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**For units caring for Pediatric Patients:**

**Pediatric Nursing Procedures**

Pediatric Nursing Procedures - Bowden & Smith Greenberg (April 2011) is required for units caring for pediatric patients.

> Whenever the term Women’s Health Services is used within this document, it refers to Aurora BayCare Nursing Women’s Health Services (Labor & Delivery, Recovery, Postpartum, and Nursery)

**Obstetrical Nursing Procedures:**

**Neonatal/NICU Nursing Procedures:**

Perioperative Care of the Obstetric Patient / Surgical Patient:

Wherever the term “every shift” is used within this document, it refers to shift being defined as a standard 8 hour shift (0700-1500, 1500-2300, 2300-0700).
Aurora BayCare Medical Center Nursing
STANDARDS OF NURSING PRACTICE
2016

WOMEN’S HEALTH SERVICES
WOMEN’S HEALTH SERVICES INPATIENT UNITS
Labor, Delivery, Post-Partum, Recovery, and Nursery

STANDARDS OF NURSING PRACTICE:

1. ASSESSMENT
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American College/Congress of Obstetrics and Gynecology (ACOG) or AWHONN standards of obstetrical and neonatal care will be adhered to in the development and direction of a plan of nursing care for the obstetrical and neonatal patient.
STANDARD 1. ASSESSMENT

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

MEASUREMENT CRITERIA:

1. Aurora BayCare Medical Center Women’s Health Nursing supports the ANA standards and measurement criteria for Standards 1 through 16.

2. The patient will be assessed and reassessed as appropriate based on defined body Aurora BayCare Medical Center assessment criteria.

3. Women’s Health Services, Inpatient Units support AWHONN Standards and Measurement Criteria 1-6.


5. As applicable, Women’s Health Services, Inpatient Units support AORN Standard 1 in Perioperative Clinical Practice, Criteria 1-5.

6. As applicable, Women’s Health Services, Inpatient Units support ASPAN Standards VI and Resource 4.

7. Each patient’s needs for nursing care related to his/her admission is assessed by a registered nurse.

8. Needs are reassessed as appropriate or when warranted by a change in the patient’s condition, according to individual care plans and protocols, or per physician order.

9. Learning needs, abilities, preferences and readiness to learn of the patient/family and/or significant other(s) are assessed when appropriate and outcomes of teaching are documented.

10. The patient’s name and procedure to be performed will be verbally verified with the patient/family or designated representative (two independent forms of identification are used).

11. The patient will be assessed based on standard minimum assessment parameters per AWHONN Standards and Measurement

12. Patients will be cardiac monitored during post-anesthesia care.
   a. Cardiac rhythm strips will be documented for each patient and whenever a change or abnormality is noted.
   b. Documentation on the EKG strip will include: heart rate, PR interval, QRS interval, rhythm interpretation, the patient’s name, and the nurse’s initials on non-pediatric patients.

LUMBAR EPIDURAL ANALGESIA FOR LABOR AND DELIVERY ASSESSMENT

1. Vital Signs
   a. Blood Pressure (BP), Pulse (P), Respirations (R), Oxygen Saturation (O2) to be assessed every 2 minutes x 20 minutes after epidural placement or rebolus.

   b. If stable, reduce BP and P to every 15 minutes. R and O2 saturation can be reduced to q 30 minutes until delivery.

2. Vital sign frequency may be increased per RN discretion and patient condition. Assessments/Notifications until delivery
   a. Dermatome level assessment to ice every hour.
STANDARD 2. DIAGNOSIS

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

MEASUREMENT CRITERIA:

1. Women’s Health Services Inpatient Units support AWHONN Standards and Measurement Criteria 1-3.

2. Women’s Health Services Inpatient Units support NANN Standards and Measurement Criteria 1-5.

3. As applicable, Women’s Health Services Inpatient Units support AORN Standard II of Perioperative Clinical Practice Criteria 1-3.

4. Each patient’s plan of care will be based on identified nursing diagnosis, patient assessment, physician orders, patient/family care needs and patient care standards.

5. Patient population-specific protocols/guidelines/pathways of care may be used in lieu of specific nursing diagnosis, or problems.

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. Women’s Health Services Inpatient Units support AWHONN Standards and Measurement Criteria 1-8.

2. Women’s Health Services Inpatient Units support NANN Standards and Measurement Criteria 1-8.

3. As applicable, Women’s Health Services Inpatient Units support AORN Standard III of Perioperative Clinical Practice Criteria 1-9.

4. Interdisciplinary Outcome Facilitation team meetings will be conducted according to unit-specific guidelines.

5. Patient Outcomes will be documented on admission and updated as determined by patient’s ongoing condition or needs. These goals are based on the patient’s diagnosis, medical treatment, and patient/family needs.

6. Patient outcomes/goals are developed in collaboration with the patient and/or the family/caregiver.

STANDARD 4. PLANNING

The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.
Standards of Nursing Practice – 2016

MEASUREMENT CRITERIA:

1. **Women’s Health Services Inpatient Units support AWHONN Standards and Measurement Criteria 1-7.**

2. **Women’s Health Services Inpatient Units support NANN Standards and Measurement Criteria 1-10.**

3. As applicable, **Women’s Health Services Inpatient Units support AORN Standard IV of Perioperative Clinical Practice Criteria 1-6.**

4. As applicable, **Women’s Health Services Inpatient Units support ASPAN Standard VII.**

5. **Revisions to the plan of care will be made whenever a new problem/need is identified; the patient meets a goal, resolves a problem, fails to meet a goal, or when goal(s)/need(s) and/or interventions are revised.**

6. **The plan of care may consist of nursing diagnoses, standards of care, protocols, guidelines, and/or Interdisciplinary Plans of Care (IPOCs), which are individualized according to the patient’s/family’s needs.**

7. **The RN will be responsible for the continuing care needs and discharge planning for the neonate and obstetrical patient.**
   a. **Initiate appropriate referrals to social services, public health department, community resources and appropriate support systems to meet their individual needs will be addressed.**
   b. **The staff will coordinate necessary support mechanisms when adoption is chosen.**
   c. **Appropriate assistance, support and referrals related to the grief process in the case of a fetal anomaly, loss of an infant to adoption or to death, or less than optimal outcome will be addressed.**

**STANDARD 5. IMPLEMENTATION**

The registered nurse implements the identified plan.

1. Purposeful rounding will be conducted on all patients/families.

2. The nurse applies technology which promotes the safe delivery of patient care (ex bar coding, smart pump, guard rail use) and implementation of proven best-practices (ex use of established care-bundles.)

3. **Women’s Health Services Inpatient Units support AWHONN Standards and Measurement Criteria 1-5**

4. **Women’s Health Services Inpatient Units support NANN Standards and Measurement Criteria 1-7.**

5. As applicable, **Women’s Health Services Inpatient Units support AORN Standard V of Perioperative Clinical Practice Criteria 1-6.**

6. As applicable, **Women’s Health Services Inpatient Units support ASPAN Standard VII.**

7. **The RN implements the interventions identified in the woman’s or newborn’s plan of care.**

**STANDARD 5A. COORDINATION OF CARE**

The registered nurse coordinates care delivery.

MEASUREMENT CRITERIA
1. Women’s Health Services Inpatient Units supports NANN Standards and Measurement Criteria 1-2.

2. The RN will coordinate and facilitate the patient representative’s involvement in patient care.
   a. The patient can expect their patient representative to be involved during labor, delivery, and recovery and postpartum when desired and appropriate for the wellbeing of the patient.
   b. The patient can expect their patient representative to be involved in aspects of care and teaching when desired and appropriate for the wellbeing of the patient.

STANDARD 5B. HEALTH TEACHING AND HEALTH PROMOTION

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

MEASUREMENT CRITERIA

1. Women’s Health Services Inpatient Units support NANN Standards and Measurement Criteria 1-3.

2. The Women’s Health nurse supports teaching for health promotion including, but not limited to, immunizations, infectious disease prevention, postpartum depression, car seat safety, diagnoses of specific conditions, pertinent care management initiatives, etc.

3. The Women’s Health nurse reviews and compiles health information resources appropriate to the patient/family’s developmental level, learning needs, readiness to learn, and cultural values and beliefs.

4. The Women’s Health nurse will assess patient/patient representative’s education needs and be responsible for developing, implementing, evaluating, and documenting appropriate teaching.

5. The patient/patient representative will receive written instructions, audiovisuals, demonstrations and one to one teaching to assist in learning basic infant care skills, infant feeding and self-care skills.

6. The patient/patient representative will have appropriate teaching provided that is based on their individual physiological and psychological needs and learning ability.

7. The patient/patient representative will have the opportunity to demonstrate acquired knowledge and their ability to provide infant care and feeding as well as self-care needs prior to discharge.

STANDARD 5C. CONSULTATION

The graduate-level prepared specialty nurse or advance practice registered nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

1. The advanced practice nurse synthesizes clinical data, theoretical frameworks, and evidence when providing consultation.

2. The advanced practice nurse facilitates the effectiveness of a consultation by involving the patient/family or caregiver in decision-making and negotiating role responsibilities.

3. The advanced practice nurse communicates recommendations that facilitate change.

STANDARD 5D. PRESCRIPTIVE AUTHORITY AND TREATMENT

The advance practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with State and Federal laws and regulations.

MEASUREMENT CRITERIA:

1. The advanced practice nurse evaluates therapeutic and potential adverse effects of pharmacological and non-pharmacological treatments.
2. The advanced practice nurse provides the patient/family or caregiver with information about intended effects and potential adverse effects of proposed prescriptive therapies.

STANDARD 6. EVALUATION

The registered nurse evaluates progress toward attainment of outcomes.

MEASUREMENT CRITERIA:

1. Women’s Health Services Inpatient Units support AWHONN Standards and Measurement Criteria 1-6.
2. Women’s Health Services Inpatient Units support NANN Standards and Measurement Criteria 1-7.
3. As applicable, Women’s Health Services Inpatient Units support AORN Standard VI of Perioperative Clinical Practice Criteria 1-6.
4. As applicable, Women’s Health Services Inpatient Units support ASPAN Standard VIII.
5. The Women’s Health nurse evaluates and modifies that plan of care based on observable client responses and attainment of expected outcomes.
6. The patient will have data related to their progress documented by an RN or appropriate staff member as delegated by an RN throughout their hospital stay.
7. The Women’s Health nurse evaluates the accuracy of the diagnosis and effectiveness of the interventions in relationship to the patient’s and the family’s attainment of expected outcomes.
8. The patient will have evaluation and re-evaluation of their progress documented by a RN or appropriate staff member as delegated by a RN at least BID for the entirety of their stay.

STANDARD 7. ETHICS

The registered nurse practices ethically.

MEASUREMENT CRITERIA:

1. Women’s Health Services Inpatient units support AWHONN Standards and Measurement Criteria 1-6 of Standard V.
2. Women’s Health Services Inpatient units support NANN Standards and Measurement Criteria 1-6.
3. As applicable, Women’s Health Services Inpatient units support Association of Perioperative Registered Nurses (AORN) Standard VI Criteria 1-5.
4. As applicable, Women’s Health Services Inpatient units support American Society of PeriAnesthesia Nurses (ASPAN) Standard and Measurement Criteria 1-5.
5. The Women’s Health nurse participates in interdisciplinary teams that evaluate ethical risks, benefits, and outcomes for patients and families.

STANDARD 8. EDUCATION

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

MEASUREMENT CRITERIA:

1. Caregivers are expected to attend 80% of staff meetings.
2. The Women’s Health Nurse supports education as a life-long learning process through continuing education, participation at staff meetings, huddles, emails, and support of the certification process.

3. Women’s Health Services Inpatient units support AWHONN Standards and Measurement Criteria 1-4 of Standard III.

4. Women’s Health Services Inpatient units support NANN Standards and Measurement Criteria 1-3.

5. As applicable, Women’s Health Services Inpatient units support AORN Standard III.

6. Women’s Health Services Inpatient units at a minimum require RN’s who care for newborns at delivery, during newborn transition or in special care and Neonatal Intensive Care Unit (NICU) nurseries to maintain (NRP) Competency according to the American Heart Association and American Academy of Pediatrics Guidelines.

7. As applicable, Women’s Health Services Inpatient units support ASPAN Standard III.

8. The nurse completes all Joint Commission, Occupational Safety and Health Administration (OSHA), and other mandatory education and competencies.

9. The nurse maintains current Basic Life Support, Advanced Care Life Support (where applicable) competencies according to American Heart Association guidelines.

10. The nurse participates in ongoing nursing/interdisciplinary education and training related to the care of her/his specialty patient population.

STANDARD 9. EVIDENCE BASED PRACTICE AND RESEARCH

The registered nurse integrates evidence and research findings into practice.

MEASUREMENT CRITERIA:

1. Women’s Health Services Inpatient units support AWHONN Standards and Measurement Criteria 1-3 of Standard VII.

2. Women’s Health Services Inpatient units support NANN Standards and Measurement Criteria 1-2.

3. As applicable, Women’s Health Services Inpatient units support AORN Standard VII criteria.

4. As applicable, Women’s Health Services Inpatient units support ASPAN Standard V.

5. The nurse participates in implementation of population-specific research-based best-practices to achieve quality patient outcomes (e.g. use of established care-bundles.)

STANDARD 10. QUALITY OF PRACTICE

The registered nurse contributes to quality nursing practice.

MEASUREMENT CRITERIA:

1. Nurse Sensitive Indicator data is evaluated monthly or as available, interventions are identified and implemented to address deficiencies, outcome of practice changes are assessed.

2. The nurse demonstrates behavior consistent with internal and external service standards.

3. Women’s Health Services Inpatient units support AWHONN Standards and Measurement Criteria 1-4 of Standard 1: Quality of Care.

4. Women’s Health Services Inpatient units support NANN Standards and Measurement Criteria 1-4.
5. As applicable, Women’s Health Services Inpatient units support AORN Standard I of Quality of Practice, Criteria 1-3.

6. As applicable, Women’s Health Services Inpatient units support ASPAN Standards and Measurement Criteria 1-5.

7. The minimum requirements for each nurse's participation in Performance Improvement (PI) activities on the unit are:
   - Knowledge of nurse-sensitive and outcome indicators pertinent to her/his practice currently being monitored.
   - Collects data for performance improvement activities as applicable.
   - Demonstrates knowledge of PI data analysis through participation in unit-based discussions related to PI studies.
   - Follows all PI recommendations to enhance the quality of care.

8. The nurse demonstrates knowledge and skills necessary to provide age-specific, developmentally appropriate care.

9. The nurse supports the Magnet Standards of Practice and participation in National Database of Nursing Quality Indicators (NDNQI) as applicable.

STANDARD 11. COMMUNICATION

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

MEASUREMENT CRITERIA:

1. Nurses will complete hand-over communication with nursing colleagues and other disciplines or departments to ensure pertinent information of patient’s plan of care is shared, to maintain safety and effective care for the patient/family.

2. Nurses interact with colleagues to enhance one’s own professional practice and provide peers with constructive feedback regarding patient-care and practice.

3. Nurses contribute to a supportive and healthy work environment.

STANDARD 12. LEADERSHIP

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

MEASUREMENT CRITERIA:

1. Women’s Health Services Inpatient Units support NANN Standards and Measurement Criteria 1-12.

2. All caregivers are aware of and accountable for service standards performance indicators such as patient experience scores and Quality measures.

STANDARD 13. COLLABORATION

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

MEASUREMENT CRITERIA:

1. Women’s Health Services Inpatient units support AWHONN Standards and Measurement Criteria 1-3 of Standard VI.
2. Women’s Health Services Inpatient units support NANN Standards and Measurement Criteria 1-4.

3. As applicable, Women’s Health Services Inpatient units support AORN Standard V Criteria 1-2.

4. The Women’s Health nurse collaborates with all disciplines and coordinates the patient’s care to maximize quality outcomes.

5. As needed, the nurse participates in interdisciplinary Outcome Facilitation Team meetings as a mechanism for ongoing collaboration; decisions of this team are documented.

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. Participation in the Nursing Professional Development Model is recommended for professional growth and development.

2. An annual performance review is conducted with every staff member to evaluate his or her own nursing practice in relation to professional practice standards and guidelines.

3. Women’s Health Services Inpatient units support AWHONN Standards and Measurement Criteria 1-4 of Standard II Performance Appraisal.

4. Women’s Health Services Inpatient units support NANN Standards and Measurement Criteria 1-5.

5. As applicable, Women’s Health Services Inpatient units support AORN Standard II of Performance Appraisal Criteria.

6. The Women’s Health nurse integrates “reflective practice” in her/his daily practice as demonstrated through active participation in the Nursing Professional Development Model.

7. Nurses support decisions made by shared governance through the Aurora BayCare Medical Center, Aurora system market, site, and unit-based councils.

8. The nurse promotes advancement of the profession through participation in professional organizations and promotion of specialty certification.

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. Women’s Health Services Inpatient units support AWHONN Standards and Measurement Criteria 1-5 of Standard VIII.

2. Women’s Health Services Inpatient units support NANN Standards and Measurement Criteria 1-5.

3. As applicable, Women’s Health Services Inpatient units support AORN Standard VIII Criteria 1-2.

4. The nurse implements patient-population specific initiatives to impact care delivery and patient outcomes.
The nurse uses organizational and community resources to formulate an interdisciplinary plan of care.

STANDARD 16. ENVIRONMENTAL HEALTH

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

MEASUREMENT CRITERIA:

1. Women’s Health Services Inpatient units support AWHONN Standards and Measurement Criteria 1-6 of Standard V.

2. Women’s Health Services Inpatient units support ASPAN Standard II.

3. Purposeful rounding will be conducted on all patients and families.

4. The nurse applies technology which promotes the safe delivery (e.g. Bar Coding, implementation of smart-pump and guardrails).