

Professional Practice Model Care Delivery Models Nurse Theorist



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Professional Practice Model



- Model provides a framework for nursing practice
- The PPM :
 - ❖ Demonstrates relationships
 - ❖ Supports decision-making
 - ❖ Incorporates standards
 - ❖ Provides consistency
 - ❖ Involves all levels of staff

Professional Practice Model (con't)



- ❖ Reflects values
- ❖ Often centered on the patient
- ❖ Supports nursing care delivery

Professional Practice Model



- **Jersey City Medical Centers Professional Practice Model**

Patient Centered Family Focused Care

- **This PPM is the overriding principle that guides all nursing practice at JCMC**

Diagram of Relationship Between PPM and Care Delivery Model



Professional Practice Model

Shared Governance Structure

*Model of Care Theory Based
Includes values and Philosophy
(Jean Watson)*

Care Delivery System
How is care delivered
Based on acuity
(Primary care, Team)

Care Delivery System(s)



- **Definition:**

- ✦ **Care Delivery Systems define how work is organized, how nursing staff are deployed and what each team members role is**
- ✦ **They identify who has the accountability for nursing care and clinical outcomes**
- ✦ **Provides the organization rules and structure and defines responsibilities**

Care Delivery Systems



- **Information on Care Delivery Systems:**
 - ✦ They can vary by unit
 - ✦ They support the Professional Practice Model
 - ✦ They are supported by staffing
 - ✦ Roles are clearly defined
 - ✦ Productivity is usually measurable
 - ✦ They capitalize on internal experts

Care Delivery Systems



- **Care Delivery System Must Meet Staff Needs:**
 - Satisfied Nurses provide higher quality more cost-effective care
 - 24 hours per day, 365 days per year staffing needs create staffing challenges
 - ✦ Need creative staffing options
 - ✦ Need staff involvement and input with staffing
 - ✦ Customer Satisfaction
 - ✦ Quality Care

Care Delivery Systems



- **Care Delivery Systems Must Meet Organizational Needs:**
 - Budget and financial management
 - ✦ Number of staff
 - ✦ Staff Mix
 - ✦ Licensing and accreditation
 - ✦ Staff skill mix

Care Delivery Systems



- **Details assignments, responsibility and authority to accomplish patient care**
- **Determines who is going to perform what tasks, who is responsible and who makes decisions**
- **Matches the number and type of caregivers to patient care needs**

Care Delivery Systems



- **Care Delivery Systems Should:**
 - ✦ Be based on acuity
 - ✦ Be based on staffing mix
 - ✦ Be based on regulatory standards
 - ✦ Promote best outcomes
 - ✦ Follow best practice
 - ✦ Be Responsive to change

Care Delivery Systems



- **Care Delivery Models Address:**
 - ✦ **Staffing patterns**
 - ✦ **Schedules**
 - ✦ **Scope of Practice**
 - ✦ **Assignments**
 - ✦ **Accountabilities**
 - ✦ **Transitions in Care**
 - ✦ **Continuity of Care**

Care Delivery Systems



- **Team Nursing:**
 - ✦ RN coordinates care for a specific group of patients
 - ✦ Goal is to reduce fragmented care
 - ✦ Commonly used in inpatient and outpatient areas

Care Delivery Systems



- **Advantages:**

- ✦ **High quality care with a high proportion of ancillary staff**
- ✦ **Team members participate in decision-making and contribute their own expertise**

Care Delivery Systems



- **Disadvantages:**
 - ✦ **Continuity suffers if daily team assignments vary**
 - ✦ **Team leader must have good leadership skills**
 - ✦ **Insufficient time for planning and communication**

Care Delivery Systems



- **Modular Nursing:**

- ✦ Modification of team nursing
- ✦ Patient unit is divided into modules or units-RN is the team leader
- ✦ Same team of caregivers is assigned to the same geographic area
- ✦ Increases RN involvement in patient care

Care Delivery Systems



- **Advantages:**

- ✦ **Continuity of care is improved**
- ✦ **RN is more involved in patient care**
- ✦ **Geographic closeness supports efficient communication**

Care Delivery Systems



- **Disadvantages:**
 - ✦ Increased supply costs to support each module
 - ✦ Long corridors are not conducive to this model of nursing

Care Delivery Systems



- **Total Patient Care**

- ✦ One RN completes all care for the patient
- ✦ Nurse is responsible for planning, organizing and performing all care
- ✦ Commonly used in PACU and ICU

Care Delivery Models



- **Disadvantages:**

- ✦ Each RN may have a different approach to care
- ✦ Not cost Effective
- ✦ Lack of RN availability

Care Delivery Systems



- **Synergy Model**

- ✦ Describes nursing practice based on 8 patient characteristics (resiliency, vulnerability, stability, complexity, resource availability, participation in care, participation in decision-making and predictability)
- ✦ Describes 8 nurse competencies (clinical judgment, advocacy and moral agency, caring practices, collaboration, systems thinking, response to diversity, facilitation of learning and clinical inquiry)
- ✦ Nursing care reflects an integration of knowledge, skills, experience and attitudes needed to meet the needs of the patients and families

Care Delivery Systems



Core Concepts of Model

- **The needs or characteristics of patients and families influence and drive the characteristics or competencies of nurses**
- **Synergy results when the needs and characteristics of a patient, clinical unit or system are matched with a nurse's competencies**

Nurse Theorist



- **Jean Watson's Theory of Human Caring**
 - ✦ **Three major Conceptual Elements**
 - Carative Factors-evolving toward the "Clinical Caritas Processes"
 - Transpersonal Caring Moment
 - Caring Moment/Caring Occasion
 - One of the theorists who consider not only the *cared for*, but the *Caregiver*

Nurse Theorist



Watson's Premises

- *The person is made of three spheres-mind, body and spirit*
- *The healing space and environment created by nurses expands the patient's awareness and consciousness and promotes mind, body and spirit healing*
- *The patient's room is a soothing, healing, sacred space*
- *All of this leads to a higher degree of health*

Nurse Theorist



- **Carative Factors**

- ✦ Are the guide for the core of nursing
- ✦ Use carative factors to contrast with conventional medicine's curative factors
- ✦ The carative factors honor the human dimension of nursing's work and the inner life world are subjective experiences of the people we serve
- ✦ Carative factors are evolving to "Clinical Caritas"

Nurse Theorist



- **Clinical Caritas**

- ✦ Have a greater spiritual dimension in the new processes
- ✦ Caritas originates from the Greek vocabulary meaning “to cherish and to give special loving attention”
- ✦ Caring factors became Clinical Caritas

Nurse Theorist



Carative Factors

Evolving to  *Clinical Caritas*

- *Humanistic-altruistic system of value*
- *Faith-Hope*
- *Sensitivity to self and others*
- *Helping-trusting, human care relationship*
- *Practice of loving kindness within context of caring consciousness*
- *Being authentically present and enabling the beliefs of the one being cared for and one giving care*
- *Cultivation of one's own spiritual practices, going beyond self, opening to others with compassion and sensitivity*
- *Developing and maintaining a trusting, authentic, caring relationship*

Nurse Theorist



- *Expressing positive and negative feelings*
- *Creative problem solving caring process*
- *Transpersonal teaching-learning*
- *Being present to and supporting the positive and negative feelings with a connection of a deeper spirit*
- *Creative use of self*
- *Engaging in genuine teaching learning experience*

Nurse Theorist



- *Is a special kind of human relationship that depends on:*
 - *Nurse's commitment on protecting and enhancing human dignity and a deeper/higher self*
 - *Nurse's caring consciousness to preserve and honor the embodied spirit, thereby not reducing the patient to amoral status of an object*
- *The nurse's caring and connection have potential to heal since experience, intention, and perception are taking place*
- *Nursing goes beyond an objective assessment and shows concern for the patient's own healthcare*
- *Goal of transpersonal caring relationship protects, enhances. And preserves human dignity, humanity, wholeness and inner harmony*

Nurse Theorist



Clinical Application of Watson's Theory of Human Caring

- Providing an authentic caring relationship
- Practice of loving kindness
- Creative use of self
- Engaging in genuine teaching learning experience
- Going beyond self, open to others
- Being present to support positive and negative feelings
- Soul care for the one being cared for
- Assist with basic needs