HOSPITAL NURSING SERVICE ADMINISTRATION MANUAL

HOSPITAL NURSING SERVICE ADMINISTRATION MANUAL 1994

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DEPARTMENT OF HEALTH
REPUBLIC OF THE PHILIPPINES

HOSPITAL NURSING SERVICE ADMINISTRATION MANUAL

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Department of Health
Republic of the Philippines

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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND
RIZAL AVENUE, STA. CRUZ
MANILA, PHILIPPINES
TEL. NO. 711-60-80

FOREWORD

Nursing administration should be viewed in the context of a health care system beset with economic and financial problems. The rapid changes in science and technology, particularly in the field of medicine, has brought about life-saving drugs and equipment which have produced miracles for many patients. And yet, despite all these advances in medicine, there have been many unnecessary deaths brought about by poor nutrition, poverty, or simply because the health personnel failed to give the patients immediate and adequate attention.

The major challenge faced by the nursing administrator is to make the Nursing Service more responsive to the health needs and problems of patients. The Nursing Service is expected to operate optimally and work with the meager resources available to them without compromising the life and safety of the patients. Despite the very limited resources, nurses are still expected to provide quality nursing care.

Health care has become a luxury only the rich could afford,making those who could not afford, turn to government hospitals. As frontliners in the hospital, the nurses play an important role not only in the restoration of the patients' health, but also in making them feel that they deserve the best care the hospital could offer.

The nursing administrators who enthusiastically meet these challenges are our constant inspiration in giving our share in the Department of Health's overall effort to improve the health care delivery system and the hospital subsystem.

This manual is our modest contribution to the nurses' collective effort to improve the nursing practice and to make a difference in the health care system.

MA. MARGARITA M. GALON, M.D., M.H.A.
Director III
Hospital Operations and Management Service

PREFACE

Because of the myriad changes in the health care system and its socio-political environment, the Department of Health (DOH) through the Hospital Operations and Management Service (HOMS), initiated the revision of the *1979 Hospital Nursing Service Administration Manual.* This revision was done to assist the nursing administrators in taking the lead in making nursing services more responsive to the needs of our clients.

This operations manual is primarily intended for the chief nurses and supervisors in the management of the Nursing Service. The use of this guide will provide for the efficient and effective delivery of nursing care. It can be used by newly appointed chief nurses/supervisors and those with experiences in nursing administration, as well as, students in nursing management.

This edition addresses the major concerns of the nursing administrators of the DOH. It contains discussions on the four major functions of management, namely, planning, organizing, directing, and controlling. It also provides useful guides on major areas of concern of the Nursing Service, such as, staffing, job descriptions, supervision, staff development, personnel discipline, performance evaluation, quality assurance and ethico-legal aspects of the nursing practice.

The ultimate value of this manual lies in the hands of chief nurses/ nursing administrators, supervisors, and other members of the hospital team. The purpose of this manual would have been served if its ultimate impact of improving nursing care of the individual, the family, and the community, in which nurses are privileged to serve, has been achieved.

JUANITA P. HERNANDO
Nursing Consultant
Chairman,
Committee on the Revision
of the Nursing Manual
Department of Health

ACKNOWLEDGMENTS

We would like to express our deepest gratitude to the previous committee composed of Mrs. Juanita P. Hernando, Mrs. Lydia M. Venzon, Ms. Gloria C. Caballes, Ms. Rosalinda G. Cruz, Mrs. Remy Dequiña and Mrs. Teresita G. Yambao for their untiring efforts and invaluable contribution in the revision of the 1979 Hospital Nursing Service Administration Manual which became the basis for this edition.

We would likewise, wish to express our thanks to the members of the committee on the revision of the Nursing Manual composed of Mrs. Juanita P. Hernando as chairperson, Ms. Gloria Caballes, Mrs. Delia Mediano and Mrs. Jovita Pilar as members, who patiently reviewed and took necessary changes to make this new edition more relevant to the needs of today's nursing service administrators.

Our deepest thanks and appreciation also goes to the management of the Lung Center of the Philippines, the Philippine Children's Medical Center, Vicente Sotto Memorial Medical Center (Cebu City), for offering their resources during committee meetings, and to all the people who helped us in the preparation of this manual.

HOSPITAL OPERATIONS AND MANAGEMENT SERVICE

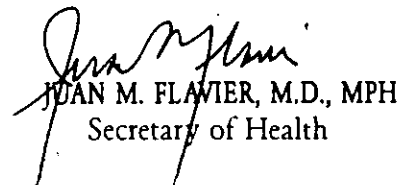
Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND
RIZAL AVENUE, STA. CRUZ
MANILA, PHILIPPINES
TEL. NO. 711-60-80

AUTHORIZATION

May 11, 1994

In accordance with the authority vested on the Secretary of Health, I hereby declare the policies, regulations, and instructions in this *Hospital Nursing Service Administration Manual* shall govern the organization, management, and activities in retained government hospitals until modified by order of the Department of Health or by law.



JUAN M. FLAVIER, M.D., MPH
Secretary of Health

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

SAN LAZARO COMPOUND
RIZAL AVENUE, STA. CRUZ
MANILA, PHILIPPINES
TEL. NO. 711-60-80

MESSAGE

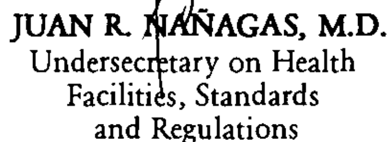
April 29, 1994

The Hospital Operations and Management Service of the Department of Health has been tasked to develop operations manuals specifically for DOH hospitals that may be of use to other public and private hospitals.

These manuals serve as standard reference materials for DOH hospitals to aid administrators and practitioners in following standard operating procedures in the management and practice of the different hospital services or units. Likewise, it may also serve as a reference guide for other public and private hospitals.

These manuals provide guidelines in the performance of duties and responsibilities of hospital personnel as well as outline steps necessary in the effective and efficient operation of each unit or service. The procedures in these manuals will assist them in the process necessary to operate an effective and efficient hospital.

This is an attempt to develop standard and achieve uniformity of procedures in different hospitals.



JUAN R. NAÑAGAS, M.D.
Undersecretary on Health
Facilities, Standards
and Regulations

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BP	-	Blood Pressure
COH	-	Chief of Hospital
CSR	-	Central Sterilizing Room
CCU	-	Central Care Unit
DOH	-	Department of Health
ER	-	Emergency Room
GSIS	-	Government Service Insurance System
HOMS	-	Hospital Operations and Management Service
ICU	-	Intensive Care Unit
IPHO	-	Integrated Provincial Health Office
KAS	-	Knowledge, Attitude, Skills
NCH	-	Nursing Care Hours
Nsg	-	Nursing
OR	-	Operating Room
PNA	-	Philippine Nurses Association
PR	-	Pulse Rate
QAC	-	Quality Assurance Committee
RR	-	Respiration Rate
SOAPIE	-	Subjective, Objective, Assessment, Plan, Intervention, Evaluation
UDDS	-	Unit Dose Drug System

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1

NURSING IN THE DEPARTMENT OF HEALTH

Nursing is a vital service in any health care facility. In the community, nurses provide direct services to the population and act as managers of the health centers. In the hospital, nurses provide non-stop direct and indirect care irrespective of holidays and emergencies.

Without an effective Nursing Service, patient care will suffer. It integrates all the hospital's vital services. Nursing interfaces with all the other support services, such as, medicine, dietary, dental, laboratory, pharmacy, medical, social service, housekeeping, maintenance, record-keeping, etc.

The Nursing Service is burdened with the expansion of the nurses' functions, rapid turnover, and the structural constraints within the health care facility, such as, understaffing, poor working conditions and inadequate supplies and equipment. Despite all these constraints and problems, the Nursing Service is still expected to render quality service.

Nursing has an obligation to society which has accorded it with recognition and respect. Nurses are not only accountable to their profession and institutions, but to society as a whole.

The integration of the promotive and preventive aspect of health into curative and rehabilitative services, and the consequent merging of the hospital and the provincial health office calls for the reorientation of roles and functions of health personnel including nurses.

As change agents, nurses should be creative and innovative in operationalizing the integration of nursing services. Hospital and community health nurses must therefore establish a workable mechanism that would ensure that objectives are met and delivered.

The DOH nursing services play an important role in the education and practice of the profession. Since nurses serve as role models of affiliating students in the different medical centers, specialty and other hospitals. (See Appendix 2 and 3 Revised Policies, Procedures and Guidelines governing affiliation and training of students in the DOH Hospitals and Rural Health Units), the Nursing Service should provide an environment conducive to learning. This also calls for the strengthening of the three major functions of patient care, education, training, and research. (See Appendix 4 on R.A. 7164).

PHILOSOPHY OF THE NURSING SERVICE

1. Clients have the right to the best possible health care regardless of their race, creed, color, sex, social status, capability to pay, and political belief.
2. The clients are unique individuals with physiological, physical, psychological, social and spiritual needs.
3. Medical interventions require the coordinated efforts of all the various components of the health care delivery system since health and illness are multi-causal.
4. A health care system should be dynamic to improve the delivery of health services.
5. An integrated health service (including the Nursing Service) should be adequately operationalized to be responsive to the health needs of the clientele.
6. Nursing personnel should be adequately prepared to assume their various roles in the promotion, maintenance and restoration of health.

OBJECTIVES OF THE NURSING SERVICE

General:

To provide quality nursing care.

Specific:

1. To establish and maintain acceptable standards of nursing care;
2. To provide the nursing personnel with opportunities for continuing education and training;
3. To conduct and participate in researches related to nursing and nursing care;
4. To strengthen linkages with the other components and agencies outside the health facility; and
5. To provide nursing and midwifery students with related learning experiences.

ORGANIZATIONAL STRUCTURES

Figures 1-5 show the different organizational structures of the Department of Health: Figure 1 shows the Organizational Chart of the Department of Health; Figure 2 shows the Organizational Chart of a Medical Center; Figure 3 shows the Organizational Chart of a Nursing Service in a Medical Center/ Special or Specialty Hospitals; Figure 4 shows the Organizational Chart showing the relationship of a Nursing Service; and Figure 5 shows the Position Chart of the Hospital Nursing Service.

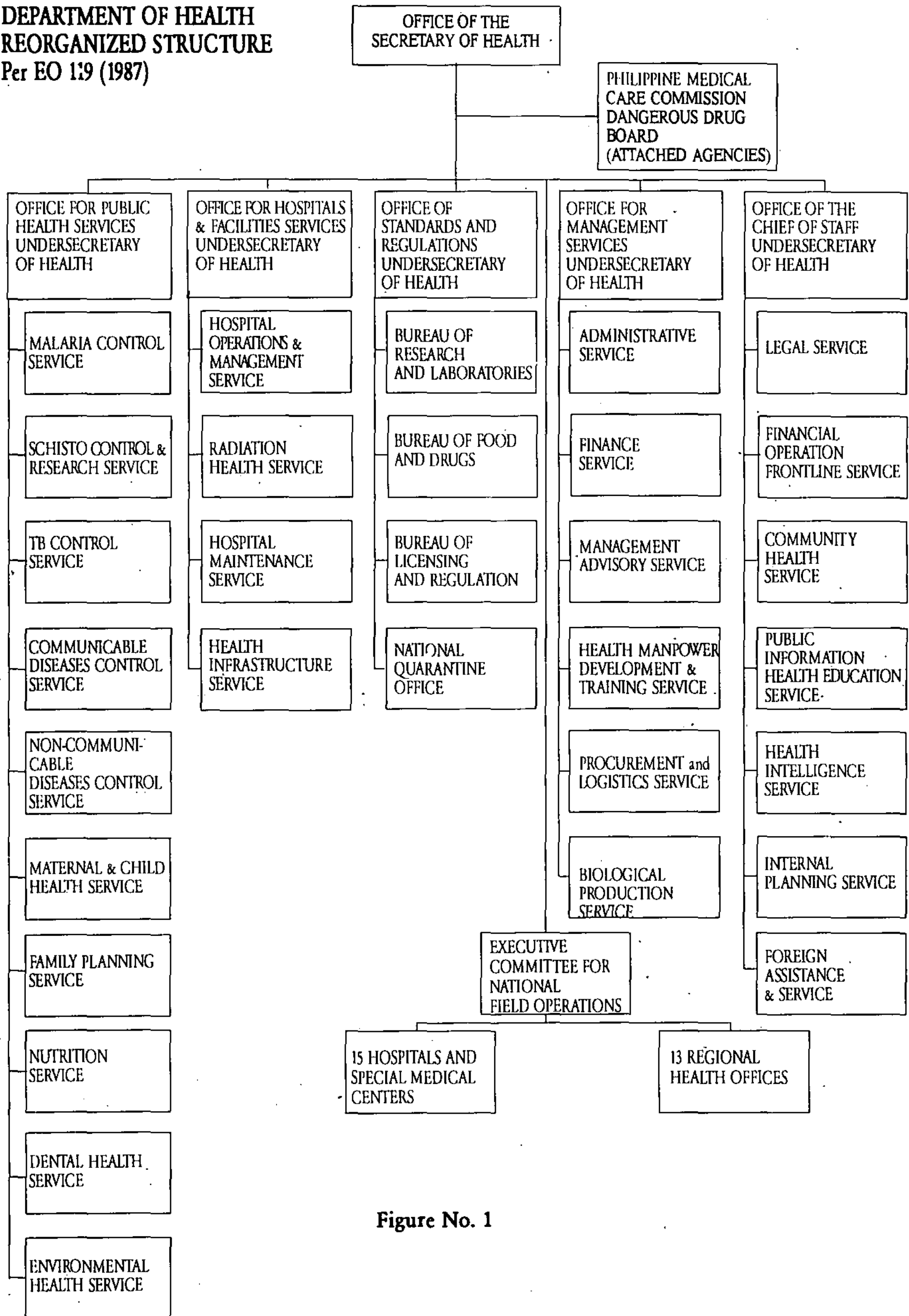


Figure No. 1

MEDICAL CENTER ORGANIZATIONAL STRUCTURE

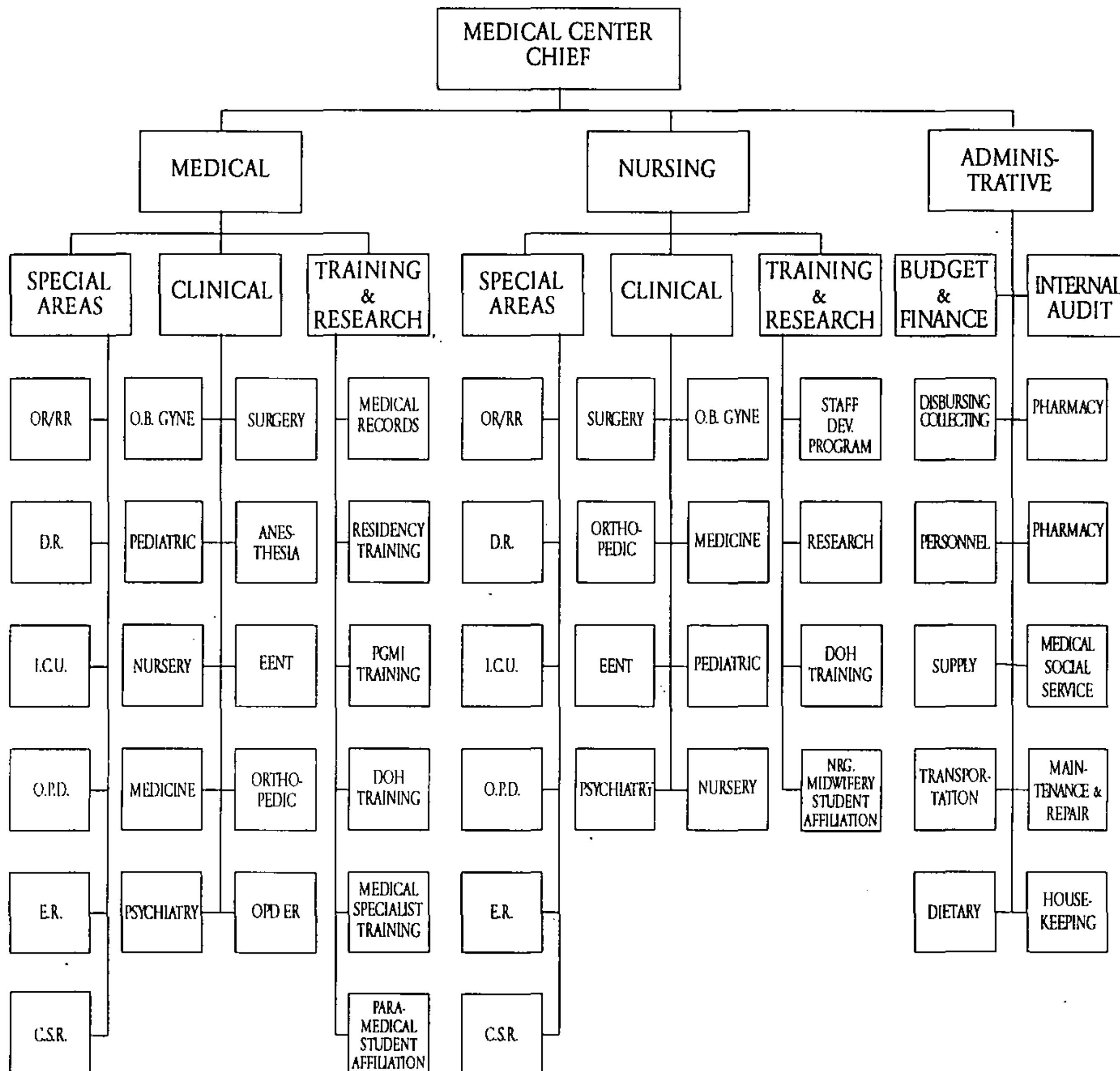


Figure No. 2

ORGANIZATIONAL STRUCTURE OF THE NURSING SERVICE/DIVISION IN DOH MEDICAL CENTERS SPECIAL AND SPECIALTY HOSPITALS

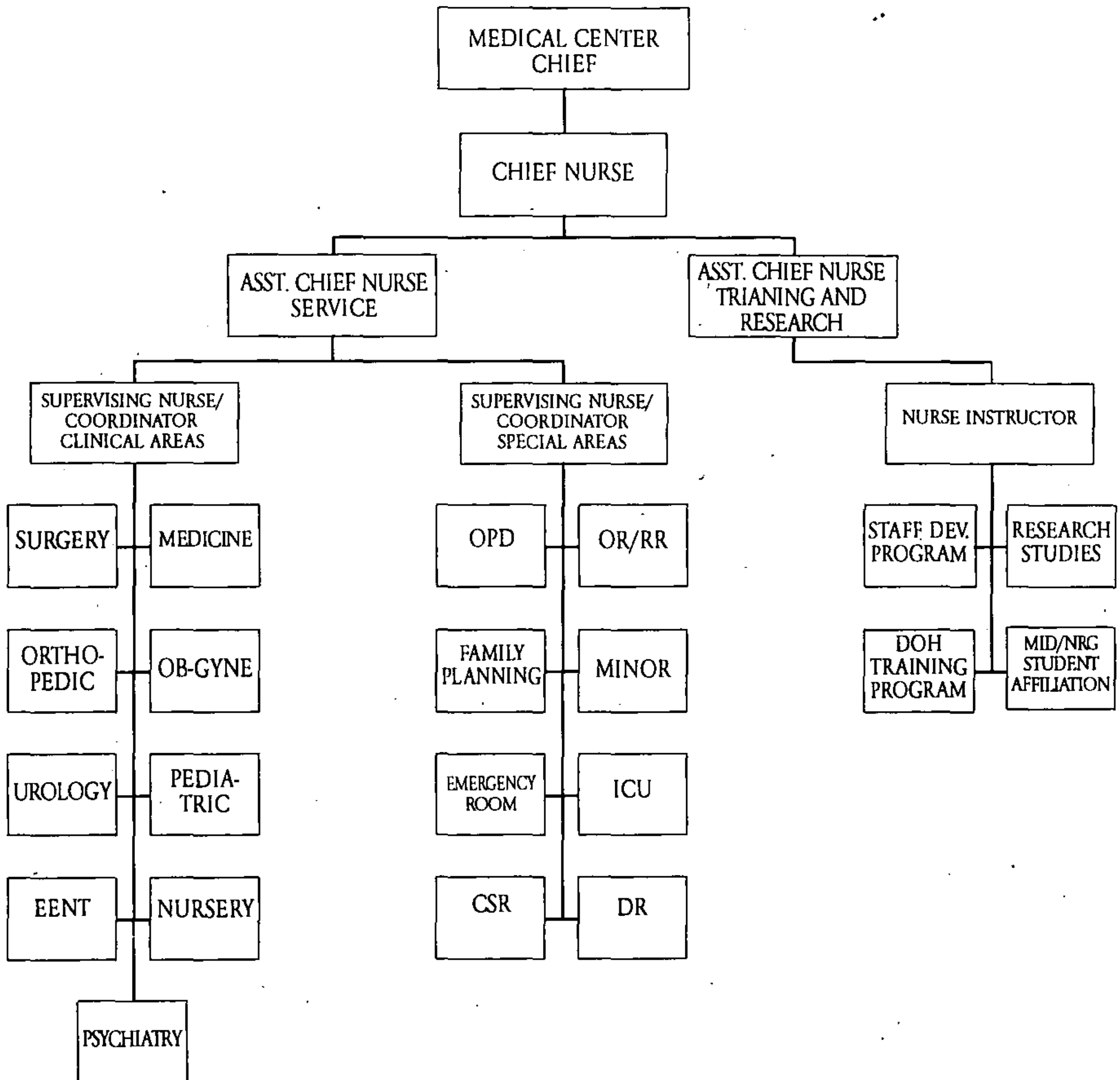
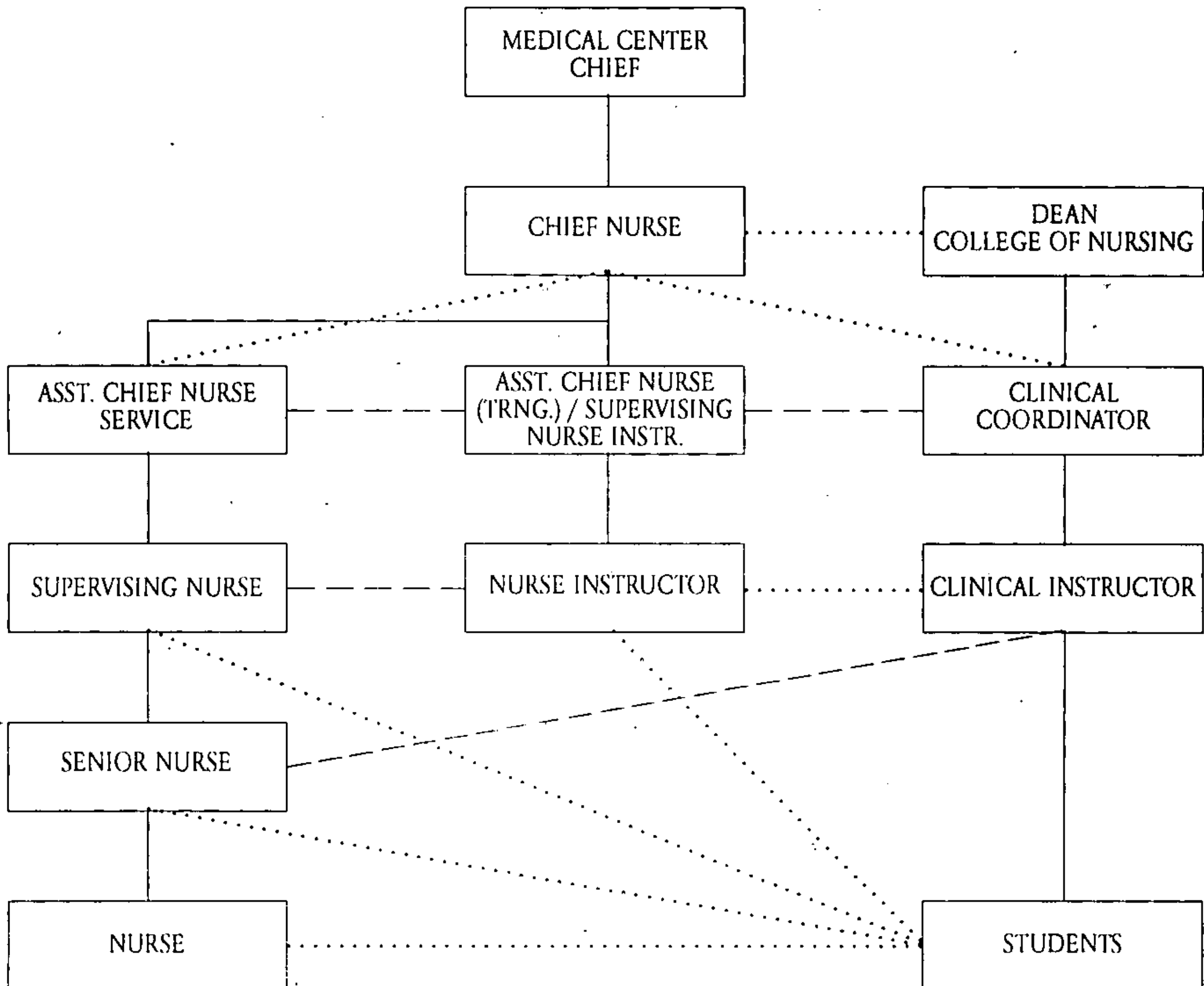


Figure No. 3

ORGANIZATIONAL STRUCTURE SHOWING THE RELATIONSHIP OF THE NURSING SERVICE WITH THE COLLEGE OF NURSING



LEGEND:

———— Direct line of authority & responsibility

· · · · Supervisor

— — — Coordinated relationship

Figure No. 4

ORGANIZATIONAL STRUCTURE OF THE NURSING SERVICE SHOWING LEVELS OF POSITION

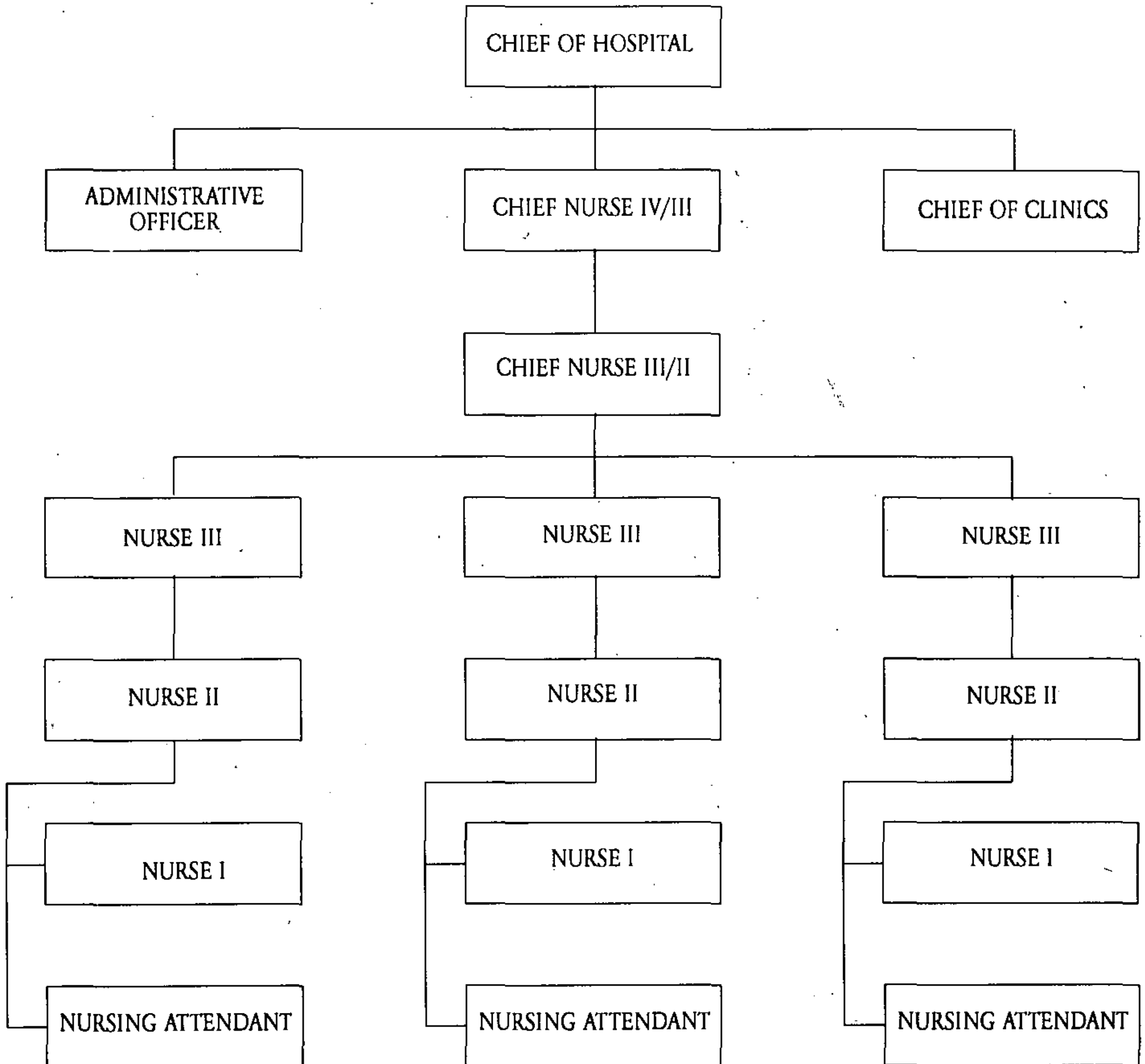


Figure No. 5

2

THE HOSPITAL NURSING SERVICE ADMINISTRATION PROCESS

The Nursing Service administrative structure is made up of the functions and respective roles of the Nursing Service administrators and their subordinates. A clear understanding of these processes and how they are applied in various organizational levels are necessary to achieve the objectives and goals set by the agency. The Nursing Service administration process is illustrated in Figure 6.

As a manager, the Chief Nurse basically performs four major management functions: planning, organizing, directing, and controlling. These functions entail the utilization and management of resources: man, materials, money, and machine. The effective performance of these functions contribute to the attainment of the organization's goal of quality patient/client care.

The following are the major responsibilities of the Nursing Service Department:

1. Plan the administration of nursing services and supervise nursing programs for total patient care;
2. Human resource planning;
3. Formulate and maintain policies, procedures and standards;
4. Maintain an equitable staffing pattern;
5. Provide the objective and accurate evaluation of nursing records for clinical, research, and administrative use;
6. Conduct and participate in researches;
7. Provide, distribute, maintain, and care for nursing supplies and equipment; and
8. Maintain good relationship with other services.

CONCEPTUAL PROCESS OF THE NURSING SERVICE ADMINISTRATION

Figure No. 6

A. PLANNING

Planning entails forecasting or setting the broad outline of work to be done. It is the primary process of selecting and relating facts, making use of assumptions regarding the future, and formulating activities necessary to achieve the desired results in the Nursing Service.

In short, effective planning involves answering certain questions that constitute the basic elements of this activity, using the question technique with "why" as the common denominator:

1. What action is necessary? Why?
2. Where will it take place? Why?
3. When will it take place? Why?
4. Who will do it? Why?
5. How will it be done? Why?

Since planning requires forecasting, generalization, analysis, detail, and specification, it precedes action and should systematize and provide the base for such action.

Scope of Planning

Planning is more critical at the top level. The chief nurse/director of the Nursing Service plans for the organizational activities that are broad in scope and are phrased in general terms. Strategic planning at this level is based on the mission of the hospital. The assistant chief nurse is assigned to implement specific programs and projects.

At the middle management level, the nursing supervisors formulate policies, rules, regulations, methods, and procedures.

At the lower or first management level, the senior nurse/head nurse schedules daily and weekly plans for the administration of patient care for his/her unit.

Characteristics of a good plan:

1. It should be based on clearly-defined objectives.
2. It should be simple.
3. It should provide for the proper analysis and classification of action, i.e., it should establish standards.
4. It should be flexible.
5. It should be balanced.
6. It should exhaust all available resources before creating new resources, applying the principle of simplicity.

Steps in Planning for a Nursing Service:

1. **Forecast**

   Forecasting describes the ultimate condition or projections that provide the general incentive and direction to planning. It anticipates the environment or setting where the plan will be operationalized such as:

1.1 The Hospital

This includes the type of hospital served (primary, secondary, or tertiary); the kind of services it offers, its philosophy, mission and goals; the realities of size and categories of their budget (national or local).

1.2 The Community it Serves

This includes the kind of people served, their needs, expectations, literacy rate, economic levels, employment rates, demographic statistics, cultural values, folkways, and service(s) available in the community.

1.3 The Goals of Care

The goals of care vary according to the setting of the agency (whether preventive, rehabilitative, or curative), trends in technology, and the changing concepts of the nurses' roles and functions. Forecasts must be supported by facts, reasonable estimates and accurate reflection of policies and plans.

Long and Short-Range Goals

In planning for the Nursing Service, assess the quality of the nursing care being given, discuss the improvements needed and identify which among these improvements are possible before laying out the long and short-range goals.

Example:

The long-range goal of improved nursing care which is spread over 3 1/2 years may be broken down into short-range goals.

Six-month increments devoted to:

1. An assessment program
2. Selection and priority-setting
3. Increase in discharge plans and referrals
4. Upgrading of the psychological and emotional components of care
5. Improved physical care
6. Incorporation of rehabilitation techniques
7. Evaluation of progress in the achievement of these short-range goals

A 6-month nursing care assessment phase of planning:

The nursing staff would read, examine, and collect data individually. They would then discuss and review the findings together and/or with outsiders, in order to determine what is ideal. To reach a realistic appraisal of the institution's current nursing care, there is a need to conduct interviews and opinion polls among the nursing and medical staff, other services, patients, former patients, families and friends, and community. This realistic appraisal would become the baseline study that would provide future direction. It describes the Nursing Service in a given institution at a given time. Goals for improvements that are possible taking into consideration a given institution's strengths and limitations will be reflected in this study.

The short-range goal assessment of existing nursing care can be translated into a management by objectives format.

Only after the committee has considered the alternative proposals can the hospital management decide from among the alternatives given and move on to goal-setting within the framework of a long-range plan.

2. Define the philosophy and objectives of the Nursing Service

The statement of purpose, mission, or philosophy provides the basis for the Nursing Service's existence. It explains the system of beliefs and values that determine the way by which the purpose should be achieved. A philosophy addresses those issues which affect the nursing personnel. The philosophy and objectives of the Nursing Service are congruent with the philosophy and objectives of the hospital.

Goals and objectives are basically the same except that goals are broader while objectives are more specific. This formulation is generally abstract. Objectives are specific behaviors or task-oriented statements of the results to be achieved in order to accomplish a goal.

3. Identify and develop strategies, programs/projects activities. Set the time frame. Prepare the budget.

Indicators should be defined and should attain objectives.

3.1 Budgeting:

A budget is a plan that expresses the activities of an agency in terms of pesos covering a specific period of time.

Its purpose is to set operating cost limits. It guides performance, for although it includes cost of personnel, supply, support services, travel, and building, it is essentially a commitment to the people who utilize the resources offered.

There are two kinds of budgets: operating and financial budgets. Operating budget is the most commonly used and involves the Nursing Department. Financial budget shows the projection, origin and disposition of funds and working capital and are used primarily by the hospital administrator and the fiscal staff.

3.1.1 Budget Preparation:

The participation of the chief nurse in budget preparation leads to cost consciousness.

The involvement of the chief nurse in budget preparation have the following advantages:

1. Increased cost effectiveness through the analysis of activities and results of past experiences which may lead to the modification of future plans and objectives.
2. Cost containment through the efficient use of resources.

The planning function of the chief nurse is done through formal and informal consultation with other department heads, the assistant chief nurse and supervisors as they plan for special projects and daily activities. The weekly schedule of the Nursing Service, the annual vacation study, the master staffing plan and the Nursing Service budget are specified planning activities of the chief nurse.

The Nursing Service budget is primarily concerned with:

1. Personnel salaries
2. Supplies
3. Equipment outlay
4. Capital expenditures

The analysis of operations required in budget planning for the period covered helps the chief nurse weigh the values and establish priorities in the nursing program.

Factors affecting the Nursing Service Budget:

1. Type of hospital and level of care.
2. Personnel policies, such as, hours/day on duty per week, overtime, leaves, Medicare, retirement, etc.
3. Training and research plans.
4. Authorized bed capacity and population served.
5. Proportion of nursing care provided by the professional nurse and the nonprofessional nursing personnel.
6. Turnover rate affecting the degree and quality of supervision.
7. Methods of assignment.
8. Full implementation of the nursing process.
9. Standards of nursing care.
10. Physical layout of hospital and labor saving devices.
11. Memorandum method of reporting (simple or complex) required by the administrator.
12. Community extension services.
13. Affiliation of nursing and allied health students.

3.1.2 Budgetary Process

The budgetary process involve determining and developing a plan for the area of responsibility and reviewing, analyzing, and controlling the operation and plans of the Department.

The following may be considered in determining budgetary requirements:

1. Review of pertinent provisions in the current General Appropriations Act.
2. Identify sources of funds (general, national, city, municipal, provincial, special, revolving, trust).
3. Review current appropriations and actual expenditures for the current year.
4. Study proposed changes in other departments which might affect the Nursing Service budget.
5. Estimate required expenditures for the coming year for supplies, materials, equipment, repairs, and replacement.
6. Estimate personnel salaries and benefits, as well as, savings derived from unusual leaves.
7. Estimate cost of Human Resource Development and Research Programs.
8. Translate these information into pesos and submit the official forms to the Chief of Hospital for approval and inclusion in the general hospital budget.

Developing the Plan for the Area of Responsibility

Each senior nurse/supervising nurse develops a budget for his/her own area of responsibility every quarter of the ensuing year with the first quarter broken down into months.

Example:

Allotment for the 1st Quarter - P 15,000.00

1st month - P 5,000.00

2nd month - P 5,000.00

3rd month - P 5,000:00

The plan should include the number and kind of personnel, their salaries, fringe benefits, the number of patients to be served, the activities within the area, and the kind of care the patients are supposed to receive.

Operating expenses shall include, among other things, the number and kind of supplies, repairs, maintenance, books, and in-service education.

Analyzing and Controlling the Prepared Budget

A reporting system is devised such that monthly reports show how much has been spent on what and whether it exceeded the budget or not. Over expenditure must be controlled.

<u>Review the Budget Plan</u>

Review the plan for maximum efficiency and cost saving or corrective actions.

<u>Budget for the Fiscal Year should include:</u>

1. *Personnel* - salaries, wages, benefits, insurance, premiums, retirement, allowances, consultancy (honorarium)
2. *Operations* - supplies, such as, drugs, Central Sterilizing Room (CSR) supplies, and equipment according to patients confined and treated.
3. *Training/Research* - supplies, equipment, honoraria, official travels.
4. Allocation of Resources

Factors Determining the Nursing Service Needs

Consult with middle and first level supervisors to determine if it will affect the activities of the department. Determine needs for staffing equipment (prevention, maintenance and repair) considering allowance for repair and inflation.

1. Types of patients admitted (e.g., medical, surgical, pediatric, obstetric, psychiatric, communicable, length of stay, and the acuteness of their illness;)
2. Personnel policies, such as, salaries paid to various types of personnel, length of the work-week and work period as well as flexibility in hours, extent of vacation, holidays, and sick leaves.
3. The size of the hospital and its bed capacity. A large hospital would require more personnel to care for its patients than a smaller hospital.
4. The kind and amount of care to be given as they affect the number of hours of bedside care;
5. The nursing care which should be provided by professional nurses in proportion with the care provided by the auxiliary personnel.
6. The amount and quality of supervision available and provided by effective job descriptions and job classifications;
7. The methods used in assigning nursing personnel to patients, whether functional case or team method;
8. The methods used in performing nursing procedures (simple or complex), and the method for record-keeping and charting;
9. Standards of nursing care;
10. Physical layout of the hospital: the size and plan of the clinical units, the amount and kind of labor-saving equipment and devices;
11. The reports (simple or complex) required by the administrator;
12. Method used in appointing medical staff, the size of activities, kind and frequency of treatments and orders; and

13. Affiliation of the hospital with medical, nursing and paramedical schools.

These factors indicate that each health care organization must be considered as a separate entity when planning for its Nursing Service needs.

Project Planning

Project planning is the process applied to a specific proposal or program. It is divided into three phases.

PHASE I: Developing a Plan

1. Clearly state the purpose or mission of the project.
2. Assess the situation.
   - 2.1 Determine the kind of information needed. These information serve to:
     - 2.1.1 validate the identified problem;
     - 2.1.2 point out the factors affecting the problem;
     - 2.1.3 yield an estimate of the expected responses to the change that will result.
   - 2.2 Based on the information gathered, analyze the problem. Find its source (internal or external).
3. Formulate the Objectives
4. Propose alternative course(s) of action (Option A, B, C, etc.).
5. Choose a particular course of action.

PHASE II : Presenting the Plan

1. Obtain the approval of the concerned authority/agency for the presentation of the plan.
2. Prepare for the presentation. Give special attention to the following:
   - 2.2 Manner of delivery/presentation. It should be:
     - 2.2.1 persuasive
     - 2.2.2 concise
     - 2.2.3 professional
     - 2.2.4 personalized
     - 2.2.5 imaginative

PHASE III : Implementing and Monitoring the Plan

1. Plan for the implementation and monitoring.

   Determine:

   what activities should be undertaken and the sequence that must be followed?

   WHAT

   resources are to be allocated?

   WHO

   are the individuals responsible for specific tasks

   are the support systems

   WHEN

   are the target dates for the completion of each activity (use GANTT Charts, Pert Charts)?

2. Direct the implementation.
3. Monitor the implementation. Refer to the original design to ensure that it is being strictly followed.
4. Evaluate the outcome of the plan.
5. Update the plan and revise as necessary.

Define policies, standard operating procedures (SOPs) and specific activities that should be included in the policy and procedures manual. The manual should be available in every ward.

B. ORGANIZING

Organizing is a vital part of administration. It does not embrace but instead works in partnership with the other elements of administration to achieve the purpose.

THE NURSING SERVICE AS AN ORGANIZATION

The Nursing Service constitutes the single largest group of hospital employees. It is the mainstay of the organization in supporting administrative policies, providing effective patient care and promoting good public relations.

There are three major concerns in organizing a Nursing Service, namely: organizational structure, staffing, and job descriptions. These are basically concerned with people and quality of personnel, what they are supposed to do and how they are related to each other within the organization.

The Nursing Service functions under the direction of the chief nurse. The chief nurse reports directly to the Chief of Hospital (COH) and is responsible for the organization and administration of the Nursing Service. Aside from his/her administrative responsibility to the COH, he/she also coordinates the professional activities of the nursing staff with the medical and administrative staff and the community. The chief nurse shares these responsibilities with the assistant chief nurse. The assistant chief nurse is under the chief nurse and assists him/her in the administrative and supervisory functions of the Nursing Service. The supervising nurses assist the chief nurse and the assistant chief nurse in the administration of the Nursing Service. They have administrative and supervisory functions to coordinate two or more nursing units.

The Nursing Service consists of nursing personnel working in the different in-patient, out-patient and special units. Each of these units is under the direction of the senior nurse who is responsible for the administration and supervision of the activities of the nursing personnel. The Senior Nurse is directly responsible to the supervising nurse. For smaller hospitals where the positions for assistant chief nurse and supervising nurse do not exist, the senior nurse is directly responsible to the chief nurse and functions in a supervisory capacity. All nursing personnel under the nursing unit are directly responsible to the senior nurse. In other hospitals, the staff nurse also functions in the capacity of a senior nurse. If such position does not exist, any member of the nursing personnel may consult with the chief nurse or the assistant chief nurse on personal or professional problems.

Organizational Structure

Organizational structure refers to the way a group is formed depicting its lines of authority, span of control, and channels of communication. The establishment of formal organizational patterns through departmentalization and division of work provides order in administration.

The formal structure of an organization is the official arrangement of positions or working relationships that will coordinate efforts of workers of diverse interests and abilities.

The philosophy and objectives of the nursing department and the goals of the institution are the bases for the formal organizational structure. This structure specifies how each position in the department is related to each other and how the entire nursing department is related to other parts of the institution.

Types of Formal Organizational Structure

Traditionally, organization has been analyzed as a structure of authority relationships. Authority is the right to act, hence, authority flows down in an organization.

Three types of organization:

1. *Line* - this is the simplest and most direct type or organization where each position has general authority over lower positions in the hierarchy in the accomplishment of the main goals of the agency.
2. *Staff* - this is purely advisory to the line structure with no authority to put recommendations into action.
3. *Functional* - this type of organization permits a specialist to aid line positions within a limited and clearly-defined scope of authority. It decreases the line manager's problem because it permits orders to flow directly to lower levels without going through the routine technical problems of the line positions.

Line organization is the backbone of the hierarchy with the staff and functional organization merely supplementing the line.

RELATIONSHIPS	INDIVIDUAL
Line - Those that exist between a superior and subordinates immediately and directly responsible to him/her.	Chief Nurse to Supervising Nurse, to Senior Nurse
Lateral - Those that exist between positions in various parts of an undertaking where no direct authority is involved.	Senior Nurse with doctor, social worker and dietitian
Functional - Those which arise when duties are divided on a functional basis, i.e., when an individual exercises authority on one particular subject by special skill or knowledge.	Chief Nurse with the Administrative Officer, Senior Nurse with the clinical instructor

Staff - those which arise when an individual is acting as the representative of a superior. This individual is not vested with, but is acting "for and on behalf of the person on which the authority lies." Her function is one of transmission and interpretation coupled with the duty of ascertaining that the orders given are carried out.	Supervising Nurse acting on behalf of the Chief of the Nursing Service when the Chief Nurse is absent.

Throughout the hierarchical scale, the important principles of authority, accompanied with responsibility, must be followed. The individual is held accountable for activities and responsibilities delegated to him/her.

Major Characteristics of an Organizational Structure

An organizational structure has five (5) major characteristics:

1. Division of work where each box represents an individual or sub-unit responsible for a given task of the organization's work load;
2. Chain of command indicating the lines of authority;
3. Type of work performed indicated by labels or description for the boxes;
4. The groupings of work segments, shown by clusters of work groups; and
5. The levels of management which indicate the individual and entire management hierarchy regardless of where an individual appears on the chart.

Principles of Organization

Organizing principles provide a simple group of statements that provoke thinking among administrators.

1. **Unity of Command** - No member of the organization should report to more than one superior on any given function. This prevents conflict arising from orders from different people and simplifies superior-subordinate relationships.

   Overlapping supervision may occur while line personnel personally observe the work situation. Personnel tend to work better when they are accountable to only one supervisor. Work-related corrections or questions observed by the administrator should be directed to the person in charge of the unit where the finding was made or with the supervisor of the area if it was the director or the assistant who made the observation. That observer can then respond, explain, and discuss the matter with the worker who administered the care.

2. **Proper delegation of responsibility and authority** - For work to be accomplished, responsibility and authority should be delegated. Responsibility is work assigned to a position. Authority, on the other

hand, gives the one delegated the right to command a subordinate who, in turn has an obligation to obey or perform the duties specified by his position.

Accountability - The organizational structure delineates responsibility. It identifies to whom, and for whom one is responsible, and also for what one is responsible to, as specified in the job descriptions. Responsibility should be accompanied by accountability, which suggests a more carefully circumscribed and communicated responsibility.

Delegation, responsibility, and accountability are clearly interwoven. They form a triad that operates at every level and laterally at some levels. One delegates, another assumes responsibility and accounts to the delegator for the conduct of the assignment.

Since supervisors need to concentrate on the more fundamental, difficult and abstract issues, detailed problems can be resolved at the level at which they occurred by the first line and middle management supervisors.

3. **Span of control** - refers to the number of people one can directly supervise, assist, and teach to achieve the objectives of their own jobs.

   It ensures the appropriate number of persons needed to make the assignment manageable. Some factors that affect span of control are: the number of people to be supervised, their skills, location of work, and equipment handled.

   Reports can never replace direct observation. To safeguard responsibility, areas of responsibilities should be regularly observed fist-hand. Administrators must therefore be personally in touch with the work of personnel for whom they are responsible to, as well as, with the patient who are the recipients of that work. Moreover, supervisors remain reality-centered when they witness for themselves at the bedside-care level the problems and frustrations, as well as, successes and joys derived from giving nursing care.

4. **Departmentalization or similarity of assignments** - Workers of similar activities are grouped together based on the likeness of personal qualifications or common purpose. This includes functions that require close coordination. Departmentalization specializes activities, simplifies the administrator's work and maintains control.

Organizational Charts

Organizational charts are fundamental to effective administration indicating the lines of authority and responsibility, the major channels of formal communication, and the inter-departmental, as well as, the intra-departmental relationships. For the systematic and effective administration of the Nursing Service, the nursing department must be organized within the framework of the hospital's objectives and sound organizational principles. Types of Organizational Charts:

Structural Chart

—Shows the various components of the organization and outlines their basic interrelationships.

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Functional Charts

Reflects the functions and duties of the components of the organization and indicates the interrelationships of these functions.

Within the boxes are the function statements applicable to a particular segment. The statement should be clear, inclusive and written in the present tense.

Position Charts

Specifies the names, positions, and titles or ranks of the personnel which fit into the organizational structure.

C. STAFFING

Staffing is the process of determining and assigning the right personnel to the right job.

It is the largest and the most crucial aspect of administration because the quality of the personnel and their performance will determine the degree of achieving the goals of the Nursing Service.

An institution's concern for the delivery of quality health care is reflected in the way it supplies human resources for the administration of that care.

FACTORS AND STEPS IN DETERMINING STAFFING NEEDS:

1. Factors to be considered in determining nursing care hour/patient in 24 hours.

    1.1 Patients Acuity of Illness

    1.1.1 Level of Care

    - Obstetrics - Gynecology
    - Pediatrics
    - Medical
    - Surgical

    1.1.2 Degree of Dependence

    1.1.3 Communicability

    1.1.4 Rehabilitation Needs

    1.2 Special treatment and procedures

    1.3 Type of hospital

    1.4 Ratio of professional to nonprofessional nursing personnel.

    1.5 Turnover of patients and nursing personnel

    1.6 Hospital policy

    1.7 Budget

    1.8 Available equipment/materials/supplies

    1.9 Population served

2. Steps for computing the Nursing Care Hours (NCH)
   Formula:

$$\text{No. of Nursing Personnel} = \frac{\text{Ave. Occ. Rate X NCH}}{\text{No. of Working Hours}}$$

Cases/Patients	NCH	Prof: Non Prof Ratio
General Medicine	3.5	60:40
Medical	3.4	60:40
Surgical	3.4	60:40
Obstetrics	3	60:40
Pediatrics	4.6	70:30
Pathologic		
Nursery	2.8	55:45
ER/ICU/RR	1:2-3 patients	80:20
CCU	1:1-2 patients	80:20

Patient Classification System

Patient classification allows a more accurate computation of nursing hours needed for different categories of patients. It is a method used for grouping patients according to the amount and complexity of their nursing care requirements over a given period of time.

The Nursing Service administrators must further develop this nursing patient classification system to accurately measure nursing resources use. Nursing administrators need to know the cost of providing nursing care to each patient in their hospital. Since all hospitals face this same need, the data collected must be meaningful. First, define and determine what should be included under nursing care hours. Without standard definitions, it is impossible to compare or pool data about nursing care hours and nursing costs. Second, establish a methodology for determining nursing costs.

The patient classification system is not intended to provide an exact allocation of nursing hours. Rather, it is an aid to the professional nurse manager's judgement regarding staffing requirements, taking into consideration all factors that influence patient care. Through experience, observation and suitable measurement techniques, time standards can be developed for each patient care category.

In most classification systems, patients are grouped with reference to their dependency on caregivers or according to the time and ability required to provide the care their condition dictates. The purpose of any such system is to assess each patient and award each a numerical score that quantifies the volume of effort required to satisfy his/her nursing needs. To develop a workable patient classification system, nurse managers must: determine the number of categories by which patients are to be divided; the characteristics of a typical patient that will be needed in each category and the time needed to perform these procedures; give emotional support; provide health teaching for patient in each category.

The patient classification system is a means of categorizing patients on the basis of certain needs that can be clinically observed by the nurse. The patient classification system was introduced as a basis for staff planning when it was recognized that patient's differing needs for care is a result of their varying dependency needs and not their diagnosis. Therefore, the amount and type of care needed by a comatose diabetic patient which closely resembles the care needed by a comatose uremic or a comatose stroke patient would differ from the care needed by a well-regulated diabetic patient with retinal degeneration. All comatose patients are wholly dependent on their caregivers.

In most patient classification systems, patients are divided into three or four categories on the basis of their dependency needs and the level of personnel required to satisfy these needs. A four-category classification system consist of: (1) self-care or minimal care; (2) practical care or moderate or intermediate care; (3) total care or intensive care, and (4) continuous or highly-specialized care. For a three-category system, the total care and intensive care categories are combined.

Levels of Care			Number of Nursing Care Hours Needed Per Patient Per Day
Level I	-	Minimal Care	1.5
Level II	-	Intermediate Care	3.0
Level III	-	Intensive Care/ Total Care	4.5
Level IV	-	Highly Specialized Critical Care	6.0

Table 1
Number of Nursing Care Hours Needed Per Patient Per Day Per Levels of Care

Levels of Care:

Level I - Self-care or nominal care category. Under this category, the patient is capable of carrying out daily activities as long as the nurse provides the necessary materials and supplies.

A patient who enters a hospital for diagnostic work-up that includes numerous laboratory, x-ray and other non-invasive tests, is often a self-care patient for the duration of his work-up.

Level II - Intermediate or moderate or partial care category. Under this category, the patient can feed, bathe, toilet and dress himself without help, but requires some assistance from the nursing staff for special treatment or certain aspects of personal care. For example, a partial care patient might require wound debridement or dressing, catheterization, colostomy irrigation, intravenous fluid therapy, intramuscular or subcutaneous injection or chest physiotherapy.

The patient being prepared for surgery or has just passed through the acute post-operative period, and convalescing from surgery may be in the partial care category.

Level III - Total Care/Intensive Care Category. Under this category, a bed-ridden patient who lacks the strength or mobility, needs nursing assistance with all his/her daily activities, such as, feeding, bathing, dressing, moving, positioning, eliminating, comfort-seeking and injury avoidance.

Level IV - Critical Care - An acute or critically-ill patient who is in constant danger of death or serious injury would require critical care.

Levels of Care			Ratio of Professional Nurses to Non-Professionals/ Nursing Personnel
Level I	-	Minimal Care Patients	55-45
Level II	-	Intermediate or Moderate Care Patient	60-40
Level III	-	Total Care Patients	65-35
Level IV	-	Highly Specialized Care Patients	70-30 or 80-20

Table 2
The Ratio of Professional Nurses to Non-Professional Nursing Personnel in Various Levels of Care

The percentage of nursing hours to be given by professional nurses and by nonprofessional nursing personnel depends on the patient's condition and in the setting in which the care is being given. For primary hospitals and for patients needing minimal care, the ratio is 55-45; for secondary hospitals and/or patients needing moderate or intermediate care, 60-40; for tertiary hospitals or intensive care patients needing highly-trained nursing personnel, the proportion is 70-30,or even, as needed.

TYPE OF HOSPITAL	PERCENTAGE OF PATIENTS IN VARIOUS LEVELS OF CARE			
	Minimal Care	Moderate Care	Intensive Care	Highly Specialized Care
Primary Hospital	70	25	5	
Secondary Hospital	65	30	5	
Tertiary Hospital	30-40	50-60	15-25	5-10
Special Tertiary Hospital	10-20	20-30	50-60	20-30

Table 3
Percentage of Patients in Various Levels of Care Per Type of Hospital

The total number of patients receiving minimal, moderate, or intermediate and intensive care vary depending on the type of hospitals where they are confined. In primary hospitals, about seventy percent (70%)

of patients receive minimal care, twenty-five percent (25%) receive moderate care, and only five percent (5%) receive intensive care. In secondary hospitals, sixty-five percent (65%) of patients receive minimal care, thirty percent (30%) moderate or intermediate care while only five (5%) receive intensive care. In tertiary hospitals, about thirty to forty percent (30-40%) of patients receive minimal care. Fifty to sixty percent (50-60%) receive intermediate or moderate care while fifteen to twenty-five percent receive intensive care. Only five percent to ten percent (5-10%) receive highly specialized care.

However, in special tertiary hospitals, about ten to twenty percent (10-20%) of patients receive minimal care, twenty to thirty percent (20-30%) receive moderate or intermediate care; sixty to seventy percent (60-70%) receive intensive care.

Determining the Number of Nursing Personnel Needed

The number of nursing personnel to staff the various units/departments should be sufficient to cover the service even when part of the personnel are off-duty, absent or are on vacation/sick leave, or off on legal holidays.

The number of working hours and off-duties in this country is largely dependent on the Forty-Hour-Per-Week Law otherwise known as R.A. 5901. This law specifies that personnel working in agencies with a population of one million and in hospitals with a one hundred bed capacity and over, are entitled to work forty hours per week. On the other hand, nursing personnel who work in agencies with a population of less than one million, will have to render forty-eight working hours a week, therefore, only getting one day off a week.

The following policies as regards to work leaves are assumed to be given regardless of the number of working hours per week:

1. 15 days each per year for vacation and sick leaves
2. 10 legal holidays per year
3. 2 special holidays per year
4. 3 days for continuing professional education per year, for a total of 45 days per year.

Rights/Privileges Given Each Personnel	Working Hours Per Week	
	40 hrs.	48 hrs.
1. Days of Vacation Leave	15	15
2. Days of Sick Leave	15	15
3. Legal Holidays	10	10
4. Special Holidays	2	2
5. Continuing Education	3	3
6. Off Duties R.A. 5901	104	52
Total nonworking days/year	149	97
Total working days/year	216	268
Total working hours/year	1,728	2,144

Table 4
Total Number of Working Days, Non-Working Days and Working Hours of Nursing Personnel per Year

Those working forty-eight (48) hours a week will have a total of ninety-seven (97) nonworking days, two hundred and sixty-eight (268) working days and two thousand one hundred twenty-four (2,124) working hours a year. Those working forty (40) hours a week will have more off-duties, less working days and hours per year. These will be one hundred and forty-nine (149) nonworking days; two hundred sixteen (216) working days and one thousand seven hundred and twenty-eight (1,728) working hours a year.

Relievers Needed

Each employee is entitled to ten (10) days of vacation leave and five (5) days of sick leave every year. They are also entitled to twelve (12) days off during holidays and three (3) days off to attend continuing education programs. Since their total average of absences is thirty-five (35) days a year, (35-365), the actual relief needed for each is .095.

To compute for the total relievers needed, multiply the computed number of nursing personnel by .095

With these data on hand, it is possible to compute the number of nursing personnel on a yearly basis utilizing the data given earlier and the percentage of patients in various levels of care.

Distribution by Shifts

Studies have shown that more nursing care are given during the morning and afternoon shifts. The morning shift requires the most number of nursing personnel at forty-five percent (45%), the afternoon shift requires about thirty-seven percent (37%) and the night shift only about eighteen percent (18%).

Formula for Computing the Number of Staff Needed in the In-Patient Areas of the Hospital

1. Categorize the number of patients X percent at each levels of care needed by hospital classification.
    a. Total number of patients X percent at each level of care (whether minimal, intermediate, intensive or highly-specialized intensive area)
2. Find the total number of nursing hours needed by patients per year at each categorized level.
    a. Number of patients at each level X average nursing hours needed per day.
    b. Get the sum of the nursing hours in the various levels.
3. Find the actual total number of working hours needed by these patients per year.
    a. Total number of nursing hours needed per day X 365 (total number of days in a year).
4. Find the actual total number of working hours rendered by each nursing personnel each year.
    a. Hours on duty per day X actual working days per year.

5. Find the total number of nursing personnel needed.
   a. Divide the total number of nursing hours needed by the given number of patients per year by the actual number of working hours rendered per year.
   b. Find the relief. Multiply the number of nursing personnel needed by .095
   c. Add the number of relievers to the number of nursing personnel needed.
6. Categorize into professional and nonprofessionals.
   a. Multiply the number of nursing personnel according to the ratio of professional to nonprofessional personnel.
7. Distribute by shifts.

To illustrate:

Find the number of nursing personnel needed for 100 patients in a tertiary hospital.

Step 1. Categorize patients according to levels of care.
100 (pts.) X .65 = 65 pts. needing minimal care
100 (pts.) X .30 = 30 pts. needing moderate/intermediate care
100 (pts.) X .05 = 5 pts. needing intensive care
100 (pts.) X 0.1 = 10 pts. needing highly-specialized care

Step 2. Find the number of Nursing Care Hours (NCH) needed by the patient per day at each categorized level.
65 X 1.5 (Nsg. care hrs. needed per day at level 1) = 97.5 nsg. care hrs. needed by 65 patients
30 X 3 (Nsg. care hrs. needed per day at level 2) = 90 nsg. care hrs. needed by 30 patients
5 X 4.5 (Nsg. care hrs. needed per day) = 22.5 nsg. care hrs. needed by 5 patients
Total = *210 Nursing Care Hours/day*

Step 3. Find the actual number of NCH needed by 100 patients per year.
210 X 365 = 76,650 total NCH needed per year.

Step 4. Find the number of nursing personnel needed.
a. 76,650 (NCH/year) / 1728 (working hrs./yr) = 44 Nursing Personnel
b. 44 X .095 = 4.18 or 4 Nursing Personnel as Relief
c. 44 + 4 = 48 Total Nursing Personnel Needed

Step 5. Categorize according to professional and nonprofessional personnel.
44 X .60 = Nurses
44 X .40 = 17.6 Nursing Attendants

Step 6. Distribute by shifts

26 X .45 = 12 nurses on 7-3	17 X .45 = 8 nursing attendants on 7-3
26 X .37 = 10 nurses on 3-11	17 X .37 = 6 nursing attendants on 3-11
26 X .18 = 4 nurses on 11-7	17 X .18 = 3 nursing attendants on 11-3
Total = 26	*Total = 17*

Staffing Pattern

Types of Staffing Patterns

1. Conventional staffing pattern (centralized-decentralized) provides the best possible allocation of personnel to the units for 24 hours.
2. Cyclical staffing pattern repeats itself on a 4-, 6-, 7-, or 1-1; 2-2 days basis. It requires the constant sufficient number of the appropriate mix of personnel to provide basic coverage. It provides for floating personnel to fortify staff where the work load is very heavy, where basic nursing hours per patient day are not being met, or when there are absences, illnesses, or vacations.

   The following should be included in a complete cyclical pattern:

   2.1 Desired personnel complement working each day

   2.2 Categories of personnel

   2.3 Shifts worked

   2.4 Days off

   2.5 Reduction in number and personnel complement from weekday to weekends appropriate to specific unit needs

   2.6 Fair distribution of desirable and undesirable hours among all personnel

   2.7 A means for controlling utilization of the ever- increasing number of part-time employees for full and partial shift work.

   2.8 Improved utilization of a "float" staff to enhance flexibility within the schedule and equate staffing with fluctuation in patient care needs and staff absences.
3. The 40-hour, 4-day work week; 12 hrs X 3 days + 4 hours.

   Another staffing pattern is the 40-hour, 4-day work week, with various advantageous groupings of days. However, there is the obvious disadvantage of fatigue when staff works longer than the normal eight (8) hours per day which affects the personnel and the care they provide patients.
4. Scheduling by Teams:

   Peak times, pressure and crucial times can be best met by stable continuing teams whose members support each other, share vital decisions, improve morale, and handle relief needs internally. It is an exciting idea that replicates those occasional, informal, cohesive units staff where longevity and familiarity have welded efficient and spirited cooperation.

   No matter what the staffing pattern or modification is, it must have the ingredients of continuous coverage for patient care and equitable distribution of desirable and undesirable hours for staff satisfaction. Clearer and improved personnel policies and greater precision in measuring patient needs and work distribution, provide the basis for experimentation and change in staffing patterns.

Job Description

Job descriptions are specifications of duties, conditions, and requirements of a particular job prepared through a job analysis. It is usually used for wages classification purposes. It is also called performance description.

Uses of Job Descriptions:

1. For recruitment, placement, and transfer of personnel.
2. For guidance, direction, and evaluation of performance.
3. It helps reduce conflict, frustration, overlapping of duties.
4. For working relationships with outside bodies, such as, professional associations.
5. To cite as basis for salary range.

Content of Job Descriptions:

1. *Job title* - definition of position, qualification, requirement, job summary, educational level, physical demands.
2. *Job relationships* - source of worker, promotion from and to workers supervised.
3. *Performance description* - performance responsibilities.

(Please refer to Appendix 9 for a detailed job description of all nursing personnel.)

C. DIRECTING

Directing refers to the manner of delegating assignments, orders and instructions to the nursing personnel where the latter is made aware of the work expected of him/her. The nursing personnel should be properly guided so they can contribute effectively and efficiently to the attainment of the nursing service goals.

It includes collaboration, delegation, supervision, coordination, communication, and staff development.

Supervision

1. Supervision involves providing guidance and direction to the work in order to achieve a certain purpose;
2. In the Nursing Service, the main goal of supervision is to attain quality care for each patient and to develop the potentials of workers for an effective and efficient performance.
3. A good understanding of administration, clinical competence, and democratic management are essential in supervision. Instead of giving commands, the supervisor should persuade the worker. Orders and commands should be given only in very rare cases.

   Supervision ensures that the major goal in patient care is achieved. Today's nursing supervision is centered on clinical service rather than the traditional managerial service.

Principles of Supervision:

1. Good supervision is focused on improving the staff's work rather than on upgrading himself/herself.
2. Good supervision is based on predetermined individual needs. It requires self-study by staff members as a starting point in their growth and development. In nursing, this means that the staff, with the help of the senior nurse, would make an assessment of his/her own ability in giving patient care and set goals based on his/her need for further development. Only when both share in the assessment can they coordinate their efforts.
3. Good supervision is planned cooperatively. Objectives, methods of supervision, and criteria for judging success in the attainment of goals are jointly established. The plan is based on the needs of the individual staff member and varies as his/her needs change. Supervision continuously adapts to the changing situation within the division.
4. Good supervision employs democratic methods. They adapt to the experience and ability of the staff member and the existing situation. There is no single technique suitable for all persons or for all circumstances. The method to achieve the desired outcome should be selected.
5. Good supervision stimulates the staff to continuous self-improvement. Stimulation results when the individual's interests are aroused to lead him/her to respond with enthusiasm. Supervision should be continuous, not periodic. It should assume that staff members are competent and that they desire to be competent. Adequate approval, commendation, and recognition for a job well done, encourages and challenges the individual to greater endeavors.
6. Good supervision respects the individuality of the staff member. It accepts idiosyncrasies, reluctance to cooperate, and antagonism as human characteristics, just as it accepts cooperation to reasonable and energetic activities. The former are challenges, the latter, assets.
7. Good supervision helps create a social, psychological, and physical atmosphere where the individual is free to function at her own level.

   Supervision encourages the staff member to contribute in the attainment of his/her objectives. By aiding the staff in achieving success, his/her attitude toward supervision is improved.

Supervisory Techniques

Nursing Service techniques include:

1. Orientation
2. Efficient assignment, rotation and follow-up
3. Evaluation, guidance counselling, and promotion
4. Health service, recreation and safety
5. Staff and in-service education

Supervision Tools

1. Organizational chart
2. Personnel policies
3. Communication devices
4. Purposeful rounds
5. Guides to workmanship, such as:
    5.1 Administrative and supervisory manual
    5.2 Policy books (personnel, inter-department, laboratory, dietary and safety)
    5.3 Procedure books (general and special)
    5.4 Instruction for Kardex use, administration of medical treatment in case of accident
    5.5 Schedule of professional and nonprofessional personnel including rotation hours and duties
    5.6 Model charts
    5.7 Job descriptions
6. Evaluation

Decision Making

Woven throughout the process of administration is the continual requirement of decision making. There are two things to be considered when making a decision: the end to be accomplished and the means to be used to accomplish this end. The means is a logical process of discrimination, analysis and choice. The end represent a consensus of opinion requiring a deliberate choice of means to be accomplished.

Organizational decisions originate from three fields: a) authoritative communication from superiors; b) cases referred by subordinates for decisions; and c) cases originating from the initiative of the supervisor or administrator.

1. Occasions for decisions are frequently furnished with instructions from superior authority. These decisions relate to the interpretations, application, and distribution of instructions. Supervisors make these decisions when determining the ratio of nursing personnel based on allocated budget.
2. The cases referred by subordinates for decision arise from the incapacity of subordinates, uncertainty of instruction, or conflict of orders. The administrator makes these decisions when they cannot be delegated reasonably. Supervisors or administrators face this type of decision when hearing conflicts or solving relationship problems of the Nursing Service with other service departments.
3. The occasions for decision that arise on the initiative of the administrator are the most important test of his/her capacity. This needs the administrator's specific justification for his/her decision. The nursing administrator face this kind of decision in determining the institution's quality of nursing care.

Delegation

There is always some process of work sharing that has to be done and the decisions that must be made. To delegate is to entrust responsibility and authority to others and to create accountability for its results. Delegation is a process of entrusting because the supervisor/administrator shares work and decisions with others which he/she would otherwise carry alone.

The Elements of Delegation

1. Responsibility entails an obligation to fulfill the work assigned to a certain position.
2. People will not perform the work unless they can make decisions related to it. The more powers and rights a supervisor/administrator can exercise with respect to the work he/she does, including making decisions, the more completely he/she will accomplish that work. The person given more authority to make the most of his/her own decisions enjoys his/her work more and derives more personal satisfaction from performing it. Authority is the sum of the powers and rights assigned to a position.

   In the process of work sharing to be done, there is a need to ensure that the job is performed appropriately and decisions are made based on factual data.
3. Accountability is the process of establishing an obligation to perform the work and to make a decision within set limits.

Basic Principles of Delegation

1. A clear-cut outline of duties, responsibilities and relationships should be established. Every nurse administrator must know his/her own functions, the extent of his/her responsibility, and his/her relationships with subordinates.
2. Authority should be delegated within specially defined limits to avoid stepping on others' rights.
3. Define objectives and suitable measures for determining performance. The most effective measures are based on performance standards which are checked against objectives, programs, schedules, and budgets.
4. Delegated responsibility must be accompanied with the corresponding authority.

   A person who is given a corresponding authority is encouraged to give his/her best effort in his/her work.
5. Every supervisor is held completely accountable for the methods and results of the work assigned to him/her. He/she is given the authority to establish plans and exercise necessary controls within the set limits. This way, errors and deficiencies can be pinpointed immediately.

Steps in Delegation

1. Describe the tasks/projects procedures to be done.
2. Relay the description of the task, etc.
3. Establish checkpoints.
    a. Policies/standards
    b. Allocate resources
    c. Time frame
    d. Rounds
4. Establish dialogue before, during, and after, for feedback on:
    a. Clarification
    b. Attitude/feelings of the staff delegated with the task
    c. Judgment of delegation

Pointers to the Proper Delegation of Work

1. Provide clear and specific instructions. Make sure that the responsibilities are clear.
2. Give authority commensurate to responsibility.
3. Keep subordinates informed.
4. Show you have confidence in your subordinates.
5. Be loyal.

After you have delegated,

1. Keep yourself informed by requesting simple written or oral reports.
2. Do not give specific instructions to the operating departments, that is the department (or unit) heads' job.
3. If something goes wrong, discuss it with the persons with whom you have delegated the responsibility.
4. Don't delegate all of the unsavory jobs.
5. In general, let the person preparing the correspondence, report, etc., sign his name.

Points to remember in delegation

1. Authority to sign your name is never delegated.
2. Let the person who actually did the work sign it.
3. The opportunity to say a few words to new employees is never delegated.

Utilization of Policies and Procedures

Each department utilizes the policies and procedures specific to its service. These are updated and/or revised as needed in collaboration with the different members of the health team.

Communication

Communication is the thread that binds an organization together by ensuring a common understanding.

Official channels of communication are established between the COH and heads of the different services and between individuals with the services. Organizational charts are the basis of formal hospital communication.

Dimensions

Communication of the different groups in the organizational structure is usually tri-dimensional because it portrays three dimensions of vision. (See Figure 7, page 36).

Height

This is the vertical (up and down) or two-way communication.

1. *Downward communication* means flow comes from higher to lower authority. In the Nursing Service, the chief nurse and his/her assistant communicate with all supervising nurses. In their absence, the person next in rank takes their place. Written communications from the chief nurse to the nursing personnel are usually concerned with general hospital policies, directives, and activities. These are coursed across the line through the supervising nurse and the senior nurses for interpretation, when necessary.
2. *Upward communication* - It is a two-way flow of information because it is a communication circuit wherein the message of the sender is taken by the receiver. The receiver responds back to the sender.

   When a supervisor receives a communication from the chief nurse, he/she also gives back written reports of information within his/her unit as to how this communication was acted upon. The supervisor's close association with his/her employees, allows him/her to communicate back both in action and in words, their perception or interpretation about the communication or any difficulty they may have encountered in implementing the communication.

   If the subordinate has very little experience in communicating with supervisors, then, the head nurse or supervisor should give the necessary guidance and encouragement.

Breadth

Horizontal communication is best illustrated in conferences or discussions between the different members of the health team.

Communication is concerned with the exchange of ideas, information, and feelings. Such exchange usually takes place during rounds and conferences. Nursing personnel need to experience this interchange of ideas for closer understanding.

Communication also includes the discussion of the total care of patients. This is best illustrated during conferences with other members of the health team during on-the-job training.

Booklets, brochures, and periodicals are also effective in disseminating information to new employees although it still can not displace personal conversation between employees.

CHANNELS OF COMMUNICATION IN A HOSPITAL NURSING SERVICE

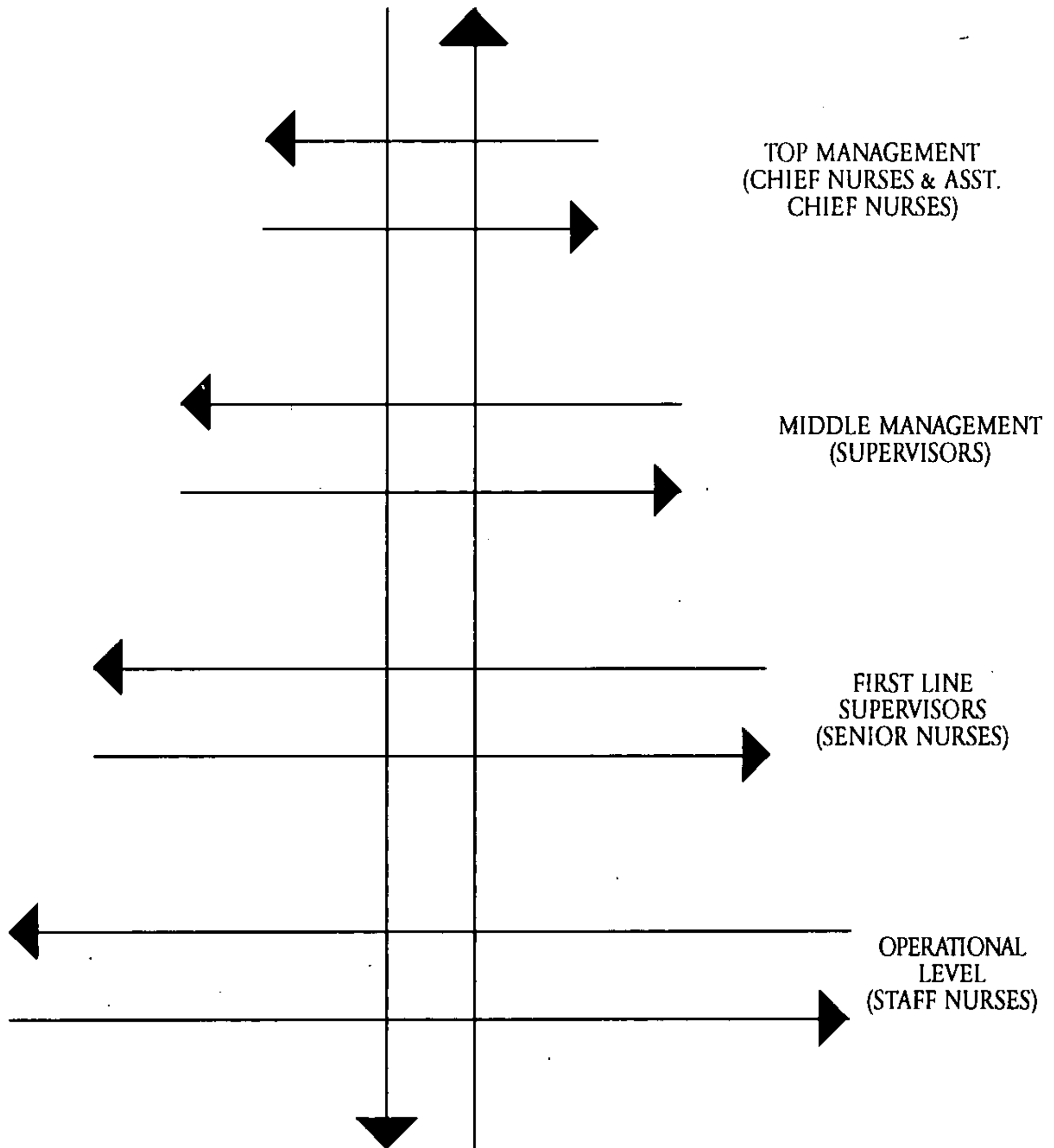

Figure No. 7

Depth

This is represented by the communication which flows in and out of the organization including the visitors, patients, families, friends and the community. It also includes the nursing personnel and their families.

Since the nursing staff are expected to know the functions of the hospital, they should be well-informed about the organization and its policies. They should be able to answer queries from the patients, their families, friends or visitors as they project the image of the hospital to the public.

Members of the Nursing Service should understand why policies are being issued and how they affect the hospital, the patients, or their family in a given situation. They should realize that oftentimes, it is not what to communicate but how they communicate which alleviates or aggravates a given situation.

All information regarding the patient should be regarded as confidential unless it is a policy matter, in which case, the hospital administrator may release the information required. The patient himself may also request through the Administrative Office, information he may need for Medicare, insurance and retirement.

Any matter which tends to place the hospital in danger of law suits and criticisms may be withheld on these grounds.

Special approaches to integrate the workers' families with the communication system should be undertaken. A person is happier with his job when he knows that his family understands his real contribution. Inviting the workers' family to hospital socials is one way of communicating with them.

Types of Communication

In the hospital, communication is carried out through oral and written reports following standard lines of communication.

1. **Verbal Communication**

   This is the most effective means of communication. It provides a means whereby the nursing personnel are best informed of plans, development, changes, and problems within the hospital and/of the Nursing Service.

   a. Patient contact - through regular and frequent patient visits, nurses can explain to the patients the hospital's different services and nursing care plans for him;
   b. Individual conferences - regular conferences to discuss plans, problems and evaluation of personnel performances;
   c. Group conferences - nursing committee develops nursing procedure manuals and plans for in-service education, programs; and
   d. Staff meetings - administrative matters are interpreted more effectively when explained and discussed in group meetings.

2. **Written Communication**

   Written communication provides a reference from which nurses get instructions or guidance. It serves as a record of standards of practice. Written communication should be easy to understand. Written communication comes in the following form:

2.1 Memoranda or Memos - are information exchanges between individuals or groups, i.e., chief nurse sends memoranda to supervising nurses and senior nurses to keep nursing personnel informed of nursing activities;

2.2 Directives - are administrative orders which initiate action or give instructions during an emergency situation. Directives are used to control policy of operation and to coordinate hospital services, e.g., the chief nurse issues out a directive concerning standards of nursing care;

2.3 Manual of Operation - are written procedures and techniques of each department which are kept on file for ready reference, e.g., nursing procedure manuals which are kept at the nurses' station for ready reference; and

2.4 Records and reports - are systematized reporting and recording documents, e.g., patient's record and personnel records.

Coordinating

The coordinating function of the Nursing Service serves to unite its units' various functions with other hospital departments and other community agencies. Coordination helps achieve the purpose of the hospital when each department complements the work of the other.

Communication is necessary in order to unite, facilitate and synthesize resources. Information must be conveyed to, from, and among the personnel. Coordination is interwoven with the following elements of administration:

1. Planning - since they are the ones working in hospital units, the nurses are involved in planning for the hospital layouts. This include budget, supplies and equipment.
2. Organizing - delegation, accountability and evaluation are necessary in the synchronization of the nursing personnel's output where each personnel participates and articulates part of the whole.
3. Staffing - coordination in staffing does not only refer to the number of persons placed in different positions but also in bringing about harmony between and among disciplines where concerted efforts can best be maximized.
4. Directing- inherent in the supervisory process is the need to direct and supervise persons charged with this responsibility to ensure all work is in pursuit of a common goal.
5. Controlling- numerous controlling devices in the Nursing Service come in the form of rounds, policies and standards, nursing orders, written reports, manual, records, nursing care plans and performance evaluation.

Situations where controlling is exercised:

1. Preparing daily activities and schedules of nursing personnel.
2. Consulting with supervisors and other personnel on day-to-day problems.
3. Reviewing 24-hour reports of the nursing units.
4. Securing special equipment and supplies.
5. Attending to unusual occurrences affecting the Nursing Service.
6. Proper action on regular requisitions.
7. Conference with the professional medical staff.
8. Supervisory rounds.
9. Reviewing personnel progress reports.
10. Interviewing and counselling nursing personnel.
11. Maintaining daily and cumulative records.
12. Scheduling staff conferences.
13. Transmitting official information and communication.
14. Referring health problems to proper authorities.
15. Providing the COH with written practice reports on the monitoring devices used with corresponding results.

The Nursing Service department should understand and appreciate the functions and responsibilities of hospital personnel. This would yield a cooperative effort characterized by an efficient and harmonious relationship which will produce great results for the hospital.

Inter-departmental Coordination

The process of coordinating the Nursing Service with the various disciplines of the hospital enhances close collaboration leading to the achievement of the hospital's goal.

Pointers for effective coordination:

1. Responsibilities should be clearly defined and understood by all.
2. Policies, guidelines and SOPs on inter-departmental relationships should be established and made available to all.
3. Channels of communications should be followed.

Coordination with the Professional Medical Staff

In patient care planning, regular meetings or dialogues between the medical and nursing staff are necessary. Discussions should include finding mutually satisfactory solutions to problems related to the delivery of patient care. Together, the medical and nursing staff should be able to establish working arrangements, policies and SOPs.

Example:

To facilitate work, the schedule of the medical rounds should be coordinated. Insertions of intravenous fluids should also be scheduled during the rounds.

Coordination with the Radiology and Laboratory Services

Standard operating procedures should include:

1. Patient preparation for a procedure/test/exam.
2. Time schedule of patients for special examinations to facilitate completion of desired examination.
3. Proper notification of the Nursing Service upon completion of procedure/test/examination in order to transport the patient back to the ward.

Should it be necessary for the tests be performed in the unit where the patient is confined, it is the nurses' duty to direct the personnel from these services to where the patient is, and to provide assistance when necessary.

Coordination with the Administrative Service

The chief nurse needs to coordinate with the Administrative Service in the following areas:

1. Recruitment and selection of personnel
2. Promotion of personnel
3. Procurement of supplies and equipment
4. Budget preparation
5. Maintenance of equipment

The senior nurse should report problems related to housekeeping and laundry/linen to the Administrative Service. The Linen Service shall be centralized under the Administrative Service which shall take charge of the following:

1. Requisition
2. Laundry
3. Maintenance
4. Distribution
5. Collection of linens

The patient care units are the recipients of linen and laundry services. Policies, SOPs, and mechanisms for monitoring and inventory should be established to ensure the adequacy of supplies and to minimize, if not, to prevent losses of linens.

Senior nurses are not only responsible for requisitioning articles and supplies, but also for ensuring their adequacy and quality. Periodic inspection/inventory should be done to prevent overstocking, overuse, and misuse. Schedules and SOPs in requisitioning supplies and materials from the Central Supply Room and/or Supply Section should be followed to ensure their availability.

Coordination with the Medical Records Service

The Medical Records Service is in charge of safeguarding, maintaining and processing medical records according to the standards set by the Central Office.

The Nursing Service plays a vital role in ensuring the safety, confidentiality, and completeness of the nursing records of the in-patient clinical records.

The following guidelines should be implemented:

1. A logbook of all in-patient clinical records of discharged patients shall be forwarded to the medical records officer.
2. The charts of all discharged patients should be forwarded to the Medical Records Office within 24 hours.
3. The attending physician should complete the chart after the patient's discharge. In cases where charts are not completed by the physicians, it is the responsibility of the medical records personnel to ascertain its completion.
4. To safeguard the confidentiality of the patient's records, the patient or his/her relatives should not be allowed to bring the chart to the Billing Section or to any other sections of the hospital. The charts should be sent directly to the Medical Records Section.
5. Diagnostic results of discharged patients should be forwarded to the Medical Records Section by the concerned diagnostic department.

Coordination with the Dietary Service

The Dietary Service assumes full responsibility for providing food service to patients, including meal distribution. The Nursing Service personnel ensures that patients are served the correct diet; see to it that changes in patient's diet are correctly conveyed to the dietitians, including instructions and counselling for special diets.

Coordination with the Pharmacy

The use of generics should be strictly adhered to.

The senior nurse should maintain a sufficient stock of medicines in the units to meet the emergency needs of patients. Care should be taken to assure that there is no overstocking in the units. During daytime, medicines are usually taken directly from the pharmacy while emergency medicines for the afternoon and night shifts are kept in the ward.

Narcotics are stored in a locked cabinet and the key is kept by the senior nurse. This is endorsed to the incoming shift for actual count and measurements. Narcotics are dispensed only with yellow prescription pads. Policies regarding narcotics are determined jointly by the pharmacist and the nurses and circulated for implementation. The pharmacy should provide the Nursing Service with an established Hospital Drug Formulary including the effective and efficient administration of medicines through the Unit Drug Dose System (UDDS).

Coordination with the Medical Social Service

Since the nurse spends more time with the patient provides vital information to support the Medical Social Worker's case study, the Medical Social Service coordinates with the nurse concerning patient's psycho-socio-economic problems.

The Nursing Service coordinates the health education for patients, watchers and relatives. They also make the necessary referrals for patients in need of blood, medicine, financial and material assistance or institutional placement.

Coordination with other Institutions, Civic Groups and other Community Agencies

Comprehensive care to patients oftentimes necessitates coordination with other civic groups and institutions.

Example:

> The need for follow-up care and home visits are usually referred to public health agencies, like health centers. A functional referral system must therefore be ensured.

Civic and religious groups also contribute to patient care through their personal services and donations.

Assignments

Assigning nurses to specific group of patients is based on their specific knowledge and skills, job descriptions, interest, and the patients' nursing needs.

The chief nurse or his/her assistant is usually responsible for assigning nursing personnel in the unit.

The senior nurse gives the specific assignments including determining their days off.

Characteristics of a Good Assignment

1. It should be related to the previous work experience of the worker.
2. It should be definite and clearly understood.
3. The words should be clear and concise.
4. It should be able to guide the workers in their learning activities.
5. It should minimize difficulties.
6. It should emphasize individual differences.
7. It should allow for cooperation to exist between the head nurse and the workers.
8. It should take into consideration the worker's capacities and experiences.

Assignments must be made to safeguard patients and make sure that they receive adequate and quality nursing care.

Basic Principles Underlying Patient Assignments

1. The basic assignment must be made by the senior nurse.
2. Assignments must be planned weekly rather than on a day-to-day basis.
3. The senior nurse must know the nursing needs of each patient and the appropriate time required to care for him/her.
4. The senior nurse must know the capability of each worker and the type of work the latter is expected to do. He/she must also be familiar with the worker's working habits, such as, her speed, thoroughness and organization of work.

The routines of the ward, such as, the time when dressings are changed, the time doctors do their rounds and examine patients; and many other factors, such as, modalities of care must also be considered.

Nursing Modalities or Patterns of Care

There are five nursing modalities or patterns of care:

1. The functional method assumes an assembly line approach where major tasks are delegated by the senior nurse to individual members of the working group. Such tasks are divided into segments, such as, medications, giving bath, monitoring intravenous fluids, or taking vital signs.

   This method is the most economical way of delivering nursing services since it gives greater control of work activities and fewer interruptions. The workers feel more secure in a dependent role. In addition, the senior nurse becomes adept in assigning tasks and in conserving workers use and cost. This type of nursing modality is advisable when there are only a few nurses to take care of many patients.

   There are however some disadvantages to this modality. Because the work is fragmented, patients have to deal with many nurses instead of just one with whom they can relate to. Consequently, the nurses may fail to recognize the nursing needs and coping mechanisms of the patients.

2. Under the same method, a nurse is assigned for eight (8) hours to take care of the needs of one or two patients. This is done when the nurses outnumber the patients. Under this arrangement, the patient is able to relate with his nurse and vice versa. A disadvantage, however, is that the nurses are not given the opportunity to know other patients in the unit. This can be remedied through nursing rounds. Special duty nurses or those in intensive care units usually practice this method.

3. In team nursing, leadership comes from the team leader who is usually the professional nurse, since he/she performs the highest degree of nursing skills including assessment, making the nursing diagnosis, planning and directing nursing care. He/she is assisted by auxiliary nursing personnel.

   The team works with a group of patients. Each member performs the tasks he/she has been assigned to perform. The team has a daily planning care conference wherein the case is discussed and all members are encouraged to suggest measures to improve patient care. This joint effort improves nursing care plans for the patients. Under this modality, the emphasis is on the patient, the worker and the work.

4. Primary nursing involves accountability for a small case load of individual patients from admission to discharge. This arrangement permits a one-on-one nurse-patient relationship and utilizes the nursing process and the problem-solving approach.

   The primary nurse is accountable for the assessment, planning of nursing care, implementation and evaluation of the nursing care of the patient for twenty-four (24) hours. Nursing care is reviewed and evaluated through regular meetings.

Under this modality, care is focused on the patient. The nurse knows the needs and could be more responsive and effective in her nursing care. He/she also has a greater capacity to utilize his/her functions and skills.

A disadvantage of this modality is its costliness. Leadership tends to be restricted to a small group of patients and nurses may not be prepared for this kind of role.

5. Acuity of Illness - under this modality, care is focused on the degree of care for illness or condition of the patient wherein the nurse/team utilizes the progression patient care concepts.

Assignment Techniques

Assigning patient care of a patient to a member of the nursing team is a responsibility that a conscientious senior nurse takes seriously. The first requirement is to make a careful analysis of the needs of each patient. Recent studies and publications that can help the senior nurse to sharpen and improve his/her skills in the understanding of her patient and his needs are available.

The senior nurse must make an assessment of the abilities and capabilities of each member and delegate the work consistent with the needs of the patients and the workers.

D. CONTROLLING

Controlling is the use of formal authority to assure the attainment of the purpose of action to the fullest extent possible. It leads nursing administrators to view the delivery of nursing care as the institutional control of process that brings sick patients back to good health. It leads them to scrutinize the nature of the devices used to control their service.

The administrative process of controlling aims to verify whether everything occurred in conformity with the plans adopted, instructions issued, and principles established. The following are the control measures which may be utilized by the Nursing Service:

1. Quality Assurance
2. Nursing Audit
3. Performance Appraisal
4. Records and Reports
5. Budget

Controlling Guidelines for the Nursing Service Administrators

1. Determine what information requirements of the Nursing Service is needed which will help in:
   - 1.1 evaluating performance
   - 1.2 relating progress to program schedules
   - 1.3 maintaining status of funds, staff, plan equipment, supplies and materials

2. Establish a system to generate required data.
3. Develop standards for cost, quality and production for individual work operations.
4. Set up a system of control using records and reports to collect and summarize these information for administrative use.
5. Develop a system of operational audits as a continuing control device.
6. Determine the information required regarding the program's effect on the community and provide for its collection.
7. Provide a system whereby management stress of the organization is controlled through the establishment of long-range objectives and short-range goals.
8. Formulate a human resource development program.

Quality Assurance

Quality assurance is the process of establishing a standards of excellence of nursing intervention and taking steps to ensure that each patient receives the expected level of care.

Quality assurance is a fulfillment of the "social contract between society and professions". It is the Nursing Service's responsibility to provide the clients with the best possible care available.

Standards are desirable sets of condition and performance considered essential in ensuring the quality of nursing care acceptable to those responsible for its implementation.

Quality nursing care is the presence of all the elements/characteristics specified in the standards relative to the structure, process and outcome.

Framework for Evaluation

The evaluation of quality nursing care is determined by the appropriate combination and interaction of structure and process. The basic assumption is that an adequately-supported structure and process ensures the attainment of desired outcomes.

STRUCTURE - refers to the basic support components of nursing which include, among others, physical facilities, number and quality of personnel, communication system, and staff development.

PROCESS - refers to the desired effects as specified clinical manifestations, mobility levels, patient knowledge, or self care skills.

OUTCOME - refers to the desired effect as specified manifestations mobility levels, patient knowledge, or self care skills.

Evaluation of structure, process and outcome is based on standards formulated by the professional organization and/or the institution. In order to utilize these standards, a Quality and Standards checklist is formulated. (See Appendix 10)

Steps in Developing a Quality Assurance Program

1. Formulation or review of the Nursing Division's philosophy and objectives.

   The basic assumption is that the Nursing Service's philosophy and objectives are congruent with those of the hospital and the Department of Health.

2. Formulation or review of standards.

   The nursing administration should lead in the formulation, review, or revision of nursing standards be it in the area of clinical practice and/or service administration.

3. Formulation of evaluation tools.

   The evaluation instruments are formulated to determine the attainability of the standards set. These may be in the form of questionnaires, interview schedules, or observation checklists.

4. Data collection.

   Prior to actual collection, a good sample should be established randomly. Data gatherers should also be trained particularly on the mechanisms of random sampling, interviewing, administering questionnaires and observation.

5. Data analysis.

   Evaluation results of the evaluation are statistically presented and summarized in the form of measures of central tendency– mean, median and mode. Prior to data analysis, the Quality Assurance Program Committee must first determine the expected performance level and which corrective actions are taken. What is the "acceptable" or "safe" nursing care? The definition will definitely reflect the standards set by the institution and identify possible corrective actions.

6. Taking action.

   Based on the analysis of findings, corrective actions should be recommended to the chief nurse. In cases where identified deficiencies require a higher level of intervention, recommendations are submitted by the chief nurse to the COH. Resolution of the problems necessitates the administration's commitment and the agency's available resources.

Quality Assurance Committee

The committee is responsible for establishing the criteria against which the nursing care is measured. The Nursing Audit Committee should include representatives from each clinical nursing unit (one medical nurse, one surgical nurse, one obstetrical nurse, one pediatric nurse, one critical nurse, etc.) All Quality Assurance Committee (QAC) members should have experienced nurses currently employed in direct nursing care activities. This is to ensure that they are thoroughly familiar with contemporary health care theory and practice. A capable staff nurse, nurse clinician, or clinical specialist with direct patient care responsibilities would be a more suitable audit committee member than a tour supervisor or department head whose responsibilities are more managerial than clinical.

The chairperson of the Nursing Audit Committee should preferably hold a staff position in the Nursing Service. It would be inadvisable for a member of the nursing line organization to chair the audit committee.

A line manager, with responsibility for directing patient care activities, would probably be unable to objectively evaluate nursing care outcomes within the area of his/her own responsibility.

The QAC chairperson should directly report to the nursing director. He/she should also have thorough knowledge of the philosophy and policy of nursing audit and adequately-trained in the methodology of patient care auditing before being appointed to chair the Nursing Audit Committee.

Comprehensive Evaluation of a Nursing Service

The nursing administrator should initiate a comprehensive evaluation of the Nursing Service to improve the service. Particularly for training hospitals, there should be an effort to upgrade the different organizational components. (See Appendix 10).

Nursing Service Audit

The Nursing Service Audit is an official examination of nursing records, physical facilities and personnel involved in patient care for the purpose of evaluation, verification and improvement. It is a tool in analyzing and evaluating nurses' bedside records and physical facilities. It serves as a means of improving nursing care by revealing existing deficiencies.

Nursing Audit Committee

The Nursing Audit Committee should consist of a chairman, a co-chairman, a qualified secretary, and a number of selected members. The committee may be composed of the following: the assistant chief nurse (as the chairman), supervising nurse instructor, supervising nurses, senior nurse and a staff nurse. The chief nurse on the other hand, is an ex-officio member.

Selection of committee members is done on a rotation basis with overlapping tenure of service. The chairman of the Audit Committee and the chief nurse should be appointed to fill vacancies that may occur.

Regular audit committee meetings should be held at least twice (2x) a month. However, special meetings may be called as the need arises. Minutes of the meetings should always be kept on file.

Objectives of the Nursing Audit Committee:

1. Review systematically the nursing records of hospital patients;
2. Maintain the record of performance of each professional nurse or staff;
3. Provide a biographical index of the quality of nursing care received by every patient;
4. Develop a more valuable and pertinent information for the health care received by every team and staff;
5. Develop and improve the quality of nursing care and nursing notes;
6. Develop a means to reveal areas of strengths and weaknesses in the hospital services;
7. Develop better cooperation/collaboration among nurses and members of the health care team; and
8. Provide a means for self-evaluation of nursing care.

Functions of the Committee

1. Act as a liaison between the Nursing Service and the health care team.
2. Serve as a means of correcting shortcomings.
3. Aid in establishing a cooperative spirit among the nursing personnel.
4. Keep confidential all information obtained during audits.

Committee Activities

The committee should meet to review the records of discharged patients. The audit may be conducted on a segregated service. The records of all patients discharged from one unit may be audited in one meeting. The time and period of the audit may vary depending on the size of the institution. However, all succeeding audits should be conducted on the same time period to make comparison of the various reports possible.

In a large institution where there are many discharges, it is unnecessary to evaluate the quality of the patient care rendered. Prior to each auditing period, the medical record librarian should be notified in ample time, in order to enable him/her to prepare a good sampling of records for the auditors.

Equipment and supplies as well as the nurses' clinical records must be appraised. The appraisal would determine their quantitative and qualitative values and to make provisions for all the needs involved in quality patient care.

Responsibilities of the Committee

All members of the Audit Committee must have free access to the evaluated record forms. The chairman of the Audit Committee should inform the nurse of his/her deficiencies and suggest ways or means by which these may be improved. The deficiencies of the individual nurses should be recorded on individual file cards. A regular system of follow-up on the concerned nursing personnel's performance should be established.

The chairman of the Audit Committee should inform the nurse of his/her deficiencies and suggest ways or means by which these may be improved.

Performance Appraisal

Performance appraisal is done to help an employee improve his/her work methods to ensure the achievement of organizational goals.

Each employee should be evaluated by the line supervisor. Thus, the assistant chief nurse is evaluated by the chief nurse, the supervising nurses by the assistant chief nurse and chief nurse, the senior nurses by the supervising nurses. The staff nurses and the nursing attendants by the senior nurses. (See Appendix 12).

Evaluation Principles

1. For a worker's performance evaluation to be valid, it must be based on his/her job description and performance standards.
2. An adequate and representative sampling of the nurses' behavior should be observed in the process of evaluating performance. Care must be taken to evaluate his/her usual or consistent behavior. Focusing on,

or magnifying an isolated instance of either extremely capable or extremely inept behavior on the part of the nurse should be avoided.

3. The nurse should be provided with a copy of his/her job description, performance standards and evaluation form to review prior to the scheduled evaluation conference so that the nurse and his/her supervisor can discuss the evaluation from the same frame of reference.
4. In documenting the employee's performance appraisal, the manager should indicate clearly those areas in which the worker's performance is satisfactory and those which needs improvement. The supervisor should refer to specific instances of the nurses' satisfactory and unsatisfactory behavior in order to clarify exactly what types of changes are required in his/her performance.
5. If there is a need to improve the nurse's performance in several areas, the manager should indicate which area(s) should be given priority by the nurse.
6. The evaluation interview should be scheduled at a time convenient for both the nurse and the manager. It should be held in a pleasant surrounding and should allow time for both parties to ask questions and discuss the evaluation at length.

Types of Evaluation Devices

There are five general types of evaluation devices which may be used for performance evaluation.

1. Free Response Report

   The evaluator is asked to submit a written report on the quality of the nurse's performance in a particular position over a given period of time. Since the evaluator is given no direction regarding which aspects of the nurse's performance are to be evaluated, the assessment tends to be invalid because it is not comprehensive enough. This type of report may also lack objectivity especially if it concentrates only on those areas of the nurse's performance which the supervisor has developed strong feelings to.

2. Simple Ranking

   This evaluation tool requires the evaluator to rank the employee according to how he/she fared with his co-workers with respect to certain aspects of performance. A particular staff nurse may be ranked by the supervisor as having demonstrated the highest quality of performance among the seven staff nurse in his/her unit with regard to patient care measures; third from the top of the same group, with regard to the quality of his/her contributions to a research project being carried out in the unit.

3. Performance Checklist

   Consists of a list of performance criteria (one for each of the most important tasks in the employee's job description) with corresponding blanks wherein the evaluator is asked to indicate, for each criterion, whether the nurse has or has not exhibited the desired behavior. Since the criteria are statements of desired or approved behavior, a quick glance at the completed form reveals the overall quality of the nurse's total work performance.

PERFORMANCE EVALUATION FLOW

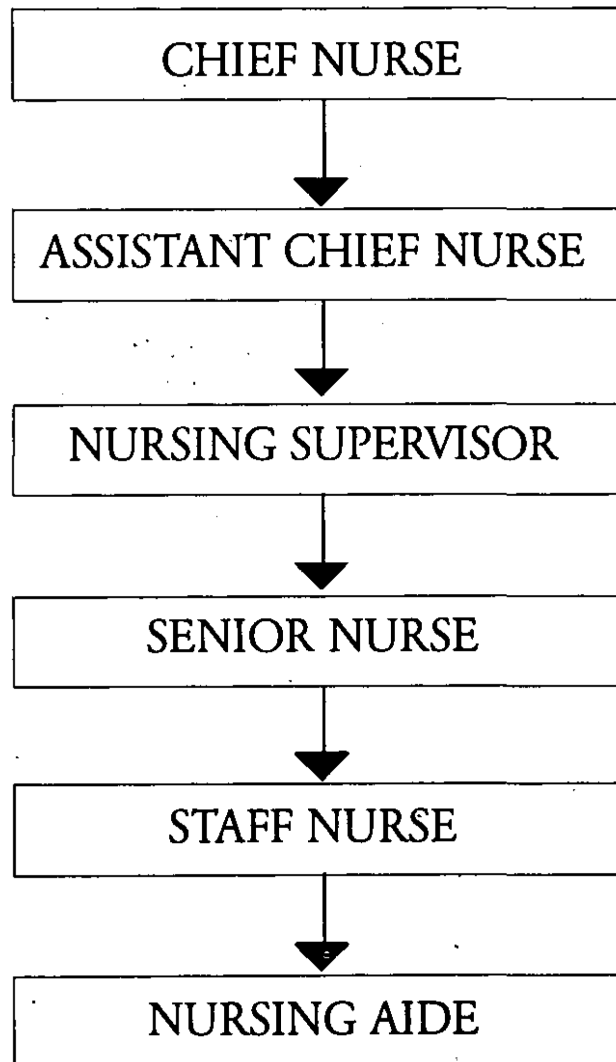

Figure No. 8

4. Graphic Rating Scale

   Includes a series of items representing different activities or tasks included in the nurse's job description. The supervisor is asked to indicate the quality of the nurse's performance for each activity by checking the appropriate point on a numerical scale or by selecting the appropriate phrase in a series of phrases.

   Examples :

   a. On a scale of 0 through 4, indicate the degree of the nurse's manual skillfulness in handling surgical instruments and supplies.

0	1	2	3	4

      Degree of Nurses Proficiency where each corresponding number means:

      4 - Excellent
      3 - High Proficiency
      2 - Moderate Proficiency
      1 - Slight Proficiency
      0 - No proficiency yet

      Encircle the adverb that best describes the nurse's performance.

   b. Uses surgical aseptic technique in changing patient's wound dressings:

Never	Occasionally	Usually	Always

      Skill in Surgical Aseptic Technique in Wound Dressings where each adverb correspondingly means:

      Always - uses aseptic technique all the time
      Usually - uses aseptic technique most of the time
      Occasionally - uses aseptic technique sometimes
      Never - does not use aseptic technique at all

5. Forced-choice Comparison

   The evaluator is asked to choose from a group of weighted descriptive statements those that best describe the nurse being evaluated and those that least describe him/her. Favorable and unfavorable items are grouped in such a manner that the evaluator is forced to select from a group of unfavorable as well as favorable statements to describe the nurse's performance. This feature of the forced-choice comparison tool tends to counteract the tendency of some evaluators to lean towards leniency.

   The descriptive statements are weighted according to the nurses's ability on every item, the evaluator cannot be tempted to select particular responses to direct the final score towards a positive or negative direction.

Below is an example of a forced-choice comparison:

1. Select from among the following statements the one which best describes the nurse being evaluated and the least that describes him/her:
   - 1.1 Enjoys the respect of co-workers.
   - 1.2 Tends to complain about assignments.
   - 1.3 Prompt in reporting changes in patient's condition.
2. The evaluation report and conference should be structured to be helpful to the nurse whose performance is being evaluated.

Frequency of Evaluation

First evaluation	-	after the end of orientation
Second evaluation	-	on the third month
Third evaluation	-	on the sixth month, before permanency
Bi-annual	-	every six months
Annual	-	utilizing the Performance Appraisal System

Nursing Service Standing Committees:

The utilization of standing committees whose main purpose is to establish standards for safe and effective nursing care is one of the many tools contributing to the effective performance of the Nursing Service.

The different standing committees within the Nursing Service are the following:

1. Policy and Procedures Committee
2. Recruitment, Selection, Promotion, and Evaluation Committee
3. Staff Development Committee
4. Nursing Audit Committee
5. Complaints and Grievances Committee
6. Research Committee

Membership

The chief nurse appoints the chairman and the members of the different committees. The chairman, in turn, selects his/her members from different levels of the nursing staff for maximum participation.

The different committees shall formulate the guidelines including their meeting days.

Roles/Functions of Each Committee

1. Policy and Procedures Committee:

   The Policy Committee establishes guidelines or policies for the Nursing Service Department personnel which delineates responsibilities and prescribes the action to be taken under a given set of circumstances.

   The Procedures Committee identifies ways of improving the quality of patient care by reviewing nursing procedures and updating them according to current standards in care.

It periodically appraises and revises policies, and if indicated, develops new policies to meet present and future needs, submits recommendations to the Director of the Nursing Service regarding the development, revision, or modification of policies/procedures.

2. Recruitment, Selection, Promotion and Evaluation Committee

   This committee participates in the recruitment and selection of personnel. The committee screens, interviews, evaluates, and recommends candidates for admission or for promotion to positions in the Nursing Service.

3. Staff Development Committee

   This committee plans for short and long-range training programs whole year round to upgrade the performance of the Nursing Service personnel through the introduction of new concepts, increased knowledge in problem analysis, and development of good working relations and positive attitude towards work. These include orientation, leadership, skills training, or on-the-job training programs.

4. Complaints and Grievance Committee

   This committee receives and reviews complaints and grievances within the Nursing Service to expedite fair adjustment in accordance with the policies provided by the agency and the Civil Service Commission. The Committee forwards these complaints to the Chief nurse who in turn reviews and takes appropriate action on the matter.

5. Research Committee

   This Committee initiates researches in nursing and participates in hospital-related researches/studies.

Recording and Reporting

Records

Records are hospital administrative tools used in collecting data directed towards the attainment of the objective of its sections and department. They are the sources of cumulative and relevant information that may be used as basis for patient management and the effective programming of activities for research and decision making.

Essential Points in Keeping Records

1. Records should be accurate, adequate and up-to-date.
2. Records should be clear, brief and concise.
3. Records should provide relevant facts for evaluation and study.
4. Records and reports may be temporary or permanent, and policies should be provided for their disposition.
5. Record forms must be maintained at all times.
6. Confidential records and reports should be safeguarded. The word "confidential" should either be stamped of written preferably in red ink.
7. Records must be kept in dry storage areas.

8. Records should be filed chronologically by subjects to facilitate accessibility and effective use of data.
9. A properly-trained responsible person should be in charge of records and reports.

Nursing Office Records

For effective administration of the Nursing Service, the chief nurse should provide complete and up-to-date records.

The following should be available in the Office of the Chief Nurse:

1. Personal Record (Form 201)

   This includes a copy of the personal data, appointment, promotions, physical examination, performance rating, evaluation, references, achievement, staff and professional activities and confidential information.

2. Master Staffing Pattern

   This is a daily assignment of the nursing personnel which will help the chief nurse visualize the coverage of all nursing units, serving as a guide and support for proposing additional positions in the Nursing Service. It contains the actual number of nursing staff on sick leave, on-the-job training and on study leave.

3. The Daily Census of Patients

   This includes a detailed list of actual patients in the different in-patient and the total census for 24 hours.

4. Daily Time Records or Bundy Cards

   These indicate the time each personnel reported to and from duty.

5. Nursing and Hospital Policies

   All directives affecting the Nursing Service are compiled in a loose leaf manual which is available for reference. These may refer to policies, admissions, discharges, transfers, fire regulations, time and work schedules, charging of patients, etc. Directives are dated and signed by the sender.

6. Manual of Procedures is a set of standard operating procedures for carrying out oral/telephone orders for medications, errors in medication, omission of treatment, preventive measures, such as, use of siderails and restraints, assembling of the patient's clinical charts, the nurses' records transfer of doctor's orders to the nurses' record, preparation of medicine cards, established medication, time and other patient-related procedures.

7. Minutes of the Nursing Department Meetings

8. Nursing Affiliation Record (for training and teaching hospitals)

   8.1 The school college folder contains approved affiliation contract with the list of students including the date and time for affiliation and the clinical instructors.

   8.2 Record of payments provides the number of students, date and length of affiliation, and payments each with corresponding receipt number and date such were paid.

8.3 Quarterly Report of Affiliation.
8.4 Performance Evaluation Record of Affiliation

9. Records of Staff Development Programs conducted
   These will include the following:
   9.1 Outreach Program
   9.2 On-the-job training
   9.3 Leadership training (Head Nurses and/or Supervisor)
   9.4 Continuing Education Program
10. Record of Nursing Researches conducted
11. Quality Assurance Program Record
12. Record of Turnover. This includes the following information:
    12.1 The dates of appointment and resignation of the nursing personnel
    12.2 Accumulated leave credits and the date the resignation letter was filed and the result of the exit interview.
13. Records of Activities of the various departments

Records in the Patient Areas

The Nurses' Records

Nurses' notes are legal documents which is an important element of the patient's chart, thus, the record should be truly reflective of what transpired during the patient's hospitalization.

Establishing Standards for Recording

Regardless of the task to be accomplished, there is always a standard method of recording to produce the best results.

In all hospitals, the standard should include the following general rules and items of recording:

Objectives:

1. To keep a current, concise and accurate record of the patient's hospitalization.
2. To provide the health team with a guide for future care in the rehabilitation of a particular patient.

Procedure:

1. Write or print legibly all entries.
2. Sign each entry on the nurses' notes.
3. Sign above the full name followed by the position title of the person doing the recording.
4. Erasures by any means on any of the items already recorded is not permitted. In case of error, draw a single horizontal line over the error and affix initials.
5. Fill up personal data in the forms completely. (e.g., name, age, sex, etc.)

Data to be Recorded

Admitting Area

1. Admission date, time, and room/bed number of patients.
2. Mode of admission, such as, ambulatory, by wheelchair, by stretcher, etc.
3. Vital signs: Blood Pressure (BP) level of consciousness; Pulse Rate (PR); Respiration Rate (RR)
4. Admission notes on Subjective, Objective Assessment, Plan, Intervention, Evaluation (SOAPIE) format.
5. The observed disposition of valuables endorsed for safekeeping.
6. The admitting physicians.
7. Written orders of physicians
8. Medications given: date; time; dosage; route
9. Specimen(s) obtained
   - 9.1 Type of specimen(s)
   - 9.2 Time it was obtained
   - 9.3 Time it was submitted to the laboratory
10. Status of patient during transfer to other patient areas.

Note: Notify cashier if a private or pay patient is admitted for necessary cash deposit. After office hours, a representative from the cashier's office should be on call. <u>Nurses are prohibited from collecting money from patients.</u>

In-Patient Areas:

1. Time of doctor's visit and all subsequent visits of the physician.
2. Written orders of all physicians
3. Specimen(s) obtained:
   - 3.1 Type of specimen(s)
   - 3.2 Time it was obtained
   - 3.3 Time it was taken to the laboratory
4. Reactions, Attitudes, Moods and Status of the Patient
   - 4.1 Pertinent subjective observations
     - 4.1.1 Condition of changes
     - 4.1.2 Complaints of pain
     - 4.1.3 Discomfort or other attitudes
     - 4.1.4 Statement of depression; worry, agitation, reaction to hospitalization or illness
   - 4.2 Objective observations
     - 4.2.1 condition and changes on:
       - a. Color
       - b. Respiration

c. Drainage
d. Condition of skin
e. Edema, etc.

4.2.2 Attitudes

Observation for any signs of:

a. Depression
b. Worry
c. Agitation
d. Reaction towards hospitalization or
e. Illness

4.2.3 Activity

Type of activity

a. Nurse's observation
b. Position changes as to
c. Time and position
d. Response and tolerance to activity
e. Paralysis and degree of limitation of movement

4.2.4 Vital signs

Time checked and description of:

a. Pulse/Rate
b. Respiration/Rate
c. Straight Statement
d. Cardiac Rate
e. Temperature
f. Blood Pressure
g. Level of Consciousness

4.2.5 Body weight and height taken on admission.

4.2.6 Therapy and time instituted.

5. Medications:
   a. Time administered
   b. Dosage and Frequency
   c. Route
   d. Patient's reaction
6. Prescribed diet and appetite of the patient including allergies or idiosyncrasies
7. Transfer as to date, time and mode to and from any unit or department.
8. Nursing Care Rendered
   8.1 Nursing procedures
   8.2 Comfort measures
   8.3 Health teachings
   8.4 Evaluation of care

9. Completion of the day's charting at midnight as to time, date, calendar and hospital date.
10. Use of black/blue ink, green for evening and red for midnight shift.
11. Accidents, such as; patient falling from the bed shall be reported to the immediate supervisor and recorded indicating the time and condition of the patient.

Discharge of Patient

1. Release patients with a written discharge form duly signed by the physicians.
2. Indicate mode, condition and companion.
3. Nurse's signature should appear on record, follow-up, referrals and health instructions given.
4. All discharge records must be signed legibly by the nurse.

Release Against Medical Advice

1. Accomplish appropriate form.
2. Follow all procedures on discharge of patients.

Death

1. Record date and time patient was pronounced dead by the physician (specify name); postmortem care rendered and time the patient was transferred to the morgue.
2. Sign entries legibly.

Reports

Reports are prepared accounts of important activities of the Nursing Service within a particular period. They must always be dated.

Important points to consider in making reports:

1. Reports, whether written or oral, must be up-to-date, clear, and concise.
2. Channels of communication should be properly observed.
3. Reports should be accomplished in forms adopted by the hospital.
4. Reports should be factual and may include recommendation for action.
5. Verbal reports made in an emergency situation should be confirmed in writing and duly signed by the person making the report.

Nursing Office Reports

1. Monthly reports include:
   - 1.1 Total number of nursing personnel
   - 1.2 New appointments made
   - 1.3 Resignations
   - 1.4 Transfers to other agencies

   1.5 Retirements, leaves of absence, vacation, sick, and maternity leaves or educational activities
   1.6 Educational accomplishments in patient care
   1.7 Training affiliation and nursing research.

2. Bi-annual and annual reports is the collection of all monthly reports. These include the following:
   2.1 Performance
   2.2 Evaluation of nursing personnel
   2.3 Problems and issues affecting the Nursing Service
   2.4 Recommendations

3. Nursing Unit Reports

   Nursing unit reports are prepared by the senior nurse or staff nurses. These include, but are not limited to the following:
   3.1 Accomplishments in patient care
   3.2 Unusual occurrences in the unit
   3.3 Adequacy of supplies and equipment

4. Guidelines for Reporting
   4.1 The chief nurse or senior nurse in a primary level hospital shall prepare and submit to the COH monthly reports using the prescribed form. (See Appendix No. 17)
   4.2 Bi-annual reports should be submitted to the Nursing Adviser, and the Hospital Operations and Management Service, with the Regional Nurse Supervisor for hospitals furnished with a copy. The chief nurse of the Integrated Provincial Health Office (IPHO) collates the reports of all the nursing services within the province. The first report should reach the central office on or before August 15; the second report, February 15.
   4.3 Standards for Recording (Nurses' Notes)

       Being a legal document, the nurses' notes should truly reflect what transpired during the patient's hospitalization.

Employee Discipline

One method of controlling an employee's behavior is by invoking official disciplinary procedures. From the employee's standpoint, discipline is a form of self-control through which the individual costs are in accordance with the institution's code of behavior. From the supervisor's standpoint, discipline is the process of generating the employee's compliance with institutional rules and regulations.

1. *Employee's Code of Conduct*

   For effective discipline to take effect, the employee should be aware of the institutional rules and regulations that govern his/her behavior. Such rules should be clear and concise and should be incorporated in an employee's handbook or manual that is given to new workers during induction or orientation. It should be posted in each hospital unit and should be regularly reviewed and discussed with employees by their immediate supervisor.

The Civil Service Commission Memorandum Circular No. 30 series of 1989 classifies administrative charges as grave, less grave and light, and provide for the corresponding penalties. (See Appendix 19).

2. *Principles of Discipline*

   2.1 Discipline should be administered promptly, privately, thoroughly, and consistently, following an employee's offense.

   2.2 In all but the most severed offenses, discipline should be progressive in nature and should be preceded by counselling. Figure 9 illustrates the concept of progressive discipline.

   2.3 Since disciplinary action may have extremely serious consequences for the employee (loss of employment, damage to professional reputation), the supervisor should use extreme caution in instituting disciplinary procedures.

3. *Disciplinary Problems*

   Disciplinary action may be ineffective owing either to the methodological weakness or procedural omission on the chief nurse's part. The methodological problems usually spring from failure to document the interview properly. Procedural problems result from failure to apply timely discipline and failure to follow due process in applying discipline. (Refer to CSC Handbook on Personnel Discipline).

4. *Disciplinary Conference*

   A combination of directive and non-directive interviewing techniques should be used in conducting a disciplinary conference. Giving criticism to and receiving criticism from another is a difficult and unpleasant task. A disciplinary conference is anxiety-provoking for both the supervisor and the employee who is being reprimanded. In order to minimize stress during a disciplinary interview, the session should be short, simple, and direct to the point.

   It is the supervisor who carries the greater responsibility for the success of the conference. The supervisor should be in control of the interview, should focus discussions on the employee's actions rather than on his/her motive and attitude, and should maintain strict objectivity in discussing the rule violated and the disciplinary action to be taken. To ensure objectivity during the proceedings, the supervisor should prepare for the interview by constructing a written outline to guide the discussion. It may begin with a clear statement of the rule or standard violated by the employee, followed by an explanation of the importance of the rule or standard to institutional functioning, the corrective actions expected of the employee, the amount of time the employee is allowed to make up for his/her shortcoming, and further discipline to be administered if prescribed behavioral changes do not occur. Philosophical discussion, exhortation, threats, and pleading have no place in a disciplinary conference.

   The disciplinary conference must be carefully documented as a basis for later steps in progressive discipline.

5. *Disciplinary Letter*

   Even when a disciplinary conference is carefully planned and skillfully conducted, the employee's anxiety during the interview may block his perception of the painful feedback offered by the supervisor.

STEPS OF PROGRESSIVE DISCIPLINE

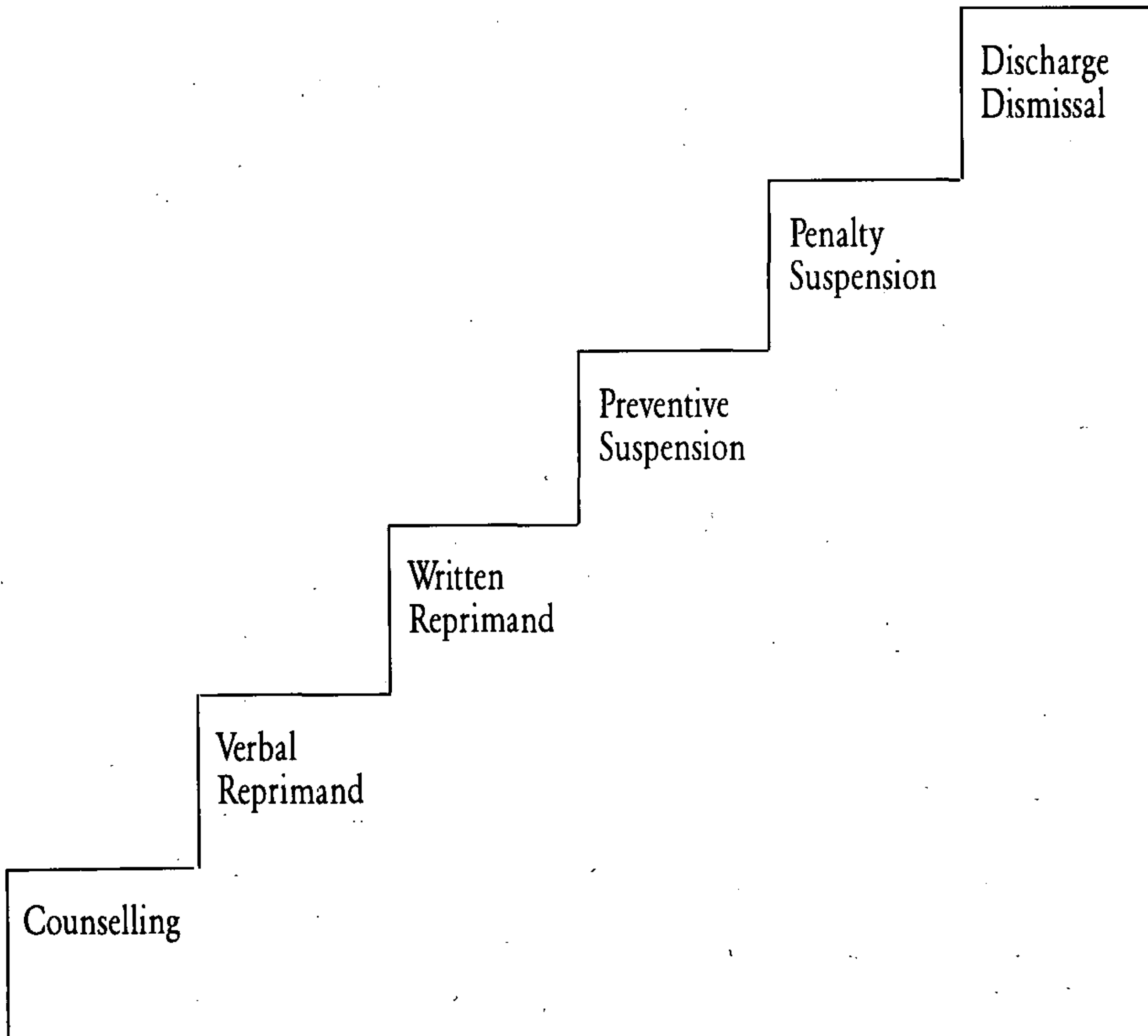

Figure No. 9

To avoid misunderstanding during the conference, the supervisor should send a letter to the employee immediately after the disciplinary conference, documenting the proceedings of the interview from the supervisor's viewpoint. The letter should follow the outline used by the supervisor in conducting the conference, explaining the rule violated which led to the holding of the conference, the reason for the supervisory concern about the episode, the behavioral change expected of the employee, the plan of action for effecting the desired change in employee behavior, the employee's opinion about the problem and the plan for solution, the consequences to be expected if the undesirable behavior persists.

A copy of the disciplinary conference letter should be kept in the employee's personnel file to assess the adequacy of the employee's subsequent behavioral change, to determine the nature of later discipline, or to serve as evidence for later grievance or arbitration. (See Appendix 20 for a copy of the Disciplinary Call Slip).

6. *Due Process*

In reprimanding employees, the chief nurse should adhere with the "due process" and ensure the fair treatment of his/her subordinates. The following requisites should be complied with:

a. An existing institutional rule or standard of behavior governing the behavior under consideration.
b. The employee was aware of the rule or behavioral standard applicable to the matter under consideration.
c. The employee actually violated the rule or behavioral standard in question.
d. The penalty imposed upon the employee is appropriate to the rule or standard violated.

Ethico-Legal Aspects of Nursing

Nursing practice is affected by ethical and legal considerations. Laws are society's formal rules of conduct or action which the members recognize as enforceable by a controlling authority. Ethics, on the other hand, are set of moral principles or values that informally govern individuals in a society.

Everyone has his own personal values or set of personal ethics. Professionals have their own code of ethics. Nurses are bound not only by their personal values but also by the rules governing their professional conduct.

It is important for nursing administrators to determine what they value most or believe in so that they may help their nurses determine what is important to them. Nurses in any situation must be certain that they spend time in thinking about a decision. They have to be sure that their personal ethics do not conflict with their professional ethics.

The Philippine Nurses Association (PNA) Code provides the ethical basis for the nursing practice in the country. It defines fundamental concepts that constitutes nursing practice and nurses' relationship with their clients, profession, co-workers and society. (See Appendix 6).

Ethical decision-making is difficult because there are no right or wrong answers.

The following are some helpful guidelines for ethical decision making:

1. Know your values. Take some time to determine what you value high enough to defend.
2. Do not allow your values to be compromised. Giving in to a situation may temporarily solve the problem but in the long run, this may build disrespect for yourself, the hospital/agency or the person who asked you to compromise.
3. Be familiar with the Code of Ethics for Nurses. Acting within ethical bounds is what makes you a professional nurse.
4. Do not allow your nursing ethics to be compromised. Allowing your personal ethics to be violated leads to disrespect and violation of your professional ethical standards and adversely affecting professional reputation.
5. Do not force your personal values on others. What works for you may not work for others.
6. Do not be disappointed when some people fail to meet your expectations. Values differ among people.
7. Remember that the client's well-being and safety is your ethical responsibility.

Nurses' Legal Responsibility for Patient Care

Legally, nurses are required to perform their duties according to accepted standards and within the scope or practice as contained in the Philippine Nursing Law (R.A. 7164). Such duties should always be directed toward achieving the optimal well-being of the patient/client. Such care must be at a level that is reasonable under given circumstances. It should reflect the nurse's understanding of the nursing law, and use of nursing standards, policies, procedure manuals, job descriptions and patients' bill of rights.

Common Liabilities that Nurses May Incur Are:

1. Negligence - negligence is the omission (not doing) or the commission (doing) of an act that a reasonably sensible person would or should not do under normal circumstances. Specific examples of professional negligence are:
   1.1 Failure to properly administer drugs, treatment, medications and failure to report its adverse reactions.
   1.2 Failure to exercise reasonable judgement in the performance of duty.
   1.3 Failure to verify a subordinate's competence prior to the assignment of duty.
   1.4 Failure to supervise subordinates.
   1.5 Failure to record and report unusual behavior of patients.
   1.6 Improper charting.
   1.7 Failure to provide safety measures resulting in the injury of patients.
   1.8 Inability to forecast possible harm to patients, such as, in suicidal or psychiatric cases or from other elements.

1.9 Carelessness in applying hot water bag treatment and other nursing measures.
1.10 Allowing patients easy access to medicine cabinets and sharp instruments.
1.11 Improper handling of equipment.
1.12 Loss of, or damage to, patient's property.
1.13 Overlooking sponges, needles, etc., inside the abdomen.
1.14 Escape of patients from the hospital.
1.15 Leaving the unit without a reliever and proper endorsement.

2. Incompetence - refers to a person's inability to perform a required duty. Although a nurse is registered, if she manifests incompetence in the performance of her duty, her certificate of registration may be revoked or suspended.
3. Malpractice - refers to the negligent act committed in the course of performing one's duties. For nurses, malpractice may come in the form of giving the patient improper or unskilled care.

Res Ipsa Loquitur- the term literally means "the things speaks for itself" Three conditions are required to establish negligence under this doctrine:

1. The injury would not have occurred normally unless someone was negligent.
2. The injury was caused by something within the exclusive control of the defendant.
3. The injured party did not contribute in any way to his own injury.

Examples of these would include sponges left inside the patient's body, burns resulting from hot water bags, and fracture or injuries sustained by the elderly, confused, unconscious or sedated patients.

Respondent Superior - This term means "let the master answer for the acts of the subordinate". Under this doctrine, the liability is expanded to include the superior as well as the subordinate. It is not a shift of responsibility from the employee to the master. The employee still remains fully responsible for the act.

Nursing students take care of patients within their level of preparation. If the nursing student performs a task she is not yet capable of doing, the designated clinical instructor or the nurse in charge of the unit where the student is working, can be held liable. Nursing students should not be given tasks which they could not handle yet to avoid risks or injury.

Liability of Nursing Supervisors

Nursing supervisors should likewise utilize competence with corresponding authority as the basis for delegating responsibilities to subordinates. New and inexperienced employees should therefore be under close supervision. The supervisors will be measured against the standard of what a competent and prudent supervisor does in the performance of his/her duties.

Liability of Nursing Attendants

Nursing attendants perform selected nursing activities under the direct supervision of the nurses. Their responsibilities usually pertain to routine care of chronologically-ill patients. They are usually given on-the-job training by the nursing staff. After this training, they are liable for their own actions.

If a nurse delegates her function to the nursing aide and the latter commits a mistake, the former should be held liable for the mistake.

The Nurse's Responsibility for the Patient's Safety

Nurses are responsible for providing safe care both physically and psychologically. Equipment, such as, stretchers, wheelchairs and beds should be inspected regularly for defects to prevent accidents. Personnel within the patient's care unit should likewise promote an environment conducive to recovery.

Restraints like confining a person in bed is a form of imprisonment, therefore, it cannot be instituted without the doctor's order. However, in cases where a patient is in danger of hurting himself or others, the nurse can apply the necessary restraint.

Emergency Care

When a patient is brought to the Emergency Room (ER) for treatment, it is implied that he/she is consenting to the measures the physician deems necessary for his/her condition. Nurses should observe and properly record the patient's condition and the treatment he/she received. In many cases, patients brought to the ER are medico-legal cases and the nurses must be conscious of its legal implications to them and the hospital. A written consent should be obtained from the patient or in cases of children, from their parents. It is to be noted, however, that in emergency cases, treatment may be instituted as a means to save life. The doctor attests to this and the patient signs it.

Consent

Patients have the right to choose whether they desire medical care or not. A consent signed by the patient should be obtained before beginning any treatment or care. The patient must be aware of the treatment that would be given to him/her, the possible complications, danger and risks that may take place and other alternatives to the proposed therapy or treatment which may be considered. The patient has the right to consent or refuse such treatment.

The general consent taken upon admission is for initial treatment. Special procedures, such as, surgery, biopsy, spinal puncture, blood transfusion, and X-ray procedures necessitating the administration of dyes would require another consent. A patient who consents must have the legal capacity to do so, meaning, he is of legal age, and he knows what he is consenting to. Patients who are sedated, distraught, or who cannot comprehend cannot give an informed consent.

No consent is necessary for emergency cases where a patient's life is at stake. However, this should be properly witnessed and the doctor should make the necessary notation on the chart. It is the nurse's responsibility to obtain such consent.

When a patient refuses to give his/her consent, verify his reasons, he may just need further explanation. However, should the patient refuse, he cannot be forced to sign the consent. This reaction should be properly noted on the patient's chart through a waiver.

Therapeutic Orders

Therapeutic order should be legal, written, clear, timed and signed. Signing an order is the legal proof that such an order has been made. If the order is unclear, verify from the ordering physician. Do not risk the patient's life with an incorrect or an unclear order.

Medicine administration is a high risk area because errors may be fatal. Nurses should be familiar with medicines, their action, side effects, and adverse reactions. Nurses should be kept updated with drug preparation, dosage, action, route, frequency, and adverse reactions.

Since the quality of care given to patients are reflected in their charts, it is imperative that the nurses' notes be clear, accurate and up-to-date. What is not charted has not been observed, nor administered nor done.

Telephone Orders

Only in case of extreme emergency and when no other resident or medical intern is present should a nurse receive a telephone order. The orders should be read back to the doctor to ensure that it has been correctly received. The nurse should write the name of the physician together with her own name and signature, and note the time the order has been given. The ordering physician should sign the order as soon as he arrives. Clear hospital policies with regards receiving telephone orders should be established to avoid misunderstanding and legal risks.

The Generics Act

Section 6 (A) of RA 6675 states that:

"All government health agencies and their personnel as well as other government agencies shall use generic terminology or generic names in all transactions related to the purchasing, prescribing, dispensing and administering of drugs and medicines". The role of the nurse in relation to generics is not only as a drug administrator but also as an educator, a motivator, a coordinator and an evaluator.

Incident Report

Accidents which lead to injuries should be noted and reported. Patient injuries resulting from falls, suicidal attempts, error in administration of medication or treatment, should be reported immediately to the immediate supervisor and attending physician for prompt medical attention. A written incident report should be accomplished and submitted to the chief nurse within 24 hours.

Incidents regarding employee behavior that affects the service shall likewise be reported, such as, reporting while under the influence of drugs or liquor, as well as, quarreling while on duty and misunderstanding between personnel/visitors/watchers and nursing personnel which may have an effect on the hospital's image.

3

HUMAN RESOURCE DEVELOPMENT PROGRAM

In-service education provides the Nursing Service personnel with an opportunity to learn how to perform more efficiently.

The quality of service rendered by the nursing personnel depends on their knowledge, skills and attitudes. Developments in science and technology, socio-cultural changes, changing patterns on morbidity and mortality, turnover rate of nursing personnel, increase in nursing personnel, and the expansion of their roles and functions necessitates a truly effective human resource development program.

Human Resource Development (HRD) provides for a continuing education that would develop the person's full potential.
Examples are:

1. Orientation
2. In-service training programs
3. Conferences
4. Seminars
5. Workshops
6. Journals
7. Book clubs
8. Case presentations
9. Independent studies

Human Resource Development is a responsibility of both the agency and the employees. More importantly, the participants should be involved in the program planning to make it more responsive to their needs. It is further classified to those conducted by the employing agency and those given by professional associations or specialty medical centers.

Role of the Chief Nurse

The chief nurse is legally responsible for the quality of service rendered by nursing personnel. As such, he/she is responsible for the planning, implementation, and evaluation of the program.

For hospitals where the Nursing Service has a training staff, the HRD Program should be planned with the chief nurse. The accreditation of the program must be ascertained.

The chief nurse should encourage attendance to offerings of professional associations for continued growth and development. He/she should set aside for this purpose at least three (3) days during the year. Attendance to these programs are made on a rotation basis to give everyone an opportunity to enjoy this privilege.

Guidelines in the Development of an In-Service Education Program:

In the conduct of an in-service education or training program, the following should be considered:

1. Determination of learning/training needs
2. Course objectives
3. Course content
4. Schedule of classes
5. Recruitment of participants
6. Selection of the venue for the training program
7. Preparation of the facilities
8. Accreditation of the program
9. Selection of speakers and sending out letters of invitation
10. Preparation of field training areas, if necessary.

The following are important:

1. Adequately-spaced room
2. Vehicles
3. Accommodation (for live-in trainings)
4. Attendance
5. Training handouts
6. Documentation
7. Course Evaluation

Components of the Human Resource Development Programs

1. In-service Training Programs

   1.1 Job Induction

   Orientation is designed to equip the new employee with the basic organizational information to enable him to adapt to the work situation. The training staff of the Nursing Department prepares the program to facilitate the nursing personnel's adjustment. (See Appendix 7).

1.2 Skills Training

Skills training is designed to enhance the capabilities of all nursing personnel who are in the service in order to improve their efficiency and performance. (See Appendix 21).

1.3 Leadership

Leadership training is conducted to have a ready pool of trained nurses for supervisory positions or to enhance the capabilities of those already on the job.

Orientation of the new nursing personnel usually covers the following: Department of Health's vision and mission, the hospital and nursing division's philosophy and objectives and general hospital and nursing policies. (See Appendix 8).

Components of the Orientation Program:

1. DOH's vision, mission, goals, organizational structure, programs, thrusts.
2. Hospital's philosophy, history, goals, objectives, organizational set-up functions of the different departments, the catchment area, ethics, Government Service Insurance System (GSIS), personnel policies, tour to the different units.
3. Nursing Service Department's philosophy, objectives, organization, job descriptions, personnel policies, rotation of duties, leaves.
4. Nursing Unit's physical lay-out, health team members, policies, job descriptions, records and reports, ward manuals, legal limitation of functions.

Evaluation of a Human Resource Development Program

Evaluation is a systematic and continuous process of ascertaining and appraising the effectiveness of an endeavor. The major focus of the staff of the HRD program is to satisfy the educational needs of the nursing staff. Evaluation should deal with the skills, knowledge and attitudes of the learner. Information generated from the evaluation should be used for planning future programs.

Effectiveness indicators on the part of the learners:

1. Learning objectives were achieved. Improved knowledge, attitude and skills (KAS).
2. A better quality of nursing care was achieved.
3. Satisfaction on the personnel's part.

Factors considered in single program evaluation:

1. Relevance of the program to the participant's educational needs.
2. Utilization of the principles of adult education.
3. Qualified trainors.
4. Goal-oriented course content
5. Measurable objectives

6. Appropriate learning experiences and methods of teaching
7. Adequate time for each learning activity
8. Appropriate facilities and resources
9. Systematic recording system

Factors considered in the total evaluation of the HRD program: (Short and long-range goals)

1. Administrative support
2. Philosophy consistent with the Nursing Service
3. Goal-oriented policies and procedures
4. Qualified personnel
5. Available resources
6. Budgetary allocation for HRD Program
7. Regular review of the HRD Program
8. Systematic recording
9. Utilization of resources within and outside the agency

4

THE BASIC ELEMENTS IN NURSING MANAGEMENT

PERSONNEL POLICIES

Policies are guides or basic rules that govern action at all organizational levels. Policies are intended to achieve predetermined objectives. All personnel affected by policies should share in their formulation through discussion of proposals and the formulation of recommendations. Personnel policies are approved by the concerned body. Approved policies should be in writing and kept up-to-date. (See Appendix 22).

Examples of Personnel Policies:

1. Absences
2. Accidents
3. Addresses
4. Assignments
5. Meal Breaks
6. Confidential Information
7. Employee benefits
8. Health Programs
9. Hospitalization
10. Holidays
11. Performance Evaluation
12. Designation
13. Safety
14. Leaves of Absences:
    - Sick
    - Vacation
    - Maternity
    - Forced
    - Study
    - Indefinite
15. Membership in SSS/GSIS
16. Promotion
17. Recognition of employee's performance and achievement
18. Uniform

Examples of Nursing Service Policies:

1. Professional and ethical standards for the nursing practice
2. Staffing
3. Assignments
4. Job description

5. Nursing audit
6. Nursing Committees
7. Nursing Records
8. Continuing Education
9. Patient Care
10. Infection Control and Fire Safety
11. Relationships with other departments and disciplines
12. Administration of medication
13. Performance Appraisal
14. Meetings

Characteristics of Good Policies

1. Policies are written, known and understood by all concerned.
2. Policies should be consistent with those of the agency and all the different departments.
3. Policies should be realistic, sincere, and goal-oriented.

Uses of Policies:

1. It informs the personnel, client, and the public of the philosophy of the agency and the hospital.
2. It enables managers to decide and take action.
3. It justifies the action of administrators.
4. It provides consistency and uniformity of actions.
5. It guides the nursing personnel in the conduct of delegated functions.

   Note: Procedures provide the direction for carrying out policies, standards, and objectives. They are methods to be used or steps to be followed in order to accomplish certain tasks. Procedure manuals are placed in the various units as guides for nursing personnel. These include the established standards of nursing practice.

Job Descriptions:

Job descriptions are specifications of duties (see Chapter II, p. 30).

PHYSICAL FACILITIES, SUPPLIES and EQUIPMENT

Guidelines in the Management of Supplies and Equipment

1. Equipment should be checked frequently to ensure it is in good working condition.
2. Each personnel using a particular equipment must understand its operation, purpose and care after use.

3. Standards must be set relative to the quality and kind of supply and equipment kept in a unit based on the following:
   3.1 Clinical service
   3.2 Needs of patients
   3.3 Bed capacity
   3.4 The need and demand at any given time due to high rate of patient turnover.
   3.5 Frequency of items used in emergency situations.
4. All departments/services must follow the system formulated by the Nursing Service department in terms of requisitioning, repair and disposition of equipment and supplies.
5. Methods of control must be developed to avoid supplies and equipment misuse, overstocking, extravagance , and wastage.

   Note: All nursing service personnel are responsible for the requisition, maintenance and proper utilization of equipment and supplies.

Basic Facilities

Hereunder are minimum basic facilities required for general hospitals. Special hospitals should be provided with facilities required for each respective type of service. The functional arrangement of the facilities within the hospital shall be influenced by the following conditions:

1. Promotion of hospital operation and efficiency through time and motion economy.
2. Prevention of cross-infection and cross-traffic.
3. Provision of well ventilated, well-lighted environment, free from noise and other nuisance.

Nursing Office Requirements

1. Office desks, chairs, ventilation, equipment, bookcase and books, filing cabinets for personnel records, typewriter and communication equipment.
2. Toilet and handwashing facility
3. Trash receptacle
4. Conference Room with:
   - Table and chairs, blackboard
   - Bulletin board
   - Bookcase and books
   - Ventilation equipment

Patient Units Requirements

1. Private Rooms' basic requirement
   1.1 hospital beds with mattress
   1.2 Bedside tables
   1.3 Overbed tables

1.4 Chairs

1.5 Pillows

1.6 Linens

1.7 Supplies and materials for patient care

1.8 Cabinets

1.9 Toilet and handwashing facility

2. Medical and Isolation Wards:

   2.1 Basic requirements:

   - Table wares, food trays
   - Cubicles or screen to maintain privacy during treatment and other procedures
   - Complete set of equipment for morning care

   2.2 A nurses' station with medication and treatment rooms furnished with medicine cabinets, hypo- trays, tables, syringes and needles, medicine glasses, chairs and timepiece.

3. Intensive Care Units:

   The medical and surgical services must have and Intensive Care Unit (ICU) with the following:

   3.1 Hydraulic beds

   3.2 Bedside tables

   3.3 Monitoring machines

   3.4 Respirators

   3.5 Thermometers

   3.6 Kidney basins

   3.7 Oxygen supply

   3.8 Blood pressure apparatus

   3.9 Emergency/resuscitative equipment

   3.10 Facilities for post-operative and clinical care

   3.11 Emergency drugs and medicines

4. Pediatric Ward:

   It should be equipped with the basic requirements and provided with the following:

   4.1 Segregated units for surgical, non-infectious and infectious cases.

   4.2 Playroom with children's furniture and shelves for toys.

   4.3 Handwashing and toilet facilities, bathroom facilities that are suited for children.

   4.4 Mothers' rest with lockers, tables and lounging chairs.

   4.5 Breastfeeding room/area

5. Pathologic Nursery

   It should be equipped with:

   5.1 Bassinets

   5.2 Diapers changing carriage

   5.3 Incubators

5.4 Cabinets for baby's clothes
5.5 Handwashing facilities
5.6 Working table with bucket for soiled clothes
5.7 Articles for baby care
5.8 Proper lighting facilities
5.9 Resuscitation equipment
5.10 Refrigerator for breastmilk supply
5.11 Dressing room area for breastfeeding

6. Obstetrics and Gynecology (OB-Gyne) Ward:

The OB-Gyne Ward is composed of:

6.1 Wards - which contain the basic requirements
6.2 Examining rooms - which includes:
- Examining table
- Droplights
- Kelly pad
- Bucket with rollers
- Tray for external douche
- Instruments for internal examination
- Gloves
- Handwashing facilities

6.3 ICU - equipped with beds usually for eclamptic and/or serious patients including toilet and handwashing facilities
6.4 Dressing Room - the delivery room staff should be provided with toilet and bath, lockers and comfortable chairs
6.5 Labor Room - equipped with one or two beds, toilet and handwashing facilities.
6.6 Delivery Room - must include:
- Standard delivery tables
- Built-in cabinets for instruments, sterile packs, drugs
- Anesthesia machine
- Resuscitation machine
- Good lighting facility
- Timepiece
- Instrument tables
- Trays
- Trash receptacles

6.7 Breastfeeding Room/Area
6.8 Refrigerator for breastmilk storage

7. Surgical Ward:

7.1 Wards - equipped with the basic requirements
7.2 Utility units - cleaning area for all materials/instruments used by patients

7.3 Preparation room:
- Standard treatment table
- Cabinets and table
- Good lighting facility
- Handwashing facility
- Trash receptacle

7.4 Office for Operating Room (OR) nurses:
- Office desk
- Chairs
- Filing cabinets
- Bookshelves
- Lockers/cabinets for OR records and reports
- Communication facility

7.5 Recovery Room:
- Resuscitation equipment

Note: The Recovery Room must be adjacent to the Nurses' Station

7.6 Orthopedic Unit:
- Orthopedic beds with firm mattresses, balkan frames, bed elevators
- Suction apparatus
- Casting tools
- Splints
- Bags and other orthopedic contraptures

7.7 Burn Unit:
- Bed
- Chairs
- Toilet and bath
- Rehabilitation equipment

8. Out-patient Department

8.1 Consultation Room

8.2 Examination facilities

8.3 Handwashing facility

8.4 Nurses' station with chairs and tables

8.5 Filing cabinets

8.6 Audio-visual equipment

8.7 Health Education Area
- Bulletin boards
- Benches and/or chairs

9. Emergency Room

9.1 Stretcher beds (more than one)

9.2 Resuscitation equipment

9.3 Cabinets for emergency drugs and medicines
9.4 Lighting facilities

10. Central Supply Service
    - Cabinets
    - Autoclave machines
    - Other types of sterilizers
    - Working tables
    - Chairs
    - Utility room
    - Toilet and handwashing facility

INVENTORY

Inventory is an administrative tool designed to control supplies and equipment by listing the names, description, number and location of supplies.

Purposes of Inventory:

1. To determine if standards are maintained;
2. To serve as a basis for the revision of standards and systems;
3. To recommend proper action on obsolete and surplus materials;
4. To determine the operational status of equipment;
5. To prepare plan for repair and replacements;
6. To determine the proper location of supplies, materials, and equipment; and
7. To gather factual information to serve as basis for sound procurement planning.

Kinds of Inventory

1. Perpetual inventory - recording is done as soon as supplies were used and replenished, thus, indicating the number of supplies on hand at a time.
2. Physical inventory - is the actual count made at designed intervals to correct accumulative errors resulting from loss, breakages or deterioration. Fixed equipment are usually inventoried annually, movable equipment, monthly; instruments, weekly; and narcotics, daily.

APPENDICES

DEPARTMENT OF HEALTH

Mandate

Following the devolution of hospitals, the Department of Health's primary concerns are the following: formulation and development of national health policies, guidelines, standards, and manual of operations for health services and programs; issuance of rules and regulations, license and accreditation; promulgation of national health standards, goals, priorities and indicators; development of special health programs and projects and advocacy for legislation on health policies and programs. Executive Order No. 119, Sec. 3 laid the primary functions of the DOH in the promotion, protection, preservation, or restoration of the health of the people through the provision and delivery of health services and through the regulation and encouragement of providers of health goods and services.

Health as Right

Vision

HEALTH FOR ALL FILIPINOS by the year 2000 and Health in the hands of the people by the year 2020.

Mission

The mission of the DOH, in partnership with the people is to ensure equity, quality and access to health care:

- by making services available
- by arousing community awareness
- by mobilizing resources
- by promoting the means to better health

POLICY FRAMEWORK FOR THE NATIONAL HOSPITAL DEVELOPMENT

The country has common basic health care needs requiring a common response. As a subsystem of the entire health care delivery system, hospitals shall be rationally established, managed, and developed as an integral part of this common response. Such a response will only be possible within the context of clearly-defined policies which can serve as guidelines in the formulation of a national hospital development program.

DOH HOSPITALS AND PUBLIC HEALTH

Hospital and public health goals, programs, and services shall be made complementary, coordinated, and integrated in order to provide a continuous comprehensive health care.

1. **Preventive and Promotive Health Services**

   In addition to its restorative services, promotive health and diseases preventive services shall be an integral function of both government and private hospitals. Institutional mechanisms shall be established to ensure the participation of hospitals in public health programs.

   1.1 Hospital officials, staff members, and field personnel shall be closely involved in the planning, implementation, and monitoring of public health programs.

   1.2 There shall be a continuing dialogue between hospital staff and public health staff to ensure the effectiveness and relevance of hospitals in public health.

2. **Integration of Hospitals and Public Health Services**

There shall be an administrative integration of hospitals and public health services at the provincial and district levels.

2.1 The DOH shall give special attention to the academic and career preparation of health professionals for an integrated hospital and public health function.

2.2 The DOH Regional Field Health Officer and his staff shall play a major role in coordinating the efforts of hospitals in carrying out public health programs.

2.3 The supervision of district hospitals shall be a joint effort of the DOH Regional Field Health Office and the Local Government. The Local Government Code (R.A. 6675) and the DOH Rules and Regulations Implementing R.A. 6675, clearly defines in detail the supervision of health personnel.

DOH HOSPITALS AND PRIVATE SECTOR

The DOH recognizes the vital role of private hospitals in providing of comprehensive and qualilty health care to all Filipinos.

1. **Rationalization of Hospital Facilities**

The DOH shall rationalize hospital facilities and services based on needs.

1.1 The DOH shall encourage the establishment or expansion of private hospitals in areas where the bed-population ratio is below ideal levels.

1.2 Existing private hospitals and the potential share of the private sector shall be considered in the Development Plan of the DOH.

2. **Symbiotic Relationship**

The DOH hospitals and private hospitals shall strive to promote and maintain a symbiotic relationship characterized by cooperation and coordination.

2.1 The government hospital's network system shall be expanded to include private hospitals on a voluntary basis.

2.2 The DOH shall promote interaction between government and private hospitals within the network.

2.3 Government regulations for hospitals shall be simplified, integrated, and maintained at a necessary minimum.

2.3.1 The DOH shall closely coordinate with its regulatory and licensing agencies.

2.3.2 The DOH shall establish integrated service centers that would deal with the public regarding regulations and licensing.

3. **Viability of Hospitals**

The DOH and the private sector shall cooperate towards the enhancement of the hospital viability.

3.1 A cost and price information bank shall be developed and disseminated to hospitals to serve as a guide in the fair and just pricing of hospital services, taking into consideration the distinction between levels of services and the socio-economic characterization of the service locale.

3.2 Government, together with the private sector, shall place increasing reliance on innovative financing schemes to enhance cost recovery.

3.2.1 Third party payment schemes, such as, insurance and health maintenance organizations, shall be encouraged, strengthened, and expanded with appropriate guidelines and regulations for the protection of all parties involved.

3.2.2 Support values of government like administered health insurance schemes shall be adjusted constantlyto be relevant to the prevailing cost levels of health services.

3.3 Private hospitals shall be provided with government incentives to enable them to render the health care needs of the people.

3.3.1 The DOH shall work for the reduction or removal of taxes on hospital equipment, parts, and supplies, and shall put into place monitoring and control mechanisms to ensure that the patients share in the benefits derived from tax savings.

DOH HOSPITAL SYSTEM

The hospital is an important component of the health care system. Effective modern principles shall be applied in the management of the DOH hospital system.

1. Leadership

The DOH shall nurture an environment that identifies leaders and managers for hospitals. It shall mold them according to the highest standards of professionalism and the noblest spirit of service to the Filipino people.

1.1 The DOH shall institutionalize a system that would fully develop hospital leaders. It shall conduct programs in leadership development, management training, and value education.

1.2 The performance of hospital leaders shall be evaluated on the basis of functional accountabilities that include the achievement of hospital objectives, quality of medical service provided, resource allocation, crisis resolution, compliance with regulations, and promotion of the hospital's public image.

1.3 The DOH shall provide ample emoluments, incentives, and support that will attract, develop, and retain good leaders in the hospital system.

2. Health Care for the Periphery

The DOH shall provide appropriate, adequate, and equitable health services for all Filipinos. It shall strengthen the delivery of such services in the periphery.

2.1 The District Health Office shall serve as the basic unit for the delivery of integrated health services at the periphery.

2.1.1 The District Health Office shall supervise all other smaller facilities within its catchment areas.

2.1.2 The District Health Office which meets accreditation requirement, shall serve as the **center for clinical training** of health workers and student affiliates within its catchment areas.

2.1.3 The District Health Office shall serve as a data collection center with capabilities on analysis, program planning and management.

2.1.4 The District Health Office shall serve as a **referral center** for all health facilities in the area.

2.2 The Rural Health Unit shall serve as the **fundamental link** between health needs of the grassroots and the District Health Office in providing integrated health services.

2.3 Rural Health units with appropriate capabilities shall be allowed to **provide in-patient services** in areas underserved by hospitals. These infirmaries shall function as frontline units in the execution of public health programs and primary hospital care.

2.4 Existing health programs, especially for those people in the periphery, shall be continued and strengthened.

2.4.1 Floating clinics, provided they are economically justifiable, shall be given specific budgets by the government for their operation and maintenance.

2.4.2 The District Health Officer shall field mobile teams to deliver health services to places that are inaccessible, economically depressed, densely populated, or otherwise unreached by health workers.

2.4.3 The government shall subsidize private health services for people in the periphery. Private hospitals in areas underserved by the government shall be granted subsidies to the extent defined by the costs of the patient care services they render to the indigent.

2.4.4 The government shall provide budgetary support to puericulture centers established and managed by the local government. Moreover, these puericulture centers shall be placed under the direct supervision of the DOH.

2.5 The DOH shall continue to develop action-oriented programs in response to the more urgent medical problems of people in the rural areas.

2.5.1 The DOH shall continue and expand the medical-surgical outreach program. This program shall transmit health care expertise, technology, training, and services from tertiary centers to the periphery. The involvement of private sector agencies in the program shall be encouraged.

2.5.2 The sister hospital program shall be propagated throughout the country to hasten the development of individual and collective service capabilities of hospitals.

2.6 The DOH shall establish procedures to ensure that its health professionals respond effectively to the domiciliary health care needs of the people.

Administrative Order
No. 21-A Series 1993

05 October 1993

REVISED POLICIES, PROCEDURES AND GUIDELINES GOVERNING AFFILIATION AND TRAINING OF STUDENTS IN THE DEPARTMENT OF HEALTH HOSPITALS, RURAL HEALTH UNITS AND OTHER HEALTH AGENCIES.

Sec. 1. Title - These Policies, Procedures and Guidelines shall be known as "Revised Policies, Procedures and Guidelines Governing Affiliation and Training of Students in the Department of Health Hospitals and other Health Facilities".

Sec. 2. Rationale - The production and development of Health Manpower is necessary for the promotion, maintenance and delivery of health services. The Department of Health is making available its hospitals and community health resources for the learning and training of students from health professional schools. To maintain the quality of this relationship, guidelines were promulgated under Administrative Order No. 26 - C, s. 1982 and 13 s. 1986 governing affiliation and training of students.

Due to the changing needs of society, in science and technology, and changes in the Department of Health policies, and procedures, and the current implementationf of the Local Government Code, regulations governing affiliation and training of students in the Department of Health as embodied in Administrative Order No. 70-A, s. 1989 is hereby revised.

Sec. 3. National Committee on Affiliation and Training

3.1 The National Committee on Affiliation and Training of Students (NCATS) shall be created, composed of representative from various health professional groups and administrative support services in the Department of Health.

3.2 Functions:

The National Committee shall:

3.2.1 Be responsible for the adminiˌtration and supervision of all affiliation and training activities.

3.2.2 Formulate policies, standards, rules and regulations on affiliation and training of students.

3.2.3 Plan programs and activities on affiliation and training.

3.2.4 Monitor and evaluate programs and activities of affiliation and training of students.

3.2.5 Supervise Regional Committees on the implementation of policies and standards on affiliation and training.

3.2.6 Recommend for approval to the Secretary of Health contracts of affiliation from Special/Specialty hospitals and other agencies/institutions directly under the Office of the Secretary of Health.

3.2.7 Maintain a list of Department of Health Hdevolved and retained Hospitals, Laboratories and Rural Health Units capable of providing the necessary resnurces for the student's learning.

3.2.8 Keep records and reports.

Sec. 4. Regional Committee on Affiliation and Training

4.1 A Regional Committee on Affiliation and Training of Students (RCATS) shall be created and composed of representatives from the technical and training staff of the regional field office, the devolved and retained hospitals, the laboratories, provincial health offices and financial services, to be appointed by the Regional Health Director.

4.2 Functions:

The Regional Committee (RCATS) shall:

4.2.1 Supervise activities of affiliation and training of students at the regional level.

4.2.2 Monitor and evaluate all affiliation programs and activities.

4.2.3 Recommend for approval to the Regional Health Director/ Mayor or Governor contracts of affiliation from hospitals and rural health.

4.2.4 Maintain a list of DOH devolved and retained hospitals, laboratories, and rural health units capable of providing the necessary resources for student learning. The list shall be approved by the National Committee on Affiliation and Training.

4.2.5 Keep records and reports.

4.2.6 Submit quarterly reports to the National Committee on the following:

4.2.6.1 Name of college, number and category of students.

4.2.6.2 Name of Hospital, Area/Department utilized for training.

Sec. 5. The Regional Health Director is authorized to approve Contracts of Affiliation within the region except those of Special/Specialty Hospitals which fall under the jurisdiction of NCATS.

Sec. 6. Procedures in applying for Affiliation with the Department of Health Hospitals and other health facilities.

6.1 Hospitals and Rural Health Units shall make available copies of affiliation contracts to schools, colleges and universities.

6.2 All contracts of affiliation shall be duly accomplished and signed by both parties (chief of hospital and President of the College/University)

6.3 For newly established schools, colleges and universities with Medical, Nursing and Midwifery courses, application for affiliation to any DOH hospital should be approved by the Step Ladder Curriculum/Education Committee prior to recommendation for approval of NCATS/RCATS to the Secretary of Health or his duly assigned representative.

6.4 All duly accomplished affiliation of contracts for hospitals under the Department of Health shall be forwarded to the National Committee for evaluation, thereafter for the recommendation of the Chairman, and the later for the approval by the Secretary of Health or his duly assigned representative.

6.5 For hospitals in the region, all duly accomplished contracts shall be submitted to the Regional Committee (RCATS) for evaluation, and for the recommendation of the Chairman and later for approval by the Regional Health Director or his duly assigned representative.

6.6 Application for affiliation contracts shall be filed two (2) months before the start of the actual affiliation.

Sec. 7. Standard Rates of Fees for Affiliation:

7.1 The following shall be the standard rate of fees to be collected by all agencies of the Department of Health from affiliating students from various disciplines:

7.1.1 Dentistry - P360.00 per student per semester

7.1.2 Hospital Dietetics - P250.00 for 192 hrs. per student

7.1.3 Public Health Nutrition - P250.00 for 288 hrs. per student

7.1.4	Med. Technology	- P 60.00 per student per month
7.1.5	Medicine	- P 5.00 per hour per student (3rd year)
		- P 60.00 per month per student (4th year)
7.1.6	Midwifery	- P 40.00 per student for 30-40 hours
7.1.7	Nursing	- P 60.00 per student for 50-80 hours
		- P 40.00 per student for 30-40 hours
		- P 30.00 per student for 10-29 hours
		- P 20.00 per student for 1-9 hours
7.1.8	Occupational/Physical Therapy	- P 80.00 per student per month
7.1.9	Pharmacy	- P 300.00 for 480 hrs.
		- P 100.00 for 160 hrs.
7.1.10	Psychology	- P 3.00 per student per hour, Baccalaureate level
		- P 4.00 per student per hour for Masteral
		- P 5.00 per student per hour for Doctoral
7.1.11	Radiological Technology	- P 70.00 per student per month
7.1.12	Medical Social Work	- P 50.00 per student per month
7.1.13	Nurse/Health Aid	- 30.00 per student per month

The affiliation fees shall be collected by the affiliating agencies.

7.2 These fees shall be treated as trust receipts in the books of collecting agencies, deposited in an authorized government despository bank.

Sec. 8. Distribution of Affiliation Fees:

8.1 General Principles

8.1.1 All staff members in the hospital shall have a share of honoraria from the total collection of affiliation fees per batch provided that all leaves and absences shall proportionately deducted from the amount due him.

8.1.2 Honoraria from resourse persons shallo be taken from the Training Service/ Department concerned and shall be based on the number of hours he/she has lectured; and

8.1.3 In the event of conflicts regarding affiliation and training of students, the Chief of Hospital has the authority to resolve the issues within his level in accordance with the Administrative Order.

8.2 The collected affiliation fees shall be divided on the following manner.

8.2.1 Five percent (5%) of the total collection shall be remitted by Metro Manila Hospital and agencies to the National Committee on Affiliation and Training of Students, Department of Health, Manila. The regional and provincial offices shall remit 5% of their collection to the Regional Committee.

8.2.2 Forty per cent (40%) shall be used to procure supplies and equipment based on the training needs as well as for reseach related to training, as determined by a Committee composed of training officers from the different services. The Accounting Office shall furnish a copy of the updated report of affiliation fees collection and disbursement to the Director and Chief Training Officer.

8.2.3 Fifty five per cent (55%) shall be intended for honoraria or incentives for personnel:

8.2.4 Sixty per cent (60%) for the Training Service/Department concern (pro-rated) Forty per cent (40%) for the other hospital staff (pro-rated)

8.3 Guidelines for Pro-Rated Allocation

8.3.1 For Service/Department providing training:

An Ad-Hoc Committee shall be formed in the agency which is composed of one representative from each position group category of staff based on the degree of their participation in the training of students.

8.3.2 For Hospital Staff Members not directly involved in the training

For the other hospital staff members who are not directly involved in affiliation, another Ad-Hoc Committee which is composed of the Heads of the different services shall be formed to work on the distribution of fees.

Sec. 9. Guidelines for each discipline

The guidelines for affiliation of students for each discipline are attached in the following annexes:

A. Dentistry
B. Hospital Dietetics
C. Public Health Nutrition
D. Medical Technology
E. Medicine
F. Nursing and Midwifery
G. Occupational/Physcial Therapy
H. Pharmacy
I. Psychology
J. Radiologic Technology
K. Medical Social Work
L. Respiratory Therapy
M. Health Aide

Sec 10. Special Provision

Other government-owned or controlled schools or colleges shall be required to pay the affiliation fees to the Department of Health hospitals and rural health units/health centers except the University of the Philippines. However, the University of the Philippines shall be required to accomplish the necessary contract of affiliation.

Sec. 11. Repealing Clause

Administrative Order No. 70-A s. 1989 as amended, A.O. No. 13, s. 1986, A.O. No. 26-C s. 1982 and other orders inconsistent with the provisions of this Administrative Order are hereby repealed.

Sec. 12. Effectivity

This Administrative Order shall take effect immediately.

(SGD.) **JUAN M. FLAVIER, M.D.**
Secretary of Health

GUIDELINES GOVERNING AFFILIATION AND TRAINING OF STUDENTS IN NURSING AND MIDWIFERY

I. Policy Statement:

The Department of Health, conscious of its responsibility of ensuring that the educational program for Nursing and Midwifery will produce nurses and midwives who are responsive to the needs of Philippine Society has committed to offer the resources of Hospitals and Rural Health Units, for the learning experiences of students.

II. General Requirements

1. There should be an organized training program of affiliation prepared by the hospital or Rural Health Units in consultation with the affiliating College of Nursing and School of Midwifery.
2. The hospital and rural health units shall be responsible for the implementation of the training program.
3. The training shall include the following:
   - 3.1 General Objectives
   - 3.2 Specific earning Objectives
   - 3.3 Course Contents
   - 3.4 Syllabi
   - 3.5 Methodology
   - 3.6 Schedule
   - 3.7 Monitoring and Evaluation
     - 3.7.1 Performance Evaluation Instrument
     - 3.7.2 Grading Scheme
   - 3.8 Rules and Regulations

III. Requirements for Hospital/Rural Health Units:

1. Hospitals
   - 1.1 Be a general tertiary hospital duly licensed as training and teaching hospital.
   - 1.2 An organized Department of Pediatrics, Medicine, Surgery, Obstetrics and Gynecology. In addition, the hospital must have a communicable disease, orthopedic and psychiatric services.
   - 1.3 The accredited department shall have an occupancy of not less than 80%.
   - 1.4 Be included in the istings approved by the National Committee on Affiliation and Training of students.
   - 1.5 Qualified Training Staff responsible for clinical instruction and learning experience fo students.
   - 1.6 Necessary facilities for teaching and training, such as,
     - 1.6.1 Library
     - 1.6.2 Conference Room
     - 1.6.3 Equipment and Supplies
   - 1.7 Orientation program for clinical instructors assigned to follow-up students in clinical area.
   - 1.8 Special Hospital with specific specialty.

2. Rural Health Units/Health Centers
    2.1 Be included in the list of qualified RHU provided by the Nationa Committee on Affiliation and Training.
    2.2 Organized Community Health Services to provide learning in:
        2.2.1 T.B. Control
        2.2.2 Immunization
        2.2.3 Maternal and Child Care
        2.2.4 Domiciliary Services
        2.2.5 Nutrition
    2.3 Available training staff to implement the training program.
    2.4 Necessary training facilities such as:
        2.4.1 Conference Room
        2.4.2 Library
        2.4.3 Equipment and Supplies
    2.5 Orientation program for clinical instructors.

IV. Requirement for College of Nursing/Schools of Midwifery:

1. Must be a duly recognized college or school by the Department of Education, Culture and Sports and the Professional Regulation Commission.
2. Must have its own base hospital of not less than 100 beds for the initial exposure of the students.
3. Must have a clinical instructor to follow-up students in the clinical area/training center at the ration of:

    1:8 for level II)
    1:10 for level III)
    1:12 for level IV)
    1:12 for midwifery students)

NURSING

4. Students have undergone the related learning theories before exposure to the clinical area or to the community. A certification from the Dean that the students have completed such requirements shall be submitted to the hospital/rural health unit.
5. Qualified clinical instructors to follow-up students.
6. Pay or replace damages, breakages or losses by faculty and students.

V. Fees and Charges:

1. Colleges of Nursing and Schools of Midwifery shall pay the hospital or rural health units/ health center the following charges:
    1.1 Sixty pesos (P 60.00) per student for 50-80 hours of clinical experiences (Maximum of 80 hours.)
    1.2 Forty pesos (P 40.00) per student for 30-49 hours.
    1.3 Thirty pesos (P 30.00) per student for 10-29 hours.
    1.4 Twenty pesos (P 20.00) per student for 1-9 hours.
    1.5 Forty pesos (P 40.00) per student per month for midwifery.
    1.6 Fifty pesos (P 50.00) for the orientation of clinical instructors.

Republic of the Philippines
Congress of the Philippines
Metro Manila

Fourth Regular Session
Begun and held in Metro Manila, on Monday, the twenty third day of July, nineteen hundred and ninety

(REPUBLIC ACT NO. 7164)
AN ACT REGULATING THE PRACTICE OF NURSING IN THE PHILIPPINES

Be it enacted by, the Senate and House of Representatives of the Philippines in congress assembled:

ARTICLE I

TITLE

SECTION 1. Title. - This Act shall be known as the "Philippine Nursing Act of 1991".

ARTICLE II

DECLARATION OF POLICY

SEC. 2. Declaration of Policy. - It is hereby declared the policy of the State to assume responsibility for the protection and improvement of the nursing profession by instituting measures that will result in the relevant nursing education, and in humane working conditions, better career prospects and a dignified existence of our nurses.

The State hereby guarantees the delivery of basic health services through an adequate nursing personnel throughout the country.

ARTICLE III

ORGANIZATION OF THE BOARD OF NURSING

SEC. 3. Name and Composition of the Board. - There shall be created a Board of Nursing to be composed of a Chairman and four (4) members who shall be appointed by the President from a list of twelve (12) nominees who are registered nurses of recognized standing in the Philippines and who possess the qualifications prescribed in Section 5 of this Act as certified by the accredited National Nurses' Association to the Professional Regulation Commission.

SEC. 4. Powers and Duties of the Board. - The Board shall have the following powers, duties and functions:

(a) Supervise and regulate the practice of the nursing profession;

(b) Describe the subjects in the licensure examination, determine the syllabi of the subjects and their relative weight, construct the test questions in the licensure examination, and score and rate the examination paper. The Board shall, within one hundred twenty (120) days after the examination, submit a report of the examination result which shall contain the weighted average rating of each examinee to the Office of the President for release and publication;

(c) Issue, suspend, or revoke certificates of registration for the practice of nursing;

(d) Study the conditions affecting the nursing practice in the Philippines and exercise the power necessary to ensure the maintenance of efficient, ethical, technical, moral and professional standards in the practice of nursing, taking into account the health needs of the nation.

(e) Examine the prescribed facilities of universities or colleges seeking permission to open new colleges of nursing or departments of nursing education in order to ensure that standards and essential requirements for a qualified dean and faculty and adequate budget are properly complied with and maintained at all times. The authorization to open colleges of nursing shall be based upon the favorable written recommendation of both the Board and the Department of Education, Culture and Sports;

(f) Require nurses who graduate from state colleges and universities to render after being issued the necessary board licenses, at least one (1) year of nursing service in the Philippines before they are allowed to leave for overseas jobs;

(g) Investigate violation of this Act. For this purpose, it may, through its Chairman, with the approval of the Board, issue summons, subpoena or subpoena duces tecum to violators of this Act and witness thereof and to compel their attendance by the power of contempt; and

(h) Promulgate decisions or adopt measures as may be necessary for the improvement of the nursing practice, for the advancement of the profession, and for the proper and full enforcement of this Act.

SEC. 5. Qualifications of Board Members. - A member of the Board shall:

(a) Be a citizen and resident of the Philippines;

(b) Be a member in good standing of the accredited National Nurses' Association;

(c) Be a registered nurse and holder of a Master's Degree in Nursing conferred by a college or university duly recognized by the government;

(d) Have at least ten (10) years of continuous practice of the profession prior to appointment;

(e) Not be a holder of a green card or its equivalent; and

(f) Not have been convicted of any offense involving moral turpitude even if previously extended pardon by the President of the Philippines.

SEC. 6. Requirements Upon Qualifications as Member of the Board of Nursing. - Any person who qualifies as Chairman or Member of the Board shall automatically resign from any teaching position in any school, college or university and/or review program for the local nursing board examinations or in any office of employment in the government or any subdivision, agency or instrumentality thereof, including government-owned or controlled corporations or their subsidiaries. He shall not have any pecuniary interest in or administrative supervision over any institution offering basic nursing education programs, including review classes.

SEC. 7. Term of Office. - The Chairman and the members of the Board shall hold office for a term of three (3) years and until their successors shall have qualified; Provided, That a member of the Board may be reappointed for another term not exceeding three (3) years: Provided, further, That, in the event that only one (1) member of the Board is reappointed, he or she, by virtue of seniority, shall automatically become the Chairman of the new Board. However, in case two (2) or more members are reappointed, the best qualified among them, to be determined by all members of the new Board, shall become the new Chairman of the Board. Provided, finally, That in case all members of the new Board shall determine the best qualified from among themselves who shall be recommended to the President of the Philippines to be the Chairman of the Board.

Any vacancy in the Board occurring within the term of a member shall be filled for the unexpired portion of the term only. Each member of the Board shall take the proper oath of office prior to the performance of his or her duties.

SEC. 8. Compensation of Board Members. - The Chairman and members of the Board shall receive as compensation an amount equal to that given the Chairman and members of other government boards situated under analogous circumstances.

SEC. 9. Removal of Board Members. - The President may remove any member of the Board on the following grounds after giving the member concerned an opportunity to defend himself or herself in a proper administrative investigation to be conducted under the supervision and control of the Department of Justice, upon instruction of the President.

(a) Continued neglect of duty or incompetence;
(b) Commission or toleration of irregularities in the examination conducted by the Board; and
(c) Unprofessional or dishonorable conduct.

SEC. 10. Rules and Regulations. - The Board shall promulgate such rules and regulations as may be necessary to carry out the provisions of this Act.

SEC. 11. Records. - All records of the Board of Nursing, including examination papers, minutes of deliberations, records of administrative cases and investigations, and examination results shall be kept by the Professional Regulation Commission under the direct custody of the person designated by the Chairman of the Commission. No record shall be removed, altered, or examined without prior authorization from the Board.

SEC. 12. Examination Required. - All applicants for license to practice nursing shall be required to pass the written examinations given by the Board of Nursing.

SEC, 13. Qualifications of Applicants. - In order to be admitted to the examination for nurses, an applicant must, at the time of filing his or her application, establish to the satisfaction of the Board of Nursing that:

(a) He or she is a citizen of the Philippines, or a citizen or subject of a country which permits Filipino nurses to practice within its territorial limits on the same basis as the subject or citizen of such country: Provided, That the requirements for the registration or licensing of nurses in said country are substantially the same as those prescribed in this Act.
(b) He or she is in good health and is of good moral character; and
(c) He or she is a holder of a Bachelor's Degree in Nursing from a college or university duly recognized by the proper government agency.

SEC. 14. Licensure Examination. - The licensure examination for the practice of nursing in the Philippines shall be given by the Board not earlier than one (1) month but not later then two (2) months after the closing of the semester prescribed by the Department of Education, Culture and Sports. The examination shall be held in the City of Manila or in such places as may be decided by the Board subject to the approval of the Professional Regulation Commission.

SEC. 15. Scope of Examination. - The scope of examination for the practice of nursing in the Philippines shall be determined by the Board. The Board shall take into consideration the objectives of the nursing curriculum, the broad areas of nursing, and other related disciplines and competencies in determining the subjects of examinations.

SEC. 16. Rating in the Examination. - In order to pass the examination, an examinee must obtain a general average rating of at least seventy-five percent (75%) with a rating of not below sixty percent (60%) in any subject. An examinee who obtains an average rating of seventy-five percent (75%) or higher but gets a rating below sixty percent (60%) in any given subject must take the examination again, but only in the subject or subjects where he or she rated below sixty percent (60%).

In order to pass the succeeding examination, an examinee must obtain a rating of at least seventy-five percent (75%) on the subject or subjects repeated.

An examinee who despite the third examination fails to obtain at least seventy-five percent (75%) in the subject or subjects repeated shall no longer be allowed to take the examination. Unless he proves to the satisfaction of the Board that he/she has undergone a refresher course and have enrolled and passed the regular fourth year subjects in a recognized nursing school.

SEC. 17 Issuance of Certificate - A certificate of registration as nurse shall be issued to any applicant who passes the examination upon payment of the prescribed fees. Every certificate of registration shall show the full name of the registrant, serial number, signature of the members of the Board and the official seal of the Board.

SEC. 18. Fees for Examination and Registration. - An applicant for licensure examination and for registration shall pay the prescribed fees set by the Professional Regulation Commission.

SEC. 19. Registration by Reciprocity. - Certificates of registration may be issued without examination to nurses registered under the laws of any foreign state or country; Provided, That the requirements for the registration or licensing of nurses in said country are substantially the same as those prescribed under this Act: Provided, further, That the laws of such state or country grant the same privileges to registered nurses of the Philippines on the same basis as the subjects or citizens of such foreign state or country.

SEC. 20. Non-issuance of Certificates in Certain Cases. - No person convicted by final judgement of any criminal offense involving moral turpitude or any person guilty of immoral or dishonorable conduct shall be issued a certificate of registration.

The Board shall furnish the applicant a written statement setting forth the reasons for its action which shall be incorporated in the records of the Board.

SEC. 21. Revocation and Suspension of Certificates. - The Board shall have the power to revoke or suspend the certificate of registration of a nurse upon any of the following grounds:

(a) For any of the causes mentioned in the preceding section;

(b) For unprofessional and unethical standards;

(c) For gross incompetence and serious ignorance;

(d) For malpractice or negligence in the practice of nursing; or

(e) For the use of fraud, deceit, or false statements in obtaining a certificate of registration.

SEC. 22. Reissuance of Revoked Certificates and Replacement of Lost Certificates. - The Board may, for reasons of equity and justice or when the cause for revocation has disappeared or has been cured and corrected, upon proper application thereof and the payment of the required fees, issue another copy of the certificate of registration.

ARTICLE IV

NURSING EDUCATION

SEC. 23. General Entrance Requirements. - Applicants desiring to enroll in a nursing course must belong to the upper forty percent (40%) of the graduating class of the general secondary course, as certified by the school.

SEC. 24. Nursing Education Program. - The nursing education program shall provide sound academic and professional foundation for the practice of nursing.

SEC. 25. Learning Experiences. - The learning experiences required in a classroom, hospital, home, community or other health/welfare agency shall adhere strictly to specific requirements embodied in the prescribed curriculum for the nursing course and in the rules, policies, and standards of nursing education. Such learning experience shall not be less than six (6) units or its equivalent.

SEC. 26. Qualifications of the Faculty. - A member of the faculty in a college or school of nursing must:

(a) Be a Filipino citizen;

(b) Be a registered nurse of the Philippines;

(c) Have at least three (3) years of clinical practice in a field of specialization;

(d) Be a member of good standing in the accredited National Nurses' Association; and

(e) Be a holder of a Master's Degree in Nursing or other related fields conferred by a college or university duly recognized by the Government of the Republic of the Philippines: Provided, however, That nothing in this Act shall be construed to disqualify those who have already been considered qualified and disqualify those who have already been considered qualified and actually occupying the position before the effectivity of this Act: Provided, further, That those occupying such position before the effectivity of this Act within which to qualify under the provisions hereof: Provided, finally, That, by the year 2000, all colleges of nursing shall only employ faculty members with a Master's Degree in Nursing or in other related fields.

In addition to the aforementioned qualifications, the dean of a college or school of nursing must have at least three (3) years of experience in teaching and supervision in nursing education, and must preferably have a Master's Degree in administration and supervision of nursing education programs.

ARTICLE V

NURSING PRACTICE

SEC. 27. Scope of Nursing. - A person shall be deemed to be practicing nursing within the meaning of this Act when he, for a fee, salary or other reward or compensation, singly or in collaboration with another, initiates and performs nursing services to individuals, families and communities in various stages of development towards the promotion of health, prevention of illness, restoration of health, and alleviation of suffering through:

(a) Utilization of the nursing process, including assessment, planning, implementation and evaluation of nursing care. Nursing care includes, but is not limited to, traditional and innovative approaches in self-executing nursing techniques and procedures, comfort measures, health teaching and administration of legal and written prescriptions for treatment, therapies, medications, and hypodermic, intramuscular, or intravenous injections: Provided, however, That in the administration of intravenous injections, special training shall be required according to established protocol;

(b) Establishment of linkages with community resources and coordination of the health team;

(c) Motivation of individuals, families and communities; resources and coordination of services with other members of the health team;

(d) Participation in the teaching, guidance and supervision of students in nursing education programs, including administering nursing services in varied settings, such as, hospitals, homes, communities and the like; undertaking consultation services; and engaging in such other activities that require the utilization of knowledge and decsion-making skills of a registered nurse; and

(e) Undertaking nursing and health manpower development training and research and soliciting finance therefore, in cooperation with the appropriate government or private agency: Provided, however, That this provision shall not apply to nursing students who perform nursing functions under the direct supervision of qualified faculty members.

SEC. 28. Qualifications of Nursing Service Administrators. - A person occupying supervisory or managerial positions requiring knowledge of nursing must:

(a) Be a Filipino citizen or a former Filipino citizen who has officially declared his/her intention to reacquire Filipino citizenship;

(b) Be a registered nurse in the Philippines;

(c) Be a member in good standing of the accredited national organization of nurses;

(d) Have at least two (2) years of experience in general nursing service administration; and

(e) Possess a Bachelor of Science Degree in Nursing, with at least nine (9) units of management courses at the graduate level.

Provided, That a person occupying the position of chief nurse or director of the nursing service shall, in addition to the foregoing qualifications, possess:

(a) At least five (5) years of experience in a supervisory or managerial position in nursing; and

(b) A Master's Degree major in nursing service administration or its equivalent: Provided, however, That those occupying such position before the effectivity of this Act shall be given a period of five (5) years from the date of the effectivity of this Act within which to qualify: Provided, further, That by the year 2000, only holders of a Master's Degree major in nursing administration shall be appointed to such position: Provided, finally, That, for hospitals with a bed capacity of fifty (50) and below, the minimum academic qualifications and experience for the chief nurse shall be as specified under subsections (c), (d) and (e) of this section.

ARTICLE VI

HEALTH HUMAN RESOURCE DEVELOPMENT, PRODUCTION AND UTILIZATION

SEC. 29. Studies for Nursing Manpower Needs, Production, Utilization and Development. - The Nursing Board shall undertake studies and initiate and/or cooperate with appropriate government or private agencies in the conduct of studies for health human resource production, utilization and development.

ARTICLE VII

PENAL AND MISCELLANEOUS PROVISIONS

SEC. 30. Prohibitions in the Practice of Nursing. - A fine of not less than ten thousand pesos (P10,000.00) or more than forty thousand pesos (P40,000.00) or imprisonment of not less than one (1) year or more than six (6) years, or both, in the discretion of the court, shall be imposed upon:

(a) Any person practicing nursing in the Philippines within the meaning of this Act:

(1) Without a certificate of registration or without having been declared exempt from examination in accordance with the provisions of this Act;

(2) Who uses as his/her own the certificate of registration of another;

(3) Who uses an expired, suspended, or revoked certificate of registration;

(4) Who gives any false evidence to the Board of Nursing in order to obtain a certificate of registration;

(5) Who falsely poses or advertises as a registered nurse or uses any other means that tend to convey the impression that he or she is a registered nurse.

(6) Who appends B.S.N./R.N. (Bachelor of Science in Nursing/Registered Nurse) to his/her name without having been conferred the said degree of registration;

(b) Any person who undertakes in-service educational programs or who conducts review classes for both local and foreign examinations without permit/clearance from the Philippine Nursing Association, the Board of Nursing and the appropriate office of the Department of Labor and Employment; and

(c) Any person violating any provisions of this Act.

SEC. 31. Standard Basic Pay. - Based on current National Economic Deevelopment Authority (NEDA) figures, the proper government office or agency shall fix a standard pay for all nurses working in either public or private health agencies. The same standard basic pay shall be increased periodically to cope with the increase in cost of living.

SEC. 32. Enforcement of this Act. - It shall be the duty of all duly constituted law enforcement agencies and officers of national, provincial, city or municipal government to enforce the provisions of this Act and to prosecute any person violating the same.

SEC. 33. Repealing Clause. - All laws, decrees, orders, circulars, rules and regulations, and other issuances which are inconsistent with this Act are hereby repealed, amended or modified accordingly.

SEC. 34. Separability Clause. - If any part of this Act is declared unconstitutional, the remaining parts not affected thereby shall continue to be valid and operational.

SEC. 35. Effectivity. - This Act shall take effect one (1) month after its publication in any newspaper of general circulation in the Philippines.

Approved,

JOVITO R. SALONGA
President of the
Senate

RAMON V. MITRA
Speaker of the House
of Representatives

This Act which is a consolidation of House Bill No. 32716 and Senate Bill No. 335 was finally passed by the House of Representatives and the Senate on June 6, 1991.

EDWIN P. ACOBA
Secretary of
the Senate

CAMILO L. SABIO
Secretary-General
House of Representatives

CORAZON C. AQUINO
President of the Philippines

Republic of the Philippines
Professional Regulation Commission

BOARD OF NURSING
Manila

IMPLEMENTING RULES AND REGULATIONS ON R.A. 7164

Pursuant to the provisions of Section 10 of Republic Act No. 7164, otherwise known as the Philippine Nursing Act of 1991, the following RULES AND REGULATIONS OF THE BOARD OF NURSING are herebey promulgated for the guidance and compliance of all concerned:

CHAPTER I

TITLE

Section 1. These rules shall be collectively known as the IMPLEMENTING RULES AND REGULATIONS of R.A. 7164.

CHAPTER II

OPENING OF NEW NURSING COLLEGE OR DEPARTMENT

Sec. 2. Any application for the opening of new college or department of nursing shall be filed with the Board of Nursing which shall transmit its report and recommendation thereon to the Secretary ofthe Department of Education, Culture and Sports for appropriate action. Such application shall not be considered approved unless the Board of Nursing and the Department of Education, Culture and Sports concur in their written favorable recommendation.

CHAPTER III

THE NURSING LICENSURE EXAMINATION

Sec. 3. For purposes of applying for the nursing licensure examination, unless otherwise provided for, the following documents are required for each applicant:

(a) Original transcript of record with Special Order Number from the Department of Education, Culture and Sports; unless he/she is a graduate of an accredited nursing program with deregulation status;

(b) For state colleges and universities, original transcript of records with date of graudation;

(c) Record of actual related learning experiences for the entire Bachelor of Science in Nursing program;

(d) Actual number of operating room scrubs and deliveries assisted, duly signed by the Chief Nurse or her duly authorized representative in addition to that of the clinical instructor;

(e) Birth certificate;

(f) Where applicable;
    (1) Marriage certificate;
    (2) Alien certificate or naturalization; and,
    (3) Clearance showing dismissal of case from the Court of Prosecutor's office

(g) Filipino citizens who finished their Bachelor of Science in Nursing in other countries may be allowed to take the nursing licensure examination after taking additional courses that will make their nursing curricula equivalent to that of the Bachelor of Science in Nursing curriculum in the Philippines, and,

(h) Alien graduates of Philippine Bachelor of Science in Nursing programs may be allowed to take the nursing licensure examination provided that authorization to practice will depend on proof of reciprocal relations with the examinee's country.

Sec. 4. Subject to the approval of the Professional Regulation Commission, the Board of Nursing shall set the dates and venues of the nursiing licensure examination, the testing centers for Luzon, Visayas, and Mindanao considering geographical accessibility, safeguards for the integrity of the examination and other pertinent considerations. Such information shall be widely circulated to all concerned.

Sec. 5. In the nursing licensure examination, the following ratings shall hold unless otherwise provided for:

(a) Passed. A general average rating of at least seventy-five percent (75%) with no rating less than sixty percent (60%) in any subject.

(b) Conditioned. Obtained a general average rating of at least seventy-five percent (75%) but with a rating of below sixty percent (60%) in one or more subjects, in which case examinee shall take a re-examination but only in the subject(s) where he/she obtained a rating of below sixty percent (60%). In order to pass the re-examination, he/she must obtain a rating of at least seventy-five percent (75%) in each re-examined subject(s).

(c) Failed. Obtained a general average rating of below seventy-five percent (75%) irrespective of rating in individual subjects; in which case examinee shall take a second examination in all five (5) subjects. In case the examinee failed again in this second examination, he or she shall take a third examination in all five (5) subjects again.

Sec. 6. Refresher Course. An examinee who fails to pass the nursing licensure examination, whether in the failed or conditioned category as described in Section 5 above, shall not be allowed to take the nursing licensure examination for the fourth time unless he/she gives evidence, to the satisfaction of the Board of Nursing that he/she has undergone and passed a refresher course. This course shall meet the learning needs of the examinee concerned based on his/her performance in the nursing licensure examination.

For the fourth nursing licensure examination, (after the refresher course):

(a). Those conditioned in the third (3rd) nursing licensure exam,ination shall take only the conditioned subjects; and,

(b) Those who failed in the third (3rd) nursing licensure examination shall take all five (5) subjects.

Sec. 7. Every successful nurse examinee must, before exercising the privileges of a professional nurse, take his/her professional oath before the Board of Nursing or any member hereat and or when not available, any person authorized by law.

Sec. 8. Every registered nurse shall renew his/her license every three (3) years with the Professional Regulation Commission on the form prescribed, not later than the due date as indicated in the Professional Regulation Commission license card and pay the prescribed fee.

Sec. 9. Prior to renewal of license to practice professional nursing, completion of sixty (60) hours of continuing professional education is required. Accreditation of continuing professional education shall be based on the Board of Nursing Resolution No. 1903 as amended and such other rules as may be applicable.

Sec. 10. Every applicant for registration as nurse by reciprocity shall present to the Board a properly completed application on the prescribed form, together with his/her certificate of registration as nurse granted by his/her state or country. In addition the following shall be attached:

(a) Commission on Immigration and Deportation certification that he/she has been a resident of the Philippines for at least three (3) years prior to registration;

(b) A copy of the law or portion thereof showing proof of reciprocal practice with the Philippines; and,

(c) A copy of their officially approved Bachelor of Science in Nursing curriculum.

CHAPTER IV

NURSING EDUCATION

Sec. 11. The applicant shall submit a notarized certification signed by the high school principal and bearing the school seal indicating the name of the school, year graduated, class rank and total number of graduating students for the year.

Sec. 12. The school shall be guided by the approved minimum curriculum requirements of the Department of Education, Culture and Sports. It shall follow the standards of nursing education which include such guidelines as:

(a) Department of Education, Culture and Sports Order No. 45 s. 1992, Revised Policies and Standards of Nursing Education;

(b) Department of Education, Culture and Sports 1992 Revised Manual of Regulations for Private Schools (8th edition) relevant to tertiary education;

(c) Specific provisions for new nursing schools as follows:

(1) Five (5) year college development plan to include faculty development, physical facilities, specific yearly targets and budgetary provisions prepared by the Dean and signed by the highest university/college official;

(2) Four (4) year master rotation plan of related learning experience; and,

(3) Five (5) year nursing service development plan for each hosptal/agency where students affiliate. These hospitals should include such basic information as:

(a) Organization of nursing service be types or departments;

(b) Total number of nurses employed, by categories or positions; staffing patterns and average nurse-patient ration;

(c) Facilities for learning; and,

(d) Average daily bed occupancy;

(d) Such other policies, standards and regulations promulgated by the Board of Nursing.

Sec. 13. A college of nursing shall provide a base hospital where its students experience majority of the prescribed related learning experience. A base hospital shall:

(a) Be a general hospital/medical center with adequate existing cases in a variety of nursing problems or nursing diagnoses;

(b) Be accredited by the Department of Health as meeting the requirements of a training hospital using prescribed standards;

(c) Have a bed capacity of at least one hundred, with eighty percent (80%) daily occupancy;

(d) Make available for each nursing student at least one patient during the first and second year levels and at least two patients during the third and fourth year levels; and,

(e) Make provision for such learning experience which shall not be less than six units or its equivalent per year starting from the second year.

A college of nursing shall provide community learning experience for their students according to established standards of nursing education.

To have correlation of theory and practice, related learning experiences shall be planned to occur simultaneously or at most within one year of having completed the theoretical component of the same course.

The learning experiences of the student shall contribute to the development of the community.

Sec. 14. Unless the context or a specific provision indicates another meaning:

(a) **Field of specialization** refers to Nursing specializations such as Medical-Surgical Nursing, Maternal-Child Nursing, Mental Health Psychiatric Nursing, Community Health Nursing, School Health Nursing, management, teaching, research and other nursing specialties;

(b) **Good standing** means currently a member and active in the local or national affairs of the Philippine Nurses' Association; and,

(c) "Other related field" shall include bio-medical sciences (microbiology, parasitology, pharmacology, anatomy and physiology); behavioral sciences (psychology, anthropology, sociology, economics); and others (education, management, public health and the like).

Sec. 15. Those presently occupying faculty positions shall be given five (5) years from the effectivity of Republic Act No. 7164 (i.e. February 1992) within which to qualify, i.e. until the end of the SY 1996-97.

CHAPTER V

NURSING PRACTICE

Sec. 16. **"Stages of development"** include conception, labor, delivery, newborn, neonatal, infancy, toddler, pre-school, school age, adolescence, adulthood, aged and death.

Nursing care of individuals includes:

(a) Supervision and care of women during pregnancy, labor and peurperium;

(b) Performing internal examinations and delivery of babies;

(c) Suturing lacerations in the absence of a physician;

(d) Therapeutic use of self;

(e) Nursing management of common childhood and communicable diseases;

(f) Counselling and behavioral nursing interventions such as crisis intervention, spiritual therapy and behavior modification;

(g) Providing first aid and emergency care;

(h) Primary, secondary and tertiary health care; and,

(i) Recommending herbal and symptomatic medicines.

Nursing care of the families includes:

(a) Assisting the family identify their health problem/needs and cope with problems related to physical independence, therapeutic independence, knowledge of health matters, personal hygiene, emotional competence, family living patterns, physical environment, and the use of community resources; and,

(b) Providing primary health care services to the family as needed.

Nursing services to the community include:

(a) Primary health care, community organizing and mobilization, community development and people empowerment;

(b) Case finding and epidemiologic investigation;

(c) Program planning, implementation and evaluation; and,

(d) Influencing executive and legislative individuals or bodies for health and development.

"Intravenous injections" shall include intravenous administration of drugs, fluids and electrolytes, blood and blood products. It shall also include the insertion of needle/butterfly in intravenous infusions.

Guidelines on the training of nurses on intravenous injection shall be formulated by the Board of Nursing, in consultation with the Philippine Nurses' Association, Association of Nursing Service Administrators of the Philippines and other interest groups.

Sec. 17. The nursing service department or unit of an institution or agency shall follow the standards of nursing practice which include relevant guidelines published in:

(a) Revised Standard of Nursing Practice, Association of Nursing Services Administrators of the 1987 Philippines and Philippine Nurses' Association;

(b) Hospital Licensure Law, Republic Act No. 4226 and its implementing orders, Bureau of Medical Services, Department of Health, 1971; and,

(c) Safe nursing practice standards which may be promulgated by the Board of Nursing from time to time.

CHAPTER VI

PENAL AND MISCELLANEOUS PROVISIONS

Sec. 18. For the purpose of this section, the following definitions hold:

(a) **"Person"**. Natural and juridical i.e., besides any person, it also refers where applicable, to any group or corporation registered with the Securities and Exchange Commission;

(b) **"In-service educational programs"**. Those prepared for staff training within the institution or those prepared for general patronage to gain continuing professional education units;

(c) **"Review classes (local)"**. Those organized to prepare bachelor of science graduates to take the nursing licensure examination; and,

(d) **"Review classes (foreign)"**. Those organized to prepare registered nurses to take the Commission on Graduates of Foreign Nursing Schools examination.

The Board of Nursing shall set guidelines for in-service educational programs, review centers for local and foreign examinations, violations of which shall be the basis for cancellation by the Board of their permit to operate.

Sec. 19. The Board of Nursing in consultation with the Philippine Nurses' Association and other professional nursing organizations shall submit reocmmendations to Congress, Regional Wage Boards and Department of Budget and Management to upgrade the salaries of nurses in both government and private sectors.

CHAPTER VII

EFFECTIVITY

Sec. 20. These implementing rules and regulations shall take effect fifteen (15) days after publication in two newspapers of general circulation in the Philippines.

Adopted this ________day of _______ 1993, at Manila, Philippines.

AURORA S. YAPCHIONGCO
Chairman

CLICERIA Y. ALINSONORIN
Member

REMY B. DEQUIÑA
Member

PRAXEDES SM DELA ROSA
Member

SR. NATIVIDAD, D.C.
Member

PNA CODE FOR NURSES

Fundamental Concepts

Health is a fundamental right of every individual. Therefore, the nurses' primary responsibility is to preserve health at all cost. This responsibility encompasses promotion of health, prevention of illness, alleviation or suffering, and restoration of health.

Basic to nursing is knowledge and understanding of man. For effective health care, knowledge of man's cultural, social, patho-physiological, psychological and ecological aspects of illness and the therapeutic process is essential. Differences in ethnicity, political, and social status are not barren to effective nursing care.

Standards of practice vary in different settings.

Society is ever-changing and the nurse responds to change.

Respect for the rights and dignity of individuals is basic to the practice of the profession.

Nurses and People

Values, customs, and spiritual beliefs held by individuals are to be respected.

Nurses hold in strict confidence personal information acquired in the process of providing nursing care. They use discriminate judgement in sharing these informations.

Nurses and Practice

Nurses are accountable for their/his own nursing practice. They are responsible for their personal and professional growth and development.

Nurses maintain or modify standards of practice within the reality of any given situation. Quality care is their goal.

Nurses are the advocates of the patients. They take appropriate steps to safeguard the patient's rights and privileges.

Nurses are aware that their nursing actions have professional, ethical, moral and legal dimensions. They strive to perform their work in the best interest of all concerned.

Nurses observe personal and professional decorum at all times.

Nurses and Co-workers

Nurses maintain collaborative working relationships with their co-workers and other members of the health team.

Nurses recognize their capabilities and limitations in accepting responsibilities and those of their co-workers when delegating responsibilities to them.

Nurses and Society

Nurses are contributing members of society. They assume responsibilities inherent to being a member and citizen of the community/society in which they live or work.

They recognize the need for change and initiate, participate, and support activities to meet the health and social needs of the people.

Nurses and the Profession

Nurses are expected ot be members of the nursing professional organization. Inherent in this responsibility is to support and uphold its constitution and by-laws.

Nurses help to determine and implement desirable standards of nursing practice and nursing education.

They participate actively in the development and growth of the nursing profession.

They strive to secure equitable socio-economic and work conditions in nursing through appropriate legislation and other means.

ORIENTATION/JOB INDUCTION PROGRAM

Orientation is designed to equate the new employees to the work situation. The training staff of the Nursing department prepares the program by which the nursing personnel's adjustment is facilitated.

Orientation of the new nursing personnel may cover three aspects: orientation to the hospital and its general policies, to the nursing service department and to the nursing unit. Thus, the employee recognize her own position in the specific unit within the Nursing Service Department and the hospital in general.

A. Orientation to the Hospital

Orientation to the hospital may include, but is not limited to the following:

1. Philosophy of the Hospital.
2. History, Organization and Goals of the Hospital
3. Hospital Set-up and Functions of Different Departments.
4. The Community it Serves.
5. Ethics in Public Service
6. Government Service Insurance System
7. Personnel Policies in General.
8. Tour to Different Units of the Hospital.

B. Orientation to the Nursing Department

1. Philosophy of the Nursing Service
2. Objectives of the Nursing Service
3. Organization of Nursing Service
4. Job Descriptions
5. Personnel Policies within Nursing Service

C. Orientation to the Unit

1. Physical Lay-Out
2. Introduction to Members of the Health Team
3. Unit Policies
   a) Admission and discharges
   b) Transfers and referrals
   c) Death
   d) Medication Policies
   e) Narcotic Control
   f) Doctors Orders
   g) Medical and Nursing Records
4. Job Description
5. Records and Reports
6. Ward Manuals
7. Legal Limitations of Functions

NURSING SERVICE PERSONNEL POLICIES

Personnel administration is the planning, supervising, directing and coordinating of activities in an organization which contributes to the realization of the defined purpose of the said organization.

Nursing Service personnel administration aims to maintain effective and economical Nursing Service.

Guiding Principles:

1. All personnel affected by policies or practices should share in their formulation through discussion of proposals and formulation of recommendations.
2. Personnel policies for all hospital employees should be approved by the governing body.
3. Within this frame of reference, practices specific for nursing personnel may be developed with the approval of the hospital administrator.
4. All approved policies and practices should be in writing.
5. The general administration of Nursing Service personnel policies and practices are the responsibility of the Chief Nurse.
6. Personnel policies and practices should be kept up-to-date.

Advantages of Sound Practice in Nursing Service Personnel Administration

1. To the Chief of Hospital

   Sound practices give assurance to the Chief of Hospital that:

   a. The plan for Nursing Service is founded on good professional standards and is in harmony with the policies of the hospital in general;

   b. The budget for Nursing Service personnel is soundly conceived;

   c. There is a satisfactory relationship between the written job descriptions and the qualifications of the persons requested in the Nursing Service budget;

   d. The personnel practices for nursing service can be defined in terms of existing supply and demand and the general employment conditions for comparable personnel;

   e. Explanation and discussion of the written policies and practices are included in the orientation of all new Nursing Service employees.

2. To the Chief Nurse

   Sound personnel practices reflect an analysis of the total job of nursing in accordance with the types of activities to be performed, the quality of service to be maintained, and the purposes for which the hospital exists. In a sense, they represent an informal contract between the hospital and the employees who see in writing the conditions of employment and discusses them with the employer. They have the following distinct advantages:

   a. They are assured that each category of personnel has been identified through clear job specifications;

   b. The qualifications for each category are defined in terms of the responsibility to be assumed;

   c. Personnel may be selected objectively on the basis of job specifications already outlined;

   d. They provide for the Chief Nurse a starting point for discussion on issues presented by an employee and therefore allow more easily for solution without reference to the hospital administrator;

e. They afford support to the Chief nurse when presented by individuals, within or outside her organization, to employ obviously unqualified persons;

f. They guarantee conditions of employment which have been designed to promote job satisfaction for employees;

g. Turnover in staff cannot be attributed to unrefined personnel practices;

h. They can be used as objective points of discussion when coordinating activities within the group of nursing personnel.

i. The Chief Nurse knows that sound policies and practices, developed through the cooperative actions of employer and employee command themselves to the potential workers and create a continued loyalty to the institution within the group of permanent employees.

3. To the Employee

Written personnel policies and practices provide for the employee:

a. A job description which makes it possible to determine the satisfaction offered through a particular position;

b. A scale for weighing his qualifications for a position in light of the written specifications;

c. A basis for study of conditions of employment, which following verbal explanation by the employing officer, is a safeguard against the possibility of misinterpretation;

d. A means of judging the opportunities which the institution may offer for the future.

The personnel policies for hospital personnel under the new Ministry of Health are governed by provisions under Republic Act 2260 of the Civil Service Law and Rules and Regulations Implementing the Labor Code of the Philippines, Administrative and Department Orders. Within the provisions of these general policies, the nursing service personnel policies are administered by the Chief Nurse under the supervision of the Administration with freedom to establish its procedures and techniques which would provide for their effective functioning, and promote efficiency and improvement of morale.

It is incumbent upon nursing personnel to follow lines of authority, to support policies, to observe regulations, to be loyal to the institutions and to give the hospital the best of service of which they are capable.

Recruitment, Selection for Appointment and Promotion Recruitment:

It is the process of guiding an interested registered nurse an available opening in nursing positions.

Under Article VI, Sec. 23 (Civil Service Rules & Laws) on recruitment and Selection of Employees - It states:

> "Opportunity for government employment shall be open to all qualified citizens and positive efforts shall be exerted to attract the best qualified to enter the service."

Nursing applicants should meet the following requirements:

1. Must be a Filipino citizen.
2. Must have graduated from an accredited school or college of nursing.
3. Must have passed the Nurse's Board Examination and licensed to practice nursing in the Philippines by the Professional Regulation Commission, Board of Nursing.
4. Must be a Civil Service Eligible by R.A. 1080.
5. Must be in good physical and mental condition.

Selection:

Employees shall be selected on the basis of their fitness to perform the duties and assume the responsibilities of the position whether in the competitive and classified or in the non-competitive or unclassified service.

Screening Committee:

For the purpose of selecting for appointment or promotion of subordinate non-medical employees, the Screening Committee has been created under Department Memorandum No. 106, s. 1964 and organized under Administrative order No. 26, s. 1966 to compose the following offices:

Hospital Administrative Officer
or Chief of Hospital ....Chairman

Hospital Administrative Officer .... Member
Chief of Clinics or

Supervising Resident .... Member

Chief of Nursing Service .... Member

Chief of Dietary Service .... Member

Chief of Engineering Service .... Member

The Chief of Hospital shall recommend to the Department of Health the proposed appointee as screened by the Committee.

Employment Procedure for Nursing Personnel

1. Nursing Service Department (or Personnel Officer if there is any)
   a) Accepts applications.
   b) Makes appointments for interview.
2. Screening Committee (composed of Chief Nurse as Chairman, Assistant Chief Nurse and Supervising Nurse as members)
   a) Evaluates general professional and personal qualification and experience of the applicants.
   b) Interviews and screens applicants.
   c) Recommends acceptance or rejection of applicants to the Hospital Screening Committee.
3. Administrative Officer in the absence of a Personnel Officer
   a) Informs applicants who have satisfactorily met the requirements.
   b) Informs applicants of other requirement papers for appointments and physical health examination.
   c) Prepares appointment papers.

Appointments:

All appointments to the position in the competitive or classified service must be made in acceptance with the provisions of the Civil Service Law and Rules and the Compensation and Position Classification Bureau. Appointments should be prepared in the prescribed form, duly signed by the recommending officer, the Chief of Hospital, the appointing officer and the Department of Health. This shall be submitted to the Civil Service Commission for approval.

REQUIREMENT FOR APPOINTMENT - (Papers shall be prepared in 6 copies)

1. Information sheet of the appointee.
2. Record of physical and medical examination of the appointee duly accompanied by a physician.
3. Identification picture - passport size.
4. Assets and liabilities.
5. Certificate of eligibility under Republic Act 1080 as amended by Republic Act 1344.
6. Clearance from the National Bureau of Investigation; Philippine National Police or Local Chief of Police.
7. A certificate of the Chief of Agency that the provisions on promotion and nepotism have been observed and funds are available.

Processing of Appointment Papers

Appointment papers shall be coursed through the following agencies:

Flow process of appointment papers:

a. Appointing Officer of the Chief of Hospital.
b. Director, Regional Health Office or Field Health Office (except for designated training and teaching hospitals)
c. Record Section, Department of Health for transmittal.
d. The Office of the Undersecretary of Health.
e. Office of the Secretary of Health.
f. The Records Section, Personnel Office.
g. Compensation and Position Classification Bureau.
h. The Civil Service Commission.
i. Record Section, Personnel Office, Department of Health.

Types of Appointments

Appointment in the Civil Service are either permanent or temporary.

a. Permanent Appointment

A permanent appoinment is issued to a person who possesses the appropriate Civil Service eligibility and have met the qualification requirements prescribed to fill the position. A permanent appointment may be original or through transfer, promotion, demotion, re-employment or re-instatement.

b. Temporary Appointment

A person who does not have an appropriate civil service eligibility but who possesses the other qualifications required to fill the may be given a temporary appointment. A temporary appointment shall not be more than twelve (12) months and the appointee may be replaced anytime a person who possesses the appropriate civil service eligibility and other qualifications for the position becomes immediately and actually available.

c. Substitute Appointment

It is a temporary appointment wherein an appointee replaces one who is on leave for a definite period of time.

Transfer

A transfer is a movement from one position to another which is of equivalent rank, level of salary, without break in service and involving the issuance of an appointment.

The transfer may be between hospitals to another or from one organizational unit to another in the same agency.

An employee who seeks appointment by transfer to another office shall first secure permission from the head of agency or department where she is employed.

The permission to seek transfer to another office granted to the employee shall be valid for another thirty (30) days from request of the employee.

The head of the agency shall not propose or make the appointment for the transfer of an employee to any department or agency until the written consent of the head of the agency where the employee is employed has been obtained.

Detail

A detail is the movement of an employee from a department or an agency to another which is temporary in nature and does not require the issuance of an appointment. Detail shall not be allowed outside of the original station more than three (3) months without the consent of the employee concerned.

Re-Assignment

It is the movement of an employee from the organization unit to another in the same department or agency which does not involve a reduction in rank, status or salary and does not require the issuance of an appointment.

Re-instatement

A person who has been permanently appointed in the classified service and who has, through no deliquency or misconduct been separated there from, upon the request of the proper officer and the certification of the Civil Service Commissioner be reinstated to a vacant position of a grade or class not higher than the one he has been separated from, subject to the conditions provided by law or existing civil service rules.

Re-employment

It is the re-appointment of a person who has been appointed permanently to a position in the career service and who has been separated as a result of reduction of forced re-organization.

CONDITIONS OF EMPLOYMENT

Tenure

Nursing personnel with civil service eligibility are given permanent positions after six months of satisfactory service to the institution. They hold their appointments permanently until such time when they are either prmoted to higher positions or transferred to other offices, reasigned or separated from the service either on optional retirement or reaching the automatic compulsory retirement age of 65.

Subsistence, Quarters & Laundry Allowance-Rep. Act 649

The Secretary of Health and Head of other departments of the government which employ nurses should give free quarters, and allowances and laundry to all nurses who are employed in the institution or hospital.

Effectivity of Appointment

Appointments shall become immediately effective upon the assumption of duties of the appointees entitling them to receive all the corresponding salaries and benefits. Unless otherwise provided by law, approval of appointments shall be a sufficient authority for the payment of salaries to the appointees.

Salaries

Wages are established on the basis of equal pay for equal work. To insure that the individual employee's salary rate is consistent with the job requirement and job performance, the Office of Compensation and Position Classification plans for various occupation groups.

Payroll deduction are made from the pay envelope as required by law. The deductions include insurance, retirement premiums, witholding tax, Medicare, and other authorized deductions as salary loans, policy loans and real estate loans.

Government Service Insurance System

Alll nursing personnel of the hospital are covered by the provisions of Republic Act No. 4968 and or R.A. 1146 providing for retirement insurance benefits in addition to life insurance benefits. The membership to this system is compulsory and shall be automatically issued, on the first day of the 7th calendar month she was appointed or on the first day, provided that her medical examination has been approved by the system. Money deductions from the pay envelope for this purpose is matched by the Hospital by an equal amount according to the rates set up by the Government Service Insurance System. As GSIS policy holders, they are eligible for benefits and privileges.

Retirement Insurance

Employees covered by compulsory insurance (GSIS) also enjoy retirement insurance regardless of age. A nurse may retire after rendering a total service of thirty (30) years and be entitled to a monthly annuity for life as computed by the GSIS.

She may also retire, regardless of age, if she has rendered at least twenty (20) years of service provided that she is physically disabled. Under this mode of retirement, she is entitled to a gratuity equivalent to one month salary for every year of service, based on the highest rate received, but not to exceed 24 months.

Retirement is automatic and compulsory at the age of 65 if the government employee has completed 15 years of service.

Termination of Employment - (Resignation or transfer)

The nursing employee seeking transfer to another agency or who voluntarily resigns from the service should notify in writing such intention to the Chief of Hospital through the Nursing Office at least one month prior to the effectivity of the resignation or transfer date. This will give the Chief Nurse an ample time to make the necessary adjustment of her staff and to secure a replacement as well as give the employee enough time to turn her responsibilities without interruption. A clearance paper must accompany the application. A statement of assets and liabilities should also be properly accomplished. An exit interview with the Chief Nurse and her assistant is desirable for evaluation and to ensure good relationships.

Leave Privileges

Leave of absence for one day or more is granted to employees for justifiable reasons. It is not a right but a privilege. These leaves and its application for the enjoyment of such privileges are governed by the Civil Service Rule XVI.

Vacation and Sick Leaves - Employees whether permanent, probational, or temporary, after six (6) months of continuous, faithful and satisfactory services shall be entitled to fifteen (15) days vacation and fifteen (15) days sick leave for each calendar year of service with full pay exclusive of Saturdays, Sundays and Public Holidays. The total vacation and sick leaves that can accumulate to the credit of an employee shall not exceed ten (10) months.

Accumulative Leave - Vacation and sick leaves can be accumulative. Any employee who resigns or is separated from the service shall be entitled to the computation of all accumulated vacation and/or sick leaves to his credit.

Transfer of Leave - When an employee transfers from one government agency to another, his unused vacation and/or sick leave credits shall likewise be transferred but not its corresponding monetary value.

Maternity Leave - Married women with permanent, probational or temporary appointment to the service in the government are entitled, in addition to vacation and sick leaves, pregnancy or maternity leave of sixty (60) days. PD No. 6 (Include New Labor Code).

Application for Leave:

a) Application for vacation leave or sick leave for one (1) full day or more shall be made on the prescribed Civil Service form No. 6.

b) Application for vacation leave shall be filed in advance, at least five (5) days before going on such leave.

c) Application for sick leave filed in advance, or exceeding five (5) days shall be accomplished by a medical certificate.

d) Sick leave is granted only on account of sickness on the part of the employees concerned or of any member of his immediate

JOB DESCRIPTIONS

DESCRIPTION OF FUNCTIONS
Code No. 090912

POSITION TITLE : NURSING ADVISER

Salary Grade:

Under Administrative Direction, provides consultative and advisory services to the Secretary of Health, undersecretaries, chiefs of hospitals/educators, and other health staff in all matters pertaining to Nursing and Nursing Services, and:

1. Formulates policies, guidelines and operational standards and techniques related to the improvement of nursing service:
2. Formulates plans and programs for nursing services;
3. Exercises technical supervision over chief nurses of government hospitals;
4. Evaluates the efficiency and effectiveness of hospital nursing services;
5. Coordinates with other bureaus, offices and other agencies to identify areas where nursing personnel can maximally contribute to the effective delivery of health care;
6. Provides training to field offices:
7. Conducts studies/researches to improve nursing care/service;
8. Conduct field visits to hospitals to determine problems and needs of nursing services and nursing personnel;
9. Conducts periodic dialogues, meetings/conferences with nursing service administrators and educators
10. Participates in various committees in the DOH; and,
11. Performs other functions as required

EDUCATION/TRAINING/EXPERIENCE REQUIREMENTS:

BSN, Master in Nursing. Five (5) years of progressive experience in Nursing Administration, Nursing Education and Research, Show evidence of outstanding performance in previously held position.

POSITION TITLE : HOSPITAL NURSING SPECIALIST/ NURSING PROGRAM SUPERVISOR NURSE V

1. Formulates standards and policies for hospital nursing services;
2. Assists in the formulation of plans, programs, guidelines and standard operating procedures for nursing services;
3. Renders advisory services to nursing service administrators and educators;
4. Conducts field visits to hospitals to determine problems and needs of nursing services and nursing personnel;
5. Monitors and evaluates nursing services;
6. Initiates/participates in research and training;

7. Assists the nursing consultant in various activities to improve operations and management of hospital nursing service;
8. Performs other related functions as required by the Office.

EDUCATION/TRAINING/EXPERIENCE REQUIREMENTS:

Masters degree in Nursing preferably with units in Administration supplemented by training in nursing service administration; with five (5) years of progressive experience in nursing practice as a supervisor or other related positions, experience in teaching/training and research, with outstanding performance in previously held position.

POSITION TITLE : CHIEF NURSE I-II-III-IV

A. DEFINITION : Chief Nurse is the executive head of the Nursing Service

B. JOB SUMMARY : Under Direction

Carries full administrative responsibility and authority for the entire nursing service of the Hospital; Participates in formulating hospital policies, in developing and evaluating programs and services; Assumes full authority and responsibility for development of nursing service policies; Organizes, directs, coordinates, evaluates activities of the Nursing Service Staff which allow for satisfaction and professional growth: Provides means and methods by which nursing personnel can interpret the goals and policies of hospital and nursing service to the patient and to the public; Initiates and directs studies, evaluates procedures for the improvement of nursing in relation to the total care of patients; Directs planning and implementation of staff development programs for different categories of nursing personnel; Directs nursing personnel in functions related to the clinical training program of nursing students and other affiliates; Prepares with her supervisory staff budget proposal for the nursing personnel; Defines job description for each category of nursing personnel; Recruits and recommends personnel for appointment, promotion or dismissal depending on staffing needs of the services.

C. QUALIFICATION REQUIREMENTS

1. Education: Masters Degree in Nursing
2. Training and Experience:
   a. Chief Nurse I-II: A minimum of three (3) years of nursing experience, one year of which has been spent in a supervisory position as a Senior Nurse, Supervisor and/or Assistant Chief Nurse. Demonstrated professional competence in clinical practice and administration. Completed Chief Nurse Training Course or its equivalent at least 15 units in public administration or course in nursing administration and supervision of at least 15 units leading to Master's Degree in Nursing.
   b. Chief Nurse III to IV: A minimum of five (5) years of nursing experience, three (3) years of which have been in a supervisory and/or Assistant Chief Nurse level. Demonstrated professional competence in clinical nursing and administration. Completed Chief Nurse Training Course Masters Degree in Nursing required.
3. Job Knowledge:

   Broad knowledge and understanding of principles of nursing practice based on physical, biological and social sciences and their application to nursing care for the solution of nursing problem. Adequate knowledge and understanding of the principles of supervision, administration and research. Thorough knowledge of the organizational structure of nursing service, as well as organization, functions, policies, regulations and procedures of hospital. Knowledge and experience in reconciling needs and goals of nursing practitioners, with the objective of nursing service and hospital as whole.

D. JOB RELATIONSHIPS:

1. Source of workers - Professional Nurses

E. SPECIFIC AND ACTUAL FUNCTIONS AND ACTIVITIES

1. Plans, organizes and supervises the nursing service in order to provide adequate nursing care to patients;
2. Coordinates all activities of the nursing service department with other services;
3. Prepares nursing service budget to provide adequate personnel, equipment and physical facilities needed and submits to Administrative Office;
4. Interviews and screens all applicants for the nursing service and evaluates their qualifications and experiences;
5. Observes and evaluates the performance of personnel, as well as analyzes and evaluates the nursing activities to determine whether they are meeting desired standards;
6. Formulates and recommends policies for improvement of patient care, participates in planning of personnel policies, and interprets to the Chief of Hospital the needs and interests of the nursing personnel;
7. Promotes individual growth and development by maintaining a program of staff education, conducts monthly meetings of nurses and nursing aides;
8. Promotes and maintains cordial relationship with patients, their families and the community and provides opportunities for nursing staff to work with other groups so that the aims of the hospital can be interpreted to mean good interpersonal and interdepartmental relationships;
9. Participates in the hospital's outreach program;
10. Participates in professional meetings as the representative of the nursing service personnel, and provides for healthful living conditions of nursing personnel;
11. Subject "to call" as the need arises;
12. Daily ward rounds. To gain an insight to the problems and needs as presented by the patient and the family, the nurses and other health disciplines;
13. Approves Schedule of Duties and Off Duties prepared by the Assistant Chief Nurse;
14. Signs Daily Time Records;
15. Performs other duties as required by the Chief of Hospital;
16. Attends seminars, workshops locally and nationally as the need arises

POSITION TITLE : SUPERVISING NURSE

Under supervision, assumes responsibility in the management of nursing care and services in OR wards, or:

1. Supervision of Patient Care
   - 1.1 Checks the Senior Nurse's plans for patient care and sees to it that they are properly executed.
     - 1.1.1 Keeps herself informed of patient's needs and problems.
     - 1.1.2 Reinforces health instructions given to patients and their families as the need arises.
     - 1.1.3 Verifies implementation of requests of referrals to evaluate continuity of care.
     - 1.1.4 Serves as consultant and adviser to the Senior Nurse in developing, devising and adopting work techniques and methods for the solution of problems related to patient care.

2. Personnel Management
    2.1 Interprets standard operating and new procedures and policies, reviews work performance of personnel to determine if it conforms to recognized standards.
    2.2 Plans the programs and work of all the nursing personnel of the unit.
    2.3 Directs arrangements of schedule of work hours, off-duties, vacation leaves, etc., of all nursing person not assigned in the unit.
    2.4 Evaluates work accomplished by each nursing employee in the ward.
    2.5 Prepares the plans for counselling of co-workers; this is done individually especially to personnel with problems - Example: Habitual absenteeism and alcoholism.
    2.6 Renders harmonious relationships and self-discipline among nursing personnel under her supervision.
3. Helps in providing an adequate and safe environment by guiding and helping Head Nurses in providing and maintaining a safe, orderly and clean environment for patient and personnel.
4. Helps in providing adequate supplies and equipment by:
    4.1 Determining the needs for supplies and equipment based upon past experience and future plans for programs of patient care;
    4.2 Making proper representation to the administration of the needs of the department;
    4.3 Coordinating with the specialty department (maintenance and property) to meet the needs for supplies and equipment for the department.

EDUCATION/TRAINING/EXPERIENCE REQUIREMENTS:

B.S.N. with (15) masteral units in Nursing; at least (2) years experience in supervision.

POSITION TITLE : SENIOR NURSE

Under direction, responsible for the administration and supervision of a particular nursing unit, or:

1. Makes patient rounds and sees to it that all patients in her ward get the necessary care;
2. Sees to it that all equipment are in order and properly kept and supplies are available;
3. Makes weekly schedules and daily assignment of her staff;
4. Checks and countersigns recording done by staff nurses;
5. Assists the clinical instructor, prepares student's assignments for their clinical experiences and assists in the evaluation of their performance;
6. Sees to it that doctor's orders are carried out properly and intelligently by the staff;
7. Plans and supervises all nursing activities in her ward;
8. Evaluates performance of her staff every six months;
9. Coordinates ward activities in the administration of nursing service with all other hospital services;
10. Directs and supervises activities of nonprofessional workers in the ward;
11. Participates in the orientation of new staff and nursing students;
12. Interprets hospital philosophy, objectives and policies to staff, patients and their families and students;
13. Represents her ward in the nursing service meetings and other hospital meetings when necessary;
14. Acts as supervising nurse when so delegated;
15. Renders direct nursing care if the unit is understaffed;
16. Supervises cleanliness and orderliness of the ward;

QUALITY ASSURANCE PROGRAM
CONTROL CHECK LIST #1

Unit ______________________ Date ____________ Time ____________

Concurrent Nursing Audit: Patient's Chart

Patient : ______________________________

Diagnosis: ______________________________

Directions : Check appropriate column:

COMMENTS	YES	NO	NA
Patient's Chart			
A. Formal:			
1. Correct sequence			
2. Laboratory results attached according to dates			
3. All sheets have appropriate headings, dated			
4. Intake and output records complete			
5. TPR complete and recorded every 24 hrs.			
B. DOCTOR's ORDERS			
1. Doctor's orders in generic name			
2. Orders are carried out, transcribed dated, timed and signed within one hour			
3. All verbal orders are countersigned by physicians within 30 minutes			
4. Standing orders are signed by Resident/consultant			
5. STAT orders are carried out, signed, timed, charted within half an hour			
6. Special procedures/referrals noted and accomplished within the shift.			
C. Nurse's Notes			
1. Nurse's admission notes are:			
a. Complete			
b. Legible			
c. Relevant			
2. Medications are charted in generics			
3. Patient's response to medications and treatments noted/charted			
4. Idiosyncrasies/allergies to food and drugs noted			
5. Unusual observations one properly noted			
6. Serious/critical patient's conditions are written in red.			
7. All entries are timed and signed legibly.			
8. Pre-op checklist accomplished			
GRAND TOTAL			

Noted

______________________ ______________________

Nurses on Duty — Quality Assurance Program Committee Members

QUALITY ASSURANCE PROGRAM
CONTROL CHECK LIST #2

Unit ______________________ Date ____________ Time ____________

Concurrent Nursing Audit: Patient's Chart

Patient : ______________________________

Diagnosis: ______________________________

Directions : Check appropriate Column: 1-meets criteria, 2-variations

COMMENTS ELEMENTS	COL. 1	COL. 2
1. Patient's Care		
A. Hygiene and Physical Comfort:		
1. Patient bathed either by NA and watched and skin-cared given.		
2. Patient's mouth clean		
3. Patient well groomed		
4. Special attention given to pressure or irritated areas		
5. Dressings clean/dry		
6. Patient's bed clean, straightened and kept dry		
7. Bedside tables arranged and clean		
B. Activities and Body Mechanics:		
1. Patient activity (dangling setting ups in chair, ambulatory executed		
2. Exercises given if indicated		
3. Patient's position conducive to recovery		
4. Patient turned as indicated		
5. Supports (feetboard, soundbags, pillow)		
6. Splints, slings applied correctly		
7. Patient understands reason for activity, etc.		
C. Rest and Sleep		
1. Quietness maintained at night and during rest period.		
2. Lighting controlled at all times		
3. Comfort measures (repositioning, listening used to induce sleep as rest.		
D. Safety		
1. Patient assisted during his initial activity after bed rest, 1st post-operations day		
2. Side rails up and in safe working condition		
3. Restraints used as needed and applied properly		
4. Safety precautions used for patients while in chairs or wheelchair if needed.		
5. Flowers dry/safe from hazards		
6. Patient and/or his family understand the proper isolation techniques and the reason for it.		
7. Contaminated articles (dressings, bed pans urinals, etc.) are cleaned- disinfected properly.		

COMMENTS	ELEMENTS	COL. 1	COL. 2
	8. Proper signs displayed for patient's safety (no smoking, with patient's with or administration)		
	9. Machines or electrical equipment at bedside properly-connected and maintained.		
	10. Precautionary measures used such as labelling drainage bottles (Thoracotomy tube)		
	11. WPO signs posted for patients with such orders.		
	E. Nutrition, Fluid and Electrolyte Balance:		
	1. Oral fluids given/restricted and recorded as indicated.		
	2. Fluids and foods within patient's reach.		
	3. Correct IV fluid with precise labelling is being administered at the proper rate.		
	4. Patient assisted adequately and promptly in eating if unable		
	5. Patient receive correct diet, measures taken to obtain change if ordered.		
	6. Patient and his family understood reason for the special diet, fluids, restriction and encouraged to follow the prescribed diet.		
	F. ELIMINATION		
	1. Measures instituted for the maintenance of proper bowel function		
	2. Urinary elimination property checked and recorded.		
	3. Bowel and bladder training initiated or continued		
	4. Perineal care given at least once to patients with catheter		
	5. Drainage tubes are properly connected and positioned		
	6. Ostomy bags properly applied, cleaned and changed as needed		
	7. Patient understands plan for elimination care.		
	G. Oxygen and Ventilation		
	1. Patient encouraged to turn cough and deep breath at designed intervals.		
	2. Oxygen therapy properly given (take humidity portion of catheter)		
	3. Suction equipment property set-up (clean outsides, completeness)		
	4. Tracheostomy patent and site clean.		
	5. Respirator used correctly		
	6. Patient and his family understood the reason for and the precautions to be used in respiratory therapy		
	H. Sensory		
	1. Eyeglasses, hearing aids, dentures etc., are properly cared for		
	2. Appropriate measures used for effective communications		

COMMENTS	ELEMENTS	COL. 1	COL. 2
I.	Meeting Emotional Needs		
	1. Patient treated with kindness		
	2. Patient oriented about the hospital, has been informed of mealtime, communication system, toilet facilities		
	3. Nurse listens to the patient, encourages questions and generally make the patient feel at ease		
	4. Nurse stays away from anxious fearful or very ill patients		
	5. Patient's family feel relatively at ease in the hospital setting and free to ask questions		
	6. Nurse notifies the patient's family and/or friends as indicated (request of patient, serious conditions, dying patient)		
	7. Dying patient and his family and friends treated with compassion		
J.	Considering Special of Spiritual Needs		
	1. Patient aware of the availability of religious counsel and services.		
	2. Priest, minister informed, if patient's condition is critical.		
	3. Protocol of the patient's religion observed by the staff.		
K.	Patient and Family Teaching		
	1. Patient teaching initiated		
	2. Family involved in the teaching as necessary		
	3. Person from other discipline utilized as indicated		
	4. Teaching is progressive and effective		
M.	Discharge		
	1. Proper plans for rehabilitation initiated		
	2. Patient to be discharged understood plan for his progressive activity and return to wellness.		
	3. Referrals made for home care		
	4. Other services of community agencies obtained		
	5. Family members included in the discharge planning		
	6. Members of the health team included in the discharge planning		
TOTAL	GRAND TOTAL		

Noted

____________________ Nurses on Duty

____________________ Quality Assurance Program Committee Members -

COMPREHENSIVE EVALUATION OF A NURSING SERVICE

	YES	NO	NA
I. Philosophy and Objectives:			
A. The philosophy of the Nursing Service is consistent with the philosophy of the hospital.	___	___	___
B. The philosophy of the Nursing Service is expressed in terms of a set of beliefs upon which objectives can be constructed and behavior directed.	___	___	___
C. The philosophy of the Nursing Service is in writing.	___	___	___
1. It has been developed through the cooperative efforts of representative members of the Nursing Service.	___	___	___
2. It is available to all members of the nursing staff.	___	___	___
3. It has been reviewed and accepted by administration.	___	___	___
D. Overall objectives of Nursing Service are in writing.	___	___	___
E. These are available to all members of the nursing staff.	___	___	___
II. Organization:			
A. There is a plan of organization designed to implement and to facilitate achievement of the nursing service.	___	___	___
The plan:			
1. Is written.	___	___	___
2. Describes the responsibility, authority, and accountability of the service.	___	___	___
3. Defines areas of responsibility for each category of nursing personnel.	___	___	___
B. There is a chart of organization of the Nursing Service.	___	___	___
1. To whom and for whom each person is responsible.	___	___	___
2. Channel of formal communication.	___	___	___
C. The organization chart was last reviewed or revised (answer one only)	___	___	___
1. Within the past year	___	___	___
2. Between one and three years ago	___	___	___
D. All members of the department are notified when changes are made in the plan of organization.	___	___	___

	YES	NO	NA
III. Policies:			
A. All of the Nursing Service policies are in writing.	___	___	___
B. Each specialized area of Nursing Service has a policy manual.	___	___	___
C. Policy and reference materials are kept in an accessible place in all patient care and other units of the Nursing Service.	___	___	___
D. There are written policies and procedures to guide evening, night and weekend supervisors in their administrative policies.	___	___	___
E. There is an established procedure for informing personnel when there is a change of policy.	___	___	___
F. There are written hospital policies available to the Nursing Service regarding:			
1. Admission and discharge of patients.	___	___	___
2. Visiting hours	___	___	___
3. Patient transfers	___	___	___
4. Clergy service	___	___	___
5. Handling of valuables	___	___	___
6. Use of recreational facilities	___	___	___
7. Consent for operation and treatment.	___	___	___
8. Records and Reports including statistics	___	___	___
G. There are written hospital policies regarding:			
1. Doctors' orders	___	___	___
2. Administration of medicines	___	___	___
3. Placement of patients on selective care units	___	___	___
4. Isolation	___	___	___
5. Disturbed patients	___	___	___
6. Cadavers	___	___	___
IV. Staffing:			
A. A master staffing plan has been established.	___	___	___
B. A staffing plan for each patient care unit has been established.	___	___	___
C. A system of patient classification according to needs for nursing has been established.	___	___	___
1. Patients are categorized daily according to needs for nursing care.	___	___	___
2. Effort is made to adjust staffing daily according to patient classification.	___	___	___

	YES	NO	NA
D. The services of a registered professional nurse to give nursing care is available for all patients on a 24-hour basis.	___	___	___
E. The approved number of positions are filled-up.	___	___	___
F. Copies of the time schedule are posted in the nursing unit.	___	___	___
G. Nursing personnel are notified of the time schedule (answer one only).	___	___	___
1. Less than a week before the start of the schedule.	___	___	___
2. One week or more before the start of the schedule	___	___	___
H. Staffing is adequate	___	___	___
V. Patient Care Management:			
A. Standardized procedures for nursing care have been established	___	___	___
1. Procedures are written	___	___	___
2. Copies are available in all patient care units.	___	___	___
3. Procedures are reviewed at least annually.	___	___	___
B. A system of control of nursing care of patients has been established.	___	___	___
1. The management of nursing care of patients include:			
a. Meeting the patient on admission to the nursing unit by the responsible nurse.	___	___	___
b. Conferring with the patient's doctor about the plan of care.	___	___	___
c. Utilizing the nursing process in the care of patients	___	___	___
d. Assigning tasks to be performed to the appropriate personnel	___	___	___
e. Adjusting to patient's changing needs.	___	___	___
f. Evaluating nursing care	___	___	___
C. The head nurse in every unit makes nursing rounds of all patients everyday.	___	___	___
D. Regular nursing conferences are held in all patient care units	___	___	___
They include discussion of:			
1. Problems in the delivery of nursing care	___	___	___
2. Organizational/unit matters	___	___	___
3. Personnel	___	___	___

	YES	NO	NA
E. There is a system established to report, investigate, and correct:	___	___	___
1. Incidents involving medication and treatment errors	___	___	___
2. Incidents involving accidents to patients	___	___	___
F. There is a regular nursing audit.	___	___	___
G. There is an evidence of a multi-disciplinary approach to the planning, implementation and evaluation of patient care.	___	___	___
1. There is a system of discharge planning.	___	___	___

VI. In-service Education

	YES	NO	NA
A. There is a planned in-service educational program for staff development of all nursing personnel.	___	___	___
B. The in-service education programs are accredited by the PNA	___	___	___
C. There is a person designated to be responsible for the direction of the in-service education program.	___	___	___
This is:			
1. A full time responsibility	___	___	___
2. A part-time responsibility	___	___	___
D. Her functions are clearly defined.	___	___	___
E. There is a mechanism for the identification of learning needs of nursing personnel.	___	___	___
F. There is a procedure for evaluation and revision of the in-service education program.	___	___	___
G. Professional and supervisory personnel understand the role of the person responsible for the in-service education program.	___	___	___
H. There is a planned program to send key personnel to continuing education programs outside the hospital.	___	___	___
I. Employees who attend outside meetings/continuing education programs report on their experiences so that others can also benefit.	___	___	___
J. Professional staff members are encouraged to join and participate in the activities of their professional organizations.	___	___	___
K. Selected members of the department are being prepared for administrative and supervisory positions through planned leadership and management development programs.	___	___	___
L. There is a library of nursing literature available to staff members.	___	___	___

	YES	NO	NA
VII. Personnel Management:			
A. The roles and responsibilities of the following are clearly defined:	___	___	___
1. Chief Nurse	___	___	___
2. Assistant Chief Nurse	___	___	___
3. Supervisors	___	___	___
4. Head nurses	___	___	___
5. Staff nurses	___	___	___
6. Nursing attendants	___	___	___
B. There are written job descriptions.	___	___	___
They include:			
1. Job title and unit	___	___	___
2. Brief summary of the primary functions of the job	___	___	___
3. Educational and experience requirements of the job	___	___	___
4. Physical requirement of the position	___	___	___
5. Skills required	___	___	___
6. Specific duties to be performed	___	___	___
7. Hours of work	___	___	___
8. To whom the person in the position reports	___	___	___
C. The written job description for the chief nurse or director of nursing service clearly defines ability and authority	___	___	___
D. There is an established procedure for the evaluation of employee's performance periodically	___	___	___
If yes,			
1. The evaluation is written.	___	___	___
2. It is reviewed with each employee	___	___	___
E. There is a personnel file for each member of the nursing service.	___	___	___
F. There is an established standard of content for all personnel records.	___	___	___
Each employee's record contains:			
1. Employment application	___	___	___
2. Record of physical examination	___	___	___
3. Employee incident report(s)	___	___	___
4. Salary information	___	___	___
5. Employee performance evaluation	___	___	___
6. Changes in employment status	___	___	___
7. Educational achievements	___	___	___

	YES	NO	NA
G. There is an orientation program for new members of the Nursing Service staff.	___	___	___
If yes, It includes:			
1. Introduction to the overall physical setting	___	___	___
2. Overview of the philosophy, goals, and standards of the hospital and nursing service.	___	___	___
3. Explanation of hospital relationship with the community	___	___	___
4. Description of the departmental plan of organization for the hospital	___	___	___
5. Interpretation of hospital and departmental policies and procedures	___	___	___
6. Review of the responsibilities of each personnel category	___	___	___
7. Interpretation of the individual's job description.	___	___	___
8. A review of personnel policies and of the evaluation procedure.	___	___	___
9. Introduction of heads of offices and other members of the health team.	___	___	___
H. There are written policies regarding:			
1. Qualification for appointment and assignment of the nursing staff.	___	___	___
2. Orientation of new staff members	___	___	___
3. Personnel records	___	___	___
4. Reports and evaluations of performance	___	___	___
5. Benefits and conditions of work	___	___	___
6. Nursing Audit	___	___	___
7. Employees' health	___	___	___
8. Nursing committees and meetings	___	___	___
9. Nursing records	___	___	___
10. Continuing education	___	___	___
11. Nursing personnel activities	___	___	___
12. Environments in which nursing personnel work and patients receive care with particular emphasis on infection control and patient safety.	___	___	___
13. Grievance procedure	___	___	___
14. Relationship with other disciplines and departments	___	___	___
15. Employee recognition program for outstanding performance and achievements	___	___	___
16. Provisions that make job meaningful	___	___	___

	YES	NO	NA
I. The personnel policy manual is presented to new employees	___	___	___
J. There is an exit interview for personnel who resign from service.	___	___	___
K. Employees file their resignation at least one month before date of effectivity.	___	___	___
VIII. Financial Management:			
A. The Chief Nurse/Director of Nursing participated in the preparation of budget	___	___	___
B. The Chief Nurse/Director of Nursing receives reports of the department's operations showing actual budgets and expenditures.	___	___	___
C. The Chief Nurse/Director of Nursing is consulted with regard to capital expenditures for nursing facilities and equipment	___	___	___
D. A schedule of rates and charges is available to all nursing units.	___	___	___
IX. Facilities, Supplies and Equipment:			
A. There is a formalized system for the maintenance of supplies for the patient care units.	___	___	___
B. There is written procedure for securing supplies and equipment at times when the supply room is closed.	___	___	___
C. Storage areas for supply are spot-checked for overstocked, understocked, obsolete or damaged supplies.	___	___	___
D. Each patient unit has a list of equipment for which it is responsible.	___	___	___
E. Trays for general use are standardized.	___	___	___
F. Special equipment such as inhalation and oxygen equipment are stored in safe but easily accessible place not is use.	___	___	___
G. There are safeguards for the storage of special equipment	___	___	___
H. There is an established list of "floor stock" drugs stored in the nursing units.	___	___	___
If yes,			
1. Standard levels have been established	___	___	___
2. This stock is inspected periodically by a registered pharmacist.	___	___	___
3. Inventory is maintained by pharmacy	___	___	___

	YES	NO	NA
I. Nursing personnel are familiar with the control to be exercised over narcotics and dangerous drugs.	___	___	___
J. The Director of Nursing or her representative participates in the selection of supplies and equipment to be used by the Nursing Service.	___	___	___
She receives information which includes:			
1. Price	___	___	___
2. Quality	___	___	___
3. Performance characteristics	___	___	___
4. Availability of maintenance service	___	___	___
K. Manufacturer of technical equipment are asked to provide instruction to employees on the proper use of equipment	___	___	___
L. Each individual employee has been instructed as to his part in the event of fire.	___	___	___
If yes,			
1. This includes practical instruction in the use of fire-fighting equipment.	___	___	___
2. There is a regular fire drill in the hospital.	___	___	___
X. Relationships with the Medical Staff:			
A. Members of the medical staff are informed about the objectives and policies of the Nursing Service.	___	___	___
B. Nursing personnel are familiar with appropriate policies, rules and regulations of the medical staff.	___	___	___
C. There is a joint committee of doctors, nurses, and hospital administration which is concerned with patient care.	___	___	___
D. Nursing Service is represented in the following committees of the medical staff.	___	___	___
1. Emergency room	___	___	___
2. Infection control	___	___	___
3. Pharmacy	___	___	___
4. Others, specify	___	___	___
______________________	___	___	___
______________________	___	___	___
______________________	___	___	___
______________________	___	___	___

	YES	NO	NA
E. The Department of Nursing participates in the orientation of new medical staff.	___	___	___
F. Medical staff members participate in the in-service education program for nursing personnel.	___	___	___
G. Nurses join physicians in patient rounds.	___	___	___
XI. Inter-departmental Relationships:			
A. Relationships of the Department of Nursing with other hospital department provide for:			
1. Meeting with department heads to keep them informed about significant developments or changes on a regular basis.	___	___	___
2. Clarification of departmental areas of responsibility.	___	___	___
3. Established procedures.	___	___	___
B. Relationships with maintenance and service departments provide for:			
1. Inspections of the patient care units for:			
a. Cleanliness	___	___	___
b. Repair	___	___	___
c. General appearance	___	___	___
2. A definition/clarification of responsibilities of housekeeping personnel on the patient care units	___	___	___
3. An established procedure for:			
a. Delivery of clean linen to the patient care unit.	___	___	___
b. Removal of soiled linen from the patient care unit.	___	___	___
C. Relationships with pharmacy department including written procedures with designated responsibility for:			
1. Requisitioning pharmacy supplies	___	___	___
2. Scheduling tests and services.	___	___	___
XII. Reporting:			
A. There is a system of administrative records and reports established.	___	___	___
B. The Chief Nurse or Director of Nursing Service submits regular reports to the chief or director of hospital in writing.	___	___	___
If yes,			
1. Nursing personnel, actual number of resignees, number of absences and leaves	___	___	___

	YES	NO	NA
2. Equipment and supplies	___	___	___
3. Incident reports	___	___	___
4. Accomplishments	___	___	___
4.1 Patient care	___	___	___
4.2 Training/continuing education	___	___	___
4.3 Research	___	___	___
4.4 Extension services	___	___	___
4.5 Affiliation	___	___	___
5. Problems of the Nursing Service	___	___	___
6. Action taken	___	___	___
7. Recommendations	___	___	___
C. There is an agenda for every committee meeting within the Nursing Service.	___	___	___
D. There are minutes of all the committee meetings within the Nursing Service.	___	___	___

PERFORMANCE APPRAISAL SYSTEM FOR NURSING PERSONNEL

I. INTRODUCTION

The Performance Appraisal System for nursing personnel is essentially a simple but workable device for the conduct of performance evaluation and is made consistent with the goal of the nursing practice. Basically, it adheres to the policies laid down by the Civil Service Commission in its Memorandum Circular No, 12 series of 1989.

II. OBJECTIVES

1. To provide opportunity for self-motivated growth and development for each nursing personnel.
2. To assist both supervisor and subordinates in appraising individual contributions to the organization's effectiveness.
3. To provide a base in the adoption of standards of acceptable level of performance for every nursing position and facilitate congruence between achievement and reward.

III. POLICY GUIDELINES:

1. This Performance Appraisal system shall be made an integral part of the personnel management and development program of the hospital/institution.
2. Nursing personnel shall be given appropriate recognition for the merit of their performance and their contributions to efficiency and economy in the operation of the institution and their service to mankind.
3. Each employee shall be periodically advised of his progress/efficiency (research, training/teaching).
4. The system shall provide opportunity for supervisors to make comments/recommendations on the performance of nursing personnel.
5. Appropriate training/staff development opportunities shall be continuously provided to keep employees abreast of the recent trends and advances in technology for the effective performance of nursing tasks.

IV. BASIC COMPONENTS OF THE SYSTEM:

A. Bases for Evaluation

The system of evaluating nurses in the performance of their functions requires an in-depth analysis of structures and processes involved in the Nursing Service. Much as we want to look into the performance outputs of this occupational group, it cannot be denied that the basis for evaluation shall start from the inputs or activities in the function.

The nursing personnel shall be rated on two (2) factors: Part I, the Performance Factor is given a weight of 75% and Part II, the Critical Factors which affect the nurses' performance with 25%.

Part I includes the following factors:

a. Nursing Care which shall involve activities relative to the responsibilities (major and minor) of the nurse and;

b. Patient Care outcomes which shall involve the targeted degree of improvement and/or the desired effects achieved by the patient.

* This paper was adapted from the Performance Appraisal System prepared by the Civil Service Commission.

The rating instrument may make use of the detailed activities of nurses, vis-a-vis, patient care outcomes as their performance indicators or standards.

Part II shall include nursing behavior and/or other critical dimensions required in the performance of nursing functions.

Incentive Factor:

1. To provide incentives to nurses, plus factor of 1 shall be given to those who:
   a. have submitted a research paper which will greatly contribute to the improvement of patient care provided the following conditions are met:
      - the research work is submitted within the rating period to a panel of authority who shall render the proper judgement to the paper as to its acceptability and usability to the nursing service;
      - there is no rating below satisfactory in all the areas for evaluation; and
      - the research study is implemented in the institution; and/or
   b. In a critical incident have demonstrated a high degree of competence, dependability, composure and maturity of judgement, which can be attested by the supervisor and co-workers.

   The additional point score, however, is given only once regardless of the number of research papers accepted and the occurrence of critical incidents. It shall be added to the ratee's equivalent numerical rating.

2. The staff nurse and the nursing attendant who are given a patient load greater than the standard or desired ratio (this has to be determined in every institution) should be given additional or incentive points.

   Ward Setting

* additional 5-patients	.33
* additional 6-10 patients	.66
* more than 10 patients	1.00

B. Procedure

The performance appraisal procedure shall be as follows:

1. Discussion of Job Description

   At the beginning of each rating period, not later than the second week of January or as the case may be, the supervisor and employee should meet to discuss the latter's function, the content of the employee's job to which these functions should be the norm of behavior to be observed. Discharge of his duties and functions for each item should be collectively the nursing personnel.

2. Contract of Performance

   After agreement with his immediate supervisor, the employee and the supervisor shall sign the Contract of Performance. The Contract shall be the basis in the assessment at the end of the rating period.

   There shall be three (3) copies of the contract: the ratee shall keep the original: the duplicate for the rater and the triplicate for the next higher supervisor.

3. Review of Objectives/Results

   In the progress of the employee's performance, a continuous analysis of its effects in nursing care should be done. Whenever necessary, the supervisor and the subordinate employee shall have a dialogue on any modification/revision in the plan of care necessary to improve nursing care. Any revision shall be reflected on the progress notes and the Remarks Column of the Contract of Performance.

4. Discussion of Results

At the end of the evaluation period, the supervisor and employee should meet to discuss the employee's efforts to meet his commitments previously established.

In checking the results, the supervisor should do all he can to assist the employee. This assistance may take the form of:

- Coaching
- Training
- Counselling
- Reassignment

C. Manner of Rating

Outstanding. An employee shall be given this rating if he gets an average of 5 or higher. Note that it is possible to get a rating higher than the highest point in the 5-point scale because of the incentive points that the employee may earn. It means an extraordinary level of work performance and sterling behavior within the organization.

Very Satisfactory. An employee shall be given this rating if he gets a grade of 4 or higher (but below 5). Note that only employees with outstanding and very satisfactory performance shall be considered for promotion.

Satisfactory. An employee shall be given this rating when he meets the standard or minimum requirements of the position. This means a rating of 3 or higher (but below 4).

Unsatisfactory. An employee shall be given this rating when his score is 2 or higher (but below 3) or when his performance falls short of the minimum requirement. With close supervision, an employee is expected to improve in the next rating period.

Poor. An employee shall be given this rating when he gets a score lower than 2 or when he fails to meet performance requirements and there is no evidence to show that he can improve his performance. A rating of poor shall be a ground for an employee's separation from service.

D. Rating Period

Performance Appraisal shall be made semi-annually, one from January to June and the other from July to December. However, initial ratings for new employees or those on probationary status shall be made upon completion of the first three (3) months of service, and the second three (3) months.

Performance reports shall be made on the prescribed form and submitted to the Administrative/Personnel Officer within 15 days after each rating period.

E. The Rater

As a general rule, a Head/Senior Nurse or a Staff Nurse, or any person performing nursing functions shall be rated by his immediate supervisor, subject to review or concurrence by the next higher supervisor. He/She shall also be allowed to rate himself/herself.

V. Responsibilities

1. Supervisors

Each supervisor shall be responsible for:

a. Identifying/defining the significant responsibilities of the position.

b. Evaluating performance on a continuing basis and keeping nursing personnel informed on how they are measuring up to the objectives/targets set.

c. Providing opportunity for advancement within the institution.

d. Insuring that all rating reports are submitted to the head of the Administrative/ Personnel Office concerned within 15 days after each rating period.

2. Training Officers

The training officer (or the supervisor) of the hospital concerned shall periodically conduct training courses for raters and ratees on the effective implementation of this Performance Appraisal System for Nurses. The assistance of the Human Resources Development Officer and/or the Civil Service Commission in the preparation and conduct of such training may be sought.

VI. Right to Appeal

Since the employee's performance rating may influence many vital personnel decisions affecting him, the ratee has the right to appeal if he is not satisfied with the supervisor's evaluation.

Within 15 days from receipt of his copy of the performance appraisal report, an employee who is dissatisfied with the rating given him may appeal his case through the duly established Grievance Committee of the Office.

The raters who give undue advantage or disadvantages to people they rate shall be appropriately dealt with in accordance with Civil service Memorandum Circular No. 30 s.1989.

VII. Effectivity

The Performance Appraisal System for Nursing Personnel takes effect on the first rating period of 1991.

PERFORMANCE EVALUATION
STAFF NURSE (NURSE I)

Name ______________________________ Performance Period ______________

This evaluation is made to appraise the strengths and weaknesses of the staff nurse. Opportunity will be given for self-evaluation and for a conference to discuss the rating. The evaluator should write the appropriate number in the appropriate box for each factor. Space is provided under "comments" for discussion.

Scoring guide

- 5 - Outstanding
- 4 - Very satisfactory
- 3 - Satisfactory
- 2 - Unsatisfactory
- 1 - Poor
- NA - Not applicable

	JAN MAR	APR JUN	JUL SEP	OCT DEC
I. DUTIES AND FUNCTIONS				
A. ASSESSMENT				
1. Establishes rapport				
2. Obtains nursing history				
3. Performs physical assessment				
4. Identifies subjective and objective problems of patients				
5. Detects abnormalities from the assessment and results of diagnostic examinations and reports.				
6. Establishes nursing diagnosis				
B. PLANNING				
1. Prioritizes needs/problems of patients.				
2. Formulates NCP				
a. defines objectives of nursing care				
b. develops alternatives				
C. IMPLEMENTATION				
1. Carries out plan of care				
2. Administers prescribed medication				
3. Administers prescribed treatment				
4. Gives health teachings to patients				
5. Conducts ward classes				
6. Provides social, emotional-psychological and spiritual support.				
7. Maintains a therapeutic environment.				
D. EVALUATION				
1. Evaluates effects of nursing				
2. Notifies immediate superiors of unusual, untoward, difficult situations/conditions				
3. Revises plan of care as necessary				

	JAN MAR	APR JUN	JUL SEP	OCT DEC
II. RECORDING				
1. Records assessment, interventions and evaluation of nursing care				
III. WORK BEHAVIOR/PROFESSIONAL VALUES				
1. Attendance				
2. Punctuality				
3. Honesty				
4. Professional integrity				
5. Working relationships with other members of the team				
6. Relationship with clients				
7. Public relations/courtesy				
8. Grooming				

COMMENTS:

GOALS FOR THE NEXT EVALUATION PERIOD
(Specific areas of concern)

1. Ratee

2. Rater

Final Rating	______________________		
Rater's Signature	______________________	Date	______________
CONFORME :	______________________ Ratee	Date	______________
CONCUR :	______________________ Chief Nurse	Date	______________

PERFORMANCE EVALUATION
SENIOR NURSE (NURSE II)

Name ________________________________ Performance Period ______________

This evaluation is made to appraise the strengths and weaknesses of the senior nurse. Opportunity will be given for self-evaluation and for a conference to discuss the rating. The evaluator should write the appropriate number in the appropriate box for each factor. Space is provided under "comments" for discussion.

Scoring guide

- 5 - Outstanding
- 4 - Very satisfactory
- 3 - Satisfactory
- 2 - Unsatisfactory
- 1 - Poor
- NA - Not applicable

	JAN MAR	APR JUN	JUL SEP	OCT DEC
I. DUTIES AND FUNCTIONS				
A. PLANNING AND ORGANIZING				
1. Assists in the development/ revision of applicable policies, procedures and standards in her unit.				
2. Analyzes and determines staffing needs in her unit				
3. Determines patient care needs in her unit				
4. Assists in determining amounts and kinds of equipment and supplies.				
B. DIRECTING				
1. Assumes responsibility for staff and personnel				
2. Assumes responsibility for patient care in her unit				
3. Delegates to subordinate/Gives assignments				
4. Implements policies, procedures and standards				
5. Follows-up and assists personnel in the performance of their duties.				
6. Participates in promoting growth and development of personnel				
7. Inspects work/patient care areas for cleanliness, comfort and safety				
8. Conducts health education activities				
9. Refers patients/personnel/ units needs and problems to appropriate offices/persons				
10. Acts as advocate for her patients and staff				
11. Coordinates with other hospital departments/services/ units and other agencies.				
C. CONTROLLING				
1. Evaluates policies, procedures and standards				
2. Evaluates performance of personnel				

	JAN MAR	APR JUN	JUL SEP	OCT DEC
3. Recommends personnel actions such as disciplinary action and promotion				
4. Conducts monthly inventory of ward properties, supplies and materials				
5. Participates in nursing audit				
6. Prepares and submits reports				
D. OTHER RESPONSIBILITIES				
1. Ensures compliance				
2. Communicates with physicians and other members of the health regarding patient care				
3. Communicates with the incoming shift on the status of the ward and patients				
4. Renders direct nursing care if necessary				
II. PROFESSIONAL VALUES/WORK BEHAVIOR				
1. Attendance				
2. Punctuality				
3. Honesty				
4. Professional integrity				
5. Working relationships with other members of the team and subordinates				
6. Relationship with clients				
7. Public relations				
8. Grooming				

COMMENTS:

GOALS FOR THE NEXT EVALUATION PERIOD
(Specific areas of concern)

1. Ratee

2. Rater

Final Rating ______________________________

Rater's Signature ______________________________ Date ____________________

CONFORME : ______________________________ Date ____________________
Ratee

CONCUR : ______________________________ Date ____________________
Chief Nurse

PERFORMANCE EVALUATION
SUPERVISING NURSE (NURSE III)

Name ______________________________ Performance Period ______________

This evaluation is made to appraise the strengths and weaknesses of the supervising nurse. Opportunity will be given for self-evaluation and for a conference to discuss the rating. The evaluator should write the appropriate number in the appropriate box for each factor. Space is provided under "comments" for discussion.

Scoring guide

- 5 - Outstanding
- 4 - Very satisfactory
- 3 - Satisfactory
- 2 - Unsatisfactory
- 1 - Poor
- NA - Not applicable

I. DUTIES AND FUNCTIONS				
A. PLANNING AND ORGANIZING				
1. Assists in the development/revision of applicable policies, procedures and standards.				
2. Analyzes and determines staffing needs				
3. Participates in promoting growth and development of personnel				
4. Determines amount and kinds of equipment and supplies needed for her clinical area.				
B. DIRECTING				
1. Assumes responsibility for her staff and personnel				
2. Delegates to subordinates				
3. Gives patient care assignments				
4. Encourages peer's and supervisee's participation in problem-solving and decision-making				
5. Appraises her superior of the significant needs/problems and action taken				
6. Implements policies procedures and standards				
7. Follows-up, observes and assists personnel in the performance of their duties				
8. Conducts nursing research in her area of supervision				
C. CONTROLLING				
1. Makes rounds and inspects work areas for cleanliness, safety and comfort and provides assistance when necessary.				
2. Manages resources				
3. Participates in the Quality Assurance Program of the Nursing Service				
3.1 Assess the quality of nursing care given to clients				

	JAN MAR	APR JUN	JUL SEP	OCT DEC
3.2 Discuss with supervisee problems and possible solutions				
3.3 Evaluates the results of interventions				
4. Evaluates and counsels personnel				
5. Recommends personnel actions such as promotion, transfer, suspension, and resignation				
6. Complete/submits/reports projects/assignments				
II. PERSONAL VALUES/WORK BEHAVIOR				
1. Attendance				
2. Punctuality				
3. Honesty				
4. Professional integrity				
5. Professional growth and development				
6. Working relationships with peers/superiors				
7. Working relationships with subordinates				
8. Relationships with clients				
9. Public relations				
10. Communication				

COMMENTS:

GOALS FOR THE NEXT EVALUATION PERIOD
(Specific areas of concern)

1. Ratee

2. Rater

Final Rating ______________________________

Rater's Signature ______________________________ Date ____________________

CONFORME : ______________________________ Date ____________________
Ratee

CONCUR : ______________________________ Date ____________________
Chief Nurse

PERFORMANCE EVALUATION NURSING ATTENDANT

Name ______________________________ Performance Period ________________

This evaluation is made to appraise the strengths and weaknesses of nursing attendants. Opportunity will be given for self-evaluation and for a conference to discuss the rating. The evaluator should write the appropriate number in the appropriate box for each factor. Space is provided under "comments" for discussion.

Scoring guide

- 5 - Outstanding
- 4 - Very satisfactory
- 3 - Satisfactory
- 2 - Unsatisfactory
- 1 - Poor
- NA - Not applicable

	JAN MAR	APR JUN	JUL SEP	OCT DEC
I. DUTIES AND FUNCTIONS				
1. Performs direct patient care				
a. Assists in the admission/transfer/discharge of patients				
b. Assists the patients in maintaining their personal hygiene				
c. Gives TB, applies icepacks/cold-hot compress				
d. Positions patients				
e. Gives simple skin care to back and other pressure areas				
f. Assists patients in performing motion exercises				
g. Gives perineal care				
h. Performs concurrent and terminal disinfection				
i. Performs post-mortem care				
2. Provides safe and therapeutic environment				
a. Ensures the cleanliness of the patient's linen				
b. Adjusts bedside rails for the patient's safety				
c. Serves and removes bedpans, urinals, emesis basin as needed				
d. Maintains patient's immediate environment clean and orderly				
e. Passes fresh water and keeps this within the patient's reach				
f. Does other assigned housekeeping duties				
3. Assists in the preparation of patients for treatment, examination and surgery				
a. Gives simple enema				
b. Collects specimens (urine, stool, sputum), labels specimens				

	JAN MAR	APR JUN	JUL SEP	OCT DEC
c. Send specimen to laboratory				
d. Assists physician with minor procedures and physical examination of patients				
e. Ensures privacy during procedures				
4. Takes records and reports				
a. TPR and weight				
b. Oral intake and urinary output				
5. Answers all calls from patients				
6. Checks and maintains equipment, instruments, linens, and other ward supplies				
II. PERSONAL VALUES/WORK BEHAVIOR				
1. Attendance				
2. Punctuality				
3. Honesty				
4. Working relationships with other team members				
5. Public relations				
6. Courtesy				
7. Grooming				

COMMENTS:

GOALS FOR THE NEXT EVALUATION PERIOD
(Specific areas of concern)

1. Ratee

2. Rater

Final Rating ____________________

Rater's Signature ____________________ Date _______________

CONFORME : ____________________ Date _______________
Ratee

CONCUR : ____________________ Date _______________
Chief Nurse

NURSING SERVICE MONTHLY REPORT FORM

Region/Province: ______________________________

Name of Hospital: ______________________________

Date Accomplished: ______________________________

Address: ______________________________

Bed Capacity: ____________ Bed Occupancy(%) : ____________

I. NURSING PERSONNEL

CATEGORY	AUTHORIZED	ACTUAL
Chief Nurse	________	________
Asst. Chief Nurse	________	________
Supervisor	________	________
Senior Nurse	________	________
OR Nurse	________	________
Staff Nurse	________	________
Nursing Attendant	________	________
Ward Clerk	________	________
Others, Specify ________	________	________
________________	________	________
________________	________	________
TOTAL	________	________

II. PERSONNEL RECORD: (For last month)

1. Attendance	Number of Personnel	Number of Days
1.1 Absence without leave	________	________
1.2 Vacation leave	________	________
1.3 Sick leave	________	________
1.4 Maternity leave	________	________
TOTAL	________	________

2. Resignation and Hiring of Nurses ____________
   - 2.1 Number of Nurses who resigned last month ____________
   - 2.2 Number of Nurses who were hired last month____________
3. Resignation and Hiring of Nursing Attendants
   - 3.1 Number of Nursing Attendants who resigned last month ____________
   - 3.2 Number of Nursing Attendants who were hired last month____________

4. Number of Nursing Personnel who attended continuing education programs (in-service or outside) ____________

TOPICS	DATE	NO. OF HOURS

II. EQUIPMENT AND SUPPLIES

1. Are there new equipment to be used by nursing personnel? _____ YES _____ NO
   - 1.1 What are these? ____________________
   - 1.2 Date of Acquisition: ____________________
   - 1.3 Do you know how to operate these? _____ YES _____ NO
2. Do you have ADEQUATE budget for the following supplies per month:

	YES	NO
Medical	___	___
Housekeeping	___	___
Office	___	___

III. REPORTS

1. What were the reports by the nurses last month?

Name of Report	Who prepared the Report	Frequency	Submitted to

IV. INCIDENT REPORTS (For the past 6 months, summarize the number and nature of problems/incidents written about)

____

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V. ACCOMPLISHMENTS

A. Patient Care

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B. Training/Continuing Education Programs/Activities

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C. Research

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D. Extension Services

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E. Number of Students affiliating in the hospital (last month)

1. Nursing ______________
2. Midwifery ______________

VI. PROBLEMS OF NURSING SERVICE:

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VII. ACTIONS TAKEN:

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VIII. RECOMMENDATIONS

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NOTE: The Bi-Annual Reports are just a collation of the monthly reports.

CONTRACT OF PERFORMANCE
(Rating Period: ________)

Name of Employee: ____

Position: ____

(Incorporate the Performance Stands for Part I and Part II)

I fully agree with the performance standards set by the Nursing Service I understand that:

a. These are the minimum requirements that I have to comply with the promotion;
b. Only employees with outstanding and very satisfactory performance shall be considered for promotion.
c. Two consecutive unsatisfactory ratings shall be a ground for separation from service;
d. A rating of poor shall be ground for separation from service;
e. I have the right to appeal my case to the duly established Grievance Committee of the hospital;
f. I have to submit my written appeal within 15 days from receipt of my performance rating;

I promise to do my best to improve the quality of nursing care rendered to all patients assigned to me.

____

Signature

SAMPLE COMPUTATION:

STAFF NURSE

Part I 20 items X 5 (highest possible score); exclude not applicable (NA) items

20 X 5 = 100

(75%)

= 100/20 = 5

= 5 X 75 = 3.75

Part II 8 items X 5 (highest possible score)

= 8 X 5 = 40

= 40/8 = 5

= 5 X 25 = 1.25

Total - 5

Plus

Incentive point - .15

5.15 = Outstanding

MC NO. 30s. 1989

MEMORANDUM CIRCULAR

To : ALL HEADS OF DEPARTMENTS, BUREAUS AND AGENCIES OF NATIONAL AND LOCAL GOVERNMENTS, STATE COLLEGES AND UNIVERSITIES, INCLUDING GOVERNMENT-OWNED AND CONTROLLED CORPORATIONS WITH ORIGINAL CHARTERS.

SUBJECT : Guidelines in the application of Penalties in Administrative Cases.

Administrative offenses provided for under, the Civil Service Law (Presidential Decree No. 807) and the Code of Conduct (Republic Act No. 6713), classified into grave, less grave, and light and their corresponding penalties are:

	1st Offense	2nd Offense	3rd Offense
A. GRAVE OFFENSES			
1. *Dishonesty	Dismissal		
2. *Gross Neglect of Duty	Dismissal		
3. *Grave Misconduct	Dismissal		
4. *Being notoriously undesirable	Dismissal		
5. *Conviction of a crime	Dismissal		
6. *Falsification of official documents	Dismissal		
7. *Physically or mental incapacity or disability due to vicious habits	Dismissal		
8. *Engaging directly or indirectly in partisan political activities	Dismissal		
9. *Receiving for personal use of a fee, gift or other valuables when such fee, gift or other connection there-with when such fee gift or other valuable was given by any person in the hope of expecting or receiving a favor or better treatment than that accorded to other persons, or committing acts punishable under the anti- graft laws.	Dismissal		
10. *Contracting loans of money or other property from persons with whom the office or the employee has business relations	Dismissal		
11. **Soliciting or accepting directly or indirectly, any gift, gratuity, favor, entertainment	Dismissal		
12. **Disloyalty to the Republic of the Philippines and to the Filipino people	Dismissal		
13. *Oppression	Suspension 6 mos. 1 day 1 year	Dismissal	

	1st Offense	2nd Offense	3rd Offense
14. *Disgraceful and immoral conduct	Suspension 6 mos. 1 day 1 year	Dismissal	
15. *Inefficiency and incompetence in the performance of official duties	Suspension 6 mos. 1 day 1 year	Dismissal	
16. *Frequent unauthorized absences or tardiness in reporting for duty loafing or frequent unauthorized absences from duty	Suspension 6 mos. 1 day 1 year	Dismissal	
17. *Refusal to perform official duty	Suspension 6 mos. 1 day 1 year	Dismissal	
18. *Gross insubordination	Suspension 6 mos. 1 day 1 year	Dismissal	
19. *Conduct grossly and indirectly having financial and material interest in any transaction requiring the approval of his office. Financial and material interest is defined as pecuniary or proprietary interest by which a person will gain or lose something.	Suspension 6 mos. 1 day 1 year	Dismissal	
20. **Owning, controlling, managing or accepting employment as officer, counsel, broker, agent, trustee, or nominee in any private enterprise regulated, supervised or licensed by his office, unless expressly allowed by law.	Suspension 6 mos. 1 day 1 year	Dismissal	
21. **Engaging in the private practice of his profession unless authorized by the Constitution, law or regulation, provided that such practice will not conflict with his official functions.	Suspension 6 mos. 1 day 1 year	Dismissal	
22. **Disclosing or misusing confidential or classified information officially known to him by reason of his office and not made available to the public, to further his private interests or give undue advantage to anyone, or to prejudice the public interests	Suspension 6 mos. 1 day 1 year	Dismissal	
23. **Obtaining or using any statement filed under the Code of conduct and Ethical Standards for Public Officials and Employees for any purpose contrary to morals or public policy or any commercial purpose other than by news and communications media for dissemination to the general public.	Suspension 6 mos. 1 day 1 year	Dismissal	

	1st Offense	2nd Offense	3rd Offense
B. LESS GRAVE OFFENSES			
1. *Simple neglect of duty	Suspension 6 mos. 1 day 6 mos.	Dismissal	
2. *Simple misconduct	Suspension 1 mo. 1 day 6 mos.	Dismissal	
3. *Gross discourtesy	Suspension 1 mo. 1 day 6 mos.	Dismissal	
4. *Gross violation of course of official duties	Suspension 1 mo. 1 day 6 mos.	Dismissal	
5. *Insubordination	Suspension 1 mo. 1 day 6 mos.	Dismissal	
6. *Habitual drunkenness	Suspension 1 mo. 1 day 6 mos.	Dismissal	
7. *Nepotism as defined in Sec. 49 of Presidential Decree No. 807	Suspension 1 mo. 1 day 6 mos.	Dismissal	
8. **Recommending any person to any position in a private enterprise which has a regular or pending official transaction with his office, unless such recommendation or referral is mandated by (1) law, or (2) international agreements, commitment and obligation, or as part of the function of his office.	Suspension 1 mo. 1 day 6 mos.	Dismissal	
9. **Unfair discrimination in rendering public service due to party affiliation or preference	Suspension 1 mo. 1 day 6 mos.	Dismissal	
10. **Failure to file sworn statements of assets, liabilities and net worth and disclosure of business interest and financial connections including those of their spouses and unmarried children under eighteen (18) years of age living in their households.	Suspension 1 mo 1 day 6 mos.	Dismissal	
11. **Failure to resign from his position in the private business enterprise within thirty (30) days from assumption of public office when conflict of interest arises, and/or failure to divest himself of his shareholdings or interest in private business enterprise within sixty (60) days from such assumption of public office when	Suspension 1 mo. 1 day 6 mos.	Dismissal	

	1st Offense	2nd Offense	3rd Offense
conflict of interest arises: Provided, however, that for those who are already in the service and a conflict of interest arises, the official or employee must either resign or divest himself of said interest within the periods herein above provided, reckoned from the date when the conflict of interest had arisen.			
C. LIGHT OFFENSES			
1. *Neglect of duty	Reprimand	Suspension 1-30 days	Dismissal
2. *Discourtesy in the course of official duties	Reprimand	Suspension 1-30 days	Dismissal
3. Improper or unauthorized solicitation of contributions from subordinate employees and by teachers or school officials from school children.	Reprimand	Suspension 1-30 days	Dismissal
4. Violation of reasonable office rules and regulations	Reprimand	Suspension 1-30 days	Dismissal
5. Gambling prohibited by law	Reprimand	Suspension 1-30 days	Dismissal
6. Refusal to render overtime service	Reprimand	Suspension 1-30 days	Dismissal
7. Disgraceful, immoral or dishonest conduct prior to entering the service	Reprimand	Suspension 1-30 days	Dismissal
8. *Borrowing money by superior officers from subordinates	Reprimand	Suspension 1-30 days	Dismissal
9. *Lending money at usurious rates of interest	Reprimand	Suspension 1-30 days	Dismissal
10. *Willful failure to pay just debts or willful failure to pay taxes due to the government	Reprimand	Suspension 1-30 days	Dismissal
11. *Pursuit of private business, vocation or profession without the permission required by Civil Service Rules and Regulations	Reprimand	Suspension 1-30 days	Dismissal
12. *Lobbying for personal interest or gain in legislative halls and offices without authority	Reprimand	Suspension 1-30 days	Dismissal
13. *Promoting the sale of tickets on behalf of private enterprises that are not intended for charitable or pubic welfare purposes and even in the latter cases if there is no prior authority	Reprimand	Suspension 1-30 days	Dismissal
14. **Failure to act promptly on letters and requests within (15) days from receipt, except, as otherwise provided in the rules implementing the Code of Conduct and Ethical Standards for Public Officials and Employees.	Reprimand	Suspension 1-30 days	Dismissal

	1st Offense	2nd Offense	3rd Offense
15. **Failure to process documents and complete action on documents and papers within a reasonable time from preparation thereof, except as otherwise provided in the rules implementing the Code of Conduct and Ethical Standards for public officials and employees.	Reprimand	Suspension 1-30 days	Dismissal
16. **Failure to attend to anyone who wants to avail himself of the services of the office, or act promptly and expeditiously on public transactions.	Reprimand	Suspension 1-30 days	Dismissal

*Offenses under Presidential Decree No. 807

The penalty of Forced Resignation may be imposed instead of dismissal.

The penalty of Transfer, or demotion, or fine may be imposed instead of Suspension from 1 month 1 day to 1 year.

The penalty of fine may be imposed instead of suspension from 1 day to 1 month.

**Offenses under Republic Act No. 6713

Only one penalty shall be imposed for each case. "Each case" means one administrative case which may involve one or more charges or counts.

In the determination of penalties to be imposed, mitigating and aggravating circumstances may be considered.

If the respondent is found guilty of two or more charges or counts, the penalty imposed should be that corresponding to the most serious charge or count and the rest may be considered as aggravating circumstances.

The second or the third offense committed need not be the same offense previously committed but any offense of the same classification.

The penalty of dismissal shall carry with it cancellation of eligibility, forfeiture or leave credits and retirement benefits, and the disqualifications for reemployment in the government service.

The penalty of forced resignation shall carry with it forfeiture of leave credits and retirement benefits, and the disqualifications for employment in the government service for a period of one year. However, where the resignation contains conditions or disqualification regarding reemployment in a class of position, the respondent shall be disqualified for reemployment to such positions.

All Circulars, issuances inconsistent with this Memorandum Circular are deemed superseded.

THIS CIRCULARS SHALL TAKE EFFECT IMMEDIATELY.

Quezon City, July 20, 1989

PATRICIA A. STO. TOMAS
Chairman

DISCIPLINARY CALL SLIP

Date of Issue: ______________________ Time of Issue: ______________________

Issued to: ______________________ Div./Dept. ______________________

Issued by: ______________________ Div./Dept. ______________________

Complaint or Violation

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Certified Correct ____

Action Taken

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Supervisor

Blue-Administrative
Yellow-Medical Staff
Pink-Nursing Service
Green-Research Division

____

Date

SAMPLE OF A SKILLS TRAINING COURSE

Training Course for Nursing Attendants

I. RATIONALE

One of the major thrusts of the Office for Hospital and Facility Services (OHFS) is the upgrading of manpower resources.

During the past years, development of health manpower was focused mainly on physicians, nurses and other allied health professionals.

The nursing attendants of hospitals in the Department of Health under the supervision of the Nursing Service, play an equally vital role in the delivery of delegated nursing procedures in order to attain the delivery of quality patient care. They are likewise expected to meet the standard requirements for the effective and efficient performance as an extension of the nursing functions.

II. OBJECTIVES

A. General Objective

To strengthen the nursing attendant's capabilities in the performance of their functions.

B. Specific Objectives

At the end of the course, the nursing attendants are expected to:

1. Clarify and discuss the roles and functions of nursing attendants.
2. Demonstrate proper aseptic techniques.
3. Perform delegated procedures in taking accurate measurement of vital signs.
4. Explain procedures on health teaching related to patient.
5. Perform techniques in transporting patient from the ward to other units.
6. Demonstrate ability to assist nursing staff by performing tasks related to patient care.
7. Discuss and apply the mechanics of CPR during emergencies.
8. Appreciate the need for improving values and attitudes.
9. Identify the legal implications of the procedures performed.
10. Explain the importance of proper recording.

III. COURSE OUTLINE/CONTENT

1. Orientation to the course and setting expectation.
2. Roles and functions of the nursing attendants in a hospital setting.
3. Prevention and control of infection.
   - 3.1 Housekeeping
     - 3.1.1 Cleaning and dusting
       - a. Nurses station
       - b. Windows and equipment
       - c. Articles (glasswares, rubber sheets, gloves, rubber tubings, catheters, stainless steel)

3.1.2 General arrangement of the unit
   a. Patient beds
   b. Bedside table
3.1.3 Bed making
   a. Empty bed
   b. Surgical bed
   c. Occupied bed

3.1.4 Care of linen (after discharge)
3.1.5 Care of bed (after discharge)

3.2 Asepic Technique
   a. Handwashing
   b. Boiling equipment and instruments
   c. Packing and handling sterile articles

3.3 Values and Attitudes reorientation, legal issues

4. Patient care
   4.1 Admission
      a. Vital signs (temperature, pulse, Resp BP)
      b. Height and weight measurements
      c. Physical care (personal hygiene)
         1. Oral hygiene
         2. Sponge bath
         3. Alcohol rub
         4. Grooming

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY
Manila

May 9, 1991

DEPARTMENT CIRCULAR
No. 83 s. 1991

TO	:	The NCR, CAR, Regional/Bureau/Project Service Directors, Chief of Offices/ Special and Specialty Hospital sunder the Office of the Secretary, the Medicare, the Dangerous Drugs Board and others concerned.
SUBJECT	:	Memorandum Circular No. 14 dated April 23, 1991 of the Civil Service Commission

Enclosed for information, ready reference and guidance, is a copy of Memorandum Circular No. 14 dated April 23, 1991 of the Civil Service Commission prescribing the Dress Code for all government officials and employees when reporting for work in line with RA 6713 and in order to maintain modesty and proper decorum in the Civil Service.

Strict compliance herewith is enjoined.

(SGD.) **ALFREDO R.A. BENGZON, M.D.**
Secretary of Health

Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY
Manila

September 21, 1989

DEPARTMENT CIRCULAR
No. 184 s. 1989

TO	:	The NCR, Regional Health/Bureau/Project Directors, Chiefs of Offices/Services/ Special and Specialty Hospitals under the Office of the Secretary, the Medicare, the Dangerous Drugs Board and others concerned.
SUBJECT	:	National Budget Circular No. 410 dated April 28, 1989

Enclosed for information, ready reference and guidance, is a copy of National Budget Circular No. 410 dated April 28, 1989 issuing rules and regulations implementing Memorandum Order No. of the Office of the President on the rendition and payment of overtime services.

All concerned are hereby enjoined to be guided accordingly.

(SGD.) **ALFREDO R.A. BENGZON, M.D.**
Secretary of Health

CERTIFIED TRUE COPY:

GREGORIA V. BAUTISTA
Chief, Records Section
Department of Health

Republic of the Philippines
DEPARTMENT OF BUDGET AND MANAGEMENT
Malacañang, Manila

NATIONAL BUDGET CIRCULAR NO. 410
28 April 1989

TO : All Heads of Departments, Bureaus, Agencies and Offices and Regional Directors of the National Government including those of State Universities and Colleges and Government-Owned and/or Controlled Corporations.

SUBJECT : Rules and Regulations implementing Memorandum Order No. 228 on the rendition of overtime services with pay.

1.0 In general, overtime work should be avoided by adequate planning of work activities. It should not be resorted to in the performance of regular routine work and activities except in cases when unforeseen events and emergency situations will result in any of the following:

1.1 Cause financial loss to the government or its instrumentalities:

1.2 Embarrass the government due to its inability to meet its commitments; or

1.3 Negate the purposes for which the work or activity was conceived.

2.0 Specific activities for which necessary overtime with compensation may be authorized include the following:

2.1 Completion of infrastructure and other projects with set deadlines when due to unforeseen event(s) the deadline cannot be met without resorting to overtime work;

2.2 Relief, rehabilitation, reconstruction and other related work or services during calamities and disasters;

2.3 Work related to school graduation/registration where the additional work cannot be handled by existing personnel during regular working hours;

2.4 Work involving the preparation for, and administration of, government examination including the prompt correction and release of results thereof where existing personnel are not adequate to handle such work during regular working hours;

2.5 Seasonal work such as budget preparation and rendition of annual reports to meet scheduled deadlines;

2.6 Preparation of special financial accountability reports required occasionally by central monitoring agencies like the Congress of the Philippines, Office of the President, Commission on Audit, Department of Budget and Management, National Economic Development Authority;

2.7 The provision of essential public services during emergency situations, such as power and energy, water, distribution and control of basic staples, communication and transportation, medical and health services, peace and order and security;

2.8 Implementation of special program/projects embodied in presidential directives and authorizations, and with specific dates to complete which are in the nature of additional work of personnel with other regular duties; and

2.9 Services rendered by drivers and other immediate staff of officials authorized to have such staff support when they are required to keep the same working hours as their superior.

3.0 Payment of Overtime Compensation

3.1 Overtime services rendered in all departments, bureaus, offices and agencies of the national government, including state universities and colleges, government-owned and/or controlled corporations and local government units shall be compensated as follows:

3.1.1 As a general rule, the total amount of overtime compensation which may be allowed an employee for a given calendar year shall not exceed fifty percent (50%) of his basic salary;

3.1.2 Overtime compensation by the hour shall be computed on the basis for the authorized monthly basic salary of the officer or employee authorized to render overtime services;

3.1.3 Meal allowance in kind at P20.00 per meal may be granted to officials and Employees who have rendered at least three (3) hours of overtime service before meal time;

3.1.4 Availment of the meal allowance in kind herein authorized under paragraph 3.1.2 above.

4.0 Official and Employees not Entitled to Overtime Pay

4.1 The payment of overtime service contemplated herein shall not apply to officials occupying positions enumerated hereunder:

4.1.1 Department Secretaries

4.1.2 Department of Undersecretaries

4.1.3 Department Assistant Secretaries

4.1.4 Bureau Directors and Regional Directors

4.1.5 Assistant Bureau Directors and Assistant Regional Directors

4.1.6 Department Service Chiefs and Assistant Department Service Chiefs

4.1.7 Positions of equivalent category as those above-mentioned in State Universities and Colleges, Local Government Units and in government owned and/or controlled corporations.

4.2 Additionally, since intermediate positions have been allowed and created in-between the above enumerated positions in the existing organizational structure/staffing pattern of government agencies, government-owned and/or controlled corporations, state universities and colleges and local government units, and in as much as these positions involve coordinative and integrative functions and in some cases incumbents of these positions exercise general supervision over line divisions and units, incumbents of said positions are likewise exclude from receiving overtime compensation authorized herein;

4.3 Officials and employees on assignment with special projects and are paid honoraria, allowances and other forms of compensation are also barred from receiving overtime compensation. All such honoraria, allowances and other forms of compensation shall be considered as their full compensation in lieu of overtime pay; provided, that the total amount received by an individual in a given calendar year as additional compensation from special projects shall not exceed 50% of his annual basic salary.

5.0 Authority to Render Overtime Service with Compensation

5.1 Request for authority to render overtime service with additional compensation by the hour shall be submitted and approved by the Department Secretary or equivalent officer concerned and or his authorized representative. Said requests shall state, among others, the following:

5.1.1 Purpose - The purpose must be specific and must be supported whenever possible, by a memorandum instructions or other documents containing the job requisition or order.

5.1.2 Duration - The duration shall be definite; it shall be directly and reasonably proportional to the scope, magnitude, importance and complexity of the work to be accomplished and shall not extend beyond the scheduled date of completion.

5.1.3 List of employees - The names, positions and assigned tasks of those who will render overtime service shall be enumerated. The number shall be justifiable considering the expected output and time allotted to finish the job. The positions of those listed and their assigned duties and responsibilities shall be directly related to the work to be done.

5.1.4 Justification - It shall show the urgency and necessity of the overtime service and the adverse consequences that may arise if not approved.

5.1.5 Source of Fund - Only savings from appropriations for personal services (01) to the extent of not more than five percent (5%) of the agency/office actual payroll for personal services may be used for this purpose.

6.0 Funding and Cost Limitation

6.1 The funding source for overtime pay shall be out of savings from personal services appropriation of the agencies concerned.

6.2 Total overtime payments made in any given calendar year shall not exceed five percent (5%) of the agency/office actual payroll for personal services; provided, that allowances drawn for actual official expenses incurred in special projects shall be excluded from the said ceiling.

7.0 All provisions of Circular Letter dated November 18, 1977 on "Payment of Overtime Compensation" implementing Letter of Instructions (LOI) No. 565 that are inconsistent with the provisions of Memorandum Order No. 228 as implemented by this Circular Letter are hereby repealed or modified accordingly.

8.0 Cases not clearly covered by Memorandum Order No. 220 and this Circular Letter shall be referred to the Commission on audit for resolution.

9.0 This Circular Letter shall take effect on April 1, 1989.

(SGD.) **GUILLERMO N. CARAGUE**
Secretary
Department of Budget
and Management

Republic of the Philippines
Department of Health
PHILIPPINE CHILDREN'S MEDICAL CENTER
Quezon Avenue, Quezon City

28 December 1991

MEDICAL CENTER CIRCULAR
No. 41-A s.1991

TO : Deputy Directors, Heads of Department, Division and Section

SUBJECT : GUIDELINES FOR OVERTIME PAY OF NURSING SERVICE PERSONNEL

Pursuant to Department Circular No. 184 dated September 21, 1989 and National Budget Circular No. 410 s. 1989 dated April 28, 1989 this Medical Center hereby prescribes the following guidelines for overtime pay for Nursing Service personnel:

1. Any personnel scheduled on pay off or holiday, if requested to relieve another personnel who goes on emergency leave, AWOP or to reinforce staffing to supplement nursing care of critically ill patients or increase in patient census shall be paid in cash in accordance with existing guidelines.
2. Any number of duty hours in excess of the regular eight duty hours (exclusive of meal time), will be paid overtime only for the following reasons:
   - 2.1 When a patient arrests and there's only one incoming nurse.
   - 2.2 When there are examinations to be done in Radiology, Diagnostic Laboratory and other agencies where a nurse/midwife/nursing attendant companion is required.
   - 2.3 Recommended by the out-going supervisor and approved by the Head, Nursing Services for reasons such as to reinforce staffing, to relieve another personnel who for just reason was granted request for an undertime and the like.
   - 2.4 During natural calamities such as earthquake, floods, etc.
3. Overtime pay in Operating Room and perinatology will be based on the following:
   - 3.1 Scheduled surgery which started on time but reasonable cause, operating time had to be extended and for which in-coming personnel on duty cannot cope with the work load.
   - 3.2 When simultaneously there are patients in the labor room and the post-partum nurse is also monitoring high-risk patient/s in the ward.
   - 3.3 When the established ratio (1:2) of nurse to incubated patients is exceeded.
4. Personnel working overtime in response to service needs shall enjoy at least one rest day a week.

5. Other overtime work rendered by supervisors/higher level positions or any other NS personnel will be evaluated accordingly and recommended by Deputy Director for Nursing Services for final decision of the Executive Director.
6. OVERTIME WORK shall be approved by Deputy Director for Nursing Services or designated during office hours and by the area Nursing Supervisor after office hours, Saturdays, Sundays, and Holidays.

For guidance.

LILLIAN V. LEE, M.D.
Executive Director

Distribution:
"A"

CHECKLIST FOR A NURSING SERVICE

There is/are:	YES	NO
1. A written statement of philosophy and objectives which is in consonance with those of the hospital. It is well disseminated to the nursing personnel.	___	___
2. A written organizational chart on display.	___	___
3. A written job description of all nursing personnel.	___	___
4. A master staffing plan.	___	___
5. A nursing service budget	___	___
6. A manual of Nursing Service Administration	___	___
7. A Manual of Nursing Procedures	___	___
8. A staff development program (for all nursing personnel)	___	___
9. A nursing research program (nursing researches)	___	___
10. A Quality Assurance Program Nursing Audit	___	___
11. A Nursing Library	___	___
12. A systematic recording and reporting system	___	___
- Kardex	___	___
- Monthly Reports	___	___
- Annual Reports	___	___
- Minutes of meetings	___	___
- Attendance records	___	___
13. A profile of all nursing personnel.	___	___
14. Exit interview	___	___

STATEMENT ON A PATIENT'S BILL OF RIGHTS

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information and to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care program.
6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.
7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services.
8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned and any professional relationships among individuals, by name, who are treating him.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment (and) has the right to refuse to participate.
10. The patient has the right to expect reasonable continuity of care.
11. The patient has the right to examine and receive an explanation of his bill regardless of source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

FORMS

NAME OF HOSPITAL ADDRESS	HOSP. CODE MED. RECORD NO.

ADMISSION AND DISCHARGE RECORD

PATIENT'S NAME: (Last) (Given) (Middle)	WARD/SERVICE

PERMANENT ADDRESS:	TEL. NO.	SEX ☐ M ☐ F	CIVIL STATUS ☐S ☐D ☐Sep ☐M ☐W

BIRTHDATE	AGE	BIRTH PLACE	NATIONALITY	RELIGION	OCCUPATION

EMPLOYER (Type of Business)	ADDRESS	TEL.NO.
FATHER'S NAME	ADDRESS	TEL. NO.
MOTHER'S (MAIDEN) NAME	ADDRESS	TEL. NO.

ADMISSION: DATE: TIME:	DISCHARGE: DATE: TIME:	TOTAL NO. OF DAYS	ATTENDING PHYSICIAN

TYPE OF ADMISSION: ☐ NEW ☐ OLD ☐ FORMER OPD	REFERRED BY: (Physician/Agency)

SOCIAL SERVICE CLASSIFICATION: ☐ A ☐ B ☐ C ☐ D

ALERT: ALLERGIC TO	HOSPITALIZATION PLAN COMPANY/INDUSTRIAL NAME:	HEALTH INSURANCE NAME:	MEDICARE: ☐ SSS ☐ GSIS

DATA FURNISHED BY:	ADDRESS OF INFORMANT	RELATION TO PATIENT

ADMISSION DIAGNOSIS:	ICD CODE NO.
PRINCIPAL DIAGNOSIS:	☐☐☐☐☐
OTHER DIAGNOSIS:	☐☐☐☐☐
PRINCIPAL OPERATION/PROCEDURE:	☐☐☐☐☐
OTHER OPERATION(S) PROCEDURE(S):	☐☐☐☐☐
ACCIDENT/INJURIES/POISONING (E CODE) __________	☐☐☐☐☐
PLACE OF OCCURENCE	☐☐☐☐☐

DISPOSITION	RESULTS:		ATTENDING PHYSICIAN
☐ DISCHARGE:	☐ RECOVERED	☐ IMPROVED	
☐ TRANSFERED:	☐ DIED	☐ UNIMPROVED	____________ M.D.
☐ DAMA:	☐ -48 HOURS	☐ AUTOPSY	Signature
☐ ABSCONDED:	☐ +48 HOURS	☐ NO AUTOPSY	

HOSPITAL NAME: ______		HOSPITAL CODE: ______
SURNAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| GIVEN NAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	AGE |_|_|_| SEX ☐ M ☐ F	HOSPITAL NO. |_|_|_|_|_|_|_|_| WARD/RM. |_|_|_|_|_|_|_|_|

HISTORY

GENERAL DATA & PATIENT PROFILE

PRESENT COMPLAINT:

PAST HISTORY: (PREVIOUS ILLNESSES AND OPERATIONS)

FAMILY HISTORY:

OCCUPATION AND ENVIRONMENT:

DRUG THERAPY:

Alcohol (gm/day)

Tobacco

Drug Allergies

Other Allergies

SYSTEMS REVIEW:

GENERAL

SKIN

EENT

MUSCULOSKELETAL

RESPIRATORY

CARDIOVASCULAR

GASTROINTESTINAL

GENITOURINARY

FEMALE-REPRODUCTIVE

NERVOUS

PAST DISEASES: (Including treatment and its duration, Hospitalizations and Operations)

HISTORY OF CANCER (Type, Site and Treatment)

PTB ______________________ Others: ______________________

ASTHMA ______________________ ______________________

CANCER ______________________ ______________________

HOSPITAL NAME:______________________		HOSPITAL CODE:________
SURNAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| GIVEN NAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	AGE |_|_|_| SEX ☐ M ☐ F	HOSPITAL NO. |_|_|_|_|_|_|_| WARD/RM. |_|_|_|_|_|_|_|

PERSONAL AND SOCIAL HISTORY:

CONDITION ON ADMISSION:

BP ____________ CR ____________ RR ____________ TEMP. ____________

PHYSICAL EXAMINATION

NOTE: All positive findings, and all important negative findings

SKIN

HEAD-EENT

LYMPH NOTES

CHEST

Lungs:

Cardiovascular:

BREAST

ABDOMEN

RECTUM

GENITALIA

MUSCULOSKELETAL

EXTREMITIES

NEUROLOGICAL

ADMITTING IMPRESSION:

by: ______________________
(Admitting OPD Resident/
Attending Physician)

WORKING DIAGNOSIS/DIAGNOSIS:

by: ______________________
(Ward Resident-in-Charge/
Attending Physician)

Officially Referred from/to ______________________
(Name of Hospital or Agency)

History by: ______________________
(Signature over Printed Name)

Done on: ______________________
(Time and Date)

HOSPITAL NAME:		HOSPITAL CODE:
SURNAME GIVEN NAME	AGE SEX ☐ M ☐ F	HOSPITAL NO. WARD/RM.

NURSES NOTES AND TREATMENT RECORD

DATE	SHIFT	SIGNATURE

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

DOCTOR'S ORDER/NURSES COMPLIANCE SHEET

(Authenticate all Orders)

C - Carried
E - Endorsed
A - Administered
D - Discontinued
R - Request made

Date Time	ORDER	C	A	R	E	D	Time Posted Signature

HOSPITAL NAME:		HOSPITAL CODE:
SURNAME GIVEN NAME	AGE SEX ☐ M ☐ F	HOSPITAL NO. WARD/RM.

LABORATORY REPORT/RESULT

17

16

15

14

13

12

11

10

9

8

7

6

5

4

3

2

(Attach first laboratory result on this line)

HOSPITAL NAME:		HOSPITAL CODE:
SURNAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	AGE |_|_|_|	HOSPITAL NO. |_|_|_|_|_|_|_|
GIVEN NAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	SEX ☐ M ☐ F	WARD/RM. |_|_|_|_|_|_|_|

PROGRESS NOTES

DATE	Progress notes should provide a summary of the condition of the patient on admission and chronological record of the patient's progress. They should record consultations, complications, conditions of surgical wounds, development of infection, removal of sutures and drains, use of casts or splints, and any other pertinent data. Notes should conclude with a final summary of the case with condition on discharge.

NAME OF HOSPITAL

ADDRESS

SURNAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	AGE |_|_|_|	HOSPITAL NO. |_|_|_|_|_|_|_|
GIVEN NAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	SEX ☐ M ☐ F	WARD/RM. |_|_|_|_|_|_|_|

PROGRESS NOTES
REHABILITATION MEDICINE
Occupational, Physical,
Speech Pathology, & Orthotics

DATE & SERVICE	

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM:

DISCHARGE SUMMARY

Date Admitted: ______________________ Date of Discharge: ______________________

Attending Physician: ______________________

Admitting Diagnosis: ______________________

Final Diagnosis: ______________________

Chief Complaints: ______________________

Brief Clinical History and Pertinent P.E.: ______________________

Laboratory Findings:(Including EKG, X-ray and other diagnostic procedures)

Course in the Ward: (Include medications)

Disposition: (Indicate home medication, special instruction and follow-up)

Date Accomplished

Resident In-charge

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

DIABETIC RECORD SHEET

DATE	TIME	URINE		BLOOD SUGAR	INSULIN OR ORAL AGENT ETC.	COMMENTS; REACTIONS,	SIGNATURE
		SUGAR	REACTION				

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

ANTI-COAGULANT THERAPY RECORD

Date	Patient Time	Control Time	% Activity	% Control	Lee White Coag.Time	Medication (Dosage)	Time Given	Signature

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

VITAL SIGNS RECORD

DATE:

TIME	BP	T	P	R	INTAKE ORAL	INTAKE N/G	INTAKE I.V.	INTAKE BLOOD	INTAKE MISC	OUTPUT URINE	OUTPUT N/G	OUTPUT STOOL	OUTPUT EMESIS	OUTPUT MISC	SPEC GRAV.	CVP

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

PULMONARY LABORATORY
BLOOD GAS ANALYSIS

CLINICAL IMPRESSION:

REQUESTING PHYSICIAN:

DATE	TIME	PH	PCO_2	BEEC	BE	HCO_3	TCO_2	PO_2	O_2ST	O_2CT	FO_2	VT	RR

NORMAL VALUE

pH	-	7.35 - 7.45	HCO_3	-	21- 22 mmol
PCO_2	-	35 - 45 nnHG	TCO_2	-	24 - 30 mmol
BE	-	-2 - +2 mmol	PO_2	-	90 - 100 mmHG
BB	-	46 - 54 mmol	O_2ST	-	94 - 100%

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	|_|_|_|	|_|_|_|_|_|_|_|
GIVEN NAME	SEX	WARD/RM.
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	☐ M ☐ F	|_|_|_|_|_|_|_|

PULMONARY FUNCTION TEST

HEIGHT	STANDARD	WEIGHT BEFORE BROCNCHODILATOR	BSA AFTER BROCNCHODILATOR
PVC			
FEV 1.0 SEC.			
M M E F R			
D F			

INTERPRETATION

DOCTOR: ______________________

DATE: ______________________

NAME OF HOSPITAL

ADDRESS

SURNAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	AGE |_|_|_|	HOSPITAL NO. |_|_|_|_|_|_|_|
GIVEN NAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	SEX ☐ M ☐ F	WARD/RM. |_|_|_|_|_|_|_|

FLUID INTAKE AND OUTPUT CHART

DIAGNOSIS: ______________________________

____

DATE: ________ INTAKE OUTPUT

TIME	ORAL	PARENTERAL	TOTAL
7 - 3			
3 - 11			
11 - 7			
TOTAL			

URINE	DRAINAGE	OTHERS	TOTAL

DATE: ________ INTAKE OUTPUT

TIME	ORAL	PARENTERAL	TOTAL
7 - 3			
3 - 11			
11 - 7			
TOTAL			

URINE	DRAINAGE	OTHERS	TOTAL

DATE: ________ INTAKE OUTPUT

TIME	ORAL	PARENTERAL	TOTAL
7 - 3			
3 - 11			
11 - 7			
TOTAL			

URINE	DRAINAGE	OTHERS	TOTAL

DATE: ________ INTAKE OUTPUT

TIME	ORAL	PARENTERAL	TOTAL
7 - 3			
3 - 11			
11 - 7			
TOTAL			

URINE	DRAINAGE	OTHERS	TOTAL

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

PARENTERAL FLUID SHEET

DATE	TIME Started	Type of Solution, Rate, Site Mode of Adm., Size & Kind - Needle/Cannula	Started By	Medication Added By	AMT. INF	Time Disc By	REMARKS

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

INTRAVENOUS FLUID SHEET

DATE	SHIFT	BOT. NO.	KIND OF SOLUTION	VOL.	GTTS.	TIME STRD. CONS.	REMARKS	NURSE SIG.

____
NAME OF HOSPITAL

____
ADDRESS

NOTIFICATION SLIP FOR OPERATION

DATE:__________________

MR/MRS/MS.______________________________ Hosp. No. ______________

Age: ______________________ Ward/Room ______________________

Indication for Operation ______________________________________

Surgeon ____________ ______________ Asst. Surgeon ______________

Anesthetist ______________________ Anesthesia ______________________

Requested Operation ______________________________________

Requested Date/Time of Operation ______________________________

Requested by:______________________
Name of Attending Physician

HOSPITAL NAME:		HOSPITAL CODE:
SURNAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| GIVEN NAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	AGE |_|_|_| SEX ☐ M ☐ F	HOSPITAL NO. |_|_|_|_|_|_|_| WARD/RM. |_|_|_|_|_|_|_|

TO BE COMPLETED FOLLOWING A REQUEST FROM OPERATING ROOMS
FOR PREPARATION OF THE PATIENT AND BEFORE PREMEDICATION

LIVING DIFFICULTIES
e.g. Blindness ☐ Yes ☐ No
Retardation ☐ Yes ☐ No
Language ☐ Yes ☐ No
Other specify

IDENTIBANDS
Labelled correctly and in place
☐ Yes ☐ No

CONSENT
Complete and correct
☐ Yes ☐ No

MEDICAL CONDITIONS
____
____
____

SPECIAL MEDICATIONS

Insulin ☐ Yes ☐ No
Antihypertensives ☐ Yes ☐ No
Anticoagulants ☐ Yes ☐ No
Corticosteroids ☐ Yes ☐ No
Anticonvulsants ☐ Yes ☐ No

FASTED FROM
Food Date ....
Time ....
Drink Date ....
Time ....

LAST VOIDED AT
Date ....

Signature ....
Print Name ....
(Nurse checking patient in Ward)
Date ....

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

PRE-ANESTHETIC ASSESSMENT

OPERATION: SURGEON:

PATIENT INFORMATION Please answer the following questions YES or NO	MEDICAL OFFICER ASSESSMENT Weight:
Have you had anesthesia for operations previously ?	Physical Status:
Did you have any problem ?	Hb. Biochem CXR ECG
Have you ever suffered from: Heart attack	Others:
High blood pressure	
Stroke	Significant History:
Angina	
Chronic lung disease	Physical Examination:
Asthma	
Hepatitis	
Kidney disease	Pre-operative instructions:
Diabetes	
Epilepsy	Premedication:
Rheumatic fever	
Other diseases: (describe)	
What drugs do you take ?	Nurse Signature ______________
Do you have any allergies ?	Special Instructions:
Could you be pregnant ?	
Signature of Patient/Parent/Guardian	Signature of Medical Officer:

NAME OF HOSPITAL

ADDRESS

SURNAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| GIVEN NAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	AGE |_|_|_| SEX ☐ M ☐ F	HOSPITAL NO. |_|_|_|_|_|_|_| WARD/RM. |_|_|_|_|_|_|_|

OPERATIVE RECORD

SURGEON:	ASSISTANT:
ANESTHESIST:	ANESTHISIA USED:

STERILE NURSES:

OPERATION:

PRE-OPERATIVE DIAGNOSIS:

TISSUE REMOVED:

POST-OPERATIVE CONDITION:

PROGNOSIS:

FINDINGS: (Including the condition of all organs examined)

OPERATION/PROCEDURE: (Including incision, ligatures, sutures, drainage, closure)

____________________ M.D.

SURGEON

HOSPITAL NAME:		HOSPITAL CODE:
SURNAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| GIVEN NAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	AGE |_|_|_| SEX ☐ M ☐ F	HOSPITAL NO. |_|_|_|_|_|_|_| WARD/RM. |_|_|_|_|_|_|_|

OPERATING ROOM RECORD

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT
ANESTHESIOLOGIST	ANESTHESIA USED	TIME BEGAN
SCRUB NURSE	CIRCULATING NURSE	OPERATION TIME Started______ Ended________

PRE-OPERATIVE DIAGNOSIS:

POST OPERATIVE DIAGNOSIS:

OPERATION PERFORMED:

REMARKS	SPECIMEN

SPONGE INITIAL COUNT	FIRST COUNT			SECOND COUNT		
	ON TABLE	ON FLOOR	TTL	ON TABLE	ON FLOOR	TTL

ANESTHESIA AGENTS MEDICATIONS & SUPPLIES	SPONGE COUNT OKAYED BY:	SPONGECOUNT OKAYED BY:

SUTURES

______________________M.D.

SURNAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| GIVEN NAME |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	AGE |_|_|_| SEX ☐ M ☐ F	HOSPITAL NO. |_|_|_|_|_|_|_| WARD/RM. |_|_|_|_|_|_|_|

ADDRESS ______________________________ BED NO. __________

OPERATION AND ANESTHESIA RECORD

DIAGNOSIS: ______________________________
____
____
____

Date__________, 19 _____ _____a.m./p.m. to _____a.m./p.m. Duration__________

Surgeon ______________________ Assistants ______________________

Anesthetist______________________ Anesthetic ______________ Quantity_____

Anesthetic started ________ Ended ________ Duration __________

Complications during operation attributed to the anesthetic______________________
____
____

Complications after operation attributable to anesthetic ______________________
____
____

Condition of patient before leaving the table ______________________
____
____

Operation performed ______________________
____
____
____

Send patient to (a) Recovery Room ______________________
(b) Ward______________________

Remarks: ______________________
____
____
____
____
____

____
Resident

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	|_|_|_|	|_|_|_|_|_|_|_|
GIVEN NAME	SEX	WARD/RM.
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	☐ M ☐ F	|_|_|_|_|_|_|_|

RECOVERY ROOM RECORD

ANESTHETIST:	DATE:	TIME ARRIVED:	RECOVERY SCORE:	TIME DISCHARGED:

OBSERVATION																						
TIME																						
BP																						
PULSE (bpm)																						
RESPIRATORY																						

RECOVERY SCORE																						
Systolic pressure (+-) 30 of pre-op but > 90mmHg	1																					
Pink and Warm	1																					
Verbal response to Spoken Command	1																					
Head lift with closed mouth for 5 seconds	1																					
Comfortable regards to Pain	1																					
TOTAL SCORE	5																					

DRUGS GIVEN				
DATE	DRUG	DOSAGE	ROUTE	INITIALS

REGISTERED NURSE: ANESTHETIST:

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

SURGICAL RECOVERY ROOM RECORD

ARRIVAL IN RECOVERY ROOM: DATE ____________ TIME ________ A.M. P.M.

SURGEON ____________ OPERATION ____________

ANESTHETIC ____________ ACCOMPANIED BY DR. ____________

CONDITION ON ARRIVAL: ☐ AWAKE ☐ DROWSY ☐ ASLEEP

15 30 45 1HR 15 30 45 2HR 15 30 45 3HR.

200
180
160
140
120
100
80
60
40
20

Intravenous ________

Dressing ________

Packing ________

Drain ________

Catheter ________

Nausea: Times ________

Emesis: Times ________

Regained:
Sensation ________
Consciousness ________

Transfered to Room ________

TIME	MEDICATIONS	TIME	REMARKS

Recovery Room Nurse: CODE: B.P. - X, P - 0, R - O

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

PRENATAL RECORD

VULVA PERINEUM

VAGINA
Cystocele Rectocele

CERVIX
Lesion Laceration

UTERUS
Corpus Size Position Configuration

ADNEXAE RECTAL

DIAG. CONJ. TR. DIAM OUTLET POST SAG. cm. SHAPE SACRUM

ARCH. ISCH. SPINES COCCYX

TYPE PELVIS ADEQUATE ☐ BORDERLINE ☐ CONTRACTED ☐ DESCRIBE:

EVALUATION: (Summary of abnormalities, prognosis for delivery, facts of importance, initial medications

_______________ M.D.

INITIAL LAB. EXAMINATION

DATE:

VDRL Rh

HGB CYTOLOGY (PAP)

URINALYSIS
A S MICRO

NAME OF HOSPITAL

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GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

LABOR RECORD

GR	PARA	AB	STS: ☐ POSITIVE	TREATMENT ☐ NEGATIVE	DATE

PATIENT'S BLOOD TYPE ☐ "A" ☐ "B" ☐ "AB" ☐ "O"	HGB	DATE	HUSBAND'S BLOOD TYPE ☐ "A" ☐ "B" ☐ "AB" ☐ "O"
PRENATAL MEDICATIONS			PRENATAL DISEASES-COMPLICATIONS
ALLERGIES			PELVIMETRY

LABOR ONSET DATE	TIME ☐ AM ☐ PM	PREQUENCY	DURATION	QUALITY

BOW ☐ INTACT ☐ RUPTURED	DATE	TIME ☐ AM ☐ PM	BLEEDING DATE	TIME ☐ AM ☐ PM	AMOUNT

ADMISSION DATE	TIME ☐ AM ☐ PM	TEMPERATURE	PULSE	RESP.	B.P.

EENT	HEART	BREAST
LUNGS	EXT.	EFW

SUMMARY OF MATERNAL & PAST FETAL ABNORMALITIES

SIGNATURE________________________

FIRST STAGE	ESTIMATED ONSET OF LABOR	DATE	TIME ☐ AM ☐ PM	☐ SPONT. ☐ INDUCED	☐ MEDICAL ☐ SURGICAL

DATE	TIME	HOUR OF LABOR	R.V.	DIL	%EFF	STAT	BOW	POS	BP	FHT	SIGN	FREQ	LABOR DUR.	QUALITY
SECOND STAGE														

BOW	☐ RUPTURED ☐ SPONT. ☐ ARTIF	DATE	TIME ☐ AM ☐ PM	COLOR ☐ OLIGOHYD ☐ NORMAL ☐ POLYHYDRAM

DATE	TIME	MEDICATIONS AND ORDERS	M.D.	DATE	TIME	NURSE

NAME OF HOSPITAL

ADDRESS

SURNAME	AGE	HOSPITAL NO.
GIVEN NAME	SEX ☐ M ☐ F	WARD/RM.

SUMMARY OF PARTURATION

GRAVIDA: ______ PARA: ______ WEEKS OF GESTATION: ______

LABOR: ☐ SPONTANEOUS ☐ INDUCTED HOW ? ______

FIRST STAGE: STARTED ______ ENDED ______ DURATION ______

SECOND STAGE: STARTED ______ ENDED ______ DURATION ______

THIRD STAGE: STARTED ______ ENDED ______ DURATION ______

TOTAL DURATION LABOR: ______

MEMBRANE: RUPTURED SPONTANEOUS DATE: ______ TIME: ______ ARTIFICIALLY DATE: ______ TIME: ______

BABY: SEX: ______ WEIGHT: ______ gms. LENGTH: ______ cms.

CONDITION AT BIRTH: ☐ LIVING ☐ STRONG ☐ FAIR ☐ WEAK ☐ BORN DEAD

☐ CRIED SPONTANEOUS ☐ ASPHYXIATED HOW LONG? ______

RESUSCITATED: ☐ YES ☐ NO HOW LONG? ______

CONDITION AFTER: ☐ FAIR ☐ WEAK ☐ DIED

BREATHING TIME: ______ CRYING TIME: ______

BIRTH INJURIES/CONGENITAL ABNORMALITY: ______

CORD: ☐ LOOPS AROUND NECK ☐ NUMBER ☐ TIGHT

☐ LOOSE ☐ ABNORMALITY ______

PLACENTA: ☐ EXPELLED SPONTANEOUSLY: TIME: ______

☐ RETAINED: HOW LONG? ______

☐ REMOVED MANUALLY ______

☐ CALKIN'S MANEUVER ______

☐ SHOEHORN REMOVAL ______

☐ ABNORMALITY ______

BLOOD LOSS	ANTEPARTUM	PARAPARTUM	POSTPARTUM
MEAURE ______ c.c	______ c.c.	______ c.c.	______ c.c.
ESTIMATES	______ c.c.	______ c.c.	______ c.c.
IF OVER 500 c.c. cause	______ c.c.	______ c.c.	______ c.c.

ANALGESIA ______

ANESTHESIA ______

COMPLICATION ______

INTERVENTION AND INDICATION ______

MEDICATION AND TIME GIVEN (MEDS.) (TIME)

BEFORE DELIVERY ______

DURING DELIVERY ______

AFTER DELIVERY ______

CONDITION OF MOTHER AFTER DELIVERY:

☐ STRONG ☐ FAIR ☐ WEAK ☐ CONSCIOUS ☐ SEMICONSCIOUS ☐ UNCONSCIOUS

BLOOD PRESSURE ______ PULSE ______ TEMP. ______ HGT. FUNDUS ______

ATTENDED BY: ______ RESIDENT ______

DELIVERY ROOM NURSE ______ CONSULTANT ______

____
NAME OF HOSPITAL

____
ADDRESS

SURNAME	AGE	HOSPITAL NO.
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	|_|_|_|	|_|_|_|_|_|_|_|_|
GIVEN NAME	SEX	WARD/RM.
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|	☐ M ☐ F	|_|_|_|_|_|_|_|_|

NEWBORN RECORD

PHYSICAL EXAMINATION: DATE___:______

Agphar Score at Birth: ______

Agphar Score Min. After: ______

Agphar Score 10 Min. After: ______

General Condition: ______

HOUR AFTER BIRTH: ______

Measurement: ______ Head: ______

Circumferences: ______ Chest: ______

Abdomen: ______

Birth Weight: ______

Birth Length: ______

GENERAL MUSCULAR TONUS: ______

SKIN: Color: ______

Turgon: ______

Rash: ______

Desquamentation: ______

HEAD: Molding: ______

Scalp: ______

Fontanells: ______

Suture: ______

FACE: ______

EYES: Conjunctives: ______

Scelra: ______

Pupils: ______

Discharge: ______

EARS: ______

NOSE: ______

MOUTH: Lip: ______

Tongue: ______

Palate: ______

NECK: ______

Sternoclaidomastoid ______

______

Fistula: ______

Other Findings: ______

______

CHEST: Shape: ______

Respiration: ______

Clavicles: ______

Breast: ______

Heart: ______

Lungs: ______

Abdomen: ______

Spleen: ______

Kidneys: ______

Liver: ______

Umbilical Cord: ______

Inguinal Hernia: ______

Diactatis Recti: ______

Other Findings: ______

Genitals ______

Male: Testes: ______ Tr. ______ L ______

Abnormalities: ______

Vaginal Bleeding: ______

Abnormalities: ______

Extremities: ______

Clubfoot: ______

Hip dislocation ______

Femoral pulse: ______

Spine: ______

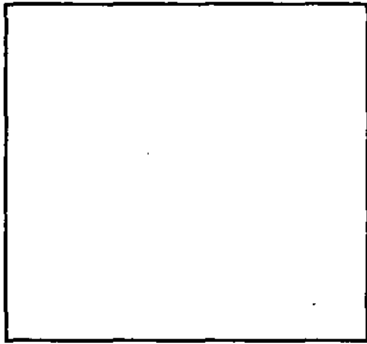
Anus: ______

IMPRESSION: ______

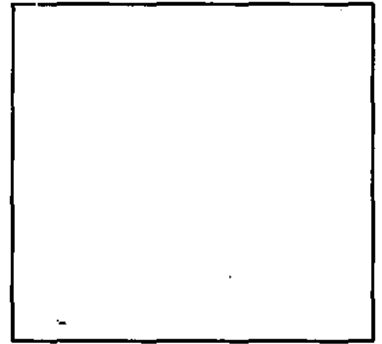
______

ASSISTANT RESIDENT: ______, M.D.

RESIDENT: ______, M.D.

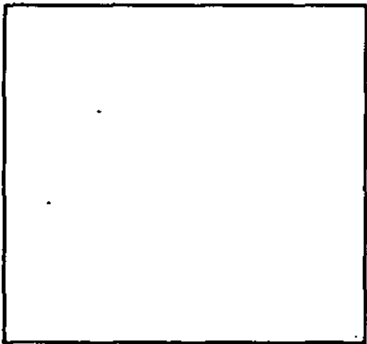


MOTHER'S
THUMB MARKS

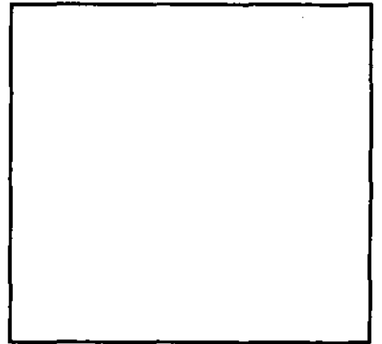


(Left) (Right)

NAME OF BABY: ______________________ SEX: __________
DATE DELIVERED: ______________________ HOSP. NO.__________
DISTINGUISHING MARKS: ______________________
____



BABY'S
FEET PRINT



(LEFT FOOT) (RIGHT FOOT)

____
SIGNATURE OF NURSE ON DUTY

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