

Standards of practice, laws and rules

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Standards of Practice, Laws and Rules Sabrina Sibert Ohio University

Standards of Practice, Laws and Rules The purpose of this paper is to identify the legal aspects of nursing, in laid in accordance to the scope of practice, and the standards of care registered nurses (RN) are held accountable for. I will attempt to give a prospective of the American Nurses Association (ANA), scopes and standards of practice and Michigan Nursing Associations (MNA), as it relates, the relevant laws to individual practice in the state of Michigan and to analyze my practice in accordance with these laws. The American Nursing Association (ANA), describes the practice of nursing as being the; “Who, What, Where, When and How of nursing practice”, (ANA 2004 p. 99). These words describe the function of standards of care that we as practitioners are accountable for. According to the ANA, “Has assumed the responsibility for developing generic standards that apply to all professional nurses”, (ANA, 2004 p. 99). These standards serve as guidelines in which our competency can be measured. The six standards of practice, describe a competent level of nursing care known as the nursing process, the components of the nursing process is as follows; assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. Michigan is the state where I am licensed to practice. It is a unique state by which since 1978, the Nurse Practice Act was replaced with the Public Health Code (PA 368). PA 368 consolidates regulations for all areas of health, (dentistry, optometry, nursing, pharmacy etc...), Part 172 deals specifically with nursing and it states; “Practice of nursing means the systemic application of substantial specialized knowledge and skills derived from the biological, physical and behavioral sciences, to the care, treatment, council, and health

teaching of individuals who are experiencing changes in the normal health process or who require assistance in the maintenance of health and preventions or management of illness, injury, or disability. " (MCL, Act 368, 1978 Para 1). The Public Health Code in the state of Michigan reads in general terms, there are no guidelines written; that I could follow that is more specific in nature to how one should practice and how our competency is measured. I believe this is left to the state governing administrative body, which would be the Department of licensing and Regulatory Affairs (LARA) or the state board of nursing. Nurses are held accountable for our individual nursing practice. Competency is defined as an " expected level of performance that integrates knowledge, skills, abilities, and judgment. The standards of care as it relates to my own practice, has been in accordance with the standards of care laid out in forth by the ANA; however there are areas in my practice where improvements can be made, such as in the documentation of care that was given to the patient while they were in my care; my documentation could be a lot more thorough I am guilty of leaving holes in my documentation. We use computerized charting at the facility where I work, and I tend to do most of my charting at the end of the shift, not taking care to document the teaching that was implemented, the response to treatments that were implemented, and interventions that were made on behalf of the patient. I am not consistent with this, and I realize it is important to do so, as it is said in nursing, " If it is not documented it was not done". This is something that I will be more conscientious about in my practice. Research is an area that is specifically addressed in the standards of professional nursing. The ANA scope of nursing practice, list criteria in

which the nurse is responsible for; for instance like participating in some level of research in your practice, I must admit I have been remised in this duty, in the seven years I have been practicing; I have never participated in my organizations research council. I have been a pool nurse for the last five years, I travel to work at 4 hospitals within the health care system, I fill the staffing needs so I miss a lot of the opportunities that a staff nurse may be presented with. I will actively and diligently seek out opportunities that may arise, participating in a formal committee or program, is important in the professional development and growth in my practice; this is something that I will be making an honest effort to change in my practice. As mentioned earlier, Michigan's revised code of law is the replacement of the Nurse Practice Act, Public Health Code, Act 368 Part 172 nursing, defines the practice of the registered nurse (RN) as follows: 333. 17201 definitions; principles of construction (c) registered professional nurse or RN means an individual licensed under this article to engage in the practice of nursing which scope of practice includes; the teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities". (MNA 2012). Unfortunately my resources were limited in trying to find nursing rules promulgated from the law regulating the practice of nursing. In my research, I was referred to PHC 368, and MNA does not have a scope of practice written on their website, you have to buy the book, MNA Professional and Legal Nursing Regulations, that I was not able to secure a copy of in time for my research on this topic. In analyzing my practice in relation to the law and ethics the general provisions of ACT 368, R338. 10104; speaks to the laws and rules of delegation (c)"Determine whether the

delegate has the necessary knowledge and skills for the acts functions, or task to be carried out safely and competently" (PHC 368, Sec 172 1978). Delegating has been challenging for the most part, my organization is a little slow with policies for the nursing assistants of what you can, and cannot delegate, for instance they just trained them in the skill of obtaining blood sugars, and discontinuing Intravenous Catheters. Until 2 months ago this was a job the RN could only do in my organization, however, other area metropolitan hospitals nursing assistance have a lot more responsibilities that can delegate to them; such as insertion of Foleys, and some techs can draw blood. This is something that one needs to be conscientious of when delegating to the ancillary staff, what's the policy of the facility is, and does the policy of the institution, follow in accordance of the law of what the RN, can delegate to ancillary staff. In reviewing the PCA 368, I can say with confidence that my practice of delegating to assistive personnel is with in accordance of the above mentioned act, and in accordance to my facilities policies. In summary, in the Public Health Code; all health professionals have a broad definition of their practice such as stated in PHC 368, and definitive task or roles are not encoded for any specialty area for any health profession, the state of Michigan does not delineate by law, a scope of practice specific to RNs'. The LARA would be the governing body that would promulgate the nursing rules from the law regulating the practice of nursing. In my practice I can say without hesitation that I do follow the scope of standards of practice according to the ANA's critical thinking model, integrating the nursing processing into my patients plan of care to the best of my ability. References: American Nurses Association (2010) Nursing:

Scopes and Standards of Practice, 2nd edition. Function of the scope of nursing practice statement (2004), Silver Springs, Maryland Michigan compiled laws; Public Health Code (excerpt) Act 368 of 1978 (1978, September 30) Retrieved from <http://www.legislature.mi.gov> Michigan Nurses Association (n. d) Nursing practice retrieved from <http://www.minurses.org/nursingpractice>