

LOS ANGELES COUNTY COLLEGE OF NURSING AND ALLIED HEALTH

School of Nursing

Nursing 242

PROFESSIONAL ROLE

Nursing Role in Leadership, Management, Current Issues, and Gerontology

Self-learning Module

Nursing Care Delivery System

OVERVIEW

This module is designed for Semester 4 students who are enrolled in N242. Successful completion of this module will facilitate the student in meeting the course objectives. Following “student activity” directions and answering questions throughout the module, will facilitate comprehension of the subject matter.

Each “Unit” block of content is organized in the sequence outlined in the syllabus.

Student activities and questions are found throughout the module, as well as at the end, to facilitate comprehension on the content being discussed.

A Course Coordinator is designated for this course. Clarification and discussion of the module content is scheduled as a part of the course. Students who need to further discuss course content may make an appointment with the lecturer of this subject matter.

The student is expected to be prepared for impromptu quizzes and complete exams. A grade of 70% or above is considered passing. The exams are scheduled at specific times during the year. It is the responsibility of the student to confirm the time and place of where the testing sessions will be held.

INSTRUCTIONS

Review objectives and content outline in the N242 Course Syllabus. Read the required readings listed on reserve in the library and in the syllabus.

Seek clarification from the N242 Semester 4 instructor or at (323) 226-4911. Office hours are to be announced during the first day of class meeting.

Bring a Scantron and pencil to each class meeting.

Nursing Care Delivery System

UNIT TITLE:

Required readings:

Marquis & Houston (9th Ed.)

Chapter 10, pp. 242-243, 247-250

Chapters 14, pp. 347-362

Chapter 17

Chapter 19, pp. 513-516, [Display table: 19.5]

Why is it important to discuss types/and or models of nursing care?

In order to deliver safe, efficient and effective care, nurses will need to understand both positive and negative consequences of each model.

Please note: Nursing care delivery systems are set by the institution and those institutions do not have unlimited resources. Funds are allocated based upon the need of a service(s). For example: If more funds are allocated for hospitals, then there may be a decrease in funding nursing homes extended care or child care services. There has to be a tradeoff.

Economic Perspective

- Resources- Do organizations have an unlimited amount of resources?
- Federal and State governments incorporated Medicare programs such as the Prospective Payment System (PPS) and Diagnostic Related Groups (DRG) to help keep cost down.
- Population-Which population is going to be affecting our healthcare system? What kind of problems do they have? What about diversity? What about new technology?
- Nursing labor market-Is there a nursing shortage? If so, why?

Total Patient Care aka Case Method of assignment requires a highly skilled work force and may cost more.



Total Patient Care-Case Method of assignment

List 6 ADVANTAGES	List 4 DISADVANTAGES

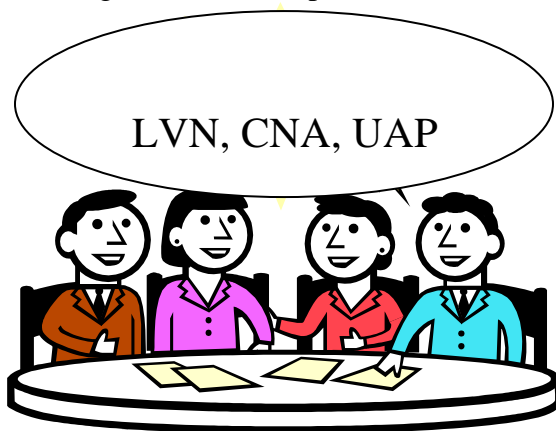
Questions

What is the GREATEST DISADVANTAGE of the total patient care/case method?

What other type of healthcare setting will this model be best practiced at? Home Health agencies

Functional

Functional Method: According to most administrators this method is efficient and an economical means of providing care. Great Depression (1929).



Functional

List 3 ADVANTAGES	List 6 DISADVANTAGES

Questions

What is the major advantage of the Functional method?

This model will be seen more in which type of setting and why?

How did this method evolve?

TEAM

Team was developed in the early 1950's in response to complaints that functional nursing created a fragmented client care system. The team should consist of not more than 5 people.

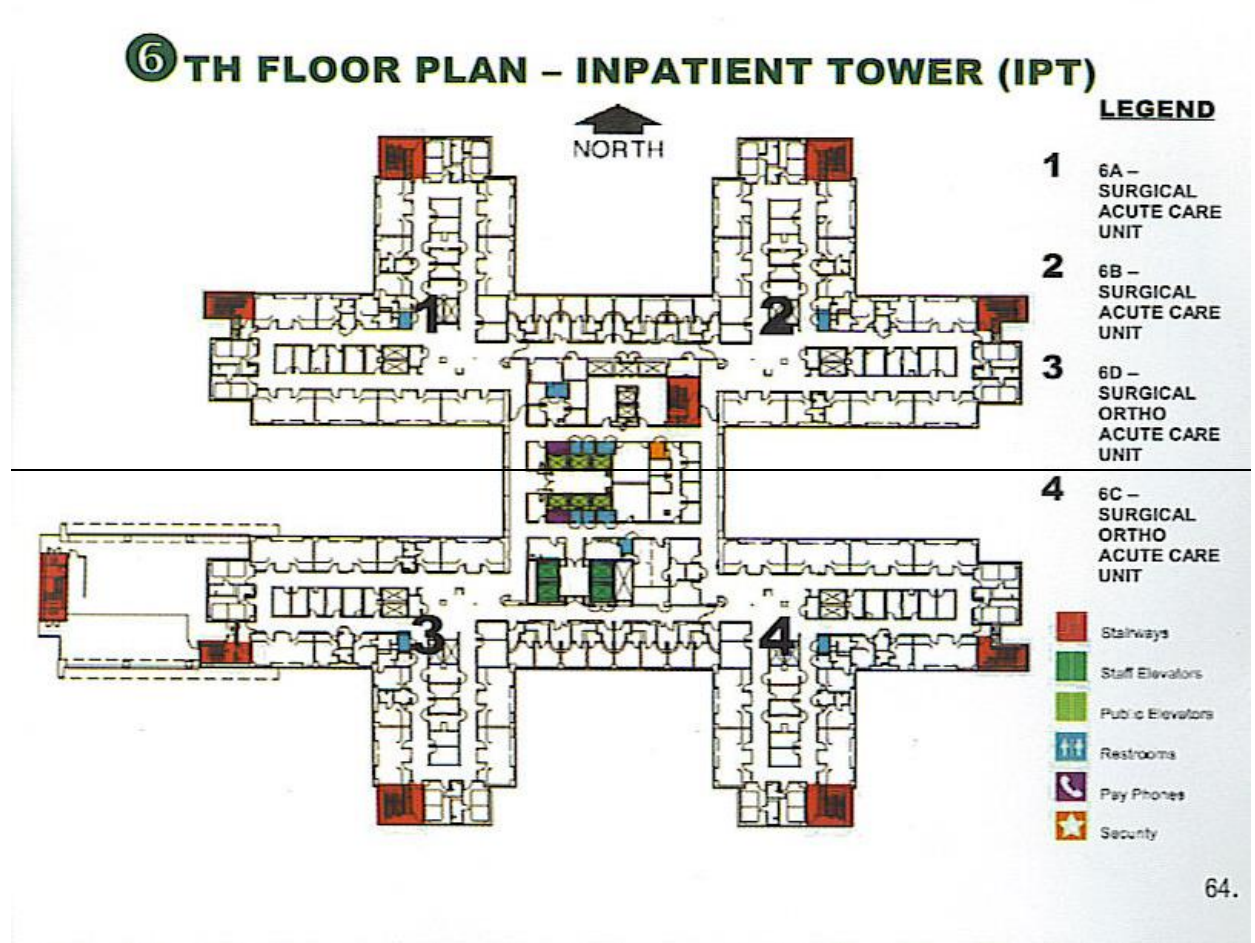


Team

List 3 ADVANTAGES	List 3 DISADVANTAGES

* What other leadership style is associated with Team nursing?

Modular focuses on geographic location and mini teams (two or three member with one member being the RN)





Modular aka Care pairs

List 3 ADVANTAGES	List 3 DISADVANTAGES

Situation: Nurse A assigned to rooms 120-126 and has a NA to work with. The modular nursing is to increase nurse involvement and increase continuity of care. With a low acuity this is plausible. With high acuity in rooms 120-126, it can be unsafe.

In room 120 the client is stable. In another room a 75 yr-old male is admitted for dehydration that now need a Foley to be inserted, two clients need sitters (one of these clients have behavioral issues, the other client is confused). A admit coming from ER is currently on chest pain protocol, and the last client being discharged is screaming at you to hurry the hell up. How does the geographic location work now?

Questions

What problems can be encountered with this model?

Why would members on this model be able to use more of their time for direct client care activities?

If there are issues, how can the RN solve them?

Primary

Primary aka Relationship based came in the late 1960's. It was design to increase autonomy and quality of care. The RN functions would be to keep this client for their entire length of hospital stay. That included, when the primary RN was off and returned back to work, he/she would resume the plan of care.



Primary- Relationship based

List 5 ADVANTAGES	List 5 DISADVANTAGES

Questions Which healthcare setting works well with this model? Why?

Primary nursing integral responsibility is to establish?

Primary health-Care teams (PHCTS) are interprofessional teams that include?

The desired outcomes for PHCTs are?

Case Management (CM)



Case management (CM) nurses address each client individually.

Case Management

List 5 functions the CM provide for clients

List 5 functions the CM provide for clients

CON'T Case Management

- *Questions*

1. What are the function(s) of acute care case management?

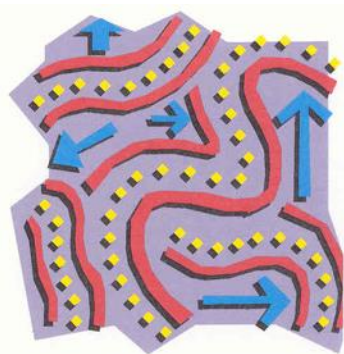
2. What other methods can case managers use to provide client care?

3. The Case Management Society of America (CMSA) defines Case Management as....-

4. What is the role of the multidisciplinary team leader?_____

Clinical Pathways

Clinical Pathways aka Critical Pathways and Care Pathways provide consistent care. The pathways are broken down and done by Evidence Based Practice (EBP) standard of care of what the proper care plan should be. It can also be a care map.



Clinical Pathway

List 5 ADVANTAGES	List 4 DISADVANTAGES

Questions

If something is missed on day 2, which disciplinary personnel can do something about it?

HINT: Must be licensed personnel.

What type of analysis is prompted when a client's progress differs from the critical pathway?

***NOTE:** Review strategies that are utilized for critical pathways.

Roles of the Nurse as a Group Member

The following topics under this heading can be found in Chapter 19 of the required reading: The Student is responsible for knowing the definitions in each of the topics and must be able to distinguish roles in a scenario situation.

- Stages of Group Process
- Task Role
- Building & Maintenance Role
- Individual Roles

Table 19.5↔Stages of Group Process

Forming: Identify boundaries

- Task: Define goals

Storming: Resistance to group influence is evident

- Task: Differences surfaces regarding demands

Norming: Cohesion develops

- Task: Cooperation develops as differences are resolved

Performing: Focuses on task and its completion

- Task: More of the group energies are available to complete the task.

NOTE: Stages of group process is not new information for those students enrolled in the generic RN program. Both, generic and LVN students are to refer to the assigned reading. (Chapter 19)

Task Role

• Initiator	• Coordinator
• Information Seeker	• Orienter
• Information giver	• Evaluator
• Opinion seeker	• Energizer
• Elaborator	• Procedural technician
	• Recorder

Definitions part of required readings.

Team Leaders (TL) are to keep the group (Team Members) on course and focus. Be able to get shy people involve. Protect the weaker member.

Question

Who is/are responsible for carrying out all the necessary tasks?

***NOTE:** According to the reading, it is suggested that there must always be someone in charge who can as the *group facilitator*.

Building & Maintenance Role

<ul style="list-style-type: none">• Encourager	<ul style="list-style-type: none">• Gatekeeper
<ul style="list-style-type: none">• Harmonizer	<ul style="list-style-type: none">• Standard setter
<ul style="list-style-type: none">• Compromiser	<ul style="list-style-type: none">• Group commentator
	<ul style="list-style-type: none">• Follower

***Note: An appropriate mix of personnel is needed to meet the unit needs.**

Individual Role

<ul style="list-style-type: none">• Aggressor	<ul style="list-style-type: none">• Playboy
<ul style="list-style-type: none">• Blocker	<ul style="list-style-type: none">• Dominator
<ul style="list-style-type: none">• Recognition seeker	<ul style="list-style-type: none">• Help seeker
<ul style="list-style-type: none">• Self-confessor	<ul style="list-style-type: none">• Special interest player

Question

What are the goals for group leaders?

Staffing Settings

Staffing will be based on assessment of client's need and be performed in different types of settings. Such as:

- Acute care- In an acute care setting, clients receive short-term medical treatment for acute illness or injury, or to recover from surgery. In this setting, medical and nursing personnel will administer the critical care required to help restore a patient back to health.
- Ambulatory care- Medical care that can be delivered on an outpatient basis and is managed without admission into a hospital.

Question

Facilities that a person can receive acute care are known as?

Acuity

ACUITY is a method used to help determine the severity of the illness or client condition. And to help determine the time necessary to meet the client's needs.

- **Acuity level 1 = Minimal Routine care**
- **Acuity level 2 = Average care**
- **Acuity level 3 = Above average care**
- **Acuity level 4 = Almost constant care**

Acuity can be considered in

- **Volume (Census)**
- **Severity (How sick patient is)**
- **Intensity (Amount of work or time involved with a level of complexity of the care required)**

Question

What are the 3 main reasons acuities are required?

In order to meet the time necessary to meet client needs, a classification system is required.

The Department of Health Services (DHS) utilizes the “Evalisys ® 3.0 Patient Classification System”. This is a tool by which clients are grouped according to the systems indicators.

It is the leading client classification system/tool used by a number of United States (U.S.) hospitals. However, there are other client classification systems, such as the IntelliChart classification Acuity, Episode Treatment Groups (ETGs), etc.

To meet the needs of the client, the nurse(s) have to have time.
The higher the acuity, the more time is needed.

A client is usually ranked from 1-4 on the acuity tool. If a client is a “4” or nearing a “4”, they may need to be transferred to a step-down unit or an ICU (Intensive Care Unit).

NOTE: It does not matter how good you are, if you do not have the time to meet the client's needs, then they are not going to be met.

Student activity:

Practice Evalisys 3.0 Patient Classification system form to be distributed in class.

Directions: You are to determine what the acuity is for the client listed below. Justify your answer.

Situation:

An 86 yr-old female, newly diagnosed w/ CVA. She presents w/ Lt. sided weakness and aphasia. She is alert and can follow simple commands. She is unable to turn or manage her hygiene needs. Speech therapy recommended sm. frequent feedings; she requires constant supervision & assistance w/her nutrition. She has an IV, a F/C, turning & neuro assessments q2hr. Her family is anxious and needs support and teaching.

Question

What is her acuity level? Provide rationale

Nursing Hour Ratio- NHR

The Nursing hour ratio is the average number of hours of care per client per day. In other words, how many hours will it take to care for a certain number of clients with the staff that is available?

Each unit will have a pre-determined number.

The staffing schedule will contain information such as how many nurses, nurses' aides, and patients there are in the facility on any given day.

To calculate the NHR, use this formula:

$$\frac{\text{\# of staff on duty} \times \text{8 hour shift}}{\text{\# of clients}} = \text{ratio of hours for the unit.}$$

The hours per shift are set by administrator. Please note that staff can be designated to work 8, 9, 10 or 12 hour shifts. For test taking purposes we will, the 8-hour shift will be your constant number.

Staff is the staff on that unit/ward.

Secretaries, Nurse Managers and clerks are not counted in the NHR.

NOTE: A major concern with the NHR is that it does not take into consideration the acuity level.

Questions

Who sets the acuity for day shift?

Who sets the acuity for evening shift?

Who sets the acuity for night shift?

Can the acuity change on any client? Yes or No. Explain your answer.

Practice

Nursing Hour Ratio- NHR

Student activity

Situation

On day shift (07-1530): Calculate the NHR for each shift and for 24 hrs. There are 22 pts on the day shift. One new admission on the evening shift and one new admit on the night shift. Day shift, 4 RNs, 1 LVN, and 2 NAs. Evening shift, 3 RNs, the LVN will be working a double, and 2 NAs. Night shift, 3 RNs, and 1 NA.

Your predetermined number is 5.5.

- NHR 7-3 _____? staff X 8 hrs/ ? pts = ?
- NHR 3-11 _____? Staff X 8 hrs/ ? pts = ?
- NHR 11-7 _____? Staff X 8 hrs/ ? pts = ?

Questions

Using the above staff, calculate the nursing care hours per patient for a 24-hour shift. Refer to page 242-243 of your textbook. **Note:** **EXCLUDE** the ward clerk.

Is this unit over staffed or under staffed?

Based upon your answer, what actions can you do? List 3 interventions.

NOTE: Round to the hundredths place. It is acceptable if your calculation is not an exact match of the predetermined number. The goal is to come as close as you possibly can to the given predetermined number.

Many options can be considered. Rationales will be required.

Floating

Registered Nurse (RN) responsibilities: When floating, it is the RNs responsibility to provide safe competent care. Accepting an assignment makes that RN responsible for care of his/her clients.

Questions

Who determines if the RN is competent?

What do you do when you show up and given an unsafe assignment?

Nursing Administrator responsibilities: It is the responsibility of administration to validate educational status, competency and skill level.

Question

What type of assignment would be preferable to give to a floater to your area? Why?

Scheduling

Centralized: Decisions are made by personnel in the central office

List 3 ADVANTAGES	List 3 DISADVANTAGES

DECENTRALIZED: Nurse Manager is responsible for covering the unit

List 2 ADVANTAGES	List 3 DISADVANTAGES

Question:

What is the major difficulty with decentralized staffing?

Table 17.1

	Strengths	Limitations
Decentralized Staffing		
	Strengths	Limitations
Centralized staffing		

Scheduling Options

Display 17.2

Define the following options

• 10 or 12 hours
• Cyclical staffing
• Exchange hours
• Flextime
• Staff self-scheduling
• Shift bidding

NCD: The hallmark is that each member's input is considered essential for the process to work.

Question

What is essential in evaluating a NCD system?

Which area of management determines how best to plan work activities so that organizational goals are met effectively and efficiently?

Review questions

1. Which client care delivery system is the oldest mode of organizing client care?
2. What are the different roles between the top-level manager, first and middle-level manager and the unit leader manager?
3. Which area of management determines how best to plan work activities so that organizational goals are met effectively and efficiently?
4. What is the responsibility of the team leader?
5. What must occur in order for “team nursing” to be effective?
6. How are assignments divided utilizing the Modular nursing method
7. What is the major difference between primary nursing and team nursing?
8. Define case management:
9. What is the **MAJOR** disadvantage of utilizing the clinical pathway?



The END