Scope of Practice and Standards of Professional Performance for the Acute and Critical Care Clinical Nurse Specialist

American Association of Critical-Care Nurses
STANDARDS OF PRACTICE AND PERFORMANCE FOR THE ACUTE AND CRITICAL CARE CNS

STANDARDS OF PRACTICE

I. Assessment
The acute and critical care CNS collects data relevant to 3 spheres of influence: the patient and family members, nursing personnel, and organizational systems.

Measurement Criteria
1. Develops and uses data collection tools that have been established as reliable and valid.
2. Includes the patient, family members, and other healthcare providers in the data collection process to develop a holistic picture of the patient’s needs.
3. Obtains data from multiple sources that reflect sensitivity to ethnic and cultural differences of individuals (patient, family members, nursing personnel, and systems).
4. Collects data on an ongoing basis that reflect the dynamic nature of patients and systems.
5. Collects data in all 3 spheres and prioritizes according to immediate conditions and needs.
6. Identifies factors that influence outcomes during the data collection process (eg, financial and regulatory requirements, and effectiveness of interdisciplinary collaboration) and classifies them as facilitators or barriers to proposed changes.
7. Synthesizes the data and documents in a retrievable form.
8. Uses and designs appropriate tools and methodologies to identify the clinical and professional development needs or gaps in knowledge, skills, and competencies of nursing personnel.

II. Diagnosis
The acute and critical care CNS analyzes the assessment data to determine the needs of patients, family members, nursing personnel, and organizational systems.

Measurement Criteria
1. Formulates differential diagnoses by systematically comparing and contrasting assessment findings.
2. Derives diagnoses from the assessment data.
3. Discusses, validates, and prioritizes diagnoses in collaboration with patients, family members, nursing personnel, and systems.
4. Prioritizes and documents diagnoses to facilitate development of a plan of care and to achieve expected outcomes.
5. Reevaluates and revises diagnosis when additional assessment data become available.
6. Identifies and analyzes factors that enhance or hinder the achievement of desired outcomes for patients, family members, nursing personnel, and systems.

III. Outcome Identification
The acute and critical care CNS identifies expected outcomes for patients, family members, nursing personnel, and organizational systems.

Measurement Criteria
1. Formulates expected outcomes with patients, family members, and the multidisciplinary healthcare team that are based on current clinical and scientific knowledge.
2. Identifies expected outcomes by considering associated risks, benefits, and costs.
3. Modifies expected outcomes and plan of care or actions based on changes in condition or needs.
IV. Planning
The acute and critical care CNS develops and facilitates a plan that prescribes interventions to attain the expected outcomes for patients, family members, nursing personnel, and organizational systems.

Measurement Criteria
1. Develops a plan that is individualized, dynamic, and can be applied across the continuum of acute and critical care services.
2. Develops the plan in a collaborative manner, promoting each individual’s contributions toward achieving the expected outcomes.
3. Identifies interventions within the plan of care that reflect current scientific knowledge and practice and promote continuity of care.
4. Documents the plan in a format easily accessible to, and understandable by, all team members involved.

V. Implementation
The acute and critical care CNS effectively implements the interventions identified in the plan(s) for patients/family, nursing personnel, and organizational systems.

Measurement Criteria
1. Prescribes, orders, and/or implements pharmacologic and nonpharmacologic interventions, treatments, and procedures for patients and family members, as identified in the plan of care, within the framework of state licensure and hospital privileges.
2. Performs evidence-based interventions consistent with the needs of the patient and family.
3. Delivers interventions in a safe and ethical manner that promotes health and stability and that minimizes complications.
4. Documents interventions in a manner that is appropriate, retrievable, and effective, as well as facilitates patient care, quality improvement, and administrative initiatives.
5. Promotes implementation of the plan of care collaboratively with patients, family members, and the healthcare team.

VI. Evaluation
The acute and critical care CNS evaluates progress toward attainment of expected outcomes for patients, family members, nursing personnel, and organizational systems.
Measurement Criteria
1. Performs evaluation in a systematic and ongoing manner.
2. Bases the evaluation process on the analysis of risks, benefits, and cost-effectiveness.
3. Includes interdisciplinary collaboration and multiple sources of data in the evaluation process.
4. Bases the evaluation process on advanced knowledge, practice, and research.
5. Documents the evaluation process in an appropriate, retrievable, and effective manner.
6. Revises the diagnoses, expected outcomes, and plan of care based on information gained in the evaluation process.
7. Establishes, monitors, and evaluates the effect of interventions on patient care, organizational and nursing personnel outcomes, and cost.
8. Incorporates the use of quality indicators and benchmarking in evaluating the progress of patients, family members, nursing personnel, and systems toward expected outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE

I. Quality of Care
The acute and critical care CNS systematically develops criteria for and evaluates the quality and effectiveness of nursing practice and organizational systems.

Measurement Criteria
1. Assumes a leadership role in establishing criteria for and monitoring quality of care initiatives within the 3 spheres of influence.
2. Assesses the need for, plans, and implements quality-improvement programs.
3. Evaluates quality improvement data and formulates evidence-based recommendations to improve quality of care and nursing practice.
4. Participates in interdisciplinary efforts to address costs, duplication, and barriers to goal attainment.

II. Individual Practice Evaluation
The acute and critical care CNS evaluates his or her practice in relation to professional practice standards and relevant regulations.

Measurement Criteria
1. Evaluates own clinical and professional performance according to the standards of the appropriate professional and regulatory bodies, and takes action to improve practice.
2. Assists in the development and evaluation of criteria for evaluation of CNS practice within the 3 spheres.
3. Seeks feedback regarding own practice and role performance from peers, professional colleagues, patients and their family members, and others.

III. Education
The acute and critical care CNS acquires and maintains current knowledge and competency in the 3 spheres of influence in acute and critical care nursing.

Measurement Criteria
1. Proactively seeks and participates in experiences and learning opportunities that will advance his or her knowledge of interventions, therapeutics, and clinical skills on a regular basis.
2. Pursues and participates in formal and independent learning activities to enhance skills in promoting the professional development of nursing personnel.
3. Pursues and participates in educational and mentoring opportunities to increase effectiveness as a change agent.
4. Pursues and participates in formal and independent learning activities to enhance skills in proactive problem solving for system issues.

IV. Collegiality
The acute and critical care CNS contributes to the professional development of peers, colleagues, and others.

Measurement Criteria
1. Identifies and participates in opportunities to share skills, knowledge, and strategies for patient care and system improvement with colleagues and other healthcare providers.
2. Promotes a learning environment that enables nursing and other healthcare personnel to make optimal contributions and systems to function most effectively.
3. Participates in professional organizations to address issues of concern in meeting patients’ needs and improving nursing practice and system effectiveness.

V. Ethics
The acute and critical care CNS’s decisions and actions are made on behalf of patients and their family members, nursing personnel, and organizational systems and are determined in an ethical manner.
SCOPE OF PRACTICE AND STANDARDS OF PROFESSIONAL PERFORMANCE

Measurement Criteria
1. Fosters the establishment of an ethical environment that supports the rights of all participants.
2. Contributes to the resolution of ethical dilemmas by enhancing the responsiveness of individuals as well as organizational systems.
3. Serves as a mentor and role model by participating in the resolution of ethical and clinical dilemmas.

VI. Collaboration
The acute and critical care CNS collaborates with patients and their family members and healthcare personnel in creating a healing and caring environment.

Measurement Criteria
1. Provides consultation and initiates referrals to facilitate optimal care.
2. Optimizes the collaboration and coordination of the interdisciplinary team to enhance the environment of patient care.
3. Provides mentoring to nursing students, specifically in the area of critical care and CNS preparation in collaboration with schools of nursing.
4. Collaborates with other disciplines in teaching, consultation, management, and research activities to improve outcomes in nursing practice and enhance the healthcare environment.

VII. Research
The acute and critical care CNS utilizes, participates in, and disseminates research to enhance practice.

Measurement Criteria
1. Critically evaluates existing practice based on current research findings and integrates changes into practice.
2. Chooses, applies, or withholds interventions in a manner that is substantiated by relevant research and appropriate to the needs of the patient or system.
3. Utilizes the research process to improve patient outcomes and enhance the environment of care.
4. Collaborates with senior investigators and/or members of the interdisciplinary team in conducting research relevant to practice.
Steads of Practice and Performance for the Acute and Critical Care CNS

VIII. Resource Utilization

The acute and critical care CNS influences resource utilization in order to promote safety, effectiveness, and fiscal accountability in the planning and delivery of patient care.

Measurement Criteria

1. Evaluates factors related to safety, effectiveness, availability, and cost to design and implement best practices.
2. Advocates for patients and their family members and nursing personnel, and supports policy and services that advocate for patient rights and optimal environments of healthcare.
3. Facilitates access for patients and their family members to appropriate healthcare services.
4. Serves as a resource to various populations for the purpose of influencing the delivery of healthcare and the formation of policy.
STANDARDS OF PRACTICE

The following examples describe facets of the broad scope of the acute and critical care CNS in the practical application and integration of the standards of practice. The following strategies describe how the standards of practice can be integrated into the activities essential for the establishment of a professional practice environment.

I. Assessment

The acute and critical care CNS collects data relevant to the 3 spheres of influence: the patient and family members, nursing personnel, and organizational systems.

Strategies for implementing this standard include:

• Providing direct and indirect patient and family care to assess the needs of the complex critically ill patient.
• Facilitating patient/family conferences with interdisciplinary team involvement to review assessment data from the varied disciplines, which aids in the development of an individualized plan of care for the complex critically ill patient.
• Collecting patient care or systems data that provide evidence for recommended changes in practice and development of standards based on best practices, current research, and national and local standards.
• Collecting and assessing information from critical pathway aggregate data.
• Maintaining ongoing collaboration and consultation with the interdisciplinary team in sharing ongoing patient assessment data.
• Assessing staff competency levels and learning needs to provide data for competency assessment and educational offerings.
• Assessing efficacy, safety, and cost-effectiveness of current products and equipment.
• Collecting data on problem-prone systems (such as a disjointed admissions process) within the organization that affect streamlined and patient-focused, resource-efficient care.

II. Diagnosis
The acute and critical care CNS analyzes the assessment data to determine the needs of the patients, family members, nursing personnel, and organizational systems.

Strategies for implementing this standard include:
• Facilitating involvement of relevant personnel, the patient, and family in defining and analyzing the goals of care for the complex critically ill patient.
• Synthesizing and presenting summarized assessment data to facilitate change for the patient, system, or staff, such as:
  1. Defining goals of care for the ventilator-dependent patient based on an interdisciplinary team conference.
  2. Identifying staff learning needs and recommending educational interventions.
  3. Suggesting changes to a problem-prone admission process for same-day procedure patient.
  4. Examining needle-stick data and assessment of needleless systems.
• Determining that staff members require more education on the process of preceptorship and mentorship, which has affected retention of nursing staff.
• Convening ad hoc committees of individuals with appropriate expertise to examine the data and define the issues in a problem-prone system.

III. Outcome Identification
The acute and critical care CNS identifies expected outcomes for patients, family members, nursing personnel, and organizational systems.
Strategies for implementing this standard include:

• Developing an individualized nursing care plan that addresses goals and expected outcomes based on data gleaned from interaction with patient/family, staff, and interdisciplinary team.
• Devising outcomes and goals that are cost-effective, efficient, and attainable.
• Documenting identified outcomes in the patient record to guide team members in standardized and goal-directed care of the complex critically ill patient.
• Modifying (and documenting) expected outcomes as needed with changes in patient condition or system dynamics.
• Identification of goals based on staff learning needs and competency assessment.
• Adjust processes based on evaluation of critical pathway outcomes.

IV. Planning

The acute and critical care CNS effectively implements the interventions identified in the plan(s) for the patients/family, nursing personnel, and organizational systems.

Strategies for implementing this standard include:

• Ensuring that the plan of care is accessible to the patient and family to assist them in understanding the goals of care and movement toward these goals.
• Providing documentation that is relevant and readily accessible to team members; for example, an interdisciplinary plan of care developed during a care conference with patient/family and the interdisciplinary team.
• Developing a standard of care for all at-risk individuals for nosocomial infections such as hospital-acquired pneumonia or alterations in skin integrity.
• Developing yearly unit competencies by collaborating with staff as well as identifying problem-prone issues that have arisen during the previous year.
• Facilitating research-based care by collaborating with staff on the development of guidelines for wound care; procedures for suctioning the ventilated patient; or changes in drug therapy based on current research, clinical protocols, and national standards.

V. Implementation

The acute and critical care CNS effectively implements the interventions identified in the plan(s) for the patients/family, nursing personnel, and organizational systems.
Strategies for implementing this standard include:

• Ordering prosthetic items to facilitate patient mobility and quality of life based on the interdisciplinary plan of care and collaboration with patient/family.
• Providing skills labs for competency assessment of unit staff on a quarterly basis.
• Disseminating best practice information on wound care in the form of a standard of care or guideline.
• Operationalizing the development of a latex-free work environment based on recommendations of an ad hoc committee.
• Incorporating recent changes in Advanced Cardiac Life Support (ACLS) guidelines by changing crash cart contents, educating staff, and adapting system ACLS courses.

VI. Evaluation

The acute and critical care CNS evaluates progress toward attainment of expected outcomes for patients, family members, nursing personnel, and organizational systems.

Strategies for implementing this standard include:

• Evaluating patient for improvement after implementation of plan of care to assess for the attainment of goals. Readjusting plan of care based on evolution of the patients’/families’ needs.
• Monitoring outcomes of patients who undergo new procedures such as biphasic cardioversion for arrhythmia or fast-tracking of the cardiac surgical patient; evaluating and reporting the data.
• Evaluating staff ability to facilitate emergency transvenous pacer placement or care of the patient with a ventricular assist device after education and competency assessment.

STANDARDS OF PROFESSIONAL PERFORMANCE

The following discussion is presented to identify potential mechanisms in which the standards of professional performance could be integrated into activities essential for establishing a professional practice environment for acute and critical care nursing.

1. Quality of Care

The acute and critical care CNS systematically develops criteria for, and evaluates the quality and effectiveness of, nursing practice and organizational systems.
Strategies for implementing this standard include:

- Assessment of new or existing resources within the critical care arena that can be mobilized to assist in providing optimal care.
- Participation in interdisciplinary outcomes projects or research to promote patient-focused care.
- Review of patient surveys to assess patient/family expectations and satisfaction of patient care.
- Interdisciplinary clinical pathway development with subsequent protocol, algorithm, or standing order set development.
- Creating standardization of patient care services across the system to ensure the same quality of care is provided wherever the patient enters the system.
- Promoting or obtaining certification in the nursing specialty. For example, CCRN certification informs the community that a critical care nurse has demonstrated his/her mastery of critical care knowledge. Formal recognition of certification through human resource policies demonstrates the institution’s commitment to the highest level of care.
- Utilization of the Standards of Care as the basis for system and institutional policies or as a framework for peer evaluation and professional advancement.
- Utilization of data and statistical processes to search for opportunities to improve utilization of resources.

II. Individual Practice Evaluation

The acute and critical care CNS evaluates his or her practice in relation to professional practice standards and relevant regulations.

Strategies for implementing this standard include:

- Utilization of the descriptions of the nurse characteristics described in the Synergy Model as a tool to evaluate one’s own practice abilities to establish goals for growth in clinical and professional practice over time.
- Annual performance evaluations with goal setting that is based on the Scope of Practice and Standards of Professional Performance for the Acute and Critical Care Clinical Nurse Specialist.
- Participation in mentoring relationships and the use of these relationships to promote opportunities for professional growth.
- Participation in peer review as part of an annual review process. This would involve the evaluation of the professional performance of peers and communication of the feedback to the individual and supervisor as necessary.
III. Education

The acute and critical care CNS acquires and maintains current knowledge and competency in the 3 spheres of influence in acute and critical care nursing.

Strategies for implementing this standard include:

• Assessment of the educational needs of the clinical area to assist the nurse in acquiring the skills needed to provide care to patients with a variety of cultural and ethnic diversity requirements.
• Development of an educational plan for a nurse or unit that focuses on clinical knowledge and clinical skills that address the needs of the patient population as well as promote the advancing skill level of individual nurses.
• The education of nurses about the business of healthcare delivery to ensure that nurses are well-informed advocates for their patients and families and can contribute to providing cost-effective, quality care.

IV. Collegiality

The acute and critical care CNS contributes to the professional development of peers, colleagues, and others.

Strategies for implementing this standard include:

• Serving as a preceptor or mentor for nursing student or new staff member.
• Attendance and participation at local AACN chapter meetings and attendance at the National Teaching Institute (NTI) or the Advanced Practice Institute (API).
• Attendance or participation in seminars/classes for acute and critical care nurses and other disciplines (such as respiratory therapy, social work, or physical therapy) that assist in providing patient care.
• Initiation of regular staff conferences that promote the sharing of information and expertise related to the care of particular patients from the unit.
• Assisting with the development of and/or implementation of system policies that reflect interdisciplinary care.

V. Ethics

The acute and critical care CNS’s decisions and actions are made on behalf of patients, family members, nursing personnel, and organizational systems and are determined in an ethical manner.

Strategies for implementing this standard include:

• Serving as the patient advocate at all times to ensure that the patient’s rights are always given primary consideration in all decisions regarding his/her care.
• Ensuring that organizational decisions at all levels are patient focused and based on the organization’s code of ethics.
• Involvement and membership when possible on the organizational or institutional ethics committee.
• Participation in community activities that promote the understanding of, and purpose of, Advance Directives.

VI. Collaboration
The acute and critical care CNS collaborates with patients and their family members and healthcare personnel in creating a healing and caring environment.

Strategies for implementing this standard include:
• Ensuring a personal knowledge of organizational resources that promote a continuum of care.
• Conducting reports between shifts to furnish information necessary to provide interdisciplinary care.
• Communication with other healthcare providers directly through documentation of care and outcome evaluations.
• Updating the plan of care as required.
• Actively working with patient care coordinators and case managers to coordinate a seamless transition of care to the next appropriate level.
• Referring patients/families to appropriate support services in a timely manner.
• Using the Synergy Model as a framework for preparing an interdisciplinary plan of care.

VII. Research
The acute and critical care CNS utilizes, participates in, and disseminates research to enhance practice.

Strategies for implementing this standard include:
• Performing clinical resource searches in professional nursing journals and medical research journals for examples of best practices.
• Bringing current research to the clinical unit to implement best practices to improve patient care.
• Modeling of evidenced-based practice.
• Assisting in the development of policies and procedures that reflect evidence-based practice.
• Participation in clinical inquiry research. Participation of thousands of critical care nurses in AACN’s Thunder II research project is an example of this strategy.
VIII. Resource Utilization

The acute and critical care CNS influences resource utilization to promote safety, effectiveness, and fiscal accountability in the planning and delivery of patient care.

Strategies for implementing this standard include:

• Making patient care assignments based on the needs of the patients and matching each patient’s needs with the clinical competency characteristics of the nurse to meet the individual patient’s needs.
• Development and utilization of a tool and system that can be used to determine the number of staff members needed at a specific time. The system should reflect the dynamic nature of an acute care or critical care unit.
• Developing a process to delegate patient-care activities based on the assessment of potential for harm of an individual patient, complexity of task, amount of problem solving and innovation required, and unpredictability of the outcome and level of patient interaction.
• Participation in the process of choosing products and equipment that will provide accurate, safe, and effective results in a cost-efficient manner.
• Analyzing and evaluating data to ensure continuous improvement of patient care and organizational processes.