**Healthcare Organization Analysis: Abbeville Area Medical Center Need for Quality Improvement (QI)**

**Purpose and the Consultation Process**

Critical Access Hospital, as a term, was defined and introduced to define eligible rural hospitals or those whose origins are attributed to the rural settings or origins. The Congress introduced Critical Access Hospital (CAH) was a concept designed for responding to the closures that had faced rural hospitals between the 1980s and early 1990s (Rural Health Quarterly, 2017). The design of CAH all along has been intended and directed towards reducing the financial vulnerability of the rural hospitals while at the same time improving the overall accessibility to health care by providing and keeping essential services useful for the rural communities (Rural Health Quarterly, 2017).  Therefore, in this consultative report, all the recommendations have been made in regards to CAH’s mandate, especially making healthcare services available to the rural communities and as such, improving the overall care outcome.  The analysis of Abbeville Area Medical Center shows the organization’s limitations as regards to proper leadership as well as commitment towards ensuring proper Quality Improvement (QI). The report describes the organization, the health needs of the Abbeville residents’, characteristics of the organization, the role of leadership, recommendations for QI process change as well as how such could be aligned with Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) as the national benchmark for understanding the perspective that patients have towards the healthcare service provided within an organization.

**Describe the Organization**

Abbeville County Memorial Hospital Foundation Inc. currently operates as a not-for-profit organization (Studer Group, 2018). Apparently, the organization is offering home medical equipment including surgical, radiology, pathology, and laboratory services (AAMC, 2018).  Despite the challenges faced by rural hospitals, AAMC currently prides itself as an organization with continued assistance and help to the community and as such, has been focused at providing the best as well as quality healthcare as possible to the community through service additions and renovations (AAMC, 2018). As such, the overall and inherent mission of the organization has been geared towards improving the health of the communities served and as such, the vision of AAMC revolves around being the first choice healthcare organization in the communities served.

**Primary Needs of the Population Served**

South Carolina rural regions as the target population are of profound consideration or implications given the type and kind of the population, or its characteristics. For instance, reports indicated that around 9% of the residents are currently lacking health insurance (Rural Health Information Hub, 2018). South Carolina is also a unique case to consider because there are certain health care indications and primary needs which would determine the health status of the entire population. As indicated by Naidoo and Wills (2016), understanding the overall health status of a population is necessary and crucial as it helps in monitoring as well as evaluating the overall outcomes of the health determinants.  Health needs of a population are defined and determined by such factors or elements as the death and birth rates, quality of life, life expectancy, disease-specific morbidity, accessibility of health services and personnel, the elements like the use of inpatient and ambulatory care.  For rural South Carolina, the major causes of death include accidents, stroke, cancer, disease, Alzheimer’s disease, nephritic syndrome, influence, pneumonia, chronic lower respiratory diseases as well as diabetes (RHQ, 2017).  However, for the rural population, a major concern is that they have been facing serious health disparities.  Hence, in South Carolina, most of the research efforts have been directed towards access to health care services. The access to healthcare is seemingly the overall need of the rural South Carolina because it is vital in improving the overall health status of the population.

In South Carolina, factors attributed to health disparities include limited opportunities for accessing health care services because they are remote and isolated.  The population is also faced with the problem and challenge of less access to care providers, have lower insurance cover rates, most of the population is more elderly, lack of prioritization and recognition by the government for the rural health concerns and lower educational and socioeconomic status (RHQ, 2017). In essence, cultural and social differences are responsible for the cultural variance within the healthcare sector. Another major concern for South Carolina is that apparently, the region shows 14.9% in rural mortality in comparison to its urban counties, with the state ranking 48th in regards to rural/urban mortality difference (Rural Health Quarterly, 2017). The current reports indicate that in South Carolina, the state is ranked at 39th in terms of the heart disease deaths among its rural resident, with age-adjusted rates being 212.8 per 100, 000 as opposed to the state's 168.5 for every 100, 000 (RQH, 2017). Cancer is the next leading source of death, and among rural residents, the state ranks 38th in the USA with the age-adjusted for rural counties being 188.8 per 100, 000 in comparison to 158.5 for every 100, 000 as the national average (RQH, 2017).

 As regards to Chronic Lower Respiratory Disease (CLRD), it ranks as the third killer disease, as the state ranks 22nd in the US for the rural residents (RQH, 2017). For the age-adjusted rate for CLRD, the rural counties are recording 50.3 per 100, 000 in comparison to the national average of around 41.6 for every 100, 000 (RQH, 2017). Hence, best to say, the healthcare needs for cancer, CLRD and mortality rates are above the national average and as such, the need for improving overall health care quality to help the population.  However, all of these healthcare needs could be attributed to the overall accessibility to health case because South Carolina currently ranks 33rd as regards to U.S overall number of primary care physicians assigned to the rural counties, at 50.2 per 100, 000 in comparison to the national rural county average of 54.5 per 100,000 (RQH, 2017).

**Describe the Nurse Leader's Role**

For the nurse manager or leader’s role, the role that he or she has in quality improvement stems from the responsibility of the individual in communicating as well as operationalizing the quality improvement goals as stated and established by the organization (Ryan et al., 2015). In addition, the nurse leader has the role and mandate of ensuring that he or she has assessed and evaluated the organization to identify areas that require improvement based on the needs of the patient population while at the same time, ensuring proper coordination of the quality improvement processes all aimed at improving care at the unit levels. Quality improvement process requires proper leadership support more so the role that the leader plays in creating a supportive culture of quality improvement (Ryan et al., 2015). The role of the nurse leader entails how he or she makes concerted efforts towards engaging nurses as well as other staff.  From literature exploration Ryan et al. (2015), it has been recommended that the best way or approach to ensuring that quality improvement is enabled is by providing support from the top to bottom. Hence, the nurse leader’s role is concerned with such areas as coordination, communication and creating a culture of engagement, support and provision of necessary resources for implementing or realizing the overall quality improvement goals (Ryan et al., 2015).

**The Characteristics of the Organization**

AAMC has always focused on the provision of compassionate and personalized care to patients, a 25-bed critical access (CAH) currently operating as a not-for-profit organization within the rural region of Abbeville, South Carolina (AAMC, 2017).  The organization is a small hospital has been focused on setting itself apart from the entire competitor.  The size of the organization allows for the provision of personalized care to the patients as well as their families. In addition, the corporation has been focused on identifying or finding the best techniques useful in helping with the improvement as well as maintaining the already good level of care (Studer, 2018).

There are various challenges that are detrimental to quality improvement and healthcare outcomes in the hospital. For instance, QI needs to focus on inconsistent communication as well as sometimes lack of organizational transparency. Being a small organization, the other inherent challenge regards the inadequate tools for training and assisting managers in implementing and carrying out the company’s strategic goals (Studer, 2018). Nurse leadership is crucial and essential in meeting the overall QI goals and as such, some of the elements that need transformation if the organization was to transform or change its quality improvement processes and practices (Studer, 2018).

**Recommend an organizational change**

From the analysis, given that the organization is facing problems and challenges with quality improvement, it is inherently necessary and vital for the organization and the management to put incentives for improving quality management process. The leadership needs to be improved to provide more support, coordination, and engagement of the nurse professionals as regards to the provision of quality healthcare. Therefore, to meet the needs of the Abbeville people, it will be inherently necessary for the management to make efforts towards changing or improving the Quality Improvement processes through the leadership in such areas as communication and coordination to improve access to information, quality health care services and patient-centered care to reduce cancer, CLRD and morbidity rates as a concern in the community.

**Addressing the Organization's Weaknesses and the Community's Needs**

 The recommended change, in this case, focuses on quality health care because for the organization, there have been some limitations as regards to the provision of high-quality care that addresses the overall needs as well as expectations of the population. The recommendation change in quality improvement strategy and processes is because inconsistency in communication and lack of transparency within the organization is detrimental to the overall quality outcome. Without proper and clear communication, quality care would be compromised as the community will not have easy access to health care services and information since Abbeville is a rural region facing healthcare disparity and inequality.  Proper training for leadership is essential so that the organization can support, through leadership, the quality improvement processes and as such, reduce morbidity rates, high cases of cancer and CLRD as some of the healthcare needs of the community. Proper leadership is equally necessary for the management of the organization to comply with the rural (community), state and national benchmarked practices and patient care outcome metrics which are regarded as acceptable within the US national health department.

**National Benchmark of Performance and A Plan Measuring The Effectiveness**

One of the national benchmarks is how the organization is integrating innovative healthcare models.  Some of the areas or elements to look for will include the technical assistance meant for improving the overall outcomes as well as partner engagements.  Hospital Consumer Assessment of Healthcare Providers and Systems should be applied as the national benchmark for the performance of the recommended QI strategy. HCAHPS is the nationally accepted and agreed-upon survey and as such, a standardized survey containing the perspectives of the patients as regards to the provided care (CMS.Gov., 2018). The benchmark will be useful in collecting the data on the views that the patients have on AAMC's patient care as regards to quality. For this case, the information will allow or permit the hospital to engage in valid comparisons across the hospitals nationally, regionally and locally.  The premise of this benchmark is that from the survey results, hospitals have the opportunity of improving their quality care based on the identified gaps in QI. The benchmark will be useful in this case because it makes the management of AAMC to be more accountable as regards to health care as it will improve the overall transparency of the overall quality hospital care. The plan for monitoring the effectiveness of the program which basically revolve around such areas as looking at the overall rural morbidity rates in the region, the number of re-hospitalizations, accessibility to healthcare information and services, reduction in the incidence rates of cancer and CLRD.

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