way the small hospital will not have to support the high salary of the specialist on staff by themselves. This method helps the smaller hospital to reduce spending and increase financial reserved.

Hospitals investment in an impatient, outpatient and telepharmacy services promotes increase revenue: The hospitals are accountable for their patient’s even after they have been discharged from the impatient setting for their medications refills. Telepharmacy offers pharmacy services 24/7 to patient after they are discharge. This system assists in the reduction of medication errors and promotes patient’s easy access to the pharmacy services.

 Patients who have easy access to their medications become highly knowledgeable about their medications and this increase their compliancy with their medication regime and their plan of care. They also tend to be satisfied with the delivery of their healthcare which leads to increase HCAHPS scores and increase reimbursement. Some of the investments that contribute to the increase of the hospital financial revenue are in house pharmacy and telepharmacy services. The hospital base pharmacy and telepharmacy services will help the hospitals to promote easy access for patients to receive their medications within their healthcare center.

This system decreases medication order errors and provide revenue for facility. The financial benefits from the medications refills will help meet some of the facility’s financial needs. There is also reeducation in emergency room visits and frequent impatient readmission when the patients are connected to all the outside resources that they need after they are discharged.

 Hospital readmissions are connected to unfavorable patient outcome and high cost of healthcare. It has been discovered that 20% of all Medicare discharges are readmitted within 30 days. The Medicare payment commission has established the fact that about 12% of the readmission is potentially avoidable. A 10% reduction in these readmissions could save Medicare 1billion .Medicare and Medicaid services has added hospitals rate of readmissions to the public record reporting and reducing hospitals readmission rate has become a national priority. Hospitals are now penalized by Medicare and Medicaid payment system for excessive readmission. To prevent losing some financial benefits from Medicare and Medicaid payment, the hospitals will have to empower patients to manage their health successfully after discharge (Mclivannan et al., 2015).

Patients with the highest risks of readmission are the ones with multiple chronic illnesses and they tend to take more than eight medications. The key to reducing the rate of readmission is to closely monitor these high-risk patients during their impatient admissions and especially after they are discharge home. It becomes crucial to educate the patient and families members with every detail of their discharge orders and treatment plans. It is necessary to create a monitoring system such as post up calls or sending visiting nurses at the patient’s homes for the continuation of education and support.

The mistake involving medications are among the most common healthcare errors: Medication errors lengthen inpatients hospital stays, increase inpatient expenses, and lead to more than 7,000 deaths annually in the United States. All medications have the potential to cause harm, but a select group of drugs on the high-alert medications list carries a higher risk of patient injury. The risk of serious injury or death is high even when given correctly. The hospitals should incorporative the use of the most effective user friendly eMAR system for the nurses and clinicians. The reduction in such events can lead to the hospital’s financial stability (Chu. 2016).

Hospitals paid millions of dollars to patients and their families for lawful and accidental deaths, adverse events leading to falls resulting serious injuries. Medical errors are the third leading cause of death in the United States. The hospitals that are valiant in maintaining patient’s safety will not only reduce the incidents of medical errors but will also prevent significant financial lost. Hospitals can increase their financial benefits when every effort is done to partnership with patients, their families and outside caregivers. The collaborative effort will ensure that the patient’s treatments does not stop after they are discharged from the hospital (Chu, 2016).

Hospitals can secure revenue by the reducing the in out-of-network revenue leakage. This can be done by coordinating patient care across a clinician integrated system network. Reduction in the chances of denials and under payments can be done by alerting the physicians to be aware of the necessity to change patient’s medical necessity requirement promptly. The collection of copays and patient’s payment responsibility prior to or during clinician’s service will reduce the loss of revenue.

**E1. Stakeholder’s roles and responsibility**

Stakeholders are the individuals or groups of people that operative the success and progress of a company or an organization. They are the individuals who influence important changes in the organizations. Internal stakeholders include silent partners such as shareholders, employees and investors.

The internal stakeholders are usually the financial back bone in the organizations. The have vested interest in the success of the organization because of their financial investment.

The external stakeholders include customers, neighboring businesses, strategic partners, health departments and the community partners such as schools and community health programs and schools. External stakeholders can also be consumers who are representatives and advocates for consumers-friendly, meaningful and quality information data that can help people better informed about their own health. The other external stakeholders are also the health insurance plans.

The role of the internal stakeholders: The stakeholder’s roles vary according to the organization’s structure and line of business. Internal stakeholders are usually the financial back bone in the organization. They have financial interest in the organization and they are the directors and the investors. The internal stakeholders have more influence than the external stakeholders because of their roles in the organization. The main role of the internal stakeholders is voting rights which are based on the number of shares they owed, or the percentage of the company they own. They are usually the broad of directors who are the voters for things like acquisitions, liquidations and the hiring of the key personals. They are also responsible for overseeing the budget and the distribution of profits.

The role of the external stakeholders: They usually do not have financial investment in the organization. They do not participate in voting on decisions making in the company, but they are highly interested in the decisions the company makes. They will meet with the board of directions to review ideas like community concerns and other related regulations issues. They also meet with the board of directors to discuss and review new ideas. Their role is usually in the community, government regulations and environment regulations. They review potential beneficial programs for the people and the community they serve.

**E2. Stakeholder’s accountability**.

The internal and external stakeholders are both accountable to the organizations the serve, government agencies and the community the organizations serve. However, the internal stakeholders are mostly accountable to the organization and the external stakeholders are directly accountable to the community, ensuring government regulations and the environment. The two groups work together to brainstorm solutions regarding the improvement of the organization’s projects and the community improvements programs. They are both valuable resources for the organizations.

Internal stakeholders can be the healthcare providers that are interested in initiatives to improve the quality of care. They help with the promotion and can be the expertise and resources persons for the deliver quality of care. Internal stakeholders such as employee are supportive of quality improvement strategic plans that are ready to do all they can to improve quality of care delivery.

External stakeholders who are consumer’s representatives, advocates for consumers-friendly environment. They are more involved in communicating meaningful and quality information data that can help people be better informed about their own health. The other external stakeholders are also health insurance agencies. They view the quality of insurance plans and recommend improvement.

The stakeholders accountable is to make sure the decisions the organization arrive at will do no harm to society. They also examine the initiation of projects for the hospital’s community to make certain that they are beneficial to the local society. The stakeholders are accountable to the monitoring of the decisions of the organizations to make sure they put the public’s interest before profit.

The stakeholders find themselves accountable to multiple other stakeholders externally. They are accountable to funding bodies, sponsors, volunteers, staff, clients, communities and their internal partners. They are accountable for the performance and the implementation of projects and to make sure the projects correlates with the vision, mission, values and long-term goals of the organization. This include established measurable outcomes that will clearly outline the actions the organization must take to meet the set goals. They are accountable for the disclosure, the transparency and the creation of business models that will meet the organization’s short-term and long-term financial goals and obligations while striving to achieve the required outcome.

The stakeholders have a difficult choice to make at times. It can be difficult at times for a non-profit organization to stay accountable to everyone for everything. Therefore, leaders of non-profit organization should focus their attention on accountabilities that really matter and the delivery of value to their organizations and other parties involved. Their accountability is not just about compliance with law of the industry’s standards. It is deeply connected to the organizations goals, visions and missions and gaining the trust of the other stakeholders (Huotari et al., 2016).

**E3. Training of staff**

 The HCAHPHS improvement team will conduct a meeting to come up with the plan of approach. The upper management will be invited to a meeting with team. The final decisions will be made by the upper management and HCAHPS team. The nurse managers and departmental supervisors will be responsible for the introduction of the plan to the staff in their department.

 An in-service will be conducted by the medicine, nursing, therapy, pharmacy, housekeeping for the education of the staff in their departments on all shift in the first month. Literature and evidence -based articles will be provided on each patient care unit for staff to read and acknowledge that they read the articles. Online educational materials will be sent to the staff via their work emails for reading. There will a time limit for the reading of each article. Posters about HCAHPS will be generated through the hospital for the staff to see and read on a daily base.

**E4. Plan implementation**

The nursing, medicine, the pharmacy department and the house keeping are the departments that will have the most impact on initiative. The nursing department includes, directors of nursing, nurse managers, nurse case managers, nursing educations and unit base and outpatient nurses. The role of the pre-admission department is the careful screening all potential patients before they are admitted to the facility. The HCAHPS team will consists of staff numbers from all nursing departments, pre-admission and admissions office, all the outpatient and inpatients directors, social workers, medicine, physical therapy, pharmacy, housekeeping , business office, and the patient and family representatives.

The role of nursing education department is to evaluate the current model of nursing care delivery, their skill level and educate as necessary. The structure of each unit should be examined to determine the unit’s readiness to care for the potential patients. The medical doctor's role is to evaluate the patient’s medical records and reports to identify the needs for admissions to the appropriate unit where their health needs can be properly managed. The therapist's role is to also evaluate potential patient's record for their appropriateness for their program and to determine the necessary equipment needed to work with the patient and their family when they are discharged.

The pharmacist will evaluate for special medications and pharmaceutical treatments the potential patient might need and educational materials the patients and staff may need. The delivery of the appropriate care in a timely manner leads to the reduction of patient's hospital days. This also decreases the chance of the reoccurrence of the poor physical condition that leads the patient to readmission within 30 to 40 days after discharge. The goals for the pre-admission team is to decrease readmissions of patients within 30 to 40 days after discharge. This will also decrease unnecessary admissions which leads to the reduction of cost of care delivery, improves quality of care and improve HCAHPS scores. Inappropriate admissions increase the numbers of patient admission days, decrease patient’s satisfaction which results to poor patient care outcome.

 The role of nursing is to evaluate the unit staffing pattern, their skill level and structure of the unit to determine their readiness to care for the potential patients. The medical doctor's role is to evaluate the patient’s medical records and reports to identify their ability to tolerate and receive the proper medical treatments that will lead to the improvement of their conditions. The therapist's role is to also evaluate potential patient's record for their appropriateness for the program and to determine the necessary equipment needed to work with the patient and their family in hospital and at home after discharge. The pharmacist will evaluate for special medications and pharmaceutical treatments the potential patient might need.

The stakeholders will be presented with evidence-based articles and documentations of hospitals data of surveys data of HACHPS for the past one to two years. An expert guest speaker on HACHPS concept will be invited in the educational meeting with stakeholders. The team will consist of staff numbers from nursing, medicine, physical therapy, pharmacy, Business office housekeeping and the unit staffing coordinator. The departmental managers such as environmental services will be encouraged to champion and implement the effort. The most important step is the care system executives, trustees and all managers to make a commitment.

 Timeline: The imitative project is the change in patient care delivery from team care to patient centered primary care. The first month is the introduction period of the change in pre-the admission process to senior management by the VBP team member. The first week of the second month is the introduction of the initiative to the patient care staff in a town hall meeting. In the first week of the third month, in-service and training of staff will begin. There will an ongoing education series monthly for six months and every three months thereafter. The topic of VBP will be included in the yearly hospital-wide mandatory education day.

 The program will be evaluated every three months and changes will be made as needed. At the end of six months, all the survey data will be presented to senior management. The goal percentage for the improvement should be at least 75% by the end of the first year, 85% by the year of the second year, and 95% by the end of the third year. By the end of the first year, readmissions should decrease by 50%. By end of the second year by 70% and end of the third year by 80%. The success rates of the program will be evaluated according to the data of the in-house survey and HCAPHS score to the staff through meeting and the ‘organization’s newsletter and wed site.

 Constant empowerment and the educating of the staff and stakeholders must understand every staff for strategic planning. Every staff member must be aware of the vision, mission, and goals of the organization. Medicine department including fellows and medical interns and students, therapist and pharmacist must be fully oriented to the organization's vision, missions, and goals. All departments’ heads must provide monthly mandatory in-services and online reading literature on VBP for the staff (Sare & Ogilvie. 2011).

 The stakeholders are the prominent people in the organization and they must understand the HCAHPS relation to hospital’s revenue. The summary will begin by the detail explanation of the HCAHPS and VBP model of Medicare payment that rewards healthcare providers for the quality of care they received.

**E5. Evaluation of strategic plan success**

 The program will be evaluated every three months and changes will be made as needed. At the end of six months, all the survey data will be presented to senior management. The percentage goals for the improvement should be at least 75% to 80% by the end of the first year, 85% to 90% by the year of the second year, and 95% to 100% by the end of the third year. By the end of the first year, readmissions should decrease by 50% to.60% by end of the second year by 70% and end of the third year by 80%. The success rates of the program will be evaluated according to the data of the in-house survey and HCAPHS score. The constant empowerment and the educating of the staff and stakeholders is imperative. The staff and stakeholders must have a clear understanding of the strategic planning. Every staff member must be aware of the vision, mission, and goals of the organization. Medicine department including

 Every three days after admission, a patient satisfaction questioner will be given to patients while they are still in the hospital. When a patient is discharged before the third day of admission, the questioner will be mailed to their home address with a return stamped envelope. The data will be documented and will be presented at the monthly meeting with the VBP promoting team and upper management. Monthly surveys on emergency admission within 30 to 40 days of discharge back to the acute care will be conducted. The data on incident reports such as falls, the patient complains, and any other reports will be provided on all units. The units with the highest incidents will be evaluated, and a mandatory in-service will be conducted on that units.

 The initiative will be evaluated every six months and adjustment will be implemented as needed. At the end of each year, a town hall meeting will be held, and all survey results will be shared with the staff. The target date to mark the success of the program will be at the end of the third year. When all the departments are involved and fully committed, successes are celebrated by the entire hospitals.

**E6. Involvement of stakeholders**

It is very important to engage the stakeholders in the project from start to finish .They must be in the right from get go because their views, needs and ideas are those things that shape the **service** provision**.** The internal and external stakeholders must be properly identified from the start. The assessment of each stakeholder’s influence and importance is very crucial. The monitoring of the relationship between manage stakeholders is also very important.

 The mapping of the stakeholders identifies the target that you need to collect as much information about them as possible. These people should the stake in the companies, therefor knowing how each one will be affected by the proposal is important to know. Knowing who is the most relevant senior position to the project and who have been involved in similar project is very important. Be aware of the names of the stakeholders that comes up frequently when discussing the project with the team. Learning to understand the behavior of each stakeholder will help to pre-assess the impact they will have the strategy, polices and the project. Their behavior pattern will also give an idea of their needs, interest and priority goal for the organization. Their hierarchy in the organization can shed light on important their decision is regarding the project and their ability to link and influence other about the project.

The stakeholders are usually equipped with great wealth of the organization’s structure inside and out. Some may be professional with skills that are vital to the management of the project. They may be lawyers, engineers, accountants with expertise needed to reduce risk taking when managing the project. Their opinions regarding the project should be highly regarded in order to increase the chance of reaching the goal of the project successfully. The stakeholders need to be brief with the changes, results of surveys and to avoid unforeseen events that may hinder the progress of the project. The stakeholders are very busy people which makes meetings with them difficult to arrange.

Be sure the facts and correct data and validate the decisions by referring evidence- base teaching using video presentations. Be specific about the goals and inform them about how you would like them to participate. Have a team member take notes and follow up with the answers to their questions.

It is important to send a brief report to them before setting up the meetings with them. Send presentations, and printed materials that will allow the group to read silently at least 10 minutes before the meetings.

The communication channels should be effective and engaging. The reports must be factual, clear and detailed. The stakeholders will be presented with evidence-based articles and documentation of hospitals data of surveys of admissions and discharges events occurring in the facilities. An expert guest speaker on HCAHPS concept will be invited in the educational meeting with stakeholders (Huotari et al., 2016).

**E3. The staff training**.

 The nurse managers and all departmental supervisors will be responsible for the introduction of the plan to the staff in their department. An in-service will be conducted by the medicine, nursing, therapy, pharmacy, housekeeping for the education of the staff in their departments on all shift in the first month. Literature and evidence -based articles will be provided on each patient care unit for staff to read and acknowledge that they read the articles. Online educational materials will be sent to the staff via their work emails for reading. There will a time limit for the reading of each article. Posters about HCAHPS will be generated through the hospital for the staff to see and read on a daily base all departments’ heads must provide monthly mandatory in-services and online reading literature on HCAHPS for the staff (Sare & Ogilvie, 2011). An expert guest speaker on HCAHPS concept will be invited to educate the staff in a town hall meeting two hours for three days. The attendance will be mandatory for all staff.

The first month is the introduction period of the change in present- centered primary care model to senior management by the HCAHPS team members. The first week of the second month is the introduction of the initiative to the patient care staff in a town hall meeting. In the first week of the third month, in-service and training of staff will begin. There will be an ongoing education series monthly for six months and every three months thereafter. The topic of VBP will be included in the yearly hospital-wide mandatory education day.

**F2. Communication of results.**

The team leader must communicate with the team members on regular basis at least once a day via text or emails with updates from each other. Sharing status of the project on daily basis can eliminate surprises at the weekly meetings. Team members should motivate other staff members by talking to people seating next to them at breakfast, lunch or dinner about the project. Use flow charts, decision tress, showing progress reports however little, they may be helpful. Use Qi spread sheets to demonstrate progress. Make the progress compelling by showing off the work you have done, improvement made and how it has impacted the healthcare of the people. Have an item that will stand out during the departmental staff meetings to reinforce your message.

At the end of each year, a town hall meeting will be held, and all survey results will be shared with the staff. The target date to mark the success of the program will be at the end of the third year. The business and finance department will present the statistics on the hospital’s revenue every six months during the ongoing meetings with the upper management and the team. The managers will be responsible for educating their staff on the positive and negative reports after the meetings. At the end of each year, a town hall meeting will be held, and all survey results will be shared with the staff. The HCAHPS team will perform an ongoing evaluation, setting of new goals, collecting data and reporting findings to all staff members. The reports will be given to staff by departmental managers, newsletters and via computer generated report systems. The target date to mark the success of the program will be at the end of the third year (Sare & Ogilvie, 2015).

Be sure of the facts and correct data and validate the decisions by referring to evidence- base teaching using video presentations. Be specific about the goals and inform them about how you would like them to participate. Have a team member take notes and follow up with the answers to their questions. It is important to send a brief report to the target ordinance before the meetings starts. This gives them the opportunity to read and familiarized themselves with the topic. Send presentations, and printed materials that will allow the group to read silently at least 10 minutes before the meetings. The communication channels should be effective and engaging. The reports must be factual, clear and detailed. The stakeholders will be presented with evidence-based articles and documentation of hospitals data of surveys of admissions and discharges events occurring in the facilities. An expert guest speaker on HCAHPS concept will be invited in the educational meeting with stakeholders.

The distributions of various duties among the HCAHPS team members makes sharing of the project’s duties easier to handle. The teammates responsible for recording and sending notes and email should proactively facilitate communication among the team members, Each HCAHPS team member should invite one or two work mates at a time to team meetings. This can help build up their knowledge, understanding and increase their motivation for the project their meetings.

Utilize the simplest form of communication stools to inform staff about the project for the purpose of increasing their knowledge. Use of newsletters, hospital generated videos, mounted TV to spread the word about the project. Place the information about the project in the common places, like waiting rooms, hall ways and dining areas. Use these areas as an excellent channel of communication to educate staff, visitors and patients about project (Huotari et al., 2016).

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