



# AMSUN PRISM Award Application

**IMPORTANT:**

Please note that this document is for reference only and cannot be used to submit a final application. For the most recent link to the online AMSUN PRISM Award application, please visit the [AMSUN PRISM Award page](#) on [amsn.org](#).

If copying and pasting from a document to the online application, please ensure that the question you are pasting to is the same as the document you are copying from.

## About the Award

The AMSN PRISM Award recognizes elite medical-surgical units for providing exemplary patient care. The professional nurse is responsible for their individual practice. However, it takes a dynamic, energetic, and committed group of professionals within a medical-surgical unit, diligently practicing as a synergistic team, to achieve and sustain outstanding patient and staff satisfaction outcomes. Premier medical-surgical units are committed to providing excellent patient care, measuring successes, identifying opportunities for enhancement, conducting research, incorporating evidence-based practice, and creating an atmosphere of collaboration, innovation, and creativity. Medical-surgical units demonstrating these characteristics often have lower staff turnover rates, and through their reputation, are recognized as premier sites for patient care and employment. The Academy of Medical-Surgical Nurses (AMSN) and the Medical-Surgical Nursing Certification Board (MSNCB) are proud to offer the AMSN PRISM Award. In the name of this prestigious award, "PRISM" signifies Premier Recognition In the Specialty of Med-Surg.

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

- Patient/Care Management
- Holistic Patient Care
- Elements of Interprofessional Care
- Professional Concepts
- Nursing Teamwork and Collaboration

Achievement of the AMSN PRISM Award recognizes the professionalism and expertise of select medical-surgical units. The units achieving this distinction serve as models for other units to emulate, elevate the stature of the medical-surgical setting, and reflect the attainment of national standards for exemplary medical surgical units. Patient care units eligible to apply for this award include any individual acute care unit with a primarily adult and/or elderly patient population with medical-surgical diagnoses. These units may admit and provide care for adolescent patients on a periodic basis in an "overflow" capacity or may be a combined adult/pediatric unit that is classified by the facility as a medical-surgical unit. These units may utilize remote telemetry monitoring but may not be classified as step-down or progressive care units by their facilities. Multiple units from the same facility which fit the description of a medical-surgical unit may apply for the award. Each unit must apply individually. Float pools are not eligible to apply.

## Directions:

- Each question should be answered in its entirety and not refer to other sections of the application.
- Unless otherwise stated, all data provided must be within the last 3 years.
  - Provide a graph for the data table
  - Must provide at least 3 data points
- You may include documents as supporting evidence. Do not include documentation that does not refer to the criteria. Documents must immediately follow the question to which they refer. Documentation cannot include identifying information or photos of staff.
- To ensure that the application and review process maintains confidentiality and to observe Health Insurance Portability and Accountability Act (HIPAA) regulations, applicants are asked to remove any patient or employee identifying information. Applications that violate confidentiality and/or HIPAA requirements will be disqualified.
- This is a blinded application process. All information including hospital or hospital system name, hospital acronym, unit name, and other distinguishing names like a local chapter name and local nursing associations must be eliminated before submitting the final application such as:
  - Name of all individuals: substitute [name], [nurse], [patient], [family member], etc.
  - Name or acronym of hospital/health system: substitute [hospital], [health system], etc.
  - Names of cities or states: substitute [city], [state]
  - Names or acronyms of companies or organizations: substitute [local company], [national company], [local community group], [national association], [state association], etc.
  - Identifying logos, images, etc. must be removed from all charts, graphs, and other documents.
- Multiple collaborators are allowed to work on this application together. The person who begins the application is considered the Primary Collaborator.
- Only one collaborator can work in the application at a time--when one collaborator is working, the others are locked out.
- The Primary Collaborator can add or remove other collaborators using the "Manage Collaborators" button on the upper right side of the first screen. The Primary Collaborator can also pass that role to another person if desired.
- Applications will be initially screened to ensure they are complete, blinded, and comply with the instructions above.
- After the initial screening, applications will be peer reviewed by one of several trained review teams composed of medical-surgical nurses.
- To achieve the award, applicants must demonstrate how the unit meets or exceeds every requirement listed within each category. (add to the top of each page online appl.)
- Allow 14-16 weeks to receive the status of your application.
- Applicants who do not meet the requirements will be notified and feedback will be provided for improvement. These applicants will have the opportunity to resubmit their

application one time with no additional application fee if the resubmit is finalized/submitted within 9 months of the date of notice.

- The award is valid for a period of three (3) years. A unit that has received the AMSN PRISM Award® is encouraged to submit the application for redesignation at least three (3) months prior to the expiration of their current award. The unit must demonstrate ongoing achievement to receive consecutive AMSN PRISM Award® status.
- Achieving medical-surgical units will receive a plaque to display in a prominent location on their unit.
- The award will be personally presented to the medical-surgical unit/facility by a member of the AMSN or MSNCB board or their designated representative. Units are encouraged to invite staff, administration, physicians, patient/families, or other appropriate individuals to the award ceremony. Units may consider holding the award ceremony during Medical-Surgical Nurses Week, November 1-7, or National Nurses Week, May 6-12.
- The unit's name, facility, and location will be announced at the AMSN Annual Convention and displayed on the AMSN and MSNCB websites and social media. The unit will also be recognized in the AMSN and MSNCB e-newsletters.
- Recipients will receive the AMSN PRISM Award Recipient seal artwork with permission and guidelines to use it to promote their achievement in advertisements, annual reports, flyers, newsletters, etc.

Please feel free to download these documents as needed:

- AMSN PRISM AWARD BLANK APPLICATION (to use for reference--cannot be used to submit a final application)
- AMSN PRISM AWARD PAYMENT FORM
- AMSN PRISM AWARD SAMPLE PLAQUE

### **Application Section/Criteria Introduction**

The five (5) criteria categories for the award application are:

- Category 1: **Patient/Care Management**
- Category 2: **Holistic Patient Care**
- Category 3: **Elements of Interprofessional Care**
- Category 4: **Professional Concepts**
- Category 5: **Nursing Teamwork and Collaboration**

Supporting Evidence (SE) must be provided to indicate how the criteria are met. Provide a complete narrative description or response to the questions rather than an answer with a few words or phrases. Examples are provided with each question to clarify the information being requested. Refrain from providing a reference to other questions within the application or external information such as a website—all information must be provided within the application. Applications will be weighed based on how they meet the criteria. The more information provided the better!

## Instructions

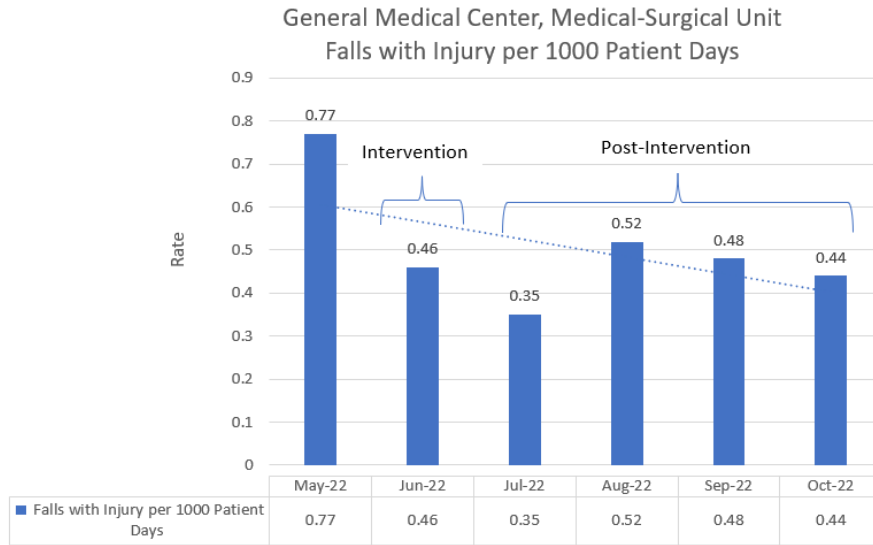
In many cases, the requirements above require the applicant to describe the technique, strategy, and/or method used to address a specific criterion across the medical-surgical nursing practice specific to the applicant's unit. In each requirement, the applicant may need to describe, explain, demonstrate, report, chart and/or provide tables and/or examples. When responding to the requirements, the requirement may be specific to include and/or exclude certain elements. Finally, the applicant may be required to provide a data table that includes pre-data, the intervention, and post-data.

## Instructions and Examples for Questions Requiring Data

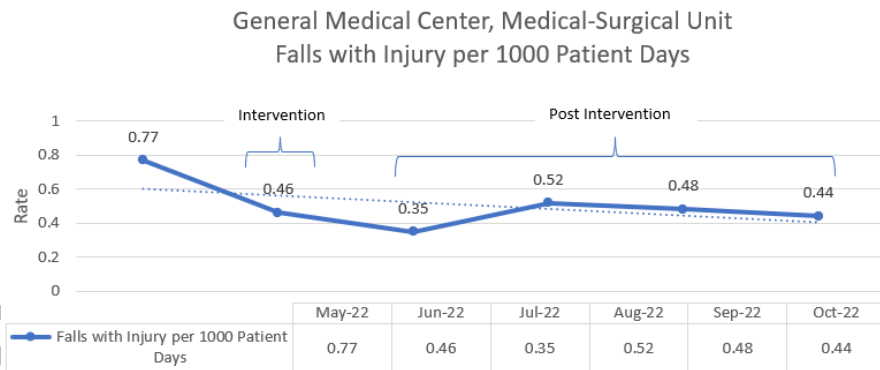
Designated questions requiring supporting evidence (SE) will be identified with the SE initialism. Based on what is asked in the question, provide an example with supporting evidence that demonstrates the achievement of a unit goal, shows an improved outcome, or displays survey results. Submit the supporting evidence in the form of a graph with a data table. The graph must include a minimum of one pre-data point, clear indication of when the improvement intervention occurred, and a minimum of two post-intervention data points.

Below are examples of acceptable graphs. Brackets are not required, but the reader must be able to clearly understand when the improvement intervention and the post-intervention data occurred.

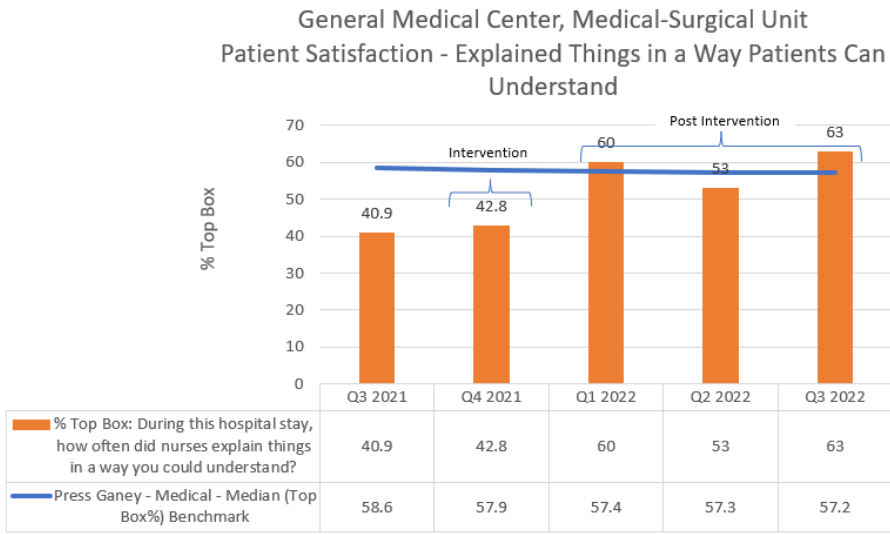
### Example of Bar Graph



### Example of Line Graph

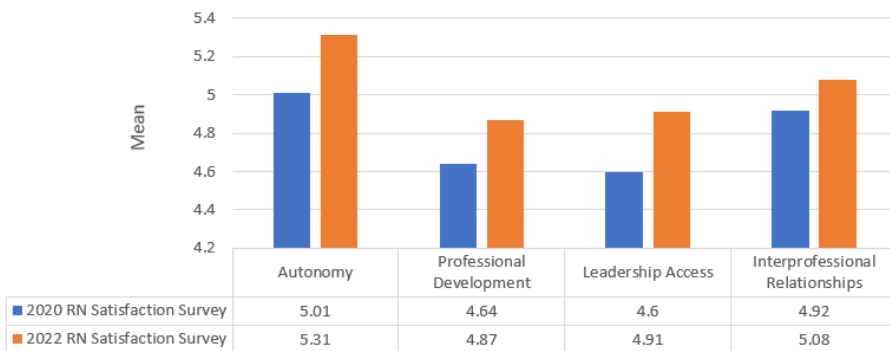


## Example of a Bar Graph Displaying Unit Data and a Benchmark



## Example of Bar Graph Displaying Data from Two Surveys

General Medical Center, Medical-Surgical Unit  
RN Satisfaction



	Examples
<b>Category 1: Patient Care/Management</b>	
<b>A. Patient Safety</b>	
<b>1. Improving Patient Safety</b>	
<p>A. <b>Select one</b> of the following areas below when the outcomes were not meeting expectations and <b>describe</b> how the unit outcomes improved.</p> <ul style="list-style-type: none"> <li>-Patient Safety               <ol style="list-style-type: none"> <li>1. Hospital acquired conditions (e.g., pressure injury prevention, fall prevention, restraint reduction, blood transfusion error reduction)</li> <li>2. Restraint reduction</li> <li>3. Blood transfusion error reduction</li> <li>4. Alarm fatigue</li> <li>5. Identifying and mitigating risks associated with behavioral health</li> </ol> </li> <li>-Infection Prevention               <ol style="list-style-type: none"> <li>6. Hospital acquired infections (e.g., C-DIFF, MRSA, CLABSI, CAUTI)</li> </ol> </li> <li>-Medication Management               <ol style="list-style-type: none"> <li>7. Medication error reduction</li> </ol> </li> <li>-Pain Management               <ol style="list-style-type: none"> <li>8. Pain management</li> </ol> </li> </ul> <p>B. When describing the improvement process, include the following:</p> <ol style="list-style-type: none"> <li>1. Specific metric</li> <li>2. Plan</li> <li>3. Goal(s)</li> <li>4. Intervention(s)</li> <li>5. Outcome(s)</li> <li>6. Description of how direct care staff participate in the process</li> </ol> <p>C. <b>Include</b> a graph with a data table</p>	
<b>Category 2: Holistic Patient Care</b>	
<b>A. Patient Centered Care</b>	
<b>2. Improving Patient Centered Care</b>	
<p><b>Describe</b> how the unit responded to an area of improvement related to the patient satisfaction survey results for the unit. <b>Explain</b> any gaps in survey reporting, if needed.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Measurement method used (i.e., third party vendor such as Press-Ganey, Non-Compliance Rating [NCR])</li> <li>2. Specific nurse-sensitive patient satisfaction indicator(s) addressed (e.g., nursing communication, transition of care, discharge instructions)</li> <li>3. Improvement plan implemented including participation of direct care nurses</li> <li>4. Outcomes in response to the intervention(s)</li> <li>5. Include a graph with a data table</li> </ol>	



	Examples
<b>Category 2: Holistic Patient Care</b> (continued)	
<b>A. Patient Centered Care</b> (continued)	
<b>3. Applying Strategies to Encourage Collaboration</b>	
<p><b>Describe</b> innovative strategies used to encourage collaboration with patients, families, colleagues, and other healthcare providers.</p>	<ul style="list-style-type: none"> <li>● Interprofessional rounds</li> <li>● Rounding by appointment</li> <li>● Virtual rounds</li> <li>● Roundtable discussions</li> <li>● Team meetings</li> <li>● Patient-family consultations/meetings</li> <li>● Availability of interpreters (in person or virtual) for patients and families whose primary language is not English</li> </ul>
<b>4. Promoting Patient Empowerment<sup>1</sup></b>	
<p><b>Provide</b> an <b>exemplar</b> that demonstrates patient empowerment on the unit throughout the hospital stay.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. The patient’s knowledge of their role</li> <li>2. Acquisition of knowledge to engage with their provider(s)</li> <li>3. Patient’s skills</li> <li>4. Presence of a facilitating environment</li> </ol> <p><b>In the exemplar, include:</b></p> <ol style="list-style-type: none"> <li>1. Details regarding the patient’s diagnosis(ses)</li> <li>2. How the patient’s preferences, values, and needs were addressed by the interprofessional health care team</li> <li>3. How the patient participated in the teaching plan starting early in the hospital stay</li> <li>4. How learning was validated</li> </ol> <p><sup>1</sup> The WHO defines empowerment as “a process through which people gain greater control over decisions and actions affecting their health”</p> <p>- Health promotion glossary. Geneva: World Health Organization; 1998.</p>	

	Examples
<b>Category 2: Holistic Patient Care</b> (continued)	
<b>B. Diversity and Inclusion</b>	
<b>5. Promoting Diversity and Inclusion for Patients</b>	
<p><b>Provide</b> an <b>exemplar</b> which demonstrates:</p> <ol style="list-style-type: none"> <li>1. Identification and mitigation of biases to provide optimal patient centered care</li> <li>2. Application of diversity, equity, and inclusion to patient care</li> <li>3. Identification of social determinants of health for a patient (e.g., food, finances, transportation, housing, medications)</li> </ol>	<ul style="list-style-type: none"> <li>● Religious preferences applied to care plans</li> <li>● Recognition of rituals and cultural beliefs</li> <li>● Educational offerings for staff and patients</li> <li>● Availability of interpreters</li> <li>● Patient education with consideration of literacy levels and languages</li> </ul>
<b>C. Palliative/End-of-life Care</b>	
<b>6. Demonstrating Caring and Compassion for End of Life or Chronic Disease</b>	
<p><b>Provide</b> an <b>exemplar</b> to illustrate how concepts of caring and compassion were provided by the healthcare team for a patient at the end of life/chronic disease throughout the hospital stay.</p> <p><b>Address</b> all of the following elements:</p> <ol style="list-style-type: none"> <li>1. Staff involvement from all shifts</li> <li>2. Promotion of patient dignity</li> <li>3. Communication/collaboration of the healthcare team</li> <li>4. Participation and support of family and significant others in the care process</li> <li>5. Individualized plan of care based on patient/family preference(s) and collaboration with the care team</li> <li>6. Support provided to the healthcare team during and after the time of care</li> <li>7. Sensitivity to cultural and/or religious beliefs and practices</li> </ol>	<ul style="list-style-type: none"> <li>● EAP</li> <li>● Debriefs</li> <li>● Recognition of religious rituals, cultural beliefs, and traditions at the end of life</li> </ul>

		Examples
<b>Category 3: Elements of Interprofessional Care</b>		
<b>A. Interprofessional Collaboration</b>		
<b>7. Demonstrating Interprofessional Communication</b>		
<p><b>Describe</b> strategies used to enhance interprofessional communication.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. An example of when interprofessional communication was not as effective as expected and the steps taken to implement a change</li> <li>2. The outcome following this change</li> <li>3. The role of each team member</li> <li>4. Evidence that the communication was effective</li> </ol>	<ul style="list-style-type: none"> <li>● Daily rounding</li> <li>● Interprofessional care plan/communication tools</li> <li>● Grand rounds</li> <li>● Wishes of patients not recognized by providers</li> <li>● Delays in discharge due to miscommunication</li> <li>● Hand-off communication</li> </ul>	
<b>B. Care Coordination &amp; Transition Management</b>		
<b>8. Reducing Length of Stay OR Readmission</b>		
<p><b>Describe</b> the interprofessional process(es) that are implemented to reduce the length of stay or readmission.</p>	<ul style="list-style-type: none"> <li>● Education provided at discharge</li> <li>● Review of medications</li> <li>● Care coordination rounds</li> <li>● Team rounds</li> <li>● Discharge rounds</li> <li>● Family conferences</li> <li>● Patient education</li> <li>● Patient collaboration</li> <li>● Care pathways</li> </ul>	
<b>Category 4: Professional Concepts</b>		
<b>A. Communication</b>		
<b>9. Identifying Methods of Information Dissemination</b>		
<p><b>Describe</b> how unit leaders effectively disseminate information related to the organization to unit staff members.</p>	<ul style="list-style-type: none"> <li>● Staff meetings</li> <li>● E-mail</li> <li>● Newsletters</li> <li>● Social media</li> <li>● Message boards in common area</li> <li>● Huddles</li> </ul>	

	Examples
<b>Category 4: Professional Concepts</b> (continued)	
<b>B. Healthy Practice Environment</b>	
<b>10. Managing Unit Staffing</b>	
<p><b>Describe</b> how the unit’s staffing plans and day-to-day assignments are developed.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Factors considered (e.g., skill mix, patient acuity, frontline staff experience, unit turbulence/churn/throughput, etc.)</li> <li>2. How changes to the staffing plan are communicated to frontline staff</li> <li>3. The process by which frontline staff are actively engaged with staffing decisions</li> <li>4. Provide the process/method on how staff reports unsafe staffing</li> </ol>	<ul style="list-style-type: none"> <li>● Assessment of patient acuity</li> <li>● Revision of staffing to meet patient care demands</li> <li>● Staff surveys</li> <li>● Scheduling committees</li> <li>● Staffing committees</li> <li>● Offering shadowing experiences to high school and college students and community members interested in the healthcare profession</li> </ul>
<b>11. Attracting New Staff</b>	
<p><b>Describe</b> the strategies on how unit nursing staff members, including CNA/PCA/PCTs, are involved in attracting new staff members to the unit.</p>	<ul style="list-style-type: none"> <li>● Forming relationships with students</li> <li>● Staff recommendations of colleagues</li> <li>● Organizational referral programs</li> </ul>
<b>12. Promoting Collegiality</b>	
<p><b>Describe</b> 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 interdisciplinary team).</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Examples of how unit staff are recognized and rewarded</li> <li>2. How multigenerational and multicultural differences are embraced</li> </ol>	<ul style="list-style-type: none"> <li>● Staff recognition</li> <li>● Celebrations</li> <li>● Peer support</li> <li>● Team-building events such as fund-raising walks</li> <li>● Unit participation in community service projects</li> <li>● Internal recognition</li> <li>● DAISY Awards</li> </ul>
<b>13. Building New Team Members</b>	
<p><b>Describe</b> the unit’s orientation and onboarding plan, and what systems and structures are in place to support inclusivity of new staff members.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Length of orientation</li> <li>2. Preceptor selection</li> <li>3. Competency-based orientation</li> <li>4. Residency/fellowship programs</li> <li>5. How orientation is individualized to a new grad versus an experienced nurse, and an in-hospital transfer nurse versus a nurse new to the facility</li> </ol>	<ul style="list-style-type: none"> <li>● Preceptor classes</li> <li>● Competency model(s)</li> <li>● DEI education</li> <li>● Residency/fellowship programs/Externship programs</li> </ul>

	Examples
<b>Category 4: Professional Concepts</b> (continued)	
<b>B. Healthy Practice Environment</b> (continued)	
<b>14. Involving Staff Within the Interview Process</b>	
<p><b>Describe</b> how direct care staff members are involved in the interviewing/selection of new staff.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. The process on direct care staff selected for the interview</li> <li>2. Rationale for number of direct care staff interviewers</li> <li>3. The diversity of the team members involved in the interview process</li> <li>4. The process on how team members are included in the applicant's selection and decision</li> </ol>	<ul style="list-style-type: none"> <li>● Peer interviewing</li> <li>● Shadowing experience</li> <li>● Multishift team involvement</li> <li>● Scripts for interview questions</li> <li>● Scoring of applicants by interviewers</li> <li>● Use of off shift to interview applicants</li> <li>● Include other assistive personnel (e.g., PCT, PCA, unit administrators)</li> </ul>
<b>15. Creating a Healthy Unit Environment</b>	
<p><b>Describe</b> the unit's formal and informal processes and/or strategies to reduce and/or eliminate adverse outcomes related to practice environment safety.</p> <p><b>Provide</b> examples of education that has been provided to direct care staff for each of the bullets below.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Physical injury prevention (e.g., needle sticks, back injuries, workplace violence)</li> <li>2. Improving frontline staff resilience and self-care (e.g., lateral violence, burnout, absenteeism)</li> <li>3. Include support resources available to direct care staff (e.g., EAP, team training, behavioral emergency response team)</li> </ol>	<ul style="list-style-type: none"> <li>● Patient and direct care staff advocacy</li> <li>● Just Culture</li> <li>● Harm event management</li> <li>● Non-punitive workplace</li> <li>● Debriefings (e.g., Critical Incident Stress Management)</li> <li>● TeamSTEPS</li> <li>● High Reliability Organization Training</li> <li>● Mindfulness and stress reduction activities</li> <li>● Peer support</li> <li>● Implicit bias training</li> <li>● Training on micro and macroaggressions in the workplace</li> </ul>
<b>16. Promoting and Supporting Educational/Conference Activities</b>	
<p><b>Describe</b> examples of unit support toward direct care staff attendance to local, regional, and national education/conference activities.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Selection process(es) of direct care staff to attend conferences</li> <li>2. Evidence of support (e.g., time off policy, budget)</li> </ol> <p><b>Chart</b></p> <ol style="list-style-type: none"> <li>1. Date</li> <li>2. Name of Conference</li> <li>3. Type of Conference (international, national, regional, local)</li> </ol>	<ul style="list-style-type: none"> <li>● Paid time off</li> <li>● Travel expenses</li> <li>● Paid registration fees</li> <li>● Application process to attend conferences</li> <li>● Involvement of the unit shared governance</li> <li>● AMSN Convention Grant</li> </ul>

	Examples
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4. Number of Direct Care Staff in Attendance

**Example of Table for Question #16**

Date	Name of Conference	Type of Conference (international, national, regional, local)	Number of Direct Care Staff in Attendance

Note: This question is not asking for internal activities

Apply Online Only

17. Promoting Staff Retention
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**Describe** strategies used to reduce turnover and enhance retention. **Provide** a rationale (if applicable) how the strategies to reduce negative turnover were unsuccessful.

\*Negative turnover may include a nurse that was terminated due to not meeting performance expectations.  
 \*\*Positive turnover may include a nurse that transferred to the same hospital’s intensive care unit to pursue career goals.

**Example of Table for Question #17**

Staff Turnover Rate Reported as a Percentage		
	Most Recent Annual Rate	Previous Year’s Annual Rate
Overall Facility		
Applying Med-Surg Unit		

**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.

- Promoting collegiality
- Offering incentives (e.g., tuition reimbursement)
- Staff recognition
- Professional development opportunities
- Clinical ladder/advancement model
- Visibility of leadership

18. Promoting Staff Satisfaction
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**Describe** how the unit responded to **one** area of improvement related to a recent staff satisfaction survey (e.g., NDNQI) for the unit. **Explain** any gaps in survey reporting, if needed.

**Include:**

1. Measurement method used (external or internal data collection)
2. Specific staff satisfaction indicator addressed
  - a. Provide rationale for choosing this indicator (e.g., not achieving benchmark, indicator scored lower than score on previous survey)
3. Improvement plan implemented
4. Outcomes in response to the intervention

	Examples
<p>5. Include a graph with a data table for the above numbered bullets</p> <p><i>*If your hospital changed scoring tools (so that providing data from the same tool is not possible), then provide data and the benchmark used for each tool.</i></p>	
<p><b>19. Promoting Diversity, Equity, and Inclusion for Direct Care Staff</b></p>	
<p><b>Describe:</b></p> <p>A. <b>Describe</b> how multigenerational and multicultural differences are applied to nursing practice</p> <p>B. <b>Identify</b> how the unit has integrated diversity, equity, and inclusion.</p>	<ul style="list-style-type: none"> <li>● Religious preferences</li> <li>● Recognition of rituals and cultural beliefs</li> <li>● Educational offerings</li> <li>● Culture</li> <li>● Peer to peer accountability</li> <li>● Mutual trust</li> <li>● Team-building activities/exercises</li> <li>● Tutorials/self-study modules</li> <li>● Use and identification of preferred pronouns and name(s)</li> </ul>
<p><b>C. Scope of Practice and Ethics</b></p>	
<p><b>20. Ensuring Staff Competency</b></p>	
<p><b>Describe</b> how the unit measures and maintains the competence of its staff.</p>	<ul style="list-style-type: none"> <li>● Annual competency fair</li> <li>● Competency check process</li> <li>● Tracking mechanisms</li> <li>● Staff educational needs assessment</li> <li>● Methods of validation <ul style="list-style-type: none"> <li>○ Role playing</li> <li>○ Direct observation</li> <li>○ Simulation</li> </ul> </li> <li>● Residency program</li> <li>● Competency model <ul style="list-style-type: none"> <li>○ AMSN Competency Framework</li> <li>○ Donna Wright model</li> </ul> </li> </ul>

	Examples
<b>Category 4: Professional Concepts</b> (continued)	
<b>D. Quality Management</b>	
<b>21. Improving Clinical Outcomes</b>	
<p>A. <b>Select one</b> of the clinical improvement initiatives based on the patient population and scope of service.</p> <p>B. <b>Describe</b> how the unit achieved/is in the process of achieving improved patient outcomes as a result of your initiative. Below are the patient outcomes to focus on.</p> <ul style="list-style-type: none"> <li>● Heart failure</li> <li>● Immunizations</li> <li>● Myocardial infarction</li> <li>● Pneumonia</li> <li>● Sepsis</li> <li>● Stroke</li> <li>● Venous thromboembolism</li> <li>● Early Recovery After Surgery</li> <li>● Surgical Site Infection</li> </ul> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Describe the pre intervention outcome data that drove the goal and the initiative for improvement</li> <li>2. Clearly describe the clinical improvement initiative</li> <li>3. Include pre and post intervention data</li> <li>4. Identify implementation date</li> <li>5. Include a graph with a data table using the above numbered bullets. Use a minimum of three data points.</li> </ol>	
<b>22. Improving Patient Satisfaction</b>	
<p><b>Describe</b> how the unit responded to <b>one</b> area of improvement related to a recent valid patient satisfaction survey for the unit. <b>Explain</b> any gaps in the survey reported, if needed.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Describe the patient satisfaction improvement initiative</li> <li>2. Include details regarding the measure used, including data source (internal or external) and the specific satisfaction indicator(s) addressed</li> <li>3. The improvement plan implemented</li> <li>4. Discuss outcomes in response to the intervention</li> <li>5. Include intervention date, pre and post data. Include a graph with a data table using the above numbered bullets. Use a minimum of three data points or more.</li> </ol>	



	Examples
<b>Category 4: Professional Concepts</b> (continued)	
<b>D. Quality Management</b> (continued)	
<b>23. Evaluating and Sustaining Quality Improvement</b>	
<p><b>Describe</b> the quality improvement structures and processes to identify, manage, evaluate, and sustain initiatives (e.g., shared governance, PDSA,/PDCA, quality committees).</p> <p><b>Include:</b>  <b>One</b> unit-specific example of an initiative that followed <b>one or more of</b> the above quality improvement structures and processes.</p>	
<b>24. Involving Staff In Quality Improvement Projects<sup>2</sup></b>	
<p><b>Provide two</b> examples of direct care nurse involvement in quality improvement projects.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Describe the study or project that the nurse(s) were involved with and their participation</li> <li>2. Provide the number of nurse(s) who participated</li> <li>3. How the project was selected</li> <li>4. Dissemination of project results (Staff publications, podium, or poster presentations related to unit-based projects)</li> </ol> <p><sup>2</sup>“Quality improvements focus on impacting the quality of healthcare directly. Performance improvements focus on the administrative systems performance.”  <a href="https://casemanagementstudyguide.com/ccm-knowledge-domains/case-management-concepts/quality-and-performance-improvement-concepts/#:~:text=Quality%20improvements%20focus%20on%20impacting,improving%20how%20things%20are%20done">https://casemanagementstudyguide.com/ccm-knowledge-domains/case-management-concepts/quality-and-performance-improvement-concepts/#:~:text=Quality%20improvements%20focus%20on%20impacting,improving%20how%20things%20are%20done</a></p>	
<b>E. Evidence-Based Practice and Research</b>	
<b>25. Applying Evidence-Based Practice (EBP) and Research to Individualized Patient Care</b>	
<p><b>Describe an example</b> of how EBP improves the individual patient experience through one of the following:</p> <ol style="list-style-type: none"> <li>1. Identifying and assessing patient preferences</li> <li>2. Improving the patient experience through individualized care planning</li> </ol>	<ul style="list-style-type: none"> <li>• QI/EBP project that is DEI focused</li> </ul>

	Examples
<b>Category 4: Professional Concepts</b> (continued)	
<b>E. Evidence-Based Practice and Research</b> (continued)	
<p><b>Describe</b> the process on how evidence-based practices and research are incorporated into policies and procedures (e.g., organizational policy committees, online point of care resources, other references).</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. <b>One</b> example of how evidence-based practice or research was incorporated into a policy or procedure.</li> <li>2. How direct care nurses are involved in policy development and revision</li> </ol>	
<b>27. Disseminating Evidence-Based Practice (EBP) and Research</b>	
<p><b>Describe</b> how evidence-based practices and research are disseminated by unit leaders and direct care nurses.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Provide <b>two</b> examples of when EBP and/or research were disseminated at unit-based or hospital-wide efforts</li> <li>2. How were the staff involved</li> </ol>	<ul style="list-style-type: none"> <li>● Research councils</li> <li>● Staff meetings</li> <li>● Research symposia</li> <li>● Research updated communication via practice council or shared governance</li> <li>● Journal clubs</li> <li>● In services</li> <li>● Residency program</li> <li>● Grand rounds</li> </ul>
<b>28. Promoting Staff Participation in Evidence-Based Practice (EBP) and Research</b>	
<p><b>Describe</b> the unit and facility resources that are available to support direct care nurse participation in EBP projects and research studies.</p> <p><b>Include:</b></p> <p><b>Three</b> examples of the resources available to support direct care nurse participation</p>	<ul style="list-style-type: none"> <li>● Utilization of a nursing research scientist or a nurse researcher</li> <li>● A learning module on how to conduct EBP projects</li> <li>● Nursing research council</li> <li>● The organization’s librarian</li> <li>● Nursing instructor</li> </ul>

	Examples
<b>Category 5: Nursing Teamwork and Collaboration</b>	
<b>A. Professional Development</b>	
<b>29. Participating in Educational Activities</b>	
<p><b>Provide ten</b> examples of direct care nurse professional development activities based on or aligned with individually assessed professional and/or unit needs.</p> <p><b>Note:</b> Exclude periodic job required education/competencies (e.g., BLS, restraints, unit-specific skills)</p> <p><b>Chart</b> List the education activities with the following columns:</p> <ol style="list-style-type: none"> <li>1. Title/Topic of Educational Activity</li> <li>2. Type of Activity (e.g., competency, conferences)</li> <li>3. Date of activity</li> <li>4. Provider (e.g., individual, facility, system, local provider (e.g., AMSN chapter), national organization (e.g., AMSN conference))</li> <li>5. How was the need identified</li> <li>6. Was it based on an individual need or a unit need</li> <li>7. 2 to 3 sentences explaining why the direct care nurse pursued this professional development activity</li> </ol>	<ul style="list-style-type: none"> <li>• For nurse evaluation, indicate an issue in your unit that you can provide a nurse sensitive individual patient satisfaction data</li> <li>• AMSN Competency Framework</li> <li>• AMSN Elevate Series</li> <li>• Interprofessional team training or sessions</li> </ul>
<b>30. Lifelong Learning</b>	
<p><b>Describe</b> the structure and processes that the organization and unit utilize to support lifelong learning of direct care staff.</p> <p><b>Include</b> examples of how direct care staff utilized these resources:</p> <ol style="list-style-type: none"> <li>1. Specialty certification for nursing staff</li> <li>2. Higher education</li> <li>3. Staff involvement in professional activities (e.g., publication, professional nursing organization membership/volunteering, community service)</li> <li>4. Education provided by unit staff to others</li> </ol>	<ul style="list-style-type: none"> <li>• Study group for certification exam(s)</li> <li>• MSNCB FailSafe Program</li> <li>• Flexible scheduling and/or financial support for higher education, participation in professional activities, or community service</li> <li>• Support from research nurse for publication</li> <li>• Provide access to technology and/or assistance with obtaining technology to participate in learning</li> </ul>

	Examples
<b>Category 5: Nursing Teamwork and Collaboration</b> (continued)	
<b>B. Leadership</b>	
<b>31. Leadership</b>	
<p>AMSN recognizes two primary types of leadership: clinical and staff leaderships* defined below.</p> <ul style="list-style-type: none"> <li>• <b>Clinical leadership</b> is essential to consistently and effectively implement the nursing process. Regardless of formal authority, nurses lead an interdisciplinary care team and are responsible for patient safety and quality outcomes.</li> <li>• <b>Staff leadership</b> 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 staffs' ability to achieve the unit's standards of nursing practice.</li> </ul> <p>*Clinical leadership and staff leadership are not positions; they are roles and/or functions.</p> <p><b>Describe</b> unit and/or organizational processes that foster leadership development.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Individual clinical leadership exemplar</li> <li>2. Individual staff leadership exemplar</li> </ol>	<ul style="list-style-type: none"> <li>• Clinical ladder</li> <li>• Conflict resolution</li> <li>• Clinical: Shared governance, establishment of unit goals, impacting nursing care plan, shared decision-making</li> <li>• Staff: Appropriate resource availability, advocacy, autonomy, adequate staffing</li> </ul>

For Reference, Apply Online Only

# Glossary

## **Certification**

The formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.

## **Clinical Leadership**

Manages the structure and processes required to obtain positive clinical, quality and safety outcomes.

## **Exemplar**

A story that highlights excellence.

## **Mentorship**

A guided experience, formally or informally assigned, over a mutually agreed upon period, that empowers the mentor and mentee to develop personally and professionally within the auspices of a caring, collaborative, culturally competent, and respectful environment.

## **Outcomes**

Measurable, expected patient-focused goals.

## **Staff Leadership**

Manages direct reports to ensure the appropriate resources are available to meet the practice's standards of nursing practice.

## **Supporting Evidence (SE)**

Outcomes and improvements nurses are able to make through best practices in nursing care, the nurse practice environment and patient experience.