Ask for HelpPrint UOT2 — UOT TASK 1 ORGANIZATIONAL LEADERSHIP AND INTERPROFESSIONAL TEAM DEVELOPMENT — C158 PRFA — UOT2 TASK OVERVIEWSUBMISSIONSEVALUATION REPORT SUPPORTING DOCUMENTS COMPETENCIES 7006.01.01 : Leadership Concepts and Theories The graduate evaluates leadership practices that support accountability and integrity within an organization. 7006.01.02 : Systems Theory and Change Theory The graduate relates systems theory and change theory to the design, delivery, and evaluation of healthcare. 7006.01.03 : Role Development and Effective Interprofessional Teams The graduate analyzes effective leadership strategies within the context of the interprofessional team. 7006.01.04 : Business and Economic Principles and Practices The graduate identifies the impact of business and economic principles and practices, and regulatory requirements on the provision of healthcare. 7006.01.05 : Contemporary Healthcare Leadership Issues The graduate analyzes the impact of contemporary healthcare trends and practices on the delivery of healthcare. INTRODUCTION Healthcare is a complicated system that includes unique economic processes, regulatory requirements, and quality indicators that are not found in traditional business settings. Therefore, developing unique skill sets relating to organizational leadership and interprofessional team development is essential for leaders within the healthcare industry at any level. As the complexity within the healthcare industry increases, it is important to understand the comprehensive approach to patient care management across the continuum and how the concepts of organizational leadership and team development support leaders in creating a patient-centric environment. The purpose of this assessment is to provide a framework through which you can experience and understand the unique leadership concepts within healthcare and understand the implications of business and regulatory requirements in providing patient-centered care. You will use a system theory or a change theory, self-assessment tools, and team development concepts to design a strategy to increase patient-centered care. Using leadership concepts and theories, you will ensure a sustainable model of healthcare delivery throughout the changing healthcare system that considers future trends, evidence-based practice, and regulatory expansion. For this assessment, you will use the attached “Patient-and Family-Centered Care Organizational Self-Assessment Tool,” to analyze how patient- and family-centered the healthcare setting is. This form will guide you in evaluating this healthcare setting for strengths and weaknesses in patient-centered care attributes. Based on your analysis, you will create a strategy to improve patient-family-centered care. REQUIREMENTS Your submission must be your original work. No more than a combined total of 30% of the submission and no more than a 10% match to any one individual source can be directly quoted or closely paraphrased from sources, even if cited correctly. An originality report is provided when you submit your task that can be used as a guide. You must use the rubric to direct the creation of your submission because it provides detailed criteria that will be used to evaluate your work. Each requirement below may be evaluated by more than one rubric aspect. The rubric aspect titles may contain hyperlinks to relevant portions of the course. Professional Communications is a required aspect to pass this task. Completion of a spell check and grammar check prior to submitting your final work is strongly recommended. Note: Any information that would be considered confidential, proprietary, or personal in nature should not be included. Do not include the actual names or other personally identifiable information of people or stakeholders involved. Fictional names should be used. Also, agency-specific data, including any financial information, should not be included but should be addressed in a general fashion as appropriate. A. Analyze how business practices, regulatory requirements, and reimbursement impact patient-family-centered care within a healthcare organization. B. Complete the attached “Patient-and Family-Centered Care Organizational Self-Assessment Tool” (PFCC) for a healthcare organization. Note: The PFCC tool is a subjective tool used to assess the organization you have chosen. 1. Describe the healthcare setting you used in the PFCC. Note: Please include the type of facility, the services provided by the facility and the diverse ethnic groups cared for by the facility. 2. Using the completed PFCC tool, describe the strengths and weaknesses of the organization for each domain. C. Identify one area of improvement from the weaknesses identified in part B2. 1. Create a strategy to increase patient-centeredness in the organization by addressing the weakness from part C. a. Discuss how you would apply either system theory or change theory in the development of your strategy to address the chosen weakness. Note: The strategy should include the development of a multi-disciplinary team and how patient-family centered care can be improved. 2. Discuss the financial implications of implementing this strategy. 3. Discuss the methods you will use to evaluate the effectiveness of your strategy.

D. Create a multidisciplinary team by identifying the following: • potential members that will assist you in implementing the identified strategy • The role of each team member 1. Discuss how cultural diversity within the team supports patient-centered, culturally competent care. 2. Using one of the leadership theories below, discuss the leadership style you would utilize in developing your team: • transactional leadership • transformational leadership • emotional leadership • traditional leadership 3. Discuss how the team will work together to implement the strategy to address the weakness identified in part C1. 4. Describe how the team will communicate the identified strategy and intended outcomes to the healthcare organization. 5. Describe a specific tool you could use to develop the team’s self-assessment skills. E. Acknowledge sources, using APA-formatted in-text citations and references, for content that is quoted, paraphrased, or summarized. File Restrictions File name may contain only letters, numbers, spaces, and these symbols: ! - \_ . \* ' ( ) File size limit: 200 MB File types allowed: doc, docx, rtf, xls, xlsx, ppt, pptx, odt, pdf, txt, qt, mov, mpg, avi, mp3, wav, mp4, wma, flv, asf, mpeg, wmv, m4v, svg, tif, tiff, jpeg, jpg, gif, png, zip, rar, tar, 7z RUBRIC ARTICULATION OF RESPONSE (CLARITY, ORGANIZATION, MECHANICS): NOT EVIDENT The candidate provides unsatisfactory articulation of response. APPROACHING COMPETENCE The candidate provides weak articulation of response. COMPETENT The candidate provides adequate articulation of response. A. BUSINESS PRACTICES : NOT EVIDENT The analysis of how business practices, regulatory requirements, and reimbursement impact patient-centered care is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The analysis does not include how business practices, regulatory requirements, or reimbursement impact patient-centered care within a healthcare organization. COMPETENT The analysis includes how business practices, regulatory requirements, and reimbursement impact patient centered care within a healthcare organization. B. SELF-ASSESSMENT TOOL: NOT EVIDENT The completed PFCC is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE Not applicable. COMPETENT The PFCC is complete. B1. SETTING DESCRIPTION: NOT EVIDENT The description of the healthcare setting is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The description is missing information about the healthcare setting used for the PFCC, including the population served, facility type, or the community. The description may be unclear or may contain some information that is impractical or illogical. COMPETENT The description thoroughly depicts the healthcare setting used for the PFCC, including the population served and facility type. The description is clear and logical.

B2. STRENGTHS AND WEAKNESSES: NOT EVIDENT The description of the strengths and/or weaknesses for each domain is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The description is missing at least one strength and/or weakness of the healthcare organization for at least one domain. Or the description does not use the completed PFCC. The description may be unclear or may contain some illogical information about the strengths or weaknesses. COMPETENT The description precisely identifies the strengths and/or weaknesses of the healthcare organization for each domain using the PFCC. The description is clear and logical C. AREA OF IMPROVEMENT: NOT EVIDENT The identification of 1 area of improvement is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The identification area of improvement is not relevant to the weaknesses identified in part B2. The selection may be unclear or contain information that is impractical or illogical. COMPETENT An area of improvement is identified from the weaknesses identified in part B2. The selection is presented clearly and is logical. C1. IMPROVEMENT STRATEGY: NOT EVIDENT The strategy to increase patient-centeredness is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The strategy is missing information about how patient-centeredness could be increased, the strategy is not relevant to the PFCC tool, or the strategy does not focus on improving the identified weakness. COMPETENT The strategy includes how patient-centeredness could be increased, the strategy is relevant to the PFCC tool, and the strategy focuses on improving the identified weakness. C1A. SYSTEM OR CHANGE THEORY : NOT EVIDENT The description of how the candidate would apply a strategy using system or change theory is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The description is missing information about how the candidate would apply the strategy. Or the description does not include how the strategy would address the chosen weakness. Or the description does not use either system theory or change theory. COMPETENT The description includes how the candidate would apply the strategy. The description includes how the strategy would address the chosen weakness. The description uses either system theory or change theory. C2. FINANCIAL IMPLICATIONS: NOT EVIDENT The discussion of financial implications is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The discussion is illogical or unrelated to the strategy or is missing information about how the financial implications may impact the organization. COMPETENT The discussion precisely addresses the financial implications that the strategy may have on the organization C3. METHODS: NOT EVIDENT The discussion of the methods used to monitor the effectiveness of the strategy is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The discussion is illogical or is missing information about how the methods will be used to evaluate the effectiveness of the strategy in increasing patient-centered care. COMPETENT The discussion is logical, and clearly addresses how the methods will be used to evaluate the effectiveness of the strategy in increasing patient-centered care. D. MULTIDISCIPLINARY TEAM: NOT EVIDENT The identification of team members and their specific roles is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The identification of the multidisciplinary team members and their specific roles on the team in assisting in implementing the strategy is unclear or unrelated to the strategy. COMPETENT The identification of the multidisciplinary team members and their specific roles on the team in assisting in implementing the strategy is relevant and logical. D1. TEAM DIVERSITY : NOT EVIDENT The discussion of the importance of cultural diversity within the team is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The discussion of the importance of cultural diversity within the team is missing information about representation or about how cultural diversity within the team supports patient-centered, culturally competent care. COMPETENT The discussion logically addresses the importance of cultural diversity within a team, including representation and including how cultural diversity within a team supports patient-centered, culturally competent care. D2.LEADERSHIP THEORIES : NOT EVIDENT The discussion of the leadership style utilized to develop the team is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The discussion of the leadership style utilized in developing the team is missing information about the chosen leadership theory or is missing information about how the leadership style is relevant to implementing the identified strategy.

COMPETENT The discussion of the leadership style utilized in developing the team uses one of the given leadership theories and is relevant to implementing the identified strategy. D3. IMPLEMENTATION OF STRATEGY: NOT EVIDENT The discussion of how the team collaboratively implements the strategy is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The discussion of how the team will collaboratively implement the strategy is illogical or does not include how the team will work together or is not relevant to the weakness identified in the PFCC. COMPETENT The discussion clearly identifies steps to collaboratively implement the strategy, including team member and individual responsibilities, and is relevant to the weakness identified in the PFCC. D4. COMMUNICATION TO ORGANIZATION: NOT EVIDENT The description of how the team will communicate the strategy and outcomes is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The description is unclear or is missing information about how the team will communicate the strategy or intended outcomes to the organization. COMPETENT The description of how the team will communicate the strategy and intended outcomes to the healthcare organization is logical and clear. D5. TOOLS FOR THE TEAM: NOT EVIDENT The description of the self-assessment tool for the team is not provided or is fundamentally unacceptable. APPROACHING COMPETENCE The description of the specific tool is unrelated to or is missing information about how the tool will help the team develop self-assessment skills. COMPETENT The description of the specific tool is provided and identifies how the tool will help the team develop self-assessment skills. E. SOURCES: NOT EVIDENT The submission does not provide in-text citations and references according to APA style. APPROACHING COMPETENCE The submission includes in-text citations and references but does not demonstrate a consistent application of APA style. COMPETENT The submission includes in-text citations and references and demonstrates a consistent application of APA style. SUPPORTING DOCUMENTS Patient-and Family-Centered Care Organizational Self-Assessment Tool.pdf References( https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment- http://www.currentnursing.com/nursing\_theory/change\_theory.html http://flushinghospital.org/generalInformation/hfacts.html IHI.gov (n.d.).Person- and Family-Centered Care. Retrieved from http://www.ihi.org/topics/PFCC/Pages/default.aspx Jointcommission.org (n.d.)The Joint Commission. Retrieved from https://www.jointcommission.org/about\_us/about\_the\_joint\_commission\_m ain.aspx https://www.medicare.gov/hospitalcompare/linking-quality-to-payment.html https://www.mindtools.com/pages/article/transformational-leadership.htm http://www.modernhealthcare.com/article/20141218/NEWS/312189995 https://www.verywell.com/the-myers-briggs-type-indicator-2795583 &