

Relationship Based Care

Practice model empowers caregivers to put relationships first

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What would health care be like if all caregivers treated each patient as a member of their family?

Avera McKennan Hospital & University Health Center has set out to accomplish this very goal by implementing a care model known as Relationship Based Care.

Rather than a detailed set of guidelines for carrying out day-to-day work, RBC is a model for professional practice – a way of thinking and a way of doing things through a number of key principles. How hospital units put these principles into practice is left up to them. “Simply put, RBC is a way of being – a culture that supports caring and healing,” said Judy Blauwet, senior vice president of Hospital Operations and Chief Nursing Officer.

RBC is a practice model that empowers nurses to place first priority on why they entered the health care profession in the first place – to impact lives and help people. “While we already provide high quality care and excellent service, there are always opportunities to raise the bar,” Blauwet said.

Avera McKennan nursing leaders were introduced to RBC when they invited Donna Wright, RN, speaker and developer of RBC, to lead a nursing retreat. Within a few hours the 120 nurses in attendance became excited and passionate about their chosen profession. That led to more research and discussions about RBC. Ultimately, Avera McKennan engaged RBC consultants to work with nursing leaders in implementing this model.

Three key relationships

Relationship Based Care is built around three key relationships that caregivers have: One, surprisingly, is their relationship with themselves. “This is all about how we care for ourselves, so we have the ability to

give of ourselves to others,” Blauwet said. The second key relationship is with co-workers, and RBC offers nine Commitments to Co-Workers that help caregivers build and maintain those key relationships. “As a team, there is very little we can’t accomplish,” Blauwet said.

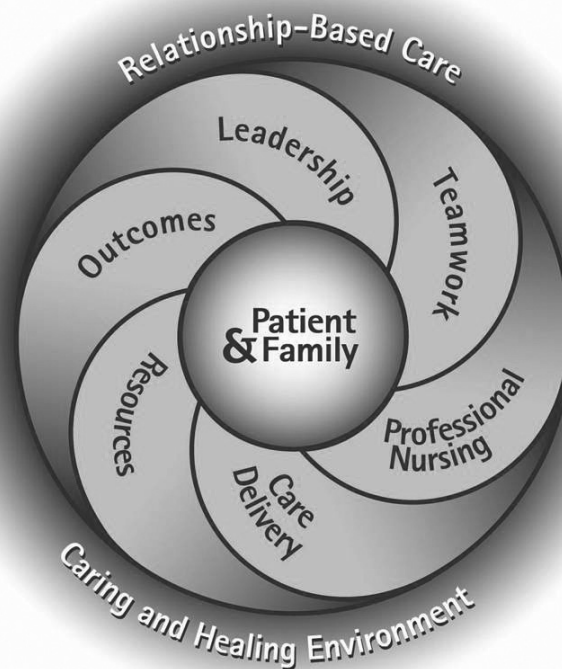
The third relationship is built with patients and their families. “Patients don’t remember what you did, as much as they remember how you made them feel,” Blauwet said. “Building a personal connectedness and trust with patients builds the healing.”

RBC implementation at Avera McKennan began with “Reigniting the Spirit of Caring” retreats. The retreat helped attendees discover how they could once again reconnect with their passion for health care. “Caring for and helping others is the reason why most people enter the health care profession in the first place,” Blauwet said. “Yet health care is a complex profession that

is becoming more and more complex. It can be easy to lose sight of that passion in the midst of all the day-to-day demands.”

First waves of RBC

Wave 1 units selected as the first to “go live” with RBC included 1East, Neuro, ICU, Rehab, Adolescent and Adult Acute units at the Avera Behavioral Health Center, NICU and Case Management. “We started with the units that were most ready for change,” Blauwet said. These units each set up a Unit Practice Council (UPC), made up of about 20 percent of the unit’s employees. The UPCs went through a process of educating themselves and their co-workers about RBC principles, devising a plan to best implement RBC principles, and piloting the plan. The Wave 1 “go live” date on June 14, 2010, was more like a beginning than an end to the process. “Go live is the green



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light to begin the journey and begin taking those baby steps toward culture change,” said Pam Hilber, Service Excellence and education manager at Avera McKennan and project leader for RBC.

Each unit’s plan is different based on that unit’s unique role and the type of patients it cares for. “Units are given a framework to work within based on the broad principles of RBC, and then they look at how to take the work they do and recreate their program,” said Deb Paauw, RN, director of Orthopedics, Neuroscience and Rehabilitation and RBC project leader. UPCs go through a list of questions as they consider each RBC principle, and how it relates to their specific unit.

The first of the six principles is Creating a Caring and Healing Practice Environment. Staff look at what they can do to improve the environment for patients in terms of noise levels, safety, etc. This includes making sure there is a relaxing place for staff to take breaks.

The second principle is Responsibility for Relationship and Decision Making. The ideal of this principle is to have one registered nurse accept responsibility, authority and accountability for managing the nursing care of each specific patient. This nurse develops a therapeutic relationship and individualized plan of care with the patient and family throughout their length of stay.

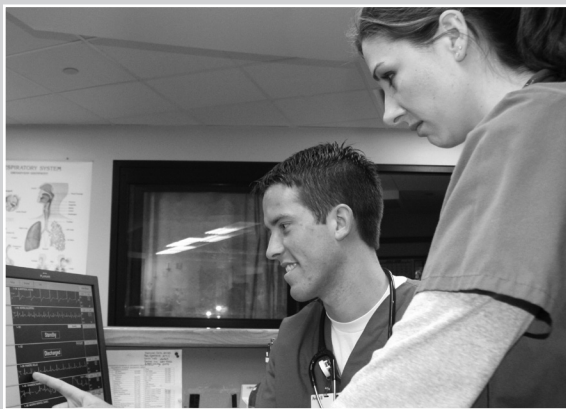
“What we’re going after is consistency of caregivers for each patient to create a smooth continuum of care,” Blauwet said. Because shift schedules don’t always allow the same nurse to be available each day during a patient’s stay, some units have opted for zoned nursing, or primary care teams, which may include a primary nurse, primary therapist and primary patient-care technician.

Other principles include:

- Work allocation and patient assignments
- Communication with the health care team
- Leadership and management
- Systems improvement

UPCs develop a “communication tree,” in which each UPC member is assigned

Commitments to Co-Workers



One of the three relationships emphasized in Relationship Based Care is the relationship caregivers have with co-workers. RBC’s Nine Commitments to Co-workers are being emphasized for all staff at Avera McKennan to enhance relationships between team members.

1. I will accept responsibility for establishing and maintaining healthy interpersonal relationships with you and every other member of this team.
2. 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.
3. 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.
4. I will not engage in the “3Bs” (Bickering, Backbiting and Blaming). I will practice the “3Cs” (Caring, Committing and Collaborating) in my relationship with you and ask you to do the same with me.
5. 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 to that person.
6. I will accept you as you are today, forgiving past problems and ask you to do the same with me.
7. 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.
8. I will affirm your contribution to the quality of our work.
9. 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.

co-workers or physicians for two-way communication of RBC concepts and unit plans.

Units measure outcomes using tools such as employee or patient surveys. Before the go-live date, wave units present their plans at a Presentation Day. Wave 2 went live in December 2010, and Waves 3 and 4 will follow.

Positive outcomes

“We’re finding that RBC really does resonate well with staff,” Blauwet said. “Nursing is very hard, demanding work. Yet it is so worth it. The opportunity

to make a difference is why most of us selected the professions we are in.”

RBC dovetails with Avera McKennan’s two major initiatives, Service and Process Excellence. It also helps staff live out the Avera values of Compassion, Hospitality and Stewardship, as well as the Avera mission to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian values.

In addition, since 2001, Avera McKennan has been recognized through the Magnet Recognition Program® by the American Nurses Credentialing Center

for nursing excellence. Blauwet says RBC fits in with Magnet expectations, one of which is having and following a model for professional practice.

Caregivers at other hospitals which have implemented RBC say it is taking ownership for the care of patients, and treating them just as if they were your own loved ones. It is not about taking on more work responsibilities, it's about developing a greater bond with patients, families and co-workers. It's about becoming part of the patient's story.

"RBC is incorporating relationships back into the high-tech environment we live and work in," Paauw said. "We

believe RBC will help us in our quest for excellence in terms of service, quality and processes." Like other organizations which have implemented RBC, Avera McKennan hopes to see positive results such as:

- Higher staff satisfaction and lower staff turnover
- Increased patient satisfaction
- Improved teamwork and communication
- Reconnection with a passion toward practice
- A more positive approach toward work
- Awareness and intentional strategies to improve interactions

"We always want to be better than the national mean in terms of patient satisfaction, staff satisfaction and staff turnover," Blauwet added. "We also want to stay in the top decile nationally in terms of our clinical quality. RBC is helping us to put all these pieces together right at the point of care."



RBC: Getting back to what's important in nursing



Amidst all the paperwork and technical tasks of nursing, Relationship Based Care is a way for nurses to get back to what's really important in caregiving.

"It's a way of resetting our mindset toward daily practice, and getting back to what is most important on a daily basis – that is, what is the best thing for the patient," said Alyssa Dejong, RN in the Intensive Care Unit.

Michelle Stephens, RN, ICU nurse manager, agreed. "When you first go into nursing, you learn your skills to complete your tasks – such as starting an IV. You don't concentrate so much on how you can be there for patients and their families – or your own family at home."

RBC brings relationships to the forefront. "Relationships become equally important with quality patient care. This has made nursing more satisfying for me, because it's not just about the technical skills," Stephens said.

Dejong said she, just like other nurses, entered the nursing profession with the best intentions to help people. "But once you hit the floor on a hospital unit, everything is different from what you expected it to be. One crisis can throw off the whole day's schedule, and have you running behind as you carry out patient assessments, get medications or follow up on doctors' orders."

Those things are still vitally important, Dejong said. However, priorities have changed since implementing RBC in the ICU.

"Now when we come on a shift, we don't worry about anything else but sitting down and talking to the patient and family, and finding out what that patient really needs right now. Everything else can come later," Dejong said.

The ICU moved toward a concept known as "zoned nursing," in which a group of nurses share patient care for a select group of patients to provide consistency in caregivers. "Our teamwork has improved exponentially," Dejong said.

To care for each other, ICU staff schedule "monthly mixers" such as bowling or family sledding parties.

Caring for each other – and making sure that each person also cares for self – has been an important emphasis at the Avera Behavioral Health Center.

"Out of the three key relationships, overall we felt we were doing quite well with patients and families," said Amber Top, RN, clinical nurse educator at the Avera Behavioral Health Center. "Yet caring for self was something that most of our staff needed to work on."

"For example, most staff in the child and adolescent unit were not taking breaks during their shift, or even lunch. This was something that just wasn't customary on the unit," Top said. The team created break sign-in sheets to encourage each other to care for themselves.

Stephens says she believes RBC empowers staff to improve upon the great care they already provide, by taking ownership of patient care and becoming an advocate for their own patients' needs. "Our staff members often get 5-Star CARE cards, or Guardian Angel awards from patients or their families who have been impacted," she said. "Staff feel more empowered to hold each other accountable, and strive toward higher levels of excellence. Patients know that every second, there is someone who is watching out for them and is there for them."

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– DEB PAAUW, RN, RBC PROJECT LEADER