QA Program for Registrants

NCSBN, Institute of Regulatory Excellence (IRE)
January, 2018

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Deputy Registrar and Chief Officer Policy,
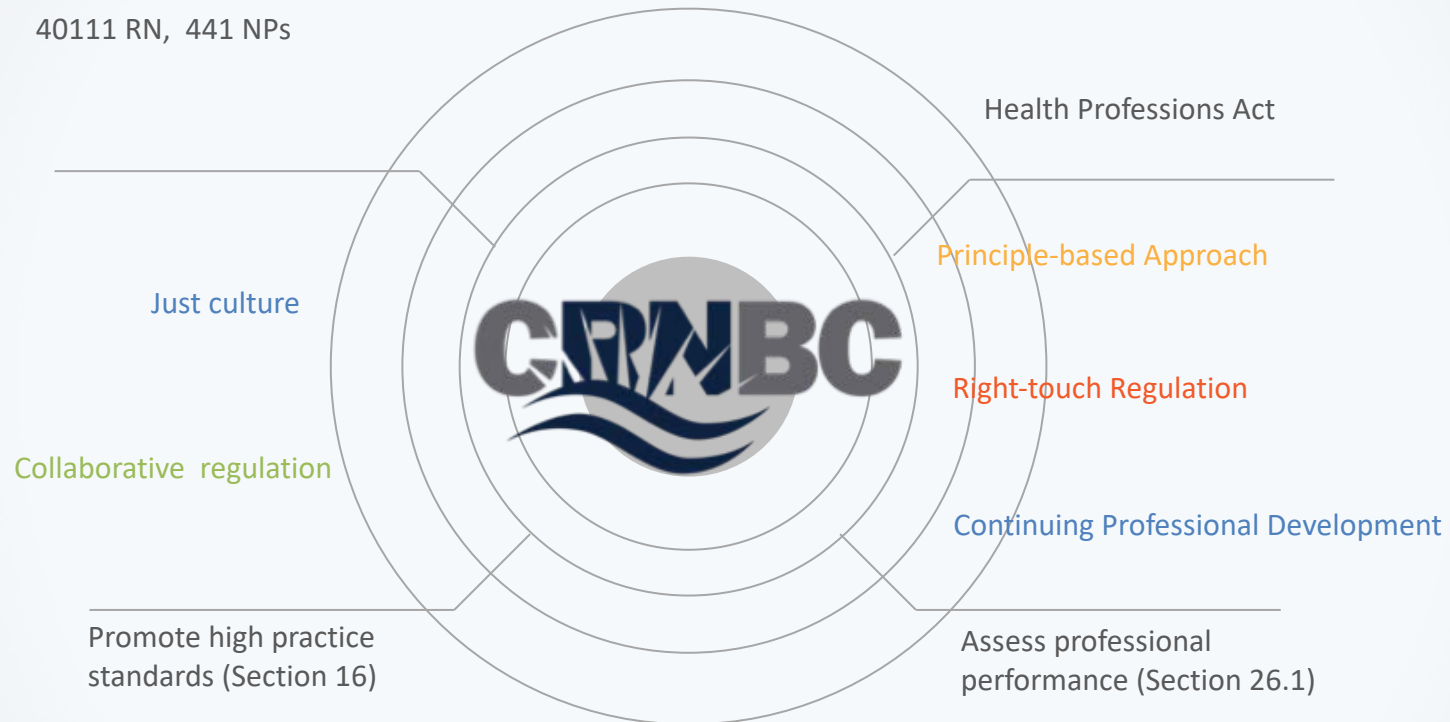Practice and Quality Assurance

Overview

1. Achieving strategy
2. Connecting program components
3. Learning from research
4. Methods:
   - Foundational
   - NP QA
   - Multisource feedback
5. Facilitating change
6. Measuring outcomes
7. Progressing implementation

Who we are…

June 2017, 41080 registrants

40111 RN, 441 NPs

Health Professions Act

Principle-based Approach

Just culture

Right-touch Regulation

Collaborative regulation

Continuing Professional Development

Promote high practice standards (Section 16)

Assess professional performance (Section 26.1)

We believe it is possible to build genuine relationships with nurses and other stakeholders, while at the same time, regulate effectively in the public interest.

Achieving strategy

Strategic objectives

Public:
- Having confidence in how nurses are regulated
- Public expectation that **nurses maintain competence to practice**

Nurses:
- **Valuing and participating in quality assurance**
- **Meeting high practice standards**

CRNBC:
- Integrating regulatory philosophy into programs
- **Data demonstrating regulatory effectiveness**

Connecting program components

QA Program logic model 2017

Purpose & principles

- Promote high practice standards, continuous professional development and lifelong learning

- Engage registrants in quality assurance

- Use best available research

- Employ user friendly, time efficient, robust methods

- Apply consistent, transparent, fair policy & process

Legislation, bylaws and policy

- Public interest

- Enhanced confidentiality

- Board approved criteria

- QA Committee oversight

- Assessors

- Professional performance assessments

- Recommendations and follow-up

- Coaching and resources

Board approved criteria

- Standards of Practice
- Competencies
- Best practices of the profession
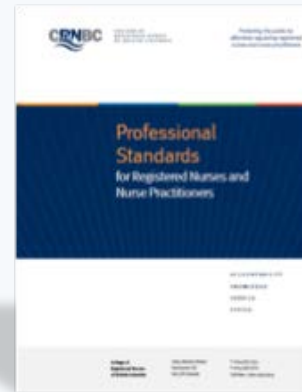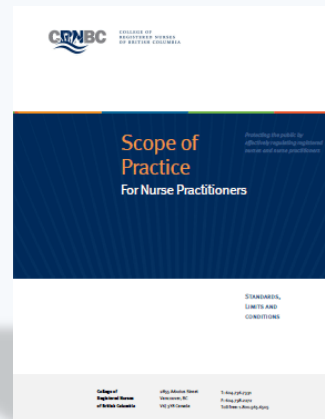
Learning from research

Quality assurance methods should be proportionate to the risk presented by an activity in order to mitigate the risk.

Professional Standards Authority, 2012

"A good assessment programme will incorporate several competency elements and multiple sources of information to evaluate those competencies on multiple occasions using credible standards."

Van der Vleuten & Schuwirth page 315, 2005

A professional's non-technical and soft skills are predictors of competence.

Flin, O'Connor & Crichton, 2013
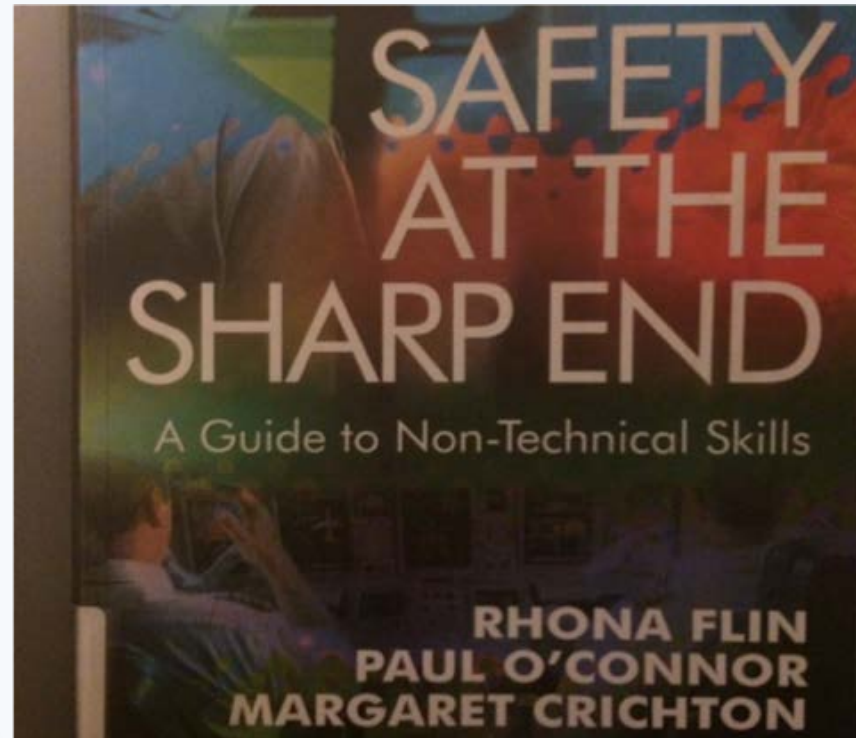
"Competence is a constantly evolving set of multiple, interconnected behaviors enacted in time and space."

Lorelei Lingard, 2012

"When health professionals like what they do, connect with peers, can contribute to meaningful change and keep the patient at the forefront they are more engaged and likely demonstrate higher levels of competence."

Zubin Austin 2003

Feedback from a trusted and respected peer positively influences whether the feedback is seriously considered and acted on by the professional.

Kevin Eva & Glenn Regehr, 2011

Switch the focus from what goes wrong to what is going right, the "ability to succeed in varying conditions"

Eric Hollnagel, 2014

Market & design to influence
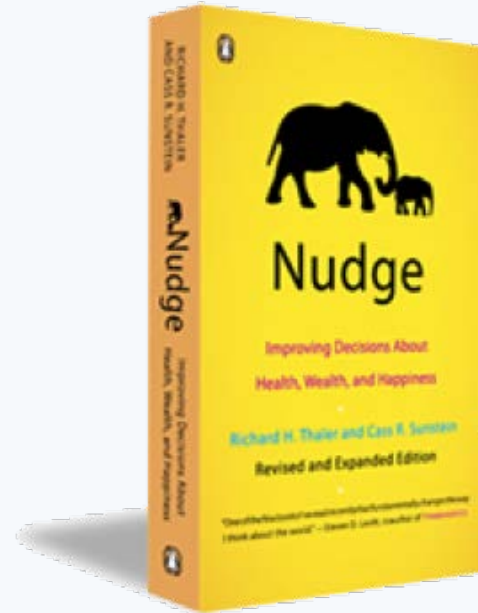
"If you want to encourage—nudge if you will—someone to do something, make it easy."

Richard H. Thaler, Nudge: Improving Decisions About Health, Wealth, and Happiness

Improving activities

Foundational annual activities

- Complete self-assessment

- Obtain peer feedback

- Develop and implement a learning plan

- Evaluate the impact of learning on practice

- Report practice hours

Nurse Practitioner Quality Assurance (NPQA)

- Annually,
  - critical review of client documentation
  - three professional development activities
- At 2 years of practice or QA Committee discretion, **onsite review** with peer assessor
- Prescription review

NPQA onsite review

Schedule

NP and assessor are scheduled for review

Travel

Assessor travels to NP clinical site

Chart review

Assessor conducts chart review of NP practice

Feedback

Assessor discusses feedback form with NP

NPQA Results

Documentation goes to QA committee for review and decision

NP onsite peer review

Canada

British Columbia

Prince George

Masset

Kamloops

Vernon

Vancouver
Island

Vancouver

Kelowna

Nanaimo

Victoria

10+

Prescription review

CRNBC focus *"monitored drugs, those drugs that have previously been associated with or have the potential for misuse and abuse, or that have addictive properties"*

Key elements for a prescription monitoring program, Federal, provincial & territorial prescription monitoring network, p.2, January 2016

Multisource feedback

- Formalized feedback from 3 or more colleagues (RN and Non-RN)
- Focus on CRNBC Professional Standards and observable professional behaviours
- Goal development and evaluation
- RNs: at 2 years of practice and every 5 years after
- NPs: every 5 years post-initial onsite review

Multisource feedback

- Robust proven method to assess continuing competence
- 2011/12 initial pilot testing
- June 2012 Board approved
- Updated literature review (2014/15, ongoing)
- Over last 3 years dynamic program improvement

[What is MSF video](#)

MSF questionnaires … observable behaviors

- 2010, concept mapping

- 2011/12, psychometrics & pilot testing

- 2013/14, literature review

- 2015, staff focus groups, questionnaire revision, registrant survey

- 2015/16,

  - Assessment of Professional Behaviors Survey Instrument (APBI)

  - CRNBC Professional Standards

  - psychometrics & piloting

Multisource feedback questionnaires

My professional plan….. flexible access

My professional plan...follow easy steps

Select my colleagues

Find my reports

Compare myself with my colleagues' feedback

Use my feedback & start my action plan

Wrap up my action plan

Facilitating change

Facilitating change

"Data does not equal feedback. Feedback is a dynamic and negotiated process in the context of a safe and supportive relationship."

Glenn Regehr, May 10, 2016

"Give me coaching and support when I need it"

2016 CRNBC registrant/user research

QA Program Continuum of Support

Multisource feedback report analysis for

- overall report average
- indicators "sometimes" and/or "rarely"
- risk

QA Program Continuum of Support

Continuum of Support Category 1- 'Continuous Improvement'

Overall report average 'Usually' or 'Regularly' and random audit evidence of risk in free text

Next MSF participation in 5 years

Continuum of Support Category 2- 'Opportunity for Improvement'

Overall report average 'Often'

Category 2A

1. NO indicators 'Sometimes' or 'Rarely'
2. QA staff random audit:
   - evidence of risk in free text at 6 months
   - to confirm action plan follow through
   - If no action plan on audit, registrant contacted to support and assess if QA Committee referral necessary

Category 2B

1. One or more indicators 'Sometimes' or 'Rarely"
1. NO evidence of risk in free text
2. QA staff contact to:
   - provide information
   - facilitate strategies to address opportunities
   - identify resources and support action plan development
   - assess follow through and if QA Committee referral necessary

Next MSF participation in 5 years OR

QA Committee direction (e.g. recommendations or recommendation with follow-up)

Continuum of Support Category 3 – QA Committee Referral/ 'Needs Attention'

Overall report average colleague rating 'Sometimes' or 'Rarely' and/or evidence of risk in free text

QA staff contact registrant and provide support and information about referral and preliminary action plan development

- Registrant documents action plan for QA Committee submission
- QA Committee review and decision as outlined in *PQA B 30 QA Committee review of registrant QA data to make a QA decision*

Facilitated Feedback: the R2C2 Model

Sargeant J, Lockyer J, Mann K, Holmboe E, Silver I, Armson H, et al Facilitated reflective performance feedback: Developing an evidence and theory-based model, Academic Medicine 2015;90(12): 1698-706.

Coaching competency framework

- Positive perspective

- Adult teaching and learning

- Communication and interpersonal skills

- Feedback provision

Measuring outcomes: how does our data add to the system picture and what is the predictive capacity ?

QA Program logic model 2017: Outcomes

Outcomes

Immediate

- Registrants and stakeholders are informed about the QA program
- Registrants actively participate in QA program activities
- Registrants access available resources and supports
- Registrants have increased awareness of their strengths and opportunities for growth
- CRNBC utilizes aggregate program data to inform resource development, make program improvements and report to stakeholders

Intermediate

- Registrants are engaged and supported in continuous professional development
- The program enhances the ability of registrants to achieve high practice standards and meet public expectations for continued competence

Long-Term

- Registrants view QA Program activities as an integral component of professionalism
- The program influences registrant delivery of safe, competent, ethical care

QA Program immediate outcomes

- Registrants and stakeholders are informed about the QA program
- Registrants
  - actively participate in QA program activities
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Multisource feedback immediate outcomes

- Make it easy, accessible
- Guide me
- Flexibility in policy, e.g. number of colleagues, deferral
- Support and coaching
- Recognition of the good
- Keep my data secure
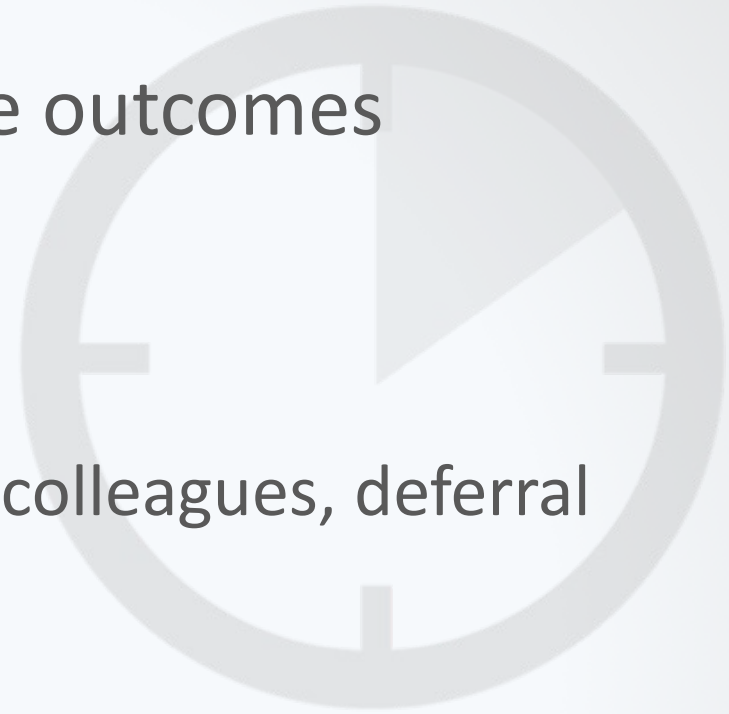
Multisource feedback immediate outcomes

2017

- 1,005 selected
- 576 completed
- NP 23, RN 553
- average of 6 colleagues
- 5, 108 colleagues invited
- 3, 830 colleagues provided feedback
- 81 deferrals

2016

- 300 volunteered
- 160 completed
- NP 3, RN 157
- average of 5 colleagues
- 1062 colleagues invited
- 804 colleagues provided feedback
- 29 deferrals

Multisource feedback immediate outcomes

Average distribution ratings: self-assessment

2017	N/A	Rarely 50%	Sometimes 55%	Often 65%	Usually 75%	Regularly 85%
Clinical	0.52%	0.05%	0.021%	1.64%	15.87%	81.71%
Non-clinical	0.68%	0.26%	1.01%	2.12%	12.26%	83.68%

Multisource feedback immediate outcomes

Average distribution ratings: Colleague

2017	Unable to rate	Rarely 50%	Sometimes 55%	Often 65%	Usually 75%	Regularly 85%
Clinical	2.53%	0.001%	0.16%	0.73%	7.22%	89.35%
Non-clinical	6.71%	0.00%	0.07%	0.66%	6.15%	86.41%

Multisource feedback immediate outcomes: operational

- Overall satisfaction with product and process
- Consistent information and policy application e.g. deferral
- Rapid response to issues
- Encouraging and knowledgeable staff
- Questionnaires:
  - clinical or non-clinical
  - No questions about indicators or scale
  - Illustrative examples from nurse and non-colleagues
- Process:
  - Link to renewal
  - 30 days sufficient for cycle

Multisource feedback immediate outcomes: continuum of support

- All category one, average of usually 75% or regularly 85

- Increased staff confidence in coaching

- Increased positive registrant connections

  o Building registrant rapport and QA knowledge

- Ongoing policy and procedure evaluation with each interaction

Multisource feedback immediate outcomes: qualitative

Soft skills:

- leadership
- critical thinking
- team work
- teaching and mentoring
- change agents

Actively seeking new knowledge

- online courses, grand rounds and journal clubs
- Researching literature and best practices
- refreshing skills
- graduate degrees

Intermediate and long-term outcomes

Public:
- Having confidence in how nurses are regulated
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Nurses:
- **Valuing and participating in quality assurance**
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Progressing implementation

- Maintain foundational activities
- NP QA
  - Registrant chart review
  - PharmaNet reports
- Multisource feedback
  - 2018 renewal cohort ~7000
  - 2017 evaluation
    - User focus groups
    - Mobile and other improvements
    - Continuum of support implementation and validation
- QA Program presentations: ICN (May) and INRC (October)