

Introduction

PART I

Implementation of the Synergy Model in Critical Care

LEARNING OBJECTIVES

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Upon completion of this chapter, the reader will be able to:

1. Briefly state the purpose of the AACN Synergy Model in the delivery of care of acute and critically ill patients.
2. Define the eight patient characteristics a patient brings to a health-care situation.
3. Define the eight nurse competencies needed for optimal patient outcomes.
4. Apply the Synergy Model to clinical examples.
5. Design a plan of care based on the Synergy Model to ensure optimal patient outcomes.

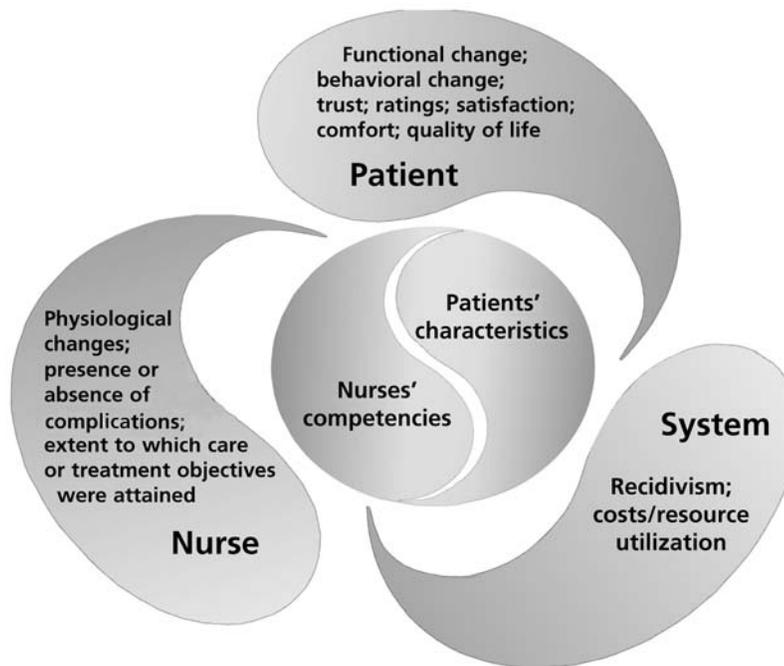
The American Association of Critical Care Nurses' (AACN's) Synergy Model for Patient Care has become widely accepted as a viable model for professional nursing in the 21st century. Since 1996, when the AACN Certification Corporation commissioned a think tank to conceptualize certified nursing practice, the model has been applied in both the nursing service and academic arenas. It has evolved into a practical and relevant means to enhance the articulation of nursing practice in diverse clinical practice settings. In its application, the Synergy Model brings both the work of nurses and the model to life (Curley, 2004) (see **Figure 1-1**).

The Synergy Model can be applied in various ways to foster the development of nurse competencies and to ensure an optimal match to the individual needs of patients. In the broad realm of nurse competencies, the model's concepts provide a unifying framework for the development of nursing job descriptions, peer review evaluations, and a career path trajectory. From this work, a curriculum for professional development can be envisioned and created to realize the potential for the professional nurse as a knowledge performer. The model can facilitate the evolution of a common language for nurses in identifying and communicating the needs of patients. A common language provides a structure for the development of methodologies that characterize patients and their needs, including nurse-to-nurse communication, documentation tools, and an acuity classification system.

Conceptual models are important because they illuminate what is essential or relevant to a discipline (Curley, 2004). The AACN Synergy Model for Patient Care clearly identifies the work of nurses as being based on their relationships to patients and their families. It provides a viable means for delineating the role of professional nurses in directly affecting the outcomes of patients and ultimately the overall success of healthcare organizations.

OVERVIEW OF THE SYNERGY MODEL

The beauty of the Synergy Model lies in its simplicity: It identifies the patient as the central focus, describing the patient's needs and the skills required of the nurse to best meet those needs (Curley, 1998). It is an extremely powerful tool to define the relationship between nurses and their competencies and the characteristics or needs of patients.

FIGURE 1-1 The AACN Synergy Model for Patient Care

Source: From “Patient-Nurse Synergy: Optimizing Patients’ Outcomes” by Martha A.Q. Curley, RN, PhD, CCRN, *American Journal of Critical Care*, January 1998, Volume 7, No. 1, Page 69.

The model describes eight patient characteristics and eight nurse competencies that constitute the practice of professional nursing (see **Tables 1-1 and 1-2**). It also provides a framework for outcome evaluation for the patient, the nurse, and the system. The basic premise of the model is that patient needs drive nurse skill sets; when nurse skills are matched to the needs of the patient, synergy occurs and patient outcomes are optimized (Curley). The model is relevant in all practice settings.

The eight patient characteristics span a continuum of health to illness: resiliency, vulnerability, stability, complexity, resource availability, participation in care, participation in decision making, and predictability. Patient outcomes include patient satisfaction with care, levels of trust, patient behavior and knowledge, patient functional change, and quality of life.

The model also defines eight dimensions of nursing practice: clinical judgment, advocacy/moral agency, caring practices, collaboration, systems thinking, response to diversity, facilitator of learning, and clinical inquiry. Nurse outcomes include the extent to which care objectives are met, management of physiological changes, and the presence or absence of preventable complications.

The third component of the model is the healthcare environment or system. The system acts as a facilitator or conduit

to support patient needs and has the power to nurture the professional practice environment of the nurse. Successful outcomes for the patient and the nurse are dependent on the characteristics present in the healthcare system and the nurse’s ability to create and support those system characteristics. Successful outcomes for both the patient and the nurse thus directly affect the success of the entire healthcare system. True synergy can be achieved only when all three components work synergistically to support the patient. The essential system characteristics include a patient-centered care philosophy, shared leadership, a learning environment, nurse–physician collaborative practice, and resources to support evidence-based practice, outcome evaluation, and patient safety. Outcomes viewed from the system’s perspective include recidivism (i.e., repeat admissions), healthcare costs, and resource utilization (Curley, 1998).

APPLICATION OF THE MODEL: PATIENT CHARACTERISTICS

The Synergy Model presents an opportunity to build a common language for nurses in their efforts to sufficiently describe patients’ needs, thus enabling the appropriate match to the competencies of the nurse. Utilizing the eight characteristics of

TABLE 1-1 The Patient Characteristics of the Synergy Model

Resiliency: The capacity to return to a restorative level of functioning using compensatory/coping mechanisms; the ability to bounce back quickly after an insult.

Level 1: Minimally resilient. Unable to mount a response; failure of compensatory/coping mechanisms; minimal reserves; brittle.

Level 3: Moderately resilient. Able to mount a moderate response; able to initiate some degree of compensation; moderate reserves.

Level 5: Highly resilient. Able to mount and maintain a response; intact compensatory/coping mechanisms; strong reserves; endurance.

Vulnerability: Susceptibility to actual or potential stressors that may adversely affect patient outcomes.

Level 1: Highly vulnerable. Susceptible; unprotected, fragile.

Level 3: Moderately vulnerable. Somewhat susceptible; somewhat protected.

Level 5: Minimally vulnerable. Safe; out of the woods; protected, not fragile.

Stability: The ability to maintain a steady-state equilibrium.

Level 1: Minimally stable. Labile; unstable; unresponsive to therapies; high risk of death.

Level 3: Moderately stable. Able to maintain a steady state for a limited period of time; some responsiveness to therapies.

Level 5: Highly stable. Constant; responsive to therapies; low risk of death.

Complexity: The intricate entanglement of two or more systems (e.g., body, family, therapies).

Level 1: Highly complex. Intricate; complex patient/family dynamics; ambiguous/vague; atypical presentation.

Level 3: Moderately complex. Moderately involved patient/family dynamics.

Level 5: Minimally complex. Straightforward; routine patient/family dynamics; simple/clear cut; typical presentation.

Resource availability: Extent of resources (e.g., technical, fiscal, personal, psychological, and social) that the patient/family/community bring to the situation.

Level 1: Few resources. Necessary knowledge and skills not available; necessary financial support not available; minimal personal/psychological supportive resources; few social systems resources.

Level 3: Moderate resources. Limited knowledge and skills available; limited financial support available; limited personal/psychological supportive resources; limited social systems resources.

Level 5: Many resources. Extensive knowledge and skills available and accessible; financial resources readily available; strong personal/psychological supportive resources; strong social systems resources.

Participation in care: Extent to which the patient/family engage in aspects of care.

Level 1: No participation. Patient and family unable or unwilling to participate in care.

Level 3: Moderate level of participation. Patient and family need assistance in care.

Level 5: Full participation. Patient and family fully able to participate in care.

Participation in decision making: Extent to which the patient/family engage in decision making.

Level 1: No participation. Patient and family have no capacity for decision making; require surrogacy.

Level 3: Moderate level of participation. Patient and family have limited capacity; seek input/advice from others in decision making.

Level 5: Full participation. Patient and family have capacity, and make decision for self.

Predictability: A characteristic that allows one to expect a certain course of events or course of illness.

Level 1: Not predictable. Uncertain; uncommon patient population/illness; unusual or unexpected course; does not follow critical pathway, or no critical pathway developed.

Level 3: Moderately predictable. Wavering; occasionally noted patient population/illness.

Level 5: Highly predictable. Certain; common patient population/illness; usual and expected course; follows critical pathway.

Source: www.certcorp.org/certcorp/certcorp.nsf/vwdoc/SynModel?opendocument

patients embedded in the Synergy Model, patient needs can be identified along a continuum of illness based on the assessment parameters of resiliency, vulnerability, stability, complexity, resource availability, participation in care, participation in decision making, and predictability. At any point, patients may fluctuate in their positions along these eight continuums, which can change within minutes (Curley, 1998). Assessing patients' needs along these eight continuums enhances the development of nurse communication via nurse-to-nurse reports, documentation systems, and articulation of patient acuity.

In the past, nurse-to-nurse communication in reporting the needs of patients has been felt to be inadequate and incomplete due to the limited amount of time allocated for this activity. Most recently, these types of communications have been identified as contributing to confusion and error (AACN, 2005). To provide adequate information between caregivers and across practice settings, nurses must first have in-depth knowledge of their patients and families. It is only by knowing patients that nurses become able to provide care respective of their

TABLE 1-2 The Nurse Competencies of the Synergy Model

Clinical judgment: Clinical reasoning, which includes clinical decision making, critical thinking, and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines.

Level 1: Collects basic-level data; follows algorithms, decision trees, and protocols with all populations and is uncomfortable deviating from them; matches formal knowledge with clinical events to make decisions; questions the limits of one's ability to make clinical decisions and delegates the decision making to other clinicians; includes extraneous detail.

Level 3: Collects and interprets complex patient data; makes clinical judgments based on an immediate grasp of the whole picture for common or routine patient populations; recognizes patterns and trends that may predict the direction of illness; recognizes limits and seeks appropriate help; focuses on key elements of case while sorting out extraneous details.

Level 5: Synthesizes and interprets multiple, sometimes conflicting, sources of data; makes judgments based on an immediate grasp of the whole picture, unless working with new patient populations; uses past experiences to anticipate problems; helps patient and family see the “big picture;” recognizes the limits of clinical judgment and seeks multidisciplinary collaboration and consultation with comfort; recognizes and responds to the dynamic situation.

Advocacy and moral agency: Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.

Level 1: Works on behalf of patient; self-assesses personal values; aware of ethical conflicts/issues that may surface in clinical setting; makes ethical/moral decisions based on rules; represents patient when patient cannot represent self; aware of patient's rights.

Level 3: Works on behalf of patient and family; considers patient values and incorporates them in care, even when differing from personal values; supports colleagues in ethical and clinical issues; moral decision making can deviate from rules; demonstrates give-and-take with patient's family, allowing them to speak for/represent themselves when possible; aware of patient and family rights.

Level 5: Works on behalf of patient, family, and community; advocates from patient/family perspective, whether similar to or different from personal values; advocates ethical conflict and issues from patient/family perspective; suspends rules—patient and family drive moral decision making; empowers the patient and family to speak

for/represent themselves; achieves mutuality within patient–professional relationships.

Caring practices: Nursing activities that create a compassionate, supportive, and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes, but is not limited to, vigilance, engagement, and responsiveness of caregivers, including family and healthcare personnel.

Level 1: Focuses on the usual and customary needs of the patient; no anticipation of future needs; bases care on standards and protocols; maintains a safe physical environment; acknowledges death as a potential outcome.

Level 3: Responds to subtle patient and family changes; engages with the patient as a unique person in a compassionate manner; recognizes and tailors caring practices to the individuality of patient and family; domesticates the patient's and family's environment; recognizes that death may be an acceptable outcome.

Level 5: Has astute awareness and anticipates patient and family changes and needs; is fully engaged with and senses how to stand alongside the patient, family, and community; caring practices follow the patient and family lead; anticipates hazards and avoids them, and promotes safety throughout the patient's and family's transitions along the healthcare continuum; orchestrates the process that ensures the patient's and family's comfort and concerns surrounding issues of death and dying are met.

Collaboration: Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Involves intra- and interdisciplinary work with colleagues and community.

Level 1: Willing to be taught, coached, and/or mentored; participates in team meetings and discussions regarding patient care and/or practice issues; open to various team members' contributions.

Level 3: Seeks opportunities to be taught, coached, and/or mentored; elicits others' advice and perspectives; initiates and participates in team meetings and discussions regarding patient care and/or practice issues; recognizes and suggests various team members' participation.

Level 5: Seeks opportunities to teach, coach, and mentor, and to be taught, coached, and mentored; facilitates active involvement and complementary contributions of others in team meetings and discussions regarding patient care and/or practice issues; involves/recruits diverse resources when appropriate to optimize patient outcomes.

Systems Thinking: Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources exist for the patient/family and staff, within or across healthcare and non-healthcare systems.

Level 1: Uses a limited array of strategies; limited outlook—sees the pieces or components; does not recognize negotiation as an alternative; sees patient and

family within the isolated environment of the unit; sees self as key resource.

Level 3: Develops strategies based on the needs and strengths of the patient/family; able to make connections within components; sees opportunity to negotiate but may not have strategies; developing a view of the patient/family transition process; recognizes how to obtain resources beyond self.

Level 5: Develops, integrates, and applies a variety of strategies that are driven by the needs and strengths of the patient/family; global or holistic outlook—sees the whole rather than the pieces; knows when and how to negotiate and navigate through the system on behalf of patients and families; anticipates needs of patients and families as they move through the healthcare system; utilizes untapped and alternative resources as necessary.

Response to diversity: The sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.

Level 1: Assesses cultural diversity; provides care based on own belief system; learns the culture of the healthcare environment.

Level 3: Inquires about cultural differences and considers their impact on care; accommodates personal and professional differences in the plan of care; helps the patient/family understand the culture of the healthcare system.

Level 5: Responds to, anticipates, and integrates cultural differences into patient/family care; appreciates and incorporates differences, including alternative therapies, into care; tailors healthcare culture, to the extent possible, to meet the diverse needs and strengths of the patient/family.

Facilitator of learning: The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team, and the community. Includes both formal and informal facilitation of learning.

Level 1: Follows planned educational programs; sees patient/family education as a separate task from delivery of care; provides data without seeking to assess the patient's readiness for or understanding information; has limited knowledge of the totality of the educational needs; focuses on the nurse's perspective; sees the patient as a passive recipient.

Level 3: Adapts planned educational programs; begins to recognize and integrate different ways of teaching into delivery of care; incorporates the patient's understanding into practice; sees the overlapping of educational plans from different healthcare providers' perspectives; begins to see the patient as having input into goals; begins to see individualism.

Level 5: Creatively modifies or develops patient/family education programs; integrates patient/family education

throughout delivery of care; evaluates the patient's understanding by observing behavior changes related to learning; is able to collaborate and incorporate all healthcare providers' and educational plans into the patient/family educational program; sets patient-driven goals for education; sees the patient/family as having choices and consequences that are negotiated in relation to education.

Clinical inquiry: The ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.

Level 1: Follows standards and guidelines; implements clinical changes and research-based practices developed by others; recognizes the need for further learning to improve patient care; recognizes obvious changing patient situation (e.g., deterioration, crisis); needs and seeks help to identify patient problem.

Level 3: Questions appropriateness of policies and guidelines; questions current practice; seeks advice, resources, or information to improve patient care; begins to compare and contrast possible alternatives.

Level 5: Improves, deviates from, or individualizes standards and guidelines for particular patient situations or populations; questions and/or evaluates current practice based on patients' responses, review of the literature, research, and education/learning; acquires knowledge and skills needed to address questions arising in practice and improve patient care. (The domains of clinical judgment and clinical inquiry converge at the expert level; they cannot be separated.)

Source: www.certcorp.org/certcorp/certcorp.nsf/vwdoc/SynModel?opendocument

needs and in the context in which they become manifested. The Synergy Model framework provides a means of organizing subjective and objective data about patients so that their needs are consistently identified and continuity of care is maintained throughout the episode of illness.

The following example helps to understand the Synergy Model application in nurse-to-nurse communication. Daniel is a 42-year-old male with chronic diabetes who is in severe cardiogenic shock, following his third acute myocardial infarction. Upon reviewing his case, Daniel can be described as highly complex, unstable, unpredictable, vulnerable, and resilient, with a family that has been an active part of his care and decision making. Having been ill for some time, his resource availability has become inadequate. Incorporating the holistic view of the patient into nurse-to-nurse communication, including shift report, postoperative review, multidisciplinary

rounding, and discharge planning ensures a common language and comprehensive understanding of the trajectory of illness. It also serves to clearly identify the patient's needs and assists in developing a plan of care, including identification of the competencies of individual nurses that would best match the patient's needs.

Once a common language is identified and utilized, patient documentation systems can be aligned around the eight patient characteristics as well. The traditional approaches to documentation, including the body systems and head-to-toe methods, do not allow for an adequate synthesis of the data points to characterize patients and families in advanced health-care situations. The Synergy Model framework provides a method to understand patient needs from a broad perspective, incorporating data and qualitative information into the overall portrait of the patient. Whether they are manual or electronic, care maps, pathways, flow sheets, patient education documents, and discharge planning records can all be designed according to the needs of patients as outlined in the model. Assigning data points and other information to the categories of patient needs helps to differentiate the overall needs of the patient and enables the development of a patient acuity scoring structure.

Acuity Systems

Many healthcare systems use acuity systems as a mechanism to guide decision making related to staffing a unit. Typically, acuity systems assign numbers or categories to patients that correspond with the amount of tasks required for the care of the patient. This method of basing staffing decisions on the number of tasks required does not take into account the vulnerability or complexity of the patient with multisystem problems whom the nurse encounters in the intensive care unit (ICU).

Nurses must advocate for changing systems in such a manner as to create acuity systems that provide a holistic approach toward evaluating the needs of the patient. An acuity system based on the Synergy Model, for example, affords the system an opportunity to classify patients based on their characteristics versus the number of tasks performed during a shift.

Classifying and scoring patient acuity according to the patient characteristics of the model also requires that data and other information about patients be ranked according to the resources required to meet the patient's needs. For example, the vulnerability of a patient could be scored as a 1, 3, or 5. A score of 1 would indicate the patient had a low level of vulnerability; a score of 3 would indicate a moderate level of vulnerability; a score of 5 would indicate a high level of vulnerability.

The following example simplifies the process of assigning acuity to a patient. Sarah is a 22-year-old female undergoing an appendectomy following an episode of acute appendicitis. Her vital signs—including temperature, respiratory rate, heart rate, and blood pressure—are needed every four hours and have been stable. Sarah requires fluids, antibiotic therapy, and frequent pain assessment. She has been stable in the post-anesthesia care unit and is being prepared for transfer to the surgical unit. Her parents are assisting in her care and have adequate resource availability. In this scenario, an expert nurse could rank the patient's needs on a scale of 1, 3, or 5 based on the patient characteristics defined in the Synergy Model. The results might look similar to this: resiliency, 3; vulnerability, 3; stability, 3; complexity, 1; resource availability, 5; participation in care, 5; participation in decision making, 5; and predictability, 5. By ranking the patient's needs according to the patient characteristics, a comprehensive view of the patient becomes clear. In this case, the patient might be described as stable and resilient, with a highly predictable course of illness. She is moderately vulnerable to physiologic and environmental stressors. The patient and the family are fully engaged in participating and making decisions about the plan of care, and adequate resources are available to support them.

APPLICATION OF THE MODEL: NURSE CHARACTERISTICS

The work of nurses is also well articulated by the Synergy Model framework and leads to the ability to capitalize on individual strengths of nurses and to match those strengths to what is required by the patient. It has long been established that nursing practice can be plotted along a continuum based on levels of expertise. The work of Benner (1984) describes this continuum as being characterized by stages moving from novice to expert. The Synergy Model incorporates the idea that nursing knowledge and skills are unique to the professional practice of each individual nurse (AACN Certification Corporation, 2003; Muenzen, Greenberg, & Pirro, 2004). It emphasizes the ability to clearly differentiate various levels of expertise, including competent, proficient, and expert clinical practice and leadership (Kerfoot & Cox, 2005). Although the Synergy Model has been theoretically validated, its use in practice continues to evolve. The application of the model in the care of patients and their families presents many promising opportunities (Edwards, 1999).

The eight nurse characteristics of the Synergy Model provide a comprehensive and contemporary view of the work of nurses (Curley, 1998). These characteristics can serve as a conceptual framework for roles that distinguish levels of nursing

practice for the purpose of professional development and career advancement. In the past, many career advancement programs (career ladders) have focused on the completion of tasks as the basis for moving from one level to the next. By contrast, the eight nurse characteristics of the Synergy Model provide a framework that enables a career advancement program to be constructed based on progressive levels of expertise in caring, clinical practices, and leadership.

The development of job descriptions based on the nurse characteristics of the Synergy Model serves as a blueprint for defining nursing practice and competencies that link to the needs of patients and their families (Hardin & Kaplow, 2005). Each of the eight nurse characteristics of the Synergy Model allows for categorization of essential elements of competent, proficient, and expert nursing practice. Performance standards can then be developed that are strongly linked to patient, nurse, and system outcomes. **Table 1-3** provides an example showing how three characteristics of the Synergy Model are useful for job description development (Czerwinski, Blastic, & Rice, 1999).

A job description can be developed by using the Synergy Model and three levels of performance: levels 1, 3, and 5. Each level of performance is associated with specific activities that are observed in the nurse. Such an application can be useful in evaluating nurses and in conducting annual performance reviews. These performance standards provide the nurse with

clear expectations in an ICU setting and allow practice to be guided by the Synergy Model.

Educating Nurses

The Synergy Model provides a functional approach to educational programming and development that transcends customary approaches to nursing education and broadens the ability to respond to the needs of patients and their families. The model can help nursing students develop a plan of care for each patient. Utilizing the eight patient characteristics, the nurse can identify both subjective and objective data needed to choose evidence-based interventions for the patient. **Table 1-4** depicts a form that students can use in developing a plan of care. This form can be used to gather data, define individualized and standardized patient interventions, and identify optimal patient and family outcomes. Outcomes should focus on patient satisfaction, levels of trust, patient behavior, patient knowledge, patient function, and quality of life. The form can also be used to facilitate nurse-to-nurse communication during a change of shift (Hardin, 2004).

Nurses should evaluate patient needs in relation to a set of nursing characteristics for optimal outcomes to be obtained. For example, patients who have high levels of vulnerability, low levels of resiliency, and low levels of stability, and who are highly complex and highly unpredictable, would require an expert nurse overseeing their care. Competent nurses should

TABLE 1-3 Performance Standards Applied to Selected Nurse Characteristics

Nurse Characteristic	Level 1 Performance Standard	Level 3 Performance Standard	Level 5 Performance Standard
Clinical judgment	Utilizes policies, procedures, and protocols to make clinical practice decisions.	Incorporates multiple sources of assessment data in making clinical practice decisions.	Recognizes ultra-subtle changes in patients and acts to prevent adverse outcomes.
Caring practices	Develops professional and trusting relationships that facilitate patient/family coping.	Seeks various types of consultation to assist with patient/family coping.	Understands patterns in patient/family coping and proactively seeks consultation from the multiprofessional team. Provides evidence-based interventions in the management of coping.
Collaboration	Communicates patient/family needs to the multidisciplinary team.	Clearly delineates the expertise of individuals within the multiprofessional team and provides timely consultation.	Recognizes individualized needs of patients/families and proactively seeks expert consultation.

TABLE 1-4 Using the Synergy Model to Develop a Plan of Care

Patient Characteristics	Subjective and Objective Data	Evidence-Based Intervention(s)	Outcomes
Resiliency			
Vulnerability			
Stability			
Complexity			
Resource Availability			
Participation in care			
Participation in decision making			
Predictability			

be mentored by these experts when patient characteristics indicate that the patient status warrants an expert's care.

SUMMARY

The Synergy Model can be utilized as a framework for practice. Its eight patient characteristics and eight nurse competencies provide healthcare providers with an approach designed to logically formulate a plan of care, evaluate nurses' competency, and identify patient acuity to ensure adequate staffing. Furthermore, the model has served as a foundation when healthcare facilities sought to transform professional practice. The following case study describes the use of the model in a system-wide integration across a number of hospitals.

The power of the Synergy Model is reflected in the richness of the relationship between individual nurse and patient and the infinite variety of the combinations of nurses' contri-

butions to individual patient situations in all practice settings. Supported by the power of technology and the electronic medical record, this model has promise for evaluating specific nursing interventions within each of the dimensions of practice and their relationship to specific patient outcomes. This electronic support will catapult nursing practice into a future in which nurses evaluate the outcomes of their practice in real time and systematically study the results of individual and group practices on patient outcomes at the individual, unit, and system levels.

The Synergy Model is extremely effective in articulating the important role that professional nursing plays in the healthcare system and, when facilitated by the organization, defines the impact professional nursing can have not only on patient outcomes, but also on organizational transformation and success.

CASE STUDY

Organizational Exemplar: Clarian Health Partners, Indianapolis, IN

The Synergy Model for Patient Care is the framework for the Clarian Health Professional Practice model that has been implemented across this multihospital system in all clinical settings. The three major tenets of the model—the nurse, the patient, and the system—have served as a road map for the development and implementation of a revolutionary approach to patient care and professional nursing. Patient centrality is the hallmark of the Synergy Model, with patient needs driving the skills required in the nurse and in the physical environment to attain optimal patient outcomes.

Application of the Synergy Model at Clarian Health Partners

The Clarian Health model was implemented in 2003, as a result of a unique partnership with AACN. Utilizing the nurse characteristics of the model, a career advancement program was designed to differentiate practice and delineate three levels of practice and compensation. A promotional process to differentiate clinical expertise and level of contribution as the criteria for promotion was established. Foundational support for the career advancement program included a realignment of all nursing job documents as well as the development of a performance appraisal system based on the job documents. A unique compensation program was developed to acknowledge the value of advanced skill sets and the contributions that nurses make to patients, unit goals, and system outcomes. A curriculum to enable multidimensional practice and advancing skill sets was pursued, which eventually evolved into a set of core synergy classes. A career advancement board of review, whose primary purpose was to protect the integrity of the program, was established to guide the promotional process. Finally, the professional practice environment was permeated with the Synergy Model by using a shared leadership philosophy, allowing synergy and the model to thrive and supporting the staff in learning the model.

Implementation

We began our implementation on what we deemed the “nurse side” of the model. To fully develop and implement the model, we initially focused on creating a career advancement program. Our nursing staff identified the need for a professional practice environment that would reward and recognize nurses’ contributions to patient care. The Synergy Model naturally delineates patient needs along on a continuum and nurses’ skill sets from low to high to match those patient needs.

This delineation lent itself to the development of a differentiated practice model that defined three levels of practice: Associate Partner, Partner, and Senior Partner. The Associate Partner is a competent practitioner, the Partner is a proficient practitioner, and the Senior Partner is an expert practitioner. In addition to level of practice, the scope of responsibility for each classification was established and leveled: The Associate Partner’s primary focus is the patient, the Partner focuses on unit outcomes, and the Senior Partner is accountable for patient population and system outcomes.

The design work for the model began with eight full-day sessions and included nurses from all levels of the organization and every practice setting, as well as internal experts on the nurse characteristic being analyzed. Behavioral expectations were developed, leveled, and subsequently went through an extensive review process, with more than 750 nurses providing feedback on the content for understandability, fit within the dimension, and appropriate leveling. Behaviors within each dimension were designated as primary or secondary so as to provide a developmental plan and stretch within the job documents. Primary behaviors must be met prior to application for promotion to demonstrate capacity for the work. The secondary behaviors within each document must be demonstrated within six months of promotion.

Upon completion of the behaviors, criterion measures were developed for each behavior. Criterion measures are concrete examples of how nurses can demonstrate competency. The criterion measures were reviewed, and consensus was reached that they represented equivalent practice across inpatient, outpatient, and procedural settings. This process established inter-rater reliability for the job documents, so that practice could be evaluated across all areas of practice.

Phase II of the Clarian Health model is currently under development. It will include operational definitions of the patient characteristics described in the model to quantify and measure the presence or absence of each of the characteristics; development of an ongoing assessment tool, and evidence-based interventions that will be embedded in the electronic medical record; and the development of a care delivery model that matches the patient with the nurse most qualified to meet the needs of that patient and supports the nurse–patient relationship. Phase III of the Clarian Health model is envisioned to result in the creation of a mature model, having a substantial influence on patient, nurse, and system outcomes.

CRITICAL THINKING QUESTIONS

1. Write a case example from the clinical setting highlighting one patient characteristic. Explain how this characteristic was observed through subjective and objective data.
2. Utilize the form in Table 1-4 to write up a plan of care for one client in the clinical setting.
3. Write a case example from the clinical setting. Rate the patient as a level 1, 3, or 5 on each patient characteristic. Identify the level of nurse characteristics needed in the care of this patient.
4. Take one patient outcome for a patient and list evidence-based interventions found in a literature review for this patient.

Online Resources

AACN Synergy Model for Patient Care: www.certcorp.org

Excellence in Nursing Knowledge, Issue 1: www.nursingknowledge.org

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