DIALING IN THE FAMILY: TESTING A NEW MODEL OF CARE DELIVERY

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Genesis of Model

- New strategic plan with new CEO that emphasizes patient/family centered care
- Opening of two new nursing units – large geography, all private rooms
- Strong alignment with Jesuit traditions, Catholic heritage and Magis values of care, concern, respect, and cooperation
Magis Model of Care (MMOC)

- Review of literature
- Selection of models/theories
- Alignment with Magis values
- See Jasovsky et al (2010)

Developed from:

- Relationship-based care with Watson’s Caring-Healing framework and Leninger’s Transcultural theory
- Synergy model: adopted by AACN
- Transformational Model with Gail Wolf
- Parse’s Theory of Humanbecoming
- Johns Hopkins Model
- Clementi’s Health Encounter’s Theory
Model Implementation

- Behavioral interviews
- Setting expectations
- Staffing ratios
- Clinical Resource Nurse
- Extended model training during orientation
- Teaching with examples of presence, purpose and practice outcomes using Magis values
Nursing Practice Changes in MMOC

- Shift-to-shift reports in the room
- Daily multidisciplinary rounds
- Daily staff huddles with clinical resource nurse as leader to help with team building and nursing care knowledge
- Hourly rounding
- Sitting with patient to find out patient priority for the day and review plan of care
Research Methods and Questions

- Descriptive Design
- Family Preferences Index
  Developed and tested by Li (2002)
  Scoring
- Goal: To evaluate impact of MMOC
- Three research questions
Data Collection

- Model and control units: 2 surgical and 2 medical
- Data collection: 5 months
- Sample patient inclusion criteria:
  - ≥ 18 years old
  - ≥ 48 hour length of stay
Response

- 213 surveys returned
- 204 usable surveys
  - 114 from model units
  - 90 from control units
- 66% overall response rate
  - No difference in response rate between model and control units.
  - Families were receptive.
Scores were calculated for each respondent and reflected the extent to which preferences for involvement in family member’s care were met for those activities for which respondent had interest in being involved.

Score: 1 not met at all → 4 completely met
Results

- Mean scores for model units were higher than those for control units, indicating family preferences were more completely met where Magis model of care was implemented.
  - Chi Square and Wilcoxon (two-sided) analyses revealed that mean differences were not significant at the .05 level.

- There were no significant differences in responses based on age or gender of family member, patient gender, or length of stay.
Family Member Preferences

Activities

- Being There
- Making Sure
- Providing Reassurance
- Learning from Team
- Outside Contact
- Working with Team
- Providing Information
- Bringing/Taking
- Care for Self
- Participating in Care
- Enjoyable Activities
- Helping with ADL's
- Religious Practice

Percentage of Respondents: 50 60 70 80 90 100
Activities Preferred by 90% or More of Respondents

- Being There
- Making sure that the healthcare team takes care of my family member’s needs
- Providing reassurance or emotional support
- Learning from the healthcare team about my family member’s care and treatment
- Maintaining contact with life outside the hospital
- Working together with the healthcare team to care for my family member
HCAHPS Global Domain:
Your Care From Nurses

November
December
January
February
March

Model
Control
HCAHPS Global Domain:
Your Care from Doctors

<table>
<thead>
<tr>
<th>Month</th>
<th>Model</th>
<th>Control</th>
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<tbody>
<tr>
<td>November</td>
<td>78%</td>
<td>76%</td>
</tr>
<tr>
<td>December</td>
<td>84%</td>
<td>76%</td>
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<tr>
<td>January</td>
<td>86%</td>
<td>78%</td>
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<tr>
<td>February</td>
<td>82%</td>
<td>74%</td>
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<tr>
<td>March</td>
<td>84%</td>
<td>72%</td>
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HCAHPS: Your Care from Nurses and Doctors

November | December | January | February | March
---|---|---|---|---
60% | 65% | 70% | 75% | 80% | 85% | 90%

Model
Control
HCAHPS Five Month Study Period: Your Care from Nurses and Doctors

- Model Nurses: 78%
- NM Nurses: 74%
- Model Doc: 82%
- NM Doc: 76%
Family Member Comments

- 29% of all respondents chose to add comments
- Comments from model and control unit respondents
- Largely positive
- Often included names of specific team members
- Validated the reality of family presence
Discussion

- Influence of family preferences research results on ongoing model development
- Staff articulation of Magis values
- Informal dissemination of model concepts
Implications for Future Research

- Family wants to be there and get information to contribute as a team member but does not want to be responsible for their care.
- Joining research faculty with practice partners helps support dissemination of research findings.
- Family Preferences Index
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