

PROFESSIONAL STANDARDS of CARE

2 CONTACT HOURS

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PURPOSE OF THE COURSE:

The purpose of this course is to provide the learner with information about standards of care and how these standards of care protect the safety of the patient as well as uphold their basic rights to the provision of competent care.

The content of the course includes the purposes of standards of care, state practice acts, common departures from standards of care, the relationship of standards of care to the legal/ ethical aspects of practice, quality assurance, performance levels and education. Additional content includes evidence based practice standards and guidelines for various diseases and treatments as well as how standards or care, practice standards and guidelines can be accessed and applied into all aspects of care.

OBJECTIVES:

At the conclusion of this course, the learner will be able to:

1. Define standards of care and how these standards of care relate to laws, ethical principles, quality assurance, performance levels and educational programs, such as core curriculums.
2. Discuss a number of standards of care, including those from various professional associations, those related to different diseases and conditions and those relating to multiple interventions and treatments.
3. Access and utilize standards of care and practice guidelines in one's practice while avoiding some commonly occurring departures from established standards of care.

INTRODUCTION

Professions, including the healthcare professions, have standards of practice. *Standards of practice* establish minimum practice guidelines and expectations. They reflect the standard in terms of what should be done and how it should be done. They establish and document what is considered acceptable practice within the profession.

Legally and ethically, professionals are accountable for practicing in a way that is consistent with established standards of practice. It is critically important, therefore, that all healthcare professionals are familiar with these standards and that they apply these standards into their daily practice. Healthcare professionals and healthcare agencies place themselves in grave positions of liability when departures from established standards of care occur. Patient care, professional licenses, corporate and personal financial security can very well be in jeopardy with departures from established standards of care.

PROFESSION ASSOCIATIONS' STANDARDS OF PRACTICE

Standards of practice are in place for nurses, physicians, respiratory therapists, psychologists, midwives, administrators, and others. The terms "standards of care" and "standards of practice" are often used interchangeably in the literature.

Standards of care and practice are objectively stated, minimal practice expectations. Practice standards are typically general and not highly specific and prescriptive of processes. They tend to be objectively stated outcome expectations, rather than process steps. Standards of practice are updated and added to as the professional body of knowledge grows and/or changes.

Many professional organizations and associations for nurses and other professionals have and use standards of practice. Some examples include the standards of care, or practice, as put forth by the American Nurses Association (ANA), the American Association of PeriOperative Registered Nurses (AORN), the American Association of Critical Care Nurses (AACN), the Infusion Nurses Society (INS) and the Oncology Nurses Society (ONS).

The American Nurses Association's (ANA) *Scope and Standards of Psychiatric-Mental Health Nursing Practice*, for example, consists of 62 pages that describe the basic and advanced levels of psychiatric mental health practice, aspects of care, settings where the care is provided, advocacy roles and ethical issues. It does not detail procedures and specifics. Nonetheless, all nursing practice in this

specialized field of psychiatric-mental health should be reflected in these ANA standards (American Nurses Association, International Society of Psychiatric-Mental Health Nurses, 2000).

The ANA has also developed and published six (6) standards of practice and nine (9) standards of professional performance for all nurses.

The ANA's six standards of nursing practice address:

- Assessment,
- Diagnosis,
- Outcomes identification,
- Planning,
- Implementation and
- Evaluation.

The ANA's standards of professional performance are as below:

- Education,
- Professional practice evaluation,
- Quality of practice,
- Collaboration,
- Collegiality,
- Research,
- Leadership,
- Resource utilization, and
- Ethics.

On the other hand, organizations like the Association of PeriOperative Registered Nurses (AORN) have published highly comprehensive practice standards. In 2003, the AORN published detailed practice guidelines relating to perioperative nursing care, a highly specialized type of nursing care. Their publication contains:

- Guidelines for perioperative nursing practice, including the management of malignant hyperthermia, latex and safe medication processes.
- Policy statements, including policy positions on bloodborne diseases, nurse-to-patient ratios, correct site surgery, and operating room safety.
- Standards of nursing practices, including those related to structures, processes and outcomes of perioperative care.
- Recommended practices, such as disinfection, infection control, documentation, skin preparation, attire, analgesia and more recently electrosurgery and laser safety. (AORN, 2003).

Similarly, the American Association of Critical Care Nurses (AACN) has published:

- *Standards for Acute and Critical Care Nursing Practice,*
- *Education Standards for Acute and Critical Care Nursing and their Scope of Practice and*
- *Standards for Professional Performance for the Acute and Critical Care Clinical Nurse Specialist.*

The standards of the American Association of Critical Care Nurses serve as the basis of core curriculums that are implemented in many healthcare facilities. For example, many hospitals use the AACN's *Education Standards for Acute and Critical Care Nursing* as the framework for their orientation to the ICU, for example, and they use the components of the *Standards for Acute and Critical Care Nursing Practice* for their competency checklists. This approach is highly sound and one that is probably accepted as a universal standard, and expectation, throughout the United States.

Their *Standards for Acute and Critical Care Nursing Practice* contain eight (8) standards and several correlate measurement criteria for each. These eight standards are:

1. quality of care,
2. individual practice evaluation,
3. education,
4. collegiality,
5. ethics,
6. collaboration,
7. research, and
8. resource utilization.

Our country's Infusion Nurses Society has also developed standards of practice for this subspecialty of nursing. Their most recent is *Infusion Nursing Standards of Practice* (2000). Their forward states that the goals of these standards are "to protect and preserve the patient's right to safe, quality care and protect the nurse who administers infusion therapy. These goals can be achieved by the use of the Standards as a framework for developing infusion policies and procedures in all practice settings and defining performance criteria for nurses responsible for administering infusion therapy. The Standards should also be used to develop orientation and education programs related to infusion nursing." (Infusion Nurses Society, 2000).

"The infusion nurse's practice is based upon the following:

- Knowledge of anatomy and physiology
- Specific knowledge and understanding of the vascular system and its relationship with other body systems and infusion treatment modalities
- Participation in the establishment of the patient's ongoing plan of care
- Skills necessary for the administration of infusion therapies
- Knowledge of state-of-the-art technologies associated with infusion therapies
- Knowledge of psychosocial aspects of care, including a sensitivity to the patient's wholeness, uniqueness, and significant social relationships, along with knowledge of community and economic resources
- Interaction and collaboration with members of the healthcare team and participation in the clinical decision-making process."(Infusion Nurses Society, 2000)

Finally, for the purposes of our discussion here, the Oncology Nurses Society (ONS) is another leader in terms of standards of care for a specialty practice, oncology. They have also generated two educational sets of standards. One establishes patient/significant other and public education standards and the other establishes standards to be used for the education of nurses preparing to be a generalist or advanced practice nurse in the area of oncology.

The ONS *Statement on the Scope and Standards of Oncology Nursing Practice* addresses the following:

- "The historical foundation and contemporary changes that exist within the oncology nursing profession
- The "Scope of Oncology Nursing Practice" that recognizes oncology nursing as a nursing specialty
- The "Standards of Care" that reflects professional nursing activities described through the nursing process; the 11 high-incidence problem areas in the 1996 document have been expanded to 14, with the inclusion of complementary and alternative therapies, palliative and end-of-life care, and survivorship consistent with current practice
- The "Standards of Professional Performance" that emulates professional nursing activities that lie outside of the nursing process; the focus areas have been expanded from the 1996 document to include leadership and to further define practice evaluation and education of the professional nurse." (Brant & Wickham, 2004)

THE RELATIONSHIP OF STANDARDS OF PRACTICE TO LAW, ETHICS, QUALITY ASSURANCE & PERFORMANCE LEVELS AND EDUCATION

The Impact of Practice Standards on Legal Proceedings

Standards of care can play a very important part in malpractice and negligence law suits. Departures from standards of practice can place individuals in a position of liability and legal risk.

Negligence is defined "committing an act which a person exercising ordinary care would not do under similar circumstances definition - or the failure to do what a person exercising ordinary care would do under similar circumstances." (Legal Definitions, 2005). Additionally, it is defined as "The quality or state of being negligent; lack of due diligence or care; omission of duty; habitual neglect; heedlessness...Synonym: Neglect, inattention, heedlessness, disregard, slight" (Webster's Dictionary, 1998)

Malpractice is defined as " Evil practice; illegal or immoral conduct; practice contrary to established rules; specifically, the treatment of a case by a surgeon or physician in a manner which is contrary to

accepted rules and productive of unfavorable results” (Webster’s Dictionary, 1998).

In terms of legal suits, anyone can sue for anything they wish. For example, any patient can sue you for malpractice or negligence. When you are the defendant in a suit, you should not be so concerned about the fact that the person sued but, instead, you should ask yourself, “Can they win the lawsuit?” and “Does the malpractice or negligence suit have merit?”

Using standards of care, or practice, can answer these questions. When a plaintiff in the court of law files a suit saying that you did not do something you should have done, or that you did something that you should not have done, or that you did something in the wrong way, the next logical questions are:

- Did you fail to do something that you should have done? If so, who says that you should have done it?
- Did you do something that you should not have done? If so, who says that you should not have done it?
- Did you do something incorrectly or in the wrong way? If so, who says that you did something in the wrong way?

The answer to the “Who says?” questions should be the law, the practice act, the standards of care and the policies and procedures of the facility in which the care or service was provided. The “Who says” should not be a matter of personal opinion. Malpractice and negligence suits are lost when the healthcare professional rendering the care or service has followed the law, their practice act, the established standards of care and the policies and procedures of the healthcare facility.

The healthcare provider wins a legal negligence or malpractice suit against them when they are able to prove that they did the right thing in the correct manner, as per some established standard of care. Plaintiffs lose their suits against healthcare professionals when they cannot prove that another “reasonable person” under the same conditions would have done a different thing and/or would have done something differently. They lose their case when their opinion of what should have been done is not supported in established standards of care or practice, and/or in the law, the practice act and/or the policies and procedures of the healthcare facility.

Four components must be proven by the plaintiff, the person filing the lawsuit, in order to support a malpractice suit against a defendant, that is the individual or facility that is being sued. The plaintiff has the burden of proof. The defendant is considered not guilty if the plaintiff is not able to prove the following four essential elements of a malpractice suit.

1. *duty*. The basic client-nurse, or client-healthcare professional, relationship must be established with the implicit or explicit client and healthcare professional consent. Once this is established, clients become legally entitled to competent care that is consistent with established standards of practice. These standards include, but are not limited to, the nurse practice act, elements of the patient's bill of rights, and professional standards of practice established by professional organizations and associations, as appropriate, and with the healthcare facility's policies and procedures.
2. *breach of duty*. A breach of duty is best described as a failure to render care or perform an act in a manner that conforms with established practice standards. There must be a violation of one or more applicable standards of practice for the case to succeed. It must be proven in the court of law that the person rendering the care or service has failed to render care in the same way that a "reasonable" and "prudent" person would have, under the same circumstances. The care rendered has fallen below the normally acceptable level of quality. A healthcare professional's actions are compared and measured against established standards of care in the court of law. At times geography and the environment of care come into legal consideration. For example, a health care provider in a small rural hospital, far from appropriate transfer facilities, may not be held legally accountable for the same level of care rendered to a severe burn patient as they would be in a larger metropolitan hospital with a burn unit.
3. *damages, injury or harm*. Many unacceptable acts and actions in healthcare fall below accepted levels of quality, however, they do not constitute a malpractice case if they do not cause harm, injury and/or damages to the affected individual. Harm, damage and/or injury must be proven in order for a malpractice suit to be won.
4. *a casual relationship between the breach of duty and the damages, injury or harm*. This element requires that proximate

cause exists, that is, the plaintiff must prove that the breach of duty has caused the damage, injury or harm. When the sub-quality practice has a causal relationship to the injury, the unacceptable practice is considered the proximate cause of the injury.

CASE STUDY

Melissa V. is a registered nurse, licensed in the State of Florida. She has 5 years experience as a medical/surgical nurse. She has been oriented and trained to float throughout all areas of her small rural hospital in the State of Florida.

Her supervisor assigned her to work in the newborn nursery because one of the obstetrics nurses called in sick for the evening tour of duty in maternal. At approximately 7pm, the physician asked her to bring the Armstrong baby to the special procedures room for a circumcision.

After the circumcision was done she discovered that the wrong neonate was circumcised. She had brought the Baker infant into the special procedures room and the circumcision was done on the Baker infant without the consent of the Mrs. Baker. Proper identification of the neonate had also not been done. Although there was contributory negligence on the part of both the nurse and the pediatrician who did the circumcision, it was not immediately clear whether the hospital, too, was at fault for floating a nurse to this specialty area. It was also not immediately known whether or not the hospital had adequate policies and procedures in place to prevent this kind of wrong patient surgery.

After the incident was reported, a root cause analysis team was chartered to investigate the contributory causes, including the root causes that lead to this incident. Their findings indicated that:

1. The hospital had properly and completely oriented and trained Melissa to the newborn nursery area, using the standards of care for neonate care established by the Association of Women's Health, Obstetric and Neonatal Nurses' (AWHONN) *Standards & Guidelines for Professional Nursing Practice in the Care of Women and Newborns* and their *Standards and Evidence-Based Clinical Practice Guidelines*.
2. Melissa was deemed competent to perform the role(s) she was assigned to perform in the newborn nursery. These competencies were documented and accessible to her supervisor when assigning her to float to different areas.

3. The hospital's policies and procedures failed in their ability to prevent sentinel events, like this one. They were in need of improvement. Specifically, there was no policy or procedure for neonate identification and no policy or procedure for pre-operative checks.

Now, you are the judge in this malpractice suit.

The Baker family has initiated a malpractice lawsuit against the Melissa, the nurse, the pediatrician and Elsewhere General Hospital.

Using the four basic elements of a malpractice case as the framework, consider the following questions:

Duty

1. Did the nurse have a duty to act in this infant's care? Was the nurse-patient relationship established?
2. Did the pediatrician have a duty to act in this infant's care? Was the physician-patient relationship established?
3. Did the hospital have a duty to act in this infant's care? Was the hospital-patient relationship established?

Breach of Duty

1. Did the nurse act in the same manner that another reasonable and prudent person would have done under the same circumstances? Did the nurse perform her role in a manner that is consistent with an acceptable level of quality? Did the nurse perform her role in a manner that is consistent with accepted standards of practice and care?
2. Did the pediatrician act in the same manner that another reasonable and prudent person would have done under the same circumstances? Did the pediatrician perform their role in a manner that is consistent with an acceptable level of quality? Did the pediatrician perform their role in a manner that is consistent with accepted standards of practice and care?
3. Did the hospital act in the same manner that another reasonable and prudent healthcare facility would have done under the same circumstances? Did the hospital perform its role in a manner that is consistent with an acceptable level of quality? Did the hospital perform its role in a manner that is consistent with accepted standards?

Damage and Harm

1. Did the neonate get harmed?
2. Did the Baker family get harmed?

Causal Relationship: Did the Breach of Duty Cause Harm or Damage?

1. Did the nurse's acts of omission and/or commission lead to the harm? Were her actions the proximate cause of the damages?
2. Did the pediatrician's acts of omission and/or commission lead to the harm? Were their actions the proximate cause of the damages?
3. Did the hospital's acts of omission and/or commission lead to the harm? Were its actions the proximate cause of the damages?

The Impact of Practice Standards on Ethical Practice

Accountants, attorneys, real estate brokers, and government employees have codes of ethics that they must adhere to. Accountants are held accountable for honesty and honest accounting practices; real estate brokers are held accountable for disclosures regarding problems and potential problems, such as asbestos, lead and sink hole risks; attorneys are ethically bound to maintain confidentiality and privileged communication regarding some matters; and government employees are ethically bound to avoid any conflicts of interest. Recently, corporate ethics has become a national focus of attention, especially after the Enron Corporation collapse and their faulty accounting systems.

The ultimate purpose of ethical codes in the healthcare industry is to protect the rights and safety of the healthcare consumer. Healthcare professionals must act ethically and adhere to their own professional codes of ethics. *Standards of care* are basic, inherent and essential to the provision of healthcare services.

Ethics is a body of knowledge containing values that are held by individuals or groups. Ethics and ethical codes in healthcare reflect four basic ethical principles, or underlying themes, that serve to organize the body of medical ethics and medical ethical decision-making.

These four ethical principles are:

- Autonomy,
- Beneficence,
- Nonmaleficence, and
- Justice.

Autonomy is "the quality or state of being self-governing; especially : the right of self-government; self-directing freedom and especially moral independence; a self-governing state" (Merriam-Webster, 2001).

Beneficence is defined as "the quality or state of being beneficent" (Merriam-Webster, 2001).

Nonmaleficence is best described as doing no harm. The Hippocratic Oath is an excellent example of how, historically, ethics and ethical principles have been in the healthcare profession throughout the ages.

Justice is defined as "the maintenance or administration of what is just especially by the impartial adjustment of conflicting claims or the assignment of merited rewards or punishments; the administration of law; especially : the establishment or determination of rights according to the rules of law or equity; the quality of being just, impartial, or fair; the principle or ideal of just dealing or right action; conformity to this principle or ideal; the quality of conforming to law; conformity to truth, fact, or reason; correctness "(Merriam-Webster,2001).

Autonomy

The word autonomy is derived from the Greek word for self-rule. In reference to healthcare, autonomy is strongly linked to the client's right to decision-making and self-determination. All competent adults have the basic freedom to choose and make choices.

Patients and residents have a right to informed consent and informed refusal. They have the basic right to autonomous, knowledgeable decision-making and the ability to make choices, whether or not the healthcare provider(s) agrees with them or not.

Adults have the right to make decisions when they are of majority age, that is, at least 18 years of age, and they are deemed mentally competent to do so. Minors, on the other hand, are not legally able to make a decision about what care they will or not receive until they reach the age of 18 or they become a legally emancipated minor. Parents generally make legal decisions for minors. In some cases, a court appointed guardian makes these decisions, in the absence of a parent.

The adult consumer of healthcare services, or their surrogate, proxy, decision maker, has the right to consent to care and they also have the right to refuse any aspect of care or a treatment. These autonomous decisions are based on the individual's own unique values

and beliefs; they are not based on what the healthcare provider feels is best for them. Self determination and autonomous decision-making must be ethically upheld by all healthcare professionals at all times.

Beneficence

Simply stated, beneficence is doing good. Beneficence is doing the ethically correct thing. It reflects an individual's intentional acts, not errors and mistakes. Beneficence aims to promote the well being of others, not self. These intentional acts take into serious consideration the welfare of others. It is the welfare of others that is of greatest importance to healthcare professionals.

Beneficence challenges and ethical dilemmas in healthcare occur when it is not totally clear about what is truly good for a particular patient. Patient and resident needs are generally complex and approaches to care are numerous and varied. Many dilemmas arise because of these complexities and other factors.

The multidisciplinary healthcare team sometimes has difficulty arriving at a plan of care that is best for the patient and even then, not all members of the team may be in agreement about what course of treatment or care is best. Additionally, the autonomous decisions of the patient may make the "best" treatment options not feasible because the patient, resident or surrogate, proxy, decision maker has expressed the fact that they do not want a particular treatment or intervention. Lastly, the team and patient or resident may collectively agree to what is best, but this option is not available or accessible to them and/or the option may not be legally permissible. For example, euthanasia is not legally permitted in our country. Any patient requests for euthanasia, therefore, cannot be supported because it is illegal. The healthcare team cannot agree to, or support, this option despite their own personal beliefs that euthanasia should be a legally acceptable and that this is the "best" option, especially when a patient or resident is using their right to self determination by expressing a desire for it.

Nonmaleficence

Nonmaleficence literally means, "do not harm". Maleficence is defined as "doing harm". Nonmaleficence and beneficence are closely related, particularly in healthcare ethics, because many treatments and procedures have both benefits (beneficence) and risks for harm. Some of these risks can cause patient harm and pain (maleficence).

For example, a client under our care may choose to have parenteral nutrition to correct a nutritional deficit. Prior to consenting, the individual was correctly and completely informed about parenteral nutrition, its benefits and its risks, including those associated with infection. Alternatives to parenteral nutrition were also discussed with the patient, or proxy decision maker, as appropriate. If this patient chooses to have the parenteral nutrition and gets an infection as a result of it (maleficence), it is not considered unethical because the patient autonomously decided to have the parenteral nutrition after they were advised of the risks associated with this treatment and because the harm, or infection, was not done intentionally by the nurses and other healthcare professionals.

Justice

The principle of justice entails fairness, impartiality, and justness. Challenges in the area of justice are numerous in the healthcare industry, particularly because fair and impartial access to care is sometimes not possible due to the constraints associated with healthcare dollars and the allocation of limited resources. These kinds situations are generally highly complex and difficult to resolve using justice alone as the ethical framework for decision-making.

Other healthcare situations, however, are easily addressed in terms of the principle of justice. Providing the same level of care and the same level of quality for all those in our care, without discrimination, is straightforward and quite simple to ethically accomplish.

The Impact of Practice Standards on Quality and Performance

Nurses, and other healthcare professionals, are expected to provide high quality care and services that are consistent with established standards of practice generic to all nurses in all settings and for their area of specialty. Nurse enter into a social contract with the patients that they provide care to. It, then, is their responsibility to fulfill this contract. Standards of care are one way for an individual, or a group (department) or the entire healthcare facility to objectively measure how well they are doing in terms of quality and performance.

Measurement capability is generally built into professional standards of care. For example, the AACN's standard that address education, states that "The nurse acquires and maintains current knowledge and competency in the care of acute or critically ill patients" (AACN, 1998).

The correlate measurement criteria that permit the nurse and/or organization to evaluate whether or not quality performance is occurring as a result of the nurse's practice include:

1. "The nurse participates in ongoing educational activities to acquire knowledge and skills needed to care for acute and critically ill patients;
2. The nurse seeks experiences that reflect current clinical practice in order to maintain current clinical skills and competencies needed to care for acutely and critically ill patients; and
3. The nurse participates in ongoing educational activities related to professional issues." (AACN, 1998)

The Impact of Practice Standards on Education and Core Curriculum

Basic entry-level education into the profession, inservice education and continuing education must be based on established standards of care. The Baker scenario above demonstrates how the hospital used established standards of care for their orientation and cross training programs so that people were able to float there as needed. It also demonstrated how this hospital used standards of care as the basis of their newborn nursery competency assessment and validation mechanisms.

Standards of care are the best framework to employ for education and training. These standards are valid and reliable; they are not based on opinion or tradition, most are based on research.

STANDARDS OF CARE & EVIDENCE BASED PRACTICE GUIDELINES

Recently, evidence based, or research based, practice guidelines have emerged onto the healthcare scene. The National Guideline Clearinghouse™ (NGC) collects and disperses these guidelines. Their clinical practice guidelines are "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances." (National Guideline Clearinghouse, 2005).

According to the National Guideline Clearinghouse, all of the following criteria must be met in order for a clinical practice guideline to be included in NGC:

1. "The clinical practice guideline contains systematically developed statements that include recommendations, strategies, or

- information that assists physicians and/or other health care practitioners and patients make decisions about appropriate health care for specific clinical circumstances.
2. The clinical practice guideline was produced under the auspices of medical specialty associations; relevant professional societies, public or private organizations, government agencies at the Federal, State, or local level; or health care organizations or plans. A clinical practice guideline developed and issued by an individual not officially sponsored or supported by one of the above types of organizations does not meet the inclusion criteria for NGC.
 3. Corroborating documentation can be produced and verified that a systematic literature search and review of existing scientific evidence published in peer reviewed journals was performed during the guideline development. A guideline is not excluded from NGC if corroborating documentation can be produced and verified detailing specific gaps in scientific evidence for some of the guideline's recommendations.
 4. The full text guideline is available upon request in print or electronic format (for free or for a fee), in the English language. The guideline is current and the most recent version produced. Documented evidence can be produced or verified that the guideline was developed, reviewed, or revised within the last five years." (National Guideline Clearinghouse, 2005)

COMMONLY OCCURRING DEPARTURES FROM STANDARD OF CARE

Some of the most commonly occurring departures from standards of care in healthcare include:

Legal Departures

- Performing outside of one's scope of practice
- Delegating aspects of care to unlicensed personnel that are outside of their scope of practice
- Abandoning patients
- Altering a medical record

Ethical Departures

- Failing to maintain the client's basic rights, such as the rights to dignity, privacy and confidentiality
- Rendering care with disregard for the patient and the quality of what is being done
- Not providing the same level of care to private payers as is provided to those on public assistance
- Neglected to report and follow up on unsafe, inadequate staffing issues
- Carrying out an inappropriate doctor's order

Practice Departures

- Administration of the wrong medication to a patient as a result of a failure to perform each of the "rights of medication administration"
- Giving the wrong type of blood, or blood product, to a patient because the double check policy of the facility was not followed
- Bringing the wrong patient to the operating room because the patient identification process was not followed
- Failing to assess and monitor patients at high risk for falls
- Neglecting a patient assessment that results in a suicide

LOCATING AND UTILIZING PROFESSIONAL STANDARDS OF PRACTICE

Professional Standards Of Care From National Organizations and Associations

The National Guideline Clearinghouse, which is an initiative of the Agency for Healthcare Research and Quality (AHRQ), is one of the best resources available on the web to locate evidenced based practice guidelines.

The National Guideline Clearinghouse permits the user to search by organization, by disease or condition and by treatment or intervention. Their website is <http://www.guideline.gov/>

Some of the organizations represented on this website include, among the many:

- Agency for Health Care Policy and Research
- Agency for Healthcare Research and Quality
- Agency for Health Care Policy and Research

- Agency for Healthcare Research and Quality
- Allergic Rhinitis and its Impact on Asthma Workshop Group
- Alzheimer's Association of Los Angeles, Riverside and San Bernardino Counties
- American Medical Association
- American Medical Directors Association
- American Academy of Allergy, Asthma and Immunology
- American Academy of Child and Adolescent Psychiatry
- American Academy of Dermatology
- American College of Gastroenterology
- American College of Nurse Practitioners
- American College of Obstetricians and Gynecologists
- American College of Physical Medicine and Rehabilitation
- American College of Physicians
- American College of Preventive Medicine
- American College of Radiology

Professional Standards of Care That Address Specific Diseases and Conditions

Some of the evidence based practice guidelines that address specific diseases and conditions, which can be found at the National Guideline Clearinghouse website, include:

- Cardiovascular Diseases
- Congenital, Hereditary, and Neonatal Diseases and Abnormalities
- Digestive System Diseases
- Disorders of Environmental Origin
- Endocrine System Diseases
- Eye Diseases
- Female Genital Diseases and Pregnancy Complications
- Hemic and Lymphatic Diseases
- Immune System Diseases
- Musculoskeletal Diseases
- Neoplasms

- Nervous System Diseases
- Respiratory Tract Diseases
- Skin and Connective Tissue Diseases
- Stomatognathic Diseases

Professional Standards of Care That Address Specific Treatments and Interventions

- Blood Component Removal
- Cardiac Pacing, Artificial
- Catheterization
- Cautery
- Chemoprevention
- Clinical Protocols
- Combined Modality Therapy
- Complementary Therapies
- Contraception
- Cosmetic Techniques
- Drug Therapy
- Electric Countershock
- Emergency Treatment
- Enema
- Exercise Movement Techniques
- Feeding Methods
- Fetal Therapies
- Hemostatic Techniques
- Hygiene
- Insemination, Artificial
- Musculoskeletal Manipulations

Professional Standards of Care For Nurses

- [Intellectual and Developmental Disabilities Nursing: Scope and Standards of Practice](#) (04SSID)
- [Neonatal Nursing: Scope and Standards of Practice](#) (04SSNN)
- [Nursing Scope & Standards Package](#) (04SSPK)
- [Nursing: Scope and Standards of Practice](#) (03SSNP)
- [Pediatrics Package](#) (SPN23)
- [Scope and Standards for Nurse Administrators, Second Edition](#) (03SSNA)

- [Scope and Standards of Addictions Nursing Practice \(04SSAN\)](#)
- [Scope and Standards of College Health Nursing Practice \(ST1\)](#)
- [Scope and Standards of Diabetes Nursing Practice \(2nd Edition\) \(DNP23\)](#)
- [Scope and Standards of Forensic Nursing Practice \(ST4\)](#)
- [Scope and Standards of Gerontological Nursing Practice, 2nd Edition \(GNP21\)](#)
- [Scope and Standards of Home Health Nursing Practice \(9905HH\)](#)
- [Scope and Standards of Hospice and Palliative Nursing Practice \(HPN22\)](#)
- [Scope and Standards of Neuroscience Nursing Practice \(NNS22\)](#)
- [Scope and Standards of Nursing Informatics Practice \(NIP21\)](#)
- [Scope and Standards of Nursing Practice in Correctional Facilities \(NP104\)](#)
- [Scope and Standards of Parish Nursing Practice \(9806ST\)](#)
- [Scope and Standards of Pediatric Nursing Practice \(PNP23\)](#)
- [Scope and Standards of Pediatric Oncology Nursing \(PONP20\)](#)
- [Scope and Standards of Practice for Nursing Professional Development \(NPD20\)](#)
- [Scope and Standards of Professional School Nursing Practice \(SHNP21\)](#)
- [Scope and Standards of PsychiatricMental Health Nursing Practice \(PMH20\)](#)
- [Scope and Standards of Public Health Nursing Practice \(9910PH\)](#)
- [Scope and Standards Of Vascular Nursing Practice \(04SSVN\)](#)
- [Standards of Addictions Nursing Practice with Selected Diagnoses and Criteria \(PMH10\)](#)

SUMMARY

Standards of practice establish minimum practice guidelines and expectations. They establish and document what is considered acceptable practice within the profession. Legally and ethically, professionals are accountable for practicing in a way that is consistent with established standards of practice. It is critically important, therefore, that all healthcare professionals are familiar with these standards and that they apply these standards into their daily practice.

REFERENCES

American Nurses Association, American Psychiatric Nurses Association and the International Society of Psychiatric-Mental Health Nurses (2000). Scope and Standards of Psychiatric-Mental Health Nursing Practice. <http://nursingworld.org/books/pdescr.cfm?CNUM=15>

Association of periOperative Registered Nurses. (2004). Standards, Recommended Practices, and Guidelines. <http://www.aorn.org>

American Association of Critical Care Nursing (1998). Standards of Care for Acute and Critical Care Nursing. <https://www.aacn.org/AACN/practice.nsf/ad0ca3b3bdb4f33288256981006fa692/5e3c9805e57b3b0888256a6b00791f35?OpenDocument>.

Brant, J.M and R.S. Wickham (2004). Oncology Nurses Society Statement on the Scope and Standards of Oncology Nursing Practice <http://www.ons.org/publications/books/Standards.shtml>

Infusion Nurses Society (2000). Infusion Nursing Standards of Practice. <http://ins1.org/standards/foreword.html>

Legal Definitions (2005). "Negligence". <http://www.legal-definitions.com/M,%20N,%20O,%20P/negligence.htm>

National Guideline Clearinghouse (NGC). National Guideline Clearinghouse (NGC) [website]. Rockville (MD). <http://www.guideline.gov>

Webster's Dictionary (1998). <http://cancerweb.ncl.ac.uk/cgi-bin/omd?query=negligence&action=Search+OMD>