TTE – Ch. 7, 23:

Chapter 7:

- All planning involves choice: a necessity to choose from among alternatives.
- Unlike the 20-year strategic plan of the 1960s and the 1970s, most long-term planners today find it difficult to look 5 years into the future.
- Proactive planning is dynamic, and adaptation is considered to be a key requirement because the environment changes so frequently.
- Managers who are uninformed about the legal, political, economic, and social factors affecting heath care make planning errors that may have disastrous implications for their professional development and the financial viability of the organization.
- Strategic planning typically examines an organization's purpose, mission, philosophy, and goals in the context of its external environment.
- An organization will never be greater than the vision that guides it.
- An organization must truly believe and act on its mission statement; otherwise, the statement has no value.
- A working philosophy is evident in a department's decisions, in its priorities, and in its accomplishments.
- When a nurse experiences cognitive dissonance between personal and organizational values, the result may be intrapersonal with conflict and burnout.
- It is unrealistic for managers to accept a position under the assumption that they can change the organization's philosophy to more closely match their personal philosophy.
- Although goals may direct and maintain the behavior of an organization, there are several dangers in using goal evaluation as the primary means of assessing organizational effectiveness.

Chapter 23:

- Although outcomes are an important measure of quality care, it is dangerous to use them as the only criteria for quality measurement.
- Benchmarking is the process of measuring products, practices, and services against best performing organizations.
- Quality control effort must be proactive, not solely as a reaction to a problem.
- The ANA has played a key role in developing standards for the profession.
- CPGs reflect evidence-based practice; that is, they should be based on cutting edge research and best practices.
- Outcomes reflect the end result of care or how the patient's health care status changed as a result of an intervention.
- Process audits are used to measure the process of care or how the care was carried out and assume that a relationship exists between the process used by the nurse and the quality of care provided.

- Quality assurance models seek to endure that quality currently exists, whereas QI models assume that the process is ongoing, and quality can always be improved.
- TQM is based on the premise that the individual is the focal element on which production and service depend and that the quest for quality is an ongoing process.
- Patient satisfaction often has little to do with whether a patient’s health improved during a hospital stay.
- Critics of the PPS argue that although DRGs may have helped to contain rising health-care costs, the associated rapid declines in length of hospital stay and services provided have likely resulted in declines in quality of care.
- Ignoring the problem of medical errors, denying their existence, or blaming the individuals involved in the process does nothing to eliminate the underlying problems.
- The safety record in health care is a far cry from the enviable record of the similarly complex aviation industry.
- Your choice of health plan and associated network of physicians and hospitals may influence the outcome of your care. Make your decision count by looking at complication and mortality rates and other quality information first. Choose wisely – you want the best outcome possible.

Post-Lecture Journal:

I think I am beginning to see the light at the end of the tunnel. It has been a long ten weeks, but I'm finally excited to think that I graduate in almost a month. That's crazy to me. Everyone said how fast it would fly and I didn't really believe it, but here we are. Nursing school has been by far the most challenging thing I have ever put myself through, but I'm so glad I did. This week in the CCU, I was able to see how sedation and blood pressure medications are titrated. It is a lot about balance and finding the right amount for your patient to be comfortable and not cause any harm to themselves. I'm so happy to be on CCU. I finally feel like I have found a unit that is "home base." I have also started applying for OSF HMMC CCU unit. I'm still finishing my resume, which is proving to be more difficult than I thought. I have a tough time talking about myself regarding my skills and abilities. I don't want to bore the unit manager, but I also know that I need to somehow stand out with my resume. I have tried to make a good impression on CCU. I get up with my nurse and watch what they're doing; I ask a million questions trying to understand why and how, and I never limit myself to only my nurse unless they're completely overwhelmed with work. I always try to ask other nurses if they need any help or another set of hands.

Long story short, I am thrilled with my clinical floor. I'm applying, and I hope I can work on CCU. I finally realize that this is almost over. In a little over a month, I won't come back to lecture, sit for exams, or stay up all night studying. It is bittersweet. I might even miss it a little, but this isn't the end of the road for my education, so I'm going to enjoy what short time I have of not being a student. :)