

AMSN PRISM Award® Scoring Tool

The five (5) categories for the award application, along with related questions, are provided below. Evidence must be included to indicate how the criteria are met. Provide a complete narrative description or response to the question rather than an answer with a few words or phrases. Examples are provided to clarify the information being requested.

- Questions will be scored based on explanations, evidence, and details provided that indicate the following levels of performance.
 - Advanced (Adv) – Unit evaluation strategies and process are formal, systematic, and objective. Tools, improvements, and innovations are supported by strong data analysis and evident in 24/7 operations. Performance results and benchmark data highlight above average performance.
 - Highly Competent (HC) – Unit evaluation strategies and processes are systematic and objective. Improvements are evidence-based. Performance results and benchmark data highlight above average or average performance.
 - Competent (C) – Unit evaluation strategies and processes are becoming systematic. Unit can articulate how opportunities for improvement are identified. Performance results and benchmark data are available and show favorable or average performance.
 - Progressing (P) – Unit is in transition from reacting to problems to creating a proactive approach to system or process improvement. Performance results and benchmark data are incomplete, average, or slightly below average.
 - Incomplete (I) – The unit’s response to the question is incomplete or does not clearly answer the question asked.

- Questions are scored based on the evidence of meeting the specific criteria of the question with data, explanations, stories, and other pertinent details. The score is downgraded when data is provided without discussion or when discussion is provided without data.

A score of 108 out of a possible 120 points is needed to receive the AMSN PRISM Award. An Advanced score in the majority of the questions in each practice domain is required to achieve the minimum score needed to earn the award. The five practice domains are derived from the AMSN Competency Framework. These five domains are further subdivided into subdomains and individual questions addressing specific criteria.

Through this distinguished honor, AMSN and MSNCB identify and celebrate medical-surgical units that achieve sustained excellence in the following areas:

#	AMSN Domain	Subdomains
1	Patient/Care Management	Patient Safety
2	Holistic Patient Care	Patient Centered Care, Diversity and Inclusion, Palliative/End-of-Life Care
3	Elements of Interprofessional Care	Interprofessional Collaboration, Care Coordination and Transition Management
4	Professional Concepts	Communication, Healthy Practice Environment, Scope of Practice and Ethics, Quality Management, Evidence-Based Practice and Research
5	Nursing Teamwork and Collaboration	Professional Development



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(SE = Supporting evidence is required in the form of a graph with data table)

Domain	Subdomain	Question	Examples May Include	Scoring
Patient/Care Management	Patient Safety	<p>1. Improving Patient Safety (SE)</p> <p>Select one of the following areas below when the outcomes were not meeting expectations and describe how the unit outcomes improved.</p> <ul style="list-style-type: none"> • Patient Safety <ol style="list-style-type: none"> 1) Hospital-acquired conditions (i.e., pressure injury prevention, fall prevention) 2) Reduced restraint utilization 3) Blood transfusion error prevention 4) Alarm fatigue 5) Identifying and mitigating risks associated with behavioral health • Infection Prevention <ol style="list-style-type: none"> 1) Hospital-acquired infections (i.e., C-Diff, MRSA, CLABSI, CAUTI) • Medication Safety Management • Pain Management <p>When describing the improvement process, include the following:</p> <ol style="list-style-type: none"> 1) Specific metric 2) Plan 3) Goal(s) 4) Intervention(s) 5) Outcome(s) 6) Description of how direct care staff participate in the process <p>Include a graph with a data table</p>		<p>ADV (4 pts) – Specific patient outcome indicator is identified with applicable data reported. Improvement or focus area is clearly articulated. Process improvement is described in detail including pre- and post-intervention data. All required areas are addressed.</p> <p>HC (3 pts) – Specific patient outcome indicator is identified with applicable data reported. Improvement or focus area is evident. Process improvement is described. One or two narrative and/or data components are missing.</p> <p>C (2 pts) – Specific patient outcome indicator is identified with applicable data reported. Improvement or focus area is evident. Process improvement is described. Three narrative and/or data components are missing.</p> <p>P (1 pt) – Unit has identified or in the process of identifying patient outcome indicator and has started to collect data. The narrative does not clearly describe the improvement process. Four or more narrative and/or data components are missing.</p> <p>I (0 pts) – Narrative and/or data does not align with the question asked. The item selected for quality improvement is not found in the list provided.</p>



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Domain	Subdomain	Question	Examples May Include	Scoring
Holistic Patient Care	Patient-Centered Care	<p>2. Improving Patient-Centered Care (SE)</p> <p>Describe how the unit responded to one area of improvement related to the patient satisfaction survey results for the unit. Explain any gaps in survey reporting, if needed.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Measurement method used (i.e., third party vendor such as Press-Ganey, Non-Compliance Rating [NCR]) 2) Specific nurse-sensitive patient satisfaction indication(s) addressed (i.e., nursing communication, transition of care, discharge instructions) 3) Improvement plan implemented including participation of direct care nurses 4) Outcomes in response to the intervention(s) <p>Include a graph with a data table</p>		<p>ADV (4 pts) – A nurse-sensitive patient satisfaction outcome is identified with applicable data reported. Improvement or focus area is clearly articulated. Process improvement is described in detail including pre- and post-intervention data. All required areas are addressed.</p> <p>HC (3 pts) – A nurse-sensitive patient satisfaction outcome is identified with applicable data reported. Improvement or focus area is evident. Process improvement is described. One or two narrative and/or data components are missing.</p> <p>C (2 pts) – A nurse-sensitive patient satisfaction outcome is identified with applicable data reported. Improvement or focus area is evident. Process improvement is described. Three narrative and/or data components are missing.</p> <p>P (1 pt) – Narrative describes a patient satisfaction outcome that is not nurse-sensitive. Narrative and data may or may not clearly describe improvement process.</p> <p>I (0 pts) – Narrative and/or data does not align with the question asked.</p>



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Holistic Patient Care	Patient-Centered Care	<p>3. Applying Strategies to Encourage Collaboration</p> <p>Describe three (3) separate strategies used to encourage collaboration in the following categories:</p> <ol style="list-style-type: none"> 1) Patients/families 2) Nursing colleagues 3) Other members of the healthcare team <p>Include:</p> <ol style="list-style-type: none"> 1) Direct care nurse involvement of development, implementation, and/or sustainability of each strategy 	<p>--Interprofessional rounds</p> <p>--Roundtable discussions</p> <p>--Patient/family consultations or meetings</p>	<p>ADV (4 pts) – Narrative clearly describes three strategies used to encourage collaboration in the three required categories and includes direct care nurse involvement.</p> <p>HC (3 pts) – Narrative clearly describes three strategies used to encourage collaboration but did not fully include direct care nurse involvement in the three required categories.</p> <p>C (2 pts) – Narrative describes two strategies but is lacking in detail.</p> <p>P (1 pt) – Narrative describes one strategy but is lacking in detail.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



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Holistic Patient Care	Patient-Centered Care	<p>4. Promoting Patient Empowerment*</p> <p>*The World Health Organization (WHO) defines empowerment as “a process through which people gain greater control over decisions and actions affecting their health.” (Health promotion glossary. Geneva: World Health Organization; 1998.)</p> <p>Provide an exemplar that demonstrates patient empowerment on the unit throughout the hospital stay.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Patient’s level of engagement in their care 2) Patient’s ability to self-advocate 3) Education provided to the patient related to their condition or diagnosis 4) How the healthcare team worked with the patient to develop a collaborative plan of care 5) Description of the outcome <p>In the exemplar, include:</p> <ol style="list-style-type: none"> 1) Details regarding patient diagnosis 2) How the patient’s preferences, values, and needs were addressed by the interprofessional health care team 3) How the patient participated in the teaching plan starting early in their hospital stay 4) How the learning was validated 		<p>ADV (4 pts) – Exemplar clearly addresses all required components and describes in detail how patient empowerment was evident during the hospital stay.</p> <p>HC (3 pts) – Exemplar addresses all required components but is lacking in detail on how patient empower was evident during hospital stay.</p> <p>C (2 pts) – Exemplar identifies patient empowerment, but one or two required components are missing.</p> <p>P (1 pt) – Exemplar identifies patient empowerment, but three or more required components are missing.</p> <p>I (0 pts) – Exemplar does not align with question asked or no exemplar is provided.</p>



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Domain	Subdomain	Question	Examples May Include	Scoring
Holistic Patient Care	Holistic Patient Care	5. Promoting Diversity, Equity, and Inclusion for Patients Provide an exemplar which demonstrates: <ol style="list-style-type: none"> 1) Identification and mitigation of biases to provide optimal patient-centered care 2) Application of diversity, equity, and inclusion to patient care 3) Identification of social determinants of health for a patient (i.e., food, finances, transportation, housing, medications) 	--Recognition of rituals --Educational offerings for staff and patients --Patient education with consideration of literacy levels and languages	ADV (4 pts) – Exemplar clearly addresses all required components and describes in detail how inclusive and non-biased care was evident during the hospital stay. HC (3 pts) – Exemplar addresses all required components but is lacking in detail on how inclusive and non-biased care was evident during hospital stay. C (2 pts) – Exemplar identifies inclusive and non-biased care, but one or two required components are missing. P (1 pt) – Exemplar identifies inclusive care, but three or more required components are missing. I (0 pts) – Exemplar does not align with question asked.

Domain	Subdomain	Question	Examples May Include	Scoring
Holistic Patient Care	Palliative/End-of-Life Care	<p>6. Demonstrating Care and Compassion for End-of-Life or Chronic Disease</p> <p>Provide an exemplar to illustrate how concepts of care and compassion were provided by the healthcare team for a patient at the end-of-life or with chronic disease throughout the hospital stay.</p> <p>Address the following elements:</p> <ol style="list-style-type: none"> 1) Staff involvement from all shifts 2) Promotion of patient dignity 3) Communication and collaboration of the healthcare team 4) Participation and support of family and significant others in the care process 5) Individualized plan of care based on patient/family preference(s) and collaboration with the care team 6) Support provided to the healthcare team during and after the time of care 7) Sensitivity to cultural and/or religious beliefs and practices 	<p>--Creative approaches to care</p> <p>--Interprofessional plan of care</p> <p>--Recognition of religious rituals, cultural beliefs, and traditions at the end-of-life</p>	<p>ADV (4 pts) – Exemplar clearly addresses all required components and evokes a feeling of compassionate care demonstrated by the interprofessional healthcare team as they collaboratively participated in the care of the patient and/or family.</p> <p>HC (3 pts) – Exemplar addresses all required components but is lacking in detail on how the interprofessional healthcare team collaboratively participated in the care of the patient and/or family.</p> <p>C (2 pts) – Exemplar identifies compassionate care, but one or two required components are missing.</p> <p>P (1 pt) – Exemplar identifies compassionate care, but three or more required components are missing.</p> <p>I (0 pts) – Exemplar does not align with question asked.</p>

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Domain	Subdomain	Question	Examples May Include	Scoring
Interprofessional Care	Interprofessional Collaboration	<p>7. Demonstrating Interprofessional Communication</p> <p>Describe one (1) example where strategies were used to enhance interprofessional communication on the medical-surgical unit.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) An example of when interprofessional communication was not as effective as expected and the steps taken to implement a change 2) The outcome following this change 3) The role of each team member 4) Evidence the communication was effective 	<p>--Wishes of patients not recognized by providers</p> <p>--Delays in discharge due to miscommunication</p> <p>--Hand-off communication</p>	<p>ADV (4 pts) – The narrative clearly addresses all required components of interprofessional communication and provides evidence of consistent communication strategies involving the entire care team. There is an excellent example description with steps taken and positive outcomes.</p> <p>HC (3 pts) – The narrative addresses all required components of interprofessional communication but lacks detail or does not address multiple disciplines within the healthcare team. An example is described with steps taken, but the outcome lacks detail or is missing.</p> <p>C (2 pts) – The narrative is missing one of the required components, lacks detail, or does not include members of the healthcare team beyond nursing.</p> <p>P (1 pt) – The narrative identifies the importance of interprofessional communication, but does not address all required components, does not include an example, lacks clarity, or does not include members of the healthcare team beyond nursing. Two or more of the required components are missing.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



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Domain	Subdomain	Question	Examples May Include	Scoring
Interprofessional Care	Care Coordination, Transition Management	<p>8. Reducing Length of Stay or Readmission (SE)</p> <p>Describe the interprofessional process(es) implemented to reduce the length of stay or readmission on the medical-surgical unit.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Processes utilized 2) The role of each interprofessional team member 3) Evidence the strategies reduced the length of stay or readmission improved and/or sustained excellence 4) Include a graph with a data table demonstrating six (6) months of data post implementation of a new strategy or 12 months of data 	<p>--Care coordination rounds</p> <p>--Team rounds</p> <p>--Family conferences</p>	<p>ADV (4 pts) – The narrative clearly addresses interprofessional strategies to reduce length of stay or readmissions. An example with successful outcomes is explained.</p> <p>HC (3 pts) – The narrative addresses interprofessional strategies to reduce length of stay or readmissions. An example that demonstrates strategies in action is explained but lacks positive outcomes.</p> <p>C (2 pts) – The narrative addresses strategies to reduce length of stay or readmissions, but only includes involvement of one discipline beyond nursing.</p> <p>P (1 pt) – The narrative addresses strategies to reduce length of stay or readmission but does not include disciplines beyond nursing.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



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Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Communication	<p>9. Demonstrating Communication Strategies</p> <p>Describe how unit leaders facilitate bidirectional communication between the medical-surgical unit and senior nursing leadership.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Communication regarding the organization's strategic plan 2) Communication regarding the nursing strategic plan 3) Escalation of unit staff input or concern to senior nursing leadership 	<p>--Huddles --Townhall meetings</p>	<p>ADV (4 pts) – The narrative clearly addresses bidirectional communication strategies. All required components are included.</p> <p>HC (3 pts) – The narrative addresses bidirectional communication strategies but lacks detail. One required component is missing.</p> <p>C (2 pts) – The narrative addresses communication strategies but does not demonstrate bidirectional communication. Two required components are missing.</p> <p>P (1 pt) – The narrative identifies communication strategies. Three of the required components are missing.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>

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Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Healthy Practice Environment	<p>10. Managing Unit Staffing</p> <p>Describe how the unit’s staffing plans and daily assignments are developed.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Factors considered (i.e., skill mix, patient acuity, direct care staff experience, unit turbulence/churn/throughput, etc.) 2) How changes to the staffing plan are communicated to direct care staff 3) The process by which direct care staff are actively engaged with staffing decisions 4) Provide the process or methods on how staff reports unsafe staffing 	<p>--Assessment of patient acuity</p> <p>--Revision of staffing to meet patient care demands</p> <p>--Scheduling committees</p>	<p>ADV (4 pts) – The narrative clearly addresses all required components of managing unit staffing.</p> <p>HC (3 pts) – The narrative addresses all required components of managing unit staffing but lacks detail.</p> <p>C (2 pts) – The narrative is missing one of the required components.</p> <p>P (1 pt) – The narrative is missing two or more of the required components.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>
Professional Concepts	Healthy Practice Environment	<p>11. Attracting New Staff</p> <p>Describe the strategies on how unit nursing staff members, including unlicensed assistive personnel, are involved in attracting new staff members to the unit.</p>	<p>--Forming relationships with nursing students</p> <p>--Organizational referral programs</p> <p>--Offering shadowing experiences to high school, college students, and community members interested in the healthcare profession</p>	<p>ADV (4 pts) – The narrative clearly describes how unit staff attract new staff members.</p> <p>HC (3 pts) – The narrative describes how unit staff attract new staff but lacks detail.</p> <p>C (2 pts) – The narrative describes how the unit attracts new staff but does not include how current staff are attracting new members.</p> <p>P (1 pt) – The narrative describes how leadership or the organization attracts new staff members.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



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Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Healthy Practice Environment	<p>12. Promoting Collegiality</p> <p>Describe the structures and/or processes in place to promote collegiality on the unit (among staff members as well as improving collegiality with members of the interprofessional team).</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Examples of how staff are recognized and rewarded 2) How multigenerational and multicultural differences are supported 	<p>--Staff recognition</p> <p>--Team-building events such as fundraising walks</p> <p>--Unit participation in community service projects</p>	<p>ADV (4 pts) – The narrative clearly addresses all required components of promoting collegiality. An example demonstrating strategies in action is included.</p> <p>HC (3 pts) – The narrative addresses all required components of promoting collegiality but lacks detail.</p> <p>C (2 pts) – The narrative is missing one of the required components.</p> <p>P (1 pt) – The narrative is missing two or more of the required components.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>
Professional Concepts	Healthy Practice Environment	<p>13. Onboarding and Orientation</p> <p>Describe the unit’s onboarding and orientation plan. What systems and structures are in place to support inclusivity of new staff members?</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Length of orientation 2) Preceptor selection and training 3) Competency-based orientation (i.e., residency/fellowship programs, etc.) 4) How orientation is individualized to each new grad versus an experienced nurse, and an in-hospital transfer nurse versus a nurse new to the organization. 5) An exemplar of a new hire orientation that needed to be modified to meet the needs of that nurse 	<p>--Preceptor classes</p> <p>--Residency/fellowship programs/externship programs</p>	<p>ADV (4 pts) – The narrative clearly addresses all required components of onboarding and orientation. An example demonstrating strategies in action is included.</p> <p>HC (3 pts) – The narrative addresses all required components of onboarding and orientation but lacks detail.</p> <p>C (2 pts) – The narrative is missing one of the required components.</p> <p>P (1 pt) – The narrative is missing two or more of the required components.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>

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Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Healthy Practice Environment	<p>14. Involving Staff with the Interview Process</p> <p>Describe how direct care nurses (DCN) are involved in the interviewing and selection of new staff.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) The process of how DCN are involved with the interview process 2) Rationale for number of DCN interviewers 3) The diversity of the team members involved in the interview process 4) The process on how team members are included in the applicant's interview and selection 5) How are the DCNs trained to interview? 	<p>--Multishift team involvement</p> <p>--Scripts for interview questions</p> <p>--Include other assistive personnel (i.e., CNA, PCA, PCT, Health Unit Coordinators)</p>	<p>ADV (4 pts) – The narrative clearly addresses all required components of involving DCN with the interview process.</p> <p>HC (3 pts) – The narrative addresses all required components of involving DCN with the interview process but lacks detail.</p> <p>C (2 pts) – The narrative is missing one of the required components.</p> <p>P (1 pt) – The narrative is missing two or more of the required components.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>
Professional Concepts	Healthy Practice Environment	<p>15. Creating a Healthy Work Environment</p> <p>Describe the unit's formal and informal processes and strategies to reduce adverse outcomes related to practice environment safety.</p> <p>Provide examples of education provided to direct care staff for each of the items below:</p> <ol style="list-style-type: none"> 1) Physical injury prevention (i.e., needle sticks, back injuries, workplace violence) 2) Improving direct care staff resilience and self-care (i.e., lateral violence, burnout, absenteeism) 3) Include support resources available to direct care staff (i.e., Employee Assistance Program (EAP), team training, behavioral emergency response team) 	<p>--Debriefings (i.e., Critical Incident Stress Management)</p> <p>--Mindfulness and stress reduction activities</p> <p>--Implicit bias training</p> <p>--Training on macro and microaggressions in the workplace</p>	<p>ADV (4 pts) – The narrative clearly addresses all required components of creating a healthy work environment. An example demonstrating strategies in action is included.</p> <p>HC (3 pts) – The narrative addresses all required components of creating a healthy work environment but lacks detail.</p> <p>C (2 pts) – The narrative is missing one of the required components.</p> <p>P (1 pt) – The narrative is missing two or more of the required components.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>

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Professional Concepts	Healthy Practice Environment	<p>16. Promoting and Supporting Educational/Conference Activities</p> <p>Describe how the unit supports direct care staff to attend local, regional, national, and/or international education/conference activities.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Selection process(es) of direct care nurses to attend conferences 2) Evidence of support (i.e., time off policy, budget) <p>Table:</p> <ol style="list-style-type: none"> 1) Date 2) Name of conference 3) Type of conference (international, national, regional, local) 4) Number of direct care nurses in attendance <p>Example of Table for Question #16</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Name of Conference</th> <th>Type of Conference (international, national, regional, local)</th> <th>Number of Direct Care Staff in Attendance</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><small>Note: This question is not asking for internal activities</small></p>	Date	Name of Conference	Type of Conference (international, national, regional, local)	Number of Direct Care Staff in Attendance																	<p>--Paid time off --Paid registration fees --Involvement of the unit shared governance</p>	<p>ADV (4 pts) – The narrative clearly addresses all required components of promoting and supporting educational/conference activities. The table is completed. An example demonstrating strategies in action is included.</p> <p>HC (3 pts) – The narrative addresses all required components of promoting and supporting education/conference activities but lacks full detail. The table is completed.</p> <p>C (2 pts) – The narrative is missing one of the required components.</p> <p>P (1 pt) – The narrative is missing two or more of the required components.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>
Date	Name of Conference	Type of Conference (international, national, regional, local)	Number of Direct Care Staff in Attendance																					

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Professional Concepts	Healthy Practice Environment	<p>17. Promoting Staff Retention</p> <p>Describe unit level strategies used to reduce turnover and enhance retention. If hospital or system level processes are used, explain how the process is enculturated on the unit. Provide a rationale (if applicable) of how the strategies to reduce negative turnover were unsuccessful.</p> <p>Definitions:</p> <ol style="list-style-type: none"> 1) Negative turnover may include a nurse who was not meeting performance expectations and was terminated 2) Positive turnover may include a nurse who transferred to the same hospital's intensive care unit to pursue career goals <p>Table:</p> <ol style="list-style-type: none"> 1) Most recent annual rate 2) Previous year's annual rate <p>Example of Table for Question #17</p> <table border="1"> <thead> <tr> <th colspan="3">Staff Turnover Rate Reported as a Percentage</th> </tr> <tr> <th></th> <th>Most Recent Annual Rate</th> <th>Previous Year's Annual Rate</th> </tr> </thead> <tbody> <tr> <td>Overall Facility</td> <td></td> <td></td> </tr> <tr> <td>Applying Med-Surg Unit</td> <td></td> <td></td> </tr> </tbody> </table> <p>To calculate turnover rate: Divide the number of terminations during a one-year period by the number of employees at the beginning of that period. (e.g., if the year starts with 50 med-surg unit staff and 10 staff terminate [voluntary or involuntary], the turnover rate is 10/50 = 0.2 or 20%. Units are not required to use this formula if the organization calculates turnover rates using an alternate formula. Describe the alternate formula in the narrative.</p>	Staff Turnover Rate Reported as a Percentage				Most Recent Annual Rate	Previous Year's Annual Rate	Overall Facility			Applying Med-Surg Unit			<p>--Promoting collegiality --Offering incentives (i.e., tuition reimbursement) --Professional development opportunities</p>	<p>ADV (4 pts) – The narrative clearly addresses all required components of promoting staff retention. The table is completed. Rationale accurately explains the reason for the turnover.</p> <p>HC (3 pts) – The narrative addresses all required components of promoting staff retention but lacks detail. The table is completed.</p> <p>C (2 pts) – The narrative is missing one of the required components.</p> <p>P (1 pt) – The narrative is missing two or more of the required components.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>
Staff Turnover Rate Reported as a Percentage																
	Most Recent Annual Rate	Previous Year's Annual Rate														
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Professional Concepts	Healthy Practice Environment	<p>18. Promoting Staff Satisfaction (SE)</p> <p>Describe how the unit responded to one area of improvement related to a recent nurse or staff satisfaction survey (i.e., NDNQI) for the unit. Explain any gaps in reporting, if applicable.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Measurement method used (external or internal data collection) * 2) Specific staff satisfaction indicator addressed <ul style="list-style-type: none"> ○ Provide rationale for choosing this indicator (i.e., not achieving benchmark, indicator scored lower than on previous survey) 3) Improvement plan implemented 4) Outcomes in response to the intervention 5) Include a graph with a data table showing the two most recent survey results for the chosen indicator and include the benchmark. <p><i>* If your hospital changed scoring tools, so that providing data from the same tool is not possible, provide data and the benchmark used for each tool.</i></p>	<p>--Focus groups</p> <p>--Townhall meetings</p> <p>--Partnering with internal unit or external organization who is succeeding in that metric</p>	<p>ADV (4 pts) – The narrative clearly addresses all required components of promoting staff satisfaction, including the graph with data table. There is an explanation of any gaps in reporting, if applicable.</p> <p>HC (3 pts) – The narrative addresses all required components of promoting staff satisfaction, including the graph with data table, but lacks detail. There is an explanation of any gaps in reporting, if applicable.</p> <p>C (2 pts) – The narrative is missing one of the required components.</p> <p>P (1 pt) – The narrative is missing two or more of the required components.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>

Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Healthy Practice Environment	<p>19. Promoting Diversity, Equity, and Inclusion for Unit Staff</p> <p>Describe three (3) strategies showing how multigenerational and multicultural differences are applied to nursing practice. Identify how diversity, equity, and inclusion has been integrated into the unit culture.</p>	<p>--Recognition of rituals and cultural beliefs</p> <p>--Team-building activities/exercises</p> <p>--Identification and use of preferred pronouns and name(s)</p>	<p>ADV (4 pts) – The narrative clearly identifies three approaches of promoting diversity, equity, and inclusion (DEI) for direct care staff.</p> <p>HC (3 pts) – The narrative identifies three approaches of promoting DEI for direct care staff but lacks detail.</p> <p>C (2 pts) – The narrative identifies two approaches to promote DEI for direct care staff.</p> <p>P (1 pt) – The narrative identifies one approach to promote DEI for direct care staff.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>
Professional Concepts	Scope of Practice and Ethics	<p>20. Ensuring Staff Competency</p> <p>Describe how the unit measures and maintains the competency of its staff.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Model or framework used 2) Rationale/evidence for why the model or framework was chosen 3) How direct care nurses are involved 	<p>--Staff educational needs assessment</p> <p>--Methods of validation</p> <ul style="list-style-type: none"> ◦ Role playing ◦ Direct observation ◦ Simulation <p>--Competency model</p> <ul style="list-style-type: none"> ◦ AMSN Competency Framework ◦ Internal competency model ◦ Other evidence-based competency model 	<p>ADV (4 pts) – A formal process is used to evaluate staff competency, such as using a framework or model. Narrative describes how direct care nurses are involved. All required components are addressed.</p> <p>HC (3 pts) – A formal process is used to evaluate staff competency, but a framework model is not used. Direct care nurses are involved in the process.</p> <p>C (2 pts) – An informal process (annual skills fair without use of a needs assessment) is used. Direct care nurses are involved in the process.</p> <p>P (1 pt) – Leadership determines how competency is evaluated without input from direct care nurses.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



AMSN PRISM Award® Scoring Tool

(SE = Supporting evidence is required in the form of a graph with data table)

Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Quality Management	<p>21. Improving Clinical Outcomes (SE)</p> <p>Select one clinical improvement initiative based on the unit’s patient population and scope of service.</p> <p>Describe how the unit achieved or is in the process of achieving improved patient outcomes as a result of the clinical improvement initiative.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) A description of the pre-intervention outcome data that drove the goal and the initiative for improvement 2) A clear description of the clinical improvement initiative 3) A description of the pre- and post-intervention data 4) A description of the implementation date of the intervention 5) A description of how the unit implements organizational initiatives 6) Include a graph with a data table using the information from the above numbered bullets. Use a minimum of three data points. 	<p>--Sepsis</p> <p>--Central Line Bloodstream infections (CLABSI)</p> <p>--Catheter-associated urinary tract infections (CAUTI)</p> <p>--For more examples, please visit www.medicare.gov</p>	<p>ADV (4 pts) – A clinical measure is identified with applicable data reported. Improvement or focus area is clearly articulated. Process improvement is described in detail including pre- and post-intervention data. All required areas are addressed.</p> <p>HC (3 pts) – A clinical measure is identified with applicable data reported. Improvement or focus area is evident. Process improvement is described but lacks clarity.</p> <p>C (2 pts) – A clinical measure is identified with applicable data reported. Improvement or focus area is evident. Process improvement is described. One narrative and/or data component is missing.</p> <p>P (1 pt) – Unit has identified or in the process of identifying a clinical measure and has started to collect data. Narrative does not clearly describe rationale for choosing measure and/or clearly describing improvement process. Two or more narrative and/or data components are missing.</p> <p>I (0 pts) – Narrative and/or data does not align with the question asked.</p>

AMSN PRISM Award® Scoring Tool

(SE = Supporting evidence is required in the form of a graph with data table)

Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Quality Management	<p>22. Involving Staff in Quality Improvement Projects</p> <p>Provide two examples of direct care nurse involvement from your unit in quality improvement projects (unit or system).</p> <p>Include:</p> <ol style="list-style-type: none"> 1) A description of the study or project the nurse(s) were involved with and their participation 2) Provide number of nurse(s) who participated 3) How the project was selected 4) Dissemination of project results (staff publications, podium or poster presentations related to unit-based project, staff meeting presentation, etc.) 	<p>--Patient harm metrics</p> <p>--Patient flow</p> <p>--Environment of care</p> <p>--Nurse efficiency/productivity</p> <p>--Transitions of care</p>	<p>ADV (4 pts) – The narrative clearly describes two quality improvement projects which result in positive outcomes. All required components are addressed.</p> <p>HC (3 pts) – The narrative describes two quality improvement outcomes, but the description lacks detail. The projects may or may not have positive outcomes. All required components are addressed.</p> <p>C (2 pts) – The narrative minimally describes the two quality improvement projects. One of the required components is missing.</p> <p>P (1 pt) – Only one quality improvement project was described in the narrative and/or more than two required components were missing.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



AMSN PRISM Award® Scoring Tool

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Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Quality Management	<p>23. Evaluating and Sustaining Quality Improvement</p> <p>Describe the quality improvement structures and processes to identify, develop, manage, evaluate, and sustain initiatives on the medical-surgical unit.</p> <p>Include one unit-specific example of an initiative that followed one or more of the described quality improvement structures and processes.</p>	<p>--Plan Do Study Act (PDSA)/Plan Do Check Act (PDCA)</p> <p>--Six Sigma</p> <p>--Root cause analysis (RCA)</p> <p>--Lean methodology</p>	<p>ADV (4 pts) – Narrative clearly describes the quality improvement structures and processes in place to identify, manage, evaluate, and sustain initiatives. The description includes a unit-specific example.</p> <p>HC (3 pts) – Narrative describes the quality improvement structures and processes in place to identify, manage, evaluate, and sustain initiatives. The description includes a unit-specific example, but it lacks detail.</p> <p>C (2 pts) – Narrative does not clearly describe the quality improvement structures and processes. The unit-specific example may lack detail.</p> <p>P (1 pt) – Narrative does not clearly describe the improvement structures and processes used and/or a unit-specific example was not provided.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>

AMSN PRISM Award® Scoring Tool

(SE = Supporting evidence is required in the form of a graph with data table)

Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Evidence-Based Practice and Research	<p>24. Developing Individualized Plan of Care (IPOC)</p> <p>Describe an example of how nurses create an individualized plan of care to address patient goals, preferences, and clinical outcomes.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) How the nurse identifies and assesses patient preferences, needs, and goals 2) How the individualized plan of care is communicated to all healthcare team members 3) How often the individualized plan of care is reviewed and/or updated 4) How the updated individualized plan of care is communicated to all healthcare team members 	-- Interprofessional collaboration	<p>ADV (4 pts) – The narrative clearly describes how the individualized patient plan of care is developed. All required components are addressed.</p> <p>HC (3 pts) – The narrative describes how the individualized patient plan of care is developed. An example is provided but lacks detail.</p> <p>C (2 pts) – The narrative describes how the individualized patient plan of care is developed. One of the required components is missing.</p> <p>P (1 pt) – The narrative minimally describes the development of the individualized patient plan of care. Two or more required components are missing.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



AMSN PRISM Award® Scoring Tool

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Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Evidence-Based Practice and Research	<p>25. Promoting Staff Participation in Evidence-Based Practice (EBP) and Research</p> <p>Describe the unit and organization resources available to support direct care nurse participation in EBP projects and research studies.</p> <p>Include:</p> <p>1) Three examples of the resources available to support direct care nurse participation in EBP projects and research studies.</p>	<p>-Utilization of a nursing research scientist or a nurse researcher</p> <p>--A learning module on how to conduct EBP projects</p> <p>--Nursing research council</p>	<p>ADV (4 pts) – The narrative clearly describes the unit and organization resources available to support direct care nurse participation in EBP projects and research studies. Three or more resources clearly described.</p> <p>HC (3 pts) – The narrative describes the unit and organization resources available to support direct care nurse participation in EBP projects and research studies. Three resources described but lack detail.</p> <p>C (2 pts) – The narrative minimally describes the unit and organization resources available to support direct care nurse participation in EBP projects and research studies. Less than three resources described.</p> <p>P (1 pt) – The narrative discusses in minimal detail the unit and organization resources available to support direct care nurse participation in EBP projects and research studies. A lack of resources is available to nurses on the unit.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



AMSN PRISM Award® Scoring Tool

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Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Evidence-Based Practice and Research	<p>26. Disseminating Quality Improvement (QI), Evidence-Based Practice (EBP), or Research</p> <p>Describe how QI, EBP, or research conducted on the unit or at a system level is disseminated.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Two examples of QI, EBP, and/or research from the following categories. Each category may be used more than once. <ol style="list-style-type: none"> a. Dissemination of a system level initiative involving direct care nurses from the unit b. Dissemination of a unit-based initiative involving unit leaders and direct care nurses 	<p>--Research symposia</p> <p>--Research updated communication via practice council or shared governance</p> <p>--Local, regional, national, and international conferences</p>	<p>ADV (4 pts) – The narrative clearly describes how quality improvement, evidence-based practices, or research are disseminated. All required components are addressed.</p> <p>HC (3 pts) – The narrative describes how quality improvement, evidence-based practices, or research are disseminated but lacks detail. All required components are addressed.</p> <p>C (2 pts) – The narrative minimally describes how quality improvement, evidence-based practices, or research are disseminated. One required component is not addressed.</p> <p>P (1 pt) – The narrative discusses in minimal detail how quality improvement, evidence-based practices, or research are disseminated. Direct care nurses are not involved with dissemination and/or only one example was provided but lacks detail.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



AMSN PRISM Award® Scoring Tool

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Domain	Subdomain	Question	Examples May Include	Scoring
Professional Concepts	Evidence-Based Practice and Research	<p>27. Translating Evidence-Based Practice (EBP) and Research into Policy and Procedure</p> <p>Describe the process on how evidence-based practices and research are incorporated into policies and procedures</p> <p>Include:</p> <ol style="list-style-type: none"> 1) One example of how evidence-based practice or research was incorporated into a policy or procedure 2) How direct care nurses on the unit are involved in policy development and revision 	<p>--Organizational policy committees</p> <p>--Online point of care resources</p> <p>--Other references</p>	<p>ADV (4 pts) – The narrative clearly describes how evidence-based practices are incorporated into policies or procedures. All required components are addressed.</p> <p>HC (3 pts) – The narrative describes how evidence-based practices are incorporated into policies or procedures but lacks detail. All required components are addressed.</p> <p>C (2 pts) – The narrative minimally describes how evidence-based practices are incorporated into policies or procedures. The required components lack detail.</p> <p>P (1 pt) – The narrative discusses in minimal detail how evidence-based practices are incorporated into policies and procedures. Direct care nurses are not involved with policy or procedure development.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>



AMSN PRISM Award® Scoring Tool

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Domain	Subdomain	Question	Examples May Include	Scoring
Nurse Teamwork and Collaboration	Professional Development	<p>28. Participating in Professional Development Opportunities</p> <p>Provide ten examples of direct care nurse professional development opportunities based on or aligned with individually assessed professional and/or unit needs.</p> <p>Note: Exclude periodic job required education/competencies (i.e., BLS, restraints, unit-specific skills)</p> <p>Table: In the table below, provide ten examples of professional development opportunities with the following information:</p> <ol style="list-style-type: none"> 1) Title/Topic of Professional Development Opportunity 2) Type of Opportunity (i.e., competency, conference, etc.) 3) Date of Opportunity 4) Provider (i.e., individual, organization, system, local provider such as a local AMSN chapter, national organization such as the annual AMSN conference, etc.) 5) Provide two to three sentences explaining why the direct care nurse pursued this professional development opportunity 	<p>--AMSN professional development opportunities</p> <p>--Professional development offering (i.e., education delivered within the organization, on a webinar, etc.)</p> <p>--Grand rounds</p>	<p>ADV (4 pts) – Table includes ten examples of direct care nurse professional opportunities. All required components are included.</p> <p>HC (3 pts) – Table includes ten examples of direct care nurse professional development opportunities. One of the required components is missing.</p> <p>C (2 pts) – The table includes nine or more examples of direct care nurse professional development opportunities and/or two of the required components are missing.</p> <p>P (1 pt) – The table includes eight or less examples of direct care nurse professional development opportunities and/or three or more of the required components are missing.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>

AMSN PRISM Award® Scoring Tool

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Domain	Subdomain	Question	Examples May Include	Scoring																																					
Nurse Teamwork and Collaboration	Professional Development	<p>29. Facilitating Lifelong Learning</p> <p>Describe the structure and processes the organization and unit offer to support lifelong learning of unit staff.</p> <p>Include an example of direct care nurses utilizing resources available for each of the following:</p> <ol style="list-style-type: none"> Specialty certification for nursing staff Higher education Staff involvement in service to nursing profession (i.e., publication, professional nursing organization membership, etc.) Staff involvement in service to the community through nursing focused volunteering activities Education provided by nurses on the medical-surgical unit <p>Table: Create a table to include the following:</p> <ol style="list-style-type: none"> Specialty certification for nursing staff <table border="1" data-bbox="730 987 1121 1185"> <thead> <tr> <th colspan="2">Percentage of Eligible Nurses Nationally Certified</th> </tr> </thead> <tbody> <tr> <td>Total Number of RNs on Unit</td> <td>-</td> </tr> <tr> <td>Number Eligible for Certification</td> <td></td> </tr> <tr> <td colspan="2">List Specialty Certifications / Number of Eligible Nurses Certified in Each</td> </tr> <tr> <td>Staff Certified in:</td> <td></td> </tr> <tr> <td>Staff Certified in:</td> <td></td> </tr> <tr> <td>Staff Certified in:</td> <td></td> </tr> <tr> <td>Total Certified Staff</td> <td></td> </tr> <tr> <td>Percentage of eligible RNs who are Certified (Total Certified/Eligible)</td> <td></td> </tr> </tbody> </table> Higher education <table border="1" data-bbox="686 1226 1142 1339"> <thead> <tr> <th>Higher Education Pursued</th> <th>Number of Staff</th> <th>Percentage of Staff</th> </tr> </thead> <tbody> <tr> <td>Pursuing Registered Nurse</td> <td></td> <td></td> </tr> <tr> <td>Pursuing Baccalaureate Degree</td> <td></td> <td></td> </tr> <tr> <td>Pursuing Master's Degree</td> <td></td> <td></td> </tr> <tr> <td>Pursuing Doctorate Degree</td> <td></td> <td></td> </tr> <tr> <td>Pursuing Other (please specify)</td> <td></td> <td></td> </tr> <tr> <td>Total Actively Pursuing Advanced Education:</td> <td></td> <td></td> </tr> </tbody> </table> Staff involvement in service to nursing profession (i.e., publication, professional nursing organization membership, etc.) 	Percentage of Eligible Nurses Nationally Certified		Total Number of RNs on Unit	-	Number Eligible for Certification		List Specialty Certifications / Number of Eligible Nurses Certified in Each		Staff Certified in:		Staff Certified in:		Staff Certified in:		Total Certified Staff		Percentage of eligible RNs who are Certified (Total Certified/Eligible)		Higher Education Pursued	Number of Staff	Percentage of Staff	Pursuing Registered Nurse			Pursuing Baccalaureate Degree			Pursuing Master's Degree			Pursuing Doctorate Degree			Pursuing Other (please specify)			Total Actively Pursuing Advanced Education:		
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			<p>--Organization participates in MSNCB FailSafe Program</p> <p>--Flexible scheduling and/or financial support for higher education, participation in professional activities, or community service</p> <p>--Support from nurse researcher</p>	<p>ADV (4 pts) – Narrative clearly articulates the structure and processes the organization and unit offer to support lifelong learning. Required examples demonstrate how the direct care staff is supported. All required tables are included.</p> <p>HC (3 pts) – Narrative describes the structure and processes the organization and unit offer to support lifelong learning but lacks detail. Required examples are minimally addressed. One of the required tables is missing.</p> <p>C (2 pts) – Narrative minimally describes the structure and processes the organization and unit offer to support lifelong learning and/or one of the required examples is missing and/or resources are not available for one of the required examples. Two of the required tables are missing.</p> <p>P (1 pt) – The narrative lacks detail regarding the structure and processes that the organization and unit offer to support lifelong learning and/or resources to support lifelong learning are not available at this time, and/or one or more required examples are missing. Three or more required tables are missing.</p> <p>I (0 pts) – Narrative does not align with question asked.</p>																																					

Type of service to nursing profession	Details	Date/Date Range	Number of Participating Nurses

4) Staff involvement in service to the community through nursing focused volunteering activities

Type of service to the community	Details	Date/Date Range	Number of Participating Nurses

5) Education provided by nurses on the medical-surgical unit

Title/Topic of Education Activity	Date of activity	Role of Unit Presenter (i.e., NM/ANM, CNS, CNE/NPDS, CNL, DCN)	Audience (i.e., other units, students, community, national conference)

***At least 50% of the examples must identify the direct care nurses providing the education**



AMSN PRISM Award® Scoring Tool

(SE = Supporting evidence is required in the form of a graph with data table)

Domain	Subdomain	Question	Examples May Include	Scoring
Nurse Teamwork and Collaboration	Leadership	<p>30. Fostering Leadership Development</p> <p>AMSN recognizes two primary types of leadership: clinical and staff leadership (defined below). Clinical leadership and staff leadership are not positions. They are roles and/or functions.</p> <ul style="list-style-type: none"> • Clinical leadership is essential to implement the nursing process consistently and effectively. Regardless of formal authority, nurses lead an interprofessional care team and are responsible for patient safety and quality outcomes. • Staff leadership is important for healthy practice environments and advocacy for the medical-surgical nurse. Shared decision-making and professional autonomy are required to ensure adequate resources and appropriate staff assignments. These activities contribute to the staff's ability to achieve the unit's standards of nursing practice. <p>Describe unit and/or organizational processes that foster leadership development.</p> <p>Include:</p> <ol style="list-style-type: none"> 1) Individual clinical leadership exemplar 2) Individual staff leadership exemplar 	<p>--Clinical leadership:</p> <ul style="list-style-type: none"> • Shared governance/shared decision-making member • Assists with establishing unit goals and/or practice changes on the unit <p>--Staff leadership:</p> <ul style="list-style-type: none"> • Chairperson of shared governance/shared decision-making • Ensuring adequate staff (i.e., direct care nurse in a charge nurse role) 	<p>ADV (4 pts) – The narrative articulates the unit and/or organization processes that foster leadership development. Exemplars clearly describe direct care nurses in the roles of clinical and staff leadership and the resources offered to support achievement of the role.</p> <p>HC (3 pts) – The narrative describes the unit and/or organization processes that foster leadership development but lacks detail. Exemplars are present and describe direct care nurses in the roles of clinical and staff leadership, but minimally describe the resources offered to support achievement of the role.</p> <p>C (2 pts) – The narrative minimally described the unit and/or organization processes that foster leadership development. Exemplars are minimally explained.</p> <p>P (1 pt) – The narrative vaguely addresses the processes available to foster leadership development. Exemplars are minimally explained and/or missing.</p> <p>I (0 pts) – Narrative and exemplars do not align with question asked.</p>