



PROFICIENCY REPORT

SECTION A — INDIVIDUAL REPORTED ON

1. NAME (<i>Last, First, Middle</i>) NURSE # 8 ("RON REHAB")		2. SOCIAL SECURITY NUMBER - -	3. NAME AND LOCATION OF FACILITY		4. FACILITY NO.
5. GRADE/STEP NII/S12	6. POSITION TITLE STAFF NURSE		7. PROBATIONARY REVIEW		8. PERIOD COVERED BY REPORT
9. SERVICE NURSING SERVICE		10. DATE OF BIRTH	DUE	COMPLETED	FROM TO
			11. SERVICE COMPUTATION DATE		

SECTION B — NARRATIVE EVALUATION BY RATING OFFICIAL

INSTRUCTIONS: Document how the nurse meets the criteria stated in the VA Nurse Qualification Standards and appropriate functional statement, other significant professional contributions, and areas needing improvement. (The narrative evaluation should be limited to the space provided except in unusual circumstances.)

[FOR TEACHING PURPOSES: CLINICAL TRACK]

Nurse #8, RN, BSN, MSN is a staff nurse/charge nurse on a 30 bed rehabilitation unit and also functions as the weekend supervisor for the medical center. Over the past several years, Nurse #8 has demonstrated continued leadership in Rehabilitation Nursing practice. His contributions to this area of practice have positively impacted client care at the local medical center and across the service lines in the VISN. He has developed a comprehensive rehabilitation program that has broad implications and outcomes for patient care. Goals for this rating period: (1) Attain ANCC Certification in Rehabilitation Nursing – met; and (2) Revise the MCM on Ethical Behavior and conduct in-services – met.

Practice: In Nurse #8's role, he provides leadership and is a role model in the application of the nursing process. He has identified numerous patient care issues through his expert clinical and administrative assessment abilities. He has been a leader in championing processes including rehabilitation patient and staff safety needs, rehabilitation and restorative nursing competencies, and effective patient hand off processes. Through Nurse #8's leadership in developing effective implementation plans and his advanced clinical knowledge, he has promoted interdisciplinary involvement in planning, implementing, and evaluating interventions that have affected positive patient outcomes in these and other areas as outlined throughout this proficiency. Nurse #8's performance in this area of providing programmatic leadership has been exemplary. He is consistently sought out as a resource and leader by members of the interdisciplinary team regarding ethical dilemmas, particularly issues surrounding brain trauma patients and their unique needs. He uses the ANA Code of Ethics and VHA Directives to guide his professional practice. He regularly consults with the medical center Ethics Team as a liaison for staff and patients on the rehabilitation units, insuring patients rights in decision making is consistently respected and upheld. He is a role model for patient advocacy and shares his knowledge beyond the medical center by speaking at and educating various professional community functions on this and other healthcare issues. He revised the MCM on Ethical Behavior and conduct in-services medical center-wide to educate all disciplines on standards of ethical behavior. He also worked closely with the family of a severely brain injured veteran, supporting them in their decision to terminate life support when the patient was determined to be in an irreversible vegetative state. He also worked with staff to provide them counsel when they were having difficulty in coping with the family's decision to terminate life support. Beyond Nurse #8's ability to manage numerous patient care units, assessing human and material assets are appropriately addressed. He developed a business care plan for all initiatives he leads and proposed for the medical center, i.e., the proposal for the lift free units was carefully crafted to project a return on investments for this evidence based change, and there were significant returns on investment with this process. Through working with the lost time employee incident review board, he was able to demonstrate a 1.3 million dollar savings over previous performance. When this process was embraced by the VISN, a savings of 10.3 million dollar savings was realized the first year.

Professional Development: Nurse #8 provided input into this proficiency. He is respected as a subject expert in the application of CARF standards of nursing practice. Because of his leadership abilities, he is sought out by the medical center and the VISN to evaluate program and service activities. For example, he utilized this recognized body of evidence to form and lead a team that evaluated and developed an effective rehabilitation and restorative nursing competency process for this program. Beyond the application of this process on the rehabilitation and medical-surgical units, through a review of CMS, Joint Commission, and LTC standards, he identified a comprehensive competency process for the LTC interdisciplinary staff. The rehabilitation and restorative competency processes have been adopted locally and VISN wide. He received his ANCC Certification in Rehabilitation Nursing and maintains an education plan that will support his acquired achievement. He is presently preparing for the certification exam in Nursing Administration. He consistently meets all annual education requirements for medical center Nursing employees. He also identified the needs of other nursing staff regarding restorative and rehabilitation nursing competencies and implemented a service-wide program utilizing current research and standards that have enhanced role performance and knowledge of nursing staff. He collaborated with the medical center's Education staff to develop on-line competency modules for RNs, LPNs and NAs, addressing restorative and rehabilitation educational needs. He also continues as a mentor for two graduate students whose educational focus is rehabilitation nursing.

SECTION C — RATING BY RATING OFFICIAL

INSTRUCTIONS

An adjective rating will be assigned for each category. The adjective ratings will reflect and summarize how the nurse meets the criteria stated in the Nurse VA Qualification Standard and appropriate functional statement.

LEGEND

- UNSATISFACTORY — Has not met all criteria.
- LOW SATISFACTORY — Has met all criteria, but at times performance marginal.
- SATISFACTORY — Has met all criteria, at times exceeds expectations.
- HIGH SATISFACTORY — Has met all criteria, usually exceeds expectations by a substantial margin.
- OUTSTANDING — Has met all criteria, consistently exceeds expectations to an exceptional degree.

11. CATEGORY I — NURSING PRACTICE *(Demonstrates a level of professional nursing practice appropriate to grade and functional statement.)*

UNSATISFACTORY LOW SATISFACTORY SATISFACTORY HIGH SATISFACTORY OUTSTANDING

12. Category II — interpersonal relationships *(Words effectively with individuals and groups at the level appropriate to grade and functional statement.)*

UNSATISFACTORY LOW SATISFACTORY SATISFACTORY HIGH SATISFACTORY OUTSTANDING

SECTION D — OVERALL EVALUATION

13. OVERALL RATING — *(An objective appraisal of overall competency based on rating in Section C. See DM&S Supplement, MP-5, Part II, Chapter 6, Appendix 6A)*

UNSATISFACTORY LOW SATISFACTORY SATISFACTORY HIGH SATISFACTORY OUTSTANDING

14. ENTRIES ON THIS FORM ARE BASED ON:

- | | |
|------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> FREQUENT OR DAILY CONTACT | <input checked="" type="checkbox"/> FREQUENT OBSERVATIONS OF WORK RESULTS |
| <input type="checkbox"/> INFREQUENT CONTACT | <input type="checkbox"/> JOINT REVIEWED WITH: _____ |
| <input type="checkbox"/> INFREQUENT OBSERVATIONS OF WORK RESULTS | |

NO. OF MONTHS UNDER MY SUPERVISION

12

16. FOR FULL-TIME PERMANENT NURSES RECEIVING A LOW SATISFACTORY OR UNSATISFACTORY RATING, HAS THE REQUIREMENT BEEN MET FOR ADVANCE COUNSELING DOCUMENTED IN WRITING? *(See DM&S Supplement, MP-5, part II, Chapter 6.)*

YES NO NOT APPLICABLE

17a. SIGNATURE OF RATING OFFICIAL

IMA NURSE, RN

17b. POSITION

Nurse Manager

17c. DATE

SECTION E — COMMENTS OF APPROVING OFFICIAL

IF AN DISAGREEMENT WITH RATING, REFER TO DM&S, MP-5, PART II, CHAPTER 6, APPENDIX 6A.

18a. SIGNATURE OF APPROVING OFFICIAL

IMA NOTHERNURSE, RN

17b. POSITION

Associate Chief

17c. DATE

SECTION F — RATED EMPLOYEE

19a. SIGNATURE OF EMPLOYEE *(I have seen the approved rating and have had the opportunity to discuss it.)*

19b. DATE

NOTE: Concise comments concerning your rating may be submitted in writing to your supervisor and will be filed in your Official Personnel Folder and/or Board Action Folder.

PROFESSIONAL CAREER DEVELOPMENT PROGRAM — Nurses in centralized positions and nurses with a masters or higher degrees will complete VA Forms 10-5349 and 10-5349a, Recipients of a VA Health Professional Scholarship will complete VA Form 10-5349a until obligated service is completed.

I have been provided with the following VA Form (s):

10-5349

10-5349a

Collaboration: Nurse #8 models partnerships with others that enhance patient care through interdisciplinary activities such as education, consultation, and management. His ability to bring interdisciplinary work groups together is exemplary. Other staff and his mentored students have gained skills from observing him bringing the patient safety group together, and his work in resolving ethical dilemmas, as well as his ability to identify educational needs through embracing a collegial philosophy with all individuals with whom he comes in contact. Through his collegial approach to problem solving and improving the work environment, he is sought out by new staff who can select their mentors. As a result of “word of mouth” contact with the local university’s nursing faculty, he was requested to mentor two graduate nursing students on an annual basis. Beyond his mentoring activities at the medical center, he also participates as a guest lecturer at the University, sharing his clinical and leadership insights.

Scientific Inquiry: Nurse #8 has been instrumental in identifying opportunities for performance improvement in the delivery of patient care both in rehabilitation and medical-surgical areas of the medical center. He lead a quality improvement initiative related to patient hand-offs. He evaluated the facility’s patient hand-off by soliciting the assistance of ten (10) charge nurses to collect information to identify a base line over a six month period. He aggregated the data, designed a process for improvement to the hand-off, and implemented a three month follow-up pilot program incorporating these changes. The outcomes of this pilot program resulted in improved communications that realized no sentinel events from missed information, improved staff satisfaction with feeling secure with information to begin and plan their work, and a standardized process for hand-offs implemented by all VISN facilities, facilitated by his training and expertise. He has embraced the patient safety initiative for all patient units he supervises. He identified the need for a safer environment to decrease staff injuries on all units. Through his work with evidence based practice in collaboration with the VA Patient Safety Center, he solicited the participation of two inpatient units to pilot the no lift systems resulting in a 60% decrease in staff musculoskeletal injuries over a two year period. On the same units a concurrent 100% decrease in patient falls during transfers was realized. He formally disseminated the findings through presentations to Executive Leadership Council at the medical center and at the VISN. He continues to work with the patient safety center in identifying evidence based practice to improve patient care.

Goals for the upcoming rating period: (1) Complete preparation for the Certification in Nursing Administration and sit for the examination; and (2) Further disseminate findings related to patient safety initiatives.