

## Nursing Mission Statement

United Hospital is committed to excellence in nursing practice.

## Nursing Vision Statement

Through our commitment to excellence, we are nationally known for advancing the art and science of nursing.

“Unless we are making progress in our nursing every year, every month, every week, take my word for it we are going back.”

Florence Nightingale, 1914

Nursing is having “charge of the personal health of somebody...And what nursing has to do...Is to put the patient in the best condition possible for nature to act upon him.”

Florence Nightengale, 1859  
*Notes on Nursing*



## UNITED HOSPITAL NURSING

OUTCOME-BASED RELATIONSHIPS



UNITED  
HOSPITAL

Allina Hospitals & Clinics

PROFESSIONAL PRACTICE MODEL



PHILOSOPHY

Nursing at United Hospital is an autonomous art and a scientific discipline that takes a holistic approach to the diagnosis and treatment of potential and actual responses to disease. Nursing care is patient/family-centered and is based on the nurse establishing and sustaining a therapeutic and caring relationship with patients and families. The goal of nursing is to lessen the effects of illness, promote comfort and healing, and assist patients and families — whether helping them attain an optimum state of wellness or a dignified death.

Nurses support this philosophy and the professional practice model by:

- strengthening their practice through a commitment to innovation and research-based theories
- accepting professional accountability to patients, families and the community based

on the Minnesota Nurse Practice Act and the American Nurses Association Scope and Standards of Nursing

- building relationships with colleagues and collaborating with other health care professionals in treating and advocating for our patients and families
- recognizing the uniqueness and cultural diversity of each person and respecting, protecting and advocating for the individual's right to self-determination, self-expression, confidentiality and dignity
- valuing the relationships we build that have an inherent capacity to promote health, healing and wholeness for our patients, families and ourselves
- supporting, acknowledging and nurturing one another, thereby creating an environment of mutual respect and caring.

OUTCOME-BASED RELATIONSHIPS\*

**Principle 1: A registered nurse (RN) is accountable for each patient's care.**

**Assumptions:** RNs autonomously assume full responsibility for the nursing plan of care, having the authority to make decisions and are held accountable for the patient care management decisions specific to the nursing process phases of assessment, planning, implementation and evaluation of the plan. The individual RN has the autonomy to delegate (or not delegate) those aspects of nursing care the RN determines appropriate based on the RNs assessment.

LPNs assume the practical nursing role by observing and caring for patients, in applying counsel and procedure to safeguard health and in administering medications and treatment within their scope of practice. As delegated, the LPN is accountable for acknowledging acceptance of the delegation and for his or her actions in carrying out the interventions.

Unlicensed assistive personnel (UAP) (i.e., NA/PCA, BHA) assume the role of assistant

and carry out delegated patient care tasks as assigned by the RN. The UAP is accountable for acknowledging acceptance of the delegation and their actions in caring out the task.

**Principle 2: Practice is evidenced and enhanced by using plans of care that are individualized to achieve outcomes.**

Outcomes (goals) are customized to the patient needs that drive the plan of care. Processes supporting the model should increase the focus and time spent on discussion of patient outcomes. RNs actively use and customize the plan of care for the patients under their care.

Theoretical framework:\*

- Knowing
- Doing for
- Being with
- Empowering
- Maintaining beliefs

\* Adapted from Swanson, K. "Nursing as informed caring for the well-being of others." *J Nursing Scholarship*. 1993: 25(4), 352-357.

2008 STRATEGIES AND GOALS

Serving Patients	Enhancing Nursing Excellence and Innovation	Strengthening Nursing Leadership and Infrastructure
All nurses can articulate the revised care model, its rationale and its relationship to their daily practice by June 2008.	United Nursing will improve collaborative relationships with other disciplines.	Decisions that affect nursing go through RN Unit Council/Nursing Practice Care Delivery and decisions are disseminated to all affected nurses.
All nurses can identify and describe unit-based quality problems and their role in improvement.	Every center has access to an advanced practice registered nurse.	All nurses are surveyed and can identify the primary mechanisms for receiving communication from their leaders by January 2009.
United Nursing will enhance strong partnerships between nursing and the community.	Each practice area will implement at least one evidence-based practice change by 2010 (above and beyond policy and procedures) with support from the Nursing Research Council.	
	Sixty-five percent of nurses can identify one or more conflict management tools/strategies used within the organization by fall 2010.	
	The number of nurses earning specialty nursing certifications (including leadership nurses) will increase by 10 percent each year.	