Professional Role Based Nursing Accountability in Practice
Learning Objectives

1. Articulate an understanding of the following O’Rourke models:
   - Accountability Model
   - Patient Care Model
   - Professional Practice Model
   - Model of the Professional Role
   - 9-Step Decision-Making Model

2. Describe the application of these models in professional nursing practice and how they integrate in order to provide excellent patient care and outcomes
Opening Reflection

http://soulpancake.com/kpbook/
Professional Practice Approach to Care Delivery

Characteristics of Models

- Concrete
- Help us visualize concepts
- Practical and efficient
- Guide for decision making
- Effective method to measure and monitor
- Help improve clinical performance
What makes us professionals?
(more than one correct answer)

1. We have a societal obligation that puts the patient first.
2. We function under the oversight of other disciplines.
3. We have a unique body of scientific knowledge.
4. We monitor and evaluate our practice.
Why Focus on Professional Role Clarity?
Too Much Variation

1. Professional role

2. Discipline specific role - RN

3. Functional role – clinicians, managers, educators, researchers, consultants
Accountability Model

O1 Obligation

O2 Ownership

O3 Oversight

O4 Outcomes

O5 Opportunity
O^{1}

Obligation
O²

Ownership
O³

Oversight of Role
O4

Outcomes
Opportunity: Putting the Power of Professional Role into Action
Accountability Model

- **O₁**: Obligation
- **O₂**: Ownership
- **O₃**: Oversight
- **O₄**: Outcomes
- **O₅**: Opportunity
Which of the following behaviors is *not* a part of the O⁵ model?

1. Ownership
2. Outcomes
3. Occupation
4. Obligation
5. Oversight
Small Group Exercise: Believe in the POWER of the Professional Role!

- Think of patients you cared for recently.
- Describe a time when you put O^5 into action.
  - Obligation
  - Ownership
  - Oversight
  - Outcomes
  - Opportunity
- Discuss with your colleagues
- Report out
Professional Practice Model

Ronald Reagan and Santa Monica UCLA Professional Practice Model

1 O’Rourke Model of the Professional Role™
2 Watson Theory of Human Caring
3 Swanson Five Caring Processes
O’Rourke Model of the Professional Role:
A Framework for Role and Competency Clarification™
Model of the Professional Role: Leader

- Collects and assesses data
- Uses data to plan care
- Leads the care team
- Delegates
- Oversees
- Informs and teaches
- Coordinates
- Keeps patient at the center
- Works to improve practice, care and outcomes
Model of the Professional Role; Scientist

- Lifelong learner
- Becomes expert in population-knows the literature
- Uses research and evidence to guide decisions
Model of the Professional Role; Practitioner

- Therapeutic relationship
- Nursing process and decision-making
- Clinically proficient
- Uses best practices
- Assures continuity of care
Model of the Professional Role; Transferor

Informs, models, teaches, resolves conflict, therapeutic, articulate, intentional
O’Rourke Model of the Professional Role: A Framework for Role and Competency Clarification™

Role-Based Practice

- Practitioner
  - Role-Based Practice

- Scientist
  - Role & Evidence Based Practice

- Leader
  - Role-Based Self Direction & Decision Making Authority

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Model of The Professional Role

http://www.youtube.com/watch?v=4D7ATRAMnVs
Small Group Exercise

• Give an example from your practice that illustrates how you perform as a scientist, practitioner, leader and transferor.

• How do those roles contribute to better patient outcomes?
O’Rourke Patient Care Model™
An Integrated Clinical Practice System to Improve Quality of Care
The Integrated Models
Professional Role Based Practice As Foundation to Organizational Performance

INTEGRATED PATIENT CARE MODEL

MANAGEMENT PRACTICE

CLINICAL PRACTICE

PERFORMANCE PRACTICE

LEADER

SCIENTIST

PROFESSIONAL

ROLE

PRACTITIONER

TRANSFEROR

TRANSFEROR

TRANSFEROR

MANAGE TO THE STANDARD

TEACH AND PERFORM TO THE STANDARD

PERFORM TO THE STANDARD

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Making decisions is a complex process...
O’Rourke 9-Step Decision-Making Model

• Knowing
  • What to do
  • How to do it
  • When to do it
  • Who should do it

• DM process comes together to
  • Draw a picture of the patient
  • Formulate a plan of action
  • Serve the client’s needs for recovery and care
The Professional RN is a pivotal decision-maker on the interdisciplinary team.

- Decision-making process is complex (Leader component)
- Decision-making process is rigorous and evidence-based
- Prerequisite for acting with and on behalf of the patient
- Decision-making process transfers knowledge
Decision-Making Process

• Used by all professional disciplines
  • Nurses
  • Pharmacists
  • Physicians
  • Social Workers
  • Therapists

• Nine integrated steps

• Best possible decision
  • What actions to take
    • By Whom

• Professional role responsibility and core competency
## O’Rourke 9-Step Decision-Making Model

<table>
<thead>
<tr>
<th>Professional Role-Based System for Decision-Making &amp; Accountability</th>
<th>Data Collection &amp; Data Assessment</th>
<th>Comprehensive Assessment: Patient Condition &amp; DX</th>
<th>Plan</th>
<th>Implementation</th>
<th>Evaluation</th>
<th>Teach/Inform</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8</strong></td>
<td>Stability of Patient Condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unstable</strong></td>
<td>Direct</td>
<td>Indirect</td>
<td>Direct</td>
<td>Indirect</td>
<td>Direct</td>
<td>Indirect</td>
</tr>
<tr>
<td><strong>Moderately Unstable</strong></td>
<td>Direct</td>
<td>Indirect</td>
<td>Direct</td>
<td>Indirect</td>
<td>Direct</td>
<td>Indirect</td>
</tr>
<tr>
<td><strong>Moderately Stable</strong></td>
<td>Direct</td>
<td>Indirect</td>
<td>Direct</td>
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**Dynamic Interaction of 1-6 with Stability (8) & Care Coordination (9)**

**9 Care Coordination/Action**
# O’Rourke 9-Step Decision-Making Model

## Six Competencies

<table>
<thead>
<tr>
<th>Professional Role Decision-Making Process: Role Accountability</th>
</tr>
</thead>
</table>

- **1. Data Collection & Data Assessment**
- **2. Comprehensive Assessment of Patient Condition with DX**
- **3. Plan**
- **4. Implementation**
- **5. Evaluation**
- **6. Teaching/Informing**
7th Competency – Integration of Professional Practice Steps

1. Data Collection & Data Assessment
2. Comprehensive Assessment of Patient Condition with DX
3. Plan
4. Implementation
5. Evaluation
6. Teaching
Test Your Knowledge

In practice, the steps of the decision making process must be linear?

A. True
B. False
Test Your Knowledge

Using scientific knowledge and critical thinking, the RN converts data into a diagnosis during the comprehensive assessment step.

A. True

B. False
8th Competency
O’Rourke 9-Step Decision-Making Model

Stability of the Patient’s Condition

Determining stability requires:
- Substantial scientific knowledge of nursing and medical conditions
- Knowledge of the patient population
- Knowledge of the individual patient
8th Competency
O’Rourke 9-Step Decision-Making Model

Stability of the Patient’s Condition
Estimate of Risk for Morbidity & Mortality

- Unstable
- Moderately Unstable
- Moderately Stable
Determining stability requires:

- Substantial scientific knowledge of nursing and medical conditions
- Knowledge of the patient population
- Knowledge of the individual patient
Determining Stability Level

F. J. is a 68 year old male with DX of GI Bleed, 3 days ago. On this admission he had an endoscopy and an ulcer was found and cauterized. He was transfused 2 units of PRBCs and his H/H is 9.2/31.8. Latest VS: BP 117/84, HR 88, Temp 36.8, RR 18, PO 96% on RA. The current POC is that he will be discharged tomorrow assuming that his H/H remains stable and there are no signs and symptoms of bleeding. What is the stability level of this patient?

A. Stable
B. Moderately Stable
C. Moderately Unstable
D. Unstable
Determining Stability Level

During the night, the same patient F.J., who was admitted with a GIB, has an episode of melena. His vitals are taken. His BP is 109/76, HR 98, RR 20, Temp 36.8, PO 95% on Room Air. The doctor is notified and a CBC is ordered. The H/H comes back 7.4/25.8. The doctor orders 2 units of PRBCs. Before giving the blood, you check the vitals and find the BP is now 74/52, HR 121, RR 24, PO 91% on Room Air. F.J. tells you that he is feeling a little dizzy. What is the stability level of this patient?

A. Stable
B. Moderately Stable
C. Moderately Unstable
D. Unstable
Stability VS Acuity

• Common misunderstanding of definition of these two words
• Stability – risk of patient’s illness becoming worse and/or risk of patient’s death
• Acuity – how many and what kind of resources are required to manage that risk so that patient’s illness does not become worse and death does not occur
# 9th Competency: Care Coordination

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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</tr>
</tbody>
</table>

## 8 Stability of Patient Condition

- **Unstable**
  - Direct
  - Indirect
- **Moderately Unstable**
- **Moderately Stable**

### Dynamic Interaction of 1-6 with Stability (8) & Care Coordination (9)

9 Care Coordination/Action
Documenting Nursing Stability in Care Connect
The Care Partner can assess data (i.e. vital signs), but cannot assess the stability of the patient’s condition

A. True
B. False
### Handover Observation Tool

**UCLA Professional Role-Based Handover Observations**

<table>
<thead>
<tr>
<th>Observer: RN</th>
<th>RN Gaining Report: RN Receiving Report: RN</th>
<th>Date ___ AM or PM Pt. LN. Report done at bedside? Yes/No</th>
</tr>
</thead>
</table>

**Handover Observation Tool**

<table>
<thead>
<tr>
<th>PPM</th>
<th>Observed Behavior (Process of Care Indicators)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Checking RN introduction to patient/Anhers by off-going RN.</td>
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<td>2.</td>
<td>RN called patient by their preferred name.</td>
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<td>3.</td>
<td>We engaged patient, family and/or visitors (if preferred by patient) in handover report so that patient and family can collaborate on the plan of care.</td>
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<td>4.</td>
<td>RN passes understanding of what is most important to the patient.</td>
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<td>5.</td>
<td>RN states MEDICAL diagnosis and stability level related to patient condition.</td>
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<tr>
<td>6.</td>
<td>RN cryptically shares medical notes.</td>
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<td>7.</td>
<td>Important data that supports the MEDICAL diagnosis, stability level, and if applicable change in stability level.</td>
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<tr>
<td>8.</td>
<td>Change in stability reported to appropriate interdisciplinary team members, as appropriate.</td>
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<td>9.</td>
<td>Recorded plan of action based upon change in stability of medical condition as appropriate.</td>
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<tr>
<td>10.</td>
<td>RN states increase diagnosis, and stability level related to the patient condition.</td>
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<td>11.</td>
<td>RN records exchange, moderately accurately.</td>
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<tr>
<td>12.</td>
<td>Important data that supports the MEDICAL diagnosis, stability level, and if applicable, changes in stability.</td>
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<tr>
<td>13.</td>
<td>Change in stability reported to appropriate interdisciplinary team members as appropriate.</td>
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<tr>
<td>14.</td>
<td>RN states plan of action based upon change in stability of medical condition as appropriate.</td>
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<td>15.</td>
<td>Included nursing assessment, interventions, and promotion plan for avoidance of HOSPITAL-ACQUIRED conditions that are nerve sensitive.</td>
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<tr>
<td></td>
<td>Falls</td>
<td>Pressure ulcers</td>
<td>Infections</td>
<td>Pain</td>
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<tr>
<td>16.</td>
<td>RN states immediate plan of care for patient (basis, precautions, consultation)</td>
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<td>17.</td>
<td>RN states long-term plans for patient (discharge, transfer)</td>
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<td>18.</td>
<td>RN states psychosocial plan of care for patient</td>
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<td>19.</td>
<td>RN addressed patient and family education (transfer of knowledge).</td>
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<td>20.</td>
<td>RN asked if patient and/or family understand teaching</td>
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<td>21.</td>
<td>RN confirmed understanding of what will occur next.</td>
<td></td>
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<tr>
<td>22.</td>
<td>RN asked patient if there is anything else we need to know to provide care.</td>
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<tr>
<td>23.</td>
<td>RN patient know when receiving RN would be back.</td>
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<tr>
<td>24.</td>
<td>RN asked if there is anything else we can do before leaving the room.</td>
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</table>

**Comments:**

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