**Change and Regulation**

**Leading change and regulatory environment**

Healthcare sector is undergoing rapid change to deliver high-quality services, and this requires transformational leadership where nurse leaders work together with healthcare organization managers to effect the proposed change (Boykin, Schoenhofer, & Valentine, 2013). However, they should remain aware of the existing regulations that guide practice and practice change. For instance, implementing evidence-based practice (EBP) in health care organizations usually requires a nurse to use the EBP models and frameworks approved by the concerned regulators. Evidence from literature has also shown that regulatory frameworks have affected nursing practice with Advanced Practice Registered Nurses (APRN) prescribing as opposed to the traditional practice where prescribing in only a medical doctor’s affair (Kleinpell, Scanlon, Hibbert, Ganz, East, Fraser, & Beauchesne, 2014). The most important thing in these change processes is consideration of ethics of documenting the new evidence. This discussion has improved understanding of how the change in the healthcare system and regulatory environment are crucial for the provision of high-quality care by health care organizations.

**Case scenario**

Provision of high-quality health care services remains a priority for health care organizations and systems (Boykin, Schoenhofer, & Valentine, 2013). This goal can only be achieved by employing effective strategies such as innovative practice change and having a strong public health system that promotes patient-centered care and effective leadership. Regulation has been demonstrated to influence healthcare delivery through the creation of an environment promoting provision of the highest quality of care while reducing the poor outcomes. According to Dunham-Taylor and Pinczuk (2015), the role of regulation in healthcare is to provide parameters or framework including rules, regulations and standards for the operations of healthcare organizations and hold them accountable for the quality of services they provide. Similarly, health organizational leaders are at the center of initiating change processes where they must ensure that the members of the organization are aware of the success level and existing regulations and how to meet them.

In the case study, the incident would be a concern to various regulatory levels identified by Dunham-Taylor and Pinczuk (2015) as the Federal regulators, State regulators, credentialing, accreditation and professional organizations. Whereas the federal regulators aim to improve the welfare of citizens by enforcing healthcare regulations such as licensure and certification at the national level, the State regulators exercise their authority of regulating and licensing healthcare organizations within their jurisdictions. Credentialing occurs through various ways including licensure, registration and certification by various agencies such as American Nurses Credential Center (ANCC). Accreditation is where organizations are voluntarily evaluated on their quality based on established standards and professional organizations such as American Nurses Association (ANA) determine the scope and set standards for practice for their professions.

The State regulators, credentialing, accreditation and professional organizations directly involved in the delivery of quality care by health care organizations need to be informed of this situation but not the federal regulators that are only involved in regulation at the national level. The hospital is an accredited facility with a Magnet status that makes it answerable to the accreditation and credential bodies. However, the professional organization, ANA would be a priority for the Chief Nursing Officer (CNO) as the incident arises from the negligence of the charge nurse and nurse responsible for the patient’s condition. The professional organizations are responsible for the discipline of its members who demonstrate professional misconduct like evident in the facility.

**References**

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