Transition of a Nursing Care Model to a System-wide Culture of Caring

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VISION

Relationship-Based Care Defined
Relationship-Based Care is a philosophy for caring involving three core relationships:

- Self
- Colleagues
- Patient/Family

Holy Spirit Health System utilized the process of RBC to create an infrastructure throughout the Health System to allow staff to proactively break down barriers and increase collaboration in order to create a more healing environment for patients and each other. By intentionally looking at how relationships are built with each other, the organization aimed to improve:
- Communication both intra- and interdepartmentally
- Quality outcomes in patient care
- Employee satisfaction
- Patient satisfaction.

INSPIRATION

Spirit of Mission Workshop

Holy Spirit recognized that one of the key components of a successful system-wide implementation of Relationship Based Care was to begin with inspiration. The organization believed that people fully engage when they believe they offer value and they are contributing to the vision of the organization.

The workshop is a 2-day seminar focusing on the organizations’ Spirit Behaviors and the three caring relationships of RBC.

Employees experience various modules exploring the three relationships and revitalizing the purpose and meaning in their daily contributions to patient care.

The modules included in the workshop are such items as:
- The organizations’ mission, vision, and values
- Mindful and present
- Stress management
- Effective and compassionate communication
- Team work
- Circle practice.

INFRASTRUCTURE

Results Council
Purpose: to set the vision for RBC and its overall philosophies for the organization.
- Members include the Relationship Management Council leadership team and the Wave I managers and unit leaders.
- The Results Council meets on a monthly basis and receive updates from the unit councils on unit progress.
- The organization engaged Creative Health Care Management in supporting implementation. A consultant guided the Results Council in developing a timeline for implementation and outcomes for measuring success.

Unit Practice Council
Purpose: to develop a plan for implementation of RBC principles.
- The unit councils planned work over 7-9 months, meeting about every 2-4 weeks.
- Managers provided ongoing support and encouragement to the unit council.
- The RBC Implementation Leader met with the unit council three or four times for check-in and was available as needed.
- The consultant supported education and implementation of Waves 1 and 2. The RBC Implementation Leader and Development Coordinator co-lead education sessions for Wave departments with support from the consultant.

Presentation Day
Purpose: to share unit practice council implementation plans and accomplishments with leaders and staff within the organization.
- Implementation occurs with much fanfare creating excitement and enthusiasm around RBC.

Implementation Day and Beyond
Purpose: to engage staff in
- The unit councils and Results Council continue to meet for continuous improvement and follow-up on outcome measurement.
- Every 6 months the manager and leader of the Unit Practice Council provides the Results Council with their outcomes and plans for additional initiatives.

EDUCATION

Utilizing the I2E2 framework, departments participated in an 8 month implementation of RBC. A systematic and consistent approach to education provided invaluable insight to staff members, promoting confidence, competence and personal commitment within the organization.

During three status checks staff were educated in the areas of:
- self-awareness
- the patient and family experience
- developing and maintaining healthy relationships
- using proactive, positive communication
- creative and critical thinking
- leadership

Staff were guided in identifying areas of opportunity by the Principles/Elements of RBC. These Elements focused on the areas of:
- Caring and Healing Practice Environment
- Responsibility for Relationship and Decision-Making
- Work Allocation and Patient Assignments
- Communication between members of the Team
- Management/Leadership
- System Improvements

Every few months, other departments will join the journey in waves until the entire Health System has been included.

EVIDENCE

Quality and process indicators were identified to measure the impact of RBC initiatives within each relationship. The Results Council selected indicators in the areas of service, people, growth and quality.

Holy Spirit Hospital Indicators:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicator</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Quality</td>
<td>Falls: Adult Medical Surgical</td>
<td>NDNQI, NDNQI</td>
</tr>
<tr>
<td></td>
<td>Falls: Critical Care</td>
<td></td>
</tr>
<tr>
<td>Quality Perception</td>
<td>% of 9’s and 10’s - Hospital Rating on 1 to 10 scale</td>
<td>HCAHPS</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Employee Satisfaction</td>
<td>Mean Turnover</td>
</tr>
</tbody>
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Each Unit Practice Council identified indicators to measure improvements in the three relationships. Such indicators included:
- Improved patient satisfaction
- Increased respect and collaboration among staff
- Decreased turnover
- Improved staff satisfaction
- Decreased costs
- Increased confidence in services provided
- Improved NDNQI, Core Measures

REFERENCES


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