

Walden University – School of Nursing

Final Portfolio

NURS 6510-14 Synthesis Practicum

August 15, 2013

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Program of Study Form Master of Science in Nursing, RN Track

Based on the information that you provided, the following credits may be transferred into your program at Walden University. This information is **unofficial** until all official transcript(s), international evaluation, and course description or syllabus is received. Academic changes in the program you are considering may also influence the final review. For the most updated information once you start your program, please refer to your degree audit located on your student portal.

Name: Denise A. Milillo	Student ID Number: A00249146	Enrollment Date: September 7, 2010
Program: Master of Science in Nursing	Specialization: Leadership and Management	

Transfer of Credit Maximum: 40 quarter credits

	Course Number	Course Title	Credit Hours	Transfer Course / Term to be Taken
Foundational Courses (30 credits)	NURS 6000	Success Strategies in the Master of Science in Nursing Online Environment	1	Fall 2010
	NURS 6006	Issues & Trends in Nursing	4	Spring 2011
	NURS 6010	Advancing Nursing Through Inquiry & Research	4	Spring 2011
	NURS 6015	Information & Healthcare Technologies Applied to Nursing Practice	4	Summer 2011
	NURS 6022	Topics in Clinical Nursing	4	Summer 2011
	NURS 6025	Managing a Continuum of Care for Positive Patient Outcomes	4	Fall 2011
	NURS 6030	The Practice of Population Based Care	4	Fall 2011
Core Courses (20 credits)	(All core courses must be completed before starting the specialization courses)			
	NURS 6110	The Nurse Leader: New Perspectives on the Profession	3	Spring 2012
	NURS 6101	Policy and Politics in Nursing and Healthcare	3	Spring 2012
	NURS 6125	Integrating Theory and Research for Evidence-Based Practice	3	Summer 2012
	NURS 6150	Promoting and Preserving Health in a Diverse Society	3	Summer 2012
Specialization Courses (30 credits)	NURS 6200	The Nurse Administrator: Leading and Managing for Excellence	4	Fall 2012
	NURS 6210	Healthcare Finance and Budgeting	4	Fall 2012
	NURS 6220	Human Resources Management	4	Spring 2013
	NURS 6230	Case Study: Quality Nursing in Complex Healthcare	4	Spring 2013
	NURS 6500A	Capstone Synthesis Practicum I	3	Summer 2013
	NURS 6600A	Capstone Synthesis Practicum II	3	Summer 2013
<i>Tentative focus for practicum experience:</i>			Total	80
Transfer Courses				
Course	Course Title	Institution	Grade	Credits
Official transcripts are required to award Transfer of Credit.				
Admissions Specialist Signature:				Date:

Professional Development Plan

Denise A. Milillo

Walden University

NURS 6000-23, Success Strategies in the Master of Science Program in Nursing

November 7, 2010

Professional Development Plan

The purpose of this assignment is to formulate a plan that will guide me as I pursue the graduate nursing program at Walden University. This proposal will complement all facets of my life, as a Registered Nurse, a wife, a mother, and an emerging scholar-practitioner.

Education and Professional Background

My nursing career began in 1992, after graduating from an RN Diploma program. The education I received afforded diverse career opportunities, from staff nurse in a cardiovascular recovery unit (CVRU), operating room (OR) supervisor in an outpatient ambulatory surgery center specializing in ophthalmology and ocularplastics, a residential RN for autistic children living in an intermediate care facility, to my present position as a Continuous Quality Assurance RN.

Each position provided unique learning experiences that I will use as I engage in my graduate studies. While working in the CVRU, I assisted with the development of a “Fast Track” Recovery Program. As an OR supervisor, I had an opportunity to hone my managerial skills, delegate responsibilities and cultivate a team environment. My work with autistic and developmentally disabled children and adults improved my skills as a patient advocate. Today, I focus on patient safety.

Professional Goals

Attaining my baccalaureate was a future goal, as I have completed the prerequisite courses; however, the RN to MSN bridge program replaced that goal. The standards as set forth by Commission on Collegiate Nursing Education (CCNE), to earn accreditation, provides me with the confidence that Walden University commits to the mission and vision statements as

defined in the handbook. I will graduate as a nurse scholar, leader/manager, equipped with the tools necessary to function as an agent of change for the better of society.

Course Learning Goals

My immediate goal is developing a scholarly voice and gaining proficiency with the standards for writing developed by the American Psychological Association. The course descriptions peak my interest regarding the current health care delivery system and becoming proactive toward the future changes of health care reform.

Practicum

I look forward to having the opportunity to be mentored by an influential nurse leader/manager. I see no limits to what I can learn through the mentoring of others.

Summary

This paper provided the chance to put my goals on paper. I identified strengths and weaknesses from past experiences. I will reflect upon this paper as I progress through my studies at Walden University. The projected date of graduation as per my plan is August 2013, and I begin my journey as a nurse scholar, leader/manager.

DENISE MILILLO

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denise.milillo@gmail.com

PROFESSIONAL SUMMARY

Self-motivated Registered Nurse, exhibits diverse experience in health care, to include Quality Assurance. Welcome new challenges as I embrace my recent accomplishment of attaining my MSN in Nursing Leadership and Management. Detail oriented, thrive in a multi-task environment working independently and/or collaboratively.

LICENSE

Registered Nurse State of New York License Number: 487670

SKILL HIGHLIGHTS

- Meaningful Use
- PQRS
- eClinicalWorks EHR Super-User
- HITECH Incentives
- NCQA Measures
- Adverse Event Reporter/Investigator via NYPORTS
- Revenue Enhancing Projects
- MS Word, PowerPoint, Excel
- Teaching/Mentoring

PROFESSIONAL EXPERIENCE

- 12/2001-Present RN Quality Assurance
Developmental Disabilities Institute—Smithtown, New York**
- Responsible for Quality Assurance Management of an Article 16 and 28 Diagnostic and Treatment Center.
 - Report directly to Medical Director and Board of Directors.
 - Actively participates on Quality Assurance, Infection Control, Corporate Compliance, and Safety Committees.
- Residential RN**
- Directly responsible 24/7 for maintaining the physical and mental health of 41 Autistic and Developmentally Disabled Children residing in a group home setting.
- 01/1997-12/2001 Operating Room Supervisor
Long Island Eye Surgery Center—Brentwood, New York**
- 12/1992-12/1996 RN Cardiovascular Recovery Unit
Carolinas Medical Center NorthEast—Concord, North Carolina**
- 06/1992-12/1992 RN Cardiovascular Recovery Unit
Presbyterian Healthcare System—Charlotte, North Carolina**

EDUCATION

- 2013 **Master of Science in Nursing**
Minor: Nursing Leadership and Management
GPA: 3.93/4.0 Scale
Walden University—Minneapolis, Minnesota
- 1992 **Registered Nurse Diploma**
Mercy School of Nursing—Charlotte, North Carolina

PROFESSIONAL AFFILIATIONS

Sigma Theta Tau International Honor Society of Nursing
American Nurses Association

Week 8 Professional Portfolio: Health Care Reform

Denise A. Milillo

Walden University

NURS6101-21 Policy and Politics in Nursing and Healthcare

April 20, 2012

Week 8 Professional Portfolio: Health Care Reform

This course has exposed me to today's health care delivery system with the anticipated shift to address access to health care, cost, quality, equity, globalization, and the aging population. The current health care system will continue to develop inter-professional collaborative efforts, each organization transforming health care today into a future of wellness and preventive care. I have reflected upon the teachings in this course from the perspective of a nurse informaticist. The purpose of this paper is to consider how this course has affected my attitude toward other health care professionals and reveal insight I believe will be helpful moving health care reform forward. I will discuss how my ideas developed during this course regarding my ethical responsibilities toward patients, the family of patients, my profession, organization, society, and myself; and new insights gained between legal and ethical guidelines.

My Attitude Toward Other Health Professionals

My attitude toward other health professionals remains respectful as health care shifts toward a future of inter-professional collaboration. The availability of the electronic health record (EHR) allows practitioner's quick, easy access to the internet to research best practice for disease management, seek advice from other health care professionals, and provide quality care (Kropf, 2011). Health care professionals should maintain positive attitudes toward the EHR in the hopes of developing a system of wellness.

Knowledge/Insights Useful in Moving Healthcare Reform Forward

Information technology (IT) is one asset the United States (U.S.) will rely upon in the effort to move health care reform forward. Medicare and Medicaid Services (CMS, 2012) identified the potential benefits of EHR as streamlining patient care, eliminating duplication of

services, reducing medication errors, legible patient records, prompt access to advancements in evidence-based practice, collaborating care, enhanced communication for patients and health care providers, and convenient access to patient records. The electronic health record (EHR) transformed the nurses' approach to data collection and interpretation to improve patient safety and excellent outcomes with knowledge readily available at the point of patient care (Kropf, 2011). Coordinating Information Technology (IT) with health science offers opportunities promoting preventive care in the wellness continuum.

Ethical Responsibilities

Nurses contend with health care policy, politics, and professional ethics regarding patients on a daily basis. Nurses, bound by confidentiality, hold the patient with high regard, while family, organizations, and society separate and apart. Advances in IT and the implementation of the EHR leave patients vulnerable for potential breaches in confidentiality resulting in possible ethical and legal consequences. All decisions made, are in the best interest of the patient; therefore, nurses must possess confidence in their own sense of self-awareness, deliberation, and stay well versed in the knowledge of medicine, law, and ethics to provide the highest quality of patient care (Kropf, 2011). Professional nursing organizations support and guide nurses in their endeavor to provide quality care. The code of ethics, developed by the ANA, provides the standards by which nurses.

Understandings Gained, the Relationship Between Legal and Ethical Guidelines

Legal and ethical guidelines provide a platform for nurses to abide by throughout their careers to safeguard patients. Nurses understand the patient rights and autonomy; however, an effort must be made on the nurse's behalf to comprehend the legal jargon. Nurses often find

themselves conflicted with incidents, such as nonmalfeasance, or not harming a patient intentionally (ANA, 2010). Regardless, one must keep an open mind and abide by the patient.

Summary

The focus of health care is moving beyond the patient care received today, and places emphasis on the health of the patient across the wellness continuum. This renewed perspective integrates all aspects health care and services; therefore, eliminating fragmentation and concentrating on patient centered medical care. In summary, my attitude, outlook, and perspective remain positive with regard to implementing the EHR to better assist, organize, and move health care reform into a future forward.

References

American Nurses Association, (2010). *Guide to the code of ethics for nurses-Interpretation and application*. Silver Spring, MD: Nursebooks.org.

Centers for Medicare and Medicaid. (2010). Details for: Electronic health records at a glance.

Retrieved from <http://www.cms.gov/apps/media/press/factsheet.asp?Counter=3788>

&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOp
t=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&
year=&desc=&cboOrder=date

Kropf, R. (2011). Health information technology. In A. R. Kovner & J. R. Knickman (Eds.),

Health care delivery in the United States (10th ed., pp.331-349). New York, NY:

Springer Publishing.

Week 8 Portfolio: Empowerment

Denise A. Milillo

Walden University

NURS6110-3 The Nurse Leader: New Perspectives on the Profession

February 23, 2012

Week 8 Portfolio: Empowerment

Empowerment, a multidimensional concept, is cultivated through our experience, knowledge, core values, and beliefs. Empowerment involves the ability to influence and facilitate change in our environment (Grossman & Valiga, 2009). Historically, nurses have struggled with the lack of support in the health care community for empowerment and recognition as leaders. The purpose of this assignment is to establish the degree my organization empowers and supports leadership in their nurses based on results concluded from a leadership environment assessment survey.

Empowering Nurses in my Organization

Scoring 10 *yes* and 8 *no* responses on the Leadership Environment Assessment Survey by Grossman and Valiga (2009) reveals my organization, on a scale of 2 to 3, is slightly to moderately empowering to nurses. Grossman and Valiga (2009) define these results as an organization supporting, encouraging, and expecting leadership among its employees; however, the organization's priorities do not include leadership development. While these results do not surprise me, anticipating competent leaders without the educational component promoting quality leadership abilities is discouraging. Cultivating an environment conducive to providing exceptional patient care requires competent, informed leaders involved in the decision-making processes within the institution (Grossman & Valiga, 2009).

No Responses That Should Become Yes Responses

One identified *no* response implicates a gap in communication within the organization. According to Barnsteiner (2012), open communication promotes collaboration, two essential elements of teamwork in a healthy workplace environment; encouraging conflict resolution and

progression of shared visions and goals. Encouraging communication amongst leaders and followers provides members a feeling of self-worth and importance resulting in increased job satisfaction (Barnsteiner, 2012).

The next identified *no* response involved insufficient educational and training among the organization's nurse leaders. Manojlovich (2007) denotes that knowledge is the foundation on which leadership commences and cultivates leaders. Nurses acquire successful leadership abilities through experience and knowledge (Grossman & Valiga, 2009). Unsurpassed leadership ability contributes to both employee and patient satisfaction.

Empowerment to Change the Noted *No* Responses to *Yes* Responses

Accounting for the future is contingent on the ability of the organization to empower nurse leaders by opening up the channels of communication and providing knowledge to attain leadership status and allowing/encouraging a say in operations of the organization. Aligning with professional nursing organizations provides forums by which nurses empower each other and reinforce leadership abilities through networking, exchanging ideas, sharing information, resolving issues, and advocating toward a common goal (Grossman & Valiga, 2009). Attaining certification through the American Nurses Credentialing Center (ANCC, 2012) validates nursing excellence and competency while facilitating professional growth. The opportunity to serve on a committee provides a better understanding of the inner workings of the organization thus empowering nurses. The committee acts as a media for communicating goals, propagating ideas, and collaborating efforts ensuring an environment of excellence.

Summary

The future of nursing depends on confident nurse leaders influencing health care institutions to create environments empowering nurses to demonstrate autonomy over their practice. Understanding barriers within organizations discouraging empowerment among nurse leaders provides a basis for developing a professional plan to facilitate change. In summary, empowerment requires skilled communication techniques between leaders and followers and the tools necessary for the professional growth and competence for leadership.

References

- American Nurses Credentialing Center. (2012). About ANCC. Retrieved from <http://www.nursecredentialing.org/FunctionalCategory/AboutANCC.aspx>
- Barnsteiner, J. (2012). Workplace abuse in nursing: Policy strategies. In D. Mason, J. Leavitt & M. Chaffee (Eds.). *Policy & politics in nursing and healthcare* (pp. 240-246). St. Louis, MO: Elsevier Saunders.
- Grossman, S. C. & Valiga, T. M. (2009). *The new leadership challenge: Creating the future of nursing* (3rd ed.). Philadelphia, PA: F. A. Davis Company.
- Manojlovich, M. (2007, January 31). Power and empowerment in nursing: Looking backward to inform the future. *The Online Journal of Issues in Nursing*, 12(1).
doi: 10.3912/OJIN.Vol12No01Man01

Week 8 Portfolio Artifact: Evidence-Based Nursing Practice

Denise A. Milillo

Walden University

NURS6125-5 Integrating Theory and Research for Evidence-Based Practice

June 21, 2012

Week 8 Portfolio Artifact: Evidence-Based Nursing Practice

Salkind (2009) described research as an apolitical activity, assumed for the betterment of society. Incorporating research into nursing practice creates an environment of informed, accountable nurses with advanced critical thinking, skills, capable of formulating valuable judgments to improve patient outcomes and raise the standard of care (Burns & Grove, 2009). The purpose of this paper is to discuss how this course changed my expectations of evidence-based practice (EBP) and how I expect to utilize research in my area of clinical practice.

My Expectations of Evidence-Based Practice and Research

Master's prepared nurses must be acquainted with research and EBP within their clinical area of practice. The weekly discussions provided an opportunity to discover the prospects for research within our institution. It is apparent that research is within reach, and I gained the confidence to accept this challenge in my area of clinical practice. Conducting research, then applying research to nursing practice promotes EBP and improves health care quality and patient safety.

Utilizing Nursing Research and Evidence in the Future

Nurses strive to promote patient-centered health care within the community to incorporate the necessary resources to support chronic illness and maintain the health status of their patients. In my area of clinical practice, we are diligently working toward completing the application for the status of Patient Centered Medical Home (PCMH) through the National Committee for Quality Assurance (National Committee for Quality Assurance [NCQA], 2011). The PCMH model fosters a partnership between the patient and medical practitioner for coordination of care (NCQA, 2011). PCMH enhances health care coordination, includes patients

and family members, and encourages self-management of one's personal health care. This health care delivery model advances the quality, safety, and efficiency; eliminating gaps in health care. I plan to investigate further the impact PCMH has on maintaining control of chronic illness for our most frequent diagnosis, diabetes mellitus, and hypertension in the patients we serve. I hope to learn that the PCMH has made a difference in assisting with maintaining chronic illnesses, such as diabetes and hypertension. The future of healthcare is dependent on maintaining wellness and preventing illness.

Evidence-Based Practice Affecting my Work Colleagues

I anticipate resistance from my colleagues and peers when faced with change (Grossman & Valiga, 2009). Introducing EBP and including staff in understanding the vision is an essential component of successfully implementing change (Grossman & Valiga, 2009). Validating ideas and concerns of others is instrumental in the process of change (Grossman & Valiga, 2009). Upon sharing study results, my co-workers will eagerly implement changes to improve patient outcomes and maintain gratification in areas depicting positive change in our patient population.

Summary

In summary, it is evident that nursing research affects nursing practice and influences the approach to nursing practice. Nursing research guides nursing practice through EBP, improving the quality of patient care, patient outcomes, and the health care delivery system as a whole (Burns & Grove, 2009). Moving forward into the future of health care, quality outcomes depend on the nurse's proficiency and expertise in the area of research.

References

Burns, N. & Grove, S. K. (2009). *The practice of nursing research: Appraisal, synthesis, and generation of evidence* (6th ed.). St. Louis, MO: Saunders.

National Committee for Quality Assurance. (2011). Patient-centered medical home. Retrieved from <http://www.ncqa.org/tabid/631/default.aspx>

Salkind, N. J. (2009). *Exploring research* (7th ed.). Upper Saddle River, NJ: Pearson Education, Inc.

Week 8 Reflection: Community Health Plan

Denise A. Milillo

Walden University

NURS6150-6 Promoting and Preserving Health in a Diverse Society

August 16, 2012

Week 8 Reflection: Community Health Plan

With the majority of adult smokers beginning as teenagers, promoting healthy choices among adolescence regarding tobacco use is critical to becoming a tobacco-free country and eliminating a plethora of preventable illness and chronic disease. Most adolescents and young adults begin smoking, without intending to continue, and then realize they lack the ability to quit. The Surgeon General found that if young adults do not initiate tobacco use by age 26, the chances they will begin are next to none; therefore, it is especially important to commence anti-tobacco campaigns with young children (Office of the Surgeon General, 2006).

Avoiding tobacco, so it never becomes a habit, offers the only sensible approach to the eradication of tobacco. Promoting wellness decreases the potential burdens the aging population places on society financially and socially. Healthy life style decisions and choices are the answer to the reduction and elimination of tobacco use as a concern for the health of the future. In summary, education, emphasizing wellness, charges individuals with responsibility for their disease outcomes.

This presentation will take place in a conference room with 30 people in attendance. Attendees include the principals from the elementary, middle, and high school and the school board. The purpose of this meeting is to gain support from the school board to begin an anti-tobacco educational program in the school district. The positive effects of this program will provide an opportunity to expand into the community, pediatrician offices, and additional school districts in the county and eventually statewide.

Reference

U.S. Department of Health and Human Services, Office of the Surgeon General. (2006). The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General, U.S. Department of Health and Human Services. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet6.html>

PROMOTING A TOBACCO-FREE GENERATION

Week 8 Powerpoint: Community Health Plan
Denise A. Millilo
Walden University
NURS6150-6 Promoting and Preserving Health in a Diverse Society
August 16, 2012

TOBACCO
The **single**
Most **preventable**
Cause of **death**
In the United States
(Centers for Disease Control and
Prevention [CDC], 2012)

MAIN OBJECTIVES

- Raise public awareness of the negative effects of smoking
- Understand the influence of tobacco on children
- Support anti-tobacco curriculums in schools
- Encourage communities to advocate for stricter laws against the tobacco industry, tobacco use and sales

TOBACCO COSTS LIVES

Approximately...

- **400,000** people die annually as a direct result of tobacco use
- **50,000** non-tobacco users die annually from second-hand smoke
- **8.6 million** people suffer from tobacco-related illness

(Campaign for Tobacco-Free Kids, 2012)

TOBACCO CONSUMER COSTS

Annual

Public & Private Insurance Expenditures:

- Directly related to tobacco use: **\$96 billion**
- Related to second-hand smoke: **\$4.98 billion**
- Related to health & developmental issues from in-utero smoke exposure & exposure to smoking parents: **\$1.4 to \$4 billion**

(Campaign for Tobacco-Free Kids, 2012)

IMMEDIATE EFFECTS OF SMOKING

- **Neurological:** increases stress, alters brain chemistry
- **Respiratory:** paralyzes cilia, increases mucous production, irritates, & narrows airways, resulting in bronchospasm, cough, inability to rid airways of bacteria, & respiratory infections
- **Cardiovascular:** nicotine triggers vasoconstriction, increases heart rate, low-density lipoproteins, & thrombin production
- **GI:** increases acid production, causing gastroesophageal reflux, peptic ulcer disease & periodontal disease

TOBACCO & CHILDREN

- EVERY DAY.... **4,000** children experiment with their first cigarette
 - EVERY DAY.... **1,000+** children become regular smokers
 - EACH YEAR.... children consume **800,000** packs of cigarettes
- (Campaign for Tobacco-Free Kids, 2012)

TOBACCO USE & CHILDREN

Last month...

- **18.1%** (**3.4 million**) of children smoked
- **15%** of children used a form of smokeless tobacco

Two new smokers replace each person who perishes from a tobacco-related illness

70% of children who use tobacco, lack the ability to quit

(Campaign for Tobacco-Free Kids, 2012)

WHY CHILDREN TRY TOBACCO

- Peer pressure
- Fitting into social groups
- Imitating parental role models
- Accessibility
- Promotional campaigns
- Low self-esteem
- Attitude

(Healthy People 2020, 2012)

HOW TO PROTECT CHILDREN FROM TOBACCO USE

- Routine screening for at-risk populations
- Support educational programs in school curriculums
- Lobby for stricter laws to regulate tobacco products & marketing
- Encourage efforts by federal & local governments to discourage tobacco use by increasing taxes on tobacco products, supporting anti-tobacco laws & campaigns to prevent children from using tobacco

If young adults do not initiate tobacco
use by age 26,
chances they will begin
are next to none;
therefore,
it is especially important
to commence anti-tobacco campaigns
with young children
(Office of the Surgeon General, 2006)

6,000,000+
CHILDREN WILL
ULTIMATELY DIE
IF WE DO NOT TAKE
ACTION TODAY

References

- Campaign For Tobacco-Free Kids. (2012). Toll of tobacco in the United States of America. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf>
- Centers for Disease Control and Prevention. (2012). Youth and tobacco use. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
- U.S. Department of Health and Human Services, Healthy People 2020. (2012). Adolescent Health. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=2>
- U.S. Department of Health and Human Services, Office of the Surgeon General. (2006). The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General, U.S. Department of Health and Human Services. Retrieved from <http://www.surgeongeneral.gov/library/secondhandsmoke/factsheets/factsheet6.html>

Learning Experience Summary

Week 8 Portfolio: Learning Experience Summary
Denise A. Milillo
Walden University
NURS 6200-10 The Nurse Administrator
October 25, 2012

Chief Nursing Officer

Leadership Role Within the Health Care Organization

Accountable:

- **To the Organization**

Assures:

- **Delivery of Quality Nursing Care**

Manages:

- **Strategic Planning**
- **Financial Budget**

Participates:

- **In a Shared Governance Model**

Promotes:

- **A Healthy Work Environment**

- Respects:
 - The Rights of Nurses
- Self-Confident
- Supports:
 - Vision and Goals of the Organization
 - The Mission Statement

Effectiveness Within the Health Care Organization

- Empowers:
 - Nurses to Make Clinical Decisions
- Influences:
 - Ethical Decision Making

Maintains:

- Patient Safety

 Motivates:

- Staff

 Promotes:

- Autonomy
- Patient-Centered Care

 Provides:

- Oversight

 Promotes:

- Professional Growth

 Supports:

- Evidence-Based Practice



Chief Security Officer

Leadership Role Within the Health Care Organization

- Assesses Areas of:
 - Financial,
 - Physical, &
 - Personal Risk

- ❑ **Develops:**
 - **Safety Policies**
- ❑ **Establishes:**
 - **Security Standards**
- ❑ **Identifies:**
 - **Risks**

- ❑ **Implements:**
 - **Safety Policies & Procedures**
- ❑ **Limits:**
 - **Exposure to Liabilities**
- ❑ **Maintains:**
 - **Security**

- Reduces:
 - Risks
- Responds:
 - To Incidents

Effectiveness Within the Health Care Organization

- Assures:
 - Safety and Quality of Care
- Educates:
 - Federal Emergency Management Agency

- ❑ **Eliminates:**
 - Identified Risks
- ❑ **Maintains:**
 - HIPPA Compliance
- ❑ **Influential:**
 - In the implementation of the EHR

Quality Management

Leadership Role Within the Health Care Organization

Guided by:

The Institute of Medicine's definition of Quality (2012):
"the degree to which health services for individuals & populations increase the likelihood of desired health outcomes & are consistent with current professional knowledge" (para. 3).

Drives:

- The Strategic Agenda of the Organization

Maintains Visions and Goals through:

- Monitoring,
- Evaluating, &
- Improving the quality of health care delivered.

Effectiveness Within the Health Care Organization

- Provides an environment conducive for the:
 - Delivery of safe, quality patient care
- Uncovers & Assesses:
 - Potential Areas of High Risk

- Recognizes:
 - The Impact of the Nurse's Role in
Clinical Outcomes for the Organization
as the Key to Quality Patient Outcomes

Reference

Institute of Medicine of the National Academies. (2012). Announcement: Crossing the quality chasm: The IOM health care quality initiative.

Retrieved from

[http://www.iom.edu/Global/News%20Announcements/Crossing-the-Quality-Chasm-The-](http://www.iom.edu/Global/News%20Announcements/Crossing-the-Quality-Chasm-The-IOM-Health-Care-Quality-Initiative.aspx)

[IOM-Health-Care-Quality-Initiative.aspx](http://www.iom.edu/Global/News%20Announcements/Crossing-the-Quality-Chasm-The-IOM-Health-Care-Quality-Initiative.aspx)

Week 7 Reflection: Individual Learning Objectives

Denise A. Milillo

Walden University

NURS 6200-10 The Nurse Administrator

October 21, 2012

Week 7 Reflection: Individual Learning Objectives

The objectives of the learning experiences, designated in this course, involved acquainting myself with distinct leadership roles within healthcare organizations through interviews and shadowing various administrative personnel outside my clinical area. The working environment within organizations must foster collaboration amongst nurse leaders and managers at all levels, who understand their tasks and responsibilities and those of nonclinical leaders and managers as they coalesce to support the visions and goals of the organization. The purpose of this paper is to reexamine my time with J.K., Associate Director of Nursing, for the autistic and developmentally disabled children and adult residential program and describe insights gained through this interview regarding the operations in this healthcare organization and her role as the senior nurse. I will discuss how the knowledge and skills acquired through this course will help me develop into an effective manager and leader. I will reflect upon my increased awareness of knowledge and skills I have, those I need to develop, and influence the expectations of myself and clarified my career goals.

Insights Gained

Insights gained, through my interview with J.K., Associate Director of Nursing, concerned the lack of educational resources available for a nurse manager and leader 35 years ago. J.K., a Master's prepared nurse, assumed this position, out of longevity and commitment to the organization, and passion for the nursing profession, how many nurses gain advancement (Taft, 2013). Kirk (2009) emphasized professional training as a necessity for the longevity of the institution and mentioned clinical effectiveness as dependent upon this training for promoting a healthy work environment since nurse leaders manage operations, empower staff, maintain

safety, and produce quality outcomes. J.K. displayed self-confidence as she demonstrated repeatedly, the desire and need to support the institution's mission statement, visions, and goals.

Knowledge/Skills Learned

This course offered a diverse learning experience through a variety of resources. The textbook and media bestowed a foundation, reinforced throughout the class discussions, and introduced effective leadership and management skills. Emotional intelligence, one distinct characteristic essential to successful leadership and management explained the readiness for accepting such roles. The Master's in Nursing develops these leadership characteristics establishing a healthy working environment. Rousell and Radcliffe (2013) explained that the self-confident leader possesses the ability to maintain self-control and remain tough in when challenging issues present. Safety and quality remain in the forefront for health care delivery. According to Huston (2010), nurses promote safety and quality by making continuously improving their practice, preserving the credibility of the health care profession, and ensuring the consumer that they are receiving no less than the minimum accepted standards of care. This course has expanded my awareness of the nurse leader's obligation to improve the quality. This one area of constant change I consider a platform to expand my knowledge and skills I currently possess, plan to hone, develop, and incorporate into my career goals as a nurse leader.

Expectations/Career Goals

This course has expanded my awareness of the nurse leader's obligation to improve the quality. This one area of constant change I consider a platform to expand my knowledge and skills I currently possess, plan to hone, develop, and incorporate quality practices within my career goals as a nurse leader.

Summary

In summary, I have discovered the role and functions of an effective nurse leader. I am fortunate to have enrolled in such a program that offers the professional components that are necessary for effective leadership and management.

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Week 8 Portfolio: Business Plan-Financial Elements

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Walden University

NURS 6210-9 Health Care Finance and Budget

December 20, 2012

Week 8 Portfolio: Business Plan-Financial Elements

Health care delivery continues as the topic of debate amongst health care providers, community members, and legislators in the United States (U.S.). The health care reform agenda assures the American people access to safe, quality health care while containing cost expenditures. The purpose of this paper is to provide an overview of my business plan proposal including the nature of the service, the need for the service, and the projected volume. A comprehensive financial statement will identify revenue and operation expenses for the first year of operation. The required Learning Experiences provided the forum to obtain realistic revenue and volume projections and identify applicable reimbursement codes and rates consistent with the Centers for Medicare and Medicaid Services as well as specific expense projections. As a nurse leader, this business proposal provides an opportunity to enhance patient care, meet the needs of the community, and further the strategic plan and organizational goals of the healthcare organization for which I am employed.

Overview: Patient Centered Medical Home

The focus of health care is moving beyond the patient care received today, to an emphasis on the health of the patient across the continuum. Nurses strive to promote patient-centered health care within the community to incorporate the necessary resources to support chronic illness and maintain the health status of their patients. Patient-centeredness, one core value identified by the Institute of Medicine in a 2001 report, is a future goal for health care reform in the United States (Millenson, n.d.). The Patient-Centered Medical Home (PCMH) concept established in 1967, by the American Academy of Pediatrics, introduced a team approach for providing health care to the special needs pediatric population (American College of Physicians,

2005). The PCMH responsibly integrates all aspects health care and services, eliminating fragmentation and concentrating on the patient, fostering a partnership between the patient and medical practitioner for coordination of care (Apold, 2012). The PCMH engages the patient and family members, encouraging self-management of one's personal health care. In my area of clinical practice, a not-for-profit diagnostic and treatment center, I will propose attaining PCMH recognition through the National Committee for Quality Assurance (NCQA, 2011). The Joint Principles of the PCMH; incorporating a personal physician, and patient directed medical practice, whole person orientation, coordinated care, quality and safety, enhanced access to care, and reimbursement based on acknowledging the value of patient-centeredness, offers best practice for attaining positive quality outcomes and maintaining chronic illnesses, such as diabetes and hypertension (NCQA, 2011). America's Health Insurance Plans (AHIP, 2009) and the Centers for Medicare and Medicaid Services (CMS, 2011) reward the quality of care provided by physicians with PCMH achievement versus reimbursement regardless of the patient outcome. The patient Hierarchal Condition Code (HCC) scores determine practitioner reimbursement with a set fee per patient per month schedule (CMS, 2011). The future of healthcare is dependent on maintaining wellness and preventing illness.

Annual Projected Visits

Employee	Position	FTE	Projected Visits
J.P.	MD	1.0	4,600
P.C.	O.D.	1.0	4,600
N.F.	N.P.	1.0	4,600
Total Visits			13,800

Patient Revenue Projection

Payer	Percent	Number of Visits	Rate	Revenues	Bonus Payment PCMH Level 3 Recognition	Total Revenues
Medicare	40%	5,520	\$30	\$165,600	\$6	\$993,600
Medicaid	60%	8,280	\$41.06	\$339,976.80	\$6	\$2,039,860.80
	100%	13,800		\$505,576.80		\$3,033,460.80

(CMS, 2011).

(Emblem Health, 2012).

Projected Workload

Expected Care Hours (RVUs) = Hours of Care/ Level 1 Hours of Care (Finkler, Jones, & Kovner, 2013, p. 237).

Expected Care Hours (RVUs) = $0.8/0.5 = 1.6$

Expected Care Hours (RVUs) = $1.2/0.5 = 2.4$

Expected Care Hours (RVUs) = $2/0.5 = 4$

Acuity Level	Number of Patient Hours	Expected Care Hours	Total Unit Workload
1	3,450	0.5	1,725
2	3,450	1.6	5,520
3	3,450	2.4	8,280
4	3,450	4	13,800
Total	13,800		29,325

Projected Personnel Cost Budget

Position	FTE	Salary
Medical Director	1.0	\$175,000
M.D.	1.0	\$125,000
O.D.	1.0	\$125,000
N.P.	1.0	\$100,000
DON	1.0	\$90,000
RN	1.0	\$60,000
RN	1.0	\$60,000
RN	1.0	\$60,000
RN Quality Assurance	1.0	\$60,000
Medical Secretary	1.0	\$31,200
Medical Secretary	1.0	\$31,200
Biller/Coder	1.0	\$45,000
Total Fixed Costs		\$962,400

Projected Costs for Other than Personnel
Projected Costs

Direct Expenses	
Medical Supplies	\$50,000
Office Supplies	\$25,000
Dues/Subscriptions	\$4,000
Seminars/Education	\$15,000
Total Variable Costs	\$94,000
Overhead Expenses	
Mortgage	\$45,000
Telephones	\$2,400
Electric	\$13,200
Oil Heat	\$6,000
Water	\$1,200
Total Overhead Costs	\$67,800
Total	\$161,800

Operating Income

Operating Income = Gross Profit – Operating Expenses (Finkler, Jones, & Kovner, 2013, p. 115).

Operating Income = \$3,033,460.80 – (\$962,400 + \$161,800)

Operating Income = \$1,909,260.80

Break-even Analysis

I am unable to obtain actual cost per visit from my facility. This is an example:

Fixed Costs: \$25,000

Cost per Visit: \$50

Variable Costs: \$25 per patient visit

Break-even Volume = Fixed Costs/Price – Variable Costs (Finkler, Jones, & Kovner, 2013, p. 145).

Break-even Volume = \$25,000/\$50 - \$25

Break-even Volume = 1,000 Visits

Summary

In summary, change affects the organization as a whole. The PCMH affords a patient-practitioner relationship that promotes wellness, maintains illness, and delivers quality outcomes. The opportunity to facilitate change within the agency requires the utilization of the leadership and fiduciary strategies attained through this curriculum. I am disappointed by the lack of support from the nursing and business administration, since they were unwilling to share financial information and were offended that Walden University expected their cooperation in this matter.

CMS (2011) and Emblem Health (2012) provided the rate of reimbursement obtained in this paper.

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Week 7 Reflection: Leadership and Interpersonal Skills

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NURS 6220-3 Human Resources Management

February 24, 2013

Week 7 Reflection: Leadership and Interpersonal Skills

“Without excellent interpersonal skills and a high level of emotional and social intelligence, tomorrow’s leaders cannot be successful. Paramount to this success are communication skills and the ability to form positive relationships with followers and gain their commitment to and engagement in a shared and deeply felt purpose, as well as the ability to manage processes and develop others” (Manion, 2011, pp. 350-351). In reflection, this quotation summarizes Manion's (2011) fundamental core principles of leadership. The purpose of this paper is to evaluate how this course has affected my personal views as an upcoming supervisory role. I will identify concepts/issues surrounding human resource management that I now understand more fully, including my expanded appreciation of the organization and the day-to-day work of managers and staff nurses. I will discuss how the learning expanded my awareness of the knowledge and skills I possess and recognize those I need to develop in the area of human resource management.

Insights/Concepts Gained

The objectives of the learning experience designated in this course, involved my acquaintance with distinct leadership roles within human resources (HR) through interviewing and shadowing various key people. These individuals remain vital to the success of the organization through directing the HR department, recruiting, retaining, coordinating benefits and maintaining corporate compliance. HR supports the agency's agenda as they recruit competent individuals, with the intent to retain, maintain a competitive edge in the job market, and abide by the laws put forth by government agencies to protect the employee and remain within the confines of the organization's strategy (Flynn, Mathis, Jackson, & Langan, 2007).

Working environments within organizations must foster collaboration amongst nurse leaders and managers at all levels, who understand their tasks and responsibilities and those of the human resources managers as they coalesce to support the visions and goals of the organization. The HR department aligns themselves with the strategic needs of the organization, as the backbone, supporting all departments. It is important for nursing professionals to work with a HR department that respects nurses.

Knowledge/Skills Learned and That Need Refining

This course offered a diverse learning experience through a variety of resources. The textbook and media bestowed a foundation, emphasized throughout class discussions, and learning experiences reinforced effective leadership and human resources management skills. This course has expanded my awareness of the nurse leader's obligation to improve the quality. HR, the challenge of managing people is one area that I consider a platform to expand the knowledge and skills I currently possess and plan to hone, develop, and incorporate into my career goals as a nurse leader.

As nurses strive for recognition as professionals, nurses must continue to promote competencies and skills for their achievements of excellence, recognized and deemed professional by their peers in health care and within the communities (Manojlovich, 2007). Manion (2011) expressed proficient communication as the skill above all that a leader must possess for success. Communication promotes collaboration, as Manion (2011) discussed further and explained the two essential elements of teamwork in a healthy workplace environment include encouraging conflict resolution and progression of shared visions and goals.

Conflict management remains a source of discomfort. Inherent values and beliefs, instilled within each of us, define who we are as individuals. The same core values and beliefs transfer into the professional world and support excellence in leadership (Clark, 2008). Effective nurse leaders balance these traits to guide and support the needs of the organization and the needs of nurses. Dignity and respect remain in the forefront for maintaining successful personal and business relationships (Flynn, Mathis, Jackson, & Langan 2007). Proper education provides nurse leader with tools demonstrating power and self-assurance with the ability to remain direct and fair (Flynn, Mathis, Jackson, & Langan 2007).

Summary

In summary, I determined HR defines each organization. I am fortunate to have enrolled in such a program that offers the professional components that are necessary for effective leadership and management. The Master's in Nursing develops these leadership characteristics establishing a healthy working environment. A healthy workplace environment is directly dependent on the nurses' attitudes and views who work together.

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Week 8 Portfolio: Business Proposal-Human Resource Component

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NURS 6220-3 Human Resources Management

February 28, 2013

Week 8 Portfolio: Business Proposal-Human Resource Component

Health care delivery continues as the topic of debate amongst health care providers, community members, and legislators in the United States (U.S.). The health care reform agenda assures the American people access to safe, quality health care while containing cost expenditures. As a nurse leader, this business proposal provides an opportunity to enhance patient care, meet the needs of the community, and further the strategic plan and organizational goals of the healthcare organization for which I am employed. In the previous course, Nurse Administrator, I proposed attaining patient-centered medical home (PCMH) recognition through the National Committee for Quality Assurance (NCQA, 2011). In Health Care Finance and Budget, a comprehensive financial statement identified revenue and operation expenses for the first year of operation. The purpose of this paper is to consider the human resource component and develop a staffing plan to ensure adequate personnel. I will add the personnel required for the proposed PCMH business plan, building specifically on the budget projections established in the latter portfolio assignment, and include relevant information gained from my learning experiences. My staffing plan will include the position type and number and number of individuals, justification for each position to addresses type and number, and determine salaries and benefits.

The required Learning Experiences provided the forum to acquire an understanding of how the human resources department contributes to the strategic initiatives of the organization and supports the department of nursing.

Overview: Patient Centered Medical Home

The focus of health care is moving beyond the patient care received today, to an emphasis on the health of the patient across the continuum. Nurses strive to promote patient-centered health care within the community to incorporate the necessary resources. Patient-centeredness, a core value identified by the Institute of Medicine in a 2001 report is a future goal for health care reform in the United States (Millenson, n.d.). This patient care delivery system responsibly integrates all aspects of health care and health services, eliminates fragmentation, and concentrates on the patient. The PCMH fosters a partnership between the patient and medical practitioner coordinating care, engaging patients and family members, and encouraging self-management of one's personal health care (Apold, 2012). The joint principles of the PCMH; incorporating a personal physician, and patient directed medical practice, whole person orientation, coordinated care, quality and safety, enhanced access to care, and reimbursement based on acknowledging the value of patient-centeredness, offers best practice for attaining positive quality outcomes and maintaining chronic illnesses, such as diabetes and hypertension (National Committee for Quality Assurance [NCQA], 2011). America's Health Insurance Plans (AHIP, 2009) and the Centers for Medicare and Medicaid Services (CMS, 2011) reward the quality of care provided by physicians with PCMH achievement versus reimbursement regardless of the patient outcome. The future of healthcare is dependent on maintaining wellness and preventing illness. The health care reform agenda assures the American people access to safe, quality health care while containing cost expenditures.

Staffing Plan

This business plan entails adding to the existing employees. The PCMH care delivery system engages the patient to assume responsibility in optimizing their health in a safe, timely, effective, patient-centered, efficient manner regardless of the existing personnel parity (Carver & Jessie, 2011). Incorporating these, principles require increased face-to-face time spent with the patient, justifying the need for increased staffing since financially, it is impossible to allocate more time for each appointment (Carver & Jessie, 2011). NCQA PCMH Standards (2011) include leaving appointments available to allow scheduling same-day appointments. The current staffing pattern includes two medical doctors and one NP, with a caseload of 15 to 20 patients per day. An RN works alongside each medical practitioner. These are full time employees. The PCMH team approach should include an additional full time NP and RN and four certified medical assistants. A full time Quality Assurance RN is necessary for data collection and quality reporting to the NCQA.

Projected Workload

Expected Care Hours (RVUs) = Hours of Care/ Level 1 Hours of Care (Finkler, Jones, & Kovner, 2013, p. 237).

Expected Care Hours (RVUs) = $0.8/0.5 = 1.6$

Expected Care Hours (RVUs) = $1.2/0.5 = 2.4$

Expected Care Hours (RVUs) = $2/0.5 = 4$

Acuity Level	Number of Patient Hours	Expected Care Hours	Total Unit Workload
1	3,450	0.5	1,725
2	3,450	1.6	5,520
3	3,450	2.4	8,280
4	3,450	4	13,800
Total	13,800		29,325

Staffing Requirements and Full-time Equivalents

The clinic requires 29,325 nursing care hours. A full-time equivalent (FTE) is paid for 2,080 hours and nonproductive hours are 382 per FTE, 14.90 FTEs are required to provide the required care hours.

Total Paid Hours: 2080

Total Productive Hours = Total Paid Hours – Nonproductive Hours (Finkler, Jones, & Kovner, 2013, p. 236).

Total Productive Hours = 2080 – 382

Total Productive Hours = 1698

FTEs required to provide 29,325 hours of nursing care = Total Hours/Productive Hours (Finkler, Jones, & Kovner, 2013, p. 236).

FTEs required to provide 29,325 hours of nursing care = 29,325 /1698

FTEs required to provide 29,325 hours of nursing care = 14.90 FTEs

Salary/Benefits

Position	Salary	Health/Insurance/Paid Leave/Retirement/Fringe Benefits, 30% (personal communication, January 22, 2013)	Total
NP	\$90,000	\$27,000	\$117,000
RN	\$60,000	\$18,000	\$78,000
CMA	\$37,440	\$11,232	\$48,672
CMA	\$37,440	\$11,232	\$48,672
CMA	\$37,440	\$11,232	\$48,672
QA RN	\$60,000	\$18,000	\$78,000

Summary

In summary, change affects the organization as a whole. The PCMH affords a patient-practitioner relationship that promotes wellness, maintains illness, and delivers quality outcomes. The opportunity to facilitate change within the agency requires the utilization of the leadership, fiduciary strategies, and the knowledge and diplomacy offered through the human resources component attained through this curriculum.

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Week 7 Reflection: Preparation for Challenges as a Future Healthcare Leader

Denise A. Milillo

Walden University

NURS 6200-4 Case Study: Quality Nursing in a Complex Health Care Organization

April 21, 2013

Week 7 Reflection: Preparation for Challenges as a Future Healthcare Leader

The leadership and management case studies provided complex, realistic situations confronting health care today. Case studies afford opportunities for analyzing multidimensional problems and determining appropriate responses. These virtual experiences paralleled issues and challenged students in developing applicable strategies from the viewpoint of various leadership roles with differing views and perspectives. The purpose of this paper is to reveal insights gained throughout this course and how I will transfer the information learned to my clinical environment. I will discuss challenges revealed that I will potentially face as a future leader/manager and effective strategies identified to address complex workplace environmental issues. I will relate the value a team approach has examining and developing recommendations, preparing me for real-world experiences working in a concerted effort to address prospective workplace and or organizational issues. Finally, I will disclose how this learning experience expanded my awareness of knowledge and skills inherently possessed and those needing refinement as a manager, leader, and critical thinker.

Insights/Knowledge Gained

Evidence-based practice (EBP), established through research, experience, proficiencies, and patient outcomes, provides the foundation on which nurses delivers quality care in this changing health care environment (Head & Bays, 2010). Benchmarking, an essential component, necessary for quality improvement, monitors the ability to attain and maintain set goals and established credibility in the community and in health care organizations (Stiner-Chapman & Koch, 2013). Case studies are an essential tool since they provide necessary resources to guide daily practice for the delivery of quality patient care. Incorporating EBP at

the administrative level practice creates an environment of informed, accountable leaders with advanced critical thinking, skills, capable of formulating valuable judgments to improve patient outcomes and raise the standard of care (Burns & Grove, 2009).

Effective Strategies and Potential Challenges Addressing Complex Workplace Issues

Introducing evidence validates the need for the impending provisions and includes the management team in understanding the vision is an essential component of successfully implementing change (Grossman & Valiga, 2009). Upon analysis, data obtained is compared to previously established EBP illustrating potential success or imminent failure moving forward with the established plan for change. Challenges faced as leaders addressing complex issues in the workplace utilizing case studies include the lack of time, underdeveloped skills utilizing case studies, and poor teamwork, as well as inadequate administrative support, no incentives, and inadequate resources (Head & Bays, 2010).

Value of a Team Approach in Examining and Resolving Organizational Issues

Individuals as part of an effective and well-functioning team, are more productive, have a stronger commitment to the organization, and are instrumental in the process of change (Grossman & Valiga, 2009). The working environment within organizations must foster collaboration amongst employees at all levels, who understand their tasks and responsibilities as they coalesce to support the visions and goals of the organization. According to Yarbrough and Powers (2006), proactive collaboration and pooling of resources allows for the development of attainable strategies and goals.

Managerial, Leadership, and Critical Thinking Skills, Inherent and Needing Refinement

Facilitating change in the workplace involves planning and goal setting, thereby enhancing communication and eliminating confusion (Grossman & Valiga, 2009).

Communication and active listening are skills necessary to achieve since this benefit patients and colleagues, maintaining informed nurses capable of making good judgments. Communication remains an asset; however, enlisting research and EBP as a useful tool remains a weakness and in need of development as a future leader/manager. Appraising research as EBP requires refined critical thinking skills to employ successful strategies situations for resolving complex organizational issues (Grossman & Valiga, 2009). Credible and accountable decisions rely on a number of forms of knowledge and evidence that support nurses as possessing strong clinical decision-making, critical thinking, and problem-solving skills.

Summary

In summary, this course benefitted my future as a nurse leader/manager as exposing me to a number of situations establishing the effects internal and external environmental factors can have on health care institutions transforming the delivery of patient care services. As the United States continues moving forward with health care reform, it is important to reflect upon such lessons shared to determine strategies for future success when faced with similar circumstances.

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Week 8 Portfolio: Leadership Development Tool

Denise A. Milillo

Walden University

NURS 6200-4 Case Study: Quality Nursing in a Complex Health Care Organization

April 25, 2013

Week 8 Portfolio: Leadership Development Tool

Leadership and management case studies provide complex, realistic situations confronting health care today affording opportunities for analyzing multidimensional problems and determining appropriate responses (“Overview,” 2009). The purpose of this paper is to design a leadership development exercise identifying a work issue applicable for direct care staff to analyze and solve. I will describe themes, case highlights, and overt examples documenting the existence of the issue. A brief case study will communicate the issue the group will explore, provide details, and relevant information including concrete examples. Peer-reviewed journal article abstracts will provide a theoretical foundation for the course of action/interventions. Finally, I will identify learning outcomes and how the group members might apply the knowledge gained into their daily practice.

Identified Work Issue and Themes

The shift toward promoting wellness while preventing illness, in the current health care delivery system, supports the nurses' endeavor for providing safe, quality patient care achieving excellence in patient outcomes. Maintaining wellness in our patient population living with chronic disease is a challenging issue of today since chronic illness accounts for more than 75% of the nation's health care budget (Apold, 2012). With 25.8 million Americans diagnosed with Type 2 diabetes (T2DM), patient compliance for diabetes management is a quality and safety issue today (Centers for Disease Control and Prevention [CDC], 2011).

The vulnerable patient population served by ABC Community Health Clinic embraces a low socioeconomic community, often individuals live in shelters, compounded by mental illness.

The direct-care RNs' task involves identifying barriers to T2DM compliance and implementing quality improvement strategies for T2DM management within the identified at risk population.

The registered nurse (RN) is a critical component of the health care team for promoting wellness in the chronic illness population. Laughlin and Beisel (2010) discussed the influence of the RN on outcomes of patients living with chronic illness. One pilot study evaluated the effectiveness of the RN working with noncompliant T2DM patients. The results concluded that 48% of patients working with an RN on T2DM management successfully achieved the targeted Hg A1C, less than or equal to 7% over a six month period while only 20% met this target without the assistance of the RN (Laughlin & Beisel, 2010).

Case Study: Promoting Self- Management of Chronic Illness in a Patient-Centered World

Problem

Not only does patient noncompliance affect the United States as a whole, noncompliance lurks within the community served. Statistical reports, over the past six months, revealed 63% of the diabetic patient population served by ABC Community Health Clinic sustained a Hg A1C greater than 8%. As a nurse leader/manager, I investigated the cause in the inability to promote patient compliance. Individual staff interviews disclosed possible factors leading to poor diabetes control. The RNs and NPs blamed the lack of time and mere frustration brought on attempting to care for individuals lacking responsibility for their personal health care. The physicians' concerns lie within their patient liability and are refusing to order blood glucose monitoring during routine appointments since the results are predictable. The physician feels coerced into treating an unmanageable patient.

Addressing the Problem

Patient-centered care fosters a partnership between the patient and medical practitioner for coordination of care through orchestrating health care coordination amongst members of the patient's health care team, involving the patient and family, and encouraging self-management of one's personal health care (Saha, Beach, & Cooper, 2008). This approach promotes quality, safety, efficiency, and eliminates gaps in health care. As the organization moves toward patient-centeredness, the direct-care RNs undertook a team approach to improve T2DM compliance. A goal to improve compliance by 25% within six months reflected in improved Hg A1C results of less than 8%. The team was allotted 30 minutes following lunch for brainstorming sessions and the development of practice changes.

Results

Extended appointment times designated for T2DM patients, focusing on the patient, listening to concerns, identifying barriers discussing risks and benefits to compliance. Free and low cost medication websites were made available if finances cause concern (Kocurek, 2009). A blood glucose diary provided will attest daily compliance with a predetermined schedule for testing. The American Diabetes Association provided resources for living with diabetes, healthy eating, exercise, and events with in the community. Recommended resources and educational materials targeted the fifth grade reading level since 50 percent of the health care population has difficulty reading beyond this grade level (Kocurek, 2009). Hands on instruction accompanied all equipment required for disease management with return demonstration. Tools, such as pillboxes, alarms, telephone reminders, text messages, and emails were implemented. Measuring program effectiveness occurs after three months via the ability to score Hb A1C less than or

equal to 7%. Frequency of lab draws thereafter correlates directly with the patient's ability to achieve and maintain this score.

Challenges

Failure to comply requires re-evaluation of teaching methods and patient reinforcement. Throughout patient contact, medical and ancillary staff must empower the patient and encourage self-management.

Actions/Interventions

Successful change ensues the development of a structured, thought out plan and the ability to influence others in pursuit of a common goal. Colleagues need validation for their ideas and concerns and should have an instrumental role in the process of change as we move toward patient-centered care (Grossman & Valiga, 2009). Lippitt's change theory provided the conceptual framework behind transforming the organization's approach to managing T2DM, the first step in modifying the management of all chronic illness treated at the clinic. Lippitt's theory imitates the nursing process, assess, diagnose, plan, implement, and evaluate; the core of nursing practice (Lehman, 2008). Lippitt's assessment stage, Phase 1, established T2DM noncompliance as the problem requiring immediate attention. As the scope of T2DM noncompliance affects the organization as a whole, it is vital to present the plan of action to all relevant stakeholders. This includes Phase 2 motivating nurses, medical practitioners, medical director, and members of the board; all of whom are all ultimately responsible for the overall quality and patient safety. Including colleagues and peers in understanding the vision is an essential component of successfully implementing change (Grossman & Valiga, 2009). Phase 3 assessed the acceptance of the change-commencing Phase 4, establishing the plan. Phase 5

ascertained the group members' function, role in the change process, the plan is in action and maintaining, and monitoring the success begins Phase 6. Phase 7 instituted permanence.

Lehman (2008) found the following:

The Nursing Professional Development Educator role includes that of change agent.

Much of the literature addresses reaction to change rather than purposeful guidance of the process. This article describes the development of a planned change template. Distilled from change literature, experience in change management, and wisdom from the nuclear power industry, it can assist in avoiding some of the common pitfalls that thwart the success of change initiatives. (p. 176)

Mitchell (2013) found the following:

Planned change in nursing practice is necessary for a wide range of reasons, but it can be challenging to implement. Understanding and using a change theory framework can help managers or other change agents to increase the likelihood of success. This article considers three change theories and discusses how one in particular can be used in practice. (p. 32)

Expected Learning Outcomes

As the direct-care RNs collaborative achievement identified barriers to T2DM compliance and implemented quality improvement strategies they developed a sense of patient accountability, and understanding the influence of nursing, health care quality, and safety measures on improving health care delivery and safety for patients with living with chronic illness.

Summary

The focus on leadership verifies commitment to the organizations intrinsic goals and strategies (Manion, 2011). In summary, this paper benefitted my future, as a nurse leader/manager, as I constructed and progressed through a case study, initiating a change guided by Lippitt's change theory.

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Practicum Project Plan: Patient-Centered Medical Home

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NURS 6500B-11 Capstone: Synthesis Practicum 1

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Practicum Project Plan: Patient-Centered Medical Home

As the focus of health care is moving beyond patient care received today, emphasizing the health of the patient across the continuum, there is a distinct shift from primary care to patient-centered care (PCC), promoting wellness, and maintaining chronic illness. The purposes of this paper is to describe my practicum project, titled “The Patient-Centered Medical Home”, provide a goal statement, and introduce the project objectives, accompanied by an evidence-based literature review supporting the identified problem, project methods and evaluations considering the professional-practice standards and guidelines related to this project. The methodology will address the details to accomplish the objectives, followed by a formative evaluation gauging the project’s procession and a summative evaluation of the project’s objectives as to how I will use the results, formulate findings, conclusions, and recommendations. A timeline will present significant stages in the project.

Goal Statement

The main goal of this practicum project is to assist in implementing the patient-centered medical home (PCMH) in a multispecialty medical, dental, and mental health Articles 16 and 28 Diagnostic and Treatment Center (New York State Department of Health [NYSDOH], 2012). The clinic is a division of a not-for-profit agency, providing educational, residential, day habilitation, vocational, and respite for infants, children, and adults with autism spectrum disorders (ASD) and developmental disabilities (DD). The overall goal of this project is to receive the National Committee for Quality Assurance (NCQA, 2011) recognition that distinguishes this diagnostic and treatment center as an innovative leader in the delivery of

quality, patient-centered care, as well as increased professional satisfaction, respectful of the autistic and developmentally challenged individuals served.

Project Objectives

With the support of the Board of Directors, the CEO and senior management, my project objective engages a culture of patient-centeredness that converges with the 2011 PCMH standards as evidenced by collecting and uploading the required data satisfying the NCQA Survey Tool for PCMH Recognition (NCQA, 2011). The Joint Principles of the PCMH, established by the American College of Physicians (ACP, 2011), formats the trajectory for meeting the project objectives and workflow design as illustrated in the methodology. These principles designate a personal physician and patient directed medical practice, underlining whole person orientated and coordinated care, emphasizing quality and safety, enhanced access to care, and reimbursement based on acknowledging the value of patient-centeredness (ACP, 2011).

Literature Review

In 1967, the American Academy of Pediatrics introduced a team approach for providing health care to the special needs pediatric population, establishing the Patient-Centered Medical Home concept (Savage, 2010). Following, in 2001, the Institute of Medicine's (IOM) report, *Crossing the Quality Chasm*, identified patient-centeredness as one core value requiring improvement in health care delivery today (Jayadevappa & Chhatre, 2011). As a platform for health care reform, PCC responsibly integrates all aspects of health care services and eliminates fragmentation, concentrates and engages the patient and family, fostering a partnership with the

medical practitioner, encouraging self-management of one's personal health care (Pelzang, 2010).

A division of an organization devoted to caring for autism spectrum disorders (ASD) and developmentally disabled (DD) individuals, the diagnostic and treatment center shares the mission statement, "to support children and adults with developmental disabilities in achieving a lifetime of growth through exceptional care and innovative, individualized service" (Developmental Disabilities Institute [DDI], 2012). Limited cognition and inability to advocate for oneself, the PCMH complements the mission statement and goals through the ability to provide comprehensive medical care, physical and mental health, tailored to meet the unique needs and challenges of the patient populations served, exercising dignity, and respect (Agency for Healthcare Research and Quality [AHRQ], 2012). Care coordination, in conjunction with, the electronic medical record (EHR), assists families and primary care practitioners (PCP) navigate and manage complex co-morbid conditions uncommonly associated with a rare congenital conditions which community health care practitioners are often unfamiliar with these unique needs presented within this vulnerable population (Rich, Lipson, Libersky, Peikes, & Parchman, 2012). Office visit summaries, personal health care access via patient portals, improved communication via e-mail, and improved after hours support reassures this vulnerable patient population and families. Golnik, Scal, Wey, and Gaillard (2012), subsequently found parents of children with ASD appreciated the shared-decision making attribute of the PCMH leading to improved quality outcomes and family satisfaction.

With quality outcomes, the focus of health care today, evidence-based practice (EBP) is the method of choice for delivering patient care across the health care continuum. The Joint

Principles of the PCMH based on acknowledging the value of patient-centeredness, unmistakably align evidence-based practice and positive quality outcomes (Christensen et al., 2013). Maintaining wellness in our patient population living with chronic disease is a challenging issue of today since chronic illness accounts for more than 75% of the nation's health care budget (Apold, 2012). Conjoined quality indicators and evidence-based practice, in comparison to, the conventional health care delivery methods appeases the consumer demand to decrease health care costs without compromising patient outcomes, in contemplating voluminous costs associated with special needs (AHRQ, 2012). PCC motivates the patient and health care team, through EBP, preceding acute illness into a dimension of preventive care.

Methodology

Conceptual models respectfully guide research, study, practice, and education while describing, explaining, predicting, and/or controlling research (Burns & Grove, 2009). The contemporary move toward initiating PCC encouraged me to explore Hernandez, Conrad, Marcus-Smith, Reed, and Watts' (2013) proposed framework integrating the principles of the PCMH and peer-reviewed evidence of organizational change. Once leaders at all levels of the organization commit to adopting change, others simulate these ideas and actions (Grossman & Valiga, 2009). Once accepted, the organization's culture and value system must reflect the impending transformation (Hernandez et al., 2013). "Organizational strategy," according to Hernandez et al. (2013), involves "coherence of strategic and operational plans" in sequence (p. 169).

"PCMH Standard 1, Enhance Access and Continuity," meets the ability to provide a personal physician and enhance access to medical care (NCQA, 2011, p. 29). Every patient

chooses his or her personal physician. Policy changes will provide urgent care appointments available with the patient's personal physician on demand, blocking appointment slots with each provider for this specific need. The personal physician will respond to patient phone calls within a predetermined timely manner. After hours, the answering service will continue to provide patients access to medical care. "PCMH Standard 2, Identify and Manage Patient Populations," involves managing chronic illness through quality indicators and implementing evidence-based practice and sharing quality measures (NCQA, 2011, p. 40). This will be met through patient registries and tracking through the EHR. "PCMH standard 3, Plan and Manage Care," as the physician directed team approach will begin each day with a huddle and discuss the day's schedule, identifying patient needs, barriers to care, formulating care plans, and managing care (NCQA, 2011, p. 48). "PCMH Standard 4, Provides Self-Care Support and Community Resources," as the team will promote self-care management, involving the patient and family via teaching, counseling, and community resources (NCQA, 2011, p. 58). "PCMH Standard 5, Track and Coordinate Care," will involve e-prescribing and a system for providing patient referrals, tracking the progress and encouraging the patient to take responsibility for their own follow-up to care (NCQA, 2011, p. 62). "PCMH Standard 6, Measure and Improve Performance," through establishing a continuous quality improvement program and managing diagnostic and lab studies, and avoid duplication of services (NCQA, 2011, p. 70).

Formative Evaluation

Formative evaluations performed intermittently throughout my practicum project gauges progression allowing for modifications if necessary. Comparing the actual numerator and

denominator, to the proposed numerator and denominator identifies progress and readiness for formally submitting data to the NCQA.

Summative Evaluation

The summative evaluation upon the project's completion provides an assessment, evaluating the effectiveness, need to continue, or change (Fagen et al., 2011). The overall goal, to achieve NCQA (2011) recognition as a PCMH measured through successfully meeting the numerators and denominators data they correspond to the data collected through the reporting period.

Summary

In summary, change influences the organization as a whole and involves a well-developed plan of action for oversight. Opportunities to facilitate change within the organization require the skills and determination of great leadership. Patient-centeredness, the precursor for the PCMH affords a quality approach to health care delivery within a satisfied environment.

Appendix

Week 1 July 1-5	Week 2 July 8-12	Week 3 July 15-19	Week 4 July 22-26	Week 5 July 29- August 2	Week 6 August 5-9
Establish diagram for new workflow.	Implement workflow, identify barriers.		Collect data as required for submission to NCQA.		Present Power Point to management and staff.

The above timeline provides my weekly project activities to achieve my project goals.

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Patient-Centered Medical Home

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AUGUST 11, 2013

Patient-Centered Medical Home Project Outline

- Overview
- Goals
- Objectives
- Rationale
- Methodology
- Outcomes

This Power Point presentation will provide an overview of the Patient-Centered Medical Home including the goals, objectives, and rationale for this project. I will explain the methodology supporting the implementation and evaluate the project outcomes.

Overview

- ❑ 1967: Introduced by: American Academy of Pediatrics (AAP) (Savage, 2010)
- ❑ 2001: Identified as: *Core Value* by the Institute of Medicine (Jayadevappa & Chhatre, 2011).
- ❑ 2002: Accepted by: American Academy of Family Physicians (AAFP) (Longworth, 2011)
- ❑ 2007: Defined by: AAFP, American College of Physicians (ACP), AAP, & American Osteopathic Association (AOA) (Meyers, Quinn, & Clancy, 2010)
- ❑ 2008: First PCMH recognized by: National Committee for Quality Assurance (NCQA, 2011)

- The Patient-Centered Medical Home concept introduced by the American Academy of Pediatrics in 1967 in response to the need for a team approach for providing health care to the special needs pediatric population (Savage, 2010).
- In 2001, the Institute of Medicine report, *Crossing the Quality Chasm*, identified patient-centeredness as one of six core values requiring improvement in health care delivery today (Jayadevappa & Chhatre, 2011).
- In 2002, the American Academy of Family Medicine accepted the PCMH concept (Longworth, 2011).
- In 2007, the AAFP with the ACP, AAP, and the AOA defined the PCMH by establishing principles (Meyers, Quinn, & Clancy, 2010).
- Finally, in 2008, the NCQA recognized the first PCMH (NCQA, 2011).

Goals

- I. Implement the Patient-Centered Medical Home (PCMH) in a multispecialty medical, dental, and mental health, Articles 16 & 28 diagnostic and treatment center (New York State Department of Health [NYSDOH], 2012).

The first of two formal goals for this project include: implementing the Patient-Centered Medical Home (PCMH) in a multispecialty medical, dental, and mental health, Articles 16 & 28 diagnostic and treatment center (New York State Department of Health [NYSDOH], 2012).

Goals

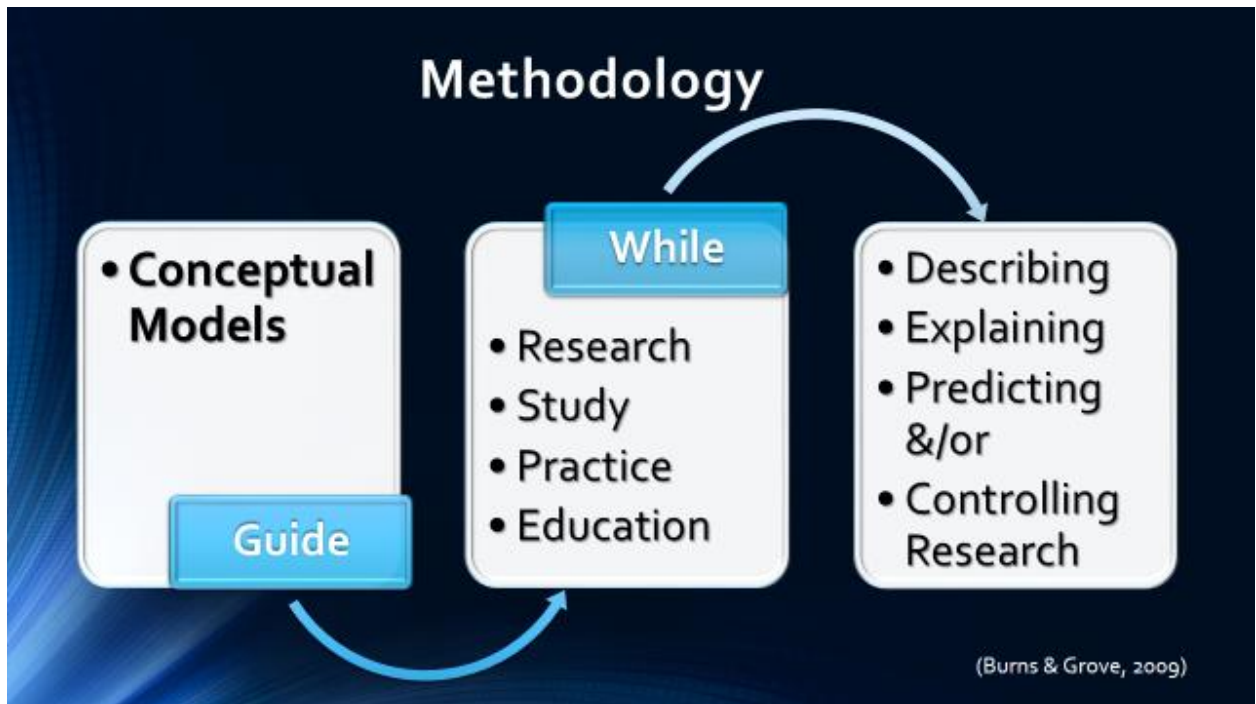
- II. Receive NCQA (2011) recognition, distinguishing this center as an innovative leader in the delivery of quality, patient-centered care with increased professional satisfaction, respectful of the autistic and developmentally challenged individuals served.

The second formal goal involves receiving NCQA (2011) recognition that distinguishes this center as an innovative leader in the delivery of quality, patient-centered care with increased professional satisfaction, respectful of the autistic and developmentally challenged individuals served.

Objectives

Engage a culture of *Patient-Centeredness* converging with the 2011 PCMH Standards as evidenced by collecting and uploading the required data satisfying the NCQA (2011) Survey Tool for PCMH Recognition.

The project objective engages a culture of *Patient-Centeredness* converging with the 2011 PCMH Standards as evidenced by collecting and uploading the required data satisfying the NCQA (2011) Survey Tool for PCMH Recognition.



Conceptual models respectfully guide research, study, practice, and education while describing, explaining, predicting, and/or controlling research (Burns & Grove, 2009).



Strategic and operational plans to establish the PCMH begin with incorporating the PCMH Standards into organization's policies and procedures and then implementing these standards into daily practice (Hernandez et al., 2013).



Standard 1
Enhanced Access & Continuity

Personal Physician

**Enhance Access to
Medical Care**

(NCQA, 2011, p. 29)

- Easy to read, informational pamphlets guide patients through all aspects of the PCMH, including the ability to choose your own Primary Care Practitioner.
- Every effort will be made to accommodate the patient for acute/same day appointments with their Primary Care Practitioner, such as appointment slots intentionally block for this purpose.
- Prompt after and before access to a physician will continue via the answering service.
- A patient portal will offer each patient the ability to view personal health records, diagnostic and lab results, schedule appointments, request medication renewals, and improved communication through email.
- All foreign language patients will be provided with information in their native language, the Language Line will be accessible at all times, and a sign language interpreter will be provided during the appointment for all hearing impaired patients.



- Identifying and managing patient populations involves managing chronic illness through quality indicators, implementing evidence-based practice, and sharing quality measures (NCQA, 2011, p. 40).
- Comprehensive health assessments will be completed on every patient on initial visit, annually during the wellness exam, and as needed.
- Quality measures are tracked through the electronic health record and immunization registries and syndromic surveillance data are available electronically for reporting purposes.



- Assess the needs of the patient population.
- Identify barriers to care.
- Develop a plan of care to include the top two frequent diagnosed chronic health issues and one condition related to unhealthy behaviors, mental health, or substance abuse, implement evidence-base practice guidelines, including patient reminders, to manage patient care.



Empowerment, through proactive measures, as a team, promoting self-care management, involving the patient and family via teaching, counseling, and community resources (NCQA, 2011, p. 58).



A referral and tracking system for labs and diagnostic tests ordered and patient referrals, encouraging the patient to take responsibility for their own follow-up to care (NCQA, 2011, p. 62).

Labs, diagnostic tests, and referrals ordered are tracked, ensuring completion. Abnormal results are followed-up with the patient.



The established Continuous Quality Improvement Program measures performance, to include three preventive and chronic care measures, two health cost utilization measures, and patient experiences, avoiding duplication of services and promoting continuity of care (NCQA, 2011, p. 70).



The six elements target nine specific areas of clinical practice. Accurately assessing outcomes involves providing data that measures access to care and communication, patient tracking and registries, care management, patient self-management support, e-prescribing, tracking labs, diagnostic tests, and referrals to completion, maintaining quality, and utilizing the electronic health record (Savage et al., 2010).

Points	Standard & Element (NCQA, 2011)	Number of Factors	Must Pass (50% Score)
20	1. Enhance Access & Continuity	34	
4	A. Access During Office Hours	4	X
4	B. After-Hours Access	5	
2	C. Electronic Access	6	
2	D. Continuity	3	
2	E. Medical Home Responsibilities	4	
2	F. Culturally & Linguistically Appropriate Services (CLAS)	4	
4	G. The Practice Team	8	

Each of the six standards contain sub-categories or elements, scored for a total of 100 points.

Within each standard, there are designated “Must Pass” elements, as highlighted in this table.

Points	Standard & Element (NCQA, 2011)	Number of Factors	Must Pass (50% Score)
16	2. Identify and Manage Patient Populations	34	
3	A. Patient Information	12	
4	B. Clinical Data	9	
4	C. Comprehensive Health Assessment	9	
5	D. Use Data for Population Management	4	X
17	3. Plan and Manage Care	24	
4	A. Implement Evidence-Based Guidelines	3	
3	B. Identify High-Risk Patients	2	
4	C. Care Management	7	X
3	D. Medication Management	6	
3	E. Use Electronic Prescribing	6	

Attestation via an interactive survey tool, accompanied by data fulfilling specific numerators and denominators, examples, or self-attestation (NCQA, 2011).

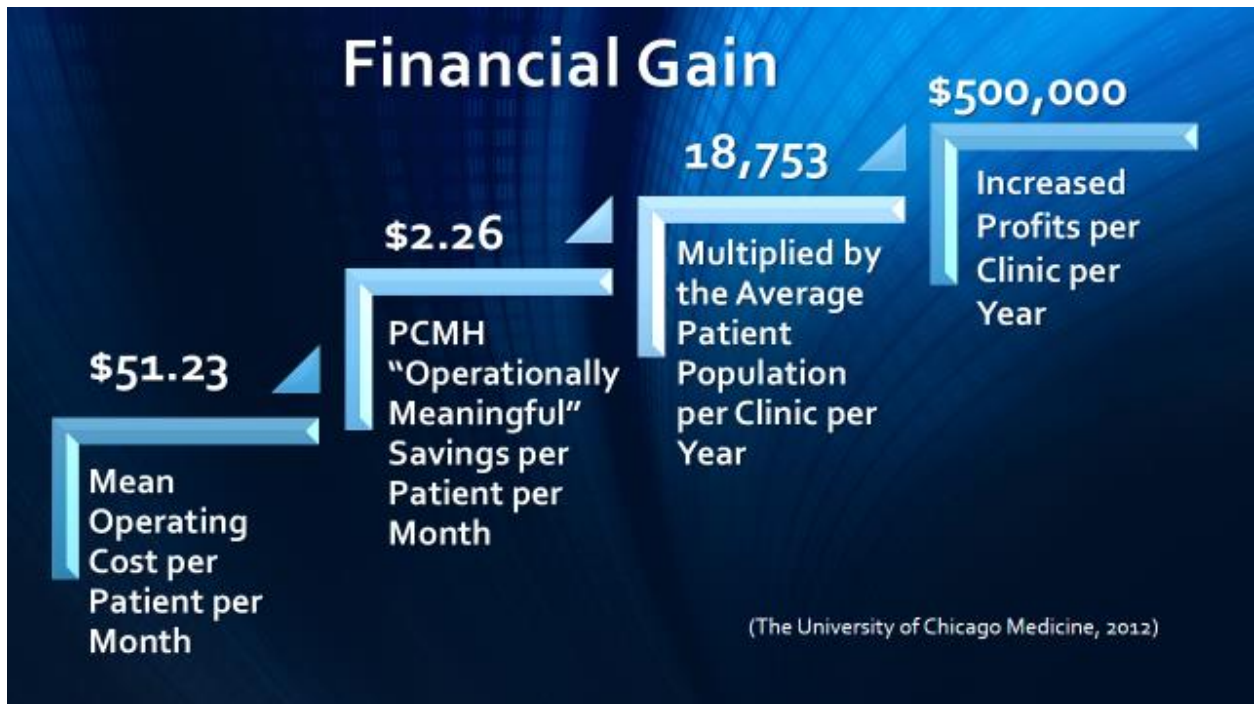
Points	Standard & Element (NCOA, 2011)	Number of Factors	Must Pass (50% Score)
9	4. Provide Self-Care Support & Community Resources	10	
6	A. A Support for Self-Care Processes	6	X
3	B. Provide Referrals to Community Resources	4	
18	5. Track and Coordinate Care	25	
6	A. Test Tracking & Follow-Up	10	
6	B. Referral Tracking & Follow-Up	7	X
6	C. Coordinate with Facilities/Care Transitions	8	

Points	Standard & Element (NCQA, 2011)	Number of Factors	Must Pass (50% Score)
20	6. Measure & Improve Performance	22	
4	A. Measure Performance	4	
4	B. Measure Patient/Family Experience	4	
4	C. Implement Continuous Quality Improvement	4	X
3	D. Demonstrate Continuous Quality Improvement	4	
3	E. Report Performance	3	
2	F. Report Data Externally	4	
0	G. Use Certified EHR Technology	2	
100	28 Elements	152 Factors	6 Must Pass Elements 29 Points

Out of 129 total factors, there are six must pass elements. Elements are met by scoring percentages from 25 to 100. “Must Pass” elements must achieve at least a score of 50%.



Depending on the total score, the organization is granted a recognition on one of three levels, for a period of two years (NCQA, 2011). The summative evaluation upon the project's completion provides an assessment, evaluating the effectiveness, need to continue, or change (Fagen et al., 2011). The overall goal, to achieve NCQA (2011) recognition as a PCMH measured through successfully meeting data it correspond to the data collected through the reporting period.



A study by the University of Chicago Medicine (2012) showed

- A mean operating cost per patient, per month to equal \$51.23.
- PCMH recognition provides \$2.26 savings per patient per month
- Multiplied by 18,753, the average number of patients seen per clinic per year
- Increased profits by \$500,000 per year

Improved Outcomes

- ✓ 36.3% reduction in hospitalization stays
- ✓ 32.2% decrease in emergency room visits
- ✓ 12.8% increased compliance in adhering to medications prescribed for chronic illness
- ✓ Improved staff satisfaction in PCMH practices

(Grumbach & Grundy 2010)

Aside from financial gain, Grumbach and Grundy (2010) found the PCMH was responsible for:

- A 36.3% reduction in hospital stays
- A 32.2% decrease in emergency room visits
- A 12.8% increase in patient complying with medications ordered for chronic illness
- Improved staff satisfaction



Conclusion of Presentation

Question and Answer Session

This concludes the PCMH PowerPoint presentation.

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MSN End of Program Outcomes Evidence Chart

MSN Graduate Characteristics	Individual Student Learning Outcomes (ISLOs)	Course #; Learner Assessments (Evidence according to alignment of learner outcomes from syllabus chart)	Student Outcome: <i>Service</i> (Community/ Professional)	Student Outcome: <i>Scholar-Practitioner</i> (Scholarship/ Practice)	Student Outcome: <i>Social Change</i>
Leaders/ Change Agents	LO ₁ - Synthesize organizational/ systems leadership for cost-effective specialist nursing practice that contributes to high-quality healthcare delivery, advancement of the nursing profession, and social change.	6110 6101 6200 6210 6220 6500 6510	Support Developmentally Disabled and Autistic Adults and Children through donations.	Provided oversight to new employees-direct care staff, during their initial three medication passes upon completing the classroom/written portion of a course granting these individuals the ability to provide the children and adults living in residential settings prescription medication.	Encouraged nurses to support the Nurse and Health Care Worker Protection Act of 2013, by writing members of Congress. This Bill, introduced by Congressman John Conyers, decreases the potential for injury to health care workers and patients, by eliminating such practices as manual lifting, repositioning, and transferring patients.

MSN Graduate Characteristics	Individual Student Learning Outcomes (ISLOs)	Course #; Learner Assessments (Evidence according to alignment of learner outcomes from syllabus chart)	Student Outcome: <i>Service</i> (Community/ Professional)	Student Outcome: <i>Scholar-Practitioner</i> (Scholarship/ Practice)	Student Outcome: <i>Social Change</i>
Scholar-/ Evidence-Based Practitioners	LO ₂ - Critique evidence-based literature drawing from diverse theoretical perspectives and pertinent research to guide decision-making that demonstrates best practices for specialist nursing practice in a global society.	6125 6150 6200 6230	<p>NURS-6030-I interviewed Mary Beth Koslap-Petraco DNP, PNP-BC, CPNP, Coordinator for Child Health at a county health department in NY, member of the advisory boards of the Immunization Action Coalition, Parents of Kids with Infectious Diseases, consults for the CDC, served on the National Vaccine Advisory Committee; as a resource for EBP regarding vaccinating children in socio-economically depressed populations for a scholarly paper.</p> <p>Completed and presented a Power Point presentation on preventing tobacco use amongst the youth in the United States utilizing EBP for NURS6150.</p>	<p>In NURS-6030, The Practice of Population-Based Care, I participated in a scholarly group project paper, utilizing EBP, on the barriers to childhood immunizations in the United States.</p> <p>During NURS-6010, participated in a group project research critique paper, using EBP, on post-operative pain assessment practices.</p>	<p>Support the purchase of preservative free flu vaccines in addition to their usual stock since the parents of the autistic children in the group homes refused to consent for their child to receive the vaccination.</p> <p>Encourage parents of the autistic children living in group settings, via EBP, to receive the preservative free flu vaccination since their children are at a high risk related to the living arrangements.</p>

MSN Graduate Characteristics	Individual Student Learning Outcomes (ISLOs)	Course #; Learner Assessments (Evidence according to alignment of learner outcomes from syllabus chart)	Student Outcome: <i>Service</i> (Community/ Professional)	Student Outcome: <i>Scholar-Practitioner</i> (Scholarship/ Practice)	Student Outcome: <i>Social Change</i>
Professionals/ Collaborators	LO ₃ - Integratively assess, diagnose, plan, implement, and evaluate cost-effective healthcare strategies that reduce health disparities by patient/population advocacy for access to specialist nursing care.	6110 6101 6150 6200 6210 6220 6500	Participate on the Safety Committee.	I adhere to the ANA Nursing Standards.	Participate in Corporate Compliance Committee meetings. Participate in Corporate Compliance internal, prospective, and retrospective reviews of medical and dental charts.
Effective Communicators	LO ₄ - Demonstrate ability to effectively communicate using audience-specific oral, written, and information technology for professional delivery of specialist nursing care.	6110 6150 6200 6210 6220	Participated in meetings regarding Meaningful Use implementation with a consulting group. Participated as a member of the Social Media Committee to develop strategies promoting the clinic and patient centeredness via the organization's website.	Presented my Practicum Project Power Point on the Patient-Centered Medical Home for NURS 6510.	I voice my views and opinions regarding nursing as a profession and health care to my local, state, and federal representatives in the NYS Capitol and on Capitol Hill. I support issues effecting the human rights of women and children through UNICEF, V-Day, and the International Tear of the Girl Child.

MSN Graduate Characteristics	Individual Student Learning Outcomes (ISLOs)	Course #; Learner Assessments (Evidence according to alignment of learner outcomes from syllabus chart)	Student Outcome: <i>Service</i> (Community/ Professional)	Student Outcome: <i>Scholar-Practitioner</i> (Scholarship/ Practice)	Student Outcome: <i>Social Change</i>
Educators/ Consultants	LO ₅ - Evaluate health needs of diverse populations for necessary teaching/coaching functions based on specialist nursing knowledge to restore/promote health and prevent illness/injury.	6101 6125 6150	Introduced Henry the Hand to the elementary school to promote wellness through proper hand hygiene. Assist in the OSHA presentation for employee orientation.	Developed necessary changes to workflow in preparation for Meaningful Use.	Support cultural diversity in the workplace.
Life-Long Learners	LO ₆ - Exhibit ongoing commitment to professional development and value of nursing theories/ethical principles (altruism, autonomy, human dignity, integrity, social justice) in accordance with ethically-responsible, legally-accountable specialist nursing practice.	6101 6150 6200 6230	Attended a FEMA Disaster Training following Super Storm Sandy sponsored by the organization. CEUs are not required for RNs in the State of New York; however, I keep up-to-date with all learning opportunities that pertain to my area of clinical nursing through journals and webinars.	Represented Nursing on the "Behavior Review Committee"- an ethics committee that reviews all behavior support plans developed and psychotropic medications ordered for children and adults residing in the agency's group homes prior to implementation, assuring this approach is the least restrictive and respectful of their dignity and human rights. I abide by the Nursing Code of Ethics.	Maintain my membership through the ANA. I continued my nursing education through the RN to MSN Bridge Program. Maintain subscriptions to scholarly peer-reviewed nursing journals.

MSN Graduate Characteristics	Individual Student Learning Outcomes (ISLOs)	Course #; Learner Assessments (Evidence according to alignment of learner outcomes from syllabus chart)	Student Outcome: <i>Service</i> (Community/ Professional)	Student Outcome: <i>Scholar-Practitioner</i> (Scholarship/ Practice)	Student Outcome: <i>Social Change</i>
Health Care Providers	LO ₇ - Implement specialist-nursing roles to promote quality improvement of patient-centered care in accordance with professional practice standards that transform health outcomes for diverse populations.	6110 6125 6150 6200 6210 6500 6510	Provide influenza vaccinations for employees. Participate in the Infection Control Committee meeting.	Participate in the quarterly QA meeting for clinic, Medical Director, Preceptor, Co-Preceptor, Directors of Dentistry and Mental Health, Treatment Coordinator, Administrative Assistant-discussed accidents/incidents, QA indicators, facility safety inspection, quarterly pharmacy and medical records consultant report, patient complaints, upcoming patient satisfaction survey, possible special studies. Practice nursing in accordance to the NYS Board of Nursing.	Provide Quality Assurance oversight for the organization's Medical and Nursing departments. I support the mission statement in my clinical area of nursing for caring for developmentally disabled and autistic children and adults.

Final Reflection

Denise A. Milillo

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NURS 6510-14 Synthesis Practicum

August 15, 2013

Final Reflection

This document, in its entirety, serves as an objective exposition of my professional growth as I experienced acquisition of my Master's in the Science of Nursing. For my final reflection, I will explain why the assignments contained in this portfolio demonstrate achievement of each program outcome, indicate growth in the areas of service, scholarship, and social change and illustrate the ability to effectively synthesize program outcomes.

Professional Growth

Each course contributed to my advancement in service, scholarship, and social change as demonstrated through the meticulous selection of scholarly artifacts. As an established professional RN, in the health care industry, understanding the shift of delivering health care while maintaining cost, quality, equity, globalization, in an aging population is essential for the preservation of society. This movement facilitate empowerment in nursing, a multidimensional concept, involving the ability to influence and facilitate change in our environment (Grossman & Valiga, 2009). Health care depends on competent nurse leaders/managers to influence societal change through empower nurses to demonstrate autonomy. Competent, autonomous care involves creating an environment of informed, accountable nurses. The advanced critical thinking, skills, capable of formulating valuable judgments necessary to improve patient outcomes and raise the standard of care are founded through evidence-based practice (EBP) (Burns & Grove, 2009). Incorporating EBP and promoting wellness across the continuum lessens the potential financial burdens the aging population places on society. Proactive approaches such as education promoting healthy life style decisions and choices are the answer to the reduction and elimination of chronic illness.

“Without excellent interpersonal skills and a high level of emotional and social intelligence, tomorrow’s leaders cannot be successful. Paramount to this success are communication skills and the ability to form positive relationships with followers and gain their commitment to and engagement in a shared and deeply felt purpose, as well as the ability to manage processes and develop others” (Manion, 2011, pp. 350-351). This quotation summarized Manion's (2011) fundamental core principles of leadership and engrained within my heart and soul my responsibilities as a future leader in health care.

Summary

In summary, every course emphasized the need to nurses to take the lead in health care. The nurse is the essential key/agent of change as supported through my growth and development in the areas of service, scholarship, and social change demonstrated within these scholarly papers.

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