System Nursing Foundational Documents

Professional Nursing Practice Regulation

Nursing Scope and Standards of Practice - Intranet
Nursing Admin: Scope and Standards of Practice - Intranet
Code of Ethics for Nurses - Intranet
Specialty Certification - Intranet
Wisconsin Nurse Practice Act - Intranet
AHC Mission, Vision, Values - Intranet
AHC Policies, Procedures, Protocols - Intranet
Nursing Strategic Plan - Intranet
Social Policy Statement - Intranet

Organizational Standards

Aurora Conceptual Framework for Nursing Practice - Intranet
ASNA Bylaws - Intranet
Care Delivery Model – Intranet
Unit Specific Standards
Specialty Scope & Standards of Practice

Performance Standards

1. Job Standards - Intranet
2. Orientation Competencies - Intranet
3. Essential Education - Intranet
4. Ongoing Clinical Competencies - Intranet
STANDARDS OF NURSING PRACTICE
STANDARDS OF PROFESSIONAL PERFORMANCE
2015

ICU

STANDARDS OF NURSING PRACTICE:

1. ASSESSMENT
2. DIAGNOSIS
3. OUTCOMES IDENTIFICATION
4. PLANNING
5. IMPLEMENTATION
   5A. COORDINATION OF CARE
   5B. HEALTH TEACHING AND HEALTH PROMOTION
6. EVALUATION

STANDARDS OF PROFESSIONAL PERFORMANCE

7. ETHICS
8. EDUCATION
9. EVIDENCE BASED PRACTICE AND RESEARCH
10. QUALITY OF PRACTICE
11. COMMUNICATION
12. LEADERSHIP
13. COLLABORATION
14. PROFESSIONAL PRACTICE EVALUATION
15. RESOURCE UTILIZATION
16. ENVIRONMENTAL HEALTH

*Typing Key
Style = ANA standards – may not be deleted or changed – Bold, Arial, 10 font
Style = System Standards – Times New Roman, 10 font, regular type)
Style = Unit specific standards (Times New Roman, 10 font, italic)
Style = Site Specific Standards for a cluster unit (Times New Roman, 10 font, italic, bold)
Style = System Unit Standards (Arial, 10 font, italics, non-bold)
STANDARD 1: ASSESSMENT

The registered nurse collects comprehensive data pertinent to the health care consumer's health and/or the situation.

MEASUREMENT CRITERIA:

1. ABMC Critical Care (CC) supports the American Nurses Association (ANA) standards and competencies.

2. ABMC Critical Care supports the American Nurses Association of Critical-Care Nursing (AACN) nursing standards for critical care.

3. ABMC Critical Care includes patients with the status of ICU or IMCU.

4. Assessments, reassessment, and appropriate documentation of findings will be in compliance with Aurora BayCare policy and procedures, including Scope of Nursing Assessment (PC-078), Clinical Documentation (PC-176).
   a. CC patients are reassessed every 4 hours or as condition warrants.
   b. All non-ICU patients (i.e. monitored bed patients) will receive a diagnosis specific assessment every 8 hours or as condition warrants.


6. The RN will collaborate with the organization’s UW Organ and Tissue Donation when the patient’s assessments meet trigger criteria.

Admission

1. Refer to Nursing Assessment and Reassessment Policy (PC-078) for required admission assessment and documentation.

Monitoring

1. The RN will be responsible for reviewing results for all diagnostic testing.

2. Telemetry
   a. All CC patients will have EKG monitored continuously
      1. All CC patients will be monitored in 2 leads, lead choice per RN’s discretion.
   b. Bedside and EKG alarms will remain on at all times unless the patient has been made comfort care. Dysrhythmia alarms will be tailored to the patient’s baseline rhythm. The central telemetry station alarm volume must not be set below 60% or 70 decibels.
   c. EKG strips will be analyzed and documented upon admission, and within the first hour of each shift (every 4 hours) and with every new rhythm change. The tele tech is responsible for mounting the strip with full interpretation including PR, QRS, and QT intervals, HR measured, and type of rhythm. It is the RN’s responsibility to verify cosign each strip.
   d. ECG monitoring patches will be changed every 24 hours and PRN.
   e. All patients on telemetry will have IV access.

3. Tissue Perfusion (Complex Monitoring)

b. Vitals signs (HR, B/P, RR, and O2 saturation) will be documented every 15 minutes and PRN on admission until stable.

c. Vital signs will be obtained and documented a minimum of Q 4 hours.
   1. Alarm parameters will be appropriately set based upon the patient’s condition.

d. Patients receiving vasoactive medications will have their HR and B/P documented every 15 minutes while actively titrating.
   1. If dose has remained unchanged for two consecutive hours the dose is considered static and the HR and BP can be obtained and documented every hour.

e. All patients receiving vasopressors peripherally will need to be assessed by the Intensivist for the need of a central line.

f. All patients with central line access will be assessed daily for the need to continue with central line access.

g. Weights will be done on admission and then daily weights will be documented in kilograms.

h. The admission/dosing weight will be used for the titration of vasoactive support medications.

4. Cardiovascular/Peripheral Vascular Parameters and Associated Defined Normals per Nursing Assessment and Reassessment Policy (PC-078)

5. Respiratory Parameters and Associated Defined Normals per Nursing Assessment and Reassessment Policy (PC-078)
   a. Additional CC assessments to include
      i. Fraction of inspired oxygen/liter flow and mode of delivery will be documented a minimum Q 4 hours or with any change.
   b. The RN will collaborate with Respiratory Therapy to ensure adequate respiratory care provided.
   c. Intubated patients:
      i. Will have their ETT secured.
      ii. The size and location (cm marking) of the ETT at the nare or the lip will be recorded upon intubation.
         1. Location of ETT to be reassessed and documented every 4 hours.
      iii. All ventilator alarms are maintained in the “ON” position at all times.
      iv. All non-emergent ventilator changes will be performed by respiratory.
      v. All patients on mechanical ventilation will have best practice interventions in place to reduce risk of ventilator associated events.

6. Mental Status Parameters and Associated Defined Normals per Nursing Assessment and Reassessment Policy (PC-078)
   a. Additional CC assessments to include
      i. CAM-ICU done daily
      ii. Richmond Agitation Sedation Scale (RASS) every 4 hours, as condition warrants and with sedation medication dose changes.
standards of nursing practice – 2015
unit: intensive care unit site: abmc

a. all patients receiving continuous sedation without medical paralysis will attempt to have their sedation decreased a minimum of every 24 hours and prn unless otherwise indicated per physician orders.

7. neurological assessment parameters and associated defined norms per nursing assessment and reassessment policy (pc-078).
   a. the rn will notify the appropriate rapid response team immediately if patient exhibits signs/symptoms of stroke.

8. eyes, ears, nose, and throat (eent) parameters and associated defined norms per nursing assessment and reassessment policy (pc-078).

9. gastrointestinal parameters and associated defined norms per nursing assessment and reassessment policy (pc-078).

10. genitourinary parameters and associated defined norms per nursing assessment and reassessment policy (pc-078).
   a. all patients with a urinary drainage catheter will have best practice interventions in place to decrease chance of catheter associated urinary tract infections.
   b. bladder scanner will be utilized prn to assess for retention / obstruction prior to irrigating foley.

11. musculoskeletal parameters and associated defined norms per nursing assessment and reassessment policy (pc-078).
   a. additional cc assessments to include:
      i. all icu patients will dangle and progress their activity as tolerated as soon as hemodynamically stable unless physician orders state otherwise.
      ii. all patients will have their activity tolerance assessed every 8 hours. interventions must be considered to optimize the activity level of each patient.

12. integumentary parameters and associated defined norms per nursing assessment and reassessment policy (pc-078).
   a. braden skin risk assessment is performed in accordance with the skin integrity alteration--potential/actual policy (pc-082) and appropriate interventions are employed.
   b. patients will receive pressure point off-loading a minimum of every 2 hours or more frequently as the patient’s condition warrants.
   c. a bath will be offered daily.
   d. additional cc assessments to include:
      i. surgical dressing/incision every 4 hrs
         1. condition of dressing
         2. wound approximation
         3. drainage
         4. condition of surrounding tissue
      ii. the output from any drainage collection systems will be measured and documented a minimum of every 8 hours and prn
      iii. drains will be assessed for color and type of drainage and the correct level of suction if ordered by the physician, every 4 hours and prn.
   e. pain assessment parameters and associated defined norms per nursing assessment and reassessment policy (pc-078).
      i. the pain management policy and procedure (pc-067) will be followed.
      ii. all cc patients will have a pain assessment documented a minimum of q 4 hours.

13. patient safety

   a. the morse fall score will be performed and documented according to the fall prevention policy (pc-004) and appropriate interventions will be implemented.

   b. each patient’s icu environment will be assessed a minimum of every 8 hours or with the change of shift. the assessment must include:
      i. a resuscitation bag with a mask will be present in each icu room.
ii. A minimum of one O2 flow meter will be present in each ICU room.

iii. Oral/tracheal suction will be set up in each ICU room with an adequate supply of suction catheters/devices.

iv. Personal protection equipment and supplies will be available in each ICU room.

**STANDARD 2: DIAGNOSIS**

The registered nurse analyzes the assessment data to determine the diagnoses or the issues.

**MEASUREMENT CRITERIA:**

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. Upon completion of the initial physical assessment and database, an individualized nursing and/or interdisciplinary plan of care.
4. The nurse derives the diagnosis based on assessment data that are appropriate and specific to areas of age utilizing best practice advisories, Knowledge-Based Nursing (KBN), and clinical judgment to develop the plan of care.
5. The nurse documents diagnoses or issues within the Interdisciplinary Plan of Care.

**STANDARD 3: OUTCOMES IDENTIFICATION**

The registered nurse identifies expected outcomes for a plan individualized to the health care consumer or the situation.

**MEASUREMENT CRITERIA:**

1. ABMC CC supports ANA standard and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. Goals and expectations from plan of care will be assessed and discussed with the patient and family.

**STANDARD 4: PLANNING**

The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

**MEASUREMENT CRITERIA:**

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. Revisions to the plan of care shall be made whenever a new problem is identified, when the patient meets a goal or resolves a problem, when the patient does not meet a goal within the time frame identified, or when goal(s) and/or intervention(s) are revised.

4. Daily patient goals are communicated on the patient white board and are updated daily and as necessary.

**STANDARD 5: IMPLEMENTATION**

The registered nurse implements the identified plan.

**MEASUREMENT CRITERIA:**

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. Purposeful rounding will be conducted.
4. Utilizes technology which promotes the safe delivery of patient care (Examples: Bar coding, Smart Pump, Guardrail™).

**STANDARD 5A: COORDINATION OF CARE**

The registered nurse coordinates care delivery.

**MEASUREMENT CRITERIA:**

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. The nurse will coordinate and collaborate the patient’s plan of care with the multidisciplinary team utilizing the Outcome Facilitation Team process and document the summary daily.

**STANDARD 5B: HEALTH TEACHING AND HEALTH PROMOTION**

The registered nurse employs strategies to promote health and a safe environment.

**MEASUREMENT CRITERIA:**

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. The teach back method of educating patients will be used to verify information shared is understood by patient and/or care takers.
4. The nurse supports the Joint Commission Patient Safety Goals.

**STANDARD 6: EVALUATION**

The registered nurse evaluates progress toward attainment of outcomes.
Standards of Nursing Practice – 2015
Unit: Intensive Care Unit Site: ABMC

MEASUREMENT CRITERIA:

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. *The nurse includes the patient / family in the evaluation process of outcomes.*

STANDARD 7: ETHICS

The registered nurse practices ethically

MEASUREMENT CRITERIA:

1. ABMC CC supports the ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. The nurse’s practice is guided by the ANA code of ethics and reflects the organization’s vision, mission, and values.
4. *In the event of an ethical dilemma, the RN can initiate a formal ethics consult.*

STANDARD 8: EDUCATION

The registered nurse attains knowledge and competence that reflects current nursing practice.

MEASUREMENT CRITERIA:

1. ABMC CC supports the ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. *Caregivers are expected to attend 80% of staff meetings.*
5. *Each nurse achieves Advanced Cardiac Life Support (ACLS) certification within 6 months of hire and maintains current ACLS certification.*
6. *Each nurse completes annual competencies as determined by ABMC and CC by determined deadline.*
7. *Each nurse completes all essential education by determined deadline.*
8. *The nurse is encouraged to demonstrate professional growth through participation in nursing clinical ladder.*
9. *The nurse is encouraged to participate in continuing education to demonstrate professional growth and life-long learning.*
10. *ADN nurses are encouraged and supported to complete BSN.*
11. The nurse is encouraged and supported to obtain certification in a specialty.

12. All CC RNs will demonstrate competency in basic arrhythmia detection and interpretation by the end of orientation.

STANDARD 9: EVIDENCE BASED PRACTICE AND RESEARCH

The registered nurse integrates evidence and research findings into practice.

MEASUREMENT CRITERIA:

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.

STANDARD 10: QUALITY OF PRACTICE

The registered nurse contributes to quality nursing practice.

MEASUREMENT CRITERIA:

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. The RN demonstrates an understanding of quality indicators and supports quality initiatives that are being considered and are currently monitored by CMS, NDNQI, and Press Ganey.
4. The nurse demonstrates behavior consistent with AMBC service standards.

STANDARD 11: COMMUNICATION

The registered nurse communicates effectively in a variety of formats in all areas of practice.

MEASUREMENT CRITERIA:

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. RN conducts a handoff report with any patient transfer and transition of care to minimize risks or lapses in appropriate care of the individual.
4. The nurse utilizes the Situation Background Assessment and Recommendation (SBAR) approach when communicating with colleagues.

STANDARD 12: LEADERSHIP

The registered nurse demonstrates leadership in the professional practice setting and the profession.
MEASUREMENT CRITERIA:

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. The nurse serves in key roles in the work setting by participating on committees, councils, and workgroups.

STANDARD 13: COLLABORATION

The registered nurse collaborates with health care consumers, family, and others in the conduct of nursing practice.

MEASUREMENT CRITERIA:

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. The ICU RN will implement the patient’s plan of care in collaboration with the, MD provider and other ancillary providers as necessary.
4. RN involves patient/patient representative/family in collaboration of plan of care.

STANDARD 14: PROFESSIONAL PRACTICE EVALUATION

The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

MEASUREMENT CRITERIA:

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. Each nurse will set personal goals to assist in meeting unit and organizational goals annually.

STANDARD 15: RESOURCE UTILIZATION

The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

MEASUREMENT CRITERIA:

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. The nurse will implement appropriate Care Management initiatives to ensure best practice related to delivery of care and patient outcomes.
4. RN adheres to staffing effectiveness model.
STANDARD 16: ENVIRONMENTAL HEALTH

The registered nurse practices in an environmentally safe and healthy manner.

MEASUREMENT CRITERIA:

1. ABMC CC supports ANA standards and measurement criteria.
2. ABMC CC supports the AACN nursing standards for critical care.
3. ABMC CC supports the AACN standards for Healthy Work Environment.