

University Of Bisha
Applied Medical Sciences College
Nursing leadership and Management (Nurs 451)
1446 H
1ST semester (7th level)
Part II: Practical Lectures



Index Contents

Sl. No.		Page No
1	Head nurse's role	9
2	Staffing	19
3	Time scheduling	26
4	Patient care assignment	30
5	Record and report	40
6	Performance appraisal	49
7	Evaluation of patient care	59
8	Decision making	65

**College of Applied Medical Sciences, Nursing Department, University of Bisha,
KSA.**

***Schedule of teaching methodology for Nursing Management & Leadership For
the year 2022 , 1442H.2nd Semester.***

Sl.	Topic	Teaching Method	Hrs.	Weeks
1	• Definition of the head nurses • Nursing management levels • Criteria for selection of the head nurses • Different roles of the head nurses	Lecture& group discussion and application	2	1
2	• Definition of staffing • Goals of staffing • Staff classification • Components of staffing • Methods of determining the staffing pattern and staffing plan • Use of supplementary staff • Factors affecting staffing pattern determination	Lecture& group discussion and application	2	2
3	• Objectives of time scheduling • Types of scheduling nursing hours • Systems of developing time planning scheduling	Lecture& group discussion and application	2	3
4	• Purpose of patient care assignment • Principles of patient care assignment • Characteristics of patient care assignment • The traditional methods of patient care assignment • The advanced method of patient care assignment	Lecture& group discussion and application	2	4
5	• Guidelines of oral report. • kinds of written reports.	Lecture& group discussion and application	2	5

	• kinds of records used in nursing unit. • Contents of patient record. • Types of records included in nursing office. • The importance and values of nursing record, and reports in the documentation of patient care • Explain the contents and importance of assignment records. • Differentiation between shift report & nurses note • Inventory record and its important • Principles of documentation in reporting and recording			
6	• Definition of performance appraisal. • Purposes of performance appraisal. • When to conduct performance appraisal? • Who perform the appraisal? • Characteristic of an evaluation tool • Common problems in performance appraisal. • Methods of performance appraisal. A- Comparative Methods. Ranking. Paired comparison. Forced distribution. B- Absolute Methods. Graphic rating scale.	Lecture & group discussion and application	2	6

	Numerical rating scale. Checklist. Forced choice. Critical incident diary. Management by objective approach -Agenda for the performance appraisal conference			
7	• Definition of quality • Objective of quality programs • Quality assurance program • Nursing standard • Types of nursing standards and criteria • Mechanism for evaluation of patient care • Nursing audits	Lecture& group discussion and application	2	7
8	• Relationship between problem solving and decision making • Level of Decision • Factors influencing Decisions making • Decision making process	Lecture& group discussion and application	2	8

Course Learning Outcomes

At the end of the course, the students will be able to

1. Define the head nurses
2. Discuss nursing management levels
3. Apply criteria for selection of the head nurses
4. Demonstrate the different roles of the head nurses
5. Define staffing
6. State goals of staffing
7. Classify staff
8. Explain components of staffing
9. Demonstrate methods of determining the staffing pattern
10. Demonstrate methods of determining the staffing plan
11. Explain how to use supplementary staff
12. State factors affecting staffing pattern determination
13. Achieve objectives of time scheduling
14. Apply types of scheduling nursing hours
15. Demonstrate systems of developing time planning scheduling
16. State purposes of patient care assignment
17. Apply principles of patient care assignment
18. Identify characteristics of patient care assignment
19. Demonstrate the traditional methods of patient care assignment
20. Demonstrate the advanced method of patient care assignment
21. Enumerate eight guidelines of oral report.
22. List five kinds of written reports.
23. Identify six kinds of records used in nursing unit.
24. Recognize different contents of patient record.
25. Identify types of records included in nursing office.
26. Describe the importance and values of nursing record, and reports in the documentation of patient care
27. Explain the contents and importance of assignment records.
28. Differentiate between shift report & nurses note
29. Discuss inventory record and its important
30. Apply principles of documentation in reporting and recording
31. Describe division of work
32. Define performance appraisal.
33. Clarify purposes of performance appraisal.
34. State when to conduct performance appraisal?
35. Gather data for performance appraisal in a systemic manner that is fair and objective
36. Illustrate characteristic of an evaluation tool
37. Discuss common problems in performance appraisal.
38. Demonstrate methods of performance appraisal
39. Differentiate between methods of performance appraisal

40. Write agenda for the performance appraisal conference
41. Define quality assurance
42. State objectives of quality programs
43. Explain quality assurance program
44. Identify nursing standard
45. Apply types of nursing standards
46. Apply types of nursing criteria
47. Demonstrate mechanism for evaluation of patient care
48. Demonstrate nursing audits
49. Differentiate between problem solving and decision making
50. Identify level of Decision
51. Explore factors influencing Decisions making
52. Applying decision making process

Introduction (Nursing Leadership and management)

Management and leadership are important for the delivery of good health services. Although the two are similar in some respects, they may involve different types of outlook, skills, and behaviors. Good managers should strive to be good leaders and good leaders, need management skills to be effective.

Leaders will have a vision of what can be achieved and then communicate this to others and evolve strategies for realizing the vision. They motivate people and are able to negotiate for resources and other support to achieve their goals

The relationship between leadership and management continues to prompt some debate, although there clearly is a need for both. Leadership is viewed by some as one of management's many functions; others maintain that leadership requires more complex skills than management and that management is only one role of leadership; still others delineate between the two. Others argue that management emphasizes control—control of hours, costs, salaries, overtime, use of sick leave, inventory, and supplies—whereas leadership increases productivity by maximizing workforce effectiveness.

But if a manager guides, directs, and motivates and a leader empowers others, then it could be said that every manager should be a leader. Similarly, leadership without management results in chaos and failure for both the organization and the individual executive. Yet, we are all aware of individuals in leadership positions who cannot manage and individuals in management roles who cannot lead. This chapter will first artificially differentiate between management and leadership, focusing on how theory development in each field of study has changed over time and then conclude with a discussion of how closely integrated the two roles must actually be for individuals in contemporary leadership or management roles.

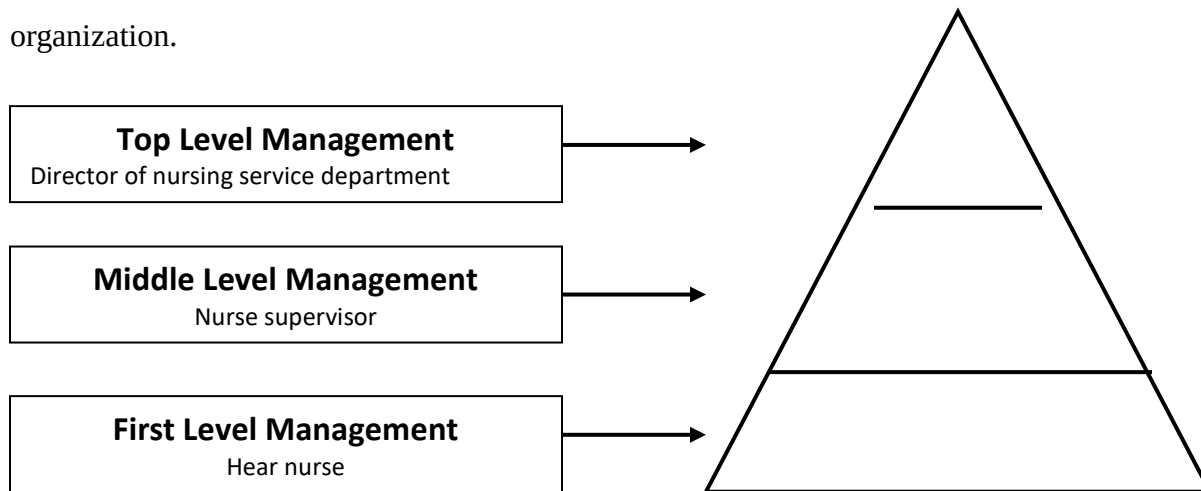
Topic I: The head nurse's role

Definition of the head nurse.

The head nurse is defined as a professional nurse who is responsible for an organized unit within which nursing care is directly and/or indirectly provided.

The Management Position of the Head Nurse:

The head nurse in the hospital setting fills a first line management position of the nursing management levels (Fig. 1), which is viewed as a vital position and an essential link in the nursing organization.



Criteria for the Selection of the Head Nurse:

Selection of the first line manager to fill the head nurse position in nursing service department affects the effectiveness of all nursing services and financial viability of the health care organization. The selection of the head nurse should be based on the following qualifications:

1. Educational Qualifications

- The head nurse must have bachelor degree in nursing, with advanced preparation in management technique and skills.

2. Professional Qualifications

- Must be currently licensed to practice professional nursing.
- Years of experience ranging from two to five in an area of clinical nursing, with at least one year experience as nurse in charge of nursing unit.
- Attended continuing education courses in both nursing management and administration.

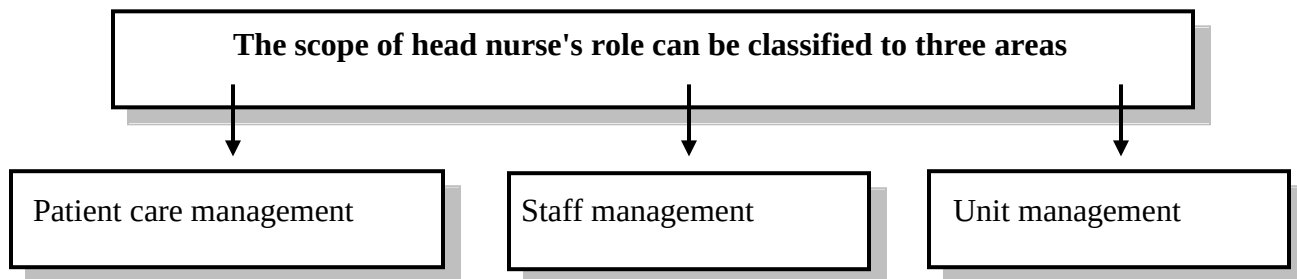
Possess professional qualities essential for leadership role such as:

- Good judgment.
- Sound decision making and communicative skills.
- Able to recognize and understand the common needs of all individuals.
- Membership in a professional nursing organization.

3. Personal Qualification:

Able to:

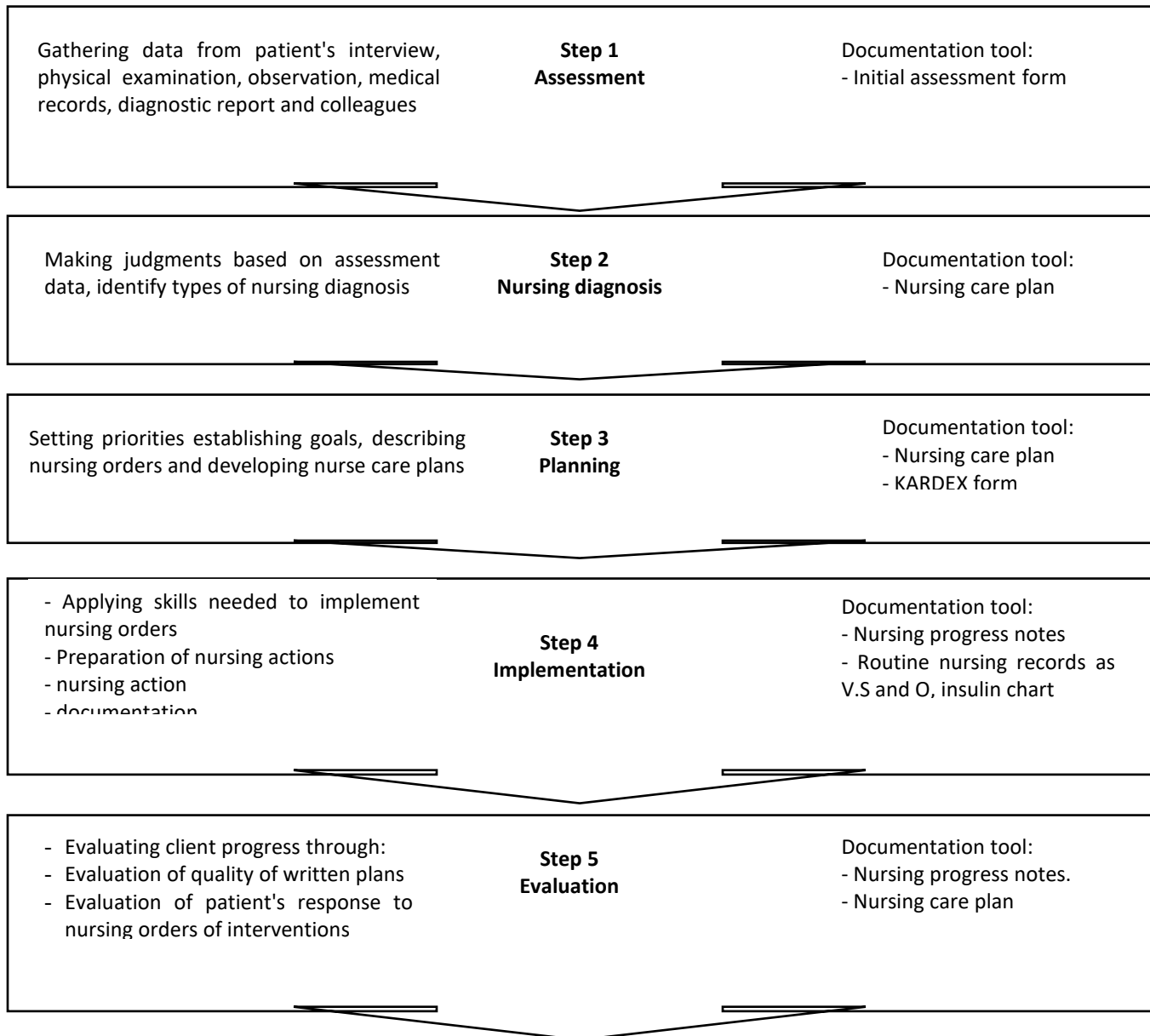
- Maintain optimum physical and emotional health.
- Demonstrate knowledge and skills gained from education and experience in the area of clinical practice.
- Provide personnel with supervision and teaching.
- Accept responsibility for continuous self-improvement and professional progress to maintain up to date nursing knowledge and new development.



(I) Patient Care Management

The head nurse's main area of responsibility in the patient care unit is to make sure that the patient's total needs are met; therefore, all the unit activities are directed toward this goal. The head nurse must possess a body of scientific knowledge and proper competencies to be able utilize the five steps of the nursing process activities in the management of patient care.

This flow chart shows the steps for the development of nursing care plan (nursing process) and the forms that should be used to document them.



1. Assessment of Individual Patient's Needs:

- Assessment is a continuous process of collecting, validating, analyzing and interpreting information about the patient in order to correctly identify his problem and needs.
- Information gathered from assessment should include physiological, psychological and social data about the patient for the assessment to be as accurate as possible.

Methods of Collecting Information

a. Patients Health Record

includes past and present history, reports of diagnostic examination, recorded observation on patient's response to illness and the medical and nursing therapy.

b. Nursing Interview

- Collect information (from patient and/or family)
- Medical and social history.
- Occupation.
- Level of knowledge and understanding.
- Relationship with others.
- Coping mechanism.

c. Observation:

The head nurse uses the senses of vision, smell, touch and hearing collect information about the patient.

d. Shift Report

to collect information about patient conditions and activities related to their care.

2. Identify Nursing Diagnosis

After collecting information, the head nurse should categorize it in order to identify patient's needs, patient's problems and nursing problems to arrive at nursing diagnosis.

3. Planning Nursing Intervention:

The purpose of nursing care plan is to outline in advance prescriptions and guidelines for nursing intervention. The head nurse is responsible for the administration of systematically planned individualized nursing care to each patient in her unit. Planning nursing care should begin upon patient admission after the nursing assessment. The nursing care plan should identify both the immediate and the long range problems.

The Planning Process Includes:

a. Determining Priorities

Problems related to survival and safety must come first, then relief of pain and then prevention of complications and coping mechanism comes next.

b. Selecting Objectives for Nursing Care

the objective must lead to change in patient's behavior. It must be directed toward elimination or prevention of problems or to ways to cope with them. Objectives identified are short and long term expected outcome.

c. deciding plan of action

Nursing action may be regulated by doctor's orders and should follow hospital policies and procedures to help in determining which action will be of the most help for the patient. In order to carry out any nursing action effectively, the nurse must consider the availability of equipment and supplies, facilities, trained staff, time and patient's acceptance.

d. Recording nursing order

Nursing actions (nursing orders) are recorded in the form of nursing care plan or (KARDEX) which consists of:

- General part as: diet, fluids, hygiene ...
- Delegated medical care: treatment, investigations and physiotherapy.
- Nursing intervention for nursing order: e.g., t-urn patient every two hours.

4. Implementation of Patient Care Plan

The head nurse supervises nursing staff in applying the nursing care plan to give good patient care.

- discuss with the nursing staff the purpose of the plan of care.
- Promote cooperation among staff and workers.
- Give report about each patient's condition and problem before distribution of assignments and at the end of the shift (on-duty and off duty conference).
 - Ensure continuity of care throughout the 24 hours.
 - Use nursing care plan as a basis for evaluation of patient care.

5. Evaluation of Nursing Care:

- the head nurse establishes standards or objectives to evaluate quality and quality of patient's care.
- The head nurse should share her staff in the evaluation process which leads to the improvement in patient's care and staff development.
- Evaluation includes "structure, process and outcome".

Principles of Evaluation:

- Use clearly defined standards of performance (use of job description, hospital policies and procedures concerning practice given) which are helpful tools in evaluating nursing care.
- Share patient and his family which leads to more accurate evaluation.

(2) Staff Management include:

A) staff utilization.

1. Delegate tasks with enough authority.
2. Ensure that every member knows her limits
 - To whom she is responsible?
 - who is responsible her?
 - To whom she may go for counseling?
3. Plan time schedule for staff and maintain staff morale.
4. Observing conditions of working that are clear from distraction e.g, preventing interruption, beginning day on time and putting things in order.
5. Maintaining effective system of communication with staff through conferences, reports, nursing notes, discussions and informal teaching.
6. Ensuring that each staff nurse is competent in utilizing the nursing process.
7. Providing opportunities for staff nurses to learn, and through practice, gain skills in the application of the nursing process.
8. Holding staff nurses accountable for implementing the nursing process.
9. Developing routine for frequently performed activities e.g, ordering supplies, carrying out doctor's orders, and assignments of new patients.

B) Staff supervision

- Supervise quality of nursing activities during; giving report, making assignments, rounds, conferences, and demonstrations.

- Establish harmonious relationship, with staff and encourage expression of opinions and ideas.
- Plan supervisory methods as: guidance and motivation.
- Educate students and nursing staff through conferences, rounds and procedural demonstrations.
- Cooperate with clinical instructors to teach student nurses.
- Discover leadership and creative abilities among staff.

C) staff development

Through:

1. setting high standards of patients' care which leads to growth of the staff.
2. encourage nursing staff to participate in planning for improvement in nursing care.
3. encourage staff to apply findings of nursing practice research.
4. provide opportunities for advancement and advanced study.
5. share in planning and participation in training programs.

D) staff evaluation

- Evaluate nursing staff objectively by maintaining routine system for continuous evaluation.
- Encourage staff to use self-evaluation to determine progress.
- Staff evaluation should focus on staff development.
- Investigate any complaint of staff and establish pleasant atmosphere in the unit.

(3) Unit Management

In progressive organization where the unit manager is employed both the head nurse and the unit manager have responsibility in all unit management activities. Division of responsibility between the two positions depends on the organizational structure of the hospital. In traditional organizational pattern, head nurses are responsible for most of these management activities, they include:

1. Clerical Responsibilities

Clerical work varies in different health care institutions but in general it consists of:

- a. Transcribing medical prescriptions.
- b. Assembling clinical records.
- c. Preparing administrative reports.
- d. Handling telephone message.
- e. Reception of visitors, message and staff from other departments.

A) Transcribing Medical Prescriptions:

In hospitals where clerks are employed:

1. The head nurse checks the orders for diet and medications.
2. She establishes a routine for filling and handling prescriptions.
3. She gives special instructions in medical terminology and in handling medical prescriptions.

The clerk has four functions relatives to the order book:

- Notifies nurses when a new prescription is written.
- Keeps track of prescriptions that are outdated.
- Reports to the head nurse if there are missing prescriptions (diet, sedatives...etc).
- Sends for equipment needed to carry out new prescriptions.

B) Assembling Clinical Records

This involves keeping charts ready for new patients, adding sheets to patient's records when necessary, making sure each sheet contains identifying data, filling reports such as laboratory, x-ray, ECG...etc.

C) Interdepartmental reports

Reports on census, patients admitted or to do discharged and patients' conditions are sent daily on a special form to offices which need this information. Legal reports (accident, complaints..), evaluation reports, time tables, shift reports and reports between the director of nursing and the unit, are all the responsibility of the head nurse. She is responsible for the accuracy and promptness of the reports.

D) Handling Telephone Message

The unit manager or clerk is responsible for this activity. He needs to know the hospital routine, departments to be called for information or to obtain equipment and the way these departments function. He has to be knowledgeable to handle telephone message.

E) Reception of Visitors

The head nurse and the unit manage are observant of the way visitors are treated. The clerk is taught the importance of a friendly, helpful manner and clear directions. The same manner is encouraged with directing messenger or delivery clerks from other departments. He/she should be alert to congestion in corridors or workrooms and direct personnel to relieve this situation.

(2) Maintenance of Supplies and Equipment:

These are activities that involve ordering handling, storage and maintenance of supplies and equipment. These are non-nursing activities but were done by nursing staff and recently a ward clerk assumes this responsibility. Various departments that supply the unit-laundry, central supply, pharmacy and laboratory send representative to the units to make up and deliver orders according to a standard. Modern rapid transportation systems (tube system or dummy) allow delivery of medical supplies in a very short time and does not necessitates storage of sterile items in the unit when such systems are not available, considerable storage space is needed with cabinet for linens, medication.

The unit manager or clerk is responsible for making the requisitions and for checking the delivered materials and for taking inventory. Unit aids are responsible for caring for used equipment and waste, for collecting, washing and filling water pitchers. They work under the supervision of the unit manager or clerk.

(3) Dietary and Housekeeping Services:

When dietary and housekeeping services are decentralized supervision at the unit level is the unit manager's reasonability. A unit dietitian is assigned to the unit or to the unit or to several units and the manager supervises tray service and the dietary aids. If a housekeeping supervisor is assigned to the unit he/she will be part of the unit manager's staff. If dietary and housekeeping services are central services, they usually employ, train and assign the workers to the unit, their supervisors serve as consultants for the unit manager.

4. Coordination of Patient Care Services:

- The objective of the unit manager or clerk is to keep the activities of the unit functioning smoothly to facilitate and nursing care.
- Equipment, linen, drugs and supplies of all kinds must be in right quantity and ready for use at all times in the hospital unit. If these goals are to be achieved, a routine time for their accomplishment must be established and procedures for taking inventory and ordering supplies must be devised and the coordination of patient care services of relevant health service department must be achieved.
- Laboratory repots and operative permits are assured for patients going to surgery (consent is filled in the presence of the doctor or the head nurse).
- Discharge orders are prepared and outdated prescriptions are called to physician's attention.
- Plumber and electricians are called when needed and at a time decided by the unit manager or clerk so they will not interfere with patient's rest or the work of staff.

- Nurses are informed of patient's appointments to other departments. So that they patient will be ready. The orderly who calls for the patient is informed of the department where to find the patient, a nurse is informed of the orderly's arrival.
- The whereabouts of the patient is known at all times through some kind of recording device.
- The unit manager or clerk makes sure that all messages are delivered and keeps the machinery running; he/she makes no decision relative to patient care; he/she notifies the head nurse of problems or irregularities which will affect patient's welfare.

(5) Plant Maintenance

The unit manager or clerk is responsible for requisitioning or reporting needed small repairs such as dripping taps broken doors, light bulbs, hard to open windows, loose tiles... and all staff help with this process. Nurses usually discover the repair needs and report them to the unit manager or clerk.

Usually there is a repair list which include repairs required for wheel chairs, beds and equipment. The list is prepared by the unit manager or clerk and he/she hangs it on the clipboard in the unit. The workers from the maintenance department come and complete the work noted. The unit manager or clerk makes rounds to make sure that the work is completed.

Although a unit manager or clerk is responsible for all the administrative activities to be carried on the hospital unit, the head nurses must be familiar with administrative methods since she is in charge of nursing and patient care services.

Topic II: staffing

Staffing:

The term staffing refers to the number and composition of personnel assigned to work in a unit at a given time.

The goal of staffing:

To provide an adequate amount of staff of the right mixture of personnel to give proper care to patients housed in the unit at that particular time.

Staffing is most often the responsibility of the nursing office. The planning of the number and type of personnel for each unit on each shift is done centrally by the director of nursing service or her assistant with consultation with the head nurses.

Staff classification

1-Professional nurse: Baccalaureate degree.

2-Technical nurse: Secondary Technical Nursing School. (Diploma degree).

3-Auxiliary: messenger and transport personnel.

Components of Staffing:

1. The Staffing Pattern

Indicates the number and mix of personnel that should be on duty per each unit per shift, per day.

2. The Staffing Plan

Determines the number of personnel that must be hired to deliver on that staffing pattern.

A. The staffing Pattern

Is a relatively permanent document based on the daily average requirements for patient care in each unit. It is reviewed at least yearly for modifications required by changes in patient population, care trends or other factors.

Category of personnel	Days	Evenings	Nights
Head nurse	1	-	-
Prof. nurse	4	2	1
Non Prof nurse (practical or assistant)	2	1	1
Nursing aide	2	2	2

Methods of Determining the Staffing Pattern:

a. The Traditional System

The old system of determining the staff number and mix was based on the number of beds per unit (one nurse per 4-6 beds) or on the average census per unit (one nurse per 4 patients). These calculations ignored the fact that one group of patients might need far more care than another group of the same number. In addition, this system shows only the number of hours worked during a day without differentiation between patients or between the various shifts of duty. It does not reflect either the particular needs of patients or the level of care needed. The hours worked include direct nursing care activities and administrative and other activities. The distribution of nurses is based on the administrator's opinion of the proportion of care that is needed on each shift.

Example:

Day —————> 45% of the staff
Evenings —————> 35% of the staff
Nights —————> 20% of the staff

Since this system does not reflect either the particular needs of patients or the nursing tasks to be performed, it is considered useless in providing quality care accepted as a standard.

b. The new system (patient classification and task quantification)

This new system for determining staffing relies on data concerning patient. Needs during a shift and during tasks to be performed during a shift and not a day as in the old system.

The staffing pattern is developed through:

1. A patient classification system that focuses on patient needs, patients are grouped according to the acuity of their illness and the degree of their dependency on nursing time into care categories:

- Intensive care group.
- Intermediate care group.
- Self-care group.

The number of nursing hours required per patient in each category per shift is calculated and converted into an index.

2. A task qualification system that focuses on the nursing tasks to be performed. Each direct care activity, as well as indirect care activities (administrative, dietary, messenger...) is timed and assigned to a given level of worker and by cumulative count of tasks per level, a ratio of staff mix can be established and an index is developed.

The patient classification system and the task quantification system aim to relate patients' needs and nursing tasks to staffing and therefore prove to be more advantageous than the old system.

Types of staffing patterns:

a. Basic and supplementary staff

Since both methods used to determine the staffing patterns are based on average care requirements, the basic (permanent) staff for each unit will need supplementary staff when demands for care exceed the capabilities of the basic staff.

Methods for use of supplementary staff

Borrowing method:

This is a common method of borrowing staff from units that have the most to help those who have too little. The problem with this method is that the staff often resents being transferred from unit to unit and the H.N [never admits that she has more nurses.

Float staff:

This is a better method for managing the increased staffing needs. A pool of nurses who are permanent workers but do not belong to any special unit are used to fill in for increase in patient

care activities of absence among the unit staff. This method helps in day to day variations in work volume. Some nurses like this types of assignment and the chance to work with different types of patients.

On call staff:

Usually on-call staff filled with regular employees who receive extra pay for being on call whether or not, they are called. This method is Useful in OR, ICU and other special care units.

b. Variable Staffing Pattern

It is an alternate to permanent staffing pattern this method is based on the assumptions regarding the average needs of patients but the pattern is determined daily based upon present needs of patients on each unit.

The information on patient needs is calculated once or twice a day and is analyzed to give the number and mix of staff needed on each unit and each shift. Thus, the pattern on each unit may change daily. In this method the staff of the entire hospital; is centrally distributed each shift. Usually, the calculations are done by the computer based on data collected for the patient classification and task quantification techniques. Although this is a very effective method for staffing, it creates dissatisfaction, among staff due to frequent change of unit and patients.

Criteria for patient classification system according to nursing care requirements

Item	Self-care	Partial care	Immediate care	Intensive care
Type	A patient who requires only minimal amount of nursing care	A patient who requires an average amount of nursing care	A patient who requires above average amount of nursing care	A patient who requires maximum nursing care
Criteria	1. ambulant. 2. bed made when un occupied.	1. only partially confined to bed. 2. requires bed	1. confined to bed or chair, requires some lifting.	1. confined to bed or chair, requires some lifting.

	3. capable of all other services. 4. requires minimal medication or treatment	made unoccupied. 3. no assistance required with washing. 4. requires frequent medications and / or treatment.	2. requires bed made, either occupied or unoccupied. 3. requires to be washed or assisted and/or dressed. 4. requires frequent medication.	2. requires bed made, either occupied or unoccupied. 3. requires to be washed or assisted and/or dressed. requires frequent medication.
Average nursing hours needed/ 24 hours	2.8 nursing hours	4.3 nursing hours	5.8 nursing hours	6.8 nursing hours

Factors affecting staffing pattern determination:

Staffing judgment often is a mixture of scientific knowledge plus knowledge of what works best in a given situation. Yet, there are many factors that may affect staffing determinations, these include:

1. nursing organization factors:

- a) patient care objectives.
- b) Determined levels of patient care.
- c) Nursing unit functions.
- d) Assignment systems.
- e) Services to staff (in service training).

2. patient factors:

- a) variety of patient conditions.
- b) Acuity and general health status.
- c) Length of stay.
- d) Patient number, fluctuation in number.

- e) Age groups.
- f) Care expectations.

3. Staff factors:

- a) Job description of the division.
- b) Educational level of staff.
- c) Experience level of staff.
- d) Staff mix available in the community.
- e) Staff number available.

4. Health organization factors:

- a) budget available.
- b) Personnel policies especially regarding work time.
- c) Support services within the organization.
- d) Number of bed/units.
- e) Architecture layout of the unit.

B. The staffing plan

Is a mathematical calculation of how nurses of what category (professional or non-professional) must be hired in order to deliver the required care on a yearly basis.

Methods for calculating the staffing plan:

Divide the number of days in a year by the number of days actually worked per nurse per year to derive the number of staff required to fill one position for the year. Then calculate the total number of staff needed to fill the different positions for each category for the whole hospital.

Example:

Calculating the number of persons needed to be hired to fill a single professional nurse positions on a day shift on a given patient care unit.

1. Calculate the actual number of days worked by a professional nurse/year (52 weeks).

A) Number of days off (2/w) = 104 days B) Number of days (vacation) = 20 days C) Number of days ill (hos. Policy) = 10 days D) Number of days (holiday) = 10 days =144 days	حساب عدد أيام عمل الممرضة المهنية في السنة السنة فيها 52 أسبوع = 364 يوم. نطرح أيام الغياب حسب سياسات المستشفى: أيام الراحة الأسبوعية: يومين $52 \times 2 = 104$ يوم الإجازة السنوية: 20 يوم الإجازات المرضية (حسب سياسة المستشفى): 10 أيام الإجازات الرسمية/الأعياد: 10 أيام المجموع = $104 + 20 + 10 + 10 = 144$ يوم إذن: عدد أيام العمل الفعلي للممرضة = $364 - 144 = 220$ يوم عدد الممرضات اللازمات لشغل وظيفة واحدة الوظيفة تحتاج تغطية 364 يوم في السنة. الممرضة الواحدة تعمل فقط 220 يوم في السنة. إذن: عدد الممرضات = $364 \div 220 = 1.65$ ممرضة بمعنى: لتغطية دوام ممرضة واحدة طول السنة، نحتاج تقريباً ممرضة ونصف
---	---

$$\begin{aligned}\text{Actual working days / prof, nurse/year} &= 364-144 \\ &= 220 \text{ days}\end{aligned}$$

2. Number of nurses needed to fill one position of professional nurse = $364/220 = 1.65$ workers, i.e., you will need 1.65 professional nurses to fill one position.

3. Calculate the total number needed / years for hospital to fill in the professional nurse's position = total number of professional nurses needed for staffing patterns for all units 31.65.

b. Using the Care Hours

Hospital using the patient care hours for developing their staffing pattern, calculate the staffing plan as follows:

1. Calculate patient care hours / unit / shift.
2. Calculate the total number of nursing hours required per year.
3. Calculate the number of staff required to deliver those hours.
4. Calculate the number of position required to deliver that staff.

The final staffing plan should present who work consistently each week of the year. The main difficulty is in coordinating the rotation of employees among the various units and shifts. Thus, the staffing plan should be based on the scheduling plan to ensure that an equal distribution of staff is achieved.

A system of shift differential is established to compensate for hours worked in the evening or night (30% more salary), the same compensation applies to work during holidays.

Topic III: Time scheduling

Time scheduling

Means the distribution of hours to be worked by each person during each 24 hours, seven days a week, i.e., assigning personnel specific days and specific hours of work.

Objectives of time scheduling:

1. To ensure patient care without over staffing.
2. To know well in advance what individual schedules are.
3. To achieve distribution of days off.
4. To treat fairly individual members.
5. To maximize the use of nursing staff power and to optimize the use of professional expertise.
6. To satisfy personnel both as to work ours and as to perceive sense of equity.
7. To consider the unique needs of the staff as well as the patient.

Principles of Time Scheduling:

1. Enables the staff to meet the objectives, standards, and policies of the organization.
2. Informs all staff of their work schedule for the coming consecutive 3 to 6 weeks including days off and shifts of duty.
3. In accord with the current labor acts and policies regarding maximum number of hours of work a week and the number of days within a single shift and the number of days worked without a day off.
4. Provides for flexibility in meeting changing needs of personnel (sick leaves, vacations, and holidays).
5. Days off are planned so that there is enough staff present each day and during each shift of the day to provide essential care to patients.
6. One day a part must be planned between days off of the head nurse and the nurse who is to relieve her to provide for adequate reporting.
7. A day off before and after a night on duty is given so that the nurse may have proper rest.

Types of Scheduling Working Hours:

1-Block time scheduling:

Means that the work schedule for a unit is planned in a "block" of week, i.e., days to be worked by staff are blocked together. Block scheduling is done for 4-8 weeks at a time, it can be calculated easily and has flexibility in that the next block of time does not necessarily need to follow the pattern of the preceding block. This type of scheduling does not provide for maximum level of care seven days a week.

Example of block time scheduling:

X: days worked

O: days off in the week

2. Cyclic time scheduling:

It is a technique for assigning days and time off in a pattern that repeats itself regularly while taking in consideration the need for the proper number and mixes of personnel, continuity of care, cyclic time scheduling is done for "four to eight weeks".

Example of cyclic schedule:

D: day shift.

E: evening shift

N: night shift

off duty

Advantages of cyclic and block time scheduling:

1-Once developed, it is relatively permanent schedules, and requiring only temporary adjustment.

2-Same schedule is repeatedly so it decreases time spent on scheduling.

3-Personnel know schedule in advance.

4-Staff treated fairly.

5-Personnel can schedule social events.

Disadvantage of cyclic and block time scheduling:

1-Rigidity

2-It is not generally accepted by personnel needs related to families.

3. Computerized scheduling

This type enables the user to advice a plan, which considers more variables than schedules done by individuals. Computerized scheduling allows for maintaining the patterns to be used and the choice of employee and the planning of holidays, days off and vacations. All data necessary for time planning are fed to the computer and a program for scheduling is designed based on the fed data. The computerized scheduling is more effective than the other types.

Advantages of computerized scheduling:

1. It saves the nurse's time spent working out schedules.
2. It reduces interpersonal conflicts between staff and supervisor created by changes made in scheduling.
3. Consistent scheduling and equitable application of agency policy.
4. Unbiased.
5. Cost effectiveness through reduction of clerical staff and better utilization of professional nurses by decreasing the time spent in non-patient care activities.

Systems of Developing Time Planning Schedule:

1. Centralized Scheduling

One person in the nursing administration office plans coverage for all nursing units.

Advantages:

1. Provides a central control of staff, i.e., personnel can be distributed in a more balance manner among the nursing units and understaffing or over staffing is eliminated to some degree.
2. Fairness to employees through consistent, objective and impartial application of policies.
3. Provides an overall picture of the staffing situation.
4. Helps in making adjustments in cases of illness, emergencies or changes inpatient care needs among nursing units.
5. Eliminates the personal contact that develops between a head nurse and her personnel as it relates to employee work schedules.
6. Relieves the head nurses form time consuming duties freeing them for the other activities.

7. Computer can be used for centralize scheduling.

2. Decentralized

Planned at the unit level, usually by the head nurse.

Advantages:

1. Allows the head nurse to base her scheduling plan on her knowledge of the personnel assigned to her unit.
2. Personnel feel that get more personalized attention.
3. It is easier and less complicated when done for a small area instead of the whole agency

Disadvantages:

1. Each head nurse under decentralized staffing tends to developed and utilize her own staffing pattern, and so workers on various units compare schedules and dissatisfaction may arise.
2. Sometimes makes staff members feel that the head nurse is not objective.

Scheduling patterns of working hours

1. Straight Shift

This is a traditional pattern that uses 8 hours shifts for time planning for the 24-hour period, the pattern may be as such:

7 am	to	3.30 pm
3 pm	to	11.30 pm
11 pm	to	7.30 am

2. The 10 Hours Shift

This pattern allows staff to work 10 hours a day for 4 days a week and three days off. This is a 6-week cyclical pattern that has advantages over the 8 hours/day, shifts developed for the 10 hours per day are:

7 am	to	5.30 pm
1 pm	to	11.30 pm
9 pm	to	7.30 am

The 10-hour shift has the disadvantages of not, falling evenly into a 24 hours' day, but it can be planned so that the overlaps occur in peak (heavy) work hours. This pattern is very effective in ICU.

Nurses are satisfied; they can give comprehensive continuous care and can get a longer weakened and an extra day off.

The 12-hour shift:

This pattern consists of working 12 hours a day with 2 days off prior to a change of shift. The shift hours are usually 7 am to 7.30 pm and 7 pm to 7.30 am. This pattern was introduced due to inadequate staffing, but it proved to be appropriate in ICU. It strengthens the relationship between the nurses, the doctors and the patients and time is saved in personnel shift change over.

3. Irregular Hours Scheduling Pattern:

Nurses work a number of hours each week and the hours of work may vary depending on patient care requirements of service demands. the nurse may work 10 hours, 12 hours or other irregular length shift. This system is implemented for the services of highly trained clinical nurse specialist or for nurse in in-service training or supervision programs. It can be useful in increasing productivity but it is often costly because it ends up increasing the number of required staff.

Topic IV: Patient care assignment

PATIENT CARE ASSIGNMENT

One important function of the professional nurse at the first line management level of nursing service is organizing the activities of the staff into a workable pattern to meet patient needs. She should establish effective relationships between the activities to be performed, the worker to perform them and the necessary physical and social factors.

Definition:

Assignment refers to a written delegation of duties in the care of a group of patients by trained employers assigned to the unit, based on their knowledge, skills, job description and patient's nursing needs.

Purpose of Assignment:

1. Delegate the work to be done to the nursing personnel employed in the unit based on the administrative policies, lines of authority and job description.

2. Suggest the appropriate method for delivering nursing care with maximum efficiency and minimum, effort.
3. Gain the cooperation of workers in the acceptance of the work to be done.

Principles Underlying All Patient's Care:

1. Made by the first line manager (head nurse or nurse in charge).
2. Based on nursing needs of each patient and approximate time required to care for him.
3. Planned from week to week rather than from day to day to assure continuity of care.
4. The capabilities of staff, skill level and their experience are considered.
5. Take into account all indirect and direct unit activities.
6. Geographical location of the unit.
7. Each task must be the responsibility of one nurse.

Characteristics of a Good Assignment:

1. It is definite and clearly understood.
2. It is related to the previous experience of the workers.
3. It should be written.
4. It should be interesting for the workers.
5. It should be given in such a way that workers are guided in their activities and difficulties are minimized.
6. It should emphasize essentials and recognize individual differences.

Process of Organizing Patient Care:

The head nurse or the nurse in charge in carrying out their responsibilities should apply the following five management techniques:

1. Planning.
2. Assigning.
3. Leading.
4. Evaluating.
5. Reporting.

1. Planning

Is a process of developing a course of action for meeting the needs of patient. In planning, the head nurse decides what should be done, when, how, where, by whom and to whom.

2. Assign:

Assignment of patient and nursing activities are written in the assignment sheet by the head nurse/nurse in charge, based on the assessment of the direct, indirect care activities and the capabilities of the staff.

3. Leading:

includes issuing instructions, motivation, coordination of activities by making rounds, checking performance and conducting conference.

4. Evaluating:

By reviewing nursing performance and patient progress to be compared by the assignment and nursing care plan.

5. Reporting:

The head nurse prepares a nursing unit reports which includes patient's needs, special observations, census, bed number, all critically and post-operative patients, patients needing special preparation on the oncoming shift, abnormal change in patient's condition, data concerning admission, discharge, transfer and death.

Methods of Organizing Patient Assignment:

Several of assignment are used to plan for patient care in a hospital. These methods are the traditional methods and the alternative methods.

The Traditional Methods:

1. Case method.
2. Functional method.
3. Team method.
4. Primary nursing method.
5. Modular nursing.

Advanced Method:

Case management

The Traditional Methods:

1. Case Method

It is the oldest patient care delivery system, in this method one professional nurse assumes total responsibility of providing complete care for one or more patient (1-6) while she is on duty. This method is used frequently in intensive care units and in teaching nursing students.

Advantage

- Individualized care
- Patient satisfaction
- Facilitates close relationship of nurse with patient and family

Disadvantage

- This method will increase workload when there is a shortage in the staff (i.e. it will force the work regardless of the patient needs and personnel abilities.
- Little continuity of care-exist from shift to shift except in following procedures.
- Difficult for the head nurse to supervise.
- More equipment and supplies are needed.

II: Functional Method:

Emerged during 1950s due to shortage in nurses, this method focuses on getting the greatest amount of tasks in the less time. In this method, the nursing care is divided into tasks and assigning each staff member to perform one or two tasks for all patients in the unit according to the level of skill required for performance as follows:

- ***The head nurse***

Responsible for the direction and supervision of the staff, makes rounds with physician, gives "reports" to the next shift of nurse who would care for the patient...etc.

- ***Registered professional nurses:***

Responsible for administering medication to all unit patients, another for changing dressings and administering ordered treatments (such as postural drainage or warm compresses) for all patients.

- ***Technical Nurses:***

Responsible for taking vital signs and recording intake and output for all patients in the unit, while another might be giving baths to all bedridden patients.

- **Nurse Aids:**

Responsible for making beds for all ambulatory patients and assisting mobility impaired patients to move in bed or walk in the hall.

- **Unit Clerk:**

Responsible for answering telephone, delivering messages, recording admissions and discharges...etc.

Advantage

- Efficient when there is a shortage in the staff or there is limited number of professional nurses.
- Each staff nurse is likely to become skillful in performing the one or two tasks which leads to increasing speed and efficiency.
- Less equipment needed.
- Less cost.
- Useful in emergency situations.

Disadvantage

- The segmentation of patient care among several nurses will result in neglecting. The humanity of the patient and the individual needs of the patient will be lost in an effort to get the work done.
- Lack of communication among the different persons who care for the patient.
- When responsibility for a patient's care is divided among several nurses, it is easy for each to deny responsibility for care omissions and mistakes.

III: Team Method

The concept of team nursing was introduced in the early 1950s. it is a method of nursing assignment that binds professional, technical and nursing aids personnel into small teams, thereby combining the superior knowledge and skills of the professional worker with the lower personnel costs of technical or nursing aides.

Process of Implementing the Team Method:

One registered nurse in the team is appointed by the head nurse to serve as a team leader. The team members commonly consist of at least one professional nurse, one technical nurse, nursing students and nursing aides. All team members may receive reports about their patients' care needs from the team leader or team member on previous shift.

The team leader usually assigns the professional nurse to care for more ill patients, to ensure informed observation and skilled interventions for the most seriously ill patients. Often, the team leader assigns technical nurse to bath feed, move and change dressing for patients. Aides are assigned to make beds, assist ambulatory patient with bathing and grooming, test urine and perform simple care procedures. The team leader usually administers medicines and monitors potential fluid therapy for all patients assigned to the team. Without team planning and communication team nursing may become in reality just a variation of functional method.

Advantage

For the patient:

- availability of professional nurses' skills for a large number of patients.
- Continues supervision of less trained personnel, thus providing better patient care.
- Increase in number and duration of professional nurse patient interaction.

For nursing personnel:

- help in developing leadership skills.
- Great opportunity of initiative and shared responsibility.
- Maximal use of individual abilities.
- Reduction of time spent in performing non nursing activities.

Disadvantage

- The team method of assignment cannot be used effectively in such a unit until the personnel were trained for the roles of team leader and team members through some sort of in-service education program.

This method is the best in an agency with an all-professional nurse staff. It can be defined as: A comprehensive continuous and coordinated nursing process for meeting the total needs of each patient.

Basic Concepts in Primary Nursing:

- Patient assessment by a primary nurse, who plans the care to be given by secondary or associate nurse when the primary nurse is off duty. The 24 hours responsibility for care is put into practice through the primary nurse's written directive on KARDEX and other communication assignment.
- Complete communication of care given in the nursing staff daily reporting method.
- Discharge planning including teaching, family involvement and appropriate references.

Process for Implementing Primary Nursing Method:

The head nurse

- a. Assigns primary nurse to patient by matching the skills of the nurse to the needs of the patients.
- b. Ensure proper scheduling for all shifts so that if primary nurse is off the unit an associate is available for care.
- c. Guides, counsels and evaluates care given.
- d. Head nurses may also assign themselves to patients either as a primary nurse or associate nurse.

Professional Staff Nurse

Primary nurse

Plans, implements and evaluates the nursing care regimens of a specific number of patients. She is responsible for the care of the patient admitted to the nursing unit until he/she is discharged. The care load varies with the acuity of the patient's condition, and should not exceed six patients at any one time.

Associate Nurse:

Carries out the nursing care planned by the primary nurse when she is not on duty.

Technical nurse:

May assist the primary or associate nurses in giving the care.

Nurse aides:

Their activities refocus away from direct contact with the patient and can be utilized as messengers and transporters.

Ward clerk:

Responsible for the non-nursing functions of administrative duties.

Advantages**For the patient**

- Fixed accountability

Increases:

- Comprehensive and continuity of care.
- Patient's satisfaction.
- Patient's participation in care.

Decreases

- Errors in commissions and omission
- Length of hospital stay.
- Cost per patient per day
- Leads to improvement of quality of care

For the staff:

- Identifies clearly the planner and provider of nursing care for specific patients in the nursing unit.
- Facilitates the implementation of the nursing process.
- Increase self-esteem of professional nurses accompanied by increase in job satisfaction.
- Improve interpersonal relationships with other disciplines, particularly the nurse physician relationship.

Disadvantage.

- Requires enough professional nurses to provide primary nurse role.
- RN may not have the experience or educational background to provide total patient care
- The agency needs to educate staff for an adequate transmission to primary role, so it is costly for the agency

V: Modular Nursing

Modular nursing assignment is used when the nursing staff includes technical and nurse aids, as well as professional workers. Although two or three are assigned to each module, the greatest responsibility for the care of assigned patients falls on the professional nurse. The professional nurse is also responsible for guiding and teaching non-professional nurse.

Modular nursing is similar to team nursing because professional and non-professional employees cooperate in caring for patients under the leadership of a professional nurse.

Module nursing is similar to primary nursing because each pair or tri of nursing personnel are responsible for the care of the patient in their caseload from admission to discharge, following discharge and during subsequent admissions to the agency.

It is a geographic assignment of patients that encourages continuity of care by organizing a group of staff to work with a group of patients in the same locale.

Advantage.

- Increased continuity of care when staff was consistently assigned to the same module.
- The geographic closeness of the modular system saved nursing time.

Disadvantage.

The modular system could also cost money because it requires a redesign of the work environment to allow medication carts, supplies, & charts to be located in each module.

The Advanced Method:

Case Management:

Case management is a process of monitoring an individual patient's health care for the purpose of maximizing positive outcomes and containing costs.

The case manager is an individual assigned responsibility for this process. The case manager may follow the patient from the diagnostic phase through hospitalization, rehabilitation and back to home

care. Case manager has responsibility and authority for planning, implementing coordinating and evaluating care for the patient throughout the period of illness, regardless of the patient's movement among various units and services (such as emergency room, surgical unit, recover unit...etc). The case manager ensures that plans are made in advance for the next needed step. Through this, the manager assists with decision making and helps to ensure that the patient receives care that will achieve the most positive outcomes in the most efficient manner. This process helps to eliminate costly delays in progress.

How to Implement:

Registered nurses are the group of health care professionals who most often act as case managers. Case management goes beyond primary nursing to responsibility for managing the patient's interaction with the health care system.

During hospitalization, the case manager follows the patient's progress, helps to coordinate various, services needed, and supports discharge planning that shortens hospitalization. After discharge, the case manager continues to follow the patient's progress to ensure that desired outcomes are being attained.

Case managers employed by hospitals follow a patient from the time admission is planned through the time of discharge. This case manager might plan the admitting process to ensure that all preadmission work-ups are completed and that the patient is being admitted at the appropriate time to facilitate follow up though on problems.

Care manager in private practice may focus on a particular group of client. For example, the geriatric case manager focuses on managing care for the older client. The private case manager is paid by the client or family usually based on the hours of service provided. The case manager may help the family to identify all, the options for care and treatment, ask questions to obtain greater understanding of the overall problems, and work with the family in the decision-making process.

Advantages:

- Establishing and achieving a set of "expected or standardized patient care outcomes for each patient.
- Facilitating early patient discharge or discharge within an appropriate length of stay.

- Using the fewest possible appropriate health care resources to meet expected patient care outcome.
- Facilitating the continuity of patient care through collaborative practice of diverse health professionals.
- Enhancing nurse's professional development and job satisfaction.
- Facilitating the transfer of knowledge of expert clinical staff of novice staff.

Disadvantage

- Increases personnel costs.

Topic V: Records and reports

Introduction

Records and reports are important system in every health care organization. It is organized to render service to the patients by health care providers, and hospital administration. The kind and amount of service rendered in the hospital depends on the accuracy of information in records and reports.

Records are administrative tools used to classify and prevent duplication of the information

Report is a document form which include; conclusions or findings based on facts, or recommendations concerning the patient.

IMPORTANCE OF RECORDS AND REPORTS:

1. Provide a mean of communication among the health care providers who contribute to patient care.
2. Used as documentary evidence of the course of the patient's illness and treatment during hospitalization.
3. Serve as a basis for analysis, study and evaluation of the quality of care rendered to the patient.
4. Provide clinical data for research and education.
5. Serve as a basis for planning individual patient care.
6. Provide continuity of patient care on subsequent admissions of the patient.
7. Assist in protecting the legal interests of the client , health organization, and health care providers.

RECORDS

Their usefulness must be judged by the contribution they make to an administrative , educational and research objectives.

Kinds of Records

A. Records used in nursing unit

B. Records used in nursing office

A. Records used in nursing unit :

- ☐ Patient record.
- ☐ Assignment record.
- ☐ Time record.
- ☐ Census record.
- ☐ inventories record.
- ☐ Narcotics and medication records.

B. Records used in nursing office :

- ☐ Master record of nursing hours.
- ☐ Attendance record.
- ☐ Personnel record.
- ☐ Employment record.
- ☐ Evaluation record.

A. Records used in nursing unit :

☐ Patient record:

It is an orderly written form of patient condition, which include diagnostic findings, treatment and patient's progress that provide sufficient information about the period of hospitalization and the care given. This record should be arranged in chronological order from the current data back to the data of admission.

It includes:

- a-Admission and discharge records
- b-Medical and physical examination

- c- Medical Progress notes
- d-Physician's orders
- e-Graphic records
- f-Vital signs record
- g- Medication administration record
- h- Nurses' notes
- I -Discharge plan
- J- Other records

• **Nurse's notes begin with the admission of the patient to the unit and should include:**

- Date, time and manner of admission (wheel chair, crutches, ...).
- Statement of apparent condition of the patient.
- Record of symptoms noted.
- Treatment instituted.
- Time and type of specimen, signed by the nurse who rendered the service. Signature should include full name and professional status.

Importance of nurse's notes:

Provides an accessible form, which may be readily consulted and followed by nurses.

Transfers responsibility from the nurse to others, as orders may be readily reviewed.

Makes it possible to review readily and quickly the patient's condition and all records for patient care.

Assignment records:

Are records containing the assigned duties for each nursing staff member . There is a special form to be developed by the head nurse or the nurse in-charge for each shift and should be located in place accessible to all nursing personnel. **The record should include:**

- ☐ Name of the head nurse or in charge nurse.
- ☐ Name and position of nursing personnel assigned during the shift.
- ☐ Name of the patient, diagnosis and nursing care needs or special treatments, investigations to be done.
- ☐ List of special assignments.
- ☐ Time and place of conference or meeting.

Importance of this record

- ✓ To inform the nursing staff in writing about the patient for whose nursing care they are responsible and for any special assignment.
- ✓ To maintain for fixing responsibilities for nursing care.
- ✓ To evaluate the nursing care given and for discussing and conducting conference “on duty conference

Time schedule record:

It is a weekly or monthly record, which indicates the planned coverage of the nursing personnel for each nursing unit. It should be made in duplicate, one copy is retained in the unit and the other is sent to the nursing office. **The form should include:**

- ☐ Name of all categories of nursing personnel on the unit including days off and vacations and the various categories of personnel being groups for a week or for 24 hours.

Purpose:

- ✓ Shows the coverage for the unit and therefore helps to determine whether the coverage is adequate or not.
- ✓ Records the presence and absence of nursing personnel.
- ✓ Give information about services rendered. The hours could be calculated in the office to check against the standards.

Patients Census record

It is a daily record for each unit from which the official patient census of the hospital is derived. It could be filled by the unit clerk under the supervision of the head nurse. **The form includes:**

- ☐ Number of beds in the unit.
- ☐ The census of the patients.
- ☐ This form has to be revised and sent to the proper administrative offices . The official patient census should be taken at fixed time of the day or night as hospital policy

Inventory record

It is a form used for recording all articles of furniture, equipment and instruments with the received date, and quantity of each element of the articles. Inventory count should be made periodically as hospital policy indicates. There are certain items that need to be counted frequently, such as instruments and syringes. Furniture and linen count is made throughout the hospital at least once a year.

Importance of the inventory record :

- ✓ Provides the head nurses with information upon which to request replacements needed either because of loss or breakage.
- ✓ All articles in excess of the standard number are returned to the proper department.
- ✓ Identify and replace the missing items , and all borrowed articles are returned.

B- Nursing office records

1. Master record of nursing hours:

This record is derived from the time schedule records of the nursing units and should show the distribution of the hours for each category of nursing personnel in the hospital.

2. Attendance record

3. Personnel record:

It is concerned with information about each individual nurse, assembled in a file, **which includes:**

- ☐ Copied application.
- ☐ Photograph.
- ☐ Basic nursing education and professional preparation.
- ☐ Evaluation records.
- ☐ These records should be the responsibility of the assistant director for personnel in the nursing office.

The personnel record for non-professional persons should be kept in the personnel department.

Employment record: includes:

- Position on employment.
- Professional preparation.
- Registration number.

- Date of employment.
- Date of promotion.
- Insurance.
- Date and reasons for termination of employment.
- Summary of nurse's achievements, weaknesses and recommendations.

✚ This record should be revised periodically either annually or semi-annually for additional professional preparations.

Evaluation record:

Is filled periodically for all nursing personnel and indicates professional progress of the nurse.

Importance of evaluation records :

- An objective basis on which to base personnel promotion.
- An incentive to individual progress.
- Provides reasons for poor performance, as well as recommendations for work well done.

II. REPORTS

Reports should be clear, concise and accurate. It is the responsibility of the supervisor and head nurse to instruct personnel how use of all forms and the importance of each.

Kinds of reports:

It can be oral or written. Written reports are preferable since they are more comprehensive and can be kept. a-Oral reports: b-Written reports:

Oral reports:

Are given when information is needed to be reported immediately not for permanency. They may be based on material included in written reports, e.g. oral reports given by the head nurse or the nurse in charge to all personnel (oral shift report), reports the condition and needs of a patient to the physician, supervisor, etc...

Guidelines for oral reports :

- 1- Report essential information as quickly as possible .
- 2- Be clear , concise , and accurate.

- 3- Describe objective facts , measurements, and observations.
- 4- Omit routine information that is readily available from other sources.
- 5- Highlight recent or significant changes in the client's condition.
- 6- Avoid value judgments , such as “ good “ or “ poor ” by giving specific examples.
- 7- Discuss the client and family in a professional manner.
- 8- Give client name , room number , bed designation.
- 9- Give diagnosis or reason for admission .
- 10- Give tests, therapies , and results for last 24 hours.

Written reports

It includes :

1. Day, evening and night report.
2. Incident report.
3. Report of complaint.
4. Report including negligence.
5. Reports for requisition.

The report include information as :

1- Day , evening , and night shift report :

- Patient census.
- All acutely ill and post-operative patients.
- Patients with any change in general condition, e.g. vital signs or those who had special treatment.
- Admissions, discharges, transfers and deaths during the shift.
- Patients scheduled for operations or special investigations. Two copies are made, one remains in the unit and the other is sent to the nursing services office to provide them with information about the patients' conditions and related activities for their care.

Incident report:

Any happening which is not consistent with routine of hospital operation or patient care . It may be an incident or a situation, which might result in an accident, e.g. error in medication and omission

of the treatment, etc... It is an important administrative tool for use in studying the cause of accident or incidence in the hospital by providing information, which will lead to effective preventive measures and in case of legal actions.

The form should include:

- Patient's name and diagnosis.
- Admission date.
- Time of incident or accident noted or reported.
- What was done.
- Date and signature of all individuals involved in the incident and their professional status.

Report of complaint

Serious complaints, which cannot be handled by the ward personnel, are reported to the nursing office. The report should include:

- Statement of complaint.
- Justification as seen by the nurse.
- Measures taken to overcome the dissatisfaction.
- The result of action taken.
- Date and signature.

Report indicating negligence:

Is a report including carelessness or disregard of regulations on the part of a member of the nursing personnel to the nursing office.

Reports for requisitions:

Written requests for supplies, equipment or service to be sent from the unit to the concerned department .

Guideline for written reports :

- 1- Have the patient's name and hospital number on every sheet.
- 2- Initiate each entry with the data and time.
- 3- Chart after providing care , not before.
- 4- Chart as soon and as often as possible.

- 5- Chart only your own observation , care , and teaching.
- 6- Be objective in charting.
- 7- Use only hard-pointed , permanent black ink pens.
- 8- Be timely , specific , accurate , and complete.
- 9- Use concise phrases , begin each phrase with a capital letter and each new topic on a separate line.
- 10- Write neatly and legibly.
- 11- Use only approved abbreviations and medical terms.
- 12- Use medical terminology only if you are sure of its meaning.
- 13- Follow rules of grammar and punctuation.
- 14- Fill all spaces. Draw a horizontal line in unused space.
- 15 Correct errors in documentation as soon as possible.
- 16- Do not erase the error or use correction fluid.

Topic VI: Performance Appraisal

Definition of Performance Appraisal

1. Are individual evaluation for employees about their duties during a specific time period.
2. Process of interaction written documentation formal interview, that occur between managers and their employees to give feedback, make decision to improve organization.
3. It is a systematic, interpersonal, continuous process of evaluating staff performance using a pre-determined form.
4. It is states from the time of person employee and end with the termination

Purpose of Performance Appraisal

1- Judgment process

Salary increase that based on performance

Selecting and placement qualified nurses for promotion.

Demoting or terminating nurses doing unsatisfactory performance.

2- Development process

Determining training and development needs for nurses.

Providing career development

Motivating nurses toward higher achievement by providing feedback of job related strengths and weaknesses.

Performance Appraisal Process

1. Day to day manager employee interactions (coaching counseling, dealing with policy, using of procedure).
2. Making notes about an employee's behavior.
3. Complete the performance appraisal form.
4. The formal appraisal interview.
5. Follow up during coaching or counseling, discipline when needed.

Principles of Performance Appraisal

1. The employees; evaluation should base on behaviorally stated performance standards for position occupied.
2. Cite specific examples of satisfactory and unsatisfactory performance.
3. Purpose of evaluation is to improve work performance and job satisfaction either than to threaten or punish the employee for performance inadequacy.
4. Compare supervisor's evaluation with employee's self-evaluation.
5. The performance appraisal information should be shared with the employee.
6. Evaluation conference should be scheduled at a time convenient for the nurse staff and staff manger.

Types of Performance Appraisal

A) Formal Appraisal

Is conducted when there is an established system to report supervisors, observations on employees, job performance; conducted annually 12 months semiannually 6 months quarterly 3 months.

B) Informal Appraisal

- Is a simple immediately praising the individual for their performance.
- Is conduct whenever the manager feels it is necessary.

Performance Appraisal Problems:

- The halo effect occurs when the appraiser lets one or two positive aspects or behaviors unduly influence all others in regard to the employee's performance.
- The horns effect is the opposite of the halo effect, the evaluator is hypercritical, if the supervisor is a perfectionist, she may rate personnel lower than she should.

- The manager who falls into the central tendency trap is hesitant to risk true assessment, and there for rates all employees as average. These errors can lead employees to discount the entire assessment to their work performance.

Characteristics of Good Evaluation Tools

(1) Utility:

The tool is actually useful in promoting change in the staff behavior.

(2) Simplicity

Easy to use and doesn't require complicated procedures.

(3) Validity

Is the degree which a tool measures what it intends to measure.

Cont. Characteristics of Good Evaluation Tools

(4) Reliability

Concerns stability and consistency of results, that is whether several raters using the same tool give approximately equal results.

(5) Objectively

Is the ability to remove oneself emotionally from a situation so as to consider facts without distortion by personal feelings.

(6) Discrimination

The tool should be capable of discriminating among individuals according to their performance.

(7) Appropriate weighting

The tool balances categories on the basis of their importance.

Performance appraisal methods

A number of methods are commonly used in performance appraisal , the principal methods are divided into two general categories (comparative methods and absolute methods .

A-Comparative methods :-An evaluation method in which employees are compared with one another and includes it :-

- 1-Ranking.
- 2-Paired comparison.
- 3-Forced distribution.

B-Absolute methods :-An evaluation method based on reasonable and acceptable standards set by the organization, and includes it :-

- 1-Graphic rating scale.
- 2-Numerical rating scale .
- 3-Checklist.
- 4-Forced choice .
- 5-Critical incident diary .
- 6-Behaviorally anchored rating scale .
- 7-Management by objective approach .

A-Comparative methods:-

1-Ranking methods:-

-In this method the rater ranks the staff who is the highest on the characteristics being measured and then the one who is the lowest.

-In its simplest form , the supervisor makes a list with the best employee at the top and the worst at the bottom , then chooses the next highest and the next lowest, alternating between highest and lowest until all the employees to be rated are ranked

Ranking methods

Ranking methods

Column 1 (Most)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

Column 2 (Least)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

Advantage

It is a simple method

Disadvantages

- Although it's simple, it's very subjective .
 - It's difficult to define who is better than whom.
 - It's fails to indicate whether the person receiving the better rating is "good enough" in absolute sense.
 - It has very limited application and could not be used for the majority purpose
 - Ranking may be affected by rater bias

Paired Comparison

Number of time (B) is better = 4

Number of time (C) is better = 3

Number of time (A) is better = 2

Number of time (E) is better = 1

Number of time (D) isn't better = 0

The B ranked highest here

Advantages

Used especially when limited wage increase is to be given to a few staff.

Disadvantages

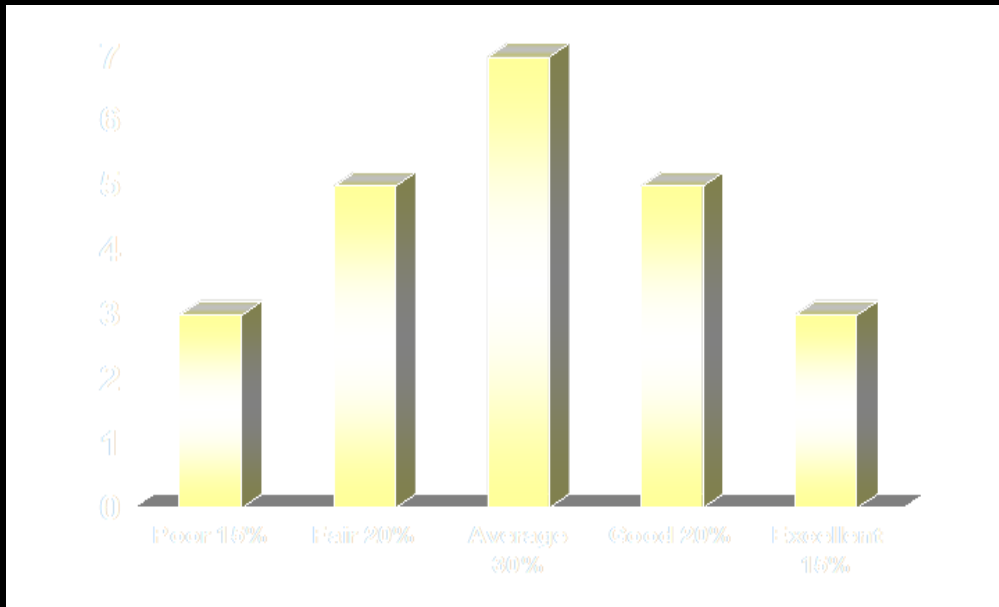
- The paired comparison method become tedious when there are lots of people to compare.
- Demands considerable time of the manager.
- No way to replicate the judgment.
- Minor or insignificant impression may take a strong priority.

"3" Forced Distribution Method

In this method a predetermined percentage of rates is placed in various performance categories:

Poor-----15%

Fair-----20%
 Average---30%
 Good-----20%



Advantages

1. This method could be used for deciding who is receive pay raises and promotion where few opportunities exist.
2. A forced distribution technique may be used overcome the leniency and central tendency errors.
3. Inexpensive to design and implement in comparison to other appraisal methods.

Disadvantages

- a. Differences in employee performance are not specific.
- b. Do not provide feedback about employee strengths and weaknesses in performance.
- c. It cannot be undertaken with a small number employees.

(1) Written Narrative “essay”

Is referred to as the free form review and the appraiser describes in narrative form an employee’s strength's and areas where improvement is needed.

Advantages

- It forces he appraiser to focus on positive on the employees performance.
- Essay method don’t require exhaustive development.

Disadvantages

It usually call for certain items to be addressed.

(2) Graphic Rating Scale

It is the popular and widely used, because it is relatively easy to develop and use. The form lists a number of traits (job knowledge, quality of work, Cooperation...etc.

As well as range of performance five point scale is very popular (1-5) qualitative must be used such a (poor – average to excellent) to describe number.

Example of Graphic Rating scale					
Criteria	Excellent 5	Very good 4	Good 3	Satisfactory 2	Poor 1
In a professional	☐	☐	☐	☐	☐
Comes to work on time	☐	☐	☐	☐	☐
Provide patient teaching	☐	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐	☐

(2) Graphic Rating scale

Advantages

- Easy to construct.
- Acceptable to raters.
- Low cost.
- It enable supervisors to evaluate large number of employees in a short time.
- Specifies qualities that are known to be important.

Disadvantages

- It is difficult to use the result of appraisal to set specific goals for improvement.
- It promotes rating pattern errors as halo effect and leniency errors.
- Staff are not involved in the process.
- Raters differ in their standards of judgment.
- Raters tend to remember recent or negative event.

(3) Numerical Rating Scale

It usually includes number against a list of behaviors or factors to be evaluated. Supervisors put a system of evaluation in the form of percentage then evaluate every member according.

Advantages

- Uncomplicated.
- Specifies human qualities that are known to be important in getting results.

Disadvantages

- Unilateral, i.e., the employee is not involved.
- Supervisor tend to remember recent or negative incidents.
- Definition of traits are not always clear.
- Rater differ in their standards of judgment.

(4) Check list Method

It is composed of a series of descriptive statements in behavioral terms about the standard of job performance of the individual staff.

It is similar in appearance and use to graphic rating scale.

The basic difference in the type of judgment and in recording whether an action was taken “Yes” or not “No”.

Performance Checklist for a Ward Clerk

Criteria	YES	NO
1. Reports on duty or scheduled time		
2. Sorts mail daily and delivers to proper person.		
3. Files records and reports promptly and in correct location		
4. Answer telephone calls courteously.		
5. Conveys telephone messages accurately.		

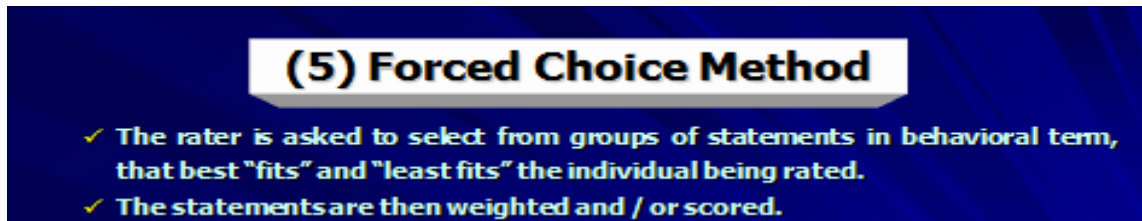
Advantages

1. Expectations of performance are clearly identified in behavioral terms for the staff.
2. Efficient for evaluating large numbers of staff.

3. Used to evaluate technical procedures.

Advantages

1. It does not indicate the frequency or the degree with which the behavior occurs.
2. It needs time and effort to develop a valid checklist tool.



(5) Forced Choice Method

- ✓ The rater is asked to select from groups of statements in behavioral term, that best "fits" and "least fits" the individual being rated.
- ✓ The statements are then weighted and / or scored.

The raters are given a set of multiple choice questions, from which they are to select one option and rate the employees.

This list contains only positive or only negative set of choices of behaviors to choose from. This leads the employer to be in a situation in which, he/she is forced to choose only the negative or only the positive traits to attribute to the performance of an employee.



Advantages:

- Reduces bias since rater not know scoring value for each statement

Disadvantages:

- It tends to irritate raters.
- It is costly to develop.

(6) Critical Incident Diary Method

1. In this method the rater keep a running record of uncommonly good (positive) or undesirable (negative) incidents for each of the staff.
2. A discussion is held between the staff and the rater to keep anecdotal notes regarding incidents considered critical to job performance.

ANECDOTAL REPORT FORM

-Name of student: **Date:**
-Location of the observation (medical unit, pediatric...etc):.....
-Description of incident:.....
-Interpretation:
-Comments:

Observer:

Position:

Advantages

- Relates to perform elements of the job.
- Good when the only purpose is counseling.
- Indicate necessary areas for staff development.

Disadvantages

- Time consuming.
- Not defined in the same way by all raters.
- Lead to overly close supervision.
- It is difficult to use for administrative decisions.

(7) Behaviorally Anchored Rating Scale (BARS)

- It is an appraisal technique occasionally called behavioral expectation scale.
- It is usual for a group of staff with a good working knowledge of the job in question to identify and define several important dimensions or aspects of the job.
- In it, examples of good or bad behaviors are described, these examples are anchored or measured against a scale of performance.
- The scale ranging from one to seven, and the range is from extremely poor to extremely good.

Advantages

- Decreased the rater error.
- Reduce halo effect.
- Avoids rating any one average.
- Clear identification of areas of performance deficiency.
- It counseling behaviors that can be used in appraisal counseling and feedback.

Disadvantages

Very difficult to construct.

(8) Management by Objective Method (MBO)

In this method the supervisors and the subordinates specify a performance goals or objectives that have been jointly arrived at to be attained within an appropriate length of time.

At the end of the period both evaluate the outcome r the results in relation to goals.

Advantages

- It is future oriented.
- Not unilateral.
- Reduces rater mistakes.
- Motivates the staff.
- Contributes to employee development.

Disadvantages

- Incongruence of employee and organization goals.
- Employee resistance to involvement.
- It is ignores personal traits.

Topic VII: Evaluation of patient care

Evaluation of Patient Care:

The evaluation process utilized in nursing as part of the lager process of quality assurance, which begins with evaluation and proceeds according to the results of the evaluation. This is often followed by the change process or corrective action if care does not meet established criteria of quality.

Definition of Terms:

1. **Quality:** is the process of determining the degree to which patient care services increase the probability of desired outcomes and reduce the probability of undesired outcome.
2. **Quality of Care:** Health care services that are free from deficiencies and meet consumer needs, based on expectations of process or cost.
3. **Quality Control:** is the process which involves determining the extent to which a service matches some specific quality standards.

4. **Quality Assurance:** is the process of measuring the actual level of the service provided against the degree and defined standards and take positive action to modify services when necessary.
5. **Continuous Quality Improvement (CQI):** is the process of monitoring structure, process and outcome indicators in order to identify signal events that will guide health care professionals in preventing patient care problems arise improving already satisfactory patient services.
6. **Standard:** is a descriptive professional statement of desired or agreed level of performance against which the quality of care (structure, process and outcome) can be judged, it must be observable, achievable and measurable.
7. **A Criterion (criteria):** predetermined measurable elements that will indicate if the standard is met and to what degree it is met.
8. **A Clinical Indicator:** is a quantitative measure that can be used as a guide to monitor and evaluate the quality of important patient care activities.

Benefits of Quality Assurance (QA) / Quality Improvement:

(QI) Program in Nursing:

1. Identifies weak areas in the structure, process and outcomes of nursing that must be changes.
2. Provides quantitative measures that will indicate the level of care provided.
3. Justifies staffing requirements or staffing change.
4. Provides effective indicators for staff education needs.
5. Provides feedback about deficiency in the care that needs corrective action.
6. Provides data for research and documents for legal aspects.
7. Promotes cost containment.

The Evaluation Process:

To conduct an evaluation of patient care, the nurse leader uses a four step evaluation process:

1. Establishing Standards and Criteria

In order for quality to be measured within health care, standards and criteria of achievement need to be established. Structure, process and outcome or any combination of these is the common approach to evaluation.

Structure Approach	Process Approach	Outcome Approach
Focuses on the delivery system by which nursing care implemented	Focuses on the nursing activities performed by nursing personnel particularly nursing tasks	Focuses on the results of care "outcome" administered to the patient "patient welfare"
<i>It includes evaluation of:</i> - Physical environment and building. - Policies, procedures, roles and regulations. - Job description. - Staff number and mix, orientation and in-service schedules. - Equipment. - Ancillary and paramedical services.	<i>It includes evaluation of:</i> - Assessment techniques and procedures. - Methods of delivering nursing care. - Methods of patient education. - Methods of documentation. - The competence of staff carrying out nursing care.	<i>It includes:</i> - Recovery rate. - Mortality rate. - Patient's satisfaction. - Patient's behavior. - Patient's knowledge. - Patient's self-care
Structure ↓ Resources ↓ What you need	Process ↓ Action ↓ What has to be done	Outcome ↓ Results ↓ Outcomes

Example for evaluating patient care:

A problem concerning staff safety, staff, both nursing and non-nursing have received an injury from disposed, used sharps.

Standard Statement:

All sharps will be disposed of without injury to members of staff. In order to meet this standard, there are some essential structure, process and outcome criteria:

Structure Criteria:

- Policy for sharps disposal.
- Staff have knowledge of this policy.
- Sharps safe box, polythene bag and label.

Process Criteria:

- The nurse places all used sharps in the sharps safe box immediately.
- The container is closed when it is three quarters full.
- The container is placed in a polythene bag and labeled for incineration.

Outcome Criteria:

- All sharps are successfully incinerated.
- No injuries to staff from sharps reported.

(2) Collecting Data**The collecting instrument may be:**

- a. Rating scale.
- b. Checklist
- c. Anecdotal record.

Sources of Data:

- Direct data that can be collected by observing the actual performance being evaluated.

- [indirect data that can be collected by assessing the product or the outcome of the event from written records that document the event.

(3) Compare and Make Judgment

Comparing the data collected with the established criteria and making a value judgment about it, to determine if the criteria are met and the extent to which each criteria is met.

(4) Corrective action and Follow-up

Is based on the result of the previous step to ensure good quality of patient care services.

Mechanism for Evaluation of Patient Care:

The Nursing Audit:

It is a method for evaluating the quality of nursing care through appraisal of the nursing process of outcome of care as it is reflected in the patient care records.

Nursing audit is a comparison of care given (as shown on the record) with the standard of care (as set up acceptable by the individual institution).

OR

Nursing audit is the examination of a patient's record to determine the degree to which nursing care was satisfactory according to the prescribed standards and to collect data as a base for corrective action.

The Purpose of a Nursing Audit:

1. To examine nursing care that has been given to clients and verify that acceptable standards are being met.
2. Auditing a patient's chart not only indicates what ought to be included, but also that the care given is documented.
3. To improve the quality of care and the need to prove that quality care was delivered.
4. For demonstrating the value and benefits of nursing services.

The Audit may be Concurrent or Retrospective:

1. Concurrent Audit

Evaluates the care conducted during patient hospitalization; it examines the care being given by reviewing what is recorded and supplemented by observation, using:

- A. Open chart audit: which is the review of the patient's charts and records against present criteria. As the patient is still receiving care, this process gives staff immediate feedback.
- B. Patient interview of observation: which involves talking to the patient about certain aspects of care, conducting a bedside audit or observing the patient's behavior to present criteria.
- C. Peer review: occurs when practicing nurses determine the standards and criteria that indicate the quality and evaluate performance against it. "nurses evaluate each other".
- D. Staff interview or observation: which involves talking to and observing nursing behaviors related to present criteria.
- E. Groups conference: which involves the patient and family in a joint discussion with staff about the care being received. This leads to problems being discussed and improved plans being agreed upon.

2. Retrospective Audit:

Conducted after patient is discharged and involves examining a large number of records or cases, using:

- a. closed chart audit: it is a method used to evaluate/monitor the quality of the care provided as it is reflected on patient's records to identify strengths and deficits of care.
- b. Post care patient interview: which is carried out after patient is discharged. It involves inviting the patient and family members to meet to discuss their experiences.
- c. Post care patient questionnaire (patient satisfaction): which is completed by the patient on discharge or after returning home about the aspects of care provided.
- d. Post care staff conference: which involves the professionals that cared for the patient. The process involves a review of records, charts and care plan.

Importance of the Audit to Nurses:

- Increases nurses awareness of the importance and value of nursing care.
- Provides nurses with guidelines for developing discharge plans.
- Attaches significance to documentation and this reinforces the concept of individual accountability.
- Increases learning about patient care problems.

- Stimulates nurses interest in clinical nursing research.

Topic X: Decision Making

Introduction

Decision making is often thought to be synonymous with management and is one of the criteria on which management expertise is judged. Much of any manager's time is spent critically examining issues, solving problems, and making decisions. The quality of the decisions that leader-managers make is the factor that often weighs most heavily in their success or failure. Decision making, then, is both an innermost leadership activity and the core of management.

Definitions:

Decision making is a complex, cognitive process often defined as choosing a particular course of action.

Decision making is “the thought process of selecting a logical choice from the available options.” This implies that doubt exists about several courses of action and that a choice is made to eliminate uncertainty.

Problem solving is part of decision making and is a systematic process that focuses on analyzing a difficult situation. Problem solving always includes a decision-making step.

✚ Many educators use the terms problem solving and decision making synonymously, but there is a small yet important difference between the two. Although decision making is the last step in the problem-solving process, it is possible for decision making to occur without the full analysis required in problem solving. Because problem solving attempts to identify the root problem in situations, much time and energy are spent on identifying the real problem.

✚ Decision making, on the other hand, is usually triggered by a problem but is often handled in a manner that does not focus on eliminating the underlying problem. For example, if a person decided to handle a conflict when it occurred but did not attempt to identify the real problem causing the conflict, only decision-making skills would be used.

Levels of decision making:

1. **Strategic decisions** are made by the top executives and they focus on major, long-term goals.

2. **Tactical decisions** are made by the middle managers and they focus on resolving unusual problems and develop techniques to improve functioning.

3. **Operational decisions** are made by the routine decisions and they are related to day-to-day operation.

Factors influencing decision-making:

1. Crisis conditions.
2. Intuition of the decision maker. Making decisions on the basis of experience, feelings, and accumulated judgment.
3. Personality and intelligence of the decision maker.
4. Quality and accessibility of information.
5. Political consideration

Decision Making process

Step 1: Identifying a Problem

- Clarify the problem, not just the symptom
- Collect information to determine the actual problem & it's causes.
- Characteristics of Problems

Step 2: Identifying Decision Criteria

- Decision criteria are factors that are important(relevant) to resolving the problem, such as:
costs, risk, and outcomes

Step 3: Allocating Weights to the Criteria

Step 4: Developing Alternatives

Step 5: Analyzing Alternatives (Appraising & evaluating each alternative's strengths and weaknesses)

Step 6: Selecting an Alternative

Step 7: Implementing the Alternative

- Putting the chosen alternative into action
- Conveying the decision to and gaining commitment from those who will carry out the alternative
- Involve people in the decision

- Re-assess the environment for any changes that may have occurred, -(criteria, alternatives, problem)

Step 8: Evaluating Decision Effectiveness

The soundness of the decision is judged by its outcomes.