The Jean Watson Caring Care Delivery Model (CDM) has been adopted at ROPH to assist our patients with gaining control, becoming more knowledgeable and thus promoting their health both within our walls and in their home. It is the theoretical foundation for our care delivery system which identifies how work is organized within the nursing team, how nurses are deployed and what each team member’s role is. Supported by the constructs of the Jean Watson Care Delivery Model, nurses organize the activities of care around the needs and priorities of patients and their families. Delivery of care and how it is organized may differ between care settings, however the components of carative factors, caring occasion, transpersonal caring relationship and patient- and family-centered care drive initiatives through the nursing and interprofessional teams. (Watson, 1979)

Definitions of Domains

**THE NURSING AND INTERPROFESSIONAL TEAMS**

- How care is organized within the nursing team
  - Team Nursing: RN directs and oversees patient care, sometimes with oversight from a Team Leader such as a CNL. Some tasks delegated and performed by patient care technicians or other ancillary staff. (examples: OR, Med Surg Units, CDEC, ROPPG, Skilled, Rehab, Endoscopy)
  - Total Nursing: RN responsible for giving all care to patient. (examples: ICU, PACU, SDS)
  - Primary Nursing: RNs responsible for care of a given number of patients around the clock (examples: Wound Care Clinic nurse managed cohorts of patients)

- How initiatives are developed and implemented through the interprofessional team
  - Institutional committees and quality committees (examples: PICC, PREP-BOOST, PREP-CPC, Patient Safety, Products, Diabetes Committee, etc)

**CARATIVE FACTORS: HUMAN ALTRUISTIC SYSTEM OF VALUE**

- Transfer of patients between units, between institutions, between providers — shaped by our Care Delivery process, rapid response team
- Focus on the Autonomous Patient: Through community work, such as Agewise, Pads, Infant Welfare Society, Clinical Nurse Leader Phone calls home, Commitment to Patient Education and Health Promotion

**CARING OCCASION: MORAL COMMITMENT TO PROTECT AND ENHANCE HUMAN DIGNITY:**

- Every interpersonal contact is viewed as a caring opportunity
- Ethics committee, Diversity committee, use of Institutional Review Board for research studies to protect patients

**TRANSPERSONAL CARING RELATIONSHIP: AWARENESS OF SELF WITH AUTHENTIC PRESENCE OF CARING**

- How we shape interactions and initiatives within the interprofessional team
- Organizational and Nursing Code of Conducts

**PATIENT- AND FAMILY-CENTERED CARE:**

- How we plan for care coordination within the interprofessional team to make sure the patient is cared for throughout their life, rather than just within our walls
- Sculpting the environment of care with our interprofessional team: Quiet Hour, Interdisciplinary Rounds, Holistic Communication and Palliative Care (CPC) Goal of Care discussions from team to patient/family