Optimal nursing care delivery model for patient care

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Acquiring a nursing license means taking on a higher level of responsibility in healthcare settings. Regardless of the facility where one works, duties are assigned to registered nurses, while other tasks are delegated to the additional team members. According to Cherry & Jacob (2017), a nursing care delivery model " details the way work assignments, responsibility, and authority are structured to accomplish patient care; depicts which health care worker is going to perform what tasks, who is responsible, and who has authority to make decisions" (p. 365). In the scenario given, Glenda Miller is the charge nurse, with the help of one registered nurse (RN), one licensed practical nurse (LPN), one nursing assistant (UAP), and one unit secretary. In the facility, there are eight patients that have different care needs; therefore it is necessary to consider what nursing care delivery model is the best for the setup. With consideration that there is only one registered nurse in addition to the charge nurse, the nursing care delivery model ideal for the situation is the functional nursing care model.

The functional nursing care model suggests that staff members be given specific tasks for a group of patients, not each given individual tasks (Cherry & Jacob, 2017). The duties are assigned to the team members based on they can legally perform. Evaluation, assessment, and/or teaching patients are the responsibility of the RNs. Depending on the ordered oral and IV medications, the RN can assign LPNs to give them. Routinely, UAPs can perform patient care activities including patient hygiene tasks and vital signs. Staffing assignments are made in order to best meet the patient population needs by providing competent and safe care all while staying in one's scope of practice (Cherry & Jacob, 2017).

In room 502, Mr. A. is ventilator dependent. His physical state requires him to have frequent assessments, including vital signs and lab draws. The RN is responsible for the initial assessment to establish a clear baseline. Following the functional care nursing model, the RN delegates tasks to the interprofessional team to arrange services from respiratory therapy for ventilatory maintenance, physical therapy for range of motion exercises and movement to prevent complications, and nutritional support for the correct dietary plan to ensure progressive rehabilitation (Cherry & Jacob, 2017). An LPN can monitor the status of the ulcer present on Mr. A's sacral region and then notify the nurse in charge if there is a change in size or shape. If needed, the RN can conduct additional evaluation and assessments. LPNs can also implement therapeutic techniques to keep Mr. A. calm if he becomes frustrated or anxious and can manage tube bolus feedings with the understanding that they must alert the RN if the tube is clogged or not working properly. The nursing assistant can be given the responsibility of turning the patient every two hours to help keep the pressure off the ulcer on Mr. A's sacral region in order to promote healing and prevent a worsening condition (Potter, Perry, Stockert, and Hall, 2013) . The nutritional nurse should be made aware of the ulcer so that changes can be made in Mr. A's diet by increasing calories and protein to aid in wound healing.

Mrs. B, in room 503, has a central line for total parenteral nutritional therapy (TPN) and is currently on forty days of antibiotics for the treatment of osteomyelitis. The RN should perform an initial assessment on Mrs. B. and place her on fall precautions because she is dehydrated and of older age (Potter, Perry, Stockert, and Hall, 2013). Following the initial assessment, the

RN should assign a nutritional support nurse, occupational therapist, respiratory therapist and social worker to be a part of the care of this patient. Due to Mrs. B's hydration status, an LPN can get the labs drawn so that electrolyte levels can be monitored. While monitoring, the RN can delegate the administration of the TPN therapy to the LPN. Following universal safety precautions, the UAP can be responsible for the routine morning care, turning the patient every two hours and assisting her with ambulating to the restroom. If Mrs. B is stable enough to move, the UAP can assist Mrs. B out of bed. If Mrs. B is too unstable to get out of bed, the UAP should report her instability to the RN in order for further assessment to be done. The respiratory team is needed for the breathing treatments ordered, so that consistent respiratory assessments are performed. A nutritional support nurse needs to be involved in the care of Mrs. B. due to her dietary status. The nutritional support nurse is responsible for creating a diet plan that is ideal for Mrs. B with consideration that she is on TPN and also receiving the medication for her osteomyelitis, as well as provide adequate dietary information that will ultimately have a positive impact on Mrs. B's healing. Social work will be involved to discuss with the daughter the potential options for rehabilitation treatment after hospital discharge. Talking with a social worker about the different options available for Mrs. B can assist her daughter's anxiety to be eased. Additionally, occupational therapy will complete an evaluation of Mrs. B's physical state and limitations to help formulate a decision on whether she needs to transfer to a nursing facility or not.

Mr. C. in room 504 requires a registered nurse, medical social worker, nursing assistant and unit secretary for his care needs. He has been scheduled to leave the hospital today and to transfer to a rehabilitation hospital. Mrs. Miller will delegate typing up the discharge instructions to the unit secretary that will then need to be taught to the patient and caregiver by the RN. Assisting Mr. C. with hygiene care and gathering his personal items before leaving the hospital is performed by the UAP in addition to taking routine vital signs. Medications are given by the LPN or RN depending on the type of medications scheduled. However, only the RN is permitted to assess and document the patient's response to the medication (Cherry & Jacobs, 2017).

Mr. D in room 507 will need an RN, an LPN, and a UAP. The patient is receiving TPN and multiple antibiotics. Since the LPN works under the supervision and instruction of the nurse, he or she may be delegated to administer the antibiotics, depending on state guidelines for that facility. Also depending on state guidelines, the LPN may initiate and maintain TPN infusion under the direct supervision of the RN (Cherry & Jacobs, 2017). Mr. D presents with vancomycin-resistant enterococcus in his urine. Before any medication is administered, it is the RN's responsibility to coordinate with the physician the patient's lab results to make sure the patient is receiving the correct medication. The RN is responsible for managing the pulsavac care, as it is important to understand wound care and proper dressing application to make sure the equipment works optimally. Updating the care plan with any changes observed from the treatment the patient receives is the responsibility of the RN. Routine activities including vital signs,

assistance with toiletry, and activities of daily living are once again assigned to the UAP (Potter, Perry, Stockert, and Hall, 2013).

In room 508, Mr. E. needs the care of an RN, an LPN, UAP, respiratory therapist, and speech therapist. Mr. E is supposed to start weaning from the ventilator which requires a respiratory therapist and RN present. Not all weaning sessions are successful, and therefore the appropriately trained and licensed staff members need to be in attendance for safety measures. In addition, Mr. E has orders to begin ambulating in the hall twice a day. Although UAPs are permitted to ambulate patients, Mr. E would need an RN present because he is not considered stable with his current respiratory state (Cherry & Jacob, 2017). Following state guidelines, continuous tube feedings and IV antibiotics for Mr. E. can be delegated to the LPN; otherwise, the responsibility belongs to the RN. Assessing Mr. E for a PICC line is solely within the scope of practice of the RN. Lastly, Mr. E's pharyngeal speech evaluation is performed by speech therapy and he or she is additionally able to assist him in choosing alternative communication techniques if needed (Cherry & Jacob, 2017).

An RN, UAP, occupational therapist and physical therapist are all needed for the care of Mrs. F. in room 509. Presenting the inability to move her right extremities is the result of her having a cerebrovascular accident three days ago. With Mrs. F. currently having an IV infusing in her left arm, and her blood pressure elevated at 170/100, an RN is needed to assess the IV site initially and to monitor her unstable blood pressure. Total care, including personal hygiene and feeding is delegated to the UAP. Mrs. F. will also be assigned an occupational therapist to help her work on ADLs and attempt to

improve the inability to perform her own personal care independently. Mrs. F’s husband at the bedside is emotional and concerned about the state of his wife. When families are present in the healthcare setting, often times they may feel useless and not know what role they can play to help their loved ones. In the situation with Mrs. F., the RN can teach the husband how to assist his wife with range of motion exercises so he can play an active part in her care. With the assistance of physical therapy, the orders can be carried out to help improve Mrs. F’s physical state. Depending on how the husband reacts to the RN’s suggestion of him taking part in the care, a chaplain may or may not be needed for emotional support.

For Mr. G in room 510, a respiratory therapist, physical therapist, speech therapist, nutritional support nurse, and a medical social worker in addition to an LPN, UAP, and unit secretary are needed for his care. Patients requiring multiple levels of care inter-professional care members (Weiss & Tappen, 2015). After 24 hours off the ventilator, Mr. G. is doing well and is on track to be discharged in five days if he continues to do well without the ventilator. The respiratory therapist administers respiratory treatments every four hours to support Mr. G’s ability to breathe without the ventilator (Potter, Perry, Stockert, & Hall, 2013). According to Potter, Perry, Stockert, & Hall (2013), being on a ventilator can result in muscle wasting and difficulties with speech. Therefore, Mr. G may need a consult with physical therapy and speech therapy. In order to make sure Mr. G is weaning off of TPN properly, getting adequate feedings through his PEG tube, and receiving enough nutrients for his nutritional needs, a nutritional nurse is appointed (Marquis & Huston, 2015). Throughout his entire stay, none of Mr. G’s family has come

to visit him. Unfortunately, the family of Mr. G has collectively decided to place him in a nursing home. With the presenting situation, the RN should advocate for Mr. G, and ask the unit secretary to get in contact with the social worker in order for options to be discussed and Mr. G's thoughts and wishes to be heard. The LPN will give Mr. G his scheduled medications and update his chart accordingly. Taking vital signs and ambulating Mr. G will be performed by the UAP (Potter, Perry, Stockert, & Hall, 2013). Furthermore, the RN will assess, evaluate, and teach Mr. G. as indicated (Weiss & Tappen, 2015). When all the tasks have been dispersed to the appropriate nursing staff, Mrs. Miller is in charge of making sure that all assignments and delegated tasks are completed in a safe and effective manner (Cherry & Jacob, 2017).

Mrs. Miller is responsible, as the charge nurse, for the new admission of Mr. H who will be coming from the ICU and arriving to room 511 during her shift (Marquis & Huston, 2015). Mrs. Miller will communicate with the nurse taking care of Mr. H to acquire patient report, history, and progress. The unit secretary will handle secretarial duties between units. When Mr. H. gets to the room, the RN will assume responsibilities of assessing, evaluating, and teaching Mr. H while delegating the usual tasks to the LPN and UAP (Weiss & Tappen, 2015).

Although it may seem straightforward to assign roles to individuals what is legally applicable to them, multiple factors should be considered. In order for a nurse to delegate a task to a staff member, he or she must be confident that the staff member is competent. At the end of the day, the registered nurse is responsible and accountable for the care of all of the patients

(Cherry and Jacob, 2017). The nurse is responsible for assessing whether a staff member is competent for the roles assigned by evaluating their knowledge and ability to carry out the role safely and effectively. In addition, laws and regulations vary by location and the nurse practice act for the state one practices in must be considered prior to delegating tasks to team members. The policies and procedures manual of the facility one works for must also be familiarized well enough by the registered nurse to be able to abide by the standards and delegate appropriately (Cherry & Jacob, 2017).

Following the functional nursing care delivery model, the eight patients assigned to the charge nurse Mrs. Miller are given the care that is needed in the most efficient and safe manner. With the consideration that the patients in the facility require similar tasks that can be completed by the same team member, it is more useful and efficient to use the functional nursing care model where tasks are assigned for a group of patients versus individual patients being assigned staff members (Cherry & Jacob, 2017). Working as a team with the application of the functional nursing care delivery model for the scenario given, is more effective and ultimately the most ideal solution.

References

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