Impact of Quality Improvement... Please read the scenario below, and then answer the questions that follow in a 3-page analysis. The questions will guide your analysis of the situation, but they will need to be presented as part of your assessment of risk as a healthcare manager. Scenario: In 2001, the National Academy of Medicine (NAM), formerly the Institute of Medicine (IoM), reported serious quality gaps in the U.S. health system, identified the six dimensions of quality in healthcare, and identified the need to apply new technology safely to improve the quality of health services. Since this report—and in the face of high healthcare costs, an aging population, and the need to apply scientific and systematic approaches to improve the quality and safety of healthcare—the U.S. healthcare system is experiencing tremendous changes. Safety, quality of care, and healthcare consumer satisfaction are at the forefront of healthcare organizations’ goals. The triple objectives of healthcare improvement in the country are as follows: To improve experience of care To reduce per capita cost To improve population health outcomes Healthcare organizations are implementing quality improvement programs to achieve these objectives. Funding and regulatory agencies are initiating standards and providing financial incentives to facilitate the achievement of these objectives, too. For instance, the Agency for Healthcare Research and Quality (AHRQ) supports health services research to promote quality of care and evidence-based decision making. The National Quality Forum (NQF) improves the quality of care by setting national priorities and goals for performance improvement, supports education, and creates outreach programs. As part of a broader quality strategy to the delivery of health services, the Centers for Medicare and Medicaid Services (CMS) introduced the pay-for-performance program, or value-based healthcare. Many see this approach as transformational. The program reimburses health organizations based on the quality (value) of care, cost, and outcomes of service rather than the volume or the number of patients. The following are included in CMS’s approach: Hospital Value-Based Purchasing (VBP) Program Hospital Readmissions Reduction Program (HRRP)