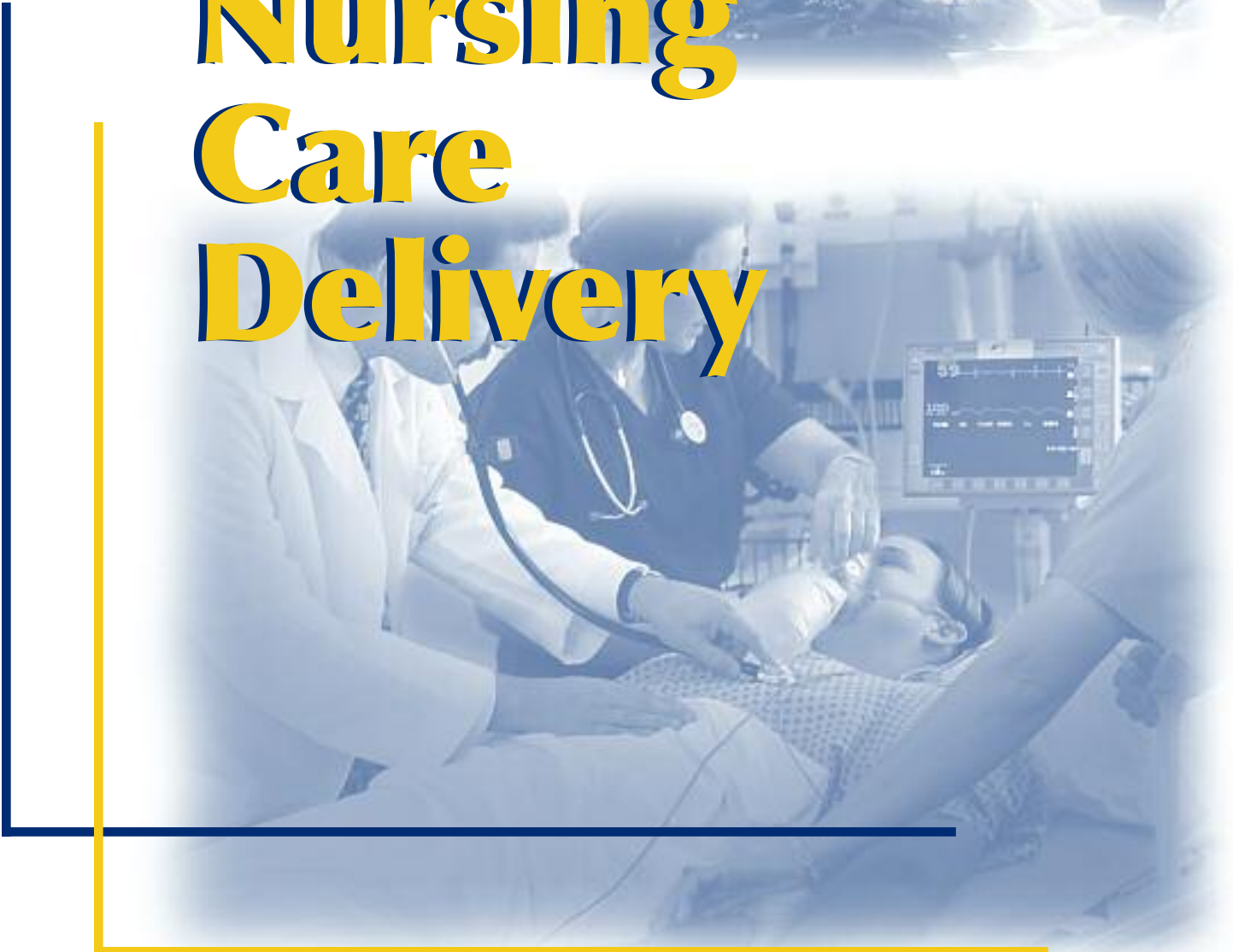




Winter Haven Hospital

# Model of Professional Nursing Care Delivery



# Introduction

Professional nurses at Winter Haven Hospital are committed to providing excellent care in accordance with the Florida Nurse Practice Act. We adhere to the philosophy of Jean Watson's Caring Behaviors as described by Kristen Swanson who, in *Middle Range Theory of Caring*, builds on Watson's framework. The five caring behaviors are: knowing, being with, doing for, enabling and empowering, and maintaining belief.

As Professional Nurses we follow the hospital's vision to provide Service Excellence by being the best place for patients to receive care, employees to work, and physicians to practice medicine.

As Professional Nurses we work together, all realizing we have unique education, training, knowledge, skills and responsibilities. We value our backgrounds and experiences and appreciate our rich diversity. We appreciate that each individual is vitally important and instrumental in providing a quality team that is linked together to assure an extraordinarily healing environment for our patients. We are partners, along with our patients, patient families, and community and we pledge to assure mutual RESPECT in all activities and communications by being:

- Responsive
- Empathetic
- Sincere
- Professional
- Enthusiastic
- Courteous
- Team oriented

Nursing practice at Winter Haven Hospital is built upon several key components:

- The Vision, Mission, Values and Goals and Objectives of the hospital
- The Nursing Vision
- The Nursing Theoretical framework
- Beliefs on Caring and Nursing
- Visual Model of Care
- Nursing Support Structures
- Nursing Decision Making Structure (Committee Structure)
- Nursing Standards of Care



# Highlights of Our Practice Model Components

## Hospital Vision:

To provide service excellence by being the best place for patients to receive care, employees to work, and physicians to practice medicine.

## Hospital Mission:

To improve the health of the communities we serve by providing high quality, cost-effective care and services.

## Hospital Values:

RESPECT

Responsive

Empathetic

Sincere

Professional

Enthusiastic

Courteous

Team oriented

## Hospital Goals:

Patient Safety, Customer Satisfaction (Patients, Employees, Physicians, Volunteers, Community), Best Practice, and Flow and Efficiency

## The Nursing Vision:

The nurses of Winter Haven Hospital promote excellence through theory-driven evidence-based practice to achieve quality patient outcomes.

# The Nursing Theoretical Framework:

The theory foundation, on which our nursing philosophy and practice is based, includes the beliefs and life work of Jean Watson. Kristen Swanson, who developed a middle range theory of caring through several phenomenological investigations, compared and contrasted Watson's earliest work and derived five sub dimensions of the caring process. Some of their key beliefs are summarized here:

**Jean Watson:** Dr. Jean Watson is a Distinguished Professor of Nursing and holds an endowed Chair in Caring at the University of Colorado Health Sciences Center. In 1985, Dr. Watson published the ten carative factors. In 2001, she wrote the major elements of her theory. They are (a) the carative factors, (b) the transpersonal caring relationship, and (c) the caring occasion/caring moment. As she has continued to evolve her theory, Dr. Watson has introduced the concept of clinical caritas factors (2001) which have replaced the carative factors. "Caritas" originated from the Greek vocabulary, and means to cherish and to give loving attention to another. The following are Watson's (2001) translation of the carative factors into clinical caritas processes:

1. The practice of loving-kindness...
2. Being authentically present...
3. Cultivation of one's own spiritual practices...open to others with sensitivity and compassion...
4. Developing and sustaining a helping trusting...relationship (with patients)...
5. Being supportive of the expression of positive and negative feelings...
6. Creative use of self...
7. Attempting to stay within other's frame of reference...
8. Creating healing environments...
9. Assisting with basic needs...
10. Soul caring for self and the one-being-cared-for.

Nurses creatively use themselves therapeutically with individual patients, families, communities and systems to assist patients by being authentically present and developing a helping-trusting relationship. Caring moments occur when the nurse and another person (patient) come together in such a way that an occasion for human caring is created. Dr. Watson upholds the importance of a caring, authentic relationship between the nurse and patient, in order to bring about healing and wholeness of the patient, and the ongoing professional growth/maturity of the nurse.

**Kristen Swanson:** Dr. Swanson published Empirical Development of a Middle Range Theory of Caring. In this study, Dr. Swanson defined caring as a nurturing way of relating to a valued other, toward whom one feels a personal sense of commitment and responsibility. Through Swanson's research five caring processes emerged which she cross-validated with Dr. Jean Watson's work:

1. Knowing – Striving to understand an event as it has meaning in the life of the other, understanding the lived realities of those served. Practices include avoiding assumptions, thoroughly assessing, seeking clues and expertise from colleagues. (Watson – 1, 3, 10)
2. Being with – Being emotionally present to the other. Practices include being there, enduring, listening, attending, disclosing, and not burdening. (Watson – 1, 3, 10)
3. Doing for – Doing for the other what they would do for themselves if it were possible. Practices include preserving dignity, protecting, comforting, and performing competently. (Watson – 4, 8, 9)
4. Enabling/Empowering – Facilitating other's passage through life transitions and unfamiliar events. Practices include explaining, informing, generating options, supporting, advocating, validating, anticipating and preparing for future needs. (Watson – 6, 5, 7, 4)
5. Maintaining Belief – Maintaining a fundamental belief in persons and their capacity to make it through events and transitions and face a future with meaning. Practices include having faith, maintaining a hope-filled attitude, going the "extra mile". (Watson – 2, 10) (Swanson, Relationship-Based Care, a Model for Transforming Practice, 2004)

## Our Beliefs on Caring and Nursing

The beliefs of our nursing theorists, which provide the basis for our beliefs and values about nursing, nursing care, and caring, can be summarized as follows:

- Nursing is based on a caring relationship between the professionally educated and competent nurse and a patient, family, or community who is in need of nursing care (visual model - within the gold star logo).
- The focus of the nursing caring relationship is excellent, safe, patient-centered care, utilizing Watson/Swanson's nursing theory on knowing, being there, doing for, enabling/empowering, and maintaining a belief, hope-filled, attitude to meet the physical, psychosocial, spiritual, and cultural needs of the patient and family (visual model – blue circle)
- Patient Satisfaction and positive outcomes are enhanced through the caring, competency, consistency and commitment of the professional nurse (visual model – Excellence and our Mission, Vision and Values – RESPECT).
- A caring, healing environment is a commitment to our patients, families, and community and is constantly examined and refined in our four hospital councils: Patient Safety, Best Practice, Flow and Efficiency, and Customer Service (visual model – Commitments).

# Nursing Professional Model of Care

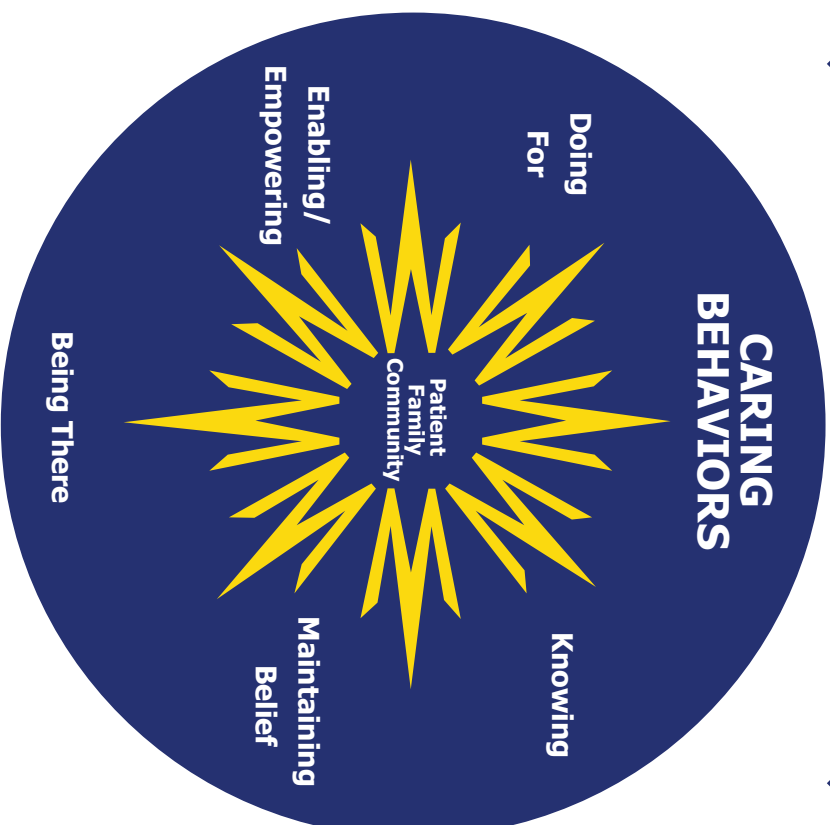
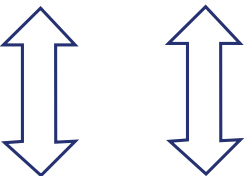
**COMMITMENTS**

# EXCELLENCE

**COMMITMENTS**

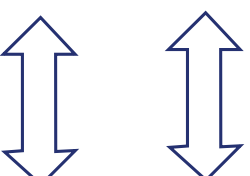
**Patient Safety**

**Best Practice**



**Customer Satisfaction**

**Flow & Efficiency**



**Mission - Vision - Values**

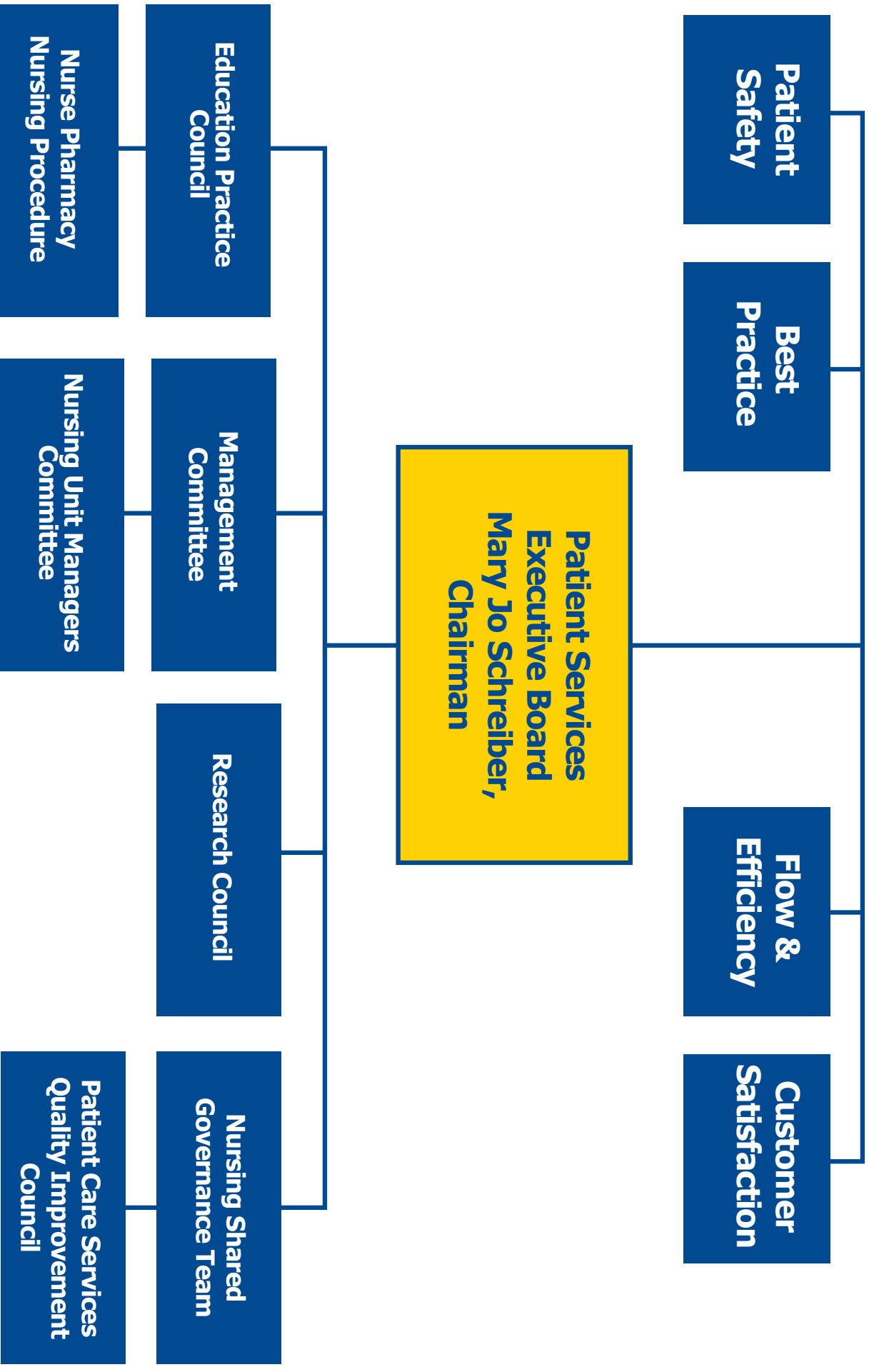
**R • E • S • P • E • C • T**

# Our Nursing Support Structure

Nursing at Winter Haven Hospital is supported by a number of important structures and processes. Five key supports that enhance our practice include:

- Nursing Governance supported by a shared decision-making model (see attached committee/council structure).
- Patient care is supported by Interdisciplinary collaboration
  - Physicians
  - Ancillary departments (Pharmacy, Radiology, Respiratory Therapy, Care Management, Laboratory, Dietary, Rehabilitation Services and Therapies, Social Service, etc.)
  - Other support services such as environmental services, laundry, facilities, information technology, security
- Professional Development for nursing staff strongly encouraged and rewarded
  - Certification financial rewards
  - Tuition Assistance
  - All continuing education and mandatory programs for licensure provided free-of-charge
  - Reimbursement for attending nursing educational offerings
  - Close working relationships with local nursing programs
  - Spot Award
  - Administrative Commendation
  - RN Clinical R.E.W.A.R.D.S. program
- Leadership committed at all levels to support nursing
  - Quarterly “Senior Leaders Listen” meeting
  - Weekly Executive Safety walk rounds
  - Active member of the Hospital Board
  - Participative management style, incorporating feedback from staff at all levels of the organization
  - Direct care nurse involvement on four patient councils (commitments): Patient Safety, Best Practice, Flow and Efficiency, and Customer Satisfaction
- Quality Patient Care Outcomes supported by targeted indicators and improvement processes
  - Participation in the NDNQI, which monitors nurse sensitive indicators (pressure ulcers, falls etc.)
  - Participation in Improvement Initiatives such as; 100,000 Lives Campaign (Rapid Response Teams, Ventilator Acquired Pneumonia, Surgical Care Infection Program) STS data base to report Cardiovascular Surgery outcomes, ACC data base to report Interventional Cardiac Cath Outcomes, JCAHO Stroke Care Data Base, National Quality Measures
  - Unit Scorecards

# Winter Haven Hospital Patient Services Council Structure



# Patient Services/Nursing Committees

COMMITTEE	MISSION	DAY AND TIME FOR MEETING
Patient Safety	To reduce clinical error (human/ technical; misses/ near misses) and minimize adverse outcomes for the users of our services	4th Friday at 12:30pm
Best Practice	To research, share, monitor and assure implementation of best practices (evidence-based care)	2nd Thursday at 12 noon
Flow and Efficiency	To continuously improve the management of patient flow throughout the organization to maximize use of existing capacity, and provide safe and timely patient care	4th Thursday at 10:30am
Customer Satisfaction	To study perceptions of all customers of our service, act to improve services based on customer recommendations	1st Wednesday at 11:30am
Patient Services Executive Board	To support the Mission, Vision, Values and Goals of the Organization utilizing the Declaration of Interdependence as a guide for open communication among Patient Services/Nursing Division administrative staff and ancillary departments to meet our four commitments	Wednesday at 8:00am
Shared Governance	To delineate and promote the role of the professional RN in a Magnet/Shared Governance environment and help our nurses meet the organization's four commitments	2nd Monday at 8:00am
Patient Care Services Quality Improvement Council	To achieve the best possible patient outcome by continuously improving processes through engagement of bedside nurses in measuring and improving quality of care	2nd Monday at 1:00pm
Education Practice	To ensure that a staff education plan is developed for staff so that Nursing practice matches the organizations policies and procedures, regulatory requirements and applicable to the Nursing Practice Act. To help our nurses meet the organizations four commitments	4th Monday at 1:00pm
Patient Services Management Committee	To provide a forum for reporting recommendations, action plans, and outcomes from different nursing and hospital committees so managers can communicate to their staff changes in expectations for nursing care delivery, initiate plans of action to improve nursing care processes, and be accountable for producing measurable outcomes of care	1st Tuesday at 10:30am
Research Council	To help support our commitment to best practice by providing patients with the most beneficial and up-to-date care through ongoing research and research utilization	4th Tuesday at 10:30am
Nurse Pharmacy	To facilitate the review of processes that assure safe medication administration practices are followed focusing on the 5 Rights of Medication Administration (patient, med, dose, route, time) and help our staff meet the organizations four commitments	3rd Friday at 11am
Nursing Procedure	To provide the most updated procedures and direction for Nursing personnel to follow when performing patient care	2nd Thursday at 12:30pm
Nursing Unit Managers Committee	To set the precedence for Magnet Status throughout the organization by being effective leaders	2nd Tuesday at 11:30am

# NURSING STANDARDS OF CARE

## I. Assessment

- Comprehensive-medical history, review of systems, medications
- RN responsibility
- Timely
- Documented
- Culturally sensitive

## II. Diagnosis

- RN responsibility
- Derived from assessment
- Problems identified
- Timely
- Concurrent with medical diagnosis

## III. Outcomes Identification

- RN responsibility
- Short term or long term
- Collaborative with other disciplines
- Used to prioritize care
- Basis for evaluation
- Increasingly influenced and defined by external agencies and/or research

## IV. Planning

- RN responsibility - 'navigator' for continuum of care
- Increasingly influenced by external agencies, professional standards, and research
- Collaborative with other disciplines
- Collaborative with ancillary services

## V. Implementation

- RN coordinates as 'navigator/integrator' for referrals, discharge planning, and collaboration with other disciplines and ancillary departments
- Used by RN to provide teaching and learning experiences
- May be provided by Advanced Practice Nurse using prescriptive authority based on independent nursing judgement
- May be provided by RN using approved protocols
- Provided in safe environment

## VI. Evaluation

- RN accountable for evaluating clinical progress and attainment of outcomes of patients
- RN responsible for reassessment and change of plans of care of patients
- RN responsible for evaluating own and others' competence (performance evaluation, peer review)
- RN responsible for contributing to organizational Quality Improvement



# Winter Haven Hospital





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