A Collaborative Approach to Address Nursing Practice Breakdown

Introduction

• The vast majority of nurses practice safely without need for licensure discipline.¹
• Nursing practice breakdown (NPB) is any disruption of safe practice resulting in licensure action.
• Boards of nursing have made progress toward implementing a just culture model, recognizing the impact of systems factors on risk of NPB.
• Following investigation, if an NPB contributes to serious injury or death, or indicates a nurse’s continued practice may place patients at risk for harm, the board of nursing issues a disciplinary order.
• Most orders allow the nurse to retain licensure and require remedial education and supervised practice for a minimum of one year.
• A need to evaluate alternative models of NPB remediation exists.²³
• Acting upon this need, the Texas Board of Nursing (TBON) partnered with a public university and a rural and community health institute to pilot an innovative approach to remediate NPB.⁴

Purpose

• Evaluate recidivism of NPB in an initial cohort of nurses following completion of an individualized remediation intervention to determine the safety of continuing this alternative method of NPB remediation.
• Research Question: For nurses who receive a board order at a sanction level of warning or below for NPB, how does NPB recidivism following completion of that order compare to recidivism following completion of a novel, individualized remediation intervention at one-year post completion?
• Dependent Variable
  • Recidivism: Any public licensure discipline for NPB subsequent to order completion.
• Independent Variables
  • Standard Warning Order
  • KSTAR Order (individualized remediation)
• Design: Quasi-experimental, nonequivalent control group

Literature Review

• Mandated remediation may be effective in preventing recidivism of NPB in Texas registered nurses.³
• Individualized remediation may be effective in nursing and medicine.⁴⁵
• Recidivism rates range from 26% - 39% five years post order completion.⁷
• Boards of nursing are encouraged to conduct pilots using a just culture framework aimed to impact patient safety.⁸
• High fidelity simulation can be an effective education strategy for nursing competency assessment and education.⁹
• More research is needed to measure the effectiveness of individualized remediation.¹⁰

Pilot Study Description

• Pilot Program Title: Knowledge, Skills, Training, Assessment & Research (KSTAR) Nursing
• Program Overview: KSTAR Nursing is an individualized remediation program for nurses with NPB administered by Texas A&M University Rural & Community Health Institute (RCHI) and the College of Nursing (CON).
• Components: Individualized assessment using high fidelity simulation and online cognitive testing serve as the basis for an individualized remediation plan. Upon completion of the remediation plan with guidance from a nurse coach, the nurse returns for an evaluation with simulation and post testing. Upon successful program completion, the nurse’s license is unencumbered.
• Participants: Nurses who completed KSTAR Warning orders by January 2016 or completed a Standard Warning order by January 2015
• Inclusion criteria:
  • No history of licensure discipline
  • NPB violations only (no criminal, substance use, or fitness findings)
• Implementation: KSTAR orders were offered to nurses who met rule criteria beginning in December 2014.

Results

Recidivism of Nursing Practice Breakdown 1 Year Post Order Completion

<table>
<thead>
<tr>
<th></th>
<th>KSTAR (n=20)</th>
<th>Control/Standard (n=82)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recidivism Rate</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

No appreciable difference

Nurse Education Level

Standard Order (n=82)

<table>
<thead>
<tr>
<th>Nurse Licensure Type</th>
<th>RN 90%</th>
<th>LVN 10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>KSTAR Order (n=20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN 65%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nurse Licensure Type

KSTAR

<table>
<thead>
<tr>
<th>Nurse Licensure Type</th>
<th>RN 90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>LVN 10%</td>
<td></td>
</tr>
</tbody>
</table>

Standard

<table>
<thead>
<tr>
<th>Nurse Licensure Type</th>
<th>RN 90%</th>
<th>LVN 35%</th>
</tr>
</thead>
</table>

Conclusions

An individualized approach using simulation and coaching may be as effective as standard remediation methods.

Recidivism should continue to be measured up to 5 years post completion in both groups for comparison.

Limitations:
• Small pilot sample size as compared to the standard order sample
• Small difference precluded statistical analyses
• Assignments not randomized

Implications

• Innovative approaches to remediation of nursing practice breakdown that are individualized should continue to be evaluated in comparison to a standard approach.
• If found to be as effective as a standard approach, KSTAR should become a permanent option offered to nurses who require remediation for NPB.
• Regulation-Practice-Education Partnerships can collaborate to offer a high quality, faculty guided practice remediation program.
• This project informs nursing regulation about the safety of a new option for disciplinary approaches to meet the mission of public protection.

References

4. Texas Board of Nursing. (2014). Consideration of Request to begin an Alternative Discipline Pilot with Texas A&M Health Science Center Rural and Community Health Institute (Agenda Item 7.7.). Retrieved from https://www.tbn.state.tx.us/board_meetings_agenda/2013/October/7-7.pdf