1983

A Study of the Education and Experience Mixture of a Nursing Staff and the Relationship to Quality Patient Care

Carolyn Hope Smeltzer
Loyola University Chicago

A STUDY OF THE EDUCATION AND EXPERIENCE MIXTURE OF A NURSING STAFF AND THE RELATIONSHIP TO QUALITY PATIENT CARE

Carolyn Hope Smeltzer

A Dissertation Submitted to the Faculty of the School of Education of Loyola University of Chicago in Partial Fulfillment of the Requirements for the Degree of Doctor of Educational Psychology

May 1983

Carolyn Hope Smeltzer

Loyola University of Chicago

A STUDY OF THE EDUCATION AND EXPERIENCE MIXTURE OF A NURSING STAFF AND THE RELATIONSHIP TO THE QUALITY OF PATIENT CARE

The purpose of this research was to investigate the relationship of the educational and experience level mix of staff nurses on a nursing unit to the quality of patient care delivered by the nursing staff. A model was developed to examine the relation between the variables. The sample consisted of 518 staff nurses and 19 head nurses. The head nurses completed a demographic questionnaire concerning their education and experience as head nurses and also their perception of the relationship between the education and experience of the staff nurse and the quality of care the staff nurse renders. The questionnaire examined the head nurses' practice of hiring staff nurses in relationship to the education and experience level of the nurse. The head nurses also completed a questionnaire that indicated the educational and experience level of each staff nurse who was working during the months the unit's evaluation of care was conducted.

Data related to the relationship of educational and experience levels of a nursing staff unit and the quality of care measured by the Medicus Quality Monitoring Tool were analyzed by analysis of variance, Scheffe Analysis, Chi-Square Analysis, regression analysis and descriptive

data analysis. The independent variables, educational level and experience level of a staff unit were compared to the staff nurses unit's accomplishment of the four objectives from the Medicus Quality Monitoring Tool: 1 (the plan of nursing care is formulated, 2 (the physical needs of the patient are attended), 3 (the non-physical needs of the patient are attended), and 4 (achievement of nursing care objectives is evaluated).

Using the 0.05 level of significance it was concluded that experience was related to and was also a predictor of the nursing unit's achievement of two objectives; 2 (the physical needs of the patient are attended), 3 (the non-physical needs of the patient are attended). The type of service categories of the nursing units did predict the nursing staff's accomplishment of the nursing process for the same two major objectives. The educational level was neither related to nor a predictor of the unit's accomplishments of the nursing process.

ACKNOWLEDGMENTS

Sincere appreciation is extended to the members of my Doctoral Committee, Dr. Carol Harding and Dr. Jack Kavanagh. To Dr. Anne Juhasz, a special thank you for the support, guidance and unlimited time that she provided during graduate school and the writing of this dissertation.

Acknowledgment and sincere appreciation are expressed to Otto Simon, who supported the concepts of advanced education and research, to the Head Nurses, who took the time to participate in the research and to Jack Corliss, who provided unlimited computer assistance. A special thank you to Cathie Corso, who provided editorial assistance, and Joyce Mikoff, who typed, proofread and copied many drafts of this document.

I also wish to thank my friends and family who provided encouragement, support and understanding during my graduate education. A special thank you to my parents who always thought I could accomplish this educational goal.

VITA

The author, Carolyn Hope Smeltzer, is the daughter of Harry Smeltzer and Gertrude Hickey. She was born February 26, 1951 in Oak Park, Illinois.

Her elementary education was obtained in the public schools of Michigan City, Indiana, and secondary education at the Elston High School, Michigan City, Indiana, where she graduated in 1969.

In September, 1969, she entered the Evanston Hospital School of Nursing, and in June, 1972, received the Nursing Diploma. She entered Purdue University School of Nursing, September, 1972 and received the degree of Bachelor of Nursing Science, May, 1974. While attending Purdue University, she became a staff nurse at St. Anthony's Hospital, Chicago, Illinois and was a float nurse at Billings Hospital and Clinics, University of Chicago. In June, 1974, she accepted the position of nursing faculty at Ravenswood Hospital, School of Nursing where she was the freshmen clinical and theory instructor, teaching Nursing Fundamentals and Cardiovascular Nursing.

In January, 1975, she entered Loyola University School of Nursing and received the degree of Master of Nursing Science, February, 1977. During this time she became Head Nurse, Cancer Detection Center, Ravenswood Hospital and developed, implemented and evaluated such aspects as marketing, patient chart forms, teaching programs and health counseling.

In 1978, she was appointed Coordinator of Nursing Staff Development at Foster G. McGaw Hospital, Loyola University Medical Center. In 1979,

she was promoted to Associate Director of Nursing/Quality Assurance in charge of the staffing report and quality of nursing care analysis with direct jurisdiction over Nursing Staff Development, Recruitment, Discharge Planning and Quality Monitoring Programs.

In September, 1980, she was accepted at Loyola University, School of Education, as a candidate for the degree of Doctor of Educational Psychology. Since 1981, she has been a part-time faculty member of The Medical College of Wisconsin, School of Nursing, Milwaukee, Wisconsin. She was promoted to Associate Director of Nursing, Foster G. McGaw Hospital, in August, 1982. Her responsibilities include developing, implementing, directing and evaluating all aspects of the Quality Assurance Program and assuming authority and responsibility for the Nursing Service Department during the absence of the Director of Nursing.

Her membership in professional organizations include the American Heart Association, Sigma Theta Tau, Midwest Alliance in Nursing and the National League for Nursing.

She is the author of the following publications:

"Quality Assurance: Concepts and Misconceptions." To be published in Nursing Management.

"Cancer Detection Education." To be published in Nursing Management.

"Continuing Education in Mandatory and Non-mandatory States." To be published in Nursing Outlook.

"Quality Assurance, A Process Not a Tool." Journal of Nursing Administration. January, 1983, Vol. 13, No. 1, pp. 5-9.

"Cancer Screening, Benefits and Problems." Nursing Management. April, 1982, pp. 52-55.

"Collaboration Not Competition: A Model for Nursing Continuing Education." Journal of Nursing Education. June, 1981, Vol. 20, No. 6, pp. 24-29.

"Teaching the Nursing Process-Practical Method." Journal of Nursing Education. November, 1980, Vol. 19, No. 10, pp. 31-37.

"A Mass Screening Program for Colorectal Cancer Using Chemical Testing for Occult Blood in the Stool." Cancer. June, 1980, Vol. 45, No. 12, pp. 2955-2958.

"Hypertensive Patients' Understanding of Terminology." Heart and Lung. May-June, 1980, Vol. 9, No. 3, pp. 498-502.

"Hemoccult Screening: The Nurses Role." Cancer Nursing. December, 1979, pp. 475-479.

"Patient Education: The Teaching Process." University of Wisconsin. Dial Access Tapes, Tape No. 663, 1979.

"The Process of Faculty Evaluation." Generating Effective Teaching. NLN Publication, 1978, No. 16-1749, pp. 19-34.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CONTENTS FOR APPENDICES

CHAPTER I

INTRODUCTION

Organizations are formed to accomplish goals that cannot be accomplished by individuals alone. The goals of a hospital are measured in the quality of patient care rendered. The nursing department accounts for 50% of all health care personnel. The goals of the nursing department can be measured through evaluating the nursing staff on the accomplishment of the nursing process. This is one measurement that provides a convenient and valid indicator of whether the allocation of resources under a nursing unit are effective and efficient in rendering quality patient care.

Resources that are available to provide nursing care to patients include registered nurses and non-professional staff. Registered nurses enter the field of nursing through three basic educational preparations. Graduates from the distinct nursing curriculums complete the same licensing exam and receive the same registration to practice nursing. Often the nurses are considered interchangeable for the same employment position and function under identical job descriptions. The nurses are many times hired at the same salary. Confusion exists in differentiating roles of nurses who graduate from the various types of educational programs.

Need for the Study

The cost of health care has increased 240% since 1968 (Kalisch & Kalisch, 1980). Government regulations are aimed at cost containment in the health care setting. The productive goals of hospitals are mea-

sured in the quality of care and the cost of the care. If nursing resources were used according to educational preparation, an increase in productivity while maintaining or improving the quality of care might be accomplished. The organizational goal of a hospital, quality patient care, could be achieved through systematically utilizing appropriate resources on each nursing unit. The ideal allocation of resources could be determined by analyzing the educational and experience level of the staff nurses.

Identification of an effective educational mix of nurses based on educational preparation would enable more effective and efficient utilization of nurses in the practice setting. If an ideal educational preparation for a nursing staff were known, hiring for specific job functions, and the staffing of a hospital nursing unit could be based on needs of the patients and educational preparation of the nurses to meet those needs. Salary scale guidelines for graduates of different programs could also be developed and could improve cost effectiveness.

At present there are at least three educational modes to prepare nurses to enter the profession: the baccalaureate curriculum, the associate degree curriculum and the diploma curriculum. Historically, the diploma curriculum was the first mode used to educate nurses. The education consisted of training students to become nurses through clinical experience in the hospital setting. The baccalaureate curriculum was developed to increase the scientific knowledge base of the nurse through an educational experience in an institution of higher learning. The associate degree nursing program was developed in the early 1950s and

was originally designed to concentrate on the technical skills needed to be a nurse.

In 1965 the American Nurses' Association developed a position paper on the educational preparation of the nurse to be effective in 1985. This position paper states the educational preparation of the professional nurse will be at the baccalaureate level. The resolution states that there will be two distinct levels of nursing practice, professional and technical. The distinction between the levels of nursing practice will be the professional nurse who will be responsible for leadership and decision making, versus the technical nurse who will be responsible for delegated tasks as assigned by the professional nurse. The technical nurse will not be able to function without the supervision of a professional nurse. The basic premise for the distinct levels of practice is that the knowledge, skills, and abilities needed to function as a professional nurse can only be obtained through a baccalaureate educational experience.

In summary, the American Nurses' Association recommends two entry levels to the profession of nursing. The first is a professional entry level with an educational experience at the baccalaureate level and the second is a technical entry level with the educational experience at the associate degree level. With two entry levels into the profession of nursing, there is a need to determine the mixture of staff nurses based on education and experience that is required to efficiently and effectively meet the patients' needs and accomplish the goal of cost containment.

Theoretical Framework

The theoretical framework for studying the education and experience level mix of a nursing unit and their relationship to the quality of patient care is based on the concept of the nursing process, the definition of learning and Barbara Stevens' (1982) concept of nursing education.

First, the concept of the nursing process is examined, next, the definition of learning is used along with Barbara Stevens' Venn Diagrams to explain nursing education's impact on nursing practice. Terminology used in the study is also defined.

Nursing process. The system of practice utilized in nursing, to provide patient care, is the nursing process. There are many basic definitions to describe this concept and all agree that the nursing process is a systematic method of intellectual activity to determine nursing action. The purpose of the process is to insure the patient the best possible nursing care to meet his individualized health needs.

Orlando (1973, pp. 20-21) conveys the idea that the nursing process is a method of determining the patient's needs and then meeting these needs. She further states that the nurse must evaluate the patient's immediate behavior to determine whether the nursing intervention was effective for the patient. She believes that the nursing process is a

disciplinary action which is composed of the patient's behavior, reactions of the nurse to the behavior, and the action the nurse then implements. The reaction phase is composed of the nurse perceiving the patient's reactions with her sense organs, the perception stimulating an automatic thought process and the thought process stimulating an automatic feeling. The above processes lead the nurse to initiate a deliberate action in caring for the patient (p. 29).

Wiedenbach (1964, p. 2) believes that nursing is an art that utilizes the nursing process as a "systematic application of knowledge and skills in effecting a desired result." She continues with her definition by stating that the practice of nursing is composed of identification of need, ministration of help and validation that the nursing intervention did help (pp. 31 & 51).

Dorothy Orem (1980, p. 202) defines the nursing process as the act of determining why a person needs nursing, designing a system of nursing assistance, planning for the delivery of the specified nursing assistance and providing and controlling the delivery of that nursing assistance.

Imogene King (1971, p. 91) states that the nursing process is composed of a "series of acts which connote action, reaction, and interaction." Transaction follows these acts after a reciprocal relationship is established by the nurse and patient in which both participate in determining the goal to be achieved in the specific situation. The components needed to carry out the above nursing process are: com-

municating, relating, using knowledge, gathering information, making decisions, and evaluating the consequences of decisions (p. 103).

The Maryland Nurses' Association defines the nursing process as "the assessment, problem identification, implementation and evaluation of the health needs of individuals, families or communities" (Bloch, 1974, p. 689).

Fay Bower defines the nursing process as:

> The process of planning nursing care in a systematic step by step method of selecting an action or actions to reach a desired goal. It is a decision making process. It includes both cognitive and activity components. The goal of nursing care is to help the individual or the family (the client) reach a state of "high-level wellness" (Bower, 1972, p. 9).

Her concept of the nursing process is divided into four operational terms: assessment, problem identification, planning for nursing intervention and evaluation (pp. 13-21).

Each component of the nursing process must be accomplished in order to render quality nursing care to a patient. The American Nurses' Association has stated that the technical nurses (the associate degree graduates and the diploma graduates) can accomplish medically delegated tasks and can assist the patient toward recovery. The professional nurse utilizes more theory to make nursing decisions and emphasizes the social-psychological aspects of care (Huber, 1982, p. 25). This viewpoint basically states that graduates from different educational nursing programs have different strengths in accomplishing the nursing process. All the skills are needed in combination in order to render quality patient care.

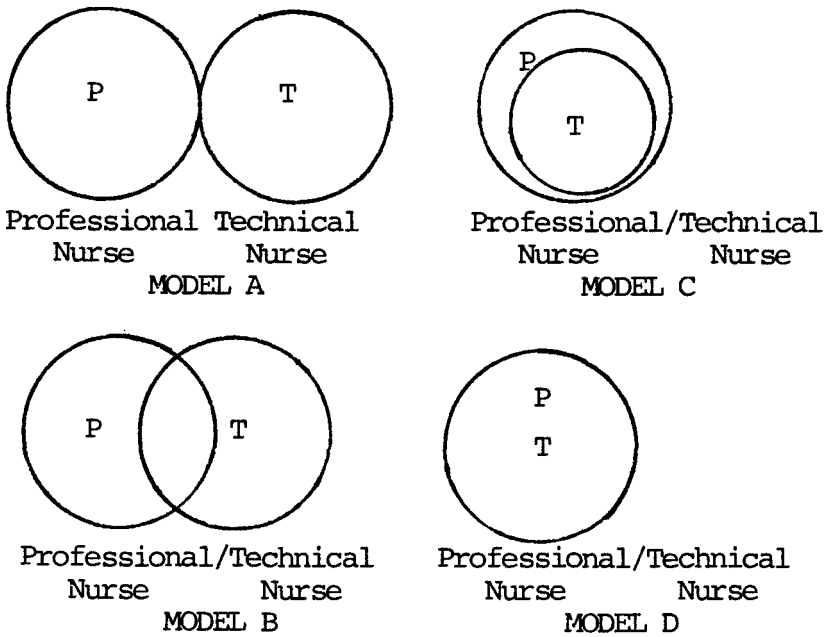
Nursing Education. The definition of learning states that a change in behavior occurs as a result of an experience. Nurses graduating from different educational experiences have had different learning experiences. Behavioral differences based on educational experience could be delineated by evaluating the results of the nursing unit's behaviors when implementing the nursing process in caring for patients.

Stevens (1981, p. 704) has described graduates from different nursing educational programs by the use of Venn diagrams. Model A (Figure 1) identifies graduates from technical and professional schools having two separate skills with no overlap in elements learned. Model B focuses on the graduates from the professional and technical schools having some elements or skills that are unique from those of the other graduates. Both of these models would apply infrequently since all graduates take the same licensing exam to practice nursing. Graduates from both professional and technical nursing programs appear to learn similar material and skills but perhaps in different depth as described by Model C. Model C, as described by Stevens, designates the technical nurse as having fewer skills than the professional nurse. Stevens explains Model D by stating that there is basically no difference between the professional and technical nurse as seen in Figure 1.

The model utilized in this study is Model C. In this model the professional nurse has some skills that are different from those of the nurse at onset of graduation. The technical nurse, may however,

Figure 1

Stevens' Models of Nursing



Note. From "Program Articulation: What It Is and What It Is Not" by Barbara J. Stevens, R.N., Ph. D, Nursing Outlook, 1981, 29, 700-706. Copyright 1981 by Barbara J. Stevens, R.N., Ph. D. Reprinted by permission.

have more indepth skills in technical aspects of patient care than does the baccalaureate graduate. The nursing literature states that the difference in the technical skills does diminish when the baccalaureate nurse gains nursing experience (McCloskey, 1981, p. 361).

Definitions of Terminology. Terminology that is utilized in the model studied includes:

Nursing unit. Nursing unit is defined as an intact group of staff nurses who function physically in the same location in a hospital and are under the administrative direction of one head nurse.

Educational level. Educational level is the highest nursing educational degree held by a staff nurse. The educational level is classified as a baccalaureate degree or professional nursing degree and the associate nursing degree or the diploma is classified as the technical degree. Barbara Stevens' Venn Diagram Model C is utilized to distinguish the professional nurse from the technical nurse.

Experience level. Experience level is the length of time the nurse has been practicing nursing.

Nursing process. The nursing process is a dynamic method of problem solving to determine, implement, and evaluate the plan of care for a selected patient and/or family with the main goal being optimal health for the individualized patient and/or family. The components of the nursing process can be defined by four major objectives that are evaluated in the Rush-Medicus Quality Monitoring Tool. These objectives are: the plan for nursing care is formulated, the physical needs of

the patient are attended, the non-physical needs of the patient are attended and the achievement of nursing care objectives is evaluated. The nursing process is the index for the quality of care rendered.

Research Questions

The purpose of this study is to answer the following research questions:

1. Is there a relationship between the nursing units that have a different educational mix of professional and technical nurses as defined by the American Nurses' Association and the quality of nursing behaviors in rendering care to patients?
2. Is there a relationship between different mixes of experience in nurses on nursing units and the quality of the nursing process in rendering patient care?
3. Is there a relationship between a different educational mix and experience mix of a nursing unit and the nursing unit's quality of rendering patient care?

Purpose of Investigation

The purpose of the study is to identify the most advantageous composition of staff on a unit in order to render the highest level of quality patient care. The mix of staff nurses is based on the educational and experience levels of the nurses. The quality of care is evaluated by examining behaviors of the nurses when implementing the nursing process.

If staffing were done systematically based on the needs of the unit, the cost of nursing staff personnel could be predictable and perhaps decreased. Recruitment efforts for nurses could be geared toward hiring the nurse based on the educational preparation needed to function on a specific unit. Nurse educators could more effectively devise objectives for the nursing educational programs if they were aware of the percentage of professional nurses that should be utilized with technical nurses in order to render quality care to patients.

Procedure

Subjects. An intact nursing unit is the single subject and many individual staff nurses on that unit comprise the unit single sample. A unit is composed of the staff nurses under the administrative direction of one head nurse. Nineteen nursing units will be included in the study. They are from a 500 bed university hospital setting.

The nursing units will be analyzed for frequency of the number of baccalaureate degree nurses, associate degree nurses and diploma nurses and the mean experience level of each nursing unit. Each nursing unit will then be categorized into the following service units; medical, surgical, intensive care, burn, pediatric, obstetric, and psychiatric. These categories of services will be analyzed for frequency of the type of educational preparation of nurses, the mean experience level of the nurses and the mean quality index of each component of the nursing process.

The variable of adequate staffing will be controlled for by eliminating any unit in the study in which a type two classified patient

recieved less than two hours of nursing care in a 24 hour period in the month the unit was studied.

Instrument. The Rush-Medicus Quality Monitoring Tool will be utilized to evaluate the quality of care on the nursing unit. There will be four major quality objectives evaluated by the use of this tool. Under these four quality objectives are grouped 23 subobjectives.

Quality in any nursing unit, during any month, will be monitored on the basis of a review of roughly 10% of that month's patient census (12 to 20 patients, depending upon occupancy and length of stay). Such numbers will allow application of criteria to derive statistically significant scores. Observations will be made by independent, specially trained nurses and are distributed randomly across days in the month and shifts in a 24 hour period. Sixty percent of the observations will be performed on weekdays, 40% on evenings and weekends.

Sources of data for observations will include the patient's record, the patient's nurse and the individual patient. Trained quality monitoring observers will evaluate units other than their own by randomly selecting patients by the use of a random sample table.

At the end of the month, a computer program will produce quality indices for the 23 subobjectives. Criteria will be "scored" by the computer program through formula based upon the number of "yes" versus total valid responses. A "score" will be calculated for each subobjective based upon the average of the criteria scores within the subobjectives.

All criteria within a subobjective will be treated equally and none will be weighted. Indices for the major objectives will be computed based upon criteria values for all criteria within the objective category.

Data collection. Educational level and experience level data of the staff nurse will be collected by the head nurse, who will fill in the educational level, length of experience in nursing, length of time on that unit and the full time equivalent position worked for each nurse who worked the month the quality scores were generated. She will also complete a questionnaire concerning her own demographic data and hiring practices.

Design and statistical analysis. The design will be an ex post facto intact group design of each nursing service. Categories will be analyzed for differences through the use of ANOVA program. A multiple regression program will be utilized to analyze the relationship between the educational mix of a nursing service and the nurses' performance of the nursing process and the experience level of a nursing service and the nurses' behavior in rendering the nursing process. The independent variables will be the experience level and the educational level of the nursing staff. The quality objective scores will be the four dependent variables. The 23 subobjectives under the four quality objective scores will also be treated as dependent variables. The statistical analysis will utilize correlational and multiple regression methodology.

Summary

The purpose of the research study is to identify an appropriate

mix of staff nurses to render quality patient care. If staffing is done to systematically maximize the delivery of quality care on units, the cost of nursing staff personnel could be predictable and perhaps decreased. Recruitment efforts for nurses could be geared toward hiring the nurse based on the educational preparation needed to function on a specific unit. Nurse educators could devise objectives for the nursing educational programs if they were aware of the percentage of professional nurses that could be utilized with technical nurses to render quality care to patients. The mix of staff nurses will be based on the educational and experience levels of the nurses as reported by the head nurse. The quality of care will be evaluated by the behaviors of the nurse when implementing the nursing process as measured by four objectives of the Rush-Medicus Quality Monitoring Tool. Descriptive and correlational data will be reported.

CHAPTER II

REVIEW OF THE LITERATURE

Chapter Two presents a selected review of the literature about nursing graduates from three different educational preparations. The educational preparations include the associate degree education, the diploma education, and the baccalaureate education. In addition to reviewing the necessary information about the competency, performance and quality of care of the graduates, studies that examine the experience of the staff nurse will also be reviewed.

According to McCloskey (1981, p. 356), competency is defined as "the skills and abilities the nurse demonstrates at the completion of an educational program." Performance is defined as "the skills the nurse demonstrates on the job." Quality of care is defined as "the performance of nursing functions that have an impact on the patients." Experience of the nurse is defined as "the length of time the nurse has practiced nursing."

Research Related to Competencies

Attributes of the nurse at the completion of an educational program can be measured through state board examinations, psychological tests, self actualization tests, and cognitive skills tests. A review of the literature of the various methods of measuring competencies of nurses from the three different educational preparations will be discussed.

State board exams. The State Board Test Pool Examination is a nationally standardized examination utilized to test competencies of nursing graduates from all nursing programs. The test measures the graduate nurse's understanding of basic safe and effective practice at the entry level to nursing. The purpose is to ensure the consumer and agency that the nurse has minimum competencies in specific areas to practice safe nursing. The test measures ten major attributes in five clinical areas.

McQuaid and Kane (1979, pp. 305-306) studied the relationship of educational preparation of graduate nurses and their test results on the state board licensing exam. The authors found that diploma graduates rated higher than associate and baccalaureate graduates in four of the five clinical areas tested. Graduates from the baccalaureate programs rated higher in the clinical area of psychiatric nursing than did diploma and associate degree nurses. Baccalaureate graduates had a higher mean score in the attributes of human relations, mental health and causes of diseases than did diploma or associate degree graduates. Diploma graduates had a higher mean score in the areas of manifestation of the disease process, in the theory of medicine, and in the area of rendering nursing care to meet the patient's needs. The associate degree nurse graduates did not rank higher in any of the competencies in relationship to the graduates of the other programs.

The above authors concluded that the range of the results for the 65,000 nurses who took the five part State Board Test Pool Examination

was large for each educational group. Also, the mean score variability was larger due to the individual differences than the variation due to the different educational experiences. A stated criticism of the results is that diploma graduate nurses excel on the majority of the state board test examination items because the diploma curricula are structured to prepare graduates to be proficient on the state board examination (McCloskey, 1981, p. 358). There is also no evidence that supports the relationship between state board test results and performance.

General attribute studies. In a study of general attributes conducted by Meleis and Farrell (1974, p. 461) it was concluded that 188 students from the three educational programs showed very few differences that could be attributed to educational preparation. The authors stated that students from all three programs are alike intellectually and in their consideration for others. The baccalaureate students did evaluate themselves higher in the areas of communication, administration, and supervision skills. The results are questionable because of the low rate of return on the questionnaire.

A study was conducted by Richards (1972) to determine the difference in psychological characteristics of students graduating from different nursing programs. The result yielded no significant differences in the area of personality and intelligence based on educational background. Baccalaureate student nurses did have a more professional ideal of nursing and perceived their instructors as more professional than did students from the other programs (Richards, 1972, p. 258). The instruments utilized

for the study included the IPAT test of general intelligence, the Gordon Personal Profile and Professionalization Scale. This study did support other studies done on the topic (Bruegel, 1969), (Schoenfeldt, 1970), and (Richards, 1972, p. 261).

Goldstein found no difference when comparing the baccalaureate nursing student and associate degree nursing student on self-actualization as measured by the Personal Orientation Inventory (1980, p. 36). The author measured self-actualization differences based on the hypothesis that the baccalaureate graduates will function in leadership roles and accept the responsibility for planning while the associate degree graduates will always function under the professional nurse. The sample size in this study was very small.

In another study, Hover examined goals and attitudes about nursing comparing the diploma nurse with the baccalaureate nurse. The study was designed to determine the difference in nurses based on different educational backgrounds in terms of patient preference, satisfaction with co-workers and career goals. The sample included staff nurses who had graduated within a five year period and had worked on the same nursing unit for at least two months. The results indicated that one-fourth of the diploma nurses did prefer a certain type of patient. The degree nurses preferred caring for the patients who had teaching needs and active patients who only needed supportive care while the diploma nurses preferred patients who had more technical needs, for example, the respirator de-

pendent patient (Hover, 1975, p. 685).

Mandrillo (1970) utilized a multiple choice test given to 155 graduating baccalaureate degree students and 106 associate degree students in order to determine cognitive skills in relating scientific knowledge to patient problems. The test reported a reliability of .87. Mandrillo stated that baccalaureate degree students possessed more knowledge and related the knowledge to patient problems more effectively than did graduates from the associate degree program (McCloskey, 1981, p. 358).

Bassett (1977) did not find these results when evaluating the problem-solving differences of baccalaureate and associate degree nursing students. She administered the Remote Associates Test and the Nursing Performance Simulation Instrument to 76 baccalaureate degree students and to 84 associate degree students (McCloskey, 1981, p. 358).

Gray, Murray, Roy and Sawyer (1977) compared 22 baccalaureate degree and 22 associate degree senior students' answers to six clinical situations essay questions. Differences were cited in the area of technical skills, teaching and leadership ability, support to the patient's family, interviewing for assessment purposes, action in structural situations and actions following observation of the patient. In general the baccalaureate students rated higher on the test dealing with prescribed nursing actions and anticipated long term needs more than associate degree nursing students did. The authors concluded that there is a general "all nurse factor" that explains some functions of both types of nursing (Gray, Murray, Roy & Sawyer, 1977, p. 371). This factor they

believe, accounts for the fact that no differences were found between baccalaureate degree and associate degree nurses in many studies. They also believe that the baccalaureate nurses may have knowledge that may not be readily visible when studied.

Criticism of the Gray research includes the small size of the sample, the essay question approach, and the fact that testing results may not indicate performance abilities (McCloskey, 1981, p. 359).

Frederickson and Mayers (1977) conducted a study utilizing the "Nursing Judgment Series" from the Verhonick Nursing Problem Series (p. 1169). The series depicts five typical patient problems. Fifty-four students were tested. The study utilized 28 students from baccalaureate degree programs and 27 students from associate degree programs. Each student viewed a film, responded to questions posed by the researcher, and completed a standardized test consisting of 100 items to assess problem-solving abilities. The results indicated that baccalaureate degree students possess greater actual thinking ability, but they do not utilize these abilities to solve nursing problems. Evaluation, which is the final step in problem-solving, was the step most infrequently utilized in the problem-solving approach by all students (Frederickson & Mayers, 1977, p. 1169).

In other studies, Kramer, Cowin and Davis separately reported that diploma students have higher bureaucratic values while the baccalaureate nursing students have higher professional and individual patient care values. Baccalaureate nurses also had a concept orientation to the service role

which is better than that of the associate degree nurse (Davis, 1975, p. 9).

Ratings. Faculty of different types of nursing programs determine the goals and objectives of the nursing program. Therefore, an additional method of comparing the competencies of nursing graduates is to compare the perceptions of faculty members.

Moore (1967) had faculty from all three nursing educational programs rate 32 questionnaire items that described qualities of leadership, judgment, and responsibility. They were asked to rate the importance of the item for a graduate of their respective program and the extent to which they had seen this particular behavior in their graduates. The baccalaureate student scored highest for the importance of leadership, judgment, and responsibility. These behaviors were seen more frequently in the baccalaureate graduate (McCloskey, 1981, p. 356).

Chamings and Treevan (1979) conducted a similar study asking deans of schools of nursing from 100 associate degree nursing programs and from 100 baccalaureate nursing programs to rate graduates of their respective program on competencies. These authors found similar results to those of Moore. The authors concluded that the expectations of baccalaureate nursing students may be higher than those of associate degree nurses, but that the competencies are not clearly different (McCloskey, 1981, p. 356).

The major disadvantages with faculty perception studies is that the studies are comparisons of faculty perceptions of competencies as opposed to comparison of graduate competencies measured by actual behavior of the graduates.

A National League for Nursing Task Force which examined competencies of graduates of nursing programs concluded that differences do exist in the knowledge base of each program, in the practice role and in the accountability of the graduate. The report stated that baccalaureate graduates perform better in unstructured settings, but few distinctions were made between competencies of the graduates from different educational programs (McCloskey, 1981, p. 356).

Another survey indicated that associate degree nurses are more concerned with curing the patient, while baccalaureate prepared nurses are concerned with caring for the patient. The majority of the baccalaureate program nursing students were care orientated. The associate degree students were more divided between a care and cure orientation, but the majority were cure orientated (Bullough & Sparks, 1975, p. 670). This study concluded that associate degree nurses are technically based and can carry out functions that are concerned with the patients' physiological reactions, the physician or the machinery but can function only minimally with the patient who is coping with social and psychological problems. The professional nurses are responsible for the total patient care including emotional responses and adjustment. The study concluded that the baccalaureate nurses should delegate technical skills (Bullough & Sparks, 1975, p. 688).

Research Related to Performance

In addition to test results for competencies of recent nursing graduates, practicing nurses' abilities have been studied through surveys

and rating scales. The following literature review is concerned with abilities of the practicing nurse.

Ratings. In a survey study of sixteen hospitals, 76% of all administrators and nursing directors surveyed and 82% of head nurses surveyed stated that the diploma graduate performed at a higher level than did the associate degree or baccalaureate degree nurse. Zarett conducted a survey in which directors of nurses rated nurses by educational preparation in eleven categories. The diploma graduate nurses were rated significantly higher (.05) in 6 of the 11 categories. Ninety-six percent of the directors also stated diploma nurses need less time in an orientation program to prepare them for their role as a staff nurse (Zarett, 1980, pp. 28-29).

The results indicated that administrative personnel believe nurses from diploma education programs assume a higher responsibility for the patients they are assigned to care for, prioritize, achieve nursing goals, perform nursing skills accurately and safely, report and record pertinent data and have a higher committtment to the quality of patient care. Although not statistically significant, other areas in which diploma nurses were ranked higher were: utilizes the nursing process to render care, interacts effectively with health care team members, and respects the rights of individuals. Baccalaureate prepared nurses were ranked higher in their abilities to apply scientific knowledge of the bio-psycho and social influence when caring for the patients, identify their self-actualization needs and identify continuing education program needs

(Zarett, 1980, p. 30). The result of the study indicates that diploma nurses have skills that are more technical in nature and the baccalaureate prepared nurses have a more scientific knowledge base. The study indicated that administrators think that baccalaureate nurses spend a longer time being orientated to the hospital but eventually become the "better" nurse than those from the other educational preparations.

In a survey of 77 hospitals, nursing administrators were asked to rank the graduates of the three programs according to their performance and abilities. The administrators from the institutions ranked baccalaureate prepared nurses higher in the area of providing nursing care. The administrators from the smaller institutions ranked diploma nurses higher in the area of providing nursing care. The associate degree nurses were not ranked higher in any of the areas surveyed. Baccalaureate nurses were ranked higher in the area of leadership and the diploma nurses were ranked higher in the area of technical skills. The survey results indicated that nurses from different educational preparations do become more equal in skill levels with experience (Reichow, Scott, 1976, p. 96).

Davis surveyed a large number of educators and directors of nursing to identify nursing functions done by nurses with different educational preparations. The results indicated baccalaureate degree nurses were expected to perform the greatest number of tasks; although in actuality, the diploma nurses were performing the greatest number of tasks (McCloskey, 1981, p. 362). A problem with research involving directors of nursing is that the directors are not the immediate super-

visors of staff nurses and their perceptions are not based on observations.

In another study several performance ratings were combined to determine if there was a difference in technical and professional nursing. Twenty-four associate degree nurses and twenty-four baccalaureate nurses were observed and interviewed by twelve directors of nursing and twenty-two head nurses. Differences were found between the two educational groups of nurses in terms of decision making, scope of practice, and attitude toward nursing practice. Associate degree nurses were able to identify nursing problems and initiate actions when predictable physiological outcomes were expected while baccalaureate nurses considered patients' psychological and social needs (Waters, Chater, Vivier, Urrea & Wilson, 1972, p. 127).

Schwirian (1977, 1979) had supervisors rate the performance of baccalaureate degree nurses in comparison to other nursing graduates. Supervisors rated the baccalaureate nurse better in the areas of teaching, collaborating, planning and evaluating care. There were no differences found in the areas of leadership abilities, critical care skills, interpersonal relations or professional development (McCloskey, 1981, p. 362).

Dyer, Cope, Manson and Van Drimmelen (1972) compared the self-rating of 1,018 nurses in Veterans' Administration hospitals to the ratings of their supervisors. Nurses who were rated highest by their supervisor had a higher level of education, were self-motivated, and sought to produce quality work (McCloskey, 1981, p. 364).

Hogstell conducted a study in which she surveyed directors of

nursing services to determine what difference in function the associate degree and baccalaureate nurse had. Hogstell also sent a function questionnaire to nurse graduates of different programs in order for them to report on the extent to which they performed functions. These were divided into five main categories: physical care and technical skills, interpersonal relationships, leadership, decision making, and community health care. With the exception of community health care, the graduate nurses reported that they were doing all functions and no difference was found based on educational levels. The associate degree nurses perceived themselves to be better than the baccalaureate nurses in physical care and technical skills. The directors of nursing rated the baccalaureate degree nurses higher in all functions with the exception of the physical and technical skills at the onset of employment (Hogstell, 1977, p. 1600).

Nelson did a similar study. She mailed an identical Nursing Competencies Inventory Scale to graduate nurses from nine various educational nursing programs and also to supervisors. Diploma nurses rated themselves highest in technical skills. Baccalaureate nurses rated themselves higher on communication skills than did diploma nurses. Supervisors rated the baccalaureate nurses higher than diploma nurses on overall performance and higher than diploma nurses in the area of technical skills, communications, and administration (Nelson, 1978, p. 124).

Research Related to Quality Care

Few studies have been conducted on the educational background of the nurse relative to patient care. The results of two studies are reported. Patients and head nurses rated the quality of patient care given by utilizing the Slater Nursing Competencies Rating Scale (Wandelt & Steward, 1975). Patients rated nurses higher than the head nurses rated them. No relationship was found between educational level of the nurse and the performance of the nurse. Diploma nurses did receive higher ratings on some items but the items were not identified in Petti's study (McCloskey, 1981, p. 363).

Hegvery and Haussman (1976) conducted a study utilizing the Rush-Medicus Tool to evaluate nursing care. Amongst other variables, the investigators referred to educational levels of nurses on a nursing unit in relation to the quality of patient care. The study which was conducted at 18 sites had many extraneous variables that affected the results, which indicated that the sum of the years of education of all nurses on a unit did influence the quality of various components of the nursing process.

Research Related to Experience

Some studies have been conducted on the experience level of nurses in relationship to quality of care. Kuramoto (1976) conducted an analysis of 20 baccalaureate degree graduate nurses who had 1 to 10 years of nursing experience. Utilizing the Verhonick, et al. film sequences to

evaluate the performance of the nurses, she concluded that performance increases with experience (McCloskey, 1981, p. 361).

Howell (1978) requested directors of nursing to rank the nursing skills of graduates from the three types of educational nursing programs. The directors agreed that the difference among graduates from different educational programs decreased with the length of experience time (McCloskey, 1981, p. 362).

Recapitualization

The review of the literature on differences between the baccalaureate degree, the associate degree, and the diploma nursing education is not conclusive. The number of investigative reports that cited differences based on educational levels are about equal to the number of reports which did not find differences in nurses based on educational levels. Many of the studies did not have a strong methodological base or conceptual framework.

The review showed that most studies compared the baccalaureate nurse to the associate degree nurse. Self-perceptions and supervisor perceptions were used in many cases to evaluate the nurses. Few studies controlled for multiple job setting variables. The majority of studies were conducted with student nurses from different educational settings rather than with nurses who were practicing nurses and most dealt with competencies rather than with performance. Only a few studies examined differences among nurses from different educational backgrounds in relationship to quality of care.

Findings from the research reviewed indicate that: (1) Baccalaureate degree nurses performed better or differently from associate degree nurses; (2) Baccalaureate degree nurses demonstrated or was perceived to have more leadership and supervisory skills, was more care-oriented had more knowledge, did more teaching, was more concerned about psycho-social aspects of the patients, and had better communication skills than did nursing graduates from the other programs; (3) Diploma nurses perform higher on state board examinations; (4) There are very few differences between graduates of all three programs in terms of intelligence or self-actualization; (5) Diploma nurses demonstrated more technical skills than did baccalaureate graduates; (6) There are conflicting reports concerning baccalaureate graduates having better problem solving skills than graduates from the other programs; (7) Diploma nurses performed more functions in practice, took more physiological and cure oriented actions in nursing practice than did associate degree nurses (8) Nurses' abilities in performance increase with experience, and (9) There is a lesser difference between the baccalaureate technical skills and the associate degree technical skills with experience.

CHAPTER III

METHOD

This chapter describes the conceptual model developed by this researcher and the design and methodology for the research study. The hypotheses are listed and the statistical procedures utilized are presented.

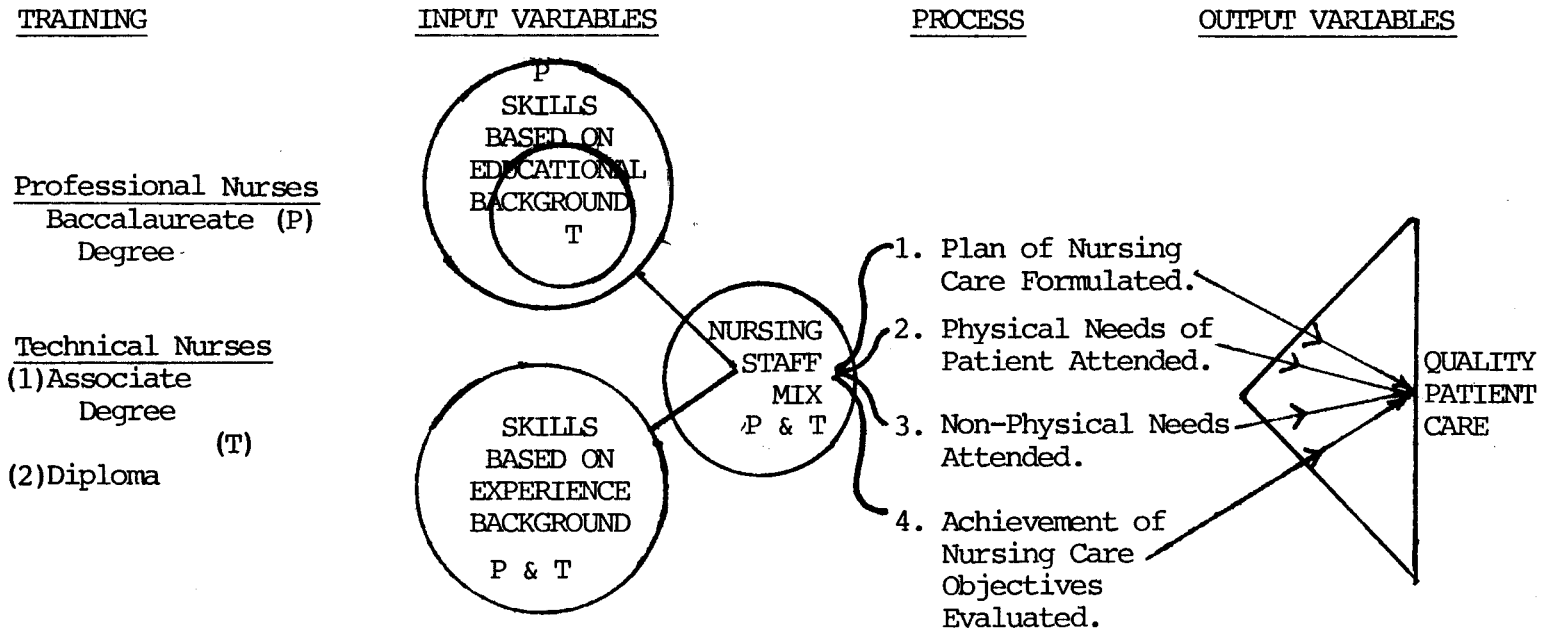
Conceptual Model

The model which provides a conceptual framework for this study on quality patient care demonstrates the relationship of input variables of a nursing staff, the process variables or behaviors of the staff and the output variable of quality patient care (Figure 2). Two input variables are shown in the model. The first input variable is the skill of the nursing staff based on the educational preparation which evolved from Steven's Model C (Figure 1). This model demonstrates skill differences between professional nurses who are baccalaureate prepared and technical nurses who are associate degree or diploma graduates. This model demonstrates that professional nurses have more skills than technical nurses.

Experience level of the nursing staff is the second input variable that has an impact on the skills nurses utilize. The literature does state that the technical nurse may have more technical skills at the onset of graduation, however, with experience the baccalaureate nurse obtains the skills. Both skills based on educational preparation and experience level are input variables that determine the nursing units' skill abilities to render patient care. A nursing unit is composed of a mixture of staff

FIGURE 2

Conceptual Framework for Rendering Quality Patient Care



nurses who have different educational and experience levels. The nurses on a nursing unit are responsible for and do minister patient care during a 24 hour period. As demonstrated by the circle in Figure 2, many nurses care for an individual patient, therefore the skills for several nurses determine the type of care the patient receives.

The quality of care the patient receives by a nursing staff can be evaluated and is based on the achievement of nursing behaviors demonstrated by four components of the nursing process. The components of the nursing process are: 1. The plan of nursing care is formulated; 2. The physical needs of the patient are attended; 3. The non-physical needs of the patient are attended and 4. The achievement of the nursing care objectives are evaluated. Different skills are necessary to accomplish each component of the nursing process. The skills of the nursing unit based on input variables, determine the degree to which the process of patient care will be rendered.

Accomplishment of each component of the nursing process does provide a measure of the efficiency and effectiveness with which the major goal, quality patient care is achieved. The output variable in this model is the degree of quality patient care. The triangle represents the various degrees that quality of patient care can be rendered. The degree of achievement of each component of the nursing process has an impact on the total quality of patient care.

The conceptual framework for the study demonstrates that the input variable of skills based on educational preparation and experience of

a nursing staff are related to the unit's achievement of the components of the nursing process which are related to the quality of patient care, the output variable. This model examines the mixture of skills of an entire nursing unit in relationship to the nursing units' accomplishment of the components of the nursing process. The model addresses the abilities of an entire staff as input variables to render quality patient care. This model allows for the reality that many nurses care for and have an impact on the quality of patient care.

Description of Instrument

The Rush-Medicus Quality Monitoring Tool was utilized to evaluate the quality of care on the nursing unit. Four major quality objectives were evaluated. Under these four major quality objectives were grouped 23 subobjectives (Table 1).

The quality methodology originated in 1972 when the Medicus Systems Corporation, Rush-Presbyterian-St. Luke's Medical Center in Chicago, and Baptist Medical Center in Birmingham participated in a research study under funding from the Division of Nursing of the Bureau of the Health Resources Development, Department of Health, Education and Welfare. The methodology monitors nursing performance in medical, surgical, pediatric, psychiatric, labor and delivery, and normal newborn nursery units.

The methodology is operationally based upon the application of 357 criteria, including patient-specific and unit-specific items, within the framework of a nursing process structure. It is composed of 6 major objectives and 32 subobjectives. Each individual subobjective serves as

TABLE 1

NURSING QUALITY OBJECTIVES AND SUBOBJECTIVES

1.1	Condition is assessed on admission
1.2	Data relevant to hospital care are ascertained on admission
1.3	The current condition of the patient is assessed
1.4	The written plan of nursing care is formulated
1.5	The plan of nursing care is coordinated with the medical plan of care
1.0	The plan of nursing care is formulated
2.1	The patient is protected from accident and injury
2.2	The need for physical comfort and rest is attended
2.3	The need for physical hygiene is attended
2.4	The need for a supply of oxygen is attended
2.5	The need for activity is attended
2.6	The need for nutrition and fluid balance is attended
2.7	The need for elimination is attended
2.8	The need for skin care is attended
2.9	The patient is protected from infection
2.0	The physical needs of the patient are attended
3.1	The patient is oriented to hospital facilities on admission
3.2	The patient is extended social courtesy by the nursing staff
3.3	The patient's privacy and civil rights are honored
3.4	The need for psychological-emotional well-being is attended through interpersonal communication
3.5	The patient is taught measures of health maintenance and illness prevention
3.6	The patient's family is included in the nursing care process
3.7	The need for psycho-emotional well-being is attended through therapeutic milieu
3.0	The non-physical (psychological, emotional, mental, social) needs of the patient are attended
4.1	Records document the care provided for the patient
4.2	The patient's response to therapy is evaluated
4.0	Achievement of nursing care objectives is evaluated

an independent characteristic for which performance measures are obtained and reported. For the purpose of this study, only objectives one through four were utilized because they are related directly to the care provided by the nursing staff (Appendix A), the other two are not.

Not all criteria are intended to be used in evaluating the nursing process with regard to any one patient or unit setting. Rather, subsets of criteria are systematically grouped by patient type into master observation worksheets. Patient type refers to the patient's degree of sickness. The range is from one to four with one being the least sick. The specific configuration of criteria on any one worksheet was devised to be somewhat different from that of the other worksheets for the same patient. This arrangement reduces the time required for any particular observer's visit and data collection. It also reduces to some extent the monotony of the observation process and prohibits staff on the units being monitored from anticipating which items were being reviewed at any one time. The worksheets the observers use are arranged in a series that apply to specific patient types.

Instrument design. The first step in developing the Rush-Medicus Quality Monitoring Instrument was to comprise a master list of evaluative criteria based on review of the literature. The criteria were divided into the framework of the nursing process. Many of the criteria were rewritten in order to provide more clarity for observers in making observations. As the criteria were compiled and revised it became clear that each question could not be uniformly applicable to a broad spectrum

of patients' sickness, therefore a patient classification system indicating degree of illness or the patient type was developed. The patient type then dictated which criteria could be used to measure the objective. The final criteria list was developed by using and revising existing questions or criteria and adding criteria from the literature.

After the master criteria list was established, nursing standards committees were established in two different hospitals to analyze the criteria. This analysis basically was to measure the worth of the criteria as a measure of quality. The criteria were tested in two different hospital settings for the tool's ability to distinguish levels of quality and determine the validity in terms of internal consistency and reliability of the criteria.

The frequency distribution for the responses of the criteria was examined to assess the criteria discriminatory ability. This study gave an indication that a substantial number of criteria needed to be rewritten because they were not discriminatory. If the criteria had a 90% response on one response category they were eliminated or rewritten.

An item-total correlation was also conducted with the criteria. Criterion scores were correlated with subobjective scores. Those criteria that were not highly associated with a subobjective were reassigned or discarded. The Pearson Correlation Coefficient was utilized for the correlation analysis which measured validity of the relationship between the criterion and the subobjective score.

The responses for the criteria were also analyzed for being non-

applicable. If the total number of invalid responses for a criteria was more than 30, the criteria were eliminated because it would possibly indicate an unreliable score of the subobjective.

In order to identify redundant items another analysis correlated criteria within a subobjective. The criteria that were highly redundant were eliminated. A partial correlation was also conducted to determine if the criteria were independent.

A cluster analysis was conducted to determine the statistical cohesiveness of each subobjective. The criteria within a subobjective grouping were clustered based upon a high degree of association as measured by the Product Moment Correlation Coefficient. The "maximum distance" clustering algorithm was used to identify a high association.

An analysis of observer bias was also conducted. Quality indices were calculated by observer, patient type and subobjective. The indices were analyzed through the use of the analysis of variance techniques. The quality indices did vary by observer, patient type and subobjective. The tool should have had little variance by observer and patient types.

During the initial development of the quality monitoring methodology, the criteria and structure of the criteria under the subobjectives were analyzed for reliability and validity. Content validity of the instrument was done by utilizing a literature review to develop criteria and a committee to analyze the criteria. Construct validity was shown with the subobjective ranging in scores. The tool did discriminate between the quality of care being rendered during the testing time. The

low scores were in areas of written documentation and assessment and these are also substantiated through the literature.

Research Design

Subjects. A subject is defined as an intact nursing unit composed of the staff nurses under the administrative direction of one head nurse. The subject selection utilized a convenience sampling of intact groups. Nineteen nursing units from a 500 bed university setting were included in the study. The nursing units include: four medical units, five surgical units, two pediatric units, two obstetrical units, one burn unit, four intensive care units and one psychiatric unit. The nursing units were analyzed using the percentage of baccalaureate degree nurses, associate degree nurses and diploma nurses and the mean experience level of the staff nurses on each unit.

The nursing units were analyzed for frequency of the number of baccalaureate degree nurses, associate degree nurses and diploma nurses and the mean experience level of nursing staff units. Each nursing unit was categorized into the following service units; medical, surgical, intensive care, burn, pediatric, obstetric and psychiatric. These categories of services were analyzed for frequency of the type of educational preparation of nurses, the mean experience level of the nurses and the mean quality index of each component of the nursing porcess. The variables of adequate staffing, head nurse stability and head nurse educational preparation were controlled. Units where the head nurse had been in the position for less than six months and/or whose educational preparation was not

at the baccalaureate level, were eliminated from the study as well as units that had a type two classified patient receiving less than two hours of nursing care in a twenty four hour period.

Research Hypotheses

The research hypotheses stated in the null form were:

1. There is no significant relationship between the educational mix of the nursing staff and the quality of patient care rendered by a nursing unit as measured in four objectives of the nursing process.
2. There is no significant relationship between the experience level of the nursing unit and quality of patient care as measured by four objectives of the nursing process.
3. There is no significant relationship between the experience level and educational level combined of a nursing unit and quality of patient care as measured by four objectives of the nursing process.

Data Collection

The head nurses completed two questionnaires at the end of the month their units were monitored for quality. Collection of data utilizing the Rush-Medicus Quality Monitoring Tool is a continuous process in the research setting within which the study was conducted.

Education and experience of staff. The head nurse completed a questionnaire which included the educational level, length of experience in nursing, length of time on that unit and the full time equivalent position worked for each nurse who worked the month the quality scores were generated (Appendix B).

Head nurse variables. The head nurses were asked to complete a questionnaire concerning their own (1) personal educational background and experience in the nursing profession, (2) perception of staff nurses' ability to give quality patient care based on their educational and experience level, and (3) preference in hiring nurses with different educational backgrounds to function in the nursing unit (Appendix C). Participation in the study was voluntary and an Informed Consent was signed by all head nurses electing to participate (Appendix D).

Quality of care: Nursing process. Data regarding the quality scores in the nursing process were collected by nurses who were trained quality data observers. Approximately eight nursing units were monitored for quality during a one month period. The data collection process took approximately three months.

Quality of all nursing units was monitored on review of roughly 10% of that month's patient census (12 to 20 patients, depending upon unit occupancy and length of stay). Such numbers allowed sufficient application of criteria to derive statistically significant scores. Observations were made by specially trained nurses. The observations were distributed randomly across days in the month and shifts in a 24 hour period. On weekdays, approximately 60% of the observations were performed and on weekends and evenings, approximately 40%.

Inter-rater reliability of the observers was a continuous process in the research study. A member of the Quality Assurance Program met with several observers weekly for the inter-rater reliability testing. During

the testing process, two observers were assigned to the same patient simultaneously. They observed the patient and answered the same quality observer questionnaire. An 85% agreement between raters indicated inter-rater reliability. Every observer was required to attend an inter-rater reliability session at least every three months, or they were not allowed to complete quality observations.

Sources of data for observations included the patient's record, the patient's nurse and the individual patient. Quality monitoring observers evaluated units other than their own and selected patients by the use of a table of random sample. Once patients had been identified for observation the patient type was ascertained by a nurse working on the unit and the appropriate worksheets were selected for use. The questions were geared to patient needs, patient environment, and administration of the unit. Observers asked questions of the patient and staff, reviewed charts and other documentation, and made environmental and patient observations to arrive at specific answers to questions (Appendix A). Answers to questions were yes, no, and does not apply.

At the end of the month a computer program produced quality indices for the 23 subobjectives. Criteria were "scored" by the computer program through a formula based upon the number of "yes" versus total number of valid responses. All criteria within a subobjective were treated equally and none were weighted. Indices for the major objectives were computed based upon criteria values for all criteria within the objective category. Scores could range from 0 to 100.

Design and Statistical Analysis

The design was an ex post facto intact group design. Nursing service categories were analyzed for differences through the use of ANOVA Program, Scheffe Program and the Chi-Square Program. A multiple regression program was utilized to analyze the relationship between the educational mix of a nursing service and the nurses' performance of the nursing process and the experience level of a nursing service and the nurses' behavior in rendering the nursing process. The independent variables were the experience level and the educational level of the nursing staff. The quality objective scores were the four dependent variables. The 23 subobjectives under the four quality objective scores were also treated as dependent variables. The statistical analysis was a correlation study utilizing a multiple regression equation.

Summary

Head nurses completed questionnaires on staff nurses providing a description of the educational mix and experience level of a nursing unit. Nineteen nursing units were categoried into seven nursing service areas.

The nursing service areas were analyzed for frequency of baccalaureate, diploma and associate degree graduates and the mean experience of the staff nurses. The nursing service's performance in rendering the nursing process was measured by using four major objectives and 23 subobjectives from the Rush-Medicus Quality Monitoring Tool. The nursing services were analyzed in terms of differences in results from the quality scores in the four major objectives and 23 subobjectives. The ANOVA and the

Scheffe Test were employed for this analysis. The educational mixture of a nursing service and the experience level mixture of a nursing service as well as the combination of experience and educational levels of a nursing service were correlated to the quality indexes of the nursing process utilizing a multiple regression equation.

CHAPTER IV

DATA ANALYSES AND FINDINGS

Chapter four presents a demographic description of the characteristics of the head nurses and of the staff nurse population by unit and service type. Comparisons are made between characteristics of the sample nursing units by services. The research hypotheses are tested and the statistical analyses and findings are reported.

Demographic Description of Sample

Data on experience, education and hiring practices of head nurses and the education and experience of staff nurses are presented. Head nurses are administratively responsible for a nursing unit and thus it is of interest to examine the demographic data relative to education and experience.

Head nurse. All 19 head nurses currently had a baccalaureate degree in nursing and two head nurses had acquired masters degrees. Data on education indicated that two head nurses were originally prepared in a diploma nursing program and three head nurses were originally prepared in an associate degree nursing program. Data on head nurse experience indicated that the average number of years as a nurse was 8.05. The average length of time on the reseach setting was 5.58 years. The average length of time as a head nurse was 2.18 years. The head nurse had worked in an average of 2.42 hospitals (Table 2).

Table 2

Demographic Description of Head Nurse Sample (N=19)

Experience	Mean	S.D.	Min.	Max.
No. of years as nurse	8.05	2.95	4.00	14.00
No. of hospitals worked in	2.42	1.71	1.00	6.00
No. of years in research setting	5.58	3.31	1.00	14.00
Length of service as head nurse	2.18	1.60	.50	6.00

The mean percent of the 19 head nurses' response to an ideal educational mix of staff nurses was that 63.68% of the staff should be baccalaureate prepared, 19.53% should be associate prepared and 16.63% should be diploma prepared. The head nurses were also asked to give their opinion on whether education and experience made a difference in the nurse's ability to give quality patient care. Sixty-eight percent of the head nurses felt that both education and experience were important.

When asked if their hiring practices were based on education, only 38.8% answered in the affirmative and one head nurse gave a no answer. Sixty-eight percent of the head nurses stated that they do hire staff nurses on the basis of experience levels.

Unit sample of staff nurses. Responses concerning educational preparation of the staff nurses composing the units studied indicates that 49.22% held a baccalaureate degree, 27.79% held an associate degree and 22.97% held a diploma in nursing. Masters of science holders were not tabulated due to the small percentage prepared at this level, and this category was outside the study.

The educational level of the staff did differ according to the service unit. The obstetrical service had an average of 23.5% associate degree nurses, 29.4% diploma nurses and 47.05% baccalaureate degree nurses. The pediatric service had 24.5% associate degree, 24.5% diploma and 50.8% baccalaureate degree nurses. The psychiatric nursing unit had 62.5% associate degree nurses, 18.75% of the nurses had a diploma and 18.75% of the nurses had a baccalaureate degree in nursing. The surgical service

had 23.8% associate degree prepared nurses, 20.8% diploma prepared and 55% baccalaureate prepared. The medical nursing unit had 38.38% associate degree nurses, 17.17% diploma nurses and 44.44% baccalaureate prepared nurses. The intensive care units had 22.13% associate degree nurses, 25.19% diploma nurses and 52.67% baccalaureate nurses. The burn service had 30.76% associate, 30.76% diploma nurses and 38.4% baccalaureate nurses. The educational mixture of the nursing staff according to service type is displayed in Table 3.

The experience level of the nursing staff according to type of service is displayed in Table 4. A total of 75% of the staff nurses were full time employees while 16% worked half time or less and 8% worked 75% of a full time position. The majority of staff nurses (64%) had between six months and four years of experience. The mean length of experience was 4.95 years with a standard deviation of 4.40. The mean length of time a nurse was employed on the specific nursing unit in the study was 2.60 years with a standard deviation of 2.28.

Findings From the Research Hypotheses

The data for all three hypotheses were analyzed using analysis of variance, followed by the Scheffe method for multiple comparison, and multiple regression programs. The programs were generated using the Statistical Package for the Social Sciences (1975) and the Statistical Analysis System (1982). For all data analyses, the level of significance was established at .05. Only significant findings are reported in this study. The data in Table 5 summarize and compare the mean scores for each quality objective and subobjective for the seven types of nursing

Table 3

Education of Staff Nurse by Service Type

Service Type			Education					
	n		Associate Degree		Diploma		Baccalaureate Degree	
	Unit	Staff	n	%	n	%	n	%
Pediatric Service	2	61	15	24.5	15	24.5	31	50.8
Obstetrical Service	2	51	12	23.5	15	29.4	24	47.05
Medical Service	4	99	38	38.38	17	17.17	44	44.44
Surgical Units	5	134	32	23.8	28	20.8	74	55
Burn Service	1	26	8	30.76	8	30.76	10	38.4
Psychiatric Service	1	16	10	62.5	3	18.75	3	18.76
Intensive Care Service	4	131	29	22.13	33	25.19	69	52.67
εN	19	518	144		119		255	

Table 4

Experience Level of Nursing Staff Based on Service Type

Service Type	n		Years of Experience			
			As A Nurse		On Nursing Unit	
	Unit	Staff	Mean	S.D.	Mean	S.D.
Pediatric	2	61	5.69	4.81	3.25	2.87
Obstetrical	2	51	7.74	4.95	3.70	3.03
Medical	4	99	3.91	4.10	2.32	2.18
Surgical	5	134	3.84	4.48	2.19	1.67
Burn	1	26	4.76	3.23	3.00	2.02
Psychiatric	1	16	3.22	3.39	1.39	1.54
Intensive Care	4	131	5.69	3.76	2.54	2.16
ΣN	19	518				

Table 5

Objective and Subobjective Mean Quality Scores by Service

Objectives/ Subobjectives	Mean Scores by Service Type							
	OB	Peds	Psych	Surg	Med	ICU	Burns	Aggregate
1.1	76	75.5	72	81	83.7	71.2	92	78.5
1.2	78	79.5	75	81.4	78.5	58.2	78	74.8
1.3	87	79.5	85	68.8	54.7	71	61	69.7
1.4	75	55.0	63	60.4	62.5	66.5	63	63.3
1.5	71	79.0	88	67	74.5	75.7	82	74
1.0	77.5	72.0	75	71.6	71.7	65.2	73	71.2
2.1	91	91	85	84.2	92	90.2	76	88.1
2.2	90.5	92.5	67	87.2	84.7	91.5	85	87.3
2.3	98.5	98	97	86.2	81.2	98.7	90	91.1
2.4	100	87.5	-	95	93.7	98.5	79	89.3
2.5	83.5	100	77	65.8	65.7	36	88	66.7
2.6	89.5	81.5	22	72	85	84.5	64	77.1
2.7	71	87	79	67.4	55.5	85.2	76	72.1
2.8	100	100	-	57.4	65.7	67.2	100	66
2.9	74.5	90.5	-	89.2	79	93	89	81.7
2.0	87	91	76	82	81.7	87	83	84.2
3.1	84.5	64	89	84	78.2	90.5	97	83
3.2	92.5	80	79	86.4	90	97.5	62	87.7
3.3	80	77	78	70.6	75	82.2	68	75.8
3.4	87	91	87	64.6	78.7	81.2	79	78.1
3.5	78	85	92	70.4	76	96.6	60	79.1
3.6	82	75.5	75	58.6	62	90.2	83	72.4
3.7	-	-	78	-	-	-	-	-
3.0	84	79	83	73.8	76.5	86.5	76	79.3
4.1	63.5	72.5	79	68	70.7	69.2	54	68.5
4.2	75.5	70.5	87	60.2	61.2	71	92	68.4
4.0	68	71.5	83	65	66.7	70	69	68.5

See Table 1 for description of objectives 1.1 to 4.0

service units.

Objective and subobjective analysis of variance. An analysis of variance was done to determine if there was a difference in the quality scores in the four major objectives and the twenty-three subobjectives based on service type. Results of the significant findings are displayed in Table 6. The analysis of variance indicated a significant difference for subobjective 1.2 (the data relevant to hospital care is formulated). It also indicates a significant difference for the major objective 2.0 (the physical needs of the patient are attended). The subobjective 2.6 (the need for nutrition and fluid balance is attended) and 2.7 (the need for elimination is attended) were indicated as being significantly different based on service type. An analysis of variance was not conducted for subobjectives 2.4 (the need for a supply of oxygen), 2.8 (the need for skin care is attended) and 2.9 (the patient is protected from infection) due to the absence of scores for the psychiatric unit.

The analysis of variance indicates a significant difference for the major objective 3.0 (the non-physical needs of the patient are attended). Under the major objective, the subobjectives that indicate a significant difference based on service type were: 3.2 (the patient is extended social courtesy by the nursing staff), 3.5 (the patient is taught measures of health maintenance and illness prevention) and 3.6 (the patient's family is included in the nursing care practice). The analysis of variance did not indicate a significant difference for the major objective 4.0.

Table 6

Analysis of Variance of Major Objectives and Subobjectives by Service Type

Objectives/ Subobjectives	Source of Variance	SS	DF	MS	F	Significance Level
1.2	Nursing Type	1443.076	6	240.512	4.54	.012
2.6	" " "	3932.500	6	655.416	4.18	.019
2.7	" " "	2417.494	6	402.915	4.60	.014
2.0	" " "	255.027	6	42.504	4.93	.011
3.2	" " "	1307.074	6	217.845	6.73	.004
3.5	" " "	1944.603	6	324.100	3.35	.044
3.6	" " "	2546.515	6	424.419	3.49	.039
3.0	" " "	304.592	6	50.765	3.67	.0344

In summary, the analysis of variance did show a significant difference in the nursing performance based on service type in two major objectives and in subobjectives under three major objectives. The only instance where no difference was indicated was objective 4.0 (achievement of nursing care objectives is evaluated).

A posteriori tests were utilized to detect large as well as practical differences in quality objective scores based on the type of nursing unit. Both Scheffe and Tukey Tests were utilized to analyze the results. The Scheffe is less powerful in detecting differences between the mean quality scores than is the Tukey Test. Overall, the Tukey and the Scheffe Tests showed the same differences in the means of the quality objectives and subobjectives based on the type of nursing service unit. Only results from the Scheffe Test (Table 7) are reported because the Scheffe Test is more conservative and controls type I error rate although generally it has a higher type II error rate than does the Tukey Test for all pair-wise comparisons.

These results indicated that only objective 2.0 (physical needs of the patient are attended), subobjective 2.6 (need for nutrition and fluid is attended), and subobjective 3.2 (patient is extended courtesy) showed a significant mean difference based on unit type. Significant difference in means of the quality objective scores by service type were revealed by the analysis of variance (Table 8) even though the Scheffe Test may not have shown this. It can be assumed that no difference was found pair-wise because of the small n, however, there is a considerable

Table 7

Scheffe Multiple Comparison of Significant Objectives and Subobjectives by Service Type

Objective/Subobjective	Service Type						
Objective 2.0 (Physical needs of patient are attended)	Peds n = 2	ICU n = 4	OB n = 2	Burns n = 1	Surg n = 5	Med n = 4	Psych n = 1
Means	91	87	87	83	82	81.7	76
	*						
				*			
Subobjective 2.6 (need for nutrition attended)	OB n = 2	Med n = 4	ICU n = 4	Peds n = 2	Surg n = 5	Burns n = 1	Psych n = 1
Means	89.5	85	84.5	81.5	72	64	22
	*						
						*	
Objective 3.2 (patients extended courtesy by staff)	ICU n = 4	OB n = 2	Med n = 4	Surg n = 5	Ped n = 2	Psych n = 1	Burns n = 1
Means	97.5	92.5	90	86.4	80	79	62
	*						
					*		

*The underlined denotes homogeneous subsets.

Table 8

Significant Differences of the Means

of the Objectives and the Subobjectives by Service Type

	Means by Service Type						
Objective/Subobjective	ICU	Peds	Surg	Meds	Burns	OB	Psych
1.2 (Data relevant to hospital care are ascertained on admission)	58.2	79.5	81.4	78.5	78	78	75
2.6 (The need for nutrition and fluid balis attended)	84.5	81.5	72	85	64	89.5	22
2.7 (The need for elimination is attended)	85.2	87	67.4	55.5	76	71	79
2.0 (The physical needs of the patient are attended)	87	91	82	81	83	87	76
3.2 (Patient is extended courtesy by staff)	97.5	80	86.4	90	62	92.5	79
3.5 (The patient is taught measures of health maintenance and illness prevention)	96.6	85	70.4	76	60	78	92
3.6 (The patient's family is included in the nursing care process)	90	75	58.6	62	83	82	75.5
3.0 (The non-physical needs of the patient are attended)	86.5	79	73.8	76.5	76	84	83

difference.

A Chi-Square Test for independence was conducted to determine the relationship between the educational preparation of a nursing staff and the type of nursing unit. The results indicate that a relationship did exist at a probability level of .027. Only among the four surgical units was a significant difference in education demonstrated. The same test was employed to determine the relationship between experience of the nursing staff and the type of nursing service. Due to sparsity of numbers Chi-Square was an invalid test.

Analysis of results indicates that with the exception of the surgical units, nurses on all units within a single service type appear to have the same educational background. Therefore, the majority of the analysis of the relationship between education mix of a nursing unit and the quality of performance of the nursing process will be described by using the seven categories of nursing services. For the purpose of analysis, staff nurse performance of the nursing process will be termed nursing performance. The components of the nursing process are: the plan for nursing care is formulated, the physical needs of the patient are attended, the non-physical needs of the patient are attended and the achievement of nursing care objectives is evaluated. Means will be utilized in analyzing experience level and performance. Each major objective will be discussed in terms of supporting or rejecting the hypothesis. Significant subobjectives will be discussed under the appropriate objective to provide further evidence relative to the hypothesis.

Analysis of Hypotheses

The three research hypotheses are:

1. There is no significant relationship between the educational mix of the nursing staff and the quality of patient care rendered by a nursing unit as measured in four objectives of the nursing process.
2. There is no significant relationship between the experience level of the nursing unit and quality of patient care as measured by four objectives of the nursing process.
3. There is no significant relationship between the experience level and combined educational level of a nursing unit and quality of patient care as measured by four objectives of the nursing process.

The hypotheses will be analyzed by examining the objectives and subobjectives that were significantly different in mean scores by service type. Educational level and experience level of the nurses composing the service types that had significantly different means will be described. Each major quality objective will be addressed as one component of the nursing process. The results of multiple regression analysis will be based on these variables by unit; percentages of the three educational preparations, the service type, and mean experience level relative to the dependent variables which were the scores on the achievement of the quality objectives and subobjectives.

The plan of nursing care is formulated. No significant relationship was found between educational preparation and/or experience of a nursing staff unit and the nurses' behavior in planning for the patient's care. Therefore none of the three hypotheses are rejected relative to the first major component of the nursing process. However, results of subobjective 1.2 the data relevant to hospital care are ascertained on admission, indicate that the nursing service unit that was lowest in the subobjective was the intensive care service. This service has the second highest percentage of baccalaureate nurses (52.67%) with 22.13% associate degree nurses and 25.19% diploma nurses. The intensive care service also has the second highest mean experience level of all services (5.69 year).

The experience mix of the intensive care units was the same as that of pediatric units and the educational mixture is similar to that of the medical division. The score of the medical units on the subobjective was similar to that of the pediatric units. Both units scored significantly higher than did the intensive care units. The analysis indicates that the unit type is a more crucial determinant of the patient data being ascertained on admission than either educational or experience level of the nursing staff. Therefore, none of the hypotheses are rejected.

The physical needs of the patient are attended. Results indicate that there is a difference in the nursing performace in relationship to objective 2.0 (the physical needs of the patient are attended)and service type. For data presentation purposes, services can be grouped. First,

pediatric, intensive care, and obstetrical nursing services performed similarly on this aspect of the nursing process. Secondly, burn, surgical, medical and psychiatric services performed in a similar fashion in relation to (the physical needs of the patient are attended). The second group of nursing units performed below the mean on this objective compared to the first group which performed at or above the mean.

In terms of experience, the first group of units had the highest mean experience level of nursing staff. Experience, therefore, does appear to be a factor in relation to the accomplishment of (physical needs of the patient being attended). As a group these services were closest to a balanced 50/50 distribution of baccalaureate and technical nursing staff. Staff nurses in the second group of services had a lower experience level and also a large variation in professional versus technical nursing staff, ranging from 18% - 55% baccalaureate nursing staff.

The data indicate that experience and perhaps a balanced distribution of professional versus non-professional staff may be related to the second component of the nursing process, (the physical needs of the patient are attended). The analysis of the data indicates that hypothesis two cannot be rejected.

Two subobjectives under (Physical needs attended) were also significantly different by service type. These subobjectives were: 2.6 the need for nutrition and fluid balance is attended and 2.7 the need for elimination is attended.

According to the Scheffe Test (Table 7), the surgical, burns and psychiartic service units showed similar results in terms of meeting subobjective 2.6 (the need for nutrition and fluid balance is attended). However, no similarity was found in experience levels of these service units. Units also varied greatly in the educational preparation. For baccalaureate training, the psychiatric unit had the lowest percentage (18.75%), the surgical service the highest (55%), and burns had 38.4%.

In analyzing data on subobjective 2.7 (the need for elimination was attended), the surgical, medical and obstetrical services had similarly low scores and thus were grouped together. Staff nurses on both medical and surgical units have a low experience level, unlike the obstetrical unit which had a high level. Different educational mixture was detected among these service units, while a mean experience level and educational mix of the staff did not appear to be related to the achievement of higher scores related to subobjective 2.7. Based on the data reported it is difficult to determine a relationship between educational mix and the mean experience level of a nursing staff and nursing performance for this subobjective. In summary, it is difficult to establish a relationship between educational level and experience level of a nursing staff and accomplishment of this subobjective, therefore, none of the three hypotheses are rejected.

The non-physical needs of a patient are attended. Results indicate that a difference in achieving this aspect of the nursing process, objective 3.0 (the non-physical needs of the patient are attended) is significantly

different based on service type. The surgical, burns, and the medical services were grouped together as having similarly low scores in this objective component of the nursing process. The diversity of an educational mixture among this grouping has already been described as varying greatly.

These units did exhibit a similar low mean of nursing staff experience. With the exception of a psychiatric unit the above grouping had the lowest experience level of all services studied. Based on the analysis, a relationship between the educational mixture of the nursing staff for achievement of this aspect of the nursing process cannot be substantiated, therefore, hypothesis one is not rejected. Results of the data indicate that with the exception of the psychiatric unit there is a relationship between the experience level of a nursing staff and the achievement of (the non-physical needs are attended), therefore hypothesis two is rejected for this aspect of the nursing process.

Three subobjectives under the major objective (the non-physical needs of the patient are attended) showed a significant difference in the scores obtained by service type. These subobjectives included: 3.2 the patient is extended social courtesy by the nursing staff, 3.5 the patient is taught measures of health maintenance and illness prevention and 3.6 the patient is included in the nursing care process.

In subobjective 3.2 (the patient is extended social courtesy by the nursing staff), the psychiatric, pediatric and burn services scored below the mean for the units studied. These service units did have commonalities in terms of either educational preparation of the staff or

the mean experience level of the staff. They had the most varied mixture of educational preparation and in general, with the exception of pediatrics, had a lower level of experience than did these services which scored above the mean.

Scores related to objective 3.5 (the patient is taught measures of health maintenance and illness preventions) were low for the obstetrical, surgical and burn services. However, these services did not show similarities by educational mix or experience level of the nursing staff.

The last subobjective under the main objective, 3.0, was 3.6 (the patient's family is included in the nursing care process). Results of analyzing this subobjective did not indicate that there was a relationship between the educational mixture and nursing staff and the experience level of the staff. Units that scored below the mean of all units studied were the surgical service and the medical service. These units did have a lower level of staff nurse experience.

In summary, the third goal of the nursing process, (the non-physical needs of the patient are attended) shows a significant difference in achievement by service type. The relationship between the educational mixture of the nursing staff and the attainment of this goal could not be substantiated. Hypothesis one is therefore not rejected for this component of the nursing process. Service types having a higher level of experience did achieve the objective at a higher level than did units with lower staff experience levels. The single exception was the psychaitric unit, which had the lowest average staff experience level but nevertheless achieved above the mean on this objective. This might well

be related to the focus of nursing in a psychiatric setting. Hypothesis two could be rejected in this component of the nursing process.

Achievement of nursing care objective is evaluated. Results indicate that there is no significant difference in achievement of this objective by service type. No relationship was found between the educational or the experience mixture of a nursing unit in the achievement of the evaluative aspects of the nursing process. Therefore, hypotheses one and two are not rejected for this component of the nursing process.

Multiple Regression Analysis

Each of the four major components of the nursing process: 1.0 (the plan of nursing care is formululated), 2.0 (the physical needs of the patient are attended), 3.0 (the non-physical needs of the patient are attended) and 4.0 (achievement of nursing care objectives is evaluated) were evaluated and analyzed by a multiple linear regression program. Six equations were utilized to analyze the predictability of the independent variable in relationship to the dependent variable. These were the mean experience level; the mean experience level and the mean length of the time on a particular nursing unit; the educational mix of the nursing staff; the service type; the service type and the educational mix of a nursing staff; the service type, mean experience level of the nursing staff, mean length of time employed as a nurse on the unit, and the mixture of educational preparation of the nursing staff.

Experience of a nursing staff and service type are the only independent variables tested that could predict nursing staff achievement in

two aspects of the nursing process; objective 2.0 (the physical needs of the patient are attended) and objective 3.0 (the non-physical needs of the patient are attended). Tables 9 and 10 display the significant data generated from the multiple linear regression analysis.

The predictive ability of service type on objective 2.0 (physical needs of the patient are attended) has a standard error of 2.83 and the predicted equation is signficant at .006 level (Table 9). When a standard weight is applied, the pediatric service accounts for the greatest amount of predictability. The obstetrical service and intensive care units have only half the ability to predict the objective as does the pediatric service. The psychiatric service accounts for a large negative predictive ability.

The predictive ability of the service type on objective 3.0 (the non-physical needs of patients are attended) has a standard error of 3.73 (Table 9). The prediction equation is significant at the .005 level. When a standard weight is applied the intensive care service accounts for the greatest amount of predictability. The medical service accounts for the lowest and the surgical service has a negative predictability.

The prediction ability of experience on objective 2.0 (the physical needs of the patient are attended) has a standard error of 3.7 and the prediction equation is significant at .013. The prediction ability of experience on objective 3.0 (the non-physical needs of the patient are attended) has a standard error of 5.33 and is significant at the .03 level (Table 10).

Table 9

Multiple Regression Summary of Significant

Findings of Service Type on Quality Objectives

Dependent Variable	Independent Variable	Multiple R^2	Beta	Standard Error	Signif-icant F	Standard Beta	Signif-icant T
	Unit	.72		2.83	.006		
Physical Needs of Patients are Attended	ICU		4.00			.37	.23
	Psych		-7.00			-.36	.10
	Peds		8.00			.56	.04
	OB		4.00			.28	.27
	Med		-1.25			-.11	.70
	Surg		-1.00			-.10	.75
			Constant 83				
		.73		3.73	.005		
Non-physical Needs of Patients are Attended	ICU		10.5			.73	.02
	Psych		7.0			.27	.20
	Peds		3.0			.15	.52
	OB		8.5			.45	.08
	Med		.5			.03	.90
	Surg		-2.20			-.16	.60
			Constant 76				

Table 10

Multiple Regression Summary Significant Findings of Experience Level of Nursing Staff on Quality Objectives

Dependent Variable	Independent Variable	Multiple R^2	Beta	Standard Error	Significant F	Standard Beta	Significant T
Physical Needs of the Patient Are Attended	Mean Experience of Staff	.30	.15	3.7	.013	.55	.013
		Constant 77.15					
Non-physical Needs of the Patient Are Attended	Mean Experience of Staff	.24	1.87	5.33	.03	.49	.033
		Constant 70.03					

Summary

The research data related to the three hypotheses were analyzed by analysis of variance, Scheffe Analysis, Chi-Square Analysis, regression analysis and descriptive data analysis. Education, as an independent variable in relationship was not found to be related to the nursing unit score in any of the four major components of the nursing process. Therefore, hypothesis one was not rejected by this research.

In this study only two components of the nursing process (physical needs of the patient are attended and non-physical needs of the patient are attended) appeared to be related to the experience level of a nursing staff service. Services that had a higher mean of years of nursing experience had a higher quality score on these objectives. Hypothesis two was only partially rejected in the research study.

The interaction between educational mixture of a nursing staff and the experience level of the nursing staff did not indicate any significant predictability on the achievement of the nursing process as measured by all four quality objectives. Therefore, hypothesis three was not rejected.

Experience alone was a predictor for achievement of the nursing process in two of the four objectives. These objectives included the 2.0 (physical needs of the patient are attended and the non-physical needs of the patient are attended). The service type by which units were categorized, was also a predictor for the objectives, 2.0 (the physical

needs of the patient are attended) and objective 3.0 (the non-physical needs of the patient are attended). Education was not a predictor for achievement of the nursing process as measured by any of the four quality objectives.

Chapter V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study explored the relationship between the educational level and experience level of a nursing staff and their achievement of the nursing process. A model which served as a conceptual framework was developed to examine this relationship (Figure 2). The independent variables were the mean experience level and the educational mix of nursing staff expressed in percentage of baccalaureate, associate degree and diploma nursing graduates. The dependent variables utilized to measure the accomplishment of the nursing process were the four major objectives and 23 subobjectives from the Medicus Quality Monitoring Tool. The four major objectives were: 1 (the plan of nursing care is formulated), 2 (the physical needs of the patient are attended), 3 (the non-physical needs of the patient are attended), and 4 (achievement of nursing care objectives is evaluated).

Summary

Head nurses completed two questionnaires. The first was concerned with the educational preparation, length of experience, length of time employed on the specific unit and the position occupied for each nurse employed on the nursing unit. The second examined the extent to which the head nurse's hiring practices were based on the education and/or experience level of the applicant. The head nurses also gave their perception as to whether either the educational level or the experience level of a staff nurse had an impact on the quality of nursing care given on the unit.

The sample in the study consisted of 19 head nurses and 518 staff nurses from a large suburban medical center. The 19 nursing units which were studied could be categorized into seven types of nursing service; burns, medical,surgical, obstetrical, pediatric, intensive care and psychiatric.

The Medicus Quality Monitoring System was used for the measurement of the nursing process. The measurement of the quality of patient care is an ongoing event at the research setting.

The model which was developed for use in this study incorporated both the experience level and the educational level of the staff as input variables related to the nursing units' ability to render quality patient care. The following research hypotheses were formulated for this investigation:

1. There is no significant relationship between the educational mix of the nursing staff and the quality of patient care rendered by a nursing unit as measured in four objectives of the nursing process.
2. There is no significant relationship between the experience level of the nursing unit and quality of patient care as measured by four objectives of the nursing process.
3. There is no significant relationship between the experience level and educational level combined of a nursing unit and quality of patient care as measured by four objectives of the nursing process.

Data related to the relationship of the educational and experience level of a nursing staff unit and the quality of care given were analyzed by analysis of variance, Scheffe Analysis, Chi-Square Analysis, regression analysis and descriptive data analysis. The 0.05 level of significance was chosen for the three hypotheses.

The relationship of the educational level and the experience level of a nursing staff on achievement of the nursing process was investigated using an ex post facto design. Analysis of variance was utilized to determine which measures of the nursing process were significantly different between service types. A Scheffe Analysis determined which services were most alike in their accomplishment of the nursing process. A Chi-Square analysis was conducted to determine if educational preparation differed significantly in terms of service type. Experience levels and educational mix of the nursing units were presented as descriptive data. Lastly, a multiple regression equation was utilized to analyze the extent to which the educational composite, the experience level and the service type were predictors of achievement of the nursing process.

Based on these analyses of the research findings it was concluded that hypothesis one was not rejected. The educational mixture of a nursing unit did not have a relationship to the nurses' performance of the nursing process. Hypothesis two was partially rejected; the experience level of the nursing staff was related to the achievement of two major objectives in the nursing process. These objectives were: 2 (the physical needs of the patient are attended) and 3 (the non-physical needs of the

patient are attended). The experience level of the nursing staff did have predictive ability for accomplishing the same two objectives. Hypothesis three was rejected; the experience level and the educational level together were not related to the achievement of the nursing process.

An additional finding of the research was that the service category of the unit was a predictor for achievement in two of the major objectives of the nursing process. These objectives were; 2 (the physical needs of the patient are attended) and 3(the non-physical needs of the patient are attended).

Conclusions

In the discussion of conclusions, it must be remembered that generalizability of these findings related to the quality of patient care defined by the nursing process is limited by the unique nature of the population.

Educational preparation. The first conclusion was that the educational mix of a nursing staff did not have a relationship to, and was not a predictor of the staffs' accomplishment of the nursing process, which was the measurement for the quality of patient care. There are five likely explanations for this finding. The first is that this variable, in and of itself, alone, cannot predict the quality of care. Instead, because of the complex nature of a nursing unit and the contextual and organizational structure of each unit, it is highly probable that the interaction of many variables is useful in order to determine which conditions are related to predicting nursing performance. It would be necessary to investigate other variables such as the head nurse's leadership style, environmental conditions,

stress level of the nursing unit and nursing turnover rates in relationship to the quality of patient care.

A second explanation is that the variation in the characteristics of the different schools attended by the nurses may be greater than those characterized by types of education; baccalaureate, associate and diploma. Specific characteristics of the nursing program attended may influence the quality of care.

A third explanation is that the personal attributes of the nursing staff may exert an important influence on the quality of care. The literature does state that personal attributes of the nurses graduating from different types of nursing programs do not vary in the area of personality and intelligence (Richards, 1972, p. 258). However, it is probable that the differences in personality attributes of a nursing staff may vary depending on the type of nursing unit selected by the individual. Personality attributes of a nursing staff should be studied in relationship to the type of nursing unit. This would be an interesting study because it may indicate that the quality of care is different and could be predicted based on the type of nursing unit and the personal attributes of the nurses.

Another explanation for the findings is that when a nursing unit is composed of a mixture of nursing staff with different educational preparation, the strengths of all three nursing programs are reflected in the provision of patient care. This explanation appears logical; the literature has indicated that the diploma nurses are higher achievers in

technical and physical aspects of patient care and the baccalaureate nurses are higher achievers in patient education, psychosocial needs of patients and the communication aspect of patient care. It is probable that when a nursing unit is composed of different educationally prepared nurses, the specific skills of each nurse contribute to the achievement of the nursing process. It is interesting to note that according to the literature, both technical and professional prepared nurses perform equally poorly on the evaluation component of the nursing process (Frederickson & Mayers, 1977, p. 1169). Results from this study indicate that neither experience nor education was related to this aspect of the nursing process. If indeed, nurses from none of the programs, baccalaureate, diploma or associate degree excel in this component of the nursing process, one would not expect the mixture of educationally prepared staff to have an impact on the nurses' performance on evaluation.

A recommendation for further study would be to conduct a study comparing nursing units solely staffed by baccalaureate nursing graduates, associate degree nurses or diploma nurses; and then to compare differences in the achievement of the nursing process. Results of the proposed study compared to results from this one might indicate which, if any, mixture of educational prepared staff should be recommended to render quality patient care.

A fifth explanation is that nurses learn from their peers the skills needed to render quality care. It is probable that the baccalaureate degreed nurse learns the technical skills needed to achieve the nursing process from

the diploma and associate degree nurse. Similarly, the technical nurse may learn communication, teaching and psychosocial skills from the baccalaureate prepared nurses. This explanation is also related to the findings in the study that (the physical and non physical needs of the patient are attended) are related to the experience level of the nursing staff. If peer teaching between different educationally prepared nurses is an ongoing event, experience is a factor for incorporating the learned behavior into nursing practice. Experience was not related to the quality objective concerning evaluation skills. This might be due to the fact that none of the different types of educationally prepared nurses excelled in these skills and therefore could not teach these skills to their peer group.

A final recommendation for further study in this category of education would be to have a more diversified educational grouping on each of the nursing units. In this study, the baccalaureate nurses had the highest frequency on the majority of nursing units. It is probable that in a study where different nursing units had a greater variance in the frequency of baccalaureate, associate degree and diploma graduates, significant results could be obtained in relationship to the educational level of a nursing staff and quality of patient care.

Experience level. A second conclusion was that experience level of a nursing staff was only partially related to and only partially predictive of the staff performance of the nursing process: Attention to both physical

and non-physical needs of the patient are attended. The planning of nursing care and the evaluation of nursing care were not related to the experience level of the nursing staff.

The literature does state that baccalaureate nurses improve their technical skills with experience (Reichow, Scott, 1976, p. 96). Since the majority of nurses in the study were baccalaureate prepared, it is probable that this influenced the predictability of the impact of experience on the objective (physical needs of the patient are attended). The physical needs could also be related to experience because, as explained in conclusion one, perhaps the baccalaureate nurses learn these skills from diploma or associate degree nurses. Baccalaureate nurses could teach associate degree and diploma nurses the skills of psychosocial aspects of care. This may explain the finding that nursing experience is related to meeting the non-physical needs of the patient.

The lack of relationship between the objective evaluation and experience level could also be due to the fact that neither the professional nor the technical nurse have strengths in this area of the nursing process. Therefore, nurses cannot learn the skills from their peers.

The objective (nursing care planning) can be described as a highly bureaucratic function of the nursing process. The planning of nursing care was mostly evaluated by reviewing nursing care plans and chart documentation. Nurses do view care planning as a bureaucratic function of the hospital and one that serves little purpose. In other studies it was found that diploma nurses are more bureaucratic in nature and baccalaureate nurses are more

professional in nature (Davis, 1975, p. 9). Since the majority of nurses in this study were baccalaureate prepared, perhaps the results can be explained because nursing care planning, a bureaucratic function, is not a priority of the majority of nurses.

Another explanation of this major conclusion is that the variable experience level, in and of itself, cannot predict the achievement of the nursing process in all four objectives. Perhaps the same variables mentioned in conclusion one should be investigated to determine which of the variables interacts with the experience level of the nursing staff in relation to nursing performance. Perhaps, the objectives (nursing care planning and evaluation of the care) are more influenced by other variables than are the objectives (the non-physical and physical needs of the patient are attended).

The third conclusion was that both variables, education and experience levels of the nursing staff, do not act together to predict the quality of care. Findings from the multiple regression analysis indicate that experience alone was a predictor of achievement on two major objectives of the nursing process, but coupled with education and unit type, these variables were not predictors of achievement of the nursing process.

Service type. The fourth conclusion was that the type of service was a predictor of the achievement of the nursing process in the two objectives related to patient care (physical and non-physical needs of the patient are attended). There are three possible explanations for these findings. First, as in two previous explanations, it is possible that this variable, in and of itself, cannot predict the nursing staff's

accomplishment of the nursing process. Second, it is possible that unit types are characterized by many contextual and organizational variables specific to that nursing unit. A recommendation for further research would be to analyze different types of nursing units to determine the variables within the service that have a relationship to the staff's achievement of the nursing process.

Third, it is possible that within each of the nursing service types consideration of the unique patient needs results in the development of the nursing skills which are most relevant to the type of patient being cared for. This explanation could also be related to the conclusion that experience level of a nursing staff is a predictor of the nursing units' accomplishment of the nursing process. It is probable that nursing skills are developed over time and are based on the needs of the patient. An assumption can be made that the obstetrical, psychiatric and intensive care patient have greater psychosocial needs than does the medical, surgical or pediatric patient. The nurses in the first grouping of units did perform significantly higher in this objective.

The physical needs of the patient in the obstetrical, pediatric and intensive care units are high. These nursing units did perform higher in this objective than did the other units. The only exception to this might be the burn patient who does have a high need for attention to physical needs. The psychiatric patient has the lowest need for physical care and one could anticipate that scores of nurses from the psychiatric units would be lower than those of all other units on this objective.

In summary, conclusions from the study were:

1. Educational mix of the nursing staff does not predict nor is it related to the nursing staffs' accomplishment of the nursing process.
2. The mean experience level of the nursing staff does predict and is related to the nursing staffs' accomplishment in two objectives of the nursing process: 2.0 (the physical needs of the patient are attended) and 3.0 (the non-physical needs of the patient are attended).
3. Educational mix, experience level, and unit type do not predict the nursing staffs' accomplishment of the nursing process.
4. The unit type does predict the nursing staffs' accomplishment of the nursing process in two of the major objectives: 2.0 (the physical needs of the patient are attended) and 3.0 (the non physical needs of the patient are attended).

Implications and Suggestions for Practice

Based on the research findings, the following implications and suggestions for practice are described:

Educational preparation. Since the educational preparation of a nursing unit is not related to the quality of patient care defined by the nursing staff's accomplishment of the nursing process, hiring practices and placement of nursing staff should not be based on educational preparation as the sole criteria. Rather, a mixture of educational preparation should be sought for each nursing unit.

Since the educational preparation of the nursing unit does not influence the quality of care, then the nursing staff can learn the requirements for achieving the nursing process through nursing staff development programs and by utilizing a staff mixture from nursing units that are high and those that are low in the accomplishment of the nursing process. The concept of peer teaching should be incorporated utilizing the baccalaureate nurses to teach psychosocial skills and the diploma and associate nurses to teach technical skills. Another recommendation is that nurse educators should emphasize planning and evaluating nursing care in their curriculum. Improving the teaching of these objectives in nursing programs could improve the nursing units' performance in the objectives of the nursing process and thus improve patient care.

Experience level. Units with a higher mean of nursing experience did achieve higher on two major objectives of the nursing process based on the finding that it is suggested that nurses be hired and placed in nursing units based on the experience level of the nursing staff currently employed in that unit and the experience level of the nurse being hired. Another recommendation is that new graduates be precepted by an experienced nurse to learn the behavior required for quality care.

Service type. Service types in which high achievement in the nursing process was rated should be examined as to the content and methods utilized in teaching employees the expectations required for quality care. A Program of staff rotation through units that achieve higher quality care in different components of the nursing process could help nurses to develop skills to accomplish quality care.

Recommendations for Further Study

The findings from the study raise many new questions. A summary of recommendations for further research include:

1. Analyze unit types to determine the variables that have a relationship to the nursing staff's achievement of the nursing process.
2. Further analyze the data from this study to determine whether other variables were related to the quality of patient care. These variables would include the head nurse's perception of education and experience of the nursing staff in relation to their ability to render quality care, the head nurse's experience, and the length of time a nurse has been employed on a unit.
3. Replicate the study using a larger representative sample and include private, public teaching and non-teaching hospitals.
4. Conduct a study comparing units that solely employ a baccalaureate, an associate degree and a diploma staff, holding constant experience level and unit type.
5. Conduct a study comparing units that have a greater variance of experience and educational mixture in the nursing unit.
6. Conduct a similar study incorporating other variables that may be related to the nursing staff's accomplishment of the nursing process.

Further research is needed to determine the educational and experience level mix of a nursing unit to provide quality patient care in the most effective manner. The quality of patient care, a measurement of productivity in the hospital, is dependent in part on the experience level of the staff. Other variables need to be identified in order to effectively and efficiently place nurses applying for positions.

REFERENCES

REFERENCES

Bassett, M. B. The creative thinking ability and problem-solving skill of associate and baccalaureate degree nursing students (Doctoral dissertation, University of Alabama, 1976). Dissertation Abstracts International, 1977, 37, 6052-B. (University Microfilms No. 77-12, 171).

Bloch, D. Some critical terms in nursing, what do they really mean? Nursing Outlook, 1974, 22, 689-694.

Bower, F. The process of planning nursing care - a theoretical model. Saint Louis, Mo: The C. V. Mosby Company, 1972.

Bullough, B., & Sparks, C. Baccalaureate vs associate degree nurses: The care-cure dichotomy. Nursing Outlook, 1975, 23, 688-692.

Chamings, P. A., & Treevan, J. Comparison of expected competencies of baccalaureate and associate degree graduates in nursing. Image, 1979, 11, 16-21.

Christman, L. Current roles of nursing in health care. Southern Medical Journal, 1977, 70, 264-265.

Christy, T. Entry into practice: A recruiting issue in nursing history. American Journal of Nursing, 1980, 80, 485-488.

Cicatiello, J. Expectations of the associate degree graduate: A director of nursing's point of view. American Journal of Nursing, 1980, 80, 485-488.

Davis, B. G. Clinical expertise as a function of educational preparation. Nursing Research, 1972, 21, 530-534.

Dyer, E. E., Cope, J. J., Monson, J. A., & Van Drimmelen, J. B. Can job performance be predicated from biographical, personality, and administrative climate inventories? Nursing Research, 1972, 21, 294-304.

Frerich, M. Relationship of self esteem and internal-external control to selected characteristics of associate degree nursing students. Nursing Research, 1973, 22, 350-352.

Frederickson, K., & Mayer, G. Problem solving skills: What effect does education have? American Journal of Nursing, 1977, 77, 1167-1169.

Goldstein, G. Comparison of graduating AD and baccalaureate nursing students' characteristics. Nursing Research, 1980, 29, 46-49.

Gray, J., Murray, B., Roy, J., & Sawyer, J. Do graduates of technical and professional nursing programs differ in practice? Nursing Research, 1977, 26, 368-373.

Griffith, J. Supervisors' rating of baccalaureate nurse competencies. Supervisor Nurse, 1980, 11, (10), 20-24.

Haussmann, R. K., Hegyvary, S. T., & Newman, J. F., Jr. Monitoring quality of nursing care: Part II - Assessment and study of correlates. (U. S. Department of Health, Education, and Welfare Publication No. [HRA[76-7). Washington, D. C.: U. S. Government Printing Office, 1977.

Hogestell, M. Associated degree and baccalaureate graduates: Do they function differently? American Journal of Nursing, 1977, 77, 1598-1600.

Howell, F. J. Employers evaluations of new graduates. Nursing Outlook, 1978, 26, 448-451.

Hover, J. Diploma vs degree nurses: Are they alike? Nursing Outlook, 1975, 23, 284-287.

Huber, M. L. Associate degree nursing: Implication for the 1980s and beyond. Journal of Nursing Education, 1982, 21, (6), 24-33.

Johnson, D. Competence in practice: Technical and professional. Nursing Outlook, 1966, 14, (10), 30-33.

Kalisch, P. A., & Kalisch, B. J. Perspectives in improving nursing's public image. Research in Nursing and Health, 1980, 3, 10-15.

King, I. Toward a theory for nursing: General concepts of human behavior. New York: John Wiley & Sons, Inc., 1971.

Kramer, M., & Schmalenberg, C. E. Bicultural training and new graduate role transformation. Nursing Digest, 1978, 5 (4), 1-47.

Kuramoto, A. M. An evaluation of registered nurse students in a baccalaureate nursing program: The effect of education on performance (Doctoral dissertation, University of Michigan, 1975). Dissertation Abstracts International, 1976, 36, 4944-B. (University Microfilms No. 76-9439)

Lynaugh, J. The entry into practice conflict: How we got where we are and what will happen next. American Journal of Nursing, 1980, 80, 266-270.

Mandrillo, M. P. A comparative study of the cognitive skills of the graduating baccalaureate degree and associate degree nursing students. (Doctoral dissertation, Columbia University, 1969). Dissertation Abstracts International, 1970, 30, 4222-B. (University Microfilms No. 70-4515)

McCloskey, J. C. The effects of nursing education on job effectiveness: An overview of the literature. Research in Nursing and Health, 1981, 4, 355-373.

McClure, M. Entry into professional practice: The New York proposal. Journal of Nursing Administration, 1976, 6 (6), 12-17.

McClure, M. Quality assurance and nursing education: A nursing service director's view. Nursing Outlook, 1976, 24, 367-369.

McQuaid, E., & Kane, M. How do graduates of different types of programs perform on state boards? American Journal of Nursing, 1979, 77, 305-308.

Meleis, A. I., & Farrell, K. M. Operation concern: A study of senior nursing students in three nursing programs. Nursing Research, 1974, 23, 461-468.

Michelmore, E. Distinguishing between AD and BS education. Nursing Outlook, 1977, 25, 506-510.

Montag, M. Looking back: Associate degree education in perspective. Nursing Outlook, 1980, 28, 248-250.

Moore, M. A. A study of the extent to which specific behavioral objectives differentiate baccalaureate, diploma, and associate arts nursing education programs. (Doctoral dissertation, University of Iowa, 1966). Dissertation Abstracts, 1967, 27, 3159-B. (University Microfilms, No. 67-2655)

National Commission on Nursing. Initial report and preliminary recommendations. Chicago: The American Hospital Association, 1981.

Nelson, L. Competence of nursing graduates in technical, communicative, and administrative skills. Nursing Research, 1978, 27, 121-125.

Nie, N., Hull, C., Jenkin, J., Steinbrenner, K., Bent, D. Statistical package for the social sciences (2nd ed.). New York: McGraw-Hill, 1975.

Orem, D. Nursing: Concepts of practice (2nd ed.). New York: McGraw-Hill, 1980.

Orlando, I. The teaching of the discipline of nursing. New York: G. P. Putnam, 1973.

Partridge, R. Analysis of the entry into practice controversy in nursing: An organizational perspective. Nursing Leadership, 1979, 2 (1), 38-43.

Ramphal, M. Rethinking diploma school and collegiate education. Nursing Outlook, 1978, 26, 768-771.

Reichow, R., & Scott, R. Study compares graduates of two-three-and four-year programs. Hospitals, 1976, 50 (14), 95-97; 100.

Richards, M.A. A study of differences in psychological characteristics of students graduating from three types of basic nursing programs. Nursing Research, 1972, 21, 258-261.

Rotkovitch, R. The AD nurse: A nursing service perspective. Nursing Outlook, 1976, 24, 234-236.

Schwirian, P.M. Evaluating the performance of nurses: A multidimensional approach. Nursing Research, 1978, 27, 347-351.

Soules, M. What does a BSN get you? RN, 1978, 41 (6), 50-51.

Statistical Analysis System Institute Incorporated. SAS: Statistical Analysis System. Czry, NC: 1983. (IBM 3033-S Main Frame on the MVS Operating System)

Stevens, B. Program articulation: What it is and what it is not. Nursing Outlook, 1981, 29, 700-706.

Verhonick, P.J., Nichols, G.A., Glor, B.A., & McCarthy, R.T. I came, I saw, I responded: Nursing observation and action survey. Nursing Research, 1968, 17, 38-44.

Wagner, D. What's right and what's wrong in nursing education and nursing service: Nursing administrations' assessment of nursing education. Nursing Outlook, 1980, 28, 557-561.

Wandelt, M., & Steward, D.S. Slater nursing competencies rating scale. New York: Appleton-Century-Crofts, 1975.

Waters, V.H., Chater, S.S., Vivier, M.L., Urrea, J.H., & Wilson, H.S. Technical and professional nursing: An exploratory study. Nursing Research, 1972, 21, 124-131.

Wiedenbach, E. Clinical nursing - a helping art. New York: Springer Publishing Company, Inc., 1964.

Zarett, A. Is the BSN better? RN, 1980, 43 (3), 28-33; 78.

APPENDICES

APPENDIX A

NURSING PROCESS QUALITY MONITORING INSTRUMENT

MASTER CRITERIA LIST

MASTER CRITERIA LIST

Major Obj: 1.0 THE PLAN OF NURSING CARE IS FORMULATED
Sub Obj: 1.1 The Condition Of The Patient Is Assessed On Admission

TEXT — PATIENT TYPES

1.101 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IF THE PATIENT HAS A PHYSICAL IMPAIRMENT THAT AFFECTS ADL, E.G. SENSORY OR MOTOR IMPAIRMENT, SUCH AS IMPAIRED HEARING, VISION, SPEECH, ETC., IS THE NATURE OF THE IMPAIRMENT RECORDED UPON ADMISSION TO THIS UNIT?

1) No
2) Yes
3) Not Applicable

52, 53,

NOTE: Refers to type of disablitiy, not to presence of prosthetic device.

DIRECTIONS: Observer must check with patient if nothing recorded. To check, ask patient: DO YOU HAVE ANY DIFFICULTIES SUCH AS PROBLEMS WITH HEARING, VISION, SPEECH OR GETTING AROUND?

Code NO if nothing recorded and patient has physical problems or disabilities.

Code N/A if patient initially admitted to another unit or does not have physical disabilities.

1.102 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IF THE PATIENT DEPENDS ON PROSTHETIC DEVICES FOR ADL, IS THIS RECORDED ON ADMISSION TO THIS UNIT?

1) No
2) Yes
3) Not Applicable

21, 22, 23, 51, 52 53, 54,

NOTE: DEPEND means that the patient uses or has prosthetic devices for ADL. PROSTHETIC DEVICES refer to any device used for ADL, e.g. dentures, glasses, hearing aids, contact lenses, orthopedic shoes or braces, artificial limbs or eyes. May include devices such as wigs. ADL means minimal activities required for daily personal care, e.g. eating, toilet, dressing, ambulation.

DIRECTIONS: Observer must check with patient if nothing is recorded. To check, ask patient: DO YOU HAVE OR USE ANY SUPPORTIVE ITEMS SUCH AS GLASSES, DENTURES, BRACES, ETC.?

Code N/A if patient initially admitted to another unit or patient does not have or use prosthetic devices.

Code NO if patient has or uses prosthetic devices and nothing is recorded.

Code YES only if patient has prosthetic devices and this is recorded prior to the observation.

1.103 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

ARE PATIENT'S ELIMINATION PATTERNS RECORDED UPON ADMISSION TO THIS UNIT?

1) No
2) Yes
3) Not Applicable

31, 51, 52, 53, 54

NOTE: PATTERNS refer to information about regularity/irregularity of bowel or bladder. Applies to patterns prior to hospital stay.

Code N/A only if information recorded on admission to another unit.

Code YES only if information is present and was recorded within 24 hours of admission. If patient was disoriented at the time of admission extend recording period from 24 hours to 3 days.

1.104 Version 3 of 3 Source of Information: 01 - PATIENT RECORD

ARE DESCRIPTIONS INDICATIVE OF MENTAL-EMOTIONAL STATE RECORDED AT THE TIME OF ADMISSION TO THIS UNIT?

1) No
2) Yes

11, 12, 21, 22, 23 51, 52, 53, 54,

NOTE: Applies to statements of behavior, e.g. talkative, crying, laughing, or to statements of mental-emotional state, e.g. anxious, depressed.

Code YES only if statement is recorded prior to observation.

1.105 Version 3 of 3 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN UPON ADMISSION TO THIS UNIT ABOUT THE CONDITION OF THE SKIN?

1) No
2) Yes

12, 21, 22, 23, 31 42, 43, 44, 51, 52 53, 54,

NOTE: Refers to dryness, turgor-hydration, absence or presence of skin lesions, localized skin color, warmth, etc. Do not accept general description such as "Pale".

Do not code N/A; applies to all patients on this unit.

Code YES only if statement is recorded prior to observation.

1.106 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN WITHIN THE FIRST 8 HOURS OF ADMISSION ABOUT THE INFANT'S GESTATIONAL AGE?

1) No
2) Yes

42, 43, 44,

1.107 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN WITHIN THE FIRST 8 HOURS OF ADMISSION ABOUT THE INFANT'S APGAR SCORES?

1) No
2) Yes

42, 43, 44,

Code YES only if one and five minutes scores are recorded.

1.108 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN WITHIN THE FIRST 8 HOURS OF ADMISSION ABOUT THE INFANT'S GENERAL MUSCLE TONE?

1) No
2) Yes

42, 43, 44,

NOTE: Refers to any statement about tone, strength of recoil and/or type of extremity movements.

1.109 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN WITHIN THE FIRST 8 HOURS OF ADMISSION ABOUT THE INFANT'S GENERAL RESPIRATORY PATTERN AT TIME OF ADMISSION?

1) No
2) Yes

42, 43, 44,

NOTE: Refers to any description of respiration such as the presence of retractions, nasal flaring and/or grunting.

1.110 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN WITHIN THE FIRST 8 HOURS OF ADMISSION ABOUT THE TYPE AND POSITION OF DELIVERY, ANALGESIA/ANESTHESIA, AND ANY MATERNAL COMPLICATIONS DURING PREGNANCY OR DELIVERY?

1) No
2) Yes

42, 43, 44,

NOTE: May apply to delivery room records transferred to the nursery. Observer must determine if any maternal complications existed .

Code YES only if all three are recorded.

1.111 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN ON ADMISSION INDICATING A PATIENT'S ORIENTATION TO TIME, PLACE AND PERSON ?

1) No
2) Yes

31,

1.112 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT RECORDING THE APPEARANCE OF WITHDRAWAL SYMPTOMS OR DELIRIUM TREMENS AT THE TIME OF ADMISSION?

1) No
2) Yes
3) Not Applicable

31,

Code N/A if patient has no known history of alcoholism or drug abuse, or ingestion of alcohol or drugs in the past month.

1.113 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN AT TIME OF ADMISSION ABOUT WHETHER THE PATIENT HAS INGESTED ALCOHOL OR ILLICIT DRUGS WITHIN THREE DAYS PRIOR TO ADMISSION?

1) No
2) Yes
3) Not Applicable

31,

Code YES only if quantity, type, and frequency are documented.

Code N/A if patient is unable to give history or if information was recorded on another unit.

1.114 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT RECORDED AT THE TIME OF ADMISSION REFLECTING`

1) No

31,

1.115 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ON ADMISSION TO THE UNIT, IS EACH OF THE FOLLOWING RECORDED: 11, 12,

A. The patient's temperature?
1) No
2) Yes

B. The patient's blood pressure?
1) No
2) Yes

NOTE: Must be recorded prior to observation.

Code YES for each item if it was recorded by either nursing or other health team members.

1.116 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE NURSING HISTORY INCLUDE THE FOLLOWING INFORMATION REGARDING THE PRESENT HEALTH PROBLEM: 11, 12,

A. When the current health problem occurred? 1) No 2) Yes

B. How the health problem occurred (i.e. mechanism of injury or situation at the onset of problem), or the progression of change from the patient's normal health state that led up to this admission? 1) No 2) Yes

C. Symptoms or signs? 1) No 2) Yes

NOTE: Must be recorded prior to observation.

Code YES for each item only if it has been recorded by nursing.

1.117 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT CONTACTED BY THE NURSING STAFF (NOT CLERICAL PERSONNEL) WITHIN 15 MINUTES AFTER ARRIVAL ON THE UNIT? 1) No 2) Yes 11, 12, 21, 23,

DIRECTIONS: To patient 13 years and older, or parent: WHEN YOU/YOUR CHILD FIRST ARRIVED ON THIS UNIT, HOW LONG WAS IT BEFORE A NURSE CAME TO SEE YOU/YOUR CHILD?

1.118 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE PATIENT'S LEVEL OF CONSCIOUSNESS INDICATED ON THE RECORD? 1) No 2) Yes 12,

NOTE: Must be recorded prior to observation.

Code YES only if statement is recorded by nursing.

1.119 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IF THE PATIENT COMPLAINS OF PAIN IS EACH OF THE FOLLOWING RECORDED BY NURSING: 11, 12,

A. Location of pain?
1) No
2) Yes
3) Not Applicable

B. Quality of pain, e.g. crushing, sharp, dull?
1) No
2) Yes
3) Not Applicable

C. Intensity of pain, e.g. severe, mild?
1) No
2) Yes
3) Not Applicable

D. Pattern of pain, e.g. intermittant, continuous?
1) No
2) Yes
3) Not Applicable

E. Duration of pain?
1) No
2) Yes
3) Not Applicable

Code N/A only if the records do not indicate that the patient complained of pain.

1.120 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ON ADMISSION TO THE UNIT, IS EACH OF THE FOLLOWING RECORDED: 12,

A. The patient's heart or pulse rate and quality?
1) No
2) Yes

NOTE: QUALITY refers to a description such as weak, thready, regular, etc.

Code YES only if both rate and quality are recorded.

B. The patient's respiratory rate and quality?
1) No
2) Yes

NOTE: QUALITY refers to descriptions such as shallow, labored, Cheyne-Stokes, retracting, even, etc.

Code YES only if both rate and quality are recorded.

NOTE: Must be recorded prior to observation.

Code YES for each item if recorded by either nursing or other health team members.

1.121 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT UPON ADMISSION ABOUT THE SIGNIFICANT PRENATAL HISTORY, I.E. GRAVIDA, PARA, STATE OF MEMBRANES, EDC AND FETAL HEART RATE?

1) No
2) Yes-Incomplete
3) Yes-Complete

21, 22, 23,

NOTE: Must be recorded prior to observation.

Code YES-COMPLETE only if all are present in the admitting record.

1.122 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE RECORD INDICATE THAT THE URINE WAS CHECKED FOR GLUCOSE, ACETONE AND PROTEIN UPON ADMISSION?

1) No
2) Yes

21, 22, 23,

Code YES only if all three are present.

1.201 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE GENERAL PHYSICAL APPEARANCE OF THE PATIENT RECORDED WITHIN THE FIRST 24 HOURS OF ADMISSION TO THIS UNIT?

1) No
2) Yes

31, 51, 52, 53, 54

NOTE: Intent is to have a verbal physical "photograph" of patient as data base. Accept any description of physical appearance, e.g. pale, emaciated, obese, posture, dress. Applies to physical appearance, rather than physiological symptom. DO NOT ACCEPT references to age, sex, race or marital status. DOES NOT include behavioral description. DO NOT ACCEPT general description, such as "in acute distress".

Do not code N/A. Applies to all patients on unit.

Code YES only if information is present and is recorded within 24 hours of admission.

1.202 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT REGARDING THE PATIENT'S UNDERSTANDING OF HIS ILLNESS OR THE REASON FOR ADMISSION TO THE HOSPITAL, RECORDED UPON ADMISSION TO THIS UNIT?

1) No
2) Yes - Includes diagnosis, surgery, tests or symptoms
3) Yes-Understanding of illness and prognosis stated
4) Not Applicable

11, 12, 51, 52, 53 54,

1.203 Version 3 of 3 Source of Information: 01 - PATIENT RECORD

IS HEIGHT RECORDED UPON ADMISSION TO THIS UNIT?

1) No
2) Yes
3) Not Applicable

21, 22, 23, 31, 51
52, 53, 54,

Code N/A if information recorded on admission to another unit.

Code YES only if information is present and is recorded prior to the observation.

1.204 Version 3 of 3 Source of Information: 01 - PATIENT RECORD

IS WEIGHT RECORDED UPON ADMISSION TO THIS UNIT?

1) No
2) Yes
3) Not Applicable

21, 22, 23, 31, 51
52, 53, 54,

NOTE: Applies to patients initially admitted to this unit for hospital stay.

Code N/A if information recorded on admission to another unit.

Code YES only if information is present and recorded prior to observation.

1.205 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN AT THE TIME OF ADMISSION TO THIS UNIT DENOTING WHETHER THE PATIENT HAS BEEN TAKING MEDICATIONS, AND, IF YES, NAMES AND DESCRIPTIONS OF DRUGS, FREQUENCY OF ADMINISTRATION, AND LENGTH OF TIME PATIENT HAS BEEN TAKING MEDICATIONS?

1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable

11, 12, 21, 22, 23
31, 51, 52, 53, 54

NOTE: If nothing is recorded, observer must find out whether patient was taking medications prior to admission.

Code YES-COMPLETE only if there is a clear notation of no medications or all three types of information is present for each drug.

Code N/A only if information was recorded on admission to another unit.

1.206 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE EITHER THE DIET OR THE FOOD PREFERENCES OF THE PATIENT RECORDED UPON ADMISSION TO THIS UNIT?
1) No
2) Yes
3) Not Applicable
31, 51, 52, 53, 54

Code N/A if information was recorded on admission to another unit or if the patient was unable to give history on admission.

Code YES only if statement is present and recorded within 24 hours of admission.

1.207 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE MEASUREMENT OF THE HEAD AND CHEST CIRCUMFERENCE OF THE BABY RECORDED WITHIN 8 HOURS OF ADMISSION?
1) No
2) Yes
43, 44,

1.208 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN WITHIN THE FIRST 8 HOURS OF ADMISSION ABOUT THE PRESENCE OR ABSENCE OF INJURIES OR MALFORMATIONS OF THE INFANT?
1) No
2) Yes
42, 43, 44,

NOTE: Does not refer to forceps marks, fetal scalp punctures and/or vacuum extraction sites.

1.209 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN WITHIN THE FIRST 8 HOURS OF ADMISSION ABOUT THE PRESENCE OR ABSENCE OF THE FOLLOWING REFLEXES?
42, 43, 44,

A. The moro reflex?
1) No
2) Yes

B. The suck reflex?
1) No
2) Yes

1.210 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE ADMITTING RECORD INDICATE: 42, 43, 44,

A. The sex of the baby?	1) No 2) Yes
B. The date of birth?	1) No 2) Yes
C. The time of birth?	1) No 2) Yes
D. The birth weight?	1) No 2) Yes
E. The length at birth?	1) No 2) Yes
F. The birth position (ROA, LOA, Breech, etc.)?	1) No 2) Yes
G. The type of delivery (vaginal, Caesarian section, precipitous)?	1) No 2) Yes
H. The gestational age (calculated by LMP of mother or physician's estimate)?	1) No 2) Yes

NOTE: May apply to records from delivery room transferred to nursery.

1.211 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WITHIN 24 HOURS OF ADMISSION ABOUT WHETHER THE PATIENT HAS ANY PRE-EXISTING HEALTH PROBLEMS? 1) No 2) Yes 3) Not Applicable 31,

NOTE: Examples: hypertension, diabetes, and seizures.

Code N/A only if patient (or family) is unable to give history on admission.

1.212 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IF THE PATIENT HAS PRE-EXISTING HEALTH PROBLEMS, IS THERE A STATEMENT RECORDED ON ADMISSION ABOUT WHETHER THE PATIENT IS CURRENTLY UNDER TREATMENT FOR THE PROBLEMS? EXAMPLES: Radiation, Rx, physical therapy. Should include any psychiatric treatment with mental health center, private psychiatrist. 1) No 2) Yes 3) Not Applicable 11, 12, 31, 51, 52 53, 54,

NOTE: Observer must check with patient if nothing is recorded. Then, to determine applicability, ask the patient: ARE YOU CURRENTLY UNDER TREATMENT FOR ANY HEALTH PROBLEMS?

Code NO if nothing recorded and patient was under treatment.

Code N/A if the patient (or family) is unable to give a history and no other source of information is available; e.g., medical identification cards, or if the patient does not have any existing health problems.

Code YES, if applicable, and statement was recorded by either nursing or other health team members prior to the observation.

1.213 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WITHIN 24 HOURS OF ADMISSION DESCRIBING THOSE ACTIVITIES OF DAILY LIVING THE PATIENT DOES OR DOES NOT PERFORM?

1) No
2) Yes

31,

NOTE: Refers to activities such as bathing self, dressing, getting out of bed, eating.

1.214 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN WITHIN THREE DAYS OF ADMISSION INDICATING: 31,

A. With whom the patient lives?
1) No
2) Yes

B. Who the patient considers to be his major supports?
1) No
2) Yes

NOTE: SUPPORT refers to source of financial and/or emotional help.

1.215 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT RECORDED WITHIN 3 DAYS OF ADMISSION REGARDING STRESSES THE PATIENT EXPERIENCED BEFORE ADMISSION?

1) No
2) Yes

31,

NOTE: Applies to occupational, educational and/or family pressures or strains the patient has experienced. These may be situational and/or environmental. May apply to statements from family, if patient is disoriented on admission.

1.216 Version 3 of 3 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT ABOUT ALLERGIES WRITTEN AT THE TIME OF ADMISSION TO THIS UNIT?

1) No
2) Yes
3) Information not available

11, 12, 21, 22, 23 31, 51, 52, 53, 54

NOTE: Refers to statement of the presence or absence of allergies.

Code YES only if statement is present and recorded prior to observation by either nursing or other health team members.

Code INFORMATION NOT AVAILABLE if patient is unresponsive on admission with no other source of information available; e.g. family, medical identification cards or bracelets.

1.217 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE HISTORY INDICATE WHETHER THE PATIENT HAS ANY PRE-EXISTING HEALTH PROBLEMS, SUCH AS HYPERTENSION, DIABETES, ETC.?

1) No
2) Yes
3) Information not available

11, 12,

NOTE: Refers to a statement of the presence or absence of pre-existing health problems.

Code YES only if recorded prior to the observation by nursing or other health team members.

Code INFORMATION NOT AVAILABLE if the patient is unresponsive on admission, with no other information source available; e.g. family, medical identification cards or bracelets.

1.218 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT ABOUT THE TETANUS IMMUNIZATION HISTORY OF THE PATIENT RECORDED ON ADMISSION?

1) No
2) Yes
3) Not Applicable

11, 12,

NOTE: Applies to patients with burns, lacerations, puncture wounds, etc.

Code N/A if the patient (or family) is unable to give the history or the patient does not have burns, lacerations, puncture wounds, etc.

Code YES only if statement is recorded prior to the observation by nursing or other health team members.

1.219 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT ABOUT THE PATIENT'S PREPARATION FOR CHILDBIRTH WRITTEN UPON ADMISSION TO THE UNIT, E.G. EXERCISES, BREATHING AND RELAXATION TECHNIQUES?

1) No
2) Yes

21, 22, 23,

NOTE: Refers to statement of presence or absence of preparation for childbirth. Must be recorded prior to observation.

1.220 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT UPON ADMISSION STATING WHETHER MOTHER WANTS TO BREASTFEED HER BABY?

1) No
2) Yes

21, 22, 23,

1.301 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A WRITTEN STATEMENT ABOUT THE CURRENT CONDITION OF THE SKIN?

1) No
2) Yes
3) Not Applicable

42, 43, 44, 53, 54
61,

NOTE: Relates to dryness, turgor-hydration, absence or presence of skin lesions, localized skin color, warmth, etc. DO NOT ACCEPT general description such as "pale". Should apply to present status or within past 48 hours.

Code N/A only if skin condition is not a real or potential problem.

1.302 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

ARE RESPIRATORY RATE AND QUALITY RECORDED?

1) No
2) Yes

21, 22, 23, 43, 44
53, 54, 61,

NOTE: Applies to all labor and delivery patients.

NOTE: QUALITY refers to descriptions such as shallow, labored, Cheyne-Stokes, hyperventilating, retracting, etc. Must be recorded within past 48 hours.

Code YES if respiratory rate is present UNLESS patient has a respiratory condition or respiratory involvement is anticipated, in which case a recording of BOTH rate and quality is required.

1.303 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

ARE DESCRIPTIONS INDICATIVE OF THE CURRENT EMOTIONAL STATE RECORDED?
1) No
2) Yes
21, 23, 31, 51, 52 53, 54, 61,

NOTE: Applies to statements of behavior, e.g. talkative, crying, laughing, becoming more restless or to statements of mental-emotional state, e.g. depressed, anxious, presence of hallucinations, delusional etc.

NOTE: Applies to two hours prior to time of observation.

1.304 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IS THE PATIENT'S LEVEL OF CONSCIOUSNESS INDICATED ON THE RECORD?
1) No
2) Yes
3) Not Applicable
23, 61,

NOTE: Applies to patients who received general anesthesia or injectible narcotics.

1.305 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IS THE PATIENT'S ORIENTATION TO TIME, PLACE AND PERSON INDICATED ON THE NURSING RECORD?
1) No
2) Yes
31, 61,

NOTE: Applicable to all Recovery Room patients.

1.306 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IF THE PATIENT COMPLAINS OF PAIN, IS EACH OF THE FOLLOWING RECORDED BY NURSING:
53, 54,

A. Location of the pain?
1) No
2) Yes
3) Not Applicable

B. Quality of the pain, e.g. crushing, sharp, dull?
1) No
2) Yes
3) Not Applicable

C. Intensity of pain, e.g. severe, mild?
1) No
2) Yes
3) Not Applicable

D. Pattern of pain, e.g. intermittant, continuous?
1) No
2) Yes
3) Not Applicable

Code N/A only if the records do not indicate that the patient complained of pain.

1.307 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE BABY'S ACTIVITY NOTED AT LEAST ONCE EACH SHIFT?
1) No
2) Yes
42, 43, 44,

NOTE: Refers to notations such as lethargic, floppy, irritable, tremors, etc. Refers to past 48 hours.

1.308 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE TEMPERATURES RECORDED EVERY SHIFT?
1) No
2) Yes
42, 43, 44,

NOTE: Refers to past 48 hours.

1.309 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE DAILY WEIGHTS RECORDED?
1) No
2) Yes
42, 43, 44,

NOTE: Refers to past 48 hours.

1.310 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A WRITTEN STATEMENT ABOUT THE RELATIONSHIP BETWEEN FAMILY OR MOTHER AND BABY?
1) No
2) Yes
42, 43, 44,

NOTE: Refers to parental behaviors (called, visited, diapered infant) and/or the parents' feelings about the baby, such as easer to see the infant.

NOTE: Must be recorded in the past 48 hours.

1.311 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A WRITTEN STATEMENT ABOUT THE BABY'S RESPONSE TO HIS ENVIRONMENT?
1) No
2) Yes
3) Not Applicable
42, 43, 44,

NOTE: Refers to infant behaviors such as wakes easily, cries when disturbed, responds to fondling, reactive period, or activity states such as alert, enjoys socialization, etc.

Code N/A only if infant unconscious.

1.312 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A WRITTEN STATEMENT ABOUT THE BABY'S CRY? 1) No 42, 43, 44,
2) Yes
3) Not Applicable

NOTE: Refers to notations regarding pitch or tone, etc.
Must be recorded within the past 48 hours.

Code N/A if endotracheal tube or nasotracheal tube present.

1.313 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT HEART SOUNDS IN THE INFANT? 1) No 44,
2) Yes
3) Not Applicable

NOTE: Applies to infant under 34 weeks gestational age or any infant with cardiac complications.

Code YES if the statement includes the presence or absence of a murmur at least once each shift for the past 48 hours.

1.314 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE INFANT'S BREATH SOUNDS? 1) No 44,
2) Yes

Code YES only if the statement includes a description of kinds of breath sounds heard and equality of sounds on the right and left sides, at least once each shift for the past 48 hours.

1.315 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE QUALITY OF THE INFANT'S PULSES AT LEAST ONCE EACH SHIFT FOR THE PAST 48 HOURS? 1) No 44,
2) Yes

NOTE: Refers to descriptions such as thready or bounding.

1.316 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS INCLUDE A DESCRIPTION OF THE INFANT'S GENERAL MUSCLE TONE AT LEAST ONCE EACH SHIFT FOR THE PAST 48 HOURS? 1) No 43, 44,
2) Yes

1.317 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE INFANT'S PRESENCE OR ABSENCE OF BOWEL SOUNDS AND ABDOMINAL GIRTH ONCE EACH SHIFT FOR THE PAST 48 HOURS?

1) No
2) Yes
3) Not Applicable

43, 44,

NOTE: Applies to infants under 34 weeks gestational age or any infant with gastrointestinal complications.

Code YES only if both recorded.

1.318 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE PRESENCE OF UNUSUAL NEUROLOGICAL BEHAVIOR IN THE INFANT?

1) No
2) Yes
3) Not Applicable

44,

NOTE: Refers to any statement about tremors, seizures, bulging fontanels, etc. Observer may ask a nurse to determine if any such behaviors currently exist in the infant.

Code N/A if nurse states infant's neurological behavior is normal.

Code YES only if statement is recorded within the past 48 hours.

1.319 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE THE BABY'S ACTIVITY/SLEEP PERIODS WRITTEN IN THE NURSING RECORD?

1) No
2) Yes

42, 43, 44,

NOTE: Refers to the past 48 hours.

1.320 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE BODY TEMPERATURES RECORDED?

1) No
2) Yes

21, 22, 23,

NOTE: Oral, axillary, rectal, or electronic readings acceptable. Check record from admission time for answer.

For YES response, temperatures should be recorded before delivery: at time of admission, every two hours if bag of water ruptured, every hour for a temperature over 99, or every 4 hours if normal; and post delivery every 4 hours.

1.321 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE VITAL SIGNS RECORDED EVERY 30 MINUTES WHEN IN ACTIVE LABOR?
1) No
2) Yes-Incomplete
3) Yes-Complete
21, 22, 23,

NOTE: Vital signs should include FHR, B/P, frequency, duration and intensity of contractions.

Code YES-COMPLETE only if all are recorded every 30 minutes.

1.322 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IF THE BAG OF WATER HAS RUPTURED, IS THERE A STATEMENT ABOUT THE CONDITION OF THE FLUID?
1) No
2) Yes
3) Not Applicable
21, 22, 23,

NOTE: Condition of the fluid could be described as clear, meconium stained, cloudy.

1.323 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

HAVE THE FOLLOWING BEEN RECORDED ON THE DELIVERY ROOM RECORD: 22, 23,

A. For the baby:
1. Date of birth? 1) No 2) Yes
2. Time of birth? 1) No 2) Yes
3. The sex of the baby? 1) No 2) Yes
4. One and five minute Apgars? 1) No 2) Yes

B. For the mother:
1. Type of anesthesia given and by whom? 1) No 2) Yes 3) Not Applicable
2. Time of delivery of placenta? 1) No 2) Yes
3. Type of delivery? 1) No 2) Yes
4. Episiotomy and/or lacerations? 1) No 2) Yes 3) Not Applicable

1.324 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT RECORDED IN THE LAST 48 HOURS INDICATING THE ACTIVITY LEVEL OF THE PATIENT?
1) No
2) Yes
31,

NOTE: Activity level refers to activities of daily living the patient performs himself, ambulation and general physical mobility in the unit.

1.401 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

A. ARE GOALS OF CARE WRITTEN?
1) No
2) Yes
31, 42, 43, 44, 51
52, 53, 54,

B. IF YES, ARE THE GOALS CURRENT?
1) No
2) Yes, some
3) Yes, all
4) Not Applicable

DIRECTIONS: To nurse in charge of patient: IN YOUR OPINION, ARE THE GOALS OF CARE WRITTEN ON MR._____'S CARE PLAN CURRENT?

Code N/A for Part B if no goals written.

1.402 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

A. ARE NURSING THERAPEUTIC MEASURES TO BE GIVEN IN REGARD TO THE PATIENT CONDITION OR SYMPTOMS IN WRITING?
1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable
21, 22, 23, 31, 42
43, 44, 51, 52, 53
54,

NOTE: Does not apply to medical orders.

DIRECTIONS: First identify therapeutic nursing measures that should be specified for this patient, e.g. head elevation for shortness of breath, decubitus care measures, exercises for immobile patients, etc. Then check for presence of each measure in nursing plan e.g. Kardex, care plan, etc.

Code YES-INCOMPLETE if ANY SIGNIFICANT therapeutic measures are missing.

B. DO NURSING ORDERS SPECIFY TIMES AND METHODS FOR CARRYING OUT NURSING THERAPEUTIC MEASURES?
1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable

NOTE: Statements such as BID, QID, etc. are not acceptable as times unless specifically defined in hospital policy. Does not refer to patient instruction.

Code N/A if no therapeutic measures required or if they are continuous and cannot be scheduled, e.g. limit setting program for acting out/aggressive behavior.

Code YES-COMPLETE if order indicates specific time and performance method for each measure. May refer to file/Rolodex for dx procedure.

1.403 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IN A NURSING PLAN OF CARE IS THERE A STATEMENT ABOUT ACTIVITIES THE PATIENT IS EXPECTED TO DO FOR HIMSELF AND ACTIVITIES THE NURSING STAFF SHOULD PERFORM FOR THE PATIENT?

1) No
2) Yes

52, 53,

NOTE: Refers to basic ADL, e.g., eating, toilet, dressing, bathing, walking, and other types of participation in care (wound dressing, etc.). Checklists are acceptable.

1.404 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO THE NURSING RECORDS INDICATE THAT CONSIDERATION HAS BEEN GIVEN TO DISCHARGE TEACHING?

1) No
2) Yes
2) Not Applicable

31, 42, 43, 44, 51
52, 53, 54,

NOTE: May include referral to special teaching teams or individuals, either nursing or non-nursing.

May code N/A if observation made early in patient stay and discharge situation is uncertain.

1.405 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE DESIRED EXTENT OF AMBULATION STATED IN WRITING, IN THE NURSING PLAN OF CARE: E.G., CARE PLAN, KARDEX, ETC.?

1) No
2) Yes
3) Not Applicable

52, 53,

NOTE: Does not apply to patient up ad lib or patient on bed rest. Refers to distance patient is expected to walk or length of time out of bed; includes up to bathroom if patient walks to bathroom.

1.406 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE TIME AND TYPE OF CARE RELATED TO PRESENCE OF TUBES (E.G., CATHETERS, TRACH TUBES, ETC.) STATED IN WRITING IN THE NURSING PLAN OF CARE?

1) No
2) Yes-Incomplete: time and type
3) Yes-Complete: time and type
4) Not Applicable

44, 53, 54,

NOTE: Refers to cleaning around tube, irrigation, etc. Does not refer to I.V.'s.

Code YES-COMPLETE ONLY if both time and type of care are recorded for each type of tube present.

1.407 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

43, 44, 53, 54,

IS THE PLAN FOR TURNING AND POSITIONING THE PATIENT STATED IN WRITING IN THE NURSING CARE PLAN?
1) No
2) Yes
3) Not Applicable

NOTE: Applies to infants for whom particular attention to turning and positioning is needed, e.g., infants with special tubing, equipment, skin problems, or particular consideration after feeding. Accept only written plan.

CODE N/A only if patient does not need to be turned or positioned.

1.408 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A PLAN FOR PROVIDING FREQUENT OBSERVATION OF PATIENTS WITH THREATENING CONDITIONS, SUCH AS BLEEDING, RESPIRATORY DISTRESS OR PSYCHIATRIC DISORDERS?
1) No
2) Yes-Oral only
3) Yes-Written
4) Not Applicable

53, 54,

NOTE: "Frequent observation" implies approximately every 30 minutes or more often.

DIRECTIONS: To determine applicability, may ask nurse: "DOES MR. _____ NEED ANY FREQUENT OBSERVATION, THAT IS, EVERY 30 MINUTES OR MORE OFTEN? If yes, ask: HOW DO YOU ARRANGE FOR OBSERVATION?

1.409 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IS THERE A NURSING PLAN FOR SYSTEMATICALLY INCREASING THE PATIENT'S INDEPENDENCE OR RESTORING HIM TO A HIGHER LEVEL OF FUNCTION, I.E., INCREASING SELF-HELP OR INCREASING ACTIVITY IN AN ORGANIZED MANNER?
1) No
2) Yes
3) Not Applicable

42, 43, 44, 52, 53

NOTE: This may refer to plans to increase feeding tolerance from gavage (tube) to nipple feedings, to teach the infant to suck, to increase general muscular movements, etc.

1.410 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IF THE PATIENT SHOULD DO DEEP BREATHING EXERCISES, IS THERE A WRITTEN STATEMENT IN THE NURSING PLAN (KARDEX, CARE PLAN, ETC.) THAT THEY SHOULD DO IT?
1) No
2) Yes
3) Not Applicable

21, 22, 23, 53, 54

NOTE: Applicable if using breathing relaxation techniques or for post-operative patients.

CODE YES if patient is using Lamaze technique.

1.411 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE BABY'S FEEDINGS SCHEDULE IN WRITING IN THE NURSING PLAN (KARDEX, CARE PLAN, ETC.)?
1) No
2) Yes
42, 43, 44,

1.412 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IF ATTENTION TO THE PATIENT'S ORAL FLUID INTAKE IS INDICATED E.G., ENCOURAGE, FORCE OR RESTRICT FLUIDS, ARE THE FOLLOWING STATED?
53, 54,

A. Time fluids are to be given?
1) No
2) Yes
3) Not Applicable

B. Kinds of fluids to be given?
1) No
2) Yes
3) Not Applicable

C. Amount of fluids to be given?
1) No
2) Yes
3) Not Applicable

1.413 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE THERE WRITTEN STATEMENTS INDICATIVE OF PATIENT'S INVOLVEMENT IN FORMULATING PLAN OF CARE?
1) No
2) Yes
31,

NOTE: Applies to statements that include patient's goals of hospitalization, etc.

1.414 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT RECORDED INDICATING PATIENT'S PERCEPTION OF MEDICAL/NURSING PLAN OF CARE?
1) No
2) Yes
31,

NOTE: Refers to statement written quoting patient's words or rephrased indicating patient's intent, indicating how patient feels or how he views the care he is receiving.

1.501 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE MEDICALLY PRESCRIBED TREATMENTS INCLUDED IN THE NURSING PLAN OF CARE (KARDEX, CARE PLANS, ETC.)?
1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable
21, 22, 23, 31, 42 43, 44, 51, 52, 53 54,

NOTE: Check nursing record of treatments with active medical orders for this patient.

1.502 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A NURSING PLAN FOR MAKING OBSERVATIONS OF SIGNS OR SYMPTOMS IN REGARD TO MEDICAL TREATMENT, MEDICATIONS, DISEASE PROCESS OR POSSIBLE COMPLICATIONS?

1) No
2) Yes
3) Not Applicable

21, 22, 23, 31, 42 43, 44, 51, 52, 53 54,

NOTE: Refers to major signs and symptoms in regard to this patient's present condition. Does not apply to observations indicated in physician's orders. Observer must determine if patient's condition indicates need for specific observation.

Code YES if any level nursing plan exists.

In Nursery: May refer to feeding tolerance when feeding initiated or weaning tolerance when being taken off a respirator.

1.503 Version 2 of 2 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

HAS THE NURSE DISCUSSED OR REVIEWED PLANS OF CARE FOR THE PATIENT WITH THE PHYSICIAN?

1) No
2) Yes

11, 12, 31, 42, 43 44, 51, 52, 53, 54

DIRECTIONS: Ask the nurse: HAVE YOU AND THE DOCTOR RESPONSIBLE FOR _____ REVIEWED OR DISCUSSED THE PATIENT'S ORDERS OR PLANS TOGETHER?

Code YES if the nurse indicates the activity has occurred.

1.504 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

HAS THE NURSE DISCUSSED PLANS FOR THE PATIENT WITH OTHER DISCIPLINES OTHER THAN MEDICINE WHO ARE ALSO WORKING WITH THE PATIENT?

1) No
2) Yes
3) Not Applicable

31, 42, 43, 44, 51 52, 53, 54,

DIRECTIONS: Determine whether other disciplines are working with the patient to see if applicable. If applicable, interview the nurse.

To Nurse: HAVE YOU HAD A CHANCE TO DISCUSS _____'S CASE WITH OTHER DISCIPLINES (SUCH AS PT,OT,ETC.) WHO ARE WORKING WITH HIM?

Code N/A if other disciplines are not working with the patient.

1.505 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO NURSING ORDERS SPECIFY TIMES AND METHODS FOR MEDICAL THERAPEUTICS OR DIAGNOSTIC MEASURES ORDERED BY A PHYSICIAN?

1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable

21, 22, 23, 42, 43 44, 51, 52, 53, 54

NOTE: Statement such as BID, etc. are not acceptable as times unless specific hours stated in hospital policy. Does not refer to instruction of patient.

Code N/A ONLY if there are no medical or relevant nursing orders.

Code YES-COMPLETE only if each nursing order indicates specific time activity is to be done and method of performing activity. For diagnostic procedure, acceptable if reference made to use of file or rolodex.

Code YES-INCOMPLETE if one element (time or method) is missing or if specifications are present for only some of the therapeutic or diagnostic measures.

Code NO if time and method is missingfor all measures.

MASTER CRITERIA LIST

Major Obj: 2.0 THE PHYSICAL NEEDS OF THE PATIENT ARE ATTENDED
Sub Obj: 2.1 The Patient Is Protected From Accident And Injury

2.101 Version 2 of 2 Source of Information: 02 - PATIENT OBSERVATION

IS THE PATIENT WEARING AN IDENTIFICATION BRACELET OR TAG?

1) No
2) Yes

11, 12, 21, 22, 23 31, 42, 43, 44, 51 52, 53, 54, 61,

NOTE: If delivery of infant(s) has occurred, bracelet or tag identifying mother-infant pair must be applied to both mother and infant before leaving the delivery room (i.e., mother should have two identification bracelets or tags before leaving the delivery room.) Patient must be wearing some form of identification bracelet or tag, even if not required by hospital policy. DO NOT ANSWER N/A.

2.102 Version 2 of 2 Source of Information: 02 - PATIENT OBSERVATION

IS THE PATIENT IN A POSITION OF OPTIMAL BODY ALIGNMENT?
1) No
2) Yes
3) Not Applicable
12, 21, 53, 54, 61

DIRECTIONS: Observe position of feet, legs, knees, trunk, shoulders, arms and head. Check dressings, if applied, and determine if they are restrictive to the patient's extremities.

Code NO if any part of body not properly aligned, or if the patient's extremities are restricted by dressings.

Code N/A for patients who are not on cart or in wheelchair, or haven't had dressings applied.

2.103 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IS THE IV NEEDLE OR INDWELLING CATHETER ADEQUATELY SECURED IN PLACE?
1) No
2) Yes
3) Not Applicable
21, 22, 23, 44, 53 54, 61,

DIRECTIONS: Observe to see if securely taped: include observation of armboard if in use.

2.104 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IF SPECIFIC PRECAUTIONS ARE REQUIRED WHEN THE PATIENT GETS INTO OR OUT OF BED, (E.G., PATIENTS WITH IV'S, TUBING, DRESSINGS, INCISIONS, CRUTCHES, MUSCLE WEAKNESS, ETC.) ARE APPROPRIATE INSTRUCTIONS GIVEN?
1) No
2) Yes
3) Not Applicable
21, 52, 53,

DIRECTIONS: Observer must determine if special precautions are necessary. If they are: ask patient 4 years and older: DID SOMEONE TELL YOU HOW TO BE CAREFUL (WITH IV'S, TUBING, WEAKNESSES OR SPECIAL CONDITIONS) WHEN YOU GET UP?

Code N/A if no special precautions are necessary for this patient.

2.105 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

ARE ASSIGNED NURSING STAFF INFORMED OF THE PATIENT'S PRESENT STATUS?
1) No
2) Yes
51, 52, 53,

NOTE: Observer must know patient's present status. Ask for specifics. Do not accept general responses such as "fair" or "improved".

DIRECTIONS: To Nurse: WHAT IS _____'S CONDITION TODAY, OR HIS/HER PRESENT STATUS?

2.106 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

ARE MEDICATIONS FOR SELF ADMINISTRATION LABELED WITH PATIENT'S NAME AND DOSAGE OF DRUGS?

1) No
2) Yes
3) Not Applicable

51, 52,

DIRECTIONS: To Patient: ARE THERE ANY MEDICINES YOU ARE SUPPOSED TO TAKE BY YOURSELF WHILE IN THE HOSPITAL?

If yes: COULD I PLEASE SEE THEM?

2.107 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS THE BEDSIDE TABLE AND OTHER SELF CARE EQUIPMENT POSITIONED WITHIN THE PATIENT'S REACH?

1) No
2) Yes
3) Not Applicable

21, 52, 53,

Code N/A for young children.

2.108 Version 2 of 2 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IN ROOMS WHERE OXYGEN IS IN USE, ARE REQUIRED PRECAUTIONS REGARDING SMOKING TAKEN?

1) No
2) Yes
3) Not Applicable

11, 12, 21, 22, 23 55, 65,

Code YES if smoking is prohibited by posted sign for Labor and Delivery area in general and no one is smoking in room.

2.109 Version 2 of 2 Source of Information: 07 - OBSERVER INTERFACE

ARE SIDERAILS UP IF THE CONDITION OF THE PATIENT WARRANTS?

1) No
2) Yes
3) Not Applicable

12, 21, 53, 54, 61

NOTE: Applies to all patients on carts.

DIRECTIONS: If cart does not have siderails, are safety belts in use to secure patients?

2.110 Version 1 of 1 Source of Information: 07 - OBSERVER INTERFACE

ARE NURSING PROCEDURES CURRENTLY DONE FOR THIS PATIENT SPECIFICALLY ORDERED IN WRITING BY EITHER PHYSICIAN OR NURSE?

1) No
2) Yes

51, 52, 53, 54,

DIRECTIONS: Observer must review current nursing care records and observe nursing care of patient to determine response.

Code NO if any procedures are not specifically ordered, e.g., a catheter irrisation done when it is not ordered, etc.

2.111 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

ARE ALL WHEELS LOCKED WHEN PATIENT IS ASSISTED INTO OR OUT OF BED AND/OR WHEELCHAIR?

1) No
2) Yes
3) Not Applicable
4) Information not Available

51, 52, 53,

Code YES only if ALL wheels are locked.

2.112 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS BED IN LOWEST POSITION EXCEPT WHEN TREATMENTS ARE BEING DONE?

1) No
2) Yes
3) Not Applicable

51, 52, 53,

2.113 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS THE PATIENT PROTECTED FROM ELECTRICAL INJURY:

21, 42, 43, 44, 51 52, 53, 54, 61,

A. IS ALL ELECTRICAL EQUIPMENT GROUNDED (I.E., EACH PIECE HAS A 3-PRONG PLUG)?

1) No
2) Yes
3) Not Applicable

NOTE: Refers to all electrical equipment in the patient's room, whether hospital or patient owned.

B. IS THE BED AT LEAST 6 INCHES FROM THE ELECTRICAL OUTLET?

1) No
2) Yes
3) Not Applicable

C. ARE ALL ELECTRICAL CORDS SMOOTH WITH NO EXPOSED WIRES?

1) No
2) Yes
3) Not Applicable

2.114 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

ARE BOTTLES/BAGS FOR INTRAVENOUS THERAPY LABELED WITH: 12, 22, 23, 43, 44

A. PATIENT'S NAME AND ROOM NUMBER
1) No
2) Yes
3) Not Applicable
53, 54, 61,

NOTE: In Nursery: refers to infant's name and special identification code to distinguish infants who may have the same name; e.g., for twins use of "A" and "B".

B. KIND OF SOLUTION?
1) No
2) Yes
3) Not Applicable

C. NAME AND AMOUNT OF ADDITIVES?
1) No
2) Yes
3) Not Applicable

D. DATE AND TIME BOTTLE/BAG HUNG?
1) No
2) Yes
3) Not Applicable

E. RATE OF FLOW, IN DROPS OR ON TIME SCHEDULE LABEL?
1) No
2) Yes
3) Not Applicable

F. BOTTLE NUMBER, IF PATIENT RECEIVES MORE THAN ONE BOTTLE IN 24 HOURS PERIOD?
1) No
2) Yes
3) Not Applicable

2.115 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IF PROTECTIVE OR SUPPORTIVE DEVICES (E.G., RESTRAINTS, DONUT RINGS, HEEL GUARDS, FOOTBOARDS, SANDBAGS, PILLOWS, ETC.) ARE BEING USED, ARE THEY POSITIONED PROPERLY TO PROVIDE SUPPORT OR PREVENT INJURY?
1) No
2) Yes
3) Not Applicable
15, 53, 54,

DIRECTIONS: Check position of protective or supportive device in relation to body area.

2.116 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A LIST OF PATIENT'S ALLERGIES ON THE FRONT OF THE CHART?
1) No
2) Yes
3) Not Applicable
31, 51, 52, 53, 54

NOTE: If chart is separated, a list of patient allergies should appear on the central chart.

DIRECTIONS: Check record to determine if patient has allergies.

2.117 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IF THE BILI LIGHT IS BEING USED: 43, 44,

A. IS THE BABY NUDE WITH THE EXCEPTION OF THE EYES, AND ARE THE EYES SECURELY COVERED?
1) No
2) Yes
3) Not Applicable

NOTE: Patient observation required. Covering for male babies may also include genital area.

Code YES only if both are present.

B. IS THE POSITION OF THE BABY CHANGED AT LEAST EVERY 4 HOURS?
1) No
2) Yes
3) Not Applicable

C. IS THE TEMPERATURE OF THE BABY TAKEN AT LEAST EVERY 4 HOURS?
1) No
2) Yes
3) Not Applicable

D. IS THE INFANT REMOVED FROM THE LIGHT AND ARE THE EYES CHECKED FOR POSSIBLE DAMAGE CAUSED BY THE COVERS AT LEAST EVERY 4 HOURS?
1) No
2) Yes
3) Not Applicable

2.118 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

WHEN THE BABY IS TRANSFERRED FROM THE DELIVERY ROOM TO THE NURSERY, IS A CHECK FOR IDENTIFICATION AND SEX MADE BETWEEN THE NURSERY AND THE DELIVERY ROOM PERSONNEL? 45,
1) No
2) Yes
3) Not Applicable
4) Information Not Available

Code YES only if both checks are made.

2.119 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

ARE BABIES HELD FOR FEEDINGS, IF FED BY STAFF? 45,
1) No
2) Yes
3) Not Applicable

Code N/A if infant is receiving continuous drip feeding, is under 1200 grams, or is receiving hyperalimentation.

Code YES if the infant is held in caretaker's arms or within its bassinette or isolette.

Code NO if bottle is propped or hung and staff does not touch infant through the feeding.

2.120 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IS THE BABY CORRECTLY POSITIONED? 1) No 2) Yes — 42, 43, 44,

NOTE: Applies to time of observation only.

DIRECTIONS: Observer must determine if current position is appropriate for current condition, e.g., if baby was just fed or bathed, is he toward or on his right side with head elevated, or placed on abdomen; if infant is being fed, is infant being held or physically supported by parent or nursing staff?

2.121 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

IS THE BABY PROTECTED FROM INJURY BY: — 22, 23, 42, 43, 44

A. HOLDING PROPERLY WITH SUPPORT TO ALL BODY PARTS? 1) No 2) Yes 3) Information Not Available

In L & D: Applies only to infants remaining in L & D.

B. PROTECTION FROM FALLING WHEN ON SCALES, COUNTER, ETC., E.G., IS THE NURSE'S HAND ON BABY? 1) No 2) Yes 3) Information Not Available

In L & D: Applies only to infants remaining in L & D.

C. PROPER USE OF PROTECTIVE OR SUPPORTING DEVICES (E.G., RESTRAINTS, DONUT RINGS, HEEL GUARDS, FOOTBOARDS, SANDBAGS, PILLOWS, ETC.)? 1) No 2) Yes 3) Information Not Available 4) Not Applicable

In L & D: CODE N/A for infants remaining in L & D.

2.122 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

DO THE NURSING PERSONNEL USE A CHECKING SYSTEM TO ASSURE THAT EACH BABY GETS HIS CORRECT FORMULA? 1) No 2) Yes — 45,

DIRECTIONS: To Nurse: IN THE PAST TWO DAYS DID YOU CHECK TO SEE THAT EACH BABY GETS THE CORRECT FORMULA?

Code NO if no indication of a checking system.

2.123 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IF PATIENT REQUIRES SPECIAL PRECAUTIONS OR OBSERVATIONS, IS THERE DOCUMENTATION THAT APPROPRIATE NURSING ACTIONS ARE BEING TAKEN?

1) No
2) Yes
3) Not Applicable

31,

NOTE: Refers to any situation in which patient needs special assistance or observation, e.g., assistance in ambulating when tubes, dressings, equipment or weakness present; proper use of protective or supportive devices such as footboards, restraints, etc.; monitoring of patient on MAO inhibitors; patient on special precautions such as suicide, smoking, escape, or seizure precautions; or patient waking up from ECT.

DIRECTIONS: Observer must identify existence of need for special precautions or observation, and determine whether appropriate nursing action was taken.

Code N/A only if patient does not need precautions or observation.

2.124 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

ARE SAFETY MEASURES, SUCH AS SMOKING REGULATIONS OR PRECAUTIONS, GETTING IN AND OUT OF BED, EXPLAINED ON ADMISSION TO THE UNIT?

1) No
2) Yes
3) Not Applicable

31,

DIRECTIONS: Ask patient: WHEN YOU ARRIVED ON THIS UNIT, WERE YOU TOLD IF THERE WERE SOME SPECIAL SAFETY MEASURES ON THIS UNIT, SUCH AS SMOKING REGULATIONS OR PRECAUTIONS GETTING IN AND OUT OF BED, OR ANY OTHER PRECAUTIONS?

Code N/A only if patient initially admitted to another unit.

2.125 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE DOCUMENTATION THAT RANGE OF MOTION EXERCISES WERE PROVIDED EVERY 2 HOURS FOR THE PATIENT IN RESTRAINTS?

1) No
2) Yes
3) Information Not Available

35,

DIRECTIONS: Observer must identify patient who was in restraints in the past week.

2.126 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

ARE ANTIBIOTICS/BACTERIOSTATIC CLEANSING AGENTS SUCH AS HEXACHLOROPHENE USED TO BATHE INFANTS ONLY IF A WRITTEN MEDICAL ORDER IS OBTAINED PRIOR TO USE?

1) No
2) Yes

42, 43, 44,

DIRECTIONS: Ask the nurse: WHAT CLEANSING AGENTS DO YOU USE TO BATHE INFANT? DO YOU EVER USE HEXACHLOROPHENE? WHEN?

Code YES, if the nurse answers hexachlorophene is only used when a medical order is written, and never routinely or at the nurse's discretion.

2.201 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IS THE PATIENT ABLE TO REACH THE WATERGLASS AND PITCHER, UNLESS CONTRAINDICATED BY CONDITION OR TREATMENT?

1) No
2) Yes
3) Not Applicable

52, 53,

NOTE: Does not apply to infants and small children. Always applies to adults unless NPO or on restricted fluids or restricted activity.

Code NO if patient does not have both waterglass and pitcher within reach.

2.202 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

WAS THE PATIENT'S HAIR COMBED TODAY?

1) No
2) Yes
3) Not Applicable

53, 54,

NOTE: Ask only if not determinable by observation.

DIRECTIONS: To patient 4 years and older: WAS YOUR HAIR COMBED TODAY?

2.203 Version 3 of 3 Source of Information: 03 - PATIENT INTERVIEW

ARE MEASURES FOR RELIEF OF NAUSEA, VOMITING, OR PAIN PROVIDED BY THE NURSING STAFF (E.G., CHANGING PATIENT'S POSITION, SPLINTING INCISION OR PAINFUL AREA, OR GIVING MEDICATION)?

1) No
2) Yes
3) Not Applicable

11, 12, 21, 23, 31, 61,

DIRECTIONS: To patient: SINCE YOU ARRIVED ON THIS UNIT, HAVE YOU HAD PAIN, OR WERE YOU SICK TO YOUR STOMACH? OR--YOU MENTIONED THAT YOU HAD SOME PAIN, OR YOU WERE SICK TO YOUR STOMACH?

2.204 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS THE BED CLEAR OF EXTRANEOUS ITEMS?
1) No
2) Yes
42, 51, 52, 53, 54 61,

NOTE: Refers to supply wrappers, syringes, etc. Does not refer to personal items apparently put there by patient.

2.205 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IS THE CALL LIGHT WITHIN THE PATIENT'S REACH?
1) No
2) Yes
3) Not Applicable
21, 23, 52, 53,

DIRECTIONS: Observe whether light is within patient's reach.

Code N/A only for infant and small children.

2.206 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IS LIGHTING CONTROLLABLE FOR THE PATIENT?
1) No
2) Yes
3) Not Applicable
21, 52, 53,

DIRECTIONS: Observe to determine if patient can turn light on and off.

May be N/A for small children and infants.

2.207 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DOES THE PATIENT RECEIVE PAIN MEDICATION PROMPTLY AFTER REQUESTING IT, OR AN EXPLANATION AS TO WHY PAIN MEDICATION CANNOT BE GIVEN PROMPTLY?
1) No
2) Yes
3) Not Applicable
31, 52, 53, 54, 61

DIRECTIONS: Ask Patient: SINCE YOU ARRIVED HERE IN THE RECOVERY ROOM, HAVE YOU HAD ANY PAIN?

If no, Code N/A.
If yes, DID YOU ASK FOR AID?
If no, Code N/A.
If yes, DID YOU USUALLY RECEIVE REQUESTED MEDICATION PROMPTLY AFTER YOU ASKED FOR IT?

If no, ask: DID THE NURSE EXPLAIN WHY THE MEDICATION WAS NOT GIVEN PROMPTLY?

DIRECTIONS: (PEDIATRICS) - If patient four years and older: DID YOU GET MEDICINE SOON AFTER YOU ASKED FOR IT?
If no, ask: DID THE NURSE TELL YOU WHY YOU COULDN'T HAVE IT RIGHT AWAY?

2.208 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

HAS THE HOSPITAL ENVIRONMENT BEEN SUFFICIENTLY QUIET FOR THE PATIENT?
1) No
2) Yes
21, 23, 51, 52, 53 54,

NOTE: Refers to noise from hospital equipment and people talking in the corridors. Does not refer to noises external to the hospital, such as street noise.

DIRECTIONS: To patient: HAS IT BEEN QUIET ENOUGH FOR YOU ON THIS UNIT?

Probe if clarification necessary: HAS NOISE FROM HOSPITAL EQUIPMENT OR PEOPLE TALKING IN THE CORRIDORS BEEN KEPT LOW ENOUGH FOR YOU?

2.209 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DOES THE PATIENT HAVE UNINTERRUPTED PERIODS OF SLEEP AND REST?
1) No
2) Yes
3) Information Not Available
51, 52, 53,

DIRECTIONS: To patient or parent: FOR THE PAST TWO NIGHTS HAVE YOU/YOUR CHILD BEEN ABLE TO SLEEP OR REST WITHOUT INTERRUPTIONS FOR AT LEAST SEVERAL HOURS?

DIRECTIONS: (PEDIATRICS) - To child 7 and older: WHEN YOU WENT TO SLEEP THE LAST COUPLE OF NIGHTS WERE YOU ABLE TO SLEEP ALL NIGHT?

2.210 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT OFFERED A BACKRUB DAILY?
1) No
2) Yes
3) Not Applicable
52, 53, 54,

NOTE: Applicable for immobile children and all adults.

DIRECTIONS: To patient 7 years or older: DO THE NURSES ASK YOU IF YOU WANT A BACKRUB EACH DAY?

Code N/A if patient's condition contraindicates - e.g., burn patient, etc.

Code YES if offered at least once in each 24 hour period.

2.211 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

ARE THE HALLS AND PATIENT ROOMS (OR NURSERY) QUIET AND FREE OF BOISTEROUS BEHAVIOR?
1) No
2) Yes
55, 65,

2.216 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

ARE THE PATIENT'S CARE PROCEDURES AND ACTIVITIES CLUSTERED TO ALLOW FOR REST PERIODS FOR THE PATIENT?
1) No
2) Yes
3) Not Applicable
53, 54,

DIRECTIONS: Check plan for evidence of clusterins of activites and procedures to allow for rest periods. If unable to determine ask nurse: DOES M_____ REQUIRE PLANNED REST PERIODS DURING THE DAY?

If no, Code N/A.

If yes, ask: HOW ARE THESE PLANNED?

2.217 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

ARE THE INFANT'S CARE PROCEDURES, FEEDINGS, ACTIVITIES CLUSTERED TO ALLOW REST PERIODS FOR THE INFANT?
1) No
2) Yes
3) Not Applicable
42, 43, 44,

DIRECTIONS: Check plan for evidence of clusterins of activities and procedures to allow for rest periods. If unable to determine ask nurse: DOES INFANT _____ HAVE PLANNED REST PERIODS DURING THE DAY?

If no, Code N/A.

If yes, ask: HOW ARE THESE PLANNED?

2.218 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS THE ENVIRONMENT FREE OF NOXIOUS STIMULI?
1) No
2) Yes
42, 43, 44,

NOTE: Noxious stimuli refers to loud noise, total silence, or harsh or bright lights on the infant without protection.

2.219 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

ARE ATTEMPTS MADE TO SEE THAT PATIENTS HAVE UNINTERRUPTED PERIODS OF SLEEP AND REST?
1) No
2) Yes
3) Not Applicable
31,

DIRECTIONS: Ask patient: IN THE PAST TWO NIGHTS, HAVE YOU HAD DIFFICULTY SLEEPING?

If no, Code N/A.

If yes, ask: DID THE NURSE MAKE SUGGESTIONS OR ASSIST YOU SO THAT YOU WERE ABLE TO SLEEP?

2.212 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT'S CALL FOR ASSISTANCE ANSWERED PROMPTLY?

1) No
2) Yes, some of the time
3) Yes, most of the time
4) Not Applicable

12, 21, 52, 53, 54

DIRECTIONS: To patient or parent: WHEN YOU/YOUR CHILD CALLED FOR ASSISTANCE, DID SOMEONE COME TO THE ROOM/TO YOU WITHIN A REASONABLE AMOUNT OF TIME?

DIRECTIONS: (PEDIATRICS) - To child 4 years or older: WHEN YOU CALLED A NURSE, DID SOMEONE COME TO YOUR ROOM/TO YOU RIGHT AWAY?

May be N/A only if patient has not called for nurse.

2.213 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE MALE PATIENT SHAVED EACH DAY?

1) No
2) Yes
3) Not Applicable

53, 54,

DIRECTIONS: To patient: DID SOMEONE SHAVE YOU TODAY (OR HELP YOU TO SHAVE YOURSELF TODAY?)

2.214 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT IN AN APPROPRIATE POSITION FOR MEALS OR TUBE FEEDINGS?

1) No
2) Yes
3) Not Applicable

53, 54,

DIRECTIONS: Observer must determine if position was appropriate for patient's condition. Observation may be required in pediatric units.

To patient: WHAT POSITION WERE YOU IN FOR YOUR LAST MEAL OR TUBE FEEDING?

2.215 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IS THE BABY PROTECTED FROM CHILLINGS DURING BATH OR CLEANSING CARE?

1) No
2) Yes
3) Information Not Available

45,

2.220 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

WHEN EXTERNAL FETAL MONITORING IS USED, ARE THE BELTS PROPERLY APPLIED AND COMFORTABLE FOR THE PATIENT?

1) No
2) Yes
3) Not Applicable

21, 22,

DIRECTIONS: Check for perspiration under the belts, tightness, skin irritation.

Ask patient: HOW DO THE BELTS ON THE MONITOR FEEL?

Probe: ARE THEY APPLIED SO THAT YOU ARE COMFORTABLE WITH THEM ON?

2.304 Version 2 of 2 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS ADEQUATE EQUIPMENT FOR ORAL HYGIENE AVAILABLE?

1) No
2) Yes

21, 23, 31, 51, 52 53, 54,

DIRECTIONS: Check to see that all necessary equipment is present: toothbrush, toothpaste, and mouthwash or swab, solution, denture cup if indicated. Observer may observe for equipment or may interview patient.

To patient: WHEN YOU WANTED TO BRUSH YOUR TEETH (OR CARE FOR YOUR DENTURES), HAVE YOU HAD THE NECESSARY THINGS YOU NEEDED LIKE TOOTHPASTE, GARGLE, ETC.?

Code NO if necessary item not available when patient desired them.

2.305 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS THE BED PAN AND/OR URINAL, IF REQUIRED, CLEAN AND STORED IN BEDSIDE TABLE OR BATHROOM?

1) No
2) Yes
3) Not Applicable

21, 22, 52, 53, 54

Code NO if placed on overbed table, on floor, on window sill, etc.

Code YES only if both clean and stored.

2.306 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

DOES CLEANSING CARE PROCEED FROM CLEAN TO LESS CLEAN AREAS OF BABY?

1) No
2) Yes
3) Information Not Available

45,

2.307 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

ARE PROVISIONS MADE TO CLEANSE THE INFANT'S GENITAL AREA AS OFTEN AS NECESSARY TO KEEP DIAPERS DRY AND CLEAN?
1) No
2) Yes
3) Not Applicable
42, 43, 44,

DIRECTIONS: Ask the nurse: HOW OFTEN ARE INFANT _____'S DIAPERS CHANGED? ARE THEY ALWAYS CHANGED BEFORE AND AFTER FEEDINGS? WHEN ELSE ARE THE DIAPERS CHANGED?

Code N/A if infant is not wearing diapers.

Code YES if the nurse states diapers are checked for cleanliness and dryness at feedings and whenever the infant is awake or awakened for stimulation or care procedures.

Code NO if the nurse's answer only includes changing the infant before and/or after feeding the infant.

2.308 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS CARE GIVEN TO THE INFANT'S UMBILICAL STUMP?
42, 43, 44,

A. IS THE STUMP CLEANSED AT LEAST ONCE EACH SHIFT IN THE PAST 48 HOURS OR SINCE BIRTH IF THIS TIME IS LESS THAN 48 HOURS?
1) No
2) Yes
3) Not Applicable

Code YES if there is a written statement referring to cord care or cleansing.

Code N/A if infant's cord stump has special dressings applied or if an umbilical catheter is present.

B. IS THE STUMP PROTECTED FROM CONTAMINATION BY BODILY EXCREMENTS AND LEFT OPEN TO THE AIR?
1) No
2) Yes
3) Not Applicable

Code YES if cord stump is not covered by diaper and is not exposed to excrements, e.g. on sheet. Does not refer to blankets or tee shirts.

Code N/A if cord stump has special dressings applied or if umbilical catheter is present.

2.309 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

FOR PATIENTS WHO ARE NPO, IS ORAL HYGIENE OFFERED AT FREQUENT INTERVALS?

1) No
2) Yes
3) Not Applicable

21, 23,

DIRECTIONS: To nurse: WHEN HAS MS. _____ BEEN OFFERED ORAL HYGIENE?

Code YES only if NPO patient has been offered oral hygiene at least every two hours.

2.310 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

DO THE NURSING STAFF PROVIDE AID TO PATIENTS IN NEED OF ASSISTANCE WITH PERSONAL HYGIENE?

1) No
2) Yes
3) Not Applicable

31,

NOTE: Applies to last two days.

DIRECTIONS: Ask nurse: DOES MR. _____ NEED ASSISTANCE WITH HIS PERSONAL HYGIENE?

If no, Code N/A.

If yes, ask: WAS AID IN PERSONAL HYGIENE PROVIDED?

2.311 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS EQUIPMENT AVAILABLE FOR WASHING AND DRYING HAIR?

1) No
2) Yes

35,

DIRECTIONS: Check equipment storage area.

2.401 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IS THE PATIENT IN A POSITION FOR MAXIMAL LUNG EXPANSION?

1) No
2) Yes
3) Not Applicable

12, 21, 23, 53, 54
61,

DIRECTIONS: Observe elevation of bed, use of pillows, and position of head, neck and chest.

Code YES only if all indicators good.

2.402 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

FOR THE PATIENT WHO IS SUCTIONED: 44, 55,

A. IS THE PATIENT VENTILATED AFTER SUCTIONING? 1) No 2) Yes 3) Not Applicable

DIRECTIONS: To nurse: DOES MR. _____ TAKE DEEP BREATHS AFTER SUCTIONING? If patient is unconscious or an infant, ask: DO YOU VENTILATE _____ AFTER SUCTIONING?

Code YES if actions to promote lung expansion after tracheal suctionings, e.g., having patient take deep breaths or lungs are inflated by "bagging", "sighing", or "crying".

Code N/A only if patient is not suctioned.

B. IS THE PATIENT SUCTIONED CORRECTLY? 1) No 2) Yes 3) Not Applicable

DIRECTIONS: Observe suctioning technique. Check for rotation of catheter, continuous use of suction, proper depth of catheter inserted and slow insertion and removal of catheter. In Nursery: Duration of insertion to removal must be no longer than 15 seconds.

Code YES only if all parts are correct.

C. IS THE PATIENT SUCTIONED WHEN NEEDED? 1) No 2) Yes 3) Not Applicable

DIRECTIONS: Observe for airway patency; infer if frequency of suctioning is adequate.

2.403 Version 2 of 2 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS EQUIPMENT NECESSARY FOR MAINTAINING A CLEAR AIRWAY AT THE BEDSIDE? 1) No 2) Yes 3) Not Applicable 12, 21, 22, 23, 43 44, 53, 54, 61,

NOTE: Examples are: ambu, airway, suction equipment, tongue blade, etc. Does not apply to turning or use of humidification.

Applicability:

Infants: Only those remaining in L & D.

Type I Patients: Those on MsSO4, vasodilan, alcohol, epileptics, pre-eclamptics/eclamptics, etc.

Type II Patients: All

Type III Patients: Those who receive general anesthesia or receiving narcotics during delivery.

2.404 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IS EQUIPMENT FOR SUPPLYING SUPPLEMENTARY OXYGEN AND/OR HUMIDIFICATION PROPERLY FUNCTIONING?

1) No
2) Yes
3) Not Applicable

12, 21, 22, 23, 45 53, 54, 61,

NOTE: Equipment for humidification applies to any kind of humidification, e.g., trach, 02, aerosols, isolettes, etc.

DIRECTIONS: For 02: Check oxygen flow rate, tubing, position of face mask or other means of giving oxygen, all equipment and connections. For Humidification: Check for presence of water in all tubing and connections.

Code YES only if all parts are right.

If patient has both oxygen and humidification, all parts must be right for YES answer.

2.405 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

DOES THE NURSE CHECK FOR RESPIRATORY ADEQUACY AFTER THE AIRWAY IS REMOVED?

1) No
2) Yes
3) Not Applicable

65,

NOTE: Includes checking for laryngospasm, listening to breath sounds, telling patient to take breaths, etc.

2.406 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE NURSE ALTER THE PERCENTAGE OF OXYGEN GIVEN THE INFANT BASED ON THE INFANT'S CONDITION?

1) No
2) Yes
3) Not Applicable

45,

DIRECTIONS: Observer must identify an infant that has had a problem with oxygenation for whom alterations in percentage of oxygen was indicated. Check record to determine whether nurse increased or decreased the flow of oxygen appropriately, and notified the physician of this action. If nothing is specified in record, may ask nurse what action was taken.

2.501 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE PATIENT OUT OF BED THE NUMBER OF TIMES ORDERED?

1) No
2) Yes
3) Not Applicable

52, 53,

DIRECTIONS: Check record for previous day only.

May be N/A only for patients up ad lib, patients on bedrest, or infants and small children.

2.502 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT ASSISTED WITH ADL (EATING, TOILET, DRESSING, WALKING, ETC.) AS NEEDED?

1) No
2) Yes
3) Not Applicable

21, 23, 52, 53,

NOTE: "Needed", "reasonable amount of time", and "soon after you asked them" are defined by patient.

DIRECTIONS: To patient: HAVE YOU NEEDED SOME HELP IN DAILY ACTIVITIES, SUCH AS BATHING, OR DOING THINGS FOR YOURSELF?

If no, Code N/A.

If yes, ask: WHEN YOU NEEDED SOME HELP, DID SOMEONE ASSIST YOU WITHIN A REASONABLE AMOUNT OF TIME?

2.503 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IF THE PATIENT SHOULD HAVE RANGE OF MOTION EXERCISES PERFORMED, EITHER ACTIVE OR PASSIVE, ARE THEY DONE?

1) No
2) Yes, off schedule
3) Yes, on schedule
4) Not Applicable

43, 44, 53, 54,

NOTE: Refers to previous 48 hours only. Examine records for information. Includes any infant who is restrained, is post-operative, or has neurological damage.

DIRECTIONS: If no medical or nursing orders for exercises written, observer must determine whether exercises should be done. May include leg exercises in the immediate post-operative period.

Code N/A if patient does not need exercises.

Code NO if exercises are appropriate, but nothing recorded.

2.504 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

UNLESS CONTRAINDICATED, DO THE NURSING STAFF INFORM THE PATIENT TO DO (OR ASSIST PATIENT WITH) LEG EXERCISES IN BED?

1) No
2) Yes
3) Not Applicable

53, 54,

NOTE: Applies to knee flexion and ankle rotation, e.g., for patient in immediate postoperative period, bedfast patient, etc. Does not apply to turning or to range of motion exercises.

DIRECTIONS: Observer should first determine if leg exercises should be done. If so:

Ask patient: DID ANYONE FROM THE NURSING STAFF GIVE YOU ANY LEG EXERCISES OR MOVE YOUR LEGS MUCH WHILE YOU'RE IN BED?

2.505 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

IS THE PATIENT STIMULATED TO RESPOND (e.g., BY TALKING OR TOUCHING)?

1) No
2) Yes
3) Not Applicable

23, 61,

Code N/A only if stimulation is contraindicated because of the anesthetic given patient; e.g., Ketamine.

2.506 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

WHEN THE PATIENT IS ON THE UNIT, DOES NURSING ENCOURAGE HIM TO EXPRESS HIMSELF PHYSICALLY?

1) No
2) Yes

31,

DIRECTIONS: Ask the patient: HAVE YOU BEEN ENCOURAGED TO EXERCISE, DANCE, UTILIZE THE PUNCHING BAGS OR DO SIMILAR ACTIVITIES?

2.507 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE RECORD INDICATE THAT NURSES HAVE GIVEN ATTENTION TO THE PATIENT'S NEED FOR PHYSICAL EXERCISE IN THE PAST 8 DAYS?

1) No
2) Yes
3) Not Applicable

31,

NOTE: Refers to activities such as walking, gymnastics, or other large muscle exercise.

2.508 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IS THE INFANT GIVEN THE CHANCE TO SUCK ON A PACIFIER OR FEEDING NIPPLE AT LEAST ONCE EACH SHIFT?

1) No
2) Yes
3) Not Applicable

42, 43, 44,

NOTE: Applies to past 48 hours.

DIRECTIONS: To the nurse: WAS INFANT _____ GIVEN A CHANCE TO SUCK?

If yes, ask: HOW OFTEN?

If no, ask: WAS THERE ANY REASON?

Code N/A if the infant is unable to suck due to mouth anomalies, e.g., cleft palate.

2.601 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

ARE NURSING PERSONNEL ACCESSIBLE TO PATIENT DURING MEALS?

1) No
2) Yes, some of the time
3) Yes, most of the time
4) Yes, all of the time
5) Not Applicable

51, 52, 53,

NOTE: May observe for this item in pediatric units.

DIRECTIONS: To patient 7 years and older or parent: IN THE PAST TWO DAYS, HAVE YOU/HAVE YOUR CHILD NEEDED OR REQUESTED SOME HELP WITH YOUR/HIS MEAL TRAY?

If no, Code N/A.

If yes, ask: WHEN YOU NEEDED SOME HELP, DID SOMEONE FROM THE NURSING STAFF ASSIST YOU WITHIN A REASONABLE AMOUNT OF TIME?

2.602 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE DIET SERVED AT APPROPRIATE TIME AFTER PATIENT'S ADMISSION TO THIS UNIT?

1) No
2) Yes
3) Not Applicable
4) Information Not Available

51, 52, 53,

NOTE: Patient or parent defines reasonable amount of time.

2.603 Version 1 of 2 Source of Information: 01 - PATIENT RECORD

IS THE AMOUNT OF FLUID INTAKE AND OUTPUT RECORDED?

1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable

12, 21, 22, 23, 43 44, 52, 53, 54, 61

NOTE: Applies if patient is on I&O, has special attention given to fluid intake and output, or is in the immediate post-operative period.

Code YES-COMPLETE only if both intake and output recorded and totaled for each shift in past two days. If patient has been on this unit less than two days, answer only for time on this unit. If patient has been on unit for less than one shift, Code YES-COMPLETE only if I&O are recorded and are current.

2.603 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IS THE AMOUNT OF FLUID INTAKE AND OUTPUT RECORDED?

1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable

NOTE: Applies to patient who is to have intake or output or both monitored; e.g., patients who have received diuretics, with burns, with I.V.'s. Determine what fluid volume is to be recorded from record or patient's nurse.

2.604 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

IS IV FLUID INFUSING AT PRESCRIBED RATE?

1) No
2) Yes
3) Not Applicable

12, 21, 22, 23, 53 54, 61,

DIRECTIONS: Get prescribed rate and check flow.

2.605 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

ARE BABIES PERMITTED AT LEAST 20 MINUTES PER FEEDING?

1) No
2) Yes
3) Not Applicable

42, 43,

DIRECTIONS: Ask Nurse: IN THE PAST TWO DAYS, HOW MUCH TIME IS SPENT FEEDING BABY _____ AT EACH FEEDING?

Code YES if babies permitted at least 20 minutes per feeding. Includes gavage feeding or more than 20cc.

Code N/A if infant receiving continuous drip feeding, is NPO, or receiving gavage feeding of less than 20cc.

2.606 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

ARE BABIES BURPED (BUBBLED) AFTER EACH FEEDING GIVEN IN THE NURSERY?
1) No
2) Yes
3) Not Applicable
45,

NOTE: Applies only to babies who are bottle-fed in the nursery.

DIRECTIONS: Observe infant whose feeding is being completed. Note whether the infant is burped (bubbled) after feeding.

2.607 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

ARE GAVAGE FEEDINGS PROPERLY INFUSED? 42, 43, 44,

A. IS GASTRIC PLACEMENT OF THE TUBE ASCERTAINED BEFORE THE FEEDING BEGINS?
1) No
2) Yes
3) Not Applicable

DIRECTIONS: Ask nurse: HOW WAS THE GASTRIC TUBE PLACEMENT CHECKED FOR IN THIS INFANT?

Code YES only if answer includes gastric content retrieval or placement auscultated.

B. IS GASTRIC RESIDUAL CHECKED PRIOR TO EACH FEEDING?
1) No
2) Yes
3) Not Applicable

C. IS FORMULA ADMINISTERED ONLY BY GRAVITY OR IF PUMP USED, NOT MORE THAN 2 cc/min. INFUSED?
1) No
2) Yes
3) Not Applicable

DIRECTIONS: Ask nurse: HOW DO YOU REGULATE HOW THE FORMULA IS INFUSED AND THE LENGTH OF TIME FOR FEEDING?

2.608 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT WRITTEN IN THE LAST THREE DAYS REGARDING THE PATIENT'S INTAKE OF FOOD AND FLUIDS?
1) No
2) Yes
31,

2.609 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

FOR PATIENT ON SPECIAL DRUGS (E.G., PSYCHOTROPIC DRUGS, LITHIUM, MAO INHIBITORS) IS FLUID INTAKE RECORDED?
1) No
2) Yes
3) Not Applicable
31,

2.701 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IS BOWEL FUNCTION RECORDED DAILY?
1) No
2) Yes
3) Not Applicable
21, 22, 23, 42, 43 44, 51, 52, 53, 54

NOTE: Narrative or graphic records are acceptable.

Code N/A only if no enema was ordered during patient's L & D stay. Applies to recording of enema results.

2.702 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS BOWEL FUNCTION RECORDED AT LEAST EVERY THREE DAYS?
1) No
2) Yes
31,

DIRECTIONS: Check for either related progress notes or graphic sheets. Review for previous three days; if patient on unit less than three days, review for length of time patient on unit.

2.703 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE UNUSUAL BOWEL OR URINARY PROBLEMS NOTED (E.G., PASSING BLOOD, BURNING, FREQUENCY, INCONTINENCE, ETC.)?
1) No
2) Yes
3) Not Applicable
51, 52, 53, 54,

NOTE: Does not refer to routine daily recording (such as graphic) of bowel movement or urinary output, unless records clearly state a problem exists. "Unusual problems" are those defined as such by the observer or the patient. Refers to all patients including those with a urinary catheter or colostomy.

DIRECTIONS: To determine if applicable, ask patient: IN THE PAST TWO DAYS, HAVE YOU HAD ANY PROBLEMS WITH YOUR BOWELS OR ON URINATION?

2.704 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DOES THE NURSING STAFF ASSIST THE PATIENT TO THE BATHROOM OR WITH BEDPAN/URINAL WITHIN A REASONABLE AMOUNT OF TIME WHEN REQUESTED?
1) No
2) Yes
3) Not Applicable
21, 23, 52, 53, 54

NOTE: "Assistance needed", "reasonable amount of time", and "soon after you asked them" are defined by the patient.

DIRECTIONS: To patient: HAVE YOU ASKED FOR HELP IN GOING TO THE BATHROOM (OR WITH THE BEDPAN OR URINAL)?

2.705 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE FREQUENCY OF THE BABY'S VOIDINGS RECORDED EACH SHIFT?

1) No
2) Yes

42, 43, 44,

Code YES if number of times recorded by checks or other means.

2.708 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IS THERE A WRITTEN STATEMENT ABOUT WHETHER THE PATIENT HAS HAD ANY URINARY OUTPUT?

1) No
2) Yes
3) Not Applicable

21, 23, 61,

NOTE: Applies to all patients including those with urinary catheters.

2.709 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IF INFANT HAS VOIDED, IS THERE A NOTE IN THE DELIVERY RECORD?

1) No
2) Yes
3) Not Applicable

22, 23,

NOTE: Applies only to infants remaining in Labor and Delivery.

Code N/A if infant has not voided.

2.710 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IF PATIENT HAS CONDITION OR IS TAKING MEDICATION THAT MAY INTERFERE WITH ELIMINATION (E.G., LITHIUM, TRYCYCLICS, MAO INHIBITORS) IS URINE FUNCTION RECORDED IN PAST THREE DAYS?

1) No
2) Yes
3) Not Applicable

31,

2.801 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A WRITTEN STATEMENT OF THE CARE GIVEN TO PRESSURE AREAS ON THE SKIN?

1) No
2) Yes
3) Not Applicable

42, 43, 44, 53, 54

NOTE: Refers to direct care of skin provided to prevent skin breakdown, such as massage. Does not refer to turning or to specific care given for decubitus.

Code N/A only if patient does not require such care.

2.802 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE CONDITION OF THE SKIN AROUND THE IV SITE RECORDED?
1) No
2) Yes
3) Not Applicable
43, 44, 53, 54, 61

NOTE: For example: reddened, swollen, complaint of itching or pain, infiltration.

2.803 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

ARE THE UNDERSHEETS CLEAN, DRY, AND SMOOTH?
1) No
2) Yes
3) Not Applicable
44, 53, 54, 61,

NOTE: Applies to bedfast patients.

Code N/A when high humidity is used.

2.804 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS CARE GIVEN TO AREAS OF SKIN BREAKDOWN AS OFTEN REQUIRED?
1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable
43, 44, 53, 54, 61

NOTE: Applicable to any areas of breakdown, such as decubitus, laceration, diaper rash or sheet burn. Includes care of skin around ostomies and damage due to tape, fetal scalp puncture sites, IV fluid burns, and bruising due to capillary fragility.

DIRECTIONS: Check patient or ask nurse if special care is needed and how often care is required.

Code NO if care should be given and is not.

Code YES-INCOMPLETE if care is given, but not as often as required.

Code YES-COMPLETE if care is given as often as it should be.

2.901 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE IV BOTTLE OR BAG CHANGED EVERY 48 HOURS?
1) No
2) Yes
3) Not Applicable
43, 44, 53, 54,

NOTE: Changing bottle or bag should follow accepted national standards, e.g., CDC, not hospital policy if it differs from national standards.

DIRECTIONS: Check records to see when last changed.

2.902 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IS THE IV TUBING CHANGED EVERY 48 HOURS?
1) No
2) Yes
3) Not Applicable
43, 44, 53, 54,

NOTE: Tubing should be changed and comply with accepted national standards, e.g., CDC, not with hospital policy if it differs from national standards.

DIRECTIONS: To nurse: WHEN WAS THE IV TUBING CHANGED IN MR. _____'S IV?

Code N/A only if patient has no IV.

2.903 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IS THE IV SITE OR THE SITE OF AN INDWELLING IV CATHETER CHANGED AT LEAST EVERY 72 HOURS, UNLESS CONTRAINDICATED BY PATIENT'S CONDITION?
1) No
2) Yes
3) Not Applicable
53, 54, 61,

NOTE: Does not refer to cut downs or subclavian catheters. Sites should be changed to comply with accepted national standards, e.g., CDC, not with hospital policy, if it differs from national standards.

DIRECTIONS: To nurse: WHEN WAS MR. _____ 'S (IV) (CATH) SITE CHANGED?

Code N/A if IV is less than 72 hours old.

2.904 Version 2 of 2 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

DOES THE PATIENT DO DEEP BREATHING EXERCISES AT SCHEDULED INTERVALS?
1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable
25, 54,

NOTE: Applies only to patients who have had general anesthesia.

DIRECTIONS: To nurse: DOES MS. _____ DO HER DEEP BREATHING EXERCISES? HOW OFTEN DOES SHE DO THEM? HOW OFTEN SHOULD THEY BE DONE?

Code NO if exercises should be done and are not.

Code YES-INCOMPLETE if exercises are done, but not as frequently as required.

Code YES-COMPLETE if exercises are done as frequently as required.

2.905 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IS THE PATIENT TURNED AS OFTEN AS HE SHOULD BE TURNED?

1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable

53, 54,

DIRECTIONS: Check records to determine if patient should be turned and when. If no plan for turning, observer should determine whether patient should be turned, e.g., if patient is bedfast, cannot turn self, immediate postoperative, etc.

To nurse: HOW OFTEN IS MR. _____ TURNED?

Code NO if patient should be turned and is not.

Code YES-INCOMPLETE if patient is turned, but not as frequently as required.

Code YES-COMPLETE if patient is turned as frequently as required.

2.906 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

DO THE NURSING STAFF GIVE OR ASSIST THE PATIENT WHO IS NPO WITH MOUTH CARE?

1) No
2) Yes
3) Not Applicable

43, 44, 53, 54,

NOTE: Applies to patient who is NPO for at least 24 hours.

DIRECTIONS: To nurse: HOW OFTEN DO YOU GIVE MOUTH CARE TO MR._____?

Code YES if done once each shift for last two shifts.

Code N/A for short specific NPO period, e.g., pre-diagnostic/ pre-surgical.

2.907 Version 2 of 2 Source of Information: 02 - PATIENT OBSERVATION

IF THE PATIENT HAS A TRACHEOSTOMY, ENDOTRACHEAL TUBE OR NASOTRACHEAL TUBE:

A. ARE THE TUBES CLEAN?

1) No
2) Yes
3) Not Applicable

45, 55, 65,

DIRECTIONS: Observe for presence of mucus or blood on or around tubes.

B. ARE MATERIALS AROUND THE TUBES CLEAN AND PROPERLY IN PLACE?

1) No
2) Yes
3) Not Applicable

NOTE: For example: no accumulated mucus or blood on skin or surrounding materials; neck strip and gauze securely attached for trach tubes; and tape adhering to skin without pulling for endotrach and nasotrach tubes.

C. ARE GLOVES WORN OR FORCEPS USED TO SUCTION TUBES?
1) No
2) Yes
3) Not Applicable

DIRECTIONS: Ask Nurse: WHEN SUCTIONING _____, DID YOU ALWAYS WEAR GLOVES AND USE FORCEPS?

Code NO if not always done.

2.908 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE RECORD INDICATE THAT PERINEAL/MEATUS CARE HAS BEEN GIVEN AT TWICE DAILY TO PATIENTS WITH INDWELLING CATHETERS?
1) No
2) Yes
3) Not Applicable
53, 54,

2.909 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

IS ASEPTIC TECHNIQUE CARRIED OUT AS NECESSARY IN PREPARING OR GIVING INJECTIONS, TREATMENTS OR SPECIAL PROCEDURES, E.G., CATHERIZATIONS, DRESSING CHANGES, WOUND CARE, ETC.
1) No
2) Yes
3) Not Applicable
11, 12, 21, 22, 23 45, 55, 65,

NOTE: Refers to both technique and equipment/solutions.

DIRECTIONS: May observe any of above items to answer question.

2.910 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IS THE URINARY CATHETER DRAINAGE SYSTEM CLOSED?
1) No
2) Yes
3) Not Applicable
53, 54, 61,

NOTE: Refers to drainage system being used. There should be no opening through which dust particles can enter system.

DIRECTIONS: Check all connection points, especially where tubing is attached to bag.

2.911 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

ARE THE DRAINAGE TUBING AND BAG PATENT, PROPERLY CONNECTED, AND POSITIONED FOR MAXIMAL DRAINAGE AND PREVENTION OF STASIS?
1) No
2) Yes
3) Not Applicable
23, 53, 54, 61,

NOTE: Applies to urinary or other tubes. Acceptable only if all catheter and tubing placed for continuous drainage. Not acceptable if catheter or tubing looped or slanted upward at any point.

Code YES only if all parts are correct.

2.912 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

DO THE EQUIPMENT AND SOLUTIONS FOR SUCTIONING AND IRRIGATION MEET REQUIREMENTS FOR ASEPSIS?
1) No
2) Yes
3) Not Applicable
43, 44, 53, 54,

NOTE: For example: sterile for urinary catheters, clean for G.I. tubes. For trach care, equipment and solutions must be either sterile or must be changed at least every four hours. Unacceptable if any solutions kept in uncovered container.

Code YES only if all equipment and solutions meet these standards.

2.913 Version 1 of 1 Source of Information: 06 - PATIENT ENVIRONMENT OBSERVATION

ARE USED DIAPERS DISPOSED OF PROPERLY?
1) No
2) Yes
45,

NOTE: If cloth diapers are used, they should be rinsed elsewhere than the nursery. Both cloth and disposable diapers should be discarded in a covered container.

Code YES only if all used diapers are properly discarded and cloth diapers are rinsed outside of the nursery before being discarded.

2.914 Version 1 of 1 Source of Information: 02 - PATIENT OBSERVATION

IF PATIENT REQUIRES SPECIAL ATTENTION FOR PREVENTION OF INFECTION, ARE APPROPRIATE MEASURES TAKEN?
1) No
2) Yes
3) Not Applicable
11, 12,

NOTE: Applies to patients with wounds to be cleaned/covered, clean and patent tubes, proper connection of drainage tubing, etc.

Code N/A only if patient has no need for such care.

2.915 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO THE RECORDS INDICATE THAT A PERINEAL SCRUB WAS DONE PRIOR TO DELIVERY?
1) No
2) Yes
22, 23,

.916 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO THE RECORDS INDICATE THAT PERINEAL CARE IS GIVEN AFTER EACH VAGINAL EXAMINATION OR AT LEAST EVERY 4 HOURS?
1) No
2) Yes
21, 22, 23,

2.917 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IS THE EQUIPMENT FOR ADMINISTERING HUMIDITY IN ANY FORM CHANGED AND REPLACED WITH STERILE EQUIPMENT AT LEAST EVERY 24 HOURS?
1) No
2) Yes
3) Not Applicable
43, 44,

NOTE: For example: isolette water reservoirs, respirator tubings, humidity bottles and tubing, etc.

DIRECTIONS: Observer must determine if equipment is used.

Ask nurse: HOW OFTEN IS INFANT _____'S EQUIPMENT FOR ADMINISTERING HUMIDITY CHANGED?

Code YES only if all equipment is changed every 24 hours and replaced with sterile supplies. Applies to past two days.

MASTER CRITERIA LIST

Major Obj: 3.0 THE NON-PHYSICAL (PSYCH, EMOT, MENT, SOC) NEEDS OF THE PATIENT ARE ATTEN
Sub Obj: 3.1 The Patient Is Oriented To Hospital Facilities On Admission

TEXT — PATIENT TYPES

3.101 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT CONTACTED BY THE NURSING STAFF WITHIN 15 MINUTES AFTER ARRIVAL ON UNIT?
1) No
2) Yes
51, 52, 53,

DIRECTIONS: To patient 13 years and older or parent: WHEN YOU/YOUR CHILD FIRST ARRIVED ON THIS UNIT, HOW LONG WAS IT BEFORE SOMEONE ON THE NURSING STAFF CAME TO SEE YOU/YOUR CHILD?

3.102 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

ON ADMISSION TO THIS UNIT, IS PATIENT INFORMED HOW TO CALL/CONTACT THE NURSE?
1) No
2) Yes
21, 23, 31, 51, 52
53,

DIRECTIONS: To patient DID SOMEONE TELL YOU HOW TO CALL THE NURSE OR ASK IF YOU ALREADY KNEW HOW TO CALL?

Code YES only if patient was informed in the first hour of admission.

3.103 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DO THE NURSING STAFF INFORM THE FAMILY OF HOSPITAL ROUTINE ON ADMISSION OR FIRST VISIT?

1) No
2) Yes

42, 43, 44,

DIRECTIONS: Ask parent: WHEN YOUR INFANT WAS ADMITTED TO THIS UNIT OR WHEN YOU FIRST VISITED, DID THE NURSING STAFF TALK TO YOU ABOUT VISITING ROUTINES, ETC.? If parent given information guide or booklet, ask: DID SOMEONE TELL YOU WHAT IS INCLUDED IN THE BOOKLET?

Code YES if written guide given to inform parent and nursing staff informs parent this information is in this guide.

Code NO if parent knew information from previous admission, but was not informed on admission to this unit.

3.104 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT INFORMED OF VISITING HOURS ON ADMISSION TO THE UNIT?

1) No
2) Yes
3) Not Applicable

31, 51, 52, 53, 54

DIRECTIONS: To patient or parent of child: DID SOMEONE TELL YOU WHAT THE VISITING HOURS ARE FOR THIS UNIT OR DID THEY REFER YOU TO A PATIENT GUIDE FOR INFORMATION ABOUT THE VISITING HOURS?

If yes, ask: WHEN DID THEY TELL YOU?

DIRECTIONS: (PEDIATRICS) - To child 7 years and older: DID SOMEONE TELL YOU WHEN YOUR MOTHER OR FATHER COULD COME TO SEE YOU?

If yes, ask: WHEN DID THEY TELL YOU?

Code N/A if patient transferred to this unit from another unit with same visiting hours.

Code YES only if patient was told visiting hours within the first 24 hours of admission.

3.105 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT INFORMED OF AVAILABILITY OF RELIGIOUS COUNSELORS AND FACILITIES ON ADMISSION TO THE HOSPITAL?

1) No
2) Yes
3) Not Applicable

21, 23, 31, 51, 52 53,

DIRECTIONS: Ask patient: MOST HOSPITALS HAVE A CHAPEL OR CLERGYMAN FOR PATIENTS AND FAMILIES. DID SOMEONE TELL YOU HOW TO MAKE USE OF THESE SERVICES?

3.106 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT TOLD HOW TO USE THE TELEPHONE ON ADMISSION?

1) No
2) Yes
3) Not Applicable

52, 53,

DIRECTIONS: To patient 13 years and older: WHEN YOU WERE FIRST ADMITTED TO THIS UNIT, DID SOMEONE TELL YOU HOW TO USE THE HOSPITAL TELEPHONE, SUCH AS, HOW TO GET AN OUTSIDE LINE?

Code N/A if patient initially admitted to another unit or unresponsive on admission.

Code YES only if patient was told within 24 hours after admission. Acceptable if volunteer or other non-nursing personnel informed patient.

3.107 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT INFORMED OF NECESSARY FACILITIES, SUCH AS THE LAVATORY AND BATHROOM, ON ADMISSION?

1) No
2) Yes
3) Not Applicable

21, 31, 52, 53,

DIRECTIONS: To patient: WHEN YOU CAME TO THIS ROOM, DID SOMEONE TELL YOU WHERE THE BATHROOM OR PLACE TO WASH YOUR HANDS IS LOCATED?

Code N/A if patient initially admitted to another unit or if patient was not up to bathroom on admission.

Code YES only if patient was informed within the first hour of admission.

3.108 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

ARE SAFETY MEASURES, SUCH AS SMOKING REGULATIONS, OR PRECAUTIONS GETTING IN AND OUT OF BED, EXPLAINED ON ADMISSION TO THE UNIT?

1) No
2) Yes
3) Not Applicable

21, 23, 51, 52, 53

DIRECTIONS: To patient: WHEN YOU ARRIVED ON THIS UNIT WERE YOU TOLD ABOUT OR REFERRED TO AN INFORMATION BOOKLET FOR SPECIAL SAFETY MEASURES ON THIS UNIT, SUCH AS SMOKING REGULATIONS OR PRECAUTIONS GETTING IN AND OUT OF BED, OR ANY OTHER PRECAUTIONS?

Acceptable if safety measures included in patient brochure and patient (16 years and older) was referred to brochure for information.

Code N/A only if patient initially admitted to another unit.

3.109 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT INFORMED WITHIN THE FIRST HOUR OF ADMISSION OF THE EMERGENCY CALL SYSTEM IN THE BATHROOM?

1) No
2) Yes
3) Not Applicable

21, 31, 51, 52, 53

NOTE: Applies to situations in which the bathroom has emergency call system.

DIRECTIONS: Ask patient: WHEN YOU FIRST CAME TO THE ROOM, DID SOMEONE TELL YOU HOW TO CALL FOR A NURSE IF YOU ARE IN THE BATHROOM?

Code N/A if patient initially admitted to another unit or if no emergency call system was available.

Code YES only if patient was informed within the first hour of admission.

3.201 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DO THE NURSING STAFF CALL PATIENT AND FAMILY BY DESIRED NAME?

1) No
2) Yes, some of the time
3) Yes, most of the time
4) Yes, all of the time

11, 12, 31, 51, 52 53, 54,

DIRECTIONS: To patient or parent: WHEN SPEAKING TO YOU AND YOUR FAMILY, HAVE THE NURSING STAFF CALLED YOU BY THE NAME YOU PREFER?

DIRECTIONS: (PEDIATRICS) - To a child 4 years and older: WHEN TALKING TO YOU AND YOUR FAMILY, DO THE NURSES CALL YOU BY THE NAME YOU LIKE?

3.202 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DO NURSING STAFF MEMBERS INTRODUCE THEMSELVES TO THE PATIENTS?

1) No
2) Yes, some of the time
3) Yes, most of the time
4) Yes, all of the time

11, 12, 31, 42, 43 44, 51, 52, 53,

DIRECTIONS: To patient or parent: DO MEMBERS OF THE NURSING STAFF INTRODUCE THEMSELVES TO YOU/YOUR CHILD?

3.203 Version 3 of 3 Source of Information: 03 - PATIENT INTERVIEW

ARE NURSING PERSONNEL COURTEOUS TO PATIENT AND HER FAMILY?	1) No 2) Yes, some of the time 3) Yes, all of the time	11, 12, 21, 23, 31 42, 43, 44, 51, 52 53, 61,

DIRECTIONS: To patient: SINCE YOUR ARRIVAL ON THIS UNIT, HAVE THE NURSES BEEN SATISFACTORILY COURTEOUS TO YOU AND YOUR FAMILY?

Code YES, ALL OF THE TIME only if always courteous to both patient and family. If family has not been present code for patient only.

3.204 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DO STAFF ELICIT PATIENT'S PARTICIPATION DURING ROUNDS?	1) No 2) Yes 3) Not Applicable	21, 51, 52, 53,

DIRECTIONS: Ask patient: WHILE YOU HAVE BEEN ON THIS UNIT, HAVE A GROUP OF DOCTORS OR NURSES MAKING ROUNDS TOGETHER COME INTO YOUR ROOM TO SEE YOU?

If yes, ask: DID YOU FEEL THAT YOU WERE INCLUDED AS PART OF THE GROUP? FOR INSTANCE, DID THEY ASK FOR YOUR OPINIONS OR GIVE YOU A CHANCE TO TALK?

3.205 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT INTRODUCED TO OTHER PATIENTS ON THE UNIT?	1) No 2) Yes 3) Not Applicable	31,

DIRECTIONS: Ask patient: WHEN YOU WERE FIRST ADMITTED TO THIS UNIT, DID SOMEONE INTRODUCE YOU TO SOME OTHER PATIENTS?

Code N/A if patient is disoriented and confused.

3.301 Version 2 of 2 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IS THE NURSE AWARE OF WHAT THE PARENT KNOWS ABOUT THE INFANT'S CONDITION?	1) No 2) Yes	11, 12, 31, 42, 43 44, 51, 52, 53, 54

DIRECTIONS: Ask nurse: DO YOU KNOW WHAT INFANT _____'S PARENT(S) HAVE BEEN TOLD ABOUT HIS CONDITION?

3.302 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DO THE NURSING STAFF INFORM THE PATIENT OF THE PLAN FOR DAILY CARE OF THE PATIENT?

1) No
2) Yes

51, 52, 53,

DIRECTIONS: To patient or parent of child: AT THE BEGINNING OF THE DAY, SAY IN THE PAST TWO DAYS, DID THE NURSE TELL YOU/YOUR CHILD WHAT THE ACTIVITIES FOR THE DAY WOULD BE?

DIRECTIONS: (PEDIATRICS) - To child 4 years and older: IN THE MORNING, DID THE NURSE TELL YOU WHAT YOU WERE GOING TO DO TODAY?

3.303 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

ARE SPECIAL PROCEDURES AND STUDIES EXPLAINED TO THE PATIENT?

1) No
2) Yes, sometimes
3) Yes, always
4) Not Applicable

11, 12, 21, 23, 31 51, 52, 53,

DIRECTIONS: To patient: HAVE YOU HAD ANY SPECIAL TESTS OR PROCEDURES WHILE YOU'VE BEEN IN THE HOSPITAL?

If no, Code N/A.

If yes, ask WERE THEY EXPLAINED TO YOU BEFORE THEY WERE DONE?

Code N/A if patient had no test or special procedures.

3.304 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

ARE CURTAINS DRAWN OR DOOR CLOSED FOR EXAMINATION, TREATMENT, OR PRIVACY?

1) No
2) Yes
3) Not Applicable

11, 12, 21, 51, 52 53,

DIRECTIONS: To patient: WHEN YOU HAVE HAD AN EXAMINATION OR TREATMENT OR WHEN YOU JUST WANTED TO BE ALONE, WERE THE CURTAINS DRAWN AROUND YOUR BED OR THE DOOR CLOSED?

Code N/A if patient never had examination or treatment, or did not desire privacy.

3.305 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DO NURSING STAFF KNOCK OR ANNOUNCE THEMSELVES BEFORE ENTERING A PATIENT'S ROOM?

1) No
2) Yes, some of the time
3) Yes, most of the time
4) Yes, all of the time

21, 31, 51, 52, 53

3.306 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

DO NURSING STAFF DISCUSS THE PATIENT AND HIS CARE EITHER WITH THE PATIENT AS IN NURSING ROUNDS, OR IN PRIVATE PLACES ON THE UNIT WHERE OTHER PATIENTS OR VISITORS CANNOT HEAR THE DISCUSSION?

1) No
2) Yes
3) Information Not Available

21, 23, 55,

NOTE: Private place may refer to station, conference areas on unit, etc.

3.307 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DO NURSING STAFF CONFINE THEIR CONVERSATIONS WITH THE PATIENT TO A THERAPEUTIC OR APPROPRIATE SOCIAL LEVEL?

1) No
2) Yes

11, 12, 31, 42, 43 44, 51, 52, 53,

DIRECTIONS: To patient: HAVE ANY OF THE NURSING STAFF TALKED ABOUT THEIR PERSONAL PROBLEMS WITH YOU? DO YOU THINK IT WOULD HAVE BEEN BETTER IF THEY TALKED IT OVER WITH SOMEONE ELSE?

Code NO if patient reports that staff inappropriately discuss problems with him.

3.401 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

IS OPPORTUNITY PROVIDED FOR PATIENT TO DISCUSS FEAR AND ANXIETIES?

1) No
2) Yes
3) Not Applicable

11, 12, 21, 31, 42 43, 44, 52,

DIRECTIONS: To patient: SINCE YOUR ARRIVAL ON THIS UNIT, WAS THERE ANYTHING THAT CONCERNED OR WORRIED YOU?

If no, Code N/A.

If yes, ask: DID YOU FEEL YOU HAD A CHANCE TO TALK WITH ANY OF THE NURSES ABOUT IT?

3.402 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DO THE NURSING STAFF DISCUSS THE PHYSICAL DEPENDENCE-INDEPENDENCE OF THE PATIENT WITH PATIENT?

1) No
2) Yes
3) Not Applicable

52, 53,

DIRECTIONS: To patient or parent of child: HAS YOU/YOUR CHILD'S ILLNESS HAD MUCH EFFECT ON WHAT YOU/HE CAN DO FOR YOURSELF/ HIMSELF, SUCH AS DAILY HYGIENE OR EATING, OR TAKING CARE OF YOURSELF/HIMSELF IN GENERAL?

3.403 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

IS THE USE OF SPECIAL EQUIPMENT (E.G., INHALATION EQUIPMENT, SUCTION, IV, GOMCO, AND SIMILAR) EXPLAINED TO THE PATIENT?

1) No
2) Yes
3) Not Applicable

21, 23, 42, 43, 44 53, 54,

DIRECTIONS: To patient: I NOTICE THAT YOU HAVE SOME SPECIAL EQUIPMENT; HAS ANYONE TOLD YOU HOW IT WORKS OR WHY YOU NEED IT?

3.404 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DO THE NURSE AND PATIENT DISCUSS MODE OF LIVING, LIVING CONDITIONS, OR OCCUPATIONAL ROLE IN RELATION TO HIS ILLNESS AND RESTORATIVE CARE?

1) No
2) Yes
3) Not Applicable

31, 51, 52, 53,

NOTE: Observer must determine if patient's progress warrants such discussion.

DIRECTIONS: Ask patient: HAVE ANY OF THE NURSES OR SPECIAL COUNSELORS TALKED WITH YOU ABOUT ANTICIPATING YOUR DISCHARGE AND LIVING ARRANGEMENTS, FOR EXAMPLE, CHANGES OR PROBLEMS YOU MIGHT EXPECT AT WORK OR AT HOME?

Unacceptable if patient merely informed of activities.

3.405 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DO THE NURSING STAFF INFORM THE PATIENTS ABOUT ACTIVITIES BEFORE THEY ARE CARRIED OUT?

1) No
2) Yes

11, 12, 21, 23, 31 52, 53, 54,

NOTE: Refers to routine care activities; does not refer to obtaining consent for special procedures. Information may be minimal about what nurse is going to do.

DIRECTIONS: To patient: DO THE NURSES TELL YOU WHAT THEY ARE GOING TO DO BEFORE THEY CARRY OUT SOME ACTIVITY SUCH AS BATHS, INJECTIONS, DRESSING CHANGES, ETC.?

3.407 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

IS VERBAL COMMUNICATION DIRECTED TOWARD THE SEVERELY ILL OR UNCONSCIOUS PATIENT OR TOWARD INFANTS?

1) No
2) Yes, not much at all
3) Yes, a great deal
4) Not Applicable or Appropriate

12, 42, 43, 44, 54 61,

3.408 Version 1 of 1 Source of Information: 05 - NURSING PERSONNEL OBSERVATION

IS THERE TACTILE COMMUNICATION WITH THE SEVERELY ILL OR UNCONSCIOUS PATIENT?

1) No
2) Yes, not much at all
3) Yes, a great deal
4) Not Applicable or Appropriate

12, 54, 61,

NOTE: May be contraindicated in certain neurological diseases, or in patients recovering from anesthetic irritant side effects, such as with Ketamine. Observer must first determine if tactile communication is contraindicated.

DIRECTIONS: Observe nursing staff with patient to determine whether sense of touch is used by means of communication, e.g., use of touch in comforting way, aside from providing technical care.

3.409 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DO NURSES LISTEN TO THE PATIENT?

1) No
2) Yes, some of the time
3) Yes, all of the time

11, 12, 21, 23, 51 52, 53, 54,

DIRECTIONS: To patient: WHEN YOU TALK TO THE NURSE OR ASK QUESTIONS, DO YOU FEEL THAT YOUR NURSE LISTENS TO YOU AND SHOWS AN INTEREST IN WHAT YOU SAY?

3.410 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DOES THE PATIENT WEAR HIS OWN CLOTHING (GOWN, PAJAMAS, ETC.) IF DESIRED?

1) No
2) Yes
3) Not Applicable

51, 52, 53,

NOTE: May be contraindicated if patient's condition or extensive treatments make it undesirable to wear own clothing or if condition or patient's own clothing precludes proper hygiene, asepsis or fire safety.

DIRECTIONS: To patient 4 years or older: IF YOU WANT TO WEAR YOUR OWN CLOTHING, SUCH AS PAJAMAS, WHILE YOU'RE IN THE HOSPITAL, DO YOU FEEL FREE TO DO SO?

3.411 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

CAN THE PATIENT IDENTIFY A PARTICULAR NURSE AS "HER NURSE"?
1) No
2) Yes
11, 12, 21, 23, 31 42, 43, 44, 51, 52 53, 54,

DIRECTIONS: To patient: IS THERE ONE PARTICULAR NURSE THAT IS YOUR "YOUR NURSE" WHILE YOU ARE HERE?

Code YES if patient indicates one nurse as her nurse.

Code NO if patient indicates several nurses.

3.412 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS SUPPORT GIVEN TO THE PATIENT IN DISTRESS, I.E., CRYING, BEING HIGHLY ANXIOUS, FEARFUL?
1) No
2) Yes
3) Not Applicable
31,

DIRECTIONS: Ask patient: DURING YOUR HOSPITALIZATION HAVE YOU HAD TIMES WHEN YOU HAVE BEEN VERY UPSET, WORRIED, OR FELT VERY NERVOUS?

Code N/A if patient is confused, disoriented, does not respond or if responds negatively.

If patient responds positively, ask: DID THE NURSING STAFF/SPECIAL COUNSELORS SPEND TIME WITH YOU?

3.413 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DOES THE NURSE/SPECIAL COUNSELOR ATTEMPT TO TALK TO THE PATIENT ABOUT HIS CONCERNS?
1) No
2) Yes
3) Not Applicable
31,

DIRECTIONS: Ask patient: HAS THE NURSE/COUNSELOR BEEN AVAILABLE TO YOU OR SOUGHT YOU OUT AT LEAST ONCE A DAY TO TALK ABOUT MATTERS THAT CONCERN YOU?

Code N/A if patient is disoriented, confused, or non-responsive.

3.414 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE NURSE/SPECIAL COUNSELOR WORKING WITH THE PATIENT TOWARD SOLUTION OF SOME OF THE PATIENT'S PROBLEMS?
1) No
2) Yes
3) Not Applicable
31,

DIRECTIONS: Ask patient: IN THE PAST THREE DAYS, IS THERE A NURSE/SPECIAL COUNSELOR WHO HAS STARTED TO WORK WITH YOU TOWARD SOLVING PROBLEMS FOR WHICH YOU CAME TO THE HOSPITAL?

3.415 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DOES THE NURSE/SPECIAL COUNSELOR DISCUSS THE PATIENT'S PHYSICAL HEALTH WITH HIM?

1) No
2) Yes
3) Not Applicable

31,

DIRECTIONS: Ask patient: HAS A NURSE/SPECIAL COUNSELOR DISCUSSED WITH YOU SOME OF YOUR BASIC HEALTH NEEDS?

Probe: FOR EXAMPLE, DENTAL PROBLEMS, CONTRACEPTION, CARDIAC PROBLEMS, OBESITY.

3.416 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A STATEMENT ABOUT THE MOTHER/INFANT INTERACTION?

1) No
2) Yes
3) Not Applicable

23,

NOTE: Statement should be written within the mother's record.

3.417 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IF THE PATIENT MUST WAIT FOR AN EXAM, TEST, TREATMENT, ETC., IS HE INFORMED ABOUT WHY HE IS WAITING AND WHAT HE IS WAITING FOR?

1) No
2) Yes
3) Not Applicable

11, 12,

DIRECTIONS: To patient: HAVE YOU HAD TO WAIT TO RECEIVE CARE?

If yes, WERE YOU INFORMED:

1) WHY YOU WERE WAITING?
2) WHAT IT WAS YOU WERE WAITING FOR?

3.501 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

DO THE NURSING STAFF INFORM THE PATIENT TO REPORT SIGNS AND SYMPTOMS RELATED TO HIS ILLNESS (E.G., RASH, DIZZINESS, PAIN) TO THE NURSING STAFF?

1) No
2) Yes
3) Not Applicable

31, 51, 52, 53,

NOTE: Applicable if there are any signs or symptoms which patient should be aware of to report.

DIRECTIONS: To patient 4 years and older: DID THE NURSES TELL YOU IF THERE ARE ANY SIGNS OR SYMPTOMS RELATED TO YOUR ILLNESS THAT YOU SHOULD REPORT TO THEM?

In Psychiatry: Code N/A for patients who are somatizing.

3.502 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

HAVE INSTRUCTIONS TO BE GIVEN TO THE PATIENT BEEN OUTLINED EITHER VERBALLY OR IN WRITING?

1) No
2) Yes-oral only
3) Yes-written
4) Not Applicable

31, 51, 52, 53,

NOTE: Applicable if any instructions are indicated, such as pre-operative, pre-diagnostic testing, teaching patients to do own treatments, medications, working machinery, driving, etc.

DIRECTIONS: To determine if applicable, ask nurse: ARE THERE ANY SPECIAL INSTRUCTIONS TO BE GIVEN TO MR._____? If yes, ask: ARE THEY IN WRITING?

Code YES-WRITTEN if instructions both verbal and written or if teaching team is instructing patient.

3.503 Version 2 of 2 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IS A SPECIFIC MEMBER OF THE NURSING STAFF DESIGNATED FOR INSTRUCTING THE PATIENT'S FAMILY FOR INFANTS?

1) No
2) Yes
3) Not Applicable

43, 44, 51, 52, 53

DIRECTIONS: Ask nurse: IS ANY PARTICULAR STAFF MEMBER ASSIGNED TO GIVE SPECIAL INSTRUCTIONS TO INFANT _____'S PARENTS?

3.504 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

ARE THE PATIENT OR FAMILY INFORMED OF OR INSTRUCTED IN CARE THAT MUST BE DONE AT HOME?

1) No
2) Yes
3) Not Applicable

51, 52, 53,

NOTE: Applicable as soon as it can be recognized that patient will need any kind of information about post-hospital activities. Does not require specific referral or physician's orders regarding discharge date or activities.

DIRECTIONS: To patient or parent: HAS ANYONE FROM THE NURSING STAFF TALKED TO YOU YET ABOUT HOW TO TAKE CARE OF YOURSELF AT HOME?

Probe: SUCH AS SPECIAL TREATMENTS, WHEN TO ASK FOR HELP, AND THINGS YOU SHOULD OR SHOULD NOT DO FOR YOURSELF.

3.505 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE PLAN FOR ORAL FLUIDS FORMULATED BY PATIENT AND NURSES?
1) No
2) Yes
3) Not Applicable
51, 52, 53,

NOTE: Applies to any patient with order such as "Encourage Fluids", "Restrict Fluids", "Force Fluids", or giving specific amount of oral fluids per day. If not formulated jointly by nurse and patient answer is NO.

DIRECTIONS: To patient or parent: DO YOU/YOUR CHILD HAVE A SCHEDULE THAT SAYS WHEN AND WHAT KIND OF LIQUIDS YOU'RE/YOUR CHILD IS SUPPOSED TO DRINK? DID YOU PLAN THIS TOGETHER WITH THE NURSE?

DIRECTIONS: (PEDIATRICS) - To child 4 years and older: DID YOU AND THE NURSES TALK OVER WHAT YOU CAN DRINK? DID YOU TALK ABOUT WHEN YOU SHOULD HAVE SOMETHING TO DRINK?

3.506 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

ARE THE PARENTS TAUGHT HOW TO FACILITATE THE INFANT'S SELF-CONSOLING BEHAVIORS?
1) No
2) Yes
42, 43, 44,

DIRECTIONS: Ask parent: DID THE NURSE SHOW YOU WAYS TO HELP YOUR INFANT CALM HIMSELF WHEN HE IS UPSET BESIDES PICKING HIM UP, FOR EXAMPLE: TALKING TO INFANT, STROKING, CRADLING?

3.507 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE MOTHER GIVEN HOME CARE INSTRUCTIONS WITH REGARD TO:
42, 43,

NOTE: Observer must determine if infant may be discharged within one week and infant is at least 36 hours old, otherwise Code N/A in each area.

DIRECTIONS: Ask parent: WERE YOU GIVEN DISCHARGE INSTRUCTIONS FOR (READ LIST BELOW)

A. ACTIVITY LEVEL OF THE BABY? For example, amount of sleep, lifting head, etc?
1) No
2) Yes
3) Not Applicable

B. CIRCUMCISION CARE IF INDICATED?
1) No
2) Yes
3) Not Applicable

C. HOW TO TAKE THE BABY'S TEMPERATURE?
1) No
2) Yes
3) Not Applicable

D. KIND OF BABY CLOTHING APPROPRIATE FOR HOSPITAL DISCHARGE?
1) No
2) Yes
3) Not Applicable

3.508 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE PATIENT GIVEN FOLLOW-UP CARE INSTRUCTIONS BY NURSING?

1) No
2) Yes
3) Not Applicable

11, 12,

NOTE: Applicable as soon as follow-up care instructions can be given, e.g., patients who have been diagnosed and treated by the physician.

DIRECTIONS: To patient or parent: HAS ANYONE FROM THE NURSING STAFF TALKED TO YOU ABOUT SELF-CARE AT HOME OR ABOUT FURTHER MEDICAL CARE FOR YOURSELF/YOUR CHILD RELATED TO YOUR INJURY/ILLNESS?

3.601 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A WRITTEN STATEMENT WITH REGARD TO THE FAMILY'S LEVEL OF UNDERSTANDING, CONCERNS, OR VIEW OF THE PATIENT'S CONDITION?

1) No
2) Yes
3) Not Applicable

11, 12, 31, 43, 44 51, 52, 53, 54,

NOTE: Applies to the past seven days. Refers to responses probably elicited by question: "Let's discuss some of your concerns with regard to Mr. _____'s condition".

DIRECTIONS: Look for documentation in patient record/Kardex.

3.602 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DO THE NURSE, PATIENT, AND FAMILY DISCUSS THE FAMILY'S PARTICIPATION IN THE CARE OF THE PATIENT?

1) No
2) Yes
3) Not Applicable

21, 23, 52, 53,

NOTE: Refers to any assistance provided by the family.

DIRECTIONS: To patient: HAVE ANY OF THE NURSES TALKED WITH YOU AND YOUR FAMILY ABOUT WHAT THINGS THEY MIGHT HELP YOU DO?

3.603 Version 2 of 2 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IS OPPORTUNITY PROVIDED FOR FAMILY TO DISCUSS FEARS AND ANXIETIES?

1) No
2) Yes
3) Not Applicable

11, 12, 21, 22, 23 31, 52, 53, 54,

DIRECTIONS: To nurse: HAVE M _____'S FAMILY BEEN IN TO VISIT HIM/HER SINCE HE/SHE HAS BEEN HERE?

If no, Code N/A.

If yes, ask nurse: HAVE ANY OF THE NURSES SPENT SOME TIME WITH THEM TO SEE IF THEY HAVE ANY PARTICULAR FEARS OR PROBLEMS RELATED TO M _____'S ILLNESS?

3.604 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS A DESCRIPTION OF CARE GIVEN BY THE FAMILY RECORDED?

1) No
2) Yes
3) Not Applicable

21, 22, 23, 42, 43 44, 52, 53,

DIRECTIONS: To determine if applicable, ask patient: DO YOUR FAMILY AND/OR FRIENDS VISIT YOU IN THE HOSPITAL?

If no, Code N/A.

If yes, ask: ARE THERE ANY SPECIFIC THINGS THEY DO FOR YOU RELATED TO YOUR CARE WHILE THEY ARE HERE?

3.605 Version 2 of 2 Source of Information: 07 - OBSERVER INTERFACE

IS THE FAMILY NOTIFIED WHEN THERE ARE SERIOUS CHANGES IN THE PATIENT'S CONDITION?

1) No
2) Yes
3) Not Applicable

21, 22, 23, 31, 54

NOTE: Applies to any time during labor, delivery and the recovery process.

DIRECTIONS: Check the progress notes to determine if there were significant changes in the patient's condition. If there were, check records or ask the nurse about family notification.

Ask nurse: SINCE MS._____'S CONDITION HAS CHANGED, DO YOU KNOW WHETHER HER FAMILY HAS BEEN NOTIFIED?

PROBE: HAS THE FAMILY BEEN NOTIFIED THAT SHE HAS GONE TO THE DELIVERY ROOM (OR HAS DELIVERED HER BABY)?

3.606 Version 2 of 2 Source of Information: 03 - PATIENT INTERVIEW

DID THE NURSING STAFF INFORM THE FAMILY OF VISITING HOURS ON THE UNIT?

1) No
2) Yes
3) Not Applicable

21, 23, 31, 51, 52 53, 54,

NOTE: Acceptable if informed by staff or by brochure.

DIRECTIONS: To patient: DID ANYONE ON THE NURSING STAFF INFORM YOUR FAMILY OF THE VISITING HOURS ON THIS UNIT?

If family present, ask family: DID ANYONE ON THE NURSING STAFF INFORM YOU OF THE VISITING HOURS ON THIS UNIT?

3.607 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THE FAMILY INFORMED OF THE AVAILABILITY OF RELIGIOUS COUNSELORS AND FACILITIES SUCH AS THE CHAPEL?

1) No
2) Yes
3) Not Applicable

42, 43, 44, 51, 52 53, 54,

NOTE: Acceptable if informed by clergy or by brochure.

DIRECTIONS: To patient 13 years or older or parent: DID ANYONE INFORM YOUR FAMILY THAT THERE ARE CHAPLAINS AVAILABLE OR THAT THEY MAY USE THE CHAPEL IF THEY SO WISH?

Code N/A if family informed while patient on another unit.

3.608 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE A WRITTEN STATEMENT THAT THE BABY WAS SHOWN TO AT LEAST ONE OF HIS/HER PARENTS?

1) No
2) Yes
3) Not Applicable

23,

May be N/A if stillborn or if placed for adoption.

3.609 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

WAS THE MOTHER GIVEN INSTRUCTIONS BY THE NURSERY NURSES WITH REGARD TO FEEDING THE BABY?

42, 43,

DIRECTIONS: To mother: HAVE THE NURSES GIVEN YOU INSTRUCTIONS ABOUT EACH OF THE FOLLOWING ITEMS:

A. TIMES TO FEED THE BABY?
1) No
2) Yes
3) Not Applicable

B. THE BABY'S FORMULA, IF INDICATED?
1) No
2) Yes
3) Not Applicable

C. HOW TO BURP THE BABY?
1) No
2) Yes
3) Not Applicable

D. HOW TO FEED THE BABY, INCLUDING HOW TO HOLD AND HOW LONG TO FEED?
1) No
2) Yes
3) Not Applicable

E. BREAST CARE, IF BREAST FEEDING?
1) No
2) Yes
3) Not Applicable

3.610 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

WAS THE MOTHER GIVEN ANY INFORMATION ABOUT THE APPEARANCE OR CARE OF THE CORD?

1) No
2) Yes
3) Not Applicable

42, 43,

DIRECTIONS: To mother: DID A NURSE GIVE YOU ANY INFORMATION ABOUT THE APPEARANCE OR CARE OF THE BABY'S CORD?

3.611 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

WAS THE MOTHER GIVEN THE OPPORTUNITY TO LEARN HOW TO BATHE HER BABY, AT ANY TIME DURING HER STAY, IF SHE DESIRED?

1) No
2) Yes
3) Not Applicable

42, 43,

DIRECTIONS: To mother: WERE YOU GIVEN AN OPPORTUNITY TO LEARN HOW TO BATHE YOUR BABY?

Code N/A for restrained infant, infants under 1300 grams or infants with unstable temperatures.

3.612 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

WAS THE FATHER GIVEN ANY INFORMATION ABOUT THE CARE OF THE BABY, SUCH AS HOW TO HOLD OR FEED THE BABY?

1) No
2) Yes
3) Not Applicable

42, 43, 44,

DIRECTIONS: Ask father (or mother): DID A NURSE GIVE YOU (OR SHOW YOUR HUSBAND) ANY INFORMATION ABOUT CARE OF THE BABY, SUCH AS HOW TO HOLD OR FEED THE BABY?

3.613 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

WAS THE MOTHER GIVEN INSTRUCTIONS BY THE NURSERY PERSONNEL WITH REGARD TO HANDWASHING TECHNIQUES IN PREPARATION FOR HER BABY?

1) No
2) Yes
3) Not Applicable

42, 43,

DIRECTIONS: Ask mother: DID A NURSE TELL YOU ABOUT WASHING YOUR HANDS BEFORE YOU HANDLE YOUR BABY?

3.614 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IF PARENTS DO NOT CONTACT THE HOSPITAL FOR MORE THAN 48 HOURS REGARDING THE INFANT'S STATUS, DOES THE NURSE INITIATE CONTACT?

1) No
2) Yes
3) Not Applicable

45,

DIRECTIONS: Ask nurse: WHAT DO YOU DO IF YOU DO NOT HEAR FROM ONE OF THE INFANT'S PARENTS AT LEAST EVERY 48 HOURS?

3.616 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE FAMILY'S RESPONSE TO EXPLANATION OF THE INFANT'S CARE?
1) No
2) Yes
3) Not Applicable
42, 43, 44,

NOTE: May include response to any type of formal or informal explanation or instruction given by nurse or other health personnel.

DIRECTIONS: If nothing written, ask nurse: IN THE PAST 48 HOURS HAS INFANT _____'S PARENTS BEEN GIVEN ANY EXPLANATION ABOUT HIS ILLNESS OR CARE BY YOU? BY OTHER STAFF?

Code N/A if nursing answer is negative.

Code YES if there is a written statement about parent's response or apparent comprehension of explanations provided.

Code NO if the records do not document the parent's response to an explanation actually provided.

3.617 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE NEED FOR ADDITIONAL TEACHING?
1) No
2) Yes
3) Not Applicable
43, 44,

DIRECTIONS: If nothing written, ask nurse: HAVE ANY KINDS OF EXPLANATION BEEN GIVEN TO INFANT _____'S PARENTS IN REGARD TO HIS CONDITION OR CARE? ARE ANY ADDITIONAL EXPLANATIONS NEEDED?

Code N/A if no additional explanation needed.

Answer coded YES refers to written statement about what additional explanations are needed.

3.618 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE NURSE DISCUSS THE PARENT'S CONCERN OR ROLE IN THE INFANT'S CARE WITH THE PARENTS?
1) No
2) Yes
3) Not Applicable
42, 43, 44,

DIRECTIONS: Check (up to 7 days) records for indication that parents were present and that nurse talked with parents about their fears or anxieties and what things they might do to help with care of the baby. If nothing is in the records, ask nurse if these two subjects were discussed with parents.

3.619 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO THE RECORDS IDENTIFY THE PRESENCE AND PREPARATION OF A SUPPORT PERSON FOR COACHING THIS PATIENT?

1) No
2) Yes-Incomplete
3) Yes-Complete

21, 22, 23,

Code YES-COMPLETE only if both presence and preparation for coaching are identified.

3.620 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS A DESCRIPTION PLACED IN THE PATIENT'S RECORD OF THE PATIENT/FAMILY INTERACTION WHEN THE FAMILY VISITS THE UNIT?

1) No
2) Yes
3) Not Applicable

31,

DIRECTIONS: Ask patient to determine if applicable: WITHIN THE LAST WEEK, HAS YOUR FAMILY VISITED YOU IN THE HOSPITAL?

If applicable, observer should check chart for general patterns of interaction, e.g., hostile, tense or warm, supportive.

Code N/A if patient's family has not visited in past 7 days.

3.621 Version 1 of 1 Source of Information: 04 - NURSING PERSONNEL INTERVIEW

IS THE FAMILY KEPT INFORMED ABOUT THE PATIENT'S CONDITION OR CARE PROCESS?

1) No
2) Yes
3) Not Applicable

11, 12,

DIRECTIONS: To nurse: IS MR. _____'S FAMILY HERE?

If no, Code N/A.

If yes, ask nurse: HAVE ANY OF THE NURSES TALKED WITH THEM ABOUT THE PATIENT'S CONDITION OR WHAT IS OCCURRING WITH HIM?

3.701 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IN THE LAST THREE DAYS, HAS THE PATIENT BEEN EXPECTED TO PARTICIPATE IN UNIT/GROUP ACTIVITIES PLANNED?

1) No
2) Yes
3) Not Applicable

31,

DIRECTIONS: Ask patient: IN THE LAST THREE DAYS, HAVE YOU BEEN EXPECTED TO PARTICIPATE IN UNIT ACTIVITIES?

Code N/A if patient's condition precludes unit/group activities.

3.702 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

IS THERE HAND-CRAFT MATERIAL AVAILABLE TO THE PATIENT?

1) No
2) Yes
3) Not Applicable

31,

DIRECTIONS: Ask patient: HAVE YOU HAD AVAILABLE MATERIALS GEARED TO YOUR INTEREST, SUCH AS CLAY, PAINT, WOODWORK, OR YARN FOR HAND-CRAFT PROJECTS?

Code N/A if patient's condition precludes hand-craft activities.

3.703 Version 1 of 1 Source of Information: 03 - PATIENT INTERVIEW

ARE PATIENTS ENCOURAGED TO ASSUME UNIT RESPONSIBILITIES?

1) No
2) Yes
3) Not Applicable

31,

DIRECTIONS: Ask patient: HAVE YOU BEEN ENCOURAGED TO ASSUME UNIT RESPONSIBILITIES LIKE WELCOMING NEW PATIENTS, PLANNING ACTIVITIES, WATERING PLANTS, KITCHEN DUTIES?

Code N/A if patient's condition precludes unit responsibilities.

MASTER CRITERIA LIST

Major Obj: 4.0 ACHIEVEMENT OF NURSING CARE OBJECTIVES IS EVALUATED
Sub Obj: 4.1 Records Document The Care Provided For The Patient

4.101 Version 3 of 3 Source of Information: 01 - PATIENT RECORD

IF TREATMENTS ARE ORDERED IN EITHER MEDICAL OR NURSING ORDERS, DO RECORDS DOCUMENT THEIR PERFORMANCE OR REASON FOR OMISSION?

1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable

11, 12, 21, 22, 23 31, 42, 43, 44, 51 52, 53, 54, 61,

NOTE: For example: dressings, irrigations, compresses, group therapy or specific interactions with nurse.

4.102 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE VITAL SIGNS AND BLOOD PRESSURE AS INDICATED IN MEDICAL OR NURSING ORDERS?

1) No
2) Yes-Incomplete
3) Yes-Complete

11, 12, 21, 22, 23 42, 43, 44, 51, 52 53, 54, 61,

4.103 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE REASONS FOR OMISSION OF MEDICATIONS?	1) No 2) Yes, some of the time 3) Yes, most of the time 4) Yes, all of the time 5) Not Applicable	31, 51, 52, 53, 54

NOTE: Refers to past 7 days: If patient on unit less than 7 days, consider whatever time patient has been on this unit.

4.104 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE REASON FOR ADMINISTRATION OF PRN MEDICATIONS?	1) No 2) Yes, some of the time 3) Yes, most of the time 4) Yes, all of the time 5) Not Applicable	21, 22, 23, 31, 51 52, 53, 54,

NOTE: Refers to past 7 days: If patient has been on the unit less than 7 days, consider whatever time patient has been on unit.

4.105 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE EFFECT OF PRN MEDICATION?	1) No 2) Yes, some of the time 3) Yes, most of the time 4) Yes, all of the time 5) Not Applicable	21, 22, 23, 31, 51 52, 53, 54,

NOTE: Refers to past 7 days: If patient has been on unit less than 7 days, consider whatever time patient has been on unit.

4.106 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE ADMINISTRATION OF MEDICATION ON THIS UNIT INCLUDING: 31, 42, 43, 44, 51 52, 53, 54,

NOTE: Refers to past 7 days: If patient on unit less than 7 days, consider whatever time patient has been on this unit.

A. TIME GIVEN?
1) No
2) Yes
3) Not Applicable

B. ROUTE OF ADMINISTRATION?
1) No
2) Yes
3) Not Applicable

C. SITE OF INJECTION?
1) No
2) Yes
3) Not Applicable

D. NAME OF PERSON WHO GAVE MEDICATION?
1) No
2) Yes
3) Not Applicable

E. DOSAGE?
1) No
2) Yes
3) Not Applicable

4.107 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE TIME OF ADMISSION TO THE UNIT RECORDED? 1) No 2) Yes 42, 43, 44, 61,

4.108 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE RECORD INDICATE THE TYPE OF FEEDING THE BABY IS RECEIVING? 1) No 2) Yes 42, 43,

4.109 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE THERE DAILY WRITTEN STATEMENTS ABOUT THE CONDITION OF THE BABY'S FONTANELS? 1) No 2) Yes 42, 43, 44,

4.110 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT HOURLY FOR AT LEAST THE PAST 48 HOURS THE PERCENTAGE OF OXYGEN THE INFANT IS RECEIVING? 1) No 2) Yes 3) Not Applicable 45,

DIRECTIONS: Observer must identify a patient receiving oxygen.

4.111 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THERE DOCUMENTATION THAT PATIENTS REQUIRING CLOSE OBSERVATIONS ARE CHECKED FREQUENTLY?

1) No
2) Yes
3) Not Applicable

35,

NOTE: Refers to any patient in need of frequent observation, e.g., patient in quiet room, suicidal, escape risk patients, patients in restraints, etc.

4.112 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO NURSING RECORDS DOCUMENT THE FETAL HEART RATE PATTERN DURING CONTRACTIONS?

1) No
2) Yes-Incomplete
3) Yes-Complete
4) Not Applicable

21, 22, 23,

Code YES-COMPLETE if documentation includes baseline rate, any rate pattern, and degree of variability if spiral fetal electrode is in place.

4.113 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO NURSING RECORDS DOCUMENT THE FUNDAL TONE AND PLACEMENT, AMOUNT AND KIND OF LOCHIA, PULSE, RESPIRATION AND BLOOD PRESSURE EVERY 15 MINUTES FOR THE FIRST TWO HOURS POST-PARTUM?

1) No
2) Yes-Incomplete
3) Yes-Complete

23,

4.114 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE ADMINISTRATION (OR REASON FOR LACK OF ADMINISTRATION) WITHIN LABOR AND DELIVERY OF AN EYE PROPHYLAXIS MEDICATION (I.E., SILVER NITRATE)?

1) No
2) Yes
3) Not Applicable

22, 23,

NOTE: Should appear on delivery record common to baby and mother.

Code N/A only if it is to be done by the nursery according to hospital policy or if infant has not been delivered or is stillborn.

4.201 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

ARE OBSERVATIONS RELATED TO MEDICAL TREATMENT, MEDICATIONS, DISEASE PROCESS, OR POSSIBLE COMPLICATIONS NOTED, E.G., CHANGES IN CONDITION, OBSERVATIONS TO DETECT ONSET OF COMPLICATIONS, OBSERVATIONS OF NEWBORNS SUCH AS HEALING OF CIRCUMCISION, ETC.

1) No
2) Yes
3) Not Applicable

11, 12, 21, 22, 23 42, 43, 44, 51, 52 53, 54,

NOTE: Statement of observations may refer to either presence or absence of problems. Includes any nursing observations not included in medical orders. Includes side or untoward effects of current therapy.

DIRECTIONS: Consider condition of patient and determine whether specific observations should be made.

4.202 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE PATIENT'S RESPONSE TO EXPLANATION OF HIS CARE?

1) No
2) Yes
3) Not Applicable

21, 22, 23, 31, 51 52, 53, 54,

NOTE: May include response to any type of formal or informal explanation or instruction given by nurse or other health personnel.

DIRECTIONS: If nothing written, ask nurse: HAS MS. _____ BEEN GIVEN ANY EXPLANATION ABOUT HER CONDITION OR CARE BY YOU? BY OTHER STAFF?

Code N/A if nursing answer is negative.

Code YES refers to a written statement about patient's response or apparent comprehension.

Code NO if record did not document the patient's response to an explanation actually provided.

4.203 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE NEED FOR ADDITIONAL INSTRUCTION?

1) No
2) Yes
3) Not Applicable

31, 51, 52, 53, 54

DIRECTIONS: If nothing written, ask nurse: HAVE ANY KIND OF EXPLANATION BEEN GIVEN TO MR. _____ IN REGARD TO HIS CONDITION OR CARE? ARE ANY ADDITIONAL EXPLANATIONS NEEDED?

Code YES refers to written statement about what additional explanations are needed.

4.204 Version 2 of 2 Source of Information: 01 - PATIENT RECORD

IS THE PATIENT'S PERFORMANCE OF SELF-CARE ACTIVITIES (E.G., EATING, TOILET, WALKING, DRESSING, DOING OWN TREATMENTS, ETC.) RECORDED?

1) No
2) Yes
3) Not Applicable

31, 52, 53,

DIRECTIONS: To determine applicability, ask nurse: DURING THE PAST WEEK, HAS MR. _____ HAD ANY PHYSICAL OR EMOTIONAL PROBLEMS WITH SELF-CARE OR ADL?

Code N/A if patient has no limitations in performing activities of daily living.

4.205 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DOES THE RECORD NOTE WHETHER EACH FEEDING IS RETAINED OR REGURGITATED?

1) No
2) Yes
3) Not Applicable

42, 43, 44,

NOTE: Record must note for each feeding for the past 48 hours.

4.206 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO THE RECORDS DOCUMENT THE INFANT'S DEMONSTRATION OF NORMAL GROWTH AND DEVELOPMENT MILESTONES?

1) No
2) Yes
3) Not Applicable

42, 43, 44,

NOTE: Refers to any statement concerning infant's attention span, tracking, attending, visual preferences, grasping of objects, cooing, smiling, etc.

Code N/A if under two weeks of age.

4.207 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

DO RECORDS DOCUMENT THE ACCOMPLISHMENT OF GOALS OR PROGRESS TOWARD GOALS LISTED IN THE NURSING PLAN?

1) No
2) Yes

31,

NOTE: Applies to past seven days.

DIRECTIONS: Observer must check to see what goals are listed in nursing care plan. Look in patient's chart in the past week to determine if there is documentation that goals are accomplished or progress is being made toward accomplishing goals.

4.208 Version 1 of 1 Source of Information: 01 - PATIENT RECORD

IS THE PATIENT'S PROGRESS IN DEVELOPING INTERACTIONAL SKILLS (E.G., ESTABLISHING EYE CONTACT, INITIATING CONVERSATION WITH STAFF, INITIATING CONVERSATION WITH OTHER PATIENTS) RECORDED?	1) No 2) Yes	31,

NOTE: Applies to hospital situation in past 3 days.

APPENDIX B

NURSES' EDUCATIONAL AND EXPERIENCE BACKGROUND DATA

APPENDIX B

NURSES' EDUCATIONAL AND EXPERIENCE BACKGROUND DATA

Please complete the questionnaire. Write in the RN name and check the appropriate box. Thank you.

Unit ______________

Names of RNs working during 1982	Position full or part-time			Highest Educational Preparation				Length of time a nurse								Length of time on nursing unit										
	.5 or less	.6 - .9	1.0	ADN	DIPLOMA	BSN	MSN	LESS THAN 6 MOS.	6.1 MO. - 1 YR.	1.1 YRS. - 3 YRS.	3.1 YRS. - 5 YRS.	5.1 YRS. - 7 YRS.	7.1 YRS. - 10 YRS.	10.1 YRS. - 15 YRS.	15.1 YRS. - 20 YRS.	6 MOS. OR LESS	6.1 MOS. - 1 YR.	1.1 YR. - 2 YRS.	2.1 YRS. - 3 YRS.	3.1 YRS. - 4 YRS.	4.1 YRS. - 5 YRS.	5.1 YRS. - 6 YRS.	6.1 YRS. - 7 YRS.	7.1 YRS. - 8 YRS.	8.1 YRS - 9 YRS.	9.1 YRS. - 10

APPENDIX C

HEAD NURSE QUESTIONNAIRE

Head Nurse_____

Unit_____

APPENDIX C

HEAD NURSE QUESTIONNAIRE

Please complete the questionnaire

1. Basic Nursing Educational Preparation. _____Diploma _____AD _____BSN
2. Highest Degree Held._____BS/BA/BSN _____ MS/MSN/MED
3. Length of time as a nurse. _____
4. How many hospitals have you worked in as a nurse? _____
5. Length of time as a nurse at current hospital?_____
6. Length of time as head nurse at current hospital?_____
7. Were you a staff nurse on the unit, where you now are head nurse?___
   _____Yes _____No. If yes, how long?_____
8. Do you feel there is a difference in the quality of nursing care based on the educational level of your staff? _____Yes_____No
   Please explain.

9. Do you feel there is a difference in the quality of nursing care based on the experience level of your staff? _____Yes _____No
   Please explain.

10. Do you hire nurses based on their educational background? ____Yes
    _____No. Please explain.

11. Do you hire nurses based on their experience background? _____Yes
    _____ No. Please explain.

12. What do you feel would be an effective educational mixture of staff nurses on your unit to give high quality care?

_____% BSN

_____% ADN

_____% Diploma

100% TOTAL

Thank you.

APPENDIX D

INFORMED CONSENT FORM

APPENDIX D

IRB # 8/82-3d.

FOSTER G. McGAW HOSPITAL
LOYOLA UNIVERSITY MEDICAL CENTER
MAYWOOD, ILLINOIS

Department of Nursing Service

INFORMED CONSENT FORM

Head Nurse's Name_____ Date_____

Project Title: A Study of the Education and Experience Levels of Nursing Staff and Their Relationship to Quality Patient Care.

Information

Description of the study:

The purpose of this study is to gain a better understanding of the educational mix of staff nurses and experience level of staff nurses in relationship to the quality of nursing care given.

You will be asked to complete a short questionnaire requiring personal data. Then, you will be asked to complete a short questionnaire asking for specific data on staff nurses who worked the month of the study.

Risks and benefits:

There is no known risk to participating in a study of this type. Your only inconvenience is that of the time required to complete the questionnaires.

Potential benefits:

Participation in this study may not benefit you directly. It is hoped that a better understanding of the educational mix of a nursing staff and experience level will benefit patient care. It is hoped that studying this topic will enable a systematic placement of nurses on a nursing unit based on education and experience level.

Financial risks of participation:

All costs for this study are the responsibility of the investigator.

Confidentiality:

I consent to the publiciation of any data which may result from these studies for the purpose of advancing nursing knowledge, providing my name or any other identifying information (initials, social security number, etc.) is not used in conjunction with such publication.

All precautions to maintain confidentiality of the data will be taken.

APPENDIX E

CONSENT FORM

APPENDIX E

CONSENT FORM

I understand that biomedical or behavioral research such as that in which I have agreed to participate, by its nature, involves no risk or injury. In the event of physical injury resulting from these research procedures, emergency medical treatment will be provided at no cost, in accordance with the policy of Loyola University Medical Center. No additional free medical treatment or compensation will be provided except as required by Illinois law.

In the event you believe that you have suffered any physical injury as the result of participation in the research program, please contact Dr. S. Aladjem, Chairman, Institutional Review Board for protection of Human Subjects at the Medical Center, telephone (312) 531-3380.

I have fully explained to _____ the nature and purpose of the above described study and the risks that are involved. I have answered and will answer all questions to the best of my ability.

_____
Carolyn Smeltzer, RN/MSN
Principal Investigator

I have been fully informed of the above described study with its possible benefits and risks. I give permission for my participation in this study. I know that Ms. Smeltzer, Department of Nursing Service, telephone (312) 531-3812, or her associates will be available to answer any questions I may have. If, at any time, I feel my questions have not been adequately answered, I may request to speak with a member of the Medical Center Institutional Review Board. I understand that I am free to withdraw this consent and discontinue participation in this study at any time without prejudice. I have received a copy of this informed consent document.

_____
Participant

APPROVAL SHEET

The dissertation submitted by Carolyn Hope Smeltzer has been read and approved by the following committee:

Dr. Anne M. Juhasz, Professor of Education, Loyola

Dr. Jack Kavanagh, Associate Dean of the School of Education and Associate Professor of the Foundations of Education, Loyola

Dr. Carol G. Harding, Assistant Professor, Foundations of Education, Loyola

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Ed. D. Educational Psychology.

April 6, 1983
Date

Anne M. Juhasz
Director's Signature
Dr. Anne M. Juhasz