

An Explanatory Descriptive Survey of Nurses' Experience Applying The Joint Commission Medication Management Titration Standards Into Practice

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Background

Critical care nurses titrate continuous infusions of medication to achieve clinical endpoints. In 2018, The Joint Commission (TJC) placed restrictions on titration practice, which decrease autonomous decision-making by nurses.

Objectives

To explore the practice and perceptions of nurses regarding the 2018 accreditation/regulatory standards for titration of continuous medication infusions.

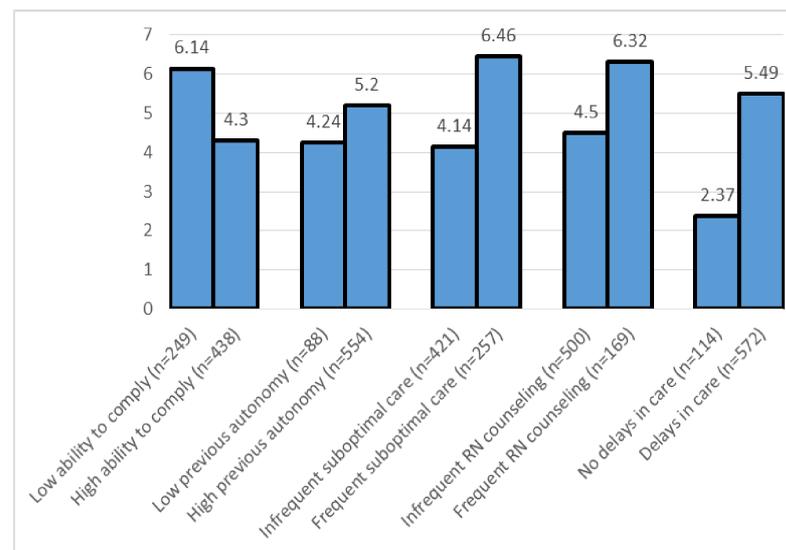
Methods

A survey of the nurses' experiences with titration of continuous medication infusion was developed, validated, and distributed electronically to members of the American Association of Critical-Care Nurses.



Results

Content validity index for the Medication Titration survey was 1.0 for relevance, and .95 for clarity. 781 nurses completed the survey; 80% perceived titration standards cause delays in patient care and 93% experienced moral distress (mean 5.10, SD 2.67, scale 0-10). One-third could not comply with titration orders, 68% reported suboptimal care from pressure to comply with orders, 70% deviated from the orders to meet patient needs, and 84% requested revised orders for compliance. Number of infusions titrated, batch documentation, and moral distress significantly, but weakly (regression coefficients ≤ 0.20), predicted desired autonomy with titration practice. Suboptimal care and delays in care significantly and strongly (regression coefficients $\geq .69$) predicted moral distress.



Moral Distress measured on a 0-10 point scale using the Moral Distress Thermometer

Discussion

Many nurses experienced moral distress in relationship to TJC standards, which was more pronounced with greater exposure to suboptimal care, the perception that care is delayed, and more frequently witnessing of a nurse being held accountable to adhere to the standards. Though the 2020 improvements to the standard will decrease stress related to documentation, nurses report that both dose titration and frequency of dose change should be within scope of nursing practice.

Implications

More advocacy and collaboration is needed with The Joint Commission to optimize nurse autonomy while preserving patient safety. Future research is indicated to identify best practices in intravenous medication titration management.

Selected References

- Lynn MR. Determination and quantification of content validity. Nursing research. 1986.
- Wocial LD, Weaver MT. Development and psychometric testing of a new tool for detecting moral distress: the Moral Distress Thermometer. J Adv Nurs. 2012.