Nursing Process in COLLABORATIVE PRACTICE

second edition

Carol Vestal Allen

Nursing Process in

COLLABORATIVE PRACTICE

A Problem-Solving Approach

second edition

Carol Vestal Allen, PhD, RN, CNAA Chief, Performance Improvement Service Department of Veterans Affairs Medical Center Las Vegas, Nevada

Second Edition



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REVIEWERS

Marjorie Allen, MA

Instructor, Interlink at Valparaiso University Valparaiso, Indiana

Katherine Johnson Bradley, MSN, RN

Doctoral Candidate, Instructional Technology,
Wayne State University
Assistant Director of the Nursing Program
Wayne County Community College
Detroit, Michigan
Commander, Nurse Corps,
United States Naval Reserve
Former Head, Reserve Medical Education
and Training
Naval Health Sciences Education
and Training Command
Bethesda, Maryland

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Former Dean, Division of Nursing
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Detroit, Michigan

Mary Ellen Smith, MSN, RN, CS

Assistant Professor Hahnemann University, School of Health Sciences and Humanities Philadelphia, Pennsylvania

FOREWORD

The current changes in health care focus on decreasing the cost of care, shortening inpatient hospital stays, shifting practice from hospital inpatient units to outpatient clinics and community settings, and creating non-professional health care provider roles. During this time of change, it is imperative for the nursing profession to capture and measure nursing's unique contribution to client care, while at the same time, to adhere to professional standards of conduct and performance. The delivery of the same level of competent care must be ensured in the health care system. The nursing process, a problem-solving method, provides a common framework to facilitate the structure, process, and outcome operations undertaken by nursing staff and an interdisciplinary team.

The textbook *Nursing Process in Collaborative Practice* emphasizes the changes in health care and implementation of the problem-solving approach by nurses and the interdisciplinary health care team. Carol Allen has experience in teaching nursing staff and interdisciplinary team members to assist clients through a continuum of care, in conducting interdisciplinary assessment of clients, and in managing interdisciplinary client and family teaching. The present changes in health care delivery provide the nursing profession with an opportunity to assume a major role in case management, ensuring that the health care needs of diverse clients are met.

The author brings to this project successful experience teaching the nursing process to nursing students and nursing staff. She conducted a multisite research study on The Effect of Inservice Education Concerning the Nursing Process on Motivating Registered Nurses to Change Their Behavior Toward Implementation of the Nursing Process in Medical Centers. As a member of two People-to-People Nursing Delegations, to the Far East and Eastern Europe, she led panels and scientific exchanges on the nursing process, bringing clarity to the understanding of this concept to our professional nursing counterparts abroad. Nursing Process in Collaborative Practice reflects the shift of health care into an interdisciplinary collaborative practice model and represents in the written medium much of Carol Allen's clinical experience, research, and teachings, which can be of benefit to many nursing students, nursing clinicians, and interdisciplinary health care team members.

Gertrude K. McFarland, DNSc, RN, FAAN
Health Scientist Administrator
Nursing Research Study Section, Division
of Research Grants
National Institutes of Health
US Department of Health and Human Services
Bethesda, Maryland

PREFACE

Nursing Process in Collaborative Practice, embraces the changes that are occurring in health care, specifically the thrust into an interdisciplinary delivery of care. The title of the first edition, Comprehending the Nursing Process (1991), has been changed to reflect current trends in health care practice. The interdisciplinary team consists of health care providers from such disciplines as nursing, medicine, pharmacy, dietetics, physical therapy, occupational therapy, recreational therapy, psychology, social work, and chaplaincy. Team members work together in caring for clients with health problems that are multiple and more complex than those in the past. The team also faces challenges other than complex health problems. For example, the workload of the team is increasing as a result of the cutbacks in health services. In addition, team members represent different backgrounds, abilities, and knowledge bases.

The problem-solving approach provides the team members with a systematic approach to client care and a common professional language and facilitates the delivery of the same level of competent care to all clients.

Nursing Process in Collaborative Practice is designed for independent self-paced or classroom learning by nursing students, faculty, and clinicians. The text describes current trends in health care and the influence of change on the delivery of care. The new chapters in the second edition include information on providing a continuum of care, the initiation of case management, primary care, clinical pathways, clinical practice guidelines, and the role of computers in facilitating the transmission of information. The book emphasizes the incorporation of the problem-solving approach into all aspects of care. Interdisciplinary plans of care, clinical practice guidelines, and nursing care plans are similar in that the problem-solving approach is used to assess the client, identify the priority problem(s), establish a plan of action and expected outcomes, implement the plan, and evaluate the effectiveness of the plan in achieving the outcomes.

Thinking logically in the face of turmoil is an

ability required of the interdisciplinary team members. The increased threat of malpractice looms over clinicians. Avoiding judgment errors is essential. The problem-solving approach is a valuable tool for nurses and other team members. The nurse and the interdisciplinary team weigh the priorities of care and decide on a course of action. With the increase in the cost of care and in the cost of health insurance, clients want their "money's worth" and demand the achievement of desired outcomes at minimal cost. Coordination of care by the interdisciplinary team is essential and may lead to a reduction in the cost of care. Interdisciplinary plans of care incorporate components previously found on nursing care plans. Nurses need to collaborate with other disciplines in coordinating the clients' care by using the problem-solving approach in thinking through solutions.

The content in the second edition is presented in a clear succinct manner. The book is targeted primarily to student nurses. Mini case studies, threaded throughout the textbook, illustrate the content, and applicable exercises follow each step of the problem-solving approach. Answers are provided for all of the exercises. Two major case studies further facilitate application of content. In Chapter 8, a medical case study is presented using Gordon's Functional Health Patterns as the assessment framework. In Chapter 9, a surgical case study is presented using a modified body-systems approach as the assessment model. Functional Health Patterns and a body-systems approach may be used by interdisciplinary teams.

Throughout the book, the word *client* refers to the individual, family, significant other, or the community. The word *family* is used to designate individuals who are significant to the client. Family includes an individual(s) who may or may not be legally related to the client. The term, *outcome* is synonymous with client goals, objectives, expected outcomes, outcome behaviors, or short- and long-term goals. Each phase of the problem-solving process is explained in the textbook and followed by an exercise. The exercises assist learn-

ers to become actively involved in the application of the phases of problem solving and in developing critical thinking abilities.

The information provided in the textbook applies to all areas of health care including nursing. For example, the information helps nurses who practice in medical-surgical, maternal and newborn, pediatric, psychiatric-mental health, community health, critical care, emergency, ambulatory care, physicians' office, and long-term care settings.

Threading the problem-solving approach consistently throughout a curriculum or health care setting ensures continuity of learning and facilitates the delivery of consistent, competent care. Readers have uniformly cited the up-to-date information and practical details presented as the feature that sets *The Nursing Process in Collaborative Practice* apart from other textbooks.

Carol Vestal Allen

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Propelling the Delivery of Health Care into the 21st Century

Customers (clients, patients, families) demand satisfaction with health care services. They want programs that promote wellness and services that resolve identified health problems or concerns. Customers demand to know the names of health care organizations that achieve the best outcomes of care and the greatest results for the amount of money charged for services. Accrediting bodies such as the Joint Commission of Accreditation of Healthcare Organizations (JCAHO) conduct surveys and publish the results for public scrutiny. Therefore, consumers will possess knowledge of health care providers who consistently meet established standards and achieve expected outcomes. Health care providers are compelled to define their practice in measurable terms. This permits the consumers to make informed decisions in the selection of health care providers.

The enormity of these changes brings forth new challenges to all health care disciplines. For example, what is the unique measurable contribution of nursing in meeting the customers' needs and effecting cost saving measures? Changes have been initiated in the health care system to meet the customers' needs, stimulate competition among health care agencies, and curb the increase in health care costs. Major stimuli for change stem from several factors:

- the US government's Agenda for Health Care Reform
- the JCAHO shift to the measurement of continuous performance improvement
- the Agency for Health Care Policy and Research's (AHCPR) dissemination of clinical practice guidelines

 the American Nurses Association's (ANA) Standards of Clinical Nursing Practice (see Appendix K).

All of the above agencies focus on the achievement of measurable client outcomes through the delivery of effective (measured by outcomes achieved) and efficient (cost-saving) care. The care may be delivered at inpatient and outpatient facilities, in the clients' homes, and long-term care settings.

The US government's Agenda for Health Care Reform calls for collaboration among health care facilities to develop strategies to deliver cost-effective and efficient care accessible to all citizens. The government plans to develop tactics for providing universal health care coverage to all citizens in addition to containing the growth of health care cost. Universal access to health insurance would alleviate the burden placed on health care facilities to absorb the cost of care rendered to uninsured clients.

Health care costs could be reduced by emphasizing primary and preventive care, full immunizations, prenatal care, healthier life-styles, and client participation in the economic consequences of their health care decisions. Population-specific health promotion and disease prevention programs play an increasingly important role in reducing medical care costs. The nursing profession has an opportunity to claim a niche in the preventive aspect of health care.

Leadership from the nursing profession and other health care professions is essential in accomplishing health care reform and to set the nation on a path of sustained improvement in health. The changes that are occurring offer nursing an opportunity to improve the profession's contribution to the health and well-being of the population. Initiating incremental health care reforms will be more effective than sweeping changes that lead to turmoil and uncertainty.

DELIVERING CONSISTENT, COMPETENT CARE

Leaders of health care organizations design strategies to ensure the uniform delivery of client care throughout an organization. Clients with the same health problems have a right to receive the same level of competent care. For example, clients with the same nursing care needs receive a comparable level of competent nursing care throughout an organization; the care does not differ from shift to shift or from nurse to nurse. For example, clients receiving intravenous conscious sedation (diazepam [Valium]) resulting in the loss of protective reflexes (swallowing) receive the same level of care whether the clients are in the operating room, dental service, endoscopy or bronchoscopy room, and the staff providing the care demonstrate the same competency (expertise). Standards, clinical practice guidelines, and clinical pathways help ensure the delivery of consistent, competent care.

Standards

Standards help to ensure a consistent level of competent care for clients entering a health care system. Standards are generally accepted criteria by which things of the same class are compared in order to determine quantity or excellence. For example, specific standards are used to determine whether clients receive from all nurses the same standard of care in an intensive care unit.

JCAHO's Standards. The JCAHO is an independent body that accredits health care organizations on the basis of established standards of health care. Health care facilities seek JCAHO accreditation voluntarily. JCAHO defines a standard as "a statement of expectation that defines the structures and processes that must be substantially in place in an organization to enhance the quality of care" (JCAHO, 1995, p. 655). JCAHO has identified standards for measuring the performance of services provided by health care organizations. JCAHO (1995, p. 551) states that an organization is responsible to "ensure that the same level of quality of patient care is provided."

JCAHO requires interdisciplinary coordination of performance improvement (PI) efforts throughout a health care organization. Achieving continuous improvement in care requires collaboration between administrative services (such as medical records, fiscal service) and clinical services (for example, nursing, medicine, pharmacy). JCAHO reviews the extent to which health care organizations (hospitals, nursing homes, outpatient clinics) meet the JCAHO's written PI standards.

American Nurses Association Standards of Clinical Nursing Practice. In keeping abreast of changes in health care, the American Nurses Association (ANA) updated the standards of the profession. The ANA Standards of Clinical Nursing Practice, 1991 (Appendix K) define the nurse's role in the delivery of nursing care to a client or group of clients, which "may be provided in the context of disease or injury prevention, health promotion, health restoration, or health maintenance" (ANA, 1991, p. 1).

The ANA Standards of Clinical Nursing Practice "are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable" (ANA, 1991, p. 1). The Standards provide clients and nurses with written criteria against which the nurse's actual performance is compared and measured, thus this is a step toward ensuring delivery of consistent, competent nursing care to all clients. The ANA Standards are the basis for measuring performance improvement in the delivery of nursing care.

The ANA Standards of Clinical Nursing Practice are divided into Standards of Care and Standards of Professional Performance. Standards of Care "describe a competent level of nursing care as demonstrated by the nursing process, involving assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The nursing process encompasses all significant actions taken by nurses in providing care to all clients and forms the foundation of clinical decision making" (ANA, 1991, pp. 2-3). Annual performance appraisals (evaluations) of nursing performance reflect the nurses' ability to implement the nursing process. Standards of Professional Performance (ANA, 1991, p. 2) "describe a competent level of behavior in the professional role." The standards embrace the following aspects of behavior:

- the quality of care
- · performance appraisal
- education
- collegiality
- ethics
- collaboration
- research
- resource utilization

Clinical Practice Guidelines

Clinical practice guidelines delineate the care, course of action, or tactical plan for specific situations. Guidelines are not policies or recipes. They are recommended practices and may be generated at the national level (for example, prediction and prevention of pressure ulcers in adult clients) or at a local health care facility to meet the specific needs of a client population served (for example, foot care for clients with diabetes). Guidelines describe a process of client care management that has the potential of improving the quality of clinical and consumer decision making.

Agency for Health Care Policy and Research. At the national level, guidelines are established by the Agency for Health Care Policy and Research (AHCPR). The agency is a component of the US Department of Health and Human Services and was created by Congress to control Medicare spending by devising and promoting clinical practice guidelines. The intent of the research-based guidelines was to make positive contributions to the quality of care in the United States by assisting clinicians and clients to make decisions about appropriate health care for specific clinical conditions.

AHCPR generates and disseminates research findings and guidelines to health care providers, policymakers, and the public. "Guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical conditions" (AHCPR, 1992, p. ii).

An independent, interdisciplinary panel of experts representing nursing, medicine, pharmacy, nutrition and other disciplines developed the guidelines. The guidelines are specific to clinical conditions (acute pain, urinary incontinence, stroke) and assist nurses and other health team members by describing recommended courses of action for various clinical situations, specific client conditions, or populations. The guidelines provide linkages among diagnoses or clinical conditions, interventions, and outcomes. Practitioners (nurses) arrive at a decision to adopt the guidelines using available resources and adapt them to the circumstances presented by clients (AHCPR, 1995). The guidelines contribute to the quality of care in the United States by striving to identify a course of action that leads to the same level of care for similar problems (urinary incontinence).

Continuum of Care

Health care organizations view the clients' care as part of a continuum that over time enables clients to have access to an integrated system of settings, services, and care levels (JCAHO, 1995). The continuum of care is provided over an extended period of time, in various settings, and spans illness to wellness. Use of the problem-solving approach organizes the thinking processes of clinicians to plan and implement the client's care in

an organized manner throughout the continuum of care. Thinking logically reduces the enormity of the problems presented to clinicians daily. The continuum of care involves matching the client's needs with the appropriate level and type of medical, health, or social service. Coordination of care is required in order to guide the client through the health care system and integrate the components of care from the preentry phase through the exit phase. The interdisciplinary team members, especially the discharge planner, coordinate the delivery of care between clinical services in an organization and with community health agencies external to the organization. Current delivery models of health care focus on providing a consistent, outcome driven plan of care. A case management approach assists clinicians in guiding the client through the continuum of care.

Case Management

Case management organizes care to ensure that specific client outcomes are achieved within prescribed time frames through the use of appropriate resources. The care is coordinated by a case manager (nurse, social worker, nurse practitioner) who follows the client through a continuum of care that may include an inpatient stay in the hospital, followed by clinic visits in ambulatory care settings or care delivered in a nursing home, the client's home, or hospice centers. The case manager ensures that the interdisciplinary team members are fulfilling their responsibilities to the clients in achieving identified outcomes. Clinical pathways may be used to guide the delivery of the same level of competent care.

Primary care, a case management approach, evolved when the locus of client care continued to shift from the inpatient setting to the outpatient clinic. To-day hospitalized clients are discharged earlier, and many conditions for which clients were traditionally hospitalized are now managed entirely in the ambulatory care setting. Statistics reflect that there has been a decrease in the length of hospital inpatient stays and an increase in the number of outpatient clinic visits. The client is assigned to a primary care team. The primary care team may consist of physicians, nurse practitioners, and registered nurses. The client sees the same practitioners at each clinic visit, and the team assumes responsibility for guiding the client's progress through the continuum of care.

Interdisciplinary Care Plans

The framework for case management involves a collaborative interdisciplinary team approach to care, the development of a comprehensive case management plan, implementation of a clinical pathway to guide care, and concurrent analysis, evaluation, and adjustment of the care rendered. The interdisciplinary clinical experts (nursing, medical, dietary, pharmaceutic, respiratory, physical therapy, social service, utilization review) unite to determine the sequence and timing of interventions and outcomes for particular medical and nursing diagnoses or diagnosis-related groups and, at the same time, promote the appropriate and effective use of resources, human and financial. Facilities may choose to replace the nursing care plan with an interdisciplinary care plan, and the nursing components of care are then incorporated into the interdisciplinary plan. Once the interdisciplinary plans of care (see Appendix L) are implemented, the interdisciplinary team meets regularly (weekly) to review the plans and the attainment of identified outcomes. Reviewing the plan on a regular basis allows the team to ascertain the plan's effectiveness. For example, an interdisciplinary team in psychiatry may consist of psychiatrists, psychologists, psychiatric staff nurses, psychiatric clinical nurse specialist, social worker, dietitian, and recreational therapist, and the team meets to discuss the progress of clients in meeting the outcomes identified on their interdisciplinary plans of care.

Clinical Pathways

Another popular avenue for helping to ensure the delivery of consistent, competent care is the development and implementation of clinical pathways, also called critical pathways or care maps. Clinical pathways are interdisciplinary guidelines for rendering care to specific client populations. Usually the specific diagnoses identified on clinical pathways reflect high-volume, high-risk, and high-cost cases. Health care facilities develop pathways for specific populations such as clients with newly diagnosed diabetes, congestive heart failure, human immunodeficiency virus (HIV), or tuberculosis.

The pathways lead the provider along a sequence of interdisciplinary interventions that incorporate client and family education, discharge plans, consultations, and information about nutrition, medications, activities, diagnostics, therapeutics, and treatments. In addition, clients walk along the path until they reach their destinations, the outcomes. In many organizations, clinical pathways are replacing the traditional nursing care plans and interdisciplinary care plans. Clinical pathways are outcome-driven and provide a time line to achieve the expected outcomes. Health care providers project that pathways will lead to reduced costs of care and shorter inpatient hospital stays. Variances, that is, departures from the expected pathway, may occur as a result of unexpected changes in a client's condition or lack of resources necessary to complete the pathway.

MEASURING PERFORMANCE IMPROVEMENT

Change has been effected in the monitoring of care. The health care system has shifted from a quality assurance methodology that focused on meeting thresholds (90% compliance) to continuous performance improvement. Today, health care organizations systematically measure, evaluate, and improve their performance to effect successful client health outcomes (JCAHO, 1995). A measure may be a standard or an indicator, which is a tool to measure an organization's performance over time. For example, an indicator may measure the effect of the nurse's teaching on a newly diagnosed diabetic client's ability to administer the prescribed insulin to himself.

Nursing service, in collaboration with other services, constructs PI activities that quantitatively measure the organization's and nursing's contribution to improving client care. Sharing results of the PI activities assists the organization and nurses in recognizing areas that require improvement. Student nurses and practicing professionals contribute to the PI process to ensure the delivery of consistent, competent client care. For example, a PI monitor may measure the effect of the problem-solving approach on helping the client prepare for continuing care after discharge from the inpatient setting.

Measuring improvements is conducted through the use of benchmarks. Benchmarking was first used by the Xerox Corporation in the late 1970s to improve organizational performance through systematic identification and implementation of best practices. Xerox defined benchmarking as the continuous process of measuring products, services, and practices against companies acclaimed as industry leaders.

In nursing, benchmarking may be used to compare the performance of the nursing staff in achieving successful client outcomes with the staff in other facilities of the same size and similar client population. For example, clients with indwelling catheters in one nursing home may experience fewer urinary tract infections per inpatient days than at another facility. The second nursing home facility in this situation would use benchmarking for problem solving and develop strategies to decrease the number of infections. Comparing the performance of nursing staff internally and with community standards reflects the current trend in health care practice.

MALPRACTICE: FAILURE TO IMPLEMENT PROFESSIONAL STANDARDS

Failure to implement professional standards may lead to professional negligence, resulting in malpractice litigation against the nurse, the interdisciplinary team, and the health care organization. Specifically, malpractice stems from incorrect treatment (for example, giving the wrong medication, resulting in harm to a client) or negligent treatment (failure to implement established protocol) of a client by health care team members (physician, dentist, nurse) responsible for health care. For the plaintiff (client or family) to be compensated for damages, the plaintiff establishes the following elements:

- the existence of the nurse's duty to the plaintiff, based on the existence of the nurse-patient relationship
- the applicable standard of nursing care and the nurse's violation of this standard
- a compensable injury, one for which the injured client is entitled to receive payment for damages
- a causal connection between the violation of the standard of care and the harm the client claimed (Black et al, 1990).

Registered nurses are legally bound to follow the ANA Standards of Clinical Nursing Practice. In a malpractice suit against a registered nurse, the plaintiff's attorney will evaluate whether the nurse, who is the defendant in the malpractice suit, implemented professional standards of practice, that is, the nursing standards that a reasonable and prudent nurse would be expected to follow.

The ANA Standards of Clinical Nursing Practice permit nurses to:

- defend their practices if the need arises
- conduct research to improve nursing practice
- measure the actual nursing care provided to clients against an established standard for quality and appropriateness

The Relationship of Critical Thinking, Problem Solving, Nursing Process, and Decision Making

Critical thinking, problem solving, nursing process, and decision making are the crucial, intricately meshed steps that guide patient care.

CRITICAL THINKING

Critical thinking is an invisible process, a mental activity that renders visible shape to the data gathered throughout the interdisciplinary team's clinical interactions with clients and families. From the moment a team member (for example, a nurse) sees a client and listens to his or her problems and concerns, the team member develops ideas about the cause and treatment of the problem. The team members learn about the clients as people, the meaning of the illness to the clients and others, and its impact on their lives.

Critical thinking continues as the team members gather the health history and perform physical examinations. Findings from these two sources raise or lower the likelihood of certain problems or diagnoses. The findings may exclude some of the nurse's initial ideas about what is wrong with the clients or open up new avenues for exploration.

In order to perform critical thinking, nurses learn the basic concepts of anatomy, physiology, chemistry, nutrition, microbiology, psychology, and sociology (including culture, spiritual orientation, education) to develop a scientific social base to allow nurses to conduct initial assessments and reassessments of the clients' physiologic, psychologic, social, cultural, and spiritual status. Nurses learn pathology (involving abnormalities in body structures), pathophysiology (physiologic processes altered by disease), and psychopathology (disorders of mood or thinking). The acquired body of knowledge forms the basis for recognizing change during subsequent assessments and reassessments. Critical thinking facilitates the identification of contributing factors, both positive and negative, that determine the clients' location on the healththrough-illness continuum. The direction the client is facing on the continuum is more important than actual placement on the continuum. A client may be physically debilitated while maintaining a positive attitude toward life and self-care. This client will be facing toward achieving an optimal state of health, wellness, and well-being.

EXAMPLE OF A HEALTH TO ILLNESS CONTINUUM Health<>>>>>>>Illness Midpoint

The nurses' knowledge base includes an awareness of interpersonal skills (the ability to interact with the clients) to garner the necessary information, the fundamentals of problem-solving analysis exemplified through the nursing process, and competencies in decision making (clinical judgment). Through implementation of the nursing process, nurses analyze the assessment data, recognize significant relationships among the data and cluster similar data, develop valid conclusions (identifying nursing diagnoses) through synthesis