Relationship Based Care Outline

Definition: RBC is a practice model that empowers nurses to place first priority on why they entered the health care profession in the first place – to impact lives and help people.

I. Relationship Based Care is built around three key relationships that caregivers have:
   A. The relationship with themselves.
      1. This is all about how we care for ourselves
      2. So we have the ability to give of ourselves to others
      3. The relationship is nurtured by self-knowing and self-care.
   B. The relationship with co-workers
      1. It is important that caregivers build and maintain these key relationships.
      2. As a team, there is very little that can’t be accomplished.
   C. The relationship that is built with patients and their families.
      1. It is this therapeutic and consistent relationship that provides the foundation for our work to collaboratively provide evidence-based care and achieve outstanding outcomes.
      2. Building a personal connectedness and trust with patients builds the healing.
      3. The care provider knows that each person’s unique life story determines how he/she will experience illness.
      4. Patients don’t remember what you did, as much as they remember how you made them feel

II. Outcomes:
   A. RBC results in positive outcomes for all three relationships.
   B. Although nursing is very hard and demanding work, the opportunity to make a difference is why most of us selected the profession we are in. It feels so good at the end of the day when we have connected with our patients and families.
   C. RBC enhances teamwork by supporting relationships between staff members. Research shows that increase staff satisfaction leads to increased patient satisfaction. Each shift, the unit staff focuses on working together as team to provide care. RBC improves communication, delegation and collaboration.

III. Examples:
   A. Caring Conversation.
      1. During the beginning of each shift, our registered nurses (RN) sit with patients and families, discuss plans for the day, address questions and concerns, talk about priority needs and set goals.
      2. By asking the right questions and listening to each individual response, the nurse focuses on the needs of the patients.
      3. Proactively addressing questions and concerns helps patients have a better hospital experience and become more involved in their care.
   B. In Manthey’s book, they state the development of this relationship can be done in less than 5min and accomplished while performing other tasks. "Take 5." These five steps consist of the following: (1) knock as you enter the patient's room, (2) introduce yourself and your team, (3) ask your patient's preferred name and put it on the communication board in the room, (4) at some point during the shift, take 5 min to talk with and connect with your patient (5) ask your patient about his or her goals and expectations of care and write them on the communication board.

IV. Reflection:
   A. This is a patient satisfaction response as posted by Manthey in 2009, she asks. My question to readers is this: if you see yourself in this description, what can you do to “be with” rather than just “do for” your patients? Or does anyone want to explain why “doing for” is really enough? “Care has been fine, but not extraordinary. They received Magnet designation in 2007 and have a great deal of pride. Everyone asks each time they leave the room if there is anything else we need — and they have clearly received customer service training (AIDET). The manager just visited our room and was gracious and emphasizing that we let them know if there is anything they can do. The trouble is, they are doing ... But there is no “curiosity”, no whole picture perspective — when asked, the nurses rarely know the plan — I rarely see a therapeutic process; the nurse comes in to give meds, check if there is anything needed. So very nice, polite — but detached.
   B. A RBC symposium in 2009: Marcus Engel suffered a life-altering, almost life-ending tragedy when he was an unwitting passenger in a drunk driving auto accident. As a young man in his late teens, early 20s, Marcus had to learn how to live without the use of his sight, and with the many transfiguring surgeries required to rebuild his face where every bone had been broken or crushed. He was able to combine wit with tragedy and morph both into an amazingly powerful series of lessons relevant to all of us as health care providers and as human beings. Here are some quotes to give you a flavor for his talk:
      - “Sometimes your patients have no place to put their anger but on you.”
      - “Everybody has a backstory and deserves a little piece of grace.”
      - “Complimenting your coworkers (eg other nurses, health care providers) in front of patients has a huge impact on building a patient’s confidence in their caregivers.”
      - “I’m here are the two most comforting words a health care professional can say to a patient.”