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Health care organizations exist to provide compassionate care and service to people in times of illness and suffering.

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## An Introduction to Relationship-Based Care

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by Mary Koloroutis

**Editors note:** *This summer, Creative Health Care Management published Relationship-Based Care: A Model for Transforming Practice. Edited by Mary Koloroutis, and containing contributions from CHCM team members, the book has proved extremely popular. The following excerpt, from the book's introduction, introduces the concept of Relationship-Based Care.*

In this decade, health care organizations are discovering that determining what matters most to patients, families, and staff is the most logical starting point for creating a successful organization. And not surprisingly, focusing on the value of relationships has once again come to the fore. Health care organizations exist to provide compassionate care and service to people in times of illness and suffering. This is the core of the business -- the purpose of the organization and what matters first, last, and most in health care. Marie Manthey, CHCM's founder, goes right to the heart of the matter when she says, "I am convinced that the chaos we are experiencing in health care will settle down when we truly focus on the patient."

Relationship-Based Care (RBC) is comprised of three crucial relationships: care provider's relationship with patients and families, care provider's relationship with self, and care provider's relationship with colleagues.

We experience the essence of care in the moment when one human being connects to another. When compassion and care are conveyed through touch, a kind act, through

competent clinical interventions, or through listening and seeking to understand the other's experience, a healing relationship is created. This is the heart of Relationship-Based Care.

In RBC, the care provider-patient relationship is one in which the care provider consistently maintains the patient and family as his or her central focus. The care provider knows that each person's unique life's story determines how he or she will experience an illness. The care provider conveys an unwavering respect and personal concern for the patient, strives to understand what is most important to this particular patient and family, safeguards their dignity and well-being, and actively engages them in all aspects of the patient's care.

The second crucial relationship is the care provider's relationship with self. This relationship is nurtured by self-knowing and self-care. Self-knowing is a prerequisite for emotional maturity, healthy interpersonal relationships, and the capacity for empathy (Goleman, 1997). Without a clear understanding of one's self, a person's emotional reactions may adversely affect their capacity for care-giving and teamwork. Effective self-care means that individuals possess the skills and knowledge to manage their own stress, articulate personal needs and values, and balance the demands of the job with their physical and emotional health and well-being. The relationship with self is fundamental to maintaining each individual's optimum health, for having empathy for the

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experience of others, and for being a productive member of the organization.

The third relationship is among members of the health care team. The delivery of compassionate quality care requires a commitment by all members of the organization within all clinical disciplines to accept responsibility for establishing and maintaining healthy interpersonal relationships. Quality care occurs in environments where the standard among members of the health care team is to respect and affirm each other's unique scope of practice and contribution, to work interdependently to achieve a common purpose, and to accept responsibility for creating a culture of learning, mutual support, and creative problem-solving.

We believe that the Relationship-Based Care model (see *insert*) promotes organizational health resulting in positive outcomes in all the critical arenas that measure success: clinical safety and quality, patient and family satisfaction, physician and staff satisfaction, effective recruitment and retention of staff, and a healthy financial bottom line.

The Relationship-Based Care model is designed to assist leaders within organizations to strengthen or transform these three critical relationships to achieve the quality, financial, and organizational outcomes they desire. Remember, when we speak of "transforming" we are speaking of changing the condition of what currently exists.

Reflecting the integrated work of Creative Health Care Management over the past twenty-five years, this book taps into the deep knowledge and experience of a team of individuals within the company working with health care organizations around the world. Each chapter has been authored by members of the CHCM team.

The term Relationship-Based Care refers to both the philosophical foundation of the model and its operational framework. Health care is provided through relationships. The activities of care are organized around the needs and priorities of patients and their families. All care practices visibly demonstrate the mission and values of the organization, including those of clinicians and staff members from all disciplines, departments, and services.

### Caring and Healing Environment

Jayne Felgen creates the context for Relationship-Based Care in Chapter One, by describing the essential components of a caring and healing environment. She explores caring theories and identifies ways to put those caring theories into practice. She helps care providers find ways to promote the healing power of relationships, to understand the patient's unique

### Marie Manthey to be keynote speaker at ANCC Magnet Conference October 17

As a frequent speaker on health care issues, CHCM founder and President Emeritus Marie Manthey knows that everyone has a "health care horror story."

"The forces that create bad health care experiences for patients and their families can be overcome by implementing a caring philosophy that provides clarity in health caregivers' roles - as well as competency in managing relationships. *Relationship-Based Care: A Model for Transforming Practice* demonstrates how to carry this out," explained Manthey. Manthey will be a keynote speaker on relationship-based care at the Eighth Annual Magnet Conference, Oct. 15-17, in Sacramento, California. The conference, sponsored by ANCC, will explore concepts, methods, activities, and advantages for an organization achieving magnet designation.

*Relationship-Based Care: A Model for Transforming Practice* will be available in the conference bookstore. Join Marie for a book signing event!



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story, and to advocate for the active involvement of the patient and family in planning and managing patient care.

### Leadership

In Chapter Two, Mary Koloroutis discusses how to develop the leadership vital to creating and sustaining a culture that supports Relationship-Based Care. She discusses the nature and attributes of caring leaders, introduces a practical framework for leading change in daily practice, and explores the implications for roles and relationships of leaders and staff within organizations. In addition, she elucidates the concepts of responsibility, authority, and accountability within a decentralized decision-making structure.

### Teamwork

In Chapter Three, Donna Wright describes healthy, interdependent teamwork as one of the most statistically significant predictors of quality care. She outlines the qualities of healthy team relationships, and pays special attention to the pivotal role the physician-nurse relationship plays in the delivery of safe, high quality patient care.

### Professional Nursing Practice

In Chapter Four, Mary Koloroutis presents a nurse's therapeutic relationship with the patient as a privileged, sacred trust and the cornerstone of Professional Nursing Practice. Professional Nursing Practice exists to provide compassionate care to individuals and their loved ones, helping them heal, maintain health, cope during times of stress and suffering, and experience a dignified and peaceful death.

### Patient Care Delivery

In Chapter Five, Colleen Person presents a patient care delivery system that has evolved from the complementary disciplines of Professional Nursing Practice and Primary Nursing. The system frames the way in which the activities of care are accomplished and is built upon the concepts, principles, and values of Professional Nursing Practice. In Relationship-Based Care, the patient care delivery system provides the structure to support the professional role of the care provider, to promote collegial relationships among all members of the team, to organize work, and to effectively utilize resources. Its focus is to establish a therapeutic relationship between nurses and patients and families, create alliances between members of the health care team on behalf of patients and families, and to accomplish essential nursing interventions.

### Resource Driven Practice

Resource driven practice is discussed in Chapter 6 by Marie Manthey and Mary Koloroutis. This chapter explores ways that clinical staff and managers share responsibility for the resources required to provide care. Manthey and Koloroutis

discuss changing the nursing mindset about staffing, roles, relationships, delegation, critical thinking, reflection, and common sense decision making.

### Outcomes Measurement

In Chapter Seven, Leah Kinnaird and Sharon Dingman present a simple, practical process for measuring outcomes to elevate standards and enhance the value of Relationship-Based Care in your organization. Achieving quality outcomes requires planning, precision and perseverance. Periodic, systematic outcome measurement assures that Relationship-Based Care stays current and relevant.

Readers may notice an emphasis on the role of the Professional Nurse. Within the context of interdisciplinary practice, one of our key intentions is to clarify the role of the Professional Nurse in RBC.

The nurse has a pivotal role at the point of care delivery. Subsequently, the relationship between the nurse and patient/family provides the foundation for the care experience. To be effective, this relationship must be clear to the nurse, to the patient, to the family, and to the members of the health care team. Additionally, when all members of the interdisciplinary team understand the role of the Professional Nurse, and how that role impacts patient care, they are more able to collaborate and coordinate care on behalf of the patient and family. ■

### References:

Goleman, D. (1997). *Emotional Intelligence*. New York, NY: Bantam Books\*

\* *Emotional Intelligence* is available from our Resources Department. Call 800.264.3246 or visit [www.chcm.com](http://www.chcm.com).

### Relationship-Based Care: A Model for Transforming Practice

"This is a book that matters – for it addresses the soul of nursing...This guidebook shows us the way home."  
– JoEllen Koerner

"This work is a service to all health care practitioners, organizational leaders, faculty and students who wish to survive and thrive now and in the future." – Jean Watson

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