CLINICAL STAFFING PLAN

PLAN

As defined in the New York State Public Health Law 2805-t, Helen Hayes Hospital's plan for providing clinical care is designed to support improvement and innovation in nursing practice to achieve optimal standards of nursing practice.

This plan is consistent with the needs of Helen Hayes Hospital's patient population, the Hospital's mission statement, and the philosophy of the Nursing Department. A special emphasis is placed on rehabilitation nursing.

Proposal for change whether innovative or for improvement are generated from various sources within the hospital. The forum for open discussion is the monthly Nurse Executive Meeting and the monthly Nursing Performance Improvement Committee Meeting followed by submission to the Clinical Staffing Committee.

STAFFING

A patient classification system is utilized to determine patient acuity levels and provide the appropriate number and correct mix of clinical and ancillary personnel so that patient care requirements are met. It is recognized that staffing patterns will vary according to patient acuity, workload and specialization of the unit. A centralized staffing system is utilized to ensure flexibility and coordination of personnel to meet unexpected needs. Per diem employees are used whenever necessary. This system is reviewed and updated annually and as necessary at the Nursing Performance Improvement meeting. Any requests for additional staff due to increased acuity or program change is channeled by the Nurse Manager as part of the budget requests to the Chief Nursing Officer/Associate Director of Nursing.

ANCILLARY DEPARTMENTS

Ancillary departments and non-clinical personnel provide the nursing staff with support needed to facilitate care include:

- Case Management
- Central Supply Service
- Communications
- Dietary
- Facilities and Clinical/Technical Services
- Information Technology
- Laboratory
- Occupational Therapy
- Pharmacy
- Physical Therapy
- Radiology
- Respiratory Care
- Safety
- Speech and Hearing
- Therapeutic Recreation

REVIEW

An annual review of the Clinical Staffing Plan will be performed by the Clinical Staffing Committee by July 1st of each year for implementation to begin on January 1st of the upcoming year, with a semiannual review conducted prior to January 1st. These reviews will consider the patient requirements for clinical care, the existing and proposed patient care programs offered by the facility and information from patient satisfaction questionnaires, physician and staff satisfaction questionnaires and comments.
If the patient care need or outcomes have changed, and this is reflected in findings from Utilization Review, Patient Safety, Performance Improvement Committee or staffing variance reports, the plan for the provision of clinical care will be reviewed and revised for changes that may need to be made. This review may take place at any time during the year as well as during the budget planning process.

**DEFINITION OF NURSING CARE**

In accordance with the State Nurse Practice Act, "the practice of nursing means those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness problems or the treatment thereof which requires a substantial amount of scientific knowledge or technical skill."

The practice of nursing by a Registered Professional Nurse licensed by New York State Education Department shall mean assuming responsibility and accountability for those nursing actions that include but are not limited to:

a. Identifying human resources to actual or potential health condition;

b. Identifying the nursing care needs of an individual family or group;

c. Executing a nursing treatment regime through the selection, performance, and management of proper nursing practices;

d. Teaching health care practices;

e. Advocating the provision of health care services through collaboration with other health service personnel;

f. Executing diagnostic and therapeutic regimes prescribed by duly licensed practitioners authorized to order such regimens under the provisions of Article 139.

g. Prescribing, administering, supervising, delegating, and evaluating nursing activities.

**REHABILITATION NURSING ASSOCIATION OF REHABILITATION NURSES (ARN) POSITION STATEMENT**

Generalist Rehabilitation Nurse with Specialized Knowledge

The professional nurse who practices rehabilitation nursing as a generalist may function in a variety of institutional and community settings. The role a nurse assumes depends on basic nursing preparation; specialized formal or informal education; and clinical experiences with individuals and with the family of those individuals who have disabilities, potential disabilities, or chronic illness. Current rehabilitation technologies and therapies require unique knowledge and skills that may be obtained through self-study and continued education programs. Quality continuing education programs are available through ARN and many of its local chapters and through many institutions with rehabilitation nurses. The rehabilitation nurse exemplifies a specialized knowledge and skill set that is comprehensive and broad in scope with roots in both professional nursing and rehabilitation functional care concepts. In addition to administering specialized nursing care, the rehabilitation nurse spends a significant amount of time reinforcing patient learning from other disciplines. It is essential that all professional registered nurses practicing rehabilitation nursing possess the basic knowledge and skills that enable them to do collective appropriate assessment data for each rehabilitation patient; identify significant problems; establish appropriate diagnosis; and set short and long term goals and identify outcomes that reflect an understanding of the impact of the disability or chronic illness on the planning, delivery and evaluation of care within the limits of the available economic resources.
Certified Rehabilitation Registered Nurse (CRRN)

Certification in rehabilitation nursing (Certified Rehabilitation Registered Nurse (CRRN), which may be obtained through the Rehabilitation Nursing Certification Board (RNCB), validates the acquisition of such knowledge and skills. The value in recruiting and retaining nurses with specialty certification, as well as supporting existing staff in efforts to obtain certification is recognized by The Joint Commission (TJC). Preparation for the certification examination is supported by a wide range of educational products by ARN and other quality preparation classes offered through the ARN chapters, private institutions and rehabilitation healthcare organizations.

Rehabilitation Team

Rehabilitation is contingent on a team approach. The collaborative rehabilitation team model facilitates care in a coordinated and cost-effective manner. The rehabilitation professional registered nurses role on the rehabilitation team is vital. Members of the rehabilitation team will vary, depending on the practice setting and the disability, but the patient and family are always essential core members of the team.

Documentation

The rehabilitation professional registered nurse documents relevant data in a retrievable format. Documentation must support the need, availability and provision for rehabilitation nursing care. Documentation should serve as evidence for the ongoing provision of rehabilitation nursing care within the context of the rehabilitation team in meeting the patient’s rehabilitative needs.

Documentation should include the following as appropriate, yet not be limited to:

- Rehabilitation diagnosis, course of treatment, plan of care and expected outcomes
- Disease and comorbidity management
- Primary prevention and adoption of health and wellness
- Prevention of secondary complications
- Bowel and bladder management goals; progress in bowel and bladder continence or regulation following an injury that impacts such functions
- Skin care management, including positioning techniques and weight shifting to prevent pressure areas in relatively immobile patients, checking for developing problems in body areas with diminished or absent sensation, and care for any wounds or areas of already compromised skin integrity.
- Medication management
- Pain management
- Reinforcement of self-care and mobility skills
- Functional aspects of daily living skills
- Cardiovascular, pulmonary and autonomic management
- Nutrition and lifestyle adaptations
- Safety (precaution education and carryover); ongoing assessment of safety, including not only physical limitations, but also such cognitive functions as memory, judgment, and problem-solving abilities.
- Swallowing precautions and compensatory techniques
- Energy conservation
- Intimacy and sexuality
- Role changes and psychosocial manifestations
- Family involvement
- Aftercare including community resources, equipment, emergency services and external support systems
- Patient goals that are practical, realistic and individualized

Goals and interventions that integrate and demonstrate carryover of techniques from therapy to increase the functional status and lessen the burden of care should also be evident in the medical record.
HELEN HAYES HOSPITAL CLINICAL STAFFING PLAN

Consideration should be given as to how the medical and functional components of the rehabilitation patient are inter-related and should be documented from the rehabilitation nursing perspective. Education of the patient and family are inherent within rehabilitation nursing; evidence of ongoing patient and family education for the above-mentioned topics should be documented by the rehabilitation professional registered nurse in the medical record.

Frequent conflicting documentation between disciplines widely fluctuating patient abilities throughout a 24-hour period based upon changes in medical stability, pain, endurance or cognition, or failure to progress as planned should be explained and a realistic plan to address the problem(s) identified. Documentation of discharge plans should be indicated early in the plan of care.

Conclusion

Rehabilitation is a continuous process and patients rehabilitate themselves through the influence of the comprehensive approach to care provided by the rehabilitation professional registered nurse. To achieve optimal effectiveness, today’s rehabilitation professional registered nurses needs to be cognizant of patients’ needs and desired outcomes, concerns about cost containment, and the service options available along the continuum of care.
HELEN HAYES HOSPITAL CLINICAL STAFFING PLAN

PHYSICAL MEDICINE AND REHABILITATION UNIT 2A

SCOPE

Unit 2A is a multidisciplinary, twenty-four bed unit that specializes in the delivery of intensive rehabilitation to patients with spinal cord injuries, amputees, diabetes mellitus, renal failure, trauma, total hip and knee replacements, but is not limited to these disabilities, and who are tracheostomy and ventilator dependent. Close monitoring and 1:1 supervision are available. Unit 2A delivers care for patient population from age 16 through the life span.

REQUIREMENTS FOR STAFF

Registered Nurse (RN) Staff Requirements include
2. Current BLS for healthcare provider.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Attendance at mandatory programs: Tracheostomy care/oximetry, vent management.
5. Annual completion of unit competency lists.
6. Annual completion of health assessment.

Licensed Practical Nurse (LPN) Requirements include
2. Current BLS for healthcare provider.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Attendance at mandatory programs: Tracheostomy care/oximetry, vent management.
5. Annual completion of unit competency list.
6. Annual completion of health assessment.

Rehabilitation Hospital Nursing Assistant (RHNA) Requirements include
1. Preferred current CNA certification
2. BLS training/certification
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Annual completion of unit competency list.
5. Annual health assessment.

STAFFING

A STAR care delivery model is used to deliver care within this unit. There is a Nurse Manager assigned Monday – Friday. Unit Secretary coverage is 8:30am to 5:00pm, Monday – Friday. Staffing is appropriated using the patient acuity and staffing needs from the previous 12 months. Acuity and staffing are calculated every third week of the month.
Assignments

Assignment of patient care will be done on a modular basis with the Nurse Manager as coordinator or RN in his/her absence. Evening and night shift assignments are made by the Module Nurse. Assignments will reflect the degree of supervision needed by the individual and its availability and the patient’s needs. Assignments are to follow practices outlined in the Nursing Policy and Procedure Manual. Assignments reflect the degree of supervision needed by the individual, the patient’s needs, the technology used and the geography of the unit.

Staffing Plan

Direct hours exclude Nurse Manager and Unit Secretary
Average Census: 12

UNIT 2A

<table>
<thead>
<tr>
<th>Care Hours per 24 Hours</th>
<th>Percent Care/Shift</th>
<th>Daily Staffing</th>
<th>Per Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 35%</td>
<td>RN 1-3</td>
<td>RN 3.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LPN 0</td>
<td>LPN 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CNA 1-3</td>
<td>CNA 6.0</td>
<td></td>
</tr>
<tr>
<td>Evenings 36%</td>
<td>RN 1-3</td>
<td>RN 4.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LPN 0</td>
<td>LPN 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CNA 1-3</td>
<td>CNA 6.0</td>
<td></td>
</tr>
<tr>
<td>Nights 29%</td>
<td>RN 1-3</td>
<td>RN 4.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LPN 0</td>
<td>LPN 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CNA 1-3</td>
<td>CNA 4.0</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL FTE’s: 27.5 RN – 11.5 LPN – 0 CNA – 16.0

The minimum amount of staff required to operate this unit in an emergency situation would depend on the acuity of the Unit. A RN would be present on all shifts.
HELEN HAYES HOSPITAL CLINICAL STAFFING PLAN

PHYSICAL MEDICINE AND REHABILITATION UNIT 3B

SCOPE

Unit 3B is a multidisciplinary, twenty-four bed unit that specializes in the delivery of intensive rehabilitation to patients with cardiopulmonary disease and cerebrovascular accidents. In addition, Unit 3B also delivers care to the orthopedic patient to include osteoporosis that has resulted in fracture surgical repair (ORIF). Overflow care would include unilateral/bilateral/total hip/knee surgeries, medically deconditioned patients and patients with multiple fractures. Close monitoring and 1:1 supervision are available. Unit 3B delivers care for patient population from age 18 through the life span.

REQUIREMENTS FOR STAFF

Registered Nurse (RN) Staff Requirements include
2. Current BLS for healthcare provider.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Annual completion of unit competency lists.
5. Annual completion of health assessment.

Licensed Practical Nurse (LPN) Requirements include
2. Current BLS for healthcare provider.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Annual completion of unit competency list.
5. Annual completion of health assessment.

Rehabilitation Hospital Nursing Assistant (RHNA) Requirements include
1. Preferred current CNA certification.
2. BLS training/certification.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Annual completion of unit competency list.
5. Annual health assessment.

STAFFING

A STAR care delivery model is used to deliver care within this unit. There is a Nurse Manager assigned Monday – Friday. Unit Secretary coverage is 8:30am to 5:00pm, Monday – Friday. Staffing is appropriated using the patient acuity and staffing needs from the previous 12 months. Acuity and staffing are calculated every third week of the month.
HELEN HAYES HOSPITAL CLINICAL STAFFING PLAN

Assignments

Assignment of patient care will be done on a modular basis with the Nurse Manager as coordinator or RN in his/her absence. Evening and night shift assignments are made by the Module Nurse. Assignments will reflect the degree of supervision needed by the individual and its availability and the patient’s needs. Assignments are to follow practices outlined in the Nursing Policy and Procedure Manual. Assignments reflect the degree of supervision needed by the individual, the patient’s needs, the technology used and the geography of the unit.

Staffing Plan

Direct hours exclude Nurse Manager and Unit Secretary
Average Census: 13

UNIT 3B

<table>
<thead>
<tr>
<th>Care Hours per 24 Hours</th>
<th>Percent Care/Shift</th>
<th>Daily Staffing</th>
<th>Per Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days 29%</td>
<td>RN 1-3</td>
<td>RN 2.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LPN 0</td>
<td>LPN 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CNA 1-3</td>
<td>CNA 4.0</td>
<td></td>
</tr>
<tr>
<td>Evenings 39%</td>
<td>RN 1-3</td>
<td>RN 3.5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LPN 0</td>
<td>LPN 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CNA 1-3</td>
<td>CNA 4.5</td>
<td></td>
</tr>
<tr>
<td>Nights 32%</td>
<td>RN 1-3</td>
<td>RN 4.0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LPN 0-1</td>
<td>LPN 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CNA 1-3</td>
<td>CNA 2.5</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL FTE’s: 20.5 RN – 9.5 LPN – 0 CNA – 11.0

The minimum amount of staff required to operate this unit in an emergency situation would depend on the acuity of the Unit. A RN would be present on all shifts.
SCOPE

Unit 4A is a multidisciplinary, twenty-four bed unit that specializes in the delivery of intensive rehabilitation to patients with traumatic and non-traumatic head injuries, CVA, aneurysm, subdural hematoma and who are tracheostomy and/or ventilator dependent. Close monitoring and 1:1 supervision are available. Unit 4A delivers care for patient population from age 16 through the life span.

REQUIREMENTS FOR STAFF

Registered Nurse (RN) Staff Requirements include
2. Current BLS for healthcare provider.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Attendance at mandatory programs: Tracheostomy care/oximetry, vent management.
5. Annual completion of unit competency lists.
6. Annual completion of health assessment.

Licensed Practical Nurse (LPN) Requirements include
2. Current BLS for healthcare provider.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Attendance at mandatory programs: Tracheostomy care/oximetry, vent management.
5. Annual completion of unit competency list.
6. Annual completion of health assessment.

Rehabilitation Hospital Nursing Assistant (RHNA) Requirements include
1. Preferred current CNA certification.
2. BLS training/certification.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Annual completion of unit competency list.
5. Annual health assessment.

STAFFING

A STAR care delivery model is used to deliver care within this unit. There is a Nurse Manager assigned Monday – Friday. Unit Secretary coverage is 8:30am to 5:00pm, Monday – Friday. Staffing is appropriated using the patient acuity and staffing needs from the previous 12 months. Acuity and staffing are calculated every third week of the month.
Assignments

Assignment of patient care will be done on a modular basis with the Nurse Manager as coordinator or RN in his/her absence. Evening and night shift assignments are made by the Module Nurse. Assignments will reflect the degree of supervision needed by the individual and its availability and the patient’s needs. Assignments are to follow practices outlined in the Nursing Policy and Procedure Manual. Assignments reflect the degree of supervision needed by the individual, the patient’s needs, the technology used and the geography of the unit.

Staffing Plan

Direct hours exclude Nurse Manager and Unit Secretary
Average Census: 12.0

UNIT 4A

<table>
<thead>
<tr>
<th>Care Hours per 24 Hours</th>
<th>Percent Care/Shift</th>
<th>Daily Staffing</th>
<th>Per Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>32%</td>
<td>RN 1-3</td>
<td>RN 3.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LPN 0</td>
<td>LPN 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CNA 1-6</td>
<td>CNA 5.5</td>
</tr>
<tr>
<td>Evenings</td>
<td>40%</td>
<td>RN 1-3</td>
<td>RN 4.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LPN 0</td>
<td>LPN 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CNA 1-6</td>
<td>CNA 6.5</td>
</tr>
<tr>
<td>Nights</td>
<td>28%</td>
<td>RN 1-3</td>
<td>RN 4.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LPN 0</td>
<td>LPN 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CNA 1-6</td>
<td>CNA 3.5</td>
</tr>
</tbody>
</table>

TOTAL FTE's: 26.5
RN – 11.0
LPN – 0
CNA – 15.5

The minimum amount of staff required to operate this unit in an emergency situation would depend on the acuity of the Unit. A RN would be present on all shifts.
PHYSICAL MEDICINE AND REHABILITATION, COMA RECOVERY AND TRAUMATIC BRAIN INJURY UNIT 4B

SCOPE

Unit 4B is a multidisciplinary, twenty-four bed unit that specializes in the delivery of intensive rehabilitation to patients with traumatic and non-traumatic head injuries, CVA, aneurysm, subdural hematoma and who are tracheostomy and/or ventilator dependent. Close monitoring and 1:1 supervision are available. Unit 4A delivers care for patient population from age 16 through the life span.

REQUIREMENTS FOR STAFF

Registered Nurse (RN) Staff Requirements include
2. Current BLS for healthcare provider.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Attendance at mandatory programs: Tracheostomy care/oximetry, vent management.
5. Annual completion of unit competency lists.
6. Annual completion of health assessment.

Licensed Practical Nurse (LPN) Requirements include
2. Current BLS for healthcare provider.
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Attendance at mandatory programs: Tracheostomy care/oximetry, vent management.
5. Annual completion of unit competency list.
6. Annual completion of health assessment.

Rehabilitation Hospital Nursing Assistant (RHNA) Requirements include
1. Preferred current CNA certification
2. BLS training/certification
3. Attendance at Hospital mandated annual in-services as determined by Human Resources.
4. Annual completion of unit competency list.
5. Annual health assessment.

STAFFING

A STAR care delivery model is used to deliver care within this unit. There is a Nurse Manager assigned Monday – Friday. Unit Secretary coverage is 8:30am to 5:00pm, Monday – Friday. Staffing is appropriated using the patient acuity and staffing needs from the previous 12 months. Acuity and staffing are calculated every third week of the month.
Assignments

Assignment of patient care will be done on a modular basis with the Nurse Manager as coordinator or RN in his/her absence. Evening and night shift assignments are made by the Module Nurse. Assignments will reflect the degree of supervision needed by the individual and its availability and the patient’s needs. Assignments are to follow practices outlined in the Nursing Policy and Procedure Manual. Assignments reflect the degree of supervision needed by the individual, the patient’s needs, the technology used and the geography of the unit.

Staffing Plan

Direct hours exclude Nurse Manager and Unit Secretary
Average Census: 13

| UNIT 4B |
|-----------------|-----------------|-----------------|-----------------|
| **Care Hours per** | **Percent Care/Shift** | **Daily Staffing** | **Per Class** |
| **24 Hours**     | **Days 31%**     | **Evenings 44%** | **Nights 25%** |
|                  | Days 8.1         | Nights 25%       | Nights 25%     |
|                  | RN 1-3           | RN 1-3           | RN 1-3         |
|                  | LPN 0-1          | LPN 0            | LPN 0          |
|                  | CNA 1-6          | CNA 1-6          | CNA 1-6        |

TOTAL FTE's: 24.0 RN – 10.0 LPN – 0.5 CNA – 13.5

The minimum amount of staff required to operate this unit in an emergency situation would depend on the acuity of the Unit. A RN would be present on all shifts.
HELEN HAYES HOSPITAL CLINICAL STAFFING PLAN

APPENDIX

STAR CARE DELIVERY SYSTEM

Systematic Teaching and Rehab (STAR) Care Delivery System is used at Helen Hayes Hospital to improve patient care and satisfaction.

This care delivery is based on Dorothea Orem's self-care Nursing Model. Nurses assist individuals with self-care activities that they are unable to perform for themselves. The goal is guiding patients to perform their own self-care.

Each disability unit is divided into modules by the acuity and needs of the patient and not geographically. The Nurse Manager or designee will assign a patient to a particular module on admission. The goal is that each patient's assigned nurse in that module will be constant throughout his/her stay at Helen Hayes Hospital. This nurse will be responsible and accountable for the patient's healthcare needs from admission to discharge focusing on improving patients' self-care deficits and patient education.

The Nurse Manager of the Unit will act as facilitator and a resource to keep unit running smoothly and oversee all plans of care as discussed at team rounds with an emphasis on patient education. The Nurse Manager will assign patients to modules according to acuity and will monitor care through performance improvement activities.

The staff Registered Nurse (RN) responsible for the modules will take report, make patient assignments according to patient acuity and staff roles. Assignments will include, but not limited to medication administration, treatments, vital signs, patient education, team rounds, in-service programs and admission/discharges.

The Licensed Practical Nurse (LPN) must be supervised by an RN and cannot be responsible for a module.

The Rehabilitation Hospital Nursing Assistant (RHNA) will be supervised and will receive an assignment from the Nurse Manager or RN responsible for a module.

OREM'S SELF-CARE NURSING MODEL

Orem's model is based on three major constructs: self-care requisites, self-care and nursing systems. Central to Orem's model is the belief that individuals function and maintain life, health, and wellbeing by caring for them. When an individual is unable to meet their needs (self-care requisites), self-care deficits occur, and therapeutic self-care demands arise which lead to nursing assistance. The three self-care requisites are universal, developmental and health deviation. Orem defined three nursing systems according to the degree of nursing assistance required: wholly compensatory, partly compensatory and supportive-educative.

Orem's universal self-care requisites are:
1. Maintenance of sufficient air, water and food.
2. Balance between activity and rest.
5. Prevention of hazards to human life, functioning and wellbeing.
6. Promotion of human functioning and development within social groups.
Orem's developmental self-care requisites are associated with developmental processes and conditions occurring during life cycle.
1. Maintaining conditions that support life processes and promote development.
2. Prevention of harmful effects on human development and the provision of care to overcome these effects.

Orem's health deviation self-care requisites are associated with individuals who are ill or injured or have a pathological condition and are receiving medical care. Orem identified six requisites for individuals with health deviations:
1. Seeking and securing appropriate medical assistance.
2. Recognizing and taking care of these conditions.
3. Implementing prescribed diagnostic, therapeutic, and rehabilitation measures.
5. Modifying the self-concept and acceptance of the condition.
6. Learning to live with the condition in a lifestyle that promotes continued development.

When the self-care demands exceed an individual's self-care capabilities, then self-care deficits occur, which may require nursing intervention. Nursing is a human service consisting of actions deliberately selected and performed to help individuals under their care to maintain or change conditions in themselves or in their environment. Nurses assist individuals with self-care activities that they are unable to perform for themselves; the goal is guiding patients to perform their own self-care.

The wholly compensatory nursing system is used with patients who are unable to engage in any form of deliberate action, who cannot or should not perform actions or who are unable to attend to themselves and make rational decisions about self-care. The nursing actions consist of performing the patient's therapeutic self-care, compensating for their inability and supporting and protecting the patients.

The partly compensatory nursing system is for patients who are unable to perform some self-care activities, such as those with actual or medically prescribed limitations, inadequate scientific or technical knowledge or skills, or impaired readiness to learn or perform special activities. The nurse may perform some self-care activities to compensate for patient limitations or may assist the patient as required.

The supportive-education system assists patients who are able or can learn to perform therapeutic self-care yet require assistance in decision making, behavior control, or acquiring knowledge or skills. The nurse may assist the patient through guidance, support, teaching or environmental change.