

 <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: 2.6 American Nurses Association Addiction Services Division Professional Practice Standards</p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Connecticut Valley Hospital</p>

Standard I: Theory

The nurse uses appropriate knowledge from nursing theory and related disciplines in the practice of addictions nursing.

Rationale

Theory helps define the context within which the addictions nurse understands concepts and their interrelationships thereby providing a framework for assessment, diagnosis, intervention, and evaluation of the care of the client.

Addictions' nursing employs theories of the biological, behavioral, social, and related health sciences, and incorporates theories and principles of nursing practice in the application of the art and science of nursing.

Structure Criteria

1. Role assignment protocols in addictions nursing practice provide for assignments to be made on the basis of the nurse's demonstrated knowledge of scientific theory and evidence in nursing and other relevant disciplines.
2. Institutional policies promote and provide resources for the nurse to advance practice skills through continuing education in nursing as well as the other biological, behavioral, and social sciences.
3. Policies and procedures enable the nurse in addictions practice to consult and collaborate with nurses from other specialties and professionals from such disciplines as medicine, psychology, and sociology.
4. Policies assure that the addictions nurse attains and maintains practice privileges appropriate to the theoretical knowledge base and clinical nursing skills for contemporary addictions care. Optimally, the nurse is competent in various roles, such as primary care giver, client counselor and educator, and consultant to other nurse generalists.

Process Criteria

The nurse -

1. Uses relevant nursing and interdisciplinary theory and evidence in the nursing process and related clinical activities.
2. Participates in continuing education activities related to the field of abuse and addictions.
3. Performs competently in independent and collaborative therapeutic functions and roles appropriate to his or her level of knowledge and skill.
4. Approaches the client in a respectful manner and with a holistic perspective.

Outcome Criteria

1. Identified treatment methods and nursing interventions are appropriate to the phase of the addiction and identified goals of prevention or recovery for the client.
2. Documented nursing interventions are consonant with current scientific knowledge and principles of addictions nursing practice.

Standard II: Data Collection

Data collection is continual and systematic and is communicated effectively to the treatment team throughout each phase of the nursing process.

Rationale

Data collection is the necessary first step in addressing the quality of the health of the client. The data collection process must be continual, systematic, accurate, and comprehensive to enable the addictions nurse and other members of the treatment team to reach sound conclusions, plan and implement interventions, and evaluate care.

Structure Criteria

1. Data collection tools appropriate to the unique needs of the client with abuse or addiction problems are used in the clinical practice setting.
2. A systematic mechanism by which data are recorded and retrieved is available in the practice setting.
3. The data collection tools and system maximize the opportunity for collaboration between the nurse and client in identification of key information for assessment of addictions processes.
4. A process for routine and ongoing evaluation and revision of data collection mechanisms is in place.

Process Criteria

The nurse -

1. Uses interviewing principles and physical and psychosocial assessment skills based on the knowledge and understanding of the progressive physical and psychological sequelae of

addictions.

2. Assesses the biological, psychosocial, cognitive, and spiritual dimensions of the client to provide holistic care.
3. Includes, as part of assessment, information specific to the patterns of use, amounts, frequency, duration, and the effects of the described process of misuse, abuse, and addiction on the client's health and quality of life.
4. Examines and integrates objective data from findings of medical and psychological tests and the assessments documented by other members of the interdisciplinary treatment team.
5. Works collaboratively with the client and other treatment team members in the collection and evaluation of data.
6. Uses sound clinical judgement to determine the nature and extent of health data deemed relevant to the nursing assessment and the most appropriate and effective method of data collection.
7. Gathers data from all reliable sources to assess patterns of abuse and addiction, without violation of clients' rights or federal confidentiality regulations.
8. Continually gathers information to support the nursing process through assessment of the following:
 - a. Past medical, psychiatric, and addictions treatment.
 - b. Family support, current living situation, financial problems, legal problems, job situation, education, and history of family and other significant relationships.
 - c. Family health history: Illnesses and cause of death, including history of family members with health problems related to addictions.
 - d. Mental status, including dimensions of cognitive and thought processes and emotional response.
 - e. Spiritual health and well being.
 - f. Cultural and ethnic factors.

Outcome Criteria

1. The recorded database reflects the current physiological, psychosocial, cognitive, and spiritual responses of the client that require nursing intervention.
2. Data collection mechanisms are regularly evaluated and modified as necessary.

Standard III: Diagnosis

The nurse uses nursing diagnoses congruent with accepted nursing and interprofessional classification systems of addictions and associated physiological and psychological disorders to express conclusions supported by data obtained through the nursing process.

Rationale

Use of accepted diagnostic classification systems facilitates communication about the client's actual and potential health problems and response to those problems. The diagnoses identify the health needs requiring nursing interventions.

Structure Criteria

1. The practice setting affords opportunities for collegial exchange, education, and research regarding the scientific premises upon which nursing diagnosis is based.
2. Staff education and evaluation processes assure that the nurse maintains current knowledge of nursing diagnosis development.

Process Criteria

The nurse -

1. Uses the nursing process to identify actual or potential health problems and human responses to those problems.
2. Analyzes available data according to accepted theoretical frameworks.
3. Uses nursing diagnoses congruent with and/or complementary to the diagnoses of other professional colleagues.
4. Revises nursing diagnoses in accord with new assessment data.

Outcome Criteria

1. Nursing diagnoses are documented and communicated in a manner that facilitates nursing planning, implementation, evaluation, and research.
2. Nursing diagnoses are shared with the client (including the individual, the family, and significant others), unless contraindicated for therapeutic reasons. Affirmation of the nursing diagnosis is sought from the client, the nurse's peers, and other professional members of the treatment team.

Standard IV: Planning

The nurse establishes a plan of care for the client that is based upon nursing diagnoses, addresses specific goals, defines expected outcomes, and delineates nursing actions unique to each client's needs.

Rationale

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

Structure Criteria

1. The clinical setting and staffing structure foster the nurse's collaboration with colleagues in the development of care plans that are congruent with overall treatment goals.

2. Institutional policies delineate a systematic process of timely documentation, communication, evaluation, and revision of the plan of care.

Process Criteria

The nurse -

1. Collaborates with the client and colleagues in developing the plan of care.
2. Uses the nursing process in developing and revising the care plan.
3. Assures that the care plan -
 - a. Identifies priorities of care.
 - b. States realistic goals in behavioral and/or measurable terms with expected rates of accomplishment.
 - c. Incorporates psychotherapeutic and physiological therapeutic principles.
 - d. Performs appropriate and varied interventions, individualized according to the client's unique needs, to achieve stated treatment goals.
 - e. Establishes a process for discharge planning that provides for consultation, referral, and follow-up for the client.
 - f. Employs a systematic strategy to monitor the client's evolving health status and to evaluate and revise the care plan.

Outcome Criteria

1. The plan of care is organized and recorded in timely fashion in a standardized, systematic format that includes -
 - a. Documentation of independent and collaborative activities.
 - b. Evidence of revision as goals are achieved, changed, and updated.
2. The plan of care is recorded and available for review.

Standard V: Intervention

The nurse implements actions independently and/or in collaboration with peers, members of other disciplines, and clients in preventions, intervention, and rehabilitation phases of the care of clients with health problems related to patterns of abuse and addiction.

Rationale

Addictions nursing addresses an area of concern extending over the entire health-illness continuum. Addictions nursing interventions consist of all those nursing actions that are directed toward fostering adaptive human responses to actual or potential health problems stemming from patterns of abuse and addiction.

Structure Criteria

1. In the practice setting, any function falling within the knowledge base and experience of the

qualified nurse may be performed by the nurse and any role defined by those functions may be assumed by the nurse.

2. Addictions nursing is defined in the practice setting as including all functions of the nurse, dependent as well as independent, from direct physical and psychosocial care of the client to more indirect activities of research, administration, and communication of knowledge.
3. Policies and procedures of the organization foster the nurse's primary accountability to the client system and society, regardless of the nature of the functions.
4. The policies and standards that guide the practice of addictions nursing are consistently applied throughout the institution in each service and setting, for example, in the alcohol rehabilitation unit, emergency room, orthopedics, and outpatient clinic.
5. Quality assurance mechanisms assure that addictions nursing interventions are congruent with policies and philosophies of the institution and relevant accrediting bodies.

Process Criteria

The nurse -

1. Acts to ensure that the client's needs for nursing care are met by independent nursing action or by collaboration with other health care providers.
2. Facilitates the client's motivation toward acknowledgment of needs and behavioral change.
3. Adapts interventions to changing client needs and situations, using sound knowledge and principles in the decision-making process.
4. Applies current knowledge and principles of relevant treatment modalities to assist clients in understanding and coping with their actual or potential problems.
5. Is proactive in identifying and managing overdose or withdrawal signs and symptoms when indicated.

Outcome Criteria

1. Nursing interventions consistent with the plan of care are documented in appropriate records.
2. Progress or lack of progress toward identified goals is periodically documented with appropriate reprioritization or revision of goals.
3. Interventions are explained to peers, professionals of other disciplines, and clients, and affirmation on the appropriateness of the interventions is sought.

Standard V-A: Intervention; Therapeutic Alliance

The nurse uses the "Therapeutic Self" to establish a relationship with clients and to structure nursing interventions to help clients develop the awareness, coping skills, and behavior changes that promote health.

Rationale

The development of a therapeutic alliance between the nurse and client promotes client engagement and motivation for self-care and contributes to client collaboration in fulfillment of the goals of each phase of the nursing process. Formation of such an alliance is fostered by the

nurse's ability to make use of the "therapeutic self." Such an alliance also enhances the nurse's ability to assess change, adapt interventions to the client's responses, and foster the client's psychosocial growth.

Structure Criteria

1. Philosophy and policies of the institution encourage the establishment of a therapeutic alliance between the client and the nurse prepared as a generalist in addictions nursing.
2. Policies and programs of the institution foster the development of nursing knowledge and skill in forming a therapeutic alliance.

Process Criteria

The nurse -

1. Assesses the responses of the client that may be addressed through formation of a therapeutic alliance.
2. Focuses initial interventions on the client's acknowledgement of potential or actual health problems and on the prevention or cessation of patterns of abuse and addiction.
3. Employs principles and skills of interpersonal communication, interviewing, problem solving, crisis intervention, therapeutic use of self, helping relationships, and the nursing process when intervening.
4. Collaborates with team members in evaluating the outcome of interpersonal interventions and formulating ongoing treatment goals.
5. Uses the therapeutic alliance to reinforce integration of the individual into appropriate self-help groups and continuing care programs and reintegration into family and community social systems.

Outcome Criteria

1. The client demonstrates behavior that reflects increased knowledge and self-care motivation regarding patterns of use and abuse.
2. The client incorporates relational skills and health promotion behaviors into his or her life-style.

Standard V-B: Intervention; Education

The nurse educates clients and communities to help them prevent and/or correct actual or potential health problems related to patterns of abuse and addiction.

Rationale

Education about patterns of abuse and addiction is an essential component of the nurse's role with individuals, families, and communities. Emphasis is on understanding the process of misuse, abuse, and addiction and approaches to prevention, intervention, and rehabilitation of clients with related health problems. Knowledge of the teaching and learning process can facilitate addiction education in a variety of settings.

Structure Criteria

1. Opportunities and educational materials for use of varied and appropriate teaching methodologies are available within the practice setting.
2. Policies encourage nurses to base their teaching practice on learning theories and to draw content from the biological, behavioral, social, nursing, and related health sciences. Theories and principles of nursing practice also include knowledge specific to the addiction areas.
3. The teaching process used in the practice setting is based on the premise that patterns of abuse and addiction are presentable and treatable.

Process Criteria

The nurse -

1. Assesses the educational needs and learning capabilities of the individual, family, and community groups.
2. Plans the appropriate content and methods for teaching about the patterns of abuse and addiction.
3. Educates individuals, families, and community groups on topics including -
 - a. Health promotion.
 - b. Patterns of misuse and abuse, including loss of self-control.
 - c. Process of addiction: spiritual, biological, psychosocial, and cognitive aspects.
 - d. Impact of patterns of abuse and addiction on the self, the family, and the community.
 - e. Recovery process.
 - f. Treatment modalities and self-help groups available in the community.
4. Uses appropriate communication skills and principles of teaching and learning in role modeling and in educational offerings for individuals and groups.
5. Provides education to family members even when the individual identified as having an abuse or addiction problem refuses to participate.
6. Educates nurses and other health care professionals about patterns of abuse, early signs of abuse and addiction, the addiction process, and current treatment strategies.

Outcome Criteria

1. Educational activities and the learning responses of the client are documented.
2. Community members demonstrate an understanding of patterns of abuse and addiction through feedback and/or health behaviors.
3. Health care professionals demonstrate an awareness of and alertness to actual or potential health problems related to abuse and addiction and intervene in a manner that indicates understanding of the health problems and respect for clients.
4. Health care professionals demonstrate the ability to identify and refer clients with abuse and addiction problems to appropriate health care providers and health care settings.
5. The individual with chemical addiction demonstrates knowledge of addictive disease by involvement in programs of recovery and rehabilitation.
6. The individual with an abuse problem demonstrates knowledge of potential or actual health problems by abstinence or increased self-control over abusive patterns.
7. Recovering clients establish a life-style based on health promotion values.

Standard V-C: Intervention; Self-Help Groups

The nurse uses the knowledge and philosophy of self-help groups to assist clients in learning new ways to address stress, maintain self-control or sobriety, and integrate healthy coping behaviors into their life-style.

Rationale

Self-help groups have proven to be of therapeutic value for clients with problems of abuse and addiction. Self-help groups teach new ways of thinking, support constructive behavior change, and provide motivation and social support for members. The group process helps clients recognize their potential for growth and health. The 12-step self-help philosophy introduced by Alcoholics Anonymous has been effectively employed in self-help groups for many abuse and addiction problems, including drug abuse, overeating, and gambling. Community-based self-help programs using philosophies different from that of AA address similar goals.

Nurses are the primary professional health care providers who interact with clients on a day-to-day basis. Therefore, the nurse has the opportunity to serve as a role model and provide the client with opportunities to learn principles of wellness and health promotion.

Structure Criteria

1. Nursing policy specifies a time frame for assessment of clients' appropriateness for involvement in 12-step or other self-help programs.
2. Approved methods of communicating information about self-help groups assure that the individual's unique needs are identified and respected by the nurse in the treatment setting.

Process Criteria

The nurse -

1. Integrates into the treatment process the philosophy of 12-step self-help groups and other appropriate self-help approaches through communication with clients.
2. Collaborates with the client in developing a plan of prevention and/or recovery that examines appropriate involvement in self-help groups.
3. Uses appropriate community resource representatives as a liaison between the treatment center and community resources.

Outcome Criteria

1. The level of the client's need for and ability to respond to involvement in a 12-step self-help group or other relevant support group is documented.
2. The individual -
 - a. Displays knowledge of the nature of the addictive illness and the benefits of involvement in a self-help group.
 - b. Formulates a health maintenance or recovery plan that integrates self-help groups, available community support systems, personal lifestyle changes, and cultural variables.
 - c. Acknowledges the importance of the involvement of the family and significant others in

the recovery program as it relates to self-help groups.

Standard V-D: Intervention; Pharmacological Therapies

The nurse applies knowledge of pharmacological principles in the nursing process.

Rationale

Varied individualized pharmacological treatment modalities may be needed by clients during their health maintenance, withdrawal, and recovery process. Pertinent clinical observations and judgments must be made concerning the effects of medications used with reference to the stages of this process and the nature of the abuse or addiction problem.

Structure Criteria

1. Policies and procedures define guidelines for nursing administration and self-administration of medications for clients with actual and potential health problems related to patterns of abuse and addiction.
2. Institutional policies regarding the use, type, and frequency of medications reflect sound pharmacological, medical, and nursing principles relevant to the specific type of abuse or addiction pattern.

Process Criteria

The nurse -

1. Uses current knowledge of pharmacological principles to guide nursing actions.
2. Uses knowledge of signs and symptoms of substance overdose, withdrawal from substances of abuse, and multiple drug-use patterns to guide nursing actions.
3. Uses knowledge of medication and food interactions to assure safe administration of medications.
4. Is familiar with appropriate pharmacological treatment of medical problems that commonly coexist with the addictions disorder and uses this knowledge in monitoring the individual's care.
5. Educates the individual with a substance abuse or addiction pattern about the need to inform the physician or emergency personnel of the addictive illness before any medication is given.
6. Evaluates the individual's response to the administered medication and documents the response.
7. Collaborates with the physician to assess and plan individualized medication needs of the client.
8. Provides opportunities for clients to explore their feelings and concerns related to medication therapy.
9. Reviews expected actions and side effects of prescribed medications with clients, including psychoactive and mood-altering substances.

Outcome Criteria

1. Client medications and responses to medications are documented.

2. The client expresses knowledge of appropriate medication use in relation to the addictive illness, and maintains compliance.

Standard V-E: Intervention; Therapeutic Environment

The nurse provides, structures, and maintains a therapeutic environment in collaboration with the individual, family, and other professionals.

Rationale

Addictions nurses work with individuals and families in a variety of environmental settings, including residential facilities, general hospitals, and outpatient facilities. Physical aspects of the environment are designed to provide safety and security and to promote healing. In milieu therapy, the nurse facilitates the establishment of an environmental structure that encourages positive human relationships. These relationships satisfy emotional needs, resolve psychological conflicts, and promote the individual's self-esteem and sense of dignity.

Structure Criteria

1. The institutional philosophy promotes collegial working relationships among professional disciplines and support services.
2. Written policies and procedures regarding resolution of divergent treatment views among staff are implemented.
3. Written policies and procedures that address environmental and client safety, use of restraint and seclusion, client confidentiality, and clients' use of mood altering substances are enforced.

Process Criteria

The nurse -

1. Assures that clients are oriented to the treatment milieu, process, and goals.
2. Promotes effective communication in the environment.
3. Maintains a treatment environment that promotes the health and reinforces the safety and dignity of the client.
4. Participates in ongoing evaluation of the effectiveness of the treatment program and the therapeutic milieu.

Outcome Criteria

1. Within 24 hours of admission to an inpatient treatment setting, the client's orientation to the activities and behavioral expectations of the program is complete, unless unusual client circumstances prolong the orientation process.
2. Client orientation to, participation in, and response to the therapeutic milieu are documented.
3. In any treatment environment-whether inpatient, outpatient, or community-clients express an understanding of the effects of environment on their health and incorporate that knowledge into self-care.

Standard V-F: Intervention; Counseling

The nurse uses therapeutic communication in interactions with the client to address issues related to patterns of abuse and addiction.

Rationale

The counseling role is an inherent component of nursing practice and is used within the framework of the therapeutic relationship between nurse and client. Counseling interventions are informal or formal and include a variety of interactional modalities and strategies.

Structure Criteria

Institutional policies support the need for the nurse in addictions nursing practice to know and use basic interpersonal communication skills, the helping relationship, and supportive counseling skills.

Process Criteria

The nurse -

1. Engages in interdisciplinary and peer collaboration to plan and facilitate achievement of counseling goals.
2. Includes the client in planning and goal setting for the counseling process.
3. Documents counseling interventions on the treatment plan and the client record.
4. Acknowledges confidentiality issues inherent in the counseling role.
5. Includes referral sources and elements of the individual's support system as appropriate in counseling interactions.
6. Evaluates with the client the achievement and revision of goals.
7. Refers the client to other counseling professionals and self-help groups as needed.
8. Engages the family and significant others in the therapeutic process to heighten their effectiveness and accountability for self-care and relations with the individual.

Outcome Criteria

1. The nurse documents counseling interventions and client participation in and responses to the counseling process.
2. The client -
 - a. Expresses understanding and acceptance of the reality of addictive illness and other actual or potential health problems associated with it.
 - b. Identifies his or her maladaptive responses and coping strengths.
 - c. Moves toward diminishing maladaptive responses and establishing new behaviors and adaptive responses.
 - d. Modifies his or her environment to encourage the adaptive responses.

Standard VI: Evaluation

The nurse evaluates the responses of the client and revises nursing diagnoses, interventions, and the treatment plan accordingly.

Rationale

The nursing process is a dynamic activity that incorporates alternative strategies at every stage of the process, based on ongoing and systematic evaluation of client assessment data.

Structure Criteria

1. There is a documented database for the evaluation of therapeutic effectiveness.
2. Clinical supervision by clinical nurse specialists in addictions nursing or addictions specialists from other disciplines is available in the treatment setting and supports the nurse in evaluating the effectiveness of nursing interventions.
3. Mechanisms in the practice setting afford the opportunity for clients with abuse and addiction problems to evaluate nursing and interdisciplinary actions.
4. Quality assurance procedures assure the ongoing evaluation of nursing practice in each phase of the nursing process.

Process Criteria

The nurse -

1. Uses appropriate evaluative tools and documented observations when sharing data with colleagues.
2. Documents evaluation of the plan of care on the basis of assessed client outcomes.
3. Revises the plan of care to reflect the results of the evaluation process, in collaboration with the client and other members of the interdisciplinary team.

Outcome Criteria

1. The revised nursing diagnoses and treatment plans are documented systematically and as needed on the basis of formal and informal evaluation.
2. Documented evaluations of client care are available for review and foster ongoing evaluation and refinement of addictions nursing practice.
3. Evaluations provide a base for generation of nursing research questions and activities.

Standard VII: Ethical Care

The nurse's decisions and activities on behalf of clients are in keeping with personal and professional codes of ethics and in accord with legal statutes.

Rationale

Every person with actual or potential health problems deserves ethical care and treatment characterized by respect for human dignity and the uniqueness of the client, and unrestricted by consideration of social or economic status, personal attributes, or the nature of the health problem. The prevailing social misunderstanding of addictions disorders and diseases may subject this client to high risk of being denied fully ethical treatment. The nurse must be alert to this risk and capable of ethical care and advocacy for the client. The nursing code of ethics

provides primary guidelines for this standard.

Structure Criteria

1. Addictions nursing practice policies and procedures reflect up-to-date knowledge about addictions and about personal, professional, legal, and institutional codes of ethics and regulations governing clients' rights.
2. The institution fosters staff awareness of ethical codes by providing staff with current information on professional codes of ethics; federal, state, and local regulations; and relevant agency policies and procedures.
3. Periodic in-service training and continuing staff education focus on ethical codes, regulations, and issues.
4. Processes for evaluation of client care, client complaints, and staff performance systematically monitor and assure the quality of ethical care given to clients with abuse and addiction problems.

Process Criteria

The nurse -

1. Systematically examines his or her knowledge base, attitudes, and behaviors in the light of ethical standards for the provision of care to clients with abuse and addiction problems.
2. Explores ethical aspects of care with clients, peers, and professional colleagues to promote sensitivity to the rights and dignity of clients.
3. Documents observations and interventions related to the delivery of ethical care, client advocacy, and client responses.

Outcome Criteria

1. The client record documents that the individual has been informed of his or her rights and responsibilities.
2. The client record documents provision of nursing care that is within ethical and legal guidelines and relevant policies of the institution.
3. Agency records (such as in-service and continuing education material, quality assurance documents, and policies) reflect ongoing activity heighten consideration of ethical aspects of care, evaluate performance and address deficiencies.
4. The nurse demonstrates, through observed and documented client interventions and advocacy activities, accurate understanding of and compliance with ethical guidelines for the care of clients with abuse and addiction problems.

Standard VIII: Quality Assurance

The nurse participates in peer review and other staff evaluation and quality assurance processes to ensure that clients with abuse and addiction problems receive quality care.

Rationale

Evaluation of the quality of client care through examination of the clinical practice of nurses is one way to fulfill the profession's obligation to ensure that consumers are provided excellence in care. Review of the client record peer review, clinical supervision, clinical privileging, consultation, and other quality assurance procedures are used in this endeavor.

Structure Criteria

1. A formal mechanism for systematic, mutual peer review and/or supervision by colleagues with specialist preparation is provided within the practice setting.
2. Nurses are represented on peer review and quality assurance teams that evaluate health care outcomes and nursing practice.

Process Criteria

The nurse -

1. Assumes accountability and responsibility for regular, systematic review and evaluation of clinical practice with peers, supervisors, or consultants.
2. Makes adaptations in accord with recommendations for change resulting from supervision and review.
3. Recognizes that work with clients with abuse and addiction problems likely to arouse in the nurse unresolved responses related to his or her values and emotions. The nurse seeks assistance with these responses through supervision.

Outcome Criteria

1. Quality assurance, peer review, and other evaluative records document periodic measurement of the quality of nursing practice, cost-effectiveness, and planning for appropriate change.
2. Documentation exists that corrective measures are instituted as appropriate at the individual, unit, or organizational level.

Standard IX : Continuing Education

The nurse assumes responsibility for his or her continuing education and professional development and contributes to the professional growth of others who work with or are learning about persons with abuse and addiction problems.

Rationale

The scientific, cultural, social, and political changes characterizing contemporary society require the addictions nurse to be committed to the pursuit of knowledge that will enhance professional growth.

Structure Criteria

1. Institutional policies provide for in-service education and for paid educational leave for the continuing education of nurses.

2. The addictions nurse administrator, supervisor, or head nurse establishes policies that assure on-the-job opportunities for continuing professional development, such as professional reading time and attendance at staff development activities.

Process Criteria

The nurse -

1. Initiates independent learning activities to increase understanding and update skills in addictions nursing.
2. Participates in staff development opportunities and educational programs either as a student or teacher.
3. Attends conventions, institutes, workshops, symposia, and other professional meetings.
4. Applies the understanding of current theories and knowledge related to addictions nursing in clinical work.
5. Assists others in identifying areas of educational need.
6. Formally and informally communicates new knowledge regarding clinical observations and interpretations with professional colleagues and others.
7. Participates in professional organizations that support the nurse's work.

Outcome Criteria

The nurse -

1. Meets continuing education requirements for licensure as appropriate.
2. Documents incorporation of advances in the field into practice and specifically into treatment planning for clients.

Standard X: Interdisciplinary Collaboration

The nurse collaborates with the interdisciplinary treatment team and consults with other healthcare providers in assessing, planning, implementing, and evaluating programs and other activities related to addictions nursing.

Rationale

Addictions nursing practice requires planning and sharing with others to deliver optimal services to individuals, families, and the community. Through the collaborative process, different abilities of members of the health care team are used to communicate, plan, solve problems, and offer a variety of treatment modalities.

Structure Criteria

1. Agency policies assure nurse participation with interdisciplinary colleagues in policy-making, in overall agency and community planning for services for clients, and in provision of care and treatment for clients.
2. A mechanism exists for interdisciplinary collaboration among specialists concerned with care of clients with specific types of abuse and addiction patterns.

Process Criteria

The nurse -

1. Participates in the formulation of overall goals, plans, and decisions at client, unit, and agency levels.
2. Provides clients the opportunity to contribute to program planning and evaluation.
3. Recognizes, respects, accepts, and demonstrates trust in colleagues and their contributions.
4. Consults with colleagues routinely and as needed, and is available to be consulted by them.
5. Articulates nursing knowledge and skills in order to coordinate nursing care with that of others on the client's treatment team.
6. Collaborates with members of other disciplines in teaching, supervision, research, and management.
7. Participates in written program evaluation for agency management.

Outcome Criteria

Treatment plans reflect interdisciplinary collaboration.

Standard XI: Use of Community Health Systems

The nurse participates with other members of the community in assessing, planning, implementing, and evaluating community health services that attend to primary, secondary, and tertiary prevention of addictions.

Rationale

The high incidence of addictions in contemporary society requires greater effort to provide effective prevention and treatment programs. Addictions nurses must participate in programs that strengthen the existing health potential of all members of society. Concepts such as primary, secondary, and tertiary prevention and continuity of care can guide addictions nurses in providing services to address the wide range of health needs of the community. The nurse uses organizational, advisory, and consultative skills as well as advocacy to facilitate the development and implementation of addiction services.

Structure Criteria

1. Nursing policy and procedures provide for systematic assessment of discharge and aftercare needs of clients and appropriate resources available in the community.
2. Established mechanisms for community referral, community service, and community advocacy on behalf of clients with actual or potential abuse and addiction problems involve collaboration by the nurse generalist in addictions care with nurse generalists or specialists in community health nursing practice and/or other appropriate professional experts.

Process Criteria

The nurse -

1. Uses knowledge of community and group dynamics and systems theory to understand the

structure and function of the community system.

2. Recognizes current social and political issues that influence the nature of abuse and addiction problems in the community.
3. Encourages active consumer participation in assessing and planning programs to meet the needs of persons with abuse and addiction problems in the community.
4. Brings the individual's needs to the attention of appropriate persons and groups, including legislative bodies and regional and state planning groups.
5. Plans and participates in didactic and experimental educational programs to meet the community's needs in relation to abuse and addiction.
6. Uses consultative skills to facilitate the development and implementation of addiction services.
7. Interprets addiction services to others in the community.
8. Participates with other health care professionals and members of the community in the planning, implementation, and evaluation of services for addicted persons.
9. Participates in the identification of high risk population groups in the community and identifies gaps in community services.
10. Assesses strengths and coping capacities of affected persons, their families, and the community to promote and increase the health of individuals and groups.
11. Uses knowledge of community resources to refer individuals and families to other health care resources.
12. Collaborates with staff at other agencies to facilitate continuity of service for individuals and families.

Outcome Criteria

1. Nursing contributions to addiction services that address primary, secondary, and tertiary prevention are documented.
2. Comprehensive services for clients with addictions are provided in the community.
3. Nurses occupy positions of leadership on voluntary and governmental bodies within community health systems to advocate for clients with addiction.

Standard XII: Research

The nurse contributes to the nursing care of clients with addictions and to the addictions area of practice through innovations in theory and practice and participation in research, and communicates these contributions.

Rationale

Each professional has responsibility for the continuing development and refinement of knowledge in the addictions field through development of new and creative approaches to practice, use of relevant research findings and participation in research. The nurse assumes this responsibility at a level appropriate to his or her educational and experiential knowledge base.

Structure Criteria

1. Formal opportunities exist for nurses to conduct or participate in research appropriate to their

educational preparation.

2. Mechanisms exist to ensure protection of rights of human subjects in research projects.

Process Criteria

The nurse -

1. Approaches clinical practice with an inquiring and open mind.
2. Keeps abreast of current research pertinent to addictions nursing and applies appropriate findings.
3. With expert consultation or supervision as necessary -
 - a. Critiques existing research to evaluate quality and validity before applying research findings.
 - b. Develops, implements, and evaluates research at a level appropriate to the nurse's educational preparation.
 - c. Adheres to accepted standards of research.
 - d. Ensures the protection of the rights of human subjects in research projects.

Outcome Criteria

With expert consultation or supervision as necessary -

1. The nurse generates questions for research on clinical problems in addictions nursing practice.
2. Research activities occur within the practice setting.
3. The nurse publishes contributions to theory, practice, and research related to addictions nursing.