Minnesota State University Moorhead

MHA 605: Healthcare Quality, Safety, and Regulatory Management

A. COURSE DESCRIPTION

Credits: 3

Lecture Hours/Week: 3

Lab Hours/Week: 0

OJT Hours/Week: *.*

Prerequisites: None

Corequisites: None

MnTC Goals: None

This course focuses on quality improvement, patient satisfaction, quality measurement, management of quality information/data, and process improvement. It is designed to develop leadership across the care continuum in diverse settings using quality and safety models, tools, and metrics. Quality and performance improvement programs and processes, root cause analysis, and risk management will be addressed. National patient safety goals, regulatory standards, survey processes, nurse sensitive indicators, and high-reliability organizational concepts will be covered. Additionally, data management tools used for analysis and trending will be viewed in relation to quality and risk management.

B. COURSE EFFECTIVE DATES: 10/03/2015 - Present

C. OUTLINE OF MAJOR CONTENT AREAS

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D. LEARNING OUTCOMES (General)

- 1. Assess healthcare delivery models, work design, and quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.
- 2. Integrate nurse-sensitive and other patient-care sensitive indicators.
- 3. Analyze information and design systems to sustain improvements and promote transparency using high reliability principles.
- 4. Develop evidence-based improvement methods founded on trend analysis to test/measure changes and continuously improve quality and safety of healthcare systems and quantify the impact on quality and safety.
- 5. Minimize risk of harm to patients and providers through both system effectiveness assessment and individual performance improvement plans.
- 6. Reflect on fit-for-duty, fatigue, distractions in the care environment and other ethical/professional issues that may impact patient safety.
- 7. Demonstrate understanding of governance.
- 8. Explore a variety of events in diverse settings that impact safety (e.g., disasters, codes, and other high-risk clinical areas).
- 9. Evaluate quality improvement tools that can be used to improve health organizational outcomes and meet organizational goals (e.g. Brainstorming, Fishbone diagrams, flow charts, PDSA/PDCA/FOCUS-PDCA, Six Sigma, Lean).
- 10. Compare data management tools to monitor outcomes of care processes (e.g., collection tools, display techniques, data analysis, trend analysis, control charts).
- 11. Summarize principles of a just culture and the relationship to assessing and analyzing errors (e.g., Mock Regulatory Surveys, Corrective Action Plans, Root Cause Analysis, Failure Mode Effects Analysis, serious safety events).
- 12. Explore utilization/case management and quality improvement methods to promote organizational systems, clinical outcomes, and culturally responsive, safe, timely, effective, efficient, equitable, and patient-centered care.
- 13. Employ quality improvement models, quality improvement metrics, quality measurement, and risk management approaches to address structure, process, and outcome indicators within an organization.
- 14. Analyze information about quality initiatives recognizing the contributions of individuals and interprofessional healthcare teams to advocate for improved health outcomes across the continuum of care.
- 15. Evaluate organizational and systems leadership critical to the promotion of high quality guidelines and safe patient care.
- 16. Demonstrate knowledge of communication (e.g., hands-off communication, chain-of-command, error disclosure).
- 17. Explain High-Reliability Organizations (HROs) / High-Reliability Techniques.
- 18. Identify national patient safety goals, relevant regulatory standards, and organizational policies that impact quality of care (e.g., CMS core measures, pay for performance indicators, and never events).

E. Minnesota Transfer Curriculum Goal Area(s) and Competencies

None

F. LEARNER OUTCOMES ASSESSMENT

As noted on course syllabus

G. SPECIAL INFORMATION

None noted