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Quality management in the heart catheterization laboratory

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The role of the cardiac catheterization laboratory has progressed from study of cardiac function and anatomy for purposes of diagnosis to evaluation of candidates for surgery and finally to providing catheter-based, non-surgical interventional treatment. Quality management within the catheterization laboratory includes the quality control, the heart catheterization technique and the policy. Quality management is critical in the heart catheterization laboratory. The purpose of the best practices statement is to ensure patient safety, cath lab efficiency, the referring physician and patient's satisfaction. A continued quality improvement program is patient-orientated and requires good planning. One of the main emphases in the catheterization lab is the standardization which includes the patient preparation, the procedure itself and the management. The hospital should provide the necessary resources to implement best practices through adequate staffing, equipment and information technology, in order to assure the performance of these practices and encourage ongoing review. A continuous circle of treatment planes, performance and check is regarded as the Deming cycle and leads to continuous improvement of quality. Important are both the avoidance and detection of complications. It is recommended to follow the zero mistake hypothesis of Crosby, which means quality control by the lab supervisor, a quality consciousness, a quality measurement and quality improvement, as well as using a day to day quality improvement and to teach quality control. In order to provide the safest, highest quality patient care in the cath lab, it is essential to have a comprehensive quality control program in place. Quality Control (QC) verifies that equipment and products are meeting the recommended manufacturers' standards and they are performing at the necessary level to provide safe and effective delivery of care. It also ensures that the necessary supplies are available to provide patient care. Regular QC and maintenance extends equipment life and allows its use to be at peak efficiency. In order to develop and maintain a high-caliber QC program, there needs to be collaborative effort between: (1) Product vendors and manufacturers, (2) regulatory agencies such as the joint commission, point-of-care testing, (3) biomedical maintenance, (4) staff development, (5) the cardiac cath lab staff and (6) other vested parties. By utilizing all available resources, a comprehensive QC program can be designed, maintained and upgraded as necessary.

Biography

Essam Hamed Amin Ali is a Professional with Quality Management and Hospital Management, planning and interpersonal skills. He has completed his Doctorate degree in Business Administration in Quality Management, USA; MS in Quality Management System from the University of Wollongong, Australia and Bachelor of Medicine from Cairo University, Cairo, Egypt in 1991. He is a Member of Medical Education Committee, Ministry of Health, Abu Dhabi, UAE. His areas of expertise includes total quality management; ISO standards, EFQM model, JCI standard, strategic planning, operations management, medical staff relations, quality assurance, change management, cross cultural management, continuous quality improvement, trainer and consultancy for joint commission international on accreditation of healthcare organizations.

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