

 <p>Connecticut Valley Hospital Nursing Policy and Procedure</p>	<p>SECTION A: NURSING SERVICE ORGANIZATION CHAPTER 2: STANDARDS OF NURSING PRACTICE AND CARE</p> <p>POLICY AND PROCEDURE 2.2: AMERICAN NURSES ASSOCIATION STANDARDS OF PSYCHIATRIC-MENTAL HEALTH CLINICAL NURSING PRACTICE</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Revised Date: May 1, 2018 Scope: Connecticut Valley Hospital</p>

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

Standard I Assessment

The Psychiatric-Mental Health Nurse collects patient health data.

Rationale

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

Measurement Criteria

1. The priority of data collection is determined by the patient’s immediate condition or need.
2. The data may include but are not limited to:
 - a. Ability to remain safe and not be a danger to oneself and others.
 - b. Patient’s central complaint, symptoms, or focus of concern.
 - c. Physical, developmental, cognitive, mental, and emotional health status.
 - d. History of health patterns and illness.
 - e. Family, social, cultural, race, ethnicity, and community systems.
 - f. Daily activities, functional health status, substance use, health habits, and social roles, including work and sexual functioning.
 - g. Interpersonal relationships, communication skills, and coping patterns.
 - h. Spiritual or philosophical beliefs and values.
 - i. Economic, political, legal, and environmental factors affecting health.

- j. Significant support systems and community resources both available and under-utilized.
 - k. Health beliefs and practices.
 - l. Knowledge, satisfaction, and motivation to change, related to health.
 - m. Strengths and competencies that can be used to promote health and mental health.
 - n. Current and past medications, including prescribed and over the counter.
 - o. Medication interactions and history of side effects.
 - p. Complementary therapies used to treat health and mental illness.
 - q. Other contributing factors that influence health.
3. Pertinent data are collected from multiple sources using various developmentally and culturally appropriate assessment techniques, standardized instruments, and diagnostic and laboratory tests as appropriate. Multiple sources of assessment data can include not only the patient, but also family, social network, other health care providers, past and current medical records, and community agencies and systems (with consideration of the patient's confidentiality).
 4. The patient, significant others, and interdisciplinary team members are involved in the assessment process and data analyses.
 5. The patient and significant others are informed of their respective roles and responsibilities in the assessment process and data analysis.
 6. The assessment process is systematic and ongoing.
 7. The data collection is based on clinical judgment to ensure that relevant and necessary data are collected.
 8. The database is synthesized, prioritized, and documented in a retrievable form.

Standard II Diagnosis

The Psychiatric-Mental Health Nurse analyzes the assessment data in determining diagnoses.

Rationale

The basis for providing psychiatric-mental health nursing care is the recognition and identification of patterns of response to actual or potential psychiatric illnesses and mental health problems and potential comorbid physical illness.

Measurement Criteria

1. Diagnoses and potential problem statements are derived from assessment data.
2. Interpersonal, systemic, or environmental circumstances that affect the mental well-being of the individual, family, or community are identified.
3. The diagnosis is based on an accepted framework which supports the psychiatric-mental health nursing knowledge and judgment used in analyzing the data.
4. Diagnoses conform to accepted classifications systems such as North American Nursing Diagnosis Association (NANDA) Nursing Diagnosis Classification, International Classification of Diseases and Statistical Manual of Mental Diseases (WHO 1993), and The Diagnostic and Statistical Manual of Mental Disorders-IV Edition (APA 1994) used in the practice setting.
5. Diagnoses and risk factors are discussed and verified with the patient, significant others, and other health care clinicians when appropriate and possible.
6. Diagnoses identify actual or potential psychiatric illness and mental health problems of patients pertaining to:

- a. The maintenance of optimal health and well-being and the prevention of psychobiologic illness.
 - b. Self-care limitations or impaired functioning related to mental and emotional distress.
 - c. Deficits in the functioning of significant biological, emotional, and cognitive systems.
 - d. Emotional stress or crisis components of illness, pain, and disability.
 - e. Self-concept changes, developmental issues, and life process changes.
 - f. Problems related to emotions such as anxiety, aggression, sadness, loneliness, and grief.
 - g. Physical symptoms that occur along with altered psychological functioning.
 - h. Alterations in thinking, perceiving, symbolizing, communicating and decision making.
 - i. Difficulties in relating to others.
 - j. Behaviors and mental states that indicate the patient is a danger to self or others or has a severe disability.
 - k. Interpersonal, systemic, sociocultural, spiritual, or environmental circumstances or events which have an affect on the mental and emotional well-being of the individual, family, or community.
 - l. Symptom management, side effects/toxicities associated with psychopharmacologic intervention and other aspects of the treatment regimen.
7. Diagnoses and clinical impressions are documented in a manner that facilitates the identification of patient outcomes and their use in the plan of care and research.

Standard III Outcome Identification

The Psychiatric-Mental Health Nurse identifies expected outcomes individualized to the patient.

Rationale

Within the context of providing nursing care, the ultimate goal is to influence health outcomes and improve the patient's health status.

Measurement Criteria

1. Expected outcomes are derived from the diagnoses.
2. Expected outcomes are patient-oriented, evidence based, therapeutically sound, realistic, attainable, and cost-effective.
3. Expected outcomes are documented as measurable goals, using standard classifications when available.
4. Expected outcomes are formulated by the nurse and the patient, significant others, and interdisciplinary team members, when possible.
5. Expected outcomes are realistic in relation to the patient's present and potential capabilities and quality of life.
6. Expected outcomes are identified with consideration of the associated benefits and costs.
7. Expected outcomes estimate a time for attainment.
8. Expected outcomes provide direction for continuity of care.
9. Expected outcomes reflect current scientific knowledge in mental health care.
10. Expected outcomes serve as a record of change in the patient's health status.

Standard IV Planning

The Psychiatric-Mental Health Nurse develops a Plan of Care that is negotiated among the patient, nurse, family, health care team, and prescribes evidence based interventions.

Rationale

A plan of care is used to guide therapeutic interventions systematically, document progress and achieve the expected patient outcomes.

Measurement Criteria

1. The plan is individualized, according to the patient's characteristics, needs, and :
 - a. Identifies priorities of care in relation to expected outcomes.
 - b. Identifies effective interventions to achieve the outcomes.
 - c. Specifies evidence based interventions that reflect current best practices and research.
 - d. Reflects the patient's motivation, health beliefs, and functional capabilities.
 - e. Includes an educational program related to the patient's health problems, stress management, treatment regimen, relapse prevention, self-care activities, and quality of life.
 - f. Indicates responsibilities of the nurse, the patient, the family and other significant persons and the interdisciplinary team members in implementing the plan of care.
 - f. Gives direction for patient-care activities designated by the nurse to the family, significant others and clinicians.
 - g. Provides for appropriate referral and case management to ensure continuity of care.
2. The plan is developed in collaboration with the patient, significant others, and interdisciplinary team members, when appropriate.
3. The plan is documented in a format that allows modification as necessary, interdisciplinary access to its information and retrieval of data for analysis and research.

Standard V Implementation

The Psychiatric-Mental Health Nurse implements the interventions identified in the Plan of Care.

Rationale

In implementing the plan of care, psychiatric-mental health nurses use a wide range of interventions designed to prevent mental and physical illness, and promote, maintain, and restore mental and physical health. Psychiatric-mental health nurses select interventions according to their level of practice. At the basic level, the nurse may select counseling, milieu therapy, self-care activities, psychobiological interventions, health teaching, case management, health promotion and health maintenance, and a variety of other approaches to meet the mental health needs of patients. In addition to the intervention options available to the basic-level psychiatric-mental health nurse, at the advanced level of the APRN-PMH may provide consultation, engage in psychotherapy, and prescribe pharmacologic agents where permitted by state statutes or regulations.

Measurement Criteria

1. A therapeutic nurse-patient relationship is established and maintained throughout treatment.
2. Interventions are selected based on the needs of the patient and accepted nursing practice.
3. Interventions are selected according to the psychiatric-mental health nurse's level of practice, education and certification.
4. Interventions are implemented within the established plan of care.
5. Interventions are performed in a safe, ethical, and appropriate manner.
6. Interventions are modified based on continued assessment of the patient's response to treatment and other clinical indicators of effectiveness.
7. Interventions are documented.

Standard Va Counseling

The Psychiatric-Mental Health Nurse uses counseling interventions to assist patients in improving or regaining their previous coping abilities, fostering mental health, and preventing mental illness and disability.

Measurement Criteria

1. Counseling interventions including communication and interviewing techniques, problem-solving skills, crisis intervention, stress management, support groups, relaxation techniques, assertiveness training, substance abuse counseling, conflict resolution, and behavior modification is documented.
2. Counseling reinforces healthy behaviors and interaction patterns and helps the patient modify or discontinue unhealthy ones.
3. Counseling promotes the patient's personal and social integration.

Standard Vb Milieu Therapy

The Psychiatric-Mental Health Nurse provides structures and maintains a therapeutic environment in collaboration with the patient and other healthcare providers.

Measurement Criteria

1. The patient is familiarized with the physical environment, the schedule of activities, and the norms and rules that govern behavior and activities of daily living, as applicable.
2. Current knowledge of the effects of the patient's environment is used to guide nursing actions.
3. The therapeutic environment is designed utilizing the physical environment, social structures, culture, and other available resources.
4. Communication among patients and staff supports an effective milieu.
5. Specific activities are selected that meet the patient's physical and mental health needs.
6. Limits of any kind (e.g., restriction of privileges, restraint, seclusion, timeout) are used in a humane manner, are the least restrictive necessary, and are employed only as long as needed to assure the safety of the patient and of others.
7. The patient is given information about the need for limits and the conditions necessary for removal of the restriction, as appropriate.
8. The patient and significant others are given the opportunity to ask questions and discuss their feelings and concerns about past, current, and projected use of various environments.

Standard Vc Self-Care Activities

The Psychiatric-Mental Health Nurse structures interventions around the patient's activities of daily living to foster self-care and mental and physical well being.

Management Criteria

1. The self-care interventions assist the patient in assuming personal responsibility for activities of daily living.
2. The self-care activities of daily living are appropriate for the patient's age, developmental level, gender, sexual orientation, ethnic/social background, and education.
3. Self-care interventions are aimed at maintaining and improving the patient's functional status and quality of life.

Standard Vd Psychobiological Interventions

The Psychiatric-Mental Health Nurse uses knowledge of psychobiological interventions and applies clinical skills to restore the patient's health and prevent further disability.

Measurement Criteria

1. Current knowledge of psychopharmacology, and other psychobiological and complementary therapies are used to guide nursing action.
2. Psychopharmacological agents' intended actions, untoward effects, and therapeutic doses are monitored, as are blood levels, vital signs and laboratory values where appropriate.
3. The patient's responses to therapies serve as clinical indications of treatment effectiveness.
4. Nursing interventions are directed toward alleviating untoward effects of psychobiological interventions, when possible.
5. Opportunities are provided for the patient and significant others to question, discuss, and explore their feelings about past, current, and projected use of therapies.
6. Nursing observations about the patient's response to psychobiological interventions are communicated to other health providers.

Standard Ve Health Teaching

The Psychiatric-Mental Health Nurse, through health teaching, assists patients in achieving satisfying, productive, and health patterns of living.

Measurement Criteria

1. Health teaching is based on principles of learning.
2. Health teaching includes information about coping, interpersonal relations, social skills, mental health problems, mental disorders, and treatments and their effects on daily living, as well as information pertinent to physical status or developmental needs.
3. The nurse uses health teaching methods appropriate to the patient's age, developmental level, gender, ethnic/social background, and education.
4. Constructive feedback and positive rewards reinforce the patient's learning.
5. Practice sessions, homework assignments, and experiential learning are used as needed.

Standard Vf Case Management

The Psychiatric-Mental Health Nurse provides case management to coordinate comprehensive health services and ensure continuity of care.

Measurement Criteria

1. Case management services are based on a comprehensive approach to the patient's physical, mental, emotional, and social health problems and resource availability.
2. Case management services are provided in terms of the patient's needs and the accessibility, availability, quality, and cost-effectiveness of care.
3. Health-related services and more specialized care are negotiated as needed on behalf of the patient with the appropriate agencies and providers.
4. Relationships with agencies and providers are maintained throughout the patient's use of the health care services to ensure continuity of care.
5. The patient's decisions related to the plan of care and treatment choices are supported, as appropriate.

Standard Vg Health Promotion and Health Maintenance

The Psychiatric-Mental Health Nurse employs strategies and interventions to promote and maintain mental health and prevent mental illness.

Measurement Criteria

1. Health promotion and disease prevention strategies are based on knowledge of health beliefs, practices, evidenced based findings and epidemiological principles, along with the social, cultural, and political issues that affect mental health in an identified community.
2. Health promotion and disease prevention interventions are designed for patients identified as at-risk for mental health problems.
3. Consumer participation is encouraged in identifying mental health problems in the community and planning, implementing, and evaluating programs to address those problems.
4. Community resources are identified to assist consumers in using prevention and mental health care services appropriately.
5. Research findings are utilized to promote health and prevent mental illness.

Standards Vh-Vj Advanced Practice Interventions

The following interventions (Vh-Vj) may be performed only by the Advanced Practice Registered Nurse-Psychiatric Mental Health.

Standard Vh Psychotherapy

The APRN-PMH uses individual, group, and family psychotherapy, and other therapeutic treatments to assist patients in preventing mental illness and disability, treating mental health disorders, and improving mental health status and functional abilities.

Measurement Criteria

1. The therapeutic contract with the patient is structured to include:
 - a. Purpose, goals, and expected outcomes.
 - b. Time, place and frequency of therapy.
 - c. Fees and payment schedule.
 - d. Participants involved in therapy.
 - e. Confidentiality.
 - f. Availability and means of contacting therapist.
 - g. Responsibilities of both patient and therapist.
2. Knowledge of personality theory, growth and development, psychology, neurobiology, psychopathology, social systems, small-group and family dynamics, stress and adaptation, and theories related to selected therapeutic methods is used, based on the patient's needs.
3. Therapeutic principles are used to understand and interpret the patient's emotions, thoughts, and behaviors.
4. The patient is helped to deal constructively with thoughts, emotions, and behaviors.
5. Increasing responsibility and independence are fostered in the patient to reinforce healthy behaviors and interactions.
6. Continuity of care is provided in therapist's absence.
8. Nursing care for the patient's physical needs is referred to another provider when it is determined that such care provided by the therapist would impair the patient/therapist relationship.

Standard Vi Prescriptive Authority and Treatment

The APRN-PMH uses prescriptive authority, procedures, and treatments in accordance with state and federal laws and regulations, to treat symptoms of psychiatric illness and improve functional health status.

Measurement Criteria

1. Psychiatric treatment interventions and procedures are prescribed according to the patient's mental health care needs and are evidence based.
2. Procedures are used as needed in the delivery of comprehensive care.
3. Psychopharmacological, agents are prescribed based on a knowledge of psychopathology, neurobiology, physiology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects.
4. Pharmacological agents are prescribed based on clinical indicators of the patient's status, including the results of diagnostic and laboratory tests, as appropriate.
5. Intended effects and potential adverse effects of pharmacological and nonpharmacological treatments are monitored and treated as necessary.
6. Information about intended effects, potential adverse effects of the proposed prescription, and other treatment options, including no treatment, is provided to the patient.

Standard Vj Consultation

The APRN-PMH provides consultation to enhance the abilities of other clinicians to provide services for patients and effect change in the system.

Measurement Criteria

1. Consultation activities are based on models of consultation, systems principles, communication and interviewing techniques, problem-solving skills, change theories, and other theories as indicated.
2. Consultation is initiated at the request of the consultee.
3. A working alliance, based on mutual respect and role responsibilities, is established with the consultee.
4. Consultation recommendations are communicated in terms that facilitate understanding and involve the consultee in decision making.
5. Implementation of the system change or Plan of Care remains the consultee's responsibility.

Standard VI Evaluation

The Psychiatric-Mental Health Nurse evaluates the patient's progress in attaining expected outcomes.

Rationale

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

Measurement Criteria

1. Evaluation is systematic and ongoing.
2. The patient, significant others, and other healthcare clinicians, team members are involved in the evaluation process, as possible, to ascertain the patient's level of satisfaction with care and evaluate the benefits and costs associated with the treatment process.
3. The patient's responses to interventions are documented.
4. The effectiveness of interventions in relation to outcomes is evaluated.
5. Ongoing assessment data are used to revise diagnoses, outcomes, and the plan of care as needed.
6. Revisions in the diagnoses, outcomes, and the plan of care are documented.
7. The revised plan provides for continuity of care.