

Engaging British Columbia Nurses and Nurse Practitioners through Evidence-Informed Quality Assurance Programs

Project Aims

- Develop and implement an evidence-informed Quality Assurance program that
 - Regulates** in the public interest
 - Aligns** with CRNBC's regulatory philosophy
 - Promotes** high practice standards
 - Contributes** to improving healthcare system quality and safety
- Create a quality assurance web application that
 - Consolidates and simplifies** completion and recording of quality assurance requirements
 - Clarifies** the link between regulatory quality assurance, self-regulation and safe, competent and ethical care
 - Enables** data analysis and reporting as evidence of registrant accountability and program effectiveness
 - Is informed** by best regulatory evidence, end user research and testing to meet the needs of nurses

Problem Statement

CRNBC has a mandate to protect the public through the development of an effective quality assurance (continuing competence) program that promotes high practice standards. Ensuring that policy and program design meets this need within a relational regulatory framework and in an environment of increasing interconnectedness presents a challenge.

CRNBC must demonstrate:

- How evidence is applied to develop and implement program methods; and,
- Evidence that the program is supporting nurses to meet high practice standards and as such, the public receives safe, competent and ethical care.



Context / Background

At its heart, policy intervention is about influencing the behavior of individuals and organizations. In designing our Quality Assurance (QA) policies and programs to promote high practice standards for approximately 40,000 registrants, CRNBC established a five-year policy research and development plan. We use evidence from many areas, including behavioral theory, continuing competence and health system quality improvement to inform our policy approach and QA program implementation and evaluation.

A primary focus has been determining the most effective way to help nurses document and evaluate their continuous professional development, and assessing the impacts this has on patient safety and the quality of care in BC. Nurses have on many occasions requested a simple, consolidated way to document and report their QA activities to better demonstrate their commitment to ongoing professional development. This identified need presented CRNBC an opportunity to gather evidence of QA activities' impact and effectiveness.

Implementation

We are melding evidence-based policy and program development with a product design and marketing approach. The initial "beta" version of the CRNBC web application known as 'My Professional Plan', incorporating a structured peer feedback process, is being pilot tested September–November 2016.

Using a product development framework and comprehensive user testing, we have designed the product to promote registrant engagement while meeting our mandate of acting in the public interest and aligning with our regulatory philosophy. We will be evaluating the pilot after completion, surveying users and then refining the product for another pilot in 2017. We will then begin the evaluation and refinement cycle again, with the goal of launching to all registrants in 2018.

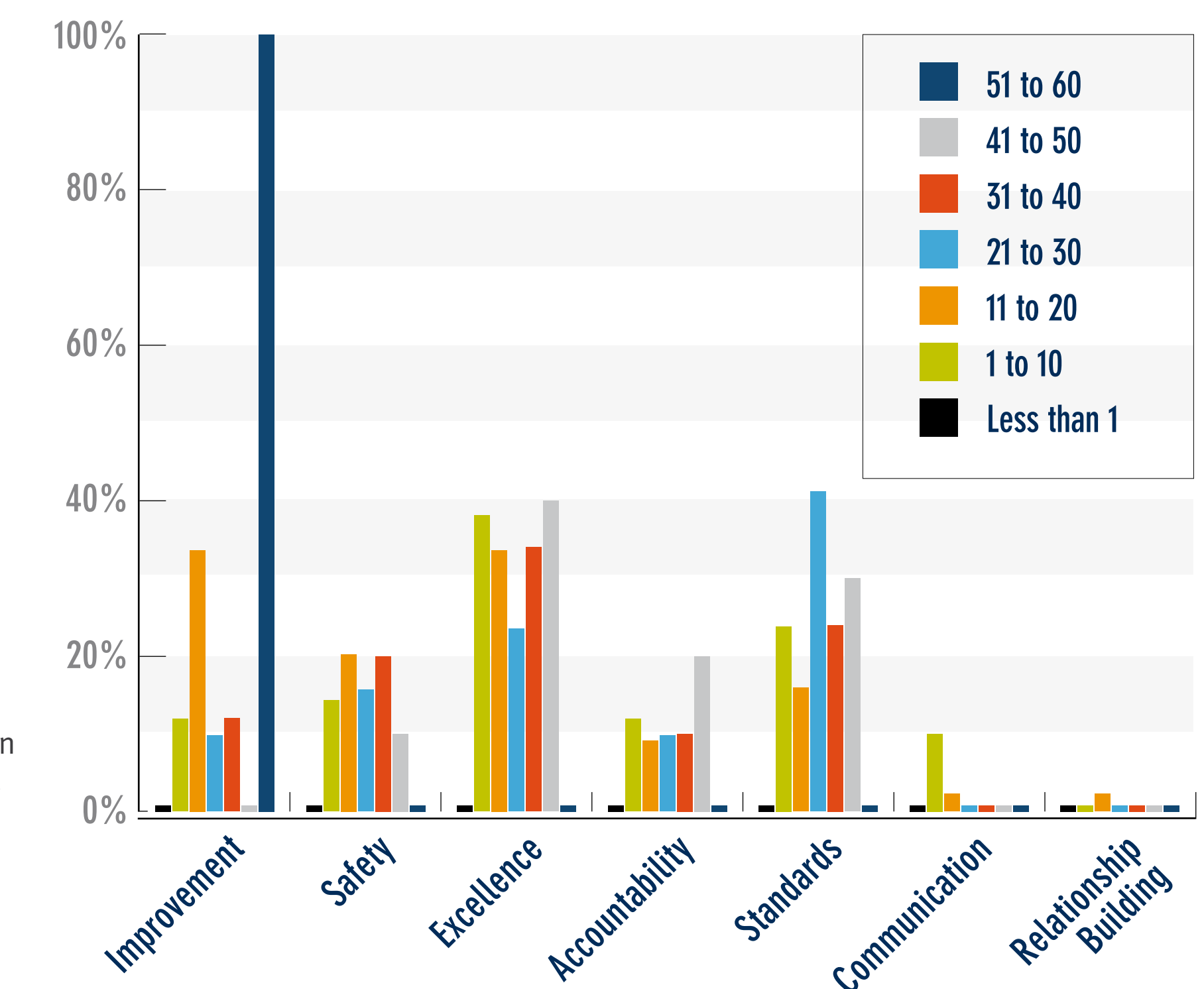
- CRNBC has designed, developed and tested a web application known as My Professional Plan
- Application consolidates QA requirements and guides users through each step
- Early user and stakeholder feedback has been positive
- User engagement strategies and product design methods have been successfully integrated with policy and program requirements
- Data collection and analysis over the next three years will begin to establish a baseline to gauge regulatory impact and effectiveness

Implications for Policy

Nurses want CRNBC Quality Assurance policy to clearly outline requirements and data governance.

Robust user feedback and consultation is necessary to develop trust, reduce confusion and effectively use resources when developing nursing regulatory products.

% of RN Experience Group by QA Keyword



“The College’s approach to its continuing fitness to practise scheme (quality assurance) is an example of good practice in our view.”

UK PROFESSIONAL STANDARDS AUTHORITY

Discussion

Research supports that traditional methods of continued competence such as continuing education requirements in and of themselves are not necessarily successful in changing the behaviors of health professionals. Developing policies and methods informed by research evidence from diverse disciplines and valuing user engagement and feedback has been an important principle in CRNBC's QA Program. Having a clearly defined policy and program direction and a legislated mandate is vital, as is considering the end user, particularly when engagement and uptake is key to long-term success. A principle-based approach to implementation, such as the regulatory philosophy used by CRNBC, also guides the meaningful evaluation of the impact of our work.

Over the next five years CRNBC is implementing a comprehensive research agenda to establish the effectiveness of QA policies and programs in changing the behaviors of those we seek to influence.

Lessons learned:

- Nurses value self-regulation and appreciate CRNBC's role in helping them meet high practice standards
- Registrant feedback can change program and policy development direction and gives important information about policy fairness, transparency, method effectiveness and utility
- Research from diverse disciplines such as technology, information management, communications, marketing, law, psychometrics, health and social sciences is important to consider
- End user consultation and product testing is critical to success
- Cross-functional team collaboration produces an improved product



Evidence

The CRNBC quality assurance program draws on a broad range of evidence, which continues to inform program and policy development. Since 2013, CRNBC has conducted surveys, studies, psychometric and user testing, and program evaluations to gather feedback and input from nurses and other stakeholders. Some of the key findings include:

- Regulatory philosophy** (Penney, Bayne & Johansen, 2014) just culture, principle-based approach, right touch, collaborative self-regulation and continuing professional development are principles underpinning the program
- Quality assurance methods should be **proportionate to the risk presented by an activity** in order to mitigate the risk (Professional Standards Authority, 2012)
- Safety II** (Hollnagel, 2014) switches the focus from what goes wrong to what is going right and the "ability to succeed in varying conditions"
- Engagement is an indicator of competence** (Austin, 2006) 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.
- Self-assessment alone is insufficient** for identifying and addressing a professional's opportunities to improve practice (Eva & Regehr, 2005, Sargent et al. 2010)
- Feedback presented by a **trusted and respected peer positively influences** whether the feedback is seriously considered and acted on by the professional (Eva & Regehr, 2011).
- "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 and Crichton, 2013).
- Portfolios encourage **reflection, learning and engagement, and exchanging of feedback** for the professional to plan, evaluate goals for career advancement and maintaining competence (Tochel et al. 2007).