

NCNA HALLMARKS OF HEALTHY WORKPLACES



Application Guidelines

For data use minutes, reports, assessments, policies, newsletters, emails, intra-net pages, flyers, membership lists, evaluations, training titles, case examples

NCNA Hallmarks of Healthy Workplaces Task Force

1/1/2011

Terms used in directions for application:

Facility = organizational umbrella of applicant, may also be the applicant where the entire facility applies for recognition

Applicant = the group applying for hallmarks recognition e.g. hospital, long term care facility, school of nursing, entire agency, division, unit, department, program or an office. The applicant must employ 3 nurses.

Nurse = any RN position not in administration 50% or more: staff nurse, home health nurse, hospice nurse, faculty member (tenure or clinical), school nurse, AHEC nurse, casemanager, NP, CRNA, CNL, CNS, nurse educator, OR nurse, charge nurse, team leader, risk manager, etc.

Client = the recipients or customers of nursing services e.g. patients, residents, students, school children or others in the community receiving nursing services.

Manager = administrator who is responsible for annual review and any disciplinary action for nurses. May also have additional budget, program or other administrative responsibilities. Must be a 50% or more administrative position.

Cite an example only once throughout application, add unique examples as requested.

Section I Support for Professional Development

I-I Orientation New Employees/Positions

	<i>Facility Resource</i>	<i>Utilization by Applicant</i>
A Systematically <u>orients</u> new employees	<p>List mission statement/goals and values/philosophy of facility and of applicant (if applicant does not have this, state so).</p> <p>Describe orientation of nurses at facility and applicant level re: mission/goals and values.</p> <p>Describe orientation to human resources policies and benefits and future access.</p>	<p>1. Dates this year that facility wide orientation offered. Number of hours of orientation.</p> <p>2. Describe applicant orientation of nurses to applicant specific policies.</p> <p>IF NO FORMAL orientation describe how new employees are informed of facility mission, goals, values, HR, benefits and how to access and any specific differences of applicant.</p> <p>3. Describe any barriers associated with nurses working shifts or weekends or at sites other than where Human Resources is located and how they are overcome. If policies on web, how many computers available on applicant site for nurses to access them? If these barriers are not present, describe an incident where a nurse did access HR policies or benefits.</p>

B Trains and supports <u>preceptors/ mentors</u>	<p>Briefly describe procedures to select and train preceptors/mentors for nurses new to the applicant and resources available to them. Is there a policy or manual on site? Are there terms for being a preceptor/mentor? Is there annual training and re-affirmation of interest for continuing preceptors/mentors?</p> <p>If informal give rationale and describe process for last time a preceptor/mentor was chosen, their responsibilities, and resources.</p>	<p>If formal preceptor program complete I-IB table in Demographic and Information Data Form. Describe resources to support preceptor/mentors (check lists, manuals, websites, etc)</p> <p>If no roster, describe process applicant uses to train and support a mentor/preceptor and resources available to assist.</p>
C. Validates competencies of newly hired nurses to fulfill position	<p>Describe the procedures used to validate newly hired nurse's skills and knowledge. Who is designated to validate this? Attach check list in appendix if used. What is done if person needs additional training to be competent?</p> <p>If there is no formal process, how is the competence of newly hired nurses assessed?</p>	<p>Attach the evaluation completed on one new nurse in the last year (remove identifying information) in the appendix. Is there a time period for required competence?</p> <p>If no new employees in over 1 year give an example of how new skills or knowledge requirements for nurses are introduced and validated.</p>
D. Provides mentoring when nurses are promoted or change work specialty/ geographic areas	<p>Describe how nurses are mentored when they are promoted or change to new areas of work or positions (clinical specialty, case management, management, courses taught, schools or geographic areas assigned, etc)</p>	<p>Give 1 example of a nurse being mentored after a lateral transfer to a new position/specialty or after a promotion. Was this a formal process? How were they "matched"? What activities were required?</p> <p>If no promotions or transfers/changes in over 1 year, state so and describe how more "junior" nurses are mentored.</p>
I-II Education Support for Career Development		
A Provides nurses opportunities to assist to maintain	<p>Describe if paid time off is given for onsite continuing education that is not required by the position. Do nurses have an annual budget or</p>	<p>Document one example of an onsite learning opportunity offered by the facility in the last year. How many nurses from the applicant attended offsite</p>

and acquire competencies of their position	process for payment of registration for offsite continuing education? (Attach one example of a policy related to this area in appendix)	conferences/continuing education paid for by the facility last year?
B Provides cultural diversity training and experiences regarding coworkers & client populations	Describe how onsite cultural diversity training activities are chosen annually. What titles and hours of cultural diversity classes were held at your facility in the last year? (Attach policy in appendix or state there is none)	How many nurses participated in cultural diversity training classes onsite in the last year? If no formal classes were held, what cultural diversity activities were held and what percent of nurses from applicant participated?
C Provides educational supports and incentives for career advancement.	Describe the supports for earning higher degrees in nursing or assuming leadership in a professional organization or national certification in a nursing specialty (e.g. flexible scheduling, tuition or dues reimbursement, paid time off, bring recruiters/ courses onsite, etc). (Attach policy to appendix).	Complete table in Demographic and Information Data Form for I-II C
I-III Recognition and Reward (Including Compensation)		
A Annually assesses the evidence of fair compensation for nurses	List hierarchy of positions and HR salary ranges available for nurses from new graduate to CNO. Include lateral positions with same "level". Use table in Demographic and Information Data Form 1-111A. Describe sources for comparison data and last comparison done. If not done annually state how often comparisons are made.	If, in last comparison, nurse's salaries do not reflect "fair market value" what activities to increase salaries or benefits were provided since then to increase value? What constraints does the facility face regarding increasing salaries?
B Rewards excellence through recognition programs	List internal programs and awards to recognize excellence that nurses in this facility are eligible to receive. Recognition Examples <u>MIGHT</u> include: cash awards, plaques, ceremonies, news articles/ads, NC top 100 nurses, Spectrum or ADVANCE awards, newsletter, mass email, included minutes staff	Complete table in Demographic and Information Data Form for I-III B. Community Leaders include community organizations, boards, offices, advisory groups, etc. How was the information about these awards disseminated (announcements, newsletter, press release, advertisements, news articles, etc)

	meeting, etc.	
C Provides career advancement in practice positions.	Describe career advancement program for direct service nurses in tiered positions e.g. Clinical Nurse I, II, III or Lecturer, Asst, Assoc, Full Professor, or PHN I, II, III etc. Attach in appendix by-laws, HR policies, or other criteria for advancement. For tiered advancement is there an associated pay bonus or increase? If so, how much. If there is no tiered program, what support for career advancement or lateral movement e.g. case manager, coordinator, etc. is available?	Complete table in Demographic and Information Data Form for I-III C. If there is no tiered program, give examples of how direct service expertise is recognized and supported. Include how many nurses in applicant have received this recognition or support in the last 2 years.
D Provides resources for involvement in community outreach.	Describe if mission includes community involvement. How is this promoted and recognized? State incentives such as sponsorship, paid time off, inclusion in career ladder, etc.	Complete table in Demographic and Information Data Form for I-III D.
Section II System Support for Staff to Provide Quality Service		
II-I Employee/Family Friendly Organization		
A. Facilitates mutual respect and valuing of all individuals and non-nurse contributions to excellence.	Describe how mutual respect for other's contributions to quality service is included in employee evaluation or peer review criteria. What sources of information are utilized? (Attach relevant job description language, evaluation forms or policies in appendix)	Provide one outstanding example of a display of recognition of high quality work by an employee who was not a nurse by a nurse from the applicant in the last year.
B. Promotes collaboration among all disciplines	Describe mechanisms to encourage inter-disciplinary work and collegiality at this facility. Describe activities that promote nurse-physician	Complete table in Demographic and Information Data Form for II-I B. Describe one example of a nurse from the applicant

	<p>collaboration or nurse other discipline collaboration where there are no physicians.</p> <p>Examples MIGHT include: nurse-physician or interdisciplinary committees, facility or college search committees, facility or college committees or task forces, rounds, PI teams, Protocol development teams, case conferences or task forces, alignment of work schedules for multiple disciplines, team building events, continuing education, faculty social hours, multi-disciplinary research or EBP, or grants etc.</p>	<p>and one or more physicians collaborating in direct service decision making. If there are no physicians, given an example with another discipline or department.</p>
<p>C. Enforces policy of <u>zero tolerance for abuse of employees</u></p>	<p>Attach policies in appendix for zero tolerance of abusive behavior (physical, verbal bullying or disruptive behavior) and forbidding sexual harassment.</p> <p>Describe protections for those who report abuse or harassment.</p>	<p>Describe how nurses at applicant are informed of policies against abuse or sexual harassment.</p> <p>State frequency of reports by nurses in last 2 years, what protections they received, and outcomes of these reports. Describe activities at applicant to increase assertiveness of nurses to report abuse and harassment.</p>
<p>D. Monitors the rate of employee turnover and systematically plans to reduce/discourage turnover.</p>	<p>Provide annual reports of organizational RN turnover for the past 3 years or on a sheet stating no report in appendix.</p> <p>Describe activities to systematically determine causes of turnover, and to reduce turnover or maintain retention in the last 2 years</p> <p>Examples MIGHT include assess if turnover is retirement/disability/moving or other, brainstorming in shared governance councils, staff attitude surveys, review of exit interviews, review absentee rates, patterns and causes, review injury rates, review comparability of salaries and benefits.</p>	<p>Document turnover at applicant for RNs for past year in Market Information Data Form. Describe how this compares to facility overall (if applicable)</p> <p>Describe efforts to identify causes and efforts to increase or maintain high retention at applicant.</p>

	When one unit/program,/department has higher turnover, what has been done to identify the root cause and reduce it?	
E. Promotes open communication and dialogue between administration and nursing staff	Describe channels of vertical communication to and from direct service nurses. Describe one innovation to increase upward and one to increase horizontal communication. How are outcomes measured?	Describe specific channels for upward, downward and across applicant communication. Describe one example of a communication between nurses and administration that was misunderstood in the last year and the change made to prevent it happening again.
F. Initiates innovations to improve service delivery and the work environment	Give an example of how innovation is promoted. What mechanisms are there for nurses to initiate practice innovations? What work environment innovations occurred in the last year? How are decisions made to continue or end an innovation?	Describe one change at applicant that originated in shared governance or a staff meeting led by peers or the suggestion of a nurse in the last 2 years. Describe the channels for receiving resources for nurse led innovations at applicant.
II-II Safety And Wellness		
A Promotes employee health and well being	Describe onsite resources for wellness. Attach brief health insurance benefits description in appendix with costs to employees for enrollment. Examples MIGHT include: classes, fitness rooms, jogging path, farmer's market onsite, quiet room, chapel, lounge near workplace, etc. List strategies used to prevent or decrease violence against nurses. Describe specific training offered nurses to de-escalate or prevent violence. Attach in appendix policies to prevent workplace violence.	Provide one example of nurses at applicant using onsite resources for wellness. If no nurses use them give rationale or summarize barriers. Assess safety of work environment for nurses at applicant and strategies used to increase safety of nurses at applicant. Describe one channel for a nurse to request assistance for safety while at work.
B Implements appropriate protections for	Describe environmental hazards that the facility has policies in place to respond to in order to avoid employee harm.	Describe 1 change to reduce environmental hazards to nurses at applicant. If applicable describe strategies to improve offsite safety of nurses at work.

<p>nurses in agency and community /field settings based on industry standards</p>	<p>Examples MIGHT include: noise, blood, lifting, client violence, radiation, insects, ergonomics, violent neighborhoods</p> <p>Describe how employees are informed of the dangers and required protective actions.</p>	
<p>C. Provides security sufficient for nurse's safety.</p>	<p>Describe potential threats to nurse safety and security measures employed to prevent harm.</p>	<p>Give one example of a nurse at the applicant utilizing security measures to increase their safety.</p>
<p>D Implements proven techniques to assist employees after experiencing workplace trauma.</p>	<p>Describe assistance techniques available to nurses after workplace emotional or physical trauma and how they are accessed. Document if Employee Assistance Program is available and number of visits covered.</p>	<p>How many nurses at applicant have experienced emotional or physical trauma in the last year? What activities were done to assist them in recovery? If there were no incidents, how would a nurse or the entire applicant access assistance if trauma occurred?</p>
<p>E. Enhances the attractiveness and comfort of the working environment.</p>	<p>Describe practices done to enhance attractiveness and employee comfort in the workplace. Identify the private space for nurses (lockers, cubicles, office) the degree they may be personalized, and lounge or lunch room space separate from clients/students/patients.</p>	<p>Describe one innovation that has enhanced the comfort, aesthetics and/or cleanliness at the applicant in the last 2 years.</p> <p>Describe the private space provided for nurses and nurse administrators.</p>
<p>II-III Quality Nursing Services</p>		
<p>A. Creates a non-punitive environment in which problems and errors can be reported.</p>	<p>Describe the process of how "near misses", errors, and problems are encouraged to be reported without blame or retaliation in order to create a "just culture".</p> <p>Examples MIGHT include: response process when nurses make or anticipate medication or other clinical errors, continuing education on just culture, newsletter articles on reporting process and root cause analysis, risk managers meeting with nurses to review how to respond to patient</p>	<p>Describe an example of a nurse at applicant who made an error and how the situation was handled.</p> <p>Describe how a just culture is promoted at applicant.</p>

	injuries, processes for grade changes by faculty and student appeals of grades, revisions in curriculum to meet the NCLEX blueprint, responses when students or orientees make clinical errors, etc.	
B Supports nurses planning for continued competence.	Demonstrate that annual reviews include plans for continued competency and professional growth. Attach in appendix policy or form.	Give one example of a nurse at applicant annual goals or plans for continued competence to meet NC BON requirements (remove all identifying information)
C Demonstrates nursing coordination for continuity of client services.	Describe procedures utilized to enhance continuity of services/advising for clients/students across transitions. (Attach relevant policies in appendix.) Examples MIGHT include: school nurse policies re: student medications, family/nurse conferences. hospital policies re: discharge planning, case management, medication reconciliation, consistent assignment of nurses, activities to prevent re-admissions. In a school of nursing re: preparation for NCLEX and remediation, advising policies, lab simulations before patient care	Give one example of a nurse at applicant intervening to increase continuity of services for a client across a transition that made a difference. What was the outcome? Examples of transitions MIGHT include: School of Nursing student transitions pass NCLEX or first graduate position or move between years in a program, career advising. Hospital patients transitions ED to unit, hospital to home, etc. Community client transition first child born, access medications or chronic disease self management, or contacting hospice, from home to assisted living, etc.
D Assures that an active performance improvement program is in place	What types of accreditation or certification are held by the facility? Describe the performance improvement process or framework utilized for maintenance and the roles nurses play in this process.	Describe one performance improvement project by nurses at applicant in the last two years. What was the problem, intervention and outcome?
E Promotes policies and procedures that facilitate the use of nursing standards and evidence-based outcomes	Identify the cycle for review of policies and procedures for compliance with current standards of nursing practice. Describe how current research evidence is cited in policies. (attach one policy as an example in appendix) What resources are provided to train nurses in evidence based practice or to increase their	Identify 1 practice change at the applicant that was due to a change in nursing standards or research evidence. Describe briefly how this change was planned, implemented, and the outcome measured. Describe the channels for nurses to express concerns if other disciplines use outdated practices not based on current evidence.

	<p>research skills?</p> <p>Describe how nurses access the library used by the facility.</p>	
F Maintains sufficient nurses appropriate for client population based on professional standards.	<p>Describe method used to determine client needs and number of nurses required. Identify standards or benchmarks and sources that are used to guide decision making.</p> <p>In a school of nursing setting this will refer to class size. In a home health setting this will refer to visits per day. In a school nurse setting this will refer to students per nurse.</p>	<p>Identify nurse: client ratio for last year. What support personnel are available to reduce nursing workload (IT support, secretary, teaching assistant, volunteers, CNAs, etc.)</p> <p>Describe how input from nurses is gathered regarding number nurses required and client needs.</p> <p>If adequate staffing is not possible, what is root cause and what accommodation is made to provide safe care?</p>
G. Nurses actively participate in scheduling work and have autonomy to in use of work time.	<p>Describe methods used for scheduling nurse's days/workload. Is time for committees, continuing education, staff meetings, and promoted community outreach included in workload? (In a school setting this refers to courses and days; in a community setting this refers to days worked and visits made)</p> <p>Describe the mechanisms for nurse's input regarding their schedule.</p> <p>Attach in appendix any relevant policies to assure nurses autonomy in completing work assignments.</p>	<p>Give one example of the response at the applicant to lower than planned staffing on a given shift. In a community or school setting how is work accomplished if nurse is unable to come to work due to illness?</p> <p>What position at the applicant does the work schedule? What is the provision for nurse input? What position at the applicant makes nurse assignments of workload? What is taken into consideration for assignments? What input do nurses have?</p>
H. Provides expert consultation to nurses.	<p>In the table in Demographic and Information Data Form list the consultation expertise available for nurses.</p> <p>Describe how nurses access experts.</p>	<p>For the applicant describe two examples of a nurse consulting with different experts and how the nurse accessed the experts.</p>

Section III Integration of Nursing into Operations & Governance

III-I Leadership and Administration

<p>A Administration follows through after work injuries occur (e.g. falls, lifting, violence)</p>	<p>Briefly describe the process and procedures in place to follow through. If some work is in multiple sites, include relevant policies. (Attach related policies in appendix).</p>	<p>Give one example of a nurse work injury at applicant and how it was followed until full employment was returned. If there have been no injuries in 2 years, describe how a nurse would report an injury and the benefits available for treatment.</p>
<p>B. Provides managers with the skills, knowledge and ongoing coaching to be effective managers</p>	<p>Describe required onsite continuing education for managers in the last year. Is national certification required, encouraged, and/or recognized?</p> <p>Describe support for managers to become certified or enroll in coursework or higher degrees related to management and leadership.</p> <p>NOTE: Manager refers to anyone in administration who does annual evaluations, discipline, etc of nurses regardless of title.</p>	<p>Complete table in Demographic and Information Data Form for III-I B.</p>
<p>C Provides opportunities for staff to dialogue with chief nurse executive.</p>	<p>Describe mechanisms for nurses to interact/dialogue or meet with the person in the highest nurse executive position.</p>	<p>Give one example of a nurse at the applicant interacting/dialoging or meeting with the person in the highest nurse executive position and the topic discussed.</p> <p>Give one example of administration responding to a request from nurses at applicant.</p>
<p>D Consistently conducts nurse satisfaction surveys; results used to improve the workplace</p>	<p>Identify nurse satisfaction tools used and how often they are administered. Validated tools are preferred.</p> <p>What is the usual delay between survey and results? What is the review and response process?</p>	<p>What is latest result of nurse satisfaction survey (not for Hallmarks) at applicant? Give one example of a response from administration to results of a nurse satisfaction survey at applicant.</p>

<p>E Completes steps in the employee grievance process in a timely and considerate manner</p>	<p>Describe how grievance policy is accessed by nurses and the first step in filing a grievance. (Attach grievance policy to appendix.)</p>	<p>If a grievance has been filed in the last 2 years at applicant, what was the focus and what was the resolution?</p> <p>If no grievance has been filed in 2 or more years, what are the channels for nurses to express concerns other than grievances? Give one example of a nurse at applicant using a channel and the resolution.</p>
<p>F Actively responds to nurse concerns</p>	<p>Describe one case example that reflects an active response to a nurse concern.</p>	<p>Describe one change in policy or practice that was a result of nurse concerns at the applicant. How were these concerns discovered?</p>
<p>G Assures nursing administrators have formal authority and accountability for nursing.</p>	<p>Describe the scope of authority of the highest nurse executive position (fiscal, staffing, quality, policy). Is this person accountable for quality of nursing services? If not, who is? (Attach to appendix: Organizational chart of entire facility, Job descriptions and qualifications required of all nursing administrative positions.)</p>	<p>Identify the title of the highest nurse administrator in the applicant.</p> <p>Describe one incident where any nurse administrator at applicant used their authority to make a decision regarding a quality of service issue.</p>
<p>III-II Shared decision making</p>		
<p>A Promotes a culture that views nurses as powerful, skillful, knowledgeable, competent and solution-oriented</p>	<p>Describe how evidence is used to support practice standards and the required review cycles for them.</p> <p>What is the mechanism for shared decision making at this facility? (shared governance councils, committees, faculty meetings, etc). If none say so.</p> <p>purchase of equipment, choice of products, ethics, cost savings, practice/student policies, recruitment, quality/curriculum requirements, standardized forms/syllabus etc, research/evidence based practice development. (For each if no nurse participation in these</p>	<p>Complete table in Demographic and Information Data Form for III-II A.</p> <p>Is there a mechanism for shared decision making in nursing at the applicant level? What is it?</p> <p>Give one example of a manager seeking nurse input on a daily service issue.</p>

	decisions, state so). What mechanisms are there for nurses to have input into strategic planning or goal setting?	
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