**Healthcare Staffing**

**Introduction**

The purpose of this paper is to propose a new nursing care model to replace the current total-patient-care model (TPC). In the past, the organization has been using the TPC approach. However, this model appears to be failing recently. There are challenges of high cost of operation and decreased patient safety. Therefore, there is need to propose a better model to replace this traditional approach. The proposed system in this paper is the case management model (CM). In brief, the CM approach ensures quality improvement in healthcare delivery while minimizing the cost of services.

 In brief, the TPC model is the first approach to be used in patient care delivery (Elwyn, et al., 2014). It is also called the case method of service delivery in healthcare. In this model, a nurse is assigned to a particular client. The registered nurse (RN) then ensures exclusive care for the client. In the case where the patient-nurse ration is relatively high, one nurse is assigned for a specified number of patients. The RN ensures that the patients receives the best of care as a part of the institution’s goal towards maximum client satisfaction and improvement in the quality of healthcare. The advantages of this model include the ability of RNs to build a trust-based relationship with the patients and meeting client needs in a short timeframe. However, the end result of this model is high cost of operation. This increased cost in delivery of care is the current problem at our organization and it needs to be eliminated.

 The case management model is the proposed approach to replace the traditional TPC. CM revolves around three main aspects which are provider satisfaction, patient satisfaction and cost minimization. The model aims at maximizing improving patient and provider’s level of satisfaction while reducing the cost of service to the minimum cost possible (Girard, 1994). According to Girard (1994), the case management model can reduce the period of hospitalization, provide quality health services across all departments, maximize patient self-care and increase staff motivation. In this way, the model is able to promote improvement in quality of health and in the delivery of patient care.

In reflection of the CM model, through reduced period of hospitalization, the patient is able to save a considerable amount of money. This fee could be otherwise used to secure a bed at the facility and payment for meals among other medical services. At the same time, through enhancement of patient self-care, the nurse is able to extend the knowledge of health management to the patient. That is, the patient gets to know how to manage his/her medical condition even after leaving the hospital. This practices not only improve the quality of services the client gets from the medical facility but also reduces the chances of contracting the same health condition. The model also enhances cost-effective practice through the use of scarce resources sparingly. One of the approaches to enhancing cost-effective measures include establishment of mobile clinics to respond to preventable diseases and leaving the hospital premises for the treatment of chronic and emergency illnesses. Similarly, the organization management can embark on quality improvement plans that reduce medication errors and hence decrease in cost associated with hospital acquired infections. This kind of quality improvement plan also increases patient safety. Girard (1994) suggests that the registered nurse can use the case management model to reduce fragmentation of care.  The end result of these collective benefits of case management model yield to increased patient safety, reduced cost of operation and improvement in quality of healthcare services. Thus, I would recommend that our organization shifts from the PTC to the CM model.

The new model will also meet three of the international patient safety goals. These objectives include improving effective communication, reducing hospital acquired infections and ensuring safe surgery (Chang, 2005). In the past, information asymmetry has been a major source of problems in health care delivery. This problem also leads to increased risk to patient safety. Therefore, in a bid to increase client safety at our organization, the new model will ensure there is effective communication, between and among departments. Similarly, the model will ensure that effective communication between the patients and nurses. The new model will also ensure that highly qualified practitioners oversee surgery operations to ensure that there is few or no cases of errors in surgery. This approach is necessary to ensure that there are no medication errors reported in the organization. In the case where these errors occur, they should be communicated and reported accordingly. The healthcare unit will then embark on strategies aimed at reducing the impact and cost of these medication errors. Finally, the case management model will ensure that there are no cases of hospital acquired infections (HAIs). These illnesses increase the cost of medication and decrease patient satisfaction. It is also a source of failure in the delivery of quality services in the healthcare industry. Therefore, the CM approach must eliminate these HAIs at all cost. In conclusion, the proposed model will reduce cost, improve patient safety and enhance quality in delivery of health care services.

**References**

Chang, A., Schyve, P. M., Croteau, R. J., O’leary, D. S., & Loeb, J. M. (2005). The JCAHO patient safety event taxonomy: a standardized terminology and classification schema for near misses and adverse events. *International Journal for Quality in Health Care, 17(2),* 95-105.

Elwyn, G., Lloyd, A., May, C., van der Weijden, T., Stiggelbout, A., Edwards, A., ... & Grande, S. W. (2014). Collaborative deliberation: a model for patient care. *Patient Education and Counseling, 97(2),* 158-164.

Girard, N., 1994. The case management model of patient care delivery. *AORN journal, 60(3),* pp.403-405.