**EP1: Describe and demonstrate how nurses develop, apply, evaluate, adapt, and modify the Professional Practice Model**

The Vigilance Professional Nursing Practice model is Riverside Medical Center’s foundation of nursing practice. (The Vigilance model can be viewed at the end of TL1.) Nurses from all levels of Riverside have participated in the development, application, evaluation, adaptation, and modification of the Vigilance model.

**Development and Modification**

In 2006 while attending a national nursing conference, Dave Duda, Riverside’s Senior Vice President of Operations, Chief Operating Office (COO), and Chief Nursing Officer (CNO), recognized Riverside did not have a formal pictorial or conceptual professional nursing practice model. At the conference, Dave met Dr. Dora Bradley from Baylor University Medical Center in Dallas, Texas, who presented a session on development of a professional nursing practice model. Dr. Bradley had been involved in her organization’s development of their model. Dave asked Dr. Bradley to visit Riverside Medical Center to help us develop our nursing practice model.

Nursing leaders wanted to develop a model unique to Riverside and based on our existing philosophy of care, rather than adopting a model from another organization or a nursing theory did not “fit” our concepts of practice. The goal was to define, depict, and formalize our professional nursing practice, not change what we had always done so well. Dr. Bradley supported this approach and in December of 2006, Dr. Bradley and Mr. John Dixon from Baylor visited Riverside.

The theme of the 2-day nursing leadership retreat was “Under Construction: A Professional Nursing Practice Model”

Objectives were:
- Discuss the components of professional practice models
- Identify current and desired state for nursing practice
- Delineate the role of nursing leaders and staff nurses within the practice model
- Establish the major factors and linkages that will be foundational to the Riverside Professional Nursing Practice Model
- Identify operational aspects that reflect integration of a Professional Practice Model

Dr. Bradley and Mr. Dixon first presented information on differentiation of professional practice models and care delivery models. Our presenters then led discussions on nursing leaders’ philosophy of nursing since this was key to developing a professional model that was based on our underlying organizational and nursing missions and values.

After identifying the concepts nursing leaders believed important to our professional nursing practice, Dr. Bradley and Mr. Dixon came to the hospital to speak with a number
of direct-care nurses in a variety of departments via group huddles. The direct-care nurses, too, provided conceptual information to form our professional practice model. Vicki Haag, RN, MS, Magnet Coordinator, introduced the Baylor visitors to direct-care nurses, then left the area so the ensuing discussion was not influenced by the Magnet Coordinator’s presence. Therefore, the information gleaned from the nurses was believed to be open and sincere.

On Day Two of the retreat, our Baylor visitors shared their observations and compilation of data from interviewing nursing leaders and staff. They were quite excited to report both nursing leaders and direct-care nurses shared the same philosophy and values. There seemed to be one central concept that all nurses agreed upon – Dr. Bradley and Mr. Dixon believed this concept to be vigilance. Over and over, Riverside nurses reported their concern with patient safety and quality of care across the continuum and throughout the life span of our patients. Nurses were insistent that the outcomes and impact of their care in the hospital affected the outcomes achieved once the patient left the hospital. As a community-based hospital and the largest employer in the county, Riverside’s patients are often our own staff, their families, and their neighbors. Riverside nurses verbalized that “we care for our own” beyond the “four walls” of the hospital building. This underlying belief formed the foundation for the Vigilance Professional Nursing Practice Model. Meyer and Lavin (2005, p. 38) articulated vigilance as the essence of nursing practice:

Professional nursing vigilance is based on nursing knowledge and is prerequisite for informed nursing action. Vigilance is the backdrop against which professional nursing activities are performed. It is the sustained attention, the perpetual scanning, that must always be present as nurses practice. Vigilance is not the action of taking the vital signs, dressing the wound, or starting the IV. It is the "watch-ful-ness" that is always a part of the nurse's thinking process as activities such as these are completed.

According to Meyer & Levin, 2005, p. 38), nursing vigilance is:

- Attention to and identification of clinically significant observations/signals/cues;
- Calculation of risk inherent in nursing practice situations; and
- Readiness to act appropriately and efficiently to minimize risks and to respond to threats.

At the end of the retreat, our nursing leaders convened to discuss Dr. Bradley’s and Mr. Dixon’s findings. Our Baylor consultants agreed to compile their findings from nursing leaders and staff and develop conceptual and pictorial representations of Riverside nursing practice.

In June of 2007, Dr. Bradley again visited Riverside to introduce the pictorial and conceptual definitions of Riverside’s Vigilance Professional Practice Model. Nursing leaders approved the definitions of concepts but were not satisfied with the pictorial representation of the model. They decided to propose the concepts to Riverside’s
Patient Care Council (PCC) and ask for ideas for the “picture” of our nursing practice. (The PCC is a 60-member shared governance nursing council with representation from all Riverside Medical Center nursing departments.) From July 2007 to April of 2008, the picture of our practice was modified four times.

In July of 2007, the Patient Care Council approved the conceptual, written framework of the model with a few modifications. PCC members were asked to submit ideas for the pictorial representation. A clinical nurse specialist, LaRee Shule, RN, APN, CCRN, CNRN, and a nursing leader submitted the idea for what later became the final pictorial model. LaRee and Linda proposed the model should depict the caring essence of Riverside nurses by incorporating Riverside’s logo into the model.

After two more renditions, the final depiction of the Vigilance model was approved by nursing leaders and PCC in April of 2008. The Vigilance Professional Nursing Practice Model truly represents the uniqueness of nursing practice at Riverside Medical Center and our nurses’ philosophical beliefs in providing vigilant nursing care.

The Riverside logo was created in 1996, as part of a branding change for the healthcare system. Dennis Milliron, our second CEO, decided Riverside needed a new look. Working with a design company from Indiana, they introduced “The Caring Hands” logo, which is carried throughout the Riverside Healthcare system. At that time, our mission statement was “To Provide Quality, Caring Services Which Improve the Health Status of the Communities We Serve”. It was felt that the new organizational Mission provided a true statement of our care and our concern for the health of community members we serve.

Riverside’s logo is a representation of our caring hands (top and bottom components) holding and safeguarding the hand of our patients, families, and community (middle component). Today, the symbol can be seen throughout the organization. For example, the caring hands theme can be seen in the sculpture and water fountain in the main entrance of the hospital campus. The caring hands are depicted in ceiling lights and carpeted floors in the walkway between the Pavilion building (main entrance) and the hospital building. The logo is on our badges, to remind us of our mission. And, the organization’s logo is embedded in the Vigilance Professional Nursing Practice Model, which encompasses our caring philosophy.
Application and Adaptation

The Vigilance model underlies our nursing practice and is evident in our nursing mission, vision, philosophy, values, and strategic plan. Staff nurses incorporate the Vigilance model concepts into their patient care, and nursing leaders use vigilance concepts in their nursing management practice.

The Vigilance model was introduced to incumbent staff in several ways. The Patient Care Council, nursing staff, and nursing leaders in our hospital-wide shared governance council reviewed and approved the model. Patient Care Forum, which includes all nursing leaders at all levels, also reviewed and approved the model. Nursing staff, in addition to those on Patient Care Council, completed a lesson in our electronic education and tracking system, OLIE. Nurses new to the hospital are introduced to the model during their first week of orientation. They also complete the electronic module.

As part of the educational module, nurses are asked to name one of the model concepts and state how they apply the concept in their practice. Following are examples from our direct care nurses, which demonstrate hospital-wide application of the Vigilance model concepts. The model is truly embraced throughout the hospital and embedded in all we do!
“This concept [vigilance] is used in my nursing practice everyday I interact with patients and their families. I look at each patient case and perform duties needed for that individual the best I can and make a plan for that patient’s care in collaboration with other staff members.”

- Lisa Lynch, RN, 4th Rehab

“I use the vigilance practice model in many ways. For example, we are focused on quality of care for the patient and are keeping the patient’s outcomes in mind during the [Lean] observations. In order to do this, we have to use good communication skills and work with administration (partnerships). We are striving for purposeful change always.”

- Abigail Pfeiffer, RN, Lean Team/Educational Services

“Team competence. I review charting for completeness and appropriateness. Am available for questions regarding procedures and medications and am used a resource person for my unit.”

- Vicky Mitchell, RN, E.D.

“Utilizing the nursing care vigilance concept I conducted a study of pain levels on sentinel node patients. The goal was to provide evidence to surgeons and radiologists to encourage a change in practice that would result in better pain management for our patients.”

- Jane Schwärk, RN, Radiology

“I use communication with my manager daily about patient census and length of stay.”

- Liz Fosen, RN, 3rd Med/Tele

“Communication - As a new nurse, communication is a very important key to my success with Riverside. I’m in constant contact with my preceptor and patient to provide the best care possible for the patient.”

- Heather Davis, RN 4th Med/Peds

“Situational Awareness - I come to work prepared for changes that occur throughout the day, not only with the patient but with the staff and other unexpected thing that might happen, and be able to adapt and make decisions appropriately.”

- Sherilyn Valencia, RN, 5ICU

“Evidence Based decision making; By collecting all of the data that you collect from a situation you analyze the data, and then are able to make a decision on how to proceed.”

- Becky Vine, RN, 2ICU

“CARE ENVIRONMENT CONCEPTS. Utilize the case managers and pharmacists on floor for resource. Use our care delivery model for competence and accountability.”

- Nicole Brady, RN, 5th Telemetry
“Peer Accountability: 5icu night shift is doing annual competencies with one another. We are holding one another accountable to know equipment and to ask for help if needed.”
- Jackie Billings, RN, 5ICU

“Communication: I give detailed report to physicians when rounding or reporting labs on infants condition (problems) in a timely fashion and also have good communication with my coworkers both on my shift and oncoming shift and other staff in other areas of my department.”
- Cheryl Woosnam, RN, Nursery

“Organizational Concepts: Standards of Practice- by working on the stroke team developing standards of care so all stroke patients receive the same exceptional care.”
- Beth Zeedyk, RN, Quality Improvement

“I incorporated our Vigilance Model of Standards of Practice regarding Communication for a patient transferred to us from another hospital. This patient had multiple concerns to address and communicate to both the attending and consultants. This included necessity of blood transfusion, treatment of elevated potassium, abnormal ekg and mental status changes. Also, a detailed plan of care was communicated to family that was unfamiliar with how care and treatment were to progress. This patient’s condition necessitated a transfer to telemetry. The patient’s family was also informed of said transfer and reason why.”
- Mary Miernicki, RN, 3rd Ortho-Neuro

“Care Environment Concepts: Team Competence- I work as a team player on my unit by every day bringing a positive attitude and leaving negative statements at home. I am always willing to help a coworker any way I can.”
- Heather Johnson, RN, 2 Med/Surg

“Care environmental concepts: Integrating various professional models to ensure accurate, updated information is utilized regarding pt. care. Ex: awhonn or acog for policy updates. Develop, educate, and practice post partum hemorrhage module. Run unit specific drills for staff competency.”
- Tammy Mylcraine, RN, Labor & Delivery

“Nursing care vigilance concepts. I use in everyday care of our patients by being a patient advocate...Making sure that as the patient is in my care that anyone in contact with the patient understands the focus and the goals set for the patient and they are carried out in an efficient safe respectful manner.”
- Brenda McLaren, RN, CVOR

“Stewardship: I always strive to keep costs to a minimum in my area of general surgery, while allowing for safe and effective patient care and outcome.”
- Ruth Byrns, RN, O.R.
“Advocacy-I participate in sharing information with my patients and provide them with lists of resources available to them in the community and cost effective healthy community centers available to meet their healthy needs. I assist them to get in touch with their health care providers and insurance providers for collaboration.”

- Jerina Ndlovu-Francois, RN, MHU

Concept of Professional Nursing Characteristic-I am a clinical nurse preceptors to new employees. I feel like I am a great resource to my department when questions arise regarding equipment used, etc.

- Amy Voss, RN, Cardiac Cath Lab

“Purposeful change - Our department evaluates our nursing process and steps regularly. Changes are made accordingly.”

- Janis Cadieux, RN, Special Procedures Lab

Our executive hospital nursing leaders - CNO, Dave Duda, RN, MS; Vice President of Nursing Services, Deena Layton, RN, MSN; and Vice President of Perioperative and Procedural Services, Allen Kelly, RN, BSN, MS – as well as our nursing leaders, directors, and managers, use the examples of nursing Vigilance in speeches and meetings. Adaptation of the model continues in a variety of hospital settings. Adoption of the model is now being considered by nurses in Riverside HealthCare’s non-hospital settings such as the Community Health Network and Senior Living Services.

Evaluation

Evaluation of the Vigilance model is ongoing and includes reviewing the model concepts for applicability to new structures and processes. For example, three nursing leaders – Cheryl Tyson, RN, Manager of 3rd Ortho/Neuro; Melody Larocque, RN, Manager of OPS/PACU; and Vicki Haag, RN, Magnet Coordinator - evaluated applicability of the model to Riverside’s Standards of Nursing Process and Professional Practice, the essential position functions of all RNs who practice nursing in the hospital. The conceptual bases of the model were found to be applicable to the new structure and process for RN performance appraisals. The Vigilance model concepts are congruent with our foundations of nursing practice: our nursing mission, vision, values, philosophy and the ANA Scope and Standards of Practice, the ANA Code of Ethics for Nurses, the ANA Nursing’s Social Policy Statement, and the ANA Nurses’ Bill of Rights. In addition, the Vigilance Professional Nursing Practice Model serves as a foundation for our Vigilance Care Delivery systems.

Summary

The positive outcomes of overall Vigilant care by Riverside nurses are evident in the numerous awards and recognition received by the Medical Center. HealthGrades™ is a leading healthcare ratings organization, providing ratings and profiles of hospitals, nursing homes and physicians to consumers, corporations, health plans and hospitals. In 2010, for the fifth year in a row, Riverside Medical Center received the Patient Safety Award from HealthGrades™. After the HealthGrades™ representative’s presentation of quality awards to Riverside Medical Center in the fall of 2009, Dave Duda, CNO, made
specific reference to nursing vigilance as one of the factors in our receipt of these prestigious awards. Riverside Medical Center received multiple HealthGrades™ Specialty Excellence awards in Orthopedic Surgery, Cardiovascular Surgery, Joint Replacement, Spine Surgery, and Treatment of Stroke.

Reference