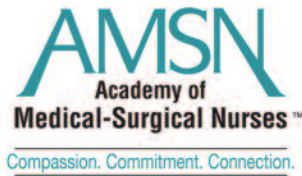


Scope and Standards of Medical-Surgical Nursing Practice

6th EDITION



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6th EDITION

Acknowledgments

The *Scope and Standards of Medical-Surgical Nursing Practice, 6th edition*, was revised by the *Scope and Standards 6th Edition Task Force* of the Academy of Medical-Surgical Nurses (AMSUN) whose members practice as Clinical Nurse Specialists (CNS) and Registered Nurses (RN) in a variety of Medical-Surgical settings and geographic locations. The document was reviewed by Medical-Surgical Nurses throughout the country. The standards were then approved by the AMSUN Board of Directors.

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6th Edition

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Contents

Scope and Standards Task Force	4
Definition of Medical-Surgical Nursing	5
Introduction	6
Scope of Practice for Medical-Surgical Nursing	7
Standards of Medical-Surgical Nursing Practice	
Standard I. Assessment	11
Standard II. Diagnosis	11
Standard III. Outcome Identification	12
Standard IV. Planning	12
Standard V. Implementation	13
Standard VI. Evaluation	13
Standards of Professional Performance	
Standard I. Quality of Care	14
Standard II. Performance Appraisal	14
Standard III. Education	15
Standard IV. Collegiality	15
Standard V. Ethics	16
Standard VI. Collaboration	16
Standard VII. Research	17
Standard VIII. Resource Utilization	17
Standard IX. Communication	18
Standard X. Leadership	19
References	20
Additional Readings	20
Glossary	21

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Definition of Medical-Surgical Nursing

The practice of Medical-Surgical Nursing requires specialized knowledge and clinical skills to manage actual or potential health problems that affect individuals, their significant other(s), and the community. Medical-Surgical Nursing services are provided to clients from adolescence throughout the life span.

Medical-Surgical Nursing is the single largest nursing specialty in the United States. Medical-Surgical Nurses practice primarily on hospital units and care for adult patients who are acutely ill with a wide variety of medical issues or are recovering from surgery. They provide care 24/7 and have more facetime with patients than any other professional in the hospital.

Medical-Surgical Nurses are the master coordinators of the unit, juggling care for many patients at a time while keeping the entire health care team on the same page (Academy of Medical-Surgical Nurses, 2017). They have high-level critical-thinking skills, vast clinical knowledge, and stay calm under pressure. Many nursing specialties require similar skill sets, but it is the intense level of coordination from the time patients arrive until after they leave the hospital that distinguishes Medical-Surgical Nursing.

Even after leaving the inpatient setting, the Medical-Surgical Nurse continues to provide care to patients in subacute care facilities, home care agencies, ambulatory care clinics, outpatient services, residential facilities, skilled nursing facilities, private practice, adult day care agencies, primary care and specialty practices, schools, insurance companies, and private companies. The role of the Medical-Surgical Nurse includes caregiver, care coordinator, client educator, case manager, counselor, client advocate, consultant, researcher, administrator/manager, staff educator, and expert witness.

Introduction

As the professional organization for nurses practicing in Medical-Surgical settings, the Academy of Medical-Surgical Nurses (AMS_N) is responsible for establishing the scope and setting the standards for Medical-Surgical Nursing practice. This is the sixth edition of the *Scope and Standards of Medical-Surgical Nursing Practice*. This document builds on the full suite of the American Nurses Association's (ANA) foundational nursing references including *Nursing: Scope and Standards of Practice* (ANA, 2015a).

Medical-Surgical Nursing has developed as a specialty (Taylor, 2006) and continues to evolve. Initially, in the late 1800s and early 1900s, patients were placed on separate medical, surgical, and obstetrical wards. Early nursing education curriculum was separated into medical nursing, surgical nursing, and disease prevention. The transition to combine medical and surgical nursing education into one course began during the late 1930s. Course content included the theory and treatment of abnormal physiological conditions, in addition to the concepts of health promotion and the psychological, social, and physical aspects that impact health. It was not until the 1960s that nursing schools had fully integrated the study and practice of medical and surgical nursing. At this time, standards were beginning to be developed for nursing specialties. The first Medical-Surgical Nursing practice and standards were published in 1974 by the ANA, with a Statement on the Scope of Medical-Surgical Nursing Practice following in 1980. The AMS_N was formed in 1991 as a professional organization representing Medical-Surgical and adult-health nurses. The first edition of the *Medical-Surgical Nursing Scope and Standards* was published in 1996.

This publication delineates the professional scope and standards of Medical-Surgical Nursing practice. It describes the responsibilities and competent level of behavior expected of all Registered Nurses practicing in the specialty of Medical-Surgical Nursing, regardless of the setting. The *Scope and Standards* provide a guide to understand the knowledge, skills, attitudes, and judgment that are required for practicing safely in the Medical-Surgical setting. These standards provide the details of what is expected in this specialty of care and help other members of the professional team understand the role of the Medical-Surgical Nurse. This document could serve as the basis for job descriptions, performance appraisals, peer review, quality assurance systems, certification activities, databases, and educational offerings. This document highlights the emerging roles of Medical-Surgical Nurses, including the promotion of exemplary nursing practice, scholarly activity with dissemination and implementation of evidence-based practice guidelines, and a commitment to promotion of continuing education for self and others.

The first section of this publication defines the nature and scope of Medical-Surgical Nursing practice. The scope of practice delineates a general description of the parameters of Medical-Surgical Nursing practice. It states the beliefs, roles, and functions that characterize this specialty practice area. The scope of Medical-Surgical Nursing practice is described for Medical-Surgical Nurses, members in advanced practice roles, members of the nursing profession at large, other health care professionals, consumers, educators, and administrators. It informs policymakers, insurers, and the public about the roles and responsibilities of the Medical-Surgical Nurse.

The second section of this publication describes the standards of Medical-Surgical Nursing practice. The specialty standards described in this publication provide the foundation for Medical-Surgical Nursing practice by delineating both the standards of care and the standards of professional performance. These standards, built on the broader general standards of nursing practice as defined in *Nursing: Scope and Standards of Practice* (ANA, 2015a), are accompanied by specific measurable criteria. These criteria include key indicators of competent nursing practice in the specialty of Medical-Surgical Nursing.

Scope of Practice for Medical-Surgical Nursing

The dynamic nature of the health care environment and the growing body of knowledge in nursing practice highlight the need to interpret and describe the scope of practice for the Medical-Surgical Nursing specialty. The goal of the Medical-Surgical Nursing specialty is to promote, maintain, and restore the health of the client in accordance with the best evidence available. This section describes the scope of practice for the Medical-Surgical Nurse in clinical practice.

The Client

The client is the recipient of nursing actions and can be an adult, a family, a group, or a community. When the client is an adult, the focus is on the health state, problems, or needs of the individual throughout the life span. When the client is a family or group, the focus is on the reciprocal effects of an individual's health state on the other members of the unit or the health state of the unit as a whole. When the client is a community, the focus is on personal and environmental health and reducing the health risks of population groups (ANA, 2015).

Medical-Surgical Nurses provide care in a variety of settings with an understanding that the client is the fundamental and central focus in the delivery of nursing care. Medical-Surgical Nurses are committed to assisting the client in achieving the optimal level of function. The planning and implementation of nursing actions are directed toward promoting a continuum of wellness preventing disease and complications, arresting further disease and dysfunction, assisting with rehabilitation, and/or assisting clients through a comfortable and dignified end-of-life experience that aligns with personal beliefs. The client is viewed as unique and multidimensional, with complex needs across all developmental stages. This view of the client is taken into account during every phase of the nursing process to guarantee the development of a personalized plan of care.

Inherent in Medical-Surgical Nursing practice is the belief that all individuals have many rights, including the right to be treated with dignity; to have accessible, high-quality care; to have their privacy respected; and to have understandable information about choices available and consequences of action or inaction. All clients have the right to establish and maintain self-determination and the responsibility to make informed decisions about their future; therefore, clients should be included in discussions that involve their plan of care and expected health care outcomes. All clients also have the right to nursing care that is provided in a nonjudgmental, nondiscriminatory, sensitive manner that is respectful of cultural diversity. A partnership based on mutual respect is the foundation of the relationship between the Medical-Surgical Nurse and the client.

Medical-Surgical Nursing Practice

Medical-Surgical Nursing is a specialty practice area in professional nursing. Medical-Surgical Nursing is the diagnosis and treatment of human responses of clients to actual or potential health problems. The Medical-Surgical Nurse possesses specialized knowledge and is skilled in assessing, diagnosing, and treating actual or potential alterations in functional ability and lifestyle and in evaluating the outcomes from those efforts. The goal of Medical-Surgical Nursing is to assist clients in promoting, restoring, or maintaining optimal health.

Medical-Surgical Nursing services are provided to clients throughout the life span. Medical-Surgical Nursing is practiced in a variety of settings across the continuum of care; these include, but are not limited to, acute and subacute care facilities, home care agencies, ambulatory care clinics, outpatient services, residential facilities, skilled nursing facilities, private practice, adult day care agencies, primary care and specialty practices, schools, insurance companies, private companies, and telehealth or virtual settings. The role of the Medical-Surgical Nurse may include caregiver, care coordinator, client educator, case manager, counselor, client advocate, consultant, researcher, administrator/manager, staff educator, and expert witness.

The practice of Medical-Surgical Nursing is goal oriented and outcome based. The nursing process provides the framework for Medical-Surgical Nursing practice. Medical-Surgical Nurses use evidence-based practice, along with the nurse's clinical expertise and client preferences to assess, diagnose, plan, implement, and evaluate care. The Medical-Surgical Nurse formulates nursing diagnoses from pertinent assessment data and assists the client in developing and prioritizing goals. The Medical-Surgical Nurse, in consultation with the client, identifies expected outcomes and interventions necessary to achieve those outcomes. Medical-Surgical Nurses then implement evidence-based interventions for clients that will enhance their physical and psychological well-being, provide individualized education, endorse healthy lifestyles, support decision making, and promote achievable independence. The client's responses to those interventions are then evaluated and discussed as appropriate.

In caring for the client, the Medical-Surgical Nurse is nonjudgmental, nondiscriminatory, sensitive to, and respectful of the client's culture, age, gender identity, and sexual orientation. Medical-Surgical Nurses strive to provide holistic care through recognition of the interconnection that exists between the client, others, nature, and spirituality (American Holistic Nurses Association & ANA, 2013). The Medical-Surgical Nurse demonstrates cultural sensitivity and delivers culturally competent care (Douglas et al., 2014). The Medical-Surgical Nurse is prepared to care for clients during all phases of a disease process through an ability to formulate individualized plans of care.

Medical-Surgical Nurses must advocate to promote the best quality of life for the client. This quality of life is partially dependent upon the resources that are available to the client. Medical-Surgical Nurses promote community awareness by focusing on health promotion and preventing disease or injury. Medical-Surgical Nurses support activities and policies that lead to the beneficial use of society's human, material, cultural, and financial resources. Medical-Surgical Nurses use organizational, educational, advisory, and advocacy skills to facilitate the development of relevant public policies and community services to enhance the public's health and well-being. Medical-Surgical Nurses are equipped with the knowledge and skills required to function in leadership roles, both formal and informal, within their communities and areas of practice. They are uniquely positioned to improve patient outcomes and help shape the future of health care practices.

It is the responsibility of individual Medical-Surgical Nurses to read, understand, and identify practice parameters in accordance with state nurse practice acts, professional codes, professional practice standards, and their own personal competencies. Medical-Surgical Nurses' competence is circumscribed by education, knowledge, experience, and abilities. Newly licensed and experienced nurses transitioning into the Medical-Surgical specialty should use the *Scope and Standards of Medical-Surgical Nursing Practice* as a guide to understand their role and the expectations of the Medical-Surgical Nurse. Medical-Surgical Nurses experienced in providing care within the specialty are encouraged to seek national certification.

Ethical Considerations

Medical-Surgical Nurses encounter a variety of ethical dilemmas. Medical-Surgical Nursing is based on the belief that clients have the right and responsibility to make informed decisions about their future. At times, however, the client's choices may not reflect the values of independence and wellness which will require the Medical-Surgical Nurse to provide education, encouragement, and support while ultimately respecting the client's perspective. In some situations, Medical-Surgical Nurses may care for clients whose quality of life may be compromised by technological advances in health care. Conflicts may arise between the client, family, accepted scientific and technological treatment options, and economic realities. Ethical and legal consultation may be warranted in such cases.

Medical-Surgical Nurses acknowledge each client as a unique human being, deserving of the basic rights of respect and dignity. These rights must be recognized and protected by the Medical-Surgical Nurse in every phase of the nursing process. As advocates for the client, Medical-Surgical Nurses are responsible to report any incidents of abuse of the client's rights and any incompetent, unethical, and/or illegal practices.

Professional Implications of Medical-Surgical Nursing Practice

Professional Medical-Surgical Nurses, as direct caregivers, collaborate with other health care professionals to provide appropriate, effective, and efficient health care. Medical-Surgical Nurses practice in a variety of institutional, private, and community settings. The role of the Medical-Surgical Nurse depends on nursing preparation, practice setting, specialized formal or informal education, and clinical experiences with clients, families and significant other(s). Current treatment modalities and technologies demand unique knowledge and skills. Medical-Surgical Nurses base clinical judgment and decision making on evidence-based practice, scientific theory, and research, as well as on specific Medical-Surgical knowledge and clinical expertise, taking into account client, family, and significant other(s)' preferences.

All professional Medical-Surgical Nurses should possess the basic clinical knowledge and skills that enable them to:

1. Establish effective relationships with the client, family, and significant other(s) to facilitate the development of the care plan unique to the client's care needs.
2. Use the nursing process to develop and implement the plan of care: collect assessment data for each client, determine appropriate nursing diagnoses, identify expected client outcomes, determine the plan of care, implement interventions, and evaluate client outcomes.
3. Develop assessment and management strategies based on a consideration of the physical, functional, cultural, social, economic, developmental, spiritual, vocational, and leisure dimensions of human responses to actual and potential health problems.
4. Demonstrate knowledge of the impact of actual or potential illness each client's physical, functional, cultural, social, economic, developmental, spiritual, vocational, and leisure status.
5. Coordinate and collaborate with the client, family, significant other(s), communities, and members of the interprofessional team in assessing needs, setting goals, planning interventions, providing care, and evaluating outcomes.
6. Apply the existing body of evidence-based practice and scientific knowledge in health care to Medical-Surgical Nursing practice, ensuring that nursing care is delivered based on respective scope of practice acts.
7. Participate with the client, family, significant other(s), and other health care providers in collaborative decision making that reflects the understanding that care should be culturally sensitive, ethical, legal, holistic, informed, compassionate, and humane, and within the boundaries of available economic resources.
8. Serve as an advocate for the client, family, and significant other(s).
9. Educate the client, family, and significant other(s) about measures that promote, maintain, and restore health or promote comfort.
10. Mobilize resources to provide an environment that supports health promotion, health restoration, health maintenance, and comfort as defined by the client, family, and significant other(s).
11. Make referrals to and maintain communication with appropriate institutions and community agencies involved in the delivery of the client's care.
12. Identify clinical issues for research; apply research findings to practice decisions, and when appropriate, participate in the evidence-based practice and research process.
13. Use standards of Medical-Surgical Nursing practice to increase the quality of care and quality of life for the client, family, and significant other(s).
14. Utilize leadership skills to enhance client outcomes.
15. Foster a healthy work environment within the practice setting and profession.
16. Serve as a mentor and role model for nursing colleagues, students, and others.
17. Systematically evaluate the quality and effectiveness of nursing practice.
18. Communicate effectively with the client, family, significant other(s), and other health care professionals.

Additional professional responsibilities of the Medical-Surgical Nurse include:

1. Engage in ongoing professional development through participation in continuing education and certification.
2. Participate in facility's unit, sectional, or leadership level practice and governance committees.
3. Participate in state, regional, and/or national professional organizations.
4. Develop political awareness concerning health care issues.
5. Participate in policy development and implementation at facility, state, regional, and/or national level(s).
6. Participate in self and peer review to assure competent practice.
7. Inform other health professionals and the community about the specialty of Medical-Surgical Nursing.
8. Advocate at the state, regional, and/or national level(s) for the quantity and quality of a safe nursing workforce.
9. Promote professional engagement in national certification.
10. Promote professional engagement in advanced education at the master's and doctoral levels.
11. Integrate safe and appropriate technological advances.

Professional Certification and Education

Medical-Surgical Nurses have various educational backgrounds. Medical-Surgical Nurses can demonstrate an enhanced level of professional practice by completing a baccalaureate or graduate degree. Professional Medical-Surgical Nurses can demonstrate proficiency in Medical-Surgical Nursing practice by successfully completing and maintaining a Medical-Surgical Nursing certification.

Preparation for advanced practice in Medical-Surgical Nursing requires a graduate (master's or doctoral) degree in nursing. The role can have a focus in clinical practice, education, research, leadership, informatics, consultation, and/or administration — all of which require interprofessional collaboration. Nurses prepared for advanced practice in Medical-Surgical Nursing possess and demonstrate advanced levels of expertise in providing, directing, managing, and influencing the care of the client, family, and/or significant other(s). They also support the functions of other nurses and health care providers in a variety of settings (National Council of State Boards of Nursing, 2015). Graduate education in nursing with a focus other than advanced practice nursing (e.g., nursing administration or education) can also support Medical-Surgical Nurses in expanding their knowledge and skills, facilitating a direct or indirect positive impact on health outcomes in a range of practice settings and roles.

Summary

The *Scope of Medical-Surgical Nursing Practice* delineates the philosophical foundation for the practice of Medical-Surgical Nursing. The principles outlined here are the underpinnings for the *Scope of Medical-Surgical Nursing Practice*, which describe the responsibilities for which Medical-Surgical nurses are accountable. Historically, Medical-Surgical Nurses have made outstanding contributions to the health of the public. These contributions will continue to expand as new roles for Medical-Surgical Nurses evolve. Current and evolving roles for Medical-Surgical Nurses will be built upon the fundamental practice elements described in the *Scope of Medical-Surgical Nursing Practice*.

Standards of Medical-Surgical Nursing Practice

STANDARD I. ASSESSMENT

Medical-Surgical Nurses collect client health data.

Rationale

Medical-Surgical Nurses integrate data from a wide variety of sources including interviewing, functional assessment, environmental assessment, physical assessment, and review of health care records. These data enhance the Medical-Surgical Nurse's ability to make clinical decisions about appropriate treatments and nursing interventions. Assessment is essential to establishing a nursing diagnosis, developing a plan of care, and predicting client outcomes. Assessment may occur in a variety of settings, and is a continuous responsibility of the Medical-Surgical Nurse.

Measurement Criteria

1. Data collection will focus on the client's immediate, interim, and long-term conditions or needs.
2. Using appropriate assessment parameters, the Medical-Surgical Nurse collects pertinent data about the client. These data may include:
 - a. Functional abilities.
 - b. Physical, psychological, social, cognitive, cultural, age, philosophical, and spiritual status.
 - c. Ethical, environmental (safety, support systems, etc.), economic, ethnical, political, legal (advance directives, durable power of attorney, etc.), and spiritual factors affecting health.
 - d. History of health patterns and illness(es).
 - e. Health beliefs and practices.
 - f. Client's perception of health status and health goals.
 - g. Strengths and competencies that can be used to promote health.
 - h. Knowledge of and receptivity to health care and healthy lifestyle behaviors.
 - i. Developmental status, including family life cycle phase and roles.
 - j. Other contributing factors that influence health.
3. Data that reflect sensitivity to cultural diversity, ethnicity, age, gender, and lifestyle choices are obtained from multiple sources, including the client, family, significant other(s), health care providers, medical records, and community health statistics (epidemiological studies on community health, community needs assessments, etc.).
4. The data collection process is systematic, ongoing, and accurate.
5. Relevant data are synthesized, prioritized, summarized, and documented in a retrievable form.
6. The Medical-Surgical Nurse will advocate for a language interpreter as needed to ensure accuracy of data collected and evaluation of the client's understanding of his/her plan of care.

STANDARD II. DIAGNOSIS

Medical-Surgical Nurses analyze the assessment data in determining nursing diagnosis.

Rationale

Medical-Surgical Nurses synthesize assessment data to derive nursing diagnoses that serve as the foundation for designing interventions for health promotion, health restoration, and/or health maintenance. Nursing diagnoses result from analysis and interpretation of data about the client's needs, problems, age, and health status. Standardized nursing diagnosis classification systems such as the North American Nursing Diagnosis Association (NANDA) classification system can be used to assure conformity in communication and documentation.

Measurement Criteria

1. Nursing diagnoses are derived from the assessment data.
2. Nursing diagnoses are validated with the client, family, significant other(s), and health care providers.
3. Nursing diagnoses are documented in a manner that facilitates the evaluation of expected client outcomes and are communicated effectively and appropriately.
4. Nursing diagnoses are revised as new or additional assessment data become available.
5. Nursing diagnoses are prioritized based on assessment data as well as client needs and desires.

STANDARD III. OUTCOME IDENTIFICATION

Medical-Surgical Nurses identify expected outcomes unique to the client.

Rationale

Expected client outcomes are derived from nursing diagnoses and direct interventions to correct, maintain, or enhance the client's health status. Expected outcomes focus on maximizing the client's state of well-being, health, functional status, and quality of life.

Measurement Criteria

1. Expected outcomes are derived from nursing diagnoses.
2. Expected outcomes are mutually formulated with the client, family, significant other(s), and health care providers, when possible.
3. Expected outcomes are realistic in relation to the client's present and potential capabilities.
4. Expected outcomes are attainable in relation to the resources available to the client.
5. Expected outcomes provide direction for continuity of care.
6. Expected outcomes are consistent with current scientific and clinical practice knowledge.
7. Expected outcomes are documented as measurable goals and are communicated with the entire health care team.
8. Expected outcomes are re-evaluated and revised based on the client's condition and goals.
9. Expected outcomes are time sensitive when appropriate.

STANDARD IV. PLANNING

Medical-Surgical Nurses develop a plan of care that prescribes interventions to attain expected outcomes.

Rationale

A plan of care is used to guide therapeutic interventions and achieve the expected client outcomes. This plan prescribes interventions to achieve the expected quality outcomes that are of value to the client.

Measurement Criteria

1. The plan is individualized to the client (e.g., age appropriate, culturally sensitive) and the client's needs, conditions, and goals.
2. The plan is developed with the client, family, significant other(s), and health care providers, as appropriate.
3. The plan reflects current, evidence-based nursing practice.
4. The plan is documented and retrievable.
5. The plan provides for continuity of care.
6. The plan of care is consistent with resources available to the client, nurse, family, and significant other(s).
7. The plan of care promotes independence in functional, life care, and decision-making skills and progressively transfers that independence to the client, family, and significant other(s).
8. The plan of care is reviewed and revised based on the client's response.
9. The plan of care is consistent with and a part of the interprofessional team's health care plan.

STANDARD V. IMPLEMENTATION

Medical-Surgical Nurses implement the interventions identified in the plan of care.

Rationale

Based on nursing judgment, the Medical-Surgical Nurse has the legal authority, and is therefore accountable, for planning, implementing, and/or delegating therapeutic interventions delineated in the interprofessional team's health care plan. The interventions reflect the rights and desires of the client, family, and significant other(s). Medical-Surgical Nurses supervise and evaluate both formal and informal caregivers to ensure their care is supportive, ethical, and respectful of the client.

Measurement Criteria

1. Interventions are consistent with the interprofessional team's health care plan.
2. Interventions are implemented with safety, skill, and efficiency and are adjusted according to client responses and ongoing assessment of the client's health data.
3. Interventions are evidence based, using guidelines and standards, expert opinions, scientific principles, and/or consensus.
4. Delegation of interventions is consistent with the assistive health care personnel's level of education and experience and is monitored by the nurse to assure the client's needs are met in accordance with state nurse practice acts.
5. Interventions and related client responses are documented.
6. Interventions facilitate the independence of the client, family, and significant other(s).

STANDARD VI. EVALUATION

Medical-Surgical Nurses evaluate the client's progress toward attainment of outcomes.

Rationale

Nursing care is a dynamic process involving change in the client's health status and age 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 on the client's health status and expected health outcomes.

Measurement Criteria

1. Evaluation is systematic, ongoing, and criteria based.
2. Documentation of the client's responses to interventions.
3. Evaluate the effectiveness of interventions in relation to client outcomes.
4. Utilize ongoing assessment data to revise nursing diagnoses, expected outcomes, and the plan of care, as needed.
5. Involve the client, family, significant other(s), and health care providers in the evaluation and revision process.
6. Document revisions in diagnoses, outcomes, and the plan of care.
7. Evaluation is determined by:
 - a. The value of the attained outcomes to the client.
 - b. The attainment of expected client outcomes.
 - c. The cost effectiveness of the interprofessional health care plan.
 - d. The risk/benefit analysis of the treatment process.

Standards of Professional Performance

STANDARD I. QUALITY OF CARE

The Medical-Surgical Nurse systematically evaluates the quality and effectiveness of nursing practice.

Rationale

Medical-Surgical Nurses engage in the evaluation of care delivery through a systematic quality assessment and performance improvement process. This systematic approach uses specific steps to promote quality client care.

Measurement Criteria

1. Participate in quality-of-care activities as appropriate to their position, education, and practice environment. Such activities may include:
 - a. Identifying client care processes and activities important for quality monitoring.
 - b. Identifying indicators to monitor quality, value, and effectiveness of nursing care.
 - c. Collecting data to monitor the quality, value, and effectiveness of nursing care.
 - d. Analyzing quality data to identify opportunities for improving nursing care.
 - e. Identifying opportunities for improvement of nursing practice or client outcomes.
 - f. Implementing tests of change to enhance the quality of nursing practice.
 - g. Participating on interprofessional teams and committees that evaluate clinical practice or health services.
 - h. Developing policies and procedures to improve the quality and value of care.
 - i. Using the identified areas for improvement to initiate changes in practice.
 - j. Using identified areas for improvement to initiate and collaborate on improvements in the health care delivery system, as appropriate.
 - k. Utilizing data to evaluate the effectiveness of changes in practice.

STANDARD II. PERFORMANCE APPRAISAL

Medical-Surgical Nurses evaluate their own nursing practice in relation to professional practice standards, statutes, and regulations.

Rationale

Medical-Surgical Nurses are accountable to the public for providing competent clinical care and have an inherent responsibility as professionals to evaluate the role and performance of Medical-Surgical nursing practice according to standards established by the profession and regulatory bodies.

Measurement Criteria

1. Appraise personal performance on a regular basis, identifying areas of strength as well as areas for professional practice development. Medical-Surgical Nurses seek constructive feedback regarding personal practice.
2. Conduct ongoing self-evaluations related to sensitivity to issues of cultural diversity, discrimination, age, language, prejudice, access, and civil rights that affect clients.
3. Take action to achieve goals as identified.
4. Participate in peer appraisal and provide professional feedback to identify areas of strength and practice development opportunities.
5. Practice reflects knowledge of current professional practice standards, laws, and regulations.

STANDARD III. EDUCATION

Medical-Surgical Nurses acquire and maintain current knowledge in nursing practice. Medical-Surgical Nurses pursue knowledge to enhance nursing expertise and advance the profession.

Rationale

Scientific, cultural, social, and political changes require a continuing commitment from Medical-Surgical Nurses to pursue knowledge to enhance nursing expertise and advance the profession. Formal education, continuing education, certification, and experiential learning are some of the means for professional growth. Medical-Surgical Nurses have primary responsibility for ongoing education and professional development. The practice setting may provide the support needed for this development.

Measurement Criteria

1. Participate in educational activities to improve and update clinical knowledge, enhance role performance, and increase knowledge of professional issues and technologies, including information technology.
2. Actively and regularly seek experiences to maintain and develop clinical skills and competencies.
3. Acquire knowledge and skills appropriate to the practice setting by participating in educational programs and activities, conferences, workshops, independent learning activities, and interprofessional meetings.
4. Continually increase knowledge of cultural, political, regulatory, scientific, age-related, and social issues related to client health.
5. Validate knowledge base through certification in the specialty.
6. Document educational activities and maintain a professional portfolio.
7. Work to promote diversity in the nursing profession through recruitment and retention of diverse students and faculty.

STANDARD IV. COLLEGIALLY

Medical-Surgical Nurses interact with, and contribute to, the professional development of peers and other health care providers as colleagues.

Rationale

To enhance professional growth of others, Medical-Surgical Nurses are responsible for sharing knowledge, evidence, research, and clinical information with colleagues through formal and informal teaching and collaborative programs.

Measurement Criteria

1. Use opportunities to share knowledge, skills, and clinical observations with colleagues and others.
2. Assist others in identifying their teaching/learning needs related to clinical care, role performance, and professional development.
3. Provide peers with constructive feedback regarding their practice with the goal of facilitating professional growth.
4. Contribute to learning experiences for nursing students and other health care providers in all areas of practice (hospitals, subacute facilities, communities, etc.).
5. Interact with colleagues to enhance their own professional nursing practice and wellness.
6. Contribute to and take responsibility for a supportive and healthy work environment to help prevent lateral violence and workplace incivility.
7. Contribute to the advancement of the profession as a whole by disseminating outcomes of practice through presentations and publications.
8. Promote career development in students, nurses, and other health care providers.
9. Promote the role and the scope of the advanced practice nurse (e.g., to legislators, regulators, other health care providers, and the public).
10. Facilitate development of clinical judgment in health care team members through role modeling, teaching, coaching, and/or mentoring.

STANDARD V. ETHICS

Medical-Surgical Nurses deliver care in a nonjudgmental, nondiscriminatory, sensitive, and culturally competent manner.

Rationale

The public's trust and its right to humane health care are upheld by professional nursing practice. The foundation of Medical-Surgical Nursing practice is the development of a therapeutic relationship with the client. Medical-Surgical Nurses have an obligation to assure that care provided is congruent with the client's needs and values.

Measurement Criteria

1. Practice is guided by the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015b).
2. Maintain a professional relationship with clients at all times.
3. Maintain client confidentiality within legal and regulatory parameters and appropriate professional boundaries.
4. Maintain the client's right to privacy by adhering to the profession's privacy standards, ethical principles, and legal mandates for care, documentation, record keeping, and communications.
5. Act as client advocates and assist clients in developing skills.
6. Deliver care in a nonjudgmental, genuine, nondiscriminatory manner that is sensitive to client diversity.
7. Identify ethical dilemmas that occur within the practice environment and seek available resources to help resolve ethical issues.
8. Report abuse of the client's rights and incompetent, unethical, illegal, and/or impaired practices.
9. Maintain an awareness of the client's beliefs and value systems and what effect they may have on care provided to the client, family, and significant other(s).
10. Collaborate with peers and managers if personal beliefs conflict with the client's plan of care.
11. Support the client's right to make decisions that may not be congruent with the values of the interprofessional health care team.
12. Promote information sharing and discussion that allows the client to fully participate in decision making.
13. Participate in decision making regarding allocation of resources.
14. Deliver care in a manner that preserves client autonomy, dignity, respect, and rights.
15. Participate in and promote self-care and professional development as an ethical responsibility. This would include seeking assistance and resources for moral distress occurring within the work environment and addressing bullying and poor communication (ANA, 2015b).

STANDARD VI. COLLABORATION

Medical-Surgical Nurses collaborate with the client, family members, significant other(s), and health care providers in providing care.

Rationale

The provision of quality health care requires a coordinated, ongoing interaction between consumers and providers to deliver comprehensive services to the client. Through the collaborative process, different disciplines of health care providers are used to solve problems, communicate, plan, implement, and evaluate health care services. Communication among members of the interprofessional health care team provides a mechanism to evaluate the effectiveness of the health care plan and make necessary adjustments.

Measurement Criteria

1. Communicate with the client, family, significant other(s), and other health care providers regarding the client's care and nursing's role in the provision of care.
2. Collaborate with the client, family, significant other(s), and health care providers in formulating goals, the plan of care, and decisions related to care delivery.
3. Consult with other health care providers, as appropriate.
4. Make referrals, including provisions for transitional care, as indicated.
5. Collaborate with other disciplines in teaching, consultation, management, and research activities as opportunities arise.
6. Participate in establishing and implementing clinical practice protocols for interprofessional collaboration, when appropriate.

STANDARD VII. RESEARCH

Medical-Surgical Nurses use research findings in practice.

Rationale

Medical-Surgical Nurses are responsible for contributing to the further development of health care by participating in research. Medical-Surgical Nurses are encouraged to develop this skill as they evolve professionally. At the basic level of practice, Medical-Surgical Nurses use research findings to improve clinical care and identify clinical problems for research studies within individual practice settings as appropriate. At the advanced level, Medical-Surgical Nurses engage in and/or collaborate with others in the research process to discover, examine, and test knowledge, theories, and creative approaches to practice.

Measurement Criteria

1. Participate in research activities as appropriate to their position, education, and practice environment. Such activities may include the following:
 - a. Identify clinical problems suitable for Medical-Surgical Nursing research.
 - b. Participate in the approval process for ethical research conduct.
 - c. Participate in data collection.
 - d. Participate in unit, organization, or community research.
 - e. Conduct research and disseminate findings.
 - f. Critique research and other evidence for application to practice as good consumers of research.
 - g. Use research findings to develop policies, procedures, and guidelines for client care.
 - h. Provide resource material on research in Medical-Surgical Nursing and related disciplines in the practice setting.
2. Protect the rights of human subjects with particular attention to the needs of vulnerable groups.

STANDARD VIII. RESOURCE UTILIZATION

Medical-Surgical Nurses consider factors related to safety, effectiveness, and cost in planning and delivering client care.

Rationale

The client is entitled to Medical-Surgical health care that is safe, effective, and affordable. As the cost of health care increases, health care provision must maximize resources and maintain quality of care. Medical-Surgical Nurses seek to provide cost-effective quality care by using the most appropriate resources and delegating care to the most appropriate, qualified health care provider.

Measurement Criteria

1. Evaluate factors related to safety, effectiveness, availability, and cost when two or more practice options would result in the same expected client outcomes.
2. Assign tasks or delegate care as defined by the state nurse practice acts based on the knowledge, education, and skills of the selected provider.
3. Assign tasks or delegate care based on the client's condition, potential for harm, complexity of the task, and predictability of the outcome.
4. Assist and educate the client, family, and significant other(s) in identifying and securing appropriate services available to address health-related needs.
5. Participate in ongoing resource utilization review.
6. Assist the client, family, and significant other(s) in becoming informed consumers about the cost, risks, and benefits of treatment and care.
7. Implement evidence-based processes that prevent or decrease the length of inpatient hospitalization and improve patient outcomes.
8. Identify patient care performance improvement needs and support change processes designed to increase the quality of care delivered.
9. Use critical-thinking skills to be proactive and avoid preventable setbacks in care.
10. Facilitate navigation of the healthcare system in cost-effective ways.

STANDARD IX: COMMUNICATION

Medical-Surgical Nurses communicate effectively with the client, family, significant other(s), and other health care professionals

Rationale

Medical-Surgical Nurses understand that clear and open communication is essential for ensuring client safety, collaborating with a diverse health care team, and providing optimum care. Medical-Surgical nurses communicate timely and accurate information to help clients participate in their care.

Measurement Criteria

1. Assess communication format preferences of the client, family, significant other(s), and colleagues.
2. Assure proper communication formats utilized without barriers for the client, family, and significant other(s), such as translation services, to assure no barriers in information transfer.
3. Assess their own communication skills in encounters with health care consumers, families, and colleagues.
4. Seek continuous improvement of their own communication and conflict resolution skills.
5. Convey information to the client, family, significant other(s), interprofessional team, and others in communication formats that promote accuracy.
6. Question the rationale supporting care processes and decisions when they do not appear to be in the best interest of the client.
7. Disclose to the appropriate level any observations or concerns related to hazards and errors in care or the practice environment in accordance with organizational policies.
8. Maintain communication with other providers to minimize risks associated with transfers and transition in care delivery
9. Ensure communication is delivered at a level of understanding that is congruent with the client's education or cognitive level.
10. Utilize a translator as needed to assist with communication between the client, family, significant other(s), and members of the healthcare team to ensure accurate and productive exchange.
11. Contribute professional perspective in discussions with the interprofessional team.
12. Assess the health literacy of the client, family, and significant other(s), and use the teach-back methodology to ensure clients and family members understand health care education.
13. Focus the therapeutic relationship on the client's needs.

STANDARD X: LEADERSHIP

Medical-Surgical Nurses use leadership skills to enhance client outcomes and foster a healthy work environment within the practice setting and profession.

Rationale

Medical-Surgical Nurses, regardless of their position, have daily opportunities to demonstrate leadership. Medical-Surgical Nurses model professional behavior, collaborate with and mentor colleagues, take action to resolve conflict, and advocate for clients, workplace, and the nursing profession.

Measurement Criteria

1. Influence decision-making bodies to improve the professional practice environment and client care.
2. Provide direction to enhance the effectiveness of the interprofessional team.
3. Model expert practice to interprofessional team members and clients.
4. Mentor colleagues in the acquisition of clinical knowledge, skills, abilities, and judgment.
5. Use authentic leadership, team building, negotiation, and conflict resolution skills in interactions with clients, families, significant other(s), peers, administrators, legislators, and other members of the health care team.
6. Participate in and lead unit-level and system-level change.
7. Provide leadership in the implementation of quality improvement and innovation.
8. Understand the requirements and dynamics at the point of care and, within the context, successfully translate the vision of a healthy work environment.
9. Role model standards for a healthy work environment.
10. Identify and address elements of incivility in the workplace environment that negatively impact nurses, clients, and others.

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Additional Readings

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Glossary

Activities of Daily Living

Self-care activities – such as eating, personal hygiene, dressing, recreational activities, and socialization – that are performed daily by healthy individuals as part of independent living. During periods of illness, individuals may not be able to perform some or all of these self-care activities.

Assistive Health Care Personnel

Supportive health care personnel, such as nursing assistants and licensed practical/vocational nurses. These individuals are trained to function in an assistive role and help the registered professional nurse provide client care as delegated by and under the supervision of the registered professional nurse.

Assessment

A systematic, dynamic process by which the nurse, through interaction with the client, significant others, and health care providers, collects and analyzes data about the client. Data may include the following dimensions: physical, psychological, sociocultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle.

Advanced Practice Nurse

A nurse practitioner and/or clinical nurse specialist who holds a master's degree in nursing, has advanced clinical experience, and demonstrates depth and breadth of knowledge, competence, and skill in the practice of medical-surgical nursing.

Case Management

The coordination of health and social services for an individual.

Certification

The formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.

Client

Recipient of nursing actions. When the client is an adult, the focus is on the health state, problems, or needs of a single person. When the client is a family or group, the focus is on the reciprocal effects of an individual's health state on other members of the unit, or the health state of the unit as a whole. When the client is a community, the focus is on personal and environmental health and health risks of population groups. Nursing actions toward clients may be directed to disease or injury prevention, health promotion, health restoration, or health maintenance.

Collaboration

The process whereby health care providers such as nurses, physicians, social workers, pharmacists, psychologists, nutritionists, dietitians, and various therapists plan and practice together as colleagues, working independently within the boundaries of their scopes of practice with shared values and acknowledgment and respect for each other's contributions to caring for individuals, their families/significant other(s), and their communities.

Diagnosis

A clinical judgment about the client's response to actual or potential health conditions or needs. Diagnoses provide the basis for determining a plan of care to achieve expected outcomes.

Evidence-Based Practice

The practice of health care in which the practitioner systematically finds, appraises, and uses the most current and valid research findings as the basis for clinical decisions. The term is sometimes used to denote evidence-based medicine specifically but can also include other specialties, such as evidence-based nursing, pharmacy, and dentistry.

Evaluation

The process of determining both the client's progress toward the attainment of expected outcomes and the effectiveness of nursing care.

Functional Ability

The ability to perform a variety of skills necessary for physical, cognitive, behavioral, and social activities.

Functional Status

Level of the client's ability to independently perform activities related to self-care, social relations, occupational functioning, and use of leisure time.

Guidelines

Describe a process of client care management which has the potential of improving the quality of clinical and consumer decision making. Guidelines are systematically developed statements based on available scientific evidence and expert opinion. Guidelines are specific to a clinical condition and assist health care providers in clinical decision making by describing recommended courses of action for specific client conditions.

Health

The positive state of optimal functioning in relation to one's capabilities and lifestyle, not merely the absence of disease or infirmity.

Health Care Providers

Individuals with special expertise who provide health care services or assistance to clients. They may include nurses, physicians, psychologists, social workers, nutritionists, pharmacists, dieticians, and various therapists. Providers also may include service organizations, vendors, and payers.

Implementation

May include any or all of these activities: intervening, delegating, and coordinating. The client, family, significant other(s), or health care providers may be designated to implement interventions within a plan of care.

Interventions

Nursing activities that promote and foster health, assess dysfunction, assist clients to regain or improve their coping abilities, and prevent further disabilities (e.g., delivering case management services, maintaining a therapeutic environment, tracking and assisting with self-care activities, administering and monitoring treatment regimens and their effects, and providing health education).

Interprofessional Health Care Plan

A comprehensive, coordinated, individualized plan for each client that addresses the desired outcomes for the client for each service provided.

Leadership

A combination of personality traits, administrative skills, and talents which enable a nurse to excel to inspire others and work together in pursuit of a shared goal while maintaining a balance between legal concerns, ethical demands, and patient care.

Long-Term Care

Comprehensive health care services ranging from health promotion through acute and chronic care to assistance with a dignified death.

Health Care Reform

Spans a broad continuum of entities, from the simple requirement of obtaining prior authorization for a service in an indemnity health insurance plan, to the assumption of all legal, financial, and organizational risks for providing a set of comprehensive benefits to a defined population. Also includes clinical services supplied by groups of providers with the aims of cost effectiveness, quality, and accessibility. Health care reform is an ongoing, evolving set of discussions and legislation to find ways to ensure all citizens have access to appropriate health care and services.

Measurement Criteria

Relevant, measurable indicators of the standards of clinical nursing practice.

Mentorship

A guided experience, formally or informally assigned, over a mutually agreed upon period, that empowers the mentor and mentee to develop personally and professionally within the auspices of a caring, collaborative, culturally competent, and respectful environment.

Nurse Practice Act

State statutes that define the legal limits of practice for registered nurses.

Nursing

The diagnosis and treatment of human responses to actual or potential health problems.

Nursing Interventions

Any direct treatment that a nurse performs on behalf of the client. Nursing interventions include nurse-initiated treatments and physician-initiated treatments.

Nursing Process

A systematic and interactive problem-solving approach that includes individualized patient/client assessment, diagnosis, outcomes identification, planning, implementation/intervention, and evaluation.

Outcomes

Measurable, expected client-focused goals.

Plan of Care

Comprehensive outline of care to be delivered to attain expected outcomes.

Professional Code

Statement of ethical guidelines for nursing behavior that serves as a framework for decision making.

Registered Nurse

An individual educationally prepared in nursing and licensed by the state board of nursing to practice nursing in that state. Registered nurses may qualify for specialty practice at two levels – basic and advanced. These levels are differentiated by educational preparation, professional experience, type of practice, and certification.

Scope of Practice

A range of nursing functions that are differentiated according to the level of practice, the role of the nurse, and the work setting. The parameters are determined by each state's nurse practice act, professional code of ethics, and nursing practice standards, as well as each individual's personal competency to perform particular activities or functions.

Significant Other(s)

Individuals who play an important role in the client's life.

Standard

Authoritative statement enunciated and promulgated by the profession by which the quality of practice, service, or education can be judged.

Standards of Nursing Practice

Authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged. Standards of clinical nursing practice include both standards of care and standards of professional performance.

Standards of Care

Authoritative statements that describe a competent level of clinical nursing practice demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

Standards of Professional Performance

Authoritative statements that describe a competent level of behavior in the professional role, including activities related to quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization.

Subacute Care

Comprehensive inpatient care designed for someone who has had an acute illness, injury, or exacerbation of a disease process. It is goal-oriented treatment rendered immediately after, or instead of, acute hospitalization to treat one or more specific active complex medical conditions or to administer one or more technically complex treatments in the context of a person's underlying long-term conditions and overall situation. Generally, the condition is such that the care does not depend heavily on high-technology monitoring or complex diagnostic procedures. It requires the coordinated services of an interprofessional team including physicians, nurses, and other relevant professional disciplines that are trained to assess and manage these specific conditions and perform the necessary procedures. Subacute care is given as part of a specifically defined program