

The VITAL[©] Model of Nursing Care.

Providing a structured process for patient assessment, care planning and nursing documentation.

Kerrie O'Leary

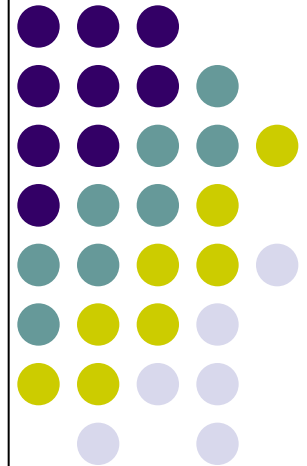
Dip Health Science (Nursing), Post Grad Cert,
Master Nursing Clinical Leadership (Distinction).

Rebecca Cade

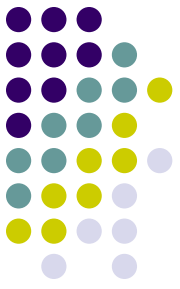
Ba Nursing (Hon), Grad Dip Nursing,
Master Nursing Clinical Practice.

Sandy Eagar

RN, Master Science (Honours)



Background

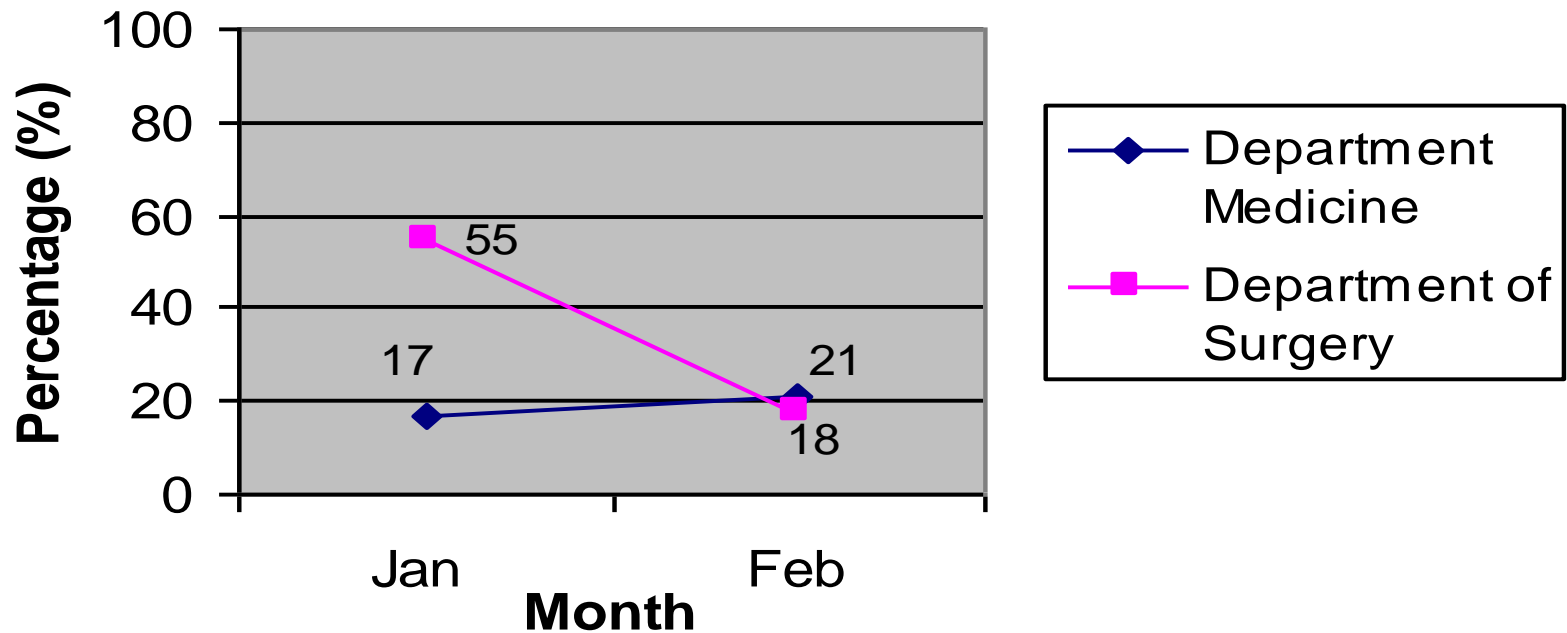


- Failure of health care professionals to identify patient deterioration has been shown to contribute to >11 percent of all hospital deaths (National Patient Safety Agency, 2007).
- Major themes identified;
 - infrequent and inadequate assessment and observation of patients,
 - poor communication,
 - complex work environments,
 - deficiencies in nursing knowledge and
 - reduced nurse staffing levels

Review of Pt Deterioration Rates



Antecedent Rates 2005



Review of Current Nursing Model



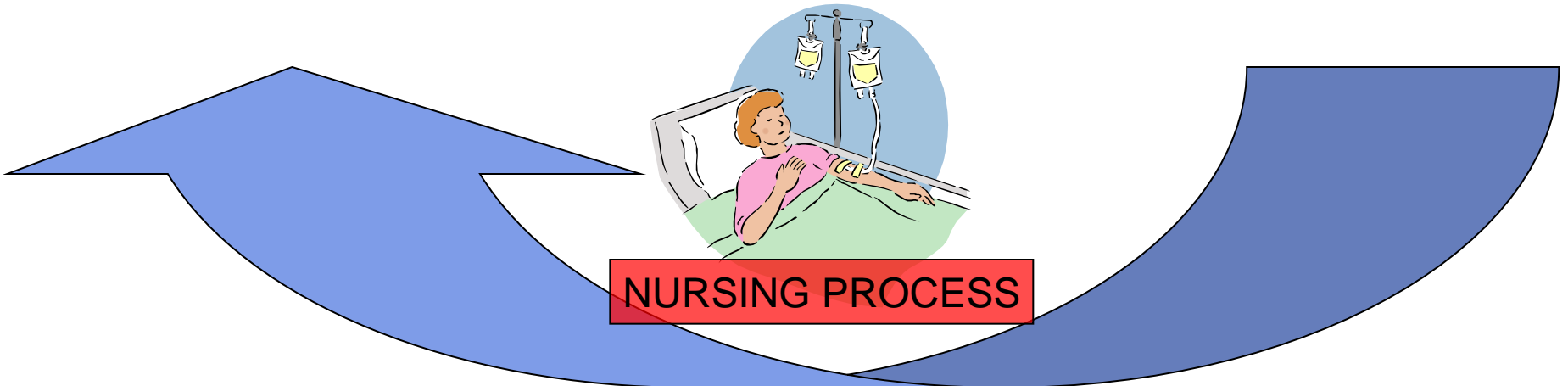
- Observational review undertaken by Clinical Nurse Consultant (3 week period)
- Identified;
 - Nursing care was “task orientated” rather than focused on assessment of the patient
 - Poor communication processes within the team
 - Quality of clinical documentation was poor & possibly reflective of care provided
 - Lack of critical thinking

Literature Review



Variety of nursing models!!!

Plethora information relating to the 'theory' of nursing and the use of nursing care plans as part of this process.



Literature Review



- Little high quality research relating to the impact of nursing assessment processes, care plans & nursing models on patient outcomes
- Little research that identifies;
 - Specific content of nursing care plans for acute care
 - format/framework that assists and encourages nurses to develop, continually evaluate and revise a plan of care.

Literature Review



- Nurses perceive care plans as;
 - unnecessary, burden, and are not thought to contribute to the planning or evaluation of care
 - sit as a separate entity in the ongoing provision of nursing care. (O'Connell, Myers et al. (2002)
- However (Mason 1999) reported that nurses attitudes to care plans were positive when:
 - clinically driven and modified over time to suit the needs of the ward;
 - integrated successfully into clinical practice;
 - kept at the bedside and updated throughout the duration of the shift;
 - patients were incorporated into the care planning process by the nurse checking the care plan, explaining the diagnosis and discussing the proposed care;
 - care plan format has been developed locally with input from clinical staff.

Aim



- To develop a system/model that would improve, reintroduce as well as support staff to undertake all stages of the nursing process
- To develop a model of care that;
 - Improved pt assessment and care planning processes
 - Improved nurses documentation
 - nurses 'liked'

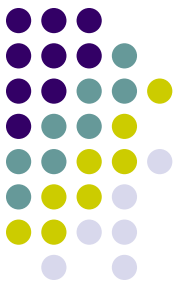
We wanted something different - not just another piece of paper.....nursing is more complex than paper!

Development of the Model



- We knew we needed to provide nurses with a structure & framework
- Framework needed to be easy for nurses and not a 'burden'
- Incorporate the key 'care planning' points from Mason's (1999) Study;
 - patient involvement
 - processes for integrating into clinical practice
 - developed locally with input from staff

VITAL® Model of Care



- Each letter key assessment point enabling staff to recall the important aspects of pt assessment and care planning
- Nurses ‘round’ at the patients bedside at commencement of each shift applying the acronym ‘VITAL’
- Undertaken in pairs and involves ‘checking’ the patient & health care record
- Provide nurses with a structured, systematic approach to nursing assessment/evaluation process
- Enables clarification of care and ensures nursing care plan continuously updated



V Vital signs & observations.

What were the last readings? What are my patients' current observations, resp rate / colour etc. What other observations are required? eg. Underwater seal drain, circulation observations etc. Are more frequent observations required?

I Input = Output

What is the patients input and output? Does the patient need fluid balance monitoring? What is the fluid balance? Is the patient displaying any signs of fluid imbalance?

T Treatment = Diagnosis

What treatment/medications is the patient receiving? Is this treatment appropriate for the patients' diagnosis? Is there any other treatment/medications this patient should be receiving based on their diagnosis?

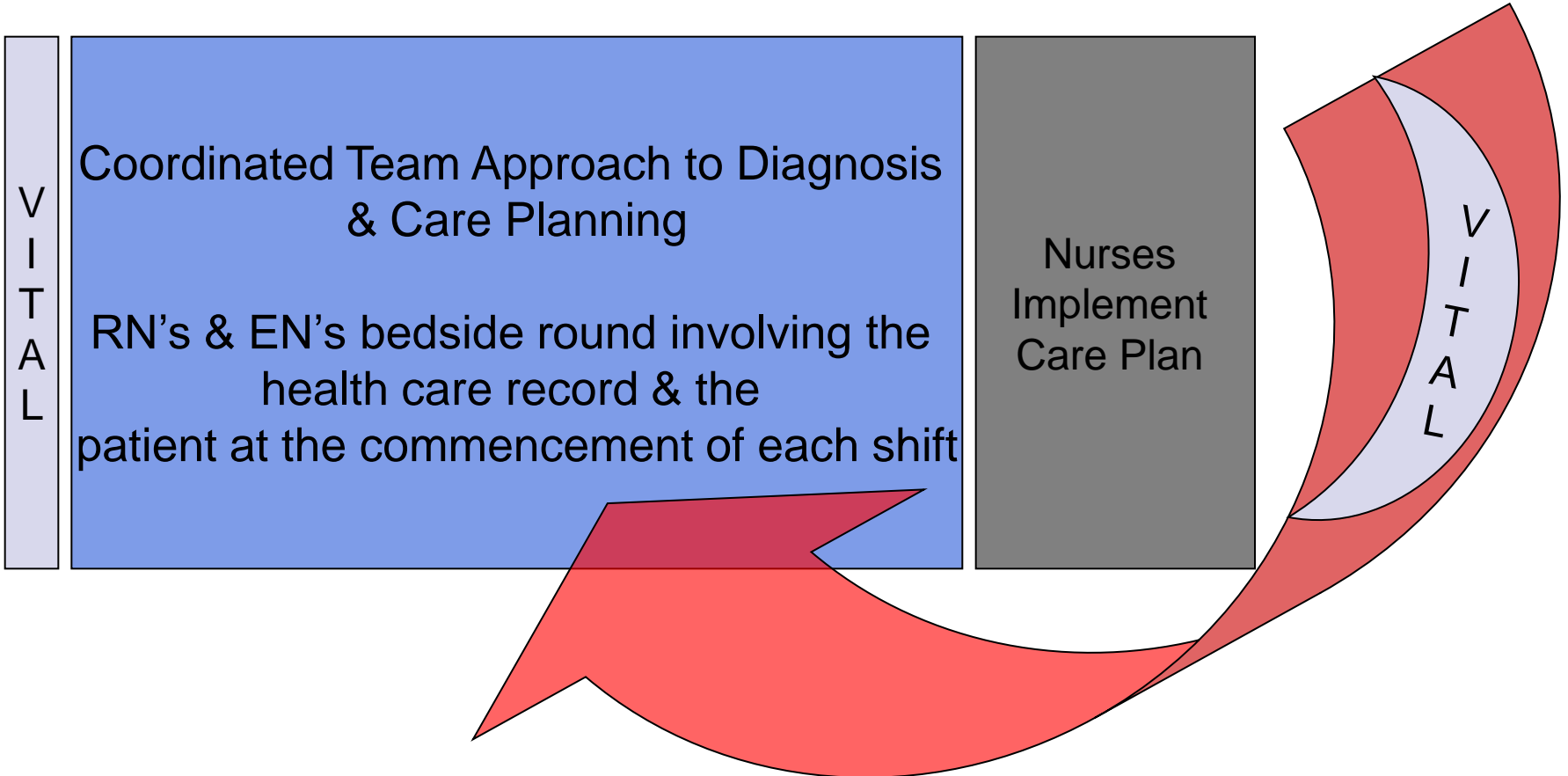
A Ambulation and Patient Safety

Can the patient move themselves around the bed independently – if no pressure area care required. How does the patient mobilize? What falls risk strategies need to be implemented for this patient?

L[©] Legal and Patient Learning

What is written in the patients' medical record? What does the patient / family need to learn today? Eg. Self monitoring, risk factors etc.

VITAL[©] model supports the nursing process...



Implementing the VITAL[©] model...



- Introduced into a 42 bed medical unit
- Key nursing staff identified.....EN's & RN's
- 'VITAL' guru's.....train the trainer approach
- NUM / CNC & CNE 'sold' the process as mandatory to staff

.....we talked VITAL, VITAL, VITAL!

Evaluating the VITAL[©] model...

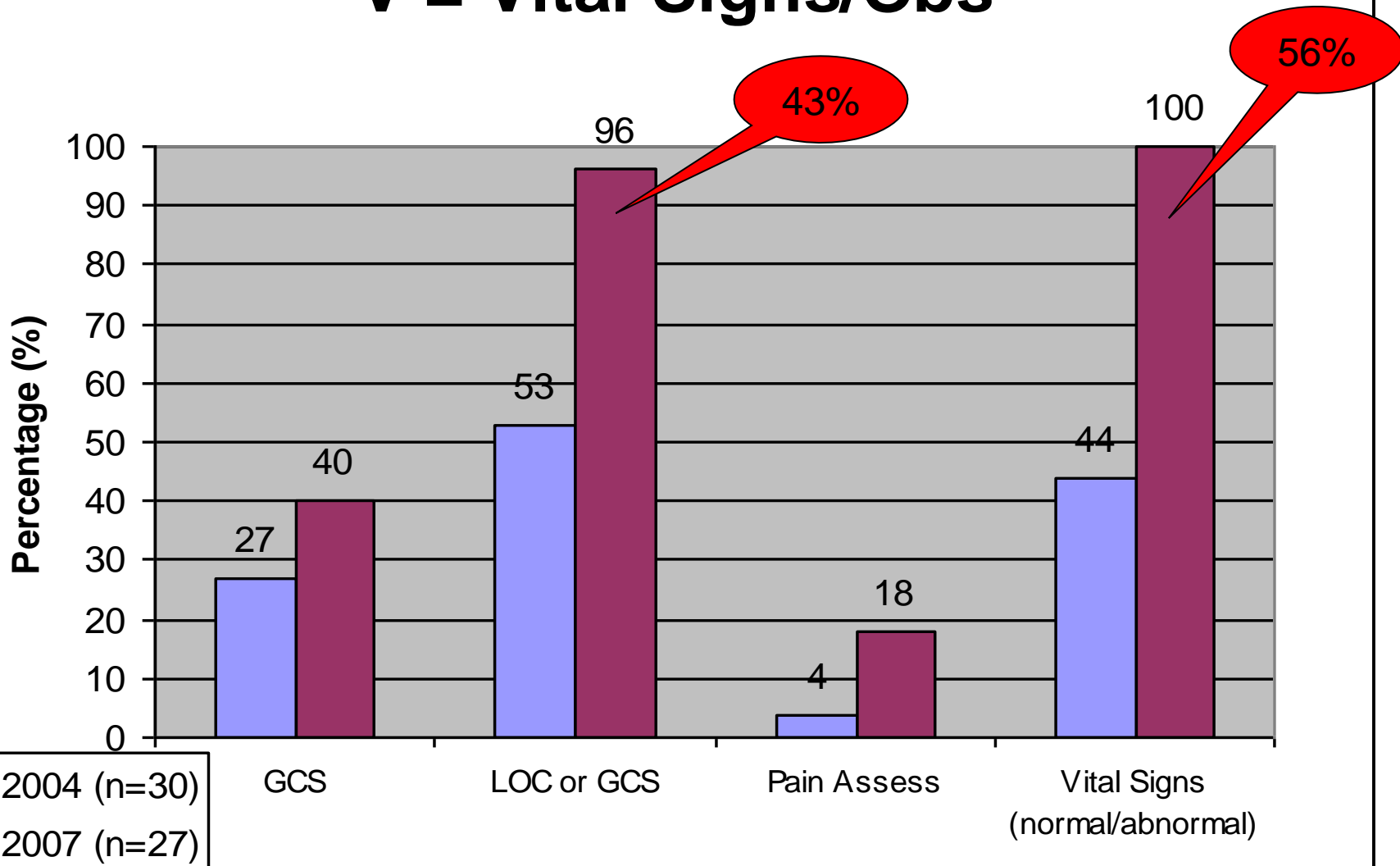


- Audit of health care record pre and post to identify the presence of each of the components of VITAL[©]
 - 2004 (*n*=30) & 2007 (*n*=27)
- Survey of nursing staffs perception of the model (2009)
- Audit of health care record for episodes of patient deterioration not recognised or acted upon by nurses

Documentation Audit Results



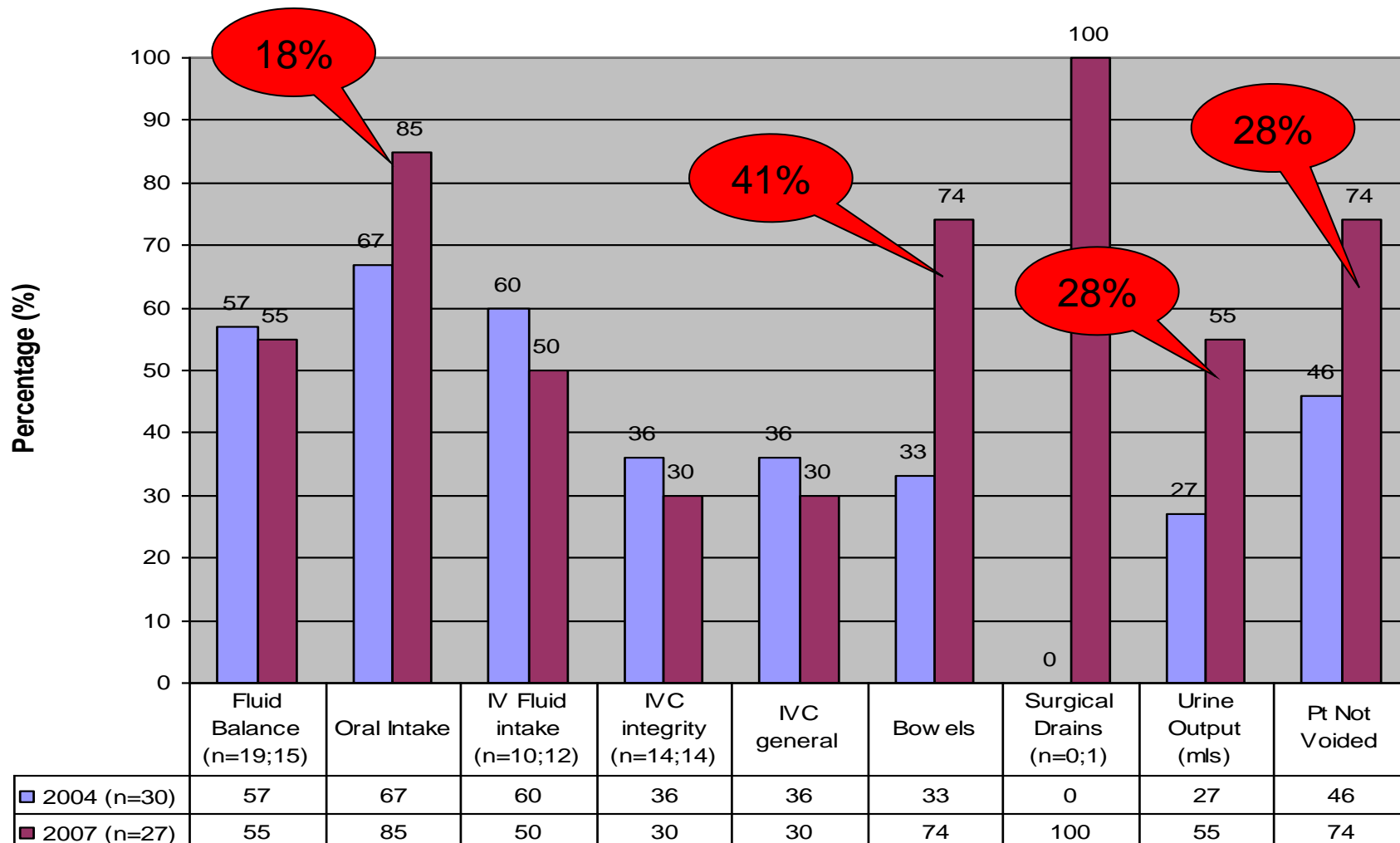
V = Vital Signs/Obs



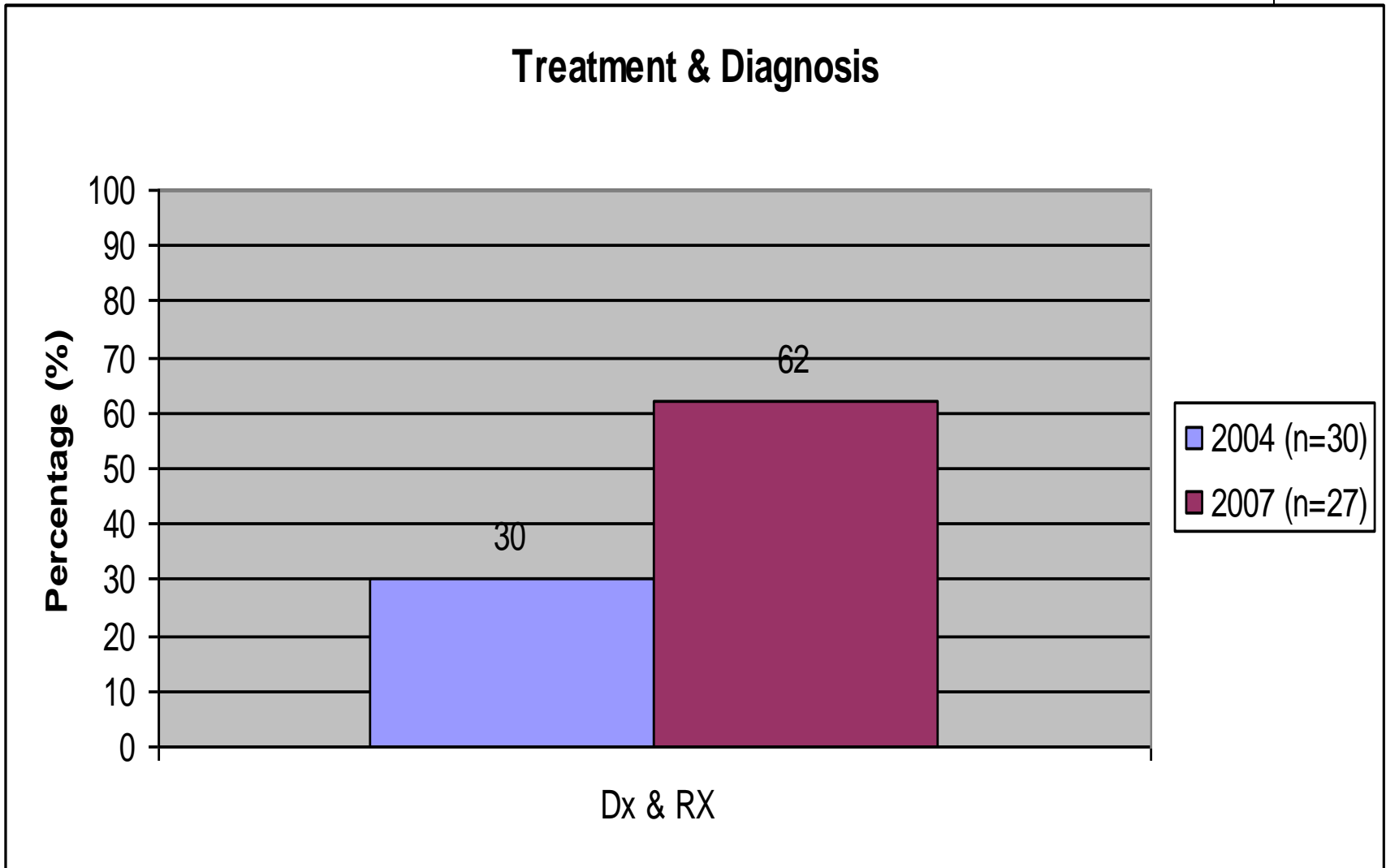
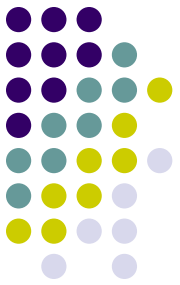
Documentation Audit Results



I = Intake v's Output



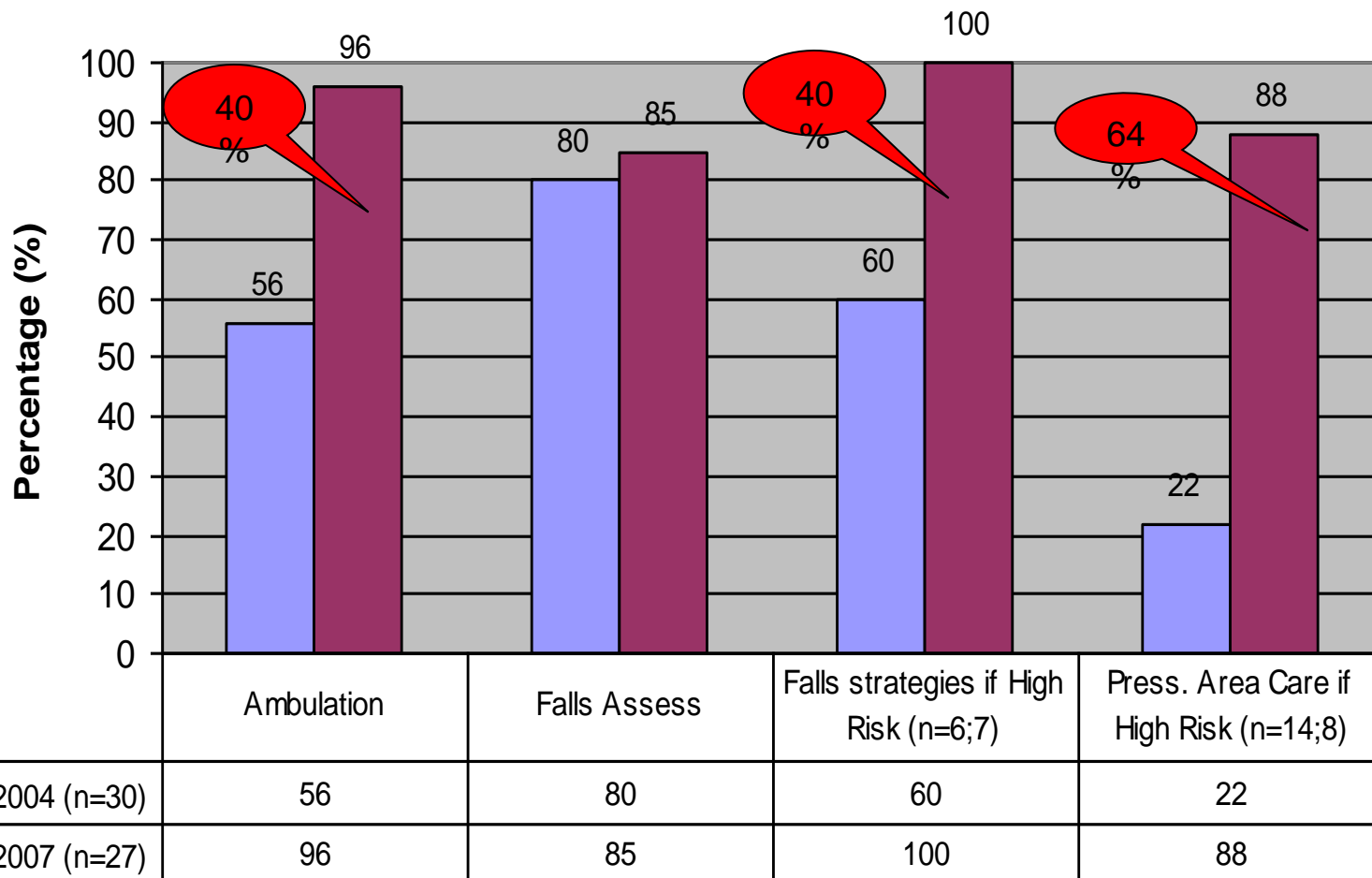
Documentation Audit Results



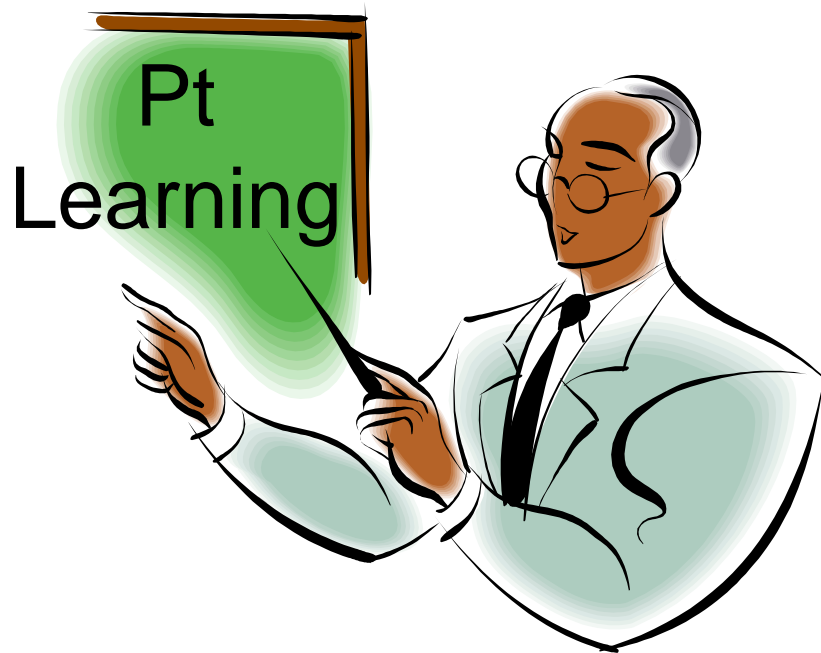
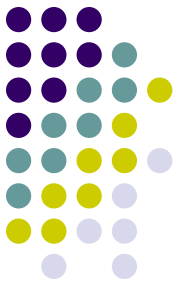
Documentation Audit Results



Ambulation & Pt Safety



Documentation Audit Results

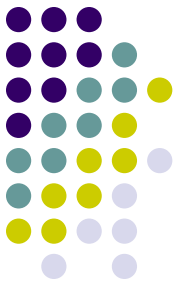


= 0%

Legal -What
is in the
notes....



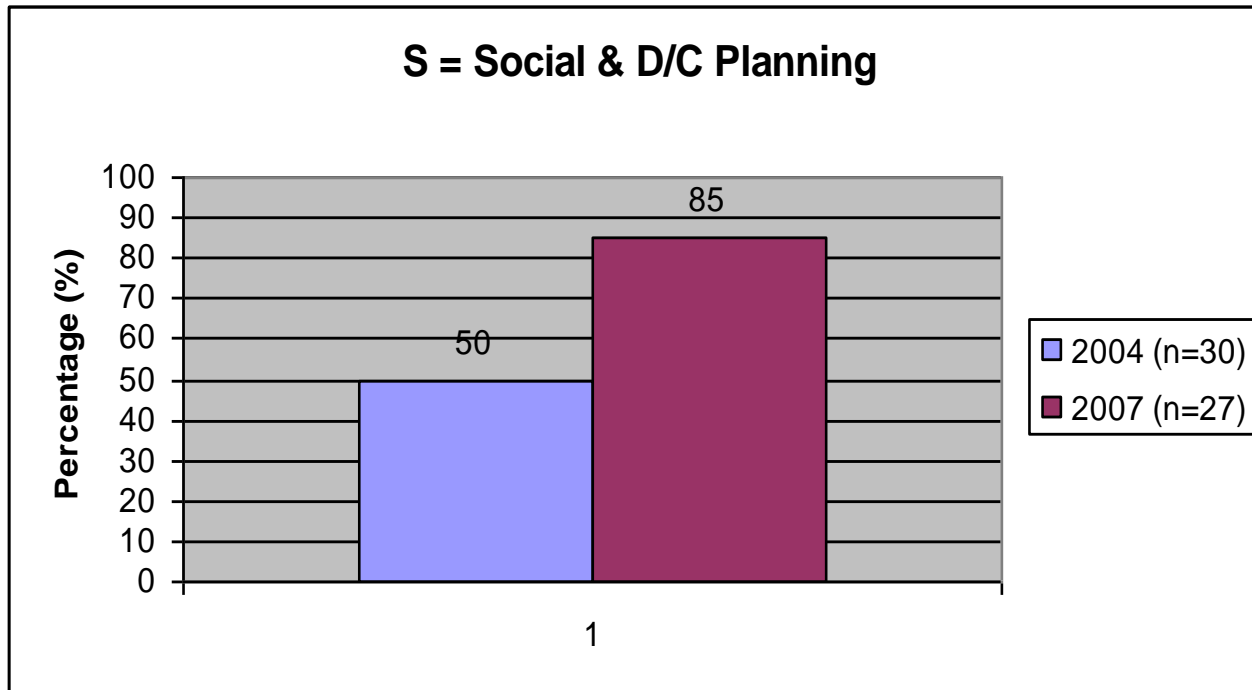
= 100%



Documentation Audit Results

Something amazing appeared.....

VITAL[©] grew an S.....



Staff Survey Results

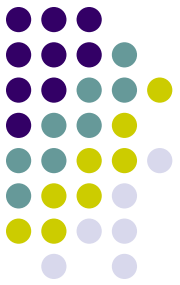


Twenty staff returned survey (66%)

	Never	Sometimes	Most Times	Always
I use VITAL [®] at the start of my shift	0	0	60%	40%

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
I <i>like</i> the VITAL [®] process	0	0	0	45%	55%	100%
VITAL [®] has provided me with a comprehensive framework for planning my nursing care	0	0	0	55%	45%	100%
VITAL [®] process has helped to improve safety within our ward	0	0	0	60%	40%	100%
VITAL [®] process has helped to improve teamwork within our ward.	0	0	25%	45%	30%	75%
VITAL [®] process has helped improve communication within our ward	0	0	10%	50%	40%	90%

Staff Survey Results



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
VITAL [®] helps me assess my patients	0	0	5%	35%	60%
VITAL [®] helps me to plan my nursing care	0	0	10%	35%	55%
VITAL [®] helps me to evaluate the outcomes of the nursing care I provide	0	0	5%	40%	55%
VITAL [®] helps me to document my nursing care	0	0	5%	30%	65%

95%

90%

95%

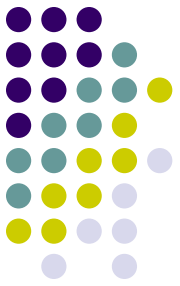
95%

Excellent system for enrolled nurse delegation

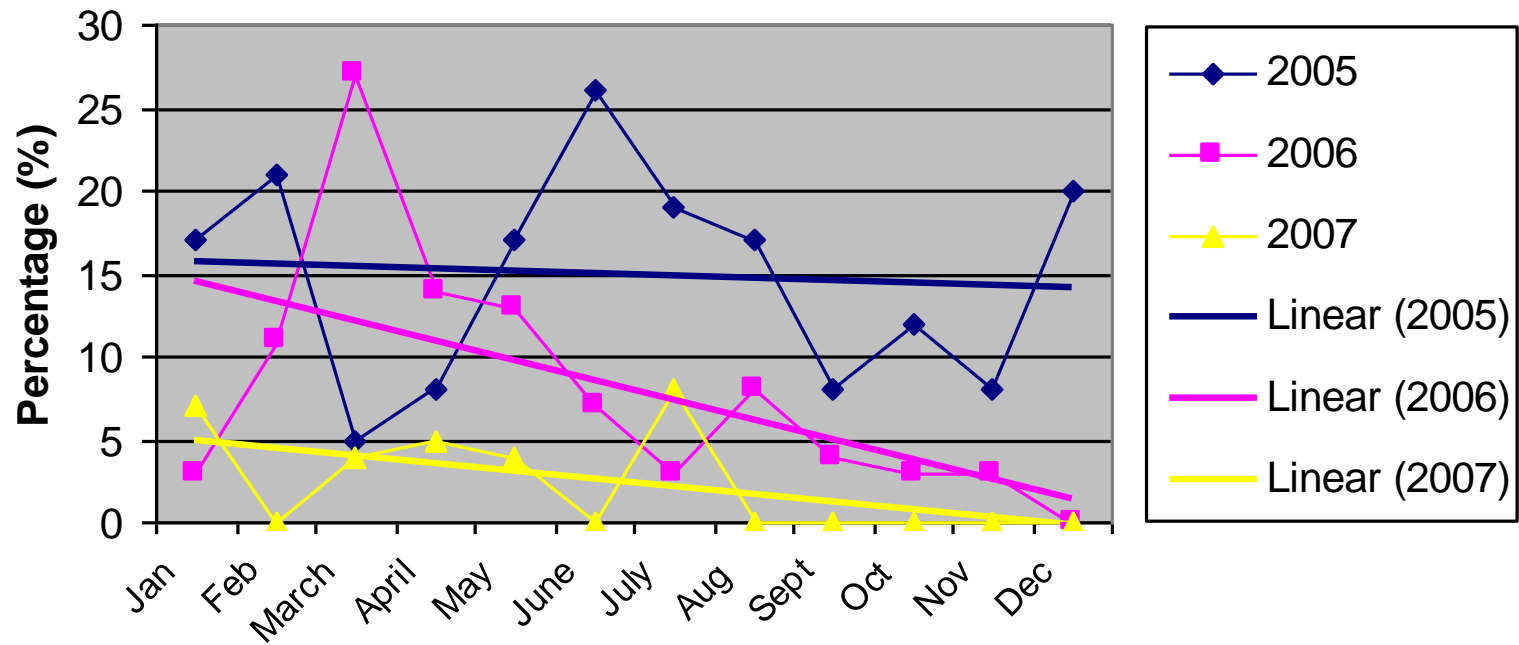
Reassures patients that staff are communicating their unique needs

Using VITAL[®] you look at the patient from head to toe

Rates of Deterioration



**Department of Medicine
Antecedents Rates with
Trendline 2005 - 2007**



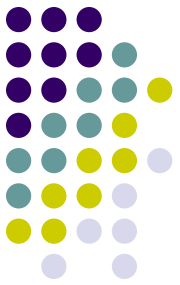
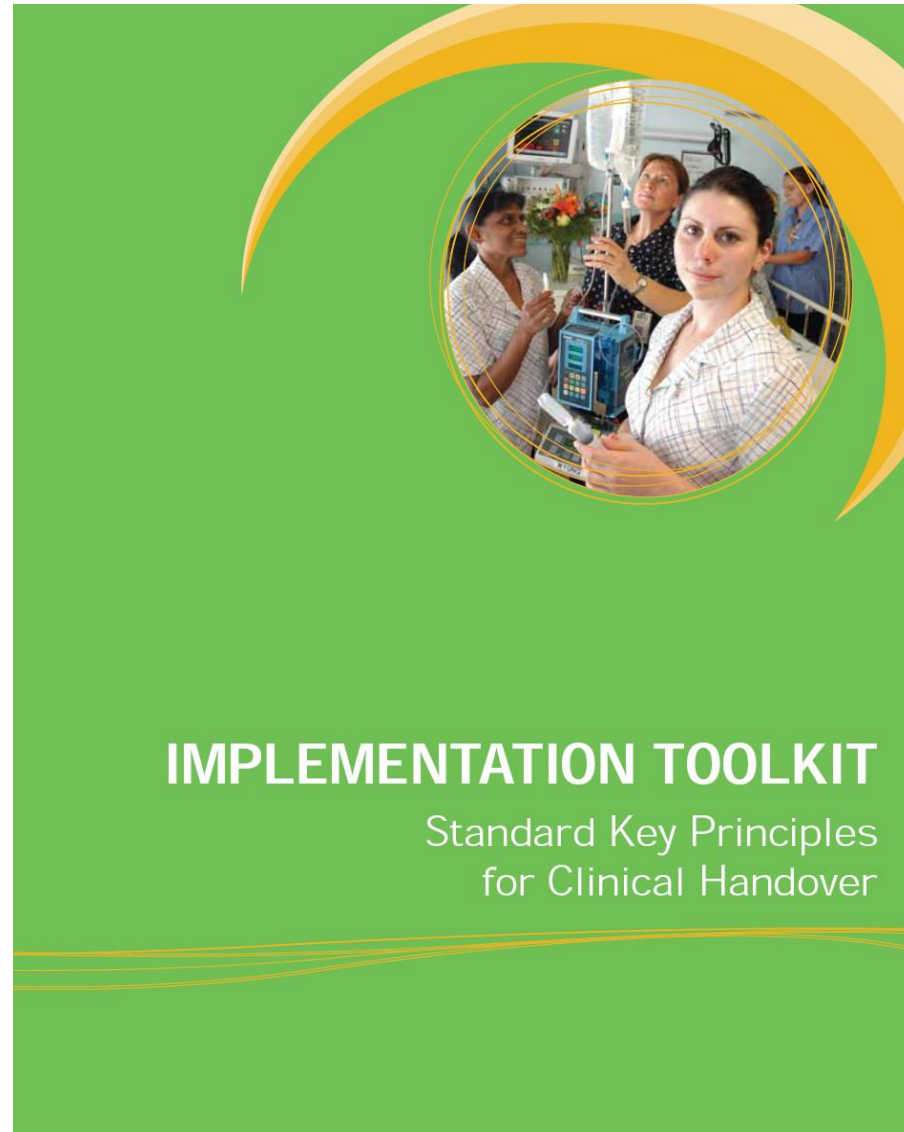
Summary



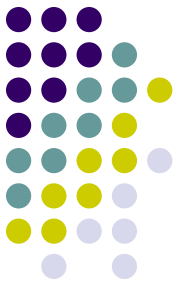
- Improvements in the quality of nursing assessment, care planning & documentation have occurred
- Nursing staff utilise VITAL[©] to structure nursing report (75%)
- Simple project that does not require any additional resources. Transferable.....
- We have developed a model of care that nurses love!

Summary

- VITAL[©] model used as a tool for clinical handover



Thank You





MET CALLING CRITERIA

Airway

If threatened

Breathing

All respiratory arrests

Respiratory rate <5 breaths per min

Respiratory rate >36 breaths per min

Circulation

All cardiac arrests

Pulse rate <40 beats per min

Pulse rate >140 beats per min

Systolic blood pressure <90 mmHg

Neurology

Sudden fall in level of consciousness

Fall in Glasgow coma scale of >2 points

Repeated or extended seizures

Other

Any patient you are seriously worried about that does not fit the above criteria