The Mount Sinai Hospital
Department of Nursing

PROFESSIONAL PRACTICE
AT MOUNT SINAI
**The Professional Practice Model** is central to Exemplary Professional Practice

“A Professional Practice Model is an overarching conceptual framework for nurses, nursing care and interdisciplinary patient care. “

- It incorporates the values, and philosophy of the Nursing Department into a framework which guides how nursing is practiced

- It has been defined as “a system (structure, process, and values) that supports registered nurse control over the delivery of nursing care and the environment in which care is delivered.”

- It is represented by a schematic description showing how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for those served by the organization.
MSHRCC is an interdisciplinary Professional Practice Model that extends the scope of RBC, focusing beyond the relationships with “Patient/Family, Colleagues & Self” and includes relationships with the Entire Health Care Team and the Community:

- Patient/Family
- Self
- Clinical Colleagues
- Care Team Members
- Community: Local-Global

**MSHRCC is the Professional Practice Model for Mount Sinai Nursing**
Our Professional Practice Model:
Mount Sinai Hospital Relationship Centered Care

- Relationships are the medium through which care is delivered.
- Mount Sinai Relationship Centered Care incorporates:

**Relationship Based Care (RBC)**
- Care of self
- Care of clinical colleagues
- Care of patients/families

**Relationship Centered Care (RCC)**
- Adds Care of Community to RBC

**MSH Relationship Centered Care (MSHRCC)**
- Extends community to GLOBAL community
- Extends clinical colleagues to ALL CARE TEAM MEMBERS
Professional Practice Model

Mount Sinai Hospital
Relationship Centered Care (MSHRCC)

Care of:
Patients/Family
Self
Clinician Colleagues
Care Team Members
Community (Local – Global)

The Mount Sinai Hospital
Relationship Centered Care (MSHRCC)

The Mount Sinai Hospital 2013
Six critical dimensions of the MSHRCC Model:

- Leadership
- Teamwork
- Collaboration
- Professional Nursing Practice
- Resource Driven Practice
- Outcomes Measurement

The Mount Sinai Hospital 2013
Tenets of MSHRCC: WHAT YOU DO:

We actualize MSRCC through the following actions:

▶ Admission Welcome
▶ Bedside Shift Report
▶ HELP
▶ AM/PM Care
▶ 5 minute sit down
▶ Medication Review
▶ MD/RN unit collaboration
▶ Discharge Wrap-up

The Professional Practice Model includes the conceptual framework for care delivery and how we actualize it.

It guides WHAT we do, and WHY we do it.
MSHRCC Implementation Strategies

Admission Patient Welcome Process

- Clinical Nurse & Assistive Personnel (BA, PCA, NA) are involved.
- RN, BA, PCA walks to patient/family and greets the patient by name and states “Welcome” to the unit.
- ALL greet patient/family either in hallway or in the room
- Introduce self and your role
- Introduce the Patient Care Board (white board) and add name and titles accordingly.
Admission Welcome Process (continued)

Orientation to the Unit:

- Roles
- Patient Care Board
- Unit Structure (time for meals/medications, etc.)
- TVs/Phones
- Vocera
- Call Bell
Bedside Shift “Hand-off” Report

- Face to Face: Outgoing shift with Incoming Shift at patient’s bedside
- Use of reference card to remind you about key points.
- Punctuality of staff necessary
- Introduce self/team and review plan for the day with the patient.
- Update the Patient Care Board while doing report
Bedside Shift “Hand-off” Report
Continued

Perform HELP: REVIEW

H: High Risk Medications
E: Equipment
L: Lines, Drains and Airway
P: Pain and Plan for the day

Explain to Patient

Signage (Isolation or Falls Precautions)
Any tests/procedures for the day
Ambulation schedule, if applies
Relationship Centered Care
Bedside Shift Report

Introduce Self/Team to Patient
Update Patient Care Board

Review:

H: High risk medications
E: Equipment
L: Lines, Drains, Airway
P: Pain, Plan of Care

• Explanation of signage (Isolation, precautions)
• Skin and Fall assessment
• Information about all tests and plans for the day

**Thank you for allowing me to be your nurse**

Outside Room Shift Report

• Face to Face: Outgoing shift with incoming shift utilizing EPIC/SBAR Hand-Off process
• Introduce Self/Team (RN, PCA, BA)
• Review MAR, including Medication Side Effects
• Give report to PCA/NA utilizing assignment form
• Discuss plan of care/goals for shift including:
  - patient education
  - tests/labs of day
  - discharge plans
Shift “Hand-off” Report
(continued outside the room)

**Goals:** provide excellent, safe and quality care – occurs outside the room:

- Falls Prevention/Risk
- Skin Protection/Risk
- Review details of plan of care
- Review tests/labs/procedures
- Pain Control
- Mobility plan for the shift
- Time to ask questions
- Give report to PCA/NA as applicable using Assistive Staff Assignment Form
**THE MOUNT SINAI HOSPITAL**
**ASSISTIVE STAFF ASSIGNMENT**

**DATE:** ____________________  
**UNIT:** ____________________

**SHIFT:**  
☐ Day PCA/NA  
☐ Evening PCA/NA  
☐ Night PCA/NA

**Meal Break:**  
☐ Day  
☐ Evening  
☐ Night

**ONE PCA/NA AT A TIME ON MEAL BREAK – NO MEAL BREAK TO BE TAKEN AT CHANGE OF SHIFT (0700 – 0730 or 1900 – 1930)**

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<th>DAY SHIFT</th>
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<th>NIGHT SHIFT</th>
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| ☐ Report from RN – start of shift  
☐ Frequent rounds on pt assignment Q20’ Q60’  
☐ Answer call bells  
☐ Distribute water & cups  
☐ Check ID bands & replace as needed  
☐ Prepare patients for tests  
☐ Tidy bedside, overbed table, room  
☐ Meal trays- Set up / feed  
☐ Isolation carts – stocking  
☐ Weights/Heights on admission (Put in EMR)  
☐ Daily weights – complete by 1230 (In EMR)  
☐ Dirty linen carts – bags in place and replace bags as needed.  
☐ Lab work  
☐ EKG  
☐ Apply Compression Device if needed | ☐ Report from RN – start of shift  
☐ Frequent rounds on pt assignment Q20’ Q60’  
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**CLEANING ASSIGNMENTS**  
☐ Remove unused equipment in patient room and hallways (place in designated area)  
☐ Linens covered at all times  
☐ Windowsill clear / no storage

**MAKE FINAL SAFETY ROUNDS @ 1500**

**COMMUNICATE WITH RNs IN TIMELY MANNER IF DELEGATED TASKS NOT COMPLETED AND REASON & END OF SHIFT**

**PLACE COMPLETED FORM IN CNM MAILBOX AT END OF YOUR SHIFT**

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PCA/Assistive staff rev 11/10/11 00C

The Mount Sinai Hospital 2013
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<th>PATIENT NAME</th>
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<th>AM/PM CARE</th>
<th>ACTIVITY WITH AMBULATION</th>
<th>VITAL SIGNS</th>
<th>EKG</th>
<th>LAB</th>
<th>WEIGHT</th>
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Notes:
- NPO: Nothing by mouth
- FED: Fed
- SETUP: Setup
- COMPLETE: Complete
- TURN AND POSITION EVERY 2 HOURS
- CHECK SKIN
- INTAKE
- FOLEY/URINE
- DRAIN
- NGT
- OSTOMY
- PAIN
- NOTIFY RN Rating 0 - 10
- DOCUMENT # IN EMR

PCA/Assistive staff rev11/10/11 DOC
Back to Basics: AM/PM Care

- **AM Care:** Prepare patient for breakfast/start of day: wash face/hands, bath/shower, oral care, OOB/ambulation

- **PM Care:** Prepare patients for bedtime - Wash face/hands, oral care and backrub.

- *Insure* “Quiet at Night” program

- Sleep Protocol
Developing a Patient Relationship

5” Minute Sit-down:
- Pull up a chair and sit down next to patient
- Use eye contact, smile and relax.
- Introduction:
  - I’d like to spend about 5 minutes with you.
  - Inquire about family, career, coping, fears, i.e.

Ask “What concerns/questions do you have?”
- Demonstrate empathy
- Listen carefully
Medication Review

- Discuss all **NEW** medications with patients
- Review and explain the **SIDE EFFECTS** of all medications
- Prepare the Patient with the information necessary regarding medication for a safe discharge
Unit Based RN/MD Teams

Formal appointment of designated MD for each unit and link to each CNM/Director

Opportunity for MD and CNM to review Unit:
- Patient Satisfaction Scores
- Nurse Sensitive Indicators (Falls, PUP etc.)
- Environmental Concerns
Relationship Centered Care Monitoring:

- Complete weekly audit tool in collaboration with unit leadership to assess quantity (%) of RCC
- Complete the weekly educational evaluation to assess the quality of RCC
- Determine, in collaboration with unit leadership, plan for reinforcement or corrective action
### The Mount Sinai Hospital
#### Department of Nursing

**Relationship Centered Care Monitoring Tool**

**Clinical Specialty Service:**

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**CNM/Assistant Administrator:**

Print Name: ___________________________  Signature: ___________________________  Date: ___________________________

**Director:**

Print Name: ___________________________  Signature: ___________________________  Date: ___________________________
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Unit: ________________
Overall Qualitative Rating (1-3): ________________

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Unit: ________________
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Educator Signature: __________________________
July 2012 (July 2-6, 2012)
Expected Outcomes

- Increase patient satisfaction
- Increase staff satisfaction
- Establish an efficient work environment
- Create a more resource conscious environment
- Promote patient safety
- Engage in continuous performance improvement
Role of Nursing Leadership

- Shadow and coach nursing staff as needed
- Round on all patients for RCC validation
- Inquire whether activities were completed
- Observe staff activities
- Validate with HCAHPS ratings
WHAT IS A CARE DELIVERY MODEL?

The Care Delivery Model is integrated within the Professional Practice Model and promotes continuous, consistent, efficient and accountable delivery of nursing care.
The Care Delivery Model is also central to Exemplary Professional Practice

- A Care Delivery Model is a system that is adapted to regulatory considerations and describes the manner in which care is planned and delivered, skill set required, context of care and expected outcomes of care.

- The Care Delivery Model is integrated within the Professional Practice Model (Mount Sinai Relationship Centered Care)

- Promotes continuous, consistent, efficient and accountable delivery of nursing care.

- At Mount Sinai the Care Delivery Model is: Modified Primary Nursing

- Like the PPM, it is also depicted in a diagram to demonstrate the structure and processes involved.
The Care Delivery Model is integrated with the MSHRCC Professional Practice Model.

- Supports the tenets of Primary Nursing:
  - nurse patient relationship,
  - accountability
  - autonomy
  - continuity
  - collaboration
The Mount Sinai Hospital Department of Nursing

Care Delivery Model
Modified Primary Nursing

TENETS OF MODIFIED PRIMARY NURSING
Nurse Patient Relationship
Accountability
Autonomy
Continuity
Collaboration

STRUCTURE DIMENSIONS
Positive Practice
Environment
Scope of Practice
Certification
ANA Social Policy Statement
ANA Code of Ethics
NY State Nurse Practice Act
MSH Institutional Policies and Procedures

MSH RELATIONSHIP CENTERED CARE (MSHRCC) PROFESSIONAL PRACTICE MODEL

PROCESS DIMENSIONS
Assessment
Diagnosis
Outcomes
Planning
Implementation/Evaluation

OUTCOME DIMENSIONS
Quality
Safety
Evidence
WHAT IS A PHILOSOPHY OF NURSING?

- A philosophy is a belief system of values integrated into the practice of nursing
WHAT ARE THE MOUNT SINAI NURSING VALUES?

- **Respect**: for self, colleagues, and patients/families, for the uniqueness of each individual, with appreciation of diversity in ethnic background, beliefs, and cultures.

- **Compassion**: A connection to the humanness of others, especially those who are entrusted to their care; a strong desire to alleviate the suffering of others.

- **Caring**: Positive regard for patients/families, self, clinical colleagues, and all care team members; interactions with others to develop relationships to sustain and enhance health.

- **Integrity**: Mind-body-spirit unity in self and in relation to health team colleagues; understanding of the patient/family experience from a holistic perspective.

- **Teamwork**: Collaborative participation with all members of the health care team, and the inclusion of patients/families in the teamwork related to their care.
WHAT ARE THE ORGANIZATIONAL VALUES?

- **Passionate**: We demand excellence of ourselves in everything we do, united by a shared purpose to heal, teach and advance healthcare delivery for the benefit of our community and the world.

- **Creative**: We are visionaries and free thinkers who take an imaginative, entrepreneurial approach to solve problems and push the boundaries of healthcare delivery.

- **Empathetic**: We are straightforward, warm and always strive for a deeper understanding of our patients, students and colleagues.

- **Agile**: We are flexible and quick to adapt to the constant changes in science and society to help shape the future of healthcare.

- **Collaborative**: We are a collegial community of intensely connected clinicians and researchers working together to advance science and provide patients with the best care possible.
What is a Mission Statement?
What is the MSH Department of Nursing Mission?

- A **mission statement** is a statement of the purpose of an, its reason for existing. The mission statement guides the decision-making and actions of the organization.

- **Mount Sinai Nursing Mission:** To advance nursing through unrivaled education, research and clinical care to provide exceptional experiences and outcomes to patients locally and globally.
What is a Vision Statement?
What is the MSH Department of Nursing Vision?

- A vision statement is sometimes called a picture of the organization in the future; it provides the inspiration for all strategic planning.

- Mount Sinai Nursing Vision:
  To continue to grow and challenge convention through a pioneering spirit of inquiry, advancements in nursing practice and research, transformational leadership, and collaborative approach to providing exceptional patient and family relationship centered care.
What is a Strategic Plan and How Does It Relate to My Nursing Care?

- **A strategic plan** defines the organization’s direction including specific goals and action plans to meet those goals.

- This plan should guide all of the activities of the Nursing Department and you should be able to identify how your daily patient care is related to the strategic plan of the department.
Mount Sinai Nursing Strategic Plan: 2009 – 2014

▶ Promote the model of professional nursing practice based on the core components of The Mount Sinai Relationship Centered Care model (MSHRCC).
▶ Redesignate for Magnet.
▶ Reestablish The Center for Nursing Research and Education (CRNE)
▶ Actualize programmatic education and research initiatives.
▶ Establish the Inaugural Chair for the Department of Nursing
▶ Launch new pilot research projects
▶ Promote the focus of the Nursing Research Committee to include clinical nurse led evidence based practice projects.
▶ Evaluate all educational programs and plan for future direction of practice
▶ Implement evidence based practice continuing education sessions
Strategic Plan Con’t

▶ Implement and evaluate programs for meeting national benchmarks:
  - Patient Satisfaction
  - Nurse Engagement
  - Quality
  - Patient Safety
▶ Expand the Global Nursing Visiting Scholars Program
▶ Implement a Nurse Residency Program incorporating new graduate and preceptor development.
▶ Establish a Departmental Magnet Newsletter and promote communication among nurses by nurses.
▶ Incorporate innovative technology into nursing practice to influence meaningful use and patient safety.
▶ Promote the advancement of new services as supported by the IOM Report: Future of Nursing: Leading Change; Advancing Health and the Affordable Care Act such as our accountable care organization.