

**BY ORDER OF THE COMMANDER  
59TH MEDICAL WING**

**59TH MEDICAL WING INSTRUCTION  
46-104**



**13 JULY 2016**

**Nursing**

**NURSING CARE**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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OPR: 59 MDW/SGN

Certified by: 59 MDW/SGN  
(Lt Col Deborah Jones)

Supersedes: 59 MDWI 46-104, 7  
February 2014

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Pages: 6

This instruction supplements Air Force Policy Directive 46-1, *Nursing Services*. This instruction describes the plan for providing nursing care based on the wing mission and needs of the patient population. It defines nursing, nursing standards, identifies areas in the facility/unit where nursing care is delivered, and the responsibilities of the 59th Medical Wing (MDW) Chief Nurse (SGN) and Group SGN. It establishes the standard for demonstrating the nursing process. This instruction applies to all nursing personnel assigned, attached or under contract to the 59 MDW. It excludes 959th Medical Group and does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. The authority to waive requirements is the publication approval authority. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

**SUMMARY OF CHANGES**

This publication has been revised. This rewrite of 59 MDWI 46-104 includes updated definitions of nursing care in the different medical groups.

## 1. General.

1.1. Nursing service has adopted the Air Force Medical Service's (AFMS) vision of Trusted Care, a continuous learning and improving organization with a single-minded focus of safety and Zero Harm.

1.2. Nursing personnel are directly responsible for ensuring patients receive nursing care based on the nursing process. Continuity and communication of nursing care is achieved whenever the care of a patient is transferred from one caregiver to another, and is documented in the patient's medical record. Nursing personnel includes all active duty, (Registered Nurses /medical technicians) General Schedule and contract employee Registered Nurses /Licensed Vocational Nurses/Licensed Practical Nurses.

## 2. Overview.

2.1. Nursing. The 59 MDW has adopted the American Nursing Association (ANA) definition of professional nursing as the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations. There are six essential features of professional nursing:

2.1.1. Provision of a caring relationship that facilitates health and healing,

2.1.2. Attention to the range of human experiences and responses to health and illness within the physical and social environments.

2.1.3. Integration of objective data with knowledge gained from an appreciation of the patient's or group's subjective experience.

2.1.4. Application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking.

2.1.5. Advancement of professional nursing knowledge through evidence based practice, and influence on social and public policy to promote social justice.

2.2. This definition of nursing reinforces utilization of the nursing process, including data collection, diagnosis, planning, treatment and evaluation. The nursing process is supported by standards of nursing practice that are congruent with the definition and that provide more specific guidelines for practice. These standards include systematic, continuous collection of data concerning the health status of the patient in recorded form that is assessable and that may be communicated. A nursing diagnosis is derived from the data collected. A plan for nursing care incorporates goals derived from the nursing diagnosis and the priorities and approaches to achieve the goals as indicated by the nursing diagnosis.

2.3. Nursing Practice. The act of applying the knowledge of human responses to actual or potential health problems.

2.4. Nursing Process. A methodology that facilitates nurses' identification of human responses to health problems. The framework used within the 59 MDW is one adopted from

the ANA's Standards of Clinical Nursing Practice.

### **3. Additional Standards.**

3.1. The Nursing Executive Function (NEF) may add standards, as necessary. These standards may be outcome, process, procedural or structural in nature. Individual units and clinics may also adopt professional practice standards as needed.

3.2. 59 MDW is located in the State of Texas. As such, the Texas Nursing Practice Act [http://www.bon.texas.gov/practice\\_scope\\_of\\_practice\\_rn.asp](http://www.bon.texas.gov/practice_scope_of_practice_rn.asp) is utilized in assessing Standards of Care.

### **4. Responsibilities of the 59 MDW/SGN (Chief Nurse).**

4.1. The 59 MDW/SGN is responsible and accountable for ensuring that the provision of patient care and standards of nursing practice are consistent with current evidence based research and nationally recognized professional standards. The SGN provides wing oversight in the development of nursing standards of practice, policy, and resource requirements.

4.2. The 59 MDW/SGN has the authority to define, establish, and implement nursing standards for patient care and nursing practice throughout the 59 MDW.

4.3. The 59 MDW/SGN chairs the NEF, which is responsible for providing oversight for the provision of nursing care within the 59 MDW, establishing nursing policy and standards of practice, and for collaborating, planning, coordinating, designing and integrating the delivery of nursing care, services, and research within the 59 MDW.

4.4. Provision of Nursing Care. The 59 MDW/SGN/4N Functional Manager, in conjunction with the Group SGNs/4N Functional Managers, ensure appropriate nursing support for medical services. When plans for change in the provision of specific patient care services are developed, they apply appropriate changes to nursing care requirements and resource projections.

4.5. The ongoing provision of nursing care is monitored through the review of performance improvement activities, peer review, customer satisfaction data tracked through the Patient Advocacy Office, patient comment cards and letters, random patient medical record reviews, and other means. The 59 MDW/SGN informs the Board of Directors (BOD) when potential compromises in patient care or practice patterns could occur due to inadequate numbers of qualified nursing personnel.

4.6. When action is required to modify practice or address staffing and training issues that have actual or potential impact on nursing care, the 59 MDW/SGN takes action through the NEF, Performance Improvement Committee, and/or BOD.

4.7. Matters involving substandard clinical performance on the part of non-credentialed nursing personnel are addressed with the Risk Management Office and acted on IAW guidelines in AFI 44-119, *Medical Quality Operations*.

### **5. Responsibilities of the Group SGN.**

5.1. The Group SGN is responsible and accountable for ensuring that the provision of patient care and standards of nursing practice are consistent with current evidence based findings and nationally recognized professional standards.

5.2. The Group SGNs/4N Functional Managers collaborate with the 59 MDW/SGN to ensure nursing standards are upheld within their groups.

5.3. Group SGNs/4N Functional Managers ensure appropriate nursing support is available to provide medical care. When changes to staffing are required, consideration is given to skill mix of nurses and medical technicians to ensure patient safety remains top priority. Group SGNs will inform the 59 MDW/SGN of inadequate numbers of qualified nursing personnel.

5.4. Group SGNs participate in continuous process improvements to ensure processes are in place for all members of the group to achieve zero harm to patients.

5.5. Group SGNs continuously monitor performance improvement activities. They will inform the NEF and group executive committee members when action is required to modify practice or there is a need to address staffing or training issues impacting patient care.

5.6. Group SGNs participate in, and foster participation by nursing personnel, in the Evidence Based Practice Council which is a subset of the NEF. The Evidence Based Practice Council purpose is to foster evidence-based practice within the 59 MDW by engaging nursing personnel to use interdisciplinary methodology to seek out and translate current evidence-based research to advance nursing practice and optimize patient outcomes.

5.7. Substandard clinical performance is addressed with the Risk Management Office IAW AFI 44-119.

## **6. Quality of Nursing Care.**

6.1. Quality of nursing care is monitored by the SGN/4N Functional Manager through several sources.

6.2. Direct and indirect observation of staff performance by group chief nurses, 4N Functional Managers, superintendents, flight chiefs/noncommissioned officers in charge.

6.3. Nursing Peer Review Process. (The peer review process and management of clinical adverse actions are governed IAW AFI 44-119).

6.4. Wing Risk Management input addressing practice concerns/trends.

6.5. Information provided from Patient Safety, Infection Control, and from other health care disciplines addressing the quality of nursing care and from other services.

6.6. Patient and customer feedback regarding nursing services provided at the 59 MDW.

## **7. Areas Where Nursing Care is Delivered.**

7.1. The 59 MDW is comprised of seven medical groups. A SGN is embedded within five of these groups. The Dental Group and Medical Support Group (MDSG) do not have a SGN. Each group has a unique mission which nursing personnel support as follows:

7.2. 59th Medical Operations Group. 59 MDOG nursing personnel deliver urgent, surgical, medical specialty and primary care in the DoD's largest ambulatory surgical center. 59 MDOG includes the AFMS's largest Family Medicine Clinic and Pediatric Clinic as well as 5 operating rooms and 39 other clinical specialty areas.

7.3. 59th Training Group (TRG). Provides training for nurses and 17 technical AFSCs. The 59 TRG ensures national standards and maintains 14 program accreditations as well as

directs nursing education and readiness skill development for 7.3K trainees. In addition, they manage the Nurse Transition Program (NTP)/course administration at 11 military and 3 civilian clinical training sites while ensuring the programs meet accreditation and national standards.

7.4. 359th Medical Group. Provides care to personnel in the 12th Flying Training Wing, the Air Force Personnel Center, Air Education and Training Command and as well as additional 30 missions partners and their beneficiaries. Nursing personnel fill positions in three outpatient clinics to include Family Practice, Pediatrics, and Flight Medicine. Additional, nurses fill positions in the Family Advocacy Program (FAP), Behavior Health and Medical Management.

7.5. 559th Medical Group. Nursing personnel provide outpatient support to the 737th Training Group basic trainees, 37th Training Group technical school, and sister services to support the Defense Language Institute and Inter-American Air Forces Academy foreign nationals. Nursing care is also provided in the Flight Medicine Clinic.

7.6. 59th Training Squadron (TRS). The 59 TRS is one of four squadrons in the 59 MDSG. Nursing personnel provide training for six nursing programs to include NTP, Air Force Perioperative Nursing Course, Perinatal Nursing Course, Critical Care/Emergency Trauma Nursing Course and Neonatal Intensive Care Nursing Course.

7.7. 59th Dental Group. Two perioperative nurses provide care during dental surgical cases.

7.8. 59 MDW, Wing Staff:

7.8.1. Science and Technology (ST). Three Nurse Scientists lead nursing research within the Nursing Research Division of ST.

7.8.2. Division of Wing Education and Training. Oversees training for wing staff.

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Chief Nurse

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 44-119, *Medical Quality Operations*, 16 August 2011

AFI 46-101, *Nursing Services and Operations*, 30 January 2015

AFPD 46-1, *Nursing Services*, 1 September 2011

59 MDWI 36-2601, *Human Resource Development*, 13 June 2014

*Texas Nurse Practice Act, 2013*, <http://www.bon.state.tx.us/nursinglaw/npa.html>

*Nursing Scope and Standards of Practice*, American Nurses Association, 2004

*Trusted Care Concept of Operations, 2015*, Office of the Surgeon General

***Adopted Form***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**AFMS**—Air Force Medical Service

**ANA**—American Nursing Association

**BOD**—Board of Directors

**SGN**—Chief Nurse

**IAW**—In Accordance With

**MDSG**—Medical Support Group

**MDW**—Medical Wing

**NEF**—Nursing Executive Function

**NTP**—Nurse Transition Program

**ST**—Science and Technology

**TRG**—Training Group

**TRS**—Training Squadron