AMSN PRISM Award Application

Offered by

Academy of Medical-Surgical Nurses (AMSN)

Medical-Surgical Nursing Certification Board (MSNCB)

Revised July 15, 2016

AMSN
Academy of
Medical-Surgical Nurses

Compassion. Commitment. Connection.

The Academy of Medical-Surgical Nurses (AMSN) is the professional nursing organization dedicated to the specialty of medical-surgical nursing.
Its mission is to promote excellence in medical-surgical nursing.

AMSN represents a vibrant community of nurses who care about improving patient care, developing personally and professionally, advocating for the specialty, and connecting with other nurses who share their compassion and commitment.

medical-surgical nursing——
MSNCB
——certification board

The Medical-Surgical Nursing Certification Board (MSNCB) is a professional organization that administers the Certified Medical-Surgical Registered Nurse (CMSRN®) certification program.
Its mission is to validate excellence in medical-surgical nursing.

A strong collaborative relationship exists between AMSN and MSNCB. They partner to provide an array of programs and services for professional development.

AMSN PRISM Award Application

Introduction

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.

Eligibility

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.

Instructions for Completing and Submitting Your Application Electronically

Use this form to apply for the AMSN PRISM Award. A thorough review of the completed application should be done prior to submission to ensure that all required data have been incorporated into the final product and that no identifying information is included in the application. Incomplete applications will not be reviewed by the selection team.

This form is presented as a Microsoft Word document which can be completed and then converted to a PDF format. **Please submit your application in PDF format.**

1. Each question should be answered in its entirety and not refer to other sections of the application.
2. Acronyms must be defined the first time they are used. If the acronym is unique to your facility include a brief description.
3. Unless otherwise stated, all data provided must be within the last 3 years.
4. The total pages in the application should not exceed 50. Pages i-v of this document should not be submitted. Applications longer than 50 pages will not be considered. Successful applications have been longer than 35 pages.
5. Type your responses in 12pt Helvetica or Arial font, single spaced, directly under each question or in the tables provided.
6. 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. They should not be included at the end as an attachment. Documentation cannot include identifying information or photos of staff. These documents are included in total page count.
7. 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 returned to the applicant.
8. 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 from page 2 forward before submitting the application.
9. Email the final application as a pdf document to PRISM-Award@amsn.org
10. Payment for 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. To make payment, use page v, AMSN PRISM Award Application Payment Page:
    a. By mail (check or credit card) – to AMSN PRISM Award; East Holly Ave Box 56; Pitman, NJ 08071.
    b. By fax (credit card) – to 856-589-7463, Attn: AMSN PRISM Award.
11. Fee and application will be acknowledged by email with a formal receipt when both have been received.

Application Review, Selection, and Notification

1. Applications will be initially screened to ensure they are complete, blinded, and comply with the instructions above. Applications that are not completely blinded or fail to comply with other requirements will be returned to the applicant along with the fee.
2. After the initial screening, applications will be peer reviewed by one of several trained review teams composed of medical-surgical nurses. A scoring tool will be used to conduct the review. Applicants are encouraged to review the scoring tool found at www.amsn.org/PRISM before beginning the application process to learn how the application will be reviewed and scored.
3. A score of 540 points or more, out of 600 maximum points, must be achieved to receive the award.
4. Allow 10-12 weeks to receive notification of the award.
5. Applicants who do not receive the minimum score of 540 points will be notified of their score and feedback will be provided for improvement.   These applicants will have the opportunity to resubmit their application one time with no additional application fee.
6. 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 540 points or greater to receive consecutive AMSN PRISM Award status.

Award Presentation

1. The medical-surgical unit recipients will receive a 19"x16" beautifully framed plaque to display in a prominent location on their unit. The plaque may be viewed at www.amsn.org/PRISM.
2. 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.
3. The unit's name, facility, and location will be announced at the AMSN Annual Convention in the fall and displayed on the AMSN and MSNCB websites and social media. The unit will also be recognized in the AMSN and MSNCB e-newsletters.
4. The recipients will receive a press release to distribute at their discretion.
5. 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.

 For more information, contact AMSN at PRISM-Award@amsn.org or 866-877- 2676. Visit the website at www.amsn.org/PRISM for more details about the AMSN PRISM Award.

AMSN PRISM Award Application - PAYMENT PAGE

Use this page to mail or fax the application fee payment.

Facility Name:

Facility Address:

Unit Name:

Application Contact Name:

Application Contact Email:

Payment by Check: Make check payable to AMSN PRISM Award.

Payment by Credit Card:
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number:

Expiration Date: Security Code:

Name on credit card:

Billing address of credit card:

Signature: Date:

By entering my name and the date by signature or electronically, I attest that I agree to this credit card charge of $500.00 as the application fee for the AMSN PRISM Award. I understand that this fee is non-refundable.

Mail to:

AMSN PRISM Award
East Holly Avenue Box 56
Pitman, NJ 08071

Fax to: Attn: AMSN PRISM Award   856-589-7463

For Office Use Only
Application Number: _____
Application Version: Revised July 15, 2016

AMSN PRISM Award Application – COVER PAGE
This application will be blinded. Please provide the following information.

Unit Name:

Facility Name:

Facility Address:

Application Contact Name:

Application Contact Position:

Application Contact Email:

Application Contact Phone Number:

Date of Submission:

Payment Method: Payment must be received within 2 weeks of application submission. The payment page must be submitted along with your payment.

Please indicate the payment method your facility will use.

☐   Check by mail

☐   Credit Card by mail

☐   Credit Card by fax

You will receive a confirmation receipt for the application fee and application once we have received both.

For Office Use Only
Application Number: _____
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ORGANIZATION / UNIT PROFILE

Provide information describing unit size, patient population, staffing skill mix, and care delivery model.

1. Size of unit:

2. What is the care delivery model (e.g., team nursing, primary care, patient-focused care, etc.)?

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

Patient Population:

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

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

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

4. What procedures do patients admitted to this unit frequently undergo?

5. How many licensed beds are in this unit?

6. What is the average daily census of this unit?

7. Staff Information:

Staffing Skill Mix:		
Total Number of Staff (include unit leadership)		
Average RN to Patient Ratio		
Average Length of Service of Employees		
Please list any additional position titles and define acronyms:		
Position Title:	Number	Percent
RNs		
LPN/LVNs		
CNAs		
Unlicensed Assistive Personnel (PCAs, PCTs)		
Other:		
Other:		
Other:		
Other:		

Education Level of Nursing Staff	Number	Percent
Diploma RNs		
ADNs		
BSNs		
MNs or MSNs		
PhDs		
DNPs		

AWARD CRITERIA

The six (6) criteria 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 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.

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.

1.1 Describe how the unit leaders* encourage shared participation in decision making.
*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.

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.).

1.3 Describe how the unit's staffing plan is developed. Describe how the unit leaders ensure adequate staffing to meet the workload and patient needs (e.g., annual staffing development process, how frontline staff are involved in staffing development, how decisions are made from management levels compared to frontline staff levels, overall involvement of all staff in staffing plan, etc.).

1.4 Explain how the unit leaders encourage open communication with staff members. In your response, also include your answers to the following 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.)?

  1.4.2 What strategies 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.)?

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.)?

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.).

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.).

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.).

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.

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.).

2.2 Explain how staff members are involved in the interviewing/selection of new staff (e.g., peer interviewing, shadow programs, etc.).

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.).

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

Staff Turnover Rate Reported as a Percentage		
	Most Recent Annual Rate	Previous Year's Annual Rate
Overall Facility		
Unit		

Complete the above table and 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?

2.5 Explain how multigenerational and multicultural differences among staff members are addressed or enhanced (e.g., educational offerings, Just Culture, peer to peer trust and accountability, team-building activities/exercises, tutorials/self-study modules, etc.).

2.6 Provide data from the past two consecutive measuring intervals of staff satisfaction or engagement scores. The scores must be from the same tool or source. Provide the name of the scoring tool or source. (e.g., NDNQI, Morehead, Advisory Board, etc.). If unit's scores are not above the benchmark provided, please explain what you are doing to improve your scores.

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

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.

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.).

3.2 How is the information in the previous question incorporated into policies and procedures at the unit level (e.g., frontline staff revise policies, organizational review board, use of Lippincott or other reference system, etc.)?

3.3 Provide two or more examples of clinical nurses' involvement in research, EBP, or performance/quality improvement projects. Describe the methodology used to test ideas; change processes, policy or practice; and how changes are sustained (e.g., poster presentations, unit-based projects, local or national podium presentations, evidence of unit-based EBP projects spread throughout the organization, etc.).

3.4 Describe how patient preferences and values are integrated into the EBP process (e.g., staff research patient preferences, patient surveys, etc.).

3.5 Explain the implementation and evaluation process for EBP projects, performance/quality improvement projects and research (e.g., PDSA/PDCA tests of change, use of research coordinator or CNS staff, etc.).

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)?

4

3.7 Provide evidence of any publications, podium or poster presentations of projects related to EBP/research from the last 3 years. Please include topic, type of presentation, date and audience.

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.

You are REQUIRED to complete questions 4.1 and 4.2.

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.

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 infection reduction, or UTI infection rate reduction.

Answer TWO of the following questions. If more than two questions are answered only the first two will be scored. Extra points are not given for additional questions.

4.3 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 diagnosis(es), 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.

4.4 Select one of the core measure initiatives (e.g., myocardial infarction, stroke, heart failure, pneumonia, 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.

4.5 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.

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?

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.

5.1 Describe the structures and processes in place to promote collegiality on the unit (e.g., staff recognition, celebrations, team commitments, etc.).

5.2 Describe strategies used to enhance interprofessional communication (e.g., daily rounding, interprofessional care plan/communication tools, grand rounds, etc.). 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?

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) and caregiver responses to stress (e.g., lateral violence, burnout, increased sick calls).

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.

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.

6.1 Provide 10 or more examples of education activities in which staff members participated over the last year (e.g., unit-based inservices; facility provided continuing education programs; local, regional, and national meetings/conventions).

Title/Topic of Education Activity	Type of activity (inservice, new skills, conferences, etc.)	Date of activity	Provider (e.g., unit, facility, name of local group or national organization)

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).

6.3 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).

Title/Topic of Education Activity	Date of activity	Title of Unit Presenter (e.g., manager, clinical nurse, CNS)	Audience (e.g., other units, students, community, national conference)

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.)?

6.5 What percentage of 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.

To complete the following graph, first place the total number of registered nurses 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 a recent graduate or not enough years of experience in the specialty, etc.). Then complete the table. The percentage is the number of staff certified/number of staff eligible.

Percentage Unit Staff that are Nationally Certified	
Total Number of RNs on Unit	-

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Number Ineligible for Certification	
Number Eligible for Certification	
List Specialty Certifications / Qty. of Staff Certified in Each	
Staff Certified in:	
Staff Certified in:	
Staff Certified in:	
Staff Certified in:	
Total Certified Staff	
Percentage of Eligible RNs who are Certified (Total Certified/Eligible)	

6.6 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.

Advanced Education Pursued	Number of Staff	Percentage of Staff
Registered Nurse		
Baccalaureate Degree		
Master's Degree		
Doctorate Degree		
Other (please specify)		

6.7 Provide examples of how staff members are involved in other professional activities such as membership and volunteering for professional organizations and writing for publication.