

DSHS
Nursing Standards of Care
and
Nursing Standards of Professional
Performance

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Introduction

Professional nurses within the Texas Department of State Health Services identified a need for defining consistent Nursing Standards of Care and Nursing Standards of Professional Performance to guide the delivery of nursing care to consumers within the DSHS system. These Nursing Standards of Care and Nursing Standards of Professional Performance are written to be applicable to nursing practice within State Mental Health Facilities, State Mental Retardation Facilities, Community Mental Health and Mental Retardation Centers and State Operated Community Services.

The terms “DSHS nurse” and “nurse” are utilized throughout this document to refer to the Registered Nurse providing nursing services. These Nursing Standards of Care and Nursing Standards of Professional Performance apply to the practice of nursing by Registered Nurses. At a subsequent time, a similar document for Licensed Vocational Nurses is planned for development.

Texas Department of State Health Services

Nursing Standards of Care

October 7, 1998

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

NURSING STANDARDS OF CARE

“Nursing Standards of Care” pertain to professional nursing activities that are demonstrated by the nurse through the nursing process. These involve assessment, diagnosis, outcome identification, planning implementation, and evaluation. The nursing process is the foundation of clinical decision making and encompasses all significant action taken by nurses in providing care to all consumers.

Standard I: Assessment

The DSHS NURSE COLLECTS CONSUMER HEALTH DATA

Rationale

The assessment interview, which requires linguistically and culturally effective communication skills, interviewing, behavioral observation, database record review, and comprehensive holistic assessment of the consumer and relevant systems, enables the nurse to make sound clinical judgments and plan appropriate interventions with the consumer.

Measurement Criteria

1. The priority of data collection is determined by the consumer’s immediate condition or need.
2. Consumer interaction is conducted in a respectful manner.
3. The data may include but are not limited to the consumer’s:
 - ability to remain safe and not be a danger to oneself and others;
 - central complaint, symptoms, or focus of concern;
 - physical, developmental, cognitive, mental and emotional health status;
 - history of health patterns and health problems;
 - family, social, cultural and community systems;
 - daily activities, functional health status, substance use, health habits, and social roles, including work and sexual functioning;
 - interpersonal relationships, communication skills, and coping patterns;
 - spiritual or philosophical beliefs and values;
 - economic, political, legal, and environmental factors affecting health;
 - significant support systems, both available and underutilized;
 - health beliefs and practices;
 - knowledge, satisfaction, and motivation to change, related to health;
 - strengths and competencies that can be used to promote health; and
 - other contributing factors that influence health.
4. Pertinent data are collected from multiple sources using various assessment techniques, adapted to insure security and provide safety, and standardized instruments as appropriate. Multiple sources of assessment data can include not only the consumer, but also family, social network and other

health care providers, past and current medical records, and community agencies and systems, (with consideration of the consumer's confidentiality.)

5. The assessment process involves the consumer, significant others and the interdisciplinary team members to the extent possible.
6. Assessment data are shared with the interdisciplinary team to the extent possible, reducing the need for duplicative consumer assessments.
7. The consumer and significant others are informed of their perspective roles and responsibilities in the assessment process and data analysis
8. The data collection is based on clinical judgment to ensure that relevant and necessary data are collected.
9. The database is synthesized, prioritized, and documented in a retrievable form.

Standard II: Nursing Diagnosis/Problem Identification

THE DSHS NURSE ANALYZES THE ASSESSMENT DATA IN DETERMINING DIAGNOSES/PROBLEM IDENTIFICATION.

Rationale

The basis for providing nursing care is the recognition and identification of patterns of response to actual or potential health problems.

Measurement Criteria

1. Nursing diagnoses and/or problem statements are derived from assessment data.
2. Interpersonal, systemic, or environmental circumstances, that affect the well being of the consumer, family or community, are identified.
3. The diagnosis is based on an accepted framework that supports appropriate nursing knowledge and judgment used in analyzing the data.
4. Diagnoses conform to accepted classifications systems, such as North American Nursing Diagnosis Association (NANDA) Nursing Diagnosis Classification, *International Classification of Disease* (WHO 1993), *Diagnostic and Statistical Manual of Mental Disorders* and agency standards used in the practice setting.
5. Diagnoses and risk factors are validated and prioritized with the consumer, significant others, and other health care providers when appropriate and possible.
6. Diagnoses identify actual or potential health problems of consumers pertaining to:
 - the maintenance of optimal health and well being and the prevention of psychobiological health problems;

- self care limitations or impaired functioning related to mental and emotional distress or mental retardation;
 - deficits in the functioning of significant biological, emotional and cognitive systems;
 - emotional stress or crisis components of health problems, pain and disability;
 - self-concept changes, developmental issues, and life process changes;
 - problems related to emotions such as anxiety, aggression, sadness, loneliness, and grief;
 - physical systems that occur along with altered psychological functioning, addiction, or developmental delay;
 - alterations in thinking, perceiving, symbolizing, communicating and decision making;
 - difficulties in relating to others;
 - behaviors and mental states that indicate the consumer is a danger to self or others or has a severe disability;
 - interpersonal, systemic socio/ethnic/cultural, spiritual or environmental circumstances or events which have an affect on the mental and emotional well being of the consumer, family or community; and
 - symptom management, side effect/toxicity associated with psychopharmacological intervention and other aspects of the treatment regimen.
7. Nursing's logical basis for priority intervention rests on identification of nursing diagnoses that guide health promotion, health problem reduction and rehabilitation.
 8. Nursing diagnoses and clinical impressions are documented in a manner that facilitates the identification of consumer outcomes and their use in the plan of care and research.

Standard III: Outcome Identification

The DSHS NURSE IDENTIFIES EXPECTED OUTCOMES INDIVIDUALIZED TO THE CONSUMER AND RELATED TO THE TREATMENT SETTING.

Rationale

Within the context of providing nursing care, the ultimate goal is to influence health outcomes and maximize functional status, state of well being and quality of life.

Measurement Criteria

1. Expected outcomes are derived from the nursing diagnoses and/or problem statements identified.
2. Expected outcomes are consumer-oriented, therapeutically sound, realistic, attainable in relation to resources available, and cost-effective.
3. Expected outcomes are documented as measurable goals.
4. Expected outcomes are formulated by the nurse and the consumer, significant others, and interdisciplinary team members, when possible.
5. Expected outcomes are realistic in relation to the consumer's present and potential capabilities.
6. Expected outcomes are identified with consideration of the associated benefits and costs.

7. Expected outcomes estimate a time for attainment.
8. Expected outcomes provide direction for continuity of care.
9. Expected outcomes reflect current scientific knowledge in mental and physical health care.
10. Expected outcomes serve as a record of change in the consumer's health status.

Standard IV: Planning

THE DSHS NURSE DEVELOPS A PLAN OF CARE THAT PRESCRIBES INTERVENTIONS TO ATTAIN EXPECTED OUTCOMES.

Rationale

The nursing plan of care documents human response patterns that will be addressed by nursing interventions; guides each nurse to intervene in a manner congruent with consumer needs and goals; and provides outcome criteria for measurement of consumer progress. Upon the basis of this plan, nurses contribute effectively to the formulation of the interdisciplinary treatment plan and collaborative therapeutic interventions.

Measurement Criteria

1. The plan is individualized, tailored to the consumer's health problems, condition, or psychotherapeutic and physiological needs and uses the nursing process to:
 - identify priorities of care in relation to expected outcomes;
 - state realistic goals in behavioral and or measurable terms with expected dates of accomplishment;
 - identify effective psychotherapeutic and physiological interventions to achieve the outcomes;
 - specify interventions that reflect current nursing practice and research;
 - include an education program related to the consumer's health problems, treatment, and self-care activities;
 - indicate responsibilities of the nurse and the consumer, and may include responsibilities for interdisciplinary team members to carry out the plan of care;
 - perform appropriate and varied interventions, individualized according to the consumer's unique needs, to achieve stated treatment goals;
 - give direction for consumer-care activities delegated by the nurse to other care providers;
 - provide for appropriate referral and case management to insure continuity of care;
 - establish a process for discharge planning that provides for consultation, referral, and follow-up for the consumer; and
 - employ a systematic strategy to monitor the consumer's evolving health status and to evaluate and revise the care plan.
2. The plan is developed in collaboration with the consumer, significant others, and interdisciplinary team members, when appropriate.
3. The plan is documented in a manner that allows access by team members and modification of the plan as necessary.

4. The plan of care is organized and recorded in a timely fashion in a standardized, systematic format that includes:
 - documentation of independent and collaborative activities; and
 - evidence of revision as goals are achieved, changed, and updated.

Standard V: Implementation

THE DSHS NURSE IMPLEMENTS THE INTERVENTIONS IDENTIFIED IN THE PLAN OF CARE RELATIVE TO THE TREATMENT SETTING.

Rationale

In implementing the plan of care, nurses use a wide range of interventions designed to prevent mental and physical health problems and promote, maintain, and restore mental and physical health. Nurses select interventions according to their level of practice.

Measurement Criteria

1. Interventions are selected based on the needs and/or desires of the consumer and accepted practice.
2. Interventions are selected according the nurse's level of practice, education, and certification.
3. Interventions are implemented within the established plan of care.
4. Interventions are performed in a safe, ethical and appropriate manner.
5. Interventions are documented.
6. Interventions are adapted to changing consumer needs and situations, using sound knowledge and principles in the decision-making process.
7. Current knowledge and principles of relevant treatment modalities are used to assist consumers in understanding and coping with their actual or potential health problems.
8. Progress or lack of progress toward identified goals is periodically documented with appropriate reprioritization or revision of goals.
9. Interventions are explained to peers, professionals of other disciplines, and consumers, and affirmation on the appropriateness of the interventions are sought.

Standard V-A: Intervention-Therapeutic Alliance

THE DSHS NURSE USES THE THERAPEUTIC SELF TO ESTABLISH A RELATIONSHIP WITH CONSUMERS AND TO STRUCTURE NURSING INTERVENTIONS TO HELP CONSUMERS DEVELOP THE AWARENESS, COPING SKILLS, AND BEHAVIOR CHANGES THAT PROMOTE HEALTH.

Rationale

The development of a therapeutic alliance between the nurse and the consumer promotes consumer engagement and motivation for self-care and contributes to consumer collaboration in fulfillment of the goals of each phase of the nursing process. Formation of such an alliance is fostered by the nurse's ability to make use of the therapeutic self. Such an alliance also enhances the nurse's ability to assess change, adapt interventions to the consumer's responses, and foster the consumer's psychosocial growth.

Measurement Criteria

1. Development of a therapeutic alliance between the consumer and the nurse helps to focus initial interventions on the consumer's acknowledgment of potential or actual health problems and requires principles and skills of interpersonal communication, interviewing, problem solving, crisis intervention, therapeutic use of self, helping relationships, and the nursing process when intervening.
2. The therapeutic alliance can be used to reinforce integration of the consumer into appropriate self-help groups and continuing care programs and reintegration into family and community social systems.
3. Appropriate therapeutic boundaries with consumers, families, significant others and with other staff will be maintained.

Standard V- B: Intervention-Counseling

THE DSHS NURSE USES COUNSELING INTERVENTIONS TO ASSIST CONSUMER IN IMPROVING OR REGAINING PREVIOUS COPING ABILITIES, FOSTERING HEALTH AND PREVENTING HEALTH PROBLEMS AND DISABILITY.

Rationale

The counseling role is an inherent component of nursing practice and is used within the framework of the therapeutic relationship between nurses and consumers.

Measurement Criteria

1. Counseling interventions, including communication and interviewing techniques, problem-solving skills, crisis intervention, stress management, relaxation techniques, assertiveness training, conflict resolution, behavior modification, and consumer evaluations are documented on the treatment plan and /or the consumer record.
2. Confidentiality inherent in the counseling role is maintained.
3. Referral sources and elements of the consumer's support system are included, as appropriate in counseling interactions.
4. The achievement and revision of goals are evaluated with the consumer.

5. Counseling reinforces healthy behavior and interaction patterns and helps the consumer modify or discontinue unhealthy ones.
6. Counseling promotes the consumer's personal and social integration.

Standard V-C: Intervention- Self-Care Activities

THE DSHS NURSE STRUCTURES INTERVENTIONS AROUND THE CONSUMER'S ACTIVITIES OF DAILY LIVING TO FOSTER SELF-CARE AND MENTAL AND PHYSICAL WELL-BEING.

Rationale

Self-care strategies teach new ways of thinking, support constructive behavior change, and provide motivation and social support. Nurses are the primary professional health care providers who interact with consumers on an on-going basis. Therefore, the nurse has the opportunity to serve as a role model and provide the consumer with opportunities to learn principles of wellness and health promotion through self care activities.

Measurement Criteria

1. The self-care interventions assist the consumer in meeting his/her unique needs and assuming personal responsibility for activities of daily living.
2. The self-care activities of daily living are appropriate for the consumer's age, developmental level, gender, sexual orientation, ethnic/social/cultural background, and education.
3. Self-care interventions are aimed at maintaining and improving the consumer's functional status
4. Consumers are referred to community resources, as necessary.

Standard V-D: Intervention- Psychobiological Interventions

THE DSHS NURSE USES KNOWLEDGE OF PSYCHOBIOLOGICAL INTERVENTIONS AND APPLIES CLINICAL SKILLS TO RESTORE THE CONSUMER'S HEALTH AND PREVENT FURTHER DISABILITY.

Rationale

Psychobiological interventions provide the foundation for the treatment regimen. Nurses are in an excellent position to support the use of such interventions.

Measurement Criteria

1. Current knowledge of psychopharmacology and other psychobiological therapies are used to guide nursing actions.
2. The intended actions, untoward effects, including medicine-food interactions and therapeutic doses of psychopharmacological agents are monitored, as are blood levels where appropriate.

3. The consumer's responses to therapies serve as clinical indications of treatment effectiveness and are monitored and documented on an on-going basis.
4. Nursing interventions are directed toward alleviating untoward effects of psychobiological interventions, when possible.
5. Opportunities are provided for the consumer and significant others to question, discuss, and explore their feelings about past, current, and projected use of therapies.
6. Consumers are educated regarding actions, side effects, untoward effects, and harmful interaction regarding psychobiological interventions, including alternative therapies.
7. Consumers are given the opportunities to explore their feelings and concerns related to medication therapy and other psychobiological therapies.
8. Nursing observations about the consumer's response to psychobiological interventions are communicated to other health providers. Nurses collaborate with identified providers across the health care continuum regarding concurrent treatment regimens.

Standard V-E: Intervention- Health Teaching

THE DSHS NURSE, THROUGH HEALTH TEACHING, ASSISTS CONSUMERS IN ACHIEVING SATISFYING, PRODUCTIVE, AND HEALTHY PATTERNS OF LIVING

Rationale

Consumers must develop, as much as possible, self-sufficiency in caring for themselves. Nurses play a key role in preparing the consumer for this responsibility through health teaching.

Measurement Criteria

1. Health teaching is based on principles of learning.
2. Health teaching includes health promotion, information about coping, physical and psychological factors of diagnosis, impact of diagnosis on functioning and family and impact of comorbid health problems.
3. Health teaching methods utilized are appropriate to the consumer's age, developmental level, gender, social/cultural/ ethnic influences and education.
4. Constructive feedback and positive rewards reinforce the consumer's learning.
5. Practice session and experiential learning are used as needed.
6. Educational activities and the learning responses of the consumer are documented.

Standard V-F: Intervention- Case Management

THE DSHS NURSE PROVIDES CASE MANAGEMENT TO COORDINATE COMPREHENSIVE HEALTH SERVICES AND ENSURE CONTINUITY OF CARE.

Rationale

The nurse case manager helps the consumer get through the health care delivery maze by arranging, regulating and coordinating needed health care services at all of the necessary points of service. Nurse case managers play an integral role in integrating care to meet the physical, psychological and social, and learning needs of the consumer.

Measurement Criterion

1. Case management services are based on a comprehensive approach to the consumer's physical, mental, emotional, and social health problems.
2. Case management services are provided in terms of the consumer's needs and the accessibility, availability, quality, and cost-effectiveness of care.
3. Health related services and more specialized care are negotiated as needed--on behalf of the consumer--with the appropriate agencies and providers.
4. Relationships with agencies and providers are maintained throughout the consumer's use of the health care services to ensure continuity of care.
5. The consumer's decisions related to the plan of care and treatment choices are supported as appropriate.
6. Admission, continued stay and discharge criteria are used in coordinating the need for health care services.
7. Ethical decision-making is used in implementing the gatekeeper role, balancing cost and quality demands.

Standard V-G: Intervention-Health Promotion and Health Maintenance

THE DSHS NURSE EMPLOYS STRATEGIES AND INTERVENTIONS TO PROMOTE AND MAINTAIN HEALTH AND PREVENT HEALTH PROBLEMS.

Rationale

A major construct within the nursing paradigm is health promotion and prevention.

Measurement Criteria

1. Health promotion and disease prevention strategies are based on knowledge of health beliefs, practices and epidemiological principles, along with the social, ethnic, cultural, and political issues that affect health in an identified community.

2. Health promotion and disease prevention interventions are designed for consumers identified as “at-risk” for health problems.
3. Consumer participation is encouraged in identifying health problems in the community related to the mission of the organization and planning, implementing and evaluating programs to address those problems.
4. Community resources are identified to assist consumers in using prevention and health care services appropriately.

Standard V-H: Intervention-Therapeutic Environment, As Appropriate

THE DSHS NURSE PROVIDES, STRUCTURES, AND MAINTAINS A THERAPEUTIC ENVIRONMENT IN COLLABORATION WITH THE CONSUMER AND OTHER HEALTH CARE PROVIDERS.

Rationale

A therapeutic environment provides an opportunity for consumers to explore new health promoting behaviors. A key responsibility for nursing in most settings is maintenance of the therapeutic environment.

Measurement Criteria

1. The nurse promotes collegial working relationships among professional disciplines and support services.
2. The nurse implements written policies and procedures addressing environmental and consumer safety, use of restraint and seclusion, consumer confidentiality, and consumers’ use of mood altering substances.
3. The consumer is familiarized with the physical environment, activities requirement, and the norms and rules that govern behavior and activities of daily living, as applicable.
4. Current knowledge of the effects of the consumer’s environment is used to guide nursing action
5. An environment that promotes the health and reinforces the safety and dignity of the consumer is maintained.
6. An on-going evaluation of the effectiveness of the treatment program and the therapeutic environment is accomplished.
7. In any treatment environment--whether inpatient, outpatient, or community--consumers express an understanding of the effects of environment on their health and incorporate that knowledge into self-care.
8. The therapeutic environment is designed utilizing the physical environment, social structures, culture, and other available resources.

9. Communication among consumers and staff supports an effective environment.
10. Specific activities are selected that meet the consumer's physical and mental health needs.
11. Limits of any kind allowed by regulations, (e.g., restriction of privileges, restraint, seclusion, time-out) are used in a humane manner, are the least restrictive necessary, and are employed only as long as needed to assure the safety of the consumer and of others.
12. The consumer is given information about the need for limits and the conditions necessary for removal of the restriction, as appropriate.
13. The consumer and significant others are given the opportunity to ask questions and discuss their feelings and concerns about past, current, and projected use of various environments.

Standard VI: Evaluation

THE DSHS NURSE EVALUATES THE RESPONSES OF THE CONSUMER IN ATTAINING EXPECTED OUTCOMES AND REVISES NURSING DIAGNOSES AND/OR PROBLEM STATEMENT, INTERVENTIONS, AND THE TREATMENT PLAN ACCORDINGLY.

Rationale

Nursing care is a dynamic process involving change in the consumer's health status over time, giving rise to the need for new data, different diagnoses, and modifications in the plan of care. Therefore, evaluation is a continuous process of appraising the effect of nursing interventions and the treatment regimen on the consumer's health status and expected health outcomes.

Measurement Criteria

1. Evaluation is systematic and on-going.
2. Appropriate evaluative tools are used.
3. The consumer's responses to interventions are documented.
4. The consumer, significant others, and team members are involved in the evaluation process, as much as possible, to ascertain the consumer's level of satisfaction with care and evaluate the cost and benefits associated with the treatment process.
5. The effectiveness of interventions in relation to outcomes is evaluated.
6. On-going assessment data are used to revise diagnoses, outcomes, and the plan of care as needed.
7. Revisions in the diagnoses, outcomes, and the plan of care are documented.
8. The revised plan provides for continuity of care.

Texas Department of State Health Services

**Nursing Standards of
Professional Performance**

“Nursing Standards of Professional Performance” describe a competent level of nursing behavior in the professional role, including activities related to quality of care, performance appraisal, education, collegiality, use of theory and ethics, collaboration, research, and resource utilization. All DSHS nurses are expected to engage in professional role activities appropriate to their education, position, and practice setting. Therefore, some standards or measurement criteria identify these activities.

While “Nursing Standards of Professional Performance” describe the roles of all professional nurses, there are many other responsibilities that are hallmarks of professional nursing. These nurses should be self-directed and purposeful in seeking necessary knowledge and skills to enhance career goals. Other activities-such as membership in professional organizations, certification in specialty or advanced practice, continuing education and further academic education, are desirable methods of enhancing the nurse’s professionalism. Accountability for one’s practice as a professional rests with the individual nurse.

Standard I: Quality of Care

THE DSHS NURSE SYSTEMATICALLY EVALUATES THE QUALITY OF CARE AND EFFECTIVENESS OF NURSING PRACTICE WITHIN HIS/HER OWN SPECIALTY.

Rationale

The dynamic nature of the health care environment and the growing body of nursing knowledge and research provide both the impetus and the means for the nurse to be competent in clinical practice, to continue to develop professionally, and to improve the quality of consumer care.

Measurement Criteria

1. The nurse participates in quality-of-care activities as appropriate to the nurse’s position, education and practice environment. Such activities may include:
 - identification of aspects of care important for quality monitoring--e.g., functional status, symptom management and control, health behaviors and practices, safety, consumer satisfaction, and quality of life;
 - identification of pertinent cultural issues;
 - identification of indicators used to monitor the effectiveness of nursing care;
 - collection of data to monitor quality and effectiveness of nursing care;
 - analysis of quality data to identify opportunities for improving nursing care;
 - formulation of recommendations to improve nursing practice or consumer outcomes;
 - implementation of activities to enhance the quality of nursing practice;
 - participation on interdisciplinary teams which evaluate clinical practice or health services;

- development of policies and procedures to improve quality health care; and
 - identification of risk management issues.
2. The nurse seeks feedback from the consumer and significant others about their satisfaction with care.
 3. The nurse uses the results of quality-of-care activities to initiate changes in nursing practice and throughout the health care delivery system, as appropriate.

Standard II: Performance Appraisal

THE DSHS NURSE EVALUATES HIS/HER NURSING PRACTICE IN RELATION TO PROFESSIONAL PRACTICE STANDARDS AND RELEVANT STATUTES AND REGULATIONS

Rationale

The nurse is accountable to the public for providing competent clinical care and has an inherent responsibility as a professional to evaluate the role and performance of nursing practice according to standards established by the professional and regulatory bodies.

Measurement Criteria

1. The nurse engages in performance appraisal of his/her own clinical practice and role performance with peers or supervisors on a regular basis, identifying areas of strength as well as areas for professional/practice development.
2. The nurse seeks constructive feedback regarding his/her own practice and role performance from peers, professional colleagues, consumers and others.
3. The nurse takes action to achieve goals identified during performance appraisal and peer review, resulting in changes in practice and role performance.
4. The nurse participates in peer review activities.

Standard III: Education

THE DSHS NURSE ACQUIRES AND MAINTAINS CURRENT KNOWLEDGE IN NURSING PRACTICE.

Rationale

The rapid expansion of knowledge pertaining to basic and behavioral sciences, technology, information systems, and research requires a commitment to learning

throughout the nurse's professional career. Formal education, continuing education, certification, and experiential learning are some of the means the nurse uses to enhance nursing expertise and advance the profession.

Measurement Criteria

1. The nurse participates in educational activities to improve clinical knowledge, enhance role performance, and increase knowledge of professional issues.
2. The nurse seeks experiences and independent learning activities to maintain and develop clinical skills.
3. The nurse seeks additional knowledge and skills appropriate to the practice setting by participating in educational programs and activities, conferences, workshops and interdisciplinary professional meetings. The nurse seeks certification when eligible.
4. The nurse documents his/her own educational activities.

Standard IV: Collaboration

THE DSHS NURSE COLLABORATES WITH THE CONSUMER, SIGNIFICANT OTHERS, AND HEALTH CARE PROVIDERS, AS WELL AS COMMUNITY REPRESENTATIVES IN ASSESSING, PLANNING, IMPLEMENTING AND EVALUATING CARE FOR INDIVIDUALS AND GROUPS.

Rationale

Nursing practice requires a coordinated, on-going interaction between consumers and providers to deliver comprehensive services to the consumer and the community. Through the collaborative process, different abilities of health care providers are used to solve problems, communicate, plan, implement, and evaluate health services.

Measurement Criteria

1. The nurse collaborates with the consumer, significant others, and health care providers in the formulation of overall goals, plans and decisions related to consumer care and the delivery of health care services.
2. The nurse consults with other health care providers on consumer care, as appropriate.
3. The nurse makes referrals, including provisions for continuity of care, as appropriate.
4. The nurse collaborates with other disciplines in teaching, consultation, management, and research activities as opportunities arise.

Standard V: Theory

THE DSHS NURSE APPLIES THEORETICAL CONCEPTS AS A BASIS FOR DECISIONS IN PRACTICE.

Rationale

Theoretical concepts define the context within which the nurse understands phenomena and their interrelationships, thereby providing a framework for assessment, intervention, and evaluation. Through the application of theoretical concepts in practice, the nurse generates questions for investigation. Theoretical concepts for DSHS nursing are derived from interdisciplinary sources, including nursing, biological, social and behavioral sciences and public health.

Measurement Criteria

1. The nurse examines personal and professional assumptions about human behavior, developmental issues, treatment issues and community health issues.
2. The nurse considers alternative theoretical concepts along with critical thinking in practice to identify patterns and incongruencies and to generate and test hypotheses.
3. The nurse shares and interprets theoretical information with colleagues, consumers, families and the community.
4. The nurse identifies treatment methods and interventions that are appropriate to the consumers needs.
5. The nurse uses nursing interventions that are consonant with current scientific knowledge and principles of nursing practice.

Standard VI: Collegiality

THE DSHS NURSE CONTRIBUTES TO THE PROFESSIONAL DEVELOPMENT OF PEERS, COLLEAGUES, AND OTHERS.

Rationale

The nurse is responsible for sharing knowledge, research, and clinical information with colleagues, through formal and informal teaching methods, to enhance professional growth.

Measurement Criteria

1. The nurse uses opportunities in practice to exchange knowledge, skills, and clinical observations with colleagues and others.
2. The nurse assists others in identifying teaching/learning needs related to clinical care, role performance, and professional development.
3. The nurse provides peers with constructive feedback regarding their practices.
4. The nurse contributes to an environment that is conducive to clinical education of nursing students, as appropriate.

Standard VII: Ethical Care

THE DSHS NURSE'S DECISION AND ACTIVITIES ON BEHALF OF CONSUMERS ARE IN KEEPING WITH PERSONAL AND PROFESSIONAL CODES OF ETHICS AND IN ACCORD WITH LEGAL STATUTES.

Rationale

Every person with actual or potential health problems deserves ethical care and treatment characterized by respect for human dignity and the uniqueness of the consumer, and unrestricted by consideration of social, ethnic, cultural or economic status, personal attributes, or the nature of the health problem.

Measurement Criteria

1. The nurse's practice is guided by the ANA Code of Ethics.
2. The nurse systematically examines his or her knowledge base, attitudes, and behaviors in the light of ethical standards for the provision of care to consumers.
3. The nurse explores ethical aspects of care with consumers, peers, and professional colleagues to promote sensitivity to the rights and dignity of consumers.
4. The nurse documents observations and interventions related to the delivery of ethical care, consumer advocacy, and consumer responses.
5. The consumer record documents provision of nursing care that is within ethical and legal guidelines and relevant policies of the institution.

6. Agency records (such as in-service and continuing education materials, quality assurance documents, and policies) reflect on-going activity to heighten consideration of ethical aspects of care, evaluate performance, and address deficiencies.
7. The nurse demonstrates, through observed and documented consumer interventions and advocacy activities, accurate understanding of and compliance with ethical guidelines for the care of consumers.
8. The nurse identifies ethical dilemmas that occur within the practice environment and seeks available resources to help formulate ethical decisions.
9. The nurse participates in obtaining the consumer's informed consent for procedures, treatments, and research as appropriate and documents that he or she has been informed of these rights and responsibilities in the consumer record.
10. The nurse discusses with the consumer the delineation of roles and the parameters of the nurse-consumer relationship.
11. The nurse carefully manages self-disclosure.
12. The nurse does not engage in intimate or sexual relationships with current consumers. The nurse avoids sexual relationships with consumers or former consumers and recognizes that to engage in such a relationship is unusual and an exception to accepted practice. The nurse promotes professional boundaries.

Standard VIII: Research

THE DSHS NURSE CONTRIBUTES TO NURSING AND HEALTH CARE THROUGH THE USE OF RESEARCH.

Rationale

Nurses are responsible for contributing to the further development of nursing and health care by participating in research.

Measurement Criteria

1. The nurse uses interventions substantiated by research as appropriate to the nurse's position, education and practice environment.
2. The nurse participates in research as appropriate to the nurse's position, education and practice environment. Such activities can include:
 - identification of clinical problems suitable for nursing or health care research;
 - participation in data collection;

- participation in unit, organization, or community research committees or programs;
 - sharing research activities with others;
 - conducting research and disseminating findings;
 - critiquing research for application to practice;
 - using research findings in the development of policies, procedures, and guidelines or consumer care; and
 - consulting with research experts and colleagues as necessary.
3. The nurse participates in human-subject protection activities as appropriate and is particularly cognizant of the needs and vulnerability of the group served.

Standard IX: Resource Utilization

THE DSHS NURSE CONSIDERS FACTORS RELATED TO SAFETY, EFFECTIVENESS, AND COST IN PLANNING AND DELIVERING CONSUMER CARE.

Rationale

The consumer is entitled to health care that is safe, effective, and affordable. As the cost of health care increases, treatment decisions must be made in such a way as to maximize resources and maintain quality of care. The nurse seeks to provide cost-effective quality care by using the most appropriate resources and delegating care to the most appropriate qualified health care provider.

Measurement Criteria

1. The nurse analyzes factors related to safety, effectiveness, and cost when two or more practice options would result in the same expected consumer outcome.
2. The nurse discusses benefits and cost of treatment options with the consumer, significant others, and other providers, as appropriate.
3. The nurse assists the consumer and significant others in identifying and securing appropriate services available to address health related needs.
4. The nurse assigns tasks or delegates care based on the needs of the consumer and the knowledge and skills of the selected provider.
5. The nurse participates in on-going resource utilization review.

The DSHS Nursing Standards of Care and Nursing Standards of Professional Practice have been developed utilizing the following source documents:

A Statement of Psychiatric Mental Health Clinical Nursing Practice and Standards of Psychiatric Mental Health Clinical Nursing Practice. Developed by the Coalition of Psychiatric Nursing Organizations (ANA Council of Psychiatric and Mental Health Nursing, American Psychiatric Nurses Association, Association of Child and Adolescent Psychiatric Nursing Society for Education and Research in Psychiatric Mental Health. 1994

Scope and Standards of Nursing Practice in Correctional Facilities. Developed by ANA. 1995

Standards of Community Health Nursing Practice. Developed by ANA Council of Community Health Nurses. 1986

Scope and Standards of Gerontological Clinical Nursing Practice. Developed by the ANA Council on Gerontological Nursing Council on Community, Primary and Long-term Care Practice. 1995

Standards of Child and Adolescent Psychiatric and Mental Health Nursing Practice. Developed by the ANA Council on Psychiatric and Mental Health Nursing. 1985

Standards of Addictions Nursing Practice with Selected Diagnoses and Criteria. Developed by ANA and the National Nurses Society on Addiction. 1998

Standards of Developmental Disabilities Nursing Practice. Developed by the Developmental Disabilities Nurses Association .1995

Standards of Rehabilitation Nursing Practice. ANA and Association of Rehabilitation Nurses. 1986

Hicks, L., Stallmeyer, J.M., Coleman, J.R. (1993) Role of the Nursing in Managed Care. ANA Publishing.

Implementation Guide

Questions	Yes	No
<p>These questions may be used to determine their implementation status within your facility/agency.</p>		
<p>1. Have the DSHS Nursing Standards of Care and Nursing Standards of Professional Performance been distributed to all nurses within the agency/facility?</p> <p>Comments:</p>		
<p>2. Are these standards included in nursing orientation?</p> <p>Comments:</p>		
<p>3. Have they been disseminated to other clinical leaders within your agency/facility?</p> <p>Comments:</p>		
<p>4. Have they been discussed in nursing management meetings?</p> <p>Comments:</p>		
<p>5. Are they included in job descriptions and as a basis for performance evaluation?</p> <p>Comments:</p>		
<p>6. Have they been shared with contract nursing agencies?</p> <p>Comments:</p>		

7.	Have they been shared with nursing schools with whom the agency/facility has clinical affiliations?		
	Comments:		
8.	Have these standards been used in the development of nursing policies and procedures?		
	Comments:		
9.	Have these standards been used as the bases for overall nursing competency?		
	Comments:		
10.	Has an external or internal accrediting or regulatory body used these standards as part of your agency's pre-survey documentation? What was their response?		
	Comments:		