**RNSG 2173**

**Professional Nursing Concepts 3**

**Concept –** HEALTH CARE ORGANIZATIONS

**Concept Definition**

A purposefully designed, structured social system developed for the delivery of health care services by specialized workforces to defined communities, populations or markets. (G).

**Exemplars**

Access to healthcare

Diagnostic Related Grouping (DRG)

Primary, Secondary and Tertiary care

Emergency preparedness

Allocation of resources/resource utilization

Cost effective care

Nursing care delivery systems

**Objectives**

1. Explain the concept of Health Care Organizations (including definition, antecedents, and attributes).
2. Analyze conditions, which place a patient at risk for increase morbidity and mortality.
3. Identify when there is a lack of services provided by health care organizations to defined communities, populations and/or markets.
4. Discuss the following Health Care Organization exemplars: *Diagnostic Related Groupings (DRG), Primary, Secondary and Tertiary care, Emergency Preparedness, allocation of resources/resource utilization, cost effective care and nursing care delivery systems.*
5. Apply the nursing process (including collaborative interventions) for individuals experiencing negative consequences related to inadequate *access to health care organizations.*

**Concept Analysis Diagram**

Note: Diagram on separate page.

Explanation of Health Care Organizations

A health care organization (HCO) is defined as *a purposefully designed, structured social system developed for the delivery of health care services by specialized workforces to defined communities, populations, or markets (Giddens, 2013, p. 499).* Health care organizations can be classified by their mission, services they provide, and whether they are publicly or privately owned. Publicly owned HCOs are commonly government, tax supported county, state, or federal medical treatment facilities as opposed to private health care organizations which operate outside the bounds of government control and receive funding from patients and their insurance policies. Another way to classify HCOs is based on their financial classification; for profit or not-for-profit. Both types generate revenues through the health services they provide. The difference however lies mainly in regulatory rules and how funds are dispersed and utilized. (Giddens, 2013, p. 500).

All HCOs have attributes that are defined by its purpose, structure and the workforce that provides the services. The purpose of a HCO is to provide a service which in this case is health care regardless of profit status. The workforce for a HCO is comprised of individuals with specialized skills and knowledge necessary to provide safe, effective health care (Giddens, 2013, p. 501). The type of health care delivered in a HCO can be classified by the type of service provided including primary prevention, secondary prevention; which is the largest segment of health care service, and tertiary prevention services. (North Carolina Concept –Based Learning, Editorial Board, 2011, p. 2340-2341).

Interrelated organizational concepts that are important to understanding HCOs include leadership and management, quality improvement and interpersonal relations. Bureaucratic structures require authoritative leadership capable of controlling all aspects of the organization. The work of managing the health of humans is interdependent among numerous specialized personnel. Quality management in healthcare help to manage, minimize and mitigate risks. Knowing where organizations have the potential to improve is important for companies to ensure their viability. (Kyra Sheahan, n.d. “*What is Quality Management in Health Care*?” p.1).

In HCOs, change and adaptation requires that all organizational members be engaged and motivated to meet the organization’s mission and goals. Relationship-oriented organizations are employee centered, tend to have a flatter organizational structure than hierarchical managed organizations and control is decentralized (Dianne Chinn, n.d , *A Relationship Oriented Organization Structure*, p.1). Nurses are a major workforce within HCOs not only to provide direct patient care but to assume roles in management and administration as well as collaborate with other colleagues and departments. (Giddens, 2013, p. 504).

Adverse patient outcomes within health care delivery can result due to inadequate access to care, lack of health insurance, lack of usual source of care, perceptions of need, and unequal distribution of services. By reducing health inequalities and gaining access to HCOs is to achieve one or more of an array of possible health outcomes—not only avoidance of untimely death and relief of acute symptoms but also maintenance of long-term functioning (as cited in Academic Press, 2013).

**Prior to class Assignments**

Review the following content from previous courses

* Concept Teamwork and Collaboration: exemplar, Chain of Command
* Concept Leadership and Management: exemplar, Delegation

Review the following Nursing Diagnoses and associated interventions

* Deficient Community Health
* Ineffective Community Coping
* Readiness for Enhanced Community Coping

 Read:

* Giddens, J*.* (2013). *Concepts for nursing practice.* St. Louis, Elsevier
	+ Chapter 50: Health Care Organizations
	+ Chapter 51: Health Care Economics
* Berman, A. & Snyder, S. (2012). Kozier & Erb’s *Fundamentals of nursing.* Boston: Pearson
	+ Chapter 6: Health Care Delivery Systems
	+ Chapter 7: Community Nursing & Care Continuity

 Internet

* Access Healthy People 2020 <http://www.healthypeople.gov/2020/default.aspx>

 & review the following topics: About Healthy People, Access to Healthcare & Public

 Health Infrastructure.

* Access to Care: <http://youtu.be/-O1Woc145F8> (5.34 minutes)

**Content Outline**:

Concept: Health Care Organizations

1. Health Care Organizations/Systems
2. Types of Health Care Services

 1. Primary Prevention

 2. Secondary Prevention

 3. Tertiary Prevention

1. Types of Health Care Settings
2. Factors Affecting Delivery of Health Care

 1. Demand versus Supply

 2. Nursing Economics

1. Frameworks for Providing Care

 1. Managed Care

 2. Diagnosis-related groups (DRGs)

 3. Case Management

 4. Patient-Focused Care

 5. Nursing Care Delivery Systems

1. Access to Health Care
2. Underinsured
3. Uninsured
4. Barriers to Access
5. Ways to increase access to care
6. Allocation of Resources
7. Resource Allocation
8. Role of the Nurse in Allocation of Resources
9. Cost-containment strategies
10. Emergency Preparedness
11. Phases of Emergency Response
12. Responsibility for Emergency Management and Response
13. Triage
14. Bioterrorism
15. Role of the Nurse in a Disaster

**CONCEPT ANALYSIS DIAGRAM –** HEALTHCARE ORGANIZATIONS

**Nursing Care**

* Directed toward what contributes to a normal concept and is thereby related to all factors involved in or with the concept. Not always needed to have a normal outcome.

 Attributes

* Defining characteristics of the concept
* What must occur for the concept to exist

Antecedents

* What precedes the concept for it to exist
* Events or incidents that must happen before the concept

Consequences

* Untoward events or outcomes that occur due to malfunction within the concept
* Positive events or outcomes that occur due to proper functioning within the concept

Interrelated Concept

* Concepts which can affect change in the other
* Concepts which work together to ensure a normal process
* Concepts which if depleted or impaired can cause a negative consequence in the other

Sub- Concept

* Critical components of major concept

**Nursing Care**

Interpersonal Relations

Teamwork and Collaboration

**Attributes**

Healthy People 2020

Health Care Reform Law

Health Care Policy

State and National Organizations that Control/regulate Healthcare agencies

Leadership and Management

Purpose

Lack of Preventive Care Measures/ Resources

Increase in Morbidity/Mortality Rates

Comprehensive Care

Resources (Financial Viability)

Quality Improvement

**Antecedents**

Patient’s needing health

 care

Cultural Awareness

Life Span Changes

**Interrelated Concepts**

**Sub Concepts**

**Health Care Organizations**

A purposefully designed, structured social system developed for the delivery of health care services by specialized workforces to defined communities, populations or markets.(G)

Variations in Allocation and Distribution of Resources

Structure/ Scope

Services

Provided

Profit

Not for Profit

Private

Public

Mission

Cost Containment

Limited Care

(Uninsured/ Underinsured)

**Consequences**

**(Outcomes)**

Access to care

**Positive**

**Negative**