Organizational Leadership & Inter-Professional Team Development

Name

University

Date

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Business Practices

Numerous approaches to patient care that have been structured in healthcare settings exist. In emphasizing on patient-based care, EBP (Evidence-based practice) demonstrates the essentiality of value. Self-reliance is maintained in the healthcare organization while satisfying the wishes and needs of the patient. EBP's chief concern is ensuring that the patient recovers fully from his/her condition. A multidisciplinary care panel striving to accomplish a common objective, the patient, and their families are the core aspects of patient- focused care (Davidson et al., 2017). Reimbursement procedures, business practices, and regulatory provisions have an immediate impact on patient- focused care in a healthcare setting.

The patient's wishes during his/her admittance, discharge, and subsequent medical check-ups are the pivots of patient-centered care. It incorporates existing and future therapy plans and provides the patient with the opportunity of having responsibility for their healing journey. Acknowledging a patient's needs and directing their treatment is valuable for enabling continuous results (Davidson, Doyle, & Silver, 2015). Occasionally, the policies and bureaucracies seem to eclipse the actual worth of patient-focused care.

Patient- focused care in a healthcare setting can be influenced by reimbursement procedures. For instance, Medicare programs that ensure effective and timely payments to physicians can help in mitigating the resultant inconveniences. Patient surveys can adequately capture the perceptions of the patients regarding the nature of their healthcare plans. They provide a health organization with the chance to tackle challenges, grievances, and effect modifications that will make it better adjusted to the wishes and demands of the patients (Greene, 2012). Indeed, enhancements usually result from the evaluation of patient experiences

and quality outcomes. In attempting to admit patients to a hospital, the utilization of patient experiences for the purpose of enhancing reimbursement procedures is beneficial. When nurses and practitioners apply patient-based care, the levels of conformity are improved resulting in fewer admittances or difficulties. The prospects for an enhanced healthcare industry rely on EBP and patient assessments.

Business practices can shape nursing practice and its determinations to offer patient-based care. It is apparent that patients are more aware of organizations that can provide them with patient-focused care. When searching for health facilities, patients prefer places that offer them excellent care. Still, their viewpoints do not incorporate the delineation between nursing service and care, leading to added problems that cannot be handled in the final evaluation (Di Bartolo & Braun, 2017). Patient-focused care is lucrative when considering business ideology since it leads to increases in financial revenues within the healthcare organization. For example, in Thomas Medical Hospital, there has been an improvement in patient-centred care every time the organization reviewed their business practices and reduced the inefficiencies present. Moreover, patient-centred care improves investment, assists with the personnel satisfaction, amplifies the status of the facility, and boosts marketing. Furthermore, it results in the enhancement of patient outcomes, which is considered in nursing practice as the central priority. The realization of results leads to the decline of admission rates, thereby resulting in cost reductions for the health facility (Di Bartolo & Braun, 2017). Eventually, the possibility of revenue and the advancement of the organization are enabled by patient-centred care.

Incidentally, in providing patient-focused care, it is essential that nursing practice cultivates EBP as its base. Best practices sustain patient-based care and maintain the safety of patient care. The role of regulations is to aid the nursing practice to adjust to modifications that

enrich the patient's care and recovery process. For instance, whenever nurses at Thomas Medical Hospital face a situation where their service delivery conflicts with the established policies, they attempt to align their actions with the regulations as much as possible. The scale of nursing practice distinguishes the nursing care for patients. Dissimilarities in accreditation facilitate patient-based care and progress the capacity of nursing practice to evaluate with care permanence (Davidson et al., 2017). What is more, the Affordable Care Act assists in the provision of patient-based care by collaborating with multidisciplinary teams that are involved in the patient's healing process, facilitation of healthcare availability, and provision of care continuity (Davidson et al., 2017). Several policies help with patient-centred care assisting patients in realizing their right to a health setting that appreciates this approach.

Patient and Family Centered Care Tool (PFCC)

The PFCC (Patient and Family Centered Care Organizational Self-Assessment) tool accurately represents the opinions of patients and their relatives regarding the healthcare organization (Nicholas, 2014). The self-evaluation tools facilitate the management of the emphases of patient care while providing for opportunities to modify areas that will fulfill the patient's needs. The PFCC assessment for Thomas Medical Hospital is attached to this document.

Thomas Medical Hospital is a world-class academic health care facility that is located in Boston, Massachusetts. The hospital's patient care unit is comprised of 48 treatment beds. The medical center's nursing division is divided into three discrete sections. An 18-bed adult critical therapy segment consists of one isolation room, four acute care rooms, two mental quarantine rooms, and one gynecology room. The pediatric urgent treatment area includes 12 beds

(including two mental isolation rooms and one critical treatment room). On a daily basis, Thomas Medical Hospital tends to an average of 175 patients.

Following the finalization with the PFCC evaluation tool, Thomas Medical Hospital was found to have different weaknesses and strengths. Even though the organization heavily focuses on patient care, it has areas that it can improve upon resulting in an enhanced patient care focus.

Setting Description

Thomas Medical Hospital is a world class academic medical facility that was founded in 1870. The institution has an undergraduate enrollment of 7,457, its background is inner-city, and the campus size is 230 acres. The hospital provides clinical services that include cancer treatment, eye surgery, pediatrics, and urology. The organization caters to the largely low-income patient population of Boston that consists of a diverse mix of cultural groups. Still, the dominant groups are the Whites, Blacks, and Hispanics. 90% of the patients it serves are entitled to have health coverage (Children's Health Insurance Program or Medicaid).

The hospital was the result of analyses that were performed in Boston that revealed that the mothers of children admitted to the facility exhibited incredibly low rates of insurance and extremely high levels of unplanned pregnancies. Due to the conclusions of the study, efforts were made to create an organization that would provide healthcare for the population.

Strengths and Weaknesses of the Organization

This section is an evaluation of the different strengths and weaknesses that Thomas Medical Hospital has regarding the aspects of leadership/operations, mission/values/vision, advisors, quality improvement, personnel, environment/design, diversity/disparities, charting/documentation, care support, and care.

Leadership /Operations

The organization scores averagely regarding leadership/operation. It possesses a devoted and passionate leadership at all its levels. Integrated systems and the collaboration of active, progressively reinforcing actions sustain a precious family and patient experience. However, enhancing the quality of care and patient safety has been a major challenge for the organization. Moreover, there is less patient inclusion in the procedures, programs, and policies of the hospital. The center should assess solutions in a safe environment or be provided with the chance to develop the skills needed to tackle the complex work it handles.

Mission, Vision, Values

Thomas Medical Hospital's mission is to enhance the health of the Boston area's residents and the globe by establishing models of quality in medical care, education, and research. The core values of the facility are integrity, excellence, diversity, and respect. The center's vision is to explore the limits of research, to expand medical education, creating hope for humanity, and revolutionizing clinical care. The organization's mission, core values, and recently developed vision not only function as the guiding standards for the way it handles its patients, trains its scholars, and carries out research to facilitate first-rate medicine, but will shape the basis for its strategic plan. The strengths of the organization are that they have clarified the patient-centered care in their basic brochure (which contains the mission, vision, and values). The only weakness is that the organization has not designed a patient friendly bill of rights and responsibilities.

Advisors

The hospital scores highly with regards to advisors since it has a Patient and Family Advisory Council that is committed to the enhancement of quality in the treatment of patients. The council includes previous and current personnel/patients.

The most informed individuals in the care team are the patients and their families. They can provide useful feedback and unusual perspectives on the quality of care they experience. Patient advisors provide the opinions of an extensive group of patients while its members offer understanding that embodies various geographical locations, incomes, genders, ages, outpatient experiences, and information from inpatients. The advisors at Thomas Medical Hospital improve comprehension in different medical fields and are comprised of managers, nurses, and safety physicians. The mutual interaction facilitates the Advisory Council that convenes each month to:

I. Act as supporters and facilitators to incorporate patient-focused care in every part of the organization.
II. Offer criticism on existing processes and systems in the hospital.
III. Devise new strategies to enhance the quality of care.
IV. Establish patient and family wishes and needs.

Still, few members from patient council serve on the hospital committee and this should be rectified to allow the patients to provide insightful feedback.

Quality Improvement

The organization scores highly when it comes to projects that are aimed towards quality improvement. Patients influence operational goals and participate in QI teams/meetings. Still, the hospital needs to ensure that they interview their patients as part of their WalkRounds. The center is embarking upon three quality improvement projects:

Sedation and Delirium

Adjustments in the management and supervision of sedation and delirium in the intensive care unit intend to lower the duration and incidence of delirium. These changes provide the patient with the chance to be dynamically involved in rehabilitation therapy. Sedation and

delirium conditions will be assessed twice in a day applying different tools and scales. Those participating will work vigorously to establish and handle the variable risk factors for delirium in the ICU (intensive care unit).

Sleep in the ICU

ICU-related sleep disruptions might have an adverse impact on patient outcomes. Several interventions might assist in enhancing sleep in the intensive care unit and accompanying patient outcomes. The objective of this initiative is to ensure progress in patient's sleep and associated mental results.

Personnel

The hospital has a high score on the matters of its staff. The facility is introspective and deliberate in offering resources and tools that help its workforce and families in being effective. Its practice and programs draw, maintain, and expertly support a capable and involved staff aimed at the center's success. Furthermore, patients participate in the recruitment/orientation procedures and are actively involved in the performance appraisal process. However, the major limitation is that the staff are not prepared for and supported in patient-centred care.

Environment and Design

There is an indication that Thomas Medical Hospital deserves a high score for environment and design. The design of its new pediatric buildings removed the need for central nursing stations and brought supplies, equipment, and workspace nearer to patient rooms. This configuration allowed nurses to have more time for administering care to patients. The lack of overhead paging on inpatient rooms facilitated a calm environment. Every room was designed for one patient with space created for the family within the room. Each component of the plan is

part of the treatment environment to sustain a personnel-patient-family relationship. Nevertheless, there is minimal participation of their patients in clinical design projects.

Diversity and Disparities

As a first-class medical institution, Thomas Medical Hospital has transformed its healthcare benefits to include transgender healthcare. The organization respects diverse religions, sustains an inclusive workplace, cultivates women leaders, and demonstrates care for the LGBTQ community. The institution ensures that it carefully measures the ethnicities it serves, provides translation services, and ensures that there are effective navigator programs. Still, the facility scores below average in the diversity of its residency training, which notably lacks students from marginalized ethnicities such as the Asians. Additionally, the organization needs to provide more education materials for the various literacy levels among its patients.

Charting and Documentation

The organization has a decent score when considering the effectiveness of its charting and documentation as its patients have complete access to electronic records. Nonetheless, there is a restriction to the patients' ability to conveniently chart. The hospital has a central, integrated electronic medical record system that handles its entire operations. Improvements that are necessary in this aspect are in regards to scheduling, computerized provider order entry, and ePrescribing (electronic prescribing).

Care Support

Thomas Medical Hospital scores highly in regards to care support due to its extensive range of health services offerings:

Rehabilitation Services

Registered practitioners provide occupational, speech-language, and physical therapy to heal patients that have lost mobility because of illness. The families of the patients have 24/7 access, can join in rounds, receive support in harm scenarios, obtain medication history, and initiate rapid response systems. Still, the facility needs to provide families with the opportunity to participate in rescue events. The center has one-on-one rehab programs that concentrate on fall aversion and home safety. The hospital's team collaborates with its clinical specialists and medical equipment to reclaim autonomy for the patients.

Geriatric Care

In assisting aging patients to stay in their homes, the hospital's professional team offers home care to senior patients, with emphasis on the needs and wishes of the clinically infirm.

Cardiac Care

The facility offers individualized training to the patients that have chronic heart disease, congestive heart failure, intravenous medications, and obstructive pulmonary disease. The objective is to assist heart disease patients and their families to handle treatment and medication.

Diabetes Management

Licensed nurses trained in the management of diabetes supervise the health of the patients and assists their caregivers in dealing with the illness to maintain a normal lifestyle.

Care

In matters of care, Thomas Medical Hospital scores highly. The patients are involved in care planning, and handled as partners in care. Nevertheless, the patients are not engage in collaborative goals setting. The facility, as a homecare provider, helps its patients to receive vital health care in the places where they deem restful. It provides services for all its patients incorporating private duty, specialty infusion, home health, and pediatric care. Furthermore, the

facility offers an extensive range of home medical equipment. In addition, the hospital's pharmaceutical division handles multiple outpatient pharmacy settings.

A pioneer in unique health care solutions, Thomas Medical Hospital is dedicated to the welfare and health of every one of its 500,000 members and the caregivers that tend to their needs. The hospital delivers and develops contractual healthcare relationships with healthcare providers, managed care institutions, and government programs.

Area of Improvement

One area where the organization requires significant improvements is in its diversity especially when it comes to the recruitment of residents. Although the hospital has successfully accepted different races such as African-Americans and Native Americans, it should ensure that it includes people from marginalized groups such as the Asians.

Improvement Strategy

Pipeline programs can be used by the hospital to make sure that it has diversity in its residency training. This is possible through partnering with colleges that have predominantly marginalized student populations and encouraging them to pursue health professions. A diverse residency program creates a pool of health professionals from every ethnical background improving the facility's score on diversity. This will increase patient-centeredness by improving parity, equalizing quality, and lowering disparities by particularly enhancing care for patients of Asiatic origin and other underprivileged groups (Lusk & Fater, 2013).

The multidisciplinary team that will be able to handle the problem of diversity in residency training will consist of postdoctoral fellows, social workers, psychologists, family therapists, and psychiatrists. These specialists will be from different ethnic backgrounds with a

particular emphasis on ensuring the involvement of Asian health professionals. This will promote teamwork and expose the residents to diverse approaches and perspectives.

System or Change Theory

Indeed, system theory can be used to address the issue of quality of care. The essential elements of quality care in every healthcare setting are comprised of safe healthcare environments, able staff, properly devised regulations, EBP, and processes that guide practice. An interdisciplinary hierarchical system resulting in the advancement of health consists of the critical components that offer the basis for promoting health and maintaining quality (Denier & Gastmans, 2013). Particular features of the social procedures of work can affect health development and quality care. There is vast research that proposes that cooperative interdisciplinary relationships enhance patient outcomes and lower mortality. This strategy can be applied by creating trust through procreative relationships, intensifying communications between subsystems in the larger structure, emphasizing on processes instead of staff, and developing effective teams.

Financial Implications

Indeed, the organization will spend a substantial part of its revenue to expand the diversity of the residency training. This implies that there will be significant increases in its benefits and salaries. Furthermore, there will be increased expenditure on pipeline programs that aim to tap into potential students in colleges and universities. However, diversity enhances the hospital's ability to deliver care to patients from different backgrounds and increases its capacity to respond to diverse ideologies/faiths. Moreover, diversity increases the quality of care and is a facilitator of higher returns on investment in human capital.

Methods

Assessing the effectiveness of the strategy will apply a qualitative approach that will incorporate patient surveys. Sample-size calculations at the start of the assessment will be an essential part of planning. The patient sample will be large enough to avoid the extra insights that result from enlargement. To evaluate the effectiveness of the strategy on patient-centred care, all the appropriate personnel groups will be sampled.

Multidisciplinary Team

Implementing diversity in the organization will be made possible through creating a multidisciplinary team. This team provides holistic care and satisfies the health needs of the patient. Involving members from across all the disciplines to implement the diversity strategy would enhance the PFCC scores and improve inclusion of different backgrounds in the provision of patient-focused care. Below is a table that defines the possible individuals and their functions in enforcing the diversity strategy:

Team Member	Role on the Team
Medical Students	Provide insights on the disparities that exist in the residency training program
Patients	To offer feedback on the delivery of care based on personal viewpoints.
Senior Associate Dean for Diversity	Integrating diversity into the culture of the organization
Health Care Specialist	To ensure that resident students in the program are encouraged to

Trainers	provide their perspectives on various cases
Recruitment Manager	Ensuring regular visits to educational institutions and individual admissions counseling sessions, and holding informational sessions

Ethnic inclusion and abilities are vital in sustaining patient-based care. Indeed, patients are exploring healthcare options because of the opportunities presented by the Affordable Care Act (Greene, 2012). There is an enhancement in diversity to the inclusion of diverse cultures and language within the healthcare setting. Culturally competent care is an essential component of patient-focused care. Healthcare organizations require bilingual nurses due to a variety of factors. The necessity for assistance with patient translation, providing such programs for nurses that require the skill, is a part of developing patient-based care

Moreover, gender diversity is a vital part of providing patient-focused care. A healthcare organization should provide care to all affiliations that include sex, gender, and culture (Jhutti-Johal, 2013). The capable multidisciplinary team is instructed and comprehends situations that are sensitive to marginalized groups. Establishing these groups is significant in applying the diversity strategy. The healthcare team should be comprised of individuals from different ethnic backgrounds to cater to the culturally diverse patient population.

Team Diversity

There has not been another period in history that requires team diversity in healthcare provision like this one does. The United States is a fast-aging country, and the government wants to improve the cultural competence and patient centeredness of healthcare organizations to lower health disparities. The percentage of senior adults from racial and ethnic minority populations is expected to grow rapidly by 2050, with the highest growth rates seen among African-Americans,

Hispanics, Native Americans, and Asian-Pacific Islanders. The U.S Census Bureau revealed that, in 2006, 20% of the population above 65 years was minorities (Lehman, Fenza, & Hollinger-Smith, 2013).

Within health facilities, competence behaviors, cultural awareness, and sensitivity are important since notions such as care, illness, suffering, and health imply different things for different individuals (Jhutti-Johal, 2013). Having a team that is aware of cultural traditions empowers healthcare organizations in offering better care and reducing misapprehensions between patients, staff, and residents (Denier & Gastmans, 2013). Culturally competent healthcare has a couple of advantages including expanded choices, avoidance of drug complications, more efficient resident training, proper screening/testing, and fewer diagnostic errors.

Leadership Theories

The appropriate leadership approach to applying this diversity strategy that was established as a weakness by the PFCC tool is transformational leadership. Staff and their managers should collaborate in enforcing the diversity strategy that emphasizes on patient-based care. Transformational leadership is one where the frontrunner inspires the personnel to effect the change and execute the approach. They are always there for consultations and are happy to assist with the challenges. They are exemplary models of leadership and prove that they are committed to their responsibilities, not to being harsh authoritarians. Nursing practice is increasingly active when it applies transformational leadership.

Implementation of Strategy

Executing the diversity strategy within the health facility would require input from several members. The application will require the consideration of diversity in all aspects of the

provision of healthcare. The recruitment manager will ensure that the visits to the educational institutions lead to positive results for the diversity of the residency program. Moreover, the Senior Associate Dean for Diversity will confirm that is an adherence to the culture of diversity within the healthcare organization's facets. Healthcare specialist trainers will confirm that the residents have equal opportunities for participation in developing cross-cultural perspectives to challenges.

There will be cooperation in the multidisciplinary team to enhance patient-based care. Employing the advisory council, the nurses, and the quality improvement committee will help in monitoring the enforcement of the diversity strategy. Sustaining the shared objective of patient-centred care, handling disputes, respect for the teams, and collaboration with others will assist the team to solve the weaknesses and effect adjustments. The practitioners will offer the nurses with support and will always be present for consultations with the patients. The function of the patient is to communicate their perceptions and needs while collaborating with the team to accomplish their outcomes.

Communication to Organization

Transparency in communication is a significant element in the effectiveness of the diversity strategy. Every individual will employ open communication, courteous conduct, and tackle problems as early as possible. Handling disputes with a moral disposition and addressing the needs of the patient as soon as possible are channels for successful communication. The diverse care team can cooperate to offer information to the patient and reveal their issue to management. This provides the patient with the chance of offering their queries and stating their wishes regarding the care they receive. When this occurs, the care team gains the ability to deliberate on the issue and provide the patient with proper solutions.

Tools for the Team

The CCCET is a tool that is devised to collect information on the delivery of cultural sensitivity, culturally-based care, and cultural evaluations in healthcare facilities (Jeffreys, 2010). The mechanism can be used in enhancing the team's self-assessment skills. This tool establishes the areas of gaps, weaknesses, and strengths in the organization. In addition, it offers constructive assessments so that feedback can steer future practical, affective, and cognitive learning required for increasing best cultural competencies (Jeffreys, 2010). Moreover, the tool measures the changes that occur after educational intervention and enhanced exposure to ethnically diverse patients. As a result, the tool can offer a comprehensive, structured, and systematic system for self-assessment.

References

Davidson, G. H., Austin, E., Thornblade, L., Simpson, L., Ong, T. D., Pan, H., & Flum, D. R. (2017). Improving transitions of care across the spectrum of healthcare delivery: A multidisciplinary approach to understanding variability in outcomes across hospitals and skilled nursing facilities. *The American Journal of Surgery*, *213*(5), 910-914. doi:10.1016/j.amjsurg.2017.04.002

Davidson, L. F., Doyle, M., & Silver, E. J. (2015). Multidisciplinary support for healthcare transitioning across an urban healthcare network. *Journal of Pediatric Nursing*, *30*(5), 677-683. doi:10.1016/j.pedn.2015.05.011

Denier, Y., & Gastmans, C. (2013). Realizing good care within a context of cross-cultural diversity: An ethical guideline for healthcare organizations in Flanders, Belgium. *Social Science & Medicine*, *93*, 38-46. doi:10.1016/j.socscimed.2013.03.045

Di Bartolo, C. A., & Braun, M. K. (2017). Introduction: Evidence-Based Practice in Patient-Centered Care. *Pediatrician's Guide to Discussing Research with Patients*, *34*(1), 1-16. doi:10.1007/978-3-319-49547-7_1

Greene, S. (2012). A Framework for making Patient-Centered Care Front and Center. *The Permanente Journal*, *16*(3), 49-53. doi:10.7812/tpp/12-025

Jeffreys, M. R. (2010). *Teaching Cultural Competence in Nursing and Health Care* (2nd ed.). New York, NY: Springer Publishing Company.

Jhutti-Johal, J. (2013). Understanding and coping with diversity in healthcare. *Health Care Analysis*, *21*(3), 259-270. doi:10.1007/s10728-013-0249-0

Lehman, D., Fenza, P., & Hollinger-Smith, L. (2013). *Diversity & cultural competency in health care settings*. Mather LifeWays. Retrieved from

https://www.matherlifewaysinstituteonaging.com/wp-content/uploads/2012/03/Diversity-and-Cultural-Competency-in-Health-Care-Settings.pdf

Lusk, J. M., & Fater, K. (2013). A Concept Analysis of Patient-Centered Care. *Nursing Forum*, *48*(2), 89-98. doi:10.1111/nuf.12019

Nicholas, B. (2014). The Effect of Patient and Family-Centred Care (PFCC) Delivery Model on Paediatrics at the Thunder Bay Regional Health Sciences Centre. *Paediatric Patient and Family-Centred Care: Ethical and Legal Issues*, *13*(4), 145-156. doi:10.1007/978-1-4939-0323-8_9