



New Zealand

Standards for

Critical Care

Nursing Practice

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Nursing Practice**

**Critical Care Nurses Section
New Zealand Nurses Organisation**

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Introduction

Critical care nursing is “the provision of nursing care for patients and their families/whānau within critical care, intensive care, combined intensive/high dependency/coronary care, or high dependency care units”.

CCNS Position Statement (2009) on the Definition of Critical Care Nursing.

The *New Zealand Standards for Critical Care Nursing Practice* outline the standards of practice expected of critical care nurses working in New Zealand. These standards aim to promote professional nursing practice and provide a framework to guide critical care nurses on the knowledge, skills, judgement and attitudes required to practise safely and deliver quality patient-focused care and outcomes in critical care settings.

Nursing practice in New Zealand is regulated by statutory requirements such as the Health Practitioners Competence Assurance Act 2003, and supported by the nursing regulatory authority, the Nursing Council of New Zealand and the professional nursing body, the New Zealand Nurses Organisation (NZNO). Professional nursing bodies, such as specialty sections and colleges, have a core role in setting standards of practice (NZNO, 2012b).

Standards of practice for critical care nurses in New Zealand were first formally developed in 1996 by the Intensive Therapy Section (now known as Critical Care Nurses Section) and were revised in 2002. This document replaces the Critical Care Nurses Section (CCNS) 2002 *Philosophy and Standards for Nursing Practice in Critical Care*.

These new standards have been developed using the NZNO (2012) *Standards of Professional Nursing Practice* as a framework to describe the core responsibilities for which critical care nurses are accountable and which practice will be measured against. Health care providers are expected to provide the resources critical care nurses need to meet these standards.

These standards are guided and supported by CCNS policies and position statements which define critical care nursing in New Zealand (CCNS, 2009, 2011a, 2011b) and outline the standards for critical care nurse staffing (CCNS draft, 2014; Morley, 2005);¹ critical care education (CCNS, 2010a, 2010b); and also the minimum standards for intensive care (CICM, 2011).

The section would like to acknowledge the place of Te Tiriti o Waitangi in its nursing practice, and incorporates its commitment to Te Tiriti Waitangi in this document, as outlined in the Standards of Professional Nursing Practice (NZNO, 2012b).

¹ The minimum guidelines for intensive care nurse staffing in New Zealand (Morley, 2005) has been reviewed by the CCNS in 2014 and updated to the New Zealand standards for critical care nursing staffing, which is yet to be published. Please contact the CCNS if further information is required on nursing staffing standards or for an update on these documents.

Standard One: Responsibility and Accountability

Critical care nurses are responsible and accountable for their practice.

Critical care nurses:

- 1.1 adhere to best practice while working within their scope of practice, based on current nursing knowledge, professional judgement, appropriate critical care education, clinical experience and competence;
- 1.2 practise within relevant professional, ethical, legislated, organisational and service requirements;
- 1.3 use competent clinical judgements to systematically plan, implement and evaluate care, based on a comprehensive and holistic assessment of the patient, family/whānau, and the context of care;
- 1.4 use knowledge and skills to continuously monitor and assess clinical situations, enabling early recognition and an appropriate response to changes in patient status;
- 1.5 provide documentation that meets legal requirements that is systematic, comprehensive, clear, accurate, timely and relevant;
- 1.6 act as a patient advocate responsible for the coordination and delivery of patient care that is safe, appropriate, effective, ethical and culturally safe; and
- 1.7 participate in decision-making and actions that affect individual patient care, unit nursing practice and unit function.

Standard Two: Evidence-based Practice/Nursing Specific Knowledge

Critical care nurses base practice on the best current evidence from nursing science, other sciences and humanities.

Critical care nurses:

- 2.1 know how and where to access and interpret information to provide safe, appropriate, evidence-based care;
- 2.2 demonstrate and maintain competence in clinical and technical skills and application of knowledge appropriate to their role;
- 2.3 use best current evidence from research and other credible sources to support practice, make practice decisions and participate in the development of practice standards and guidelines;
- 2.4 articulate a sound, rational framework for practice assessment, planning, evaluation and reflection;
- 2.5 demonstrate respect and support for cultural values in developing and implementing nursing standards;
- 2.6 support and foster a culture of learning, critical inquiry, quality improvement and research; and
- 2.7 ensure research and quality improvement follow national, professional and organisational guidelines.

Standard Three: Relationships

Critical care nurses establish and maintain respectful, collaborative, therapeutic and professional relationships. Relationships include therapeutic nurse-patient/family whānau relationships and professional relationships with colleagues, health-care team members and employers.

Critical care nurses:

- 3.1 adhere to professional standards, behaviour and conduct in their relationships, as outlined in the Nursing Council of New Zealand *Code of Conduct* (2012);
- 3.2 work in partnership with Tangata Whenua to ensure Mātauranga Māori², beliefs and values are respected and upheld in the critical care environment;
- 3.3 acknowledge patient, family/whānau and community expectations of care delivery and, in all interactions, use expertise to attend to the different ways people experience health, well-being, illness, disability, the environment, health-care systems and other people;
- 3.4 promote open honest communication and information sharing, with the patient and their family/whānau, as appropriate;
- 3.5 respect the role of family/whānau and friends in caring and supporting the critically ill patient;
- 3.6 contribute to interdisciplinary discussions and family meetings, articulating a nursing perspective as a patient advocate;
- 3.7 communicate and collaborate effectively with members of the health-care team to ensure safe, appropriate and timely care, continuity of care and appropriate referral and transfer of care; and
- 3.8 enter into and maintain respectful partnerships with colleagues, students, multi-disciplinary team members and employers to ensure best practice standards are met and maintained.

² Mātauranga Māori' means Māori knowledge and the body of knowledge originating from Māori concepts including the Māori world view and perspectives, Māori creativity and cultural practices, including language and traditional and environmental knowledge (NZNO, 2012a).

Standard Four: Continuing Competence

Critical care nurses are committed to maintaining competence through ongoing professional development.

Critical care nurses:

- 4.1 receive an individualised orientation programme, which includes a mutually agreed supernumerary period, when employed to a new critical care setting;
- 4.2 maintain and expand knowledge and skills required for competent practice and ongoing professional development;
- 4.3 participate in an organisational professional development and recognition programme (PDRP);
- 4.4 engage in ongoing education to support all aspects of role development, e.g. clinical practice, management, education, leadership and research;
- 4.5 are supported to attain a post-registration qualification in critical care or their unit specialty to meet professional and industry staffing standards, as stated in *New Zealand Standards of Critical Care Nursing Education* (CCNS, 2010) and *New Zealand Standards for Critical Care Nurse Staffing* (CCNS draft, 2014; Morley 2005);
- 4.6 demonstrate ongoing commitment to culturally safe practice;
- 4.7 use reflection to critically analyse practice and evaluate care, identify any gaps in knowledge and take steps to address these;
- 4.8 engage in peer feedback and review as part of ongoing professional development of self and colleagues;
- 4.9 contribute to the education, mentorship and preceptorship of colleagues and students; and
- 4.10 participate in professional bodies and relevant associated activities.

Standard Five: Ethics

Critical care nursing faces unique ethical challenges due to the acute and complex health needs and treatments of the critically ill patient. Critical care nurses base their practice on a recognised code of ethics. The following statements are based on the NZNO *Code of Ethics* (2010), and the NZNO *Standards of Practice* (2012).

Critical care nurses:

5.1 uphold the values in the NZNO *Code of Ethics* (2010) namely:

- Autonomy
- Beneficence
- Non maleficence
- Justice
- Confidentiality
- Veracity
- Fidelity
- Guardianship of the environment and its resources
- Being professional

5.2 integrate ethical principles and legal responsibilities into their practice;

5.3 enable colleagues and students to address ethical issues within a supportive environment;

5.4 promote and respect patient and family/whānau safety, privacy and dignity, and appropriately challenge healthcare practice which could compromise this;

5.5 promote and respect informed decision-making;

5.6 advocate for patients, in partnership with family/whānau, when a patient's critical illness may prevent them from making informed choices;

5.7 respect a patient's right to live and die in dignity;

5.8 advocate for optimal health care in partnership with patients, family/whānau, community, colleagues and employers; and

5.9 demonstrate respect for the spiritual and cultural beliefs and values of patients, family/whānau and community.

Standard Six: Leadership

Critical care nurses demonstrate leadership within their scope of practice by providing, facilitating and promoting the best possible care/service to the public.

Critical care nurses:

- 6.1 role model professional values, beliefs and attributes;
- 6.2 advocate for patients, the workplace and the profession;
- 6.3 provide leadership through formal and informal roles;
- 6.4 provide direction and delegate, where appropriate, collaborate with, support, share knowledge and expertise with novices, students and other unregulated care providers, including health care assistants;
- 6.5 act as role models to collaborate with, support, inspire, share knowledge and expertise with colleagues, students, health professionals and others;
- 6.6 are actively involved in planned and systematic practice change;
- 6.7 take action to resolve conflict and manage challenging workplace behaviour; and
- 6.8 participate in relevant interest groups, professional bodies and other committees.

Standard Seven: Management of Resources

Critical care nurses manage resources efficiently and effectively to meet health needs.

Critical care nurses:

- 7.1 identify and manage nursing workforce needs to maintain appropriate staff levels and skill mix to ensure safe, effective patient care, and to uphold *New Zealand Standards for Critical Care Nursing Staffing* (CCNS draft, 2014; Morley, 2005) and *Minimum Standards for Intensive Care Units* (CICM, 2011);
- 7.2 participate in decision-making that affect health needs and resources, including financial resources;
- 7.3 negotiate to obtain the resources necessary to support nursing practice, and make the best use of available resources for patient care;
- 7.4 manage and support critical care nurses to undertake post-registration professional development and access resources to attain post-registration qualifications in critical care or in the specialty of the unit;
- 7.5 identify, document and report inadequate or unsafe resources and act to improve these;
- 7.6 participate in, facilitate and monitor the introduction of new equipment and technologies, and monitor and review use of existing resources, and respond to findings; and
- 7.7 are involved in any structural review of critical care services, planned changes to the physical environment and future service planning.

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