

**Hepatology Nursing
Standards**

Canadian Association of Hepatology Nurses

Approved February, 2007

Revised November 2013

Committee Members

Chairs 2013

Geri Hirsch RN- NP, MSN
Nurse Practitioner, Hepatology Services
Division of Gastroenterology
Capital District Health Authority
Halifax, NS

Sandi Mitchell RN, MSN (PhD candidate)
Nurse Educator
BC Hepatitis Services
Vancouver, BC

Committee Members

Cheryl Dale RN (EC), MScN
Nurse Practitioner
Hepatology and Liver Transplant
London Health Sciences Centre

Paul Plaisir RN, BSc
Clinical Nurse
Clinical Research Coordinator
Hepatology Clinic
Jewish General Hospital
Montreal, QC

Carol Dupasquier, RN, BN
Community Hepatitis C Clinic
Winnipeg, MB

Kathy Poldre, RN, BaaN
Hepatitis Support Nurse,
Research Coordinator
Toronto General Hospital
Toronto, ON

Samantha Earl, RN, BSc N
Nurse Consultant, Hepatitis C Secretariat,
Ministry of Health and Long Term Care
Toronto, ON

Sylvia Skrypnik, RN BN
Community Hepatitis C Clinic
Winnipeg, MB

Jo-Ann Ford, RN, MSN
Associate Director – Clinical Research and BC
Hepatitis Program
Gordon and Leslie Diamond Health Care Centre
Vancouver, BC

Colina Yim RN (EC), MN, APN
Nurse Practitioner Hepatology
Toronto Western Hospital –Liver Clinic
Toronto, ON

Carolyn Klassen, MSN, BScN, RN
Hepatology Nurse, LAIR Centre,
Vancouver, BC

Canadian Association Hepatology Nursing Standards

Purpose:

In accordance with the nursing profession's obligation to maintain and improve the quality of nursing care, the Canadian Association of Hepatology Nurses (CAHN) standards provide a basis for the evaluation of professional, ethical nursing practice in hepatology.

Background:

"Nursing practice requires professional judgment; inter-professional collaboration, leadership, management skills, cultural safety, advocacy, political awareness and social responsibility. Professional practice includes awareness of the need for, and the ability to ensure, continued professional development" (CNA, 2010) This is applicable to hepatology nursing practice as an emerging specialty. In 2005, CAHN executive empowered a committee of hepatology nurses representing many practice contexts across Canada to establish the hepatology nursing standards. This group reviewed the literature, accessed similar work developed in countries such as the United States and the United Kingdom to develop the standards. This is the second edition of the standards and will be revised regularly.

These standards reflect the current state of knowledge and practice and are, therefore, conditional, dynamic and subject to change. The manner in which hepatology nursing achieves competency will vary. Nursing practice is impacted by social, cultural, spiritual, economic and political environments. For example, current major changes in the delivery of liver care include:

- Increasing access to services and an emphasis on community based care incorporating hepatology health promotion and prevention of liver disease.
- Expanding views of the health care 'team' to include collaboration with clients, their support systems, and other healthcare/social service providers.
- Ongoing research that focuses on the biological basis of liver diseases and disorders and the sociological determinants of behaviour.

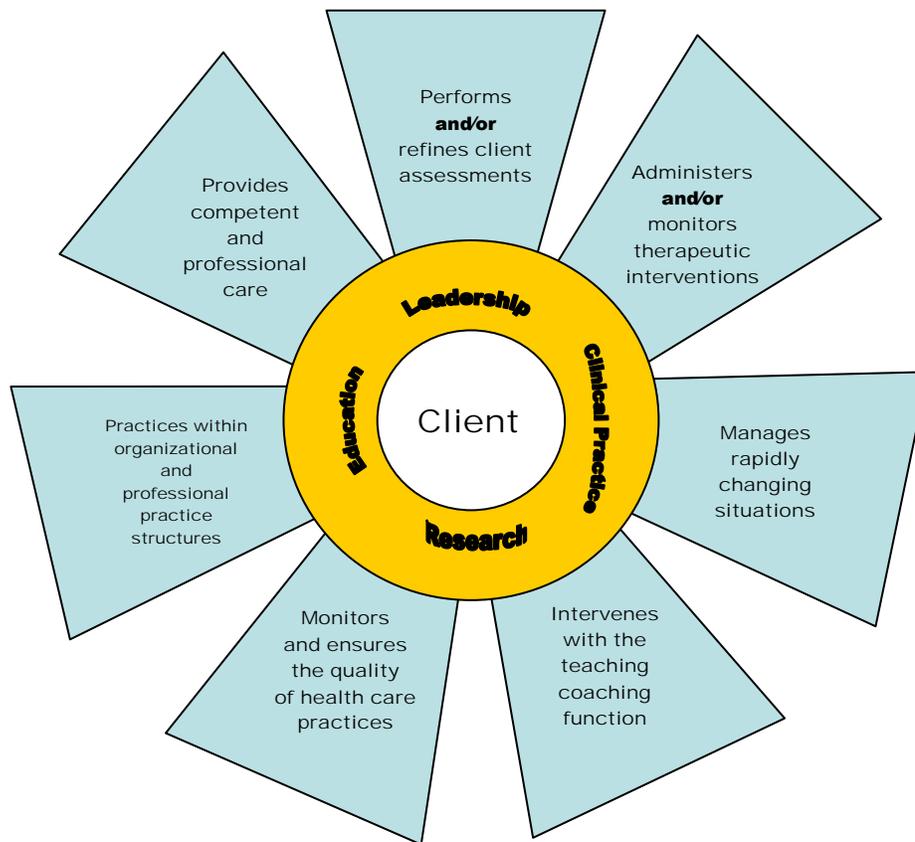
These changes create opportunities for hepatology nursing to take a leadership role in collaborative and interdisciplinary practice.

The standards are based on Benner's Conceptual Model (1984) and are operationalized under the following domains and illustrated in Figure 1.

- I. Provides competent and professional care.
- II. Performs and/or refines client assessment.
- III. Administers and/or monitors therapeutic interventions.

- IV. Manages rapidly changing situations.
- V. Intervenes with the teaching/coaching function.
- VI. Monitors and ensures the quality of health care practices.
- VII. Practices within organizational and professional practice structures.

With the client as its central focus, these domains encompass the hepatology nursing role of leadership, research, education and clinical practice. The term client is defined as individuals, families, groups, populations, and communities. These standards address youth and adult hepatology nursing practice.



Beliefs about Hepatology Nursing

- Hepatology nursing is a specialized area of nursing that has its focus on promotion of liver health, prevention of illness, and the care of clients experiencing liver related health problems and disorders. This specialty addresses a variety of diseases and disorders of the liver including viral, metabolic, immune based, drug induced, genetic, and infiltrative.
- Hepatology nursing is client-centered and is accountable for individual and interprofessional collaborative practice. Nursing roles in this specialty include direct clinical practice, education, research, and leadership.
- Hepatology nursing client populations within the care of this specialty are influenced by the social determinants of health and may include marginalized groups such as people who inject drugs (PWID), the homeless, immigrants, aboriginals and the incarcerated. Clients that are marginalized should have equal access to fair and just care.
- Hepatology nursing provides services across the client care continuum from prevention to palliation (i.e., primary, secondary, tertiary, quaternary).
- Since most liver diseases are chronic in nature, hepatology nursing practice promotes self-care, advocates for resources and supports the client through the illness experience.
- The advancement of hepatology nursing requires evidence-based practice, critical thinking, and life-long learning. Hepatology nursing is responsible for promoting evidence and theory based practice to enhance knowledge and skill development within the specialty.
- Hepatology nursing uses research, theory, and experiential knowledge from nursing and other disciplines to provide evidence-based practice.

Standard I: Provides competent and professional care.

Competent and professional care provided through the helping role is fundamental to nursing within the context of leadership, education, research and clinical practice. Hepatology nurses enter into “purposeful, goal-directed relationship[s] between nurse and client that [are] directed at advancing the best interest and health outcome of clients. The therapeutic partnership is central to all nursing practice and is grounded in an interpersonal process that occurs between the nurse and client” (CNA, 2007) A primary goal of hepatology nursing is the promotion of liver health and the prevention of liver related diseases/conditions.

The nurse:

- 1.1 Assesses and clarifies the influences of personal beliefs, values and life experiences on the therapeutic relationship.
- 1.2 Articulates the hepatology nurse’s scope of practice to others (e.g., the client, health-care team members, the public, community leaders, and politicians).
- 1.3 Ensures that the client’s informed consent has been obtained prior to providing nursing care, including involving others in the care (e.g., implied consent for nursing care).
- 1.4 Establishes and maintains a non-judgemental, client-centered environment.
- 1.5 Uses a range of therapeutic communication skills.
- 4.51.6 Reflectively evaluates therapeutic effectiveness of relationships.
- 4.61.7 Maintains a therapeutic relationship and recognizes boundaries.
- 4.71.8 Demonstrates sensitivity to and respect for diversity in health practices and beliefs (e.g., sexual orientation, gender identity, child birth practices, dietary differences, gender, beliefs, values, spirituality, culture, language).
- 4.81.9 Mobilizes resources that increase clients' access to health care/social services.
- 4.91.10 Supports the client through behavioural, developmental, emotional, or spiritual change while acknowledging and supporting the client's participation, responsibility and choices in own care.
- 4.101.11 Supports the client’s sense of resiliency (e.g., self-esteem, power and hope).

Standard II: Performs and/or refines client assessment

Effective nursing assessment, diagnosis, and monitoring is central to the nurse's role. This is dependent upon theory and the meaning of the health or illness experience from the perspective of the client. Nurses make professional judgements regarding the relevance and importance of assessments and acknowledge the therapeutic partnership throughout the decision-making process.

The nurse:

- 2.1 Involves clients in identifying their health needs, strengths, capacities and goals to best meet the client's needs (e.g., the use of community development and empowerment principles, networking strategies, understanding of relational power, community capacity assessment).
- 2.2 Collaborates with clients to gather holistic assessments through observation, examination, interview, and consultation, while being attentive to issues of confidentiality and pertinent legal statutes.
- 2.3 Collects, documents, evaluates, analyzes, and validates data to identify health status, and client priorities/health needs on an on-going basis.
- 2.4 Formulates and documents a plan of care in collaboration with the client and with the care team.
- 2.5 Anticipates problems in the future course of the client's health status. (e.g., pain management, disability, immobility)

Standard III: Administers and/or monitors therapeutic interventions

There are unique practice issues confronting the hepatology nurse in administering and/or monitoring therapeutic interventions, due to the diversity of liver diseases and disorders. Safety in hepatology nursing has distinct meaning as some clients are at risk for harm or neglect to themselves and/or others.

The nurse:

- 3.1 Collaborate with clients to select choices **to** develop and implement a plan of care, which support positive changes (e.g., setting priorities, establishing target dates, selecting relevant interventions, developing teaching plans, referring to self-care groups).
- 3.2 Supports clients to draw on own assets and resources for self care and health promotion consistent with client's capacity and their priorities.
- 3.3 Assesses client responses to needs and mobilizes resources in response to client's requirements.
- 3.4 **_**Implement strategies to **a**dminister and monitors medications accurately and safely (e.g., monitoring therapeutic responses, adverse events, toxicity and potential incompatibilities with other medications or substances). Incorporates knowledge of family dynamics and cultural values and beliefs about families in the provision of care. Encourages and assists clients to seek out support groups for mutual aid, advocacy and support.
- 3.5 Incorporates research about health risks and risk/harm reduction to support evidence-informed practice (e.g., safe-injection sites, needle exchange, cannabis on HCV treatment).
- 3.6 Uses appropriate technology to perform safe, effective and efficient nursing intervention.
- 3.7** Evaluates the client's experience and/or perception of services (e.g., response to therapeutic intervention).

Standard IV: Manages rapidly changing situations

“Essential aspects of nursing care include critical inquiry, safety, solution-focused approaches, reflective practice and evidence-informed decision-making” (CNA, 2007). The effective management of rapidly changing situations is essential in critical and emergent circumstances (e.g. self-harm, other assault behaviours, rapidly changing liver states).

The nurse:

- 4.1 Assesses and takes action when aware of potential or actual substance use/abuse, victim violence/abuse, and suicide or homicide.
- 4.2 Explores with the client and/or family the precipitates of the emergency event and plans to minimize risk of recurrence.
- 4.2.3 Coordinates care to prevent errors and duplication of efforts.
- 4.3.4.4 Considers the legal and ethical implications of responses to rapidly changing situations (e.g., invokes relevant provisions for safety as necessary).
- 4.4.5 Monitors client safety to detect early changes in client status, and intervenes as required (e.g. situations of acute agitation).
- 4.5.4.6 Evaluates and modifies the effectiveness of outcomes as necessary through debriefing process with team (including client and family) and other service providers (e.g., reviews of critical event and/or emergency situation).

Standard V: Intervenes with the teaching/coaching function

All client interactions are teaching/learning . The hepatology nurse approaches this partnership with self-awareness, trust, respect, openness, empathy and sensitivity to diversity, reflecting the uniqueness of the client (CNA, 2007).

Hepatology nurses provide liver health promotion information to individuals, families, groups, populations, and communities.

The nurse:

- 5.1 Collaborates with clients to plan and implement health promotion strategies and the link to their health while considering the context of the client's life experiences and readiness to learn.
- 5.2 Provides anticipatory guidance regarding the client's situational needs (e.g., assists the client in identifying living, learning or working needs and ways in which to access available community or other resources).
- 5.3 Considers a variety of learning models and utilizes clinical judgement when creating opportunities with clients regarding their learning needs (e.g., principles of adult education and theories of change).
- 5.4 Provides relevant information, guidance and support to the client within the bounds of any freedom of information legislation. Evaluates and validates with the client the effectiveness of the educational process.
- 5.5 Documents the teaching/learning process (i.e., assessment, plan, implementation, client involvement and evaluation).

Standard VI: Monitors and ensures the quality of health care practices

Hepatology nursing clients are often from vulnerable or marginalized population groups. Hepatology nurses partner with clients to create supportive environments for health, strengthen community action, reorient health services, and build healthy public policy. Nursing practice is influenced by continuing competency, determinants of health, life phases, demographics, health trends, economic and political factors, evidence-informed knowledge and research. Client advocacy issues must be recognized, respected, and addressed.

The nurse:

- 6.1 Critically evaluates and applies current liver research findings in practice to aid in responding to rapidly changing complex health risks (e.g., rise in HCC, Hep C projection, antibiotic-resistant organisms, pandemic).
- 6.2 Maintains, respects, and monitors confidentiality of client information.
- 6.3 Integrates continuous quality improvement into nursing practice (e.g., identifying and reporting when a policy, procedure or protocol is unsafe, obsolete or unnecessary; participating in audits; participating in quality improvement committees).
- 6.4 Advocates for safe, competent and ethical care for clients and colleagues even when there are system barriers (e.g., community access, medication coverage).
- 6.5 Follows agency/institutional procedures when safety is compromised.
- 6.6 Identifies limitations in the workplace or care setting that interferes with the nurse's ability to perform with skill, safety, and compassion and takes appropriate action (e.g., resource management).
- 6.7 Identifies limitations at a community level that interfere with the entire health of the community (e.g., poverty, malnutrition, unsafe housing). Evaluates outcomes of collaborative practice (e.g. care pathways, communication tools)

Standard VII: Practices within the organizational and professional practice structures

Hepatology nurses practice in many different settings (e.g., community clinics, corrections, public health, and acute care). Professional nursing practice is self-regulating. Nursing practice requires professional judgment; inter-professional collaboration, leadership, management skills, cultural safety, advocacy, political awareness and social responsibility. Professional practice includes awareness of the need for, and the ability to ensure, continued professional development. Registered nurses are expected to use knowledge and research to build an evidence-informed practice. The hepatology nurse needs to be skilled in collaborating and community development.

The nurse:

- 7.1 Practices in a manner consistent with the values in the Code of Ethics for Registered Nurses (2008) and implements strategies for continuing competence (e.g., providing safe, compassionate, competent and ethical care; promoting health and well-being; promoting and respecting informed decision-making; preserving dignity; maintaining privacy and confidentiality; promoting justice; being accountable) (CNA, 2008). This ability involves the capacity to perform self-assessments, seek feedback and plan self-directed learning activities that ensure professional growth.
- 7.2 Manages and intervenes when unsafe practice or conflict is identified within the health care team. Demonstrates knowledge of collaborative strategies in working in an interdisciplinary environment and with consumer/advocacy groups.
- 7.3 Collaborates with the client, health care providers and community to access and co-ordinate resources.
- 7.4 Actively participates in developing, implementing and evaluating policies that impact the provision of equitable liver care and (e.g., assisting vulnerable and marginalized clients to gain access to quality health care, facilitating and monitoring the quality of care, facilitating appropriate and timely responses by health-care team members, challenging questionable decisions).
- 7.4.5 Acts as a role model for colleagues in the provision of hepatology care.
- 7.6 Supports professional efforts in hepatology practice to achieve improved population health.
- 7.5.7 Uses information systems in planning, documenting and evaluating client care (e.g., electronic health records, research indexes and databases).

| 7.67.8 Uses professional judgment when accessing, organizing and using electronic resources (e.g., for own professional development, nursing practice, text messaging, personal digital assistant).

Glossary

These descriptions apply for the purposes of this document.

clients: Individuals, families, groups, populations or communities. Synonymous terms may be patients, beneficiaries, partners, recipients, and consumers. Clients exist in social systems that may influence their health.

competencies: Each registered nurse is accountable for safe, compassionate, competent and ethical nursing practice. The integrated knowledge, skills, attitudes and judgements expected of the nurse (CNA, 2007).

holistic assessment A data collection process which recognizes the interrelated physical, mental, emotional, spiritual and social dimensions of the person, family or group participating with the nurse in the process.

hepatology health promotion: The process of enhancing the capacity of individuals and communities to take control over their lives and improve their hepatology health. Hepatology health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity.

rapidly changing liver states: Severe impairments of thought and judgment, constituting a medical emergency, which can occur in association with drug misuse, encephalopathy, ascites, and esophageal varices hemorrhage.

References

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.

Benner, P., Tanner, C., & Chesla, C. (1996). Expertise in nursing practice. Caring, clinical judgement, and ethics. New York: Springer.

Canadian Nurses Association [CNA] (2008). Code of ethics for Registered Nurses. Ottawa, ON: Author. Assessed 2013/Nov/18 <http://www.cna-aiic.ca/~media/cna/files/en/codeofethics.pdf>

Canadian Nurses Association (2013) Competencies for professional practice (June 2010-May 2015). Accessed 2013/Nov/18 <http://www.cna-aiic.ca/en/becoming-an-rn/rn-exam/competencies>