

**STANDARDS OF THE FMRNA**

| <b>STANDARD</b>   | <b>INDICATORS</b>  | <b>VALIDATION</b>  |
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| <b>1. Administration and organization of Nursing Service</b>  |  |  |
| <p>Family Practice residency nursing services are based on a philosophy of commitment to quality patient care, resident education and research. Nursing services are planned, directed and provided by or delegated by a registered nurse who has appropriate education and experience required of this position.</p> | <p>1.a. A written organizational chart is used as a basis for administration of nursing services.</p> <p>1.b. Administrative and clinical nursing care policies and procedures define the framework of nursing practice based on standards of ambulatory nursing practice.</p> <p>1.c. There is an established, ongoing program to measure assess and improve performance and patient outcomes.</p> <p>1.d. There is an ongoing program for recruitment, retention, development, and continuing education of staff.</p> <p>1.e. Written performance criteria are available in each category of nursing staff. A mechanism exists to determine competency and qualifications of providers of nursing services. A performance improvement plan is in place for all nurses.</p> <p>1.f. Staffing requirements assure appropriate patient/physician/staff ratios for delivery of quality patient care and resident education. Patient care services are planned in response to identified patient needs and expectations, are appropriate to the scope and level of care required by patients served and standards of practice and are consistent with the residency's mission.</p> <p>1.g. Nursing participates in budgetary decision making and resource allocation that affect nursing staff's ability to provide services.</p> <p>1.h. Nursing is represented on appropriate policy-making boards and committees.</p> <p>1.i. Nursing participates in shaping the residency's mission and vision, strategic planning, and collaborates to design patient care services provided by the organization.</p> | <p>1.a. The organizational chart is reflective of the organization.</p> <p>1.b. Written policies and procedures are available in the patient care area and their use is reflected in the care delivered.</p> <p>1.c. Quality improvement programs identify high risk, high volume, highly problematic processes, devise and implement plans of action for improvement, evaluate outcomes then maintain high quality care.</p> <p>1.d. Nursing staff records reflect participation in appropriate staff development activities.</p> <p>1.e. Documentation of performance evaluations reflect that staff functions within the parameters of their job category. Documentation of performance improvement plan exists in staff records.</p> <p>1.f. Staffing is based on community and national standards, reflect re-evaluation and changes as needed, and is reflected in the organization's budget.</p> <p>1.g. Budget decisions and resource allocations reflect nursing involvement.</p> <p>1.h. Appropriate program plans reflect nursing involvement.</p> <p>1.i. Minutes reflect nursing participation.</p> |

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| 2.1 <b>Ethics/Patient Rights</b>  |   |   |
| Performance of ambulatory care remains constant regardless of cultural, economic and social differences among patients.   | 2.a. All patients have the right to confidentiality of information gathered during treatment and privacy during care, along with security of self and their property.           | 2.a. The patients medical records contain confidential information gathered during treatment and is safely kept in a secured area. Patient care reflects that nurses demonstrate an understanding of the moral, ethical, and legal issues discussed in "The Patient's Bill of Rights". <b><i>Each facility complies with federal HIPAA regulations.</i></b> |
| Organization recognizes the patient's right to make decisions regarding his or her medical care including decisions to discontinue treatment to the extent permitted by law.  | 2.b. Nursing maintains an environment that recognizes the dignity of all patients and provides care without prejudice or discrimination.  | 2.b. There are written policies that address the following areas: access to care, confidentiality, student practice, nursing staff right to refuse to participate in care, and research in the ambulatory care setting.   |
| Nurses in the Family Practice setting acknowledges that each patient is a unique individual, recognizing their personal dignity and cultural diversity, and provides considerate respectful care focused on their specific needs. | 2.c. All patients are provided with enough information to make sound judgments regarding the delivery of their health care including participation in any research project.     | 2.c. Documentation is available to support patient understanding, including informed consent if indicated.  |
| The organization has in place a mechanism for the consideration of ethical issues arising in the care of patients, and to provide education to care givers and patients on those issues.  | 2.d. All patients have the right to assistance in the development and formulation of advance directives.  | 2d. The patients medical record contains the advance directive and is reviewed periodically with the patient.   |
| The Family Practice organization demonstrates respect for the following patient needs: confidentiality, privacy, security, communication, access to the facility, and resolution of complaints.                                   | 2e. All patients and their significant other have the right to participate in and be educated in the consideration of ethical issues that may arise in the care of the patient. | 2e. Patient care reflects that all patients and their significant other have a good understanding of the mechanism used when ethical issues arise.  |
|   | 2.f. All patients have the right to effective communication that considers, but is not limited to hearing, speech and visual impairments.                                       | 2.f. The medical record reflects that effective communication has taken place by documenting the patient's level of demonstrable understanding.   |
|   | 2.g. All patients have the right to physical access to the facility for the physically and visually impaired.   | 2.g. The facility complies with ADA requirements.   |
|   | 2.h. All patients have the right to complain about care, to have those complaints reviewed and, when possible, resolved.  | 2.h. Written policies exist that address the mechanism for dealing with patient complaints and the strategies for conflict resolution.  |

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| 2.2 <b>Ethics/Patient Rights</b>  | 2.2.a.Code of ethical behavior addresses billing and marketing practices, relationships with other health care providers and concern for the cost of care. | 2.2.a.Documentation is available to support the patients comprehension of the practices. |
| The organization has an ethical responsibility to the patients and community it serves. Its mission statement, strategic plan, and other guiding documents provide a consistent ethical framework for its business and patient care operations. |  |  |

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| <p><b>3. Environment of Care</b></p> | <p>Family Practice residency nurses promote an office environment that is safe, comfortable, and therapeutic, and in compliance with applicable laws and regulations.</p> | <p>3.a. The organization has written policies, procedures, and inservice programs relating to CPR, fire safety, security, life safety, infection control, emergency preparedness, hazardous materials and waste management.</p> |
|                                      | <p>3.b. Appropriate emergency drugs, equipment and supplies are readily available.</p>  | <p>3.a. Records will reflect orientation to and attendance at inservice programs and that policies and procedures are followed.</p>   |
|                                      | <p>3.c. Records reflect that patient care supplies and equipment are regularly evaluated and maintained. Supplies and equipment are stored properly.</p>                  | <p>3.b. Emergency drugs and equipment will be checked and documented as required.</p>   |
|                                      | <p>3.d. Patient care areas are evaluated to assure that the special needs of the patient population are met.</p>  | <p>3.c. Records reflect that patient care supplies and equipment are readily available and in safe operating order.</p>   |
|                                      | <p>3.e. Unsafe conditions and/or adverse patient reactions are intervened on appropriately.</p>   | <p>3.d. Patient care areas are accessible to patients with special needs, e.g. wheelchair, stretcher and visually impaired.</p>   |
|                                      | <p>3.f. Environmental services and adequate space are evaluated and recommendations are made by the nursing staff on an ongoing basis.</p>                                | <p>3.e. Documentation reflects the reporting and investigation of all incidents, and that all follow-up measures are made when unsafe conditions or adverse patient reactions occur.</p>  |
|                                      | <p>3.g. Nurses are responsible for activities needed to prevent and control the spread of infection for patients and staff.</p>   | <p>3.f. Adequate space is available to assure patient privacy and for patient care and administrative activities. Housekeeping maintenance service are readily available.</p>   |
|                                      | <p>3.h. A non-smoking policy is communicated throughout all buildings.</p>  | <p>3.g. Written policies define the indication for specific precautions to prevent transmission of infection. Personal Protective Equipment is readily available for all staff to utilize in patient care areas.</p>            |

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| <p><b>4. Competency/Staffing</b></p>   |  |   |
| <p>Family Practice residency nurses possess the appropriate education, skills and licensing to deliver quality patient care. The residency program as an educational entity promotes staff self-development and continued learning. Nurses as teachers will share knowledge and skills with peers. Scheduling of nurses is done to meet both patient needs and the educational goals of the Family Practice residency program.</p> | <p>4.a. Complete initial orientation is provided to ensure safe, effective job performance.</p> <p>4.b. Nurses in the Family Practice setting participate in educational programs that pertain to the primary care setting to maintain and improve his/her knowledge and skill level of work-related issues. These programs are based, at least in part, on findings from the monitoring and evaluation of ambulatory care provided in the Family Practice residency program.</p> <p>4.c. Ongoing, periodic performance assessments based on high risk/low volume competencies are conducted periodically on all levels of nursing staff to ensure his/her continuing ability to deliver quality patient care.</p> <p>4.d. Staffing needs are evaluated at least annually and appropriate changes are made to assure quality patient care.</p> <p>4.e. A registered nurse who possesses clinical and managerial knowledge and experience, is responsible for the supervision and assignment of direct nursing services.</p> <p>4.f. Nursing responsibilities are assigned in accordance with degree of supervision needed, patient complexity and the technology required to provide care.</p> | <p>4.a. Documentation exists of skills/competencies learned during initial review period.</p> <p>4.b. The content of ongoing education is documented. There is a record of attendance for all inservice and continuing education activity. The budget reflects that funds are allocated for continuing education of staff. Staff meeting minutes document teaching by nurses. Tools are available to assist the Nurse in educating staff as to appropriate growth and developmental behaviors for all age groups.</p> <p>4.c. Deficiencies in competencies are documented, discussed with nursing staff and corrected through planned interventions on an ongoing basis.</p> <p>4.d. Staffing changes are documented and reflect that the patient needs and educational needs of the Family Practice residency program are met.</p> <p>4.e. Staffing records reflect that qualified registered nurses are available to coordinate nursing services rendered by all levels of nursing staff.</p> <p>4.f. Patient record reflects nursing services performance by a nurse possessing appropriate level of competency as defined in the written policy and procedures.</p> |

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| <p><b>5. Quality Assessment and Improvement</b></p> <p>An assessment of the quality and appropriateness of the patient care provided by the Family Practice nursing personnel is monitored and evaluated. Identified problems are resolved through a systematic and ongoing Quality Assessment and Improvement program.</p> | <p>5.a. There are written, established and organized Quality Assessment and Improvement activities that identify issues, implement appropriate resolutions and evaluate patient outcomes through continuous monitoring.</p> <p>5.b. Family Practice nursing Quality Assessment and Improvement functions are fully integrated into the Family Practice Quality assessment and improvement program.</p> <p>5.c. Staffing assignments reflect changes based on Quality Assessment findings.</p> <p>5.d. Nursing services are evaluated to assure compliance with current standards of care. Appropriate training occurs as new procedures are implemented.</p> <p>5.e. There is a mechanism in place to elicit patient input regarding the quality of nursing services in the Family Practice Center.</p> <p>5.f. Nurses participate in educational sessions concerning the approach and methods of continuing Quality Improvement.</p> <p>5.g. Continuity of services provided to the patient are coordinated by all Family Practice providers including nursing.</p> | <p>5.a. Documentation reflects an ongoing Nursing Quality Assessment and Improvement program.</p> <p>5.b. Written documentation of Quality Assessment activities are available and are forwarded to appropriate committees or individuals as needed.</p> <p>5.c. There is a written plan to monitor and evaluate staffing for compliance with staffing standards.</p> <p>5.d. There are documented improvements in care delivered as a result of the nursing Quality Assessment and Improvement Program activities.</p> <p>5.e. Documentation of patient satisfaction occurs at periodic intervals. Patient issues are identified and resolved as appropriate.</p> <p>5.f. Documentation of educational activity and class attendance exists.</p> <p>5.g. Documentation exists on patient records that the nursing providers are instrumental in fostering continuity of care.</p> |

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| <b>6. Research</b> | Family Practice residency nurses participate in, utilizes and initiates research activities for the improvement of patient care and resident education.  | 6.a. A mechanism exists for nurses to review, discuss, and evaluate pertinent research findings relevant to nursing practice in their setting.                                     |
|                    | 6.b. A mechanism exists within the Family Practice program setting to promote both independent nursing research and collaborative research between nursing and other disciplines.              | 6.a. Validated research findings are incorporated into nursing practice.<br><br>6.b. Nurses act as members of the research team. Independent nursing research conducted as needed. |
|                    | 6.c. Nursing department reviews all research activities relevant to nursing practice and consults on all research activities related to patient care in the Family Practice residency setting. | 6.c. Nurses are aware of research done in the Family Practice residency setting and are involved as appropriate.   |
|                    | 6.d. Rights of all research participants and staff are protected during research process.  | 6.d. Written policies protect patient and staff rights in the conduct of research activities.  |
|                    | 6.e. A mechanism exists to share nursing research results conducted in Family Practice residency programs.   | 6.e. Nurses are encouraged to publish work associated with Family Practice Resident Education and patient care.  |
|                    | 6.f. Nurses are recognized and regarded for research activities in Family practice residency programs.   | 6.f. The content of independent and collaborative research is recognized by the program and considered in promotions, career ladders, and salary increases.                        |

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| <p><b>7. Nursing Process</b></p> | <p>7.a. Family Practice residency nursing policies and procedures indicate appropriate assessment, nursing intervention, and evaluation of care.</p> <p>7.b. Assessment is done by the collection of pertinent clinical data on each patient based on age, functional status, nutritional status, possible abuse/neglect, diagnosis, and symptomatology. Patient's educational level and psycho-social status/needs will be assessed as appropriate. In addition data provided by significant others may be included.</p> <p>7.c. Nurses are responsible for correctly performing and documenting all necessary interventions ordered by the provider.</p> <p>7.d. Nurses will collaborate with other health team members as indicated by the patient assessment, and participate in the patient's overall plan of care, facilitating referrals as appropriate.</p> | <p>7.a. Complete, concise, and accurate documentation of the assessment exist. Quality assurance/improvement program reflect on going evaluation of care.</p> <p>7.b. The assessments are readily available for providers and significant data is communicated to other team members.</p> <p>7.c. Complete, concise, and accurate documentation of the intervention is found on the patient's record.</p> <p>7.d. Documentation in patient's chart reflects that policy and procedures are followed.</p> |

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| <b>8. Resident Education</b>   |  |  |
| Family Practice residency nurses contribute to the education process of all residents. | <p>8.a. Nurses participate in on-going orientation of all new residents to the Family Practice program.</p> <p>8.b. Nursing staff provides learning experience for residents through presentations, clinical example, patient education, patient care and one to one discussion to enhance knowledge of policies, procedures, protocols.</p> <p>8.c. Nurses participate in on-going Quality Improvement activities related to evaluation of residents' education process.</p> <p>8.d. Nurses in Family Practice residency program are involved in the planning of the program curriculum and resident evaluations.</p> <p>8.e. Nurses in Family Practice residency programs will participate in and implement, where possible, the strategies recommended by the action plan for the future of residency education in Family Practice. (See "Action Plan for the Future of Residency Education, in Family Practice" January 1999 at WWW.AFPRD.org)</p> | <p>8.a. Program plans reflect nursing's involvement.</p> <p>8.b. Patient education materials are updated with input from residents and faculty. Residents are encouraged to include patient education in every visit and to document having done so.</p> <p>8.c. Quality Improvement activities produce documented changes in the residents education to improve care delivery.</p> <p>8.d. Nursing representation is present at regularly scheduled meetings with Program Director and other faculty members.</p> <p>8.e. Nursing plans will reflect involvement and nursing representation will be a part of any changes to the action plan.</p> |

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| <p><b>9. Pain Assessment</b></p>  |   |  |
| <p>Family Practice Residency nurses participate in pain management as a part of quality patient care.</p> | <p>9.a. Nurses in the Family Practice setting will participate in ongoing screening of pain at each visit. On initial evaluation, the presence or absence of pain will be determined.</p> <p>9.b. When pain is identified, the nurse may assist physician in documentation of the description of pain character, frequency, location, duration, intensity, and any alleviating or aggravating factors.</p> <p>9c Pain interventions will be based on physician orders and may include pharmacological and non-pharmacological measures.</p> <p>9.d. Reassessments are completed based on the intervention and the length of patient’s stay in the office.</p> | <p>9.a. Assessment tools such as the Wong-Baker Face Rating Scale and the FLACC scale may be used.</p> <p>9.b. Nursing documentation will reflect participation in pain assessment.</p> <p>9.c. Documentation will reflect physician orders and nursing measures.</p> <p>9.d. Nursing documentation will reflect ongoing assessment.</p> |

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| <p><b>10. Patient's Nutritional Status Assessment</b></p> | <p>10.a. Family Practice Residency nurses will assess for signs of poor nutritional standards i.e; weight gain/weight loss, sudden change in weight, skin turgor, slow healing wounds, and extended gastrointestinal problems.</p> <p>10.b. Family Practice Residency nurses will assess for barriers to meeting good nutritional status i.e; swallowing and dental problems, financial, and transportation needs.</p> | <p>10.a. Nursing documentation will reflect any signs and changes that indicate poor nutrition status.</p> <p>10.b. Nursing documentation will reflect nutritional concerns with appropriate referrals to community resources or specific orders from physicians for consults.</p> |
| <p>Revised—March 2004</p>                                 |  |  |