



## Chapter III

### Nursing (NR)



## Introduction

The Nursing Director/Leader is considered a member of the Hospital leadership. His/her role is essential in achieving high quality clinical care. The Nursing Director is responsible and accountable for the standard of nursing care in the hospital along with the Medical Director and Quality Director/leader. All should work as one team to monitor and observe the clinical standards. The Nursing Director and her Nurse Managers are considered the “gatekeepers” of the hospital because it is the nurses who are closest to the patient.

Nurses have the responsibility to ensure that quality standards are adhered to in order to minimize risk and provide safe care to our patients. A big role is expected from the Nursing staff in almost all aspects of the Quality program and Nursing is expected to participate fully in the implementation of the quality standards.

**Nursing  
(NR)**

Scoring:



**Nursing  
(NR)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
<b>ADMINISTRATION:</b>						
NR.1.	A Nursing organizational chart is available that clearly displays the lines of authority and:					
	NR.1.1 The organizational chart is approved and signed by administration (Hospital Director and Director of Nursing).					
	NR.1.2 The nursing organizational chart includes all direct patient care areas and indirect nursing services (i.e., Operating Room, Endoscopy, Renal Dialysis Unit, Recovery Room).					
	NR.1.3 The names/titles of the nursing leaders are clearly displayed on the organizational chart up to Head nurse level /nurse manager/nursing educator & patient educator etc.					
NR.2.	There is a Nurse Leader (Nursing Director/Nurse Executive) who is a registered nurse qualified by appropriate education and experience (minimum BSN and (5) years experience preferred).					
	NR. 2.1 There is a job description for the Nurse Leader delineating the qualifications and experience required.					
NR.3.	The Nursing department has an approved mission, vision, values, goals and objectives consistent with the administration and these are known to all Nursing staff.					
	NR. 3.1 There are written mission, vision, values, goals and objectives for the Nursing Department consistent with the administration and approved & signed by the hospital administration.					
NR.4.	There is a strategic plan reflecting the mission, values, goals & objectives of the Nursing Department approved & signed by the hospital administration.					
NR.5.	The Nurse Leader develops and maintains an operational plan with other nurse leaders in the hospital:					
	NR.5.1 The Nurse Leaders participate in developing and implementing an operational plan.					



## Nursing (NR)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.5.2 There is a written operational plan for nursing department.				
NR.6.	The Nurse Leader/representative is part of the leadership group and participates in the following committees:				
	NR.6.1 All the committees of the hospital:				
	NR.6.1.1 Pharmacy and Therapeutics.				
	NR.6.1.2 Morbidity and Mortality.				
	NR.6.1.3 Infection Control.				
	NR.6.1.4 Cardio Pulmonary Resuscitation (CPR).				
	NR.6.1.5 Operating Room.				
	NR.6.1.6 Tissue Review.				
	NR.6.1.7 Blood Utilization Review.				
	NR.6.1.8 Safety.				
	NR.6.1.9 Quality Management.				
	NR.6.1.10 Medical Record Review.				
	NR.6.1.11 Patient Rights/Patient Advocacy/Patient Care Committee.				
	NR.6.1.12 Utilization Review.				
	NR.6.2 The hospital's strategic planning process.				
	NR.6.3 The budget planning for the Nursing division.				
NR.7.	The Nurse Leader collaborates with the leadership and develops and maintains a current scope of service for the Nursing department.				
	NR. 7.1 There is a scope of service that identifies the type of services of the department.				
NR.8.	The Nurse Leader develops and maintains a current standard of practice for each nursing unit (e.g. intensive care, medical surgical, emergency room).				
	NR.8.1 There is a unit specific nursing practice standard.				



## Nursing (NR)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
NR.9.	The Nursing department has the following essential policies and procedures that are approved and signed by the Nursing Director. The policies and procedures are reviewed and updated every two (2) years and include but are not limited to the following:				
NR.9.1	Patient admission procedure.				
NR.9.2	Basic hygiene of patients and skin care.				
NR.9.3	Role in Patient and Family Rights and Responsibilities.				
NR.9.4	How to transcribe physician's orders.				
NR.9.5	Guidelines on how to assess, teach, and evaluate patient education provided to patients.				
NR.9.6	General Infection Control policies.				
NR.9.7	How to call a physician.				
NR.9.8	Transfer policy, internal and external.				
NR.9.9	Discharge policy.				
NR.10.	The Nursing Department has an effective process for handling professional communication between the nursing staff and nurse managers:				
NR.10.1	Nursing staff meetings are held on a regular basis.				
NR.10.2	There are documented minutes of meetings.				
NR.10.3	Nursing Management meetings are held on a regular basis.				
NR.11.	The Nurse Leader develops a Quality Plan that is consistent with the overall Hospital Quality Management Plan and ensures essential monitoring is done and this includes but is not limited to the following:				
NR.11.1	Medication errors.				
NR.11.2	Patient falls.				
NR.11.3	Pressure ulcers.				
NR.11.4	IV therapy (adherence to the policy).				



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Standard	Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.11.5 Hand washing (adherence to the policy).					
	NR.11.6 Nurses role in cardiopulmonary resuscitation (adherence to the policy).					
	NR.11.7 Infection Control.					
NR.12.	The Nursing Department has aggregated data & information that supports patient care, nursing management, and quality improvement activity.					
	NR.12.1 The information documented is appropriate to the nursing department size and complexity.					
NR.13.	There is a nurse that oversees all infection control activities. This nurse is qualified in infection control practice through education, training, experience, or certification.					
	NR.13.1 There is a job description for the infection control nurse.					
	NR.13.2 There is documentation reflecting the activity of the infection control nurse.					
NR.14.	The Nurse Leader has an effective method to organize the delivery of patient care (e.g. functional, team, primary care).					
	NR.14.1 There is a policy & procedure that addresses the method of the patient care delivery system.					
NR.15.	The Nurse Leader develops a staffing plan that maintains an adequate staffing level on all units.					
	NR. 15.1 There is a defined policy in regard to the assessment of patient acuity and defining the unit staffing based on pre-established criteria (e.g. patient care hours, Full time employment).					
	NR. 15.2 Clinical work assignments are based on nursing staff member credential and skills.					



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
NR.16.	The Nurse Leader is responsible for recruitment of nursing staff by assessing, evaluating, and verifying the nursing credentials prior to hire. This includes:					
	NR.16.1 Requesting staff depending on identified departmental needs.					
	NR.16.2 Checking the nurses' credentials and licenses' by Kingdom rules.					
	NR.16.3 Ensuring that the references are checked from previous employment.					
	NR.16.4 Checking the time frames of past employment.					
NR.17.	The Nurse leader develops a plan that ensures staff retention and job satisfaction.					
	NR.17.1 There is a written and approved plan for retention.					
	NR.17.2 There is a monitoring mechanism for the effectiveness of the retention plan.					
NR.18.	The Nurse Leader allocates nursing staff according to skill level and appropriate qualifications based on the laws, regulations, and nursing licensing boards that includes but is not limited to:					
	NR.18.1 Reviewing all staff documents for skill level and scope of practice.					
	NR.18.2 Allocating staff according to patient type and acuity on unit.					
	NR.18.3 Approving allocation with signatures in personnel file.					
NR.19.	There is a scheduling policy that nursing staff follow that includes but is not limited to:					
	NR.19.1 Definitions of the shifts to be worked (e.g. 12 hours or 8 hours).					
	NR.19.2 Assignment of overtime when needed.					
	NR.19.3 On-call requirements.					
	NR.19.4 Vacation schedules.					



## Nursing (NR)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA	
	NR.19.5	Method for approving change of schedule.				
	NR.19.6	Education/training activities.				
	NR.19.7	Participation in designated committees, departmental meetings, and quality management activities.				
NR.20.	There is documented evidence that nurses assigned out of their normal work area have the appropriate competency level to care for patients safely that includes but is not limited to:					
	NR.20.1	Maintaining a list of cross-trained nurses posted in the central nursing office and/or Units.				
NR.21.	Nurses safely delegate care to non-nursing staff and this includes:					
	NR.21.1	A clearly written job description for the non-nursing staff.				
	NR.21.2	An educational program for the non-nursing staff to orient him/her to their role.				
	NR.21.3	Supervision of the non-nursing staff by a registered nurse at all time.				
NR.22.	There is a system for coordinating nursing activities after duty hours to handle administrative and clinical issues which includes but is not limited to:					
	NR.22.1	Patients who present with or demonstrate medical/surgical emergencies or change of condition.				
	NR.22.2	Dying patients.				
	NR.22.3	Violent patients.				
	NR.22.4	All incident reports completed by nurses.				
	NR.22.5	Any adverse medication incidents.				
	NR.22.6	Any Sentinel events.				
NR.23.	There is a head nurse/nurse manager (with 3 years experience) handling administrative and clinical issues at unit level.					



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.23.1 There is a job description for the head nurse/nurse manager.					
NR.24.	There is a qualified registered nurse assigned to be in charge of the nursing unit at all times (minimum 2 year clinical experience within the area of practice preferred).					
	NR.24.1 Assignment of Nurse in Charge is identified by Job Description or unit assignment.					
NR.25.	There is a qualified and competent staff nurse with one year as a minimum experience in the area of specialty.					
	NR.25.1 There is a job description that reflects the staff nurse role in the area of specialty.					
NR.26.	There is a performance appraisal conducted on a regular basis for all nursing staff.					
	NR.26.1 The performance appraisal reflects feedback from multiple resources (Peer review, other health professionals and Supervisors).					
NR.27.	The Nurse Leader participates in allocating the following resources with the hospital leadership:					
	NR. 27.1 Space					
	NR. 27.2 Staffing					
	NR. 27.3 Supplies					
NR.28.	There are current job descriptions that are reviewed and updated at least every (3) years for every category of nursing staff and:					
	NR.28.1 Current job descriptions are used for recruiting, evaluating, and appointing nursing staff.					
NR.29.	There are adequate supplies and equipment for nurses to safely care for patients and this includes:					
	NR.29.1 Scales appropriate to the age group and mobility needs of the patient.					
	NR.29.2 Stretchers with safety straps.					
	NR.29.3 Equipment for taking vital signs.					



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Standard	Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.29.4 Wheelchairs with safety straps.					
	NR.29.5 Sharp Box.					
	NR.29.6 Foot Stools.					
	NR.29.7 Lifting device.					
	NR.29.8 Soft restraints.					
	NR.29.9 Bed rails.					
	NR.29.10 Devices for treatment and prevention of skin break down.					
	NR.29.11 Patient call bell.					
	NR.29.12 Oxygen and suction.					
	NR.29.13 Emergency call.					
NR.30.	All nursing units have a clean locked room for storing sufficient amounts of clean linen and equipment for patients and dirty utility room.					
	NR. 30.1 There is a designed clean utility room.					
	NR. 30.2 There is a designed dirty utility room.					
NR.31.	Every Nursing unit has the following reference manuals and/or policies:					
	NR.31.1 Nursing policy & procedure manual.					
	NR.31.2 Current nursing practice books (not less than 5 years old) in the unit.					
	NR.31.3 An infection control manual.					
	NR.31.4 A safety manual or safety policies.					
	NR.31.5 Operating manuals or information on the safe use of equipment.					
	NR.31.6 Lab information to assist the nurses in correctly obtaining specimens.					
	NR.31.7 Dietary manual.					
NR.32.	The Nursing department has a method to maintain adequate supplies and linen to meet patient needs that includes:					
	NR.32.1 Par levels (minimum levels) established.					



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Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.32.2 Ordering required supplies and linen when par levels are reached and as needed.					
	NR.32.3 An emergency back up method when there are problems receiving supplies from the primary supplier.					
	NR.32.4 A method to track problems with supplies and linen so that patterns can be studied for quality improvement (e.g. no linen on every weekend due to short staffing in the laundry).					
NR.33.	The Nursing staff recognize and support patient and family rights by:					
	NR.33.1 Knowing the process of informed consent.					
	NR.33.2 Communicating to the appropriate staff any patient/family concern.					
	NR.33.3 Documenting in the Medical Record.					
NR.34.	Nurses provide effective methods to protect patient's privacy:					
	NR.34.1 There is a physical separation between each patient.					
	NR.34.2 Male and female room are identified.					
NR.35.	Nurses implement processes that support patient confidentiality by:					
	NR.35.1 Not allowing unauthorized access to the medical record.					
	NR.35.2 Not talking about patients in areas than can be overheard.					
	NR.35.3 Not allowing public postings with patient's personal information in view.					
NR.36.	Nursing follows the occurrence variance reporting mechanism of the hospital that includes the following written procedures:					
	NR.36.1 List of reportable occurrences (medication error, patient fall, wrong procedure, etc.)					



## Nursing (NR)

Standard	Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.36.2 identifies the person responsible for initiating the report.					
	NR.36.3 Identifies who is responsible for investigating the Occurrence.					
	NR.36.4 Describes how the occurrence is to be investigated (i.e. algorithm).					
	NR.36.5 Outlines the expected corrective action plan and assigned responsibility.					
	NR.36.6 Outlines the review process.					
NR.37.	Nursing staff demonstrate understanding of how to handle a sentinel event:					
	NR.37.1 Ability to verbalize definition of a "Sentinel event".					
	NR.37.2 Know Whom to contact when a Sentinel event occurs.					
	NR.37.3 Know how to correctly complete the incident form.					
NR.38.	Nurses only accept a standardized and approved list of abbreviations when receiving orders or documenting in patient file as approved by the hospital authority.					
	NR.38.1 There is a written approved & signed abbreviation list.					
NR.39.	Vulnerable children, disabled individuals, and the elderly populations receive appropriate protection.					
	NR.39.1 There is a written policy that addresses nurse's actions and responsibilities in the prevention of infant/child abduction.					
	NR.39.2 Preventing unauthorized access to the area.					
	NR.39.3 Providing visitors with identification badges issued by the hospital.					
	NR.39.4 Assigning a hospital code such as "Code Pink" in case abduction occurs.					
NR.40.	Nurses ensure safety of medical equipment by:					



## Nursing (NR)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.40.1 Maintaining his/her skill level in the use of the equipment including trouble shooting problems.					
	NR.40.2 Knowing how to report malfunctioning equipment.					
	NR.40.3 Labeling any malfunctioning equipment so other staff members do not use it.					
<b>PRACTICE:</b>						
NR.41.	There is a nursing policy that defines the nursing documentation content and standards in the clinical record and includes;					
	NR.41.1 Legible handwriting.					
	NR.41.2 Signature of the nurse, date, and time for each entry.					
	NR.41.3 The patient's response to any treatment.					
	NR.41.4 How to make corrections in the medical record.					
	NR.41.5 Not using white out to make any corrections in the medical record.					
	NR.41.6 One language used in the Medical Record that is understood by all staff (English or Arabic).					
NR.42.	There is a comprehensive written nursing assessment completed within established time frame defined by policy of the admission and includes the following:					
	NR.42.1 History of the patient's main complaint.					
	NR.42.2 Patient's drug allergies.					
	NR.42.3 Patient's physical condition.					
	NR.42.4 Patient's psychosocial status.					
	NR.42.5 Patient's pain assessment.					
	NR.42.6 Patient's nutritional Status.					
	NR.42.7 Discharge planning.					



## Nursing (NR)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
NR.43.	All patients are reassessed at appropriate intervals to determine their response to treatment and to plan for continued treatment and discharge.					
	NR.43.1 There is nursing reassessment and documentation as defined by policy.					
NR.44.	There is a nursing care plan for each patient who stays in the hospital more than twenty-four (24) hours and includes:					
	NR.44.1 The policy & procedure that guides patient care plan.					
	NR.44.2 The written plan of care which includes input from physicians, other health care disciplines and nursing assessment.					
	NR.44.3 Review of the patient care plan every shift and when any significant changes in the patient's condition occurs.					
	NR.44.4 Review of the patient care plan when new treatments are added or discontinued.					
	NR.44.5 Documenting all findings.					
NR.45.	Nurses use a preoperative checklist to assess if the patient is ready for surgery that includes but is not limited to checking:					
	NR.45.1 Proper identification of the patient name and number (patient is asked to state his/her name and operation to be done for him).					
	NR.45.2 Consent form for completion.					
	NR.45.3 The operation procedure and the surgeon's name.					
	NR.45.4 The site of surgery and its preparation and whether it is marked or not.					
	NR.45.5 The X-ray jacket to see if it accompanies the patient.					
	NR.45.6 The lab results and pregnancy tests results to see if they are in the medical record.					



## Nursing (NR)

Standard	Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.45.7 The pre-anesthesia sheet for completion.					
	NR.45.8 The history and physical examination for documentation in the medical record.					
	NR.45.9 The blood to see if blood is reserved in the blood bank.					
NR.46.	The administration and monitoring of medications are guided by policies and procedures.					
	NR.46.1 There is a written and approved policy & procedure that addresses medication administration.					
NR.47.	When administering medications nurses reduce risk of medication errors:					
	NR.47.1 Patients are identified before medication administration using patient ID band (name and medical record number).					
	NR.47.2 Nurses double-check with each other for any dosage calculations of high-risk medications and both nurses' sign.					
	NR.47.3 Nurses use the (7) "R"s rule when administering medications: right patient, right medication, right dosage, right route, right time, right frequency, and right documentation.					
NR.48.	The Nursing department ensures that basic safety precautions are followed for medications:					
	NR.48.1 Medication storage areas are locked at all times except when nurses are preparing medications.					
	NR.48.2 Medication preparation areas have good lighting, are clean and located in a closed area to avoid distraction.					
	NR.48.3 There is a standard medication list for stock medications.					



## Nursing (NR)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
NR.49.	The distribution, storage, and safe use of narcotics on the nursing unit adhere to strict policies that includes the following:					
	NR.49.1 Controlled drugs have a specific policy delineating each staff nurse responsibility in Control (key) access, administration and documentation of these medications.					
	NR.49.2 The storage cabinet is safe, secure with double locks.					
	NR.49.3 The keys of the narcotic cabinet are kept with the charge nurse at all times.					
	NR.49.4 The nurse in charge of each shift counts the narcotics and verifies the narcotic count with the incoming nurse in charge and documents.					
	NR.49.5 Documentation of used and unused (wastage) narcotics and controlled substances must adhere to MOH laws and regulations.					
NR.50.	Nursing collaborates with pharmacy to monitor and regulate the stocking and maintenance of the crash cart. The policy and procedure includes but is not limited to:					
	NR.50.1 Cardio respiratory equipment /supplies have a written policy for frequency and method of checks and the checks are documented. This includes checking equipment for functioning and drug expiry dates.					
	NR.50.2 Every shift, nursing staff checks and documents the defibrillator battery, full oxygen tank, suction machine, pharmacy lock number, ambu bags and reservoirs, and drug calculation charts, ET tube (for neonates, pediatrics, and adults) sharp box.					
	NR.50.3 Routine (minimum monthly) checking and documentation of all medications and equipment in the crash cart.					



## Nursing (NR)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
NR.51.	There is a policy and procedure that addresses the telephone orders by physicians that includes but is not limited to:					
	NR.51.1 A verification "read back" of the entire order to the physician by the person receiving the order on the phone.					
	NR.51.2 All telephone orders signed by the physician within 24 hours.					
	NR.51.3 Verification by two nurses with signatures.					
NR.52.	There is a policy and procedure that addresses the verbal order by physicians that includes but is not limited to:					
	NR.52.1 A verification "repeat back" of the entire order to the physician by the nurse receiving the order.					
	NR.52.2 Signature by the physician immediately after the emergency is over and before the physician leaves the unit for the verbal orders.					
NR.53.	Policies and procedures guide the handling, use, and administration of blood and blood products.					
	NR.53.1 Two (2) patient identifiers (e.g. medical record number and patient's name) used when verifying the patient's identity.					
	NR.53.2 Two (2) staff members verify the patient's identity prior to blood drawing for cross match.					
	NR.53.3 Two (2) nurses or (1) nurse and Two (2) staff members verify the patient's identity prior to the administration of blood					
NR.54.	All nursing staff who restrain patients are trained and competent. Restraining is done in a professional manner and this includes but is not limited to the following process:					
	NR.54.1 Policies and procedures guide use of restraint and the care of patients in restraint.					



## Nursing (NR)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
NR.54.2 A physician order with the type of restraint and keep the length of time the restraint will be used.					
NR.54.3 A documented nursing assessment/reassessment of patients during restraint usage (prior restraints and ongoing until removed).					
NR.54.4 Assessment on a frequent basis (at least every hour) with circulation checks to any limb restraint and patient's response documented in the medical records.					
NR.54.5 Appropriate intervention when the patients' circulation is being impaired.					
NR.54.6 Appropriate interventions for side effects related to major tranquilizers (Haldol, Thorazine, etc.)					
NR.54.7 Patient's dignity and rights are protected that includes, covering patient when attending to patients physical needs.					
NR.54.8 An alarm system is available in the room and at the nursing station for immediate help and/ or assistance.					
NR.54.9 All the above are documented in the patient's file.					
NR.55. The Nursing department establishes policy & procedure to address the identification of a newborn by:					
NR.55.1 Placing the ID band on IMMEDIATELY after the baby is born.					
NR.55.2 Placing the identity of the baby (ID band) on a limb keeping the initial ID band that identifies the mother.					
NR.55.3 Using ID bands that are waterproof.					
NR.56. The staff nurse discharges the baby to the parents after verifying the following that includes but is not limited to:					
NR.56.1 Matching baby's name bracelet with mother's name bracelet and the Medical Record.					



## Nursing (NR)

Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA	
	NR.56.2	Reviewing education provided to mother about the baby's care.				
	NR.56.3	Documenting in the medical record the signature of the qualified nurse on the Discharge Note form.				
	NR.56.4	Keeping the patient covered when attending to his/her physical needs.				
NR.57.	Policies are established that guide the transfer of patients within the facility.					
	NR.57.1	The nurses can state the current attendant's name and the name of who will be the new attendant's name of the new service.				
	NR.57.2	Nurses clarify any physician's order that is not clear during the transfer process.				
	NR.57.3	The transferring nurse provides a complete report on the patient's current status to the receiving nurse.				
	NR.57.4	Transfer information is documented in the medical record and other areas as appropriate.				
NR.58.	Patients and, as appropriate, their families are given understandable follow-up instructions at referral or discharge as approved by the hospital authority. (e.g. Patient Education Committee/group)					
	NR.58.1	Providing information to the patient regarding his/her medication.				
	NR.58.2	Providing information to the patient about the safe use of medical equipment.				
	NR.58.3	Providing information to the patients about self-care methods for activities of daily living.				
	NR.58.4	Documenting in the medical record.				
NR.59.	All nursing staff is sensitized to the needs of patient at the end of life.					
	NR.59.1	Assess and document the response to the psychological, emotional, spiritual and cultural concerns of the patient and family.				



## Nursing (NR)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
NR.60.	All nursing staff is competent and knowledgeable about pain management.					
	NR.60.1 There is education about pain management documented in staff files.					
	NR.60.2 There is written criteria identifying the assessment and reassessment of pain intensity and quality such as pain character, frequency, location and duration.					
	NR.60.3 The patient and family are educated about pain, other symptoms and managing Pain and documented in the medical record.					
<b>EDUCATION:</b>						
NR.61.	All nursing staff attends the hospital orientation.					
	NR.61.1 There is documentation in the nurses' personnel file for hospital orientation.					
NR.62.	There is a planned documented orientation program for every nursing staff member. All new hires must attend nursing orientation that includes but is not limited to:					
	NR.62.1 The overview of the Hospital systems, policies and procedures.					
	NR.62.2 The Nursing Quality plan and the Hospital Quality Management plan.					
	NR.62.3 Individual explanations of the job descriptions.					
	NR.62.4 CPR training according to Saudi Heart Association Standards.					
	NR.62.5 Infection control policies and procedures such as hand washing, standard precautions, cleaning blood and body fluid spills.					
	NR.62.6 Fire training and fire plan.					
NR.63.	All nursing staff attends unit specific orientation period.					
	NR.63.1 There is assessment and documentation of competencies for assigning unit in their files.					



## Nursing (NR)

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
NR.64.	There is a nursing education program that includes but is not limited to:					
	NR.64.1 Skill training on equipment.					
	NR.64.2 Selected Infection Control policies.					
	NR.64.3 Re-certification of BCLS every Two (2) years.					
	NR.64.4 The expected knowledge, skills and attitudes required of nurses to perform their role in the various settings (i.e., competencies).					
	NR.64.5 Quality Improvement (QI) training and involvement with QI projects.					
	NR.64.6 Fire and evacuation plan.					
	NR.64.7 Disaster plan.					
	NR.64.8 Safety plan (staff & patient).					
	NR.64.9 Blood transfusion and handling blood products.					
	NR.64.10 Hazardous Material.					
	NR.64.11 Use of restraints.					
	NR.64.12 Lifting and transferring patient.					
	NR.64.13 Unit specific.					
NR.65.	The Nursing department has policies and procedures and a competency assessment program (e.g. written test, return demonstration, etc.) on an ongoing basis (every two (2) years) and/or as needed according to staff needs to ensure that nursing skills and knowledge remain current. The policies and procedures and competencies include but are not limited to:					
	NR.65.1 Monitoring patient vital signs and knowledge of deviations.					
	NR.65.2 Assessment/reassessment of patients according to scope of service (e.g. intensive care, labor and delivery, etc).					
	NR.65.3 Medication administration.					
	NR.65.4 IV therapy (insertion, maintenance, discontinuing).					



## Nursing (NR)

Standard	Standard	FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.65.5 Infection Control guidelines.					
	NR.65.6 Patient falls (assessment of risk and methods to prevent falls).					
	NR.65.7 Use of pulse Oximetry.					
	NR.65.8 Nurses role in cardiac/respiratory arrest.					
	NR.65.9 Nasogastric (N/G) tubes and gastrostomy tubes (GT) and feedings.					
	NR.65.10 Urinary catheters.					
	NR.65.11 Sterile dressings.					
	NR.65.12 Skin care and the prevention and care of pressure ulcers.					
	NR.65.13 Nurses role in disaster, fire, and other emergencies.					
	NR.65.14 Use of restraints.					
	NR.65.15 Operation of blood sugar testing equipment.					
	NR.65.16 How to safely clean up chemical spills.					
	NR.65.17 Blood and blood product (Phlebotomy and Blood Administration).					
	NR.65.18 Documentation.					
NR.66.	Staff members are trained and knowledgeable about their roles in the organization's plan for fire safety, security, hazardous material & emergencies:					
	NR.66.1 There is instruction on what to do in the event of fire: RACE (rescue, alarm, contain, evacuate).					
	NR.66.2 There is instruction on how to pull the alarm and call the number to report a fire.					
	NR.66.3 There is instruction on how the O <sub>2</sub> Gas valve is shut off.					
	NR.66.4 There is instruction on how to operate and maintain medical equipment.					



**Nursing  
(NR)**

Standard		FM (3)	PM (2)	MM (1)	NM (0)	NA
	NR.66.5 There is documentation reflecting mock training events.					
NR.67.	Staff members are trained and knowledgeable about their roles in the organization's plan for major disaster.					
	NR.67.1 There is documentation reflecting mock event.					
NR.68.	All nursing staff receive annual education on occupational hazards (e.g. needle stick, back injury, infection, prevention and control and etc...) to help reduce worker injury.					
	NR.68.1 There is documentation of training occupational hazards in staff files.					
	NR.68.2 There is documentation of all employee injuries with preventative actions taken for future risk reduction.					