

Nursing Quality and Performance Improvement Plan

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### **Background Introduction**

The paper focuses on a GAP analysis for Care Clinical Hospital at the organization level to determine the prospects and objectives targets. In the analysis, the major problem facing Care Clinical has established as well as the impairments effects caused by the effects of this issue. After addressing the organizational strategy for future contingencies, a goal for quality improvement is identified and comprehensively discussed the Care Clinical gap/problem. Consequently, several possible solutions and their merits and demerits are discussed the overall organization system. It is imperative to note that the solutions provided are all consistent and in line with the Care Clinical's organization vision, values, culture and philosophical guidelines.

### ***Gap Identification***

The gap solution aims at addressing the existing problems, potential future deviations, and also develops the overall organizational roadmap for the patient care improvement. One of the identified major gaps at Care Clinical about patient care is the lack of budget sufficient funds to purchase the necessary technological facilities in the hospital. The problem has seen the quality of patient care in the organization being compromised in several service delivery areas. For one, remote outreach and monitoring of patients has been challenging as there are no central systems developed for the same. Specifically, external outpatient care has been underfunded, and that has led to a neglected market share (Nusinsky & Hardy, 2006).

The department that handles the remote and external patient care has not been facilitated adequately for the same. Consequently, there are not enough vehicles, medical officers, funded

programs and other resources for home patient care, remote treatment, and care. With most health care facilities now embracing technology in pre-appointment scheduling, online diagnosis, and virtual care, the challenge has seen Care Clinic also lagging behind business wise. There has also been a shortage of ambulance services as the hospital is only served with two of them despite the huge market share it serves.

### ***Strategy for Analysis***

The strategy for addressing the problem starts with the comparison of the resource's allocation level and input. For an optimized allocation of enough funds for technological support at Care Clinical, there will be the need to have documentation and analyzing of current funds allocation and utility resources. From there, the current level of performance of the hospital will then be cross-checked with potential performance under higher funds allocation and operation levels of Care Clinical. Corrective measures and remedial funding will then be initiated in the official financial year planning. It is imperative that stakeholders of Care Clinical be involved in the process of gathering and interpreting information regarding the clinical, technological funding gap. Also, it will also be vital to ensure formative and progressive evaluations of the new programs and performance levels works out. More information regarding the future performance and the desired performance under the new technological optimized allocation will be needed.

### **Quality Improvement Goal**

The goal for quality improvement in the external and outpatient remote care is to reconcile the business objectives of Care Clinical with the sustainable development of the business. As discussed, the entity has not been operating at the optimum level. The resources allocated for the technological patient care have been scarce and limited. Consequently, the

organization has experienced under performance in the newly emerging business opportunity of virtual and technological patient care. The quality improvement goal will, therefore, seek to address the increase in patient care outreach outside the traditional inpatient business model of Care Clinical.

### ***Organization and Analysis Strategy Link***

The projection will be in line with the facility's mission of providing affordable patient care to the community in a sustainable environment. Second, the goal will also work to ensure that the health entity works towards its vision of an ultra-modern all-inclusive patient care one stop by linking the technological and non-virtual patient care practices. Purchase of the essential and latest laboratory facilities, ambulance, online care centers and remote care programs for its patients will be improved. The improvement will be done by redirecting and increasing funding for the same annually until a stable and optimum level is attained (Sendi, 2008). All these will be in line in maintaining and sticking to the hospital values of service to humanity.

It is noteworthy that the gap analysis will also work in tandem with the operational plans for Care Clinical Hospital with possible risks of supply chain disruption. The con might be unavoidable where the new market reach does not fit in the existing market environment. High costs might also cause potential credit problems for the finances of the organization. The merits would be potential increase in client base and market share revenue returns opening new business possibilities. The current capabilities will thus be expanded beyond the profit-making ventures to regular voluntary free medical services for the economically challenged, aged, pregnant mothers and infants. Such will also be congruent with the virtues and philosophical

tenets of Care Clinical of living in a self-servicing society where everyone looks at the welfare of the other as the humane thing to do.

By increasing funding and resources for the technological, medical care programs, the objectives of covering a wider market share will be achieved. At the same time, the higher revenue from expanded market sphere will go towards supporting operations and meeting organization's expectations. The high costs can be addressed by setting up assessment instruments for the projects at the formative stage and engage in the regular analysis for the same to ensure limited deviations and high costs control.

## References

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