

1.4.14 Nursing Professional Practice Model

(a) Policy

- (1) California Correctional Health Care Services (CCHCS) shall adopt a Nursing Professional Practice Model, which consists of an associated framework to promote respectful, collegial interactions and informed decision-making at all levels of the organization and across all disciplines, as it relates to quality of care, professional expertise, and professional practice. Each component in the Nursing Professional Practice Model is integral to professional nursing practice and indicates how nurses collaborate, communicate, incorporate evidenced based practice, and develop professionally. The components of the model are depicted in the [Nursing Professional Practice Model Diagram](#), located on the Nursing Services Resources Lifeline page under the Miscellaneous tab.
- (2) The nursing care delivery for CCHCS shall:
 - (A) Be based upon the Nursing Practice Act, Sections 2725-2742, Dorothea Orem's Nursing Theory, American Nurses Association Standards, and other professional nursing standards to encompass the dependent, interdependent, and independent aspects of professional nursing in the provision of patient care. The professional nurses' role is to assist the patient in regaining his/her ability to provide self-care in any and all dimensions. This model supports the philosophy that all patients benefit from the full scope of nursing practice which is coordinated and individualized to meet the needs of the patient.
 - (B) Utilize established protocols and disease-specific standards of care, as appropriate, and the nursing component of care management and care coordination from the Complete Care Model. The following licensures shall be utilized in the delivery of nursing care: Registered Nurses (RN), Licensed Vocational Nurses, Psychiatric Technicians, Certified Nursing Assistants, and Medical Assistants.

(b) Purpose

To ensure care is delivered through team-based care coordination, varying according to levels of care and patient acuity; and to ensure the RN utilizes all aspects of the nursing process including assessing the patient's current health status and contributing factors, identifying and prioritizing the patient's problems and needs, identifying mutual goals (expected outcomes), developing a plan to achieve mutual goals, implementing the plan or assigning others to implement it, evaluating the plan's effectiveness, and adapting a plan based on the patient's response.

(c) Responsibility

The Statewide Chief Nurse Executive, or designee, has the overall responsibility for the implementation of this policy.

References

- California Business and Professions Code, Division 2, Chapter 6, Article 2, Sections 2725-2742, Nursing Practice Act
- Health Care Department Operations Manual, Chapter 3, Article 1, Section 3.1.1, Complete Care Model
- Nursing Review and Resource Manual, Rundio & Wilson, American Nurses' Association, 2010
- American Nurses Association Standards, 2017
- Nursing's Social Policy Statement, American Nurses' Association, 2003
- Dorothea E. Orem's Self-Care Deficit Theory, <http://nursing-theory.org/theories-and-models/orem-self-care-deficit-theory.php>

Revision History

Effective: 11/2017