BY ORDER OF THE SECRETARY OF THE AIR FORCE

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Nursing

NURSING SERVICES AND OPERATIONS

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This instruction implements Air Force Policy Directive (AFPD) 46-1, *Nursing Services*. It establishes policy for Nursing Services structure, management, functions, standards, and staffing; documentation of nursing care; and nursing research. Use this instruction with current editions of the *Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Accreditation Manuals;* published standards of the *American Nurses Association* for nursing services, practice, and care; and published standards of other national professional nursing organizations as appropriate. This instruction applies to all active duty Air Force, Air Force Reserve, and Air National Guard medical components when and where nursing activities are performed. Nursing practice in the aeromedical evacuation environment is outlined in AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*, 20 August 2003.

SUMMARY OF REVISIONS

This revision incorporates Interim Change IC 2004-1 to AFI 46-101, Nursing Services and Operations. Paragraph **3.1.** is revised to include additional nursing units throughout the Air Force Medical Service. Paragraph **14.2.** is revised to include updates in training requirements. The entire text of the IC is at the last attachment. Changed or revised material is indicated by a bar.

Section A—Nursing Services Structure and Management

1. Nursing Services. As defined in AFPD 46-1, Nursing Services is the structure through which services are provided by all registered nurses (military, civilian, and volunteer) and other nursing personnel (including military, civilian and volunteer licensed practical/vocational nurses; aerospace medical service apprentices, journeymen, and craftsmen; and other unlicensed assistive personnel) under the executive leadership of a nurse administrator who is responsible for all aspects of nursing care and practice. The primary goal of Nursing Services is the delivery of quality, compassionate, competent, cost-effective, and efficient nursing care to individuals, families, groups, and communities during peacetime and contingency operations.

2. Organizational Structure. Nursing Services is organized in accordance with Objective Medical Group (OMG) guidance (AFI 38-101, *Manpower and Organization*) and local operating instructions. Job titles used by nursing personnel must be consistent with OMG guidance.

2.1. The Chief Nurse (CN) should be readily identifiable on the organizational chart.

2.2. The professional nursing chain of command is separate from the organizational chain of command. Nursing personnel will activate the professional nursing chain of command to address patient care issues/concerns/conflicts that cannot be resolved at a lower level. A senior nurse will be designated in-house nursing supervisor or administrative nurse on call, and will be available for immediate consultation. The senior nurse may contact the Chief Nurse, Chief, Medical Staff, or other personnel deemed appropriate to facilitate conflict resolution if necessary.

3. Management of Nursing Services:

3.1. **Chief Nurse (CN).** Each military treatment facility (MTF), Aeromedical Evacuation Unit and/or other units providing nursing care will have assigned a Lieutenant Colonel-select, Lieutenant Colonel, or Colonel nurse qualified by advanced education and experience, who meets predetermined criteria and has been selected by a Chief Nurse Selection Board, to serve as the CN. The CN directs nursing services within the organization. "Directs" does not mean that the CN has line authority over those who provide nursing care. Regardless of the organizational structure, the CN has primary authority, responsibility and accountability for the standards of nursing practice and the nursing standards of care for individuals and populations served by the organization. The CN is a member of the MTF executive team and collaborates with members at the executive level in planning and designing health care services, allocating resources and monitoring resource utilization, and improving organizational performance. The CN has the authority to speak on behalf of nursing to the same extent that other organization leaders speak for their respective disciplines or departments. IAW OMG guidance (AFI 38-101, *Manpower and Organization*), the CN may be dual-hatted with responsibilities such as deputy group commander, squadron commander, or deputy squadron commander. For the Reserves, each HQ AFRC medical unit commander will designate a senior nurse to carry out the roles and responsibilities of the Chief Nurse as outlined in this AFI.

3.1.1. The CN approves nursing-related policies and procedures, nursing standards of patient care, and standards of nursing practice. As the Senior Corps Representative, complies with the duties outlined in AFI 44-119, *Clinical Performance Improvement*, to execute actions for non-privileged healthcare professionals when standard of care or patient safety is breeched.

3.1.2. The CN participates, at a minimum, in executive-level committees and meetings, whose subject matter includes:

3.1.2.1. Strategic planning.

3.1.2.2. Policy development.

3.1.2.3. Resource management (personnel, material, and budget).

3.1.2.4. Human resource development, management, and utilization.

3.1.2.5. Performance improvement.

3.1.3. The CN coordinates nursing assignment actions with squadron commanders for 46XX and with the senior 4N0XX for 4N0XX personnel.

3.1.4. The CN reviews Nurse Corps officer performance reports, promotion recommendations , awards and decorations on all nurses assigned to the organization.

3.1.5. The CN provides for and promotes the professional development of all nursing personnel through:

3.1.5.1. Orientation.

3.1.5.2. Competency assessment.

3.1.5.3. Skills verification and sustainment.

3.1.5.4. In-service education and training.

3.1.5.5. Continuing education (see AFI 41-117, *Medical Service Officer Education).*

3.1.5.6. Career counseling.

3.1.5.7. Mentoring.

3.1.5.8. The CN, or a senior nurse designated by the CN, will meet with each nurse in the organization at least annually to discuss career development and goals, strengths and opportunities to improve performance.

3.1.5.9. The CN will promote mentoring as a fundamental responsibility of all AF supervisors. (See AFPD 36-34, *Air Force Mentoring Program*, and AFI 36-3401, *Air Force Mentoring*, for additional guidance.)

3.1.6. The CN ensures enlisted nursing personnel practice within the scope and to the full extent of their respective Career Field Education and Training Plan (CFETP).

3.1.7. The CN facilitates the conducting, dissemination, and utilization of research in the areas of nursing, health, and management systems.

3.1.8. The CN establishes a liaison with community groups, civilian professional nursing organizations, and educational agencies as appropriate.

3.2. **Senior 4N0XX.** Each MTF will assign a senior 4N0XX with primary responsibility, authority, and accountability for all enlisted and civilian nursing personnel within the organization. The senior 4N0XX collaborates with the CN in monitoring standards of nursing care and practice and in determining medical service technician assignments within the facility. The senior 4N0XX will:

3.2.1. Speak on behalf of all enlisted nursing personnel to the same extent that other organization leaders speak for their respective disciplines or departments.

3.2.2. Collaborate with the CN as a full partner of the executive nursing team.

3.2.3. Establish and maintain collegial relationships with other senior enlisted leaders within the organization, including, but not limited to the Group and Squadron Superintendents.

3.2.4. Participate in all decision-making forums related to nursing activities.

3.2.5. Ensure enlisted nursing personnel practice within the scope and to the full extent of the CFETP.

3.2.6. Ensure enlisted nursing personnel maintain clinical currency and competency to perform assigned responsibilities.

3.2.7. Provide for and promote the professional development of all enlisted nursing personnel through:

3.2.7.1. Orientation.

3.2.7.2. Competency assessment.

3.2.7.3. Skills verification and sustainment.

3.2.7.4. In-service education.

3.2.7.5. Continuing education.

3.2.7.6. Career counseling.

3.2.7.7. Mentoring.

3.2.8. Discuss, or designate another senior 4N0XX to meet with each enlisted nursing staff member at least annually to discuss career development and goals, strengths and opportunities to improve performance.

3.2.9. Review performance reports, awards and decorations of enlisted nursing personnel.

3.3. **Nurse Managers and Enlisted Nursing Leadership.** Nurse managers and senior enlisted nursing personnel provide clinical and administrative leadership and expertise; supervise, direct, and manage nursing activities within their work setting; and are accountable to the CN and senior 4N0 for nursing care and practice. They serve as the link between nursing personnel and other health care disciplines throughout the organization. Nurse managers and senior enlisted personnel, in collaboration with others:

3.3.1. Implement the organizational vision, mission, plans, and standards within their defined area of responsibility.

3.3.1.1. Participate, and facilitate participation of staff, in organizational policy and decision-making.

3.3.1.2. Identify and request required resources, and allocate available manpower, budget, material, and space appropriately.

3.3.1.3. Maintain a safe environment for patients and staff.

3.3.1.4. Assure sufficient numbers and mix of qualified, competent nursing staff are available to meet patient care needs.

3.3.1.5. Assign patient care based on the caregiver's knowledge and skills, and the needs and condition of the patient and his/her significant other(s).

3.3.1.6. Advocate on behalf of the patient and his/her significant other(s).

3.3.1.7. Assist personnel in reaching their full potential through personal, professional, and career development.

3.3.1.8. Assess the staff's learning needs and provide for orientation, training, in-service, and continuing education to maintain and improve staff competence.

3.3.1.9. Ensure assigned enlisted personnel practice to the full scope of their CFETP.

3.3.1.10. Evaluate performance of assigned personnel, reinforce desired performance through

recognition and positive feedback and initiate appropriate administrative or disciplinary action when necessary.

3.3.1.11. Advance nursing practice through application of nursing research.

Section B—Nursing Functions, Roles and Responsibilities

4. Nursing Functions. Nursing functions include, but are not limited to:

4.1. Implementing the nursing process, a systematic method for initiating independent nursing actions. Steps in the nursing process are applied within the individual's defined scope of practice and include: assessing the patient, determining the diagnosis(es), identifying expected patient outcomes, creating a plan of care to achieve expected outcomes, implementing the interventions in the nursing care plan, and evaluating the plan's effectiveness for possible modification.

4.2. Applying population health concepts to promote healthy lifestyles, to prevent disease and injury, and to maximize force enhancement and protection.

4.2.1. Population health is defined as "the aggregate health outcome of health adjusted expectancy (quantity and quality) of a group of individuals, in an economic framework that balances the relative marginal return from the multiple determinants of health." (Kindig, 1997) Population health improvement is the balancing of awareness, education, prevention and intervention activities required to improve the health of a specified population. (DoD Population Health Improvement Plan and Guide)

4.2.2. Population health includes, but is not limited to, the following nursing activities:

4.2.2.1. Population Identification, including disease and demand burden.

4.2.2.1.1. Enrollment processing.

4.2.2.1.2. Health assessment and Preventive Health Assessment (PHA).

4.2.2.2. Demand Forecasting through collaborative analysis of patient-provider interactions focusing on the right care at the right time in the right place.

4.2.2.3. Demand Management

4.2.2.3.1. Self-care programs

4.2.2.3.2. Health promotion and risk reduction

4.2.2.3.3. Telehealth nursing practice, as defined by the American Academy of Ambulatory Care Nursing (AAACN), is the delivery, management and coordination of care and services provided via telecommunications technology within the domain of nursing. It is a subset of telehealth encompassing all types of nursing care and services delivered across distances. This practice occurs in all health care settings. Guidelines include:

4.2.2.3.3.1. Using medically approved protocols, algorithms, or guidelines during telephone encounters. Protocols, algorithms, or guidelines used by nursing service personnel will be approved by the Chief Nurse Executive and Chief of the Medical Staff.

4.2.2.3.3.2. Documenting encounter information. The AF has adopted AAACN's Telehealth Nursing Practice Administration and Practice Standards. All patient calls involving nursing decision-making will be documented on a medical record encounter

form and placed in the patient's medical record. Each form will be signed by the nurse providing care and reviewed by a provider within 24 hours.

4.2.2.3.3.3. Documented orientation, competency and training plan to include use of protocols, documentation requirements, and communication in the clinical chain of command. Telehealth nurses must be registered nurses with at least three years of clinical experience in various settings and they must demonstrate appropriate knowledge and skills necessary to provide safe and effective telehealth nursing care and service. The years of experience is waiverable on a case-by-case basis as assessed and recommended by the local Chief Nurse to respective Command Nurses. Clinical experience in pediatrics, obstetrics, and medical-surgical nursing is highly desirable.

4.2.2.3.3.4. Telephone triage is an interactive process between the nurse and client that occurs over the telephone and involves identifying the nature and urgency of client health care needs and determining the appropriate disposition. It is a component of telephone nursing that focuses on assessment, prioritization and referral to the appropriate level of care. "Telephone Triage Protocols for Ambulatory Care" by Dale Woodke are the protocols of choice for Air Force telehealth nursing practice in the ambulatory care setting.

4.2.2.3.3.5. Policies and procedures for telehealth nursing practice are written to address practice parameters, clinical chain of command, deviation from protocol guidance, documentation requirements, peer review process, and training.

4.2.2.4. Evidence-Based Primary, Secondary, Tertiary Prevention and Care.

4.2.2.4.1. Clinical Preventive Services.

4.2.2.4.2. Case Management is a collaborative process under the population health continuum which assesses, plans, implements, and coordinates, monitors, and evaluates options and services to meet an individuals' health needs through communication and available resources to promote quality, cost-effective outcomes. Case management must be customized to the existing infrastructure and programs, population demographics, and mission of the MTF. In all cases, it is critical to use appropriate evidence-based practice guidelines as the cornerstone of the case management program. Case management should focus on reducing severity of illness, meeting patient/family needs, and incorporating meaningful health outcome measures.

4.2.2.4.3. Condition/Disease Management (using tools such as Clinical Practice Guidelines) is a prospective, condition-specific approach to delivering health care spanning all encounters sites. The term "condition management" is also used to include non-disease states such as pregnancy or childhood developmental disorders. A key to an effective condition management program is establishing a partnership with the patient by developing and sustaining a systematic patient self -management program.

4.2.2.4.3.1. Clinical Practice Guidelines are used as part of case, disease and condition management programs. The Institute of Medicine's defines clinical practice guidelines as "systematically developed statements to assist practitioner and patient decisions about appropriate health care services for specific clinical circumstances." They are evidence-based and nationally recognized after a systematic critical review of the evidence supporting them.

4.2.2.4.4. Discharge Planning Discharge (Inpatient)/Disposition Planning (Outpatient) is designed to prepare the patient for the next phase of care and to assist in making necessary arrangements. The next phase of care may be self-care or care provided by family or by an organized health care provider.

4.2.2.4.4.1. In the inpatient setting, discharge planning must begin with preadmission screening for elective admissions and upon admission for unplanned admissions and include appropriate follow-up care after discharge. In the outpatient arena, disposition planning assists beneficiaries to identify and access community resources and services that are necessary for successful self-management in the home or other residential environments.

4.2.2.5. Community Outreach.

4.2.2.6. Analysis of performance and health status.

4.2.2.6.1. Clinical outcome measures, such as HEDIS.

4.3. Applying principles of utilization management to coordinate patient care across the health care continuum. Utilization management includes tools associated with demand management, case management, condition/disease management, clinical practice guidelines, telephone nursing practice, referral management and discharge planning. UM is an organization-wide, interdisciplinary approach to balancing quality, risk, and cost concerns in the provision of patient care. The purpose of UM is to identify, monitor, evaluate, and resolve issues that may result in inefficient delivery of care within the Military Treatment Facility (MTF) or that may have an impact on resource utilization. The ultimate goal of UM is to maintain the quality and efficiency of healthcare delivery by keeping the patient at the appropriate level of care, coordinating all existing healthcare benefits and community resources, and holding costs to a minimum. This could include an evaluation of medical necessity and appropriateness of healthcare services. Utilization management includes elements of, and tools associated with, demand management, case management, condition/disease management, clinical practice guidelines, telephone nursing practice, referral management and discharge planning. Effective UM is a key task for improving the quality and ensuring cost-effective healthcare services. Utilization management advises all components of a healthcare delivery system, including primary care, specialty care, and inpatient care. Managing the utilization of healthcare services allows MTFs to make the best possible use of healthcare resources.

4.3.1. Medical management is used synonymously with utilization management.

4.3.1.1. Current healthcare industry trends view integration of utilization management, case management, and disease management as medical management solution to reducing consumption of unnecessary or inappropriate and fragmented healthcare services.

4.3.2. The Next Generation of TRICARE local support contracts will replace utilization management services that are currently being provided by the Managed Care Support Contractors at MTFs. Under the Next Generation of TRICARE contracts, MTFs will be responsible for establishing medical management programs for their direct care enrollees. Minimum medical management requirements for the AFMS include discharge planning; disposition planning; referral management; utilization review; denial and appeals process; case management; care coordination; disease management; and having a utilization management coordinator, process, and plan at each MTF.

4.4. Addressing age-specific and cultural distinctions, pain management, and other matters relevant to the appropriate and comprehensive care of patients.

4.5. Executing the prescribed therapeutic medical regimen.

4.6. Planning and coordinating care in a collaborative, interdisciplinary team approach.

4.7. Acting as the patient's and/or family's advocate.

4.8. Educating and counseling the patient and/or family/significant other.

4.9. Creating and maintaining a safe physical and psychological patient-care environment.

4.10. Reducing the risk of medical and nursing errors.

4.11. Identifying, advocating for, and optimizing resources to achieve desired outcomes.

4.12. Continuously assessing and improving performance in nursing care and practice.

4.13. Applying research findings in nursing practice.

4.14. Promoting professional development.

4.15. Providing for the professional development of other health care personnel.

5. Roles and Responsibilities

5.1. **Privileged Advanced Practice Nurses (APN).** Education, licensure, and certification requirements, and scope of practice for Certified Registered Nurse Anesthetists, Certified Nurse Midwives, and Nurse Practitioners are as defined in AFI 44-119, *Clinical Performance Improvement.*

5.2. **Registered Nurses (RN).** All registered nurses (military, civilian, and Red Cross volunteers) will maintain current and unrestricted licenses to practice. A nurse who resides in a Nurse Licensure Compact (NLC) state receives his/her license in that home state and can therefore practice on that privilege in other NLC jurisdictions. The nurse is bound to practice under that state's nursing practice act where care is actually delivered. Civilian nurses who reside in NLC states are not eligible to obtain licenses in other NLC states, and therefore cannot produce other state licenses that they may be asked to acquire. Contract nurses, and volunteer nurses who are other than Red Cross, not residing in NLC states must be licensed in the same state where the medical treatment facility in which they work is located. Nurses use the nursing process of assessment, diagnosis, outcome identification, planning, implementation, and evaluation to deliver patient care. Reference paragraph **4.** for a description of nursing functions.

5.2.1. The Health Care Integrator (HCI) and Health Care Optimization (HCO) nurses are evolving roles for Air Force nurses, and each is pivotal to improving the health of a defined population. The Health Care Integrator focuses on the needs of a population enrolled to the entire MTF, or to several designated Primary Care Management teams. Each MTF earns one HCI and larger facilities may earn more than one. The HCI applies population health concepts to assess population needs, to identify gaps between forecasted needs and facility capability, to facilitate appropriate utilization of services through demand management, and to coordinate complex case management. Refer to the job description for the HCI and the HCO nurse for more detailed information on their roles and responsibilities.

5.2.1.1. The HCO nurse focuses on the needs of a defined empanelled population who are enrolled to one or two specific Primary Care Manager(s). The professional staff nurse provides

direct care as well as coordination of care for the patients on their team, ensuring continuity of care. The nurses professional tasks include, telephone nursing practice, referral decisions to other members of the team or to community services such as health promotion, and case management. Case management (suggest doing simple cases vs complex cases) is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates options and services for meeting the individual's health needs and promoting quality cost-effective outcomes. The nurse case manager process must include the interdisciplinary team members such as mental health, dietician, pharmacy, etc.

5.2.1.2. In addition, the HCO nurse's responsibilities include patient advocacy and patient health education in the form of individual teaching, disease/condition management, or nurse run clinics. Lastly, the PCO nurse needs to be involved in quality improvement activities such as telephone access to care, availability of preventive services, outcomes of clinical interventions, including patient education and patient satisfaction with clinic services.

5.3. **Licensed Practical/Vocational Nurses (LP/VNs).** LP/VNs (military, civilian, and Red Cross volunteers) will maintain current and unrestricted licenses to practice. Contract LP/VNs, and volunteer LP/VNs who are other than Red Cross not residing in NLC states must be licensed in the same state where the medical treatment facility in which they work is located.

5.4. **Aerospace Medical Service Technicians (4NOXX).** Aerospace medical service technicians practice in accordance with the 4N0X1 Career Field Education and Training Plan under the supervision of a registered nurse or privileged provider. Aerospace medical service technicians, E1-E7, must maintain, at a minimum, current National Registry Emergency Medical Technician basic certification.

5.5. **Civilian Unlicensed Assistant Personnel (UAP).** UAP are individuals who are trained to function in an assistive role to the registered professional nurse or privileged provider in the provision of patient care activities as delegated by and under the supervision of the registered professional nurse or privileged provider.

6. Authorization for Extended Scope of Practice. Under the concept of Federal Supremacy, the Air Force may, for the purpose of its mission, utilize nurses for tasks that may be beyond those authorized by the state that issued the individual's license. Similarly, aerospace medical service technicians may be asked to perform tasks beyond their normal training and scope of practice as outlined in their CFETP.

6.1. Utilization of nurses and aerospace medical service technicians (4NOXX) for extended scope of practice must meet three criteria:

6.1.1. The expanded scope of the task or procedure must be mission essential.

6.1.2. The member must be trained for the expanded scope by a competent trainer and that training must be documented.

6.1.3. The expanded role is restricted solely to military mission performance.

6.2. When the medical leadership or health care team decides that a RN needs to perform a task outside his/her scope of care, or a aerospace medical service technician (4NOXX) needs to perform tasks not outlined in the CFETP, the organization may submit a request to the Major Command for a waiver IAW AFI 44-119, Chapter Six, Section C.

6.3. Waiver requests must be resubmitted to the MAJCOM annually for revalidation and approval.

6.4. After satisfying competency criteria, the aerospace medical service technician (4NOXX) must maintain proficiency and the medical service technician's supervisor must document it on the AF Form 797, *Job Qualification Standard And Continuation/Command JQS*. The competency evaluation documentation process is found in the 4N0X1 CFETP, Part II, Section F--Documentation of Training.

6.4.1. Local policy will describe competency criteria verification, approval, and documentation processes for the utilization of personnel beyond the normal scope of practice.

Section C—Standards of Nursing Care and Practice

7. Definition of Nursing Care. Every organization must define nursing care and identify areas in the facility/unit where nursing care is delivered. Definitions of nursing care are based on the nursing process. Consider the following in developing the organization-specific definition of nursing care:

7.1. The applicable state nurse practice act

7.2. Department of Defense (DoD) guidelines, AF policy, directives and instructions

7.3. The standards of clinical nursing practice published by professional nursing organizations

8. Standards of Nursing Care: Standards of care are authoritative statements that describe a competent level of nursing care demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

8.1. The Standards of Care chapter in the "Standards of Clinical Nursing Practice" published by the American Nurses Association forms the basis for professional nursing care within Air Force Nursing Services.

8.2. The CN ensures written administrative and clinical policies and procedures directing the provision of nursing care are current and available in all patient care areas. At a minimum, directives should address:

8.2.1. Standards published by professional nursing organizations adopted for use within the facility.

8.2.2. Facility-specific nursing standards of care if required by regulatory agencies including the Joint Commission on Accreditation of Healthcare Organizations, the Department of Defense, and the Air Force Medical Service.

8.2.3. Method(s) to measure, assess, and improve patient outcomes.

8.2.4. Method(s) to review and revise standards of care, including review by the CN.

9. Standards of Nursing Practice: Standards of practice are authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged. The "Code for Nurses" and the Standards of Professional Performance Chapter in the "Standards of Clinical Nursing Practice" published by the American Nurses Association form the basis for a competent level of behavior expected of Air Force nursing personnel.

10. Approved References for Nursing Standards:

10.1. Scope and standards of practice published by the American Nurses Association.

10.2. Standards of care or practice published by national professional specialty nursing Organizations.

10.3. Accreditation Standards published by Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

10.4. Ambulatory Care Nursing Administration and Practice Standards published by the American Academy of Ambulatory Care Nursing (AAACN).

10.5. The current edition of The Lippincott Manual of Nursing Practice is the primary reference used for nursing procedures. The American Association of Critical Care Nurses (AACN) Procedure Manual for Critical Care is appropriate for use in intensive care settings.

10.6. References listed in the 4N0X1 CFETP are also approved for use.

10.7. Telehealth Nursing Practice Administration and Practice Standards published by AAACN.

10.8. The CN must review and approve any facility-specific reference list used for nursing standards of care, practice, and procedures.

11. Nursing Performance Improvement. Standards serve as a basis for evaluating the quality and effectiveness of nursing care and practice. There must be a planned and systematic process in place to measure, assess, and improve nursing care and performance. The monitoring and evaluation of nursing outcomes will be integrated within the organization-wide performance improvement program.

Section D—Verification of Nursing Competency

12. Definition of Competency Evaluation. Competency evaluation is the process of determining the fitness of personnel to perform assigned duties and responsibilities. It includes review of educational preparation, licensure, certification (as appropriate), and determination of proficiency by reviewing the job description, performance standards, job specific orientation checklist, and selected competency assessment checklists.

13. Competency Assessment. IAW JCAHO standards, the Chief Nurse is responsible for ensuring that the competence of all nursing staff members is assessed, maintained, demonstrated, and improved.

13.1. To meet the JCAHO intent for a periodic competence assessment, the Chief Nurse should ensure that:

13.1.1. There is a job description for each nursing position. Job descriptions should contain such items as: job title, work location, job summary, duties and responsibilities, equipment used, supplies and forms used, supervision given or received, age of population served, working conditions and hazards. A basic job description for nursing AFSCs can be found in AFMAN 36-2105, *Officer Classification*, and AFMAN 36-2108, *Enlisted Classification.*

13.1.2. There are performance standards for all positions, including age-specific competence and pain management, as appropriate.

13.1.3. The job-specific orientation should be completed during orientation process.

13.1.4. The frequency and time frame for competency assessments are defined.

13.1.5. There is a system in place to ensure competency assessments are completed on schedule.

13.1.6. There is a system of documentation to ensure that staff competency assessments are in accordance with their performance standards. Documentation of standards review will be in the member's education and training folder.

13.1.7. A report on the levels of nursing staff competence, relevant patterns and trends in training needs for nursing personnel, and competence maintenance activities is submitted to executive leadership at least annually.

13.2. **Advanced Practice Nurses.** Skills assessment and competency evaluation of Advanced Practice Nurses who are privileged providers is accomplished through the credentials and privileging function described in AFI 44-119.

13.3. **Enlisted Nursing Personnel.** Competency requirements for aerospace medical service technicians (4NOXX) are outlined in the 4N0XX CFETP, Part II, Section F, *Documentation of Training.* Reference Air Force Instruction 36-2201*, Developing, Managing, and Conducting Training,* for use of the CFETP to plan, conduct, evaluate, and document enlisted training. Core competencies for aerospace medical service technicians (4NOXX) are found in the CFETP, part 2, attachment 2.

13.4. **AF Nursing Services Competency Assessment Checklists.** Air Force Nursing Services has developed standardized checklists to assess competency in medication administration, intravenous insertion, blood administration, and other activities and they are available on the AFPC home page. The Chief Nurse, in collaboration with other nursing leaders, determines which competency assessment checklists will be applied within the local MTF or unit.

14. Readiness Skills Verification. It is the CN responsibility to ensure that nursing personnel are clinically current and prepared to meet medical readiness requirements. The CN and Senior 4NOXX will participate in matching nursing personnel to UTC assignments and taskings.

14.1. All nursing personnel will comply with AFI 41-106, *Medical Readiness Planning and Training.*

14.2. The readiness skills verification (RSV) program lists AFSC-specific readiness skills requirements for AFMS personnel and is posted on the wartime medical planning system office web site at **https://kx.afms.mil/GlobalMedSupTngEx**.

The RSV program will be implemented incrementally. Phase I requires only those personnel assigned to deployable UTCs to complete the RSV for their specific AFSC.

Section E—Nursing Staffing Needs

15. Medical Annual Planning and Programming/Resourcing. The planning, programming and resourcing process defines the number and type of personnel required to fulfill the organization's mission. The CN and Superintendent are required to participate in the development and execution of the current year Business Plan, next-year Financial Plan and Program Objective Memorandum (POM) distribution plan for the outyears. The CN and Senior 4NOXX will review results of resourcing tools to ensure the appropriate placement and grading of manpower to provide safe patient care.

16. Staffing Effectiveness. Standards require the availability of an adequate number of competent staff to provide nursing care. Each organization must have a process or mechanism in place to monitor nursing workload and procedure(s) to adjust staffing in response to workload fluctuation. As a minimum, the

ANA recommends the following factors be considered in determining nursing staffing requirements: patient volume; levels of intensity of patients for whom care is being provided; contextual issues including architecture and geography of the environment and available technology; and level of preparation and experience of those providing care. Increased nursing workload could require use of on-call staff, contract staffing, or the diversion of patients to other units/agencies for care.

16.1. Inpatient units have the option of using the Workload Management System for Nursing (WMSN) as one of several tools to determine staffing needs. Guidelines for using the WMSN are found in the Reference Manual, WMSN, published June 15, 1989 by the Joint Manpower Office, Office of the Assistant Secretary of Defense.

Section F—Documentation of Nursing Care

17. Documenting Nursing Care. The CN is responsible to ensure guidelines are in place for documenting direct nursing care and other patient encounters such as telephone contacts, and must be consistent with documentation standards published by the ANA and JCAHO. At a minimum, documentation should include: patient assessment, direct/indirect care provided, patient response to that care, and patient/family education. Additional guidelines on administration of medical records can be found in AFI 41-210, *Patient Administration Functions*.

17.1. The Outcome Oriented Nursing Documentation System (OONDS) is one of many systems that can be used to document nursing care. The Assessment, Problem, Intervention, and Evaluation System (APIE) or Subjective, Objective, Assessment, Plan, Implementation, and Evaluation (SOAPIE) are others.

17.2. Organizations are authorized to develop local overprints to document nursing care. All existing, commercial, or overprinted forms must be approved by the organization's committee/function responsible for medical records and form approval.

17.3. All nursing documentation will be in reproducible black or blue-black ink.

17.4. Forms utilized by the organization's documentation system are maintained as a permanent part of the patient's health record with the exception of AF Form 3259, Work Activity Sheet.

17.5. Errors are corrected by lining through the incorrect entry, annotating correct information next to the lined through data if space permits and initialing and dating the corrective entry above the erroneous entry. Do not leave lines between entries. (See AFI 41-210, Attachment 4, *Correcting Health Records*.)

17.6. Attachment 2 lists the most common forms utilized for documenting nursing care. These forms may be used in any practice setting.

17.7. Use the forms specified in AFI 41-302, *Aeromedical Evacuation Operations and Management,* to document nursing care of patients in the aeromedical evacuation system.

17.8. Nurses may accept verbal orders. Verbal orders must be signed by the prescribing provider prior to the patient's release from an ambulatory care setting or within 24 hours if the patient is hospitalized. Independent Duty Medical Technicians (IDMT) may accept orders from their preceptors in accordance with AFIs.

17.9. When a patient is readmitted within 30 days for the same condition, reference the admission forms (AF Forms 3241, Adult Admission Note; 3244, Pediatric Admission Note; or 3247, Neonatal Admission Note) with the previous admission information.

Section G—Nursing Research

18. Research and Research Utilization. Research and research utilization are interdependent processes that are essential to advance the science of nursing.

18.1. The Chief Nurse facilitates dissemination of research results and directs the implementation of evidence-based recommendations for changes in nursing care and practice.

18.2. Nursing staff are encouraged to participate in research activities. Nurses should be familiar with how to evaluate research and how to apply research findings to improve their practice. Consultation and mentoring with research activities can be provided by nurse researchers assigned to the MTF and/or who cover the region. A list of these researchers can be found on the Total Nursing Force Homepage: **https://kx.afms.mil/AFNursing**.

18.3. Nursing has a professional responsibility to conduct research to establish a scientific basis for the care of individuals/families across the life span-from management of patients during illness/recovery to the reduction of risks for disease and disability, the promotion of healthy lifestyles, promoting quality of life in those with chronic illness, and care for individuals at the end of life. Conducting research should also focus on improving the clinical settings in which care is provided. Nursing research involves care in a variety of settings including the deployment environment. Research efforts are crucial for scientific advances and translation into cost-effective health care that does not compromise quality.

18.4. All research must be approved by the local or regional Institutional Review Board (human research) or Institutional Animal Care and Human Use Committee (as appropriate), and the local commander.

19. Forms Prescribed:

19.1. AF Form 1592, **Daily Summary Sheet (8 or 12-Hour Shift)**

19.2. AF Form 1594, **Patient Classification Inter-Rater Reliability Testing Instrument**

19.3. AF Form 3863, **WMSN Monthly Report (8 or 12-Hour Shift)**

19.4. AF Form 578, **Data Record**

19.5. AF Form 765, **Medical Treatment Facility Incident Statement**

19.6. AF Form 3066-1, **Doctor's Orders**

19.7. AF Form 3068**, PRN Medication Administration Record**

19.8. AF Form 3069, **Medication Administration Record**

19.9. AF Form 3241, **Adult Admission Note**

19.10. AF Form 3244, **Pediatric Admission Note**

19.11. AF Form 3247, **Neonatal Admission Note**

19.12. AF Form 3254, **Patient Care Plan**

19.13. AF Form 3256, **Patient/Family Teaching Flow Sheet**

19.14. AF Form 3257, **ADL/Treatment Flow Sheet**

19.15. AF Form 3258, **Generic Flow Sheet**

19.16. AF Form 3259, **Work Activity Sheet**

20. Forms Adopted:

20.1. DD Form 2551, **WMSN – General Worksheet**

20.2. DD Form 2552, **WMSN – Psychiatric Worksheet**

20.3. DD Form 792, **Twenty-Four Hour Patient Intake and Output Worksheet**

20.4. SF 509, **Medical Record - Progress Note**

20.5. SF 519-B, **Radiology Consultation Request/Report**

20.6. SF 520, **Clinical Record, Electrocardiographic Record**

20.7. SF 600, **Progress Notes**

GEORGE P. TAYLOR, JR., Lt General, USAF, MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFPD 46-1, *Nursing Services*

AFMAN 36-2105, *Officer Classification*

AFMAN 36-2108, *Enlisted Classification*

AFI 36-2201, *Developing, Managing, and Conducting Training*

AFI 38-101*, Manpower and Organization*

AFI 41-104, *Professional Board and National Certification Examinations*

AFI 41-105, *Medical Education and Training Program*

AFI 41-106, *Medical Readiness Planning and Training*

AFI 41-117, *Medical Service Officer Education*

AFI 41-210, *Patient Administration Function*

AFI 44-102, *Community Health Management*

AFI 44-119, *Clinical Performance Improvement*

4N0X1 Career Field Education and Training Plan (CFETP)

DoD Population Health Improvement Plan and Guide

AFMS Primary Care Optimization Guidelines

American Nurses Association Standards, current edition, ANA Publications, Waldorf, MD

Accreditation Manuals, current edition, JCAHO, Chicago, IL

The Lippincott Manual of Nursing Practice, current edition, J.B. Lippincott Company, Philadelphia, PA

Reference Manual, WMSN, current edition, Joint Manpower Office, Office of the Assistant Secretary of Defense

Abbreviations and Acronyms

AACN—American Association of Critical Care Nurses

ADL—Activities of Daily Living

AFI—Air Force Instruction

AFPD—Air Force Policy Directive

AFSC—Air Force Specialty Code

CFETP—Career Field Education and Training Plan

CN—Chief Nurse

DoD—Department of Defense

HQ USAF—Headquarters United States Air Force

JCAHO—Joint Commission on Accreditation of Healthcare Organizations

MAJCOM—Major Command

MTF—Military Treatment Facility

SG—Surgeon General

SGN—Nursing Services

USAF—United States Air Force

Attachment 2

IC 2004-1 TO AFI 46-101, NURSING SERVICES AND OPERATIONS

17 AUGUST 2004

SUMMARY OF REVISIONS

This revision incorporates Interim Change IC 2004-1 to AFI 46-101, NURSING SERVICES AND OPERATIONS. Paragraph **3.1.** is revised to include additional nursing units throughout the Air Force Medical Service. Paragraph **14.2.** is revised to include updates in training requirements. The entire text of the IC is at the last attachment. Changed or revised material is indicated by a bar.

3.1. Chief Nurse (CN). Each military treatment facility (MTF), Aeromedical Evacuation Unit and/or other units providing nursing care will have assigned a Lieutenant Colonel-select, Lieutenant Colonel, or Colonel nurse qualified by advanced education and experience, who meets predetermined criteria and has been selected by a Chief Nurse Selection Board, to serve as the CN. The CN directs nursing services within the organization. "Directs" does not mean that the CN has line authority over those who provide nursing care. Regardless of the organizational structure, the CN has primary authority, responsibility and accountability for the standards of nursing practice and the nursing standards of care for individuals and populations served by the organization. The CN is a member of the MTF executive team and collaborates with members at the executive level in planning and designing health care services, allocating resources and monitoring resource utilization, and improving organizational performance. The CN has the authority to speak on behalf of nursing to the same extent that other organization leaders speak for their respective disciplines or departments. IAW OMG guidance (AFI 38-101, *Manpower and Organization*), the CN may be dual-hatted with responsibilities such as deputy group commander, squadron commander, or deputy squadron commander. For the Reserves, each HQ AFRC medical unit commander will designate a senior nurse to carry out the roles and responsibilities of the Chief Nurse as outlined in this AFI.

14.2. The readiness skills verification (RSV) program lists AFSC-specific readiness skills requirements for AFMS personnel and is posted on the wartime medical planning system office web site at **https://kx.afms.mil/GlobalMedSupTngEx**.

The RSV program will be implemented incrementally. Phase I requires only those personnel assigned to deployable UTCs to complete the RSV for their specific AFSC.