

The Ottawa Hospital/L'Hôpital d'Ottawa Model of Nursing Clinical Practice © Guiding Principles

I. Direct Nursing Care Guiding Principles

1. Patient/Family Perspective

The patient/family will:

- a. Receive safe and competent care from the most appropriate nursing provider.
- b. Be provided with continuity of the caregivers by limiting the number of nurses assigned to their care, Registered Nurse (RN) or Registered Practical Nurse (RPN).
- c. Be involved in the decision making process about their care in order to make informed decisions.
- d. Have their cultural beliefs and practices recognized and respected
- e. Be provided with consistent and timely information from the nurses, thus providing continuity of care within the hospital and the community.
- f. Engage in open and timely communication thus providing continuity of care within the hospital and the community.

2. Nurse Perspective

RN/RPN will:

- a. Have the freedom to make decisions about patient care within his/her scope of practice, in collaboration with the patient/family.
- b. Provide care in a manner that allows for continuity, accountability and ongoing excellence.
- c. Provide care based on the best available evidence.
- d. Advocate for patient/family by facilitating between themselves and the health care system when barriers to self-determination exist.
- e. Establish and maintain a therapeutic relationship through the use of knowledge, skills, and caring attitudes and behaviours.
- f. Work to the full scope of his/her role and responsibilities as defined by the College of Nurses of Ontario (CNO), and the Ottawa Hospital (TOH).
- g. Require processes and a framework of delivery of care that support his/her practice as self-regulating professionals such as Corporate Nursing Clinical Practice Committee (CNCPC), Unit Nursing Clinical Practice Committees (UNCPC), TOH Nursing Policies, Procedure and Protocols (PP&P), College of Nurses of Ontario (CNO) Standards of Practice.
- h. Collaborate with and provide support to peer to foster team spirit and teamwork.

3. Organization of Nursing Care Delivery

3.1 Decision Making

RN will:

- a. Establish a nursing plan of care based on biopsychosocial and spiritual needs assessment while integrating other health professionals' recommendations.

RN/RPN will:

- b. Be responsible and accountable for making decisions about direct nursing care, organization of nursing care for their patients, communication with and on behalf of the patient/family, and coordination of patient/family services.
- c. Facilitate decision making with and on behalf of the patient/family.
- d. Provide patient care report to ensure continuity of care and integration of activities from one unit/site/setting to another and facilitate a timely coordinated discharge.
- e. Evaluate and update plan of care in a timely manner.
- f. Ensure the plan of care is communicated to all health care team members, including the patient/family.

3.2 Work Allocation

- a. Staff mix for each unit/service is assessed on the basis of patient complexity, predictability, the provider's expertise and the unit/service complexity & intensity (The Ottawa Hospital Model of Nursing Clinical Practice Staff Mix Guide©, 2003).
- b. Each patient will be assigned only one nurse, either an RN or an RPN. If unregulated care providers are part of the staff mix, then they are accountable to the RN/RPN for the care they deliver.

RN will:

- c. The RN will make the patient assignment on a shift by shift basis

RN/RPN will:

- d. Be assigned to every patient depending on patient acuity, predictability and stability; competency and skill of staff.
- e. Provide nursing care to a specific number of patients throughout an entire visit, shift, or stay.

RPN will:

- f. Be assigned patients who do not require RN intervention, in order to minimize the duplication of providers for the same patient.

II. Supportive Structure to Direct Nursing Care Guiding Principles

1. Overall Guiding Principles for clinical, organizational day-to-day activities.

- a. The model will support and facilitate integration of the novice RN / RPN and formalize and value clinical expertise.
- b. The RN / RPN will provide professional knowledge, clinical expertise, and technical skills to support colleagues in their day-to-day practice.
- c. Clerical / administrative support will be provided by an appropriate classification of worker to facilitate the RN / RPN working to his/her full scope of practice.
- d. Choice of appropriate worker takes into account efficiencies in the system (such as there are times when the RN/RPN will be required to perform clerical/administrative duties).

2. Clinical Day to Day Support

RN/RPN will:

- a. Have access to an assigned Clinical Nurse Expert (determined through evaluation) to ensure immediate advice for technical problem, complications, help in decision making, or when facing an emergency.
- b. Have access to "Clinical Expert" assigned on rotating basis for a specific block of time not exceeding three continuous months in order to provide expertise and continuity.
- c. Have access to other colleagues within the unit and across the hospital, as required, to meet standards of care.
- d. Have access to diverse nursing expertise or specialist as needed (APN and other specialist roles).

3. Organizational Day to Day Support

- a. The nurse is responsible for documenting and evaluating patient care, for coordinating consults and treatment by other health care team members.
- b. Clerical support should be provided to assist the nurse with care coordination activities, such as facilitating communication amongst inter-professional team members, transcribing orders, processing requisitions, chart preparation, etc.
- c. The nurse should be provided support within a unit for staffing and scheduling, and for meeting fluctuating patient care requirements.
- d. The nurse will have access to material and human resources to support patient care from other departments, e.g. Supplies processing and delivery (SPD), biomedical engineering, Customer Support, Food Services, Housekeeping, Information Management, Linen Services, patient equipment, pharmacy, portering, etc.

4. Education Support

RN/RPN will:

- a. Be responsible for his/her own knowledge by taking initiative for his/her education and the sharing of this knowledge to other nurses
- b. Receive a timely comprehensive, competency based orientation to the hospital and to their specific unit.
- c. Be assessed for individual learning needs. An appropriate plan will be implemented as necessary to enable the nurse to work to the full scope of his/her role and responsibilities.
- d. Receive timely teaching and / or clinical learning opportunities related to new equipment, Policy procedure & Protocol (PP&P), first time clinical situations & skills; as well as support for large organizational changes, quality improvement projects & program changes.
- e. Have access to ongoing career counseling and professional development. Organization support will be provided for these endeavors i.e. annual leave, flexible scheduling, and financial assistance.
- f. Be provided the opportunity for further education and clinical support if experiencing clinical difficulties.
- g. Have access to current information and resources pertaining to clinical evidence based practice and research through a variety of educational strategies.
- h. Have access to Nurse Educator.
- i. The Span of Coverage for the Nurse Educator is assessed on the basis of the staff diversity, the need for orientation, consolidation and continuing education, the program diversity and the unit complexity (TOH MoNCP© Nurse Educator Span of Coverage Assessment Tool, 2002).

III. Managerial Support to Direct Nursing Care Guiding Principles

Managerial Support

- a. There will be continuity and access to administrative support 24 hours a day.

The unit clinical manager will demonstrate commitment to quality practice settings by¹

- b. Modeling and communicating the values of the organization to staff.
- c. Understanding the scopes of practice of all health care team members.
- d. Fostering and supporting team spirit.
- e. Providing an environment that facilitates and supports a collaborative inter-professional approach to patient care.
- f. Communicating clear role expectations for nurses and nursing support staff.

¹ Adapted from the College of Nurses of Ontario Ethical Framework for Registered Nurses and Registered Practical Nurses in Ontario, 1999.

TOH-MoNCP© Toolbook: #8.0 Guiding Principles

#8.1 Model of Nursing Clinical Practice © Guiding Principles

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- g. Assigning responsibilities to staff according to both his/her scope of practice and his/her individual abilities.
- h. Providing and/or advocating for needed resources for safe, effective and ethical nursing care.
- i. Reviewing basic staffing regularly and at least annually for direct care and clinical day-to-day support.
- j. Creating an environment that fosters recognition of professional contributions.
- k. Investigating and responding to the concerns of the team members.
- l. Developing and maintaining a communication structure to allow for information sharing
- m. Providing and supporting opportunities for professional development
- n. Monitoring the application of standards, quality improvement activities and patient safety.
- o. Promoting professional competency by encouraging & supporting ongoing evaluation and reflective practice.
- p. Creating an environment that promotes professional practice, evidence informed practice, innovation, and accountability.
- q. Having a span of control on the basis of the number of staff, their autonomy, stability and diversity, the complexity of the unit/service, material management and the diversity of the program and the size of its budget (TOH Clinical Management Span of Control Decision Making Indicators).
- r. Requesting assistance as needed: such as Care Facilitator, project support (based on the manager span of control, the coordination of complex patient throughput and the multi-sites responsibilities).

IV. The Culture and Structure of TOH Support to Direct Nursing Care Guiding Principles

The culture and structure of TOH (Senior Management) will:

- a. Support autonomy in the decision making process
- b. Support professional development of leadership skills for Clinical Managers.
- c. Provide orientation and mentorship for novice managers.
- d. Create an environment that fosters recognition of professional contributions