Golden Age Hospital Complete

DeMario J. Stackhouse

MHA – 599

Dr. Tina Evans

Trident University International

**Background**

Currently, the Mission Viejo municipality has a larger population of approximately 500,000 people according to the latest census of 2012. The total population comprises of 48.5% males and 51.5 % female. The county has two main healthcare facilities that provide services to the community of radius of approximately 10-miles. The Mission Hospital Regional Foundation Centre acts as a communal ship due to its functions. Besides, the mission health Centre is prominent to partner with other facilities such as CHOC Children’s (Burgess, Shaw & Kellas, 2011). The two healthcare facilities provide services to a total of nine municipalities at Viejo. These municipalities are San Juan Capistrano, Aliso Viejo, Laguna Niguel, Lake Forest, Laguna Hills, Laguna Woods, Mission Viejo, Ladera, and Rancho Santa Margarita. The county has communities and homes which comprises of the aging population and retired persons of fifty-five years and above.

**Common senior medical situations**

The makeup of the Golden Age Hospital in the Mission Viejo and its surroundings is useful because it provides quality healthcare services to infected people and the old. Many common health situations affect the old age in the municipality. These most common health conditions include heart attack conditions, lungs problems, and coronary diseases, which has been reported in places like Aliso Viejo and Laguna Hills (Collins, Connor, Mott & Hickey, 2015). Currently, dealing with these common healthcare conditions is challenging because there are no enough health facilities that can provide all needed services to the public. In most cases, senior medical situations need special attention which should be addressed with more care. Therefore, there is need for an extra wing at the Golden Age Hospital that should be specifically responsible to handle senior medical conditions only.

**Major Medical Institutions**

The senior healthcare institution in the municipality is the two hospitals located in Viejo that primarily provide acute healthcare services and respite healthcare services to the elderly. These healthcare services are susceptible; thus, it can allow caregivers to attend to other daily routines.

**Market Research and Segmentation**

**Targeting and location of Golden Age Hospital**

According to the current situation in the city, there is a need for more wing of the facility to prove healthcare services to the aging population that requires more attention. The development and modernization of more extensions in the facility will help to provide supplementary services to the two existing hospitals to deliver excellence healthcare services to old people. Statistically, in the nine counties, around 17.5 % of the total population is fifty-five years of age assuming the average age is 77 years (Havers & Evans, 2010). The latter implies that approximately 77,000 people out of the aggregate population are susceptible to various medical situations. According to the 2016 report, the aging population in the nine municipalities is increasing daily, thus creating the need for extra wings to help to provide supplementary health care services to the aging population.

Additionally, there is a need for an extra wing in the city is due to the increase in common medical conditions that need more attention and facilities. Another reason for the high demand for another facility is due to the rising number of medical conditions in the city which need critical care by building another wing. The aging population can be segmented based on demographic, psychographic, income, and community.

**Demographic reasoning**

The average income distribution of the people in Mission Viejo region is quite high even though the demographic situations is not favorable. Generally, Mission Viejo is located in an industrialized nation where a lot of demographic configuration had taken place. The latter implies that birth-rate is relatively slower, while longevity rises (Havers & Evans, 2010). Typically, it is fair if the continuation and birth-rate move concurrently to establish a balanced input versus output in the society. Nevertheless, this seems to be challenging, and the governments feel unable to control it due to the rapid increase in the aging population among the locals. As such, an extra wing that will be specifically targeting the aging population will help to solve the problem because it will provide more Medical care to a larger group of the aging population.

**Physical specialized health care services**

The formation of the Golden Age Hospital will be a scene of success not only to the aging population but also to other patients who has some severe health care conditions. Currently, the younger age is well catered for, but the middle age and the aging population are the ones facing problems that should be attended to ensure equality in health care delivery within the municipality (Havers & Evans, 2010). As such, the primary issues that should be handled well is finding specialized health care practitioners to treat common diseases among the aging population.

The Golden Age Hospital is set to act as one of the branches of the Mission Group that will be primarily significant is attending to the aging population to offer essential health care services that will enable them to live longer. Some of the sensitive services that the facility should offer are like oncology and Cardiology, resilience service, and occupational services (Stoichiţă, 2012). Consequently, this will lead to high innovation and technological levels to find ways of handling critical health issues. Also, there will be a need for engagement of qualified professionals to use advanced technical components in the Golden Age Hospital to provide quality health care services.

**Medical Centre Services Preferences**

Besides the establishment of another wing is the formation of the Golden Age Hospital which will reduce cases of older people staying at home to seek for health care services from community health workers who do not offer standard care services. As such, this will create a need for more health care professionals, skilled, trained home caregivers, and knowledgeable individual to provide healthcare services (Rogers, 2014). Additionally, trained health care professionals are presently working in unsafe environments. Therefore, it is crucial to have partners to ensure that health care services providers work on safe and conducive environments. The latter will help to ensure that quality health care services are provided to all people regardless of the age factor.

On the other hand, home healthcare services delivery in developed nations should be standard health care services to the targeted group of people. However, the use of home care services to provide services leads to overall loss on the nation’s Gross Domestic Product that needed human labor in different sectors (Rogers, 2014). But the Golden Age Hospital was recommendable and useful to offer quality services.

**Recommendation**

According to the current condition, the establishment of a new part of the GAH is likely to solve the main problems facing the city. As such, there is a need for the formation of the GAH to help in solving both fundamental and critical health care services.

Conclusively, the setting up of a new health care facility branded as the GAH to incorporate the organizational ideal to provide quality healthcare services.

**Case 1 Survey.**

|  |  |  |
| --- | --- | --- |
| Item # | A  To be filled by the student | B  Results - To be filled by the  Instructor |
|  | Survey item | On a scale of 1-10, where:  10= very much needed, and  1 = not needed |
| 1 | Is a special GAH Medical Centre needed? | 9 |
| 2 | Is a specialized community clinic needed in  Addition to the GAH? | 8 |
| 3 | Is palliative care needed? | They’re not sure what this means --- (9) Hospice |
| 4 | Is a speech therapy service needed? | 4 |
| 5 | Is Physical Therapy needed? | 9 with OT |
| 6 | Is cardiology needed? | 9 |
| 7 | Are you in need of a neurology services? | 8 |
| 8 | Would a podiatry clinic help you? | 7 |
| 9 | Is a doctor who specializes in diabetes need? | 6 Endocrinology |
| 10 | Is counselling needed to help cope with bad news? | 4 |
| 11 | Are chiropractor services needed? | Not an inpatient service |
| 12 | Are oncology services needed? | 5 |
| 13 | Are orthopaedic services needed? | 9 |
| 14 | Are Geriatric services needed? | 9 |

**Shared services and function shared between the GAH and the community clinic**

There are many health care services that the two facilities will provide in common. First, the facilities will provide essential health care services, such as outpatient services and in-patient services. These services are provided to all ages, regardless of social classes. Besides, the two facilities provide laboratory services such as x-ray, radiotherapy, and blood test, among other laboratory services (Burns & Muller, 2018).

**Organizational relationship between structure blocks**

The GAH will have a hierarchical organizational structure with different level of management. Each level within the organization will have a health professional who is mandated to assume their roles with professionalism to increase the standards of health care services offered to patients (Bieberstein, Bose, Walker & Lynch, 2015). As such, the top management will engage in strategic planning and creation of policies that will improve efficiency in the facility. Besides, there will be a division of tasks to help in the smooth running of activities at different levels within the facility. For instance, doctors, clinicians, and nurses will have distinct roles to promote efficiency and services delivery.

Furthermore, the GAH will have a chart to clearly outline the organizational structure and roles of healthcare professionals to provide a road map for smooth running of activities (Burgess, Shaw & Kellas, 2011). The chart will also display horizontal linkages between health professionals between different levels in the organization to facilitate smooth coordination. On the other hand, delegation and execution of duties within the facility will be based on the ability to offer quality health care services to patients. However, a chain of command will have to prevail to ensure that all health care professional adhere to internal controls.

**Integration of services of physicians within the GAH**

Since the facility will mainly provide health care services to the aging population, it is necessary to integrate functions of physicians to help in providing quality services to the aging population to improve quality of life in the city. Integration of services will help to offer health care service to many patients within a short period.

**Management aspects**

Generally, the management aspect plays an essential role in enhancing the smooth flow of activities. Similarly, to help the GAH to achieve its goals and objectives, there is a need to borrow the ideas of management aspect to help running activities within the facilities (Burgess et al. 2011). As such, management theories will be adopted to create a clear channel on how to run the activities of the hospital. In doing so, specialization and division of labor will be encouraged to ensure health care professionals are assigned duties in their areas of expertise to improve efficiency.

**Organizational forms**

The GAH will have a conventional hierarchy organizational form. In this form, the division of labor and specialization will be encouraged to improve the quality health care services offered to patients (Burgess et al. 2011). The facility will comprise of the top management, which includes the Chief Executive Officer, Chief Administrative Officer, Human Resources Managers, and medical officers, among other health care professionals. In this organizational form, there will be specialization and division of labor amongst doctors, nurses, clinicians, and laboratory technicians.

**The mission statement of the** GAH

Typically, a mission statement plays an essential role in an organization by establishing objectives of an institution and how to achieve. Similarly, the Golden Age Hospital has a clear mission statement that will help it to achieve its goals. Since that facility seeks at solving a health problem in the city, it will concentrate on meeting the needs of the locals to improve the quality of life in the city. Below is the primary mission statement of the GAH:

1. To meet all health care needs of the aging population by offering special considerations to treat diseases affecting the elderly.
2. To enhance the mental health of vulnerable people by creating easy access to health care services to all groups of people.
3. To provide access to all medical services by all patients regardless of social classes and level of income.
4. Reinforce health care projects and programs to help in help in empowering activities that aim at improving the quality of health care within the municipality.

**Recommended hospital size**

Currently, the rate of health care needs for the aging population is rising steadily. As such, the facility should be sized to accommodate all patients who will be visiting the facility to seek medical services. Therefore, the GAH should have a minimum number of 550 beds to accommodate many patients at once.

**The organizational structure of Mission Hospital**

CEO

Human Resources Manager

Chief Medical Officer

Chief Administrative Officer

Lab technicians

Clinicians

Nurses

**Proposed Organizational structure of the Golden Age Hospital**

Chief Executive Officer

Human Resources Manager

Chief Medical Officer

Chief Administrative Officer

Lab technicians

Clinicians

Nurses

The Golden Age Hospital will have the same organizational structure because it will be mainly constructed to provide supplementary services to the Mission hospital.

**Main services to offer at the Golden Age Hospital**

According to the finding from the survey, the aging population is affected most with health care conditions, that differ from those of any other age group. Specifically, heart, lungs, neurology, joints and even cancer reside at a higher risk percentage for our target market. Considering the needs of our patients, GAH has decided to offer services such as knee replacements, sleep studies, cardiology services to include heart surgery, hip replacements, Physical Therapy, and Appendectomies. The selection of these services to offer came as a conclusion of the demands of our local area. During the second phase of development, GAH wanted to ensure we selected services that could maximize the use of the facility for our patients. Additionally, the facility will allocate a small portion to also offer out-patient services to patients, for the small percentage possessing uncommon needs, based off the geographical location.

**Physician-hospital integration**

Various activities will be performed in the facilities to provide quality health care services to patients. In doing so, some health care program will be installed to help in providing quality services. However, such services programs must conform to professional requirements to ensure that the quality of health care services offered to patients meets the minimum health standards (Burgess et al. 2011). The facility will set health targets to achieve through establishing social and health care frameworks to help in the provision of standard health services. Even though the facility aims at improving the quality of health care services, the cost of offering those services will be affordable to all classes of people to encourage more patient to access quality health services regardless of the income levels.

For GAH to achieve this, the management will incorporate all functions of the facility to reduce operation cost to charge a reasonable price for their services.

Conclusively, the GAH should appropriately work on its mission, objectives, and goals to ensure it provides quality health care services to patient particularly the aging population who are more in need to health services in the city. Doing so will help to improve the quality of life amongst different groups in the city.

**Finance and Budgeting**

The construction of the Golden Age Hospital will require a reasonable amount of money to ensure that the facility constructed meet the standards stipulated in the layout. For instance, to build a 550-bed capacity organization, the management of the facility should have a budget of close to $ 800 million. The amount will be used to construct primary supporting that will help to provide quality health care services to the targeted groups (Young, & Kroth, 2018). The amount will also be enough to purchase all medical equipment that will be used to offer need-specific services to the aging population. As such, it is appropriate for the sponsor of the project to avail all financial requirements needed to finish the construction project.

Even though the state will procure most of the health care equipment, legal procurement procedures should be followed. Doing so will help to ensure that all equipment purchased are of standard and are capable of offering quality health care services to the targeted group. As such, since the state is making all purchases on its own, people assigned to budget and procure that equipment should know to ensure they purchase useful items (Young, & Kroth, 2018). Purchasing of the right equipment will help to provide quality health care services to patients. Also, while making procurement activities, technological concepts should be considered to ensure that procured equipment does not become obsolete quickly with changes and advancement in technology.

Since most of the clients who will be served within the facility will be 65 years of age and above, Federal Medicare health insurance will provide majority of the financial resources needed for these patients. Intuitively, there is a need to know how Medicare health coverage will be handled to ensure that all patients have access all health care services. Also, the Golden Age Hospital should have competent financial professionals to manage funds properly, based off previous organizational structures established.

Furthermore, the amounts will be considerate and enough to run all operations of the facility's activities. The facility will maintain this by ensuring that all governments' contributions are disbursed in time, and all payments from individual patients are collected in time. Moreover, the management of the GAH should make reasonable financial projections to ensuring operating costs do not exceed the total income that will result in losses.

**Medicare Prospective Payment System**

The process in which the facility will be reimbursed by the government, will be done based on the predefined amounts and not according to the cost incurred when treating a patient, a process also known as Prospective Payment System. This process has been around since October of 1983, when it was first introduced to the Federal Government. It came about as a way to stop healthcare facilities from doing things, solely for financial gain. This process is to drive providers to deliver efficient care without overusing the services. Through this means of reimbursement, an amount will be set based off service, and even duration of stay(when applicable), and that is the amount the GAH will see for delivered service. In doing so, the government should ensure that reimbursement is done in time to facilitate the smooth running of all the facility's operations (Bieberstein, Bose, Walker &amp; Lynch, 2015). Also, this will help to avail enough financial resources for the facility to enable it to run its activities well.

The reimbursement amounts made by the government should be enough to enable the facility to offer quality services, while maintaining the mission of the process. Consequently, this will generate enough financial resources that will allow the facility to make some expansion to increase services delivery (Burgess, Shaw &amp; Kellas, 2011). Based off the financial analysis of services provided, an estimated $18 million would be generated as income for the organization. This is a very efficient amount, given this will be the third branch of the hospital. Another security element to add is that it is from Medicare. The disbursement of all government's financial supports and incentives should be made at the beginning of every year. The latter will allow for proper planning and allocation of resources to all departments to facilitate for running all organization's activities to ensure the smooth running of operations.

**The General Age Hospital Project**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A  To be filled by the student | B  To be filled by the student | C  Filled by Instructor | D  To be filled by the student | E  Filled by Instructor | F  To be filled by the student |
| Service / Treatment | Estimated Medicare reimbursement to GAH. (each 10 to 60 thousands of dollars) | Projected number of procedures/treatments performed annually | Total income  B\*C | GAH projected performance relative to federal standards | GAH projected annual gain (or loss).  D – D\*E |
| Treatment ABC | $10,000 | 75 | $750,000 | 80% | $150,000 (do not add this line to total) |
| Knee replacement | $50,000 | 200 | $10,000,000 | 80% | $2,000,000 |
| Physical Therapy | $17,000 | 150 | $2,550,000 | 90% | $255,000 |
| Heart surgery | $60,000 | 50 | $3,000,000 | 120% | -$600,000 |
| Sleep Study | $11,000 | 100 | $1,100,000 | 100% | $0 |
| Appendectomy | $21,000 | 60 | $1,260,000 | 75% | $315,000 |
| Hip Replacement | $49,000 | 75 | $3,675,000 | 85% | $551,250 |
| Miscellaneous expenses | $10,000 | 25 | $250,000 | %250 | -$375, 000 (minus) |
| Total |  |  | $18,910,000 |  | $346,250 |

**Interpretation**

The net loss illustrates that the hospital is likely to incur more profit than expenses in the first year of operation. It is projected that GAH will generate $18 million in revenue from the services provided. Additionally, financial analyses also show that the hospital should expect a gain of $346,250. This is not as profitable as GAH would like to see. As such, there is a need to implement suitable measures to sustain current expenses or minimize future expenses for the facility (Burns & Muller, 2018). This will ensure continued growth and increased profit, in the years to come. For example, the organization must strive to ensure that the “performance relative to federal standards” is at a percentage in which, the services are profitable. When that percentage is too high or extremely close to 100%, there is no chance in seeing a profitable gain. Currently, with the levels staying where they are, a profitable mission would be a challenging one.

**Financial & Budgeting Conclusion**

Conclusively, the results obtained from the calculations show that the Golden Age Hospital will incur a minimal profit from the services offered, due to the percentage of performance relative to federal standards, being too close to 100% or over. The main reason why the facility is likely to cause financial damages is due to the unforeseen circumstances that can’t be controlled, only corrected. Therefore, the management of the GAH, project committee, and stakeholders should identify appropriate measures, ones in which would make all services profitable. Putting appropriate measures in place will ensure that the Golden Age Hospital has enough financial resources to run its activities and still make profit.

**Recommendations**

According to the above results, the GAH is likely to make minor losses in the first year of operation. Therefore, it is appropriate for the management, and the stakeholders of the project to consider the following recommendations to minimize or avoid making massive losses in the futures:

1. Increase the charges of services that require more resources and advanced technology to offer. For instance, the management needs to increase costs on surgical services such as cardiology, which require more attention and resources to provide to patients. In doing so, the facility will be able to generate enough financial resources that will be enough to run all its operations as well as making reasonable profits.
2. The management of the Golden Age Hospital should set a limit on the number of services offered to specialized services to reduce expenses. This will ensure the facility maintain foresight and balance of the services provided and demands of the community.
3. The facility should apply for enough government support and incentives to help to generate income that will enable it to offer quality health care services to all patients. Besides, using for government incentives and support will help the Golden Age Hospital to provide all health care services need by patients.
4. Lastly, the Golden Age Hospital should reduce its annual miscellaneous expenses. The latter will help in reducing the total costs for the facility and thus, will help in enabling the Golden Age Hospital to offer quality services to its clients. An audit shall be performed annually, to possibly reduce this expense in the future.

**Quality control and Accreditation**

**Core competencies and goals/objectives**

The proposed organization and its structure and the community clinic work best to uphold the core competencies of GAH. These include; epidemiology that compacts with the incidence, distribution, and prevalence of diseases and other factors relating to the health of the older adults population. Another competency is pathophysiology competencies, which describes disordered physiological processes that refer to injuries or diseases contactable by the target population. The goal of this competency is to recognize the atypical clinical presentation and progression of common conditions found in older adults and determine the symptoms of drug-induced diseases and geriatric syndromes (Sedhom, Sedhom, & Barile, 2019).

Thirdly, GAH is competent in the geriatric examination across its demographic area. Under this, the goal is to identify basic physical, cognitive, functional, and safety examination for common diseases in the older adult population and assess social and cultural determinant of health outcomes after interpreting a comprehensive medication history about a patient’s current health status (Xakellis et al., 2004). Fourthly is offering medication treatment to these examinations. The hospital would work best to define therapeutic goals integrating patient-specific principles such as age, functionality, patient preference, and culture and relate pharmacodynamic and pharmacokinetic changes associated with aging to pharmacotherapy regimen design. Lastly, a core competency relating to emergencies is Emergent intervention modifications. This focuses on recommending therapy based on the actual benefit to risk ratios, such as sepsis, stroke, and, acute myocardial infarction, such that age is not the only exclusion from therapy for elders. Also, it aims to recognize and implement measures for protecting elders from iatrogenic complications, such as spinal immobilization, invasive bladder catheterization, and central line placement.

**Control method/scoreboard**

Thompson (1998) studies on clinical indicators indicated that current shreds of evidence on the “performance indicator efficiency is reliant on the observational or experiential data” (Shaw, 2003). Hospitals' scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is one of the increasingly used scoreboards used in most hospitals and could service the new organization better in assuring the goals and objectives if the core competencies are achieved. HCAHPS survey addresses communication questions relating to the listening skills of the nurses and physicians to listen to the patients carefully, their understanding, and medication administration (Smart Shoup, 2015, p.5). HCAHPS scores help the hospital to gather, examine, and act on data on the patient experience as well as identify trends and problems in the system.

**JCAHO accreditation’s core competencies for management and staff of GAH**

There are essential aspects that are worth considering for both the team and the management of GAH. If seeking the JCAHO accreditation, the Medical Staff Standards focuses on the progressive control and measures of the hospital’s practitioners on regards of six fundamental competencies. First, patient care is privileged the JCAHO section that stipulates that the physicians should provide compassion, appropriateness and effective patient care in a bid to prevent illness, treat diseases, and promote health (Rosack, 2002). Secondly, medical/clinical knowledge under JCAHO obliges both the management and practitioners to demonstrate an understanding of clinical, biomedical, and social sciences and use that information to take care of patient and educate others.

Thirdly, practice-based learning and improvement as well as interpersonal and communication skills are significant in helping that the hospital maintains a relationship on grounds of professionalism with both the patients, staffs, and healthcare management team (Inc., 2019). The professionalism cuts across ethics, professional development, and sensitivity to diversity, with regards to medical profession, patients and society’s attitude. Lastly, the management and staffs need to ensure that all system-based practices are at their best.

**Ethical Issues - HIPAA**

Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) stipulates that Privacy rule, Security rule, and Breach Notification Rules as critical to the ethical considerations of the hospitals and helps safeguard the privacy and secure the PHI and offer persons with absolute rights to their health information. HIPAA incorporates Department of Health and Human Services (HHS) to establish federal electronic health care standards for transactions and identifiers for employers, health providers and health plans. First, the privacy rule stipulates state or federal conditions under which the protected health information (PHI) held by Health care providers, Health care clearinghouses and Health plans, can be disclosed and used in the health facilities (CMS, 2016). The privacy rule offers individuals with significant rights on their PHI as well as authenticates the use and release of the PHI for patients care.

Secondly, the security rule defends the roofed entities and business associates by advocating for the implementation of various aspects that help to guard the Confidentiality, Integrity, and Availability (CIA triad) of electronically protected information (ePHI) (CMS, 2016). The hospital must work best to design and implement practical and suitable security measures via procedures, programs, and policies for protecting the security of ePHI created, transmitted, received, and maintained.

Lastly, among the critical ethical considerations is the breach notification rule that necessitates the entities to inform the US Department of Health and Health Services (HHS) and affected person as well as the mass media of any breaches of unsecured PHI or ePHI. The impermissible disclosure or use of ePHI or PHI compromises the privacy and security rule and is a breach if not demonstrated that there us low chances that the PHI is compromised on grounds of risk assessment. Confidentiality prevents the ePHI from access of an unauthorized person or processes. Integrity prevents alteration or destruction of the ePHI in an unprecedented way. Availability allows access and use of ePHI on demand of the authorized individual.

**IT Systems**

IT systems are best for the proposed Mission Hospital, Golden Age Hospital, and the Community Clinic. Electronic Health Records (EHRs) systems is among the contemporary health information technology that significantly helps medical professionals to improve the quality of health care (Walker, Bieber, Richards, & Buckley, 2006). EHR systems allow medical physicians to chart the information of the hospitals’ patients over a given period in a more accurate and increase the safety of the patients more considerable. There are various components of this system that are very key to the communication needs in abd between the organization’s units.

The first component is the patient management, which helps in the functionality of registration of patient, admission, transfer, and discharge (ADT). When registering the patients in this system, their contact details, insurance data, and demographic information are essential. The EHRs generates a exclusive Medical Record Number for the specific patient to use with the care facility. Secondly, the clinical component which encompasses a variety of sub-constituents such as electronic documentation, the computerized physician order entry (CPOE), and nursing component (Walker, Bieber, Richards, & Buckley, 2006). CPOE helps providers to key in their needed orders for direct patient management via electronics (computers). Electronic documentation is essential when it comes to documenting notes like the operative, history and physical, consultation notes, and discharge summaries. Pharmacy systems under this component are imperative when filling prescriptions, crosschecking orders, and maintaining a drug formulary. The nursing component, on the other hand, allows for nursing documentation barcode medication charting, and medication administration record (MAR).

Thirdly, the laboratory component facilitates communication between the examination of the patient and tests conducted. Lab component focuses on capturing of results from the lab machines and incorporating billing, lab machines and orders, with the EHRs. Fourthly, radiology information system (RIS) with Picture Archiving & Communications System (PACS) is helpful when managing and controlling the patients' workflow, ordering process/procedures, images, and results (Mennerat, 2002). The last component of the EHR system that helps in communication relates to funds – this is the billing system. Every charge created in the care delivery to patients could best be communicated to the billing department through the hospital billing system. Insurance carriers receive claims generated from fees. Data fed in the EHRs help the health care professionals to screen Fundamental Professional Indicators, view data dashboards and analytically report this to improve the organization's performance.

**Requirements from the system subject to HIPAA ethical requirements**

The EHRs contains electronically protected Health information that should not be accessed by any unauthorized person. Shaw (2003) refers that HIPAA standards and requirements stipulate that:

a. Any health care provider for medical and other health care services who communicates health information electronically, such as through EHR systems with link to a transaction adopted by HHS shall be standardized and be either clinics, doctor, dentist, psychologists among other providers.

b. With regards to EHRs, any person or health plan group that offers or recompenses the health care costs such as Medicare, Medicaid, Health insurance firms and health maintenance organization (HMOs) should operate best to uphold the CIA triad of the EHR systems

c. Health Care Clearinghouse should be a public or private entity which processes the health care transactions of another entity to a non-standard size like community health management information system (CHMIS), reprising companies, and billing services and needs to use and access the information in the EHRs in so doing.

**Conclusions and Recommendations**

In summary, the construction of the Golden Age Hospital will require reasonable considerations of the quality, ethical issues as well as IT systems that best work to ensure the hospital’s cooperativeness. The core competencies that the new organization should consider as well as regarding the JCAHO accreditation include; medical/clinical knowledge, professionalism, patient care, interpersonal and communication skills, systems-based practices, and practice-based learning and improvement. Key to the ethical issues of GAH is the concern over HIPAA Security, Privacy, and Breach Notification Rules that work best to ensure that the new organization maintains high degrees of PHI confidentiality, integrity, and availability (CIA) to the stakeholders of the organization. If the new Mission Hospital, Golden Age Hospital, and the Community Clinic were to use Electronic Health Records (EHRs) systems as its best communication tool within and across departments, it would enjoy the services of various components. These would include the laboratory, clinical, patient management, radiology information system (RIS) and billing systems components that are all integrated in the system for efficient. These work within the stipulated requirement frameworks of HIPAA for the healthcare organization.

It is recommendable that GAH:

a. Consider the policies and procedures for operating within frameworks that assure quality health care delivery within a timely manner.

b. Seek and incorporate core organizational competencies and functions that are well defined and best understood by the organization's management and staff to ensure the processes are most efficient and effective.

c. Adhere to the JCAHO accreditation when aligning the core organization competencies for the management and the staff members.

d. Adhere to the stipulates ethical conduct by HIPAA and maintain a high degree for the patient's privacy, security and breach notification to maintain top concerns for confidentiality, integrity and information availability

e. Incorporate EHRs as a communicative tool within and across departments and help in maintaining excellence in electronic use to protect patient’s information.

**References**

Bieberstein, N., Bose, S., Walker, L., & Lynch, A. (2015). Impact of service-oriented architecture on enterprise systems, organizational structures, and individuals. *IBM systems journal*, *44*(4), 691-708.

Burgess, C., Shaw, C. & Kellas, J. (2011). *Health & social care*. Harlow: Heinemann.

Burns, L. R., & Muller, R. W. (2018). Hospital‐Physician Collaboration: Landscape of Economic Integration and Impact on Clinical Integration. *Milbank Quarterly*, *86*(3), 375-434.

CMS (2016). HIPAA basics for providers: Security, and breach notification rules. Retrieved from: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf

Collins, A., Connor, J. A., Mott, S., & Hickey, P. (January 01, 2015). Using Data to Drive Improvement and Build the Science of Nursing.

Havers, R., & Evans, R. (2010). *The golden age of rock 'n' roll*. New York, N.Y: Chartwell Books.

Inc., H. (2019, August 9). Using the JCAHO’s six competencies to evaluate MD performance. Retrieved from https://www.hcpro.com/HOM-62362-3615/Using-the-JCAHOs-six-competencies-to-evaluate-MD-performance.html

Mennerat, F. (2002). Electronic Health Records and Communication for Better Health Care: Proceedings of EuroRec 01. Amsterdam, Netherlands: IOS Press.

Rogers, N. (2014). *Polio wars: Sister Elizabeth Kenny and the golden age of American Medicine*. Oxford: Oxford University Press.

*Rosack, J. (2002). JCAHO to Evaluate Facilities on Medical-Error Reduction. Psychiatric News, 37(18), 5-5. doi:10.1176/pn.37.18.0005*

Stoichiţă, V. I. (2012). Visionary experience in the golden age of Spanish art. London: Reaktion Books.

Sedhom, R., Sedhom, D., & Barile, D. (2019). Meeting Geriatric Competencies: Are Internal Medicine Residency Programs in New Jersey Meeting Expectations for Quality Care in Older Adults. SAGE Open, 9(1), 215824401982767. doi:10.1177/2158244019827678

Shaw, C. (2003). How can hospital performance be measured and monitored? Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; http://www.euro.who.int/document/e82975.pdf, accessed 9 August 2019).

Smart Shoup, V. A. (2015). One Hospital's Patient Satisfaction Plans in Response. Walden Dissertations and Doctoral Studies Collection. Retrieved from https://pdfs.semanticscholar.org/d6d2/4fca6f14d075cef8d1fcbf77b2ccba5db827.pdf

Thomson, R. (1998). Clinical indicators: do we know what we are doing? Quality in Health Care, 7:122

Walker, J. M., Bieber, E. J., Richards, F., & Buckley, S. (2006). Implementing an Electronic Health Record System. Berlin, Germany: Springer Science & Business Media.

Xakellis, G., Brangman, S. A., Ladson Hinton, W., Jones, V. Y., Masterman, D., Pan, C. X., … Yeo, G. (2004). Curricular Framework: Core Competencies in Multicultural Geriatric Care. Journal of the American Geriatrics Society, 52(1), 137-142. doi:10.1111/j.1532-5415.2004.52024.x

Young, K. M., & Kroth, P. J. (2018). *Sultz & Young's health care USA: Understanding its organization and delivery*.