

# ACCOUNTABILITY MODEL

We have adopted the O'Rourke Accountability Model O5 (O to the 5th Power) and the O'Rourke Model of the Professional Role™ to help us better describe and explain our journey toward increased accountability and excellence in practice.

## The Five O's of the Accountability Model:

**Obligation:** To lead is a professional role obligation and a privilege for which we are accountable irrespective of one's functional role (O'Rourke 1989).

**Ownership:** We are given powerful decision-making authority over the health and welfare of others understanding that... we use a substantial amount of scientific knowledge and technical skill to guide our practice... and uphold our commitment to monitor and evaluate our practice to a set of standards (O'Rourke 1976).

We are accountable for:

- Providing care using our role to guide practice – Clinical Function
- Teaching the role to help others learn the practice – Education Function
- Managing the role to ensure the practice standard is upheld – Management Function
- Measuring the role, the practice and related outcomes - Research Function

**Oversight:** A key Professional Role obligation is to monitor practice. Complex work...generates complex role demands that requires oversight to the Clinical Practice System to ensure Patient Safety. There is a critical link between professional role competency and quality of care, decision-making practice and patient safety (O'Rourke 2004).

**Outcomes:** Measurement of our professional role competency and decision making practice (O'Rourke 2007).

**Opportunity:** Nursing's authority and responsibility for continuous oversight of the recovery process and

coordination of care places RN's in a powerful position to influence the quality of patient care, patient safety and the environment of practice (O'Rourke 2006).

## What is a nursing professional practice model?

A professional practice model is a schematic description that describes how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for those served by the organization.

## Why do we need a nursing professional practice model?

By using a nursing professional practice model we can ensure that the professional practice of nursing is consistent throughout the organization, regardless of the unit, setting or functional role of the nurse (e.g. direct care, charge, clinical specialist, manager, researcher, practitioner, etc).

## What is our Care Delivery Model?

The Relationship-Based Care Delivery Model is our model of care at UCLA. Our care is based on knowledge of the patient and the establishment of a partnership between the nurse, patient and the family. The care delivery structure includes continuity of patient assignments, interdisciplinary care planning, ownership and responsibility of patient care and patient outcomes.

**UCLA** Health System

### Mission

*Delivering leading edge patient care, research and education*

### Vision:

*Healing humankind, one patient at a time by improving health, alleviating suffering, and delivering acts of kindness.*

### Values

*Integrity, Compassion, Respect, Teamwork,  
Excellence, Discovery*

RONALD REAGAN UCLA  
MEDICAL CENTER

# NURSING PROFESSIONAL PRACTICE MODEL



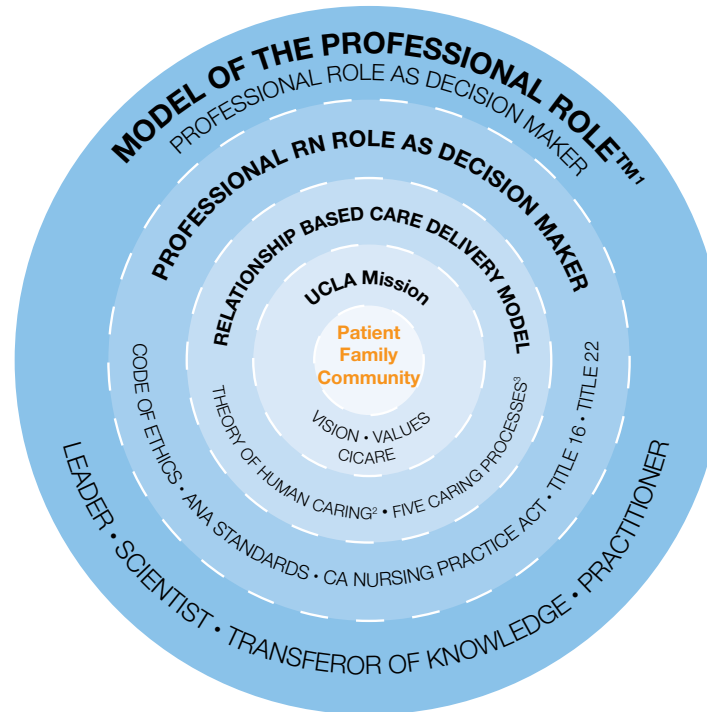
DON'T  
BE AFRAID TO BE  
GREAT.

UCLA Health System

The Ronald Reagan UCLA Medical Center Professional Practice Model emphasizes the expectations and focus of nursing practice and development in all settings throughout the organization. The dotted lines between the circles represent the intersecting, fluid relationships between the concepts.

- Our primary commitment as professional registered nurses to the *patient, family and community* (American Nurses Association - ANA Code of Ethics, Provision Two) is depicted at the center of our model.
- The first concentric circle contains the UCLA Healthcare *mission, vision, values* and C-I-CARE that sets the standard of organizational behavior for each nurse in the organization and is embedded in how we practice with each patient, the family and with colleagues. C-I-CARE is the acronym for Connect, Introduce, Communicate, Ask/Anticipate, Respond, and Exit courteously with an Explanation of what will happen next. C-I-CARE represents the organization's communication standard that begins and sustains a therapeutic relationship between each patient and their direct care providers.
- The second concentric circle is the *Relationship-Based Care (RBC) Delivery Model* which supports the delivery of the professional practice of nursing. This model recognizes the importance of continuity in patient assignments to support nursing care that is based on knowledge of the patient and the establishment of a relationship with the patient. Watson's Theory of Human Caring<sup>2</sup> and Swanson's Five Caring Processes<sup>3</sup> provide the theoretical basis for creating a caring and healing relationship with patients and their families. Through a shared governance structure this model serves to clarify the essence of nursing and guide the thinking and decision making about how to ensure best practice that improves patient outcomes.

## RONALD REAGAN UCLA MEDICAL CENTER NURSING PROFESSIONAL PRACTICE MODEL



<sup>1</sup> O'Rourke Model of the Professional Role™

<sup>2</sup> Watson Theory of Human Caring

<sup>3</sup> Swanson Five Caring Processes

- The third concentric circle represents the *Professional RN Role as a Decision-Maker* who has a unique goal of practice and is responsible for managing the patient condition through a rigorous decision making process that includes assessing the patient condition, planning, implementing, monitoring, evaluating and coordinating care in a dynamic, integrated manner. This framework serves as the basis for professional role authority for nursing practice as defined by the California Nursing Practice Act Section 2725 (Business and Professions Code), Title 16 Standards of Competent Performance 1443.5, Title 22, the American Nurses Association (ANA) Code of Ethics and the ANA Nursing Scope and Standards of Practice.
- The outer circle is the *O'Rourke Model of the Professional Role™* that defines the professional role as an integrated set of four role components that include the role of a leader who is a self directed decision maker, a scientist, a transferor of knowledge and a practitioner. This model establishes the professional role expectations that each professional discipline will lead their practice through rigorous decision-making process, engage in the transfer of information through therapeutic interpersonal interactions that facilitate effective communication and collaboration as a team on behalf of the patient, the family and the community. *The O'Rourke Model of the Professional Role™* when applied to the RN places the RN in a pivotal decision making position on the team because the RN has the capacity to continually influence care and care delivery due to the RN's unique position that allows for twenty four (24) hours a day, seven (7) days a week access to the patient. These professional role concepts are embedded throughout the UCLA Professional Practice Model and represent the investment in the professional development of the RN and in the profession of nursing itself.