

Patient Care Delivery System

One important function of the professional nurse at the first-line management position of nursing service department is *organizing the activities of the staff into a workable pattern* to meet patient needs. She/he should establish effective relationships between the activities to be performed, the workers to perform them.

Definition of Assignment:

Assignment refers to “a written delegation of duties to care for a group of patients by trained personnel assigned to the unit.”

Purposes of assignment:

- 1- To delegate the work to be done to the nursing personnel.
- 2- To gain the cooperation of the nursing personnel by knowing and accepting the acceptance of the work to be done.

Principles of personnel assignment:

- 1- Made by the head nurse or nurse in charge for each individual nurse.
- 2- Based on :
 - a- Nursing needs of each patient and approximate time required to care for him.
 - b- The capabilities, skill level, previous experience and the interest of the staff members.
 - c- Job description.
- 3- Planned weekly, and revised daily if necessary to assure continuity of care.
- 4- Take into account all the direct , indirect and unit activities
- 5- Consider the geographical location of the unit and the assigned duties to save nurse’s time and effort.
- 6- Must be balanced among nursing staff.
- 7- Never to assign the same task to more than one nurse.

Characteristics of effective assignment:

It should be

1. Definite and easily understood.
2. Simple.
3. Clear.
4. Signed.
5. Written.
6. Posted in advance.

Process of organizing patient care:

The head nurse or the nurse in charge should carry out their duties and responsibilities through applying the following steps:

Planning → Assigning → Leading → Evaluating → Reporting

1. Planning:

Is a process of developing a course of action for meeting the needs of patient. In planning, the head nurse decides what should be done, when, how, where, by whom and to whom.

2. Assigning:

Assignment of patient and nursing activities are written in the assignment sheet by the head nurse/nurse in charge, based on the principles of assignment.

3. Leading:

Includes issuing instructions, motivation, and coordination of activities, by making rounds, checking performance and conducting conferences.

4. Evaluating:

By reviewing nursing performance and patient progress to be compared by the assignment and nursing care plan.

5. Reporting:

The head nurse prepares a nursing unit report “ e.g. shift report ” which includes patient’s needs, special observations, census, bed number, all critically ill and post operative patients, patients needs special preparation on

the on-coming shift, abnormal change in patient's condition, data concerning admission, discharge, transfer and death.

Methods of patient care delivery: (methods of assignment):

Several methods of assignment are used to plan for patient care in a hospital. These methods are the traditional methods and the in advanced methods.

I- The traditional methods

1. Case method.
2. Functional method.
3. Team method.
4. Modular nursing.
5. Primary nursing method.

II- The advanced method

Case management

I- The traditional methods:

1. CASE METHOD:

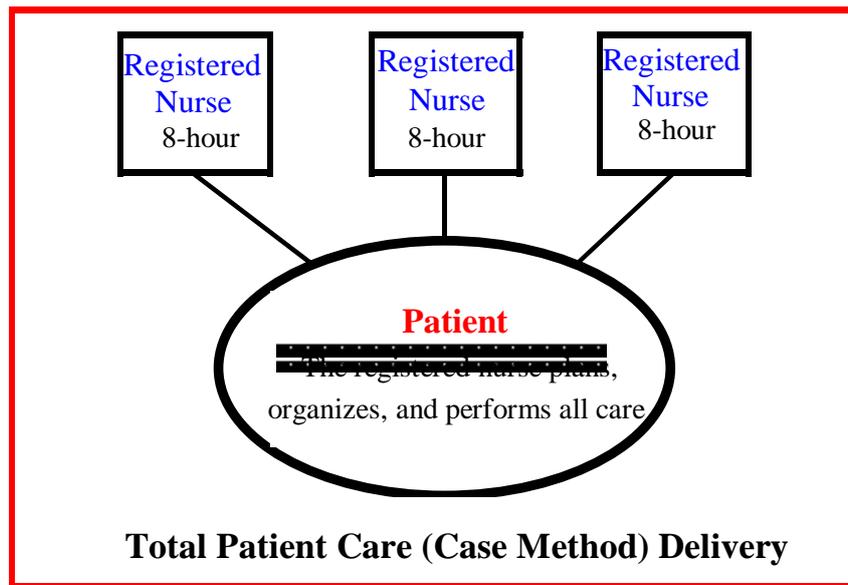
It is the oldest patient care delivery method. In this method one professional nurse assumes total responsibility of providing complete care for one or more patients (1-6) while she is on duty. This method is used frequently in intensive care units and in teaching nursing students.

Advantages

- High degree of autonomy
- Lines of responsibility and accountability are clear
- Patient receives holistic, unfragmented care

Disadvantages

- Each RN may have a different approach to care
- Not cost-effective
- Lack of RN availability



2. FUNCTIONAL METHOD:

Emerged during 1950s, due to shortage of nurses. This method focuses on getting the greatest amount of tasks in the least time. In this method, the nursing care is divided into tasks and each staff member is assigning to perform one or two tasks for all patients in the unit according to the level of skill required for performance as follows:

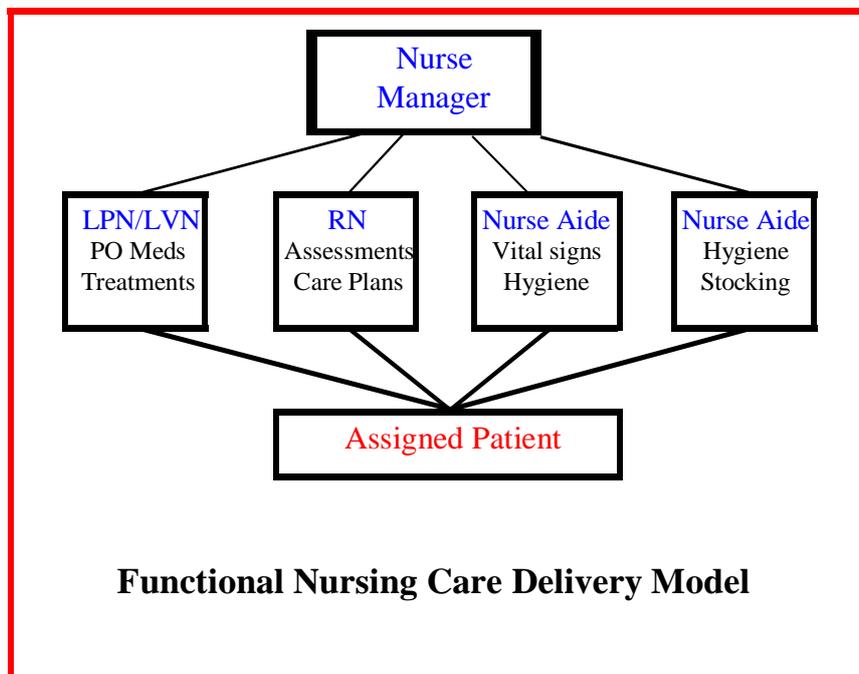
- Registered professional nurses:
Responsible for administering medication to all unit patients, another for changing dressings and administering ordered treatments (such as postural drainage or warm compresses) for all patients.
- Technical nurses:
Responsible for taking vital signs and recording intake and output for all patients in the unit, while another might be giving baths to all bedridden patients.
- Nurse aides:
Responsible for making beds for all ambulatory patients and assisting mobility-impaired patients to move in bed or walk in the hall.
- Unit clerk:
Responsible for answering telephone, delivering messages, recording admissions and discharges, etc.

Advantages:

- Care is provided economically and efficiently
- Minimum number of RNs required, so it is efficient when there is a shortage in the staff or there is limited number of professional nurses
- Tasks are completed quickly
- Useful in emergency situations.

Disadvantages:

- Care may be fragmented
- Patient may be confused with many care providers
- Caregivers feel unchallenged
- Lack of communication among the different persons who care for the patient.
- Neglecting the humanity of the patient and the individual needs of the patient will be lost in an effort to get the work done.



3. TEAM METHOD:

The concept of team nursing was introduced in the early 1950s. It is a method of nursing assignment that binds professional, technical and nurse aides into small teams. This method allows for efficient utilization of technical and/or nurses aide through the direct supervision, guidance, and teaching of professional nurses.

Process of implementing the team method:

One registered nurse in the team is appointed by the head nurse to serve as a team leader. The team members commonly consist of at least one professional nurse, one technical nurse, nursing students and nursing aides. All team members may receive reports about their patients' care needs from the team leader or team member on previous shift.

The team leader usually assigns:

- professional nurse to care for the most seriously ill patients, to ensure informed observation and skilled interventions.
- Often, the team leader assigns the technical nurse to bath, feed, and move and change dressings for patients.
- Aides are assigned to make beds, assist ambulatory patients with bathing and grooming, testing urine and performing simple nursing care procedures.
- Team leader usually administers medications and monitors parenteral fluid therapy for all patients assigned to the team. Without team planning and communication through the team conferences, team nursing may become in reality just a variation of the functional method.

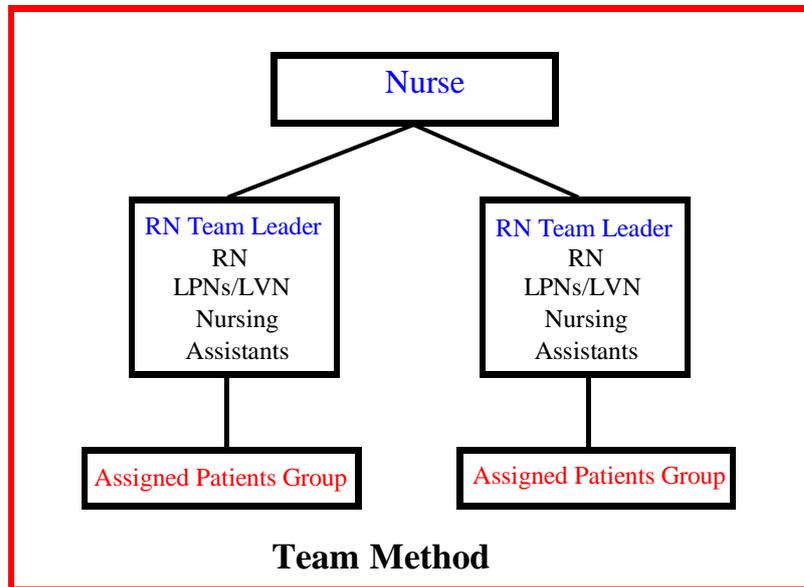
Advantages:

- High-quality, comprehensive care with a high proportion of ancillary staff
- Team members participate in decision making and contribute their own expertise

Disadvantages:

- Continuity suffers if daily team assignments vary
- Team leader must have good leadership skills

- Insufficient time for planning and communication



4. MODULAR NURSING:

Modular nursing assignment is used when the nursing staff includes technical and nurse aides, as well as professional nurses.

Although two or three persons are assigned to each module, the greatest responsibility for the care of assigned patients falls on the professional nurse. The professional nurse is also responsible for guiding and teaching non-professional nurse.

Advantages

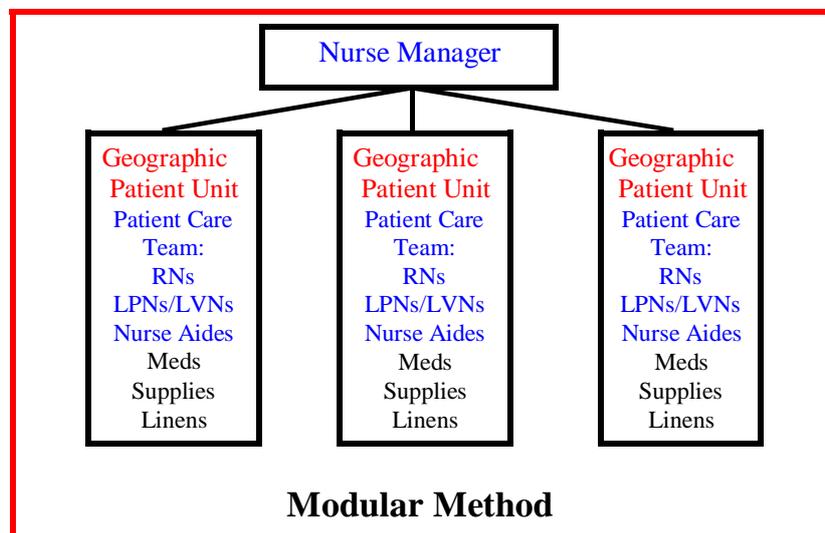
- Continuity of care is improved
- RN more involved in planning and coordinating care
- Geographic closeness and efficient communication.

Disadvantages

- Increased costs to stock each module
- Long corridors not conducive to modular nursing.

N.B.:

- Modular nursing is similar to team nursing because professional and non-professional employees cooperate in caring for patients under the leadership of a professional nurse.
- Module nursing is similar to primary nursing because each pair or trio of nursing personnel are responsible for the care of the patients in their caseload from admission to discharge, following discharge and during subsequent admissions to the agency.
- As with primary nursing, the worker pair or trio arrange or another pair or trio to care for their assigned patients on alternate shifts and days off.



5. PRIMARY NURSING METHOD:

This method is the best in an agency with an all-professional nurse staff. It is: A comprehensive, continuous and coordinated nursing process for meeting the total needs of each patient.

Basic concepts in primary nursing:

- **Patient assessment** by a primary nurse, who plans the care to be given by secondary or associate nurse when the primary nurse is off duty. The 24 hours responsibility for care is put into practice through the primary nurse's written directive on a preplanned communication assignment.

- ***Complete communication*** of care given in the nursing staff daily reporting method.
- ***Discharge planning*** including teaching, family involvement and appropriate references.

Process for implementing primary nursing method:

- ***The head nurse:***
 - a. Assigns primary nurse to patients by matching the skills of the nurse to the needs of the patients.
 - b. Ensures proper scheduling for all shifts so that if primary nurse is off the unit an associate nurse is available for care.
 - c. Guides, counsels and evaluates care given.
 - d. May also assign herself to patients either as a primary nurse or associate nurse.

- ***Professional staff nurse:***

1. Primary nurse:

Functions of primary nurse include performing the following:

- 1- Conducting an admission (initial) assessment.
- 2- Developing, planning, implementing, and revising the nursing care plan.
- 3- Directing care in her absence.
- 4- Collaborating with physicians and families.
- 5- Making referrals.
- 6- Teaching health concepts.
- 7- Making discharge plans.

2. Associate nurse:

Associate nurse may be professional or technical nurse. She carries out the nursing care planned by the primary nurse when she is not on duty.

- ***Technical nurse:***

Carry out the nursing tasks assigned by the primary or associate nurses in giving the care.

- ***Nurse aides:***

Their activities are focusing away from direct contact with the patient and can be utilized as messengers and transporters.

- Ward clerk:

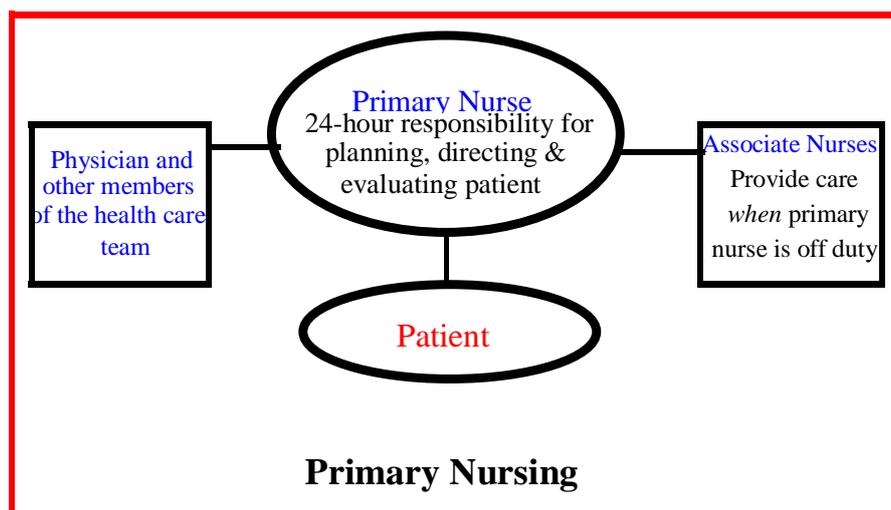
Responsible for the non-nursing functions of administrative duties.

Advantages

- High-quality, holistic patient care
- Establish rapport with patient
- RN feels challenged and rewarded.

Disadvantages

- Primary nurse must be able to practice with a high degree of responsibility and autonomy
- RN must accept 24-hour responsibility
- More RNs needed; not cost-effective



II- The alternative method:

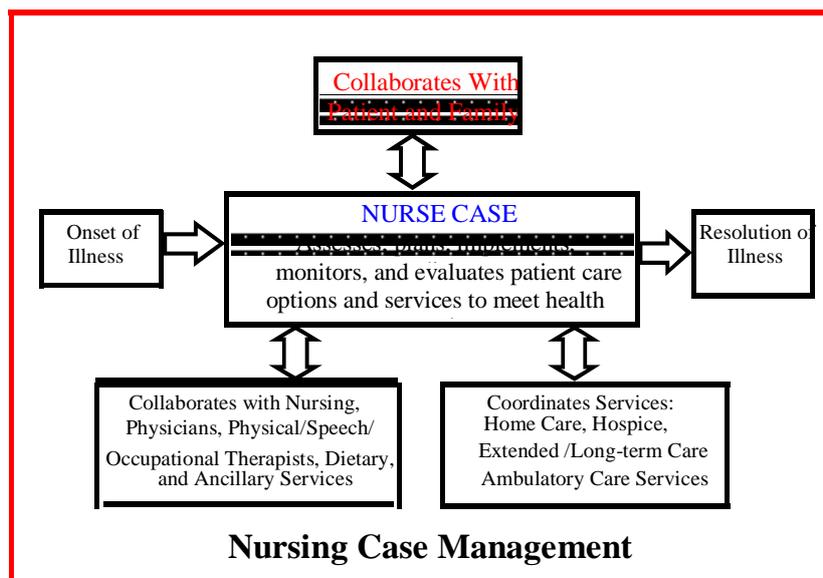
CASE MANAGEMENT:

Case management is a process of monitoring an individual patient's health care by the case manager, for the purpose of maximizing positive outcomes and containing costs.

The case manager has graduate-level preparation or is at an advanced level of nursing practice. The case manager role requires not only advanced nursing skills but also advanced managerial and communication skills.

The case manager is an individual "professional nurse" assigned responsibility for this process.

- The case manager may follow the patient from the diagnostic phase through hospitalization, rehabilitation and back to home care.
- Case manager has responsibility and authority for planning, implementing, coordinating and evaluating care for the patient throughout the period of illness, regardless of the patient's movement among various units and services (such as emergency room, surgical unit, recovery unit, etc.).
- The case manager ensures that plans are made in advance for the next needed step. Through this, the manager assists with decision-making and helps to ensure that the patient receives care that will achieve the most positive outcomes in the most efficient manner. This process helps to eliminate costly delays in progress.



Case manager's approaches:-

1- Case managers employed by the hospitals follow a patient from the time admission is planned through the time of discharge. This case manager might plan the admitting process to ensure that all preadmission work-ups are completed and that the patient is being admitted at the appropriate time to facilitate follow-up through on problems.

2- Case managers in private practice may focus on a particular group of client. For example, the geriatric case manager focuses on managing care for

the older client. The private case manager is paid by the client or family usually based on the hours of service provided. The case manager may help the family to identify all the options for care and treatment, ask questions to obtain greater understanding of the overall problem, and work with the family in the decision-making process.

Case management tools:

The case manager uses two tools, Case Manager Plan (CMP), and Critical Path Diagnosis (CPD) to design, map, track, monitor, and adjust the patient's course through the care-treatment process.

1-Case Manager Plan (CMP):

Is a multicolumn plan with accompanying time line that includes medical and nursing diagnosis, desired care outcomes, intermediate daily goals to support each outcome, and the daily activities required of nurse, physicians, and other care givers to achieve intermediate goal.

2- Critical Path Diagnosis (CPD) :

Is an abbreviated, one – page version of the required physician and nurse action listed in the CMP, together with the exact data on which all key events must occur to achieve the desired outcome by the target date.

The case manager evaluates the patient's progress toward care and treatment goal daily by comparing signs, symptoms, and assessment data against information in the CMP and CPD then tracking variances from the expected course of progress.

Advantages:

a) For the patient:

- Establishing and achieving a set of “expected” or standardized patient care outcomes for each patient.
- Facilitating early patient discharge or discharge within an appropriate length of stay.
- Using the fewest possible appropriate health care resources to meet expected patient care outcomes.
- Facilitating the continuity of patient care through collaborative practice of diverse health professionals.

b) For the nurse:

- Enhancing nurse's professional development and job satisfaction.
- Facilitating the transfer of knowledge of expert clinical staff of novice staff.

Choosing a Nursing Care Delivery Model:

In order to determine the most proper model - for a current situation, the following questions are to be answered:

- What staff mix is required?
- Who should make work assignments?
- Work assigned by task? By patient?
- How will communication be handled?
- Who will make decisions?
- Who will be responsible and accountable?
- Fit with unit/facility/organization management?

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