

THE PROBLEM

Lack of a cohesive quality system: The framework for support and ongoing improvement was practically non-existent. The committees that were required by law were functioning however each worked independently with no feedback to/from management and the hospital's quality departments.

AIM

Establish a cohesive quality improvement and control structure which will ensure continuous quality improvement in the hospital resulting in continual increase in the hospital's quality of care and patient safety and promote communication and involvement of management, the medical staff, the quality department, and the hospital staff.

FLOW MAP OF PAST STATE

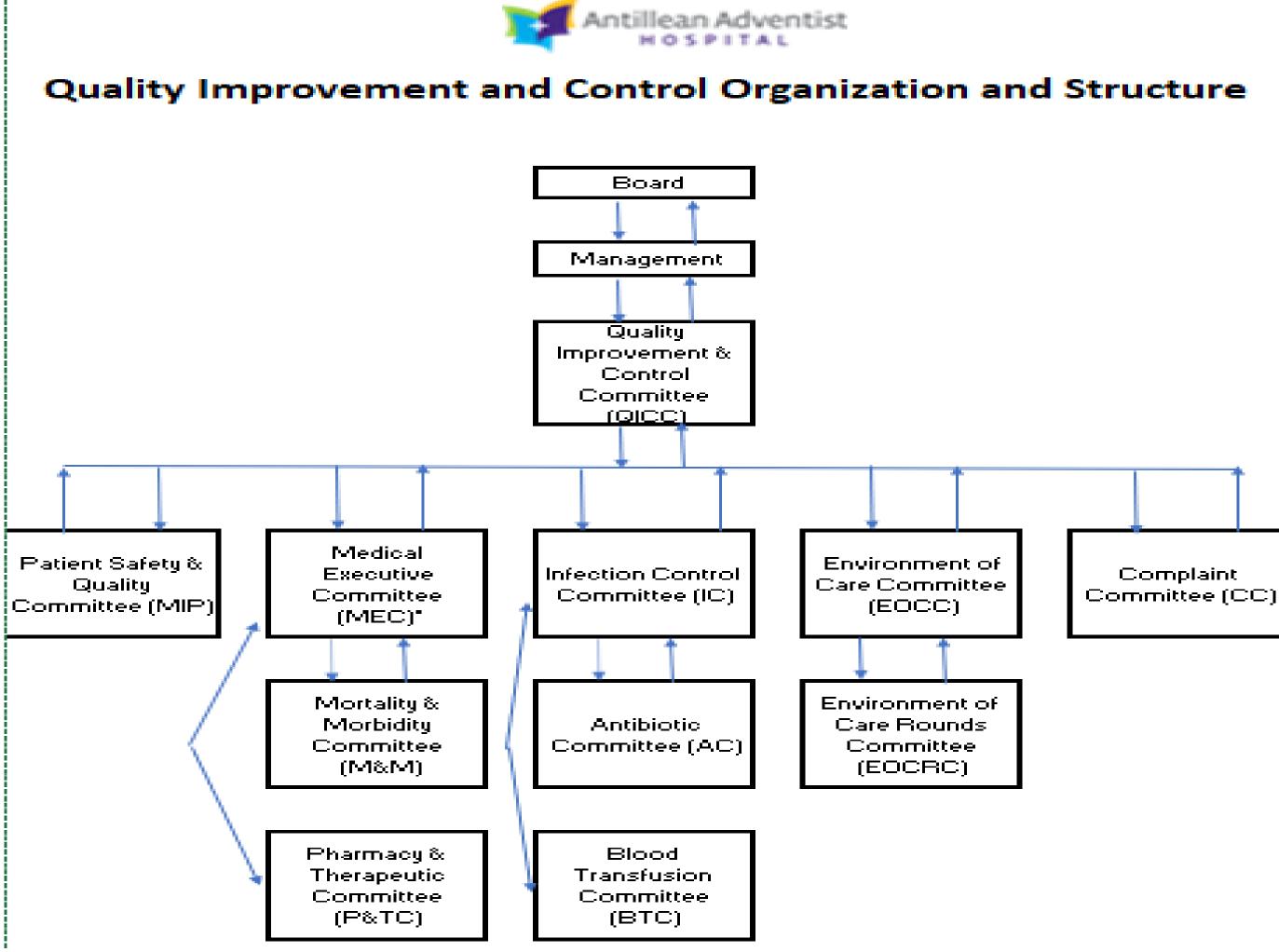






Patient Safety and Quality Committee

FLOW MAP OF PRESENT STATE



Antillean Adventist Hospital Quality and Patient Safety Structure

PLAN DO ACT STUDY CYCLE

PLAN

- Define the structure. - Create charters for the committee. - Assign human resource for each committee. - Allocate resources needed for the structure. - Define priorities for improvement.

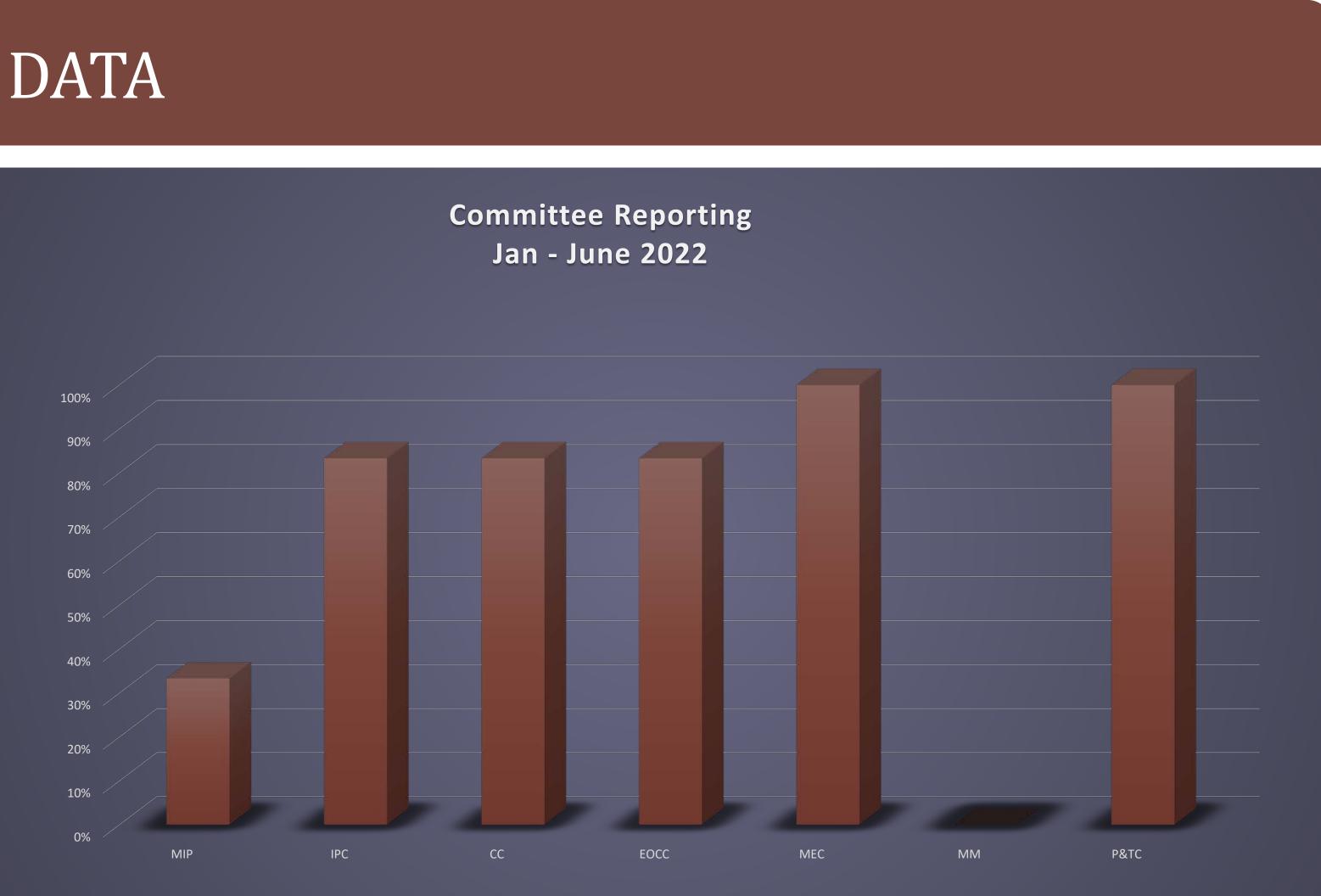
ACT

- Quarterly reports with recommendations for improvements are submitted to management. -Yearly quality report is submitted to the inspector of Public Health as required by law. -Bi-yearly meeting with all committees for evaluation and (re)alignment of future steps.

EVALUATE/ STUDY

-Received documents and data are analyzed, and feedback is provided to the committees, management and the quality department. Monitor feedback to ensure communication lines

remain alive and optimal.





DO

- Make meeting locations accessible
- Meet and inaugurate the committees.
- Collect departmental and committee data, minutes, and reports monthly.

RESULTS

The implemented quality structure has ensured many improvements in the organization. These include:

- More cohesiveness in data collection.
- Improved data on the quality and patient safety process.
- Improved functioning of the Medical Executive Committee and the medical staff.
- Positive shift in the culture and environment of the organization.
- Departments are guided based on planned quality improvement activities.

SUMMARY

organization. These are:

- The structure/program provides support and coordination to the departments, management, and medical staff.
- Improved communication on quality and patient safety
- Measuring performance based on data.

FUTURE STEPS/WHAT'S NEXT?

After little over a year with the new quality program, we have seen pleasant fruits, and as we move towards the future the plan is to continue to develop the efficiency of communication, have consistent data collection, set up quality meetings to keep all committees informed of the quality status of the hospital and get input from all as to how to further grow our quality program.



The implementation of the Quality Improvement and Control structure proved to be valuable to the