



# 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 the award include any acute care unit with a primarily adult patient population with medical-surgical diagnoses. Applying units are defined as an individual practice area with specific unit metrics and outcomes. These units may be built on the foundation of medical-surgical practice. These units may identify a minimum of 50% of the patient population is adult medical-surgical. Multiple units from the same facility may apply providing each unit applies individually and meets the criteria.

## Directions:

- Each question should be answered in its entirety.
- 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, a score of 108 out of a possible 120 points is needed.
- 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.

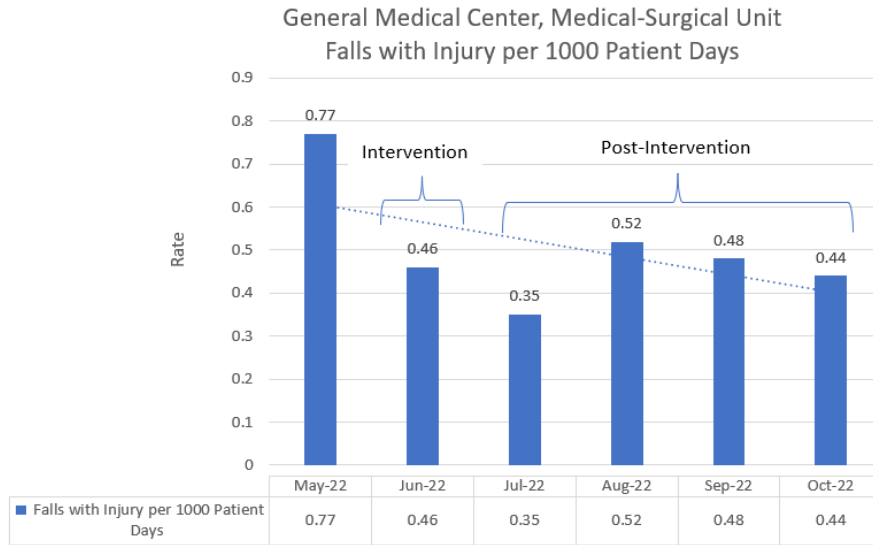
## Instructions and Examples for Questions Requiring Data

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.

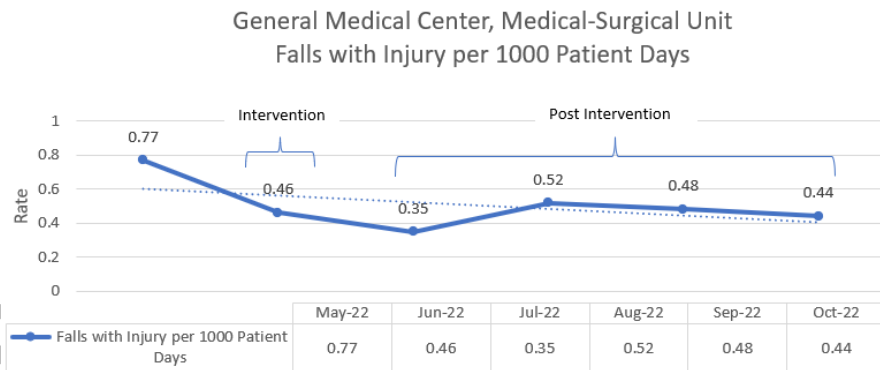
Below are examples of acceptable graphs. Brackets are not required, but the reader must be able to clearly understand when the improvement intervention and the post-intervention data occurred.

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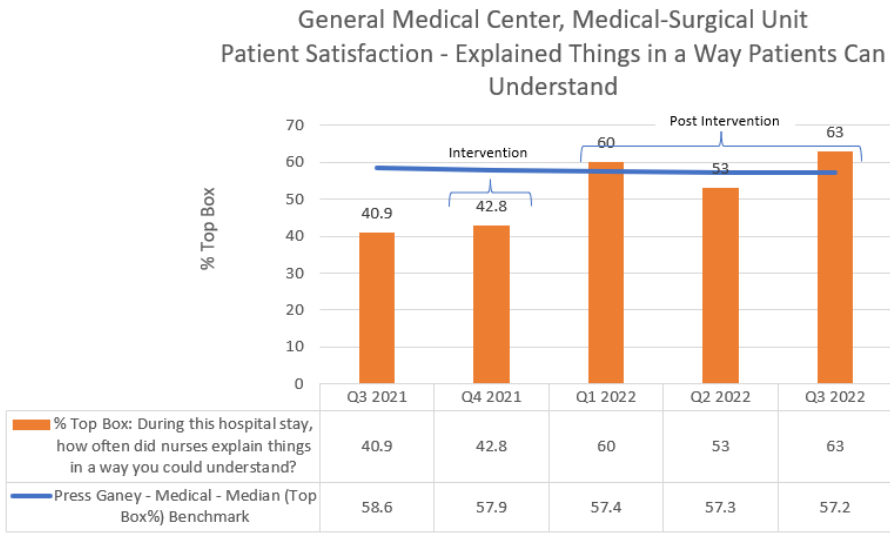
### Example of Bar Graph



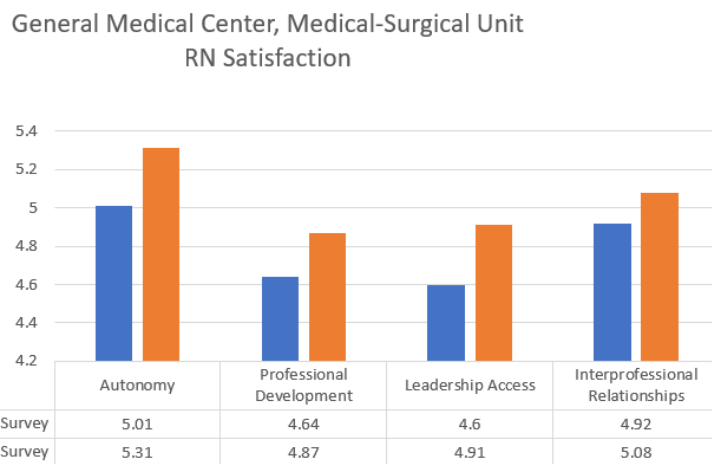
### Example of Line Graph



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



## Example of Bar Graph Displaying Data from Two Surveys



	<b>Examples May Include</b>
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**Category 1: Patient Care/Management**

**A. Patient Safety**

**1. Improving Patient Safety (SE)**

<p><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 (i.e., 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>1. Hospital acquired infections (i.e., C-DIFF, MRSA, CLABSI, CAUTI)</li> </ol> </li> <li>• Medication Safety Management</li> <li>• Pain Management</li> </ul> <p>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><b>Include</b> a graph with a data table</p>	
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**Category 2: Holistic Patient Care**

**A. Patient Centered Care**

**2. Improving Patient Centered Care (SE)**

<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 (i.e., 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. <b>Include a graph with a data table</b></li> </ol>	
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	Examples May Include
<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 three (3)</b> separate innovative strategies used to encourage collaboration in the following categories:</p> <ol style="list-style-type: none"> <li>1. Patients/families</li> <li>2. Nursing colleagues</li> <li>3. Other members of the healthcare team</li> </ol> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Direct care nurse involvement of development, implementation, and/or sustainability of each strategy</li> </ol>	<ul style="list-style-type: none"> <li>● Interprofessional rounds</li> <li>● Roundtable discussions</li> <li>● Patient-family consultations or meetings</li> </ul>
<b>4. Promoting Patient Empowerment*</b>	
<p>*The 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><b>Provide an 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>	
<b>Category 2: Holistic Patient Care</b> (continued)	
<b>B. Diversity and Inclusion</b>	
<b>5. Promoting Diversity, Equity, and Inclusion for Patients</b>	
<p><b>Provide an 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>● Recognition of</li> <li>● Educational offerings for staff and patients</li> <li>● Patient education with consideration of literacy levels and languages</li> </ul>

		Examples May Include
<b>C. Palliative/End-of-life Care</b>		
<b>6. Demonstrating Care and Compassion for End of Life or Chronic Disease</b>		
<p><b>Provide</b> an <b>exemplar</b> 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><b>Address</b> 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>• Creative approaches to care</li> <li>• Interprofessional plan of care</li> <li>• Recognition of religious rituals, cultural beliefs, and traditions at the end-of-life</li> </ul>	
<b>Category 3: Elements of Interprofessional Care</b>		
<b>A. Interprofessional Collaboration</b>		
<b>7. Demonstrating Interprofessional Communication</b>		
<p><b>Describe one (1)</b> strategy 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 <b>and</b> 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>• Wishes of patients not recognized by providers</li> <li>• Delays in discharge due to miscommunication</li> <li>• Hand-off communication</li> </ul>	

	Examples May Include
<b>B. Care Coordination &amp; Transition Management</b>	
<b>8. Reducing Length of Stay or Readmission (SE)</b>	
<p><b>Describe</b> the interprofessional process(es) that are implemented to reduce the length of stay or readmission on the medical-surgical unit.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Processes utilized</li> <li>2. The role of each interprofessional team member</li> <li>3. Evidence the strategies reduced the length of stay or readmission improved and/or sustained excellence</li> <li>4. <b>Include a graph with a data table</b> demonstrating six (6) months of data post implementation of a new strategy or 12 months of data</li> </ol>	<ul style="list-style-type: none"> <li>• Care coordination rounds</li> <li>• Team rounds</li> <li>• Family conferences</li> </ul>
<b>Category 4: Professional Concepts</b>	
<b>A. Communication</b>	
<b>9. Demonstrating Communication Strategies</b>	
<p><b>Describe</b> how unit leaders facilitate bidirectional communication between the medical-surgical unit and senior nursing leadership.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Communication regarding the organization's strategic plan</li> <li>2. Communication regarding the nursing strategic plan</li> <li>3. Escalation of unit staff input or concern to senior nursing leadership</li> </ol>	<ul style="list-style-type: none"> <li>• Huddles</li> <li>• Townhall meetings</li> </ul>
<b>Category 4: Professional Concepts (continued)</b>	
<b>B. Healthy Practice Environment</b>	
<b>10. Managing Unit Staffing</b>	
<p><b>Describe</b> how the unit's staffing plans <b>and</b> daily 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, direct care staff experience, unit turbulence/churn/throughput, etc.)</li> <li>2. How changes to the staffing plan are communicated to direct care staff</li> <li>3. The process by which direct care 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>• Scheduling committees</li> </ul>
<b>11. Attracting New Staff</b>	
<p><b>Describe</b> the strategies on how unit nursing staff members, including unlicensed assistive personnel, are involved in attracting new staff members to the unit.</p>	<ul style="list-style-type: none"> <li>• Forming relationships with nursing students</li> <li>• Organizational referral programs</li> </ul>

	Examples May Include
	<ul style="list-style-type: none"> <li>Offering shadowing experiences to high school, college students, and community members interested in the healthcare profession</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>Examples of how unit staff are recognized and rewarded</li> <li>How multigenerational and multicultural differences are embraced</li> </ol>	<ul style="list-style-type: none"> <li>Staff recognition</li> <li>Team-building events such as fund-raising walks</li> <li>Unit participation in community service projects</li> </ul>
<b>13. Onboarding and Orientation</b>	
<p><b>Describe</b> the unit's orientation and onboarding plan. 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>Length of orientation</li> <li>Preceptor selection and training</li> <li>Competency-based orientation (i.e., residency/fellowship programs, etc.)</li> <li>How orientation is <b>individualized</b> to each new grad versus an experienced nurse, and an in-hospital transfer nurse versus a nurse new to the organization</li> <li>An exemplar of a new hire orientation that needed to be modified to meet the needs of that nurse</li> </ol>	<ul style="list-style-type: none"> <li>Preceptor classes</li> <li>Residency/fellowship programs/externship programs</li> </ul>
<b>Category 4: Professional Concepts (continued)</b>	
<b>B. Healthy Practice Environment (continued)</b>	
<b>14. Involving Staff with the Interview Process</b>	
<p><b>Describe</b> how direct care nurses (DCN) are involved in the interviewing and selection of new staff.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>The process of how DCN are involved with the interview process</li> <li>Rationale for number of DCN interviewers</li> <li>The diversity of the team members involved in the interview process</li> <li>The process on how team members are included in the applicant's interview and selection</li> <li>How are the DCNs trained to interview?</li> </ol>	<ul style="list-style-type: none"> <li>Multishift team involvement</li> <li>Scripts for interview questions</li> <li>Include other assistive personnel (e.g., PCT, PCA, unit administrators)</li> </ul>
<b>15. Creating a Healthy Work Environment</b>	

	Examples May Include
<p><b>Describe</b> the unit’s formal and informal processes and strategies to reduce 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 direct care staff resilience and self-care (e.g., lateral violence, burnout, absenteeism)</li> <li>3. Include support resources available to direct care staff (e.g., Employee Assistance Program (EAP), team training, behavioral emergency response team)</li> </ol>	<ul style="list-style-type: none"> <li>• Debriefings (i.e., Critical Incident Stress Management)</li> <li>• Mindfulness and stress reduction activities</li> <li>• Implicit bias training</li> <li>• Training on micro and macroaggressions in the workplace</li> </ul>

**16. Promoting and Supporting Educational/Conference Activities**

<p><b>Describe</b> examples of unit support toward direct care staff attendance to local, regional, national, and international education/conference activities.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Selection process(es) of direct care nurses to attend conferences</li> <li>2. Evidence of support (i.e., time off policy, budget)</li> </ol> <p><b>Table:</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> <li>4. Number of direct care nurses in attendance</li> </ol> <p><b>Example of Table for Question #16</b></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> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Note: This question is not asking for internal activities</p>	Date	Name of Conference	Type of Conference (international, national, regional, local)	Number of Direct Care Staff in Attendance																	<ul style="list-style-type: none"> <li>• Paid time off</li> <li>• Paid registration fees</li> <li>• Involvement of the unit shared governance</li> </ul>
Date	Name of Conference	Type of Conference (international, national, regional, local)	Number of Direct Care Staff in Attendance																		

**17. Promoting Staff Retention**

<p><b>Describe</b> 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. <b>Provide</b> a rationale (if applicable) of how the strategies to reduce negative turnover were unsuccessful.</p>	<ul style="list-style-type: none"> <li>• Promoting collegiality</li> <li>• Offering incentives (i.e., tuition reimbursement)</li> <li>• Staff recognition</li> <li>• Professional development opportunities</li> </ul>
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## Examples May Include

### Definitions:

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.

### Table:

1. Most recent annual rate
2. Previous year's annual rate

### 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.

## 18. Promoting Staff Satisfaction (SE)

**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 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 (i.e., not achieving benchmark, indicator scored lower than score 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.

*\*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.*

- Focus groups
- Townhall meetings
- Partnering with internal unit or external organization who is succeeding in that metric

19. Promoting Diversity, Equity, and Inclusion for Unit Staff	
<p><b>Describe three (3) strategies</b> showing how multigenerational <b>and</b> multicultural differences are applied to nursing practice. <b>Identify</b> how diversity, equity, and inclusion has been integrated into the unit culture.</p>	<ul style="list-style-type: none"> <li>● Recognition of rituals and cultural beliefs</li> <li>● Team-building activities/exercises</li> <li>● Use and identification of preferred pronouns and name(s)</li> </ul>

**A. Scope of Practice and Ethics**

20. Ensuring Staff Competency

<p><b>Describe</b> how the unit measures and maintains the competence of its staff.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. Model or framework used</li> <li>2. Rationale/evidence for why the model or framework was chosen</li> <li>3. How direct care nurses are involved</li> </ol>	<ul style="list-style-type: none"> <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>● Competency model               <ul style="list-style-type: none"> <li>○ AMSN Competency Framework</li> <li>○ Internal competency model</li> <li>○ Other evidence-based competency model</li> </ul> </li> </ul>
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Category 4: Professional Concepts (continued)

**B. Quality Management**

21. Improving Clinical Outcomes (SE)

<p><b>Select one</b> clinical improvement initiative based on the unit’s patient population and scope of service.</p> <p><b>Describe</b> how the unit achieved or is in the process of achieving improved patient outcomes as a result of the clinical improvement initiative. Below are the patient outcomes to focus on.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. A description of the pre-intervention outcome data that drove the goal and the initiative for improvement</li> <li>2. A clear description of the clinical improvement initiative</li> <li>3. A description of the pre- and post-intervention data</li> <li>4. A description of the implementation date of the intervention</li> <li>5. <b>Include a graph with a data table</b> using the information from above numbered bullets. Use a minimum of three data points.</li> </ol>	<ul style="list-style-type: none"> <li>● Sepsis</li> <li>● Central Line Bloodstream infections (CLABSI)</li> <li>● Catheter-associated urinary tract infections (CAUTI)</li> <li>● For more examples, please visit <a href="http://www.medicare.gov">www.medicare.gov</a></li> </ul>
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## Category 4: Professional Concepts (continued)

### D. Quality Management (continued)

#### 22. Involving Staff in Quality Improvement Projects

**Provide two examples** of direct care nurse involvement from your unit in quality improvement projects (unit or system).

**Include:**

1. A description of the study or project that the nurse(s) were involved with and their participation
2. Provide the 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 projects, etc.)

- Patient harm metrics
- Patient flow
- Environment of care
- Nurse efficiency/productivity
- Transitions of care

#### 23. Evaluating and Sustaining Quality Improvement

**Describe** the quality improvement structures and processes to identify, develop, manage, evaluate, and sustain initiatives on the medical-surgical unit.

**Include one unit-specific example** of an initiative that followed **one or more** of the described quality improvement structures and processes.

- Plan Do Study Act (PDSA)/Plan Do Check Act (PDCA)
- Six Sigma
- Root cause analysis (RCA)
- Lean methodology

### E. Evidence-Based Practice and Research

#### 24. Developing Individualized Plan of Care (IPOC)

**Describe an example** of how nurses create an individualized plan of care to address patient goals, preferences, and clinical outcomes.

**Include:**

1. How the nurse identifies and assess 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

## Category 4: Professional Concepts (continued)

### E. Evidence-Based Practice and Research (continued)



25. Promoting Staff Participation in Evidence-Based Practice (EBP) and Research	
<p><b>Describe</b> the unit and organization resources available to support direct care nurse participation in EBP projects and research studies.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. <b>Three examples</b> of the resources available to support direct care nurse participation in EBP projects and research studies.</li> </ol>	<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> </ul>
26. Disseminating Quality Improvement (QI), Evidence-Based Practice (EBP) or Research	
<p><b>Describe</b> how QI, EBP, or research conducted on the unit or at a system level is disseminated.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. <b>Two examples</b> of when QI, EBP, and/or from the following categories. Each category may be used more than once.             <ol style="list-style-type: none"> <li>a. Dissemination of a system level initiative involving direct care nurses from the unit</li> <li>b. Dissemination of a unit-based initiative involving unit leaders and direct care nurses</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• Research symposia</li> <li>• Research updated communication via practice council or shared governance</li> <li>• Local, regional, national, and international conferences</li> </ul>
27. Translating Evidence-Based Practice (EBP) and Research into Policy and Procedure	
<p><b>Describe</b> the process on how evidence-based practices and research are incorporated into policies and procedures.</p> <p><b>Include:</b></p> <ol style="list-style-type: none"> <li>1. One example of how evidence-based practice or research was incorporated into a policy or procedure</li> <li>2. How direct care nurses on the unit are involved in policy development and revision</li> </ol>	<ul style="list-style-type: none"> <li>• Organizational policy committees</li> <li>• Online point of care resources</li> <li>• Other references</li> </ul>
Category 5: Nursing Teamwork and Collaboration	
A. Professional Development	
28. Participating in Professional Development Opportunities	
<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: Exclude</b> periodic job required education/competencies (e.g., BLS, restraints, unit-specific skills)</p> <p><b>Table:</b> In the table below, provide ten examples of professional development opportunities with the following information:</p> <ol style="list-style-type: none"> <li>1. Title/Topic of Educational Activity</li> <li>2. Type of Activity (i.e., competency, conferences, etc.)</li> </ol>	<ul style="list-style-type: none"> <li>• AMSN professional development opportunities</li> <li>• Professional development offering (i.e., education delivered within the organization, on a webinar, etc.)</li> <li>• Grand rounds</li> </ul>

3. Date of opportunity
4. Provider (i.e., individual, organization, system, local provider such as local AMSN chapter, national organization such as the annual AMSN conference)
5. Provide two to three sentences explaining why the direct care nurse pursued this professional development opportunity

## 29. Facilitating Lifelong Learning

**Describe** the structure and processes that the organization and unit utilize to support lifelong learning of unit staff.

**Include** an example of direct care nurses utilizing resources available for each of the following:

1. Specialty certification for nursing staff

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:	
Staff Certified in:	
Total Certified Staff	
Percentage of eligible RNs who are Certified (Total Certified/Eligible)	

2. Higher education

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:		

3. Staff involvement in service to nursing profession (i.e., publication, professional nursing organization membership, etc.)

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**

- Organization participates in MSNCB FailSafe Program
- Flexible scheduling and/or financial support for higher education, participation in professional activities, or community service
- Support from nurse researcher

## Category 5: Nursing Teamwork and Collaboration (continued)

### B. Leadership

#### 30. Fostering Leadership Development

AMSN recognizes two primary types of leadership: clinical and staff leadership: clinical and staff leadership (defined below). Clinical leadership and staff leadership are not positions. They are roles and/or functions.

- **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.

**Describe** unit and/or organizational processes that foster leadership development.

**Include:**

1. Individual clinical leadership exemplar
2. Individual staff leadership exemplar

- Clinical leadership:
  - Shared governance/shared decision-making member,
  - Assists with establishing unit goals and/or practice changes on the unit
- Staff leadership:
  - Chairperson of shared governance/shared decision-making
  - Ensuring adequate staff (i.e., direct care nurse in a charge nurse role)

For Reference, Apply Online Only

# Glossary

## **ANM**

Assistant Nurse Manager

## **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.

## **CNE**

Clinical Nurse Educator

## **CNL**

Clinical Nurse Leader

## **CNS**

Clinical Nurse Specialist

## **DCN**

Direct Care Nurse

## **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.

## **NM**

Nurse Manager

## **NPDS**

Nurse Professional Development Specialist

**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.

For Reference, Apply Online Only