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Week 8

Improving Patient Outcomes

Throughout this course, you have studied the theoretical underpinnings of ethics and the laws and regulations associated with healthcare, as well as useful applications for both.

- In Week 1, you read about the costs of unethical behavior. This week, you will review cases, based on actual events that further explore the level of damage due to unethical and illegal actions in healthcare settings.
- In Week 2, you gained an understanding of the sources and function of U.S. law. This week, you will need to revisit those concepts to determine whether there are legal precedents and legal opinions for cases similar to the ones presented below.
- In Week 3, you learned about legal violations, whether they were civil (i.e., contracts, torts, and specifically, medical negligence) and/or criminal law (i.e., misdemeanors, felonies) and ways to avoid such violations. Similarly, this week you will provide recommendations to help prevent future violations.
- In Week 4, you researched the roles, responsibilities, and possible liabilities of healthcare professions and healthcare organizations. Now, you need to determine who was at fault of the violations that occurred in the cases you'll read about in this week's resources.
- In Week 5, you analyzed a national policy related to the allocation of resources and access to care. This week, you will consider how these cases impacted the issues of resource allocation and access to care.
- In Week 6, you explained the issues that may arise as a result of advanced health technology, and in Week 7, you developed a tool to assess organizational readiness for corporate compliance. This week, you will decide if your organization has the structure and systems in place to address the challenges that result from bioethics and possible fraud and abuse violations.

Be sure to review this week's resources carefully. You are expected to apply the information from these resources when you prepare your assignments.

0 % 0 of 8 topics complete

Books and Resources for this Week

Holyoak, J. (2017). Rethinking denial management. Most organizations take an administrative approach to managing denials. Maybe that's why they're...

[Link](#)

Miller, R., & Chalapati, N. (2015). Utilizing lean tools to improve value and reduce outpatient wait times in an Indian hospital. Leadership...

[Link](#)

Shor, R. (2015). Using appropriate use criteria to address pre-authorization. Journal of the American College of Cardiology, 66(11), 1300-1302.

[Link](#)

American Medical Association. (2011). Standardization of prior authorization process for medical services.

[Link](#)

American Medical Association. Council on Medical Services. (2017). Report 7 of the Council on Medical Service (A-16). Prior auth

[PDF document](#)

Gateway Health. (2005). Medical payment and prior authorization policy.

[Link](#)

HPSO. (2018). Sample risk management plan for healthcare businesses & practices.

[Link](#)

Week 8 – Signature Assignment: Facilitate Changing of Corporate Culture to Improve Patient Outcomes

Assignment

 Due August 11 at 11:59 PM

Medical and other healthcare-related scandals are too often reported in the news. We often read of individuals purchasing a unique pharmaceutical, then raising the price dramatically, massive Medicare fraud schemes, poor security or tracking measures at hospitals allowing a baby to go home with the wrong family or be stolen by a stranger, major leaks of or unauthorized access to confidential patient data, and clinicians and other healthcare professionals paying kickbacks for referrals or engaging in self-referral activities.

Below are three different sample cases that you can select from when completing your assignment.

Case 1: Medication Error and a Lack of Patient Monitoring

You are the risk officer at a community hospital. About six weeks ago, a patient with flu-like symptoms arrived at your hospital. They had tried self-medicating for several days but received no relief from a persistent cough and shortness of breath. They complained of general fatigue, body aches, and chills. Their recorded temperature was 102°F. The patient was prescribed IV fluids and the standard medication but did not see an improvement in their condition after 24 hours. The attending physician gave the nurse orders to adjust the patient's medication. It was later discovered that the nurse didn't administer the correct dose. Furthermore, there was a lack of documentation to determine how often the patient's condition was monitored after the last modified dose of the medication was administered. You see a gap in time of more than an hour when the nurse was requested to monitor the patient closely. The patient suffered cardiac arrest. The patient was successfully resuscitated but has suffered from brain damage that has left them permanently disabled. The family sued for \$1.2 million but settled out of court for a lesser amount. The CEO has requested that you present a risk-management plan to the hospital board that will reduce the likelihood of a similar situation occurring again.

Case 2: Insurance Company Fraud

You are part of the leadership team at an insurance company that was recently sued by a patient for breach of contract. The patient stated that the company's failure to authorize treatments for their condition had near-fatal results. Upon further investigation, you discover the patient failed to provide your company the laboratory results it requested, and that the patient was non-compliant with their physician's prescribed course of treatment. However, the investigation has also revealed that your company's medical director denied the patient's treatment without having ever looked at the patient's medical records. In fact, your medical director is not even familiar with the patient's rare disease. You and other members of the leadership team uncover a culture where there is an overdependence on nurses to review patient records and determine a course of treatment. For some diseases, particularly those as rare as the plaintiff's, a nurse's clinical expertise may not be sufficient. The litigation is still pending, but you have been asked to present a new pre-authorization policy and procedures to mitigate potential future suits.

Case 3: Extremely Long Wait Times to Be Scheduled for Medical Visits

You are an officer in a federal organization responsible for providing care to veterans of the U.S. armed forces. An investigation has revealed that a local hospital within your organization has hidden paperwork documenting that the average wait time for a veteran to be scheduled for a primary care visit is 115 days. An even greater tragedy is that 40 veterans have died while waiting for an appointment. It has come to your attention that administrators and staff were motivated to hide the evidence documenting the wait times because the hospital would lose financial incentives linked to timely scheduling of appointments. The main office in Washington DC is coming to the local hospital to extend the investigation. In anticipation of the main office administrators' arrival, you have been asked to explain the root cause of the deception and develop a plan and standard operating procedure to prevent further delays in providing care.

Assignment Instructions:

Select one of the cases to analyze according to the following considerations:

- What is the organizational structure of the company or agency with which you work? Who are the influencers? (Provide titles, not names.)
- How are organizational policies drafted, approved, and disseminated?
- Which ethical principles and theories apply to the scenario you selected?
- Which constitutional, statutory, and/or case law could apply to the scenario you selected?

Presentation: After researching your selected scenario, taking into account the considerations listed above, you will prepare a presentation which you will present at your organization's board meeting. The slides will have notes consisting of 100-150 words per

slide and you will provide a voice-over narration of your PowerPoint presentation. Due to the urgent nature of your presentation, you have been placed on an already full board agenda. Consequently, you must strictly adhere to 15 minutes.

Supporting Document: You will also develop a handout (risk-management plan brief, pre-authorization brief, or wait-time standard operating procedure brief) for the board members that corresponds to the case you have selected.

Length: The slide presentation will consist of 12-15 slides, not including the first slide as your title slide and the last slide as your reference slide. The handout should be an executive summary of no more than 2 pages that summarizes the components of the risk management plan, pre-authorization procedures, or wait-time SOP.

References: A minimum of 10 credible and scholarly references are required for this Signature Assignment.

Your presentation should demonstrate thoughtful consideration and integration of the ideas and concepts that have been presented throughout the course. Additionally, your presentation should provide new thoughts and insights relating directly to this topic. Your response should reflect graduate-level writing and APA standards.



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