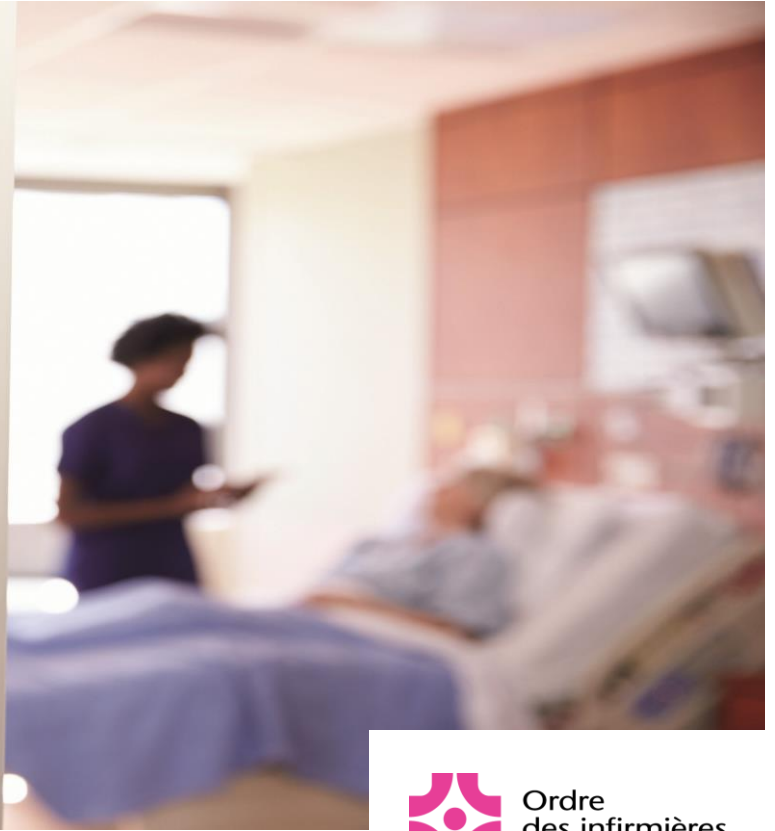


# The TNP in daily practice



Ordre  
des infirmières  
et infirmiers  
du Québec

# Introduction

## OBJECTIVES OF THIS WORKSHOP

- > To consolidate previously acquired skills.
- > To demystify common difficulties that are frequently expressed about the TNP.

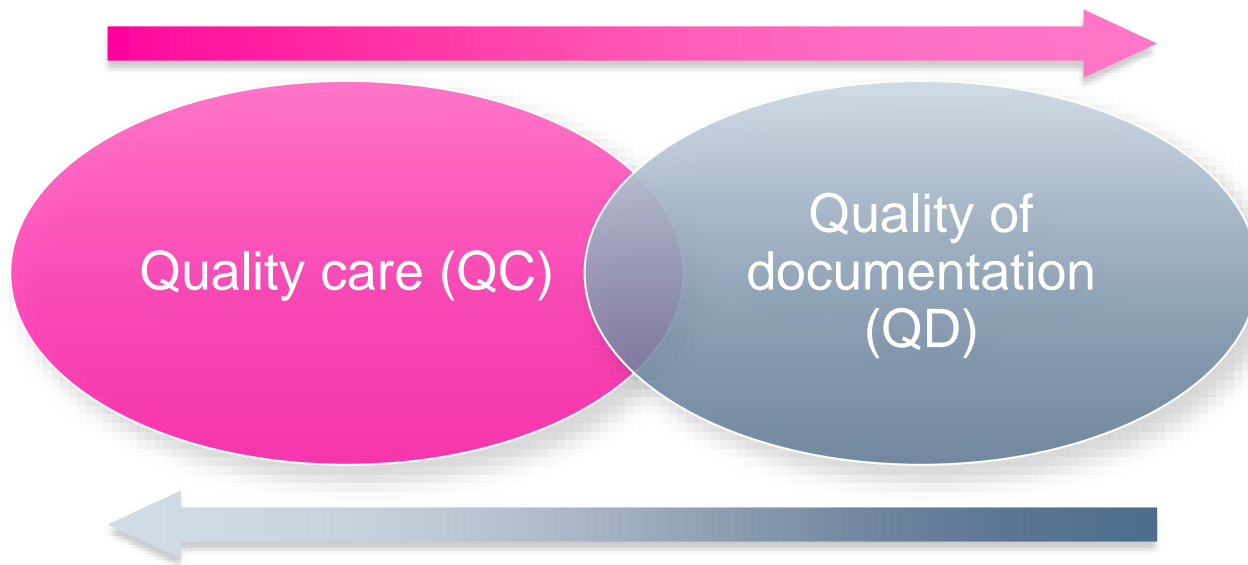
# Introduction

## QUIZ - MYTH OR REALITY?

1. The reason for the hospitalization or consultation should be the first problem/need entered in the TNP.
2. Each directive should include an action verb, ideally it should begin by one.
3. Each assessment finding has to be linked to at least one nursing directive.
4. Certain activity sectors, such as schools or FMG, such as community care, do not require to have a TNP determined
5. The time for each problem/need is the time when the problem is observed, not the time when it was entered in the TNP.

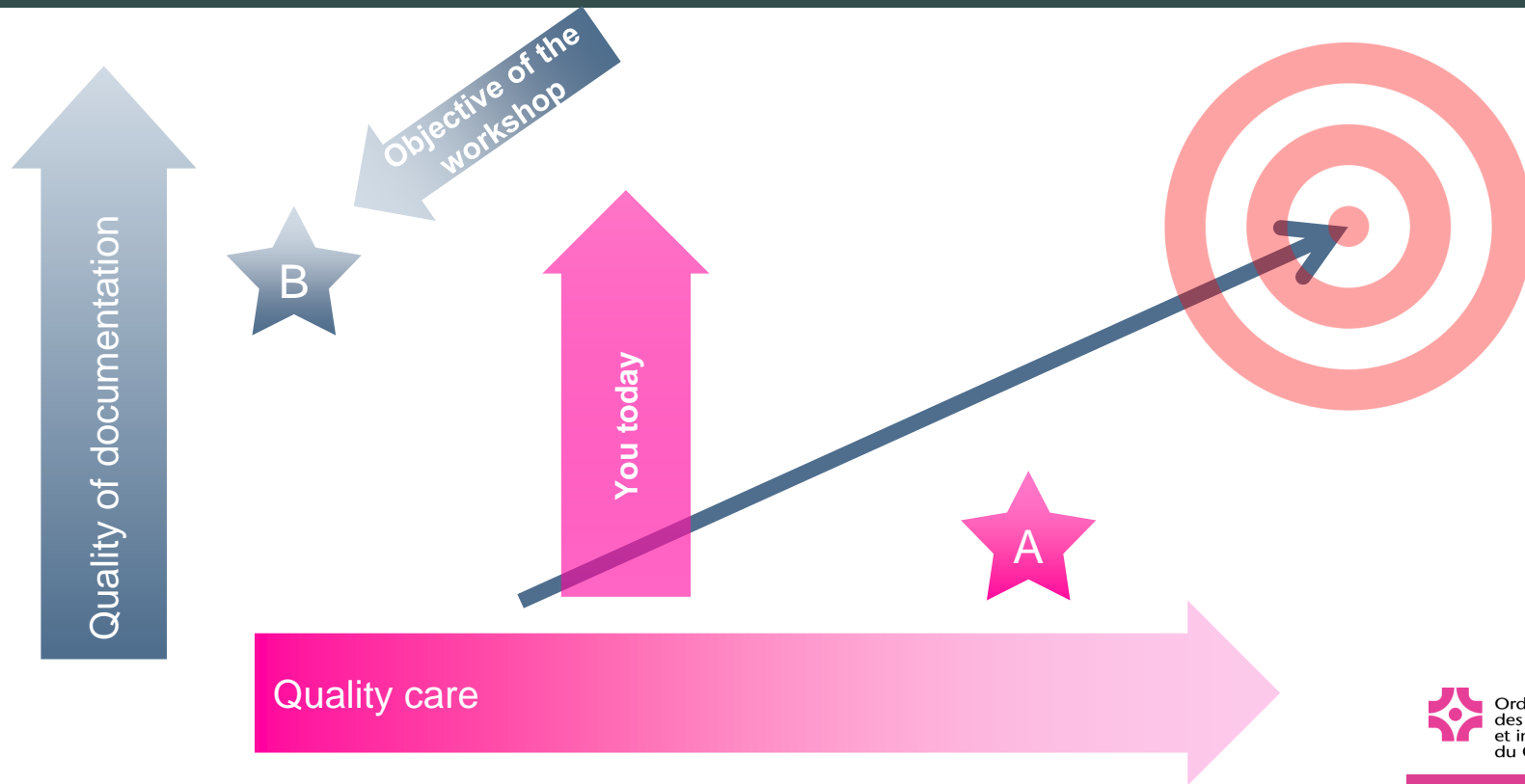
# Introduction

## QUALITY OF PRACTICE



# Introduction

## QUALITY OF PRACTICE



# The TNP – reserved activities Nurses Act

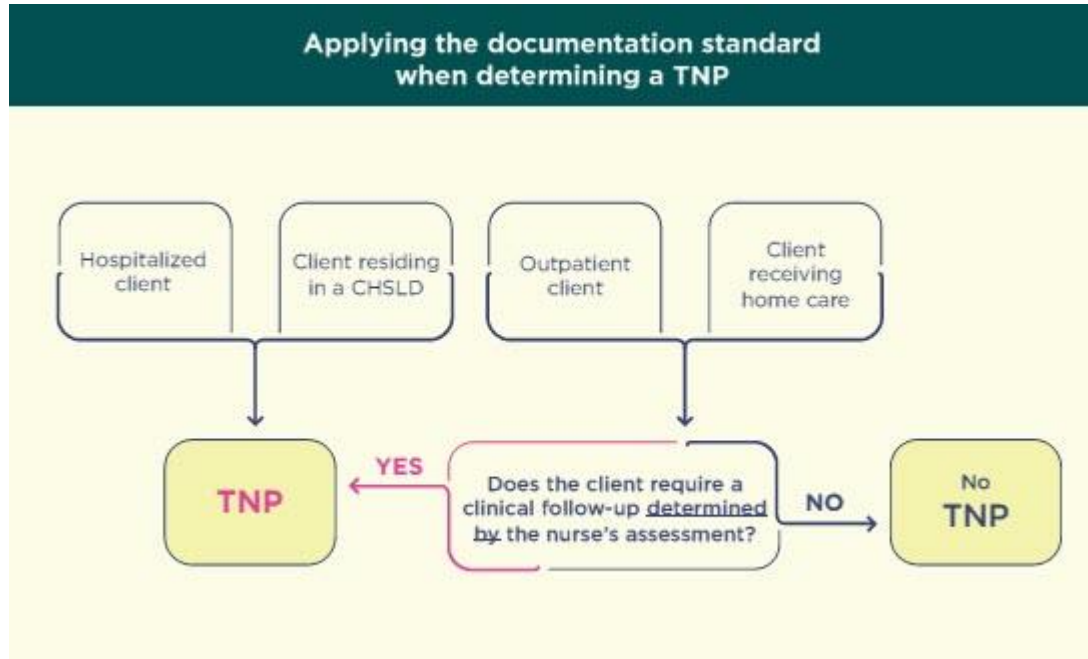
# Understanding the origin of the therapeutic nursing plan

## THE TNP - A DEFINITION

- > Recorded in the client's file, the therapeutic plan is determined and adjusted by the nurse on the basis of her clinical assessment. It provides an evolving clinical profile of the client's priority problems and needs, and states the nursing directives issued for the client's clinical follow-up, particularly as regards clinical monitoring, care and treatment. The therapeutic nursing plan covers the continuum of care and services and may encompass more than one episode of care.

# When to record elements in the TNP?

## A FUNDAMENTAL QUESTION





# Understanding the professional standard behind the TNP

## DOCUMENTATION STANDARD

- > The standard:
  - > “Using a separate documentation tool within the client’s file, the nurse records the therapeutic nursing plan she determines, along with any subsequent adjustments she makes based on the client’s clinical course and the effectiveness of the care and treatment.” source: OIIQ, 2009
- > What is a file?
  - > File: a collection of documents containing information on the same subject [...] source.: OQLF
  - > It’s the perspective of the components of a file that allows us to have a global vision.

# Understanding the professional standard behind the TNP

## LEGAL CONSIDERATIONS

- > Documentary evidence
  - > A document considered as permanent (e.g. written in pen or software), for which its authenticity has been validated, constitutes an evidence. E.g. TNP, a physician's prescription.
  
- > Testimonial evidence
  - > A testimonial or document whose authenticity cannot be guaranteed (e.g. a pencilled-in report or an unsigned document) does not have the same value as documentary evidence. E.g. Cardex.

# Understanding the professional standard behind the TNP

## MAIN FUNCTIONS OF THE TNP

- > The TNP and progress notes, together, should make it possible to:
  - > provide **nursing follow-up** (60/40 concept)
  - > Accounting for clinical follow-up



# The form, step by step

## “ASSESSMENT FINDINGS” SECTION

- > The chronological reference of the assessment finding
  - > The date and time must be registered understandably.

The image shows a screenshot of a form with a table. The table has two columns labeled 'Date' and 'Heure'. A callout box with the text 'Date and time of finding' is positioned over the table. The table has several rows, and the first row is highlighted. The rest of the form is blurred.

Date	Heure

# The form, step by step

## “ASSESSMENT FINDINGS” SECTION

- > Determining the client’s problems and needs on the bases if a clinical assessment
  - > Problems/needs are entered chronologically, not in order of priority.
  - > Numbering is used with the sole objective of linking problems/needs with nursing directives.

The image shows a blurred screenshot of a form with a grid structure. A callout box with a light blue background and a white border points to a column header labeled 'N°'. The text inside the callout box reads 'Number of problem or need'. The grid below the header is mostly obscured by blur, but a vertical teal bar is visible on the right side of the grid.

# The form, step by step

## “ASSESSMENT FINDINGS” SECTION

- > Description of the problem or need
  - > Only problems or needs that have an impact on the client’s clinical follow-up are entered in the TNP.
  - > To facilitate clinical follow-up, the problem or need must be entered in a brief, clear and precise manner

The image shows a portion of a form with a table structure. Two callout boxes are present:

- A callout box on the left points to the first column of the table, labeled "Statement of problem or need".
- A callout box on the right points to the second column of the table, labeled "Initials of the nurse who stated the problem or need".

Statement of problem or need	Problème ou besoin prioritaire	Initiales

# The form, step by step

## “ASSESSMENT FINDINGS” SECTION

The image shows a portion of a form with a table titled "RÉSOLU / SATISFAIT". The table has three columns: "Date", "Heure", and "Initiales". A light blue callout box points to the "Date" column with the text "Date and time when the problem or need was resolved or satisfied". Another light blue callout box points to the "Initiales" column with the text "Initials of nurse who found that the problem was resolved or the need satisfied". A diagonal line is drawn across the first row of the table, and a teal vertical bar is on the right side of the form.

RÉSOLU / SATISFAIT		
Date	Heure	Initiales



# The form, step by step

## “ASSESSMENT FINDINGS” SECTION

### CONSTATS DE L'ÉVALUATION

Date	Heure	N°	Problème ou besoin prioritaire	Initiales	RÉSOLU / SATISFAIT			Professionnels/ Services concernés
					Date	Heure	Initiales	
888888	8888	8	Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Xxx				
16/04/04	9h00	2	Major depressive episode					
		3	Type 2 diabetes	L.R.				
	18 :00	4	High risk of suicide (III)	C.L				

### SUIVI CLINIQUE

Date	Heure	N°	Directive infirmière	Initiales	CESSÉE / RÉALISÉE		
					Date	Heure	Initiales

Signature de l'infirmière	Initiales	Programme/Service	Signature de l'infirmière	Initiales	Programme/Service
Louise Rozon	L.R.	Med. 3B			
Carole Lambert	C.L.	Med. 3B			

# The form, step by step

## “ASSESSMENT FINDINGS” SECTION

- > When there is more than one assessment finding for the same problem or need, «--» are used to point out to this new entry, whether it's a detail reflecting new information or an evolution of the problem or need that has an impact on the clinical follow-up.

CONSTATS DE L'ÉVALUATION								
Date	Heure	N°	Problème ou besoin prioritaire	Initiales	RÉSOLU / SATISFAIT			Professionnels/ Services concernés
					Date	Heure	Initiales	
16/04/04	9h00	2	Major depressive episode		--	--	JB	
		3	Type 2 diabetes	L.R.				
	18 :00	4	High risk of suicide (III)	C.L.	--	--	P.A.	
	19:30	2	Major depressive episode and grieving the death of daughter Julie	JB				Psychologist
16/04/07	11H00	4	Low risk of suicide	P.A.				

# The form, step by step

## “ASSESSMENT FINDINGS” SECTION

- > To promote interdisciplinarity, the section indicating the professionals/ departments involved gives an overall portrait to the person consulting the file of who is involved.
- > Such an entry is made in cases where it is not obvious who is involved.

ASSESSMENT FINDINGS							Professionnels/ Services concernés	
Date	Heure	N°	Problème ou besoin prioritaire	Intervenant	Date	Heure	Intervenant	
19-05-2015	14:00	2	Assessment approfondi		-	-	AB	
		2	Assessment 1	LA				
19-05-2015	14:00	4	Plan de soins	LA	-	-	PA	
19-05-2015	14:00	2	Assessment approfondi + 2 fois en					
			visite de la part de	AB				
19-05-2015	14:00	4	Plan de soins	PA				

Psychologist



# The form, step by step

## "CLINICAL FOLLOW-UP" SECTION

- > Chronological reference pointing to the directive

The image shows a screenshot of a clinical follow-up form. On the left side, there is a table with two columns: "Date" and "Heure". A light blue callout box with a pointer indicates that this area is used for recording the "Date (and time) of the initial determination or subsequent adjustment to the nursing directive". The rest of the form is blurred, showing a grid of rows and columns for data entry.

Date	Heure

# The form, step by step

## ”CLINICAL FOLLOW-UP” SECTION

- > Directives without a problem/need = impossible
- > Problem/need without directives = several possibilities:
  - > If the follow-up has not yet been determined
  - > If the problem/need has an impact on the clinical follow-up but does not itself require a clinical follow-up
  - > If current clinical follow-up is adequate

# The form, step by step

## "CLINICAL FOLLOW-UP" SECTION

- > Directives should be formulated as precisely as necessary to ensure that they are understood and applied.
- > Write the directive as you wish it to be applied.

N°	Directive infirmière	Initiales

Number of problem or need to which the nursing directive pertains

Statement of nursing directive (as initially determined or subsequently adjusted)

# The form, step by step

## “CLINICAL FOLLOW-UP” SECTION

### Formulation of nursing directives

#### ELEMENTS OF A DIRECTIVE

**Purpose of the directive:** what it intends to accomplish  
(*Clinical surveillance activities – Care/treatment – Other interventions*)

**Target of the directive:** to whom it is addressed (*if required*)

**Duration or frequency:** *each time it is relevant*

**THE RULE** Each directive must be formulated in such a way as to be easy to understand and apply correctly by the persons to whom it is addressed.

#### EXEMPLES :

Alternate position every hour for 48 h – dir. to orderly work plan

30 mg codeine 1 pill 30 minutes before physio

Daily dressing according to treatment plan #4 by nurse

Assess suicide risk q 4 h

Specify transmission method if target does not have access to TNP

Activity reservation, according to the law or if clinically relevant

**REMINDER** A directive indicates a method or action to ensure the follow-up required. It is not an objective.



# The form, step by step

## “CLINICAL FOLLOW-UP” SECTION

- > Repeated or ongoing interventions need to be discontinued while, in the case of one-time interventions, when they were carried out.
- > (--) are not used to show progress for directives in the “Clinical follow-up” section. To change a directive, you must discontinue it and then issue a new directive.

Date (and time) the directive was discontinued or was carried out, in the case of a one-time intervention

If the discontinuation/completion date is the same as the date of the directive, you are probably in the wrong form! Write a progress note in the file instead!

CESSÉE / RÉALISÉE		
Date	Heure	Initiales

# Justification

- > Every change in the TNP is the result of an assessment made by a nurse. Therefore, it is essential to document the justification for making this adjustment to the clinical follow-up.
- > The progress note should support the TNP and should be:
  - > relevant
  - > accurate
  - > complete
  - > organized

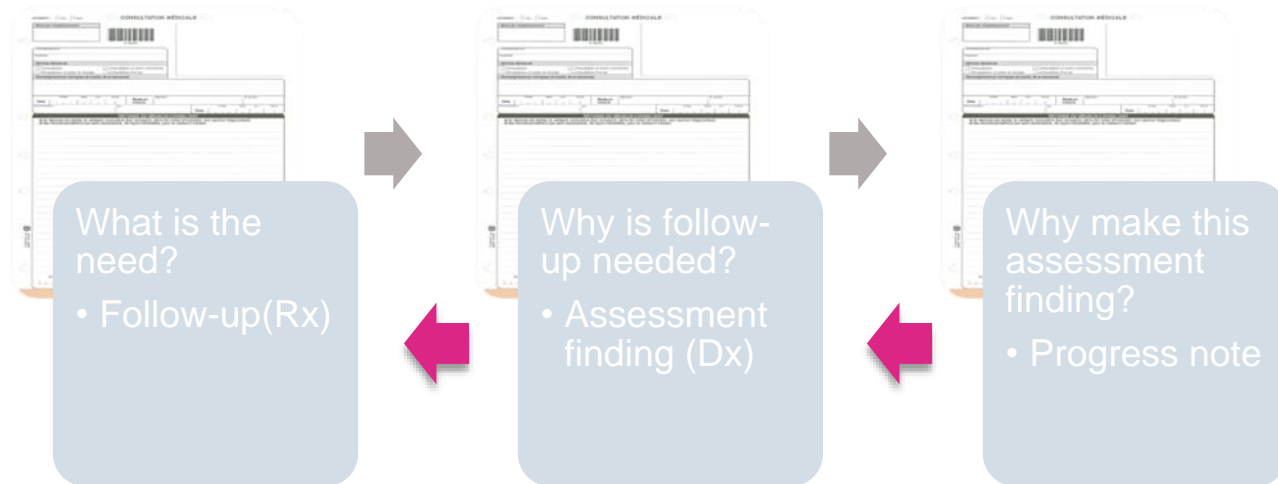
# Tips

## 1. THE REPORT

- > Helps us to define what is really relevant.
- > Also helps us to formulate what is relevant in a simplified way.

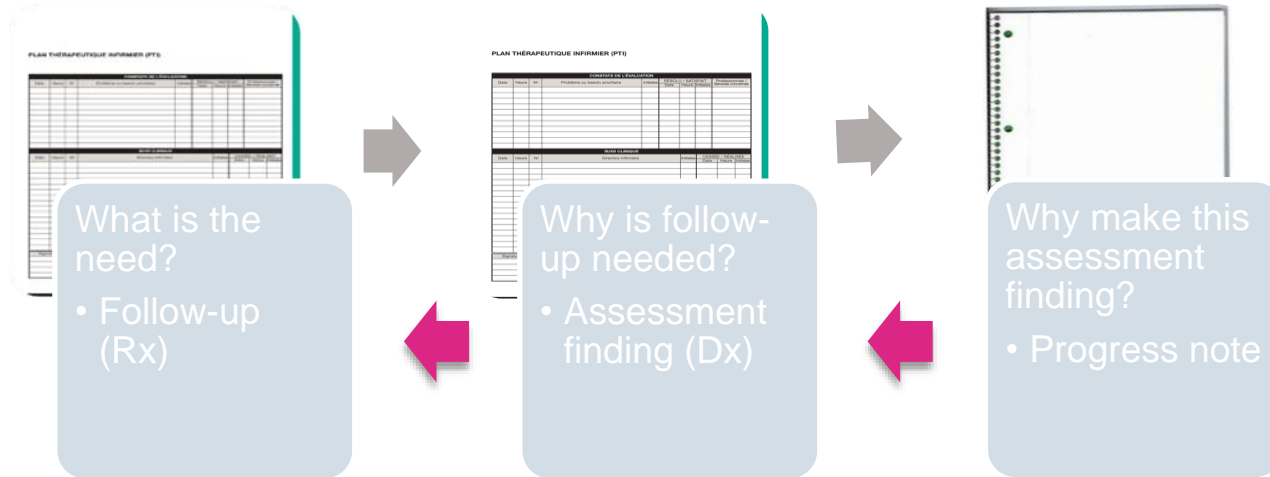
# Tips

## 2. EVIDENCE: MEDICAL EXAMPLE-ATIVAN 3MG PO Q.4H



# Tips

## 2. EVIDENCE



# Conclusion

- > Remember: keep the TNP simple!
  - > It was created to help nurses with clinical follow-up, not to make it more complicated!

# Quiz

## MYTHS AND REALITIES

1. The reason for the hospitalization or consultation should be the first problem/need entered in the TNP.
  - > Myth
2. Each directive should include an action verb, ideally it should begin by one.
  - > Myth
3. Each assessment finding should be linked to at least one nursing directive.
  - > Myth

# Quiz

## MYTHS AND REALITIES

4. Certain activity sectors, such as community care, do not require to have a TNP determined

> Myth

5. The time for each problem/need is the time when the problem/need was observed, not the time when it was entered in the TNP.

> Reality



# Useful information

- > Counselling Department
  - > Phone: 514-935-2501, press 1
  - > Email: [pti@oiiq.org](mailto:pti@oiiq.org)
- > For further information, please visit the [pti.oiiq.org](http://pti.oiiq.org) website.