Professional Practice Model

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Learning Objectives

1. Understanding of World Class Care and how your behaviors impact the patient experience.
2. Describe the Professional Role and how it applies to RN practice at UCLA.
3. Articulate Relationship Based Care Delivery Model and how a culture of caring contributes to the healing of patients.
4. Verbalize an understanding of the ANA Scope and Standards, ANA Social Policy Statement, Code of Ethics, Section 2725, Title 16 & 22, and the Professional Practice Model and how they all integrate in order to provide excellent patient care.
5. Comprehend professional governance structure and purpose.
Patient Experience

What are Professional Role Expectations?

UCLA Health and Magnet
- Ronald Reagan UCLA Hospital
  - Magnet Designation 2005
  - Magnet Re-designation 2010
  - Magnet Re-designation 2015
- Santa Monica UCLA Hospital
  - Magnet Designation June 2016
- Resnick Neuropsychiatric Hospital
  - Currently on Magnet Journey to Designation
Why Magnet?

• Provides constant opportunity to examine our nursing and patient care environment
• We must meet and exceed 168 criteria to receive designation
• Benchmarks our nursing sensitive outcomes with other hospitals
• Recognizes Nursing excellence
  - Showcases by Quantitative Example
  - Showcases by Qualitative Example

Foundations for Professional Practice (RR-UCLA, SM-UCLA and RNPH)

Foundations for Professional Practice (RRUCLA and SMH)
Professional Practice Model

Relationship-Based Care

Caring and Healing Environment

- Sit at eye level for 5 minutes early in the shift. “What is your most important goal for today and how can I best support it?” Patient’s #1 concern drives their care.

  - Therapeutic Relationship
Care of the Self

Self-care is fundamental to the ability to be a productive member of the nursing care team.

Self-reflection and self-renewal are vital to the professional RN’s ability to be authentic. We are accountable to balance our own well-being and that of the patient.

Commitment to My Co-Workers

Professional Practice Model
California Nursing Practice Act (Ch. 6, Section 2725)

**Nursing:**
- Focuses on basic health care that helps people cope with difficulties in daily living that are associated with their actual or potential health or illness problems.
- Requires scientific knowledge and technical skill.
- Includes independent and dependent functions.
- Recognizes that there is some overlap of functions and a need for collaboration.
- Includes direct actions (done by the nurse) and indirect actions (delegated to another).

California Nursing Practice Act (NPA) - Legislative

Section 2725 (continued)
Direct and indirect patient care services that ensure the patient's:
- Safety
- Comfort
- Personal Hygiene
- Protection
- Prevention of Disease and Restorative Measures (Independent Scope of Practice)

Law Defining Your Role
- CA Dept. of Consumer Affairs, Board of Registered Nursing (BRN) publishes document called, “Unlicensed Assistive Personal.”
  - Its purpose is to define which tasks can be done by you and to assist RNs in making decisions about assigning to and supervising assistive personal.
  - RNs must be knowledgeable about this law in order to correctly assign and supervise.
9 Step Decision Making & Accountability

Title 16, Section 1443.5 and Title 22, Section 70215

Title 16 contains the BRN standard of competent performance.
- Clarifies the nursing process
- Emphasizes the expectation that scientific knowledge will be applied

Title 22 also includes the nursing process, with a focus on assessment and the expectations related to documentation.

ANA Scope and Standards
- Direction for nursing practice
- Expectations for competency
- Framework for the evaluation of practice
ANA – Nursing’s Social Policy Statement

Societal Concerns in Health Care and Nursing

Code of Ethics for Nurses

- Reflects our professional values and ideals.
- Guides us as individual nurses and as professionals.
- There are Nine Provisions.
- It is helpful to review the Code of Ethics to assure that our professional practice is consistent with the expectations of our profession.

Professional Practice Model
4 Roles of Professional RN

Leaders are critical thinkers, self-directed, and make the best possible decisions on behalf of their patients.

Scientists use evidence-based practice and are research-driven.

Transferees of Knowledge engage in the sharing of information and knowledge with patients, families, and colleagues.

Practitioners provide care to patients, helping them with their daily living associated with their health and illness problems.
Strategic Priority
NURSING SYSTEM STRATEGIC PLAN
Evaluate and implement professional governance infrastructure to strengthen nurse engagement and voice in shared decision-making.
Guiding Structures

- Bylaws
- Charter

Empowered U

Nurses are empowered through established structures and processes to achieve higher levels of professional development, participate in decision-making, teach and develop others, and contribute to the community.

Professional Governance Vision

Nursing excellence is at the forefront of UCLA Health's outstanding patient care.

UCLA Health Nursing empowers the professional nurse to recognize their unique gifts, to give voice to ideals, to strive for personal, professional, and academic excellence, and to accept the challenge of the human experience.
Aims

Overall goals include:
• To promote a more inclusive, reorganized governance model for nursing practice.
• To empower every nurse as a leader.
• To provide a forum for transparent, consistent communication across the continuum.
• To support healthy relationships, build trust and role clarity.
Unit Practice Councils
Structure and Charter

Purpose
The primary purpose of the Unit Practice Council is to plan, implement, and continuously improve the unit/department-specific Relationship-Based Care (RBC) delivery model and related outcomes. Focus is patient and family centered care.

Scope
Promoting the professional practice of nursing as an intellectual discipline by continuously improving patient outcomes and patient safety.

Commitment
• 2-year minimum
• 4-year maximum
• Opportunity to reapply and serve beyond 4-year commitment allowed if roles not fulfilled

Succession Plan
• Exiting officers mentor oncoming officers
  • Chair will serve as mentor to Co-Chair
  • Chair will transition to Facilitator role

UPC Meetings
• Monthly in the work environment
• Maximum of 4 hours

All meetings are “working meetings” consisting of:
  First part of meeting
    • Approval of minutes/review agenda (template on Website)
    • Report feedback from staff
    • Review ongoing projects
  Second part of meeting
    • Divide into workgroups
  Third part of meeting
    • Report back to UPC group about progress
Unit Practice Councils

Roles

- Chair
- Co-Chair
- Recorder
- Facilitator
- Member (with potential lead role)
  - Social
  - Communicator
  - Researcher
  - Quality Improvement

Unit Practice Councils

Roles and Responsibilities

Chair and Co-Chair

Serves as a member on

- New Transformational Leadership Councils
- Organizes and disseminates meeting agendas

Keeps UPC focused on assessing unit needs, developing and implementing action plans and meeting strategic goals

- Meets with Unit Director and plan agendas

*Extra hours may be given to members to work on projects as needed during the month.

Unit Practice Councils

Roles and Responsibilities

Recorder

- Record minutes
- Record decisions in the minutes template
- Maintain parking lot items
- Ensures minutes are emailed to the Unit Staff, Unit/Department Director, and Clinical Nurse Specialist/Educator

Facilitator

- Keeps group on track/time keeper
- Encourages input from all members, reinforces behavioral expectations
- Makes suggestions to Chair about group process
- Assists group to reach consensus
- Suggests use of parking lot when appropriate
- Chair will transition to this role
Unit Practice Councils
Roles and Responsibilities

Member
- Learns about Relationship-Based Care
- Maintains communication with assigned communication network (tree)
- Offers ideas from colleagues in communication network

Researcher
- Explore evidence-based practice and ways to improve patient care.
- All RNs will have access to Tableau.

Quality Improvement
- Report out on monthly data
- HCAHPS scores, Tableau, Unit Dashboard (sepsis, falls, pain satisfaction scores, etc.)

Social
- Responsible for planning special events
- Recognizing staff who have obtained their certifications
- Provide support to those staff members who may be experiencing undue hardship
- Foster positive relationships amongst staff

Communicator
- Update UPC bulletin board
- Ensure communication tree is updated and topics sent out each month

Unit Practice Councils Reporting Outcomes
World Café Event beginning June 2019
End of Fiscal year, prior to new members selection
New member selection begins in May and new members will start in July.
This will allow unit goals and projects to align with UCLA Health fiscal year goals.
Unit Practice Councils
Roles and Responsibilities

Unit Leadership
- Develop a shared vision for RBC with the UPC and staff
- Provide guidance and support by attending UPC meetings, encouraged to attend duration of the meeting
- Provide time for UPC to meet by adjusting the schedule to cover meeting times
- Empower staff to become independent
- Solve unit systems issues that are beyond the scope of the UPC
- Provide guidance and review content of presentations, posters/abstracts, and reports for completeness

Unit Practice Councils
Roles and Responsibilities
CNS or Educator
- Encourage the use of research to support and guide evidence-based practice changes
- Mentor staff to advocate for their own practice, provide coaching and guidance
- Collaborate and guide staff with decision-making processes
- Support staff as they lead and create system-wide cultural changes to improve quality outcomes, deliver efficient care, and support the Magnet journey
- Review content of presentations, posters/abstracts, and reports for completeness.
- CNS or Educator may attend all or part of the meeting.

Keys to Implementing Relationship-Based Care
- Trust the staff
- Councils of line staff decide how to bring RBC to life in their department
- Leaders support and encourage fun, trust, and health
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Transformational Leadership Councils

Scope
• Strategic Planning
  - Effectiveness, efficiency, performance
• Advocacy and Influence
  - Guide change process
• Visibility, Accessibility, and Communication
  - Establish methods for nurses to access formal nurse leaders
• Oversight of Quality and Safety
  - Monitor activities and outcomes of each facility council and UPCs.
Transformational Leadership Councils

**Membership**
- Unit Practice Council (UPC) Chair (from each unit/department)
- Unit Director (UD)
- Clinical Nurse Specialist (CNS)
- Assistant Unit Director
- Facility Council Chairs
- Nursing Quality Outcomes/Magnet Coordinator
- Analyst, Patient Experience Representative (ad hoc)

**Leadership:** Clinical Nurse UPC Chair and Co-Chair
**Executive Sponsor:** Chief Nursing Officer

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**Facility Councils**

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Exemplary Professional Practice Councils

**Scope**
- Professional Practice Model
- Care Delivery System
- Interprofessional Care
- Accountability, Competence, and Autonomy
- Ethics, Privacy, Security, and Confidentiality
- Culture of Safety and Quality of Care
Exemplary Professional Practice Councils

Membership
- Clinical Nurse from each unit/department (ANI, CNI/II/III)
- Unit Director
- Clinical Nurse Specialist
- Assistant Unit Director
- Subject Matter Experts (SME) for nursing quality/safety indicators

Leadership: Clinical Nurse Chair and Co-Chair
Administrative Sponsor(s): CNS and UD/Manager

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Facility Councils

New Knowledge, Innovations and Improvements Councils

Scope
- Research
  - Coach nurses, use published research findings
  - Support human rights
  - Disseminate knowledge
- Evidence-Based Practice
  - Translate knowledge into nursing EBP
- Innovation
  - Discuss, review and support innovations/adoption of technology
  - Participate in design and use of space to support practice

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New Knowledge, Innovations and Improvements Councils

**Membership**
- Clinical Nurse from each unit/department (ANI, CNI/II/III)
- Unit Director
- Clinical Nurse Specialist (RIC member)
- Assistant Unit Director
- Nurse Scientist
- Nurse Informaticist
- Nursing Quality Outcomes/Magnet coordinator

**Leadership:** Clinical Nurse Chair and Co-Chair
**Administrative Sponsor:** CNS or UD/Manager

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**Scope**
- Professional Engagement
- Commitment to Professional Development
- Commitment to Community Involvement
- Recognition of Nursing
Structural Empowerment Councils

Membership
• Clinical Nurse from each unit (ANL,CNI/II/III)
• Unit Director, Clinical Nurse Specialist
• Assistant Unit Director
• Nursing Professional Development Specialist (NPDS)
• Center for Nursing Excellence (The CENTER) NPDS
• Nursing Quality Outcomes/Magnet Coordinator

Leadership: Clinical Nurse Chair and Co-Chair

Administrative Sponsor(s): NPDS and CNS or UD/Manager
Empirical Outcomes Council

Scope

• To review identified system outcome measures and make/approve recommendations for strategic intervention to optimize performance.

• To assure that nursing performance and related outcome metrics align with the strategic priorities of the organization and the nursing department.

Membership

• Magnet Program Director
• Professional Development Specialist
• Nursing Quality Improvement Specialist
• From each entity:
  • UG/Manager, CNS, Transformational Leadership Council chairs, Nursing Quality Outcomes/Magnet Coordinator, Nursing Quality Analyst

Leadership: Clinical Nurse Chair and Co-Chair

Executive Sponsor: Member of Chief Nurse Executive Council

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Practice Council

Scope
- To foster exemplary patient care through the development, review, revision, approval, and dissemination of clinical nursing policies, guidelines, and practice alerts
- To ensure that policies and guidelines are based on the latest research and evidence.
- To oversee and provide input by clinical nurses in collaboration with nursing leadership on the approval process for nursing policies and guidelines.

Membership
- Chairs/Co-Chairs from the Exemplary Professional Practice Council (4)
- Unit Director
- CNS
- Nursing Professional Development Specialist
- APRN/NP
- Nurse Scientist/EBP Specialist

Leadership: Clinical Nurse Chair and Co-Chair
Executive Sponsor: Member of Chief Nurse Executive Council
Research and Innovation Council

Scope
• To support, encourage, and facilitate nurses’ participation in research activities (utilization and conduct) so that optimum patient outcomes are achieved.
• The RIC functions under an operational strategic plan that promotes system-wide, multi-disciplinary research, evidence-based practice, innovation and technology adoption.

Membership
• Chairs/Co-Chairs from the New Knowledge & Innovation Council (4)
• Nurse Scientist
• Unit Director
• CNS
• Nursing Professional Development Specialist
• APRN/NP
• Nursing Informaticist
Leadership: Clinical Nurse Chair and Co-Chair
Executive Sponsor: Member of Chief Nurse Executive Council

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System Councils
Professional Development Council

Scope
• To increase current clinical nurse education levels and professional certifications
• To promote professional nursing clinical advancement and career development
• To ensure that educational activities are relevant to the advancement of nursing excellence.

Professional Development Council

Membership
• Chairs/Co-Chairs from the Structural Empowerment Councils (4)
• Unit Director
• CNS
• Nursing Professional Development Specialist
• APRN/NP
• Nursing Informaticist
• Leadership: Clinical Nurse Chair and Co-Chair
• Executive Sponsor: Member of Chief Nurse Executive Council
Professional Governance
Coordinating Council

Members
• CNEC members (8)
• Unit Director from each system council (4)
• Clinical Nurse Specialist from each system council (4)
• Chair from each system council (4)
• Transformational Leadership Chairs from each entity (4)
• Leadership: Elected Chair and Co-Chair
• Executive Mentor: Chief Nursing Executive

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Professional Governance
Communication Tool

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U Guide Innovation Practice
• Using the iPad
• Navigate to the Mednet Home Page
• Go to the Department of Nursing Home Page
• Click on the U Guide Innovation link
• Complete the form to submit a change request

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