Model of Professional Nursing Care Delivery

Commitment to Clinical Excellence
Caring About You!
Introduction

“As nursing advances, matures, and evolves in its higher/deeper consciousness of its timeless mission and covenant with society for sustaining humanity, it will continue to awaken to the essence or core of human caring” (Clark, Watson, & Brewer, 2009, p. 339).

Nurses at Maricopa Integrated Health System (MIHS) are dedicated to providing exceptional, comprehensive, and safe care to all those who live in Maricopa county in accordance with the American Nurses Association’s Standards of Practice. MIHS serves a variety of patients from diverse backgrounds, cultures, and socioeconomic status. As one of the busiest hospitals in Maricopa County with over 500 beds, MIHS is a teaching hospital that takes pride in their professional collaboration amongst health care workers with different specialties, training and backgrounds.

MIHS nurses observe both Drs. Kristen Swanson and Jean Watson’s Theory of Caring by integrating this into the Caring About You Theory. This theory essentially embraces the art of caring intentionally from a holistic perspective. As such, MIHS nurses create collaborative partnerships by actively participating with those in need of care in order to promote health and wellness. This in turn empowers patients, families, and others within the community to gain control and promote healthy change.

Nursing practice at MIHS is built upon several key components:

- The Mission, Vision, and Values of MIHS Nursing
- Beliefs on Caring and Nursing
- The Nursing Theoretical Framework
- Interprofessional Collaboration
- Nursing Shared Governance
- Nursing Standards of Care
Highlights of Our Practice Model Components

Organizational Mission Statement

MIHS is committed to offering comprehensive and safe care to all of those who live in Maricopa County, including the underserved and medically needy, through a seamless continuum of care that keeps our community healthy and self-sufficient and effectively treats illness. Not only is MIHS devoted to fostering the academic programs that train physicians and nurses for this community, but also to advancing the clinical research that improves health care outcomes.

Nursing Mission

The nursing mission is to provide the highest level of compassionate and patient-centered care through innovative evidence-based practice, education and research.

Nursing Vision

MIHS nurses are dedicated to promoting health and caring service by providing our patients with exceptional nursing care in an environment that empowers, educates, and nurtures patients and guides them and their families through the healthcare system.

MIHS Values

Respect Leadership Compassion Integrity Collaboration Education Excellence Innovation Stewardship Accountability

The MIHS Pillars of Excellence

People * Service * Quality * Finance * Growth
History

Foundational Theories

The evolution of nursing knowledge and nursing as a practice discipline has led to the implementation of nursing models to improve the quality of patient care and the nursing work environment. In 1860, long before nursing theories as a whole were developed and embraced by the profession, Florence Nightingale advocated nursing behaviors that fostered caring and therapeutic relationships.

The Evolution of our Current Theorist at MIHS

Initially, MIHS adopted Imogene King’s theory as the official nursing theorist. Her work reasons that nurse/patient interactions are essential to the attainment of the patient’s health goals (King, 1968). With the latest developments in nursing practice and MIHS’s progressive movement toward Magnet status, it became evident that a gap existed between King’s theory and MIHS practice. A more practical and progressive theoretical framework was needed.

In an effort to identify a theorist(s) more relevant to current practices at MIHS, two Clinical Practice Educators began to explore more options by attending a conference with keynote speaker Dr. Kristen Swanson on Caring Theory. Her enthusiasm and dynamic approach to care at the bedside ignited a spark and became a guiding light to generate ideas on how to incorporate a caring theory into practice. After further exploration and discussion with the chief nursing officer, it was decided that MIHS needed a more formal framework for nursing practice within the organization.

Nursing leadership developed a nursing theorist taskforce led by the nursing director, to include bedside nurses, nursing educators and the Magnet coordinator to formulate a Professional Practice Model (PPM) incorporating nursing theory and science. The committee examined a number of nursing theorists/practice models, focusing on those that emphasized caring concepts. The Nursing Theorist Task Force re-evaluated the former nursing theorist representation and created the PPM after having sought feedback through a survey from all MIHS nursing staff.

MIHS has identified the theories of Jean Watson (1985) and Kristen Swanson (1991) as being more contemporary and relevant to the organization’s current vision for nursing practice and philosophy. Complexities of modern health care pose unique challenges for nurses in that techno-task environments leave little room for establishing caring relationships. By understanding how and why the nursing heritage of MIHS evolved, the Task Force conceptualized an applicable nursing theoretical framework.

The Nursing Theoretical Framework

MIHS nursing practice and philosophy is based on the general theories and beliefs of the Caring/Caritas concepts of Drs. Jean Watson and Kristen Swanson. Through understanding the process of comparing, contrasting and investigating these two sources, MIHS has adopted the five dimensional beliefs that comprise and lead to the caring process in our nursing practice. The Structure of Caring focuses on the patient and is comprised of 1) maintaining belief, 2) knowing, 3) being with, 4) doing for and 5) enabling.
Jean Watson, PhD, RN, AHN-BC, FAAN

Dr. Watson is a distinguished professor of nursing and holds an Endowed Chair in Caring at the University of Colorado Health Sciences Center. She developed her theory in 1985 by publishing the ten carative factors. By 2001 she had expanded her theory and wrote the theory’s primary elements. They are as follows: a) carative factors, b) transpersonal holistic caring relationship, and c) caring moments coupled with caring occasions. Her theory has continued to evolve by replacing the carative factors with clinical caritas factors and bringing it more into every aspect involved in bedside nursing. The Greek word “caritas” means “cherishing and giving loving attention to another” (Watson & Smith, 2002, p. 452)."

The following represents the translation of Watson’s evolution of her carative factors into clinical caritas processes.

1. The practice of compassion and loving kindness
2. Being authentically and consciously present.
3. Cultivating one’s own spiritual practice/preservation and opening to others with sensitivity and compassion.
4. Developing, sustaining and protecting human dignity and a helping, trusting patient relationship.
5. Acceptance of patients/families where they are emotionally and allow positive and or negative feelings.
6. Creative use of self…bridge, catalyst, facilitator
7. Attempting to stay within another’s frame of reference…allowing and accepting their world view.
8. Creating healing environments…transforming patient and nurse through caring occasions.
9. Assisting with basic needs.
10. Soul caring to one’s self and the one receiving the care.

(Watson & Smith, 2002)

Nurses obtain mutuality concerning individual patient’s situations and needs through therapeutic communication with their patients, families, communities and support systems. By always being conscious and authentically present, this creates helping-trusting relationships (Watson, 2002). Caring moments are created when the nurse and another (patient, family, significant other) meet in such a way that a human caring occasion takes place. Dr. Watson (2002) supports the significance of caring, conscious, authentic relationships between the nurse and patient, in order to treat patients positively and holistically in achieving whole health and healing. This promotes the continuing of professional growth/mastery for each nurse.

Kristen Swanson, PhD, RN, FAAN

Dr. Kristen Swanson published the Empirical Development of a Middle Range Theory of Caring (Swanson, 1991) sharing her structure of caring which provides a nurturing link to a valued other (patient) toward whom one feels a personal sense of responsibility and commitment. When a nurse demonstrates they care about their patient, patient outcomes are enhanced and promoted. One
feels a personal sense of commitment and responsibility. Caring leads to: emotional/spiritual well-being, physically enhanced healing, trusting relationships, sense of accomplishment and preserved integrity. Dr. Swanson (Swanson, 1993) cross-validated Dr. Watson’s work with her research arriving at five caring processes, which are as follows:

1. Knowing - Endeavoring to understand events’ meaning in another’s life, by completely assessing, seeking verbal/nonverbal clues and calling on collegial expertise.
2. Being with – Being consciously and emotionally present to the other. Caring practices include being present, preserving. Actively listening, revealing and not imposing.
3. Doing for – Doing for the other what they would do for themselves, if they could accomplish it. Caring practices include competent performance, preservation of dignity, comforting and protecting.
4. Enabling/Empowering – Being a facilitator for others’ passages and transitions through unfamiliar life events. Caring practices include anticipating and preparing for future needs through informing, creating options, supporting, explaining, validating and advocating currently and for the future.
5. Maintaining belief – Maintaining a foundational belief in people and their survival capacity to find meaning in the future as they pass through events and transitions. Caring practices include having faith, being able to persevere in “going the extra mile”.

(Swanson, 1993)

**Nursing Professional Practice Model of Care**
<table>
<thead>
<tr>
<th>Transformational Leadership</th>
<th>Continuous Quality Improvement</th>
<th>Exemplary Professional Practice</th>
<th>Professional Collaboration</th>
<th>Clinical Advancement</th>
<th>Structural Empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pillars of Excellence</strong></td>
<td><strong>Institute of Medicine’s Quality Measures</strong></td>
<td><strong>Art of Intentionally Caring About You</strong></td>
<td><strong>Promotion of Therapeutic Healing Environment</strong></td>
<td><strong>Evidence to Excellence via Evidence-Based Practice</strong></td>
<td><strong>Center for Clinical Excellence</strong></td>
</tr>
<tr>
<td><strong>Mission and Vision</strong></td>
<td><strong>Committees and Councils</strong></td>
<td><strong>Standards of Practice</strong></td>
<td><strong>Interdisciplinary Plan of Care</strong></td>
<td><strong>Innovation and Inspiring New Technologies</strong></td>
<td><strong>Individual Empowerment</strong></td>
</tr>
<tr>
<td><strong>Core Values</strong></td>
<td><strong>Patient Satisfaction Surveys</strong></td>
<td><strong>Sociocultural Competency and Cultural Diversity</strong></td>
<td><strong>A.I.D.E.T. Fundamentals of Service</strong></td>
<td><strong>Dedication to Research</strong></td>
<td><strong>Role Development</strong></td>
</tr>
<tr>
<td><strong>Nursing Division Goals</strong></td>
<td><strong>Voluntary Protection Program (VPP)</strong></td>
<td><strong>Behavior Standards</strong></td>
<td><strong>I.C.A.R.E. 5 Step Recovery Process</strong></td>
<td><strong>New Knowledge and Skill Acquisition</strong></td>
<td><strong>Educational Needs Assessment</strong></td>
</tr>
<tr>
<td><strong>Strategic Management</strong></td>
<td><strong>Technological Advancements</strong></td>
<td><strong>Patient Safety</strong></td>
<td><strong>SBAR Reporting</strong></td>
<td><strong>Mentoring</strong></td>
<td><strong>Specialty Certification</strong></td>
</tr>
<tr>
<td><strong>Supportive Transformational Culture</strong></td>
<td><strong>Patient Centered Medical Home Model</strong></td>
<td><strong>Nurse Sensitive Indicators</strong></td>
<td><strong>Shared Accountability</strong></td>
<td><strong>Devotion to Community Involvement</strong></td>
<td><strong>MIHS Employee Recognition</strong></td>
</tr>
<tr>
<td><strong>Standard Compliance and Clinical Outcomes</strong></td>
<td><strong>Performance Improvement and Evaluations</strong></td>
<td><strong>Social Support System Involvement</strong></td>
<td><strong>Nursing Peer Review</strong></td>
<td><strong>Recruitment and Retention</strong></td>
<td><strong>Ancillary Support</strong></td>
</tr>
<tr>
<td><strong>Organizational Accreditations</strong></td>
<td><strong>Employee Engagement</strong></td>
<td><strong>Educational Needs Assessment</strong></td>
<td><strong>Professional Networking</strong></td>
<td><strong>Shared Governance</strong></td>
<td><strong>Educational Partnerships</strong></td>
</tr>
</tbody>
</table>
|                             |                               | **Educational Resource Allocation** | **Preceptor-ships and Residencies** | **Community Partnerships and Outreach Programs** | ****
The Nursing Professional Practice Model (PPM)

Introduction

Discovering that the former nursing professional practice model (PPM) was bereft of any substantial guiding force, nursing officials prioritized formalizing a PPM of which nurses could not only identify with, but also use as a guiding light in their practice. Nursing officials designated a Nurse Theorist Task Force to formulate a PPM based off of nursing theory and science. Comprised of passionate bedside nurses, nurse educators, and specialty directors, the Nurse Theorist Task Force re-evaluated/adapted the former nursing theorist representation and created the PPM after having sought feedback from nursing staff. Through the unfailing commitment of the task force members, the model was implemented and evaluated for applicability and efficacy.

Development

As the Center for Clinical Excellence, MIHS’ trademark approach of “Every person. Every Time.” resonates the truth that in every interaction MIHS professionals have with another human being, they are given the opportunity to make a positive difference for that person. This compels all MIHS professionals to be cognizant of how they want to be remembered and leave their legacy, whilst at the same time representing all that MIHS stands for. As a collective whole, MIHS serves and cares for a unique population, that being typically the underserved, underprivileged, and vulnerable persons that, most often, society turns their backs on. Intending to reach out and affect positive, lasting change for this special population, MIHS nurses welcome this population with open arms to provide them with the highest quality care while upholding their dignity and self-worth. In that “caring is the light that shines in darkness” (B. Melnyk, personal communication, August 16, 2006), MIHS nurses truly care for people with compassion, determination, and conviction in their darkest hour of need.

Design

The nursing professional practice model (PPM) design depicts the nursing practice environment at MIHS. As the universal symbol of nursing, the white hearts depicted in our PPM reflects the structures and processes that constitute and guide MIHS practice. Each white heart points to the center, Caring About You to portray the essential principles on which nursing practice is founded. Caring About You encompasses both the patients and nursing staff. The elemental white heart configuration forms a daisy as symbolic of the Daisy Foundation, thereby also presenting an appreciation for nurses (The Daisy Foundation, n.d.). The outer circle of the design represents unity among all MIHS professionals to provide “you” with the highest quality care possible. To illustrate that the MIHS Pillars of Excellence transcend all integral parts of the model by serving as a foundation for practice, the Pillars of Excellence are illustrated at the bottom of the PPM classification table. Ultimately though, caring is the heart of the matter for MIHS nurses; that is, the fundamental guiding force of what MIHS nurses do is “Caring about You,” indiscriminate of who you are and where you have been.
PPM Composition and Theoretical Constructs

Constituent elements that establish nursing at MIHS include transformational leadership, continuous quality improvement, exemplary professional practice, professional collaboration, clinical advancement, and structural empowerment.

Transformational Leadership

Health care transformation requires the power of only one to create an impetus for change. Recognizing the ability of one person to inspire an entire health care organization, the supportive transformational culture of MIHS propels every nurse to stand as that leader. The Pillars of Excellence and core values of MIHS serve as a foundation on which nurses base their practice. Nurses align their own personal mission and vision with that of the mission and vision of MIHS while being cognizant of nursing division goals. Through strategic management, transformational leaders capitalize on team member’s strengths and encourage champion initiatives by believing in the power of the team and celebrating victories. Recognizing that innovation is a source of power for health care industry and that innovation inherently begets change, nurses at MIHS are called to be transformational innovative leaders who embark on the transformational journey together.

The following are examples and descriptions of MIHS’ Transformational Leadership:

- Pillars of Excellence
  - People
  - Service
  - Quality
  - Finance
  - Growth
- Mission and Vision
- Core Values
  - Respect
  - Compassion
  - Collaboration
  - Excellence
  - Stewardship
  - Leadership
  - Integrity
  - Education
  - Innovation
  - Accountability
- Nursing Division Goals
- Strategic Management
- Supportive Transformational Culture
  - Challenging the Status Quo
  - Embracing Spirit of Inquiry
Continuous Quality Improvement

In order to offer the clinical excellence MIHS is so recognized for, nurses continually seek opportunities to enhance the quality value of their work. Quality improvement strategies in place at MIHS for nurses include abiding by the Institute of Medicine’s quality measures, participation in committees and councils, gaining insight with quality enhancement of the patient experience through patient satisfaction surveys and nursing peer review, advocating for safety via the Voluntary Protection Program, and revolutionizing health care delivery through use of innovative technological advancements and processes. Furthermore, MIHS nurses continually exceed standard compliance and clinical outcomes as delineated by governing officials. MIHS perpetually seeks organizational accreditation to ascertain optimal health care delivery via nursing practice. By not only addressing areas on which to improve practice, but also by advocating for the adoption of quality improvement strategies through innovative processes, nurses at MIHS truly are able to transform care delivery at the bedside.

The following are examples and descriptions of MIHS’ Continuous Quality Improvement:

- **Institute of Medicine’s Quality Measures**
  - Patient-centered
  - Equitable
  - Timely
  - Safe
  - Efficient
  - Effective
- **Committees and Councils**
  - Performance Improvement Committee
  - Infection Prevention and Control Committee
  - Employee Activity Committee
  - Quality Management Council
  - Nurse Practice Council
  - Nurse Executive Council
  - Staff Education Committee
- **Patient Satisfaction Surveys**
  - Press Ganey
  - Hospital Consumer Assessment of Healthcare Providers and Services (HCHAPS)
- **Voluntary Protection Program (VPP)**
- **Technological Advancements**
  - EPIC
  - SIMs Center
  - Nursing Informatics
- **Home Medical Model**
- **Standard Compliance and Clinical Outcomes (Core Measures)**
  - Office of Patient Experience
- **Nursing Peer Review**
- **Organizational Accreditations**
  - Det Norske Veritas (DNV)
  - Specialty Certification
Exemplary Professional Practice

Only through the compassionate dedication of nurses is MIHS able to achieve exemplary professional practice. By fully applying the art of caring intentionally as derived from a holistic integrated theory based on the works of Jean Watson and Kristen Swanson, nurses at MIHS are able to provide clinical excellence. MIHS nurses practice autonomy, but abide by nursing practice standards and behavior standards identified by the organization. They are also upheld to the highest standard with incentives through performance improvement and evaluations. MIHS nurses continually exceed patient safety and nurse sensitive indicators. Celebrating cultural diversity and honoring individuals as holistic beings, nurses provide sociocultural competent care while also involving the patient’s social support system. Nurses at MIHS exemplify the character and aptitude of all that nursing encompasses as both art and science.

The following are examples and descriptions of MIHS’ Exemplary Professional Practice:

- **Art of Caring Intentionally-Holistic Integrated Theory of Caring (Watson and Swanson Nurse Theorists)**
- **Standards of Practice**
  - American Nurses Association and Arizona State Board of Nursing standards of practice
  - AZ Nurse Practice Act
  - Nursing Code of Ethics
- **Sociocultural Competency and Cultural Diversity**
- **Behavior Standards**
  - Positive Attitude
  - Communication
  - Professionalism
  - Team Player
  - Trustworthy
  - Safety
  - Responsiveness
- **Patient Safety**
- **Nurse Sensitive Indicators**
  - National Database of Nursing Quality Indicators (NDNQI)
- **Performance Improvement and Evaluations**
- **Recruitment and Retention**
- **Employee Engagement**
  - Employee Engagement and Satisfaction Surveys
Professional Collaboration

With emphasis placed on open communication styles, collaboration, and teamwork, nurses at MIHS are able to authentically engage others and advance multidisciplinary solutions in the interdisciplinary plan of care. Applying the fundamentals of service, the recovery process, and reporting format, nurses engage in caring relationships all the while promoting a therapeutic healing environment. Acknowledging the strength of team efforts surrounding the individual being cared for, MIHS nurses call on ancillary supportive measures to provide the best care possible. By connecting with others, nurses at MIHS facilitate interdisciplinary, intra-disciplinary, and societal collaboration to improve upon health care outcomes and the patient care experience.

The following are examples and descriptions of MIHS’ Professional Collaboration:

- Promotion of Therapeutic Healing Environment
- Interdisciplinary Plan of Care
- A.I.D.E.T. Fundamentals of Service
  - Acknowledge
  - Introduce
  - Duration
  - Explanation
  - Thank You
  - Identify
  - Communicate
  - Actively Listen
  - Recommend a Solution
  - Exceed their Expectations
- SBAR Reporting
  - Situation
  - Background
  - Assessment
  - Recommendation
- Shared Accountability
- Social Support System Involvement
  - Family-Centered Care
    *(Also comprised of friends, significant others, spiritual groups, and community)
- Ancillary Support
  - Hospital Emergency Response Team (Emergency Preparedness)
  - Rapid Response Team
  - PICC Team
  - Critical Incident Stress Management Team
  - Life Support Program
  - Bereavement Program
  - Skin and Diabetes Champions
Clinical Advancement

Acknowledging the importance of education, MIHS not only encourages professional development, but also inspires nurses to share what they know. The evidence-based practice and innovative infrastructure of MIHS allows for nurses to disrupt the status quo, embrace a spirit of inquiry, generate ideas, engage critical thinking, spark collaborative efforts, involve nurses as mentors, and take risks in which perceived failures are thought of as growth opportunities, in order to ultimately expand their capacity for caring via innovative ideas. Knowing that it may take one to two decades to translate research into practice, MIHS nurses work stealthily to bridge this knowledge gap by utilizing a science to service model prioritizing nursing informatics and research. This also requires continual new knowledge and skill acquisition founded in evidence-based practice. By cultivating a supportive environment for learning, MIHS provides nurses with opportunities for accomplishment and growth.

The following are examples and descriptions of MIHS’ Clinical Advancement:

- Evidence to Excellence via Evidence-Based Practice
- Innovation and Inspiring New Technologies
- Dedication to Research
- New Knowledge and Skill Acquisition
- Mentoring
  - Student Involvement
  - Nurse Shadow Program
  - Evidence-Based Practice Mentors

Structural Empowerment

The structural framework of nursing at MIHS inhabits a climate of shared ownership within a supportive health innovative culture. Thus, the cultural climate itself empowers nurses to engage in efforts to enhance the provision of care. Emphasizing shared decision-making and accountability, nurses participate in shared governance, employee engagement, role development, educational needs assessment, community involvement, and employee service recognition. In order to advance the nursing profession, nursing officials at MIHS create partnerships with educational institutions, devise preceptor-ships and residencies, support specialty certification, and allocate resources for educational pursuits. Within a contextual framework of interfacing open systems, nurses at MIHS build and maintain network relationships both internal and external to the organization to broaden perspectives and expand interest in future enterprising adventures. With a strong sense of community, nurses reach out to create partnerships and professional networks. The visionary nursing leadership at MIHS supports nurses on a quest for personal, professional, and organizational growth.
The following are examples and descriptions of MIHS’ Structural Empowerment:

- Center for Clinical Excellence
- Individual Empowerment
  - Managerial Support
- Role Development
  - Clinical Ladder Program
  - Leadership Development Institute
- Educational Needs Assessment
- Specialty Certification
  - Specialty Incentive
- Devotion to Community Involvement
- MIHS Employee Recognition
  - Daisy Award
  - Nightingale Nurses’ Award
  - Nurse of the Year Award
  - March of Dimes Nurse of the Year Award
  - Pillar Award
  - Star Throwers
  - Years of Service Award
  - MIHS Exceeds Box
- Educational Resource Allocation
  - Nursing Education Loan Repayment Program
  - Perpetual Nursing Education Scholarship Fund
  - Tuition Reimbursement
  - Library Services
- Professional Networking
- Shared Governance
  - Shared Governance Council
- Educational Partnerships
  - Nursing Student Programs
  - Affiliation with Educational Institutions (Employee Discounts)
- Preceptor-ships and Residencies
  - New Grad Program
  - Specialty Nurse Residency Programs
- Community Partnerships and Outreach Programs
  - Health Fairs, Refugee Women’s Craft Fairs, Mariposa Domestic Violence Education, Outreach Education, Health-Related Camps, and Health Walks (heart walk, diabetes)
- Magnet Journey
## Our Nursing Support Structure
### Patient Services/Nursing Committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Mission Statement</th>
<th>Meeting Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Executive Committee</td>
<td>The Nursing Executive Council provides oversight to the other Councils.</td>
<td>Meets once a week on Friday</td>
</tr>
<tr>
<td>Nurse Practice Council</td>
<td>To promote continuous improvement in quality of nursing care through supported evidence-based practice. Provides a forum for collaborating on and approving patient care.</td>
<td>Meets once a month on the fourth Tuesday</td>
</tr>
<tr>
<td>Nurse Policy and Procedure</td>
<td>Review and approve all policies that involve nursing.</td>
<td>Meets on the first Thursday &amp; third Tuesday</td>
</tr>
<tr>
<td>Clinical Practice Education</td>
<td>To provide quality education to nurses and allied health professionals throughout the health care system and community.</td>
<td>Meets Quarterly 1st Tuesday</td>
</tr>
<tr>
<td>Infection Control</td>
<td>To provide prevention forum for the planning, development, implementation and monitoring of safe and appropriate infection prevention and control practices within Maricopa Integrated Health System (MIHS).</td>
<td>Meets once a month on the third Wednesday</td>
</tr>
<tr>
<td>Shared Governance/Unit Based Council</td>
<td>A way for nursing to have a say in their professional practice and nursing care through the use of evidence based practice.</td>
<td></td>
</tr>
<tr>
<td>Pharmacy/Nursing</td>
<td>To bring together representatives from nursing and pharmacy departments to resolve issues using a cooperative approach. The committee addresses medication-related patient care issues, including drug distribution, administration, documentation, security and safety.</td>
<td>Meets once a month on the third Tuesday</td>
</tr>
<tr>
<td>Nursing Research &amp; Quality Improvement</td>
<td>Monitors outcomes of nursing practice and nursing care. Ensures evidence-based practice. Review and compiles data reflecting compliance with internal and external standards.</td>
<td></td>
</tr>
<tr>
<td>Patient Safety Committee</td>
<td>To reduce clinical error (human/technical/near misses) and minimize adverse outcomes for the users of our services.</td>
<td></td>
</tr>
<tr>
<td>Executive Nursing Peer Review</td>
<td>Process to review individual standards of care to improve the standards of practice.</td>
<td>Meets once a month on the fourth Friday.</td>
</tr>
<tr>
<td>Regulatory/Standards</td>
<td>To ensure continuous survey readiness throughout the organization.</td>
<td></td>
</tr>
</tbody>
</table>
Nursing Standards of Care

MIHS Nursing Process

Assessment
Assessment is completed by an RN. Aspects of data collection may be delegated to an LPN, MA, NE, Certified Nursing Assistant within his/her scope of practice. Reassessment may be either a focus or a complete assessment based on patient need and department specific guidelines. Completion of the admission assessment process includes body systems assessment and initiation of the problem list, plan of care, or Individual Treatment Discharge Plan (ITDP). Documentation is completed within four hours after arrival on the unit.

Diagnosis
Problems or patient care issues derived from the assessment are identified as nursing diagnoses or collaborative problems. Problems for which the nursing staff is actively involved during the patient’s hospitalization/outpatient visit is documented on the Problem List, Plan of Care, Progress Note, or Individual Treatment Discharge Plan (ITDP) by the RN. Other problems are referred, as appropriate, to a member of the health care team.

Planning
Planning is documented by the RN or MA using the Problem List, Plan of Care, or Individual Treatment Discharge Plan (ITDP) according to patient needs. Planning is updated as needed following reassessment and in collaboration with the health care team.

Intervention
The RN is responsible for implementing physician orders. Independent interventions are initiated by RNs based on scope of practice. Nursing interventions may be delegated by the RN to an LPN, Dialysis Tech, MA, NE, C.NA following scope of practice and standards of care. The RN is responsible for clarification of orders when necessary.

Evaluation
Each problem/patient care concern needs to be documented on the Problem List, Plan of Care, or Individual Treatment Discharge Plan (ITDP); it is evaluated at least once per shift in the inpatient setting by the RN, LPN, or Nurse Extern for patient progress toward the expected outcome, appropriateness of the interventions prescribed, and the status/currency of the plan until resolved. The RN indicates progress toward the expected outcome in the narrative notes when indicating that the need has been resolved or discontinued on the Problem List, Plan of Care, or Individual Treatment Discharge Plan.
MIHS finds the Arizona State Board of Nursing Nurse Practice Act to be essential to safe nursing practice and encourages their nurses to practice to the full extent of their scope of practice, education and competencies.

**STANDARDS OF PROFESSIONAL NURSING PRACTICE**

*American Nurses Association (ANA, 2013)*

**Standard 1. Ethics**
The registered nurse practices ethically.

**Standard 2. Education**
The registered nurse attains knowledge and competence that reflects current nursing practice.

**Standard 3. Evidence-Based Practice and Research**
The registered nurse integrates evidence and research findings into practice.

**Standard 4. Quality of Practice**
The registered nurse contributes to quality nursing practice.

**Standard 5. Communication**
The registered nurse communicates effectively in a variety of formats in all areas of practice.

**Standard 6. Leadership**
The registered nurse demonstrates leadership in the professional practice setting and the profession.

**Standard 7. Collaboration**
The registered nurse collaborates with the healthcare consumer, family and others in the conduct of nursing practice.

**Standard 8. Professional Practice Evaluation**
The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules and regulations.

**Standard 9. Resource Utilization**
The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective and financially responsible.

**Standard 10. Environmental Health**
The registered nurse practices in an environmentally safe and healthy manner.
References


Swanson, K.M. (1993). Nursing as informed; Caring for the well-being of others. IMAGE: Journal of Nursing Scholarship, 25(4), 352-357.


