

Baylor Health Care System Professional Nursing Practice Model

The Baylor Health Care System Professional Nursing Practice Model is based on the AACN Synergy Model for Patient Care developed by the American Association of Critical-Care Nurses and also includes the three A's of professional practice – Authority, Accountability, Autonomy – and the six healthy work environment standards. The Synergy Model draws on the work of Virginia Henderson. Developed as a model of certified practice, it grew out of real-life studies of bedside nursing practice that identified areas of patient need and nurse competencies and is now considered a mid-range theory. Repeated studies over the years continue to validate these identified areas of patient need and core competencies of nurses to meet those needs. The model also aligns with Baylor's mission, vision, and values. By fulfilling the expectations of our practice model, Baylor Health Care System patients experience Safe Passage.

What is a practice model?

A practice model is a model of care that provides a unifying framework for what Baylor nurses believe about nursing practice. It is a guide that directs and describes how we practice by identifying key elements of professional nursing practice that can be found in all we do.

Why do we need a practice model?

By using a practice model, we insure that our professional nursing practice is consistent regardless of where it takes place in the Baylor Health Care System. For example, when we prepare for a vacation, we typically have a plan of things to do and a checklist because we want our vacation to run smoothly. In the same manner, by consistently applying our practice model, we minimize practice variations that can create risk, gaps in care, missed or overlooked needs, or incomplete care. Assessment of the eight areas of patient need insures that we holistically identify all their needs. We then use that information to match the patient with the best nurse able to meet those needs, based on the competencies of that nurse. By consistently using the practice model, we promote Safe Passage and optimal patient outcomes.

What's the difference between a practice model and team nursing?

A practice model must be translated into actual care delivery. Care delivery methods like team nursing and primary nursing are ways that the practice model is put into action. The elements and values from our practice model are translated into an individual unit's care delivery method.

What is Safe Passage?

Safe Passage is an optimal outcome of nursing practice. Based on our knowledge of the patient's needs and the healthcare environment, we make plans and implement interventions to help the patient get through his hospital stay without any preventable complications or delays.

How do nurses create Safe Passage for patients?

Just about everything we do as nurses creates Safe Passage for our patients. Examples include turning patients to prevent skin breakdown, helping a patient learn about his condition so he can take better care of himself, providing evidence-based foley catheter care to prevent urinary

tract infections, implementing the fall bundle for patients at risk of falling, and hourly rounding to insure patient safety.

What is Synergy?

When assessed patient needs are matched to the nurse with the competencies to best meet those particular needs then Synergy occurs. This then is Synergistic Nursing Practice and leads to Safe Passage for our patients.

What needs should be assessed for all patients?

Our practice model identifies 8 areas of patient need, drawn from the AACN Synergy Model, that need to be assessed. The acuity of each need is dependent on the patient.

- **Predictability** – how well the patient follows his expected course of illness
- **Complexity** – how many body systems are not working properly or interacting, also includes family systems as well
- **Resiliency** – how well the patient bounces back to his normal state or baseline by using his compensatory and coping abilities
- **Vulnerability** – actual or potential factors that put the patient at risk for negative outcomes
- **Stability** – how well the patient maintains a steady state
- **Participation in Care** – how much the patient can participate in his care
- **Participation in Decision-Making** – how well the patient can make decisions about his care and treatment
- **Resource Availability** – resources that the patient can use to help him get better and stay well

What competencies do nurses need?

Nurses need the following 8 clinical competencies identified by the AACN Synergy Model.

- **Clinical Judgment** – our clinical reasoning that includes clinical decision-making, critical thinking, and the ability to see the larger picture of a given situation; this competency develops by using knowledge we obtain through life-long education and experience
- **Response to Diversity** – our sensitivity to recognize, appreciate, and include patient and family differences in the care we provide, such as culture, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values
- **Caring Practices** – nursing practices that address the uniqueness of patients and families and create for them a compassionate and therapeutic environment to promote comfort and prevent suffering
- **Advocacy/Moral Agency** – working on behalf of the patient and family by representing their concerns; identifying and helping to resolve clinical ethical concerns
- **Facilitation of Learning** – using our abilities to help patients and families learn and acquire knowledge
- **Collaboration** – working with others to promote and encourage each person's contribution

- **Systems Thinking** – knowing and using the network of resources and people within Baylor to meet the needs of patients and families
 - **Clinical Inquiry** – continually questioning and evaluating practice so it is based on the best available evidence and not ritual or tradition
- Competencies develop over time as we progress from novice to expert.

What are the 3 A's – Authority, Autonomy, and Accountability?

These are the 3 basic characteristics of professional nursing practice.

- **Authority** – Recognition and use of our rights, power, and responsibility to use our nursing knowledge, skills, and judgments to promote Safe Passage and impact patient outcomes
- **Autonomy** – Making independent nursing decisions about the best nursing practices to implement to promote Safe Passage and impact patient outcomes
- **Accountability** – Acceptance of responsibility for our actions, judgments, and the resulting outcomes

What are the six healthy work environment standards?

Professional nursing practice takes place within the hospital environment. To support and advance professional nursing practice and create Safe Passage requires a healthy work environment. The American Association of Critical-Care Nurses identifies the following six standards for a healthy work environment.

- **Skilled Communication** – we need to be as proficient in our communication as we are in our clinical skills
- **True Collaboration** – we must be relentless in pursuing and fostering true collaboration
- **Effective Decision Making** – we must be valued and committed partners in making policy, directing and evaluating clinical care, and leading organizational operations
- **Appropriate Staffing/Resources** – our staffing must ensure the appropriate match between patient needs and nurse competencies
- **Meaningful Recognition** – we must be recognized and must recognize others for the value each brings to the work of the organization
- **Authentic Leadership** – we must fully support and take action to create a healthy work environment and engage others in this mission as well

How does all this fit together in our practice model?

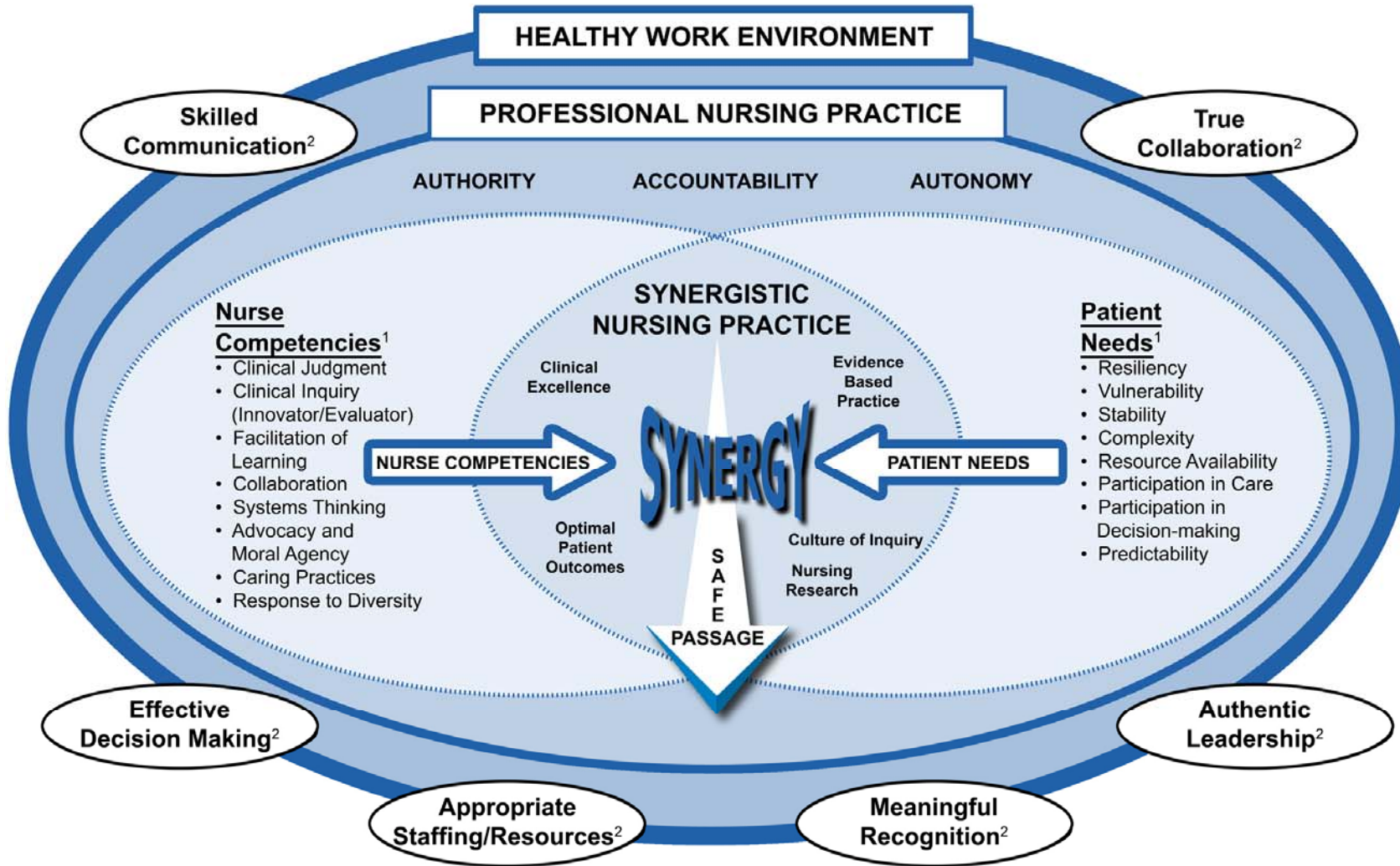
Follow the two arrows for Nurse Competencies and Patient Needs. Where they come together and match, Synergy occurs and we have Synergistic Nursing Practice. Safe Passage comes from this match as shown by its arrow. Encircling that practice are the 3 A's which are essential to professional nursing practice. Surrounding all this activity are the healthy work environment standards.

How do I know that my practice is consistent with the Baylor Health Care System's Professional Nursing Practice Model?

Look at the 8 areas of patient need and identify what you do to assess each of these. Perform a holistic (biopsychosocial) assessment to determine how **predictable, complex, and stable** patients are. Identify **vulnerabilities** that can create risk such as pain, prone to wander, at risk for falling, sedated, not eating, in restraints, immunosuppressed, aphasic, blind, or unable to understand English. Evaluate a patient's **resiliency** in how well he responds to treatments and is returning to his pre-hospital state. Determine if and how well a patient can **participate in care** such as performing ADLs or **participate in decision-making** and what **resources he has available** in order to plan for his needs. Based on all this information, we then know which of our nurse competencies are needed and at what level to make an optimal contribution to Safe Passage for the patient. We insure adherence to professional nursing practice by making the 3 A's fundamental to all we do. And given the impact and influence of the environment on outcomes, our contributions and efforts to fulfill the healthy work environment standards benefit not only patients & families, but nurses as well.

Our Model of Care

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¹Nurse Competencies and Patient Needs from the AACN Synergy Model for Patient Care. American Association of Critical-Care Nurses, 1998. Used with permission.
²American Association of Critical-Care Nurses. AACN Standards for Establishing and Sustaining Healthy Work Environments, 2005. Used with permission.