* **Throughout your readings and viewing of the powerpoints, these key concepts will be discussed further.**

Module 2

**Chapter 2**

* Organization design begins when individuals come together to fulfill a common aspiration. Factors to consider include the following:
  + The size structure and complexity of healthcare organizations differ.
  + The aims of the organizations also differ and are a consideration for individuals choosing a practice setting aligned with their beliefs.
  + Most organizations begin small with structures that are easy to navigate and then grow in size and complexity.
  + In addition to requiring a business manager at some point, leaders begin to differentiate organizations into functions, divisions, and service lines.
  + In the early stages, organizational partnerships have a defined mission, purpose, and goals.
    - The philosophy is a sometimes written statement that reflects the organizational values, vision, and mission.
    - Values are the beliefs or attitudes one has about people, ideas, objects, or actions that form a basis for the behavior that will become the culture.
    - A vision statement describes the future state of what the organization is to become through the aspirations of its leaders. The vision statement is designed to keep stakeholders intent on why they have come together and what they aspire to achieve.
    - The mission of an organization is a broad, statement of the organization’s reason for existence.
  + The purpose of theory-derived organization is to design work and optimize human talent in a manner that best accomplishes the aspirational goals of the organization.
  + Reductive theory is a classical approach to organizations and consists of four elements: division and specialization of labor, organizational structure, chain of command, and span of control.
    - Division and specialization of labor reduces the number of tasks that each person carries out, with the intent to increase efficiency by assigning repetitive tasks to dedicated workers and improve the organization’s product.
    - Organizational structures delineate work through group arrangements based on the concept of departmentalization as a means to maintain command, reinforce authority, and provide a formal communication network.
    - The chain of command is an organizational chart that has job titles listed in magnitude of authority and responsibility. Authority within the organization can be further divided into line and staff authority.
      * Line authority is the right to make decisions and give orders to individuals who are lower on the chain of command.
        + Linear hierarchy that activity is directed.
      * Staff authority refers to the idea that some individuals yield considerable expertise to advise and assist others with a degree of autonomy.
    - **Span of control** addresses the issue of effective supervision expressed by the number of direct reports to someone with line authority. Complex organizations have numerous highly specialized departments and authority may be either centralized or decentralized.
      * **Number of individuals a manager can effectively supervise**
    - Adhocracy is a fluid structure in which management, staff, and experts work together on teams.
  + Humanistic Theory is based on the idea that people desire social relationships, respond to group pressure, and search for personal fulfillment in work settings.
    - ***Hawthorne effect*** is an organizational theory with the tendency for people to perform in an expected manner because of special attention and focused, unintentional interactions.
      * **Example:**
        + **Nurse Manager establishing a program recognizing a different staff member each month for positive contributions to client care.**

**Productivity/client satisfaction increases**

* + - Individuals cannot be coerced or bribed to do things they consider unreasonable; formal authority does not work without willing participants.
  + Adaptive Theories take into account the fact that organizations must constantly change in response to the dynamic interplay among structure, people, technology, and environment. Systems theory, Contingency Theory, and Chaos Theory are considered adaptive theories.
  + Systems Theory is an adaptive theory that views organizations as systems or parts that function to achieve an overall goal.
    - Open system healthcare organizations draw on *inputs* or human, financial, and material resources.
    - The organization then transforms resources through coordinated processes know as throughputs. In healthcare this encompasses serves that treat illness, restore function, provide rehabilitation, and protect or promote wellness to meet outcomes. The rates at which patients enter and leave the system is measured to ensure effectiveness of the system.
  + **Contingency theory** was developed to illustrate the idea that organizational performance is enhanced when leaders attend to and interact directly with the unique characteristics occurring in a changing environment.
    - Leaders match an organization’s human and material resources in creative ways to respond quickly to social and clinical needs occurring outside of the organization.
    - The environment outside of the hospital includes people, objects, and ideas outside the organization that influence or threaten to destabilize the organization. Regulators, competitors, suppliers, third-party payers, or physicians make up the complex environment to which healthcare organizations must respond.
      * Contingency theorists study the environment in which the organization will exist and create the structure to match that environment.
  + **Chaos Theory** challenges us to look at organizations through a lens that strips away notions of the command-and-control structures found in Reductive Theories. Linear problem solving methods are seen as insufficient to address the complex nature of organizations.
    - Complexity science informs organizational leaders that all systems will self-regulate over time and that change is plausible from the bottom-up or through the organization.
    - Leadership aims to establish simple rules that promote adaptation in concert with environmental agents.
    - Principles that ensure flexibility, fluidity, speed of adaptability, and cultural sensitivity are seen as essential elements of effective organizations.
      * **Example:**
        + **A nurse manager encourages nursing staff members to assist in developing a new creative staffing pattern that can respond quickly when staff resign or go back to school.**
  + Several structures are used to implement organizational theory in health organizations today, including functional structure, service line structure, matrix structure, parallel structure, and shared governance.
    - In functional structures, employees are grouped in departments by specialty (e.g., all nursing tasks fall under nursing service) decision making tends to be centralized.
    - Service-line structures organize clinical services around specific patient conditions. Services may be integrated to address the complexities of healthcare organizations in a variation called service integrated structures.
    - Matrix structures integrate both product and functional structures into one overlapping structure
    - Parallel structures are unique to medicine because they integrate complex relationships between the formal authority of the healthcare organization and the authority of medical staff; medical staff is separate and autonomous from organization
    - Shared governance is a a modified parallel structure to that of medicine, ensuring that matters of clinical practice are influenced by those who are closest to care delivery by a process by which nurses through which nurses assume responsibility for setting standards of their practice and participate in decision-making committees.
  + Settings for the delivery of healthcare include primary care, acute care hospitals, home healthcare, and long-term care organizations. Nursing care is also provided in schools, rehabilitation, hospice, correctional, and other settings.
    - Primary care is considered the location where the patient goes for preventive and basic care services and is the gatekeeper for access to specialized services. Primary care is delivered in neighborhood clinics, provider offices, ambulatory care, emergency rooms, public health clinics, and in sites found in retail shopping (retail medicine).
    - Most hospitals are acute (short-term or episodic) care facilities, and they may be classified as general or special care facilities, such as pediatric, rehabilitative, and psychiatric facilities. These hospitals can be further designated as academic and or teaching hospitals.
    - Home healthcare is the intermittent, temporary delivery of care in the home by skilled (nurses) or unskilled providers (home health aides)
    - Long-term care facilities constitute a range of service levels known as assisted living services and include professional nursing care and rehabilitative services. These offer varying levels of care, may be freestanding or connected to other healthcare organizations, and meet the needs of many populations but particularly older adults.
  + Ownership of healthcare organizations can be either private or government, voluntary (not for profit) or investor-owned (for profit), and sectarian or nonsectarian.
  + Integrated healthcare networks encompass a variety of model organizational structures, but certain characteristics are common, including the following:
    - Delivering a continuum of care
    - Providing geographic or population coverage for the buyers of healthcare services
    - Accepting the risk inherent taking a fixed or “bundled” payment in return for providing healthcare for all persons in the selected group.
  + Multihospital systems and multiorganizational arrangements, both formal and informal, are exploring their mission, purpose, and goals and whether alignments through new mechanisms are beneficial. Types include the following:
    - Horizontal arrangements between or among organizations that provide the same or similar services are examples.
    - Vertical integration is an arrangement between or among dissimilar but related organizations to provide a continuum of services.
  + Diversification is the expansion of an organization into new arenas. Two types of diversification are common: concentric and conglomerate.
    - **Concentric diversification** occurs when an organization complements its existing services by expanding into new markets or broadening the types of services it currently has available.
    - **Conglomerate diversification** is the expansion into areas that differ from the original product or service.
    - J**oint venture** is a partnership in which each partner contributes different areas of expertise, resources, or services to create a new product or service.
      * **Example:**
        + **A nurse practitioner and a physician have opened an office together. The nurse regularly collaborates with the physician in client care and is a general partner in the business of the office.**
  + In a managed healthcare organization a group of providers is responsible for delivering services (that is, managing healthcare) through an organized arrangement with a group of individuals. Different types of managed-care organizations include the following:
    - **Health maintenance organizations** (HMOs): geographically organized system that provides an agreed-on package of health maintenance and treatment services provided to enrollees at a fixed monthly fee per enrollee, called capitation**.** 
      * **Patients must choose providers within the network.**
    - Preferred provider organizations (PPOs): contract with independent practitioners to provide enrollees with established discounted rates. If an enrollee obtains services from a nonparticipating provider, costs
    - Point-of-service plans (POS): HMO–PPO hybrid. In a POS, enrollees may use the network of managed-care providers to go outside the network as they wish. The use of a provider outside the network usually results in additional costs.
  + Accountable care organizations consist of a group of healthcare providers that provide care to a specified group of patients. Considered more flexible than a HMO because consumers are free to choose providers outside the network, it may result in organizations obtaining Medicare contracts reimbursement by other third-party payers.
  + Healthcare redesign includes strategies to better provide safe, efficient, quality healthcare. Examples include the following:
    - Adopting a patient-centered care model whereby patients and families are seen as equal partners in their healthcare
    - Focusing on specific service lines
    - Applying lean thinking to the system
    - Establishing a flat, decentralized organizational structure
  + Working environment and culture emerge as organizations grow and embed in responding to and meeting the needs of those for whom it was created.
    - Internal conditions can be both positive or negative:
      * Organizational environment: Types of leaders, focus on human resources, employees, patient advocacy, governance, shared decision making, autonomy
      * Organizational culture: basic assumptions and values held by members of the organization. Counter-cultures and subcultures may develop and have the potential to detract from the mission of the organization.
    - The American Association of Critical-Care Nurses (AACN) identified six characteristics of a healthy work environment:
      * Skilled communication
      * True collaboration
      * Effective decision-making
      * Appropriate staffing
      * Meaningful recognition
      * Authentic leadership

**Chapter 3**

* Nursing care delivery systems provide a structure that enables nurses to deliver care to a specified group of patients.
  + Pros and cons of each are debated.
  + System must optimize nurse’s knowledge and skills.
  + System must provide a good working environment; research demonstrates this linked to patient outcomes.
* The **traditional models** include the following:
  + **Total client care**: RN is responsible for **all aspects** of the care of one or more patients for one shift.
    - **Example**:
      * **Staffing a newly open critical care unit**.
        + **Nurse totally accountable and can give continuous, holistic, expert care**.
    - Advantages: Good for certain specialties such as postanesthesia care
    - Disadvantages: May not be the best use of nursing knowledge and skills because some aspects of total care could be delegated to others.
  + **Functional nursing**: The needs of a group of patients are **broken down into tasks** that are assigned to registered nurses (RNs), licensed practical nurses (LPNs), or unlicensed assistive personnel (UAPs).
    - RNs are responsible for assessment.
    - Advantages: LPNs, UAPs give baths, make beds, take vital signs, administer treatments, staff becomes efficient at assigned tasks, skill and licensure of each caregiver is used to his or her best advantage.
    - Disadvantages: uneven continuity, lack of holistic understanding of patient, problems with follow-up.
      * **Example:**
        + **One nurse has responsibility for all the medications on the unit**
  + **Team nursing**: Evolved from functional nursing, team of nursing personnel provides total patient care to a group of patients while maintaining a holistic view.
    - * **Example:**
        + **The RN receives reports on eight clients in the morning. Client assignments are then delegated to an LPN and two nursing assistants. The morning is busy, with physician visits and new client orders, and the RN communicates these new orders to the LPN and nursing assistants. The RN also meets with the case manager to discuss nursing home placement for a client.**
    - RN leads the team.
    - Advantages: Focuses on holistic needs of the patient, makes use of skills of various team members.
    - **Disadvantages**: Excellent communication and collaboration is required.
      * **Continuity of care may suffer**.
      * **Client/staff communication may be an issue**
      * **Delegation is necessar**
  + **Primary nursing**: RN maintains a patient load of primary patients.
    - A primary nurse designs, implements, and is accountable for the nursing care of patients in the patient load for the duration of the patient’s stay on the unit.
    - The primary nurse and/or associate nurses (other RNs) provide direct care.
    - Advantages include helping nursing to be perceived as knowledge-based practice, not task-based decentralization of nursing care decisions, authority, and responsibility to the staff nurse; 24-hour accountability for nursing care activities by one nurse; improved continuity and coordination of care; increased nurse, patient and physician satisfaction
    - Disadvantages include the degree of communication required, patient transfer to a different unit disrupt continuity of care, staff nurses not compensated outside of work, associates may be unwilling to take direction from the nurse.
  + In an effort to integrate disparate care, new models of care have been designed.
    - **Practice partnerships**: RN and an assistant—UAP, LPN, or less experienced RN—agree to be practice partners.
      * + **Ideal for novice nurse being paired with a senior nurse**.
      * The partners work together with the same schedule and the same group of patients.
      * The senior RN partner directs the work of the junior partner within the limits of each partner’s abilities and within limits of the state’s nurse practice act.
      * Practice partnerships may be applied to traditional models of nursing.
      * Advantages include continuity of care and accountability for patient care, lower costs, professional satisfaction.
      * Disadvantages include need for more UAPs, decreases ratio of nurses to nonprofessional staff, potential for the junior member of the team to assume more responsibility than appropriate.
    - Case management: involves a case manager (RN) who identifies, coordinates, and monitors care provided by licensed and unlicensed nursing personnel.
    - Five elements are essential to successful implementation of case management:
      * Support by key members (administrators, physicians, nurses)
      * A qualified nurse case manager
      * Collaborative practice teams
      * A quality management system
      * Established **critical pathways**
        + Set of strategies used by healthcare providers to attain expected outcomes. Critical pathways are not a nursing care delivery system, and there are insufficient data to determine if they are used in this scenario.
      * Advantages include: all professionals equal team members, members take ownership of patient outcomes
      * Disadvantages include: requires qualified nurse case manager, team collaboration, and quality management system, established critical pathways
    - Clinical pathways: pathways provide expected outcomes and care strategies developed by the collaborative practice team.
      * Pathways used with case management system.
      * The case manager tracks variances or alterations.
      * Advantages include: accommodation of unique characters, conditions of patients reduced costs
      * Disadvantages include: pathways may need revision
    - Evolving models of care include patient-centered care, the synergy model of care, clinical microsystems, and medical home model.
      * Patient-centered care broadens the role of the nurse to coordinate team of multifunctional unit-based caregivers.
        + All patient care services are unit based.
        + The focus is decentralization, promotion of efficiency and quality, and cost control.
        + Advantages include: lower mortality, numbers of caregivers reduced
        + Disadvantages include: time consuming for managers, caregiver responsibilities increased
      * The synergy model of care bases nursing practice on the needs and characteristics of patients, which drive competencies.
        + Patient’s characteristics determines what nursing skills and strengths are required
        + Nurse competencies matched with patient needs so that outcome is synergy.
        + Advantages: Useful to nurses by delineating job descriptions, evaluation formats, and advancement criteria. Furthermore, a synergy model helps meet the standards for Magnet® certification
      * Patient-centered medical home: Team-based health delivery system. Primary care provider is the “medical home,” ensuring that adequate and appropriate care is provided to a population of patients.
        + Coordinates care across settings and providers
        + Supervises transitions between providers and hospitals
        + Monitors care given by a variety of providers
        + Develops personal relationships with individual patients
        + Adapts care to unique patient needs
        + Follows up each encounter of care and revise or refer as necessary.
        + Advantages include: provides comprehensive care, patient centered, ensures accessible services, delivers coordinated care, includes quality and safety measures