**Gaps Identified from The Statistics of Northwest Community Healthcare Hospital**

**Overall Ratings**

The readmission rate of pneumonia is at 11.70 percent which is a high figure. However, it is lower by 0.80 percent when compared by state average.

The 30-day mortality rate is on a high of 18 percent which is higher than the state average by margin of1.68.

The adjustment on risk is very low at 1.97 percent a lower figure when compared with the state average that is at 2.34 percent.

**Satisfactory Ratings**

Rapport and communication between physicians and nurses to patients rated at 76 percent lower than both national and state averages.

Pain management rated at 71 percent which can be improved even though same tally at national and state averages.

Response to patient’s needs rated at 63 percent which is lower when compared to state and national averages.

The provision of information on medical prognosis at home was rated at 85 percent which is 2 percent lower compared to both state and national average.

Comfort and quietness of the hospital room have been rated 59 percent lower when ranked against both state and national figures.

Explanation of therapeutic effect of medicine rated at low of 60 percent which is lower when compared both national and national figures.

**Staffing**

Longer working hours of medical surgical unit’s nurses at 8.01 hours, which is 1.9 hours longer than the state average.

The hospital has a high nursing turning over of 11.43 percent even though lower than the national and state averages.

Nursing hours that are contracted to RN is at 0.16 percent which is lower by 0.01 percent when compared to state average.

**Solution to the Deficits**

From the analysis done, Northwest Community Healthcare Hospital has a number of shortcoming that need to be commuted through the findings of researched work. First and foremost is the readmission rates of pneumonia which even though it is lower when compared to state and national average, it is a worrying statistic. Correale and Totaro (2015) posits that re-hospitalization of patients with pneumonia is because of comorbidity that goes undiagnosed.

Such comorbidities mostly are related with cardiopulmonary and nephrologic diseases. The high mortality that result from patients with pneumonia also result from the clandestine comorbidities that end up untreated. Therefore, according to Correale and Totaro (2015) solution to high re-hospitalization and convoluted mortality rate is screening other illness and treat them along the pneumonia to prevent re-infections. More so, Correale and Totaro (2015) theorized that health education can improve adherence on medication regimen. From the statistics of Northwest Community Healthcare Hospital, the explanation of therapeutic effect of medicine was rated 60 percent which is lower when compared both national and national figures. This could result to reinfection due to poor adherence to the drugs.

Secondly, most of the satisfaction problems from patient side are created by the organizational culture of   Northwest Community Healthcare and the staffing. It is a preposition that is consistent with research article done by PR (2016) which posited that the policy, behavioral aspect of employees and the staffing determines the satisfaction. A high turnover in an organization make it hard for the culture to be made robust such as that of rapport, explaining the services to patients and being sensitive and responsive to the need of the clients. The solution to Northwest Community Healthcare Hospital need establishment of a strong organization culture, motivation of nurses that will lower or eliminate the turnover of nurses and the customer care training. This will help in improving interaction of nurses and physicians with their patients.

More so, overworked nurses also may cause a communication breech on the interaction with patients by missing to provide medical information. Adequate staffing is therefore important in reducing the working hours and resulting fatigue.  Hahtela & Paavilainen (2015) posit that burn out cause employees to be irritable and less efficient therefore staffing need to be checked on to reduce this problem that can go to extend of causing even medication errors and more mortalities.

**References**

PR, N. (2016, April 10). Medical Staffing Network Issues "Healthcare across America" Snapshot Infographic, Depicts Depth of Nursing Supply & Demand Disparity. PR Newswire US.

Correale, M., Totaro, A., Ferraretti, A., Musaico, F., Passero, T., De Rosa, F., & ... Brunetti, N. D. (2015). Additional Prognostic Value of EAS index in predicting the occurrence of rehospitalizations in chronic heart failure: data from the Daunia Heart Failure Registry. European Journal of Clinical Investigation, 45(10), 1098-1105. doi:10.1111/eci.12514

Hahtela, N., Paavilainen, E., McCormack, B., Slater, P., Helminen, M., & Suominen, T. (2015). Influence of workplace culture on nursing-sensitive nurse outcomes in municipal primary health care. Journal of Nursing Management, 23(7), 931-939. doi:10.1111/jonm.12237