

# Organizing Patient Care

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## Organizing Patient Care

- Top-level managers are most likely to influence the philosophy and resources necessary for any selected care delivery system to be effective
- It is the first- and middle-level managers, however, who generally have the greatest influence on the organizing phase of the management process at the unit or department level.
- It is here that leader-managers organize how work is to be done, shape the organizational climate, and determine how patient care delivery is organized.

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## Traditional Modes of Organizing Patient Care

- **Models:**
  - Total patient care
  - Functional nursing
  - Team and modular nursing
  - Primary nursing
  - Case management
- **The choice of an organization model involves:**
  - Skill and expertise of the staff
  - Availability of registered professional nurses
  - Economic resources of the organization
  - Acuity of the patients
  - Nature of the work /complexity of the tasks to be completed

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## Total Patient Care Nursing or Case Method Nursing

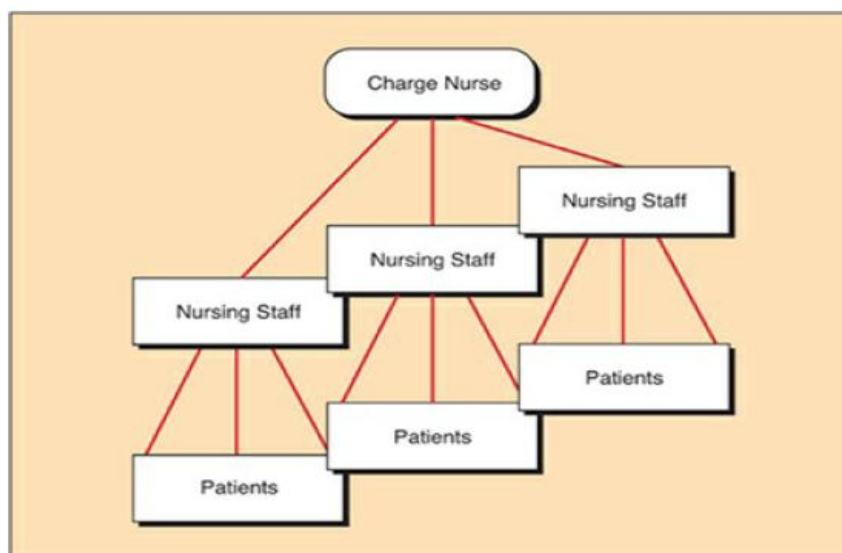
- Oldest mode
- Nurses assume total responsibility during their time on duty for meeting all the needs of assigned patients.
- Total patient care nursing is sometimes referred to as the ***case method of assignment***
- At the turn of the 19th century, total patient care was the predominant nursing care delivery model. Care was generally provided in the patient's home

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## Total Patient Care Nursing or Case Method Nursing

- During the Great Depression of the 1930s, however, people could no longer afford home care and began using hospitals for care that had been performed by private duty nurses in the home. During that time, nurses and students were the caregivers in hospitals and in public health agencies
- During the 1930s and 1940s, providing total care continued to be the primary means of organizing patient care.

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**FIGURE 14.1** Case method or total patient care structure.

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## **Total Patient Care Nursing or Case Method Nursing**

### **Advantages:**

- Provides nurses with high autonomy and responsibility
- Assigning patients is simple and direct and does not require much of planning
- The lines of responsibility and accountability are clear
- The patient theoretically receives holistic and unfragmented care during the nurse's time on duty.

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## **Total Patient Care Nursing or Case Method Nursing**

### **Disadvantages:**

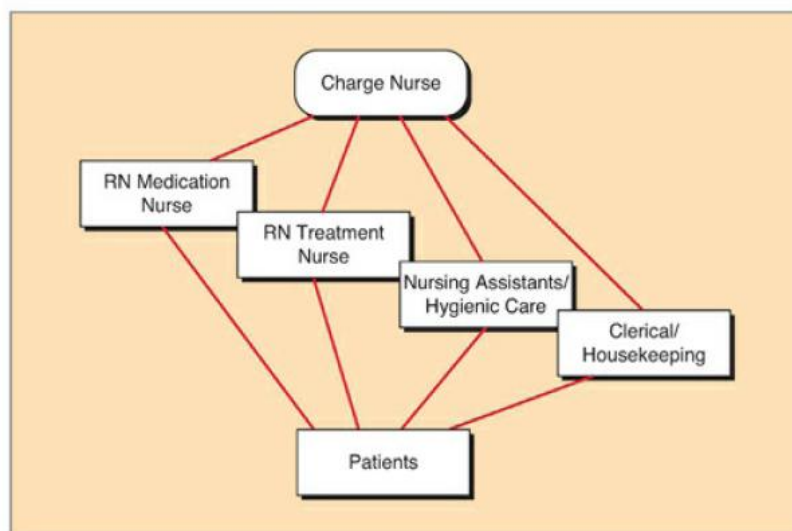
- The patient could receive three different approaches to care, often resulting in confusion for the patient
- Requires highly skilled personnel and thus may cost more than some other forms of patient care.
- Some tasks performed by the primary caregiver could be accomplished by someone with less training and therefore at a lower cost
- When the nurse is inadequately prepared or too inexperienced to provide total care to the patient
- Could result in unsafe care because of heavy patient load or little opportunity for supervision

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## Functional Nursing

- Personnel were assigned to complete certain tasks rather than care for specific patients e.g. checking BP, medication.
- A result of World War II and the rapid construction of hospitals as a result of the Hill Burton Act.
- However, the baby boom (is a period marked by a significant increase of birth rate) and resulting population growth immediately following World War II left the country short of nurses
- The use of unlicensed assistive personnel (UAP), also known as nursing assistive personnel
- RNs became managers of care rather than direct care providers, and “care through others” became the phrase used to refer to this method of nursing care

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**FIGURE 14.2** Functional nursing organization structure. RN, registered nurse. Copyright © 2006 Lippincott Williams & Wilkins. *Instructor's Resource CD-ROM to Accompany Leadership Roles and Management Functions in Nursing*, by Bessie L. Marquis and Carol J. Huston.

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## Functional Nursing

### Advantages:

- Economical and efficient means of providing care
- Tasks are completed quickly with little confusion regarding responsibilities
- Allow care to be provided with a minimal number of RNs such as in the operating room.

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## Functional Nursing

### Disadvantages

- May lead to fragmented care and the possibility of overlooking patient priority needs
- Some workers feel unchallenged and understimulated in their roles, result in low job satisfaction
- May also not be cost-effective due to the need for many coordinators.
- Staff focus only on their own efforts, with less interest in overall results

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## Team Nursing

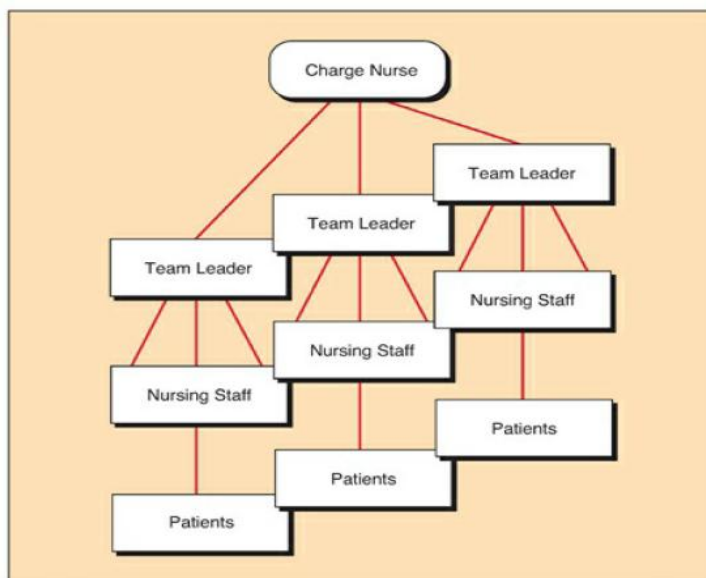
- In the 1950s, many believed that a patient care system had to be developed that reduced the fragmented care that accompanied functional nursing. **Team nursing** was the result.
- In team nursing, ancillary personnel collaborate in providing care to a group of patients under the direction of a professional nurse.

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## Team Nursing

- Team leader is responsible for
  - Knowing the condition and needs of all the patients
  - Planning individual care
  - Assisting team members
  - Giving direct personal care to patients
  - Teaching
  - Coordinating patient activities
- Communication:
  - Informally
  - Formally (team planning conferences)
- Not more than 5 staff

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**FIGURE 14.3** Team nursing organization structure. Copyright © 2006 Lippincott Williams & Wilkins, *Instructor's Resource CD-ROM to Accompany Leadership Roles and Management Functions in Nursing*, by Bessie L. Marquis and Carol J. Huston.

## Team Nursing

### Advantages

- Usually associated with democratic leadership.
  - Member autonomy
  - Team shares responsibility and accountability collectively
- Members contribute their own special expertise or skills
- Results in high job satisfaction



# Team Nursing

## Disadvantages

- Need for excellent communication and coordination skills
- Requires great self-discipline on the part of team members
- Insufficient time for planning and communication
  - Blurred lines of responsibility
  - Errors
  - Fragmented patient care
- The team leader must be an excellent practitioner and have good communication, organizational, management, and leadership skills

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**Most team nursing was never practiced in its purest form but was instead a combination of team and functional structure.**

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## The Multidisciplinary Team Leader Role

- Expanding the opportunities for nurses to lead and diffuse collaborative improvement efforts with physicians and other members of the health-care team to improve practice environments.

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## The Multidisciplinary Team Leader Role

### Implementation problems:

- Having experts on teams is different than having expert teams
- Each discipline may believe that their perspective is most important and undervalue the contributions of other team members.
- Require an efficient means of communication about patient goals, progress, and problems.
- It is not often easy to find opportunities for the whole team to meet because of work shift patterns or other work commitments.
- Challenges in determining who the members of the team should be and who should be the leader of the team.

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## Modular Nursing

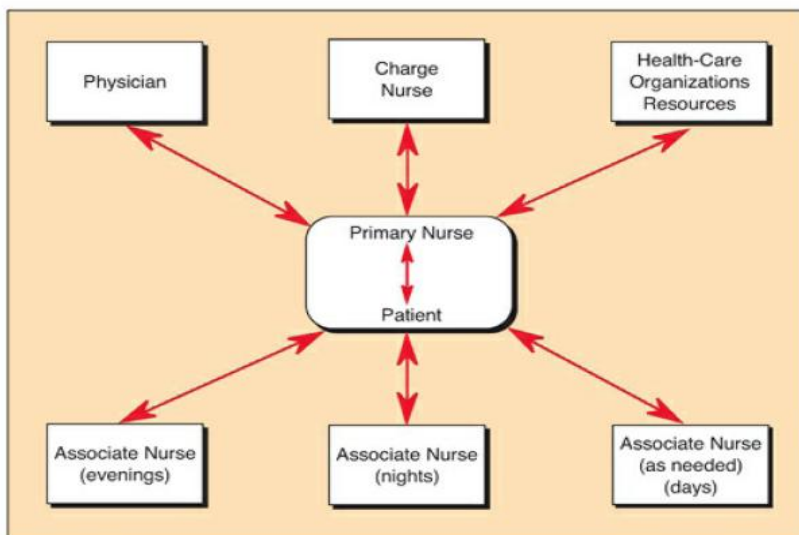
- **Modular nursing** uses a mini-team (two or three members with at least one member being an RN)
- Sometimes being called care pairs.
- In modular nursing, patient care units are typically divided into modules or districts, and assignments are based on the geographical location of patients.
- Allow the professional nurse more time for planning and coordinating team members.
- Requires less communication, allowing members better use of their time for direct patient care activities.

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## Primary Nursing (relationship-based nursing)

- Was developed in the late 1960s, uses some of the concepts of total patient care and brings the RN back to the bedside to provide clinical care
- The primary nurse assumes 24-hour responsibility for planning the care of one or more patients from admission or the start of treatment to discharge or the treatment's end.
- During work hours, the primary nurse provides total direct care for the patient.
- Associate nurses who follow the care plan established by the primary nurse, provide care.
- e.g. home health nursing, hospice nursing

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**FIGURE 14.4** Primary nursing structure. Copyright © 2006 Lippincott Williams & Wilkins. *Instructor's Resource CD-ROM to Accompany Leadership Roles and Management Functions in Nursing*, by Bessie L. Marquis and Carol J. Huston.

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## Primary Nursing

- Primary nurse establish clear communication among the pt, physician, associate nurses, other team members.

### Advantages

- Clear interdisciplinary communication and consistent patient care by relatively few nursing staff allows for:
  - Holistic
  - high-quality patient care
- High job satisfaction
- Often feel challenged and rewarded

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## Primary Nursing

### Disadvantages

- Difficult to implement because of the degree of responsibility and autonomy required of the primary nurse.
- Improper implementation
- Nurses may be uncomfortable in this role or initially lack the experience and skills necessary for the role
- Difficult to recruit and retain enough RNs

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## Case Management

- Case management is defined as a collaborative process of assessment, planning, facilitation, and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes" (CMSA, 2016)

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## Case Management

- Case managers handle each case individually, identifying the most cost-effective providers, treatments, and care settings possible.
- Case manager helps patients access community resources, helps patients learn about their medication regimen and treatment plan, and ensures that they have recommended tests and procedures.
- Acute care case management may be:
  - Unit based
  - Assigned by patient
  - Disease based
  - Primary nurse case managed

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## Case Management

- Case managers often manage care using critical pathways and multidisciplinary action plans (MAPs) to plan patient care.
- The care MAP is a combination of a critical pathway and a nursing care plan.
- MAP indicates times when nursing interventions should occur.
- All health-care providers follow the care MAP to facilitate expected outcomes.
- If a patient deviates from the normal plan, a variance is indicated. A variance is anything that occurs to alter the patient's progress through the normal critical path.

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## Disease Management Programs

- Also known as *population-based health care* and *continuous health improvement*.
- Provide a comprehensive, integrated approach to the care and reimbursement of common, high-cost, chronic illnesses.
- Focus on prevention as well as early disease detection and intervention to avoid costly acute episodes, but provides comprehensive care and reimbursement.
- Target population groups (population based) rather than individuals.

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## Disease Management Programs

- Employ a multidisciplinary healthcare team, including specialists.
- Use standardized clinical guidelines—clinical pathways reflecting best practice research to guide providers.
- Use integrated data management systems to track patient progress across care settings and allow continuous and ongoing improvement of treatment algorithms.
- Frequently employ professional nurses in the role of case manager or program coordinator

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## **Integrating Leadership Roles and Management Functions in Organizing Patient Care**

- Selecting and implementing a patient care delivery system that facilitates the accomplishment of unit goals, reduces costs and improves patient outcomes
- The emphasis is on seeking solutions to poor organization of work rather than finding fault.
- Ensures that the type of patient care delivery model selected will provide quality care and staff satisfaction.
- Ensures that change in the mode of delivery will not be attempted without adequate resources, appropriate justification, and attention to how it will affect group cohesiveness

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