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# An Educational Program for Primary Nursing

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*Walden University*

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# Walden University

College of Health Sciences

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Marsha-Gail McDonald

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the review committee have been made.

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Walden University  
2018

Abstract

An Educational Program for Primary Nursing

by

Marsha-Gail McDonald

MS, D'Youville College, 2007

BS, University of New Brunswick, 2005

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2019

## Abstract

To increase continuity of care and reduce clinical errors, management in an inpatient rehabilitation unit of a private, nonprofit hospital chose to change the care delivery model to primary nursing; unit nurses had inadequate understanding of primary nursing, creating a gap in practice. The purpose of this project was to develop an educational program on primary nursing to address the question of how education on primary nursing would impact the understanding of the model among the nurses in the patient rehabilitation unit of the project site. Rogers's diffusion of innovation model provided a framework for developing the educational program. The educational program was supported by research and literature in addition to input from a project team comprising five participants, the unit manager, associate manager, and three charge nurses from the unit. The project evaluation process included an evaluation questionnaire that included 10 questions using a Likert-type scale. All team members scored outcomes as strongly agree and agree. Descriptive statistics indicated that all team members agreed the project goal was appropriate, the project objective was met, and that leadership was demonstrated throughout the project process. The implications of these findings for positive social change include improved nursing competencies and capabilities, tailored care and continuity to care, as well as improved organizational outcomes.

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## Dedication

First and foremost, thanks be to my God and savior for His mercies upon me. Thank you Lord for health, strength and the ability to complete my doctoral education. Thanks to my family for your support and encouragement towards achieving this goal. To my husband, thanks for your love and dedication to our family. Thanks for being a solid rock for the kids and me while I pursued my doctoral studies. Thanks to my children for motivating me to press forward in achieving my career goals. With hard work and dedication all of this was possible.

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## Section 1: Nature of the Project

### **Introduction**

Leaders in health care and hospitals must consider restructuring care services to adjust to changing health care dynamics. Because nurses make up the largest number of professionals in the health care workforce and provide safe and compassionate health care services (Goodare, 2017), they are essential to health care (Foster, 2017). Additionally, nurses play a significant role within health care by being a central workforce for delivering highquality, holistic, patient-centered care (Knight, 2017). Therefore, it is important that nurses take a leading role in restructuring both nursing practices and the delivery of patient care services (Brett & Tonges, 1990).

Various nursing models have been introduced over the last decade to address the provision of nursing care. These models vary in how nursing care is provided and the way services are organized (Nagi et al., 2011). Although each nursing model has strengths and limitations (Nagi et al., 2011), research and literature have demonstrated that primary nursing has the prospective to improve hospital care outcomes, including the quality of care as well as patient and staff satisfaction (Drach-Zahavy, 2004). Thus, primary nursing should be considered to impact social change.

Marie Manthey (1980) developed primary nursing as a model of care delivery to create an opportunity for nurses to develop a professional role in the delivery of health care services in hospitals (p. 2). Primary nursing authorizes a nurse to assess, plan, organize, implement, coordinate and evaluate patients' care (Duffield et al., 2010, p. 2243). Primary nursing can improve patient care through delivery of highquality,

holistic, patient-centered care, directed by a primary nurse who has the authority and autonomy to assess, plan, implement and coordinate health care services as well as deliver comprehensive, individualized care to primary patients (Wan et al., 2011). Because the primary nursing model of care delivery necessitates that a primary nurse exercises a high degree of responsibility and autonomy, there is a need to educate and prepare nurses to become comfortable in the role of a primary nurse (Ilumin, 2003).

### **Problem Statement**

At the clinical site for this project, the management team in the inpatient rehabilitation unit reimplemented primary nursing to increase continuity of patients' care and reduce clinical errors. Although nurses' roles and responsibilities were delineated to them by the management team in the unit, nurses had not been provided education on primary nursing, meaning they needed an understanding of the model of care delivery to practice accordingly. When nurses do not understand their role in primary nursing, accountability, which is the cornerstone of continuity in patient care, becomes unclear; however, when nurses understand their primary nursing roles and the model of care delivery, nurses can practice with better outcomes (Hambleton, 1998). Furthermore, having clarity of their skills and practices can help nurses plan and implement interventions with positive outcomes (Rush, 2012).

Because primary nurses are expected to be responsible and autonomous when practicing according to the model of care delivery, there is a need to educate nurses for them to demonstrate primary nursing competencies. It is also important that nurses in the rehabilitation unit learn about the important aspects of primary nursing as well as

expectations of their roles. Therefore, this DNP project was warranted to develop an educational program on primary nursing that can be used to teach nurses in the inpatient rehabilitation unit about the model of care delivery.

### **Purpose**

This DNP project was conducted to develop an educational program for nurses in the inpatient rehabilitation unit of the project site to fill the gap in knowledge among nurses in the unit. Education on primary nursing is essential for nurses in the rehabilitation unit because the management team re-implemented primary nursing. It is important for the nurses in the unit to understand the fundamental concepts of primary nursing to practice consistently with the model of care delivery. The guiding practice-focused question for this DNP project was: In an inpatient rehabilitation unit, how will education on primary nursing impact nurses' understanding of the model of care delivery? By providing nurses with education on the fundamental concepts of primary nursing, nurses can learn the foundations of primary nursing, which can influence how they provide care to their primary patients.

### **Nature of the Doctoral Project**

To develop the educational program on primary nursing, literature on the model of care delivery was reviewed using the Walden Library database. Pertinent information regarding primary nursing, coupled with the original writings of Manthey (1980) on her model of care delivery was used to develop a draft for an educational program for nurses in the rehabilitation unit. I presented the draft to the project team, including the unit manager, associate manager, and charge nurses, to seek feedback and suggestions. The

project incorporated the input from the project team members, who also assisted with the development and planning of the educational program. I also sought input on the roles and responsibilities of a primary nurse in the clinical unit from project team members to develop the educational program. This input was essential because the educational program is intended to educate nurses in the inpatient rehabilitation unit regarding primary nursing, the model of care delivery reintroduced within their clinical setting. This doctoral project can fill the gap in knowledge concerning primary nursing to shape the practices of nurses working according to the mode of care delivery in the clinical site. This DNP project was limited to planning; delivery and evaluation of the educational resource will occur after the project completion. Currently, I have presented the deliverables, including the developed educational program, an implementation plan, and a plan for evaluation of the educational program to the management team of the inpatient rehabilitation unit.

### **Significance**

Primary nurses are expected to be responsible and autonomous according to the model of care delivery. Mantney (1980) described primary nursing as a model of care that creates an opportunity for nurses to develop a professional role in the delivery of health care services offered in hospitals (p. 2). Additionally, primary nursing requires a primary nurse to assess, plan, organize, implement, coordinate and evaluate patients' care (Duffield et al., 2010, p. 2243). Evidence demonstrates that clinical models that foster continuity in the delivery of health care services, such as primary nursing, can result in

improved patient outcomes and improved outcomes of hospital care(Drach-Zahavy, 2006; Olstrom& Albanese, 2006).

To address the continuity of patients' care and reduce clinical errors, the management team in the inpatient rehabilitation unit at the program site reimplemented primary nursing in the unit. Although the change in the model of care delivery in the unit impacted the services provided by the nurses, primary nursing also affected coordination and collaboration of the multidisciplinary patient care team as well as patients and their outcomes. Because primary nursing requires nurses to plan patient care and evaluate outcomes, the primary nurse is responsible for establishing and maintaining clear, concise communication between the patient, the family, the physician, and other members of the multidisciplinary team (Ilumin, 2003), which can impact how health care is coordinated and delivered.

This doctoral project can provide education for nurses regarding primary nursing to influence their clinical practices in the delivery of health care services in various clinical settings. This DNP project has a potential for transferability to various clinical settings implementing or practicing primary nursing, as it may provide a foundation for the concepts of primary nursing and related nursing responsibilities. However, this DNP project was tailored to the roles and responsibilities of primary nurses at the specified clinical setting, which may warrant some augmentation when providing education on primary nurses' roles in different clinical settings.

Implementing the deliverables from this DNP project can result in an increase in nurses' knowledge regarding primary nursing to influence their clinical practices.

Because primary nursing can improve hospital care outcomes, including the quality of care as well as patient and staff satisfaction (Drach-Zahavy, 2004), teaching nurses about primary nursing can provide them with a basis for implementing interventions to achieve optimal patient outcomes. Therefore, this project can impact social change.

### **Summary**

Literature has demonstrated that primary nursing can improve hospital care outcomes, including the quality of care as well as patient and staff satisfaction (Drach-Zahavy, 2004). Because there is a significant expectation of primary nurses to be responsible and autonomous when practicing according to the primary nursing model, there is a need to educate and prepare primary nurses so that they can feel comfortable in their role (Ilumin, 2003). This DNP project was intended to develop an educational program on primary nursing for nurses within an inpatient rehabilitation unit to fill the gap in knowledge among nurses on the unit. The following section will include a review of the background and context of the DNP project.

## Section 2: Background and Context

### **Introduction**

Nurses play an important role in providing safe and compassionate health care services (Goodare, 2017) and nurses are essential to health care (Foster, 2017). Therefore, it is significant that nurses take a leading role in restructuring both nursing practices and the delivery of patient care services (Brett & Tonges, 1990). Primary nursing, a model of care delivery, was developed for nurses to expand their professional role in the delivery of health care services (Manthey, 1980, p. 2); through this care model, nurses are authorized to assess, plan, organize, implement, coordinate and evaluate patients' care (Duffield et al., 2010, p. 2243).

Because primary nursing requires responsibility and autonomy of a nurse, there is a need to prepare nurses to become comfortable in their role of a primary nurse (Ilumin, 2003). The management team in the inpatient rehabilitation unit of the project site reimplemented primary nursing to increase continuity of patients' care and reduce clinical errors; however, based on audits of patients' charts according to primary nursing responsibilities, nurses needed education on the model of care delivery. Thus, the purpose of this DNP project was to develop an educational program on primary nursing for nurses in an inpatient rehabilitation unit to fill a gap in knowledge regarding primary nursing; through education on primary nursing, nurses can understand their role as a primary nurse, realize the outcomes of primary nursing, and practice in a way congruent with the model of care delivery.



I conducted an electronic literature search on articles regarding primary nursing and associated outcomes, using the databases CINAHL Plus with Full Text, MEDLINE with Full Text, and EBSCO. Variations of key search terms included *primary nursing*, *primary nurse and outcomes*, *implementation and primary nursing*, *primary nursing and benefits*, and *primary nursing and outcomes*. The scope of the literature included primary nursing concepts, implementation in different clinical settings, benefits associated with the implementation of the care delivery model, and clinical outcomes associated with primary nursing. I used this literature review to develop the educational program for nurses on the inpatient rehabilitation unit; research on primary nursing can provide better insights on the model of care delivery. The following section includes a review of the model that informed the doctoral project as well as the project's relevance to nursing practice, the local background and context, and the role of the DNP student.

### **Concepts, Models, and Theories**

To prepare nurses for their role as a primary nurse, it is important to assist them in acquiring knowledge, affective attitudes, and the skills essential to primary nursing. Rogers's diffusion of innovation (DOI) model incorporates the factors influencing adoption of evidence-based practice (Pashaeypoor et al., 2016) such as primary nursing. Rogers examined the factors that influence intent to adopt teaching strategies, and his model has been employed for the adoption of innovations in teaching and learning (Phillips & Vinten, 2010). Therefore, it was beneficial to employ Rogers's DOI model, which incorporates the conditions whereby new ideas are accepted and practiced in developing an educational program.

Rogers described innovation as an idea, practice, or object that is identified as new by an individual or unit of adoption (as cited in Pashaeypoor et al., 2016; see also Philips & Vinten, 2010), and diffusion is the process through which an innovation is shared among members of a social system (as cited in Pashaeypoor et al., 2016). Although Rogers claimed that the motivation to adopt or reject an innovation was dependent on different variables and characteristics, his DOI model conceptualized various stages of adoption of innovation, including knowledge, persuasion, decision, implementation and confirmation (as cited in Pashaeypoor et al., 2016). To increase or improve adoption of innovation and evidence-based practices, such as primary nursing, it is necessary to consider factors influencing adoption, and formulate education and policy changes accordingly, and Rogers's DOI model provided a framework for doing so.

### **Relevance to Nursing Practice**

Health care, globally, is under pressure to improve efficiency and manage costs (Mattila et al., 2014). Attempts have been made by nurses to improve the efficacy of the health care system in meeting the needs of consumers, as they make up the largest group of health care workers caring for consumers (Brooker et al., 1979). Nurses, through the application of nursing care models, can contribute to improving the quality of the health care system. Nursing care models provide an infrastructure for organizing and delivering care and reflect philosophical foundations for patient care and organizational culture (Mattila et al., 2014). Although the structure of nursing care delivery is determined by various factors—including economic issues, leadership beliefs, and

nursing staff dynamics—outcome effects of nursing care models should be a major contributing factor to deciding how nursing care is delivered (Jennings, 2008).

Over the last decades, four traditional nursing care models have been applied in health care, including task-oriented, functional, and team nursing; patient-oriented care; total patient care, and primary nursing (Jennings, 2008). Due to demands for nurses who are close to their patients and able to manage patients' needs (Drach-Zahavy, 2004), efficient nursing care delivery models like primary nursing have been re-implemented in various clinical settings. Primary nursing is considered to improve patient care through the delivery of high quality, holistic, person-centered care directed by a primary nurse. Through primary nursing, fragmentation in nursing care can be reduced (Gardner & Tilbury, 1991), lessening the likelihood of errors of commission and omission (Brooker et al., 1979). Primary nursing results in provisions for patients, including an advocate, interpreter of the hospital environment, and a constant referral point and therapeutic clinician in hospitalized health care.

Historically within hospitalized health care, studies have demonstrated higher levels of job satisfaction, increased quality of care, and patient satisfaction associated with primary nursing (Brooker et al., 1979; McCausland, Persing, & Kiley, 1988). Additionally, research has suggested that primary nursing is beneficial to patients through tailored care and continuity to care, which allows patients to participate in planning and implementation of care and supports increased communication between persons involved in patients' care, thus promoting more accurate patient information (Mattila et al., 2014). Primary nursing also correlates with patient experiences of access to support and

sense of individual care and attention, which has been associated with patients' mental health and satisfaction in care (Mattila et al., 2014). Primary nursing also has positive effects for nursing staff, such as decreased job complexity, and lower organizational costs (Mattila et al, 2014).

Other studies have shown the benefits of primary nursing in various settings and in comparison with other nursing models. For example, Wan et al. (2011) compared primary nursing care and task-oriented care with postpartum hospitalized women and demonstrated increased patient satisfaction and improved patient care outcomes with patients who received continuous, individualized primary nursing care. Similarly, Olstrom and Albanese (2011) demonstrated primary nursing's benefits in an outpatient chemotherapy setting, which included consistency of care that enhanced patient education, nurse/patient communication, and awareness of patients' physical and psychosocial needs through treatment. More recently, Dal Molin et al. (2018) observed patient-, staff-, and organizational-related outcomes from before and after the implementation of primary nursing, with data demonstrating improved nursing competencies and diagnostic thinking. Additionally, nursing-sensitive indicators, such as inpatient urinary catheter infections, venous catheter infections, number of falls, and pressure ulcers decreased because of primary nursing (Dal Molin et al., 2018).

Although studies on primary nursing have focused on outcomes variables, limited research exists regarding the implementation and maintenance of the primary nursing model for care delivery (Drach-Zahavy, 2004). Rhodes (1994), however, discussed a feasibility study that confirmed that primary nursing could be introduced in a clinical site

through providing education, developing terms of reference for nursing staff, implementing changes to work practices, and coping with changes. Rhodes also provided a framework for implementing primary nursing in two units of a hospital site. The strategies employed by Rhodes are significant because they demonstrated how to successfully roll-out primary nursing, which is consistent with the objectives of this doctoral project.

Fundamental concepts of primary nursing include continuity of care, direct patient communication between primary nurses to other health care providers, patient-centered care, autonomy, and authority to make decisions (Gardner & Tilbury, 1991; Manthey, 1980). There are four main concepts associated with primary nursing, including 1) allocation and acceptance of individual responsibility for decision-making to one individual responsibility for decision-making to one individual; 2) assignments of daily care by case method; 3) direct person-to-person communication; and 4) one person operationally responsible for the quality of care administered to patients on a unit twenty-four hours a day, seven days a week (Manthey, 1980, p. 31).

However, understanding these concepts alone does not produce quality care outcomes.

For primary nursing to result in quality care outcomes, the performance of primary nurses is essential (Manthey, 1980). While nurses' performance may be influenced greatly by clinical experiences, education on primary nursing plays a large role in nurses' ability to function as a primary nurse (Manthey, 1980). What is more, because primary nurses must be responsible and autonomous when practicing according

to the model of care delivery, there is a need to educate and prepare primary nurses so that they can feel comfortable in their role (Ilumin, 2003). This DNP project was intended to develop and plan education for nurses within an inpatient rehabilitation, to fill a gap in knowledge amongst nurses on the unit.

### **Local Background and Context**

The local background for the DNP project was an inpatient spinal cord injury rehabilitation unit located within a private, non-profit hospital in Atlanta, Georgia. The inpatient unit consists of twenty beds, serving adolescent and adults, who have suffered from catastrophic injuries, including both spinal cord and brain injuries. The management team in the inpatient rehabilitation unit completed audits, to determine the efficacy of nursing care plans and patients' preparedness for discharge from the facility; additionally, the management team audited incident reports, which revealed clinical errors resulting from fragmented nursing care.

To increase continuity of patients' care and reduce clinical errors, the management team in the inpatient rehabilitation unit reimplemented primary nursing. The management team delineated nurses' roles and responsibilities as a primary nurse to nurses in the unit, but did not provide nurses with education regarding the model of care delivery. Consequently, nurses do not have an understanding for concepts of primary nursing, to be able to practice it appropriately. Developing an educational program that can be utilized to teach nurses in the inpatient rehabilitation unit about primary nursing can fill a gap in knowledge among nurses and influence the delivery of health care services to achieve improved outcomes.

My priority in developing an educational program for nurses in the inpatient rehabilitation unit was to align with the unit and organizational mission. The unit and organizational mission is to rebuild individual's lives with hope, independence, and dignity, while advocating for individual's inclusion in all aspects of community life while promoting safety and injury prevention. Additionally, the organization is dedicated to personalized care, which is congruent with implementation of primary nursing on the unit. From a federal context, primary nursing applies to the outlined objective in Healthy People 2020, which includes improving access to comprehensive, quality health care services; the objective proposes that improving access to health care services through ensuring a usual and ongoing source of care may result in improved patient trust in a provider, better patient-provider communication, increased likelihood that patients will receive appropriate care, and lower mortality from all causes (2018).

### **Role of the DNP Student**

I am a charge nurse within the spinal cord injury unit of the rehabilitation hospital. As a charge nurse within the facility, responsibilities include ensuring the delivery of safe, quality nursing services through managing, supervising and assisting nursing personnel, including registered nurses and patient care technicians. Additionally, within this clinical setting, the charge nurse is responsible for the provision of administrative support and patient care. The motivation to complete this doctoral project came from a desire to influence nursing practices, and positively affect change at a systems level. There was potential for bias in the development and planning of the education program relating to the opinions of project team members; I attempted to

control bias through employing input from organizational experts, including policymakers for the unit.

### **Role of the Project Team**

The project team role was significant for successful development of the DNP project. The project team consisted of the unit manager, associate manager, and three charge nurses from the rehabilitation unit. The project team contributed to the development of the educational program through sharing of their expertise and insight. Initially, I conducted a review of research and literature to develop the educational program. I then presented the educational program to the project team soliciting feedback. Additionally, I sought input from the project team regarding the roles and responsibilities of a primary nurse in the unit to develop the educational program. The educational program incorporated input from each project team member. Data collection and analysis for this doctoral project included evaluation of my leadership and planning by the project team.

### **Summary**

To provide high-quality health care services, restructuring the delivery of health care services must be considered. Engaging nurses to practice according to the primary nursing model of care delivery can improve patient and hospital outcomes. Because practicing primary nursing requires that a nurse practice a high degree of responsibility and autonomy, there is a need to educate and prepare them to become comfortable in their role of a primary nurse (Ilumin, 2003). This DNP project was intended to develop an educational program on primary nursing for nurses in an inpatient rehabilitation to fill



the gap in knowledge among these nurses. Rogers's DOI model provided a framework for developing the educational program. The following section will discuss the collection and analysis of evidence to support this DNP project.

### Section 3: Collection and Analysis of Evidence

#### **Introduction**

The purpose of this DNP project was to develop an educational program on primary nursing for nurses in the inpatient rehabilitation unit of the project site to fill the gap in knowledge. The management team in the unit reimplemented primary nursing to increase the continuity of patients' care and reduce clinical errors, but the nurses did not have education on primary nursing that would help them practice the model of care delivery. Without understanding the fundamental concepts of primary nursing, nursing practices would not be consistent with the expectations of the practice changes. This section will provide a review of the practice-focused question, sources of evidence, and analysis and synthesis for this DNP project.

#### **Practice-Focused Question**

When nurses do not understand their role in primary nursing, accountability becomes unclear, but nurses who understand their role in primary nursing can practice to achieve optimal outcomes (Hambleton, 1998). It is important to provide education on primary nursing for nurses in the unit at the project site so nurses can implement the mode of care delivery and better patient outcomes. Therefore, the practice-focused question for this DNP project was: In an inpatient rehabilitation unit, how will education on primary nursing impact nurses' understanding of the model of care delivery? To prepare nurses for their role as a primary nurse, it is important to provide them with the knowledge, affective attitudes, and skills essential to the practices of primary nursing. Rogers's DOI model provided the basis for innovative teaching strategies employed in

the development of the educational program. Rogers' DOI incorporates the factors influencing the adoption of evidence-based practice (Pashaeypoor et al., 2016), such as primary nursing.

### **Sources of Evidence**

The sources of evidence for this project were a book as well as articles and journals related to primary nursing, which were found using the Walden University Library databases. I performed a literature review to develop the educational program, which describes primary nursing and explains the benefits of delivering care according to the model of care delivery. The educational program also incorporated input from the project team, consisting of the unit manager, associate manager, and three other charge nurses from the rehabilitation unit. Project team members helped develop the educational program through sharing their expertise and insight such as the roles and responsibilities of a primary nurse in the clinical unit. Data collection and analysis for this doctoral project included evaluation, by the project team, of the leadership and planning process carried out by me.

### **Evidence Generated for the Doctoral Project**

#### **Participants**

For this DNP project, the project team was comprised of the unit manager, associate manager, and the charge nurses in the inpatient rehabilitation unit. I solicited these leaders in the unit for input on the educational program because they are involved with auditing patient care outcomes and hold nurses accountable to the expectations of a

primary nurse in the unit. Participants for the doctoral project included all mentioned project team members.

### **Protections**

To ensure the ethical protection of the project team participants, individuals voluntarily participated in the doctoral project, and each individual was able to withdraw from participation in the project, at any time. This DNP project was required to have ethics approval by the Walden University Institutional Review Board (IRB) (approval number 09-20-18-0367215), as well as comply with organizational policies and site IRB policies.

### **Analysis and Synthesis**

The project team developed the final educational program, or deliverable, supported by current research and literature, in addition to input from the project team members. The final educational program provides a synthesis of primary nursing, as well as the roles and responsibilities of primary nurses, specific to the clinical site. The final deliverable resulted from a complete consensus following two sessions with the project team. During the first session, I presented research and literature on primary nursing, focusing on the underpinnings of the model of care delivery; I solicited the project team members to provide feedback on the information as well as insights for using the model within the clinical site. At the second session, I presented the editions to the educational program that were based on input and insights from project team members. During this meeting, the project team achieved a consensus for the final educational program content. The DNP project evaluation included appraisal of my leadership and planning by

the project team. Project team members voluntarily and anonymously assessed my leadership and planning, through completion of scaled responses to various questions (see Appendix A).

### **Summary**

The management team in the inpatient rehabilitation unit at the project site re-implemented primary nursing to increase the continuity of patients' care and reduce clinical errors, but the nurses did not have education on primary nursing that would help them practice the model of care delivery. The purpose of this DNP project was to develop an educational program on primary nursing that can be used to teach nurses in the unit about the model of care delivery to address the gap in knowledge among these nurses. After a review of research and literature on primary nursing, the project team developed an educational program for the nurses in the inpatient rehabilitation unit regarding the model of care delivery. Through education on primary nursing, nurses can develop an understanding for the fundamental concepts of the model of care delivery and meet the expectation of the practice changes.

## Section 4: Findings and Recommendations

### **Introduction**

At the project site, the management team in an inpatient rehabilitation unit reimplemented primary nursing to increase the continuity in patients' care and reduce clinical errors. However, although nurses' roles and responsibilities were delineated by the management team in the unit, nurses needed education on primary nursing to practice in a manner that is consistent with the model of care delivery. The purpose of this DNP project was to develop education for nurses in this inpatient rehabilitation unit to fill the gap in knowledge among nurses in the unit. The practice-focused question for this DNP project was: In an inpatient rehabilitation unit, how will education on primary nursing impact nurses' understanding of the model of care delivery? A literature review was used to develop an educational program that described primary nursing and explained the benefits of delivering care according to this model of care delivery. Additionally, I sought input from the project team members, comprised of the unit manager, associate manager, and charge nurses. The final deliverable was an educational program that provided a synthesis of primary nursing as well as the roles and responsibilities of primary nurses specific to the clinical unit.

Data collection and analysis for the doctoral project included evaluation, by the project team, of the leadership and planning process carried out by me. The project team members voluntarily and anonymously assessed my leadership and planning through scaled responses to various questions (see Appendix A). I also employed descriptive statistics to analyze questionnaire data (Appendix F).

### **Findings and Implications**

The educational program was based on Manthey's (1980) work; each of Manthey's design elements were referenced in the educational program draft and correlated with associated roles and responsibilities of a primary nurse in the inpatient rehabilitation unit. Other literature was also synthesized into the educational program to explicate the positive outcomes associated with the implementation of primary nursing at different clinical settings. Through a review of the design elements of primary nursing, as discussed by Manthey; associated nursing roles and responsibilities in the clinical unit; and evidence-based research on the positive outcomes of primary nursing, a draft for the educational program was developed. To assess nurses' understanding of the educational program, I developed a comprehension questionnaire based on the educational program content, which can also serve implications for satisfying the project goal.

I distributed the educational program draft to the project team for review and input. The project team comprised of three other charge nurses, the manager, and associate manager from the inpatient rehabilitation unit. Due to the varying work schedules of the project team members, virtual meetings were conducted and both verbal and electronic discussions were carried out. I provided the project team with a schedule for the project timelines, and members were encouraged to provide project input and insight and share their expertise regarding the program content by set timelines. Two meetings were conducted with the project team to develop and plan the educational program and reach a consensus on a final draft for the education on primary nursing for the nurses on the unit.

During the initial meeting, I tasked the project team with reviewing the draft for the educational program and providing input and suggestions on the materials provided. To facilitate discussion on the educational program, I asked the project team to consider the following questions:

1. Does the overall program meet the objective of educating nurses on primary nursing?
2. Is the presentation easy to understand?
3. Are the handouts useful?
4. Could any improvements be applied to the presentation or handouts?

In working with the project team to develop and plan an educational program on primary nursing, there were no identified unanticipated limitations or outcomes. Each project team member provided feedback and input regarding the educational program through discussion.

At the completion of the project, project team members completed a stakeholder/team member evaluation questionnaire (see Appendix A). Four of the five team members completed an evaluation questionnaire. Of those project team members who completed the questionnaire, one team member agreed that the project problem was clear at the beginning project; the other team members strongly agreed that the project problem was clear. All members strongly agreed that literature was analyzed and synthesized for the team and that the stated project goal, to educate nurses within the inpatient rehabilitation unit on primary nursing, was appropriate. Likewise, all members strongly agreed that the stated project objective, to develop and create an educational



program on primary nursing for nurses within the unit, was met. All project team members strongly agreed that I demonstrated leadership throughout the project; meeting agendas were sent out in a timely manner, meeting minutes were submitted in a timely manner, meetings were held to the allotted time frame, and meetings were productive. Each project team member strongly agreed they felt they had input into the project process. Team members were enthusiastic about how the proposed educational program could fill the gap in knowledge on primary nursing among nurses in the unit to shape the practices of nurses working according to the mode of care delivery in the clinical site.

Education on primary nursing is essential for nurses in the rehabilitation unit because the management team re-implemented primary nursing. It is important for the nurses on the unit to understand primary nursing to practice consistently with the model of care delivery. For primary nursing to produce or accomplish quality care outcomes, the performance of primary nurses is essential (Manthey, 1980). Thus, education on primary nursing must be considered to play a large role in nurses' ability to perform as a primary nurse. Implications from this educational program include individual, community, and systems outcomes. The implications for individuals include decreased job complexity for nurses through improved nursing competencies and capabilities. Implications for communities include tailored care and continuity to care associated with mental health and satisfaction in care. Implications for systems include decreased nursing-sensitive outcome indicators, such as inpatient urinary catheter infections, venous catheter infections, number of falls, and pressure ulcers, which result in improved

organizational outcomes and lower organizational costs (Dal Molin et al., 2018). These implications all substantiate potential to positively impact social change.

### **Recommendations**

The complete educational program consists of a PowerPoint presentation, two handouts, and a comprehension questionnaire. The PowerPoint presentation (see Appendix B) defines primary nursing, reviews the fundamental concepts of primary nursing, and explains nurses' roles and responsibilities in the unit, according to the primary nursing design elements. The presentation also reviews evidence-based research and literature regarding positive outcomes associated with implementation of the primary nursing model of care delivery. The PowerPoint presentation is comprised of 20 slides that incorporates both text and visual aids. In addition to the PowerPoint presentation, two handouts are part of the educational program. The first handout (see Appendix C), reviews the roles and responsibilities of a primary nurse in the inpatient rehabilitation unit; the second handout (see Appendix D) is a tool that primary nurses can utilize to guide their decision-making and practices with their primary patients in the inpatient rehabilitation unit.

The recommended implementation for the educational program was through the organizational online education platform; this platform would allow nurses from the inpatient rehabilitation unit to individually review and print PowerPoint slides and program handouts. The organizational online education platform also provides the project team members with the ability to supervise nurses' progress in completing the educational program. Each nurse in the unit would be required to complete the

educational program. The project team included evaluation plans with the educational program. The team developed a comprehension questionnaire (see Appendix E) based on the PowerPoint presentation content. The comprehension questionnaire can be used to assess nurses' understanding of the educational program. The questionnaire contains a total of 10 multiple choice, or true or false questions. The team also recommended that it would be worthwhile to perform audits of patients' charts, according to primary nursing roles and responsibilities; by so doing, it may be possible to correlate how the educational program influenced the practices and care provided by primary nurses to their primary patients in order to evaluate the long-term effectiveness of the education.

### **Contributions of the Doctoral Project Team**

The project team comprised of the unit manager, associate manager, and the charge nurses from the inpatient rehabilitation unit. I selected these leaders for input in the development of the educational program because they are involved with auditing patient care outcomes, and hold nurses accountable to the expectations of a primary nurse within the unit. The project team assisted in the development and planning of the educational program; specifically, the main responsibility of the project team members was to provide feedback on the proposed educational program. During the initial meeting, the clinical problem, the purpose of the project, project goal, and objective were presented, and input/feedback from the project team members regarding all proposed educational program materials were sought.

Upon review of the proposed educational program materials, all project team members provided positive feedback. Each member agreed that the educational program

content was relevant and valuable for providing education to nurses on the unit. The team also agreed that the handouts developed for the educational program were vital tools to guide the practices of primary nurses on the unit. Project team members provided very few recommendations concerning the proposed educational program materials. Project team members suggested rephrasing parts of the educational program, and also provided some interventions concerning nurses' roles and responsibilities, specific to the clinical setting. Based on the suggestions and recommendations from project team members, I made editions to the proposed educational program to develop the materials. During the second meeting, I presented editions to the project team, and a consensus on the final educational program was achieved.

The educational program has the potential for transferability to various clinical settings implementing or practicing primary nursing, as the program provides a foundation for the concepts of primary nursing and related nursing responsibilities; however, because the educational program was tailored to the specific roles and responsibilities of primary nurses at the clinical setting, the education may require some modifications when providing education on primary nurses' roles and responsibilities within different clinical sites.

### **Strength and Limitations of the Project**

The developed educational program is a comprehensive, convenient way for the management team within the inpatient rehabilitation unit to educate nurses on the unit regarding primary nursing. The strength of the doctoral project includes the ability to provide context on primary nursing, while applying the model of care delivery to the

roles and responsibilities of the primary nurse within the specified clinical site. Based upon the appraisal of the project team members, a major strength of the educational program was the program handouts (Appendix D, Appendix E), which can be utilized by primary nurses to guide their assessments and planning of interventions for their primary patients. Utilizing these tools could assist nurses when taking a lead role in the provision of services provided to their primary patients, to contribute to improving the quality of our health care and positively impacting patient outcomes.

The educational program was designed to educate nurses within the inpatient rehabilitation unit about primary nursing, and associated roles and responsibilities specific to the unit; consequently, a potential limitation to the developed educational program are the program handouts, which may only be considered suitable or valuable to primary nurses working on the specified clinical unit. Recommendations for future projects addressing education for nurses regarding primary nursing should incorporate the roles and responsibilities of primary nurses, specific to a clinical site.

## Section 5: Dissemination Plan

The purpose of this DNP project was to develop an educational program on primary nursing for nurses in an inpatient rehabilitation unit to fill a gap in knowledge among these nurses. To meet this objective, sources of evidence included a published book, and articles and journals, along with input from project team members. Project team members included the unit manager, associate manager, and three charge nurses. These team members achieved a complete consensus on the educational program materials following two meetings. Each team member made input and shared insight regarding the educational program materials.

On the recommendation of the project team, the educational program can be implemented through the organizational online education platform. This platform will allow nurses from the inpatient rehabilitation unit to complete the educational program and print the program handouts. The organizational online education platform will also provide the project team members with the ability to monitor nurses' progress in completing the educational program. I provided the inpatient rehabilitation unit with the complete educational program, consisting of a PowerPoint presentation, two handouts, and comprehension questionnaire, which the management team can use to implement the educational program. The management team will need to complete future presentations on the educational program with the unit educators to prepare them to be involved in the implementation of the educational program via the organizational online educational platform.

### **Analysis of Self**

As I reflect on my roles and experiences through completing this doctoral program and this DNP project, I feel that I have been provided an opportunity to act as a practitioner, scholar, and project manager, which are all essential roles discussed by the American Association of Colleges of Nursing (AACN,2006). According to the AACN (2006), the DNP curriculum should provide graduate nurses with increased knowledge to improve nursing practice and patient outcomes, as well as leadership skills, to strengthen nursing practice and health care delivery; completion of this DNP project has provided me an opportunity to practice accordingly.

As I reflect on the DNP essentials discussed by the AACN (2006), I am aware of several elements of various DNP essentials that I practiced. For example, when it comes to the DNP essential I: Scientific underpinnings for practice, the AACN discussed translating knowledge quickly and effectively, to influence nursing practices and benefit patients, which I carried out to complete the educational program for this DNP project. Through completion of this DNP project, I evaluated care delivery approaches in a clinical unit and used communication skills to lead a quality improvement initiative capable of improving patient care and hospital outcomes, which was congruent with the elements of DNP essential II: Organizational and system leadership for quality improvement and systems thinking (AACN, 2006).

As a practitioner, this DNP project also provided me an opportunity to actively engage in the planning and development of an educational program that can improve outcomes and impact social change. As a scholar, this DNP project provided me a forum

to translate research for dissemination and integration into a clinical unit. As a project manager, this DNP project provided me with the opportunity to take a leading role in addressing a practice problem and leading a quality improvement initiative within an institution. As a practitioner, scholar, and project manager, I completed various professional activities, congruent with the essentials of doctoral education for advanced nursing practice, as discussed by the AACN (2006).

This experience provided me with insights for future roles and expectations of the DNP graduate; more importantly, this experience was consistent with my post-graduate long-term goal, to play a leading role in applying evidence-based practice to plan and develop interventions capable of achieving improved health care outcomes. Completing this DNP project has allowed me to take on various roles and perform different activities, equivocal to the essentials of doctoral education for advanced nursing practice (AACN, 2006); accordingly, I gained insights on how enhanced knowledge is necessary to improve health care practices and outcomes, and an appreciation for strong communication and leadership skills to meet that end.

### **Summary**

The purpose of this DNP project was to develop an educational program on primary nursing for nurses in an inpatient rehabilitation unit to fill a gap in knowledge. With the assistance of a project team, an educational program that reviews the concepts of primary nursing and guides the clinical practices and decision-making of primary nurses within the clinical unit was developed. Upon completion of this DNP project, I provided the comprehensive educational program, consisting of a PowerPoint



presentation, two program handouts and a comprehension questionnaire, to the management team in the clinical unit, for implementation. The unit educators, through the organizational online education platform, will carry out implementation of the educational program. By providing nurses with education on primary nursing, nurses can distinctly understand their role in primary nursing and practice in a way congruent with achieving optimal outcomes; this is significant to contribute to positive social change.

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## Appendix A: Evaluation Questionnaire for Project Team Members

<b>Stakeholder/Team member Evaluation of DNP Project</b>					
<b>Problem:</b> Nurses within an in-patient rehabilitation unit have not been provided education regarding the concepts of primary nursing, and thus do not have a true understanding for the model of care delivery, to be able to fully practice appropriately.					
<b>Purpose:</b> This DNP project is intended to provide nurses within the in-patient rehabilitation unit with education on primary nursing, so as to fill the gap in knowledge amongst nurses on the unit.					
<b>Goal:</b> To educate nurses within the in-patient rehabilitation unit on primary nursing.					
<b>Objective:</b> To develop and create an educational resource on primary nursing, for nurses within the in-patient rehabilitation unit.					
<b>Scale:</b> SD=Strongly Disagree D=Disagree U=Uncertain A=Agree SA=Strongly Agree					
	1=SD	2=D	3=UC	4=A	SA=5
Q1 Was the problem made clear to you in the beginning?	___	___	___	___	___
Q2 Did the DNP student analyze and synthesize the evidence-based literature for the team?	___	___	___	___	___
Q3 Was the stated program goal appropriate?	___	___	___	___	___
Q4 Was the stated project objective met?	___	___	___	___	___
Q5 How would you rate the DNP student's leadership throughout the process?	___	___	___	___	___
Q6 Were meeting agendas sent out in a timely manner?	___	___	___	___	___
Q7 Were meeting minutes submitted in a timely manner?	___	___	___	___	___
Q8 Were meetings held to the allotted time frame?	___	___	___	___	___
Q9 Would you consider the meetings productive?	___	___	___	___	___
Q10 Do you feel that you had input into the process?	___	___	___	___	___
Q11 Please comment on areas where you feel the DNP student excelled or might learn from your advice/suggestions:					

## Appendix B: Educational Program PowerPoint Presentation



**PRIMARY NURSING**  
AN EDUCATIONAL PROGRAM FOR STAFF

**PRIMARY NURSING:  
AN EDUCATIONAL PROGRAM FOR STAFF**

Objectives:

This presentation will educate nurses on primary nursing concepts, to allow for a better understanding of associated roles and responsibilities on our Spinal Cord Injury (SCI) floors.

The presentation will:

- Review evidence-based research and literature on primary nursing.
- Review primary nursing concepts, according to Manthey.
- Review expected primary nurses' roles and responsibilities.

**PRIMARY NURSING**

- Various nursing models have been introduced within healthcare over the last decades to address the provision of nursing care; these models vary in how nursing care is provided and the way services are organized (Nagi et al., 2011).
- Although each nursing model has strengths and limitations (Nagi et al., 2011), research and literature have demonstrated that primary nursing has the prospective to improve hospital care outcomes, including the quality of care, as well as patient and staff satisfaction (Drach-Zahavy, 2004).

## PRIMARY NURSING

- Primary nursing may be considered to improve patient care through delivery of high-quality, holistic, patient-centered care that is directed by a primary nurse, who has both the authority and autonomy to utilize the nursing process, while coordinating healthcare services; thus, reliably delivering comprehensive, individualized care to primary patients (Wan et al., 2011).



## PRIMARY NURSING

- Due to demands for nurses who are close to their patients and able to effectively manage patients' needs (Drach-Zahavy, 2004), primary nursing has been implemented in various clinical settings.
- To address the continuity of patients' care and reduce clinical errors, primary nursing was re-implemented within our SCI units.
- Primary nursing authorizes a nurse to assess, plan, organize, implement, coordinate, and evaluate patients' care (Duffield et al., 2010, p. 2243).
- Primary nursing requires nurses to assume responsibility of planning patient care and evaluating outcomes; the primary nurse is responsible for establishing and maintaining clear, concise communication between the patient, their family, the physician, and other members of the multidisciplinary team (Illumin, 2003).
- Primary nursing has the potential to reduce fragmentation in nursing care (Gardner & Tilbury, 1991), thereby lessening the likelihood of errors of commission and omission (Brooker et al., 1979).

## PRIMARY NURSING

- Primary nursing was developed by Marie Manthey back in 1980.
- Manthey developed primary nursing as a way to create an opportunity for nurses to develop a professional role in the delivery of health care services offered within the hospital setting (Manthey, 1980, p. 2).





## PRIMARY NURSING

- Primary nursing was defined by Manthey as a system for delivering nursing services that consisted of four design elements. These elements include:
  - 1) Allocation and acceptance of individual responsibility for decision-making to one individual,
  - 2) Assignments of daily care by case method,
  - 3) Direct person-to-person communication, and
  - 4) One person operationally responsible for quality of care administered to patients on a unit twenty four hours a day, seven days a week.

## ALLOCATION AND ACCEPTANCE OF INDIVIDUAL RESPONSIBILITY FOR DECISION-MAKING TO ONE INDIVIDUAL

- **Responsibility** is the heart of primary nursing.
- Decisions about a patient's care are made by the primary nurse. The primary nurse is responsible for:
  - Deciding how care shall be administered
  - Personally administering the care whenever possible

*"The primary nurse is both a planner of care and giver of care"  
(Manthey, 1980, p. 32).*

As a primary nurse, you should evaluate your primary patients' care plans frequently, and consider necessity for changes in the plan of care.

## ALLOCATION AND ACCEPTANCE OF INDIVIDUAL RESPONSIBILITY FOR DECISION-MAKING TO ONE INDIVIDUAL

*"The primary nurse is responsible for seeing that the patient and his family, if they will be caring for him after he leaves the hospital, have been prepared to do so safely and effectively" (Manthey, 1980, p. 34).*

Identify your primary patients' caregiver(s)- If unsure who will assume caregiver role, ask!

Start patient/family training early – There's no need to wait for formal classes or scheduled time for nursing family training (NFT). Initiate patient/ family training and document accordingly in the electronic medical record. If scheduled NFT is needed or an in-center passed is necessary, communicate with the case manager to assist with scheduling.

Ensure your primary patients' Discharge Supply Lists are up-to-date; check them weekly.

Initiate Discharge Instructions for your primary patients within 1 week of planned discharge.

## ASSIGNMENTS OF DAILY CARE BY CASE METHOD

- “The underlying rationale of daily patient assignments is determining which caregiver shall care for which patient on any given day must be the best possible matching of the needs of the patient with the abilities of the caregivers available” (Manthey, 1980, p. 34).
- “Each person so assigned has responsibility to administer care without frequent reminders. If her job description prohibits the performance of certain required activities, she is still responsible for seeing that someone with the required preparation carries out that task” (Manthey, 1980, p. 35).
- Know the 2-3 patients who are assigned to be your primary patients; this assignment is posted on the Team Assignment sheet, placed at the nurses’ station each shift.
- In planning care for your primary patients, reach out to other disciplines to carry out tasks that you may be unable to complete on your own.

## DIRECT PERSON-TO-PERSON COMMUNICATION

- The primary nurse should provide a direct communication channel among the nursing staff members, as well as from the nurse to the patient, to the doctor, dietician, physical therapist, pharmacist, chaplain, etc.; one care giver communicates directly with another care giver (Manthey, 1980, p. 36).



- “The primary nurse is also responsible for initiating communication directly with other members of the health team who either have information she needs or who need information she has” (Manthey, 1980, p. 37).

As a primary nurse you are a team leader. Be a confident leader in communicating to therapies, case managers and with your PCTs.

## DIRECT PERSON-TO-PERSON COMMUNICATION

As a primary nurse, make every effort to attend the weekly team conference, if you’re in center on that day. Get involved and pass on important information.



Complete descriptive weekly team notes on your primary patients – This communicates pertinent patient information to the interdisciplinary team working with your primary patients. Make sure to reference: Bladder, bowel, skin, pain, patient/ family training, discharge plan, and any other pertinent information, such as barriers etc.

## DIRECT PERSON-TO-PERSON COMMUNICATION

- “The role of a primary nurse in communicating with the patient and his family cannot be over-emphasized. As she becomes familiar with her patient’s personality and his needs for knowledge about his condition, she can perform a very useful function in responding to his requests for further information whenever and however it is appropriate for her to do so, and interpreting his needs for additional knowledge to other members of the health team, especially physicians” (Manthey, 1980, p. 37).

Speak up – introduce yourself as the primary nurse; as a primary nurse, you are your patient’s liaison and advocate.



## ONE PERSON OPERATIONALLY RESPONSIBLE FOR QUALITY OF CARE ADMINISTERED TO PATIENTS ON A UNIT TWENTY FOUR HOURS A DAY, SEVEN DAYS A WEEK.

- “Because in Primary Nursing the power to decide how a patient shall be cared for is allocated to the individual personally responsible for providing the majority of that care, the adequacy or inadequacy of the care plan is immediately obvious to the person best qualified to decide how it can be improved. Equally important, because of this integration of the functions of care planning and care giving, the improvement can be implemented without delay” (Manthey, 1980, p. 38).
- “...continuity of care is best maintained by having the primary nurse administer care personally when she is on duty and by having all other staff members follow her plan when she is off” (Manthey, 1980, p. 36).

Assess your primary patients’ care plan frequently, and plan and implement appropriate interventions to improve patient outcomes.

If you’re going to be out on vacation, please let the team know. Others may need to step in to ensure necessary training is completed while you’re away.

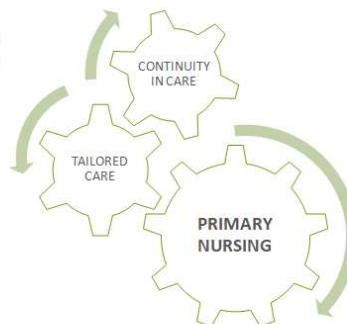
## PRIMARY NURSING

- Primary nursing correlates with patient experiences of access to support and sense of individual care and attention, which was associated with patients’ mental health and satisfaction in care (Mattila et al., 2014).
- As a result of primary nursing, patients are provided with an advocate, interpreter of the hospital environment, and a constant referral point and therapeutic clinician within hospitalized health care.



### PRIMARY NURSING

- Evidence suggests that primary nursing is beneficial to patients by providing tailored care and continuity to care, which provides patients more opportunity to participate in planning and implementation of care, and supports increased communication between persons involved in patients' care, thus promoting more accurate patient information (Mattila et al., 2014).



### PRIMARY NURSING

- Research and literature on the impact of primary nursing has demonstrated improved patient-, staff-, and organizational related outcomes, resulting from improved nursing competencies, diagnostic thinking, as well as improved nursing-sensitive indicators (Dal Molin et al., 2018).
- Patients' satisfaction with care, positive effects for nursing staff, and lower organizational costs, were also demonstrated from practicing primary nursing (Mattila et al., 2014).

Primary Nursing Impacts:	Outcomes
Patients/ Family members	Improved satisfaction, improved care outcomes.
Nursing Staff	Positive effects, such as decreased job complexity; improved nursing competencies and diagnostic thinking.
Organizations	Lower organizational costs; improved nursing-sensitive indicators, such as decreased inpatient urinary catheter infections, venous catheter infections, number of falls, and pressure ulcers.

### PRIMARY NURSE AUDIT TOOL

**Primary Nurse: Weekly Assessment and Planning Tool**

Each week when you return to work, it is a good idea to review your primary patients' progress while you were off. Make it a common practice to review you're the Patient Record in Soarian, paying attention to Physician documentation (Progress Note- Inpatient Rehabilitation) and Case Management (Team Conference) documentation; these should provide you with a summary of your patient's weekly progress. Also, check your Outlook email for any Team Update notes from other members of the interdisciplinary team regarding your primary patients; respond to these emails, if applicable.

Utilize the table below to assist you in assessing, planning, implementing and evaluating your primary patients' care plans.

Care Plan Component	Assessment	Plan
Identify any new issues/ concerns	Does the patient/ family have any concerns?  Does the patient present with any new clinical symptoms?	Address concerns, as able, and communicate concerns to the team.  Communicate symptoms to the Attending/Physician, suggest diagnostics or medications as appropriate.
Respiratory Care	Is the patient on a ventilator? If so, does CPAP (closed) treatment interventions or does the vent alarm frequently?  Has family/ caregiver training been initiated/ completed?	Communicate with the respiratory therapists; troubleshoot interventions to patient's condition.  educate family/ caregiver on respiratory problems, assist with setting.
Bladder Care	Does the patient have an indwelling catheter? If there possibility to remove?  Is the patient bladder program intervention catheterizations (IC)? If so, are the volumes below 300ml? Can the frequency of ICs be extended?  Does patient have any leakage between IC?  Any symptoms of UTI?	If IC volume>300 mL, change IC to q4h. If volume >300, change IC to q4h. Consider IC Q2h when preparing for discharge.  Apply condom catheter; notify MEd.  Educate patient/family on I/O of UTI. Encourage patient to increase fluid intake. Notify MEd.

Utilize the Primary Nurse: Weekly Assessment and Planning Tool to guide your assessments and interventions on your primary patients.

This tool can assist you in evaluating your primary patients' care plans, ensuring critical interventions are completed/documented, and preparing patients for a safe discharge.

This tool/form is available in the charge nurses' offices.

As a primary nurse on our floor, it is important to consider the objectives of rehabilitation after a spinal cord injury when assessing, planning, implementing and evaluating your primary patients; maximizing the patient's medical, functional, and psychosocial outcomes, should be of utmost importance (McKinley, 2017).

It should be your mission to help your patients rebuild their lives with hope, independence and dignity, while advocating for their full inclusion in all aspects of community life, congruent with our institutional mission (Shepherd Center, 2018).

**If you have any questions/concerns,  
please feel free to contact your  
charge nurses or managers.**

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## Appendix C: Educational Program Handout 1



### **Primary Nursing:** **Roles and Responsibilities of the Primary Nurse**

Primary nursing requires nurses to assume responsibility of planning patient care and evaluating outcomes. The following should serve to guide you in your role as a primary nurse, as well as the interventions associated with primary nurses' responsibilities.

1. **Know your 2-3 primary patients;** this assignment is posted on the Team Assignment sheet, placed at the nurses' station each shift.
2. **Introduce yourself to your primary patients;** let them know you are their liaison and advocate. Tell them that you will help plan and coordinate their care, along with their interdisciplinary health care team.
3. **Identify patient and family goals.**
4. **Identify caregiver(s);** ask the patient who you should initiate training with.
5. **Start patient/ family training early;** there's no need to wait for formal classes or scheduled time for nursing family training (NFT). If scheduled NFT is needed or an in-center passed is necessary, communicate with the case manager to assist with scheduling. \*Remember to document any patient/family training appropriately in the electronic medical record, under "Patient and Caregiver Training".
6. **Identify any discharge plans/ barriers;** has the patient/family considered any 'back-up' plans?
7. As a primary nurse, you are responsible for establishing and maintaining **clear, concise communication** between the patient, their family, and other members of the multidisciplinary team; make every effort to **attend the weekly team conference**, and **complete descriptive weekly team notes** on your primary patients.

**Assess your primary patients' care plan frequently;** plan and implement appropriate interventions to improve patient outcomes (Utilize the *Primary Nurse: Weekly Assessment and Planning Tool* to assist you in assessing, planning and evaluating your primary patients' care plans).

If you plan to be away from the center for an extended period of time, please inform the team; others may need to step in to ensure your primary patients stay on track!

\*Always consider the objectives of rehabilitation after a spinal cord injury: to maximize patients' medical, functional, and psychosocial outcomes, while also promoting independence and inclusion in all aspects of community life.

## Appendix D: Educational Program Handout 2

Primary Nurse: Weekly Assessment and Planning Tool

Each week when you return to work, it is a good idea to review your primary patients' progress while you were off. Make it a common practice to review your primary patients' *Patient Record* in Soarian, paying attention to *Physician documentation* (Progress Note- Inpatient Rehabilitation) and *Case Management* (Team Conference) documentation. The documentations should provide you with a summation of your patients' weekly progress. Also, check your *Outlook* account for any Team Update emails from other members of the interdisciplinary team, and respond appropriately.

Utilize the table below to assist you in assessing, planning, implementing and evaluating your primary patients' care plans.

Care Plan	Assessment	Intervention
Any new issues/ concerns	<ul style="list-style-type: none"> <li>Does the patient/ family have any concerns?</li> <li>Does the patient present with any new clinical symptoms?</li> </ul>	<ul style="list-style-type: none"> <li>Address concerns, as able, and communicate concerns to the team.</li> <li>Communicate symptoms to the MD; suggest diagnostics or medications appropriately.</li> </ul>
Respiratory Care	<ul style="list-style-type: none"> <li>Is the patient on a ventilator? If so, does (s)he require frequent interventions or does the vent alarm frequently?</li> <li>Has family/ caregiver training been initiated/ completed?</li> </ul>	<ul style="list-style-type: none"> <li>Communicate with the respiratory therapists and MDs.</li> <li>Instruct family/ caregiver on respiratory problems, assist coughing.</li> </ul>
Bladder Care	<ul style="list-style-type: none"> <li>Does the patient have an indwelling catheter? Is there possibility to remove?</li> <li>Is the patient's bladder program intermittent catheterizations (ICs)? If so, are the volumes below 500ml? Can the frequency of ICs be extended?</li> <li>Does patient have any leakage between ICs?</li> <li>Any symptoms of UTI?</li> <li>Has patient training been initiated/ documented? Has family/caregiver training been initiated/documentated?</li> <li>Should another option for bladder management be</li> </ul>	<ul style="list-style-type: none"> <li>If IC volumes &lt; 500 X 48h, change ICs to q6h. If volumes &gt; 500, change ICs to q4h. Consider IC QID when preparing for discharge.</li> <li>Use Conveen Measuring Guide to measure circumference of anatomy for proper condom catheter size. Apply condom catheter; notify MD.</li> <li>Educate patient/family on symptoms of UTI. Encourage patient to increase fluid intake. Notify MD.</li> <li>Initiate patient/caregiver training as soon as possible and document accordingly.</li> <li>Discuss considerations with patient/caregiver and</li> </ul>

	considered due to burden of care/ independence?	communicate information with the team.
Bowel Care	<ul style="list-style-type: none"> <li>• Did the patient have any involuntary bowel movements? If so, consider causes ie. diet, medications, timing.</li> <li>• Has patient training been initiated/ completed? Has family/ caregiver training been initiated/ completed?</li> </ul>	<ul style="list-style-type: none"> <li>• Educate patients on bowel habits. Encourage high fiber and adequate fluid intake. Consider bowel medications.</li> <li>• Initiate patient/caregiver training as soon as possible and document accordingly.</li> </ul>
Skin Care	<ul style="list-style-type: none"> <li>• Has patient training been initiated/ completed? Has family/ caregiver training been initiated/ completed?</li> </ul>	<ul style="list-style-type: none"> <li>• Instruct patient and family/ caregivers on inspection, general skin issues, as well as padding and positioning.</li> <li>• Instruct family/caregiver on bed bath.</li> <li>• Patients' turn times should be increased weekly, not to exceed 4 hours for respiratory patient or 6 hours for others. This should be done each Monday.</li> </ul>
Wound Care	<ul style="list-style-type: none"> <li>• Are there any new skin sites?</li> <li>• Are there pictures on Soarian?</li> <li>• Is the skin team following?</li> <li>• Has patient training been initiated/ completed? Has family/ caregiver training been initiated/ completed?</li> </ul>	<ul style="list-style-type: none"> <li>• Consider causes; notify interdisciplinary team.</li> <li>• If not, take a picture.</li> <li>• If the skin team is not following a skin site, ensure treatment plan is appropriate.</li> <li>• If skin team is following a site, notify them if the wound(s) appears to be worsening, despite treatment plan.</li> <li>• Initiate training as soon as possible; instruct on wound care, as well as wound prevention.</li> </ul>
Nutrition	<ul style="list-style-type: none"> <li>• Is the patient's diet adequate? Does the patient have a good appetite?</li> <li>• Is there significant weight loss/gain since last weight obtained?</li> <li>• Is patient at his/her ideal body weight (IBW)?</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate with dietician. Communicate with the MD</li> <li>• Consider cause(s), ie. diuretics medications or removal of casts. Notify dietician/MD appropriately.</li> <li>• If IBW &lt;80% or &gt;170%, weekly skin checks with Nursing/ PT/ OT should be scheduled. Specialty mattress should also be ordered.</li> </ul>



Weekly Plan of Care	<ul style="list-style-type: none"> <li>• Are care problems identified? Are there short/long term goals for each identified problem?</li> </ul>	<ul style="list-style-type: none"> <li>• Check your primary patients' Weekly Plan of Care documentation; update as necessary.</li> </ul>
Patient/Family driven goals	<ul style="list-style-type: none"> <li>• Does the patient have set Patient/Family driven goals? (These goals are entered in Soarian by therapy; look for <i>Pt/ Fam Driven Goals</i> tab on the Clinical Summary- Shepherd Clinical page).</li> </ul>	<ul style="list-style-type: none"> <li>• If so, is the patient's plan of care coherent with achieving these goals? Consider appropriate interventions to assist patient in achieving set goals.</li> </ul>
Patient and Family/Caregiver Training, Passes	<ul style="list-style-type: none"> <li>• Has patient training been initiated/ completed? Has family/ caregiver training been initiated/ completed?</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate training as soon as possible. *Document training in Soarian, and notify team when nursing training is complete, especially when patient and family/caregiver are eager to get pass privileges.</li> <li>• If it is difficult to schedule time for training with family/ caregiver, involve case manager to schedule designated time for "Nursing Family Training".</li> <li>• Encourage family/caregivers to practice care frequently while in our protected environment. If family/caregiver training is complete, but they lack initiative/participation, consider an in-center pass.</li> </ul>

**Each week, ensure the following is complete on your primary patient:**

- Team Update notes; send to the appropriate Care team via Outlook.
- Weekly age specific (Geriatric/ Adolescent review) assessments.
- Weekly Plan of Care documentation.
- Discharge supply list is updated; initiate discharge instructions within 1 week of discharge.

## Appendix E: Educational Program Comprehension Questionnaire

Primary Nursing: An educational program for staff

## Comprehension Questionnaire

Staff Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

1. Primary nursing was developed to create an opportunity for nurses to develop a professional role in the delivery of health care services. **True or False**
2. Primary nursing authorizes a nurse to perform which of the following tasks concerning patients' care?
  - a) Assess
  - b) Evaluate
  - c) Coordinate
  - d) Plan
  - e) **All of the above**
3. The primary nurse is responsible for establishing and maintaining clear, concise communication between:
  - a) The patient
  - b) The family
  - c) Other members of the multidisciplinary team
  - d) A and C
  - e) **All of the above**
4. What is the core element or "heart" of primary nursing?
  - a) Communication
  - b) **Responsibility**
  - c) Accountability
  - d) Collaboration
5. Primary nursing is comprised of how many design elements?
  - a) 1
  - b) 5
  - c) 3
  - d) **4**
6. Each week, which of the following should you ensure are completed or up-to-date on your primary patients?
  - a) Patient/ Family Training documentation
  - b) Team notes
  - c) Discharge supply lists
  - d) **B and C**
  - e) None of the above
7. When should you initiate the Discharge Instructions for your primary patients?
  - a) Immediately, then update weekly
  - b) Upon discharge
  - c) **1 week prior to discharge**
  - d) 1 day prior to discharge
8. When should you initiate patient/ family training with your primary patients?
  - a) **Immediately**
  - b) When instructed by the case manager
  - c) Once you receive clearance from therapy
  - d) After formal classes
9. Primary nursing provides a patient with:
  - a) A therapeutic clinician
  - b) An advocate
  - c) An interpreter
  - d) **All of the above**
10. Which of the following outcome(s) result from primary nursing?
  - a) Increased job complexity for nurses
  - b) Improved patient care outcomes
  - c) Improved patient satisfaction
  - d) **B and C**
  - e) All of the above

## Appendix F: Questionnaire Data Analysis

## Statistics:

Number of evaluations distributed: 5

Number of evaluations returned: 4

Question	1 Strongly Disagree		2 Disagree		3 Uncertain		4 Agree		5 Strongly Agree	
	#	%	#	%	#	%	#	%	#	%
1. Was the problem made clear to you in the beginning?	0	0	0	0	0	0	1	25	3	75
2. Did the DNP student analyze and synthesize the evidence-based literature for the team?	0	0	0	0	0	0	0	0	4	100
3. Was the stated program goal appropriate?	0	0	0	0	0	0	0	0	4	100
4. Was the stated objective met?	0	0	0	0	0	0	0	0	4	100
5. How would you rate the DNP student's leadership throughout the process?	0	0	0	0	0	0	0	0	4	100
6. Were meeting agendas sent out in a timely manner?	0	0	0	0	0	0	0	0	4	100
7. Were meeting minutes submitted in a timely manner?	0	0	0	0	0	0	0	0	4	100
8. Were meetings held to the allotted time frame?	0	0	0	0	0	0	0	0	4	100
9. Would you consider the meetings productive?	0	0	0	0	0	0	0	0	4	100
10. Do you feel that you had input into the process?	0	0	0	0	0	0	0	0	4	100

**11. Please comment on areas where you feel the DNP student excelled or might learn from your advice/suggestions:**

Team member 1: Very organized and did a great job of incorporating feedback into the final project.

Team member 2: The weekly assessment and planning tool (Program handout) is valuable.

Team member 3: DNP student demonstrated outstanding ability to perform literature reviews, compile pertinent information, and create a usable education program for staff. She made our evaluation process very easy by organizing information and giving us clear instruction as to what she was seeking to accomplish. I was 100% impressed with this project.