

**NATIONAL INSTITUTES OF HEALTH
WARREN GRANT MAGNUSON CLINICAL CENTER
NURSING AND PATIENT CARE SERVICES**

Overall Plan for Provision of Nursing Services at the Clinical Center

The Warren Grant Magnuson Clinical Center is the 267-bed research hospital and ambulatory care facility in Bethesda Maryland that supports the Intramural Research Program (IRP) of the National Institutes of Health. It opened in 1953 and remains the largest inpatient facility in the country devoted exclusively to clinical research. Its unique design was created to support the development of translational research, that phase of research in which new ideas developed in the laboratory are tested for the first time in human subjects, and in which new observations and explanatory models from the clinical setting can quickly and intensively be studied in the laboratory and further developed for subsequent testing in human subjects. This bedside-to-bench-to-bedside link has been the genesis of some of the most important discoveries in health science in the last half century.

The primary focus of the Clinical Center is to support translational clinical research conducted by the Institutes and Centers within intramural program at the Bethesda campus. This mission significantly differentiates the Clinical Center from its community and academic medical center counterparts because the rationale for patient admissions, outpatient visits and clinical care is not the need for health care but the requirements of a specific research protocol. Research requirements drive patient admission and visit patterns, length of stay, service intensity requirements and clinical resource utilization. Protocol eligibility requirements determine the types of patients that are seen at the Clinical Center. The patient population therefore reflects unique study requirements rather than a sampling of the local or regional community. The focus on protocols as drivers of care also means that the IRP has access to a full service clinical facility that is not influenced by community needs for acute care treatment space (i.e. hospital “bed crunch” crises), and that is not constrained in its admission practices by reimbursement driven length of stay management, and managed care regulation related to “reason for admission” or preauthorization for care.

Nursing practice at the Clinical Center exists in an environment where clinical research and patient care delivery meet. The setting is a unique laboratory for clinical research conducted by all disciplines, providing access to patients participating in clinical studies conducted by the 15 institutes and to staff who work daily with patient recruitment, informed consent, data collection and other elements of protocol implementation. As a result of the rigorous demands for consistency in intervention imposed by clinical research, the Clinical Center is staffed at a level that assures consistency in timing and delivery of care and data collection, and supports staff to fully participate in patient treatment planning and discussions of research results. Because of the requirement for involvement in research support, the Clinical Center must attract and retain nurses who not only have the background and skills to become expert clinicians, but who are able to fully participate in the collaborative process of study development and implementation. This means that the staffing plan for the Clinical Center relies heavily on registered nurses, many of whom have advanced degrees. The nursing staff are actively involved with the development

and improvement of nursing practice through a shared governance structure that crosses all clinical areas.

I. Definition of Nursing

Nursing practice at the Clinical Center is defined by the Maryland Nurse Practice Act. All professional nurses are held accountable to this act. A professional nurse is defined as a person with a registered nurse license. Because the Clinical Center is a federal facility, nurses may practice with a current license from any U.S. State, U.S. Territory, Commonwealth, or the District of Columbia.

A nurse's competency to practice is validated during orientation and through ongoing monitoring of practice resulting in yearly performance appraisals. A satisfactory performance appraisal constitutes validation of the employee's knowledge, skills and abilities to perform the assigned nursing duties.

The Clinical Center also employs Nurse Practitioners who are licensed by and practice under the Maryland Nurse Practice Act. The scope of Nurse Practitioner activities includes those defined in the written agreement between a nurse practitioner and a licensed Clinical Center attending physician. Such agreements are reviewed by the Clinical Center Medical Executive Committee and submitted to the Clinical Center Director for approval when expanded practice credentialing is recommended. The Chief, Nursing and Patient Care Services (NPCS) reviews all credentials packages for advanced practice nurses and is a voting member of the Clinical Center Medical Executive Committee.

II. Definition and Oversight of Nursing Care

Nursing care is defined as care planned, evaluated and either provided or directed by a registered nurse. The need for nursing care is determined by a combination of clinical care requirements and research support requirements and is usually made during protocol development and implementation planning. Most nurses practicing at the Clinical Center are employees of one of the departments within Nursing and Patient Care Services, each of which is directed by a senior manager (Service Chief) reporting to the Chief Nurse Officer (Chief, Nursing and Patient Care Services) (see NPCS organizational chart).

Nurses who are employees of other Clinical Center departments or of one of the Institutes or Centers, practice nursing under the overall guidance of the Chief Nurse Officer and according to established policies and standards of practice. They participate with their colleagues in nursing practice development, standards review and performance improvement activities through the nursing Shared Governance structure, in which they have representation. All nurses must have their credentials reviewed and approved by the Chief Nurse prior to providing care to patients at the Clinical Center. Requirements for nurses practicing in these areas of the Clinical Center and in the institutes are defined in the NPCS, Credentials Verification of Registered Nurse, Licensed Practical Nurses, and Certified Nursing Assistants.

III. Scope of Services

The Clinical Center provides health care services to patients who are the subjects of clinical research studies being conducted by intramural investigators to determine the causes of disease, to test new diagnostic methods, and to evaluate innovative medical, surgical and patient care treatments. All Clinical Center patients participate voluntarily and provide informed consent prior to being admitted to one of these clinical trials. The Clinical Center does not charge for any services it provides to patients, and does not receive third-party reimbursement for any services provided. Patients may be recruited from healthy populations or they may be individuals with a disease or condition under study. Research subject populations vary in age from infants to older adults, and include patients from a variety of cultural and national backgrounds.

Length of inpatient stay, and outpatient treatment and follow-up, are dictated by the requirements of the protocol. Complexity of patient care services ranges from inpatient care (intensive care, general medical-surgical services, behavioral health and pediatrics) to day hospital, as well as ambulatory care services. Because of the diversity of the clinical trials and patient distribution, a scope of care is specified and defined by each patient care area and approved by the Chief, NPCS. Scopes of Care are reviewed annually for accuracy and relevance.

IV. Care Delivery and Staffing

Primary nursing is the nursing care delivery system utilized by the Clinical Center, NPCS. The primary nurse / designee is an integral member of the interdisciplinary team and facilitates the delivery of patient care services.

The plan for nurse staffing and the provision of nursing care for each patient care unit or clinic is developed by the nurse manager in accordance with operational guidelines developed each year based on historical data about volume and patient intensity and projections for changes in research activity from the ICs utilizing the area. Staffing plans are presented as a function of planned volume and planned hours of care per patient day (HCPPD), or as a staffing plan for ambulatory care or procedure areas based on average visit per day. Hours of care are set based on a consideration of both clinical care and research support requirements and tend to be, on average, higher than their community counterparts for similar type units. Staffing plans are reviewed annually or more frequently if there are changes in patient volume, intensity or special requirements, and adjusted appropriately. Staffing levels are monitored daily and aggregated for review by the senior management team.

V. Patient Admission Process

Patients are admitted for participation in clinical research protocols. The protocols are reviewed by nursing prior to implementation for anticipated nursing impact. Admissions are primarily elective and scheduled. Institutes notify Nurse Managers / designee of admission requests and mutually determine the final admission decision. This is based on research priorities, patient care requirements, and the adequacy and availability of nursing resources. Emergency admissions and in-house patient transfers are handled by the same mechanism.

VI. Nursing Standards

The Chief Nurse Officer has the authority and responsibility for establishing standards of nursing practice. Nursing and Patient Care Services has written standards that identify what patients can expect to receive from nursing care delivered throughout the Clinical Center. The standards apply to inpatient, day hospital and ambulatory care settings.

VI. Quality Assessment / Improvement Program

Evaluation of the quality, appropriateness and effectiveness of the nursing care delivered to patients at the Clinical Center is carried out through process of continual performance measurement and improvement. This process uses organization and unit level data collected using established clinical and operational indicators, input from the nursing Shared Governance structure (committees or staff agenda requests) as well as information from the Occurrence Reporting System (ORS), and feedback from clinical staff, nursing leadership and patients. Data are analyzed to identify performance levels and trends that may indicate poor performance or possible process problems that could be corrected to improve performance or stakeholder satisfaction. Performance data and progress on action plans are discussed regularly among the clinical staff in Shared Governance meetings, as well as at nursing management and leadership meetings. Resulting information is used to improve patient care outcomes, monitor nurse adherence to established policies and procedures and standards of practice, and to promote innovative and creative approaches to the delivery of quality nursing care. In addition to ongoing monitoring of care delivery, nurses at the Clinical Center are active in external professional groups and active users of library and literature resources. Changes in standards of practice are informed by a review of evidence in the literature, and staff often question current practice based on their assessment of findings in the literature in their specialty area. The Nurse Scientists in the Office of Research and Outcomes Management and Clinical Nurse Specialists in the clinical services are a resource for staff who are interested in pursuing a question related to outcomes of standards of practice beyond a simple literature review.

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