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Transforming Healthcare
A Relationship-Based Model
BRINGING THE "CARE" BACK INTO HEALTHCARE
MARIANNE HOWARD-SIEVERS MS RN
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Objectives
- The learner will:
  - Describe 1 contributing factor resulting in the transformation of healthcare to an impersonal model of care
  - Re-state the definition of the relationship-based model of healthcare
  - Name at least 1 caring/healing theorist
  - Name 1 unit-based activity that promotes the relationship-based care model
  - State the Caring Model using the "ICARE" acronym
  - Name the 3 critical relationships to relationship-based care
- Review the steps to transform the organization into a relationship-based model using the CHCM tools
- State 1 outcome the organization hopes to achieve using a relationship model approach

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Transformation
- Beginning
  - Florence Nightingale
  - Few technological advances
  - Nursing compassion and support at the bedside
  - "Being with" enhanced healing
- 20th century
  - Major technological advances
  - Health care providers become "expert" in delivery using technology
  - Relationship takes a back burner
  - Time consuming EHR, tools, etc move away from communication
  - Standardized practice/routinized care do not serve unique needs of patients (DRG's)
  - Run counterproductive to healing
- 21st century
  - Organization strives to combine both the optimal healthcare delivery
  - "Being with," the patient and family to the center and a team of clinical experts
  - Practices that prioritize patient, staff satisfaction
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**Relationship-Based Care Model**

- **Definition**
  "Places personal relationships between caregivers and patients and their families at the center of delivery. The model provides tools for organizing care and effecting change as well as guidance in transforming the cultures of healthcare institutions from depersonalized, schedule driven systems into person centered sources of individualized care provided within a compassionate healing environment."

Creative Health Care Management
National symposium, July 2009

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**Elements of the Relationship-Based care Model**

- Patient and family at the center
- Caring and healing environment
- Leadership
- Teamwork
- Professional practice
- Delivery of care
- Resource driven practice
- Outcomes/results

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**Caring and Healing Theories**

- Relationship Based Care Model Foundation
- A caring and healing environment creates the context for relationship-based, patient-centered care
- Jean Watson- Model of Human Care
  - Focuses on interpersonal relationship
- Kristen Swanson- Middle Range Theory of Caring
  - Builds on Watson model with the "5 Caring Processes"
- Madeline Leininger- Cultural Care Diversity and Universality
  - 5 Theoretical Assumptions on Caring

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The Caring Model

- Sharon Dingman
  - Operationalizes the theories
  - Demonstrates the effectiveness of the Relationship-Based Care Model
  - Increase in patient satisfaction

Elements of the model
1. Introduce yourself/explain your role
2. Call the patient by name
3. Use touch appropriately
4. Maintain connection at the bedside for at least 5 minutes to include patient in information delivery/care planning sit, maintain eye contact
5. Reinforce the mission, vision and value statements of the organization when planning care/service.

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Organization

- Definition
  - An administrative and functional structure as in a business
  - Healthcare becomes more business-delivery oriented as funding is reduced, scale down, cut back, deliver same with less
  - Driven by complicated economic, political and market forces
  - Runs counter to what we value about health and healing
  - Ignores the interplay between the needs of individuals and the organization
  - Healthcare providers caught in a web that does not support their motivations to enter healthcare field therefore demoralized
  - Impact on patient care delivery is impersonal

- Disconnect
  - What drives the organization vs what matters most

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Organizational Transformation

- Patient satisfaction survey results demonstrate consumer dissatisfaction despite cutting edge advances
- Move towards organizational mindfulness
- Utilize research and evidence-based practices
- Caring and healing occur within very specific conditions
- Utilization of the relationship-based model supports tenets of The Joint Commission for optimal, safe patient care delivery
- Communication, cultural competence and patient centered care
- Supports change utilizing the I2E2 formula for change
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I2E2

- Inspiration - promotes movement within the organization for providers to go forth and be drawn out and in. Inspire others to maintain an unwavering focus on what really matters; caring and healing relationships and participate fully.

- Infrastructure - establish practices, systems and processes through which the vision is achieved. Review existing systems: operating principles and practices, decision making structures, communication processes.

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I2E2

- Education - promote competence, confidence and personal commitment. Education fosters creativity and satisfaction thus promoting productivity. Specific areas to develop are self awareness, patient and family experience of care, developing and maintaining healthy relationships, critical thinking and leadership.

- Evidence - demonstrate something has happened/changed. Patient satisfaction, staff retention, performance evaluations, quality outcomes.

Koloroutis, editor. Relationship-Based Care. 2004

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Operationalizing the Relationship-Based Care Model

- Philosophy incorporates 2 models: primary care and shared governance.
- Organizational leadership
  - models the way utilizing caring leader behaviors
  - based on Swanson’s theory
  - Maintaining belief: faith in others to get through challenging events. Participates in solutions, follows through on commitments.
  - Knowing: strives to understand an event as it has meaning to others. Avoids assumptions, “blameless.”
  - Being With: emotionally present and available to others. Listens, promotes productive interactions, maintains core values, models healthy boundaries, offers support.
  - Doing for: provides help and services to others as appropriate. Models desired behaviors; gets things done. Initiates actions to resolve problems.
  - Enabling and informing: articulates expectations, seeks/support opportunity for growth and development. Lead with purpose and integrity.

Koloroutis, editor. Relationship-Based Care.
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Principles of the Relationship-Based Model of care

- The essence of caring is the human connection
- Informed caring is knowledge and skills
- Everyone in the organization has a valuable contribution to make
- Relationships between patients, families and caregivers are at the heart of healthcare delivery
- A therapeutic relationship between patient, family and professional is at the core of quality care
- Knowledge of self/self care are fundamental requirements for quality care and healthy interpersonal relationships

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Principles Continued

- Healthy work relationships and environments result in high patient and staff satisfaction
- People are most satisfied when their roles and daily work practices are in alignment with their personal and professional values
- Empowerment and ownership of work and practice are essential elements of the Relationship based model of care (RBC)
- Transformational change happens one relationship at a time

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Professional Practice

- Four general areas of practice that define how care happens:
  - The therapeutic relationship
  - Trust
  - Rapport building
  - Systems that support the therapeutic relationship
  - Decision making
  - Staffing
  - Assignments
  - Communication
  - Leadership
  - Method of care delivery
Professional Practice

- Innovations in healing practices
  - Evidenced base practice
  - Integration of practices
- Work process improvements
  - System evaluation
  - Satisfaction surveys
  - Outcome measures

Koloroutis, editor Relationship-Based Care. 2004

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The "Relationship' in RBC

- There are 3 critical relationships in Relationship-Based Care (RBC)
  - The care provider's relationship with the patient and family;
  - The care provider's understanding of themselves and what motivates them, what their needs are;
  - The team-relationships among the caregivers.

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Relationship with the Patient/family

- Competent, safe clinical interventions
- Human touch/thoughtful act
- Cultural competence
- Understanding values, perceptions, experiences
- Provide respectful care; maintain dignity and privacy
- Engage patient and family in care
### Slide 19
**Relationship with Self**
- Know your strengths and weaknesses
- Be honest with yourself
- "Blameless" environment
- Know your effect on others
- Acknowledge your behavior, thoughts will influence care delivery
- Monitor needs, mood, attitude
- Awareness of own values, desires
- Know capacity to work with others, communication style
- Offer more to the patient and the team

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**Relationship with the Team**
- Accept responsibility to maintain healthy interpersonal relationships
- Respect/affirm each others scope of practice
- Foster an interdependent relationship
- Maintain culture of trust, learning and mutual support and problem solving

### Slide 21
**Direct Care Delivery**
- Staff
  - Embrace the model as an opportunity for growth and change
  - Join organizational leadership in models for change
  - Committees
    - Evidenced based practices
    - Continuing education
    - Develop tools to use on the unit level
  - Huddles
  - Clinical support person
  - Stop light system
  - Daily agenda
  - Interdisciplinary rounds
  - Family case conferences
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“ I CARE”

- I- Introduce yourself; explain your role
- C- call patients by their preferred name
- A- appropriate touch
- R- review the plan of care with them
- E- every time you plan care, keep the mission and vision of the organization in the forefront

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Resources and Outcomes

- Shared Governance
- Research and Education
- Evidence based practice
- Quality Outcome Indicators
- Performance Improvement Activities
- Results:
  - Clinical excellence
  - Humanistic approach
  - Increase patient satisfaction
  - Increase staff retention
  - ?????? others

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Patient Words of Support for the Model

- “Sometimes your patients have no place to put their anger but on you.”
- “Complimenting your co workers in front of patients has a huge impact on building a patients confidence in their caregivers”
- “I’m here.” The most comforting words a health care professional can say to a patient

Marcus Engle, patient
Relationship-based Care symposium, July 2009
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| "In the absence of a nurse-patient relationship, tasks are just tasks; they aren’t nursing.”  
Marie Manthey MS. PhD  
Reclaiming our relationship is central to our work. Healing is the recovery of the heart, soul, meaning and gratitude.”  
Dr. Rachel Naomi Remen  
Questions?  
Contact information:  [www.Epicare.com](http://www.Epicare.com) |

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<thead>
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<th>References</th>
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