

The impact of shared competencies and scopes of practice on regulation and quality of care

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Innovate. Involve. Inspire.

1. Competence and Scope of Practice
2. Shared Competencies across Professions
3. Interprofessional Education and Collaboration: Drivers and Outcomes
4. Take-Aways

Definition of Competency

- Competence
- Competency
- Competency statement

- Competence: the **potential ability** to function in a given situation

- Competency: **actual performance** in a given situation

- Competency statement: description of an **expected level of performance** that results from an integration of knowledge, skills, abilities, and judgment; the description is objective and measurable

Continuing Competence

Definition:

“Continuing competence is the ongoing commitment of a registered nurse to integrate and apply the knowledge, skills, and judgment with the attitudes, values, and beliefs required to practice safely, effectively, and ethically in a designated role and setting.”

*Case di Leonardi & Biel, 2012
Journal of Continuing Education in Nursing*

American Nurses Association

The public has a right to expect registered nurses to demonstrate professional competence throughout their careers. ANA believes the registered nurse is individually responsible and accountable for maintaining professional competence. The ANA further believes that it is the nursing profession's responsibility to shape and guide any process for assuring nurse competence. Regulatory agencies define minimal standards for regulation of practice to protect the public. The employer is responsible and accountable to provide an environment conducive to competent practice. **Assurance of competence** is the **shared responsibility** of the profession, individual nurses, professional organizations, **credentialing and certification entities, regulatory agencies**, employers, and other key stakeholders.

- <http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.html>

Key Message #1:

Nurses Should Practice to the Full Extent of Their Education and Training

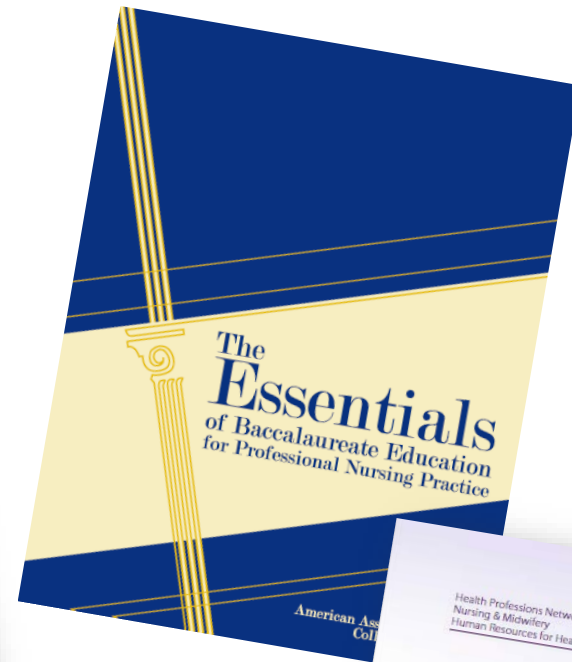
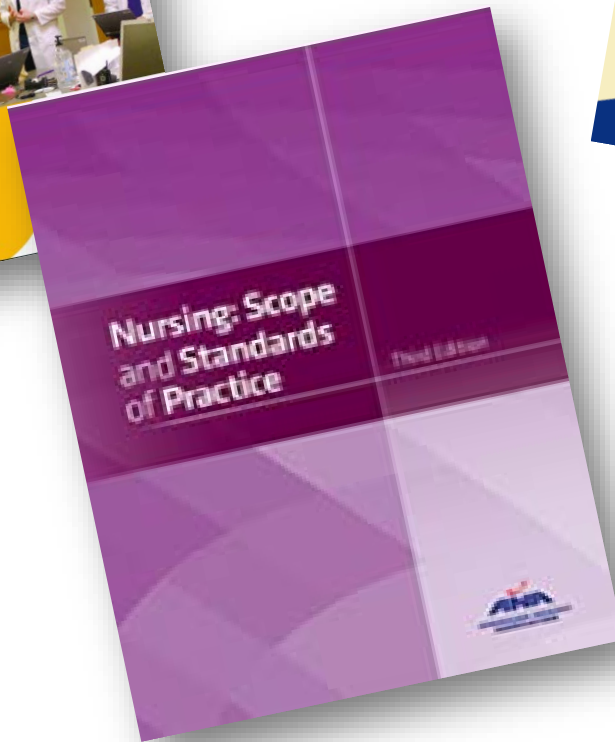
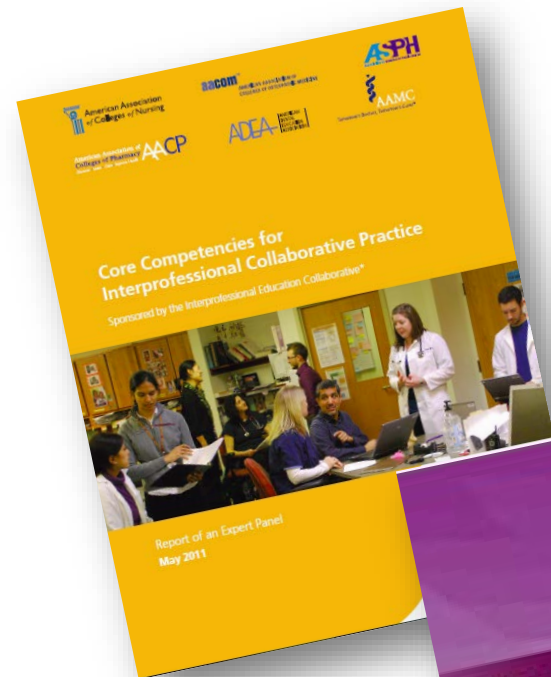
Key Message #3:

Nurses Should be Full Partners, with Physicians and Other Health Professionals, in Redesigning Health Care in the United States

Institute of Medicine of the National Academies. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.

Shared Competencies

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Shared Competencies across Professions

- Professionalism/Ethical Practice
- Patient-Centered Care
- Interprofessional Teams
- Evidence-based Practice
- Quality Improvement
- Safety
- Informatics
- Systems-based Practice



- Values/Ethics
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

Academia to Practice: The Continuum

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“It is ironic, indeed, to realise that a football team spends 40 hours per week practicing teamwork for those 2 hours on a Sunday afternoon when their teamwork really counts. Teams in [healthcare] organizations seldom spend 2 hours per year practicing, when their ability to function as a team counts 40 hours per week.”

The Question of Competence: Reconsidering Medical Education in the Twenty-First Century
Edited by Brian D. Hodges and Lorelei Lingard
2012

Interprofessional Education and Collaborative Practice

Interprofessional Education (IPE): *When **students** from two or more professions **learn with, from, and about each other** to enable effective collaboration and improve health outcomes (World Health Organization, 2010)*

Interprofessional Continuing Education (IPCE): *When **members** from two or more professions **learn with, from and about each other** to enable effective collaboration and improve health outcomes (ACCME, ACPE, ANCC, 2014)*

Interprofessional Collaborative Practice (IPCP): *When multiple **health workers** from different professional backgrounds **work together** with patients, families, carers, and communities to **deliver the highest quality** of care (WHO, 2010)*

Recommendations from the Institute of Medicine (IOM) – now the National Academies of Sciences, Engineering and Medicine

- Need to use our existing workforce optimally to deliver the most cost-effective care
- Need to produce a health care workforce that is responsive to the needs of both the patient and the health care system
- Need to ensure that health care providers can practice to their full scope of practice
- Will require a cooperative effort to form teams of providers able to bring unique skills together to meet the needs of patients

1972

Drivers for IPE/IPCP

- 1972 – Institute of Medicine: “Educating for the Health Team”
- 1988 – World Health Organization: “Multiprofessional Education of Health Personnel”
- 1999 – Institute of Medicine: “To Err Is Human: Building a Safer Health System”
- 2001 – Institute of Medicine: “Crossing the Quality Chasm”
- 2003 – Institute of Medicine: “Health Professional Education – A Bridge to Quality”
- 2009 – Institute of Medicine: “Redesigning Continuing Education in the Health Professions”
- 2010 – Institute of Medicine: “The Future of Nursing”

**“Do none of you talk to each other?”:
the challenges facing the implementation
of interprofessional education***

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Most Frequently Identified Root Causes of Sentinel Events Reviewed by The Joint Commission by Year

*The majority of events have multiple root causes
(Please refer to subcategories listed on slides 5-7)*

2013 (N=887)		2014 (N=764)		2Q 2015 (N=474)	
Human Factors	635	Human Factors	547	Human Factors	464
Communication	563	Leadership	517	Leadership	382
Leadership	547	Communication	489	Communication	343
Assessment	505	Assessment	392	Assessment	247
Information Management	155	Physical Environment	115	Physical Environment	88
Physical Environment	138	Information Management	72	Health Information Technology-related	74
Care Planning	103	Care Planning	72	Care Planning	64
Continuum of Care	97	Health Information Technology-related	59	Information Management	29
Medication Use	77	Operative Care	58	Medication Use	29
Operative Care	76	Continuum of Care	57	Performance Improvement	26

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.



Office of Quality and
Patient Safety - 8

Outcomes	Positive	Neutral	Mixed	Not Reported
Level 1: Reaction	25	0	7	14
Level 2a: Perceptions and Attitudes	14	1	11	20
Level 2b: Knowledge and Skills	19	1	6	20
Level 3: Behavioral Change	15	0	5	26
Level 4a: Organizational Practice	11	1	2	32
Level 4b: Patient/Client Care	9	1	1	35

A BEME systematic review of the effects of interprofessional education:
BEME Guide No. 39; *Medical Teacher*, May 2016

Evidence/Outcomes

- Level 1: Reaction – value/support IPE; satisfaction with involvement; enjoyable/rewarding
- Level 2a: Modification of attitudes/perceptions – positive attitude over time; some mixed (positive then negative)
- Level 2b: Acquisition of knowledge/skills – self-reported improvements in knowledge and skills; 2 studies validated change
- Level 3: Behavioral change – self-reported change in behavior; 2 studies validated (ED teamwork and breaking bad news)
- Level 4a: Change in organizational practice – improvements in service delivery (illness prevention, patient screening, safety practices)
- Level 4b: Benefit to patients/clients - improvements in mortality rates, reduced clinical errors and patient LOS; clinical status (BP and cholesterol levels)

ANCC Credentialing Programs



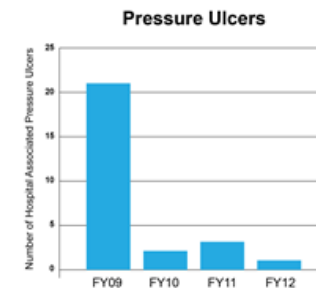
Interprofessional competencies, expectations embedded in all credentialing programs within ANCC



- Criterion requires evidence of interprofessional collaboration and outcomes achieved
- MD – RN communication and collaboration strong in Magnet-designated organizations
- Patient outcomes:
 - Increased breast-feeding rates in NICU
 - Decreased LOS
 - Reduced complication rates for CV patients
 - Reduced asthma readmission rates
 - Decreased average BMI



- All criteria are interprofessional
- Demonstrates positive practice environment
- Healthcare team communication is enhanced
- Patient safety is a collaborative effort
- Patient outcomes improve:
 - Pressure ulcer rates fell significantly



The Institute for Rehabilitation and Research
Memorial Hermann

- Credentials organizations for IPCE with medicine and pharmacy
- Outcomes:
 - Patient outcomes:
 - Average length of stay
 - Number of infants on ventilators
 - Maternal complication rates
 - Overall maternal health
 - Team performance:
 - Applications of guidelines and evidence in to practice
 - Identifying appropriate treatment

- National Healthcare Disaster Interprofessional Certification (in dev)
 - Target outcomes:
 - Reduce responder injuries and fatalities
 - Enhance population outcomes
- Nursing Case Management Certification
 - Interprofessional collaborative care coordination for discharge planning
 - Patient outcomes:
 - Reduce ER visits within 72 hours of discharge
 - Readmission within 7 days of discharge

Take-Away Messages

- All nurses should practice to the full extent of their education and training.
- Nurses work collaboratively and interdependently in teams that include other health care professionals, patients, and families.
- Nurses may lead teams, or be good followers on teams.
- Team skills can be taught.
- Patient outcomes are better when team collaboration is strong.
- There are evidence-based strategies that improve team functioning.



Thank You!

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