Nursing at AtlantiCare Regional Medical Center

Nursing for 2013

Philosophy of Nursing
Nurses at ARMC recognize that their practice is an integral part of our mission, vision and values and as such, are committed to provide compassionate, holistic, high quality care to our patients, family and community. AtlantiCare nurses are advocates for the patient, keeping in mind the individual needs of our diverse community by utilizing a multicultural approach. Through teamwork and dedication comprehensive healthcare is delivered. Nurses see themselves as innovators and pioneers who through their own professional development, continue to refine their practice through evidence based initiatives and nursing research.

The ANA Code of Ethics for nurses provides a framework for nurses who practice at ARMC:

• The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
• The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.
• The nurse promotes, advocates for, and strives to protect the health, safety and rights of the patient.
• The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.
• The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
• The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
• The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
• The nurse collaborates with other health professionals and the public in promoting community, national and international efforts to meet health needs.
• The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.
Magnet Designation and AtlantiCare Regional Medical Center…

AtlantiCare Regional Medical Center was extremely proud to receive the American Nurses Credentialing Center (ANCC) Magnet Designation in March of 2004 and re-designation in October 2008. The Magnet Designation is valid for four years. In the Fall of 2012, we will be submitting our re-designation application.

The Magnet Vision – Magnet organizations will serve as the fount of knowledge and expertise for the delivery of nursing care globally. They will be solidly grounded in core Magnet principles, flexible, and constantly striving for discovery and innovation. They will lead the reformation of health care; the discipline of nursing; and care of the patient, family, and community. The Commission on Magnet Recognition, 2008

Overview of the Magnet Designation Process -

In 2005, ANCC commissioned a statistical analysis of the Magnet appraisal team scores and formulated an alternative framework for the sources of evidence which support the Magnet designation process. The previous structure emphasized structure and process, the new model focuses more intensely on outcomes. Structure and process are necessary to create the infrastructure for excellence. Outcomes of that infrastructure are essential to demonstrate a culture of excellence and innovation.

To provide greater clarity and direction, as well as eliminate redundancy within the Forces of Magnetism, the new model configures the 14 Forces of Magnetism into 5 Model Components. The new, simpler model reflects a greater focus on measuring outcomes and allows for more streamlined documentation, while retaining the 14 Forces as foundational to the program. In keeping with the new Model, the Commission on Magnet created a new vision (see above) to communicate the importance of Magnet organizations in shaping future changes essential to the continued development of the nursing profession and to quality outcomes in patient care. – (Application Manual//Magnet Recognition Program, 2008)
Derivation of the Magnet Model

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What are the benefits of being a Magnet Designated facility?

- Recognition of nurse’s worth; acknowledging the quality of our nursing programs and care, and the importance of nurses to the success of our organization.
- Improves patient outcomes; “Magnet hospitals consistently provide the highest quality of care”
- High quality nurses attract high quality physicians and specialists
- Reinforcement of positive collaborative relationships
- Increase use of the hospital by the healthcare consumers and increase healthcare consumers’ confidence in the overall care provided by the hospital
- Major factor in nursing recruitment and retention. Magnet hospitals are “nurse friendly” organizations that have low turnover rates
- Creation of a “competitive advantage”
- Creation of a “Magnet Culture” which results in a positive work environment for professional nurses. Magnet hospitals have been cited as possessing cultures of “excellence” and are considered the “gold standard” in nursing care.

If you would like more information about our Magnet journey or would like to become a Magnet Champion contact your preceptor or call:
Heather Raffensperger at Extension - 23559

MagnetOrientationMaterial2012.doc
Theoretical Models
AtlantiCare Health System and AtlantiCare Regional Medical Center utilize various theories to provide the framework for both clinical and management practice.

NURSING
Nursing Theory
Nursing theory helps us guide our practice, education, administration, and research. Nursing theory assists nurses to develop analytical skills, challenge thinking, clarify values and assumptions, and enhance communication. Additionally, theory provides a common foundation of knowledge and thought from which to practice.

In 2006, our nursing staff chose a nursing theory compatible with the philosophy of nursing at AtlantiCare Regional Medical Center. Jean Watson’s Theory of Human Caring was selected to help guide the practice of nursing at AtlantiCare Regional Medical Center.

Watson’s theory was chosen for its basis of caring which was consistent with our departmental and professional nursing values. Watson’s theory can be used by caregivers at all levels of practice and supports various methods of care delivery, e.g. primary care, total patient care. The Theory of Human Caring provides clear direction as to how nursing fulfills our roles and how we articulate our practice. It allows for creativity in practice, education, management, and research, and is congruent with our organization mission, vision and values. Additionally, Watson’s theory can incorporate other models or theories important to ARMC nursing.

AN OVERVIEW OF JEAN WATSON’S CONCEPTUAL MODEL OF NURSING
Dr. Jean Watson is Distinguished Professor of Nursing and holds an endowed Chair in Caring Science at the University of Colorado Health Sciences Center. She developed her conceptual model of nursing in the late 1970’s. Her model continues to be developed through clinical and research activities at the faculty of Nursing, University of Colorado, and through the research activities of nurse scholars elsewhere in the United States and Canada.

Watson views nursing as a therapeutic interpersonal process in which the basic core of nursing is made up of the philosophy and science of caring. Watson views caring as a moral commitment to preserve human dignity.

Watson’s theoretical assumptions explain how caring – as an ideal, benefits both the person (patient) and the nurse. Nurses preserve the dignity of patients through human caring activities. These activities are identified as the ten “Clinical Caritas Processes” in Watson’s conceptual model of nursing. They include:

1. Practice of loving-kindness and equanimity within context of caring consciousness.
2. Being authentically present, and enabling and sustaining the deep belief system and subjective life world of self and one-being-cared-for.
3. Cultivation of one’s own spiritual practices and transpersonal self, going beyond ego self.
4. Developing and sustaining a helping-trusting, authentic caring relationship.
5. Being present to, and supportive of the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for.
6. Creative use of self and all ways of knowing as part of the caring process; to engage in artistry of caring-healing practices.
7. Engaging in genuine teaching-learning experience that attends to unity of being and meaning attempting to stay within other’s frame of reference.
8. Creating healing environment at all levels, (physical as well as non-physical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiating;
9. Assisting with basic needs, with an intentional caring consciousness, administering ‘human care essentials’, which potentiating alignment of mindbodyspirit, wholeness, and unity of being in all aspects of care. tending to both embodied spirit and evolving spiritual emergence;
10. Opening and attending to spiritual-mysterious and existential dimensions of one's own life-death; soul care for self and the one-being-care-for.

The Clinical Caritas Processes focus on loving kindness, developing an authentic caring relationship, being fully present, attending to basic needs with caring consciousness, engaging in the artistry of caring-healing practices and ministering to the spiritual needs of the person.

The three major concepts in Watson’s conceptual model of nursing are:
- The nurse
- The nurse patient relationship
- The gratification of human needs.

Jean Watson lays the foundation for her conceptual model of caring by first making explicit the values and beliefs that guide the practice of caring. The basic beliefs that are integral to the practice of caring are described below.

**Basic Assumptions For The Science of Caring in Nursing**
- Caring can be effectively demonstrated and practiced only interpersonally.
- Caring consists of clinical caritas processes that result in the satisfaction of certain human needs.
- Effective caring promotes health and individual or family growth.
- Caring responses accept a person not only as he or she is now but as what he or she may become.
- A caring environment is one that offers the development of potential while allowing the person to choose the best action for him or herself at a given point in time.
- Caring is more “healthogenic” than is curing. The practice of caring integrates biophysical knowledge with knowledge of human behavior to generate or promote health and to provide ministrations to those who are ill. A science of caring is therefore, complementary to the science of caring.
- The practice of caring is central to nursing.

Watson believes the nurse must cultivate sensitivity to self and others and this is achieve through self reflection and examination of views, beliefs, interactions, personal growth and spiritual practice. She describes “transpersonal caring” as a concern for the inner life world and subjective meaning of another. Her description of “caring occasion” occurs when the nurse and the person come together with their unique personal histories, in which the nurse and the person affect and are affected by one another; creating an authentic, transcendent experience of one another. Watson states: “In my sense of a caring transaction, caring is a moral ideal rather than an interpersonal technique and it entails commitment to a particular end. The end is the protection, enhancement, and preservation of the person’s humanity.”

**Maternal/Child services** utilize the *Family Centered Care Model* as a basis for clinical care delivery. Family-centered care is defined as a dynamic process of providing safe, skilled and individualized care that responds to the physical, emotional and psycho social needs of the woman and her family. Pregnancy and birth are considered normal, healthy life events. As well, family-centered maternity and newborn care recognizes the significance of family support and participation.

**Psychiatric services** utilize *Maslow's Hierarchy of Needs* as a basis for clinical care delivery. According to Maslow, there are general types of needs (physiological, safety, love, and esteem) that must be satisfied before a person can act unselfishly. He called these needs "deficiency needs." As long as we are motivated to satisfy these cravings, we are moving towards growth, toward self-actualization. Satisfying needs is healthy; blocking gratification makes us sick or evil. In other words, we are all "needs junkies" with cravings that must be satisfied and should be satisfied. Else, we become sick.

**ORGANIZATIONAL MANAGEMENT**
Management utilizes Peter Senge's Systems Thinking Theory emphasizing processes and interrelationships rather than cause and effect links.
QUALITY MANAGEMENT
Quality improvement initiatives are based upon W. Edward Deming’s approach to systematic problem solving known as Plan, Do, Study, Act.

Nursing Orientation and RN Preceptor Program are based upon Patricia Benner’s model, “Five Levels of Nursing Competency”. Benner’s Model identifies five levels of competency in clinical nursing practice, novice, advanced beginner, competent, proficient and expert. The graduate nurse enters as a beginning nurse who may have the requisite theoretical knowledge but lacks the clinical, situational experience to apply intuition, clinical judgment and contextual knowledge of situations to nursing practice and care delivery. Nurses new to the professional role function by rule-governed behavior, since they lack the ability to recognize and interpret information without situational experiences that provide higher-level skill acquisition. Novice nurse learning is also framed by their feelings about the experience in the contact of the practice environment. Graduate nurses move to the next stage of practice, advanced beginner, when they can demonstrate marginally acceptable performance and have sufficient experience to begin to detect patterns of patient response. Benner articulates this next level as beginning to incorporate Dreyfus’ concept of aspect recognition, discriminating between types of clinical signs to judge the relative importance of a particular clinical finding to the patient condition. A characteristic Benner describes as typical of both the novice and advanced beginner, is of the graduate nurse being overwhelmed by the volume of information, since without aspect recognition, all dimensions of the patient condition are regarded as equally important.

The graduate nurse will move from advanced beginner to competent nurse during the first year of practice. Benner describes the level three competent nurse as feeling the mastery and ability to cope with the many contingencies of care delivery with efficiency and organization. The process of moving through the stages of competency will be dependent on the background and experience of the resident, the type of institution, and degree of complexity of the patient population in the work environment.

Cultural Competency Program is based upon Transcultural Nursing Theory by Madeline Leininger, Nurse Theorist. Leininger theory underlines the meaning and importance of culture in explaining an individual’s health and caring behavior. This is the only nursing theory that focuses on culture.

PURPOSE OF PATIENT CARE SERVICES
To assist individuals (sick or well) with interventions that contribute to health maintenance, to recovery from illness, to rehabilitation potential or to a peaceful death. Nursing supports individual patients and families/significant others in carrying out prescribed therapies that assist each individual in regaining independence as possible. The nursing process, consistent with the care process at the Medical Center, provides the framework for which nursing care is delivered. The registered nurse collaborates with case managers following a Patient Placement and Case Management Model. The interdisciplinary approach is coordinated and consistent and includes all aspects of care required for specific patients. This may include coordinating input from disciplines within AtlantiCare Regional Medical Center (rehab, nutritional services, etc.) and professionals who provide specific services (forensic staff, community pastoral care, ethics consultants) within the community.

Key consideration to uniform performance of patient care process is included in the purpose of patient care services. Standards of care, access to care, acuity monitoring, policy and procedural guidelines ensure comparable levels of anesthesia and nursing care across all settings. Specific Performance Improvement indicators monitor the effectiveness of the uniform care process. Results are analyzed by the Performance Improvement Council.

Definition of Nursing Care Process - In accordance with the Medical Center's Mission and the State Board of Nursing's Statement on Nursing Care, the organization defines the patient care process (that includes nursing care) as a systematic approach that focuses on the following four steps:

1. **Assessment** - is the systematic collection and review of the patient specific data.
2. **Planning** - is the identification of actual or potential problems and desired outcomes (goals) that result in a documented plan of care. The plan of care provides direction for the patient and family or significant other, and the interdisciplinary team. The Plan of Care at the Medical Center includes: physician orders, orders of interventions identified by specific disciplines within their scope of practice, identified problems, goals, clinical pathways, protocols, standards, policies and procedural guidelines.

3. **Intervention** - the specific interventions or orders that are implemented consistent with the plan of care and medical treatment plan.

4. **Evaluation** - is a step in the process that involves determining the effectiveness of the interventions. Evaluation results in resolution of the problem or need to revise the problems, goals and interventions.

**Professional Ladder**
A Professional Ladder, developed by the Professional Development Committee with Retention Committee participation was instituted in 2003 for all full, part time and pool (who work > 1600 hours) RNs. This voluntary program offers three levels of achievement and rewards ranging from $3200 to $6300 to recognize your individual professional development and accomplishments. Applications for the Professional Ladder are available online (Nursing Intranet).

**Compensation**
To continue our leadership position in nursing salaries, a market survey will be routinely conducted. Recommendations for salary adjustments will be made based on survey results and our ongoing commitment to maintain a leadership position in RN compensation.
Nursing Professional Practice Model
Nursing at AtlantiCare Regional Medical Center is supported by a council structure that facilitates shared decision-making. Our model keeps the “Patient at the Center of Everything” (P.A.C.E. philosophy). Our Nursing Professional Practice Model serves as the foundation for our Nursing Practice. Nursing Advisory Council serves as the hub of communication both from the Unit Based Forums and each supporting council.

Council Structure
In addition to unit based forums, Nursing at ARMC is represented and supported by a council structure comprised of nurses and allied health professionals from all aspects and levels of practice. The councils have been created and developed for the main purposes of improving patient outcomes, focusing organizational endeavors, promoting collaborative practice and professional growth, and improving clinical practice. Information, meeting dates, and updates regarding the various councils can be found on the AHS website under Nursing.

Clinical Quality Council
The CQC is a multidisciplinary council comprised of leadership representatives throughout the organization. The council focuses on performance improvement activities, patient focused functions and organizational clinical initiatives and outcomes.

Nursing Leadership Council
The NLC is chaired by the Vice President of Nursing and comprised of nursing leaders throughout the organization. The council focuses on organizational nursing initiatives.

Nursing Advisory Council (NAC)
The NAC provides a forum to facilitate communication among staff nurses throughout the organization. The NAC enables staff nurses to demonstrate autonomy and responsibility regarding unit operations and clinical issues identified at the unit forum level, including (but not limited to): education, clinical practice, quality improvement, staff satisfaction, and customer satisfaction and safety issues. Trends in issues that impact nursing across the organization are discussed and action steps identified and implementation monitored.
Nursing Orientation 2013 Nursing Services

**Education Council (EC)**
The EC is an interdisciplinary council. Its function is to determine and make recommendations for policies and procedures regarding development and implementation of education at ARMC. The EC determines, establishes and evaluates educational tools to meet identified needs that impact patient care. The EC also coordinates dissemination of interdivisional educational endeavors and makes recommendations regarding resources and materials needed to fully implement education.

**Professional Development and Recognition Council (PDRC)**
The Professional Development Council is a council comprised of nursing staff representatives throughout the organization. The council focus is professional growth and development, specifically: nursing research, education, recruitment and retention, and nursing recognition.

**Clinical Practice and Informatics Council (CPIC)**
CPIC is a multidisciplinary council comprised of nursing and allied health professionals from all aspects of practice throughout the organization. The council improves clinical practice by identifying and promoting evidence-based practices. CPIC enhances the unit-based staff nurse role to act as a liaison with the Clinical Informatics Department (CID), related to documentation and clinical system support. Members will enhance the quality of our care and documentation through clinical system expertise and mentoring. This provides unit-focused quality monitoring, increased awareness and knowledge of information systems, peer-to-peer compliance reviews and allows for collaboration between the manager, staff and other departments. CPIC findings are communicated to appropriate departments in a timely manner.

**Advanced Practice Council**
The Advanced Practice Council is comprised of advanced practice nurses working in a variety of settings throughout the organization. The role of the APN in the state of NJ consists of nurse practitioners and clinical nurse specialists. The council focus is on the role development of the advanced practice nurse in various practice settings.

**Organizational Committees**
We have many other organizational committees/task forces that you might which to participate in. Contact Nursing leadership for committees in your department or the ARMC Intranet Nursing web site if you would like additional information.

ARMC employs several patient care delivery models. We utilize PCA's (Patient Care Assistants), Companions, and (AA’s) Administrative Associates who assist with nursing care and patient safety. Depending on the specialty area, PCA’s carry out a variety of functions in an Unlicensed Assistive Personnel (UAP) role. Companions are UAPs who remain at the patient’s side assisting with daily care and maintaining patient safety. AA’s assist with daily organizational duties and unit communication. In some areas we have teams comprised of Case Managers, Nurse Team Leaders, and PCAs- the team is designed to meet patient needs. In other departments we utilize a Case Manager Model. Nursing Administrative Supervisors are available as both resources and to assist with patient care delivery.

**Scope of Practice**

**Advanced Practice Nurse**
The Advanced Practice Nurse, certified by the New Jersey Board of Nursing, functions according to state law, professional standards of practice and hospital by-laws. The Advanced Practice Nurse possesses a comprehensive knowledge base established within a sound theoretical framework. In collaboration with the physician, the Advanced Practice Nurse provides direct and indirect services to a specific patient population; provides health related services to support patient care; and promotes health education and research.
Registered Nurse
In accordance with the State of New Jersey Nurse Practice Act, the practice of nursing as a registered professional nurse is defined as “diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well being and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.”

The practice of nursing by a registered nurse shall mean assuming responsibility and accountability for those nursing actions which include, but are not limited to: assessing human responses to actual or potential health conditions (assessment); identifying the nursing care needs that reflects the status of an individual patient, family or significant other (planning); executing a nursing treatment regimen through the selection, performance and management of proper nursing practices and executing diagnostic therapeutic regimens prescribed by licensed medically privileged practitioners (intervention); evaluating a patient, family and significant other’s response to nursing interventions (evaluation); teaching health care practices; advocating the provision of health care services through collaboration with the interdisciplinary team; prescribing, administering, supervising, delegating and evaluating nursing activities.

Licensed Practical Nurse
In accordance with the State of New Jersey Nurse Practice Act, the practice of nursing as a licensed practical nurse is defined as “performing tasks and responsibilities within the frame work of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.”

The licensed practical nurse provides direct nursing care and functions as an integral part of the health care team. The licensed practical nurse may work independently in situations relatively free from complexity as a private practitioner in the home where he/she has a minimum of on-the-spot supervision from a registered nurse or the patient's physician. The licensed practical nurse may also work with the registered nurse in more complex situations, such as the acute care setting.

The practice of nursing by the licensed practical nurse shall mean accepting responsibility for individual nursing actions, competence and behavior, and retaining accountability for tasks performed. The practice of nursing by a licensed practical nurse shall also mean contributing to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner; participating in the development of a strategy of care in consultation with other nursing personnel; providing direct nursing care; and contributing to the evaluation of the responses to nursing interventions.

To facilitate patient care delivery ARMC supports a Resource Team comprised of RNs who initiate the nursing database, initial assessment, plan of care/education record, consults/referrals, healthcare provider orders, smoking cessation education, and Kardex information. The role of the Resource Team is discussed further in the Interdisciplinary Care Planning Module.

Delegation -
\textbf{Remember} to utilize the \textbf{5 Rights of Delegation}
- Right task
- Right person
- Right skills
- Right instructions
- Right supervision

We must remember to delegate using the healthcare provider’s scope of practice. This will assist with making clinical delegation decisions.

Chain of Command –
Chain of Command can encompass a variety of circumstances i.e. - when we report findings, we use a chain of command, to request time off, etc. For Human Resource questions review the
Policies on the AHS intranet to assist you. For physician-related issues ie – concerns with patient care issues contact the Quality Management Clinical Coordinators. To find out which physicians have privileges to perform certain procedures contact the Administrative Supervisor on off shifts or unit based Nursing Leaders. An up to date list is housed on one of the Network drives and/or a written document can be found in the Critical Care, ED’s and Administration.

The Administrative Supervisors are here to support you. They maintain safe and effective patient flow and are your resources as well as the administrative resources for all employees. Names and phone numbers of key nursing leadership including Clinical Nurse Specialists, and additional information is available on the AHS website under Nursing, and under E-phone on the AHS homepage. Your preceptor will certainly be an excellent resource in helping you to feel comfortable with all the new faces at ARMC.

**Professional Development**

Staff has opportunities for professional educational advancement via a multitude of programs such as Tuition Reimbursement, RN-BSN Jefferson affiliation program, and several types of personal and family related scholarship opportunities - contact Human Resources for further details. In addition to tuition reimbursement Nurses at ARMC are eligible to receive financial reimbursement for continuing education. Full time employees can receive up to $75.00 per year for up to 10 years of service. For those with greater than 10 years of service, eligibility increases to $125.00.

If you have any questions please contact HR. See the Organizational Service Section of your orientation binder for more information about Educational Opportunities at ARMC.
Clinical Nurse Specialist Role at ARMC
APNs and Master Level Nurses

The Clinical Nurse Specialist Role includes mastery and in depth knowledge of theory and practice with competence in advanced clinical skills in ones specialty. Traditionally the APN functions in the role of consultant, educator, researcher, clinician, and/or leader.

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<th>Consultants</th>
<th>Educator</th>
<th>Researcher</th>
<th>Clinician</th>
<th>Leader</th>
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<td>As a member of the management teams of specific units, identifies specific unit needs (meets with management team at least once per month to provide an exchange of information, identify needs, and promote team building).</td>
<td>Facilitates and/or provides unit based educational programs to individuals or groups of individuals.</td>
<td>Serves as a member of the Nursing Research Committee.</td>
<td>Provides specialty skills in direct patient care when indicated.</td>
<td>Serves as a member of the unit based management team.</td>
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<td>Clinical expert consultant to:</td>
<td>Provides hospital based educational programs.</td>
<td>Mentors nursing staff that are interested in nursing research.</td>
<td>Functions as a facilitator and innovator for state-of-the-art nursing care with direct involvement in implementing and evaluating new techniques and equipment for safety, cost effectiveness, and benefits.</td>
<td>Provide leadership through membership and/or chair roles in unit/hospital based councils/committees/special projects.</td>
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<td>Hospital staff, including nurses, management, physicians, other health care providers</td>
<td>Provides community based educational programs.</td>
<td>Assists with identifying problems for research.</td>
<td>Assists and provides direction to nursing staff with clinical decision making and priority setting.</td>
<td>Participates in community and/or professional organizations.</td>
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<td>Members of the community and agencies to problem solve issues on an individual basis or as a team.</td>
<td>Provides community based educational programs in the acquisition of information related to health and wellness, including the prevention of illness and injury.</td>
<td>Expands the scientific base of nursing by assisting or leading research project(s).</td>
<td>Critically analyzes current nursing research methods and results for utilization in the expansion and improvement of patient care and patient outcomes.</td>
<td>Advocates and role models for professional nursing, specifically the advanced role of nursing.</td>
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<td>Consultant to patients when issues are identified within the APN’s specialty.</td>
<td>Precepts and/or mentors students.</td>
<td>Disseminates research findings through presentations and publications.</td>
<td>Identifies and utilizes appropriate resources.</td>
<td>Provides clinical leadership in the formulation, review and revision of nursing policy and procedures.</td>
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<td>Serves as a member of the Rapid Cycle team, providing clinical expertise to the problem solving and solution formation process.</td>
<td>Contributes to professional nursing literature by publishing scholarly works.</td>
<td>Critically analyzes current nursing research methods and results for utilization in the expansion and improvement of patient care and patient outcomes.</td>
<td>Participates as a clinical leader in the development, implementation, and evaluation of departmental and organization goals, objectives, and overall strategic plan.</td>
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Advanced Practice Nurse

The Advanced Practice Nurse, who are these nurses? The advanced practice nurse (APN) is an umbrella term given to a registered nurse who has met advanced educational and practice requirements, usually at the master’s level, beyond the basic nursing education and licensing required of all RNs. Under this umbrella fall four principal types of APNs; Nurse Practitioner (NP), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS) and Certified Registered Nurse Anesthetist (CRNA).

An advanced Practice Nurse must pass national licensing exams in order to practice and must maintain their licenses through ongoing educational activities and testing. An advance Practice Nurse’s scope of practice varies from state to state, but the focus remains the same: health maintenance, disease prevention, counseling, and patient education.

Nurse anesthetists are the oldest advanced nursing specialty. Since the 1800s nurses have been involved in administering anesthesia. Nurse anesthetists evaluate patients for anesthetic agents, monitor patients responses to anesthetics administered, evaluate post-anesthesia recovery, facilitate diagnostic, therapeutic, emergency and surgical interventions. They are also educators, administrators, and consultants.

Nurse-midwifery was the second major advanced nursing specialty to develop historically. Nurse-midwives provide prenatal, intrapartal, postpartum care and well woman care including family planning. They are also, administrators, educators, and consultants.

The role of the Clinical Nurse Specialist originated for the purpose of improving the quality of nursing care provided to patients. The CNS role encompasses a number of direct and indirect care aspects including consultation, staff advocacy, peer education, patient education, and research and mentoring.

Nurse Practitioners developed somewhat later than CNSs, again with very different dynamics. Expansion of nursing functions increased, especially as related to domains of practice traditionally seen as medical. Primary activities include screening, physical and psychosocial assessment, follow-up when deviations from normal are detected, continuity of care, health promotion, problem centered services related to diagnosis.

Marianne Herman, RN, MSN, APN, C
Patient Care Associate (PCA) and Companion

**WHAT’S THE DIFFERENCE??**

**Patient Care Associate (PCA) Key Elements:**
- PCA’s, under the supervision of the RN, assist in delivering patient care including:
  - Hygiene, safety, nutrition, exercise, elimination, oxygenation
  - Patient’s admission, discharge, transfers, post mortem care
  - Data collection including but not limited to taking vital signs, patient weights, measuring intake and output, collecting specimens, and performing EKGs
  - Providing comfort measures and promoting patient safety
- PCA’s, under RN supervision, will be utilized for 1:1 monitoring of a single patient with behavioral restraints* or at risk for suicide.
- A PCA can be a Companion, if needed, but a Companion cannot perform all the duties of a PCA.

**Companion Key Elements:**
- The Companion, under direct supervision of the RN, is responsible for remaining in attendance to prevent patient injuries resulting from falls.
- The Companion will provide a safe and comfortable environment for the patient by promoting patient safety, recognizing and upholding the rights of all patients thereby minimizing the use of restraints.
- The Companion will sit with the assigned patient to assure the patient does not attempt to get up unassisted, remaining in attendance throughout the shift.
- The Companion may be asked to perform minor patient care:
  - Feeding
  - Toileting
  - ADL’s
- The Companion will report directly to the RN caring for the patient.
- The Companion may not sit with a patient with behavioral restraints* or at risk for suicide unless they have completed Crisis Prevention Intervention (CPI) Training.

**Unlicensed Assistive Personnel (UAP) Key Elements:**
- Client care responsibilities are delegated to the PCA and Patient Companion, but the RN retains accountability for the care of the patient and supervision of the UAP.
- The job duties and responsibilities of the PCA and Patient Companion are limited based on the level of preparation and competency of the PCA and Patient Companion and the complexity of the client’s needs.
- The scope of practice for the PCA is that of an Unlicensed Assistive Personnel.
- The scope of practice for the Patient Companion also falls under that of the UAP, with restrictions.
- UAP’s are part of the healthcare team and work closely with the RN.
- Prior to performing patient care the UAP should discuss with the RN what needs to be done, and report findings to the RN after the care is completed.
- Any questions concerning the patient should be discussed with the RN.

*Behavioral restraints: Used for a patient who exhibits violent, aggressive and/or combative behavior that poses a clear danger to self or others and when less restrictive alternatives have been determined to be ineffective.
National Database of Nursing Quality Indicators (NDNQI)

1. **What are nursing-sensitive indicators?**
   They reflect the structure, process and outcomes of nursing care:
   - **Structure**- supply of nursing staff, skill level of nursing staff, and education/certification of nursing staff.
   - **Process**- measure aspects of nursing care such as assessment, intervention, and RN job satisfaction.
   - **Outcomes**- considered nurse sensitive are outcomes that improve if there is a greater quantity or quality of nursing care (pressure ulcers, falls, IV infiltrates etc.).

2. **What are the goals of the NDNQI?**
   - To provide comparative information to health care facilities for use in quality improvement activities.
   - To develop national data on the relationship between nurse staffing and patient outcomes.

3. **How does NDNQI help us?**
   - NDNQI provides us with a quarter-by-quarter information stream
   - Includes national averages for facilities of our size, significance tests, percentile ranking.
   - Other statistical information to help us assess staffing and patient outcomes.

4. **What are the Benefits of quality data comparisons?**
   - Quantifies elements of the quality of nursing care in your facility.
   - Assists nursing leadership in estimating the value of nursing in achieving high quality patient outcomes in a cost-effective manner.
   - Investigates the link between nurse staffing and quality of care.
   - Provides a valuable recruitment and retention tool for nurses and other staff members.
   - Offers data comparisons that can be leveraged during health plan contract negotiations.
   - Assists the hospital in marketing efforts in many ways.

5. **What information does AtlantiCare target?**
   **Med-Surg and Critical Care:**
   - Pressure ulcer incidence
   - Pressure ulcer prevalence
   - Fall rate
   - Hours per patient day (hours of care)
   - Nursing skill mix
   - Restraint incidence

   **Psychiatric:**
   - Patient injury
   - Staff injury