Standards of Nursing Practice – 2015
Unit: Medical-Surgical 1, 2 Surgical, 2 Neuro, 3, 4, and OB/GYN/PEDS (excluding Pediatrics & Post-Partum)
Site: ABMC

Aurora BayCare Medical Center Nursing Foundational Documents

Nursing Professional and Regulatory Standards

Aurora Philosophy of Nursing Practice - Intranet
Aurora Conceptual Framework for Nursing Practice - Intranet
Wisconsin Nurse Practice Act - Intranet
ANA Nursing Administration Scope and Standards of Practice - Intranet
Professional Certification - Intranet

Performance Standards

Job Standards - Intranet
Orientation Competencies - S:/drive
Essential Education - S:/drive
Annual Competencies - Intranet

Standards of Clinical Practice

ANA Scope and Standards of Clinical Practice - Intranet
Code of Ethics for Nurses - Intranet
Scope of Patient Management - Intranet
Unit Standards of Clinical Practice - Intranet
Documentation Standards - Intranet

Standards of Patient Care

Policies and Procedures - Intranet
Care Plans - E.H.R.
Care Management Initiatives - Intranet
*Clinical Nursing skills and Techniques* – Perry & Potter 2014
Specialty Resources or Procedural Guidelines

Strategic Plan / Unit Goals

1. Aurora BayCare Medical Center Mission, Vision, and Values - Intranet
2. Aurora Health Care Nursing Strategic Plan - Intranet

Wherever the term North/ ABMC or ABMC is used within this document, it refers to Aurora Bay Care Medical Center.
STANDARDS OF NURSING PRACTICE
STANDARDS OF PROFESSIONAL PERFORMANCE
2015

Medical – Surgical 1, 2 Surgical, 2 Neuro, 3, 4, OB/GYN/PEDS (excluding Pediatrics & Postpartum)

STANDARDS OF NURSING PRACTICE
1. ASSESSMENT
2. DIAGNOSIS
3. OUTCOME 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 – ABMC Standards – Arial, Plain, 10 font
Style – Unit specific standards – Arial, italic, 10 font
Standards of Nursing Practice – 2015

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For STANDARDS 1 – 16: ABMC Nursing supports the American Nurses Association (ANA) standards and measurement criteria.

STANDARD 1: ASSESSMENT

The registered nurse collects comprehensive data pertinent to the patient’s health or the situation.

MEASUREMENT CRITERIA:

1. The patient will be assessed and reassessed as appropriate based on defined body system assessment criteria.
2. Data is documented in a retrievable form.
3. The data collection process is systematic and ongoing.
4. “Every shift” is defined as a standard 8 hour shift (0700-1500, 1500-2300, 2300-0700)
5. The Admission History is completed within 24 hours of admission.
6. The initial physical assessment and assessment plan is documented within 8 hours of admission for all inpatients. Initial assessment includes all body systems.
7. A physical assessment is completed every each shift, and the timing of reassessments is based on patient condition, post-operative protocols, policies, physician orders and nursing judgment.
8. Vitals signs including (Temperature, pulse, respirations and blood pressure including O2 saturations) will be recorded minimally three times a day.
9. Post operative assessments are documented on each patient per MD orders. If orders do not specify, frequency for VS and assessment is as follows: every half hour x2, every 4 hours x 4.
10. Intake and Output is documented at the appropriate time and totaled 3 times per day.
11. Activities of Daily Living (ADL) are documented in the EHR minimally every shift by and RN or a CNA. If unable to complete ADLs, Range of Motion (ROM) should be documented.
12. Bathing and oral care are offered to patients on a daily basis.
13. Telemetry is monitored remotely. Monitor tech will read/record telemetry strips on admission, twice a day and as needed with rhythm changes. Strips will be sent to the appropriate unit where they are reviewed, signed, and mounted by the RN.
14. Invasive line assessments are to be conducted at least three times a day.
15. Pain assessments are conducted with each physical assessment (minimum of three times a day) for the patient who reports no pain; In the patient with pain, follow guidelines established in the Pain Management Policy (PC 067).
16. Purposeful rounding will be performed every hour during the day and every 2 hours during the night.
STANDARD 2: DIAGNOSIS

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

MEASUREMENT CRITERIA:

1. Medical-Surgical nursing units support ANA Scope and Standards of Medical-Surgical Nursing Practice.

2. For units with specialty populations, recommendations from specialty-specific standards are followed in addition to ANA.

3. 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.

4. The nurse validates the prioritized diagnoses or issues with the patient, significant others and other healthcare providers when possible and appropriate.

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 patient or the situation.

MEASUREMENT CRITERIA:

1. The nurse involves the patient, family and significant others in formulating expected outcomes when possible and appropriate.

2. The nurse derives outcomes that are cognitively appropriate, age-specific, patient and family centered and culturally sensitive.

3. The outcomes include a time estimate for attainment, incorporate scientific evidence, and are achievable through implementation of evidence-based practices.

4. The nurse modifies expected outcomes based on changes in the status of the patient or evaluation of the situation.

5. The nurse documents expected outcomes as measurable goals.

6. At discharge or transfer, the nurse documents reason and action for unmet outcomes for continuity of care.

7. The nurse will coordinate and collaborate the patients’ plan of care with the multidisciplinary team through utilizing the Outcome Facilitation Process and document the summary daily.
8. The identification of patient outcomes are necessary components of the Patient as Partner nursing framework.

STANDARD 4: PLANNING

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

MEASUREMENT CRITERIA:

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

2. The plan may utilize standards of care, protocols, guidelines, and/or Interdisciplinary Plans of Care which are individualized according to the patient’s needs.

3. The nurse includes strategies within the plan of care that address each of the identified diagnoses or issues, which may include strategies for wellness.

4. The nurse utilizes complimentary and integrative therapy practices when partnering with the patient/family for development of patient-specific interventions as appropriate.

5. The nurse re-evaluates the plan of care BID and as appropriate.

6. The nurse develops the plan of care based on assessment data that are appropriate and specific to areas of age utilizing best practice advisories, Knowledge-Based Nursing (KBN).

STANDARD 5: IMPLEMENTATION

The registered nurse implements the identified plan.

MEASUREMENT CRITERIA:

1. Purposeful rounding will be conducted.

2. 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. 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. The teach back method of educating patients will be used to verify information shared is understood by patient and/or care takers.

2. The nurse supports the Joint Commission Patient Safety Goals.

3. The nurse collaborates with the interdisciplinary team and individualizes teaching plans in order to partner with patients for continued health and safety.

STANDARD 6: EVALUATION

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

MEASUREMENT CRITERIA:

1. The nurse includes the patient / patient representative utilizing the Patient as Partner framework in the evaluation process.

2. The nurse conducts a systematic, ongoing, and criterion-based evaluation of outcomes and modifies the plan of care based on observable patient responses and attainment of expected outcomes.

STANDARD 7: ETHICS

The registered nurse integrates ethical provisions in all areas of practice.

MEASUREMENT CRITERIA:

1. The nurse’s practice is guided by the ANA code of ethics and reflects the organization’s vision, mission, and values.

2. In the event of an ethical dilemma, the RN can initiate a formal ethics consult.

STANDARD 8: EDUCATION

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

MEASUREMENT CRITERIA:

1. Nurses are expected to attend 75% of staff meetings.

2. Each nurse maintains current BLS certification.

3. Each nurse completes annual competencies as determined by ABMC and specific department needs by determined deadline.

4. Each nurse completes all essential education by determined deadline.
5. The nurse is encouraged to demonstrate professional growth through participation in nursing clinical ladder.

6. The nurse is encouraged to participate in continuing education to demonstrate professional growth and life-long learning.

7. ADN nurses are encouraged and supported to complete BSN.

8. The nurse is encouraged and supported to obtain certification in a specialty.

9. All Medical – Surgical 1 nurses are required to be chemotherapy trained within 18 months of hire.

10. All Medical – Surgical 2 Neuro nurses must pass the NIH Stroke certification course within 12 months of hire to unit.

STANDARD 9: EVIDENCE-BASED PRACTICE AND RESEARCH
The registered nurse integrates research findings into practice.

MEASUREMENT CRITERIA:

1. The nurse recognizes, values, and utilizes research and evidence based practice tools (best practice advisories and KBN) to enhance the practice of nursing and guide practice decisions.

STANDARD 10: QUALITY OF PRACTICE
The registered nurse systematically enhances the quality and effectiveness of nursing practice.

MEASUREMENT CRITERIA:

1. The nurse demonstrates behavior consistent with AMBC service standards.

2. The nurse participates in quality improvement activities using evidence-based nursing indicators to improve practice.

3. The nurse analyzes patient outcome data and participates in education and performance improvement projects for indicators below benchmark.

4. The nurse evaluates the quality and effectiveness of their practice.

5. The RN demonstrates an understanding of quality indicators and supports quality initiatives that are being considered and currently monitored by CMS, NDNQI, and Press Ganey.

STANDARD 11: COMMUNICATION
The registered nurse communicates effectively in a variety of formats in all areas of practice.

MEASUREMENT CRITERIA:
1. The nurse utilizes the Situation Background Assessment and Recommendation (SBAR) approach when communicating with colleagues.

2. The nurse conducts a handoff report with any patient transfer or transition in care to minimize risks or lapses in appropriate care of the individual.

3. Bedside shift report is utilized to hand off care to the next RN assuming accountability as well as including the patient.

4. White boards in patient rooms are used to communicate to the patient/family and peers.

5. The nurse relays concerns or observations related to errors in care or practice to the appropriate level.

STANDARD 12: LEADERSHIP

The registered nurse provides leadership in the professional practice setting and the profession.

MEASUREMENT CRITERIA:

1. The nurse directs the coordination of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated task.

2. 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 patient, family and others in the conduct of nursing practice.

MEASUREMENT CRITERIA:

1. The nurse utilizes the Patient as Partner framework.

2. The nurse collaborates with the patient / family to ensure a safe environment.

3. The nurse collaborates with the interdisciplinary team and family in creating a documented plan of care focusing on outcomes and decisions related to patient care and delivery of services.
   a. Ancillary departments includes (but not limited to) Nutritional, Spiritual Care, Respiratory, and Wound

4. Participates in building consensus or resolving conflict in the context of patient care.

5. Adheres to standards and applicable coeds of conduct that govern behavior among peers and colleagues to create a work environment that promotes cooperation, respect and trust.

6. Engages in teamwork and team-building process.

STANDARD 14: PROFESSIONAL PRACTICE EVALUATION
The nurse evaluates one’s own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules and regulations.

MEASUREMENT CRITERIA:

1. Each nurse will set and take action to achieve personal goals to assist in meeting unit and organizational goals annually.


STANDARD 15: RESOURCE UTILIZATION

The registered nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.

MEASUREMENT CRITERIA:

1. The nurse collaborates with the interdisciplinary team to deliver patient care in a manner which partners with the patient to provide consistent, safe, efficient, and cost-effective resource utilization.

2. Adheres to the staffing effectiveness model.

STANDARD 16: ENVIRONMENTAL HEALTH

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

MEASUREMENT CRITERIA

1. The nurse is educated in health safety including body mechanics and safe lifting and mobilization of patients, utilizing appropriate lift equipment

2. The nurse assesses the environment for factors that may threaten health. Potential environmental risk factors include: spills, obstructions, noises, odor, and light.

3. The nurse communicates environmental risks through proper channels.

4. ABMC nursing supports the AACN standards for Healthy Work Environment.

References:

AMSN (2007) Scope and Standards of Medical-Surgical Nursing Practice; 4th edition


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ANA & AANN (2009) Scope and Standards of Neuroscience Nursing Practice

Clinical Documentation Policy PC-176; ABMC Intranet; rev

Perry and Potter (2014) Clinical Nursing Skills and Techniques

Scope of Assessment Policy PC-078; ABMC Intranet; Rev. 2/11