Relationship-Based Care and Primary Nursing

Relationship-Based Care (RBC) is an over-arching, multidisciplined concept that focuses on three relationships; the relationship with the patient/family, colleague, and self. The Primary Nursing model resides under the umbrella of RBC; focusing on the nurse-patient/family relationship. It requires the delivery of comprehensive, coordinated, and individualized patient care, giving the nurse the responsibility, authority, and accountability for his or her practice. By establishing a relationship with a patient and their family over time, the nurse is able to develop a meaningful nursing care plan, coordinate interdisciplinary care, and transition that relationship and plan of care to the next care setting.

Relationship-Based Care Councils

Part of the process of moving a unit to an RBC/Primary Nursing model requires the formation of a Relationship-Based Care Council. This council has the responsibility of planning, through communication with unit staff, what RBC and Primary Nursing will “look like” on their unit. A CNS or Nurse Educator will be assigned as facilitator to each council and will oversee group process during each council meeting.

The RBC Council is responsible for designing a unit-specific plan through a consensus-based decision-making process that includes two-way communication with 100% of the staff. The council will play a vital role in the creation and development of a culture that will support and sustain the shift to an RBC/Primary Nursing model.

After the members are selected (see process below), meetings will be scheduled bi-monthly, initially, and then as needed. Each member of the council will be given a hand-out of chapters 4 and 5 from Relationship-Based Care: A Model for Transforming Practice (Koloroutis, 2005) and a copy of the RBC Implementation Guide which they will use as resources in the development of the unit-specific plan. The chairperson of each council will also receive a copy of The Practice of Primary Nursing (Manthey, 2005) to use as a resource. At each meeting, members will follow the steps in the RBC Council section of the Implementation Guide.

There are six phases in the Implementation Guide. Phases I and II include the preparation and structure of the RBC Council. The roles (Chairperson, Recorder, etc.) of the members are decided during this phase. In Phase III, the council explores group development, communication networking, and principles of RBC and Primary Nursing. The communication network consists of an RBC Council member and ~ six staff members in a relationship over time. Information is shared from the council meetings to the staff and staff input is communicated back to the membership via this relationship. Development of the implementation plan is done in this phase. Phase IV is the time to review the work, set RBC/Primary Nursing process and outcomes measures, and create a presentation showcasing the unit’s plan for implementation. This will be presented to the RBC Results Council (nursing leadership, HR, and PI representatives) before the implementation process begins. Phase V is the implementation phase. This is the time for celebration and a reaffirmation of the core principles of RBC and Primary Nursing. During
this phase, the RBC Council continues to meet and monitor the progress of implementation and makes revisions in the plan as necessary. Outcomes are measured and action plans are written to improve areas of concern. **Phase VI** is ongoing; focusing on continuous improvement. Councils will evaluate and redefine their role, refreshing membership as needed.

Initially, the RBC Council may need manager oversight for the process of finding a space to meet, deciding frequency of meetings, and freeing council members from their schedule, if necessary. As manager, your role in the council meetings will be as a resource only (budget constraints, scheduling, materials, etc.). *The goal is for the RBC Council to function independently.*

References:


**Creating a Relationship-Based Care Council**

Selection Process Tips:

- Manager may ask for volunteers when forming the council (and subsequent Chairperson) but may need to assign staff if no volunteers come forward.
- Membership should be limited to RN’s only.