

Critical Thinking

ASPAN Standards at Work

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Aren't we Critical Thinkers ?

- Perianesthesia nurses: who are we?
 - Seasoned, diverse staff history
 - Strong staff, apply experience every day
 - Opinions which are not always based on fact
 - Some staff who continually pursue education
 - Some staff active professionally, in the network and/or the ASPAN, ANA, AACN
 - Some staff who are set in old patterns



Critical Thinking

- Think actively: question, explore, deal
- Think for yourself: examine various ideas and arrive at your own thoughtful conclusion
- View situations from different perspectives
- Discuss ideas in an organized way: exchange and explore ideas



Critical Thinking..outside nursing

- “....that mode of thinking – about any subject, content, or problem – in which the thinker improves the quality of thinking by skillfully taking charge of structures inherent in thinking and imposing intellectual standards upon them”

– Foundation for Critical Thinking 2004

www.criticalthinking.org



A well cultivated Critical Thinker:

- Raises vital ??? and problems, formulating them clearly and precisely
- Gathers, assesses relevant information, using abstract ideas to interpret effectively
- Comes to well-reasoned conclusions and solutions, testing against relevant criteria and standards
- Thinks open-mindedly (practical consequences)
- Communicates effectively/complex problems



Critical Thinking, in short:

- Self directed, Self disciplined
- Self monitored, Self corrective
- **It presupposes assent to rigorous standards of excellence and mindful command of their use; entails effective communication, problem solving abilities and a commitment to overcome our native egocentrism and sociocentrism



Consensus nursing definition

- ...is an essential component of prof. accountability and quality nsg care; exhibit these habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection...



Consensus Definition

- Critical thinkers in nursing practice the cognitive skills of analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting and transforming knowledge

– Scheffer, Rubenfeld, [A Consensus Statement on Critical Thinking in Nursing](#), J Nurs Ed 2000



Critical thinking model for NP

- 3 levels: Basic, complex, commitment
- constructs:
 - specific knowledge -- perianesthesia knowing for clinical performance in nursing judgment
 - competencies [cognitive]
 - Problem-solving, diagnostic reasoning, nurs. process
 - Attitudes
 - Courage, intell independence, perseverance, curiosity, discipline
 - standards in nursing
 - Quality of care, intellectual standards
 - Kataoka-Yahiro A Critical thinking model for nsg judgment, J Nurs Ed 1995

Traits and Habits

- Sloppy superficial practice = poor practice
- Seek answers to difficult questions
- Presupposes intellectual humility
- Open-mindedness and tolerance
- Value intellectually challenging situations



Skills and Abilities

- Information gathering
- Focusing
- Remembering
- Organizing
- Analyzing
- Generating
- Integrating
- Evaluating



Benner's Work

- Thinking in action
- Reasoning in action
- Focus on most relevant findings, changes, issues at hand
- Clinical judgment
- Habits of thought and action
 - Clinical grasp and clinical forethought



Critical Thinking: meaning

- Nursing Process
 - assessing, planning
 - implementing, evaluating
- Thinking:
 - Total recall
 - Habits
 - Inquiry
 - New ideas and creativity
 - Knowing how you think



- Total recall
 - Use knowledge, resources for recognizing and planning
- Habits
 - Pt safety first, respect individuality
- Inquiry
 - Continual questioning: is there a better way?
- New ideas/creativity
 - Each patient, situation, unique
- Knowing how you think.



Knowing how you think

- Working environment: noise, confusion, constant interruptions, time pressures, chaos
- Convergent thinking: the ability to bring pieces of information together to create a whole



Growth: personally, professionally

- Prepare yourself
- Develop networks (colleagues, organizations)
- Explore graduate work, certification, interdisciplinary degree work
- Make your voice heard; be informed!
- Don't stay comfortable with your habits
- Take care of yourself: physical, emotional, spiritual (President Clifford says: BALANCE)



Challenge: apply standards with a critical eye

- How do you make standards work for you?
- How do standards challenge you?



Challenge yourself

- None of us are irreplaceable!
- Know what each situation calls for
- Know your resources
- Be FLEXIBLE; Be a team player
- Provide seamless care for your patients
- Maintain, expand nursing skills esp. to perform infrequent tasks and procedures
- THINK OUT OF THE BOX



Clinical Practice Inquiries

- 2 Primary Sources
 - Clinical Practice Committee
 - www.aspan.org
 - Other Committees
 - Board of Directors
 - Component Leadership



Thinking about Standards CRITICALLY

- Nurses: individual caregivers critical to
 - Healthcare system performance
 - Individual patient care and experience
- How do standards apply to
 - Your ability to make decisions
 - Your care of patients
 - Your critical thinking



ASPAN Standards

- Standards, resources, position statements
- Standard: formal or informal guideline which supports decision making process
- Describe the level or degree of *quality* considered adequate by a profession or specialty



Internal Standards

Those set by the role and education of the nurse or by individual institutions.

- The professional nurse's job description
 - Cross training? Call? Floating?
- Education and expertise
 - RN vs NP vs CNS
 - ICU vs ER vs PAT
- Institutional policies and procedures
 - Hemodynamic monitor management



External Standards

Transcend individual practitioners
and single institutions

Synonymous with National Standards

- State Boards of Nursing
 - Nurse Practice Act
- Federal Organizations
 - JCAHO, AAAHC
- Professional organizations

ASPAN, ASA, AANA, ANA



Example: Carotid Bypass

- ICU bed availability
- Practice in the community, the country
- ICU/PACU standards of care
- Meetings with leadership, management, staff and educators from ICU, PACU, nursing unit
- Measures of success



Measures of success

- Decreased use of ICU beds
- 2 hour waits for step down bed (better than 10-24 hours waiting for ICU bed)
- Improved communication between PACU and 2-4 telemetry
- Slight improvement between PACU and nursing supervisors; ... automatic assumption that ICU beds available



Data/Evidence Support

- 1/17/05 – 7/17/05
 - 165 CEA
 - 60 patients to 2-4
 - 105 patients to ICU
- 7/18/05 – 12/31/05
 - 135 CEA
 - 105 patients to 2-4
 - 39 patients to ICU



Measurement Metrics

- Complications
- Length of Stay
- Total Hours Nursing time saved
- Total Cost Savings



Measurement Metrics

- PACU nurses frequently 'held on' to patients far longer than 2 hours
- Initially, patients who needed ANY vasoactive drips at any time in PACU could not go to 2-4
- Complications, 2005:
 - 3 patient complications
 - (1) patient returned to SICU for CVA
 - (2) patients back to OR for bleeding
 - These 2 patients bleeding not related to transfer to 2-4



Measurement Metrics: LOS

Preimplementation:

	10 '04 – 1 '05
OR: PACU: ICU: 2-4	39.1 hrs

Postimplementation

	1/17-7/18/05	7/19 – 12/31/05
OR: PACU: 2-4	33.8 hours	36.6 hours
OR: PACU: ICU: 2-4	40.4 hours	47.4 hours
Average LOS reduction:	6.6 hours	10.8 hours

2005 Average LOS Reduction by bypassing ICU:

8.1 Hours (Overall 54 days saved)



Measurement Metrics

- Total Hours Nursing Time Saved
 - 2-4 (30 minutes/patient report and order transcription = 90 hrs
 - ICU (15 minutes/patient report and transport) = 40 hrs
 - Transport (15 minutes/patient for transport) = 40 hrs

How about PACU?

stepsister? NO!

essential cooperation, flexibility, critical
assessment and communication !!!



Measurement Metrics

- Total Cost Savings (bypassing ICU)
- \$80,000 validated
- ~ \$500 per patient bypassing ICU
- Not calculated
 - Overnights in PACU with call staff
 - Accumulated hours in PACU prior to ICU
 - Patient/family dissatisfaction



Example: PACU closure

- Unacceptable to hold patients in OR
- Provide patients a spot in PACU
- What we looked at, what we changed
- What else?
 - Altered PIA assignments: high personal price
 - Put role in PIA on hold ALL SUMMER
 - We had to think differently and support the grieving that change brought to staff members



PACU closure

- Collect and report data
- Numbers can support increasing FTE's
- Unwanted attention from Administration
 - Self reporting
 - Maintaining flow while upholding SOC
 - Accepting patients from EVERYWHERE
 - Bed unavailability in facility



Example: weekend coverage

- PACU nurses covered every 5th weekend
- 2 PACU nurses work 32/40 weekends
- 3 additional nurses for each weekend
- ***change: more rooms opened Saturday
- PACU struggled: 1 month AWFUL wknds
- Executive decision: every 4th weekend
 - Mixed up weekend cliques
 - Created 'holes' in weekday coverage



Nurse/Patient Ratios

- How do you make it work?
- How do you figure out volume, acuity, transport time for RN's, education time, meeting time?
- How do you say NO MORE PATIENTS to the OR? To Anesthesia? To Administration?



What concerns You?

- Position statements?
- Specific standards?
 - Staffing guidelines
 - Physician availability
 - Transfer of care
 - Preoperative preparation



Clinical Practice Inquiry

Is it appropriate (and within JCAHO standards) to leave emergency medications (atropine, lidocaine) at the recovering patient's bedside?

Our PACU had them in bins at each patient bay and we are having some trouble truly understanding the JCAHO standard re meds and 'line of sight terminology'



Discussion

- Medications secured in accordance with the critical access hospital's policy and law and reg so that unauthorized persons cannot obtain access to them
- Controlled substances are stored to prevent diversion and according to state and federal laws and regulations

– JCAHO 2005



Clinical Practice Inquiry

- Is propofol used for treatment of nausea and vomiting in PACU? If so, what dose is used and are nurses allowed to give it?



What's the Deal?

- 4/04: what did ASPAN say ?
- 5/04: what did AANA and ASA say ?
- Current: what does Missouri say ?
- What does Kansas say?

What does *your facility* say ?



Position Statement: Safe Medication Administration

- Patient safety is a priority!
- State nurse practice act, JCAHO
- Knowledge of medication principles
- Accountability for patient outcomes
- Knowledge and implementation of facility policies
- Med guidelines based on collaboration
- Evidence based



POINTER

- Practitioners intending to produce a given level of sedation should be able to rescue patients whose level of sedation becomes deeper than initially intended. Individuals administering “*moderate sedation/analgesia*” should be able to rescue patients who enter a state of “*deep sedation/analgesia,*” while those adm ‘*deep sedation/analgesia*’ should be able to rescue ‘*general anesthesia*’.

Clinical Practice Inquiry

- Looking for a standard of care or references regarding postop management of patients with sleep apnea – and standards regarding postop screening.....

- September 2008



Discussion

- ASPAN does not currently offer a statement or resource for the care of the patient with sleep apnea
 - 80% patients with OSA undiagnosed
 - sample screening tools
 - Hx obesity
 - Habitual snoring
 - Frequent arousal during sleep
 - Daytime somnolence
 - CPAP? ICU?



Staffing

- ?Phase II pattern? Hospital has OP dept connected to hospital by bridge; wants only one RN assigned to Phase II at the end of the surgery schedule...Safe?
- What does “2 RN’s present” really mean? Is this new?
- SDS unit, Saturday...always alone; is this acceptable practice?



Regional anesthesia

- Are there any criteria when moving a patient with spinal anesthesia from Phase I to Phase II? How much movement should the patient be having?
- Is it feasible to monitor post epidural and cervical steroid injections in Phase I PACU; if so, for how long?



ACLS/PALS

- What is the recommendation of having OR nurses PALS certified?

Followup phone calls

- Is there a standard of how many times you call before quitting?
- What is the ASPAN standard for postop phone calls; when must they be done?
- What does ASPAN recommend on post surgical followup calls and HIPPA? Can one leave messages when the pt is not answering the phone?



O2 Delivery

- ?Standards for O2 delivery for ↓ O2 sat in PACU – something that specifies what nursing interventions are to be carried out and when
- How about patients who arrive in PACU without oxygen?



Where is PACU/Phase II?

- Point of service
- Perianesthesia is not a location, but a level of care; it can, and does occur in MANY locations
 - Define ‘particular place’
 - PACU without walls



What's next in your unit?

- Moderate sedation procedures
 - Ventricular fibrillation induction
 - TEE
- More special procedures (Endo!)
- Stabilization post 'cart call'
- More pain procedures
- Minimally invasive procedures
- IV infusions



Pain management in your unit...

- Plan of care available, particularly in ASC?
- Pain control w steroids, locals, opioids
- LOS post injection, frequency of vital signs, d/c criteria, patient teaching



PACU bypass

- Ventilated patients
- How are JCAHO requirements met for anesthesia sign-outs, or showing a 'recovery period' from anesthesia?
- How are competencies equivalent for postanesthesia met?



Family visitation

- HIPPA
- ASPAN position statement, 2003
- Are we meeting the needs of the nurse or the patient and family?
- Staffing mix
- Visitation guidelines
 - Documentation
 - Phone call vs presence in PACU



Discharge from Phase I

- can transfer be accomplished by a pt care tech or does it have to be an RN?
- Is Aldrete scoring part of discharge criteria? Are PACU records doing one every 15 minutes?



Discharge from PHASE II

- Do patients need to void before going home? Drink fluids?
- Can patients walk out for discharge? Is a wheelchair mandatory?
- What if they don't have a ride home? And they demand to drive themselves? Is a taxi okay?



Anesthesia: classification, preop clearance

- conscious sedation; is ASA # required?
- Is an RN able to make this determination or is it the sole resp of an anesthesia provider?
- Looking for preop guidelines for medical consult
- Need help with discharge criteria policy
- Hospital trying to make PACU nurses do H&P's on ASA class III and IV patients



Monitoring in PACU

- Does type of anesthesia determine if monitoring is necessary? Or, does ASA classification determine this?



ASPAN Resources

- Membership – networking
- Publications
- Committees
- Conference center on WEB
- ASPAN standards
- ASPAN Position Statements



Other Resources

- Community 'Standard'
- Literature search
- Internet search
- State board of nursing
- Collaborating organizations
- ASPAN colleagues

