

Internal methods regarding quality assurance /performance improvement are obtained by abstracting data from the medical record with set core objectives in quality and aspects of care, decubitus prevention, patient teaching, national standard abbreviation usage and medication administration. These are a few examples. All departments are required to participate in the internal Quality Assurance /Performance Improvement Program for which each department has relevant core objectives to their line of service. The results are presented to the Executive Medical Staff and to The Governing Board of Directors. Should there be any recommendations from the medical staff upon review, the Chief Nursing Officer carries out the recommendations. The compliance officer ensures that a policy is updated if there is a policy that needs some work based on the recommendation. The results allow objective evaluation of what is and is not being met on the core measure. Each department or overall compliance addresses these either one on one with staff, in performance improvement meetings or through positive reinforcement incentives. It is our goal to take the most positive, educated approach to improve our outcomes. At this time outcomes are not shared with patients or the community.