There are many different models and frameworks for the delivery of nursing care. While there is no single 'right' way of organising the nursing service, it is important that nurses understand the various theories and systems that exist.

There are many ways of organising nursing care for patients in different settings. In the context of the Patients' Charter and the named nurse initiative, there is renewed debate about the best way to care for patients. The RCN believes that although there are some systems that are more conducive to the therapeutic values of nursing, there is no single 'right' way of organising nursing care delivery for all settings.

This article summarises the principles behind the various systems for organising nursing care but it is for each nursing team to choose the system which best matches the needs of the patients in its care.

**Theoretical frameworks**

**The nursing process** This is a series of steps in planning individualised care. Each patient's nursing needs are assessed and a systematic nursing care plan is then implemented and evaluated.

**Nursing models** Models provide frameworks in which the nursing process can take place. They normally include a set of beliefs about nursing, health, society, the environment, and the nature of the individual, and suggest how these can be put into action through assessing, planning, implementing and evaluating care.

The model to be chosen will depend on the patient's reasons for requiring health care, the circumstances in which care is being given and on the individual philosophy of both nurse and patient. Thus a model that incorporates the belief that clients need to be able to care for themselves may be suitable for rehabilitation. It is important that nurses make their personal model explicit.

It is possible to choose from well documented models, which enable strict application through to local interpretation, or for nurses to create a model unique to their particular setting.

When care needs have been decided, a number of approaches are available to translate theory into practice. Patients' varying needs mean nurses need to be able to respond flexibly and dynamically.

**Task allocation** Nurses are allotted responsibility for carrying out delegated tasks common to all patients for example, doing all the dressings or doing the drug round, or taking all the patients' vital observations. It is a way of organising staff to ensure that the minimum standard of physical care is achieved for all patients. Care, however, can be fragmented and does not incorporate the individual's needs for comprehensive nursing.

**Patient allocation** The nurse is assigned a case load of patients for the duration of her or his span of duty. Nurses are responsible for carrying out the nursing care for that case load, with assistance for those elements of care outside their ability. The principle of this system is to give total care to a group of patients for a designated period of time. While this attempts to individualise care, continuity is sacrificed to the shift system.

**Team nursing** Team nursing is based on the belief that a small group of nurses working together, led by one nurse, can give better care than they can if they work individually. It uses the skills of all team members so that the client gets the best care available. This small team is responsible and accountable for its group of patients throughout the patient's hospital stay.

There are three prerequisites for team nursing. Each team is led by a registered nurse, who must have leadership and management skills. There must be effective written and spoken communication, and the style of management must support the role of the team leader. There are a number of ways the team can choose to organise the client's care on a daily basis, and there is flexibility in the size of the team, the case load, and the time span of each case load.

**Primary nursing** Primary nursing is described as a professional model of practice, in which a qualified nurse is responsible and accountable for the nursing care of a case load of patients for the entire duration of their care in that particular setting (for example, ward, group home, own home). The principles of primary nursing are:

* The allocation and acceptance of individual
responsibility and accountability for decision making to one individual nurse.
- Assignments of daily care, that is, the individual receiving total care from one nurse, who has the freedom to carry out this practice (autonomy).
- Direct person to person communication.
- One nurse responsible for the co-ordination and quality of care administered to a group of patients 24 hours a day, seven days a week.

The values underpinning primary nursing centre on the belief that the nurse-patient relationship is therapeutic. It provides an environment and philosophy in which nurses can achieve their maximum potential in patient centred care.

Key workers: Key workers operate similarly to primary nurses, but may be any member of the multidisciplinary team. The team decides which member will be the most appropriate person to co-ordinate care for an individual client. Where the patient's dominant need is for nursing care, the key worker would normally be a nurse.

Case management: Case management can be seen as an extension of the principles of primary nursing but the environment is less restricted. The nurse manages the patient's care as primary nurse from their first contact with the service (for example outpatients, visit to the general practitioner, hospital stay) until they are discharged from care. The case manager may also have responsibility for the management of resources, including staffing.

Managed care: In this system a multidisciplinary path of care is determined for each patient, related to his or her medical diagnosis. The path is the critical pattern of events and progress that should be achieved for that patient diagnosis in order for discharge to take place at the expected date. It is usually the nurse who ensures that all the actions on the path are carried out by the relevant professionals.

Nursing beds: In this system the nurse is the primary clinician and manager of the patient's care. Beds are allocated for patients whose primary need is for therapeutic nursing care. The nurse has the admitting and discharging rights, and is the primary decision maker for that patient. The nurse may refer the patient to other agencies (including medicine) as required.