

BUILDING YOUR DEPARTMENT'S QUALITY CONTINUUM

A healthy quality program has three critical components. These include quality assurance, quality improvement and performance improvement. Together, they are collectively known as the quality continuum.

Just as every healthcare organization needs to have a healthy quality continuum if it is to be operationally and financially successful in meeting the needs of its patients and communities, every department needs to have an effective continuum if it is to be what it needs to be for the organization. A strong quality continuum helps an organization in living up to the expectations of the people who count on it to meet their needs for access to great patient care.

Some of the important members of the healthcare team are those clinically-oriented departments that are directly involved in the delivery of patient care. While they are key members of the team, it is also important to recognize that they could not be as effective in their roles if it were not for the contributions of the non-clinical members of the team.

The pharmacy department is one of the clinical departments that plays a very important role in assuring high quality patient care, patient safety and a strong reputation for the hospital. It makes a major contribution to the management of a patient's clinical condition through the management of the pharmaceuticals.

The pharmacy in cooperation with nursing and the medical staff controls one of the most important safety considerations for a patient today-safe medication administration. This very important department controls the flow of medications in and out of the healthcare organization and helps to set the policies, procedures and practices that protect patients from medication-related harm. This aspect of patient care goes a long way in controlling a number of patient encounters that impact the patient experience. (See the on-line module titled Building the Patient Experience.)

Patient safety is a very important concern in today's healthcare environment. With the proliferation of medications, the potential for untoward medication events, and the very complex multidisiciplinary environment that is only becoming more complex with each passing day, the pharmacy has some pretty big responsibilities. Some of the important contributions made by this department include:

- 1. The procurement and management of all pharmaceuticals.
- 2. The appropriate dispensing of ordered medications.
- 3. The safe administration of medications.
- 4. The creation and maintenance of a safe environment for medication management.
- 5. Collaboration in the development of patient responsive plans of care.

In addition to the control of pharmaceuticals in the healthcare setting, the pharmacy department plays an important role in the consultation with and education of other members of the healthcare team in an effort to ensure the delivery of the highest quality of care possible. As you review the enclosed list of quality assurance activities for which the pharmacy has primary responsibility, one can appreciate just how important this department's role is as a member of the healthcare team. A healthy quality continuum allows our people to know that:

- 1. they are in control of their futures;
- 2. their efforts make a difference, and
- 3. that they are part of creating something better for tomorrow than what already exists today.

They come to appreciate the contributions they make in meeting the mission and creating the vision of the organization.



QAINTHE

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SO WHAT IS QUALITY!

Quality in healthcare encompasses the ability of an organization or provider to make patients feel very well cared for at the same time they are making them feel deeply cared about. When patients define quality, these are the two things that they repeatedly say they are looking for. For health care's customers, these seem like pretty easy requests and they are becoming less and less tolerant when providers don't get them right.

In today's healthcare environment, quality is about making people feel safe in an environment where they can also feel that they are receiving state-of-the-art care from people who are on top of those variables that could place them in harms way. Safety is a pretty broad term for patients as it ranges from a sense of feeling physically safe in the environment to feeling that they are receiving the very best care that can be delivered by people who genuinely care about the outcomes that their actions lead to. They also want to feel informed and in control of their patient experience.

For the people in the pharmacy department, quality means accurate and timely dispensing of medication consistent with physician orders and current standards of practice in a way that is sensitive to the need for patients to feel that they are in control. The healthcare system is pretty complex and often difficult for experienced healthcare professionals to understand. For the average patient, it is commonly a trip into the twilight zone. The userfriendliness that a healthcare provider can drive into the patient experience can go a long way in building healthy relationships with patients and communities.

The average patient can not actually judge the quality of the patient care they level of comfort. They can not determine if physician are truly the best tests or if the treatment and drugs are truly the best interventions. Because they need some measures that help them to feel good about their choices, they tend to rely heavily on pseudo-measures of quality.

Pseudo-measures are measures that patients and family members can judge more easily because they are familiar with what they are and what they should look like if quality exists. The most common pseudomeasures in healthcare have traditionally been cleanliness, friendliness, physical appearance, physical safety, quality of the food and the perception of teamwork. Factors that impact the patient's perception of safety are taking on an important role as a very influential pseudo-measure. If these pseudomeasures convey a sense of quality, people assume that there is a pretty good chance that the quality of the clinical care is good also.

The measure of quality for people looking to health care is found in the attention to details that they observe. The more attention to details that they witness in pseudoreceive to a level that creates a genuine measures, the more comfortable they are that the same attention is given to the details of the battery of tests being ordered by the direct patient care. Great reputations are not built on being average. They are built on reaching well beyond average and paying close attention to the details that convey a message that providers take their roles in the delivery of great care seriously.

WORKING WITH YOUR QA CALENDAR

The quality assurance calendar is a tool that helps a department to organize and mange its quality assurance and compliance-related activities in a way that reduces resource consumption and the risk of falling behind (see the PACE Workbook on Working with Your Quality Calendar). Historically, healthcare organizations have not utilized highly structured systems to collectively organize and manage their quality assurance or compliance-related activities. The lack of such a system has been one of the major contributing factors in prompting healthcare organizations to find themselves in trouble on surveys and having to put an inordinately large number of resources into ongoing efforts to maintain the basics.

Quality and compliance inside health care does not just happen. They are activities that need to be managed. As one looks at the list of compliance and quality assurance-related activities on the following pages, it is obvious how easy it would be to overlook something or get behind if you do not have a system that allows you to manage the them.

As most of these activities are time

sensitive, once they don't happen it is impossible to make them up. For example, if medication orders for new inventory are not ordered in a timely manner, the organization could be without important medications when the patients need them. If refrigerator temperatures are not checked daily and the cooling unit fails, the organization could lose an expensive inventory of medications and negatively impact patient care.

As the healthcare industry continues to become more complex and more and more is asked of our people, systems like the quality calendar can help to better manage activities as it become increasing necessary to find ways of doing more with fewer resources. The answer is not in working harder. It is in working smarter and the quality assurance calendar is a tool that can help department managers to do that.

Some important points in using your calendar are:

Only schedule activities that must be 1. done on a Monday for that day. Mondays tend to be bad days in healthcare organizations because of 4. the many issues that spill over from the weekend. As most legal holidays fall on Mondays, it is the one day of the week that prompts people to more easily get behind because things from the holiday must be pushed to Tuesday.

- 2. Similarly, it is best if you minimize the number of flexible activities that need to be done on a Friday because that is generally the day that people are pushing to get things done for the weekend. It is also the most common day that people request off to have a long weekend.
- 3. Try to always set the schedule up so that compliance related activities never consume more than two hours in a given day for any one person. This is one of the reasons that a calendar is so helpful. It allows you to plan and balance things out. Most people can plan to commit up to two hours of the day to designated activities. They can also tend to find time to make those activities happen even on a day when there seems to be one crisis after another.
 - Try to always set the schedule so that

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WORKING WITH YOUR QA CALENDAR

the compliance activities are carried out as early in the day or shift as is possible. If people get the compliance activities out of the way first, it is easier to make sure that they don't get lost in the chaos of the day.

- 5. Always set a specific time for an activity to be done. One of the common mistakes that we make in health care is to tell people to get things done before the end of the day. Because these activities tend to be viewed as extras or incidentals by many of our people, they tend to do better in getting them done if the expectation for completion is well defined. For example, if the maintenance director tells a worker to check water temperatures sometime before the end of the shift the employee is much more likely to forget than if he is told to complete the task right before coffee break or between the hours of 8:00 a.m. and 9:00 a.m.
- Spread the activities across the work-6. force. The more people involved, the easier it is to reduce the amount of time that the activities will take. Many areas of a healthcare organization suffer from a syndrome called STP- "the same ten people" (or in some places, it can be the same two or three people.) The more responsibilities that are placed on a smaller number of people, the greater the chance that some won't happen. The calendar is designed to assign responsible parties to activities. Involving the staff in these accountabilities increases their awareness of the activity, can serve as an educational activity and increases what a department can accomplish. The biggest problem with "STP" is that when those ten people max out, so does the department or the organization. It is important to break through these self-imposed glass ceiling if people are to make our healthcare organizations everything they can be.
- For activities that impact more than one department, make sure that they are on the calendar for each entity impacted. This creates a safety-net for the activities because we now have two or more pairs of eyes watching them. For example,

humidity levels for the operating room would be on calendars for maintenance and the operating room. While it is generally the maintenance and engineering staff that actually check the humidity levels, it is the operating room's standards of practice that humidity levels be maintained within the recommended range. It is not a sign of weakness to create a system of checks and balances but it is a sign of weakness to let turf wars get in the way of success and patient safety. Another good example would be pest control in the kitchen. This is a shared responsibility for dietary and maintenance. When organizations have two sets of eyes monitoring for the same activity, they reduce the potential for error.

- 8. Schedule the more flexible activities around the work demands in the department. The demands on most departments in a healthcare organization fluctuate to varying degrees. To be respectful of the workforce and increase the potential for getting the work done, it is important to schedule activities to increase their potential for success. For example. snow removal and yard work may make the winter, spring and summers busy times for the maintenance departments in many areas of the country. October and November may represent a narrow window of time where the demands are fewer and be the best time for things like annual policy and procedure review.
- Require that documentation on the calendar is completed before leaving the building each day and preferably within two hours of completion. Allowing people to catch up documentation of activities increases the likelihood that appropriate documentation won't get done. It also increases the likelihood that the activity

will not get done. Having to document in a timely manner means that employees are more likely to remember to do it and do it accurately.

10. The manager should check the calendar every day. It doesn't take long to glance down through it to make sure every box is filled in and it saves the manager from having to play the "Did-Ya" game. The "Did-Ya" game is one where managers waste time and energy running around all day saying "did ya" to make sure things are getting done. This kind of activity wastes time, takes the manager away from more important things (like helping to build the organization's future) and can be pretty damaging to staff relations. Checking the calendar every day also saves the manager from any unpleasant surprises. It also conveys the importance of the activities to the work force. There is nothing more contradictory to a workforce than to have a manager who says something is important but his or her behavior conveys just the opposite. Checking the quality calendar every day is one way a manager can walk the talk.

- 11. Group activities in ways that promotes efficiency and effectiveness. For example, many of the safety monitoring requirements can be achieved as part of well-defined safety rounds. Safety rounds conducted once or twice a month can accomplish a lot in a short period of time. When married to infection control surveillance, such rounds could be highly productive activities.
- 12. Look for opportunities to increase efficiency through teamwork with other departments. For example, in one hospital, housekeeping staff touched up painted surfaces in patient rooms where the paint had been chipped away during the patient's stay. They did this during terminal cleaning of the room after patient discharges. The maintenance and housekeeping staff found this to be a more efficient use of people's time than the old system where housekeeping would fill out a maintenance request and then maintenance staff would come up and repair a few chipped paint surfaces.

				Qualit	Maint	ance Cal	endar.							
QA Topic	Monitoring Requirement	Responsible	Jan	Falls	Mar	April	May	June	July	Awg	Nept	Out	Nov	Des
Generator Emp-ne	Every Friday 6-00 a.m.	Mark	MN OK	MN OF	MN OF	MN OF	MN	MN OK	CX 05	MN OK	MN OK	MN	MN OK	MN OK
Generator Load Test	Every Friday 6-10 a.m.	Nfark.	MN OK	MN OK	MN OK	MN OK	MN DK	MN OK	CN OK	MN OK	MN OK	MN OK	MA OK	MN OK
Fire Extinguisher Monthly	Fourth Week of Every Month	Charlie	CN OK	CX OK	CN 06	CS. OK	MN OF	CS OK	CN OK	00	63 0%	CN OK	CN OK	CS OK
Fire Extinguisher Annual	First Week of September	Charlise Johnson Fire Controls	×	×	×	x	x	x	×	x	63 0%	X	x	×
Water Temperature Washia	Thursday Morning	Mark	MN OK	MN OK	MN OK	MN 006	MN OK	MN OK	MN OK	MN OK	QE	MN OK	MN OK	MN OK
OR Hamiday	Thursday Morning	Chathe	CN OK	CN OK	63 0K	CN OK	CN ON	6X OK	51	Si .	57	CN OK	CX OK	CN OK
Ammaal Dosher Tgot	First Week of December	Stark/Welson Water Certification	x	x	x	x	x	x	x	1.1	1.2.2.	x	x	MN
OR Filter Changes	Fourth Saturday of Every Month	Charlie	CS OK	CS OK	OK OK	CN OK	CX OK	CN OK	OK OK	CX. OK	CX OK	CX OK	CX OK	CS OK
General Filters	First Week of Every Quarter Jamany, April, July, October	Charlie	OK.	×	×	CX OK	×	×	ok.	×	×	CK.	x	×
Pest Control in Kinzben	First Week of Every Other Month	Charlie: Pest Free Pest Control	CX OK	×	CX OK	×	OK.	×	OK.	×	05	x	CX OK	×
Pest Conneil in Hospital General	Second Week of Every Quarter	Charliel Pest Free Pest Control	CS OK	×	65 05	x	CN OK	x	4.N OK	x	6.5 0%	x	CS OK	~
Pathing Lot	6.00 a.m. every Friday	Charlie			CS OK	CN DR	CY ON	CS OK	CY OK	CX OK	CS ON	CS OK	CS OK	CX OK

The topics in the table on the next three pages list out the common quality assurance or compliance type activities that could be found on a QA calendar for the Pharmacy Department. Some may not apply to all hospitals as they are dependent on the services offered. Please review this list to determine which topics are important to your calendar and then follow the instructions in the PACE training workbook titled *Working with Your Quality Calendars* to build you calendar. Please note that health care is a very dynamic industry and constantly subject to change. The frequency recommendations in the this table should be checked against those established by local state and regulatory agencies. It is also important to monitor for needed modifications to existing standards and new standards that need to be added.

	QA Accountability	Frequency
1	Drug rotation (FIFO)	On every drug order
2	Pharmacy order verification	On every drug order
3	Formulary compliance	On every drug order
4	Non-formulary drug usage protocol	On every drug order
5	Non-FDA approved use protocol	On every drug order for a non-DA ap- proved drug
6	Annual formulary review	Annually within 30 days of last approval
7	Medication preparation protocols in pharmacy	On every medication preparation
8	Medication preparation protocols on nursing care units	On every medication preparation
9	Drug procurement protocols	On every procurement
10	Drug inventory	Annually
11	Unit par level at days	Daily
12	Generic substitutions per policy	On every drug order
13	Sample drug management	For every sample accepted and dispensed
14	Pharmacy security	Continuous
15	Pharmacy key control	Continuous
16	Medication room security	Continuous
15	Medication room key security	Continuous
16	Pain management protocol	For every patient with complaints of pain
17	Invoice retention for 3 years	On every drug purchase
18	Recall compliance	On every recall
19	Current DEA certification for providers ordering narcotics	Every practitioner ordering narcotics
20	Outdate storage and security	On every outdate
21	Narcotic security in the pharmacy	Continuous
22	Narcotic security on the patient care units	Continuous
23	Narcotic security in the OR and RR	Continuous
24	Narcotic security in outpatient settings	Continuous
25	Medication refrigerator temperature checks in the pharmacy	Daily
26	Medication refrigerator temperature checks on patient care units	Daily
27	Medication refrigerator temperature checks in outpatient settings	Daily
28	Medication freezer temperature checks in the pharmacy	Daily

CREATING YOUR QA CALENDAR!

	QA Accountability	Frequency
29	Medication freezer temperature checks on the patient care units	Daily
30	Medication freezer temperature checks in the outpatient settings	Daily
31	Stock medication management on the patient care units	Daily
32	Medication outdate management in the pharmacy	Continuous
33	Medication outdate management on the patient care units	Continuous
34	Medication outdate management in the outpatient care settings	Continuous
35	Emergency medication preparation protocol review and approval	Annually
36	Emergency medication preparation protocol compliance	Continuous
37	Hood preventive maintenance	Per manufacturer's recommendation
38	IV medication management protocols	Continuous
39	Borrowed medication management protocol	Continuous
40	Abbreviation compliance	Continuous
41	Timing and dating of all orders	With every order
42	Automatic stop order protocol	Continuous
43	Drug storage room temperature control	Continuous
44	Drug storage room humidity control	Continuous
45	Medication dispensing to outpatient protocols	Continuous
46	Perpetual inventory for Schedule II drugs	Continuous
47	Drug profile accuracy	Continuous
48	Medication reconciliation	Continuous
49	Food/drug interactions	With every order
50	Look-a-like/sound-a-like drug precautions	Continuous
51	Allergic reaction management	With every allergic reaction
52	Reportable event management	With every reportable event
53	Sterile compounding protocol	With every compounding
54	Patient package insert distribution for required medications	For every required medication
55	Telephone/verbal order management	With every order
56	HIPAA compliance	Continuous
57	Drug labeling standards compliance	With every labeling
58	Pharmacy night/weekend log	Continuous
59	Pharmacy limited access	Continuous
60	Standing order management	Continuous
61	Standing order annual review and approval	Annually within 30 days of last review
62	Chemotherapy preparation protocols	With every chemotherapy order
63	Chemotherapy administration protocols	With every administration
64	Drug box control	Continuous
65	Drug box outdate management	Continuous

	QA Accountability	Frequency
66	Outdates in automatic dispensing machines	Continuous
67	Management of questionable medication orders per rules, regulations and procedures	Continuous
68	Safe medication practices compliance	Continuous
69	Handwashing	Continuous
70	Standard precaution compliance	Continuous
71	Infection control compliance	Continuous
72	Telephone advice protocols	Continuous
73	On-call coverage	Continuous
74	Patient education	As per patient need
75	Service contract review	Annually
76	Service contract renewal	Annually or on term
77	New chemical training	Before use
78	Secure MSDS and assure appropriate precautions	Before new chemical use
79	Employee right-to-know MSDS training	On orientation before chemical use and annually
80	Separation of patient care and cleaning chemicals	Continuous
81	Flooring integrity	Continuous
82	Baseboard integrity	Continuous
83	Surface washability	Continuous
84	Annual fire safety training	Annually
85	Annual general safety training	Annually
86	Annual infection control training	Annually
87	Staff certification for special equipment management and skills	Before expiration
88	Annual policy and procedure review	Annually
89	Employee training on new/revised policies and procedures	On creation of or revision of policy or procedure
90	Ergonomics compliance	Continuous
91	PPE compliance	Continuous
92	Sharps box management	Continuous
93	General trash management and disposal	Daily or when every receptacles are 3/4 full
94	Eye wash station integrity	Continuous
95	Annual review of employee job descriptions	Annually
96	Annual employee performance appraisal	Annually
97	Horizontal surface cleaning	Daily and on each use
98	Deep cleaning schedule	Per schedule
99	Ceiling tile integrity	Continuous
100	Storage 4 inches off the floor	Continuous
101		

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KEEPING PACE WITH TODAY'S STANDARDS

Ouality assurance or compliance-related activities are extremely important in a healthcare organization because they are generally related to safety and can have a significant impact on patient satisfaction. They frequently involve precautionary steps taken by an organization to prevent an untoward event and to be prepared in the event of a disaster or break in the routine that could place people or the organization in harm's way.

For example, while providers hope they will never need them, there are many precautionary activities that healthcare organizations need to be skilled at in the event there is a fire. They need to know that we have a strong plan to protect people in the event of a natural disaster. These are also important activities for departments such as the pharmacy because these departments often need to play a very important support role. The moment of crisis is not the time to be determining what the department's contribution should be.

Healthcare organizations also need to know that the day-to-day risk is reduced for people who come into their buildings and the organization. They need to know that the organization is in compliance with current principles of pharmaceutical management. They need to know that general safe medication practices are followed.

Too often healthcare organizations find themselves at risk because they become complacent about quality assurance related activities. As so many of the activities are precautionary in nature and many organizations view the as routine for regulatory compliance, it is very easy for an organization to elect to take short cuts or overlook striving for 100% compliance. The danger is in the fact that an organization can't make it up to a patient or a community member or employee when its failure to stay current negatively effects any one of them. If its reputation in the community is damaged, it may never recover.

Proactive compliance is significantly less resource intensive than running to catch up. Developing a corrective action plan in response to a Medicare Condition of Participation survey is never the best way to achieve compliance. Working to overcome the damage created by a negative outcome is definitely more expensive and resource intensive than ensuring the negative outcome could not happen. As the saying goes, "an ounce of prevention is more valuable than a pound of cure." This is particularly true in health care where the cost of a negative outcome can be particularly steep. A well structured quality assurance program inside the quality continuum can provide for that ounce of prevention to protect an organization.

The majority of the compliance standards for the pharmacy department relate to general medication safety and dispensless in a less stressful environment. This is an important goal in today's healthcare environment. It also reduces the amount of time spent on crisis management which is one of the industry's greatest threats to resources.

When a quality assurance or compliance activity goes out of compliance, it is a department's responsibility to bring that activity back into compliance as quickly as

Ing.	QA Calendar										
These are two very big areas	y Is	Fre- quency	Respon- sible Party	Jan	Feb	March	April	May	June		
of respon- sibility	Proper	Every	Susan	SK	SK	SK	SK	SK	SK		
where compli-	Label- ing	Drug		ОК	OK	QI	ОК	OK	ОК		

ance is critical. When any of these areas of responsibility fall out of compliance it is important to bring them back into line as soon as possible.

Because of the magnitude of some of the responsibilities, retrospectively trying to fix them can be a nightmare in addition to placing the organization at risk because of non-compliance. For example, the failure to dispense the correct medication can result in patient harm. Failure to appropriately management and secure medications can result in regulatory compliance investigations and fines. Failure to monitor drug appropriateness for patient conditions and comorbidities can result in untoward patient events. Proactively dealing with issues through prevention can reduce resource consumption by as much as 25 -33%. Every minute appropriately spent on planning (such as the creation of a balanced QA calendar) can save 10 minutes in execution time.

Historically, healthcare organizations have had poor systems for managing and documenting quality assurance related activities. Too often those systems for managing these activities have existed in the minds of our managers. While the mind is a very powerful place, the stresses of today's healthcare environment make it a poor stand-alone tool in creating the kind of efficiency and effectiveness we need. As a result, too many things end up being retrospectively repaired rather than proactively managed. The quality calendar system is an approach to proactive activity management. If the average pharmacy department is able to reduce time and/or resource consumption by an average of 33% because it uses tools to improve its efficiency and effectiveness, it can find itself capable of managing more with

possible in a way that will hold the compliance. The department needs to document the steps it took to achieve that compliance and the ongoing activities to monitor it.

The first step is to set up the quality assurance calendar with all of the complianceoriented activities that are important to the organization. Once the list is complete, the manager, with the assistance of his or her departmental team, defines when each activity is to be completed along with who will be responsible for it. (Remember the stronger the team approach, the greater the potential for success and the more that can be achieved with fewer resources.) As long as activities remain in compliance the only documentation that is necessary is to complete the required log for the activity and to indicate an OK on the calendar. When an activity moves out of compliance, a department should be able to demonstrate that it has quickly moved through the steps of the PACE cycle. Documentation should demonstrate that it quickly identified the issue (moving the issue to its quality improvement calendar), PLANNED to re-establish compliance, ACTED to initiate the plan, CHECKED to make sure that the plan achieved the designed results and ENHANCED the plan to achieve the best outcomes possible. Once compliance is re-established and a short period of more intensive monitoring demonstrates compliance, the department can return to its normal schedule of monitoring as defined by the calendar.

The calendar should be evaluated each year as part of the annual review of services to determine needed additions and revisions that would increase departmental efficiency in achieving continuous compliance.



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Success has a price tag on it, and it reads COURAGE, DETERMINATION, DICIPLINE, RISK TAKING, PERSEVERENCE, and CONSISTENCY—doing the right THING for the RIGHT REASONS and not just when we feel like it. James B. Menton

The Future Starts with a Strong Today!

Building a strong reputation and future for a healthcare organization starts with building a strong today. In many ways it is like building a new building. If you don't start out with a sound foundation it becomes increasingly difficult to build a structure that can be as tall as you would like or that can withstand the various elements that place stress on it. When the foundation isn't strong, you frequently find yourself having to put additional resources into shoring it up and to apply patches where necessary. You also tend to find yourself having to monitor it more closely every time the structure is placed under stress to make sure it will hold up. A healthy quality assurance program is about making sure a healthcare organization has a strong foundation on which to build tomorrow and the future. If an organization is constantly struggling to maintain compliance with today's standards, the activities steal valuable time and resources away from efforts that could be used to build a healthier tomorrow. Given the strain on today's healthcare resources, providers need to ensure that they are getting the most they can from what they have. They need to make sure that quality lives today so it is easier to build a better tomorrow.

BRINGING IT ALL TOGETHER

A healthy quality program is about making sure that our organizations are being true to the business of health care. That business is the delivery of high quality patient care in an environment that makes our patients and communities feel well cared for and deeply cared about. It is about making sure that our organizations are healthy and strong for today, tomorrow and into the future.

The quality program creates the structure to support the creation and implementation of the many systems that (1) ensure that our organizations and patient care services are what they need to be to make our organizations strong for today, (2) continuously work to improve and meet the changing needs of tomorrow as technological advancements continue to reshape the delivery of patient care, and (3) bring the strategic plan and vision of an organization to life while holding true to the mission and values of the organization. A healthy quality program is about much more than making sure that our organizations are meeting the expectations of outside regulators and the many external customers that enter our doors every day.

The mission defines why our healthcare organizations exist. The vision defines where we picture our organizations to be at some point in the future if the organization is to remain strategically positioned for success while it remains true to its mission and values. Our values define those behaviors we hold to be important to every day life if we are to remain true to our missions (who we are).

It can be very easy for these important messages to become fluff and piein-the-sky words that only raise more doubt and questions if people can not see the path that brings them to life. A healthy quality program provides that path by creating the structures and systems that make proactive change possible.

The mission, vision and values of an organization come to life when they are successfully married together through the organization's quality program and strategic planning activities. These two activities create the environment for the creation of a culture for quality where patients feel well cared for and deeply cared about while healthcare providers

have the potential to feel good about their contributions in improving the quality of life for public the that entrusts them with their care.

