

MANUAL FOR EVALUATING NURSING PRACTICE

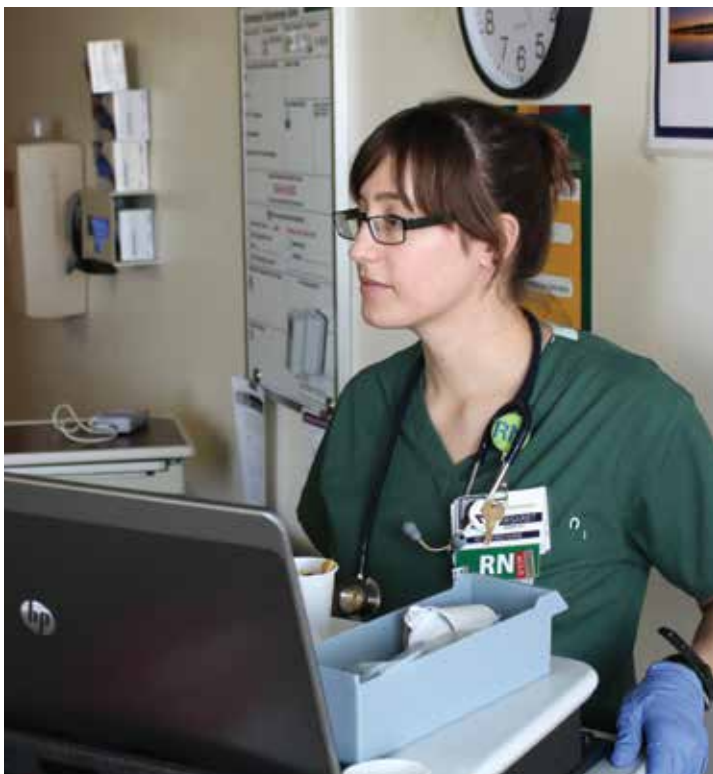


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Our Shared Vision

Rush Oak Park Hospital will be seen as the community medical center of choice in the region and in the nation. As a **community of professional nurses**, we will lead efforts to advocate patient- and family-focused health promotion throughout the lifespan. We will be looked to by our community and beyond as a **resource center for patient and family** health education and support. We seek to scientifically and competitively pursue **innovative care** that supports and sustains **wellness in the lives of our patients**, our community and beyond.



Who Are You?

As Rush Oak Park Hospital nurses, our identity can be described by our Professional Practice Model. Each of the five domains describes a different component of our professional practice.

As experts in our field of knowledge, Rush Oak Park Hospital nurses are leaders relative to practice excellence, professional accountability and autonomous practice. This is largely because our identity is supported by **relationships and caring, critical thinking, technical expertise and evidence-based practice while being propelled by transformational leadership** in all roles of our nursing structure. We live out these components by: managing our practice at the bedside and various decision-making tables, collaborating within the interdisciplinary team, and making the patient and family the center of our initiatives. See the crosswalk below to understand how our practice model is supported by and works contextually with other key structures in our environment.

How the Professional Practice Model looks in context of other key structures: A crosswalk

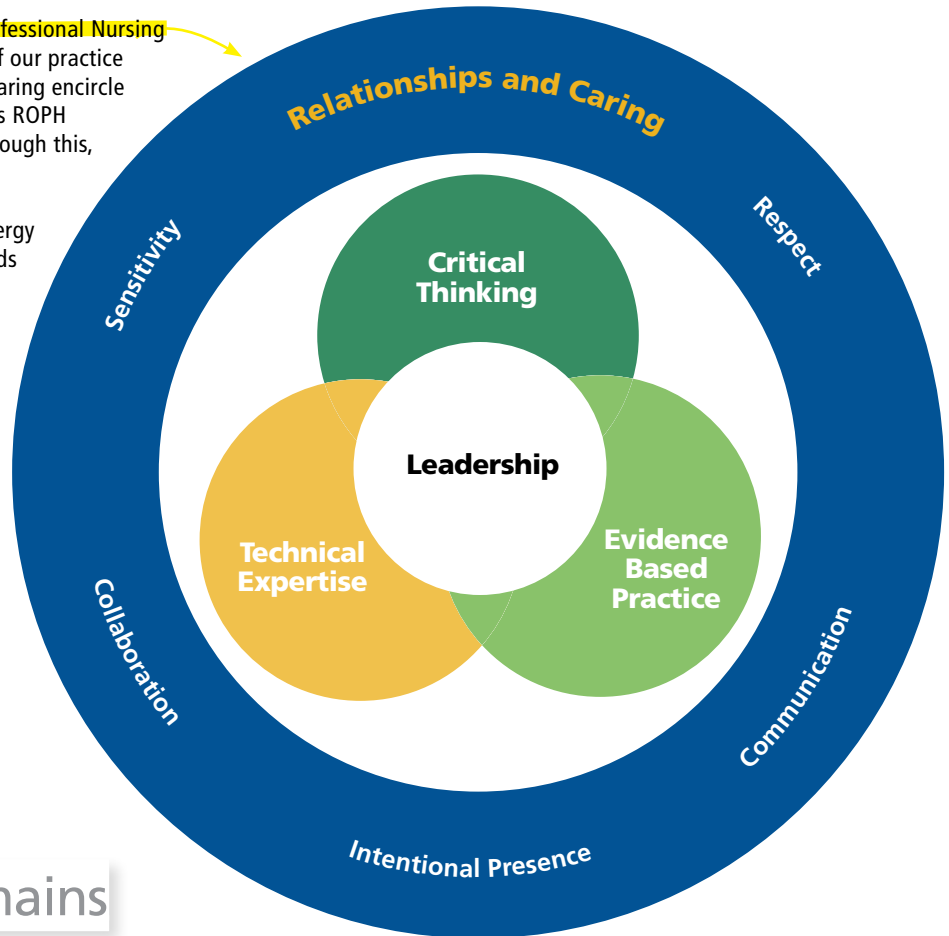
PROFESSIONAL PRACTICE MODEL	CARE DELIVERY MODEL	RUSH OAK PARK HOSPITAL NURSING VISION	NSGO BYLAWS AND CODE OF CONDUCT	RUSH SYSTEM FOR HEALTH CARE VALUES	AACN HEALTHY WORK ENVIRONMENT STANDARDS	ANCC MAGNET MODEL DOMAINS
Relationships and Caring	The Nursing and Interprofessional teams	Promote patient- and family-focused health promotion throughout the lifespan	<ul style="list-style-type: none"> Based on respect for every individual, Encourages high level collaboration Demonstrate congruence between words and actions Foster professional growth of NSGO members 	Collaboration Respect	Skilled Communication, True Collaboration, Meaningful Recognition	Exemplary Professional Practice, Structural Empowerment
Evidence-based Practice	Patient- and family-centered care	Scientifically and competitively pursue innovative care	<ul style="list-style-type: none"> Committed to pursue excellence in care, education and research 	Accountability	Effective Decision Making	New Knowledge Innovation and Improvement, Empirical Outcomes
Technical Expertise	Carative Factors: Human, altruistic system of value	Utilized by our community and beyond as a resource center for patient and family health, education and support	<ul style="list-style-type: none"> Engage in programs that promote excellence in patient care, education and scientific investigations Promote clinical competence 	Innovation and Accountability	Effective Decision Making	New Knowledge Innovation and Improvement, Exemplary Professional Practice
Critical Thinking	Caring Occasion: Moral commitment to protect and enhance human dignity	Pursue care that sustains wellness in the lives of our patients, community and beyond	<ul style="list-style-type: none"> Define and review professional nursing practice 	Innovation and Accountability	Appropriate Staffing Effective Decision Making	New Knowledge Innovation and Improvement, Exemplary Professional Practice
Leadership	Transpersonal Caring Relationship: Awareness of self with authentic presence of caring	Seen as community medical center of choice in region and in nation	<ul style="list-style-type: none"> Responsible and accountable to manage nursing practice 	Excellence	Authentic Leadership	Transformational Leadership, Structural Empowerment



Foundation of Nursing Professional Practice Model

We view these models on page 4 and 5 as being two sides of the same coin – how we practice as nurses and how we deliver care within the team.

Rush Oak Park Hospital's Professional Nursing Practice Model is a picture of our practice identity. Relationships and Caring encircle and support all that we do as ROPH nurses. Supported by and through this, Technical Expertise, Evidence-Based Practice and Critical Thinking work in synergy to propel us as nurses towards Leadership of the complex healthcare environment to meet the needs of our patients and the environment.



Definitions of Domains

RELATIONSHIPS AND CARING

- + Built on sensitivity, collaboration, intentional presence, communication and respect
- + Care is patient and family centered:
 - ⊕ Set meaningful goals with patient and family
 - ⊕ Diversity of patient background taken into account in culturally sensitive way
 - ⊕ Teaching atmosphere with patient and family is constant
 - ⊕ Awareness of patient and families' feelings, space and needs
- + Interactions are respectful, therapeutic and trusting
- + Reflected in collaborative relationship with interdisciplinary team and colleagues
- + Supportive of educational environment
- + Professional relationships extend outside unit to professional organizations, regulatory bodies, Board of Nursing
- + Looks for opportunities within the nursing team to act as coach, mentor, and support

EVIDENCED-BASED PRACTICE

- + Nurses employ science to patient care and environment
- + Strategies are based on successful interventions for given patient population
- + Procedures, standards and protocols are substantiated by research or best practice by exemplars
- + Nurses contribute to body of evidence for best practice by questioning interventions and studying alternatives
- + NSGO provides a structure for evaluation of evidence and dissemination of best practice.
- + Creation and Translation of knowledge

TECHNICAL EXPERTISE

- + Use technology to deliver effective patient care
- + Translate purpose of equipment and medical devices for patient and families
- + Coordinate the medication administration process
- + Coordinate the plan of care through the continuum

CRITICAL THINKING

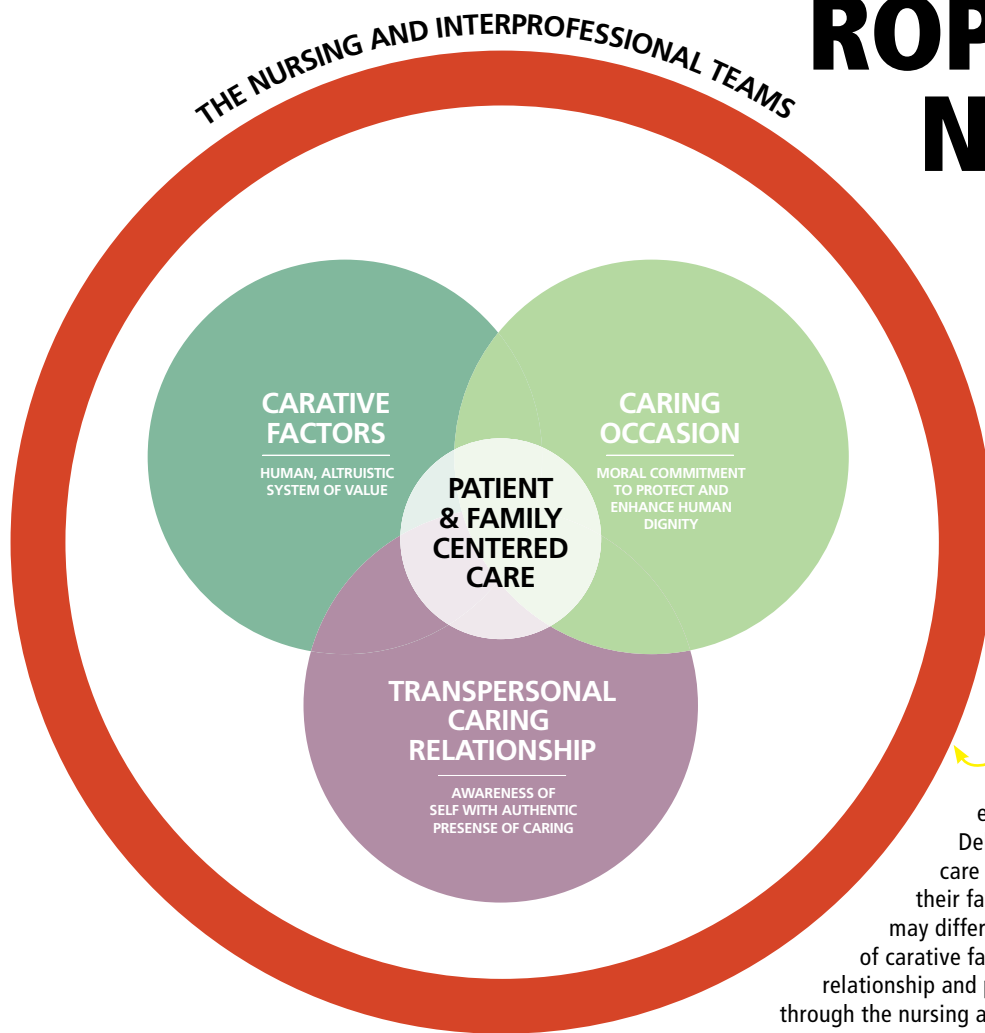
- + Synthesize information and use reasoned clinical judgment which understands science, assures patient safety, advocates for patient and family, revises plan of care when needed
- + Inquire and ask clarifying questions
- + Communicate and facilitate understanding among patient and others on the clinical team

LEADERSHIP

- + Lead activities that evaluate current practice and stimulate change
- + Mentor other nurses regarding nursing practice and career development
- + Coordinate patient services beyond the clinical unit
- + Plan nursing care for a group of patients for a period of time
- + Communicate and advocate for additional resources when necessary to meet patient care needs



ROPH Nursing Care Delivery Model



The Jean Watson Caring Care Delivery Model (CDM) has been adopted at ROPH to assist our patients with gaining control, becoming more knowledgeable and thus promoting their health both within our walls and in their home. **It is the theoretical foundation for our care delivery system which identifies how work is organized within the nursing team, how nurses are deployed and what each team member's role is.** Supported by the constructs of the Jean Watson Care Delivery Model, nurses organize the activities of care around the needs and priorities of patients and their families. Delivery of care and how it is organized may differ between care settings, however the components of carative factors, caring occasion, transpersonal caring relationship and patient- and family-centered care drive initiatives through the nursing and interprofessional teams. (Watson, 1979)

Definitions of Domains

THE NURSING AND INTERPROFESSIONAL TEAMS

- + **How care is organized within the nursing team**
 - ⊕ Team Nursing: RN directs and oversees patient care, sometimes with oversight from a Team Leader such as a CNL. Some tasks delegated and performed by patient care technicians or other ancillary staff. (examples: OR, Med Surg Units, CDEC, ROPPG, Skilled, Rehab, Endoscopy)
 - ⊕ Total Nursing: RN responsible for giving all care to patient. (examples: ICU, PACU, SDS)
 - ⊕ Primary Nursing: RNs responsible for care of a given number of patients around the clock (examples: Wound Care Clinic nurse managed cohorts of patients)
- + **How initiatives are developed and implemented through the inter-professional team**
 - ⊕ Institutional committees and quality committees (examples: PICC, PREP-BOOST, PREP-CPC, Patient Safety, Products, Diabetes Committee, etc)

CARATIVE FACTORS: HUMAN ALTRUISTIC SYSTEM OF VALUE

- + Transfer of patients between units, between institutions, between providers — shaped by our Care Delivery process, rapid response team
- + Focus on the Autonomous Patient: Through community work, such as

Agewise, Pads, Infant Welfare Society, Clinical Nurse Leader Phone calls home, Commitment to Patient Education and Health Promotion

CARING OCCASION: MORAL COMMITMENT TO PROTECT AND ENHANCE HUMAN DIGNITY:

- + Every interpersonal contact is viewed as a caring opportunity
- + Ethics committee, Diversity committee, use of Institutional Review Board for research studies to protect patients

TRANSPERSONAL CARING RELATIONSHIP: AWARENESS OF SELF WITH AUTHENTIC PRESENT OF CARING

- + How we shape interactions and initiatives within the interprofessional team
- + Organizational and Nursing Code of Conducts

PATIENT- AND FAMILY-CENTERED CARE:

- + How we plan for care coordination within the interprofessional team to make sure the patient is cared for throughout their life, rather than just within our walls
- + Sculpting the environment of care with our interprofessional team: Quiet Hour, Interdisciplinary Rounds, Holistic Communication and Palliative Care (CPC) Goal of Care discussions from team to patient/family



WE ARE NSGO

NURSING SHARED GOVERNANCE ORGANIZATION

Autonomy has, as its basic components, personal accountability and shared power and influence. **An autonomous nursing staff is feasible. It is professionally exciting. It cannot be done for nurses; it must be done by them.**

(Christman, 1976)

Every Nursing Practice Area is Represented

EXECUTIVE COMMITTEE REPS

President, President Elect, 3Center, 6West, Ambulatory Clinics, APRNs, Cath Lab/IR, CNO, Employee Health, Endoscopy, ER, ICU, Nursing Education, Nursing Supervisors, OR, PACU, Quality, Rehab, Same Day Surgery, Skilled Care Unit, Telemetry and Wound Care Clinic

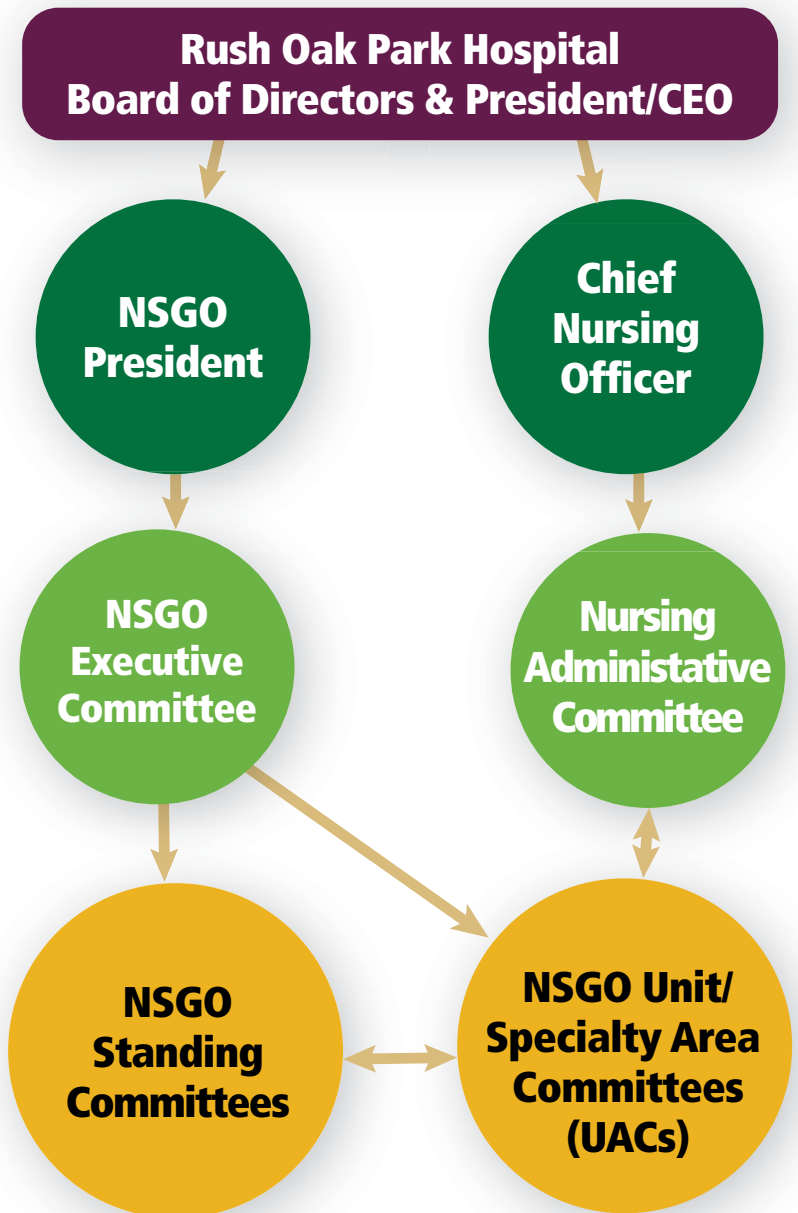
NSGO STANDING COMMITTEES

Peer Review Council, Evidence-Based Practice, Research and Education, Clinical Standards of Practice and Care, Staffing Nurse Advisory Board, Magnet Stars, Awards and Recognition, APRN Practice Council

NSGO UNIT/SPECIALTY AREA COMMITTEES

3Center, 6West, Ambulatory Clinics, Cath Lab/IR, Endoscopy, ER, ICU, OR, PACU, Rehab, Same-Day Surgery, Skilled Care Unit, Telemetry, Wound Care Clinic

How is NSGO Organized?





Nursing Shared Governance Organization

CODE OF CONDUCT

MISSION

The Rush Oak Park Hospital Nursing Shared Governance Organization (NSGO) creates an environment supportive of the Rush System for Health ICARE Values, the Illinois Nurse Practice Act, the Rush Oak Park Nursing Professional Practice Model, the Rush Oak Park Nursing Care Delivery Model, the NSGO Bylaws as well as components that reflect a healthy work environment. This code of conduct is a guideline for professional behavior for the Nursing Shared Governance Organization with relation to fellow nurse colleagues, patients, families, visitors to our campus, staff floating to our units, members of the interprofessional team, students, our greater community and society as a whole. Our mission is to promote respectful behavior in an environment free from abuse. We work towards collaborative teamwork that is reflective of professional, accountable and expert nursing care.

PRINCIPLES

Professional Role

Our conduct is professional, respectful, honest and full of integrity. We own our environment, our community, our practice and the care we provide to patients and their families. We take pride in our professional role and in our institution. Skilled patient care is dependent on the healthy relationships with our colleagues and environment. We embrace change supported by evidence-based literature and constantly seek improvement in patient outcomes and our environment.

Respect of All Voices

We support an environment where every voice is valued, respected and listened to. Respectful personal expression of diverse opinions is encouraged and never punished. We believe that each person deserves the opportunity to be listened to without being interrupted. We believe the best about each other and as such look for opportunities to hear and learn from each other.

Supportive of Open Environment

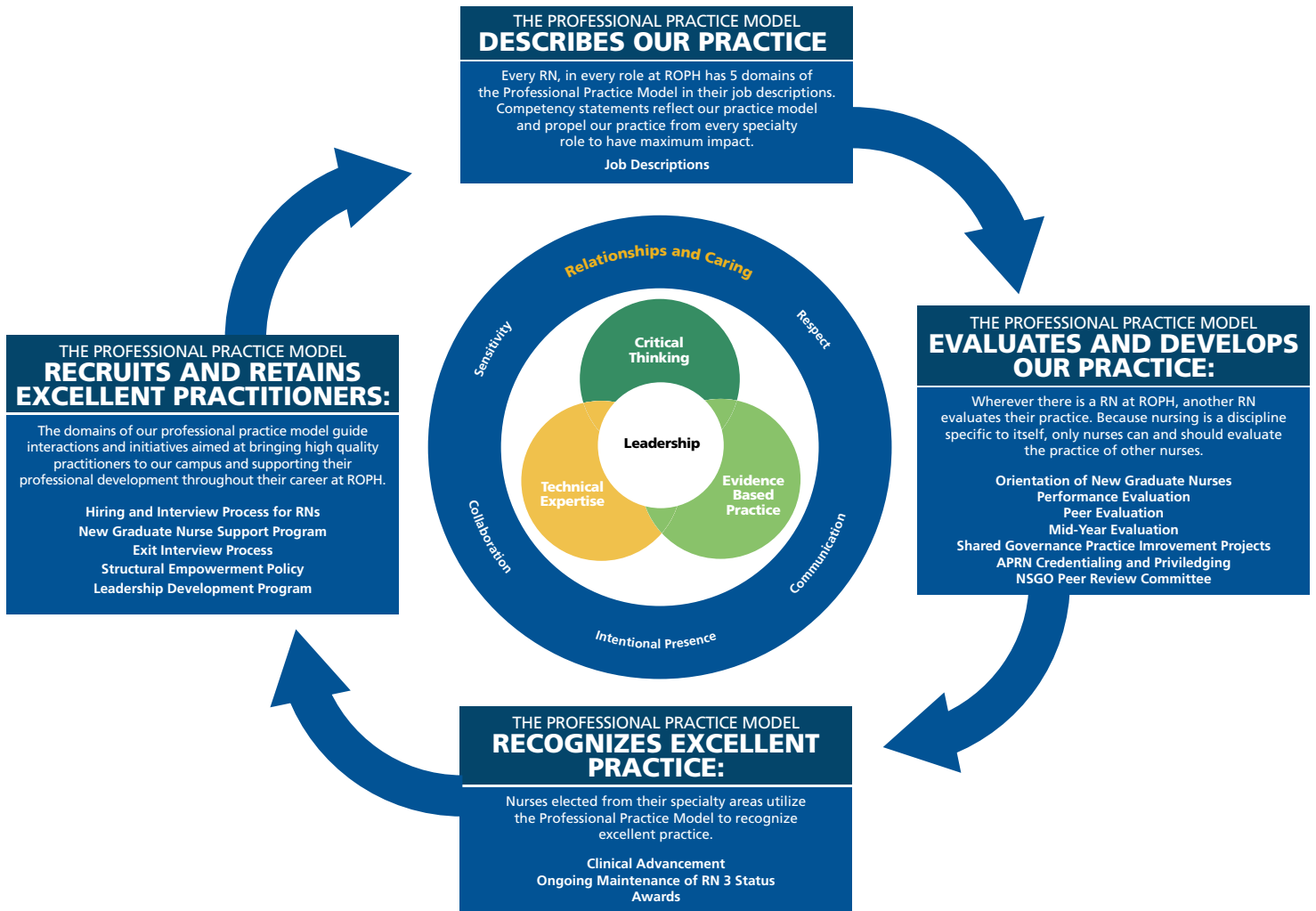
We are approachable and willing to participate in both the giving and receiving of feedback. We create an environment where ideas are welcomed and encouraged. We accept the imperative and responsibility to give constructive feedback in a healthy, professional manner, always maintaining the other individual's self esteem. We believe this is crucial because patient safety is dependent on it.

Commitment to Teamwork

We support an environment of teamwork and camaraderie by building each other up. We see every patient as our collective responsibility and stay attentive to team members that may need assistance. We seek to incorporate the patient and family as well as other disciplines into our team. We refrain from making negative assumptions about team members.

Authentic Leadership

We demonstrate congruence between words and actions, while also holding others accountable for doing the same. We lead from where we stand, remaining committed to promoting the health of our patients, their families, our team, our institution and our community as a whole.



The Practice Evaluation Cycle

The Professional Practice Model is a picture of our practice identity as ROPH nurses. Wherever there is a nurse, the 5 domains of the practice model are driving description of practice, evaluation of practice, recognition of practice as well as recruitment and retention of our practitioners. **All of these activities are done by and for nurses, with our discipline specific standards, scope and body of knowledge.**



ROPH Nursing Interview Tool

We utilize our professional practice model to evaluate the practice of RN candidates to our institution.

We also use this opportunity to meet a nursing colleague and share our vision for nursing as well as our identity as practitioners.

The following is a tool to use during interviews of nursing candidates.

1 DOES NOT MEET 2 PARTIALLY MEETS 3 MEETS 4 EXCEEDS 5 GREATLY EXCEEDS

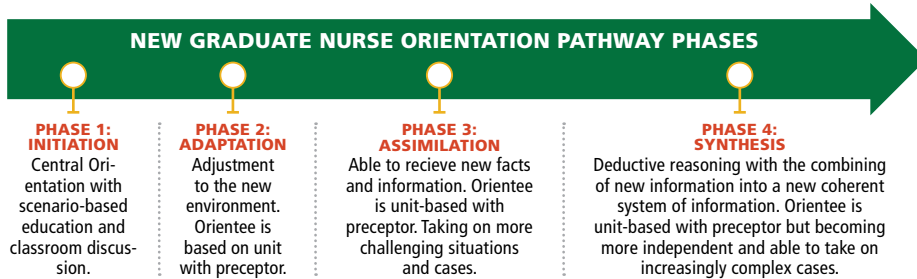
MVP/PPM DOMAIN	INTERVIEW QUESTION	THINGS TO LOOK FOR	RATING
<p>MISSION: At Rush Oak Park, our mission is "to improve the health and wellness of our patients and their families both inside and outside our walls ... and to promote and support our institution as a distinguished and renowned community health resource through an ever-mindful focus on health promotion and holistic, individualized and patient-centered care"</p>	Share your three greatest accomplishments to date.	How do these align with our mission?	<p>1 2 3 4 5 PLEASE CHECK ONE:</p>
<p>VISION: At Rush Oak Park, our vision is "to be utilized by our community and beyond as a resource center for patient and family health promotion and support ... and to scientifically and competitively pursue innovative care that supports and sustains wellness in the lives of our patients, our community and beyond."</p>	If you could change Nursing to be your ideal world, what would it look like?	Was there evidence of self efficacy, initiative, innovation, outreach?	<p>1 2 3 4 5 PLEASE CHECK ONE:</p>
<p>PHILOSOPHY: At Rush Oak Park, our philosophy is that "nurses are proactive and responsive to the needs of individuals, groups and communities across the life span in a variety of settings."</p>	Can you give examples of interventions for your patients or their families beyond the walls of the organization? Either for their care continuum or the community?	Does this candidate see the patient as a person with lifetime health care needs?	<p>1 2 3 4 5 PLEASE CHECK ONE:</p>
<p>RELATIONSHIPS AND CARING</p>	<p>Tell me about your most rewarding experience as a nurse.</p> <p>Tell me a time you were really upset at someone or some circumstance ... how did you deal with it and what was the outcome?</p> <p>Tell me about a time when you had to successfully complete a project with others.</p>	<p>Did they describe caring, compassion, interpersonal skills?</p> <p>What was their communication style for this experience? Are they willing to negotiate?</p> <p>Do they exhibit traits of team and relationship building?</p>	<p>1 2 3 4 5 PLEASE CHECK ONE:</p>
<p>EVIDENCE-BASED CARE</p>	<p>Can you give us an example of how you have utilized current evidence or best practices to work on an improvement in patient care or the environment?</p> <p>What are some examples of resources you would seek to bring to your patients and their families?</p> <p>Tell me about a time when your opinion differed strongly from someone or a group ... what did you do?</p>	<p>Did they use literature or data?</p> <p>Do they describe past use of good resources?</p> <p>Do they seek out evidence, literature or best practice readily?</p>	<p>1 2 3 4 5 PLEASE CHECK ONE:</p>
<p>TECHNICAL EXPERTISE</p>	Can you give us an example of a time that you applied the teaching process to a patient, family or nursing staff and the subsequent outcome?	Did they display good listening — a solid level of understanding? Did they verify their own expertise and subsequent learning of patients?	<p>1 2 3 4 5 PLEASE CHECK ONE:</p>
<p>CRITICAL THINKING</p>	<p>Can you give us an example of a time you recognized a change in patient or family needs/health and what you implemented to address that need?</p> <p>Tell me about some situations in which you had to adjust quickly to changes in the organization or departmental priorities. How did the changes affect you?</p>	<p>Did they seem to have good clinical knowledge, logic, willingness to advocate?</p> <p>Do they seem versatile? Do they keep quality and safety top of mind?</p>	<p>1 2 3 4 5 PLEASE CHECK ONE:</p>
<p>LEADERSHIP</p>	<p>What activities have you been involved in thus far that support your involvement in professional organizations and/or activities, or leadership therein?</p> <p>Have you ever helped a co-worker to improve his/her performance at work?</p> <p>Tell me about a time when you accomplished something on your own.</p> <p>Tell me about a time when someone was not doing their job or not doing it correctly. What did you do?</p> <p>Give an example of a time when you were a role model for others.</p>	<p>Do they describe elements of mentorship or teaching?</p> <p>Do they display independence and initiative?</p> <p>Can they hold others accountable?</p> <p>Did they talk about professionalism, culture and mentorship?</p>	<p>1 2 3 4 5 PLEASE CHECK ONE:</p>



New Nurse Orientation Pathway

New Graduate Nurse Orientation Pathway Phases of Orientation and Role Responsibilities

In each phase of orientation, eight categories of learning opportunities are followed to progress the new graduate nurse from initiation to adaptation to assimilation then finally to independence in the synthesis phase. Learning opportunities support the three domains of learning: cognitive (knowledge), technical (skill) or affective (behavior).



THE 8 CATEGORIES OF LEARNING OPPORTUNITIES AND ACTIVITIES

- 1. ASSESSMENT/EVALUATION**
 - a. Help orientee develop proficient clinical and communication skills by experiences on unit
 - b. Situational awareness
- 2. EMERGENCY**
 - a. Provide learning opportunities that prepare the orientee to act in the face of an emergency, situational awareness, emergency equipment in room preparation, crash cart, disaster preparedness information
- 3. EQUIPMENT/DEVICES**
 - a. All equipment or devices that are used on a daily basis must be incorporated
 - b. Equipment/skills checklist verification with verbalization of rationale and/or assessment of patient
 - c. State the resources to be used if they are required to use a piece of unfamiliar equipment
 - d. Never proceed in the face of uncertainty. Find another staff member more familiar
 - e. Ask clarifying questions
- 4. SKILLS AND INTERVENTIONS**
 - a. ROPH procedures in Policy Manager link to Mosby Online Nursing Skills
 - b. Skills and interventions may be pre-assigned learning opportunities based on the unit or "just-in-time" learning opportunities as the new nurse is experiencing a skill or intervention for the first time
- 5. MEDICATIONS**
 - a. Provide learning opportunities that support safety behaviors of medication administration
 - b. Use Mosby Clinical Nursing Skills and Techniques as learning opportunities to validate medication administration such as subcutaneous injections, IM injection skills
 - c. Calculations and use of the seven "rights" of medication administration
 - d. Focus on potential/actual effect on body system
 - e. What are the most frequently administered medications on the unit?
- 6. DOCUMENTATION AND EDUCATION**
 - a. Learning opportunities may consist of information from notes accessible in the EMR, teaching a family and documenting
 - b. All care must be documented: admission assessment, body system assessment, skills and interventions, etc., and verification by preceptor completed for each phase
 - c. Focus on PPOC and patient education and behaviors for sustainability of documentation
- 7. PSYCHOSOCIAL**
 - a. Incorporate age-specific and cultural considerations in every patient experience and learning opportunity
 - b. For example, for age specific — when using equipment — deciding what size oxygen mask to choose for your patient
 - c. What behaviors would you expect from a teenager vs. an adult or geriatric patient for this procedure?
 - d. What nursing intervention would you make based on age?
 - e. What are cultural diversity considerations you have made in caring for your patient and family today?
- 8. OTHER/RESOURCES/POLICIES**
 - a. What are policies that support some of the expected behaviors, such as accountability for nursing care, assessment standards, high risk medications, etc.?
 - b. What are the resources — Drug Formulary, intranet sites and accessing both internal and external experts?
- 9. ADDED/INDIVIDUALIZED LEARNING NEEDS**

New Graduate Nurse Orientation Pathway

Professional Practice Model	ORIENTEE/EMPLOYEE	PRECEPTOR	EDUCATION QUALITY COORDINATOR	MANAGER
RELATIONSHIPS AND CARING	Addresses clinical skills and competencies at the time of reassignment to another unit and voices concern if not competent to perform an assigned skill or task	Communicates on a regular basis with manager/educator to evaluate progress of orientee	Assures standardization and minimizes duplication with variations: learning opportunities will be organized to allow all units/department access	Creates an environment that promotes timely competency assessment and ongoing growth and development
EVIDENCED PRACTICE	Participates in individual competency development	Uses Phases of Orientation Tool for orienting staff	Participates in the assessment of competency in collaboration with the assigned preceptors or other designee, when appropriate	Establishes a process for ongoing validation of unit specific competencies for off unit staff prior to the assignment of a patient
TECHNICAL EXPERTISE	Maintains record of competency completion	Uses and documents validation methods/sources of evaluation for verifying competencies	Provides expertise in identifying learning opportunities and the appropriate verification/source of evaluation of the competencies	Assures the competence of the staff on the unit
CRITICAL THINKING	Participates in evaluation of the competency process	Seeks to critically evaluate orientee progression through the phases of orientation to assure progress from initiation to synthesis	In conjunction with the clinical manager and director, the educator for each clinical department will develop the orientation program based on the four phase's documents, utilizing the five core competency statements as the basis for assessment of the new staff nurses' progress through the orientation process	Monitors and evaluates employee progress and performance on an ongoing basis
LEADERSHIP	Completes indicated learning opportunities by the established deadlines for that job class. If successful completion has not been achieved, a Performance Improvement Plan is initiated.	Proactively identifies patient assignments to assist orientee in meeting core competencies	Works with the Shared Governance structure to provide new/periodic learning opportunities that are standardized across ROPH Maintains a record keeping and report system that documents educational activities in compliance with departmental, organizational and external agency requirements	Implements a Performance Improvement Plan for staff not meeting the established goals



New Graduate Nurse Support Curriculum

DESCRIPTION A year-long program that allows for interactive, nurse guided development of skills, critical thinking, discussion, coping skills, building of community as well as camaraderie and knowledge of system resources. This program is intended to assist in the natural progression from novice to competent nurse as well as develop leaders from an early point in employment at Rush Oak Park Hospital.

All new graduate nurses are provided the opportunity to attend new graduate nurse support program for 10 of 12 months after hire.

ACTIVITIES Discussion, support sessions, expert lecture, simulation laboratory practicum, up-to-date information sharing of best practices, shadowing 2x/year of any environment connected to institution, encouragement of community involvement and engagement in shared governance structure.

SUBJECTS COVERED

Consistent with the Professional Practice Model Domains

Below list is not exclusive. As learning needs are assessed and requested additional topics are added to curriculum.

RELATIONSHIPS AND CARING	EVIDENCE BASED PRACTICE	TECHNICAL EXPERTISE	CRITICAL THINKING	LEADERSHIP
<ul style="list-style-type: none"> + Reflection Session: Description of current stressors, achievements, opportunities + Crucial conversations + Diversity and cultural competence + Relaxation techniques + Professional practice model review + Review of pertinent environmental models + Care Delivery Model review and understanding + Community outreach and our vision + Spiritual care + Ethical care 	<p>Population Specific Care:</p> <ul style="list-style-type: none"> + Care of detoxing or abusive patients + Deescalation of difficult or unsafe environments + Care of diabetic population + Care of neurologic population + Care of cardiac population + Care of stroke population + Care of GI disease population + Electrolyte and blood monitoring + Care of cardiac cath patients + Care of endoscopy patients + Care of shock/DIC patients + Care of patient in pain + Care of end of life/hospice patients and families + Post mortem care <p>Evidenced Based Literature:</p> <ul style="list-style-type: none"> + Abstract writing + Project management + Poster and podium preparation + Magnet Recognition Program + Professional Practice Model review 	<ul style="list-style-type: none"> + ABGs and central lines + Documentation best practices + IV Care and insertion + Pleurex + Trach care + Restraints and sitter usage + Code education + Arrhythmia + Wound care + Patient education techniques 	<ul style="list-style-type: none"> + Financial management of the professional + "You be the judge" unusual occurrence and risk management discussion + Case management + Intro to quality + Polypharmacy and medication administration 	<ul style="list-style-type: none"> + Time management and delegation + Setting Goals: Clinical advancement, portfolios, mentorship + Professional Role: Certification, professional org involvement, advancing educational preparedness + Imperative for Leadership: IOM 2010 report + Charge RN education + "Leader As Advocate" Presentations: CNL, CNO, Unit Directors, Educators + Mission, vision, philosophy + ROPH nursing strategic goals + Advocacy and transformational leadership + Shared governance + Peer-to-peer crucial conversations + Caring in all interpersonal occasions



Peer Review for Clinical Advancement Process

Portfolio Review and Leveling: Level RN1 to Level RN2

Professional Overview (Required):

- + CV/Resume
- + Letter of Intent
- + Letter of Support from UD
- + CE credits earned
- + BLS- submit copy of card
- + ACLS (unit-based)- submit copy of card
- + PALS (ER only)- submit copy of card
- + New Grad Day participation- successful completion with instructor sign-off
- + Attend Preceptor Workshop
- + Attend Charge Nurse Workshop

Domains of Practice:

In the following section mark any of the examples provided or add others in the blank spaces.

An example from each competency in each domain is the minimal expectation to move to a level RN2. (Unless otherwise specified)

Proficiency in each can be demonstrated in one or more of the following ways (unless specified within the individual section):

- + Exemplar
- + Official Document
- + Letter from Patient, Peer colleague, Supervisor, Physician, etc.

Professional Practice Model Domain

Relationships and Caring	Evidence-Based Practice	Technical Expertise	Critical Thinking	Leadership
<p><i>Demonstrated proficiency in all of the below areas required:</i></p> <p>I have signed and have been able to meet the expectations defined in the code of conduct.</p> <p>I am able to coach assistive personnel while maintaining an effective relationship.</p> <p>I am capable of collaborative interaction within my care delivery team.</p> <p>I Participate in conflict resolution that enhances team relationship. (provide example)</p> <p>I have and show respect and sensitivity toward diverse cultures and/or vulnerable populations.</p>	<p><i>Demonstrated proficiency in all of the below areas required:</i></p> <p>I have developed and/or used evidence-based research for patient care.</p>	<p><i>Demonstrated proficiency in all of the below areas required:</i></p> <p>I provide effective patient education.</p> <p>I am able and willing to help my co-workers while still completing my own work.</p> <p>I use ROPH policies in care decisions.</p>	<p><i>Demonstrated proficiency in all of the below areas required:</i></p> <p>I adapt care plans to meet changing needs of patients. (Submit a screen shot of a care plan. ER can use exemplar.)</p>	<p><i>Demonstrated proficiency in all of the below areas required:</i></p> <p>I am a Committee/Council member who attends my meetings regularly. (Provide evidence of attendance)</p> <p>I participate in conflict resolution during patient care and/or within my team.</p> <p>I am able to delegate responsibilities effectively and consistently.</p> <p>Describe how you are making progress toward your annual goals.</p>

Portfolio Review and Leveling: Level RN2 to Level RN3

Professional Overview (Required):

- + CV/Resume
- + Letter of Intent
- + Letter of Support from UD
- + CE credits earned
- + BLS- submit copy of card
- + ACLS (unit-based)- submit copy of card
- + PALS (ER only)- submit copy of card
- + Attend Preceptor Workshop
- + Attend Charge Nurse Workshop

Certification: Specialty certification as determined by your UAC is required within one year after leveling to RN3.
+ If you transition to another specialty area, in order to maintain RN3 status, you must take the new area's approved certification within 1 year of eligibility to maintain RN3 status.

Domains of Practice:

In the following section mark any of the examples provided or add others in the blank spaces. **An example from each competency in each domain is the minimal expectation to move to a level RN3. (Unless otherwise specified)**

Proficiency in each section can be demonstrated in one or more of the following ways: (unless specified within the individual section)

- + Exemplar
- + Official Document
- + Letter from Patient, Peer colleague, Supervisor, Physician, etc.

Professional Practice Model Domain

Relationships and Caring	Evidence-Based Practice	Technical Expertise	Critical Thinking	Leadership
<p><i>Demonstrated proficiency in all of the below areas required:</i></p> <p>I have signed and have been able to meet the expectations defined in the code of conduct.</p> <p>I am able to maintain coaching of assistive personnel while maintaining an effective relationship.</p> <p>I am capable of collaborative interaction within my care delivery team.</p> <p>I participate in community or volunteer experience through ROPH.</p> <p>I have and show respect and sensitivity for diverse cultures and/or vulnerable populations.</p> <p>I serve as role model for interpersonal communication.</p>	<p><i>Demonstrated proficiency in one or more of the below areas required:</i></p> <p>Poster/podium presentation – internal or external</p> <p>EBP, QI or research project team member or leader</p> <p>Policy or standards development/revision</p> <p>Manuscript /abstract submission and/or publication</p> <p>ROPH Grand Rounds presentation</p> <p>Unit or Hospital-based Evidence –Based Project</p> <p>Literature Review</p>	<p><i>Demonstrated proficiency in all of the below areas required:</i></p> <p>I provide effective patient education.</p> <p>I am able and willing to help my co-workers while still completing my own work.</p> <p>I use ROPH policies in my patient care decisions.</p> <p>I am a "Super-User" or Unit Expert in some clinical area.</p> <p>Approval checklist letter from UAC</p>	<p><i>Demonstrated proficiency in all of the below areas required:</i></p> <p>I adapt care plans to meet changing needs of patients. (submit a screen shot of a care plan. ER can use exemplar)</p> <p>I have participated in the development of educational materials. (eg, bulletin boards, in-services, journal club)</p> <p>I have been a PI/QI project team member.</p> <p>I support less experienced staff in management and review of complex patient situations in order to identify practical solutions.</p>	<p><i>Demonstrated proficiency in all of the below areas required:</i></p> <p>I am a committee/council member who attends my meetings regularly. (provide evidence of attendance)</p> <p>I lead in conflict resolution that enhances team relationship.</p> <p>I am able to delegate responsibilities effectively and consistently.</p> <p>Describe how you are making progress toward your annual goals.</p> <p>I am a member in a professional organization. (submit copy of membership card)</p> <p>I function as a regular charge nurse or preceptor. (for either staff or students)</p> <p>I am/have been part of a Unit-based/hospital innovation. (eg., teambuilding, recognition, new practices)</p>



Portfolio Review and Maintenance of RN3 Status

Professional Practice Model Domain

Professional Overview (Required):

- + CV/Resume
- + Letter of Intent-What you've done in the past year and what you plan to do in the upcoming year.
- + Letter of Support from UD
- + CE credits earned
- + BLS- submit copy of card
- + ACLS (unit-based)- submit copy of card
- + PALS (ER only)- submit copy of card
- + Attend Preceptor Workshop
- + Attend Charge Nurse Workshop
- + Letter of approval and/or suggestions from prior portfolio submission

Certification: Specialty certification as determined by your UAC is required within one year after leveling to RN3.

- + If you transition to another specialty area, in order to maintain RN3 status, you must take the new area's approved certification within 1 year of eligibility to maintain RN3 status.

Relationships and Caring	Evidence-Based Practice	Technical Expertise	Critical Thinking	Leadership
<i>Demonstrated proficiency in all of the below areas required:</i>	<i>Demonstrated proficiency in two or more of the below areas required:</i>	<i>Demonstrated proficiency in all of the below areas required:</i>	<i>Demonstrated proficiency in all of the below areas required:</i>	<i>Demonstrated proficiency in all of the below areas required:</i>
Meet the expectations defined in the code of conduct.	Poster/podium presentation – internal or external	I am a "Super-User" or Unit Expert in some clinical area.	I have participated in the development of educational materials. (eg, bulletin boards, in-services, journal club)	I am a committee/council member who attends my meetings regularly (provide evidence of attendance) and active involvement.
I participate in community or volunteer experience through ROPH.	EBP, QI or research project team member or leader	Approval checklist letter from UAC	I support less experienced staff in management and review of complex patient situations in order to identify practical solutions.	I am a current member in a professional organization. (submit copy of membership card)
I have and show respect and sensitivity for diverse cultures and/or vulnerable populations.	Policy or standards development/revision	20 CEU's per year		I function as a regular charge nurse or preceptor. (for either staff or students).
Letter from a colleague or member of the interdisciplinary team displaying how you embody relationships and caring in the workplace.	Manuscript /abstract submission and/or publication			I am/have been part of a Unit-based/hospital innovation. (eg., teambuilding, recognition, new practices)
	ROPH Grand Rounds presentation			
	Unit or Hospital-based Evidence –Based Project			
	Literature Review			

Domains of Practice:

In the following section mark any of the examples provided or add others in the blank spaces. **An example from each area is the minimal expectation to maintain a level III RN. (Unless otherwise specified)**

Proficiency in each section can be demonstrated in one or more of the following ways: (unless specified within the individual section)

- + Exemplar
- + Official Document
- + Letter from Patient, Peer colleague,

Supervisor, Physician, etc.

- + The examples must be current and from the past fiscal year.

Portfolio Development

Here are some examples of documents you might use to fulfill the requirements for the different categories in the clinical advancement process. Additionally, the suggestions below will help you to organize your portfolio.

Designing your Portfolio – Tips	Section 1 Introduction and Professional Overview	Section 2 Relationships and Caring	Section 3 Critical Thinking	Section 4 Technical Expertise	Section 5 Evidence Based Practice	Section 6 Leadership	Section 7 References
<ul style="list-style-type: none"> + Development of Portfolio begins when you get your license and continues throughout your career. + Present in Formal Presentation Binder + Keep in mind-moving up the ladder means that you are already showing some evidence of proficiency at the level that you wish to move to. + Use your Annual Performance Evaluation Journal to daily track your caring and professional stories + When presenting patient stories, please be careful to not describe any patient identifiers, which would violate HIPAA. 	<ul style="list-style-type: none"> + CV/Resume + Letter of Intent to Advance + Copy of current level of education and proof of enrolled continuing education + Proof of Certification + Other items listed in professional overview section of clinical advancement requirements 	<ul style="list-style-type: none"> + Letters of recommendation from colleagues, patients, families, preceptors, faculty + Stories of Interactions within Care Delivery team of advocacy and compassion + Award nominations describing your interactions with others + Any involvement within the community or volunteer experience utilizing nursing expertise + Required exemplars and documents from clinical advancement process 	<ul style="list-style-type: none"> + Stories of complex patient situations, expert assessment skills + Development of Education- In-services, Bulletin Boards, Journal Clubs to assist fellow staff and students in critical thinking and problem solving + Involvement in Quality Improvement Projects/Audits + Required exemplars and documents from clinical advancement process 	<ul style="list-style-type: none"> + Any Continuing Education Proof, Credits Earned, Topics, Content Utilized on Unit + Any Preceptor or Charge Workshops attended, as well as other workshops- EKG, ACLS, etc. + Proof of "Super user" or "Expert" Status on unit- skin, palliative care, Epic, etc. + Performance evaluation and Peer Review + Required exemplars and documents from clinical advancement process 	<ul style="list-style-type: none"> + Your Projects and any future EBP projects that you do with references and slides and outcomes + Your involvement in development or revision of any nursing standards of practice or care and any related education or presentation + Use of EBP to drive unit quality improvement or nursing practice projects- with examples + Required exemplars and documents from clinical advancement process 	<ul style="list-style-type: none"> + Active engagement in charge or preceptor role and proof of such + Involvement in unit committees, care rounds, Unit/Clinic Advisory Committee, Department Advisory Committee, NSGO Standing Committees or other institutional groups + Involvement in Professional Organizations and proof of information sharing to unit from such + Any innovations to unit not listed in projects as above, especially those that denote leading of staff from unit towards new practices, communication techniques, teambuilding exercises, recognition practices + Required exemplars and documents from clinical advancement process 	<ul style="list-style-type: none"> + Extras...Any articles you have written, membership listings, things not listed above



WHERE ARE YOU GOING?

In-patient
career
pathway



RN1

Hi, my name is Amelia, and I am an RN 1.

I am a new graduate, six months past orientation.

I frequently look up nursing standards of practice and seek out more experienced nurses on my floor to guide me in my practice.

My main focuses are my patients and my nursing skills.

I stay informed of what is going on in my unit by staff inservices, emails and meetings.

I just completed a telemetry class.

I know the unit goals and contribute to the team's success.



RN1

Hi, my name is Jamie, and I am a more experienced RN 1.

I seek out nursing experts to help me with unique patient needs like wound ostomy nurses or behavioral nursing liaison.

I routinely communicate with patient care technicians and my nursing team to see if they need help.

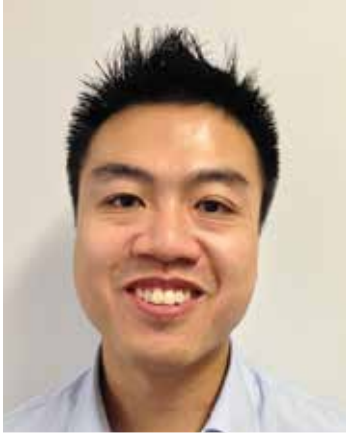
I just completed the NICHE Educational modules.

As a member of my Unit Advisory Committee, I participate in decision making that drives practice as well as improves the work environment.

I recently attended the preceptor workshop and have begun precepting nursing students on my unit.

I am learning to delegate and negotiate with assistive and ancillary staff.

Disclaimer:
While pictures
match title and
name listed at the
time of publishing,
activity descrip-
tors in columns
may not match.



RN2

Hi, my name is Rich, and I am a new RN 2.

You will see me precepting new staff nurses and students on my unit.

I usually bring in articles and share them with the rest of the unit.

I am good at facilitating family meetings. I prioritize goals and plan of care for my patients.

In addition to being an engaged and active Unit Advisory Committee member who is involved in decision making related to nursing practice, I am also a member of the Nursing Standards of Practice and Care Committee.

When an unusual occurrence happens, I look for system issues more than just individual error.

I lead and champion unit goals and quality projects.



RN2

Hi, my name is Brandi, and I am a more experienced RN 2.

I frequently do audits on my unit to monitor quality of nursing care and give mini in services to the staff regarding evidence-based care.

I am able to identify and assess subtle changes in my patients' status and have the knowledge to put into place the appropriate interventions.

I recently completed the charge nurse workshop and have been in charge on my unit.

I recently achieved certification in my area of specialty.

I have become one of the most resourceful nurses when a problem, clinical or administrative, arises on the unit.



RN3

Hi, my name is Beth, and I am a new RN 3.

I am the co-chair of my Unit Advisory Committee.

I ensure quality care on my unit by participating in unit data collection and development of solutions in collaboration with unit leadership.

When clinical crises arise on my unit I am the one who typically coordinates the code, working with the MD and chaplain, while coaching staff nurses.

I am accountable for priorities on my unit.

When I see something that requires direction, I work to resolve the issue.



RN3

Hi, my name is Charie, and I am a more experienced RN 3.

I recently completed a research project on my unit and presented the results at my professional organization's annual conference.

I am the chair of the NSGO Nursing Standards of Practice and Care Committee.

I am a member of the Academy of Medical-Surgical Nurses and attend local chapter meetings.

I help transition staff in times of change.

I mentor many nurses on my unit, helping them improve their skills and guiding them in professional development.

I have maintained my certification in my specialty area.

I am pursuing graduate education.

I am able to navigate many of the complex Rush systems.



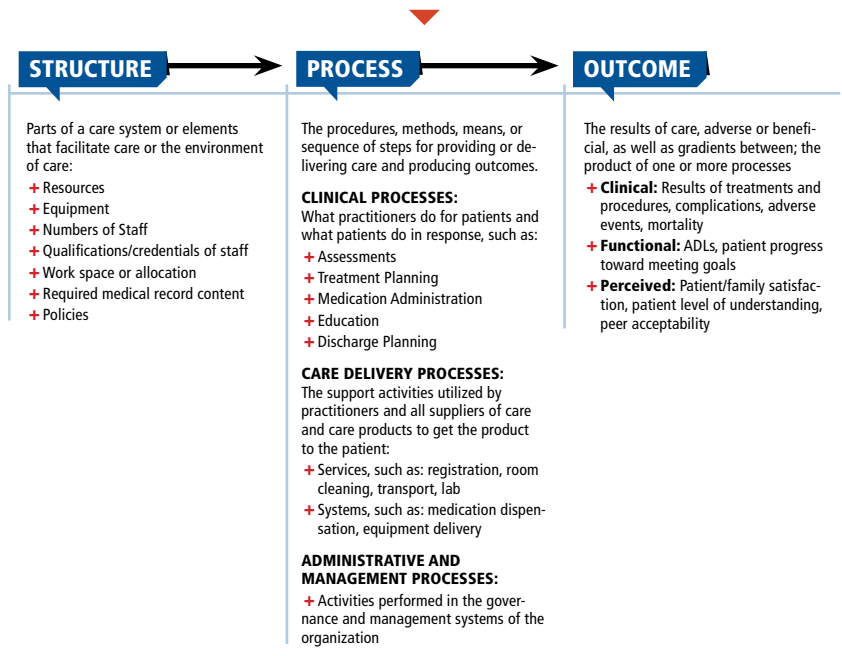
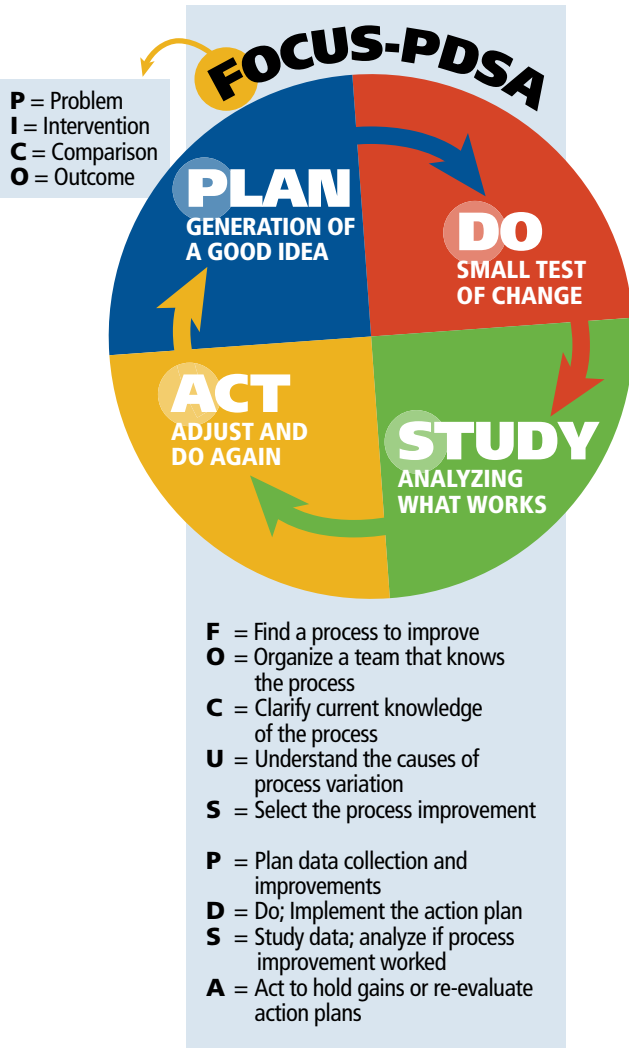
RN2 & RN3 Ambulatory Pathway

These quotes are from nurses in the Rush System for Health. They exemplify competencies in each domain and at both levels of the Rush System Nursing Ambulatory Clinical Ladder.

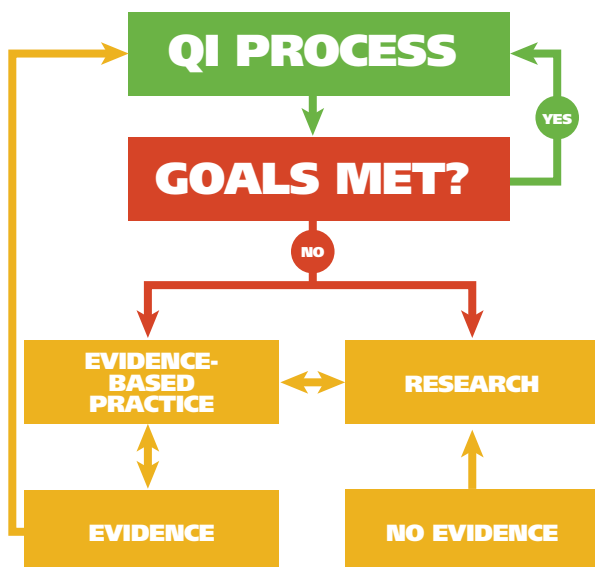
Professional Practice Model Domain	RN2 - Ambulatory	RN3 - Ambulatory
Relationships and Caring	<p>"Sometimes we will find out that a patient cannot afford their medications or health services ... we will take the time to work with them and share resources with them, while also following through on making sure they got their meds and were able to afford them better now."</p>	<p>"We had a patient that had frequent readmissions due to her CHF... the last inpatient stay she was intubated and sent home with home care... we tracked when she was going to be discharged and advocated for her to be placed in a CHF telemonitoring home care program which is keeping her out of the hospital for longer. This process allows her to come to us in the clinic first rather than be readmitted to the hospital at a late stage in her disease's exacerbation"</p>
Evidence-Based Practice	<p>"We are working to make sure our patients are getting their INR according to a safe timeframe ... we run a report from EPIC for our patients to make sure that they are getting their INR drawn in the correct timeframe ... if they do not, we developed and now lead implementation of a patient outreach protocol to help them get this important test done."</p>	<p>"Each RN in our clinic manages their own case load of patients. We know them well ... we utilize best practice algorithms for wound care and healing. When we see that these algorithms point to a patient not progressing as they should we initiate a visit or a phone call. Our healing rate due to this model of case management and evidence-based practice has brought us a near perfect healing rate for all of our patients."</p>
Technical Expertise	<p>"We have many of our nurses certified in chemobiotherapy through the oncology nursing society ... this has allowed us expertise with administering oncology drugs that are vesicants. We have determined best practices through this and have advocated for more central lines for administration of vesicants as well as for the use of pumps while administering these drugs."</p>	<p>"We have worked with hospital administration to have the AACN Ambulatory Care Nurse Certification Exam study tools available to all RNs desiring to take this certification so that they can become recognized as experts in the specialty of caring for patients that come into our clinics."</p>
Critical Thinking	<p>"We needed better education for anaphylactic and emergency response to our patients in the clinic ... we worked with our physician colleagues and our pharmacy representative to develop anaphylactic and emergency protocols along with education for the whole clinic."</p>	<p>"We work with our team to recognize which patients have patterns of either high level of anxiety or high risk for abuse within the family ... we work with our RN2 nurses and the team to hone assessment skills to identify these patients and the care they need. Then we work with staffing to create an environment that can safely care for them if the anxiety or abusive behavior escalates, and finally we have led and initiated interdisciplinary rounds on a weekly basis to discuss these patients and how to more comprehensively care for them on an ongoing basis."</p>
Leadership	<p>"When we first envisioned shared governance I went as representative from our clinics ... I didn't know anything and what I was supposed to do ... now I have been the NSGO Executive Representative for the clinics for two years and see the importance of nurses managing practice as related to our patient outcomes and overall team collaboration."</p>	<p>"We developed a home monitoring system whereby a nurse works with a physician to care for our patients with uncontrolled hypertension ... we proactively select these patients to receive blood pressure monitoring at home, which is conducted via Bluetooth technology ... if we see that their BP is up the RN calls the patient, asks about current activity and medication adherence among other factors ... we have had patients tell us they love the program, adhere to their medication and feel 'safer' because 'someone is watching over them.'"</p>



ROPH Performance Improvement Model and Evidence Based Practice Guidelines



Relationships Among QI, EBP, and Research



	RESEARCH	EVIDENCE BASED PRACTICE (EBP)	QUALITY IMPROVEMENT (QI)
DEFINITION	+ Applies a methodology to generate new knowledge or validate existing knowledge based on a theory	+ Translates best clinical evidence from research to make patient care decisions	+ Systematic, data-driven, evaluation of processes of care and clinical outcomes based on EBP and research
PROCESS	+ Process of systematic, scientific inquiry, rigorous methodology to answer a research question and test a hypothesis	+ Process begins with a question that may be founded from a problem or knowledge gap	+ Literature review of EBP and Research to guide and support process improvement strategies
STRUCTURE	+ Process begins with a question and systematic review of literature, including critical appraisal, to identify knowledge gaps	+ Practice guidelines may include clinical expertise and knowledge gained through experience	+ Systematic method for improving processes and outcomes within an organization based on philosophy of continuous quality improvement
OUTCOME	+ Measurable variables to describe, explain, predict, develop meaning, discovery, or understanding about a phenomenon	+ Systematic review of literature, including critical appraisal, to find the best available evidence and whether the evidence supports practice change	+ Rapid Cycle Process: Plan, Do, Study, Act
EXAMPLES	+ Providing adequate nutrition and supplements to hospitalized older adults is a clinical factor that reduces the likelihood of developing a pressure ulcer	+ Assess risk for pressure ulcer development using the Braden Scale	+ Reduce the number of patients who develop pressure ulcers while in the hospital



APRN Credentialing and Privileging Process

APRN Privileges:

Core APRN Privileges include but are not limited to: Order appropriate pharmacological agents and non-pharmacological interventions; evaluation of consults on inpatients and ED patients; diagnosis based upon history and physical exam and clinical findings; initiate referrals to appropriate physicians or other healthcare professionals; interpret diagnostic tests; obtain consents for treatment; obtain history and physical; order and perform consults; order blood and blood products; order diagnostic testing and therapeutic modalities; order and initiate tests, treatments and interventions; prescribe medications; write admission orders; write discharge orders and corresponding plans of care; write transfer orders based on the plan for the care transition.

Definitions:

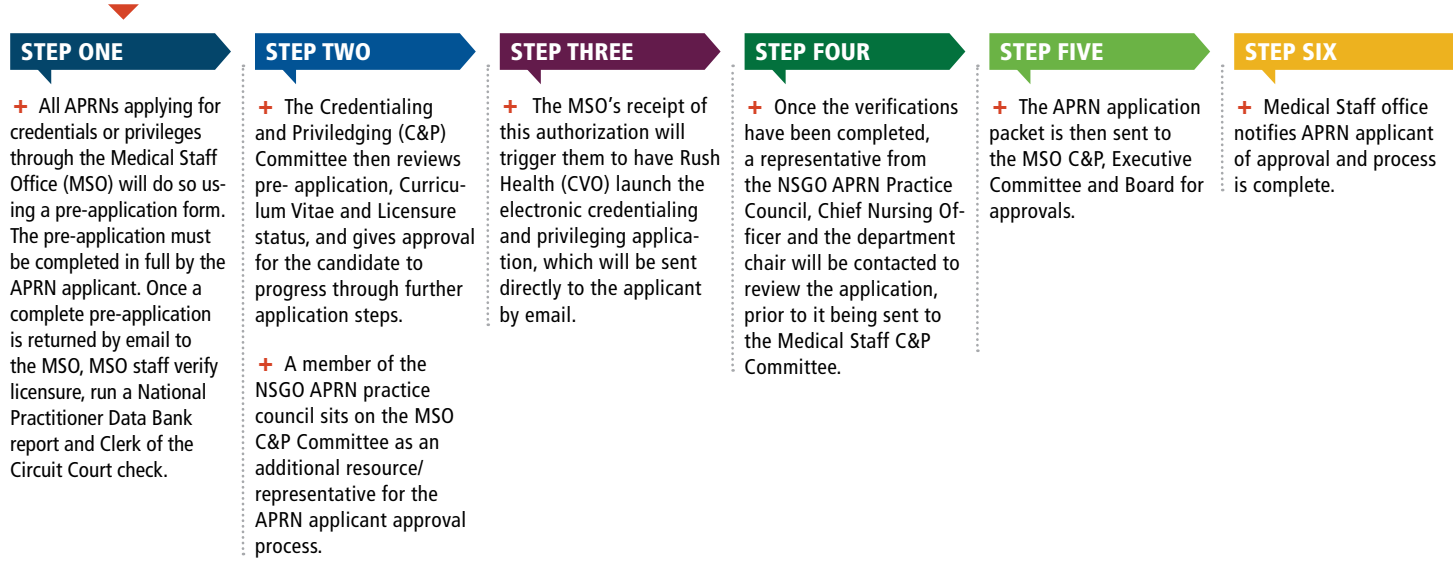
Professional Practice Model Job Description for APRN: The ROPH Professional Practice Model Domains of relationships and caring, technical expertise, critical thinking, evidenced-based practice and leadership define the competencies in the job descriptions of all APRNs at ROPH.

Credentialing: Credentialing is the process for validating licensure, clinical experience, educational preparation, and certification for specialty practice. This process is required for all APRNs.

Privileging: Privileging is an entitlement process whereby nurses in advanced practice roles are granted authority to provide specific healthcare services to patients at ROPH practice sites. APRNs requesting privileges must identify a physician, with active privileges for the same procedures requested by the APRN. This process is required for all APRNs requesting privileges for procedures beyond the APRN Core Privileges.

APRN Credentialing and Privileging Process

Credentialing and privileging (if applicable) must be completed prior to practicing as an APRN. The Joint Commission requires that all APRNs be privileged through the medical staff process or a procedure that is equivalent to the medical staff process. It must follow criteria set forth in the Joint Commission credentialing and privileging regulations.





Leadership Development

Program: ROPH Nursing Leadership Development Mentorship Program

Who: Candidates apply for leadership development mentorship at ROPH each June

How: Application form, required documents and referrals from UAC and UD submitted to CNO by June 1 of each year

Program Start: July 1 of each year and progresses for approximately one year or until content is covered

Facilitator: CNO to approve and select participants for each year's program. Additionally CNO will right-fit a mentorship facilitator for each participant to follow throughout the year.

Completion of the program will result in a certificate awarded to the participant for use throughout his/her career.

Nursing Leadership Development Mentorship Program

PROFESSIONAL PRACTICE MODEL DOMANS. CONTENT AREA IN BOLD.

RELATIONSHIPS AND CARING	EVIDENCED BASED PRACTICE	TECHNICAL EXPERTISE	CRITICAL THINKING	LEADERSHIP
PROFESSIONAL PRACTICE Shared Governance Transparency Structural Empowerment Team Building Negotiation Sources of Power and Empowerment Adapting to Change Environmental Factors Meaningful Recognition Manager as Nurse Retention Officer	PROGRAM EVALUATION AND RESEARCH Program Evaluation Data analysis Research Project Planning Dissemination of Information Utilizing EBP in Practice Policy Review and Development Knowledge Translation Dissemination of Evidence Based Practices or New Knowledge	LEGAL AND REGULATORY ISSUES Federal Laws and Regulations State Programs Accreditation and Credentialing Contracts and Agreements HEALTHCARE ECONOMICS Budget planning and reporting Technology and Information Systems Budget Planning and Reporting Measuring productivity Reimbursement Cost Containment Marketing Ordering Supplies Change Management	PROFESSIONALISM AND ETHICS Moral Theories and Ethical Principles Ethical Foundations of Corporate Decision Making Business and Healthcare Problems Ethics Committees/Issues Compliance Confidentiality ASSESSING SAFETY AND RISK Continuous Quality Improvement Interpreting Data Professional and Institutional Liability: UOs, Risk Management Important Metrics to Follow How to Develop Goals and Metrics FEMA Emergency Preparedness Incident Command Process Case Management Bed Management	LEADERSHIP AND MANAGEMENT Leadership Theories Governance Organization and Structure Mission and Philosophy Planning Continuum Strategic Planning Contingency Planning Innovation HEALTHCARE ENVIRONMENT Practice Environment Institutional Environment External Environment Physical Environment Educational Institutions PROFESSIONAL GROWTH Planning a Career Trajectory Professional Roles, Organizations and Presentations Emergence as a Leader Mentorship and Growth of others Succession Planning
STAFF MANAGEMENT Labor- Management Relations Employee Motivation Hiring and Privilege Approval Collective Bargaining Performance Evaluation Performance Management Scheduling/Staffing Agency Agreements and Management Job Description Development				COMMUNICATION Transparency Conflict and Conflict Resolution Negotiation Effective Use of Electronic Communication Building Consensus



Awards Available for Nurses

Professional Practice Model Domain	Award Name	Award Description
Relationships and Caring	Professional Practice Model Award	The Rush Professional Practice Model (PPM) defines who we are as nurses at Rush Oak Park Hospital. Award given to a person who exemplifies all domains of our practice at ROPH.
	Nurse Mentorship Award	The Nurse Mentorship Award is presented to recognize the exemplary mentorship qualities of one nurse who promotes the growth of others, fosters interpersonal communication in the healthcare setting, is a frequent educator and a positive role model. This nurse is willing to share knowledge, seeks to fit the mentees strengths into the right initiatives and provides a multitude of experiences that the mentee can learn from.
	Daisy Foundation Award	The Daisy Award was created by the Barnes family after the loss of their son, Patrick. They wanted to honor the nurses who gave him exemplary care. The DAISY award is an acronym for Diseases Attacking the Immune System — which is symbolic of the disease that killed Patrick. The Daisy award thanks nurses for “the super-human work RNs do everyday in direct care of patients and families, funds nursing research and celebrates extraordinary compassion and skill by nursing students and honors nursing faculty.” (http://daisyfoundation.org)
Evidence Based Practice	Professional Practice Model Award	The Rush Professional Practice Model (PPM) defines who we are as nurses at Rush Oak Park Hospital. Award given to a person who exemplifies all domains of our practice at ROPH.
Technical Expertise	Professional Practice Model Award	The Rush Professional Practice Model (PPM) defines who we are as nurses at Rush Oak Park Hospital. Award given to a person who exemplifies all domains of our practice at ROPH.
	Tonya Reddy Advanced Practice Registered Nurse Excellence Award	The candidate demonstrates authentic leadership, and is a role model as a clinician and mentor. The candidate has made a significant contribution to the improvement of patient care through evidence based practice. She/he promotes a healthy work environment. The candidate provides educational opportunities to patients, nurses, and other members of the health care team. She/he has found creative ways to address issues that impact APRN practice, the Institution, and/or the community. The candidate actively participates on professional committees, either within or outside of Rush and mentors other APRNs to do the same.
Critical Thinking	Professional Practice Model Award	The Rush Professional Practice Model (PPM) defines who we are as Nurses at Rush Oak Park Hospital. Award given to a person who exemplifies all domains of our practice at ROPH.
Leadership	Professional Practice Model Award	The Rush Professional Practice Model (PPM) defines who we are as Nurses at Rush Oak Park Hospital. Award given to a person who exemplifies all domains of our practice at ROPH.
	Advancing and Leading the Profession Award	The Advancing and Leading the Profession Award is presented to recognize the outstanding efforts of one nurse who promotes the profession of nursing through outstanding leadership, advancing and/or strengthening nursing, either as a profession or in the delivery of patient care within and/or beyond his or her own healthcare facility.



RESOURCES

American Nurses Association (ANA) Standards of Practice and Scope:

<http://www.nursingworld.org/scopeandstandardspractice>

ANA Code of Ethics:

<http://www.nursingworld.org/mainmenucategories/ethicsstandards/codeofethicsfornurses/code-of-ethics.pdf>

Illinois State Nurse Practice Act:

<http://nursing.illinois.gov/nursepracticeact.asp>

Illinois State Nurse Staffing By Acuity Legislation:

<http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=095-0401>

ROPH Mission, Vision, Philosophy

ROPH Intranet

NSGO Bylaws

ROPH Intranet

NSGO Code of Conduct

ROPH Intranet

Patient Care Services Strategic Plan and Associated Tactics

ROPH Intranet

NSGO Manual for Evaluating Nursing Practice

ROPH Intranet

Policies and Procedures

ROPH Intranet

ROPH meeting and Presentation Templates

ROPH Intranet

Rush System for Health Nursing Sharepoint Website

Access via Rush applications

RESOURCES WEBSITES

Forum for Shared Governance

<http://sharedgovernance.org>

Affordable Care Act:

<https://www.healthcare.gov/where-can-i-read-the-affordable-care-act/>

Institute of Medicine Future of Nursing Report:

<http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx>

Centers for Medicaid and Medicare:

<http://www.cms.gov/>

National Quality Forum:

<http://www.qualityforum.org/Home.aspx>
https://www.qualityforum.org/projects/care_coordination/

The Joint Commission:

http://www.jointcommission.org/assets/1/6/Facts_Ambulatorycare.pdf
http://www.jointcommission.org/assets/1/6/2014_AHC_NPSG_E.pdf

The Joint Commission Culture of Safety: Standard LD.03.01.01.

<http://www.jointcommission.org>

American Nurses Credentialing Center

<http://www.nursecredentialing.org/>

American Academy of Ambulatory Care Nursing:

<http://www.aaacn.org/about-aaacn>

ANA Care Coordination White Paper:

<http://www.nursingworld.org/carecoordinationwhitepaper>

Nursing Database of National Quality Indicators:

<http://www.nursingquality.org/>

Robert Wood Johnson Foundation:

<http://www.rwjf.org/en/our-work/featured-initiatives.html>

Macy Foundation:

http://macyfoundation.org/docs/macy_pubs/JMF_PrimaryCare_Monograph.pdf

Carnegie Foundation:

<http://www.carnegiefoundation.org/elibrary/educating-nurses-highlights>

Rush University Library

<http://www.rushu.libguides.com/LibraryHomePage>

HELPFUL ARTICLES

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The Resources listed in pages 21-23 are not meant to be exhaustive or exclusive



CERTIFICATION

*Certification, Certification Abbreviation
Granting Certification Organization*

Advice/Call Nursing

Ambulatory Care Nurse, RN-BC
American Nurse Credentialing Center (ANCC)

Critical Care Nursing

Certified Critical Care Nurse, CCRN
American Association of Critical Care Nurses (AACN)

Cardiac Vascular Nurse, RN-BC
American Nurse Credentialing Center (ANCC)

Cardiac Surgery Subspecialty Certification, CSC
American Association of Critical Care Nurses (AACN)

Cardiac Medicine Subspecialty Certification, CMC
American Association of Critical Care Nurses (AACN)

Progressive Care Nursing Certification, PCCN
American Association of Critical Care Nurses (AACN)

Diabetes Education

Certified Diabetes Educator, CDE
National Certification Board for Diabetes Education (NCBDE)

Emergency Nursing

Certified Emergency Nurse, CEN
Board of Certification for Emergency Nursing (BCEN)

Gastroenterology Nursing

Certified Gastroenterology Nurse, CGRN
Certifying Board of Gastroenterology Nurses (CBGN)

Gerontology Nursing

Registered Nurse, Certified, RN-BC
American Nurses Credentialing Center (ANCC)

Heart Cath Laboratory

Cardiac Medicine Certification, CMC
American Nurses Credentialing Center (ANCC)

Home Health Nursing

Home Health Nurse Certification, HHNC
American Nurses Credentialing Center (ANCC)
Identified through Home Healthcare Nurses Association

Hospice Nursing

Certified Hospice and Palliative, CHPN
National Board for Certification of Hospice and Palliative Nurses (NBCHPN)

Infusion Nursing

Vascular Access- Board Certified, VA-BC
Association for Vascular Access (AVA)

Certified Registered Nurse Infusion, CRNI
Infusion Nurses Certification Corporation (INCC)

Intermediate Care Nursing

Progressive Care Certified Nurse, PCCN
American Association of Critical Care Nurses (AACN)

Lactation Nursing

Certified Lactation Consultant, IBCLC
International Board of Lactation Consultant Examiners (IBLCE)

Medical-Surgical Nursing

Registered Nurse, Certified, RN-BC
American Nurses Credentialing Center (ANCC)

Certified Med-Surg RN, CMSRN

Academy of Medical-Surgical Nurses Certification Board (MSNCB)

Nephrology Nursing

Certified Hemodialysis Nurse, CHN
Board of Nephrology Examiners Nursing and Technology (BONENT)

Certified Peritoneal Dialysis Nurse, CPN
Board of Nephrology Examiners Nursing and Technology (BONENT)

Certified Nephrology Nurse, CNN CDN
Nephrology Nursing Certification Commission (NNCC)

Neuroscience Nurse

Certified Neuroscience Registered Nurse, CNRN
American Association of Neuroscience Nurses (AANN)

Oncology Nursing

Oncology Certified Nurse, OCN
Oncology Nursing Certification Corporation (ONCC)

Certified Pediatric Oncology, CPON
Oncology Nursing Certification Corporation (ONCC)

Orthopedic Nursing

Orthopedic Nurse Certified, ONC
Orthopedic Nurses Certification Board (ONCB)

Pediatric Nursing

Registered Nurse, Certified, RN- BC
American Nurses Credentialing Center (ANCC)

Peri-Operative Nursing

Certified Nursing Operating Room, CNOR
Competency & Credentialing Institute (CCI)

Certified Post Anesthesia Registered Nurse, CPAN
American Board of Perianesthesia Nursing Certification, Inc. (ABPANC)

RN First Assist, CRNFA

Competency & Credentialing Institute (CCI)

Certified Ambulatory Perianesthesia Nurse, CAPA
American Board of Perianesthesia Nursing Certification, Inc. (ABPANC)

Psychiatric and Mental Health Nursing

Registered Nurse, Certified, RN- BC
American Nurses Credentialing Center (ANCC)

Radiological Nursing

Certified Radiological Nurse, CRN
American Radiological Nursing Association (ARNA)

Rehabilitation Nursing

Certified Rehabilitation Registered Nurse, CRRN
Association of Rehabilitation Nurses (ARN)

Urologic Nursing

Certified Urologic Certified Nurse, CURN
Society of Urologic Nursing Association - (SUNA)

Women's Health Nursing

Maternal Newborn Nurse, RNC-MNN
National Certification Corporation (NCC)
Inpatient Obstetric Nurse, RNC-OB
National Certification Corporation (NCC)

Wound, Ostomy, Continence Nursing

Certified Wound, Ostomy, Continence Nurse, CWOCN
Wound Ostomy Continence Nursing Certification Board (WOCNC)

Certified Wound Ostomy Nurse, CWON
WOCNC

Certified Wound Care Nurse, CWCN
WOCNC

Certified Ostomy Care Nurse, COCN
WOCNC

Certified Continence Care Nurse, CCCN
WOCNC

Certified Foot Care Nurse, CFCN
WOCNC





PROFESSIONAL ORGANIZATION INVOLVEMENT

National Nursing Organizations

Involvement in Nursing Professional Organizations can be at the city, state, region or national level. They help nursing practice grow, expand sphere of connections to other nurses and grow leaders in all settings and roles. Most organizations have a yearly meeting/conference which is focused on the memberships greatest educational needs/updates. Additionally, many organizations have area chapters that connect specialty RNs from different institutions.

<p>ILLINOIS: Chicago Chapter of NAPNAP Illinois Society for Advanced Practice Nursing Illinois organization of Nurse Leaders (chapter of AONE) Illinois Ambulatory Nurse Practice Consortium (chapter of AACN) Gamma Phi Chapter of Sigma Theta Tau International Illinois Ambulatory Nurse Practice Consortium (local networking group of AACN) Chicagoland Chapter AMSN Chicagoland Chapter NAON Academy of Medical-Surgical Nurses Alliance for Psychosocial Nursing American Academy of Ambulatory Care Nursing American Association of Moderate Sedation Nurses American Association of Nurse Life Care Planners American Association of Nurse Practitioners American Academy of Nursing American Assembly for Men in Nursing American Association of Colleges of Nursing American Association of Critical Care Nurses American Association of Heart Failure Nurses American Association of Managed Care Nurses American Association of Neuroscience Nurses American Association of Nurse Anesthetists American Association of Nurse Life Care Planners American Association of Occupational Health Nurses American Association of Spinal Cord Injury Nurses American College Health Association American College of Nurse Practitioners merged with AANP in 2012</p>	<p>American Heart Association: Council on Cardiovascular Nursing American Holistic Nurses Association American Long Term & Sub Acute Nurses Association American Medical Informatics Association/ Nursing Informatics Working Group American Nephrology Nurses Association American Nurses Association American Nursing Informatics Association American Organization of Nurse Executives American Psychiatric Nurses Association American Public Health Association - Public Health Nursing Section American Society for Parenteral and Enteral Nutrition: Nurses Section American Society of Ophthalmic Registered Nurses, Inc. American Society of Pain Management Nursing American Society of Peri-Anesthesia Nurses American Society of Plastic & Reconstructive Surgical Nurses, Inc. American Thoracic Society: Nurses Section Association for Radiologic & Imaging Nursing Association of periOperative Registered Nurses Association of Rehabilitation Nurses Baromedical Nurses Association Cardiovascular Society of Advanced Practice Providers Emergency Care Connection Emergency Nurses Association Gerontological Advanced Practice Nurses Association Hospice and Palliative Nurses Association Infusion Nurses Society (see intravenous) International Council of Nurses International Society of Nurses in Cancer Care National Association of Clinical Nurse Specialists</p>	<p>National Association of Disease Management & Wellness Professionals National Association of Hispanic Nurses National Association of Nurse Practitioners in Women's Health National Association of Orthopaedic Nurses National Association of Pediatric Nurse Practitioners National Black Nurses Association, Inc. National Certification Board of Pediatric Nurse Practitioners and Nurses National Council of State Boards of Nursing National Federation for Specialty Nursing Organizations National Gerontological Nurses Association National Hospice & Palliative Care Organization National League for Nursing National Organization of Nurse Practitioner Faculties Nurse Practitioner Healthcare Foundation Nurse Without Borders Nurse Practitioners in Emergency Care Nurses Christian Fellowship Nursing Network on Violence Against Women International Oncology Nurses Society Sigma Theta Tau, International Honor Society of Nursing Society for Vascular Nursing Society of Gastroenterology Nurses and Associates, Inc. Society of Otorhinolaryngology and Head/Neck Nurses Society of Pediatric Nurses Society of Urologic Nurses and Associates Transcultural Nursing Society/College of Nursing Health Wound, Ostomy, and Continence Nurses Society</p>
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CONTINUING EDUCATION OPPORTUNITIES

Colleges of Nursing

RN Baccalaureate Program

Aurora University, Aurora
 Bradley University, Peoria
 Chamberlain College of Nursing, Addison
 Chicago State University, Chicago
 Elmhurst College, Elmhurst
 Illinois Wesleyan University, Bloomington
 Lewis University, Romeoville
 Loyola University, Chicago
 Mennonite College of Nursing at ISU, Normal
 Methodist College of Nursing, Peoria
 Millikin University, Decatur
 North Park University, Chicago
 Northern Illinois University, DeKalb
 Olivet Nazarene University, Bourbonnais
 Resurrection University, Chicago
 Rockford College, Rockford
 Southern Illinois University Edwardsville, Edwardsville
 St. Francis Medical Center College of Nursing, Peoria
 St. Xavier University-DE, Chicago
 Trinity Christian College, Palos Heights
 Trinity College of Nursing and Health Sciences, Rock Island

University of Illinois at Chicago, Chicago
 University of St. Francis, Leach College of Nursing, Joliet
 Western Illinois University, Macomb

Masters Entry Level Program, RN, MSN

DePaul University, Chicago
 Millikin University, Decatur
 Rush University, Chicago
 University of Illinois at Chicago, Chicago

Graduate Education Programs - Public Universities


Governors State University (MSN, DNP), University Park
 Mennonite College of Nursing at Illinois State University (MSN, Ph.D. in Nursing), Normal
 Northern Illinois University (MS - Major in Nursing), DeKalb
 Southern Illinois University Edwardsville (MSN, DNP), Edwardsville
 University of Illinois at Chicago (MSN, DNP, PhD in Nursing), Chicago

Graduate Education Programs - Private Universities

Aurora University (MSN), Aurora
 Benedictine University (MSN), Lisle

Bradley University (MSN), Peoria
 Chamberlain College of Nursing (MSN), Addison
 DePaul University (MSN, DNP), Chicago
 Elmhurst College (MSN), Elmhurst
 Lewis University (MSN, DNP), Romeoville/Fox Valley Region
 Loyola University (MSN, DNP, PhD in Nursing), Chicago
 Millikin University (MSN), Decatur
 North Park University (MSN), Chicago
 Olivet Nazarene University (MSN), Bourbonnais
 RUSH University (MSN, DNP, PhD in Nursing), Chicago
 Resurrection University (MSN), Chicago
 St. Anthony College of Nursing (MSN), Rockford
 St. Francis Medical Center College of Nursing (MSN, DNP), Peoria
 St. Xavier University-DE (MSN), Chicago
 University of St. Francis, Leach College of Nursing (MSN, DNP), Joliet

 **RUSH**
OAK PARK HOSPITAL


ⒺRUSH Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.