PRACTICE STANDARDS FOR SPECIALIST CRITICAL CARE NURSES

Third Edition 2015

ACCCN

Australian College of Critical Care Nurses

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FOREWORD

On behalf of the Australian College of Critical Care Nurses, I have the pleasure of presenting the Third Edition of the Practice Standards for Critical Care Nurses, which continues to provide benchmarks of nursing practice and behaviours that articulate the unique characteristics of the speciality. Providing competent, quality critical care nursing care requires specialised knowledge, skills and aptitude. ACCCN nurses continued commitment to quality care is evident by the many contributions to this project. As the peak professional critical care specialist nursing body for Australia, ACCCN is committed to best practice and development, validation and implementation of standards for specialist critical care nurses.

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June 2015

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The project of reviewing the Practice Standards involved nurses from the critical care community working across a broad range of specialty critical care practice areas, who reviewed and provided feedback on required changes to the Second Edition of the Competency Standards (published in 2002) to ensure their currency for 2015 and beyond. This document reflects consensus statements from participating nurses that capture modern critical care practices using an increased range of technologies, for a complex range of critical care patients from across the lifespan and in a diversity of settings, from rural critical care to highly specialised tertiary centres.

The revised ACCCN Practice Standards continue to build upon and add to the Nursing Midwifery Board of Australia National Competency Standards for Registered Nurses. Critical care nurses can continue confidently to use the Practice Standards in the way in which they were intended to be used: as a reflection of the complexity and scope of critical care nursing practice.

The Australian College of Critical Care Nurses Board of Directors are pleased to launch the Third Edition of the PracticeStandards for Specialist Critical Care Nurses.

GLOSSARY OF TERMS

Competence:

The ability of a person to fulfil the nursing role effectively and/or expertly. As a broader concept, it can also be considered to consist of a set of separate competencies.[1]

Competencies:

Also known as Competency Standard; the attributes of a person that result in effective and/or superior performance. Specialist competencies describe higher-level performance as compared to the standard expected of an entry-level practitioner.

Competent:

A competent nurse has competence across the whole range of competencies applicable to the nurse, at a standard that is judged to be appropriate for the level of the nurse being assessed.

Credentialling:

The establishment of a self-regulatory process instituted by the appropriate professional body to determine and acknowledge that an individual has demonstrated the described competence for the relevant specialist nursing role.

Critical Care Environment:

An area specifically staffed and equipped for the continuous care of critically ill patients.

Critical Care Nurse Specialist:

A registered nurse who provides competent and holistic care for the critically ill patient through the integration of advanced-level knowledge, skills and humanistic values. He or she demonstrates advanced problem solving and communication skills, and utilises these effectively in managing complex patient care situations and coordinating health care activities within the critical care environment.

The critical care nurse specialist delivers care within a sound ethical and legal framework, fulfilling the role of patient advocate when appropriate, and demonstrates accountability for his or her actions.

The critical care nurse specialist promotes a team approach to care in the critical care environment through effective collaboration with other members of the health care team, and by encouragement and support for his or her colleagues as a leader and role model.

The critical care nurse specialist contributes to the advancement of critical care nursing practice through involvement in professional activities, including development of self and colleagues, and through the promotion of evidence-based practice.

Critically Ill Patient:

A patient in a state characterised by the presence of actually or potentially life-threatening health problems. The needs of these patients include continuous observation and intervention to prevent complications and restore health where possible.

The preservation of the rights and dignity of the critically ill patient are also paramount needs, including the right to refuse treatment and the right to die with dignity where restoration of health is not possible. As humans are biopsychosocial beings, the concept of the critically ill patient extends to the patient's family and/or significant others.[2]

Domain:

A facet of specialist practice under which closely related specialist competencies are grouped.

Elements of Competency:

Related aspects of performance that, when reviewed collectively, would be regarded as evidence of superior and/or effective performance within a specific competency. Inferences about the competence of the person in relation to each competence involve consideration of all elements of a competency.

Performance:

Concrete examples of behaviour that may be regarded as evidence of effective and/or superior ability within an element of competency. An individual performance criterion may be insufficient to draw inference of competence in some circumstances, but may point the assessor in a certain direction. A specific action by a person may give rise to several performance criteria, or several actions may contribute to a single performance criterion.

The same or closely related performance criteria may in some instances be utilised as evidence of competence across a range of competencies. Performance criteria are examples of performance within a specific practice context, and that individual context should be considered when evaluating the meanings of behaviour.

[1] *Adapted from Nursing Competencies Assessment Project, Report to the Australasian Nurse Registering Authorities Conference, Adelaide, Nurses Board of South Australia, 1990.*

[2] *Adapted from Australian Society of Critical Care Nurses, Standards for nursing care of critically ill patients, Sydney, 1985; American Association of Critical Care Nurses, Definition of critical care nursing, Newport Beach, CA, AACN, 1984.*

PROFESSIONAL
PRACTICE DOMAIN

The standards in this domain relate to the professional, legal and ethical responsibilities of critical care nurses and include knowledge of the legal implications of critical care nursing practice, accountability for practice and the ability to interpret unfamiliar situations in legal and ethical senses. The standards also include awareness and protection of the rights of patients and their families.

Standard 1
Functions within professional and legal parameters of critical care nursing practice.

Element 1
Applies a knowledge of relevant legislation, professional standards, policies and procedures to critical care nursing practice.

Performance indicators:
- Provides end-of-life care within legislative requirements and acknowledges the contribution that advanced care directives make to critical care practice.
- Works within professional boundaries when managing patients with complex needs, including those with cognitive disabilities or current impairment.
- Avoids breaches in legislative or professional standards when caring for patients who have mechanical or chemical restraint.
- Respects the rights of individuals with cultural and religious beliefs that affect critical care therapies.
- Adopts occupational health and safety standards relevant to critical care practice.
- Adheres to critical care policy and procedures when making complex and informed independent decisions.

Element 2
Remains observant of the legal implications of actions taken within the critical care team and fulfils the duty of care in clinical practice.

Performance indicators:
- Ensures that colleagues are aware of their responsibilities and accountability in relation to the legal implications for nursing practice in common critical care situations.
- Acts as a role model within the health care team.
- Promotes the adoption of standards for critical care nurse practice i.e. workforce, education.
- Identifies situations where the performance of individuals and teams may adversely impact upon decision making and takes action to address these.

Element 3

Recognises and responds to unsafe or unprofessional practices by reporting appropriately.

Performance indicators:

- Responds to situations where practices of others contravene critical care policies and procedures.
- Reports unsafe critical care practices and addresses performance with individuals and teams.
- Demonstrates awareness of strategies for monitoring adverse events and uses information to improve practice.
- Contributes to policy and protocol development and review.

Element 4

Applies the required legal and ethical framework for recording information in the critical care setting.

Performance indicators:

- Recognises the need for and adopts strategies to facilitate critical care commun-ication by utilising a structured approach to documenting and communicating in the critical care setting.
- Maintains ethical and legal awareness when communicating and recording in patient records.
- Encourages open communication between colleagues and patients and/or guardians within a legal and ethical framework and documents outcomes of care decisions.

Element 5

Contributes to the formation of policies and protocols to ensure safe patient outcomes.

Performance indicators:

- Contributes to policy and protocol development.
- Contributes to policy and protocol reviews and updates.

Standard 2
Protects the rights of patients and their families.

Element 1

Applies knowledge of, and advocates for, the rights of patients and their families in critical care settings.

Performance indicators:

- Actively advocates on behalf of patients and their families to ensure best practice in care is provided.
- Informs and creates opportunities for input by patients and their families on critical care decisions and planning pathways.
- Promotes family-centred approaches to care, including open visiting where possible and respecting cultural variations in family expectations.
- Informs patients and families of their rights and responsibilities as consumers of health care services.
- Practices within the tenets of the United Nations Convention on the Rights of the Child when caring for children, and within the tenets of the United Nations Convention on the Rights of Persons with Disabilities when caring for persons with disabilities.
- Ensures informed consent is obtained for critical care procedures and advocates effectively for vulnerable patients.

Standard 3
Demonstrates accountability for nursing practice.

Element 1

Accepts responsibility for own actions

Performance indicators:

- Actively seeks feedback on practice from others in the health care team, and from patients and their families.
- Uses reflection to assess and identify areas for improvement in own practice.
- Takes actions to improve and enhance own practice to maintain a consistent high standard.
- Seeks clarification on unclear instructions and questions interventions to ensure safe outcomes.

Standard 4
Demonstrates and contributes to ethical decision making.

Element 1

Demonstrates an accurate knowledge of contemporary ethical issues underpinning critical care nursing practice, and complies with the profession's code of ethics and code of conduct.

Performance indicators:

- Seeks assistance from and supports colleagues where difficult conversations are required, such as in end-of-life care or organ donation processes.
- Understands the requirement to maintain 'open disclosure' and 'freedom of information' while proactively working to protect the patient and family from harm.

- Respects the patient's cultural and religious beliefs in determining critical care interventions.
- Supports the patient and family through the organ donation process.

Element 2

Contributes to multidisciplinary ethical discussion and decision-making processes or frameworks within the critical care setting.

Performance indicators:

- Leads discussions with health care professionals on end-of-life care.
- Actively contributes to case discussions, acting in an advocacy role for the patient and family.
- Identifies opportunities to consult with or refer to allied health professionals to enhance decision-making processes.

PROVISION AND COORDINATION OF CARE DOMAIN

Standards in this domain relate to essential nursing practices that establish and sustain a holistic nurse–patient–family relationship that optimises the wellbeing of the patient and family. The standards include the ability to address the physiological, psychological, physical, emotional and spiritual needs of the patient and family, as well as to optimise the physical and non-physical environments.

Standard 5
Provides patient and family-centred critical care

Element 1

Involves the patient and family as active participants in the process of care.

Performance indicators:

- Facilitates a process that enables the patient and family to contribute to and participate in the process of care through a negotiated partnership.
- Seeks to ascertain the patient''s (or parent/guardian's) wishes in relation to his or her care and treatment, including extent of family involvement.
- Monitors the effectiveness of family involvement in care, including the patient's preferences and opportunities that arise for family participation.

Element 2

Practices with cultural sensitivity and awareness of social factors to enhance patient and family wellbeing.

Performance indicators:

- Seeks to ascertain and respect the patient's and family's preferences in relation to their culture and religious beliefs.
- Uses interpreter services and communication tools and techniques to enhance understanding.

Element 3

Personalises the patient care environment.

Performance indicators:

- Assesses the patient's social situation by sensitively interviewing the patient and family.
- Explores the patient's 'likes and dislikes', such as his or her preferred name, and documents and communicates these to the health care team.
- Ensures any existing sensory needs are recorded and aids are used when appropriate, such as glasses and hearing devices.
- Displays personal mementos such as photos and cards around the bed space.
- Establishes day and night routines to optimise weaning from critical care therapies and to enhance wellbeing.

Element 4

Meets the comfort needs of patients and their families.

Performance indicators:

- Assesses for any existing pain conditions (via proxy if necessary), usual sleep patterns and mental health conditions (e.g., anxiety, depression, confusion, delirium).
- Assesses and documents pain levels (using validated objective or subjective measures) and acts on findings.
- Administers non-pharmacological remedies and analgesics for pain and comfort and monitors their effectiveness.
- Assesses anxiety level (using a validated tool) and tolerance to treatment, and reports findings to relevant members of the health care team.
- Reassures and informs the patient (even when unconscious) and family.
- Monitors sedation level for patients using a validated tool and attempts to achieve target level of sedation agreed by health care team
- Provides environmental conditions conducive to sleep, rest, privacy and confidentiality for the patient and family.
- Monitors family dynamics and organises interventions as appropriate; for example, making referrals to a social worker or chaplain.

Element 5

Establishes, maintains and concludes therapeutic interpersonal relationships with patients and their families.

Performance indicators:

- Develops a rapport with the patient and family and monitors effectiveness of relationships.

- Orientates the patient and family to the unfamiliar critical care environment in a welcoming and supportive manner.
- Participates in family conferences to facilitate exchange of information regarding patient progress.
- Recognises the boundaries of a therapeutic professional relationship.

Standard 6

Promotes optimal comfort, wellbeing and safety in a highly technological environment that is often unfamiliar to patients and families.

Element 1

Ensures a safe environment for patients, families and staff by identifying, minimising or eliminating risks.

Performance indicators:

- Adopts a risk-reduction 'no harm' approach to delivery of planned nursing interventions.
- Recognises and responds to abnormal physiological parameters.
- Monitors and manages the environment for occupational health and safety hazards.
- Demonstrates the ability to identify and address safety issues in a timely manner and escalates concerns if unable to gain an effective outcome.
- Utilises specialist knowledge to ensure safe prescription and administration of therapeutic substances.
- Contributes to quality improvement activities to facilitate risk reduction for high-risk practices and procedures.

Standard 7
Manages and coordinates the care of a variety of patients.

Element 1
Organises workload to meet planned and unplanned patient care needs to ensure optimal patient outcomes.

Performance indicators:
- Prioritises treatment and care according to the patient's needs and available resources.
- Performs comprehensive or focused health assessments as necessary.
- Recognises the need for help, and appropriately delegates when unable to provide appropriate care due to workload or other factors.
- Remains aware of patients and colleagues in adjoining bed spaces, assisting as required.
- Collaborates with team leaders to facilitate management of workload for self and others.

Element 2
Negotiates and delegates care to optimise matching between nurses' scope of practice and the complexity of individual patients' care needs.

Performance indicators:
- Prioritises the needs of patients and anticipates unplanned events.
- Where this is not possible, ensures that the individual nurse has adequate support to provide effective patient care.

Element 3
Optimises delivery of care through the effective use of human and physical resource management.

Performance indicators:
- Troubleshoots problems with equipment rapidly and effectively.

- Incorporates information technology appropriately into critical care practice.
- Allocates resources as appropriate to the priorities of care and treatment for the entire patient group.

  Refers technology or practice issues that arise to the relevant senior staff.
- Utilises additional personnel and specialised equipment to safely perform intra-hospital transfers of critically ill patients.

Standard 8
Manages therapeutic interventions.

Element 1
Acts on assessment findings to appropriately initiate, monitor and manage therapeutic interventions.

Performance indicators:
- Incorporates outcomes from integrated patient assessments to manage interventions and avert potential complications.
- Recognises and acts to increase or decrease surveillance, applying appropriate monitoring devices as needed.

Element 2
Applies specialised knowledge in the use of critical care technologies.

Performance indicators:
- Effectively institutes, manages and monitors a diverse range of critical care technologies in critical care practice.
- Recognises the need for and participates in specialised training programs in the use of specific treatment modalities.
- Adopts therapeutic weaning strategies that incorporate best practices for optimising patient outcomes.

CRITICAL THINKING AND ANALYSIS DOMAIN

The standards in this domain relate to applying specialised knowledge in clinical problem solving. Integrated clinical decision making provides a foundation for the application of research evidence to practice. The domain reflects the capacity of the critical care nurse to respond to planned and unanticipated changes in patient care, and to recognise the need for advanced assessment, planning and application of specialised knowledge in delivering evidence-based care.

Standard 9
Applies integrated patient assessment and interpretive skills to achieve optimal patient outcomes.

Element 1
Gathers, analyses and integrates data from a variety of sources, and acts on the significance of findings to formulate an individualised plan of care.

Performance indicators:
- Uses a wide range of strategies to gather relevant patient assessment data from a range of sources, including physical assessment, patient and family interviews, data from diagnostic equipment, laboratory results and health records.
- Frequently performs physical assessments to detect deviations from baseline data; for example, to observe for fluctuations in vital signs in relation to changes in the patient's position.

- Makes decisions relating to patient status based on data obtained; for example, determines the need for arterial blood gas analysis according to appearance, pulse oximetry readings, respiratory effort and other physiological parameters; seeks further input from senior medical and nursing colleagues.

Standard 10
Develops and manages a plan of care to achieve desired outcomes.

Element 1
Formulates and implements an integrated plan of care incorporating specialised knowledge to achieve desired patient outcomes.

Performance indicators:
- Uses integrated health assessment and treatment goals to plan care.
- Includes long-term goals in planning; for example, incorporates early mobilisation in care, or weaning from ventilation and inotropes.
- Responds appropriately and adjusts the plan to address changes in patient condition or treatment pathways, in collaboration with the multidisciplinary team.

Element 2

Assesses effectiveness of nursing care to achieve desired outcomes and reviews plan accordingly.

Performance indicators:

- Reassesses and updates nursing management plans in collaboration with the health care team.
- Implements, assesses and adjusts strategies for nursing care of the long-term critical care patient; for example, adopts a variety of techniques for weaning from ventilation according to individual patient needs; mobilises the patient, adjusting for periods of increased rest; monitors nutritional requirements for health and wellbeing.

Element 3

Enables continuity of care in collaboration with other members of the health care team.

Performance indicators:

- Provides for continuity of care throughout episode of care.
- Uses structured clinical handover approach to ensure information and advice obtained from other health professionals, patients and family is communicated and documented.
- Maintains the flow of information necessary for continuity of care; for example, provides a comprehensive handover to relieving nurse, and ensures that subjective assessments are double checked with the nurse on the subsequent shift and that interpretations of observations are consistent.

Standard 11

Evaluates and responds effectively to changing situations.

Element 1

Initiates pre-emptive interventions in order to avoid complications.

Performance indicators:

- Recognises and addresses potential for untoward trends in patient data; for example, in ventilation parameters, changes in cardiac output and renal function.
- Ensures all emergency equipment is regularly checked, available and in working order.
- Utilises specialised knowledge base to anticipate potential complications; for example, performs appropriate chest physical therapy to minimise the risk of respiratory complications, anticipates that hypotension may occur during line change associated with inotrope therapy and takes steps to prevent this.

Element 2

Analyses alterations in physiological parameters and intervenes appropriately.

Performance indicators:

- Recognises and responds to alterations in physiological status, for example, identifies subtle but potentially significant changes in neurological status; recognises changes in urine output and undertakes further appropriate assessment.
- Escalates concerns in a timely manner to the appropriate person.
- Understands the differences in physiological parameters of differing age groups, for example renal variances in the elderly and the infant, vital sign parameters in the young adult as compared to the older adult, the neonate to the adolescent patient (when applicable).

Element 3

Anticipates, evaluates and responds effectively to physiological deterioration and emergency situations

Performance indicators:

- Adapts to changing situations and effectively prioritises care; for example, delegates duties to other members of the health care team during an emergency situation.
- Proactively performs primary and secondary surveys (where possible) prior to patient deterioration in order to prioritise care.

  Responds appropriately and manages emergencies in unfamiliar environments, such as cases of patient deterioration out of critical care, Medical Emergency Team calls and Code Blue situations.
- Demonstrates capable action during critical care events, such as major haemorrhage, pulmonary emboli, airway obstruction, raised intracranial pressure, tension pneumothorax and cardiac tamponade.
- Demonstrates ability to perform in all roles required during an emergency situation, including airway, breathing, circulation, defibrillation and scribe roles.

Standard 12

Engages in and contributes to evidence-based critical care nursing practice.

Element 1

Maintains an informed position in relation to current research studies and incorporates evidence-informed practice into the critical care setting.

Performance indicators:

- Seeks to improve professional practice through evidence-based activities.
- Maintains currency of knowledge of contemporary research findings.
- Suggests changes to policy and protocols based on awareness of research findings.
- Demonstrates involvement in approved research.

Element 2

Promotes and participates in quality activities to improve critical care patient outcomes.

Performance indicators:

- Applies the principles of the Australian Commission on Safety and Quality in Health Care's National Safety and Quality Health Service Standards when auditing care.
- Uses findings from audits of practice to improve critical care practices.
- Contributes to quality improvement activities; for example, identifies an area of critical care practice for audit and works with a team to implement changes following the audit process.

COLLABORATION AND LEADERSHIP DOMAIN

The standards in this domain relate to the leadership and education roles undertaken by the specialist critical care nurse, and to the integral part played by experienced critical care nurses in the professional development of peers, students and less experienced staff.

Standard 13
Collaborates with the critical care team and other health professionals to achieve desired outcomes.

Element 1
Establishes and maintains collaborative and constructive relationships with colleagues in critical care and in the broader health care team.

Performance indicators:
- Fosters a collegial relationship with other nurses; for example, promotes the wellbeing of new staff.
- Respects the level of expertise of other nurses in the team.
- Shows ability to mentor and support novice nurses in critical care.
- Participates in the orientation of new staff to the work environment.

Standard 14
Acts to enhance the professional development of self and others.

Element 1
Assesses own abilities and engages in activities to enhance personal and professional development.

Performance indicators:
- Practices self-reflection and seeks feedback from others in the health care team to monitor own practice.
- Takes action to remedy deficits and areas for improvement, such as by accessing literature and additional training.
- Actively participates in performance appraisals.
- Maintains a professional portfolio as required by AHPRA.

Element 2
Identifies and assists in meeting the learning needs of others.

Performance indicators:
- Provides constructive feedback and assists with clinical development for other nursing staff in critical care, commensurate with expertise.
- In consultation with relevant staff, addresses poor workplace behaviours that affect patient outcomes and team performance.
- Provides supervision and training for undergraduate and postgraduate nurses.
- Contributes to local training and education strategies.
- Assists with performance reviews.

Element 3

Actively participates in promoting the profession of critical care.

Performance indicators:

- Participates in a professional organisation that has direct benefit for critical care practice.
- Contributes to critical care activities outside the work environment.
- Promotes critical care to novices and students of nursing.
- Engages and networks with critical care practitioners.
- Acts as a positive role model for peers and other members of the health care team.

Standard 15

Contributes towards a supportive environment for all members of the health care team.

Element 1

Initiates strategies for supporting colleagues and facilitates resolution of situations that may affect the wellbeing of others.

Performance indicators:

- Supports the activities of other members of the health care team.
- As team leader, monitors staff for issues that may affect performance.
- Instigates appropriate debriefing after critical incidents.
- Implements strategies for overcoming conflict among members of the health care team.
- Provides support for colleagues facing challenging or difficult patient care situations.

BACKGROUND TO CRITICAL CARE STANDARDS DEVELOPMENT IN AUSTRALIA

Background to Critical Care Standards Development in Australia

In 1983 the former Confederation of Australian Critical Care Nurses (CACCN) Standards Committee began the process of developing the Standards for Nursing Care of the Critically Ill Patient. National workshops were held to ensure critical care nurses across Australia had the opportunity to contribute to the standards that were published by CACCN in1985. These were the first standards for critical care nurses to be published in Australia.

In the early 1990s, the revision of the Standards took a different approach, influenced by the 1990 Nurse Competency Assessment Project research (now ANCI) as well as the National Training Board promotion of the development of competency-based standards. CACCN agreed to develop competency-based standards for Australian critical care nurses. The Competency Standards project involved a literature review, adoption of definitions and obtaining ethical approval to collect data. Data were collected in more than 50 hospitals, and consisted of; observation of over 100 specialist and expert critical care nurses by trained observers (resulting in almost 1000 hours of observed practice) and; critical incident reports submitted by the specialist critical care nurses.

The project resulted in The Competency Standards for Specialist Critical Care Nurses, published by CACCN in 1996. The research methodology and process for the development of the CACCN/ACCCN Competency Standards was robust in comparison to other critical care nursing practice standards (New Zealand, Canada, United States and United Kingdom) that were developed by expert panels (Gill, Leslie, Grech, & Latour, 2012).

A revision of the Standards was undertaken in 2001 and used a modified Delphi technique to determine the content validity of the 1996 Standards. The two round Delphi technique process resulted in the second edition of the Competency Standards for Specialist Critical Care Nurses (2002) (See Table 1 for more detail on history of standards development by CACCN/ACCCN).

Table 1 - Timeline of the Development of All Editions of Standards for Specialist Critical Care Nurses Published by CACCN/ACCCN 1985-2015

DATE	KEY EVENTS
1983	Publication of the Royal Australian Nursing Federation's (RANF) *Standards for Nursing Practice.*
1984	National workshops led by the South Australian Critical Care Nurses Association to consider the RANF standards and involved Clinical Nurse Specialists Association of NSW.
1985	CACCN published Standards for Nursing Care of Critically Ill Patients to be used in conjunction with the RANF Standards.
1988	CACCN national workshop held in Melbourne to begin a review of the CACCN Standards. Alternative approach decided at an ACT Workshop – based on the American Association of Critical-care Nurses (ACCN) nursing standards with permission.
1990	Australian Nurse Registering Authorities Conference (ANRAC) published the Nursing Competency Assessment Project (NCAP) report. This determined minimum standards for entry level RNs. These were endorsed by all Australian states and territories. ANRAC became the Australian Nursing Council Inc. (ANCI) and the standards became known as the ANCI Standards Australian Government established the National Training board to promote development of competency-based standards for the professions and industry
1992	CACCN conducted another Standards Development workshop in Auckland, The meeting determined that the CACCN Standards should now be based on the ANCI Standards instead. CACCN National Standards Steering Committee formed – Sally Robertson (NSW), Mary Rankin (Vic), Robyn Clarke (SA), Chris Wilson-Row (QLD), Kerry Crowder (Tas), Marianne Underwood (WA) and Sandra Dunn (tertiary education sector). Appointed Di Lawson (SA) appointed Project Officer
1993	Research proposal to undertake a large observational study presented to the CACCN National council. Data collectors from each state were called for. The project was funded by CACCN and the state branches. Nine other specialty nursing organisations were involved in observing practice and data collection, reflecting the diversity of the critically ill patient population.

Table 1 - Continued

DATE	KEY EVENTS
1996	CACCN's Competency Standards for Specialist Critical Care Nurses was published.
1999	CACCN becomes the Australian College of Critical Care Nurses (ACCCN). ANCI reviewed their entry level standards.
2001	ACCCN's Credentialling and Standards Committee begin a formal evaluation of the Competency Standards for Specialist Critical Care Nurses using a modified Delphi approach to determine their validity. 26 critical care nurses from all state branches made up the expert panel. Work led by Melanie Greenwood (Tas), Tina Kendrick (NSW) and Fenella Gill (WA).
2002	ACCCN's Competency Standards for Specialist Critical Care Nurses Edition 2 published.
2013	Standards Revision Working Party convened to review the 2002 Competency Standards for Specialist Critical Care Nurses (2nd edition). A two phased study design consisted of 1)national focus groups to review the existing document and 2) the draft new standards were agreed on by a national panel using an eDelphi technique. Work led by Fenella Gill (WA), Tina Kendrick (NSW) and Melanie Greenwood (Tas).
2015	ACCCN's Practice Standards for Specialist Critical Care Nurses (3rd edition) published.

The ACCCN recommended that the Standards be used to inform curricula development and assessment of clinical practice in critical care nurse education (Australian College of Critical Care Nurses, 2006). This recommendation has been widely adopted (Aitken, Currey, Marshall, & Elliott, 2006; Gill, Leslie, Grech, & Latour, 2012). The Competency Standards are also utilised as a framework for performance development in critical care practice areas. Despite the wide spread use of the competency standards, a study to review their construct validity when used as an assessment tool found that they had very weak construct validity, and modelling suggested a realignment of the standards to strengthen their validity as an assessment tool (Fisher, Marshall & Kendrick, 2005).

Given that it was 11 years since the publication of the 2nd edition of the Competency Standards and almost 20 years since the 1st edition data collection was undertaken, a second revision was requested by the ACCCN Board of Directors. In the original observational work conducted in 1992, in addition to ACCCN, nine specialty nursing organisations were involved. Eight of the nine organisations have since developed their own Competency Standards, however, in light of the original collaboration, an invitation was extended to these groups to contribute as they felt appropriate. As a further component of the revision process the Board of ACCCN invited the Coalition of National Nursing Organisations (CoNNO) for comments and feedback.

The following questions were posed:

1. Are there new critical care practice areas that need to be included?

2. Are the current glossary of terms / definitions/ standards contemporary?

3. Should the scope of the standards be narrowed or remain broad to include all subspecialties?

Expressions of interest for a Competency Standards Revision Working Party were called for, with a first meeting held at the Adelaide Annual Scientific Meeting in 2012. ACCCN President Paul Fulbrook invited volunteers to take on the project lead. Tina Kendrick, Melanie Greenwood and Fenella Gill (all past members of the ACCCN National Standards and Credentialling Committee that undertook the 1st revision) volunteered. The Working Party agreed to a two phased research design, with the first phase consisting of focus groups to be held in each state to review the 2002 Standards and suggest changes. The standards were to be revised to reflect suggested changes. The second phase was an eDelphi technique to obtain panel consensus on the revised standards.

Research design 2015 edition of practice standards

After obtaining approval from Curtin University Human Research Ethics Committee, Phase One involved twelve focus groups conducted nationally (NSW 3, QLD 2, SA 1, TAS 2, VIC 2, WA 2). Each group responded to the four questions (as posed above to the CoNNO). There were 79 participants (84% female), with a mean age of 45 years and 17 years critical care nursing experience. There were 41 participants who worked in metropolitan critical care units, 18 who worked in regional units and 8 in rural units.

Each focus group was audio-recorded and field notes taken. Recordings were analysed using a two-pronged approach to identify key themes. The two approaches to thematic coding were traditional coding of transcripts and an alternative coding method based on listening to recordings and reviewing field notes.

The traditional coding method used the verbatim transcripts of the focus group audio-recordings, with thematic content analysis used to identify themes. This was undertaken by two members of the research team,. The alternative coding method involved another two research team members listening independently to the recordings and utilisation of field notes. Once each team member completed the independent review, joint review of themes was conducted to agree on and confirm themes. A meeting of all four research team members then confirmed the combined analysis and agreed on the final themes. The three lead researchers met to revise the standards in preparation for the second phase.

Phase two consisted of an eDelphi technique of three survey rounds conducted using a web-based survey tool. The panel consisted of 64 critical care nurses from NSW 21, VIC 15, QLD 10, SA 8, TAS 3, NT 1, WA 6. The panel members' mean age was 45 years with 18 years of critical care experience. Just over half of the panel members worked in adult intensive care settings with the remainder working in cardiac or coronary care, combined critical care, paediatric and/or neonatal intensive care or theatre/recovery. Almost all (62) had undertaken critical care nursing post registration education (49 graduate level, 13 hospital certificate or diploma). The panel was asked to indicate a level of agreement (1-7) with the revised standards and elements, and for round I and II, to suggest

new and contemporary performance indicators. The required level of agreement was predetermined at 70% and this was achieved within the 3 rounds.

The revision project resulted in the Practice Standards consisting of four domains containing 15 practice standards and their associated elements and suggested performance indicators. The revised version of the Practice Standards for Specialist Critical Care Nurses (3rd edition) was endorsed by the ACCCN Board in February 2015.

References

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