

Quality Management System Long Stay Hospital

Mohamad-Ali Hamandi

What is Quality

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction, and skillful execution. It represents the wise choice of many alternatives.”

Willa A. Foster

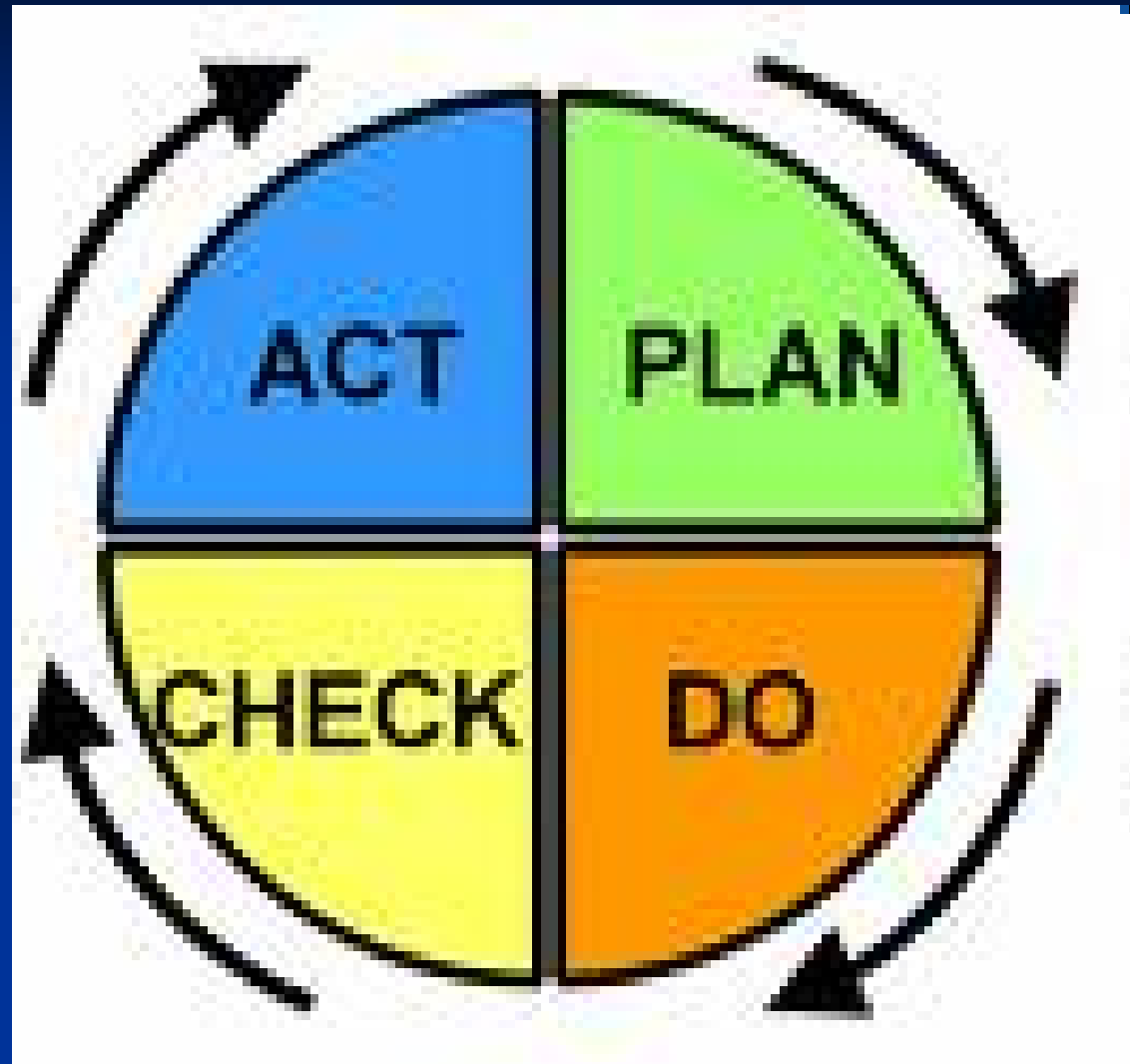
Quality is

- Doing the right **thing**
- At the right **time**
- In the right **way**
- For the **right person** and
- Having the **best results** possible

Principles of TQM

The key principles of TQM are as following:

- Management Commitment
- Employee Empowerment
- Fact Based Decision Making
- Continuous Improvement
- Customer Focus



Rights of Residents in Long Stay Hospitals

- Freedom from abuse, mistreatment, and neglect
- Freedom from physical restraints
- Privacy
- Accommodation of medical, physical, psychological, and social needs
- Care Quality
- Participation in resident and family groups
- To be treated with dignity
- To exercise self-determination
- To communicate freely
- To participate in the review of one's care plan,

Concern For Quality in Long Stay Hospitals

- 90% do not have enough staff to provide basic care.
- Up to 85% of nursing home residents have pain.
 - ↑ mortality
 - ↓ immune system
 - ↑ risk of infection
 - ↑ heart stress
 - ↑ blood pressure
 - ↓ insulin response
- Reports of Abuse

Are there Accreditation Standards Specific to Long stay Hospitals?

Standard 1:

Management systems, staffing and organizational development

Intention of standard: This standard is intended to enhance the quality of performance under all accreditation standards, and should not be regarded as an end in itself. It provides opportunities for improvement in all aspects of service delivery and the achievement of overall quality.

Standard 1: Expected Outcome

- 1.1 Continuous improvement
- 1.2 Regulatory compliance
- 1.3 Education and staff development
- 1.4 Comments and complaints
- 1.5 Planning and leadership
- 1.6 Human resource management
- 1.7 Inventory and equipment
- 1.8 Information systems
- 1.9 External services

Standard 2: Health and personal care

- Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

Standard 2: Expected Outcome

- 2.1 Continuous improvement
- 2.2 Regulatory compliance
- 2.3 Education and staff development
- 2.4 Clinical care
- 2.5 Specialized nursing care
- 2.6 Other health services
- 2.7 Medication management
- 2.8 Pain management
- 2.9 Palliative care
- 2.10 Nutrition and hydration
- 2.11 Skin care
- 2.12 Continence management
- 2.13 Behavioral management
- 2.14 Mobility and rehabilitation
- 2.15 Oral and dental care
- 2.16 Sensory loss
- 2.17 Sleep

Standard 3: Resident lifestyle

- Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Standard 3: Expected Outcome

- 3.1 Continuous improvement
- 3.2 Regulatory compliance
- 3.3 Education and staff development
- 3.4 Emotional support
- 3.5 Independence
- 3.6 Privacy and dignity
- 3.7 Leisure interests and activities
- 3.8 Cultural and spiritual life
- 3.9 Choice and decision making
- 3.10 Resident security of tenure and responsibilities

Standard 4:

Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Standard 4: Expected Outcome

- 4.1 Continuous improvement
- 4.2 Regulatory compliance
- 4.3 Education and staff development
- 4.4 Living environment
- 4.5 Occupational health and safety
- 4.6 Fire, security and other emergencies
- 4.7 Infection control
- 4.8 Catering, cleaning and laundry services

**Are there Quality
Indicators Specific for
Long Stay
Hospitals?**

Quality Indicators

Domain	Quality Indicator
Accidents	1. Incidence of new fractures
	2. Prevalence of falls
Behavioral/Emotional Patterns	3. Prevalence of behavioral symptoms affecting others (verbally abusive, physically abusive, or socially inappropriate/disruptive behavior) [Risk Adjusted]

Quality Indicators

Domain	Quality Indicator
Behavioral/Emotional Patterns	4. Prevalence of symptoms of depression
	5. Prevalence of symptoms of depression and no antidepressant therapy
Clinical management	6. Prevalence of residents using 9 or more different medications
Cognitive patterns	7. Incidence of cognitive impairment

Quality Indicators

Domain	Quality Indicator
Elimination/incontinence	8. Prevalence of bladder or bowel incontinence [Risk Adjusted]
	9. Prevalence of occasional bladder or bowel incontinence without a toileting plan
	10. Prevalence of indwelling catheters
	11. Prevalence of fecal impaction
Infection control 12/2/2009	12. Prevalence of urinary tract infections

Quality Indicators

Domain	Quality Indicator
Nutrition/eating	13. Prevalence of weight loss
	14. Prevalence of tube feeding
	15. Prevalence of dehydration
Physical functioning	16. Prevalence of bedfast residents
	17. Incidence of decline in range of motion

Quality Indicators

Domain	Quality Indicator
Psychotropic drug use	18. Prevalence of antipsychotic use in the absence of psychotic and related conditions [Risk Adjusted]
	19. Prevalence of anti-anxiety/hypnotic use
	20. Prevalence of hypnotic use more than two times in the last week

Quality Indicators

Domain	Quality Indicator
Quality of life	21. Prevalence of daily physical restraints
	22. Prevalence of little or no activity
Skin care	23. Prevalence of stage 1-4 pressure ulcers [Risk Adjusted]

**"Knowing is not enough; we must apply.
Willing is not enough; we must do."**

-Goethe

*This is the motto of the Health Care Services Board at the
IOM.*

Thank You

**For any question contact:
mhamandi@hotmail.com**