



A Collaborative Approach to Address Nursing Practice Breakdown

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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.^{2,3}
- 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

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.^{5,6}
- 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



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

Pilot Study Description

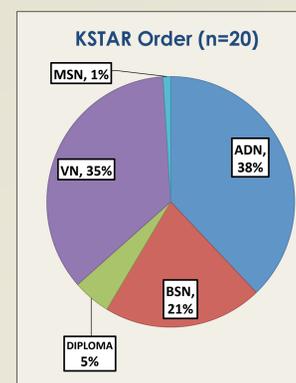
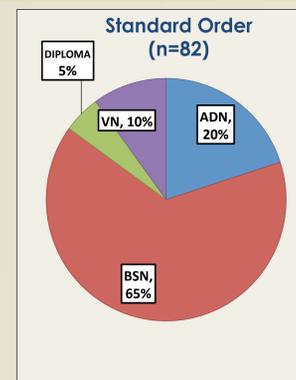
- Pilot Program Title: **Knowledge, Skills, Training, Assessment & Research (KSTAR) Nursing**
- Program Overview:** KSTAR Nursing is an individualized remediation program for nurses with NPB administered by Texas A&M University Rural & Community Health Institute (RCHI) and the College of Nursing (CON).
- 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

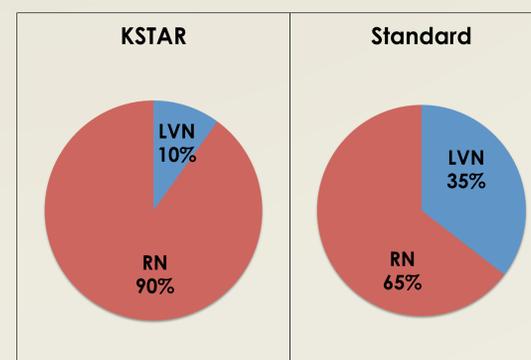
Recidivism of Nursing Practice Breakdown 1 Year Post Order Completion

KSTAR (n=20)	0
Control/Standard (n=82)	1
No appreciable difference	

Nurse Education Level



Nurse Licensure Type



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.

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