**Continuous quality improvement**

**Part A**

|  |
| --- |
| **Continuous Quality Improvement in Health Care Timeline** |
| **Date** | **Event and Significance** |
| 1950s | **Nightingale evidence-based quality improvements**With the British troops perishing because of cholera and other diseases in their fight with the Russians, Florence Nightingale’s interventions reduced the mortality rate down to 2.2% from 42.7% (Sheingold and Hahn, 2014). This was a milestone in health care quality improvement as Nightingale use of evidence-based scenarios were benchmarked for future nursing practices (Marjoua and Bozic, 2012). Florence sought to reduce overcrowding in healthcare organizations as beds were now spaced three feet apart, sufficient ventilation was provided, remove Calvary horses as well as assuring sewers were, and latrines were also appropriately disinfected.  Nightingale use of statistical tools was key to the modern-day use of statistics for quality improvement (Sheingold and Hahn, 2014). |
| 1960s | **Medicare and Medicaid programs**These programs were passed into law by the then President Lyndon B Johnson. Medicaid programs were instated as a result of the lack of enough medical welfare care that was to be of great importance to public assistance. Initially known as the Social Security Act, Medicare programs were developed to provide health insurance for older individuals and the disabled, from the age of sixty-five and above (Marjoua and Bozic, 2012). These programs initiated this category to be provided with necessary health care insurance and supplementary medical insurance (Key Milestones in Medicare and Medicaid History, Selected Years: 1965-2003, 2005). The prerequisites to participation were laid out in the rules set by the Congress. This was another crucial in enhancing the quality of care in the healthcare through the provision of comprehensive, low-cost insurance to the majority of the Americans who could not afford it. |
| 1990s | **Health Security Act and the State Children’s Health Insurance Program**This period brought HMO's as well as improved healthcare proposals, which enhanced earlier programs such as COBRA in addition to the Americans with Disability Act. This period had precedent proposals aimed for a broader reworking for a comprehensive health care system, with President Clinton proposing the universal health care plan. This was referred to as Health Security Act on official cases. While this legislation fuelled controversy from the Republicans, it gave rise to the State Children's Health Insurance Program which further broadened coverage of healthcare to kids in families that couldn’t afford the earlier Medicaid (Key Milestones in Medicare and Medicaid History, 2005). These changes are considered milestones as they resulted in many low-income families accessing quality care. Also, significant changes regarding the Medicaid program were instated. This enhanced how quality care was afforded to children that had previously lacked in their low-income families.  |
| 2000s | **Medicare Modernization Act and the Affordable Care Act**This period saw another milestone in improving health care with President Bush signing the Medicare Modernization Act (MMM), and it included a prescription drug advantage (Key Milestones in Medicare and Medicaid History, 2005). However, this bill was criticized for its complicated funding as well as subsidies to private insurers. Further, this period witnessed another milestone in improving the quality of care when President Obama approved into law the Affordable Care Act.  This allowed for the establishment of health insurance reforms such as insurance marketplaces, free preventive care with coverage. The effect of these was to provide care to more people, increase research for conditions that could enhance the provision of care. Additionally, it led to the growth of Medicaid programs, and it further eliminated lifetime limits on insurance coverage. |

**Part B**

The outcomes of these ensured continuous quality improvement through gauging on present quality of care and comparing it with past practices. While challenging are observable with these reforms, they have been used as a benchmark for today's nursing practices. For instance, Nightingale use of quality statistics and assessment methods have been much employed in modern nursing. Also, these events have shaped how modern nurses are required to document and present clinical information in an ideal way. From Nightingale methods to Medicare and Medicaid programs, nurses have been required to show excellent care provision, hence passing this information to other nurses through organizational learning.  Moreover, nurses have continually reworked the events processes to ensure persistent quality improvement (Sollecito, McLaughlin and Kaluzny, 2014).

**References**

Key Milestones in Medicare and Medicaid History, Selected Years: 1965-2003. (2005). *Health Care Financing Review*, 27(2), 1–3.

Marjoua, Y., & Bozic, K. J. (2012). Brief history of quality movement in US healthcare. *Current Reviews in Musculoskeletal Medicine,* *5*(4), 265-273. doi:10.1007/s12178-012-9137-8

Sheingold, B. H., & Hahn, J. A. (2014). The history of healthcare quality: The first 100 years 1860–1960. *International Journal of Africa Nursing Sciences,* *1*, 18-22. doi:10.1016/j.ijans.2014.05.002

Sollecito, W. A., McLaughlin, C. P., & Kaluzny, A. D. (2014). *McLaughlin and Kaluznys continuous quality improvement in health care* (4th ed.). Burlington, Mass: Jones & Bartlett Learning.