AMSN PRISM Award - Sample Application

NOTE: This sample application is for reference only. All AMSN PRISM Award applications are submitted through an online application portal. When you are ready to submit your application, visit amsn.org/prism to access the online application.

If you have any questions, please contact us at prism@amsn.org.

Page: Introduction

Point of Contact *

The AMSN PRISM Award recognizes elite medical-surgical units for providing exemplary patient care. The professional nurse is responsible for her/his individual practice. However, it takes a dynamic, energetic, and committed group of professionals within a medical-surgical unit, diligently practicing as a synergistic team, to achieve and sustain outstanding patient and staff satisfaction outcomes.

Premier medical-surgical units are committed to providing excellent patient care, measuring successes, identifying opportunities for enhancement, conducting research, incorporating evidence-based practice, and creating an atmosphere of collaboration, innovation, and creativity. Medical-surgical units demonstrating these characteristics often have lower staff turnover rates, and through their reputation, are recognized as premier sites for patient care and employment.

The Academy of Medical-Surgical Nurses (AMSN) and the Medical-Surgical Nursing Certification Board (MSNCB) are proud to offer the AMSN PRISM Award. In the name of this prestigious award, "PRISM" signifies **P**remier **R**ecognition **I**n the **S**pecialty of **M**ed-Surg.

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

- Effective leadership

- Recruitment and retention of competent staff members

- Evidence-based practice

- Positive patient outcomes

- Healthy practice environment

- Lifelong learning of unit staff members

Achievement of the AMSN PRISM Award recognizes the professionalism and expertise of select medical-surgical units. The units achieving this distinction serve as models for other units to emulate, elevate the stature of the medical-surgical setting, and reflect the attainment of national standards for exemplary medical-surgical units.

Patient care units eligible to apply for this award include any individual acute care unit with a primarily adult and/or elderly patient population with medical-surgical diagnoses. These units may admit and provide care for adolescent patients on a periodic basis in an "overflow" capacity or may be a combined adult/pediatric unit that is classified by the facility as a medical-surgical unit. These units may utilize remote telemetry monitoring, but may not be classified as step-down or progressive care units by their facilities. Multiple units from the same facility which fit the description of a medical-surgical unit may apply for the award. Each unit must apply individually. Float pools are not eligible to apply.

- Each question should be answered in its entirety and not refer to other sections of the application.

- Unless otherwise stated, all data provided must be within the last 3 years.

- You may include documents as supporting evidence. Do not include documentation that does not refer to the criteria. Documents must immediately follow the question to which they refer. Documentation cannot include identifying information or photos of staff.

- In order to ensure that the application and review process maintains confidentiality and to observe Health Insurance Portability and Accountability Act (HIPAA) regulations, applicants are asked to remove any patient or employee identifying information. Applications that violate confidentiality and/or HIPAA requirements will be disqualified.

- This is a blinded application process. All information including hospital or hospital system name, hospital acronym, unit name, and other distinguishing names like a local chapter name must be eliminated before submitting the final application. Examples:

  - Name of all individuals: substitute [name], [nurse], [patient], [family member], etc.

  - Name or acronym of hospital/health system: substitute [hospital], [health system], etc.

  - Names of cities or states: substitute [city], [state]

- Names or acryonyms of companies or organizations: substitute [local company], [national company], [local community group], [national association], etc.

- Identifying logos, images, etc. must be removed from all charts, graphs and other documents.

- Multiple collaborators are allowed to work on this application together. The person who begins the application is considered the Primary Collaborator.

- Only one collaborator can work in the application at a time--when one collaborator is working, the others are locked out.

- The Primary Collaborator can add or remove other collaborators using the "Manage Collaborators" button on the upper right side of the first screen. The Primary Collaborator can also pass that role to another person if desired.

Important: You may leave and return to this application any number of times until you have completed it. Be sure to note your user name and password for when you return.

- Applications will be initially screened to ensure they are complete, blinded, and comply with the instructions above.

- After the initial screening, applications will be peer reviewed by one of several trained review teams composed of medical-surgical nurses. The AMSN PRISM AWARD SCORING TOOL will be used to conduct the review. Applicants are encouraged to review the SCORING TOOL before beginning the application and throughout the application process to learn how the application will be reviewed and scored.

- A score of 520 points or more (out of 600 maximum points) must be achieved to receive the award.

- Allow at least 16 weeks to receive notification of the award.

- Applicants who do not receive the minimum score will be notified and feedback will be provided for improvement.   These applicants will have the opportunity to resubmit their application one time with no additional application fee.

- The award is valid for a period of three (3) years. A unit that has received the AMSN PRISM Award® is encouraged to submit the application for re-designation at least three (3) months prior to the expiration of their current award. The unit must demonstrate ongoing achievement of the minimum score of 520 points or greater to receive consecutive AMSN PRISM Award® status.

- Achieving medical-surgical units will receive a plaque to display in a prominent location on their unit. The plaque may be viewed HERE .

- The award will be personally presented to the medical-surgical unit/facility by a member of the AMSN or MSNCB board or their designated representative. Units are encouraged to invite staff, administration, physicians, patient/families, or other appropriate individuals to the award ceremony. Units may consider holding the award ceremony during Medical-Surgical Nurses Week, November 1-7, or National Nurses Week, May 6-12.

- The unit's name, facility, and location will be announced at the AMSN Annual Convention and displayed on the AMSN and MSNCB websites and social media. The unit will also be recognized in the AMSN and MSNCB e-newsletters.

- Recipients will receive the AMSN PRISM Award Recipient seal artwork with permission and guidelines to use it to promote their achievement in advertisements, annual reports, flyers, newsletters, etc.

Please feel free to download these documents as needed:

- AMSN PRISM AWARD BLANK APPLICATION (to use for your records or informational purposes--cannot be used to submit a final application)

- AMSN PRISM AWARD SCORING TOOL

- AMSN PRISM AWARD PAYMENT FORM

- AMSN PRISM AWARD SAMPLE PLAQUE

For more information please contact prism@amsn.org.

Page: Demographics

First Name *

Last Name *

Job Title

Email Address *

Phone # *

Unit Name *

Facility Name *

Facility Street Address *

Facility City *

Facility State *

Facility Zip Code *

Facility Country (if outside the U.S.)

Nurse Manager

Director of Nursing

Chief Nursing Officer

Media Relations Contact

Page: Payment Information

Payment Information *

Application Review Fee: $1,000

Payment of the application fee must be made within two (2) weeks of submitting the application. Acceptable forms of payment are check, Visa, MasterCard, Discover, or American Express. The application submission and payment will be acknowledged by email with a formal receipt when both have been received.

Please indicate the payment method your facility will use:

Select one option

○   Check by mail

○   Credit card by mail

○   Credit card by fax

Before finalizing your application, download the AMSN PRISM AWARD APPLICATION PAYMENT FORM and submit it with your payment.

Page: Unit Profile

Size of unit (number of licensed beds) *

What is the care delivery model? *

For example: team nursing, primary care, patient-focused care, etc.

Describe how the care delivery model is incorporated into the process of patient care and used on this unit: *

What is the age range of patients admitted to this unit? *

What are the primary diagnoses of patients admitted to this unit? *

What co-morbid conditions do patients admitted to this unit frequently have? *

What procedures do patients admitted to this unit frequently undergo? *

What is the average daily census of this unit? *

What is the average RN to patient daily ratio: *

Unit Staff Distribution *

In the following table, enter the titles of all unit staff. Enter each title once. Titles are shown below. If your unit has no staff with one of the titles shown below, enter that with a zero (0). The "Other" title can be entered more than once if needed.

Titles to enter:

- RN (include unit leadership here)

- LPN/LVN

- NAC/CNA

- Unlicensed Assistive Personnel (PCA/PCT)

- Other (please specify)

Titles

Total Number of Unit Staff (count): *

Enter the total number of unit staff shown in the table above:

100%

Upload a file related to this question (optional):

[File Upload]

Page: Application Section/Criteria Introduction

The six (6) criteria categories for the award application are:

- Criterion 1: Leadership

- Criterion 2: Recruitment and Retention

- Criterion 3: Evidence-Based Practice

- Criterion 4: Patient Outcomes

- Criterion 5: Healthy Practice Environment

- Criterion 6: Lifelong Learning

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

Page: Leadership 1.1

Criterion 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.

Leadership 1.1 *

Describe how the unit leaders* encourage shared participation in 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.

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.

Upload a file in support of this question (optional):

[File Upload]

Page: Leadership 1.2

Leadership 1.2 *

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.

Upload a file in support of this question (optional):

[File Upload]

Page: Leadership 1.3

Leadership 1.3 *

Describe how the unit's annual staffing plan and overall staffing matrix are developed. Explain how adequate staffing to meet anticipated workload and patient needs are ensured.

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Leadership 1.4

Explain how the unit leaders ensure and encourage effective communication. Please incorporate your response in your answers to the following three questions:

1.4.1 *

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.)?

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

1.4.2 *

What tools/resources are used by the 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.

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

1.4.3 *

What strategies* are used to encourage collaboration with patients, families, colleagues, and other health care providers (e.g., interprofessional rounds, roundtable discussions, team meetings, patient-family consultations/meetings, tutorials/self-study modules, etc.)?

*Innovative strategies preferred.

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Leadership 1.5

Leadership 1.5 *

Describe how the 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.).

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Leadership 1.6

Leadership 1.6 *

Explain how the 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.).

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Leadership 1.7

Leadership 1.7 *

Describe how the unit leaders create and maintain a culture of mutual trust and respect (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.

Upload a file in support of this question (optional):

[File Upload]

Page: Recruitment and Retention 2.1

Criterion 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 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.

Recruitment and Retention 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/CNA/PCA/PCT involvement if desired

Upload a file in support of this question (optional):

[File Upload]

Page: Recruitment and Retention 2.2

Recruitment and Retention 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/CAN/PCA/PCT involvement if desired.

Upload a file in support of this question (optional):

[File Upload]

Page: Recruitment and Retention 2.3

Recruitment and Retention 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.). Also describe how orientation is individualized to a new grad versus an experienced nurse, and an in-hospital transfer versus a nurse new to the facility.

_____

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_____

Upload a file in support of this question (optional):

[File Upload]

Page: Recruitment and Retention 2.4

Turnover* can be for good reasons (nurses furthering education, promotions, etc.) or for negative reasons (staff dissatisfaction, heavy loads, etc.).

*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.

For example: If on January 1 you had 50 nurses, and by December 31 of the same year 10 nurses had left, your turnover rate would be 10/50=.2 or 20%.

(You are not required to use this formula if your facility calculates turnover rates in a different manner.)

Overall facility most recent annual retention rate: *

Overall facility previous year annual retention rate: *

Unit most recent annual retention rate: *

Unit previous year annual retention rate: *

Average length of service of unit employee: *

Turnover Data *

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 **_your unit_** put in place to improve turnover and support retention?

Upload a file in support of this question (optional):

[File Upload]

Page: Recruitment and Retention 2.5

Recruitment and Retention 2.5 *

Explain how multi-generational 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.):

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Recruitment and Retention 2.6

Recruitment and Retention 2.6 *

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 Gainey, Advisory Board, etc.). Identify the benchmark and if unit's scores are not above the benchmark provided, please explain what your unit is doing to improve your scores.

*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.

Upload a file in support of this question (optional):

[File Upload]

Page: Recruitment and Retention 2.7

Recruitment and Retention 2.7 *

Describe opportunities for staff professional development (e.g., clinical ladder, mentoring, coaching, leadership development programs/seminars, staff providing continuing education opportunities, etc.):

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Evidence-Based Practice (EBP) 3.1

Criterion 3: Evidence-Based Practice (EBP)

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.

Evidence-Based Practice (EBP) 3.1 *

Describe the process in which unit leaders and clinical 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.).

Upload a file in support of this question (optional):

[File Upload]

Page: Evidence-Based Practice (EBP) 3.2

Evidence-Based Practice 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.

Upload a file in support of this question (optional):

[File Upload]

Page: Evidence-Based Practice (EBP) 3.3

Evidence-Based Practice 3.3 *

Provide two or more examples within the last year of unit staff nurses' involvement in research, EBP, or performance/quality improvement projects. 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.).

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Evidence-Based Practice (EBP) 3.4

Evidence-Based Practice 3.4 *

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 exemplar of how this occurred.

Upload a file in support of this question (optional):

[File Upload]

Page: Evidence-Based Practice (EBP) 3.5

Evidence-Based Practice 3.5 *

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.).

Upload a file in support of this question (optional):

[File Upload]

Page: Evidence-Based Practice (EBP) 3.6

Evidence-Based Practice 3.6 *

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)?

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Evidence-Based Practice (EBP) 3.7

Evidence-Based Practice 3.7 *

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.

Upload a file in support of this question (optional):

[File Upload]

Page: Patient Outcomes 4.1

Criterion 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.

IMPORTANT NOTE:

- You are required to answer questions 4.1 and 4.2

- You are also required to answer two of the four questions 4.3 through 4.6:

  o Answer either 4.3 or 4.4 (they will be shown on the same screen)

  o Answer either 4.5 or 4.6 (they will be shown on the same screen)

Patient Outcomes 4.1 *

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.

Upload a file in support of this question (optional):

[File Upload]

Page: Patient Outcomes 4.2

Patient Outcomes 4.2 *

Select one of the following areas and describe the process by which your unit achieved improved patient outcomes: pain management, pressure ulcer prevention, fall prevention, restraint reduction, blood transfusion error reduction, central line associated bloodstream infection reduction, catheter associated urinary tract infection reduction, medication error reduction, improved alarm safety, or identified and mitigated risks associated with behavior health patients.

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Patient Outcomes 4.3 and 4.4

Answer either 4.3 or 4.4.

- Be sure to indicate which question you are answering.

- Enter "choose not to answer" in the answer field for the question you are skipping.

- You will not get extra points for answering both questions. If you answer both questions, the answer to question 4.4 will be removed from your application.

Specify Question: *

Enter here which question you will be answering (4.3 or 4.4):

Patient Outcomes 4.3 *

Provide an exemplar* from the past six months to illustrate how concepts of caring and compassion were provided by the health care 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 health care 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 health care team during this time.

An exemplar is an example that describes your unit's success with meeting or exceeding these criteria.

If you are skipping this question, enter "choose not to answer" below and continue on to answer question 4.4.

Upload a file in support of question 4.3 (optional):

[File Upload]

Patient Outcomes 4.4

Select one of the core measure initiatives (e.g., myocardial infarction, stroke, heart failure, pneumonia, venous thromboembolism, immunizations) 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.

*If you are skipping this question, enter "choose not to answer" below and be sure to answer question 4.3.

_____

_____

_____

Upload a file in support of question 4.4 (optional):

[File Upload]

Page: Patient Outcomes 4.5 and 4.6

Answer either 4.5 or 4.6.

- Be sure to indicate which question you are answering.

- Enter "choose not to answer" in the answer field for the question you are skipping.

- You will not get extra points for answering both questions. If you answer both questions, the answer to question 4.6 will be removed from your application.

Question Choice: *

Enter in the box below the question you will be answering (4.5 or 4.6):

Patient Outcomes 4.5 *

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.

*An exemplar is an example that describes your unit's success with meeting or exceeding these criteria.

*If you are skipping this question, enter "choose not to answer" below and continue on to answer question 4.6.

_____

_____

_____

Upload a file in support of question 4.5 (optional):

[File Upload]

Patient Outcomes 4.6 *

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?

*If you are skipping this question, enter "choose not to answer" below and be sure to answer question 4.5.

Upload a file in support of question 4.6 (optional):

[File Upload]

Page: Healthy Practice Environment 5.1

Criterion 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 coworkers, 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.

Healthy Practice Environment 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 interprofessional 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.).

Upload a file in support of this question (optional):

[File Upload]

Page: Healthy Practice Environment 5.2

Healthy Practice Environment 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?

Upload a file in support of this question (optional):

[File Upload]

Page: Healthy Practice Environment 5.3

Healthy Practice Environment 5.3 *

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

Upload a file in support of this question (optional):

[File Upload]

Page: Healthy Practice Environment 5.4

Healthy Practice Environment 5.4 *

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.

Upload a file in support of this question (optional):

[File Upload]

Page: Lifelong Learning 6.1

Criterion 6: Lifelong Learning

An exemplary medical-surgical unit recognizes the importance of professional development for staff members and its impact on continuing staff competence and positive patient outcomes. The unit provides/participates in ongoing education activities. Staff members participate in professional associations and pursue professional certification and advanced education.

Lifelong Learning 6.1 *

Provide examples of education activities in which staff members participated during the last 12-month period prior to submitting the application (e.g., unit-based inservices of at least 30 minutes duration; facility provided continuing education programs; local, regional, and national meetings/conventions).

Activities

Upload a file in support of this question (optional):

[File Upload]

Page: Lifelong Learning 6.2

Lifelong Learning 6.2 *

Give examples of strategies your unit uses to support staff members to attend local, regional, and/or national education activities (e.g. paid time off, travel expenses, paid registration fees).

_____

_____

_____

Upload a file in support of this question (optional):

[File Upload]

Page: Lifelong Learning 6.3

Lifelong Learning 6.3 *

Give examples of education activities provided by unit staff to other professionals, nursing students, or the public that pertain to nursing and/or health (e.g. information presentations, community education, poster or podium presentations).

Activities

Upload a file in support of this question (optional):

[File Upload]

Page: Lifelong Learning 6.4

Lifelong Learning 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.)?

Upload a file in support of this question (optional):

[File Upload]

Page: Lifelong Learning 6.5

What percentage of 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. Include unit leadership in your numbers.

Total number of RNs on Unit (count): *

Put the total number of registered nurses in this field. This includes all RNs regardless of degree (Associates, BSN, MS, etc.).

Number ineligible for certification (count): *

Enter all those included in the count above who are ineligible for certification because they are a recent graduate, do not have enough years experience in the specialty, etc.).

Number eligible for certification (count): *

Subtract the "Number ineligble for certification" from the "Total number of RNs on Unit" and enter it here:

Total certified staff (count): *

Enter all those included in the "Total number of RNs on the Unit" who are also certified:

Eligible RNs who are certified (percent): *

Divide "Total certified staff" by "Number eligible for certification" and enter it here as a decimal or percent.

Example: If you had 10 "Total certified staff" and 20 "Number eligible for certification" your result would be 10/20=.5 or 50%.

List Specialty Certifications/Qty of Staff Certified in Each *

In the table below, add one line for each certification type (e.g. CMSRN, RN-BC, etc.).

Certifications

Upload a file in support of this question (optional):

[File Upload]

Page: Lifelong Learning 6.6

Based on the total number of staff on your unit, how many are actively pursuing additional education?

Total staff on Unit: *

Re-enter the figure you entered near the bottom of the "Unit Profile" page at the beginning of this application:

Advancement Stages *

To determine percentages, take the number who are pursuing degrees and divide it by the total number of staff that you identified in the Unit Profile at the beginning of this application and filled in again directly above.

In the table below, enter each advancement stage one time. If you have no staff in one of the advancement stages, enter it with a value of zero (0).

Advancement stages are:

- Registered Nurse (i.e. CNA to RN)

- Baccalaureate Degree (i.e. RN to BSN)

- Master's Degree

- Doctorate Degree

- Other (specify)

Staff

Total Number of RNs on Unit (count): *

100%

The total count of all below should equal the "Total Number of RNs on Unit (count)" shown above.

The total percent of all below should equal 100%.

Diploma RNs (count): *

Enter whole number here:

Diploma RNs (percent): *

"Diploma RNs (count)" divided by "Total Number of RNs on Unit (count):

ADNs (count): *

Enter whole number here:

ADNs (percent): *

"ADNs (count)" divided by "Total Number of RNs on Unit (count):

BSNs (count): *

Enter whole number here:

BSNs (percent): *

"BSNs (count)" divided by "Total Number of RNs on Unit (count):

MNs or MSNs (count): *

Enter whole number here:

MNs or MSNs (percent): *

"MNs or MSNs (count)" divided by "Total Number of RNs on Unit (count):

PhDs (count): *

Enter whole number here:

PhDs (percent): *

"PhDs
(count)" divided by "Total Number of RNs on Unit (count):

DNPs (count): *

Enter whole number here:

DNPs (percent): *

"DNPs (count)" divided by "Total Number of RNs on Unit (count):

Upload a file in support of this question (optional):

[File Upload]

Page: Lifelong Learning 6.7

Lifelong Learning 6.7 *

In the table below, 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 when it involved professional nursing skills. Please indicate how many unit nurses participated in each activity.

Activities

Upload a file in support of this question (optional):

[File Upload]

Page: Final Page

At this time, please make one more pass through your application and ensure it has been properly blinded. Proper names, organization names, city or state names or any other identifying information should not be included in your answers or in any of your file uploads.

You are permitted to return to this application any number of times to add or change information, until you press the "Save and Finalize" button below. When you click below, your application will be finalized and you will no longer be able to make any changes.

All AMSN PRISM Award applications are reviewed by independent volunteer review teams comprised primarily of practicing med-surg nurses. For this reason, review times can sometimes be delayed. Please allow 16 weeks for your application to be reviewed.

After you submit your application, you will receive an automated confirmation email which will include contact information, should you have any further questions or concerns.

Thank you for your application for the AMSN PRISM Award. We know it has been a lot of work to get to this point. We appreciate your dedication to your patients, colleagues, and to med-surg nursing!