

CLINICAL NURSE PATH

Practice Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
<p>Nurse I, Level I</p>	<ul style="list-style-type: none"> ▪ Uses the nursing process (assessment, diagnosis, outcome identification, planning, implementation, and evaluation). ▪ Care plan reflects realistic, measurable health goals and discharge planning. ▪ Safeguards client privacy and confidentiality. ▪ Provides care in a non-judgmental, non-discriminatory manner, respecting the values and beliefs of members of all cultures. ▪ Provides care in a safe and cost-effective manner. 	<ul style="list-style-type: none"> ✓ Evaluation describes knowledge of medications and laboratory results and application of knowledge to practice. ✓ Develops the initial nursing plan of care and updates the plan. ✓ Identifies each patient's individual needs. ✓ Presented patient during weekly conference, patient reported difficulty completed PT after his completing his morning ADL's. PT time changed to the afternoon. ✓ Completes unit specific documentation, based on unit standards and policy. ✓ Follows hospital policy regarding patient privacy and confidentiality. ✓ Demonstrates respectful treatment of all patients. ✓ Demonstrates understanding of patient rights. ✓ Orders supplies and specialty equipment based on the patient's needs. 	<p>Accurately administered medication using lab parameters as evidenced by no medication Patient Event Reports during this rating period.</p> <p>Care plan reflects realistic, measurable health goals and discharge planning.</p> <p>Patient care plan describes patient's preferences.</p> <p>Admission assessments completed within required time frame.</p> <p>Documents in a consistent, accurate and timely manner.</p> <p>Consistency maintains confidentiality of all patient information, including verbal, electronic and printed communications.</p> <p>Care plans reflect patient's cultural values and beliefs.</p> <p>Establishes therapeutic relationship with patients/families that facilitate the treatment plan as evidenced by discharge target date being met in 60% of patients assigned to him/her.</p> <p>Utilized patient safe handling equipment which resulted in 0 lift injury.</p>

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LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse I, Level II	<ul style="list-style-type: none"> ▪ Demonstrates competency using the nursing process in providing care for clients. ▪ Directs others who provide care. ▪ Assumes responsibility and accountability for individual nursing judgments and actions. ▪ Acts as a client advocate. ▪ Plans and organizes care based on client needs and provider competencies to assure safe, efficient and cost-effective care. 	<ul style="list-style-type: none"> ✓ Provides evidence of competent technical abilities in caring for patient population. ✓ Completes annual unit competency assessment. ✓ Gives direction to other nursing personnel and technical personnel to provide care in a safe, cost-effective manner. ✓ Provides information to patients/families on their rights and responsibilities. ✓ Able to verbalize potential ethical issues in the provision of patient care. ✓ Recognizes when patient self-determination is threatened. ✓ Describes a situation where the nurse advocated for a patient/family in terms of treatment preferences or other patient rights in health care. ✓ Describes how the nurse set priorities specific to patient and family ✓ Makes assignments which reflect optimum use of available staff and priority care needs. ✓ Describes application of Fall Prevention Protocol for patient at risk. 	<p>Utilized medication delivery system for assigned patients resulting in 0 medication errors.</p> <p>Patient safety goal related to patient identification met as evidenced by no labeling errors over the past rating period.</p> <p>Makes appropriate patient care assignments based on staff competency rather than room proximity. This results in coaching staff who are less skilled with specific patient populations.</p> <p>Referrals made to the ethics committee resulted in patient/family making informed health care decisions related to drug trials .</p> <p>Considers the patient’s age, cultural, spiritual and psychosocial factors affecting perceptions of and compliance with health care plans when interacting with patients/families. Provided patient education material at the fourth grade level after assessing the reading capabilities of patient/family.</p> <p>Provides patient handoff information that facilitates discharge such as med reconciliation. Patients know what medications are prescribed based on patient surveys.</p> <p>Consistency assesses patients for falls and places patient’s on fall precautions as indicated. Assigned patients show a fall rate at or below hospital baseline.</p>

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Nurse I, Level III	<ul style="list-style-type: none"> ▪ Demonstrates proficiency using the nursing process in providing care for clients with complex nursing care needs. ▪ Guides and directs others who provide care. ▪ Identifies ethical issues in practice and takes appropriate action. ▪ Delegates care in a safe, efficient and cost-effective manner. ▪ Assists clients in identifying and securing appropriate services. 	<ul style="list-style-type: none"> ✓ Completes and documents nursing assessments to identify patient's needs in a self-directed manner. ✓ Reassesses on a continuum, recognizing changes in patient's needs and re-establishes priorities for care. ✓ Orients new staff. ✓ Effective function in charge nurse role. ✓ Completes peer reviews and recognizes colleagues by submitting nominations for merit awards ✓ Documentation of ethical issue that was addressed for a patient/family. ✓ Consults resources when appropriate to preserve patient/family rights. ✓ Gives direction to others to practice patient safety initiatives. ✓ Initiates staff assignments taking into account competencies and patient acuity. ✓ Evaluation includes description of an example of patient preferences and discharge plan. ✓ Describes intervention that facilitated the patient's use of social and community resources. ✓ Refers ethical issues to appropriate resources in a timely manner. 	<p>Documentation confirms nurse's ability to care for all patients regardless of complexity as evidenced by plan of care.</p> <p>Effectively oriented 3 new staff and completed required documentation during this evaluation period.</p> <p>Initiates efforts to solve problems by including stakeholder groups in discussions.</p> <p>Coordinated resources needed to help patient/family make decisions with end of life care as evidenced in interdisciplinary plan of care.</p> <p>Participates in unit problem solving that result in reducing costs such as reviewing medication patient has at home.</p> <p>Practice regarding patient safety initiatives resulted in reduction of employee/patient injuries.</p> <p>Assignments are based on patient needs, skill of staff and staff available.</p> <p>Coordinates work flow taking into account space/bed, staff and supply availability.</p> <p>Patient discharged to home with HBPC follow-up versus home placement.</p>

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LEVEL	CRITERIA	EXAMPLES	OUTCOMES
<p style="text-align: center;">Nurse II</p>	<ul style="list-style-type: none"> ▪ Applies the nursing process to systems or processes at the unit/team/work group level to improve care. ▪ Demonstrates leadership by involving others in improving care. ▪ Supports and enhances client self-determination. ▪ Serves as a resource for clients and staff in addressing ethical issues. ▪ Identifies and assesses resource utilization and safety issues, taking appropriate action. 	<ul style="list-style-type: none"> ✓ Describes a patient care situation that shows shared expertise on behalf of all patients in the practice area. ✓ Evaluation describes a situation where a patient need to communicate with family was an immediate priority before beginning a morphine drip for terminal illness. ✓ Evaluation describes recognition of subtle cues that non-communicative patient has inadequate pain management. ✓ Provides a helpful action to assist a peer when their patient has a change in behavior, e.g. patient becomes unexpectedly restless or presents to clinic with apparent mental status changes. ✓ Evaluates and adjusts the assignment of staff related to team productivity and outcomes. ✓ Identifies unit, departmental or performance deficiencies and takes the initiative to plan solutions. Examples – lack of communication of patient’s DNR status upon transfer resulted in a code blue. 	<p>Delayed discharge after patient interview indicated minimal family support which resulted in rehab placement.</p> <p>Consulted with wound and ostomy specialist to verify ulcer staging.</p> <p>Represented Nursing on a interdisciplinary housewide committee to develop an anticoagulant protocol. Resulted in identifying high risk medications and nursing/pharmacy responsibilities.</p> <p>Serves as a role model in the utilization of SBAR as new hires learn the hand-off reporting tool.</p> <p>Omitted infrequently used supplies from daily inventory. Thus decreasing shelf space needed and supplies that could be used else where in the hospital.</p> <p>Identified notification of DNR status as a unit issue. Developed a communication strategy that virtually eliminated any question of patient code status.</p>

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LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse II		<ul style="list-style-type: none"> ✓ Describes an example of patient education to promote self-care. ✓ Leads patient care conferences and facilitates interdisciplinary problem solving. ✓ Coordinates space and resources utilization for a patient population. ✓ Follows safe work practices, such as attention to safety standards, proper body mechanics and use of personal protective and safety equipment. 	<p>Initiates an ethics review board to determine the patient is capable of self-determination related to code status. Included the family and patient in the review board discussion.</p> <p>Determined the unit patient population would benefit from a Chronic Kidney Disease Program to help patients make informed decisions regarding ESRD treatment options. Patient surveys indicate an increase in patient perception of being knowledgeable about disease process and plan of care.</p> <p>Provided educational support to ten caregivers related to toileting issues at home which resulted in a 20% decrease in readmissions within 3 days of discharge.</p> <p>In-services all unit staff on proper use of lifts and conducted spot checks to ensure compliance. Based on staff surveys, available lifting aids are utilized 85% of the time which demonstrates an increase of 7% lift utilization.</p>

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<p>Nurse III</p>	<ul style="list-style-type: none"> ▪ Provides leadership in the application of the nursing process to client care, organizational processes and/or systems, improving outcomes at the program or service level. ▪ Provides leadership in identifying & addressing ethical issues that impact clients and staff, including initiating and participating in ethics consultations. ▪ Manages program resources (financial, human, material or informational) to facilitate safe, effective efficient care. 	<ul style="list-style-type: none"> ✓ Design, implementation & evaluation of pt education or counseling program for group of patients/families for specific target populations, include outcomes. ✓ Provides evidence of: <ul style="list-style-type: none"> ➤ Nurse’s expert assistance to another nurse to assure a good pt outcome & positive learning experience for the other nurse. ➤ Assistance to pt & family to manage in a complex care system. ✓ Evidence-based approach used to develop toileting program to ↓ incontinence in ECF or to enable patient to function independently in the community. ✓ Design & implementation of interdisciplinary care plan for classes of pts for use by self or others. ✓ Serves as a resource and advocate in the protection of patient/family rights. ✓ Developed a program-wide performance improvement project to increase staff compliance with hand hygiene. 	<p>Researched diabetic education, strategies for controlling A1C, nutritional requirements, weight control and consulted with experts (endocrinologist) for best practices for diabetic management. Collaborated with physicians, pharmacists, and dieticians (and education if applicable) to develop an educational plan for newly diagnosed diabetics. Plans targeted at life style changes, monitoring glucose levels and keeping hbg A1C at target levels. Recognized as the facility leader/expert in diabetic education and is consulted frequently by other units and/or services to educate others in diabetic teaching strategies. Outcomes could be evaluated via follow labs (A1C), readmissions to hospital due to poor glycemic control, ect.</p> <p>Created an educational guide/pamphlet in collaboration with pharmacy, medicine, dietary, and physical rehab medicine for newly diagnosed diabetics. Includes nutritional management, weight control, exercise recommendations, glycemic control (using glucometer) and is given to all newly diagnosed diabetics and diabetics struggling with compliance. Outcomes would be validated through monitoring weight, A1Cs, and follow up glucose levels.</p> <p>Chairs or served as a member of the hospital Ethics committee; instrumental in developing biomedical ethical policy; serves as nursing’s consultant at the facility level.</p> <p>Provided an in-service. Post in-service audits reflected an increase compliance rate from 78% to 95% for hand hygiene for the ICU and DOU.</p>

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Professional Development Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse I, Level I	<ul style="list-style-type: none"> ▪ Seeks opportunities to acquire and develop basic skills. ▪ Participates in appraisal of own performance. 	<ul style="list-style-type: none"> ✓ Documents attendance at in-services and other learning opportunities. ✓ Communicates unresolved problem to others and requests help ✓ Self evaluation identifies learning needs and plan to advance to Nurse II. 	<p>Gains knowledge and skills necessary for area of clinical practice.</p> <p>Submits self-assessment to supervisor in a timely manner.</p> <p>Incorporates feedback into goals for improvement & takes action to accomplish goals.</p>

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse I, Level II	<ul style="list-style-type: none"> ▪ Seeks knowledge and skills appropriate to the practice setting to improved performance. ▪ Incorporates feedback regarding performance and interpersonal skills to enhance professional development. ▪ Participates in the performance evaluation of others. 	<ul style="list-style-type: none"> ✓ Describes discussion with expert about patient care problem. ✓ Documents use of literature to resolve question about patient care. ✓ Describes feedback regarding performance of assistive or technical personnel. ✓ Documentation of participation in unit-based staff meetings and facility educational programs. ✓ Creates a professional development plan with feedback received from annual proficiency. ✓ Periodically requests feedback regarding performance from leadership 	<p>knowledge and skills necessary for area of clinical practice indicate a progression on the novice to expert scale.</p> <p>Identified (either via informal dialog or with observation) performance issues related to patient safety and universal precautions of unit staff. Collaborated with NM to devise method for improving knowledge base and compliance as indicated by direct observational data.</p> <p>Identified need and then developed a plan to educate unit staff related to the MRSA initiative Following education a reduction of MRSA by</p> <p>Shares professional development plan with leadership.</p>

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Professional Development Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse I, level III	<ul style="list-style-type: none"> ▪ Implements an ongoing educational plan to support own professional development. ▪ Conducts self-assessment of performance and identifies own learning needs. ▪ Assesses performance of others. 	<ul style="list-style-type: none"> ✓ Provision of in-service education as indicated by regulatory criteria or other standards. ✓ Provides input for annual proficiency. ✓ Includes learning goals and methods to achieve them. ✓ Precepts new staff or students. ✓ Serves as charge nurse or staff nurse team leader where she/he has responsibility for non-professional staff. ✓ Serves as a service council member. ✓ Complete peer review tools as required. 	<p>Meets self-identified learning needs (such as ER nurse attending CEN review course; ICU nurse attending CCRN review course).</p> <p>Identifies learning needs of others in on unit (technical or professional staff) such as infection control, patient safety, equipment, etc and is able to validate performance improvement via outcome measurement.</p> <p>Successfully completed facility preceptor class and then mentored two new staff nurses. Outcome: Evaluations from nurses reflected positive feedback from training experience.</p> <p>Provided feedback to supervisor regarding performance of new employee mentees which resulted in an extension of orientation for one of two staff.</p>

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Professional Development Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse II	<ul style="list-style-type: none"> ▪ Acquires knowledge and skills to maintain expertise in area of practice. ▪ Participates in educational activities to improve clinical knowledge and enhance role performance. ▪ Evaluates practice of self and others using professional standards, relevant statutes and regulations. ▪ Takes action to improve performance. 	<ul style="list-style-type: none"> ✓ Describes a meaningful situation that taught the nurse something essential about nursing practice. ✓ Devises educational plan which includes attending seminars or completing CEU worksheets via the Internet or hard copy journals in areas of practice. ✓ Volunteers to become chemo certified or attend classes on PIC line insertion and/or care. ✓ Attends skill-building program for new practices in patient care area and trains other staff on the unit. ✓ Formally serves as a mentor to new staff/students and other personnel. ✓ Activity contributes to the learning needs assessment process for nurses or others in the practice area. ✓ Completes timely performance evaluations. 	<p>Certified in a specialty area such as (MedSurg, Oncology, etc.)</p> <p>Certified in PICC line placement. Unit staff seeks consultations on a regular basis related to line placement and care management.</p> <p>Became chemo trained/certified which enabled patient assignments to be more fairly distributed. Employee morale increased due to staff being equally qualified for assignments.</p> <p>Within a day of becoming ACLS certified a patient on the unit coded. As a result of recent certification, coordinated the code in a professional manner.</p> <p>Attended a two day seminar on wound staging and treatment; provided individual instruction to unit staff and serves as the unit's skin care consultant and liaison to the facility's ET nurse.</p> <p>Completes self evaluation in a timely manner and serves as a unit resource for nurses requesting help on self evaluation format and content..</p>

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Professional Development Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse III	<ul style="list-style-type: none"> ▪ Implements an educational plan to meet changing program or service needs for self and others. ▪ Maintains knowledge of current techniques, trends and professional issues. ▪ Uses professional standards of care and practice to evaluate programs and/or service activities. 	<ul style="list-style-type: none"> ✓ Schedules and leads nursing care rounds to discuss the needs and nursing plan for a patient who has been readmitted to hospital many times. ✓ Serves as a consultant to other disciplines. ✓ Keeps abreast of current standards for specialty area policies and procedures. ✓ Participates in joint learning activities with other disciplines. 	<p>Developed a process (education, protocol) to decrease the incident of aspiration pneumonia on a long term care unit; incident decreased by 25% (as example) after protocols implemented.</p> <p>Facilitated the development of an interdisciplinary plan to coordinate home services for patient (home health, aid, arranged for community financial assistance with heat/cooling, transportation, etc.).</p> <p>Chairs/leads the clinical practice council in the development of best practice policies/procedures related to critical care. During 2009, changes in practice included NG placement, Anticoagulant protocol, IVP medication.</p> <p>Chairs the State Board of Nursing subcommittee on Advanced Practice Nurses. Subcommittee developed additional guidelines related to collaborative practice.</p> <p>Facilitated Grand Round development on a palliative care patient which included the patient, family, and interdisciplinary care team. Following the Grand Round, the patient expressed appreciation for being included in the process.</p>

CLINICAL NURSE PATH

Collaboration Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse I, Level I	<ul style="list-style-type: none"> ▪ Communicates with clients and other health care providers regarding client care. ▪ Establishes professional relationships with peers. ▪ Seeks out colleagues for mutual information exchange. 	<ul style="list-style-type: none"> ✓ Describes effective communication with patient/family regarding their illness and treatment recommendations. ✓ Submits plan of care demonstrating communication with other team members. ✓ Shares ideas and participates in discussions of unit issues. ✓ Builds effective professional relationships with team members. 	<p>Peer evaluation reflects positive professional relationships and identifies him/her as a clinical leader, trustworthy.</p> <p>Participates in staff meetings by completing requests immediately—such as completing the AES.</p> <p>Following a unit in-services , he/she is comfortable challenging practices by staff who have not attended an update session on a clinical change. For instance, NG Placement needs verified by radiology.</p> <p>Patient satisfaction surveys indicate he/she is a very good listener and follows through on promises.</p>

Collaboration Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse I, Level II	<ul style="list-style-type: none"> ▪ Participates effectively on teams to plan and manage client care. ▪ Shares knowledge and skills with colleagues and others. 	<ul style="list-style-type: none"> ✓ Demonstrates active listening and appropriate interpersonal skills. ✓ Is open to new ideas. ✓ Documentation of situations where assistance and support were provided to others. ✓ Describes patient plan of care and actions to ensure consistency and continuity among the nursing team, on other shifts or in other practice areas. ✓ Participates in incidental teaching of colleagues and/or others. 	<p>Utilizes SBAR as a communication tool and peer reviews indicate he/she is very thorough in patient presentation.</p> <p>Identified as a clinical expert in specific tasks suchas IV access an wound care. As a result provides support to other nurses on the unit.</p>

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Collaboration Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
<p>Nurse I, Level III</p>	<ul style="list-style-type: none"> ▪ Refers to, consults with & makes provision for continuity of care with other health care providers. ▪ Provides feedback regarding the practice of others to improve professional practice. 	<ul style="list-style-type: none"> ✓ Provides flexibility leading to improved teamwork. ✓ Provides examples of situations where actions resulted in improved communication and resolution of outcomes. ✓ Describes care plan demonstrating care coordination for continuity between different levels of service for a patient/family. 	<p>Provides feedback or input into evaluation of non-professional staff for biannual or annual performance appraisals.</p> <p>Provides information to supervisor regarding practice of peers or members of other services i.e. failure to follow standard protocols for isolation.</p> <p>Tracks PRN effectiveness and devises plan to improve individual practice/compliance and documentation. Practice change resulted in 100% of PRN medications had documented effectiveness on his/her patient.</p>

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LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse II	<ul style="list-style-type: none"> ▪ Uses group process to identify, analyze and resolve care problems. ▪ Educates colleagues and/or students and serves as a preceptor and/or mentor. 	<ul style="list-style-type: none"> ✓ Active participant in peer review process. ✓ Demonstrates effective communication skills and professional behaviors that promote cooperation and interdisciplinary teamwork. ✓ Provides leadership in staff meeting using group process to discuss family complaint, identifying analyzing and resolving patient care problems and making appropriate responses to care team. ✓ Facilitates an interdisciplinary plan of care focused on outcomes and decisions that include communication with patients, families and others. ✓ Presentation of case studies for workshop or conference. ✓ Demonstrates leadership by sharing knowledge with colleagues or students to enhance professional growth, development and practice. ✓ Serves as a preceptor or mentor to new or less experienced staff. ✓ Guides others in the application of newly acquired knowledge in caring for patients. 	<p>Improved health care delivery through group practice by initiating a team huddle every morning following report. Resulted in improved bed flow.</p> <p>Collaborated with unit Leadership to develop a self-scheduling package for a three month trial. Results indicated self-scheduling had some issues but overall, staff was more satisfied than they were with central scheduling.</p> <p>Attends EKG interpretation class and then teaches all other nurse on the unit tips for rapid assessment of ischemia and/or injury validates learning with pre/post test (improving quality and safety of patient care).</p> <p>Precepts Valor student, teaching fundamental skills and then validating competencies.</p> <p>Serves as unit liaison between nursing and IRM as a CPRS superuser. Attends all superuser training and incorporates updates into individual and unit staff practice.</p> <p>As a train the trainer for new bedside monitoring equipment, trains peers and validates their competency. Competency validation is quick and simple due to his/her efforts. Annual reports due to leadership reflect unit staff is 100% compliant.</p>

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Collaboration Dimension

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<p>Nurse II</p>			<p>Served as a preceptor for three staff members over the last nine months. The staff evaluations indicated he/she provided direction without intimidation and oriented them to the culture and not just tasks. In addition new hires ranked him/her as a preceptor on a scale of 1 to 10. Score was 9.</p> <p>Research best practice related to aspiration pneumonia patients on a long term care unit. Resulted in developing protocols to guide practice.</p> <p>Recognized as a unit expert or consultant in rhythm interpretation of telemetry unit because of past experience in cardiac step down, critical care ect, (again, patient safety and improving quality of care).</p>

CLINICAL NURSE PATH

Collaboration Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
<p>Nurse III</p>	<ul style="list-style-type: none"> ▪ Uses the group process to identify, analyze and resolve care problems. ▪ Coaches colleagues in team building. ▪ Makes sustained contributions to health care by sharing expertise within and/or outside the medical facility. 	<ul style="list-style-type: none"> ✓ Uses advanced communication skills and conflict management techniques to facilitate individual and group decision making to solve problems and improve <u>care delivery systems</u> at the <u>service or organizational level</u>. ✓ Shares expertise within or beyond the facility through <u>leadership</u> or as an active participant on interdisciplinary groups i.e. committees, taskforces, projects, formal teaching, publications or other professional activities. ✓ Collaborates with members of the interdisciplinary team to deliver and evaluate services <u>across the continuum of care</u>. ✓ Demonstrates <u>leadership</u> in coordination of interdisciplinary team members resulting in the <u>development and evaluation</u> of patient/family education programs that have been implemented <u>across the continuum of care</u>. Outcomes must be presented. 	<p>Sustained improvement of care to patients with diabetes, regardless of setting where the care is given. Patients enter data in VetPro and data is reviewed by care manager daily. Care manager believes this is decreasing repeated hospitalizations. Currently gathering data.</p> <p>Initiated a hospital wide committee to look at the impact of sick leave on agency utilization cost vs overtime to staff.</p> <p>Chairs or serves on facility CPR committee who has responsibility for evaluating all codes within the facility according to ACLS standards, identifying opportunities for improvements and national benchmarks; formulating policies related to emergency equipment, advanced directives, code response teams, etc.</p> <p>Has adjunct position with local university nursing program and provides consultations impacting curriculum design. Participates in structured educational conferences (panel member, lecturer).</p> <p>Serves on facility or VISN wide task force with specific goal (i.e. suicidal prevention program: may be the program coordinator responsible for monitoring patients who are enrolled in outpatient psychiatric clinics related to keeping appointments, compliance with medication or treatment plan. Reviews readmission rates for these patients to determine if deviation from the above criteria is a factor in readmission to inpatient setting.</p>

CLINICAL NURSE PATH

Scientific Inquiry Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse I, Level I	<ul style="list-style-type: none"> ▪ Describes the quality improvement process, roles and responsibilities and identifies quality improvement activities on the unit. ▪ Assists in identifying problem areas in nursing practice. 	<ul style="list-style-type: none"> ✓ Understands and applies critical policies and procedures to nursing practice. ✓ Communicates understanding of the quality improvement process. ✓ Identifies areas of weakness in own practice and works with others to improve. ✓ Performs needs assessment and self evaluation, collaborates with preceptor and manager and together formulate plan for additional training, education, orientation time to increase confidence, skill and performance. ✓ Reads professional journals and/or literature to compare own practice with 'gold standards or best practices.' 	<p>Seeks a policy or procedure to determine appropriate course of action. For instance, encouraged family visitation based on the Visitation Policy.</p> <p>Attends inservices and updates practice accordingly. Asks questions to determine what best or current practice is. Questioned the need to infuse blood products through an 18 gauge needle because a much smaller gauge is used for infants.</p> <p>Based on a self-evaluation, requested additional training on computerized charting. .</p> <p>Participates in a discussion group that focuses on evidence based practice.</p>

Scientific Inquiry Dimension

LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse I, Level II	<ul style="list-style-type: none"> ▪ Uses quality improvement findings to guide and direct own practice. ▪ Demonstrates awareness of research application to practice. 	<ul style="list-style-type: none"> ✓ Reads literature in clinical journals and shares findings with unit colleagues. ✓ Participates in journal club. ✓ Participates in unit based Quality Improvement (QI) projects directed by others. ✓ Able to identify and utilize accepted institutional standards of care and standards of practice. 	<p>Teaches new hires how to find and utilize resources such as Policy and Procedures, Nurse Practice Act, Available classes. Orientees are able to distinguish the difference in MCM's and Nursing Protocols /Procedures.</p> <p>Collects data as part of the unit process improvement team to determine if telemetry utilization is appropriate. Provides team with accurate, understandable data.</p> <p>Assists in ensuring Restraint monitors (logs) are completed with all pertinent information recorded. Compliance was noted to be an issue with one particular staff member. Discussed the issue with team facilitator to determine course of action.</p>

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Nurse I, Level III	<ul style="list-style-type: none"> ▪ Participates in established quality improvement studies and/or activities. ▪ Uses a body of research to validate and/or change own professional practice. 	<ul style="list-style-type: none"> ✓ Contributes to performance improvement (PI) projects to assure completion. ✓ Critiques/presents an article in clinical nursing literature related to practice area. ✓ Able to use unit QI data to improve own practice. ✓ Identifies a practice problem for PI project in consultation with Nurse Manager. ✓ Validates or changes own professional practice based on research finding. 	<p>Identifies deficiencies in documenting PRN effectiveness among staff. Proposed methods to “remind” nurses to follow through. Collaborated with unit PI council to conduct routine audits before and after implementation of reminder system which identified increase in compliance with documentation.</p> <p>After reading a book and attending a conference on Motivational Interviewing, implemented interviewing strategies to increase patient compliance.</p> <p>After being told different techniques on how to do a Female EKG, researched the literature to seek validating evidence.</p> <p>After attending a workshop on ABG analysis, posted literature for staff to review in order to incorporate information into handoff criteria.</p>

Scientific Inquiry Dimension

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LEVEL	CRITERIA	EXAMPLES	OUTCOMES
Nurse II	<ul style="list-style-type: none"> ▪ Initiates/participates in quality improvement activities that result in improved outcomes. ▪ Uses a body of research to validate and/or change work group practice. 	<ul style="list-style-type: none"> ✓ Actively serves as a unit leader for facility-wide PI project, such as reducing patient falls or other adverse events improving patient outcomes. ✓ Uses established “best practice” guidelines in a patient population to evaluate/validate current unit practice, implementing changes to meet the guidelines. ✓ Evaluated and presents literature and other evidence related to a practice issue, influencing and changing group practice, improving patient outcomes. 	<p>Chairs Unit Patient Safety committee. Aggregated unit fall data and used that data to help the hospital falls team develop a house wide initiative..</p> <p>Researches literature and scholarly publications to identify best practices for checking for proper enteral tube placement to minimize and prevent aspiration, presenting information to clinical practice council for consideration of policy change. Worked with the Unit Manager to develop a trial protocol to change current practice.</p>

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Scientific Inquiry Dimension

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Nurse III	<ul style="list-style-type: none"> ▪ Initiates interdisciplinary projects to improve organizational performance. ▪ Collaborates with others in research activities to improve care. 	<ul style="list-style-type: none"> ✓ Collaborates with others within or across Services/Programs/Support Teams to validate and/or improve nursing practice or care delivery systems. ✓ Initiate changes at the program/service level for delivering evidenced based care improving patient outcomes. ✓ Author or co-author of publication in professional journal and/or newsletter. ✓ Demonstrates substantial involvement in formal research or PI project improving patient outcomes across the continuum of care. Must include outcomes. 	<p>After discovering Podiatry Clinic does not provide services to inpatient are, reviewed literature and discovered a certification available for nursing. Became certified and developed a trial program which includes gathering data indicating number of patients seen, diagnosis, referral to podiatry, care given by certified nurse, patient outcomes.</p> <p>Served on the patient safe handling committee. Gathered data related to why nursing is not using the lift equipment</p> <p>Chaired RCA which resulted in admission process changes that streamlined Emergency admissions to critical care. Patient waits time decreased by 30%.</p> <p>Serves as a reviewer on IRB.</p> <p>Does extensive literary search to identify best practice and takes steps to implement and change practice; example – standardizing sedation/agitation assessment in all critical care units in the facility by developing educational plan and competency validation with the Richmond Agitation/Sedation Scale (RASS).</p> <p>Physicians order medication according to a desired scale and outcome is generally that over or under medicating is avoided (patient safety issue).</p>