

## Exemplary Professional Practice Source of Evidence - EP1

***Clinical nurses are involved in the development, implementation, and evaluation of the professional practice model.***

*EP1: Provide a description, with supporting evidence, of the ongoing evaluation of the nursing professional practice model and how clinical nurses are involved.*

Capital Health (CH) has had a Professional Practice Model (PPM) in place since 1999. Over the years, its form has changed shape from simple, interlocked circles to a complex star organism ([Figure 1](#)). In 2015, Capital Health nursing's concept of the model evolved into the current daisy form ([Figure 2](#)) that features our nursing foundation, magnet supports, lines of communication, and resulting best patient practices.

The process for changing the model began with the input of direct care nurses. It was a regular item on the agenda at the Shared Accountability Coordinating Council (SACC) meeting ([Attachment 1](#)) and ([Attachment 2](#)). In 2013, Direct Care Nurses reviewed ten nursing theorists and their professional practice models. This information was made available on the CH intranet. Nurses were encouraged to read about each of the theorists and their practice model. Based on the nursing staff's feedback, three nursing theorists were identified as finalists. Next, a survey monkey was conducted for an identified period of time. Nurses had the opportunity to cast their vote for a theorist whose practice model would be embraced.

CH RNs elected Florence Nightingale as her nursing concepts formed in the 1850's continue to be relevant to our nursing practice today. Her revolutionary ideas on patient care and data collection directly align with nursing practice at CH. Nightingale's *Environmental Theory* maintained that nurses are change agents responsible for patient well-being. Her concepts spoke to the idea of a holistic continuum of patient care extending out to preventative health practices in the community.

Name	Discipline	Title	Department
Christina Allen RN MSN	Nursing	CNS	Education
Lauren Caffrey RN	Nursing	Direct Care Nurse	ED
Preiona Cruse RN	Nursing	ANM/Clinical Nurse	4M
Katharine Donaldson RN MSN	Nursing	CNS	Maternity
Margaret Estlow RN MSN	Nursing	CNS	Pediatrics
Vera Kunte RN PhD	Nursing	CNS	Education
Cheryl Lang MSN RN	Nursing	CNS	ED
April Lang MSN RN	Nursing	CNS	Education
Jill Mahony RN MSN	Nursing	CNS	Maternity
Regina Nwosu RN MSN	Nursing	ANM/Clinical Nurse	ED
Mary Ravenel RN MSN	Nursing	CNS	Neuro
Kimberly Wiggins RN	Nursing	Direct Care Nurse	5M

During summer 2015 ([Attachment 3](#)), Direct Care Nurses, Educators, and Clinical Nurse Specialists began meeting to revise the 2011 Professional Practice Model. The

consensus was that the former model was too complicated and that few nurses could speak comfortably to the PPM application to practice. During discussions, nurses requested a single structure and care delivery model. They suggested a flower design to emulate the idea of the Daisy Award™, an award recognizing nursing compassion and excellence in practice. Ideas quickly formed as to how this design would represent Capital Health nursing in structure and process. During the design, the model was sent out to councils' memberships for input on council characteristics. In December 2015, the design was formally presented separately to the Research, Practice, Shared Accountability Coordinating Council (SACC) for constructive criticism and final approval. The approved model can be explained as follows:

- (a) As the original theory for patient centeredness, Nightingale's model of care delivery forms the foundation of our PPM: the roots, bulb, and nurturing soil
- (b) The *Core Magnet principles* form the leaves that support nursing growth
- (c) Our professional practice blooms with *shared governance* as the central structure from which radiates the petals of excellence in nursing practice
- (d) *Patient/Nurse Satisfaction* and *Peer Review* are the overarching goals of the Shared Accountability Coordinating Council (SACC) and the following five (5) Core Councils: Education & Professional Development, Professional Practice, Research & Evidence-Based Practice, Quality and Nursing Informatics.

Plans for education for direct care nurses include a two-sided flyer with the design on the front and the education on the back, multiple education sessions, and framed prints for each nursing unit. Information on Florence Nightingale's care delivery theories and on the CH Nursing PPM is accessible electronically through CapitaLink (SACC website and Magnet Nursing webpage) ([Attachment 4](#)) and ([Attachment 5](#)).

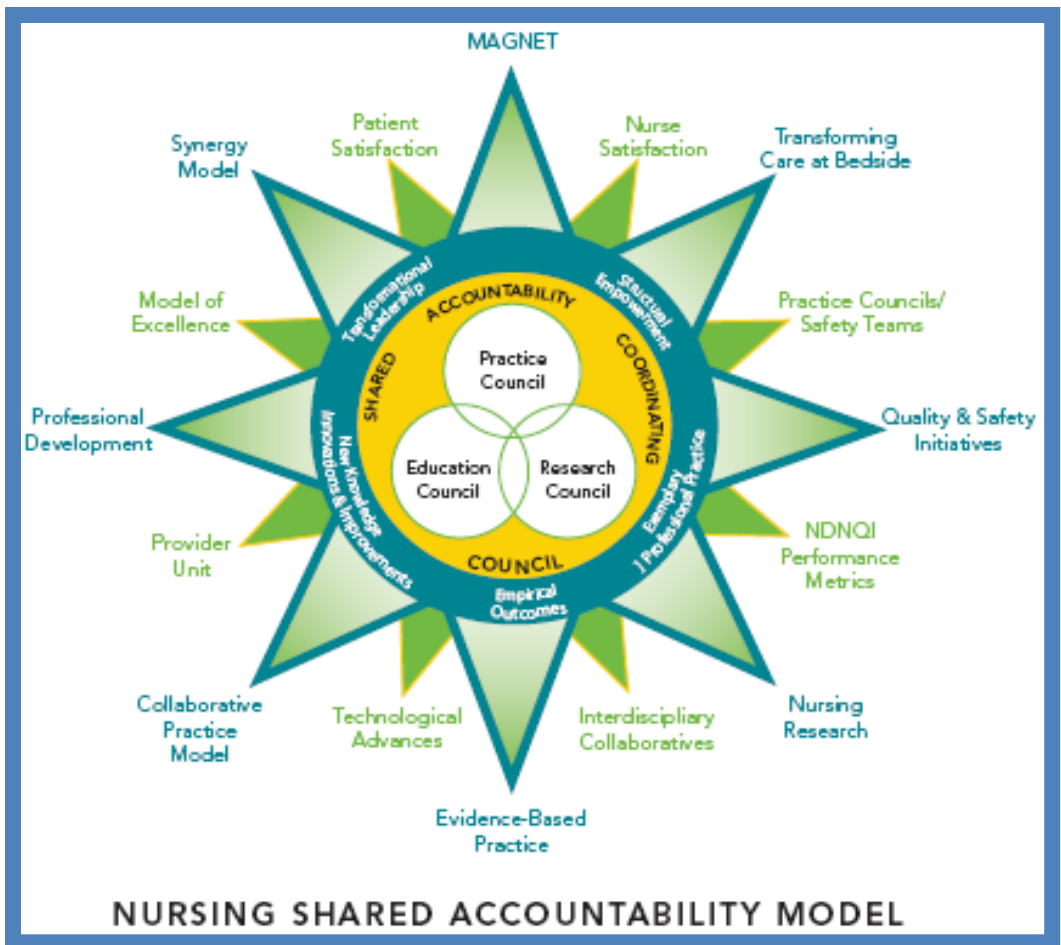


Figure 1 Capital Health's 2011 Nursing Shared Accountability Model

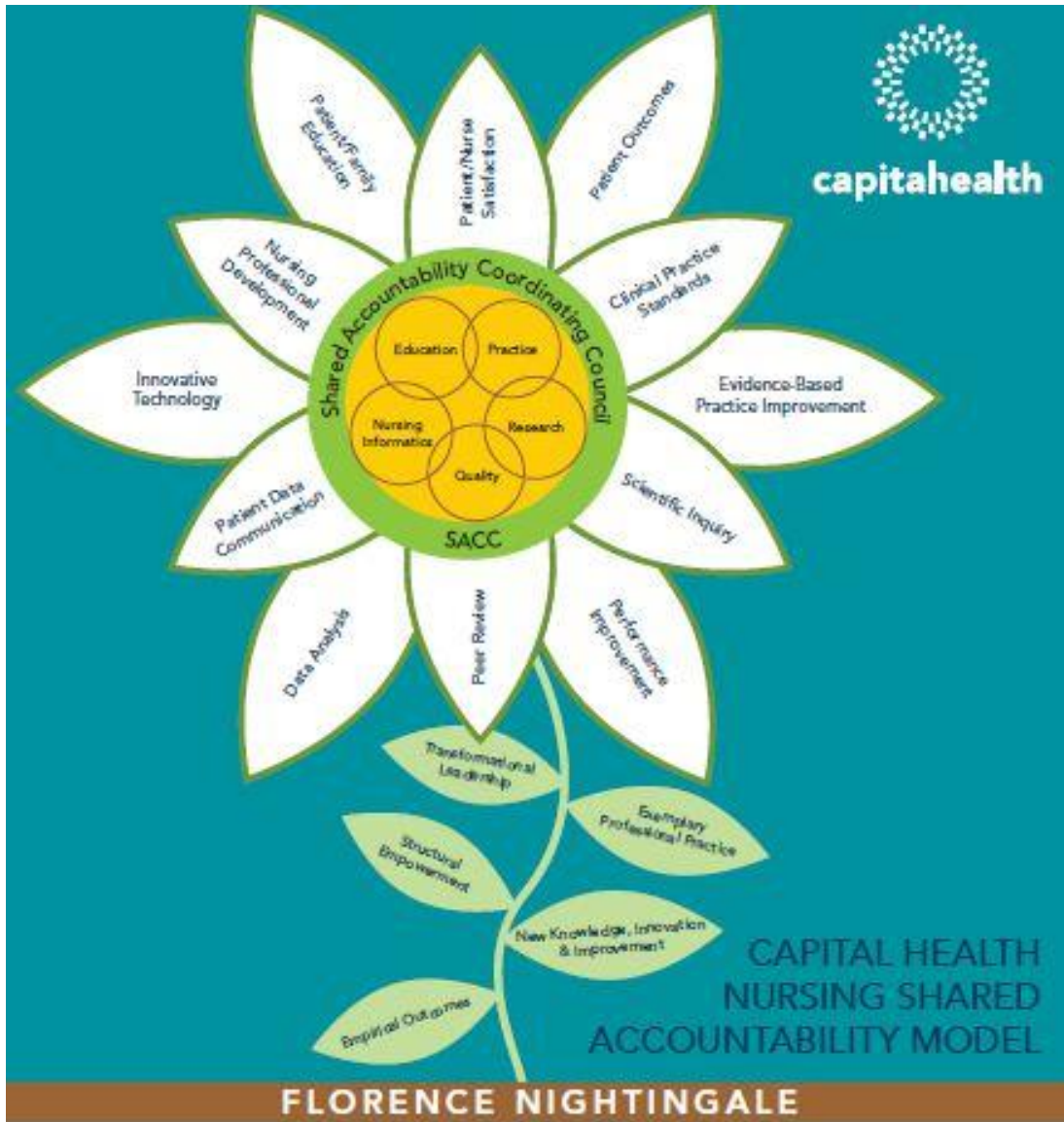


Figure 2 Capital Health's 2016 Nursing Shared Accountability Model

## **Exemplary Professional**

**Practice Exhibits for SOE - EP1**

**CAPITAL HEALTH**

**SHARED ACCOUNTABILITY COORDINATING COUNCIL (SACC) MEETING**

**January 23, 2013**

**Attendance:**

X	Allbritain, Joyce, RN Pre/Post Procedure-HPW (clinical nurse)	X	Lakatos, Karen Trauma ICU-RMC (Clinical Nurse)
X	Anderson, Megan, RN, BC Mental Health-RMC (Clinical Nurse)	X	Lally, Caroline Pediatrics-HPW (Clinical Nurse)
	Ashbock, Stephanie RN OR-HPW	X	Lando, Ann, RN, MA Nsg Admin.
X	Bargo, Leda, RN 3N-RMC (Clinical Nurse)		Lang, April, MSN, RN, APN, C DCE-HPW
	Boakye-Asante, Marion, RN Medical Care-HPW	X	Lang, Cheryl, MSN, RN, APN, C ED-HPW
	Boccellari, Diana, Rn 2N-RMC		Ledes, Elizabeth, RN PACU-HPW
X	Bowski, Colleen, RN ED-HPW	X	Mahony, Jill, RN Maternity-HPW
X	Buck, Elizabeth, RN Maternity-HPW (Clinical Nurse)	X	McConlogue, Lisa, RN, MSN Mental Health-RMC
	Burroughs, Karen, RN 2F-Inpatient Cardiology-RMC	X	Michael, Pat, RN, MSN Nsg. Admin.
	Calderone, Marjorie, RN OR-RMC		Monawer, Shokria, RN 2F-Inpatient Cardiology-RMC
	Craigle, Kelly, RN ED-RMC	X	Moroz, Kim BSN, CRN Neuro ICU-RMC (Clinical Nurse)
	Cruse, Preiona, RN 5M-HPW	X	Murphy, Sean, RN, BSN PACU-RMC (Clinical Nurse)
	Dhar, Parmita, RN Neuro ICU-RMC		Nemmers, Jennifer, ED-RMC
X	Distelcamp, Nancy, RN Trauma-RMC	X	Oravsky, Gary CVIR
	Dobson, Dahlia, RN Ambulatory Clinic-M		Pawlowski, Mary, RN NICU-HPW
	Donaldson, Jacob, RN EMS		Prentice, Therese, APN Med/Surg-HPW
X	Estlow, Margaret, RN, MSN Pediatrics-HPW		Price, Colleen MSN, RN TMICU-RMC
X	Fecak, Cathy, RN Peds ED-HPW (Clinical Nurse)	X	Remstein, Rona, RN Radiation Oncology-HPW
X	Festa, Erin, RN Cath Lab		Rolle, Michael, RN RDU-RMC
	Flood, Barbara, RN 6M-HPW		Santillo-Hunt, Michelle, RN OR-HPW
	Grande, Barbara, RN, BS Nsg. Inform.-RMC	X	Short, Jennifer, RN Maternity-RMC (Clinical Nurse)
	Graziadei, Pam RN, MSBN, CNAA, BC MCH-HPW	X	Sweeney, Katrina, MSN, RN-BC DCE-HPW
	Grissett, Stacey RN 3N-RMC		Talley, Donna, RN PACU-RMC
	Hilger, Sheila RN, BSN Neuro ICU-HPW	X	Toboloski, Ruthann Patient Services Administration
X	Hoenisch, Kelly, RN, BSN CCU/ICU-HPW (Clinical Nurse)		Wiggins, Kimberly, RN 5M-HPW
X	Horton, Eileen, RN, MSN, MSM Administration-HPW		Wilson, Yvonne, RN OP2-RMC
X	Houck, Jackie, RN STU-RMC (Clinical Nurse)		Zienowicz, Laura, RN 2FN-RMC
	JohnCharles, Tina 4M-HPW		

<b>Agenda</b>	<b>Discussion</b>	<b>Action</b>
<b>Minutes</b>	Minutes from November 28. December meeting was cancelled.	Approved.
<b>New Business</b> State of Affairs Update	<ul style="list-style-type: none"> <li>Capital Health has a temporary Chief Medical Officer – Joshua Eisenberg, MD, FACS. He is a Vascular Surgeon. Administration is looking for a permanent CMO and has a few candidates.</li> <li>Currently both hospitals are bursting at the seam. Positions have been approved and HR is looking for experienced people. They are 39 agency personnel working here right now.</li> </ul>	Informational.

	<ul style="list-style-type: none"> <li>• Patient Satisfaction – communication seems to be the biggest issue. Keep the patient informed.</li> <li>• Employee Satisfaction – this month’s focus is on communication. Need to understand what our benchmarks are and what the process is for budgeting for the benchmarks. There is an organized process being used.</li> <li>• Another employee issue that needs to be worked on is turnover.</li> <li>• Finance – making progress. We are cash flow positive but not covering depreciation.</li> </ul>	
Elections for Spring 2013	<ul style="list-style-type: none"> <li>• Elections should be done quarterly so there is a planned transition of membership. Nurse Exec is going to look at what the proper representation for the committee should be. This information will be brought back in February.</li> <li>• For the Spring of 2013 elections should be done in Med Surg Telemetry, Peds/Neonatal, Behavioral Health, NICU, Peds/Peds ED and Op1.</li> <li>• Also due this Spring is the Council Co-chair. Recommendations need to be submitted. Suggest using Survey Monkey. Pick two representatives from the membership list that are staff.</li> </ul>	Pending
Code Pink	Code Pink in a new administrative code that will be used if a mother is going to imminently deliver or has delivered outside of Labor and Delivery. There are responders that have been designated including an LDRP RN, NICU RN, neonatologist, pediatric and adult ED RNs, respiratory therapist and a security officer. The mother will be taken directly to LDRP.	The policy has been approved and posted.
<b>Old Business</b> Nursing Theorist Discussion	<p>Eileen Horton gave a presentation on Florence Nightengale and Madeline Leininger. We are currently using the Benner Model.</p> <p>There will be two more models presented each month until all possibilities have been given. When it is time to choose or model take into consideration the nursing practice of Capital Health. The new model should be reflective of our care and how it will be applied.</p>	The presentation can be viewed on the SACC drive.
Strategic Plans and Goals	Councils should be working on their plans and goals. Keep in mind that you want them to improve quality in anything that we publicly report especially in our growth programs (Neuro, Ortho, Oncology, and Digestive Health).	Pending.
Maps	Latest example presented. Review and approved. This will be used for new hires. Signage for the units is being reviewed.	Pending.
<b>Core Councils</b> Nursing Informatics	<ul style="list-style-type: none"> <li>• The icon for Keane has been changed to say NTT data.</li> <li>• In Optimum you now have the ability to see EKG’s</li> </ul>	Informational

	<p>not just the report.</p> <ul style="list-style-type: none"> <li>• Clinical Documentation has implemented Spiritual Assessment for chaplains, priest, etc.</li> <li>• Hand off assessment for last rights will go into Spiritual Assessment.</li> <li>• IV sites on the flow sheets need an educational plan. Med/Surg flow sheet is to be revamped.</li> <li>• Patient Transfer Form - New Jersey requires that a patient transfer form accompany patients to any Medicare-certified post-acute agency. Complete reference information can be obtained on the 1/22/123 version of Bits and Bytes.</li> <li>• Pneumonia and Influenza Vaccination documentation is not going well. A reminder has been built into NTT Patient discharge/Transfer instructions.</li> <li>• Anyone over the age of 6 should be offered the pneumococcal vaccine if they have Diabetes, Nephrotic Syndrome, ESRD, COPD, CHF, HIV or asplenia and if over the age of 19 – Asthma. The patient’s response should be documented.</li> <li>• Ascom phone batteries are close to their end of life. Dead batteries should be taken to Maintenance.</li> <li>• Teletracking Quick Reference Guide is available in Capital Link – Department Listing – Nursing Informatics – Capacity Management at the top of the page.</li> <li>• IS is rounding twice a month for identified issues.</li> <li>• CPOE – working with NTT data to develop.</li> </ul>	
Education Council	<p>Topics discussed:</p> <ul style="list-style-type: none"> <li>• Orientation</li> <li>• Risk Management will be involved in orientation</li> <li>• New hires</li> <li>• IV test being developed</li> <li>• Chest Pain process</li> <li>• Blood Thinning Pamphlet is available in the Print Shop</li> <li>• After Your Heart Attack Pamphlet for MI patients</li> <li>• Antibiotic education tear offs available</li> <li>• New Code Blue with RRT form</li> </ul>	Informational
Practice Council	<p>Topics discussed:</p> <ul style="list-style-type: none"> <li>• 2013 goals discussed. Same as 2012.</li> <li>• Membership – reaching out to nurse managers</li> <li>• End-of-Life symbol – Purple square magnet. Taking to Education Council for communication.</li> <li>• Sub committee formed – document Central Line on MAR</li> <li>• New triple lumen PICC – education</li> <li>• Discussed patients being discharged and returning with the same dressing</li> <li>• Need female caps on all units</li> </ul>	Informational.



	<ul style="list-style-type: none"> <li>• Individual Purell for all patients</li> <li>• Alaris Pump – libraries reviewed</li> <li>• Disposable was cloths – Do Not Flush</li> <li>• Narcotics available for PCA pump use – an issue</li> <li>• Med Ed – lack consistency in documentation</li> <li>• Skin – nosocomial rate is lower than the national average</li> <li>• Equipment trials – new feeding pumps, getting new chest tubes and vacutainer.</li> </ul>	
Research Council	<ul style="list-style-type: none"> <li>• There were 18 people at the last Council meeting!</li> <li>• The Council approved the Constitution.</li> <li>• Set a goal to move forward on Research Study (Phenomenological Research).</li> <li>• A study has started on the experience of nurses who participated in the move to Hopewell. Ann Curley and Barbara Chamberlain are the co-PI's. Also included will be two staff, an investigator, a transcriber and two people to do the lit search.</li> </ul>	Informational.
Quality Council	<ul style="list-style-type: none"> <li>• CMS measures November data – struggling with influenza and pneumococcal rates.</li> <li>• Patient Satisfaction – for December RMC – 9%, Hopewell 29%. Need to be above 50%.</li> <li>• NDNQI – Ann Curley prepared a summary report. Issues with falls at Hopewell and restraints at RMC.</li> <li>• Need to focus on BSN certification. CH has to be at 80% by 2020.</li> </ul>	Informational.
<b>Service Based Councils</b> Behavioral Health	<ul style="list-style-type: none"> <li>• Goal – refocus on patient involvement in treatment</li> <li>• Security Alert Handoff Goal is 90% - at 86%</li> <li>• Safety huddles continue. Staff driven.</li> <li>• Report on SACC drive.</li> </ul>	Informational.
Critical Care	<ul style="list-style-type: none"> <li>• Breaks in practice</li> <li>• Dressing change adherence poor. Need to put in safety report.</li> </ul>	Informational
Emergency Department	<ul style="list-style-type: none"> <li>• Issues getting PI data entered.</li> <li>• No improvement in reassessment.</li> <li>• Sedation has improved at RMC.</li> <li>• Template draft approved for Initial Assessment in Wellsoft.</li> <li>• Linda Baxavaneous presented data on the hemolysis study.</li> <li>• Reviewed the Pediatric Standards of Care.</li> <li>• Approved the Critical Care Policy for Initiation of Chest Pain Protocol</li> <li>• CEN Review Course in May/June</li> </ul>	Informational.
Maternal Child	<ul style="list-style-type: none"> <li>• Overhaul on data collection process</li> <li>• Close to target on 2012 projects.</li> <li>• Working on getting more staff involved</li> </ul>	Informational

	<ul style="list-style-type: none"> <li>• 2013 Goal – Latch scores</li> <li>• New group of doctors from Lower Bucks Hospital</li> <li>• Need to make adjustments due to being busier.</li> </ul>	
Med/Surg / Telemetry	<ul style="list-style-type: none"> <li>• First meeting January 24.</li> </ul>	Informational.
<b>Other</b> APN Committee	<ul style="list-style-type: none"> <li>• Charged with the development of clinical ladders for CH</li> <li>• Clinical Ladder process - orientation, evaluated at 3 months and at 6 months decide where to assign in clinical ladder.</li> <li>• Come up with draft - bring to SACC, take to staff and vote</li> </ul>	Pending.
Programs	<ul style="list-style-type: none"> <li>• Clinical Implications for the Newly Diagnosed Patient with Leukemia, February 9, 2013. Two sessions 10:00 am and 1:30 pm, Hopewell.</li> <li>• NJ Senate bill S2354 Legislative Update” Consumer Access to Care Act, February 21, 2013, 6:00 – 7:30 p.m., Hopewell</li> </ul>	Informational.
NJSNA (Provider Unit)	<ul style="list-style-type: none"> <li>• Rules have changed for 2013.</li> <li>• Focus on outcome measures</li> </ul>	Informational
Meeting adjourned: 3:23 p.m.		Recorder: Barbara Tomlinson
Next Meeting: February 27, 2013, 1:00 p.m., Hopewell – 1 <sup>st</sup> Floor Conf. Center – A & B		



**CAPITAL HEALTH**

**SHARED ACCOUNTABILITY COORDINATING COUNCIL (SACC) MEETING**

**December 17, 2013**

**Attendance:**

	Allbritain, Joyce, RN Pre/Post Procedure-HPW	E	Lakatos, Karen Trauma ICU-RMC, Clinical Nurse
	Ashbock, Stephanie RN OR-HPW		Lally, Caroline Pediatrics-HPW, Clinical Nurse
	Bargo, Leda, RN 3N-RMC		Lando, Ann, RN, MA Nsg Admin.
	Bachman, Tami, RN Neuro Intermediate-HPW	X	Lang, Cheryl, MSN, RN, APN,C ED-HPW
	Boakye-Asante, Marion, RN Medical Care-HPW	X	Ledes, Elizabeth, RN PACU-HPW, Clinical Nurse
X	Bowers, Linda , RN, BSN Nursing Informatics	X	Mahony, Jill, RN Maternity-HPW
	Bowski, Colleen, RN ED-HPW	X	Marino, Dan, RN, BSN ICU/CCU-HPW, Clinical Nurse
	Buck, Elizabeth, RN Maternity-HPW		McConlogue, Lisa, RN, MSN Mental Health-RMC
	Burroughs, Karen, RN 2F-Inpatient Cardiology-RMC		Metcalfe, Debbie Radiology-HPW
	Calderone, Marjorie, RN OR-RMC		Michael, Pat, RN, MSN Nsg. Admin.
E	Carpenter, Shelly, RN, BSN NICU-RMC, Clinical Nurse		Monawer, Shokria, RN 2F-Inpatient Cardiology-RMC
	Craigle, Kelly, RN ED-RMC	X	Moroz, Kim BSN, CRN Neuro ICU-RMC, Clinical Nurse
	Cruse, Preiona, RN 5M-HPW	X	Murphy, Sean, RN, BSN PACU-RMC, Clinical Nurse
	Davenport, Arlene, RN, BSN RDU-RMC	X	Nemmers, Jennifer, ED-RMC, Clinical Nurse
	Dhar, Parmita, RN Neuro ICU-RMC	E	Omeni, Pat, RN Dept of Psychiatry -RMC
X	Distelcamp, Nancy, RN Trauma-RMC		Oravsky, Gary CVIR
	Dobson, Dahlia , RN Ambulatory Clinic-M	X	Price, Colleen MSN, RN TMICU-RMC
	Donaldson, Jacob, RN EMS	X	Remstein, Rona, RN Radiation Oncology-HPW
	Donohue, Jennifer, RN, BSN NICU-RMC		Rolle, Michael, RN RDU-RMC, Clinical Nurse
	Estlow, Margaret, RN, MSN Pediatrics-HPW		Santillo-Hunt, Michelle, RN OR-HPW
	Fecak, Cathy, RN Peds ED-HPW		Short, Jennifer, RN Maternity-RMC, Clinical Nurse
	Festa, Erin, RN Cath Lab		Steward, Caroline, APRN
	Flood, Barbara, RN 6M-HPW		Sweeney, Katrina, MSN, RN-BC DCE-HPW
	Grande, Barbara, RN, BS Nsg. Inform.-RMC		Talley, Donna, RN PACU-RMC
	Graziadei, Pam RN, MSBN, CNAA, BC MCH-HPW		Toboloski, Ruthann, RN, MA, NEA-BC Pt Serv Admin
	Grissett, Stacey RN 3N-RMC		Wiggins, Kimberly, RN 5M-HPW, Clinical Nurse
X	Hilger, Sheila RN, BSN Neuro ICU-HPW, Clinical Nurse		Wilson, Yvonne, RN OP2-RMC, Clinical Nurse
	Hochberg, Laurie, RN OR-HPW		Zienowicz, Laura, RN 2FN-RMC
	Hoensch, Kelly, RN, BSN CCU/ICU-HPW		
X	Horton, Eileen, RN, MSN, MSM Administration-HPW		
E	Houck, Jackie, RN STU-RMC, Clinical Nurse		
	JohnCharles, Tina 4M-HPW		

<b>Agenda</b>	<b>Discussion</b>	<b>Action</b>
<b>Approval of Minutes</b>	Minutes from October 23, 2013	Approved by Jennifer Nemmers and seconded by Colleen Price.
<b>New Business</b> State of Affairs Update	Patient Satisfaction – For the most part we are trending positively especially in the Emergency Department. Changes have been made in the department to get people through quickly. Some inpatient units are trending positively but the others need improvement  Currently working on the interim Magnet	Informational.

	<p>Report.</p> <p>Staff Satisfaction – Clinical ladder proposal will be completed next month. It needs to be taken back to the units.</p> <p>Financial – Doing OK but not in the black yet. There are consultants here looking for ways to help.</p>	
Nursing Theorist Selection Process	<p>As a result of the recent survey to find a new theorist, Florence Nightingale was chosen. Ann Curley found an article on Implementing the Nightingale principle. Please read the article and think about how to start using and incorporating her principles to our practice.</p>	Article will be posted on the SACC drive.
2014 Education Needs Assessment	<p>What does Capital Health need to meet the BSN standard for Magnet.</p> <p>Currently looking at Holy Family University and The College of New Jersey for onsite RN-BSN schools. A handout was given to compare the two. Holy Family University is an accelerated program and The College of New Jersey is traditional.</p>	Informational.
2013 Magnet Conference Report	<p>Sean Murphy reported. Lisa McConlogue, Katrina Sweeney and Sean attended the 2013 Magnet conference. Between the three of them they attended 27 different sessions. Each one gave them ideas for the work that needs to be done here but they also found that we are already doing programs to meet the Magnet standards.</p> <p>Peer review will be a major issue for the next inspection. A Peer Review Committee/Council will be formed.</p> <p>In all he found the conference uplifting and energizing. Impress on staff to work on what we can do to get ready for Magnet IV.</p>	Informational
Old Business Membership and Election Times	<p>There will be an annual council turnover rather than the current quarterly process. A list was handed out to show who will be replaced in 2014 and who will be in 2015. The membership list was reviewed and names collected for the members. The Co Chair will be elected from the previous year's membership.</p>	Informational.
<b>Meeting adjourned:</b>		
		<b>Recorder: Barbara Tomlinson</b>
Next Meeting: January 22, 2014, 1:00 p.m., Hopewell – 1 <sup>st</sup> Floor Conference Center - C		

Respectfully submitted,  
Sean Murphy, RN, BSN  
Chairperson



**CAPITAL HEALTH  
Practice Model Meeting**

Date July 17, 2015

Attendance:


<b>X</b>	Christina Allen RN	<b>X</b>	Vera Kunte RN	<b>X</b>	Regina Nwosu (Clinical Nurse)
<b>X</b>	Lauren Caffrey RN (Clinical Nurse)	<b>X</b>	Cheryl Lang RN	<b>E</b>	Mary Ravenel
<b>X</b>	Kathy Donaldson RN	<b>X</b>	April Lang RN		
<b>E</b>	Margaret Estlow	<b>X</b>	Jill Mahony RN		
<b>KEY</b>	<b>Attendance: X = Present E = Excused</b> Absence is left blank				
	<b>Status: P = Pending R = Resolved A = Approved I = Informational E = Expired</b>				

Date	Issue	Responsibility	Intervention	Status
<b>Old Business:</b>				
7/17/2015	Old Practice Model		Reviewed old practice model for those new to the committee	
<b>New Business</b>				
7/17/2015	Introduction of group members	All		
7/17/2015	Revised Practice Model	April Lang	<p>Reviewed most recent version of the Practice Model. Focus on Daisy, incorporating Florence Nightingale.</p> <p>Previously suggested to eliminate old model and go with a new look to eliminate any confusion. A daisy would link nature and Florence. Concept/model had been presented at last month's Practice Council and Med- Surg Tele Council with good support</p> <p>At Practice Council it was suggested to add second stem with Florence's tenants.</p> <p>After discussin version with second stem it is suggested to add tenants of Florence to the root system.</p> <p>April to reach out to 4 main councils ( Practice, Research /EBP, Informatics and Quality) . Each to provide 4 points explaining the essence of their councils. No more than 2 words per point. Will request they are sent to April and Jill to be incorporated into next version.</p> <p>Will plan to meet week of 7/27 to continue work on revised Practice Model.</p>	Ongoing
Recorder: April Lang				
Next Meeting: Tuesday July 28, 2015 CR C at Hopewell Call in number to be provided.				

Respectfully submitted  
April Lang MSN,APN,C  
Chairperson

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## Shared Accountability Coordinating Council CapitaLink Resources



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CapitaLink Administrator

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Welcome to CapitaLink

Good Morning, Today is February 3, 2016



Trenton, NJ  
Cloudy, 54 F

Today's Census

RMC: 155 Hopewell: 202

Visitor Pass Daily Color

CHRMC  Hopewell [More Information »](#)

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**NAVIGATION**

- About Us
- Calculators
- E-Conference Room
- Employee Directory
- Human Resources
- Physician Referral
- Policies
- Web Mail

**SCHEDULES**

- OR/Procedures - Hopewell
- OR/Procedures - RMC
- EMS/AHA
- Medical Staff
- Neonatal Resuscitation
- Residents
- Cardiology Interventional
- CH Hospitalist Group
- Intensivist
- Maternal Fetal Medicine
- Med Hospitalist-Hopewell
- Med House MD-RMC
- NeuroCritical Care Coverage

### SACC Resources

[« Back to SACC](#)

Click on the link below to download a document.

**Nursing Theorist**

- Betty Neuman
- Ernestine Weidenbach
- Florence Nightingale Article
- Helen C. Erickson
- Helen Erickson
- Imogene King
- Jean Watson
- Nightengale and Leinheiser
- Nursing Theory Presentation

**QUICK LINKS**

- Administrative Report
- ADP Time/Attendance
- Chemical List SDS
- Committees
- Contact Corporate Compliance
- Cornerstone Talent Management System
- Emergency Red Phone Listing
- Hazard Communication Program
- Inner Circle Directory
- IV Experts List
- Language Bank
- Levels of Observation
- Magnet Nursing Webpage
- MCG Interactive
- Medical Staff Privileges
- Misidentification List
- PPD Resources
- Practice Management Listing
- Productivity Report
- PTO Report
- Resp-Fit Test Resources

CHRMC

750 Brunswick Avenue Trenton, NJ 08638

T: (609) 394-6000

Hopewell

One Capital Way Pennington, NJ 08534

T: (609) 397-2374

Hamilton Campus

1445-1401 Whitehorse-Mercerville Road Hamilton, NJ 08619

T: (609) 582-5050

## CAPITAL HEALTH'S NURSING PROFESSIONAL PRACTICE MODEL

Florence Nightingale became Capital Health's elected Nursing Theorist because of her vision of nursing as a profession that "... requires a specific educational base" (Nursing Theory, 2012) and her innovative utilization of carefully collected data to make healthcare changes to improve patient outcomes.

Her *Environmental Theory* (Patient Centeredness) is the resource nurturing the growth of our professional practice model.

The *Core Magnet principals* form leaves that support the growth.

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation & Improvement
- Empirical Outcomes

Our professional practice and Patient Centeredness blooms with *shared governance* as the central structure from which radiates the petals of *excellence in nursing practice*. As the direct care nurses' congress, the Shared Accountability Coordinating Council (SACC) surrounds the central, interlocked councils to indicate the communication lines between and among all the councils. Information flows from Unit-based councils inwardly through the Service-based council towards the Core Councils as well as from the Core Councils outwardly to the unit-based councils.

The North-South petal elements, *Patient/Nurse Satisfaction* and *Peer Review*, are the overarching goals of SACC and the five (5) Core Councils.

Each Central Council has a distinct constitution and elements:

- Education: *Patient/Family Education, Nursing Professional Development*
- Practice: *Clinical Practice Standards, Patient Outcomes*
- Research: *Scientific Inquiry, Evidence-Based Practice Improvement*
- Quality: *Data Collection and Analysis, Performance Improvement*
- Nursing Informatics: *Innovative Technology, Patient Data Communication*

### Nightingale's Environmental Theory Conceptual Framework

