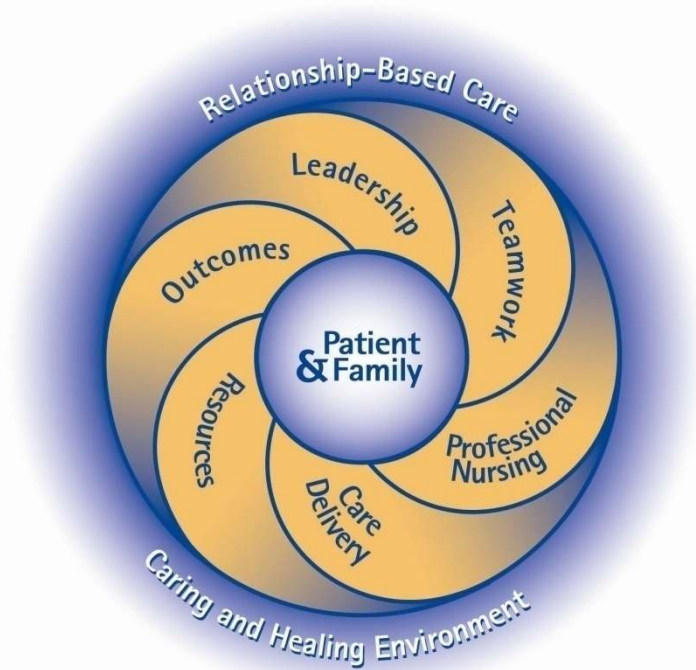
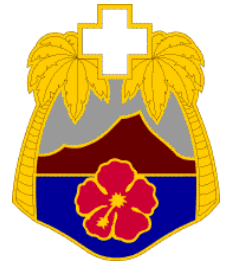


Tripler Army Medical Center



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The U.S. Army Nurse Corps & Relationship- Based Care

Presented by
Lt Kevin Copley



Overview



- **Background**

- Tripler Army Medical Center (TAMC)
- Relationship Based Care implementation on 6C2

- **Implementation**

- Primary Nursing
- Unit Practice Council
- Commitment to Co-Worker's

- **Outcome Measures and Findings**

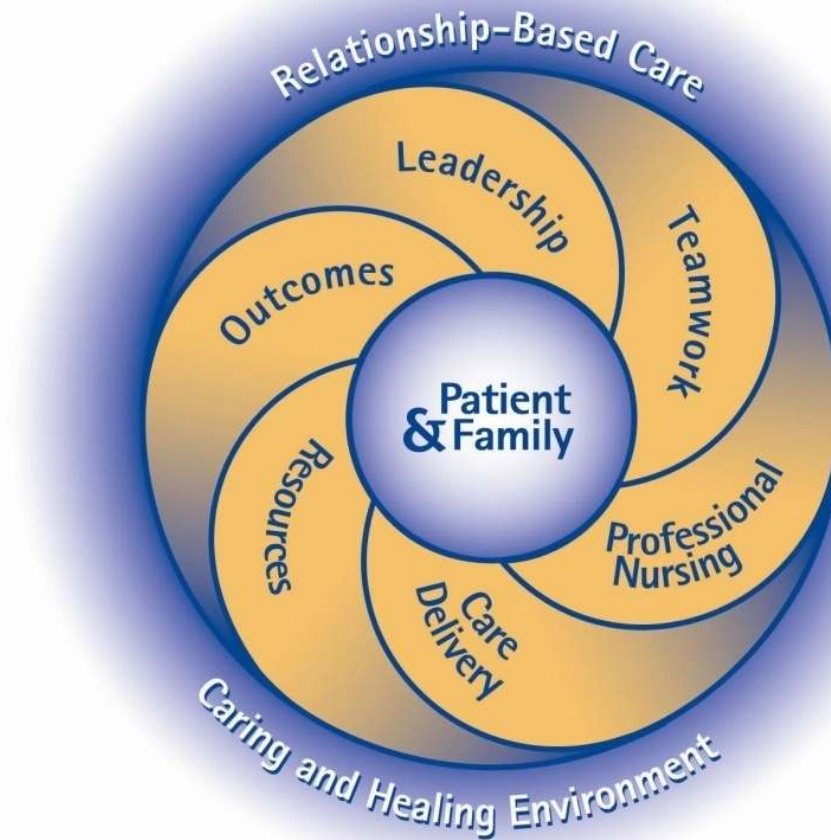
- Patient and Staff Satisfaction Surveys



Background: TAMC



Background: Relationship-Based Care (RBC)



Implementation: Primary Nursing



- **Implemented in January 2008**
 - The “Go To nurse.” Establishing a relationship with patient and family.
 - One nurse in charge of the plan of care for their patient.
 - Associate nurse updates the primary nurses’ plan of care.
 - Primary Nurse Note-Form of communication between nurses so patient doesn’t have to tell their story over and over again.



Primary Nurse Note



PATIENT SPECIFIC NEEDS/PRIMARY NURSE PLAN

Specific Needs: pt needs to keep off left side while in bed d/t wound. prop pt with pillows. and elevate left leg if possible. pt on falls precautions and able to move around in bed. Braces on hold at this time, awaiting new orders d/t LLE wound.

Specific Dietary Needs: pt. 1:1 feed. pureed diet with regular liquids. sit up at 45 degrees. Maintain aspiration precautions. stop feeding if pt. coughs. May have soft cakes, fruit cups, per speech therapy. Encourage pt to use right hand to feed self. Medications can be given crushed in some portion of diet. Pt. does not like applesauce.

Spiritual Needs:

Social Needs: pt. family (sister) is involved. likes to be kept up to date on his plan of care and day to day progress. pt is selectively verbal.

Personal Preferences:

Goals for Discharge: ADLs, PT/OT speech therapy rehab. r/o MRSA.

Discharge Planning Needs: SW to plan PT/OT, speech therapy, and rehab. medication education, involve sister in teaching.

#1 Other Needs: pt needs to keep off left side while lying in bed d/t wound to left malleolus per MD.

OTHER ISSUES:

#1 Other Issues: pt. has sensitive skin in areas of groin. please do thorough skin hygiene when pt. is incontinent.

Status:

#2 Other Issues: pt. has stage IV to LLE. Drsg changes by chris Sakamoto and surgical MD's every other day.

Status:

Implementation: Unit Practice Council (UPC)

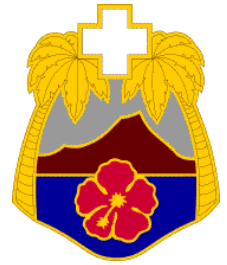


- 20% representation of all staff.
- Defines what RBC © looks like in each area based on the principles of RBC©.
- Listens to patient and staff concerns about unit practices and standard procedures.
- Collaborates with nurse manager to improve nursing practices on ward.
- Helps to improve interdisciplinary relationships.



KEY: UPC is designed to improve nursing practice issues on each unit. It is unit specific.

Commitment to Co-workers



As your co-worker and with our shared organizational goal of excellent patient care, I commit to the following:

I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every other member of this team.

I will talk to you promptly if I am having a problem with you.

The only time I will discuss it with another person is when I need advice or help in deciding how to communicate with you appropriately.

I will establish and maintain a relationship of functional trust with you and every other member of this team. My relationships with each of you will be equally respectful, regardless of job titles or levels of educational preparation.

I will not engage in the “3B’s” (bickering, back biting and blaming).

I will practice the “3C’s” (caring, committing and collaborating)

in my relationship with you and ask you to do the same with me.

I will not complain about another team member and ask you not to as well.

If I hear you doing so, I will ask you to talk with that person.

I will accept you as you are today, forgiving past problems and ask you to do the same with me.

I will be committed to finding solutions to problems rather than complaining about them or blaming someone for them , and ask you to do the same.

I will confirm your contribution to the quality of our work.

I will remember that neither of us is perfect, and that human errors are opportunities, not for shame or guilt, but for forgiveness and growth.

- Compiled by Marie Manthey



Outcome measures: Staff Satisfaction Survey



■ **Validity**

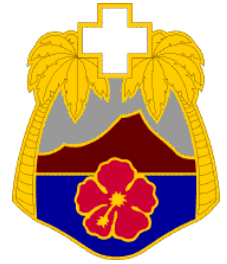
- ❑ 44 Participants out of 60 employees
- ❑ 21 questions.
- ❑ All questions verified valid in SPSS with no excluded questions.
- ❑ Baseline data collected Apr-Jun 2006

■ **Reliability**

- ❑ Cronbach's Alpha of .904 demonstrating reliability of the survey.



Staff Satisfaction



■ Improvement

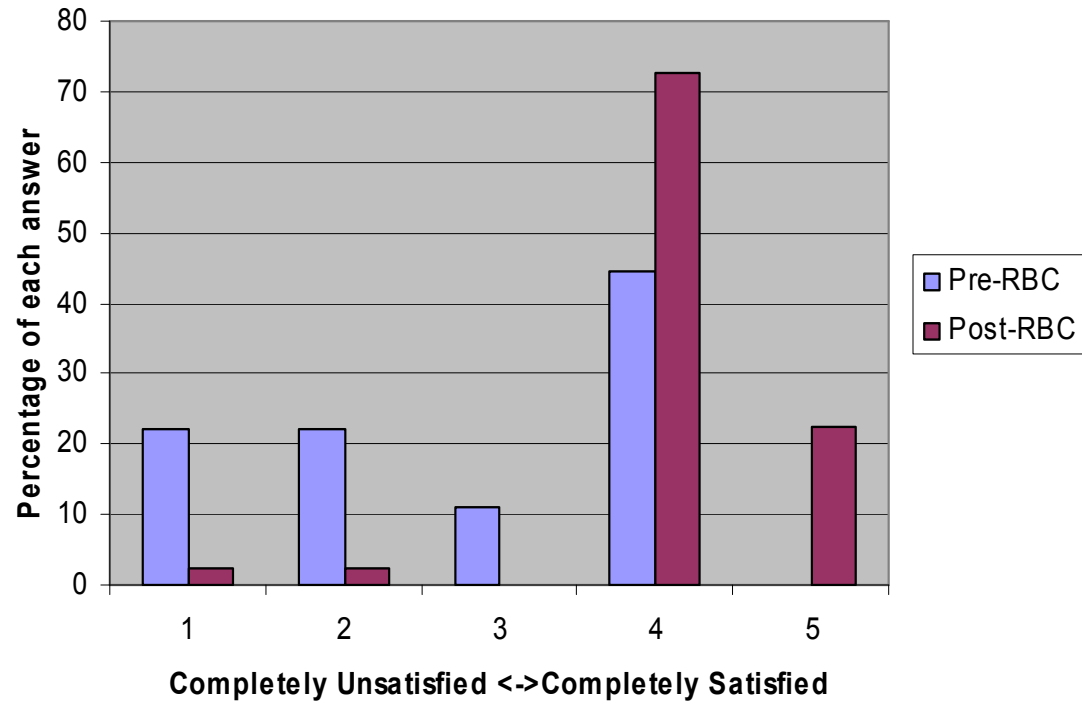
□ Nursing rounds

□ Plan of Cares

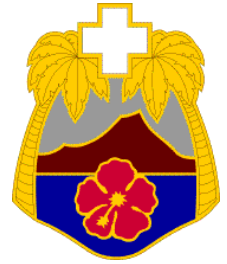
□ NIO



Nurses and physicians have positive collegial relationships.

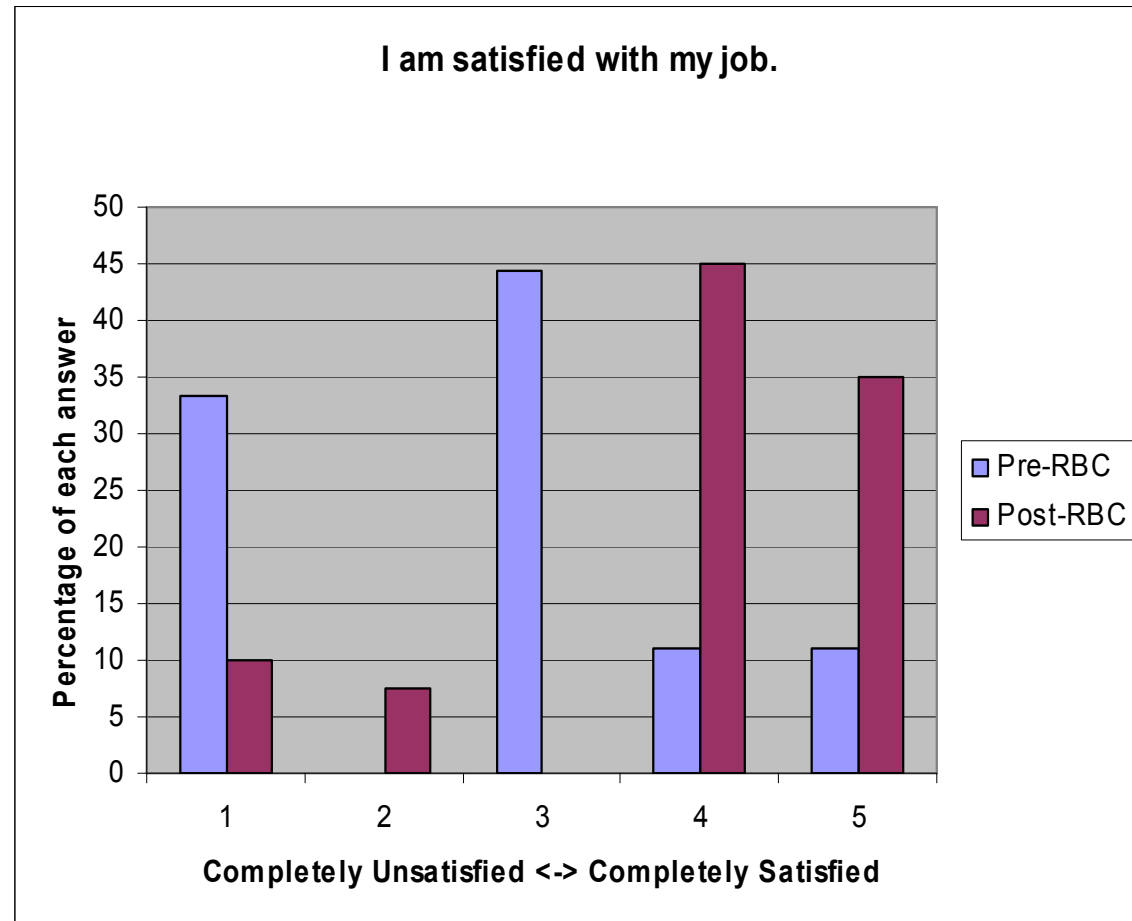


Staff Satisfaction

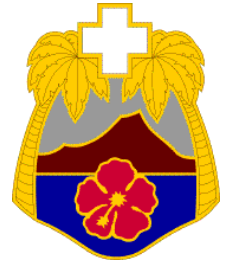


■ Improvement

- Unit T-shirts
- Commitment to Co-Workers
- Monthly Pride Day

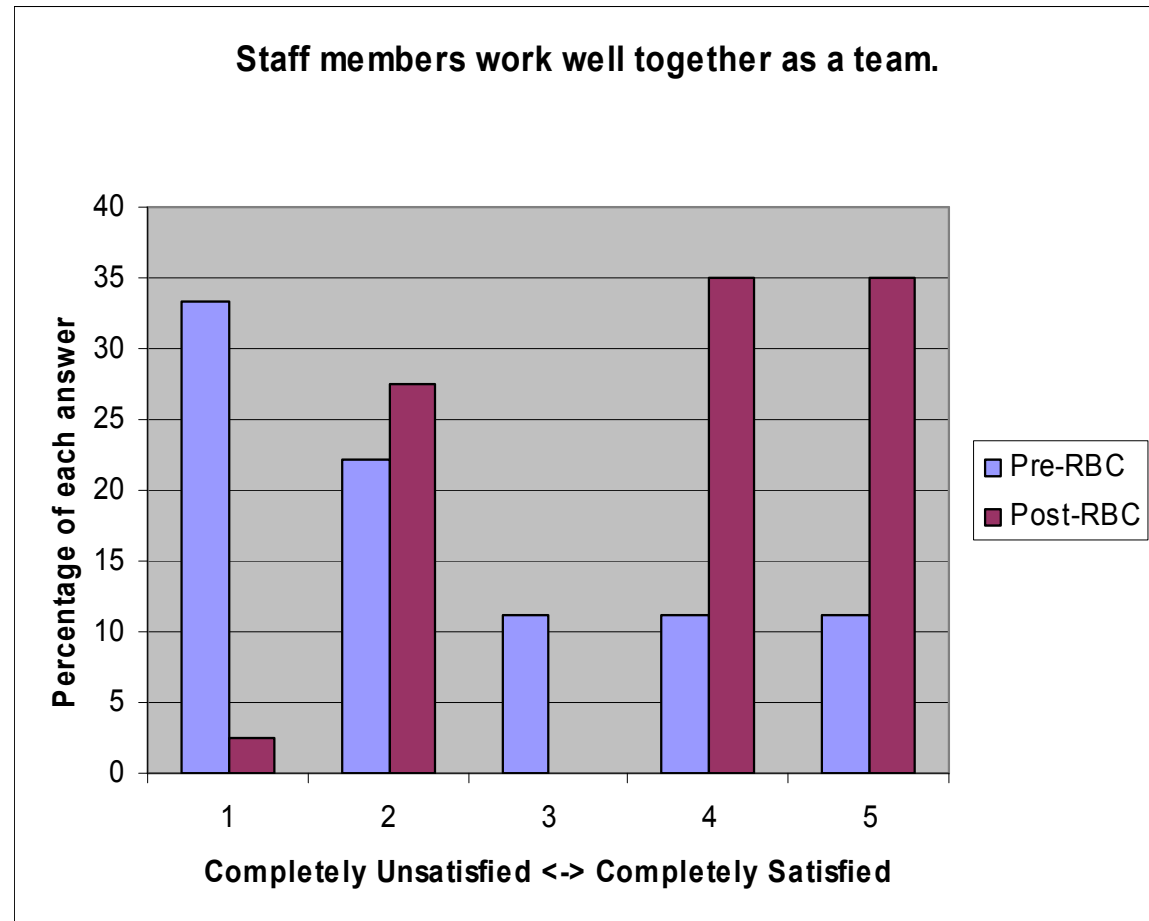


Staff Satisfaction



■ Challenges

- Lack of Enforcing Commitment to Co-Workers
- Strong Personalities



Outcome Measures: Patient Satisfaction Survey



- **Validity**
 - 60 participants over two months
 - 17 questions
 - All questions verified valid in SPSS with no excluded questions.
 - Baseline data collected Apr-Jun 2006
- **Reliability**
 - Cronbach's Alpha of .950 demonstrating reliability of the survey.

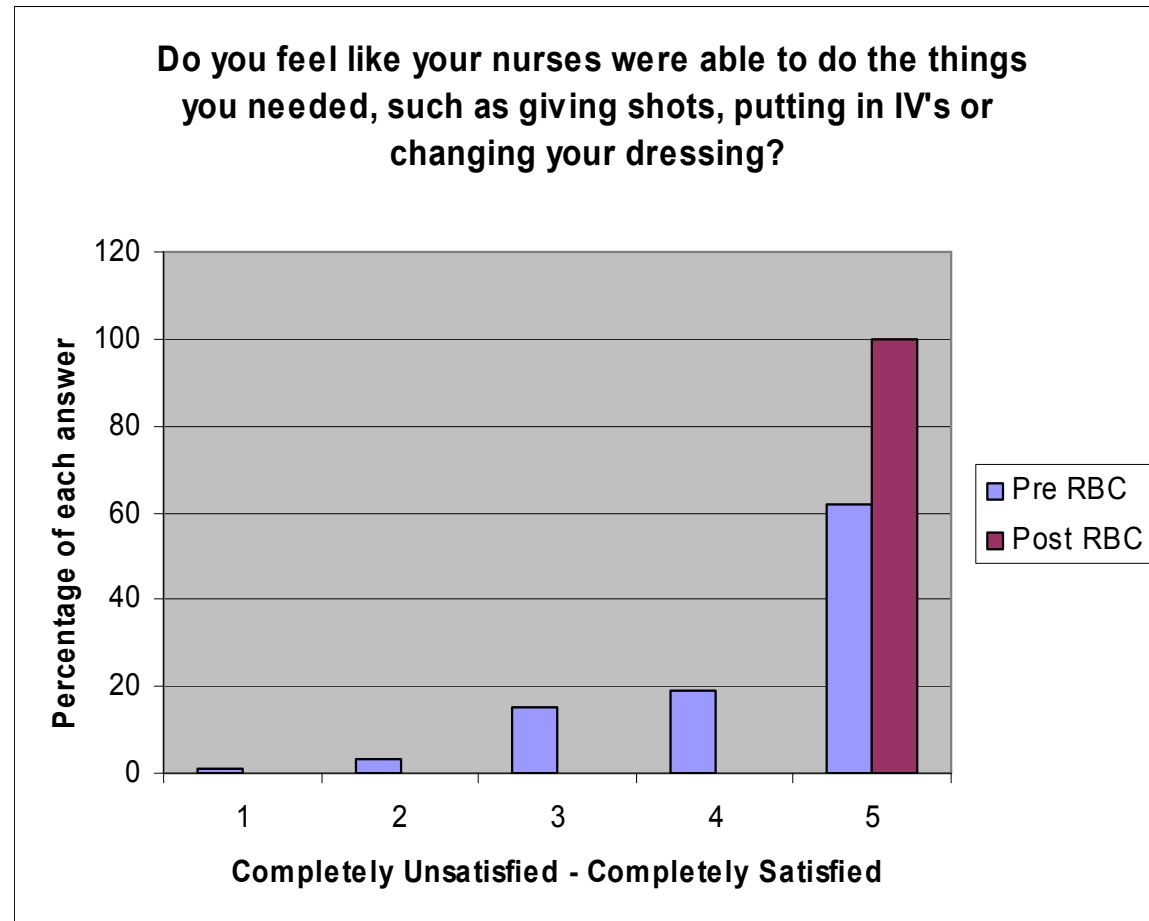


Patient Satisfaction



■ Improvements

- Defined staffing model
- Less turnover due to Staff Satisfaction
- Skills Fairs

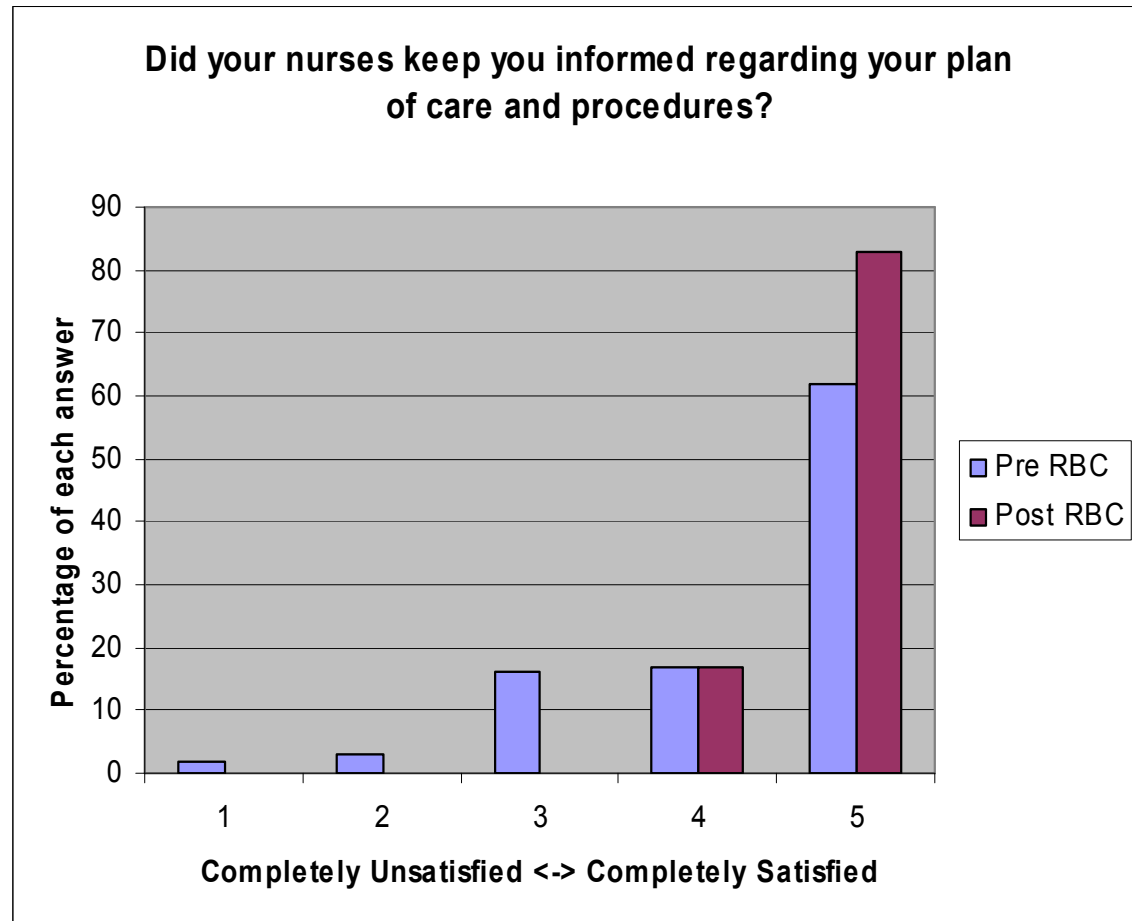


Patient Satisfaction



■ Improvement

- Daily meet and Greet
- 5 Minute sit-downs
- Room Boards
- NIO
- Plan of Cares

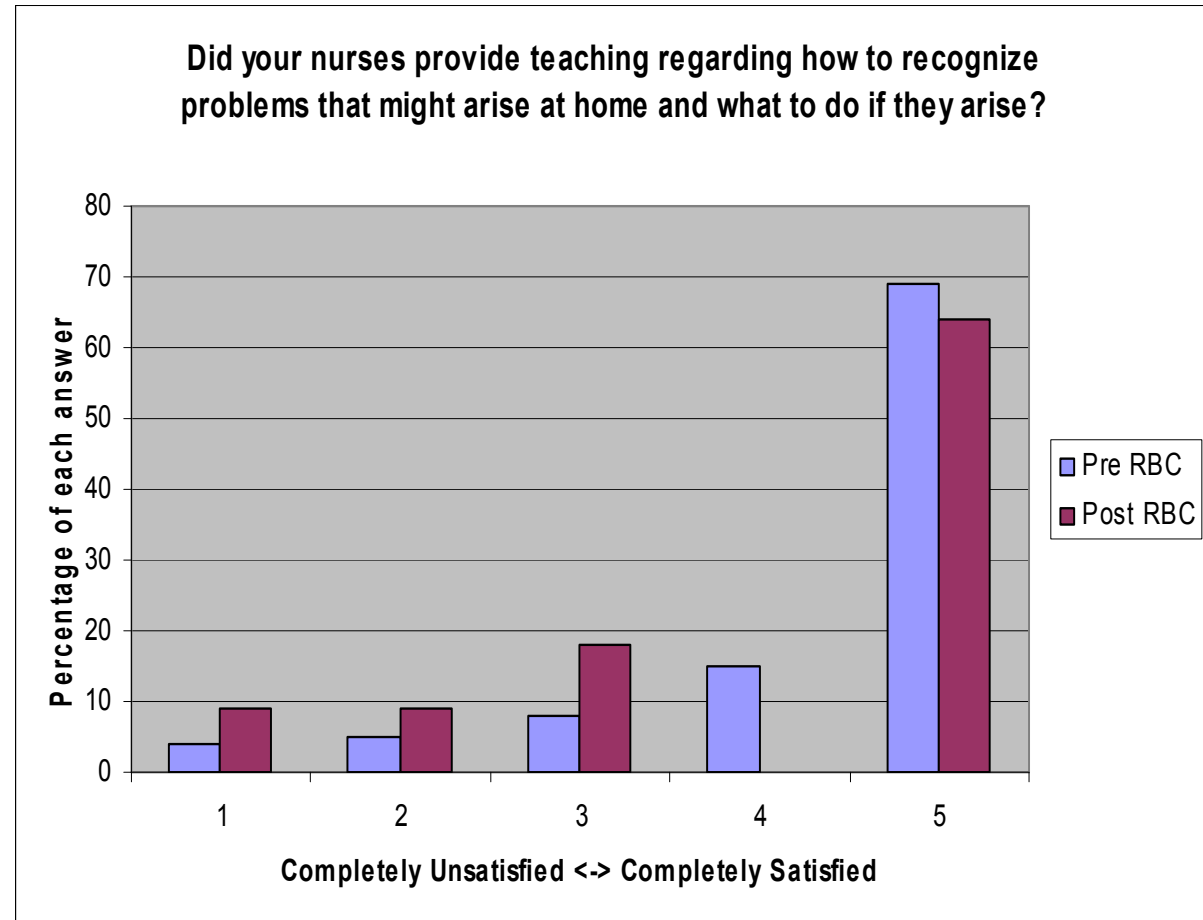


Patient Satisfaction



■ Challenges

- Teaching across the board.
- D/C teaching.
- Cardiology Nurse Practitioner

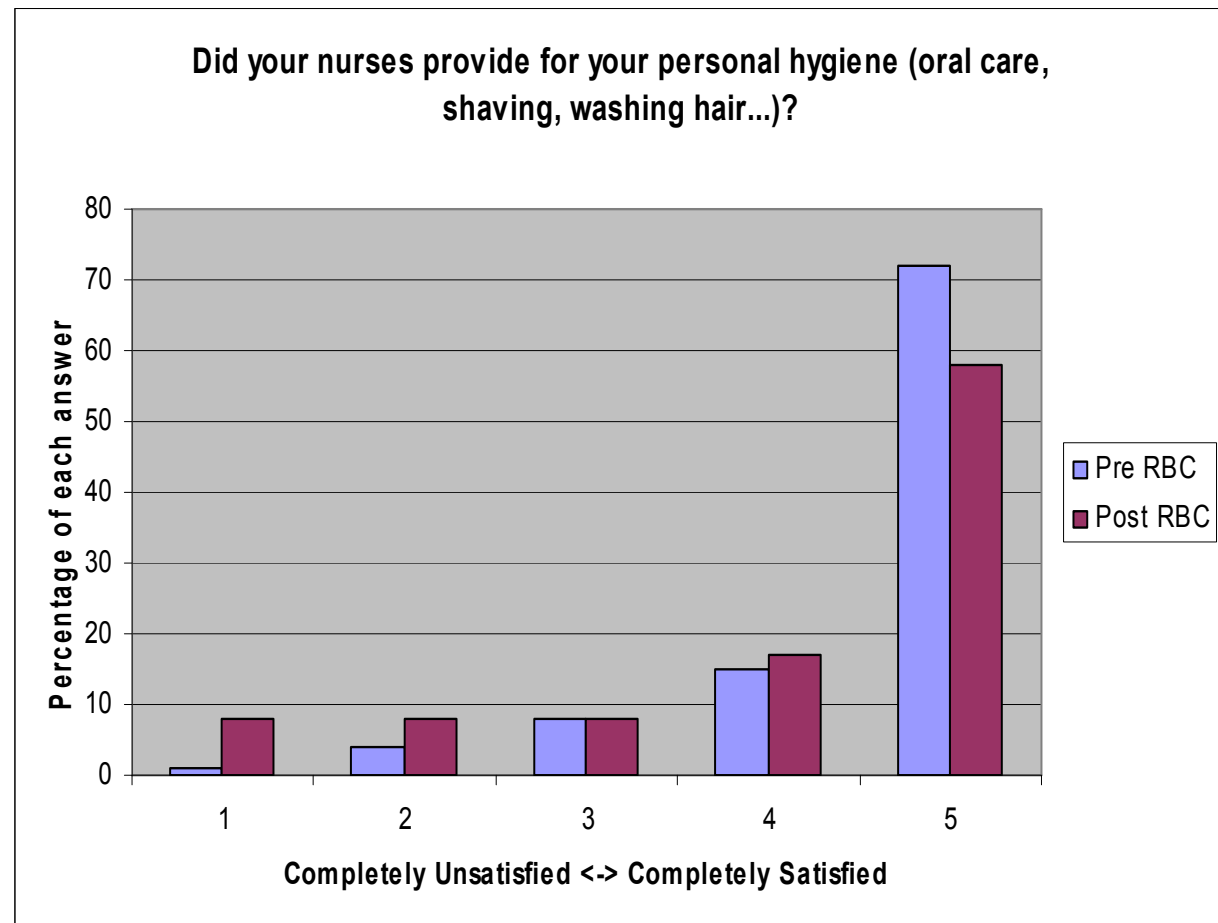


Patient Satisfaction

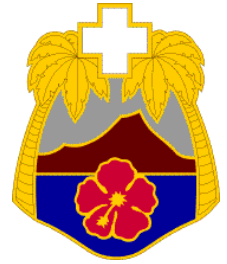


Challenges

- Lack of knowledge related to teaching. (CT pts)
- Unexplained Need more investigation



Outcomes



Patient Satisfaction

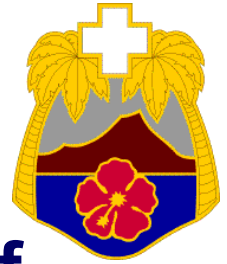
- Overall, how satisfied are you with the care you received on the unit?
 - Pre-RBC 88% Satisfied or Completely Satisfied
 - Post-RBC 98%, increase by 10%!
- “The care we received from the entire staff was exceptional. Have not used the hospital for being admitted for 50 years and I still feel the staff is doing a tremendous job.”



Staff Satisfaction

- I am satisfied with my job.
 - Pre-RBC 22% Satisfied or Completely Satisfied.
 - Post-RBC 87%, increased by 65%!
- The only staff members to have left the floor in 2 years were for promotion opportunities and out of state transfers!

Achievements



■ Changes for Patients ■ Changes for Staff

- Change vitals times closer to med admin times
- In room patient grease boards
- Dietary time changes with bed time snacks and on floor soups.
- **Better ID of falls risk patients.**
- Fitted bed sheets
- **Primary Nursing**
- **5 minute meet and greet each shift with the patients (5 min to just sit and talk)**
- Unit t-shirts to wear on monthly pot-luck.
- **Annual picnic/fun day and Christmas party.**
- Improved Isolation room signs
- Plaques for staff and “Pat on the back board.”
- **Self scheduling**
- **Hiring board committee made up by staff.**
- Lab and radiology service changes.



Conclusion



- **The implementation of Relationship based Care has had such a positive impact on patient and staff satisfaction that the Nursing Care Delivery model has been adopted throughout the facility and is being considered for Army Nurse Corps wide dissemination.**



Don't Forget to Visit



- **LT Wolf-to see how our floor reduced falls by almost 60%!**



Thank You!

