



## AMSN PRISM Award® Scoring Tool

The six (6) categories for the award application along with related questions are provided below. Evidence must be provided to indicate how the criteria are met. Provide a complete narrative description or response to the question rather than an answer with a few words or phrases. Examples are provided with each question to clarify the information being requested.

Refrain from providing a reference to other questions within the application or external information such as a website—all information must be provided within the application and below the specific question, even when it means repeating information.

1. Questions will be scored based on explanations, evidence and details provided that indicate the following levels of performance.
  - **Advanced (Adv)** Unit evaluation strategies and processes are formal, systematic and objective. Tools, improvements and innovations are backed by strong data analysis and evident in 24/7 operations. Performance results and benchmarking data highlight above average performance.
  - **Highly Competent (HC)** Unit evaluation strategies and processes are systematic and objective, and improvements are evidence-based. Performance results and benchmarking data highlight above average or average performance.
  - **Competent (C)** Unit evaluation strategies and processes are becoming systematic. Unit can articulate how opportunities for improvement are identified. Performance results and benchmarking data are available and show favorable or average performance.
  - **Novice (N)** Unit is in transition from reacting to problems to creating a proactive approach to system/process improvement. Performance results and benchmarking data are incomplete, average or slightly below average.
  
2. Questions are also scored based on the evidences of meeting the specific criteria of the question with data, explanations, stories and other pertinent details. The score is downgraded when data is provided without discussion, or when discussion is provided without data.

A score of 520 is needed to receive the AMSN PRISM Award. An Advanced score in all six categories is usually required to achieve the 520 score. Categories are somewhat weighted.

Maximum Score	Category
105	Leadership
105	Recruitment and Retention
105	Evidence-Based Practice
100	Patient Outcomes
100	Healthy Practice Environment
85	Lifelong Learning
<b>600</b>	<b>Total</b>

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**Category 1. LEADERSHIP:** An exemplary medical-surgical unit has effective leadership structures that promote mutual respect, empowered staff, team accountability, effective communication, and collaboration, and professional development.

Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	1.1	<p>Describe how unit leaders* involve frontline staff to promote shared decision making. If nurses participate in a shared governance structure, how are they selected and how many participate? Please focus on nurse participation rather than nurse leader roles and their qualifications.</p> <p>*Examples of titles for unit leaders include, but are not limited to, nurse manager, assistant nurse manager, charge nurse, shift coordinator, and shared governance coordinator.</p>	Unit leaders and staff use a formal process such as shared decision making.	Unit leaders and staff have a meeting structure for shared decision making	Unit leaders and staff use an informal process for shared decision making	Unit leaders are working on development of a structure for shared decision making.
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	1.2	<p>Explain the roles of leaders and staff members in identifying, meeting, and evaluating unit goals and priorities (e.g., strategic planning meetings, practice council/shared governance meetings, formal and informal surveys, mission/vision/goals of the organization, etc.). Please be specific on how frontline staff members are involved in this process.</p>	Unit leaders and staff collaborate to identify, meet and evaluate goals and priorities.	Unit leaders consult staff to identify, achieve, and evaluate goals and priorities.	Unit leaders discuss with staff to identify, achieve, and evaluate goals and priorities.	Unit leaders rarely discuss with staff how to identify, achieve, and evaluate goals and priorities.

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<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	<b>1.3</b>	Describe how the unit's annual staffing plan and overall staffing matrix are developed (and how adequate staffing to meet anticipated workload and patient needs are ensured).	Description fully supports that the unit's staffing plan is both adequate and has the appropriate skill mix to meet workload utilizing metrics addressing the patient's needs.	Description supports that the unit's staffing plan is based on the workload and addresses the patient's needs.	Description supports that the unit's staffing plan is based on the workload.	Unit does have a staffing plan in place.
	<b>1.4</b>	General Communication Overview: Incorporate how unit leaders encourage open communication with staff members as part of your answer in the following three questions.				
<b>Adv - 10</b> <b>HC - 7.5</b> <b>C - 5</b> <b>N - 2.5</b>	<b>1.4.1</b>	How do the unit leaders disseminate information related to the organization to unit staff members (e.g., staff meetings, e-mail, newsletters, social media, message boards in common area, etc.)?	Leadership has a formal plan in place to disseminate information using multiple communication strategies addressing the varied needs of the staff (technology, written, verbal, etc.)	Leadership disseminates information using a single communication strategy.	Leadership disseminates information using communication strategies.	Leadership provides information using fragmented communication strategies.

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<b>Adv - 10</b> <b>HC - 7.5</b> <b>C - 5</b> <b>N - 2.5</b>	1.4.2	What tools/resources are used by unit leaders to manage conflict (e.g., one-on-one coaching sessions, HR consultations, modeling behaviors, posters, message boards, self-study modules/tutorials, etc.)? Have staff received any proactive training? Please provide a brief example of conflict and what tools were employed to prevent escalation and resolve the conflict.	Unit leaders and staff identify and resolve conflict proactively, collaboratively and use direct communication techniques.	Unit leaders and staff resolve conflict promptly, collaboratively and use direct communication techniques.	Unit leaders resolve conflict and have improved communication techniques	Unit leaders are starting to identify areas of conflict and corresponding communication techniques.
<b>Adv - 10</b> <b>HC - 7.5</b> <b>C - 5</b> <b>N - 2.5</b>	1.4.3	What strategies* are used to encourage collaboration with patients, families, colleagues, and other healthcare providers (e.g., interprofessional rounds, roundtable discussions, team meetings, patient-family consultations/meetings, tutorials/self-study modules, etc.)? (*Innovative strategies preferred).	Interprofessional collaboration and communication strategies are evident in relationships with patient, families on a daily basis.	Interprofessional collaboration and communication strategies are evident in relationships with patients and families.	Collaborations and communication strategies are sporadic/ineffective in interprofessional relationships with patients and families.	Unit is working on implementing interprofessional communication strategies for patients and families.
<b>Adv - 10</b> <b>HC - 7.5</b> <b>C - 5</b> <b>N - 2.5</b>	1.5	Describe how unit leaders encourage education (formal and continuing education), certification, and other professional development activities (e.g., flexible scheduling, tuition reimbursement, study groups, on-site CNE opportunities [tutorials/self-study modules], unit-specific education offerings, etc.).	Evidence of strong leadership and formal support related to continuing education, certification and professional development.	Leadership has formal support related to continuing education, certification and professional development.	Leadership has informal support of continuing education, certification, and professional development.	Leadership has little support for continuing education, certification, and professional development.

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<b>Adv - 10</b> <b>HC - 7.5</b> <b>C - 5</b> <b>N - 2.5</b>	<b>1.6</b>	Explain how unit leaders reward/recognize staff members for their activities, accomplishments, and outcomes (e.g., unit-based awards, organizational awards, Daisy awards, monthly luncheons, personalized thank you cards, white board available for “in the moment” acknowledgements, etc.).	Leaders discussed 6 or more reward/recognition activities, accomplishments, and/or outcomes.	Leaders discussed 3-5 reward/recognition activities, accomplishments, and/or outcomes.	Leaders discussed 1-2 reward/recognition activities, accomplishments, and/or outcomes.	Leaders discussed no reward or recognition activities for accomplishments, and/or outcomes.
<b>Adv - 10</b> <b>HC - 7.5</b> <b>C - 5</b> <b>N - 2.5</b>	<b>1.7</b>	Describe how unit leaders create and maintain a culture of mutual trust and respect, as well as encourage open communication with staff members (e.g. leading by example, maintaining confidentiality, Just Culture, mentoring, individual coaching for at-risk individuals, etc.) Please provide an example of how mutual trust, respect or open communication was ensured.	Description includes multiple strategies that clearly illustrate there is a culture of mutual trust and respect, as well as open communication with staff members.	Description indicates that there is a culture of mutual trust, respect, and open communication.	Description supports that leadership values a culture of mutual trust, respect and open communication but does not validate that it is currently present OR shows that leadership is working on a plan.	Culture of mutual trust, respect and open communication are not evident.
<b>105.0</b>		<b>Leadership Max Score / Score Ranges</b>	<b>89-105</b>	<b>54-88</b>	<b>27-53</b>	<b>0-26</b>

## AMSN PRISM Award® Scoring Tool

**Category 2. RECRUITMENT and RETENTION:** The medical-surgical patient receives the best care in an environment in which the medical-surgical unit strives to provide quality of care and to meet the professional expectations of its employees. Effective recruitment and retention of qualified and competent staff members is an indicator of a unit's ability to provide quality care and sustain satisfied employees.

Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	2.1	Describe how unit staff members* are involved in attracting new staff members to the unit (e.g., forming relationships with students, staff recommendations of colleagues, organizational referral programs, etc.). (*May also include NAC/PCA/PCT involvement if desired)	Description shows evidence of multiple processes (could be formal or informal) for staff member involvement in attracting new employees and referral programs support recruitment.	Description shows evidence of one process (could be formal or informal) for staff member involvement in attracting new employees and referral programs support recruitment.	Unit is developing a new employee referral program and articulates areas of improvement needed to attract and recruit new staff.	Unit is working on strategies to identify areas of improvement needed to attract and recruit new staff.
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	2.2	Explain how staff members* are involved in the interviewing/selection of new staff (e.g., peer interviewing, shadow programs, etc.). (*May also include NAC/PCA/PCT involvement if desired)	Formal process of staff involvement in interviewing and selection of new staff.	Informal process of staff involvement in interviewing and selection of new staff.	Staff will soon be involved in the selection of new staff.	Staff are not currently involved in interviewing and selection of new staff.
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	2.3	Describe the unit's orientation plan and what systems/structures are in place to support new staff members (e.g., length of orientation, preceptor selection, residency/fellowship programs, etc.). Please describe how orientation is individualized to a new grad versus an experienced nurse, and an in-hospital transfer nurse versus a nurse new to the facility.	Unit has consistent formalized plan for orientation and structure to support new staff based on individual need.	Unit has a formalized plan for orientation and a structure to support new staff.	Unit has a formalized plan for orientation for new staff.	Unit is working on a formalized plan for orientation for new staff.

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<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	2.4	<p>Use the chart below to report the turnover* rate for nursing staff. Turnover can be for good reasons (nurses furthering education, promotions, etc.) or for negative reasons (staff dissatisfactions, heavy loads, etc.). Discuss your turnover data. Are your rates similar to your hospital? If not, why? What factors are causing turnover? Is the turnover voluntary? What interventions has (preferably) <i>your unit</i> put in place to improve turnover and support retention?</p> <p>*Turnover is defined as any nursing staff members that left (i.e. resigned, retired, expired, or were terminated). It does not include per diem, float personnel, agency or supplemental staff, or traveling nurses. Turnover rate is calculated as the number of nursing staff members who left divided by the number of nursing staff employed during the same period and is reported as a decimal number or percentage. You are not required to use this formula if your facility calculates turnover rates in a different manner.</p> <p>Chart:  Staff Turnover Rate Reported as a Percentage  Overall Facility / Unit  Most Recent Annual Rate  Previous Year's Annual Rate  Average Length of Service of Unit Employees</p>	<p>Turnover data is below facility's rate. Discussion fully supports that the majority of turnover is positive (staff promotion, advanced degrees, etc.) Several processes in place to support retention efforts.</p>	<p>Turnover data is comparable to facility's rate. Discussion supports that the majority of turnover is positive (staff promotion, advanced degrees, etc.) Processes are being initiated to improve turnover rate and increase retention.</p>	<p>Turnover data is greater than facility's rate. Discussion shows that turnovers were both for positive and negative reasons. Unit is looking into ways to address turnover.</p>	<p>Turnover data is provided. Discussion is either incomplete or shows little effort being made to improve retention.</p>

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<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	2.5	Explain how multigenerational and multicultural differences among unit staff members are recognized, addressed or enhanced (e.g., educational offerings, Just Culture, peer to peer trust and accountability, team-building activities/exercises, tutorials/self-study modules, etc.).	Evidence supports ongoing program(s) to promote a healthy practice environment.	Evidence supports program(s) to promote a healthy practice environment.	Unit has planned but not implemented educational strategies for diverse workforce.	Unit is working on how to identify educational strategies needed for diverse workforce.
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	2.6	<p>Provide data from the past two consecutive measuring intervals of staff satisfaction or engagement scores. The scores should be from the same tool or source.* Provide the name of the scoring tool or source. (e.g., NDNQI, Press Ganey, etc.). Identify the benchmark goal and if unit's scores are not above the benchmark provided, please explain what you are doing to improve your scores.</p> <p>* If your hospital changed scoring tools (so that providing data from the same tool is not possible), then provide data and the benchmark used for each tool.</p>	Staff satisfaction scores reported are consistently above the benchmark.	Staff satisfaction scores have improved with the most recent scores being above the benchmark. Report describes an effective plan of what the unit is doing (or has completed) to improve their scores.	Staff satisfaction scores fluctuate at or below the benchmark. Report describes a limited plan of what the unit is doing to improve their scores.	Staff satisfaction scores are consistently below the benchmark, and the report does not describe what the unit is doing to improve their scores.



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<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	<b>2.7</b>	Describe opportunities for staff professional development (e.g., clinical ladder, mentoring, coaching, leadership development programs/seminars, staff providing continuing education opportunities etc.).	Description includes four or more opportunities that support and facilitate staff professional development.	Description includes one to three opportunities that support and facilitate staff professional development.	Unit has identified but not implemented opportunities for staff professional development.	Unit is working to identify opportunities for staff professional development.
<b>105.0</b>		<b>Recruitment &amp; Retention Max Score / Score Ranges</b>	<b>89-105</b>	<b>54-88</b>	<b>27-53</b>	<b>0-26</b>



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**Category 3. EVIDENCE-BASED PRACTICE:** The leaders and nursing staff of an exemplary medical-surgical unit create and maintain an environment where clinical practice and other actions are based on the most current evidence that is available, integrated with clinical expertise and patient values. Members actively participate in research, EBP, or performance/quality improvement projects and seek out opportunities for interprofessional collaboration in solving clinical and managerial problems.

Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	3.1	Describe the process in which unit leaders and professional nurses communicate evidence, best practices, and research (e.g., research council, staff meetings, research symposia, research update communication via practice council or shared governance, etc.).	Unit has a formal, effective system in place to communicate evidence, best practices or research findings. Evidence that unit staff (as well as the hospital) have communicated EBP (through staff meetings, in-services, Journal Club etc.).	Unit has a system in place to communicate evidence, best practices or research findings. Evidence that only the hospital (not unit staff) have communicated EBP.	Unit is developing a system in place to communicate evidence, best practices or research findings.	Unit does not have a system in place to communicate evidence, best practices or research findings.
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	3.2	Describe the process for how evidence, best practices, and research are incorporated into policies and procedures at the unit level (e.g., frontline staff revise policies, organizational review board, use of Lippincott or other references etc.). Please provide an example of how evidence, best practice or research were incorporated into a policy or procedure.	Application demonstrates how evidence, best practice, and research are utilized routinely in the operation of the unit.	Application demonstrates how evidence, best practice, and research have been utilized to change practice on the unit (at least once).	Application demonstrates the unit is in the initial phases of incorporating evidence, best practice, and research in the operation of the unit.	Application does not demonstrate how evidence, best practice, and research have been utilized.

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<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	<b>3.3</b>	Provide two or more examples of unit staff involvement in research, EBP, or performance/quality improvement projects within the last year. Describe the methodology used to test ideas; change processes, policy or practice; and sustain the changes (e.g., poster presentations, unit-based projects, local or national podium presentations, evidence of unit-based EBP projects spread throughout the organization, etc.).	Unit staff is currently involved in 2 or more research project, EBP dissemination, or performance/quality improvement projects.	Unit staff is currently involved in 1 research project, EBP dissemination, or performance/quality improvement projects.	Unit staff is in initial phases of a research project, EBP dissemination or performance/quality improvement projects.	No examples provided.
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	<b>3.4</b>	Describe how EBP (strategies based on best practices, nursing protocols, literature review, patient surveys etc.) have been used to consistently integrate patient preferences and values into the individualized daily care plan. Please provide an example of how this occurred.	Patient preferences and values are consistently integrated into the daily care plan.	Patient preferences and values are sometimes integrated into the daily care plan.	Staff plans to integrate patient preferences and values into the daily care plan.	Unit does not currently integrate patient preferences and values into the daily care plan.
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	<b>3.5</b>	Explain how the results of EBP projects and research are implemented and evaluated (e.g., PDSA/PDCA tests of change, use of research coordinator or CNS staff, etc.).	Implementation process is fully described including evaluation of outcomes.	Description of implementation process which includes evaluation of outcomes is sketchy or incomplete.	Unit has a plan for implementation.	No description of processes or outcomes.

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<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	<b>3.6</b>	What unit and facility resources are available to support participation in and dissemination of EBP (e.g., journals or EBP texts, EBP classes, support for poster or podium presentations)?	5 or more unit and facility resources available to support participation in and dissemination of EBP.	2-4 unit and facility resources are available to support participation in and dissemination of EBP.	Unit and facility are strategically planning to support participation in and dissemination of EBP.	No resources are available to support participation in and dissemination of EBP.
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	<b>3.7</b>	Provide evidence of any publications, podium or poster presentations of unit-based projects related to EBP/research from the last 3 years. Please include topic, type of presentation, date and audience. Types of locations: (1) Internal=within the Unit's hospital, (2) Local=another hospital in the same hospital system, (3) Regional=a different hospital system in the same state, (4) National=a different hospital system in a different state, or presentation at a national conference.	Unit has been accepted for publication or presentation at a regional or national level.	Unit has been accepted for publication or presentation at a local level.	Unit has been accepted for publication or presentation at an internal level.	No example of dissemination
<b>105.0</b>		<b>Evidence-Based Practice Max Score / Score Ranges</b>	<b>89-105</b>	<b>54-88</b>	<b>27-53</b>	<b>0-26</b>



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**Category 4. PATIENT OUTCOMES:** An exemplary medical-surgical unit demonstrates positive patient outcomes. The creation of a healing environment is evident where patients or significant others feel safe and are empowered as full partners in the caring process. Staff members provide compassionate and coordinated care based on respect for patient preferences, values, and needs. Actual injuries or errors are dealt with swiftly and effectively, and patients are monitored to prevent additional harm. Potential risks of injury are prevented by the implementation of appropriate unit processes and measures. A quality improvement process to measure patient outcomes and guide practice changes is tangible and ongoing.

Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	4.1	<b>REQUIRED</b> Based on recent patient satisfaction survey results (past 6 months) for your unit, describe how your unit responded to an area that needed improvement. Include details regarding the measure used (external data collection company, internal data collection process), specific satisfaction indicator(s) addressed, the improvement plan implemented, and outcomes in response to the intervention.	Improvement or focus area is clearly articulated. Patient satisfaction improvement plan is described in detail including pre- and post-intervention data.	Improvement or focus areas is evident. Patient satisfaction improvement plan is described, however, information is incomplete.	Patient satisfaction improvement plan is in place but has not been implemented yet.	Unit does not have patient satisfaction improvement plan in place.



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Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	4.2	<p><b>REQUIRED</b></p> <p>Select one of the following areas and describe the process by which your unit achieved improved patient outcomes: pain management, pressure injury prevention, fall prevention, restraint reduction, blood transfusion error reduction, central line associated bloodstream infection reduction, catheter associated urinary tract infection reduction, medication error reduction, improving alarm safety, adherence to infection prevention protocols, or identifying and mitigating risks associated with behavioral health patients.</p>	<p>Specific patient outcome indicator is identified with applicable data reported. Improvement or focus areas is clearly articulated. Process improvement is described in detail including pre- and post-intervention data.</p>	<p>Specific patient outcome indicator is identified with applicable data reported. Improvement or focus area is evident. Process improvement is described; however, information is incomplete.</p>	<p>Unit has identified potential patient outcome indicator(s) to highlight and has started to collect data/evidence. Little data is presented to represent process improvement initiatives or goals.</p>	<p>Unit is in the process of identifying or has not identified patient outcomes indicators to highlight.</p>

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### Category 4. PATIENT OUTCOMES continued:

- Answer <either 4.3 or 4.4>, AND <either 4.5 or 4.6>
- If both 4.3 and 4.4 are answered, 4.4 will be deleted by the administrator prior to judging
- If both 4.5 and 4.6 are answered, 4.6 will be deleted by the administrator prior to judging
- Extra points are not given for answering additional questions

Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	4.3	<p>Provide an exemplar* from the past six months to illustrate how concepts of caring and compassion were provided by the healthcare team for a patient at the end of life throughout the hospital stay, including all shifts, to promote death with dignity. How did the staff communicate with the rest of the healthcare team? Describe how the patient and family/significant others were active participants in the dying process. Include a description of how symptoms were assessed/reassessed, what interventions were implemented, and the effectiveness of these interventions in promoting comfort. Also, describe the ways support was provided to the family/significant others during the hospital stay, at the time of death, and afterward (bereavement). In addition, explain how support was provided to the staff and the rest of the healthcare team during this time.</p> <p>* An exemplar is an example that describes your unit's success with meeting or exceeding these criteria.</p>	<p>Exemplar completely addresses each point. Exemplar describes in detail how the healthcare team demonstrated care and compassion during end of life care for the patient and family/significant others and how the unit provides structured support to the members of the team who are providing the care. Exemplar evokes a feeling that this unit works with all disciplines to provide excellent patient and family-centered care at end of life.</p>	<p>Exemplar addresses each point but is lacking detail. Exemplar describes how the healthcare team demonstrated care and compassion in the end of life care for the patient and family/significant others. The unit provides some support to the healthcare team. Exemplar evokes a feeling that this unit works with all disciplines to provide excellent patient and family centered care at the end of life.</p>	<p>Exemplar does not address all criteria requested. Exemplar describes very little detail about how the healthcare team demonstrated care and compassion during end of life.</p>	<p>Exemplar does not address all criteria requested. Exemplar does not evoke a feeling of compassionate patient centered care.</p>



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<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	<b>4.4</b>	Select one of the core measure initiatives (e.g., heart failure, immunizations, myocardial infarction, pneumonia, sepsis, stroke, venous thromboembolism) based on your patient population and scope of service and describe how your unit achieved/is in the process of achieving improved patient outcomes as a result of your initiative.	Specific core measure is identified with applicable data reported. Process improvement is described in detail including pre- and post- intervention data.	Specific core measure is identified with applicable data reported. Process improvement is described; however, information is incomplete.	Unit has identified core measure. Unit provides antidotal information on process improvement. Little objective data is presented to represent process improvement initiatives or goals.	Unit is in the process of identifying or may not have identified core measure to focus process improvement. No data is presented representing process improvement initiatives or goals.

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<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	4.5	<p>Provide an exemplar* from the last 6 months that highlights patient empowerment on your unit throughout the hospital stay. Include details regarding the patient's diagnoses, how the patient's preferences, values, and needs were communicated and addressed by staff on all shifts, how the patient participated in the teaching plan starting early in the hospital stay, and how learning was validated prior to discharge.</p> <p>*An exemplar is an example that describes your unit's success with meeting or exceeding these criteria.</p>	Exemplar completely addresses each point and describes in detail the role of patient empowerment in improving outcomes.	Exemplar addresses each point but is lacking in detail.	Exemplar addresses several of the points but they are described in detail.	Exemplar addresses few points and is lacking in detail, OR the exemplar is well outside the 6-month requested timeframe.

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Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	4.6	<p>What is the 30-day readmission rate for your unit? What kind of pattern emerged in relation to the patients readmitted in 30 days or less over the past 6 months? Were there any nursing care or patient teaching (empowerment) issues noted that indicated a need for improvement? Describe the issues and the improvement plan that was (or will be) developed. What was the outcome specific to your improvement plan?</p>	<p>Exemplar completely addresses the 30-day readmission rate in detail including identified patterns, nursing care, or patient teaching issues. Focus area and improvement process is described in detail including pre- and post-intervention data.</p>	<p>Exemplar addresses the 30-day readmission rate, but is lacking detail related to identified patterns, nursing care, or patient teaching issues. Focus area and improvement process is lacking detail or pre- post-intervention data is incomplete.</p>	<p>Exemplar somewhat addresses the 30-day readmission rate, but describes in very little detail patterns, nursing care, or patient teaching issues that contribute to readmissions. Improvement process is not well defined and pre/post intervention data is incomplete or absent.</p>	<p>Exemplar does not address the 30-day readmission rate and provides incomplete or absent data regarding patterns, nursing care or patient teaching issues that may be contributing to readmissions.</p>
		<b>Patient Outcomes Max/Score Ranges</b>	<b>86-100</b>	<b>66-85</b>	<b>36-65</b>	<b>0-35</b>

## AMSN PRISM Award® Scoring Tool

**Category 5. HEALTHY PRACTICE ENVIRONMENT** An exemplary medical-surgical unit employs the eight (8) attributes identified by Kramer and Schmalenberg (2008) as essential to a healthy practice environment: Support for education, practicing with clinically competent colleagues, collegial/collaborative nurse-physician and interprofessional relationships, autonomous nursing practice, control over nursing practice, supportive nurse managers, perceived adequacy of staffing, and a culture in which concern for the patient is paramount. To create and sustain a healthy practice environment requires an environment of respect and safety.

Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	5.1	Describe the structures and processes in place to promote collegiality on the unit (among staff members as well as improving collegiality with members of the interdisciplinary team) (e.g., staff recognition, celebrations, peer support, team-building events such as fund-raising walks, unit participation in community service projects, other team commitments etc.).	Evidence of formal as well as informal processes of staff recognition, celebrations, community involvement, team building, collegiality, support of staff members etc.	Evidence of informal processes of staff recognition, celebrations, community involvement, teambuilding, collegiality, etc.	Unit is developing strategies to support staff recognition, celebrations, community involvement, teambuilding, collegiality, etc.	Unit is working to identify strategies to support staff recognition, celebrations, community involvement, teambuilding, collegiality, etc.
<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	5.2	Describe strategies used to enhance interprofessional communication (e.g., daily rounding, interprofessional care plan/communication tools, grand rounds, etc.). What is the role of each team member and how do you know their communication is effective? Give an example of when interprofessional communication was not as effective as expected and the steps taken to implement a change. What was the outcome following this change?	Evidence of consistent formal interprofessional communication strategies involving entire care team. Excellent description of the example, steps taken and positive outcome(s).	Evidence of informal interprofessional communication strategies involving entire care team. Description of the example, steps taken and outcome(s) are missing significant detail.	Care team is developing interprofessional communication strategies.	Care team is planning to develop interprofessional communication strategies.



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Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	<b>5.3</b>	Explain leader and staff initiatives* to reduce and/or eliminate adverse outcomes related to practice environment safety, including physical injury (e.g., needle sticks, back injuries, workplace violence) and caregiver responses to stress (e.g., lateral violence, burnout, increased sick calls). Explain if any proactive education has been provided to staff and if they have participated in debriefings. (*Innovative initiatives preferred).	Formal and informal systems/processes for preventing staff injuries, adverse outcomes, and promoting safety in the practice environment.	Informal systems/processes for preventing staff injuries, adverse outcomes, and promoting safety in the practice environment.	Unit is developing systems/processes for preventing staff injuries, adverse outcomes, and promoting safety in the practice environment.	Unit is planning to develop systems/processes for preventing staff injuries, adverse outcomes, and promoting safety in the practice environment.
Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 25</b> <b>HC - 19</b> <b>C - 12</b> <b>N - 7</b>	<b>5.4</b>	Describe how the unit's staffing plans and day-to-day assignments are developed. Include the factors considered (e.g., patient acuity, nurse's experience, unit turbulence/churn, etc.) and how changes to the staffing plan are communicated to frontline staff. Please include in description how frontline staff are actively involved in staffing decisions.	Evidence of active clinical staff participation* in staffing related to skill mix, scheduling, use of acuity tools and use of patient turnover. (*Staff participation implies more than just providing input through, for example, a patient acuity tool i.e. that staff are actively involved in staffing decisions).	Evidence of clinical staff input* in staffing related to skill mix, scheduling, use of acuity tools and use of patient turnover. (Staff input implies that staff provide information about for example, patient acuity, and then unit leaders make essentially all of the staffing decisions).	Unit leadership has an action plan to engage clinical staff in the staffing and scheduling process.	Unit leadership controls staffing and scheduling process.
<b>100.0</b>		<b>Healthy Practice Environment</b>	<b>86-100</b>	<b>66-85</b>	<b>36-65</b>	<b>0-35</b>
		<b>Max/Score Ranges</b>				

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**6. LIFELONG LEARNING: An exemplary medical-surgical unit employs the eight (8) attributes identified by Kramer and Schmalenberg (2008) as essential to a healthy practice environment: Support for education, working with clinically competent colleagues, collegial/collaborative nurse-physician and interprofessional relationships, autonomous nursing practice, control over nursing practice, supportive nurse managers, perceived adequacy of staffing, and a culture in which concern for the patient is paramount. To create and sustain a healthy practice environment requires an environment of respect and safety.**

Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 10</b> <b>HC - 7.5</b> <b>C - 5</b> <b>N - 2.5</b>	6.1	Provide 10 or more examples of education activities in which unit staff members participated over the 12-month period prior to submitting the application (e.g., unit-based in-services of at least 30 minutes duration; facility provided continuing education programs; and local, regional, and national meetings/conventions).  Chart: Title/Topic of Education Activity Type of Activity (in-service, new skills, conferences, etc.) Date of activity Provider (unit, facility, name of local group or national organization)	Includes 10 or more different examples of staff education activities.	Includes 5-9 different examples of staff education activities.	Includes 3-4 different examples of staff educational activities.	Includes 1-2 different examples or unit leadership is developing strategies to increase staff educational activities.
<b>Adv - 10</b> <b>HC - 7.5</b> <b>C - 5</b> <b>N - 2.5</b>	6.2	Give examples of strategies your unit uses to support the staff members to attend local, regional, and/or national education activities (e.g., paid time off, travel expenses, paid registration fees).	Unit has 3 or more strategies to obtain resources and opportunities to attend local, regional and/or national conferences and education offerings.	Unit has 2 strategies to obtain resources and opportunities to attend local, regional and/or national conferences and education offerings.	Unit has 1 strategy to obtain resources and opportunities to attend local, regional and/or national conferences and education offerings.	Unit leadership is identifying strategies to obtain resources and opportunities to help staff attend local, regional and/or national conferences and education offerings.

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Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 10</b> <b>HC - 7.5</b> <b>C - 5</b> <b>N - 2.5</b>	6.3	<p>Give examples of education activities provided by unit staff for other professionals, nursing students, or the public (e.g., informal presentation, community education, poster or podium presentation).</p> <p>Chart:            Title/Topic of Education Activity            Date of activity            Title of Unit Presenter (e.g., manager, staff nurse, CNS)            Audience (e.g., other units, students, community, national conference)</p>	Includes 5 or more examples of staff educational activities/offering to other professionals, nursing students, or the public.	Includes 3-4 examples of staff educational activities/offering to other professionals, nursing students, or the public.	Includes 1-2 examples of staff educational activities/offering to other professionals, nursing students, or the public.	Unit leadership is developing strategies to increase staff educational activities/offering to other professionals, nursing students, or the public.
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	6.4	Explain how the unit measures and maintains the competence of its staff (e.g., annual competency fair, competency check process, tracking mechanisms, etc.)?	Competency assessment is completed throughout the year and competencies are reevaluated annually. A model (i.e.: Donna Wright) is used to assess competency.	Competency fair/blitz is held yearly with multimodal assessments	Staff self-assesses competency only or only use one mode of assessment	Competency not addressed.



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Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	6.5	<p>What percentage of the eligible unit staff is nationally certified? (Limit response to professional specialty certifications, not skill-based certifications such as BLS, ACLS.) Most recent data should be submitted. To complete the following table, first place the total number of RNs in the first line. This includes all RNs regardless of degree (Associates, BSN, MS, etc.) Then deduct the number that are not eligible for certification because they are newly licensed with insufficient years of experience in the specialty, or for another reason. Then complete the table.</p> <p>Chart of Percentage of Unit Staff Nationally Certified:</p> <p>Total Number of RNs on Unit            Number Ineligible for Certification            Number Eligible for Certification            List Specialty Certification &amp; Qty of Staff Certified in Each:            Staff Certified in: XXXX/ Qty            Staff Certified in: XXXX/ Qty            Total Certified Staff:            Percentage of Eligible RNs who are Certified (Total Certified/Eligible)</p>	30% or more of eligible staff is nationally certified.	20-29% of eligible staff are nationally certified.	11-19% of eligible staff are nationally certified.	10% or less of eligible staff are nationally certified.



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Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 15</b> <b>HC - 12</b> <b>C - 8</b> <b>N - 4</b>	6.6	<p>Based on the total number of staff on your unit, how many are actively pursuing additional education? To determine percentages, take the number who are pursuing degrees and divide it by the total number of staff that you identified in the answer to question 7 of the Organization/Unit profile.</p> <p>Chart:            Advanced Education Pursued            Number of Staff            Percentage of Staff</p> <p>Please also indicate the education level of Nursing Staff:</p> <p>Chart:            Education Level of Nursing Staff            Number of Staff            Percentage of Staff</p> <p>Diploma RNs            ADNs            BSNs            MNs or MSNs            PhDs            DNPs</p>	25% or more of the nursing staff are actively pursuing higher levels of formal education; OR 80% of the RN staff have a BSN and other nursing staff are pursuing higher levels of formal education.	20-24 % or more of staff is actively pursuing higher levels of formal education, OR 70-79% of the RN staff have a BSN and other nursing staff are pursuing higher levels of formal education.	15-19 % or more of staff is actively pursuing higher levels of formal education, OR 60-69% of the RN staff have a BSN and other nursing staff are pursuing higher levels of formal education.	Unit leadership is developing strategies to help staff pursue higher levels of formal education.



## AMS N PRISM Award® Scoring Tool

Score	Q #	Question	Advanced	Highly Competent	Competent	Novice
<b>Adv - 10 HC - 7.5 C - 5 N - 2.5</b>	<b>6.7</b>	Provide information regarding how unit nurses are involved in other professional activities such as writing for publication, membership in local, regional or national nursing organizations, state boards of nursing, and volunteering for professional organizations at the local, regional or national level. You may also include community service that involves professional nursing skills. Please indicate of how many unit nurses have participated in each activity.	Provided more than 5 examples of staff members involved in professional activities	Provided 3-5 examples of staff members involved in professional activities	Provided 1-2 examples of staff members involved in professional activities	Unit leadership is developing strategies to increase staff member involvement in professional activities.
<b>85.0</b>		<b>Max/Score Ranges</b>	<b>73-85</b>	<b>43-72</b>	<b>22-42</b>	<b>0-21</b>
<b>600.0</b>		<b>Total Score Possible / Score Ranges</b>	<b>516-600</b>	<b>306-515</b>	<b>156-305</b>	<b>0-155</b>
		<b>520 required to achieve Award</b>				