MOHAMED ELDIB

Utilisation plan

Utilisation review

- Manage cost through Medical necessity and appropriateness of service
- Manage of resources

Inpatient	Out patient
Admission criteria	Encounter/visit
Treatment & investigation necessity (resources)	Treatment & investigation necessity (resources)
Length of stay	Accessibility of service
Transition of care	Multiple encounter / revisits
Discharge criteria	Referral
Readmission	Revisit

Who will review

Utilisation Problem

How to prevent utilization problem?

1. Pre-authorization process in MCO (managed care organization.
1. Assessment of data or cases by physician advisor , medical director with subsequent dialogue with primary care practitioners.
1. QI team activities to improve systems and processes associated with inefficient delivery of care.

- **Under utilisation:** under use or insufficient use of resources
- **Over utilisation:** Abuse of hospital resources
- **Misutilization**: Wrongly use of hospital resources

Care coordinator/Case manger

link patient needs to available services.

It is a function that helps ensure that patient's needs for health services are met and information sharing across people ,functions and sites are met over time.

How does Care Coordinator work?

1. Proactive care plan and follow up
2. Communication: information availability and shared decision making
3. Information systems: easily accessible by practitioner
4. Transition/hand off between staff.

SBAR

CASE management

It is the clinical and administrative coordination of all phases of patient care, where specific clinical outcomes are achieved within a time frame.

The case management process consists of intake and assessment, development of a care plan, case coordination, discharge planning, and quality management.

- Intake and assessment begins with admission to particular service.
- A comprehensive care plan is developed after the initial assessment.

Care plan

Care Coordinator	Case Management
Ongoing in the community level (prevent decline in patient health before they happen)	Triggered by hospitalization (focused on safely discharging the patient
Community based (Family based)	Patient based
Build relationship between the team and patient care to identify the risk and present it.	Working to link the care team to create comprehensive care plan.

Population Health

- Population identification.
- CPGs
- Plan of care (potential/proactive)
- Risk assessment
- Patient & family education/behavior change
- Outcome measurement and evaluation

Disease Management

Demand Management

Case management rightfully focuses on the individual patient.
The concept of population management is a newer epidemiological focus on groups of patients with certain conditions.
We will focus on:
Disease Management
Demand Management programs.

Effective Structure

Definition of quality

Impacted by

1. the type of organization . (gov or non gov)
2. it is for profit or not for profite.
3. the mission, vision, and values of the organization
4. patient population.
5. type of services offered, type of practitioners utilized.
6. geographic and environmental factors .

Leadership role

Quality council

- body of senior managers representing with in a firm and quality specialists who meet periodically to identify quality problems and devise appropriate solutions of these problem.
- consists of the administrative, physician, and nurse leaders and key organization staff who serve as an oversight committee for all quality activities (clinical and non-clinical) of the organization and including community members and/or previous patients.

1. Promote quality improvement
1. Provide technical support
2. Set goal and time frame
3. Prioritize the opportunities of improvement
4. Establish performance improvement team

Responsibilities (DevelopModify-Approve PI PlanPrioritize-Select-over see and support PI teams)

1. eliminate all redundant bodies.
2. reduce the need for multiple meetings and duplicative reporting
3. ensure appropriate and timely communication throughout the organization

High level information (Graph)/ Findings by highlighted memo

Accountability structure

Accountable	Responsible
Responsible for what u do and giving satisfactory reason.	Duty to work or help some one who in position of authority
Can not be shared	Can be shared
U r blamed for mistakes	No liability

Quality language

Staff must know the common terms of quality

Organisation important function

W can not improve everything because of lack of resources

How can we prioritise the project

- High risk
- High cost
- High volume
- Problem prone

PDCA

Improve process

PI approaches

Decrease variation/reduce defect

Six Sigma

Eliminate waste/non added value

Lean

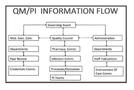
5S tool

SORT	evaluate what is needed and what non-value added items/steps can be deleted.
STORE	consists of examining the effectiveness of the order of steps in the process, and reorganized to increase efficiency and productivity.
SHINE	consists of streamlining the process to eliminate additional processing time Standardize work phase is when the process steps are standardized
Standardize	work phase is when the process steps are standardized
SUSTAIN	the process can be monitored and refined in order to maintain the new processing time..

Information flow & reporting

Periodic reporting

information flow


QM/PI INFORMATION FLOW
Governing board
Med. Staff. Exec.
Quality Council
Administration
Departments
Pharmacy Comm.
Departments
Clinic Reviews
Committees
Committees
Committees
Committee Cases
Committee/Committee Cases
Committee/Committee Cases
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