OUTCOMES

Relationship-Based Care in the Neonatal Intensive Care Unit

Kathy Faber, MSN, RN, CNL

At St. Joseph's Regional Medical Center in Paterson, New Jersey, implementation of the Relationship-Based Care (RBC) model of care delivery and enculturation of the philosophy of care embodied in Jean Watson's Theory of Human Caring (Watson, 2007) improved patient outcomes and supported quality nursing care across the continuum of care in our organization. The ability of staff nurses to create an atmosphere of professional inquiry that places patients and families at the center of practice supported implementation of RBC in our neonatal intensive care unit (NICU).

Like Florence Nightingale and Jean Watson, the Nursing Department of St. Joseph's Regional Medical Center in Paterson, New Jersey, believes that nursing is a calling because we are entrusted with the lives and hearts of our patients. The St. Joseph's Nursing Department has received its third Magnet recognition, earned in part by allowing nurses, through self-governance and nursing excellence, to create an atmosphere of heightened inquiry and quality improvement that sustains professionalism within nursing at the point of care. The Relationship-Based Care (RBC) model of care delivery and the enculturation of the philosophy of care embodied in Jean Watson's Theory of Human Caring (Watson, 2007) have improved patient outcomes and supported quality nursing care across the continuum of health care in our organization.

Kathy Faber, MSN, RN, CNL, is Clinical Nurse Leader in Neonatology at St. Joseph's Regional Medical Center in Paterson, New Jersey.

In our neonatal intensive care unit (NICU), a 30-bed Level III regional neonatal center, the atmosphere of professional inquiry that puts patients and families at the center of practice identified a need for change. Lack of continuity of patient assignments led to a score of only 84% on internal audits of patient satisfaction. Comments reflected parents' lack of confidence in unfamiliar nurses as well as practice issues with individual patient care. In a 2010 nursing survey report, nurses and physicians were equally dissatisfied with the current system of daily assignments in which assigning charge, admission, transport, and other responsibilities took precedence over patient needs. Under the visionary leadership of our chief nursing officer (CNO), along with the nurse practice council's commitment to quality care, we began our journey to develop RBC in our unit.

We chose as our practice model Jean Watson's Theory of Human Caring (Watson, 2005), a humanistic–altruistic approach to the relationship between the nurse and the patient. According to Watson, healing consciousness is contained within single caring moments between the nurse and the patient. These moments comprise a therapeutic

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relationship that is created within a caring and healing environment. A successful caring environment also includes caring professional relationships among the health care team.

To create the caring and healing environment that supports these therapeutic nurse–patient and nurse–colleague relationships, we implemented RBC, a model described by Koloroutis, Manthey, Felgen, and Person (2004) in *Relationship-Based Care: A Model for Transforming Practice*. This model establishes primary nursing as the care delivery system (Manthey, 2002) and authorizes and supports the registered nurse (RN) in leading teams of nursing staff and other health care providers to promote the caring and healing environment described by Watson.

Although Watson's caring theory focuses on the relationship between nurse and patient, the RBC model expands the focus to include caregivers' relationship with self and relationships among the health care team members. RBC is the care delivery model at St. Joseph's and is the heart of our nursing care. The moral-ethical-professional obligation to provide compassionate, quality patient care is paramount. Creating a caring and healing environment for the patient and family, for colleagues, and for ourselves requires the development and nurturing of healthy interpersonal relationships. Providing the highest quality patient care takes into account the needs of our patients and the world around us. The RBC model of care puts our organization's values, Watson's caritas processes, and Koloroutis' synergistic collaboration of partners into action at the bedside to address the unique care needs of each individual patient.

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The nurses of St. Joseph's promote an RBC environment by creating and emphasizing a caring relationship with patients and families. This relationship begins by focusing resources on the needs of patients and families and of physicians and other colleagues in the development of respectful and professional partnerships among the health care team. The leadership and vision of Maria Brennan, our CNO and vice president of patient care services, in promoting RBC as our care delivery system empowered the staff in their pursuit of excellence in providing services along a seamless continuum of care.

Specifically, RBC at St. Joseph's is embodied by

- Creating interdisciplinary patient care partnerships that provide services in a highly responsive and efficient manner
- Establishing therapeutic, caring relationships with patients and families
- Coordinating a variety of multiskilled personnel to provide point-of-service care with minimal patient movement among units and service lines
- Organizing and streamlining care planning and documentation to track resource utilization concurrently, facilitating positive patient outcomes
- Ensuring patient and family satisfaction by increasing their participation in decision making
- Enhancing physician satisfaction by meeting expected patient outcomes
- Enhancing nursing satisfaction by empowering professional nurses' decision making in an evidence-based practice environment
- Developing and implementing an effective quality plan which measures length of stay, patient incidents, complications, and other outcomes of care

RELATIONSHIP-BASED CARE IN THE NICU

The implementation of RBC and primary nursing in the NICU was an innovation focused on family-centered care. The NICU RBC initiative demonstrated the nurses' commitment to continuity of care and to improved accountability and

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responsibility when caring for families in crisis who are experiencing the premature birth or serious illness of their infant. Continuity of patient care and establishing meaningful relationships with patients and families were primary foci of the NICU RBC advisory council in implementing RBC.

The initiative began when a parent of an infant transferred to us from the NICU at Texas Children's Hospital in Houston told our staff about how safe and secure the nurses at that hospital had made families feel. As Clinical Nurse Leader for Neonatology at St. Joseph, I investigated. At Texas Children's, nurses work together in areas or teams, and specific nurses remain with each baby throughout the NICU stay. I proposed a similar idea for our NICU to promote consistent patient assignments and increase nurse autonomy in the delivery of patient care.

The idea immediately piqued the interest of the NICU nurses and was quickly transformed into a project called Patient Outcome Design, or POD, a redesign of our system of assigning nurses to patients. The advisory council piloted the POD project in August 2010 and adopted the current POD system of patient assignments early in 2011.

We transformed our care by adapting the terminology of primary nursing to our primary care PODS, supporting the staff with ongoing education and self-assessment through weekly RBC huddles. We embraced parents as partners, building relationships and family initiatives into our policies.

THE PATIENT OUTCOME DESIGN PROJECT

We redesigned our system of patient care assignment, focusing on continuity of care by districts or PODS. This in turn led to the designation of primary patient rooms. Each of the four 6-bed PODS was named for zoo animals (giraffe, lion, tiger, and monkey), and decorated accordingly, in compliance with environmental design standards for NICUs. Twelve primary nurses, six from days and six from nights, were assigned as partners to patients within the four designated PODS. Staffing of the PODS was based on our average daily census (24) and acuity of our 30-bed unit. Whiteboards were placed on each door listing the RN partners for each patient, along with photos of the nursing and medical staff.

The clinical nurse leader (CNL) oversees the collective assessment and development of the patients' plans of care, in collaboration with the medical and nursing staff, with district champions who are part of our senior nursing staff (charge nurses, nurse practice council representatives, and advisory council members) and whose responsibilities include scheduling, assignments, resource management, and other Transforming Care at the Bedside (TCAB) initiatives to broaden and enrich the POD project. As the NICU's CNL, I facilitate a morning huddle in which the medical and nursing staff within the PODS discuss each patient's plan of care. I am also a resource to the advisory council cochairs and to the district champions who are key to the success of this project.

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As a result of this new design and implementation of primary groups of nursing staff within PODS, scores of families' perception of quality of care have improved by a statistically significant amount (Figure 1). Parents overwhelmingly saw the differences in how the nurses in the RBC PODS cared for all the infants in the room. One parent shared that she trusted all the staff; she felt that the nurses were providing excellent care and that the nurses became "like a family with benefits." The words "that is not my patient" or "your nurse is at break—call back later" were not heard, which

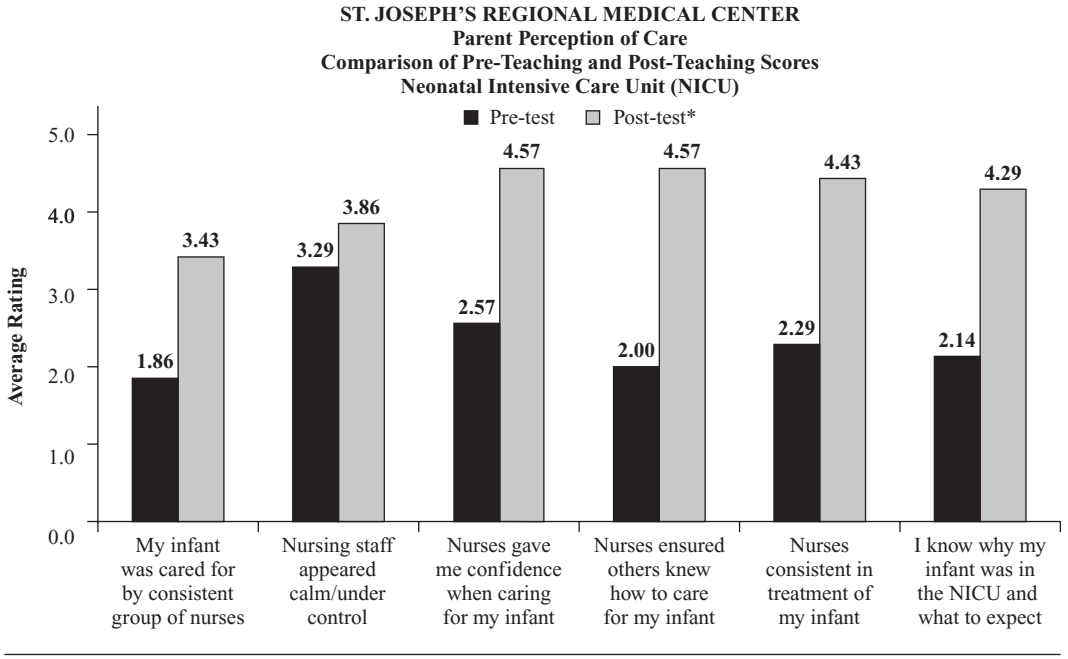

Figure 1. Parent perceptions of care.
*Ratings were significantly higher on the post-test for all questions ($p <$. 05).

The NICU RBC initiative demonstrated the nurses' commitment to continuity of care and to improved accountability and responsibility when caring for families in crisis who are experiencing the premature birth or serious illness of their infant.

enhanced parents' trust as well. Daily huddles to discuss all the infants' needs for the day provided guidelines for the parents about when to call or visit, thus minimizing barriers to visiting such as scheduled procedures or specialty care for other infants in the POD. Parents were encouraged to stay for rounds on their infants. Weekly parent meetings were planned around their needs rather than the hospital's schedule.

Equally significant was the improvement in perceived collaboration and quality of relationships demonstrated by nursing, medical, and ancillary staff. Nurses welcomed the collaborative environment, the expanded senior RN resources, and the consistency and continuity of care that the POD project provided (Figure 2).

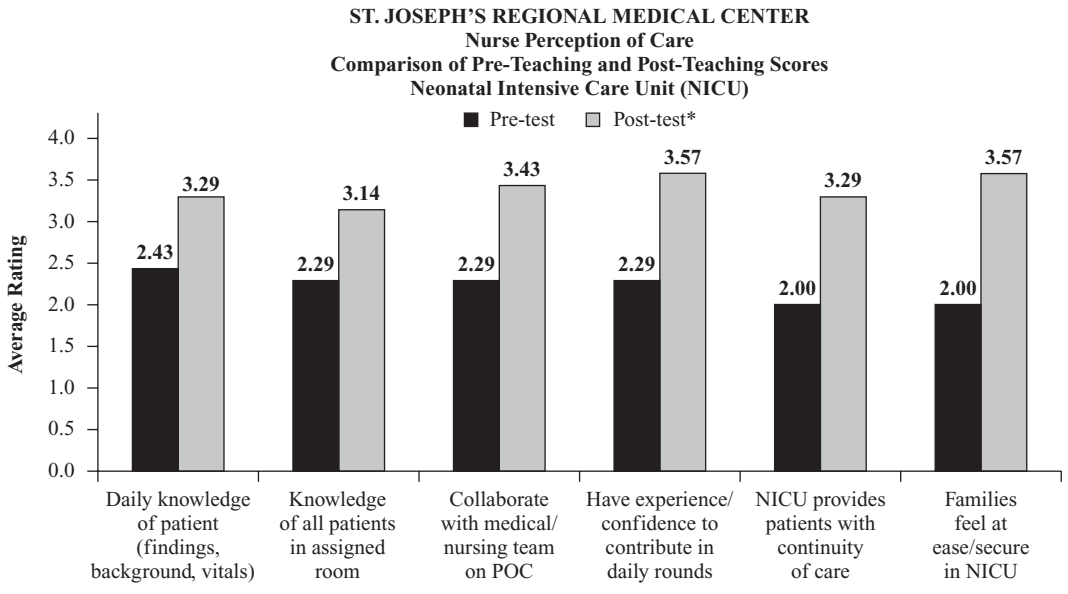

Figure 2. Nurse perception of care. POC = plan of care.
*Ratings were significantly higher on the post-test for all questions ($p <$ .05).

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Figure 3. Members of the St. Joseph's NICU RBC Advisory Council.

Relationship building with parents was optimized, and the nurses felt a stronger connection with their patients and families. The nurses also realized an improved method for assigning admission, transport, and charge responsibilities. Ultimately, implementing the POD project enabled the staff to put patients and families in the center of their care (Resurrection Health Care, 2005).

CONCLUSION

The implementation of RBC gave nurses choices in providing excellent care by developing relationships among themselves, their colleagues, and their patients' families, reflecting the values of St. Joseph's Regional Medical Center (see Figure 3). RBC defined the primary nurses' roles and responsibilities in building the nurse–patient relationship; maintaining plans of care; and assisting with decision making, work allocation, and management of the unit. RBC also helped identify the needs of patients, nurses, and physicians within each POD, recognizing the variations in those needs while facilitating teaching and learning and sparking clinical inquiry and the use of evidence-based practices.

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Correspondence regarding this article should be directed to Kathy Faber, MSN, RN, CNL, at faberk@sjhmc.org