Relationship Based Care
A Delivery Care Model

Nursing Leadership Council
Relationship-Based Nursing Practice is a care delivery model designed to transition nursing care from task-focused to relationship-based.
3 Relationships
The Foundation

Nurse & Self

Nurse & Patient

Nurse & Colleagues
Five Principles

1. Leadership & Team Approach Practices
2. Clinical Decision Making Practices
3. Coordination, Communication, Collaboration Practices
4. Work Allocation & Patient Assignment Practices
5. Professionalism & Self-Care Practices
Leadership & Team Approach Practice

Examples:

1. Charge Nurse Education
2. Hand off Communication – SBAR & Ticket To Ride
3. Bed Huddle
4. Fall Huddle
5. Team Building Education
Sample Hand off Communication Tool from Stringfellow Memorial Hospital
Sample Bed Huddle form can be found on HMA intranet under Clinical Affairs – Patient Safety
## Fall Huddle

<table>
<thead>
<tr>
<th>Date</th>
<th>Shift</th>
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</thead>
<tbody>
<tr>
<td>High Fall Risk</td>
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<tr>
<td>Low Fall Risk</td>
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<td>NPO</td>
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<td>Vitals Signs Q 4hr</td>
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<td>Daily Weight</td>
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<td>Going Surgery</td>
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<td>Going Procedure</td>
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<td>Foley</td>
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<td>Telemetry</td>
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</table>

**Charge Nurse Sign**

Each shift should fill out as part of report.

Sample Hand off from Stringfellow Memorial Hospital
Clinical Decision Making Practice

1. Caring Moments
2. Delegation
3. Professional Boundaries
4. Critical Thinking
Caring Moments

- [http://www.youtube.com/watch?v=sdet_lXontY&feature=related](http://www.youtube.com/watch?v=sdet_lXontY&feature=related)
- [http://www.youtube.com/watch?v=DG3vahjE8FM](http://www.youtube.com/watch?v=DG3vahjE8FM)

Maybe this one moment, with this one person, is the very reason we're here on earth at this time...

---Jean Watson, PhD, RN

What is Health Management’s Story?
<table>
<thead>
<tr>
<th>Patient care team members and their roles</th>
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</thead>
<tbody>
<tr>
<td><strong>RNs</strong></td>
</tr>
<tr>
<td>Determine the scope of nursing practice.</td>
</tr>
<tr>
<td>Are responsible and accountable for the provision of nursing services.</td>
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<tr>
<td>Supervise and determine the appropriate use of any UAP involved in patient care.</td>
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<tr>
<td>Define and supervise the education, training, and utilization for any UAP.</td>
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<tr>
<td><strong>LVN/LPN</strong></td>
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<tr>
<td>Complete a 1-year to 18-month educational program.</td>
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<tr>
<td>Provide basic patient care that includes but is not limited to taking vital signs, dressing changes, performing phlebotomy, and assisting with activities of daily living, under the supervision of the RN.</td>
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<tr>
<td><strong>UAP</strong></td>
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<tr>
<td>Work under the direct supervision of an RN to implement the delegated aspects of nursing care.</td>
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<tr>
<td>Assist the RN to provide nursing care for the patient.</td>
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</tbody>
</table>

AACN Delegation Handbook, 2004
Professional Boundaries

- Professional boundaries are the spaces between the nurse’s power and the patient’s vulnerability.
- Boundary crossing are brief excursions across professional lines of behavior that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of the patient.
- Boundary violations can results when there is confusion between the needs of the nurse and those of the patient.
- Professional sexual misconduct is an extreme form of boundary violation and includes any demeaning, harassing, or reasonably interpreted as sexual by the patient.
Coordination, Communication, Collaboration Practice

1. Handoff Communication – I Pass the Baton
2. Rounds
   - Hourly
   - Senior Leader
   - Clinical
   - Associate
   - Departmental
3. 12 hour chart checks
4. Physician – Nurse
Sample Hand of Communication – I PASS the Baton Worksheet can be found on HMA intranet under Clinical Affairs – Patient Safety.
Rounds

• Hourly - proactive rounding strategy to improve patient satisfaction. Follow the 5 P’s – pain, personal needs, positioning, placement and plan of care.
• Senior Leader – Rounding in direct report departments.
• Clinical Leader – Rounding on patients with clinical associate in mind.
• Associate – Rounding on direct report associates
• Departmental – Rounding on a group of associates from a department.
# Hourly Rounding Log

**Date:**

**Unit:**

**Room Number:**

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<thead>
<tr>
<th>Time</th>
<th>Staff Member Rounding (Name &amp; Skill)</th>
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<th>P2</th>
<th>P3</th>
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*P1=Pain, P2=Potty, P3=Position, P4=Plan of Care, P5=Safety/Environment

This form is not part of the permanent medical record.
Forward to manager.

Patient Label:
Hourly Rounding

http://www.youtube.com/watch?v=egropcB3BBY
Our License gives us the right and responsibility to make decisions about the amount, degree, and kind of nursing care patients will receive.

-- M Manthey 2006
1. Responsibility/Authority/Accountability – Identify yourself as the primary nurse.
2. Prioritization
3. Professional Boundaries
4. Resource Management
5. 3 kinds of Thinking
6. Healthy Work Culture
3 Kinds of Thinking

1. Critical Thinking
   Systematic and multi-dimensional; looks for absences as well as presences; what to do and what not to do.

2. Creative Thinking
   Vision; “What will this day look like?”; high tolerance for ambiguity required.

3. Reflective Thinking
   The ability and a place to think quietly.
Skilled Communication
Nurses must be proficient in communication skills as they are in clinical skills.

True Collaboration
Nurses must be relentless in pursuing and fostering true collaboration.

Effective Decision Making
Nurses must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.
Healthy Work Culture continued

Appropriate Staffing

Nurses must ensure the effective match between patient needs and nurse competencies.

Meaningful Recognition

Nurses must be recognized and must recognize others for the value each brings to the work of the organization.

Authentic Leadership

Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement.
1. Professional Certification
2. Preceptorship Program
3. Clinical Leader Program
4. Scholarships
   - Western Governor’s University
   - Drexel University
5. Self Care
## Certifications

### ANCC certifications
- Medical – Surgical
- Psychiatric-Mental Health
- Prenatal
- Pediatric
- General Nursing Practice
- Home Health
- Informatics
- Nurse Executive
- Nurse Executive, Advanced
- Pain Management

### AONE certifications
- Certified in Executive Nursing Practice (CENP)
- Certified Nurse Manager and Leader (CNML)
HUMAN RESOURCES POLICIES AND PROTOTYPES MANUAL

1.0 PURPOSE

To define:

1. A mechanism for assigning initial staff competency to perform job duties within Nursing Patient Care Departments.

2. To provide individual support and training for licensed nursing associates who are new to their position or department. The Preceptor orientation program shall meet the expectations outlined by the Nursing Leadership Group.

2.0 POLICY

Each new nursing associate will be assigned a Preceptor. During the initial orientation, the new associate shall work with the Preceptor designated for the skill to which the new associate is assigned. Orientation should not be given a position held or use in staffing during the orientation period.

The Preceptor program shall consist of a maximum of six (6) week orientation period. Some units may require first dependent upon the skills required by the unit and the Associate's previous experience. Additionally, the Director/Manager of the unit in cooperation with the Preceptor may process the Associate's progress and adjust the Associate's orientation period as appropriate.

The Preceptor and new Associate shall be assigned the same on-off days throughout the orientation process. If this rotation cannot be arranged, the Manager may assign another Preceptor.

It is recommended that the unit have a full complement of Associates and enrolled within three (3) months of employment. In the event that these Associate's are not enrolled within three (3) months, they should be under the supervision of the Preceptor. A plan of action must be developed to make the identifications.

Preceptor Qualifications:

The Director/Manager of the Department shall approve all candidates selected to be a Preceptor for their respective units. Preceptor must meet the qualifications as outlined by the Nursing Leadership Group.

Preceptor Profile

Name: ____________________________ Date: ____________________________
Home Phone Number: ____________________________
Cell Phone Number: ____________________________
RN License Number: ____________________________
Expiration Date: ____________________________
Years of Experience: ____________________________
Educational Institution: ____________________________
Degree: ____________________________
Year: ____________________________

Preceptor Applicant Must Meet the Following Criteria

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time Registered Nurse with 1 year or more at the facility</td>
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<td>No corrective actions within past 12 months</td>
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<td>Current and compliant with all certifications, competencies and required education</td>
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<tr>
<td>Evidence of Specialty Certification Or Participation in Relevant Continuing Education Every Quarter</td>
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<tr>
<td>Meets clinical documentation standards</td>
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<td>Safe Scan Usage is 98.5% or Greater</td>
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<td>No tardiness or excessive absences (greater than 2 in a 12 months)</td>
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<tr>
<td>Recommendation by Director</td>
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</table>

Approved □ Not Approved □

Human Resources/Education Director Signature Date

Chief Nursing Officer Signature Date
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Jolynn Howell | 215-571-4190 | Jolynn.Howell@drexel.edu
Self-Care

Focusing on care of self and self-healing is essential to caring for others.

--Gayle Kipnis

Self-care comprises those activities performed independently by an individual to promote and maintain personal well-being throughout life.

--Dorothea Orem
Self Care Practices

- **Body**: exercise, grooming, massages, breathing, yoga, conscious eating.
- **Mind**: quiet contemplation, mediation, focusing on the moment, healing music, laughter.
- **Spirit**: medication and prayer, reading spiritual literature, listing positive things in your life, random acts of kindness.
Resources


9. HMA’s Getting 2 Great found at http://myintranet.hma.com/g2gtoolkit.
10. Self Care practice found on the American Holistic Nurses Association website at http://www.ahna.org
References


12. Schneider, M. A. & Fake, P. 2010. Implementing a Relationship-Based Care Model on a Large Orthopaedic/Neurosurgical Hospital Unit. Orthopaedic Nursing, 29 (6), pg. 374 – 378