

**General Inpatient *LPN to* *RN* Nursing Orientation Competencies**

(Initial Launch 1-15-2019)

(Updated)

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| **#1 Nursing Process: Assessment** | |
| **Competency Statement** | 1. The registered nurse (RN) at Cheyenne Regional Medical Center (CRMC) collects pertinent data and information relative to the situation and patient condition according to policy defined time frames or more frequently as needed (1,2, 3c &d , 5). |
| **Behavioral Criteria** | 1. **Assessment** :    1. Completes head to toe assessments based on individual patient population following evidence-based standards and hospital policies and/or    2. Completes a focused assessment based on problem identification following evidence-based standards and hospital policy (2, 3c, 5).    3. Uses appropriate evidence-based assessment techniques and instruments in the collection of pertinent data (4).    4. Demonstrates effective clinical interviewing skills that facilitate development of plans of care    5. Synthesizes and analyzes and assesses pertinent data, information, and knowledge relevant to the situation to identify patterns and variances, including but not limited to (1):       1. Physical status       2. Test results       3. Support systems and family dynamics       4. Psychosocial needs       5. Cultural/ ethnical backgrounds and beliefs       6. Patient/ family values    6. Identifies abnormal assessment parameters.    7. Recognizes and responds to changes in patient condition (3a). 2. **Medication Reconciliation Process**:    1. Utilizes safe medication reconciliation processes for the assessment of patient medications. 3. **Prioritization:**     1. Prioritizes the collection of pertinent data/ information based on the patient’s immediate condition or anticipated needs for the situation (1, 4). 4. **Risk Assessments:**     1. Utilizes evidence-based screening processes to assign patient risk for developing adverse events. The following scales are used when appropriate:       1. “6-Clicks” Mobility Screening       2. Braden Scale       3. IV Phlebitis and Infiltration Scale       4. Morse Fall Scale (3f)       5. Nutritional Screening (2)       6. Pain Scales (3e)       7. Moline Roberts Pharmacologic Sedation Scale       8. Sepsis Screening       9. Suicide Risk Assessment (PDQ2 and PDQ9) (3b)       10. Venous Thromboembolism (VTE) Risk       11. Obstructive Sleep Apnea Assessment 5. **Documentation:**     1. Accurately documents data obtained from the assessment in a timely manner as to provide information to the inter-professional team (1). |
| **Evidence of Achievement**  (Checklist of what the nurses must do to fulfill this requirement) | Identified behavioral criteria can be assessed using competency in knowledge, skill, and attitude.  The RN **must** complete the following:   1. **Competency in knowledge:**     * Completes associated HealthStream courses listed below and successfully completes posttest quizzes.    * Reviews related hospital-specific policies and references listed below. 2. **Competency in Skill:**     * Demonstrates a thorough head to toe assessment by completing one skill validation check sheet (located in HealthStream).  This check sheet must be validated by the preceptor.    * Demonstrates the ability to document assessment findings by submitting 1 patient audit (Assigned in HealthStream).    * Completes 1 patient audit (Assigned in HealthStream). 3. **Competency in Attitude:**     * Writes an Exemplar in the Comments sectionthat meets the following conditions:      + Explains the difference between a comprehensive assessment and a focused assessment.      + Describes a patient they cared for that demonstrates their ability to recognize and respond to changes in patient condition. |
| **References** | 1. American Nurses Association. (2015) *Nursing scope and standards of practice*. (3rd ed.) 2. Centers for Medicare and Medicaid Services. (2017). State Operations Manual: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. [482.28(b) (1), 482.439(c) (4), 482.23(b) (4)]. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> 3. The Joint Commission. (2018) Accessed by The Joint Commission secure web site.    1. *PC.02.01.19: The hospital recognizes and responds to changes in patient condition*.    2. *NPSG.15.01.01: Identify patients at risk for suicide.*    3. *PC.01.02.01: The hospital assesses and reassesses its patients.*    4. *PC.01.02.03: The hospital assesses and reassesses the patient and his or her condition according to defined time frames.*    5. *PC.01.02.07: The hospital assesses and manages the patient’s pain and minimizes the risks associated with treatment.*    6. *PC.01.02.08: The hospital assesses and manages the patient’s risk for falls.* 4. Psychiatric-Mental Health Nursing. (2018). Psychiatric-Mental Health Nursing: Scope and Standards of Practice 2014 Edition. Retrieved from <https://www.apna.org/i4a/pages/index.cfm?pageid=3342> 5. Wyoming State Board of Nursing. (2018). Scope and standards of nursing practice and CNA role. Retrieved from <https://nursing-online.state.wy.us/Resources/FINAL%20--%20Ch%203%20(Clean)%20v2%20%205.12.17.pdf> |

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| **#2 Nursing Process: Plan of Care** | |
| **Competency Statement** | 1. The RN at CRMC analyzes assessment data to determine actual or potential areas for patient harm (1, 5). 2. The RN at CRMC utilizes physician orders in collaboration with nursing diagnosis/es to develop a plan that identifies strategies to reduce or eliminate risk of harm (1, 4a, 5). 3. The RN at CRMC implements the identified plan (1, 2, 4a, 5). 4. The RN at CRMC identifies expected patient outcomes or goals that are individualized to meet patient needs or the situation (1, 2, 4a, 5). 5. The RN at CRMC evaluates progress toward attainment of goals and outcomes (1, 2, 4a, 5). |
| **Behavioral Criteria** | 1. **Nursing Diagnosis:**     1. Identifies nursing specific implementation strategies to improve health and wellness of patients, family and community members.    2. Creates and documents a detailed, individualized plan of care based on nursing diagnosis/es.    3. Prioritizes the various diagnosis/es, problems, and issues based on mutually established goals to meet patient needs (1). 2. **Planning and Implementation:**     1. Demonstrates the ability to validate and verify provider orders.    2. Avoids the use of verbal orders where ever possible. However, during times where a verbal order is the only option, uses “read back” process to validate information (2, 4b, 4c).    3. Develops and implements an individualized plan of care by exhibiting the following characteristics:       1. Utilizes a patient/ family centered approach to developing the plan of care.       2. Advocates for and utilizes responsible, appropriate, evidence-based interventions that reflect compliance with current statutes, rules and regulations.       3. Incorporates and implements pathways that describe steps and milestones.       4. Develops individualized, evidence-based plans in partnership with other healthcare providers and the patient/ family.    4. Prioritizes elements of the plan based on the assessment of the patient’s level of risk or safety needs.    5. Documents implementation strategies and updates the plan of care as necessary to communicate, manage, and mitigate error between healthcare providers. 3. **Outcome Identification and Evaluation:**    1. Formulates expected outcomes derived from assessments and diagnosis/es.    2. Includes a time estimate for attainment of expected outcomes (1, 2, 5).    3. Engages the patient in partnership to identify expected outcomes.    4. Uses ongoing assessment and reassessment data to revise the diagnoses, outcomes, plan, and implementation strategies (1).    5. Evaluates the actual outcome in relation to the expected outcome.    6. Updates the plan of care as needed when goals are met or changes in plan of care are needed.    7. Documents expected outcomes as measureable goals. 4. **Resource utilization:**     1. Utilizes an interdisciplinary team approach to the development of the plan of care by identifying the role patient care conferences and team rounding has on improving patient outcomes (3).    2. Supports the work of the interdisciplinary team during patient care conferences or team patient rounding by implementing and monitoring goals as stated by the group. |
| **Evidence of Achievement**  (Checklist of what the nurses must do to fulfill this requirement) | Identified behavioral criteria can be assessed using competency in knowledge, skill, and attitude.  The RN **must** complete the following:   1. **Competency in knowledge:**     * Completes associated HealthStream courses listed below and successfully completes posttest quizzes.    * Reviews related hospital-specific policies and references listed below. 2. **Competency in Skill:**     * Employs strategies to promote health.    * Evaluates progress toward attainment of goals and outcomes.    * Completes 1 patient audit (Assigned in HealthStream).    * The preceptor validates appropriate documentation by completing 1 patient audit (Assigned in HealthStream). 3. **Competency in Attitude:**    * Writes an Exemplar in the comments section that meets the following criteria:      1. Describes the importance of the plan of care process in providing collaborative, safe care.      2. Describes the importance of developing a unique plan of care that is centered on patient and family needs and meets current standards of practice. |
| **References** | 1. American Nurses Association. (2015) *Nursing scope and standards of practice*. (3rd ed.) 2. Centers for Medicare and Medicaid Services. (2017). State Operations Manual: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. [COP 482.23(c), 482.24(c)]. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> 3. Quality and Safety Education for RNs. (2018). QSEN Competencies. Retrieved from <http://qsen.org/competencies/pre-licensure-ksas/> 4. The Joint Commission. (2018). Accessed by The Joint Commission secure web site.    1. *PC.01.03.01: The hospital plans the patient’s care.*    2. *PC.02.01.03: The hospital provides care, treatment, and services as ordered or prescribed, and in accordance with law and regulation.*    3. *RC.02.03.07: Qualified staff receive and record verbal orders.* 5. Psychiatric-Mental Health Nursing. (2018). Psychiatric-Mental Health Nursing: Scope and Standards of Practice 2014 Edition. Retrieved from <https://www.apna.org/i4a/pages/index.cfm?pageid=3342> 6. Wyoming State Board of Nursing. (2018). Scope and standards of nursing practice and CNA role. Retrieved from <https://nursing-online.state.wy.us/Resources/FINAL%20--%20Ch%203%20(Clean)%20v2%20%205.12.17.pdf> |

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| **#3 Health Teaching And Health Promotion** | |
| **Competency Statement** | 1. The RN at CRMC employs educational strategies to promote patient health either directly or by delegating selected aspects of education to qualified personnel (1, 3a, 3b, 4). 2. The RN at CRMC employs techniques to promote self-health and self-care. 3. The RN at CRMC maintains competence through ongoing learning (4). 4. The RN at CRMC engages in continuous professional and interprofessional development to enhance team performance (7). |
| **Behavioral Criteria** | 1. **Patient Teaching:**     1. Provides patients with information about intended effects and potential adverse effects of the diagnosis/es, plan of care, treatments and interventions.    2. Provides education at discharge regarding follow-up care, treatments, necessary ongoing care, and services they will need post-discharge (2, 3c).    3. Utilizes teaching strategies that meet the patient’s current beliefs, developmental level, learning needs, language preferences, and readiness to learn (3b).    4. Assesses patient’s health literacy and identifies barriers to learning in order to develop teaching strategies that align with knowledge acquisition. (3b).    5. Educates the patient about his/her treatments, follow up care, and services (3d).    6. Uses plain language techniques, teach-back method, and/ or return demonstration when engaging in patient education.    7. Assesses patient understanding of education provided.    8. Identifies ancillary team members who play a role in patient education, such as:       1. Diabetic Educator       2. Pharmacist    9. Appropriately documents the content of teaching provided to the patient. 2. **Health Promotion:**     1. Provides anticipatory guidance to healthcare consumers to promote health and prevent or reduce the risk of negative health outcomes (1). 3. **Self-Care promotion:**    1. Employs strategies to encourage self-health promotion to prevent stress and burnout.    2. Engages in continuous lifelong learning. |
| **Evidence of Achievement**  (Checklist of what the nurses must do to fulfill this requirement) | Identified behavioral criteria can be assessed using competency in knowledge, skill, and attitude.  The RN **must** complete the following:   1. **Competency in knowledge**:    * Completes associated HealthStream courses listed below and successfully completes posttest quizzes.    * Reviews related hospital-specific policies and references listed below. 2. **Competency in Skill:**    * Describes how patient understanding is validated.    * Refrains from asking questions such as “Do you have any questions” or “Do you understand”.    * Completes 1 patient audit (Assigned in HealthStream).    * The preceptor validates appropriate documentation of education provided by submitting 1 patient audit (Assigned in HealthStream). 3. **Competency in Attitude:**    * Writes an Exemplar in the comments section that meets the following criteria:      + Describes the resources they have used in providing education to a patient.      + Describes a time that they utilized the “Teach back” method or the return demonstration method with patient or family.      + Describes a patient that experienced educational barriers and how they overcame these barriers. |
| **References** | 1. American RNs Association. (2015) *Nursing scope and standards of practice*. (3rd ed.) 2. Centers for Medicare and Medicaid Services. (2017). State Operations Manual: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. [COP 482.43 (b), 482.62 (c), 482.43 (c), 483.15]. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> 3. The Joint Commission. (2018). Accessed by The Joint Commission secure web site.    1. *PC.02.01.21: The hospital effectively communicates with patients when providing care, treatment, and services.*    2. *PC.02.03.01: The hospital provides patient education and training based on each patient’s needs and abilities.*    3. *PC.04.01.01: The hospital has a process that addresses the patient’s need for continuing care, treatment, and services after discharge or transfer.*    4. *PC.04.01.05 & PC.04.02.01: Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.* 4. Wyoming State Board of Nursing. (2018). Scope and standards of nursing practice and CNA role. Retrieved from <https://nursing-online.state.wy.us/Resources/FINAL%20--%20Ch%203%20(Clean)%20v2%20%205.12.17.pdf> |

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| **#6 Evidence-based Practices/ Performance Improvement** | |
| **Competency Statement** | 1. The RN at CRMC utilizes evidence-supported practices for delivery of optimal health care (8). 2. The RN at CRMC systematically enhances the quality and effectiveness of nursing practice by integrating research findings into practice (7). 3. The RN at CRMC evaluates one’s own practice in relation to the professional practice standards and guidelines, relevant statues, rules, and regulations (7). |
| **Behavioral Criteria** | 1. Uses current evidence-based knowledge, including researching findings, to guide practice. 2. Blends together patient and family preferences, clinical expertise, and supporting evidence-based guidelines to ensure nursing practice is safe, effective, efficient, equitable, timely, and patient –centered (1). 3. Describes current performance improvement projects the unit and organization are working towards improving (3, 6a). 4. **Accountable Professional Practice** (7)**:**     1. Engages in self-evaluation of practice on a regular basis, identifying areas of strength as well as areas in which professional development would be beneficial (7).    2. Obtains informal feedback regarding practice from patients, peers, professional colleagues, and others (7).    3. Participates in systematic peer review as appropriate (7).    4. Takes action to achieve goals identified during the evaluation process (7).    5. Committed to lifelong learning by maintaining competence in one’s own profession by engaging in continued, ongoing education. (4).    6. Demonstrates professional accountability and responsibility for personal nursing practice (2). 5. **Research:**     1. Utilizes the best available evidence, including research findings, to guide practice decision (7).    2. Actively participates in research activities at various levels appropriate to the nurse’s level of education and position. Such activities may include (7):       1. Identifying clinical problems specific to psychiatric-mental health nursing research (patient care and nursing practice) (7).       2. Participating in data collection (surveys, pilot projects, formal studies) (7).       3. Participating in a formal committee or program (7).       4. Sharing research activities and findings with peers and others (7).       5. Conducting research (7).       6. Critically analyzing and interpreting research for application to practice (7).       7. Using research findings in the development of policies, proce3dures, and standards of practice in patient care (7).       8. Incorporating research as a basis for learning (7). 6. **Resource Utilization:**     1. Evaluates factors such as safety, effectiveness, availability, cost-benefit, efficiencies, and impact on practice when choosing practice options that would result in the same expected outcome (7).    2. Assists the patient and family in identifying and securing appropriate and available services to address health-related needs (7).    3. Differentiates clinical opinion from research by utilizing reliable sources for locating evidence and clinical practice guidelines that are available at CRMC.    4. Demonstrates use of the following applications:       1. EBSCO Dynamic Health and EBSCO Nursing Reference Center Plus (under nurse resources tab)       2. Micromedex (under nurse resources tab)       3. OVID (under staff resources tab)       4. Up to date (under nurse resources tab)       5. Policy and Procedure on line (under staff resources tab)       6. Medications and Breastfeeding (under provider resources tab) 7. **Role Identification:**     1. Consults with clinical experts during unfamiliar or unusual cases to review appropriate evidence-based implementation strategies (5).    2. Utilizes the role of the Clinical RN Specialist (CNS) and Nursing Educator to help determine the strength of evidence, relevance, and its application to practice.    3. Identifies the role formal and informal peer review processes play in improving quality and safety for patients.    4. Recognizes the role shared governance and unit practice councils play in the process of change and in improving quality care at the unit level and organizational wide. |
| **References** | 1. Agency for Healthcare Research and Quality. (2015). The institute of medicine’s health care quality initiative. Retrieved from <https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/resources/initiatives/imqi.html> 2. American Nurses Association. (2015) *Nursing scope and standards of practice*. (3rd ed.) 3. Centers for Medicare and Medicaid Services. (2017). State Operations Manual: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. [COP 482.21, 482.12]. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> 4. Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice. Retrieved from <https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1> 5. Quality and Safety Education for RNs. (2018). QSEN Competencies. Retrieved from <http://qsen.org/competencies/pre-licensure-ksas/> 6. The Joint Commission. (2018). Accessed by The Joint Commission secure web site.    1. *LD.03.05.01: Leaders implement changes in existing process to improve the performance of the hospital.* 7. Psychiatric-Mental Health Nursing. (2018). Psychiatric-Mental Health Nursing: Scope and Standards of Practice 2014 Edition. Retrieved from <https://www.apna.org/i4a/pages/index.cfm?pageid=3342> 8. Wyoming State Board of Nursing. (2018). Scope and standards of nursing practice and CNA role. Retrieved from <https://nursing-online.state.wy.us/Resources/FINAL%20--%20Ch%203%20(Clean)%20v2%20%205.12.17.pdf> |

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| **#5 Safe Medication Administration** | |
| **Competency Statement** | 1. The RN at CRMC safely manages and administers medications to the patient. 2. The RN at CRMC applies clinical reasoning skills to safely administer medications and for implementing pharmacologic interventions. |
| **Behavioral Criteria** | 1. Utilizes safe medication reconciliation processes for the assessment of patient medications (2e). 2. Utilizes the six rights of medication administration for med pass (1, 2j). 3. Utilizes the six rights of medication administration during an independent double check of medications with other RNs (1, 2j). 4. Uses technology (bedside bar scanning) to assure safe medication administration. 5. Correctly identifies the process for rescheduling medications, due to patient preference or clinical indications. 6. Utilizes weight dose based medication calculations in determining correct dosages where applicable. 7. Recognizes and responds to adverse drug reactions (1, 2k). 8. Takes the correct actions when a medication error occurs (1, 2k). 9. Avoids using dual parameter orders on medications and takes steps to correct orders that reflect duplicate ranges. 10. Correctly disposes of medications in the appropriate receptacles including narcotics and hazardous drugs (2b). 11. Labels medications or other solutions not immediately administered and places a BUD date on all opened vials (2c, 2d). 12. Follows a list of prohibited abbreviations, acronyms, symbols, and dose designations (2a). 13. Collaborates with pharmacy when questions arise regarding medication administration. 14. Provides patient education prior to the administration of medication and explains pertinent aspects of prescribed medications to patient/family. 15. Identifies High-alert medications and actions to take when administering high-alert medications (1, 2g). 16. Contrasts look alike and sound alike medications (1, 2h). 17. Safely administers problem prone, multistep medications. Examples include but are not limited to:     1. Anticoagulation Therapy (Lovenox, Coumadin,...) (2d)     2. Insulin infusion/ injections     3. Zosyn Administration (2f)     4. Patient Controlled Analgesia (PCA) 18. **Home Medications:**      1. Follows facility policy in the event the patient requests the use of home medications while in the hospital (1, 2i).     2. Counts medications in front of patient, secures signature from second RN, and delivers the medications to the pharmacy for review.     3. Identifies that pharmacy will not accept medications that are not labeled or brought in via pill box.     4. For patient that is ordered to self-administer medications, assesses patients capability to safely administer own medications and documents this assessment. 19. **Total Parenteral Nutrition and Lipid Administration:** Describes the process for administering Parenteral Nutrition and/or Lipids following CRMC policies and online nursing procedures. 20. **Preventing Multidrug Resistant Organisms.** (Antimicrobial Stewardship):     * + 1. The RN utilizes evidence-based practices to prevent the proliferation of antibiotic resistant bacteria through the appropriate use of antibiotics (2f).            1. Describes the risks of overuse of inappropriate antibiotics, and how overuse leads to antibiotic resistant strains of bacteria.            2. Lists the various types of Antibiotic resistant strains.            3. Identifies the various mechanisms of antibiotic resistance.         2. Identifies procedure and clinical indication for the attainment of antibiotic peaks and troughs. |
| **Evidence of Achievement**  (Checklist of what the nurses must do to fulfill this requirement) | Identified behavioral criteria can be assessed using competency in knowledge, skill, and attitude.  The RN **must** complete the following:   1. **Competency in knowledge**:    * Completes associated HealthStream courses listed below and successfully completes posttest quizzes.    * Reviews related hospital-specific policies and references listed below. 2. **Competency in Skill (The preceptor will validate that the RN can):**     * Demonstrates the use of the medication administration cabinet    * Demonstrates safe use of narcotic waste procedures    * Complies with barcode administration procedures.    * Applies the six rights of safe medication administration for routine medication administration and during the dual sign off procedures.    * Prints off patient teaching handouts and provides these to the patient prior to the administration of new medications. 3. **Competency in Attitude (Through discussions with Manager and Preceptor):**    * Identifies situations that lead to medication errors    * Discusses feelings and attitudes related to medication errors.    * Articulates the importance of patient teaching for insuring safe medication practices |
| **References** | 1. Centers for Medicare and Medicaid Services. (2017). State Operations Manual: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. [COP: 482.23 (c), 482.25 (b), 482.26 (b), 482.53 (b)]. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> 2. The Joint Commission. (2018). Accessed by The Joint Commission secure web site.    1. *IM.02.02.01 The hospital effectively manages the collection of health information.*    2. *EC.02.02.01 & MM.01.01.03: The hospital manages risks related to hazardous materials and waste.*    3. *NPSG.03.04.01 & MM.05.01.09: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. Medications are labeled.*    4. *NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.*    5. *NPSG.03.06.01 & MM. 08.01.01: Maintain and communicate accurate patient medication information. Manages the medication reconciliation process.*    6. *NPSG.07.03.01 & MM.09.01.01: Implement evidence-based practices to prevent health care –associated infection due to multidrug-resistant organisms in acute care hospitals. The hospital has an antimicrobial stewardship program based on current scientific literature.*    7. *MM.01.01.03: The hospital safely manages high –alert hazardous medications.*    8. *MM.01.02.01: The hospital addresses the safe use of look-alike/ sound-alike medications.*    9. *MM.03.01.05: The hospital safely controls medications brought into the hospital by patients or their families.*    10. *MM.06.01.01: The hospital safely administers medications.*    11. *MM.07.01.03: The hospital responds to actual or potential adverse drug events, significant adverse drug reactions and medication errors.* |

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| **#6 Quality Improvement Indicators/ Core Measures** | |
| **Competency Statement** | 1. The RN at CRMC understands the role that quality indicators play in guiding safe patient care (1, 2a, 2b). 2. The RN at CRMC is prepared daily for accreditation surveys. |
| **Behavioral Criteria** | 1. **Survey Readiness:** Demonstrates readiness for visits from accreditation site surveyors such as Joint Commission, Center for Medicare and Medicaid Services, and/ or other unit specific accreditation centers. 2. **Quality Indicators:**    1. Identifies which individual core measures are reported to the Centers for Medicare and Medicaid services (CMS) (2, 3).    2. Identifies which measures are reported to the National Database of Nursing Quality Indicators (NDNQI).    3. Explains how each nurse’s actions impacts these quality measures.    4. Identifies the implications of poor performance on quality indicators.    5. Utilizes the results found on the CRMC dashboard to determine practice changes and advocate for best practices.    6. **Core Measures:**        1. **Heart Failure:**           * 1. Ensures left ventricular function has been evaluated during hospital stay.   If ejection fraction is < 40%, the RN ensures the patient has a prescription upon discharge for the following items (or documentation completed if contraindicated):   ACE inhibitor or Angiotensin II receptor blocker (ARB)   * + - * 1. Identifies patients who are discharged with heart failure have received discharge education on:   Activity  Diet  Follow-up appointment  Weight monitoring  Discharge medications  When to call the provider   * + 1. **Immunizations:**        - 1. Follows hospital policies and evidence-based practices to provide immunizations.          2. Demonstrates a complete immunization screening on admission, including historical documentation of vaccines.          3. Properly orders the vaccine from the pharmacy.          4. Provides the patient/family with the Vaccination Information Sheets (VIS) appropriate for the correct vaccination.          5. Administers the vaccination in the appropriate manner.          6. Documents the vaccination in the MAR.     2. **Sepsis Bundles:**        - 1. Demonstrates an understanding of recognizing cases of severe sepsis/ septic shock and follows protocols to assure timely treatment.          2. Identifies 2 or more signs of Systemic Inflammatory Response Syndrome (SIRS).          3. Can define the time of presentation. “Time when patient has met 2 of the SIRS criteria and has suspected or known infection”.          4. Identifies appropriate patients to screen for Sepsis.          5. Utilizes the RN-driven protocol when appropriate.     3. **Venous Thromboembolism (VTE) Prophylaxis and Anticoagulation:** Follows evidence-based practices to prevent the development of DVTs and blood clots through the use of sequential compression devices and/or anticoagulation therapy.   1. **National Data on Nursing Quality Indicators (NDNQI):**      1. **Fall Prevention:** Utilizes evidence-based practices to prevent falls while the patient is hospitalized (3f).         + 1. Conducts fall risk assessments and identifies patients at high risk for falls based on individual patient population.           2. Promotes evidence-based activities to improve safe care and prevent falls.           3. Demonstrates appropriate interventions after a fall has occurred. Follows and documents post-fall management.           4. Appropriately utilizes fall alarms in the prevention of falls.           5. Properly utilizes the video monitoring system to prevent patient falls.         1. **Pressure Injury Prevention:** Follows evidence-based practices to prevent pressure ulcers while the patient is hospitalized.            1. Conducts Braden skin assessments and identifies patients at high risk for tissue injury based on individual patient population so that appropriate interventions may be initiated.            2. Develops and updates the plan of care to reflect activities that prevent pressure ulcer development.            3. Provides accurate documentation of wound including photos, when a wound is identified.            4. Collaborates appropriately with the wound care team to assure optimal healing of a wound/ pressure ulcer.            5. Reports wounds acquired in the hospital setting via MIDAS reporting system.            6. Ensures patients at risk for tissue injury are repositioned every two hours or more often if clinically indicated.   2. **Infection Prevention:**      + 1. **Central Line-Associated Bloodstream Infection (CLABSI**): Utilizes evidence-based processes in the management of central line, PICC lines, and IV lines to prevent central line blood stream infections (3c).           1. Understands the differences in the various types of catheters and can identify which catheter is being utilized.           2. Articulates the importance of the use of the CVAD insertion bundle.           3. Assesses the risk/benefit for each patient daily and collaborates with providers to determine ongoing need of the catheter.           4. Utilizes current evidence-based intervention strategies in the care and management of a central line.           5. Identifies problems associated with catheter care such as, clotting, infection, and migration and demonstrates appropriate interventions for each problem.        2. **Catheter-Associated Urinary Tract Infection (CAUTI):** Utilizes evidence-based processes in the management of urinary catheters to prevent catheter associated urinary tract infections (3e).           1. Assesses the need for a urinary catheter and can articulate appropriate indications for indwelling catheter use.           2. Identifies alternative treatments and can appropriately place external catheters.           3. Assesses the risk/benefit for each patient daily and collaborates with providers to determine ongoing need of the catheter.           4. Follows evidence-based guidelines and hospital policy in the insertion and management of a urinary catheter. This includes the use of the hospital-based RN-driven protocol.           5. Provides education and information to the patient regarding the use of the urinary catheter.           6. Monitors for side effects of use of a urinary catheters.           7. Appropriately utilizes a bladder scanner for the identification of urinary retention.           8. Documents care provided in the electronic medical record.        3. ***Clostridium Difficile (C.Diff)***: Prevents the spread of *C. Diff* by using evidence-based infection control measures.           1. Demonstrates proper hand washing techniques instead of hand sanitizer for patients for *C.Diff* precautions*.*           2. Demonstrates appropriate use of bleach wipes, instead of routine disinfection wipes, when cleaning equipment and surfaces for patients in precautions for *C.Diff*.           3. Orders stool specimens and utilizes the nurse driven protocol for the detection of patients with *C.Diff*.           4. Bathes or showers patients admitted for *C.Diff*. daily. Changes linen daily, and wipes down mattresses daily with bleach wipes.        4. **Surgical Site Infections:**  Implements evidence-based guidelines for the prevention of surgical site infections (3d).           1. Articulates the importance of providing showers/ baths with an Antimicrobial/ Antiseptic skin cleanser prior to surgery.           2. Articulates the importance of utilizing Pre-Op wipes. |
| **Evidence of Achievement**  (Checklist of what the nurses must do to fulfill this requirement) | Identified behavioral criteria can be assessed using competency in knowledge, skill, and attitude.  The RN **must** complete the following:   1. **Competency in knowledge**:    * Completes associated HealthStream courses listed below and successfully completes posttest quizzes.    * Reviews related hospital-specific policies and references listed below. 2. **Competency in Skill:**    * The preceptor validates the employee’s ability to be prepared for accreditation surveys by submitting a “Survey Readiness Preparation checklist” (assigned in checklist of RN's HealthStream).    * Preceptor validates that the employee can locate hospital-specific quality indicators on the hospital web page.    * Demonstrates personal responsibility in assuring personal practice reflects current standards. 3. **Competency in Attitude:**     * Discusses the relationship between personal professional practice and organizational quality outcomes. |
| **References** | 1. Centers for Medicare and Medicaid Services. (2017). State Operations Manual: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. Retrieved from [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads /som107ap\_pp\_guidelines\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf) 2. Press Ganey. (2018). Nursing Quality (NDNQI). Retrieved from <http://www.pressganey.com/solutions/clinical-excellence/nursing-quality> 3. The Joint Commission. (2018). Accessed by The Joint Commission secure web site.    1. *LD.03.04.01: The hospital communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.*    2. *LD.03.06.01: Those that work in the hospital are focused on improving safety and quality.*    3. *NPSG.07.04.01: Implement evidence-based practices to prevent central line-associated bloodstream infections.*    4. *NPSG.07.05.01: Implement evidence-based practices for preventing surgical site infections.*    5. *NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).*    6. *PC.01.02.08: The hospital assesses and manages the patient’s risk for falls.* |

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| **#7 Safety in Utilizing Common Procedures** | |
| **Competency Statement** | 1. The RN at CRMC utilizes common procedures/ skills to provide safe patient care. |
| **Behavioral Criteria** | CRMC identifies that RNs may not have the opportunity while on orientation to become proficient in all nursing tasks. Therefore, the RN at CRMC collaborates with experienced staff members to ensure patient safety is maintained when completing new or unfamiliar skills.   1. **Admission/ Discharge/ Transfers.**    1. Admits patients, transfer care to other areas of the hospital, and prepare patients for discharge.    2. Addresses the patients need for continuing care, treatment, and services after discharge (1, 3g).    3. Begins the discharge planning process early in the patient’s stay and collaborates discharge planning with the case managers (1, 3g).    4. Orients the patient and family to the care environment, including physical environment, the roles of different healthcare providers, how to be involved in the treatment and care delivery process, schedules of events, pertinent to their care and treatment and expectations of behaviors (4). 2. **Blood Administration**: Utilizes hospital policies for safe administration of blood products (3h).    1. Identifies the various blood components for infusion and clinical indications for each.    2. Review’s the CRMC policy and procedure for the administration of blood.    3. Identifies vital sign monitoring parameters during the infusion of blood products.    4. Documents the administration of blood products to reflect care given. 3. **Critical Lab Values:**    1. Reports critical lab values to providers established time frames (3c).    2. Documents notification of the provider appropriately. 4. **Dysphagia Screening**: (If applicable for the department)    1. Correctly identifies which patients require a bedside dysphagia screening.    2. Correctly identifies which patients require consult for a swallow evaluation and enters orders for the swallow evaluation by occupational therapy.    3. Appropriately documents results of the evaluation. 5. **End-of-Life Care:**     1. Understands the processes of end-of-life care, post-mortem care, and comfort care in the identified unit (3j)    2. Identifies the appropriate process for organ donation (3k). 6. **Glucometer use:**  (3l)    1. Attends new employee orientation and receives training on the proper use of the glucometer.    2. Monitors and evaluates patient blood sugar levels.    3. Utilizes screening results and follows physician parameters and or policy for the management of hyper and hypoglycemia.    4. Appropriately labels QC and strips with expiration dates. 7. **Immediate post-operative care:**    1. Identifies parameters for post op monitoring and vital signs.    2. Adequately controls post op pain.    3. Identifies signs of symptoms of common postoperative complications specific to the type of procedure performed. 8. **Informed Consent**:    1. Understands the role of the provider and the role of the RN in the written consent process (3i).       1. Describe the physician’s role in obtaining informed consent.       2. Describe the RN’s role in obtaining informed consent and methods to validate informed consent. 9. **Infection Prevention:** Utilizes hospital policies and evidence-based practices to prevent the spread of communicable diseases and limit harm to patients (1, 3a).    1. Contrasts the differences in the various types of precautions.    2. Understands disease states and identifies infectious process that cause communicable diseases.    3. Works to prevent the spread of hospital acquired infection by identifying and using appropriate PPE while caring for patients under different forms of isolation.       1. Standard Precautions       2. Contact Precautions       3. Droplet Precautions       4. Airborne Precautions       5. Neutropenic Precautions 10. **IV Start/ Maintenance:**     1. Utilizes hospital policies and evidence-based practices for the initiation and maintenance of Intravenous care.     2. Completes the phlebitis scale with IV assessments per hospital policy.     3. Identifies steps to take in the event of infiltration or extravasation. 11. **Pain management:**     1. Initiates effective treatments to relive pain and suffering, monitors patient pain, and advocates for patients comfort (3b, 3d).     2. Demonstrates a comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort (2).     3. Monitors and assesses patient’s pain using the most appropriate scale following hospital policy parameters.     4. Establishes a mutually identified pain goal and updates the goal as necessary.     5. Articulates various intervention techniques in the management of pain. Utilizes pharmacological and non-pharmacological pain interventions that are evidence-based and per organizational standards.     6. Documents pain assessments and interventions to reflect care given. 12. **Restraint Use:** Uses hospital protocols and demonstrates understanding of proper use of restraints (1, 3e, 3f).     1. Defines restraint and seclusion.     2. Lists alternatives to using restraints.     3. Describes appropriate use of restraints while maintaining patient dignity and advocating for patient rights.     4. Demonstrates the correct application of soft restraints.     5. Describes the importance of a one hour face-to-face interview and who is responsible for obtaining the initial one hour face-to-face with the patient.     6. Identifies the various timing of monitoring and release parameters associated with non-violent and violent restraints.     7. Reviews the CRMC policy on restraints and seclusion. |
| **Evidence of Achievement**  (Checklist of what the nurses must do to fulfill this requirement) | Identified behavioral criteria can be assessed using competency in knowledge, skill, and attitude.  The RN **must** complete the following:   1. **Competency in knowledge**:    * Completes associated HealthStream courses listed below and successfully completes posttest quizzes.    * Reviews related hospital-specific policies and references listed below. 2. **Competency in Skill**    * Completes the “EBSCO: Interactive checklist: Limb restraints adults” check sheet (located in HealthStream).    * Employee demonstrates skills listed above that are appropriate for job responsibilities 3. **Competency in Attitude (Discusses with nursing leader and Preceptor):**    * Follows policy and procedures and seeks guidance when not sure of appropriate procedures.    * Utilizes appropriate reference materials when seeking clarity around procedures.    * Seeks help from experts for procedures that the RN is new to utilizing or unsure of. |
| **References** | 1. Centers for Medicare and Medicaid Services. (2017). State Operations Manual: Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. [COP: 482.13 (b) & (e), 482.21, 482.24 (c), 482.27, 482.42, 482.43, 482.45(a), 482.51(b), 482.58(b)(3), 482.62, 483.12(a)(2)]. Retrieved from [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads /som107ap\_pp\_guidelines\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf) 2. Quality and Safety Education for RNs. (2018). QSEN Competencies. Retrieved from <http://qsen.org/competencies/pre-licensure-ksas/> 3. The Joint Commission. (2018). Accessed by The Joint Commission secure web site.    1. *IC.02.01.01: The hospital implements its infection prevention and control plan.*    2. *LC.04.03.13: Pain assessment and Pain management, including safe opioid prescribing, is identified as an organization priority for the hospital.*    3. *NPGS.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.*    4. *PC.01.02.07: The hospital assesses and manages the patient’s pain and minimizes the risks associated with treatment.*    5. *PC.02.02.13: The patient’s comfort and dignity receive priority during end-of-life care.*    6. *PC.03.05.01 through PC.03.05.19: Restraint and seclusion application, monitoring, documentation, reporting.*    7. *PC.04.01.03: The hospital discharges or transfers the patient based on his or her addressed needs and the organization’s ability to meet those needs.*    8. *PC.05.01.09: The hospital safely provides blood and blood components.*    9. *RI.01.03.01: The hospital honors the patient’s right to give or withhold informed consent.*    10. *RI.01.05.01: The hospital addresses patient decisions about care, treatment, and services received at the end of life.*    11. *TX.01.01.01: The hospital develops and implements written policies and procedures for donating and procuring organs and tissues.*    12. *WT.03.01.01: Staff and licensed independent practitioners performing waived tests are competent.* 4. Psychiatric-Mental Health Nursing. (2018). Psychiatric-Mental Health Nursing: Scope and Standards of Practice 2014 Edition. Retrieved from <https://www.apna.org/i4a/pages/index.cfm?pageid=3342> |

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| **#8 Safety in Utilizing Common Skills/Equipment** | |
| **Competency Statement** | 1. The RN at CRMC utilizes common equipment to provide safe patient care. |
| **Behavioral Criteria** | CRMC identifies that RNs may not have the opportunity while on orientation to become proficient in all nursing tasks. Therefore, the RN at CRMC collaborates with experienced staff members to ensure patient safety is maintained when completing new or unfamiliar skills (1).   1. **Call light system**    1. Properly utilizes patient call system to track location of peer nursing staff.    2. Answers call lights according to unit/ organization expectations.    3. Utilizes staff emergency button for assistance 2. **Code cart and emergency equipment:**    1. Locates the code cart and demonstrates appropriate use of the code cart and emergency equipment. 3. **Incentive Spirometer (IS):**     1. Demonstrates with a patient or discusses the proper use of IS.    2. Collaborates with Cardiopulmonary to implement the use of IS.    3. Documents all patient’s attempts in utilizing IS. 4. **Patient Transfer Equipment:**    1. Utilizes specialized transfer equipment to move patients safely from one location to the next.    2. Uses lift equipment for bariatric patients.    3. Attends new employee training to receive hands on demonstration transfer devices including those listed below, but not limited to:       1. Lateral-Transfer Devices       2. Sling Lifts       3. Sit-to-Stand Assistive Devices       4. Full-Assist Lifts 5. **Pumps used in the administration of medications:**    1. Correctly utilizes current technology to aid in the administration of medications.       1. IV pump use       2. PCA Pumps 6. **Personal Protective Equipment (PPE):**    1. Demonstrates appropriate use of PPE to prevent the spread of infection.    2. Attends powered air purifying respiratory (PAPR) training live at new employee orientation.    3. Demonstrates correct use of the N95 respirator. 7. **Sequential Compression devices:**    1. Applies, monitors, and describes the need for sequential compression devices. 8. **Specialty Beds:**     1. Demonstrates use of standard bed utilized in the department.    2. Identifies patients that meet criteria for the use of a specialty bed.    3. Demonstrates correct use of specialty beds including the bariatric bed and/or the air bed depending on job responsibilities. 9. **Telemetry Monitoring (Tele):**    1. Identifies patients that are candidates for telemetry monitoring.    2. Identifies the role the RN plays in applying and supporting telemetry monitoring.    3. Alerts the telemetry techs and when there is anticipated removal of the tele-box for bathing, or other procedures.    4. Immediately alerts the provider and the charge nurse when notified by the tele-tech of abnormal events. 10. **Additional equipment (Preceptor is responsible for going over the following items with the new employee):**      1. It is impossible to ensure every RN experiences every skill needed during orientation. RNs on orientation may not have the opportunity to become competent or proficient in the following skills.     2. The following skills will be discussed with the preceptor and where available during orientation will be demonstrated (1).        1. **Bladder Scanner:**            1. Correctly utilizes the bladder scanner to determine bladder fullness.           2. Appropriately documents results.        2. **Central monitoring devices** (Where utilized)        3. **Oxygen Administration set up and maintenance:**            1. Correctly uses oxygen delivery devices commonly found on the unit.           2. Facilitates the acquisition of home O2.           3. Titrates oxygen saturations according to provider orders.              1. Appropriately notifies provider for increasing O2 needs        4. **Tube Feedings:** Demonstrates use of the following or walks though the correct procedure for:           1. Enteral feeding tube pumps           2. NG tube insertion           3. Validation of tube placement           4. NG tube securement devices        5. **Wall Suctioning:** Correctly uses wall suctioning.        6. **Wound Vac** |
| **Evidence of Achievement**  (Checklist of what the nurses must do to fulfill this requirement) | Identified behavioral criteria can be assessed using competency in knowledge, skill, and attitude.  The RN **must** complete the following:   1. **Competency in knowledge**:    * Completes associated HealthStream courses listed below and successfully completes posttest quizzes.    * Reviews related hospital-specific policies and references listed below. 2. **Competency in Skill:**    * Employee demonstrates skills listed above that are appropriate for job responsibilities. 3. **Competency in Attitude (Discuss with nursing leader or preceptor):**    * Follows policy and procedures and seeks guidance when not sure of appropriate procedures.    * Utilizes appropriate reference materials when seeking clarity around procedures.    * Collaborates with experienced staff members to insure patient safety is maintained when completing new or unfamiliar skills. |
| **References** | 1. American Association of Colleges of Nursing. (2011). Core Competencies for Interprofessional Collaborative Practice. Retrieved from <https://www.aacom.org/docs/default-source/insideome/ccrpt05-10-11.pdf?sfvrsn=77937f97_2> |

Approximate Time to complete on-line learning courses

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| Competency Statement | Approximate total time needed for curriculum completion | Total |
| #1 Nursing Process: Assessment | 80 |
| #2 Nursing Process: Plan of care | 60 |
| #3 Health Teaching and Health Promotion | 15 |
| #4 Evidence-based Practices | 20 |
| #5 Safe Medication Administration | 100 |
| #6 Quality Improvement Indicators/ Core Measures | 115 |
| #7 Safety in Utilizing Common Procedures | 170 |
| #8 Safety in Utilizing Common Skills and Equipment | 45 |
| Complete Competency statements | 90 |
| Audits | 30 | 725 min/ 12 hours |