

Future **QA**
PROGRAM

Current State Report

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Future QA Program, Current State Report
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Background

This report presents 12 key findings regarding the College's current Quality Assurance (QA) Program. Council can consider the report's findings as another piece of evidence in the development of the College's Future QA Program

Objectives of the current state report:

Based on Council's input through its Quality Assurance workshop of March 2016, the purpose of this report is to provide Council with an accurate and succinct analysis of the College's current QA Program, including:

- a description of current processes
- insights from members who have undergone QA Practice Assessment
- the perspectives and experience of the Quality Assurance Committee (QAC), and College staff on the strengths and limitations of the current program.

Guiding questions

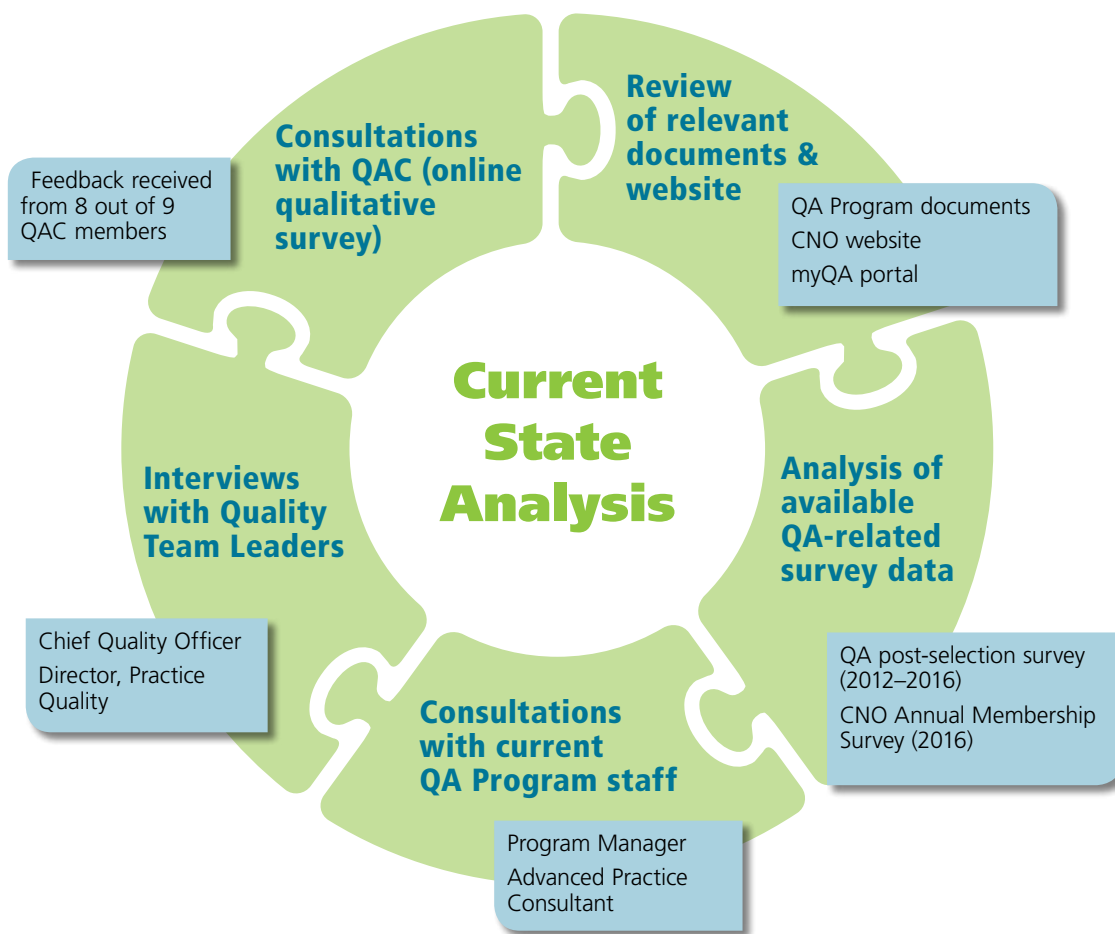
The following questions were used to guide the research process:

- a) How does the design of the QA Program address current and evolving needs?
 - What are the main components of our current QA Program?
 - How does our current program accomplish legislated requirements for Quality Assurance?
 - What proportion of members does our current QA Program reach?
 - To what extent are members adhering to requirements for self, peer and practice assessment?
 - How does our current QA Program contribute to regulating nursing in the public interest?
- b) What can we learn about our current QA processes from the experience of members who have undergone Practice Assessment?
- c) How does our QA Program fit with and complement other programs?

Methodology

Methods & data sources used

The following graphic depicts a high-level overview of the methodologies used to develop the key findings presented in the current state analysis.



The key questions and methodology for the current state analysis were motivated by a summary of Council’s input through its Quality Assurance workshop of March 2016.

A brief description of each data source is summarized in the table below.

Table 1 - Description of data sources used in the current state analysis

Data Source	Description
Review of relevant documents and website	A review of documents including: pertinent legislation; data presented to Council re: QA over the last five years; and templates used to support members' adherence to QA. These were used to map out how the different components of the program currently function together, in relation to the legislative requirements for QA
Analysis of available QA-related survey data	The QA post-selection survey data (2012-2016) and the Annual Membership Survey (2016) were used to gather insights about members' adherence to QA. In addition, the qualitative data were analyzed to identify strong emergent themes about the experience of members who went through Practice Assessment and their beliefs about QA over the last five years.
Consultations with current QA Program staff	Consultations with the current QA team were completed to ensure that the description of the current program is accurate, and to gather staff perspectives on how the current QA Program meets legislated requirements for Quality Assurance.
Interviews with Quality Team leaders	Interviews with Quality Team leaders were conducted to verify the accuracy of draft findings, to gather their perspective on the particular role of QA in regulating nursing in the public interest and to consider the role of QA in the context of the other regulatory functions at the College.
Consultations with Quality Assurance Committee members	QAC member feedback included reflections on their role, what is working well, what could be improved in the current program and opportunities for how the future program could look.

Summary of limitations and strengths

A brief description of the limitations and strengths of the methodology used is summarized below. For a detailed description, please see Attachment A – Discussion of limitations and strengths.

Notable limitations of this analysis include:

1. The purpose and scope of this analysis was limited

The purpose is to provide Council with an accurate and succinct description of the current QA Program as a point of reflection, not to conduct a formal, comprehensive evaluation on the current QA Program.

- Therefore it was out of scope of this analysis to:
 - a) define evaluative criteria as part of this analysis
 - b) consequently provide evaluative judgments about the current program.

2. Limited reach of members within existing data

Perspectives captured within the existing QA post-selection data are limited to a small proportion of members out of those selected for Practice Assessment who responded to the post-selection survey (on average ~200 members annually between 2012–2016).

3. Quantitative data to be interpreted with caution

The quantitative data used in the report must be used with caution given the high

probability of implicit research bias (namely, self-selection bias and social desirability) due to surveys being completed voluntarily and the data collected being self-reported.

Notable strengths of the methodology include:

1. Multiple sources of data cross-checked against each other

This allows for the inclusion of multiple perspectives in the analysis and to determine saturation of themes across multiple data sources.

2. Analysis of post-selection QA surveys from 2012–2016

Analysis was conducted on the entirety of the qualitative data collected from members who provided feedback regarding Practice Assessment between 2012 and 2016.

3. Analysis of QAC survey findings

Individual respondent data were summarized before comparing the summary of themes from each individual respondent. This allowed for specific contextual insights within each individual respondent to be retained when the overall themes were summarized and integrated into this report.

Summary of Key Findings

Finding 1: The College's current QA Program is based in legislation and includes two mandatory structural components:

Component one: Member assessment (reflective practice, self-assessment and self-directed learning)

Component two: College directed Practice Assessment for some members.

(See Table 2 on p. 10 for a summary of how the College's current QA Program accomplishes legislative requirements for Quality Assurance)

Finding 2: The College creates a number of resources to promote and support members to adhere to component one.

Finding 3: The following limitations exist in how the College currently monitors the Self-Assessment and learning component:

- a) There is currently no process in place to objectively and to a high degree of certainty, determine what proportion of members are completing their practice reflection and Learning Plans annually, as mandated.
- b) There is currently no process in place to assess the quality of reflection and Learning Plans members may be producing annually, unless chosen for Practice Assessment.
- c) There is currently no process in place to objectively determine the extent to which any members complete the learning activities they identify in their Learning Plans.

Finding 4: The current QA Program only produces outputs related to component two, for example, the number of members assessed through Practice Assessment.

Finding 5: Members who have completed Practice Assessment, as discussed in Finding 4, result in either being given a QAC directive (for example, the member is assigned a Practice Assessment outcome), or undergo other unintended results (for example, revocation of registration, member resigning or registering in the Non-Practising class).

Finding 6: The Practice Assessment component currently includes combined elements of quality improvement and quality control.

Finding 7: The proportion of members chosen for Practice Assessment annually between 2012 and 2016 ranges between 0.3% and 0.6% for RNs/RPNs and between 7.4 % and 10% for NPs.

Finding 8: There is an opportunity to articulate short and long-term outcomes for the overall QA Program. For example, articulating ways that what the QA Program produces, as noted in Findings 4 and 5, contributes to regulating nursing in the public interest overall.

See Figure 1 on p. 14, for a detailed depiction of how the current QA Program is implemented overall, including pertinent gaps.

Finding 9: QA post-selection survey data suggests that most members who go through Practice Assessment have a positive experience overall.

Finding 10: Among members who made positive comments about their experience in going through Practice Assessment, the strongest themes include:

- Improvements in members' practice
- Better engagement with peers
- Improved connection with the College
- Increased familiarity with the College's standards.

Finding 11: Among members who made negative comments about their experience in going through Practice Assessment, the strongest themes include:

- Practice Assessment being an anxiety-ridden process that negatively impacted them personally and professionally
- Evidence that members do not fully understand that the Quality Assurance Program exists for the benefit of the public
- Evidence of members' inability to distinguish between continuing education, workplace learning and the regulatory quality assurance function.

Finding 12: There is opportunity to clarify the following linkages to the QA Program (See Figure 2, on p. 17):

- How the QA Program fits with and complements the other regulatory functions within the College
- If and how other stakeholders (for example, employers and educators) have a role in supporting the QA Program to achieve its intended outcomes.

Detailed Findings

The summary of key findings has been organized by key questions guiding the current state assessment.

How does the design of the College’s QA Program address current and evolving needs?

Legislative Context:

Section 80.1 of the *Health Professions Procedural Code* sets the minimum requirements that each profession must have in a Quality Assurance program including:

- (a) continuing education or professional development designed to,
 - (i) promote continuing competence and continuing quality improvement among the members,
 - (i.1) promote interprofessional collaboration,
 - (ii) address changes in practice environments, and
 - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College to monitor members’ participation in, and compliance with, the quality assurance program .

In conjunction with the *Health Professions Procedural Code*, Part IV of Ontario Regulation 275/94 under the *Nursing Act* prescribes that the quality assurance program shall include:

1. Member assessment
2. Practice assessment
3. Remediation O. Reg. 311/10, s. 1.

Ontario Regulation 275/94 further details requirements for “member assessment,” and “practice assessment and remediation” within the regulation.

Findings related to legislative requirements for QA

Finding 1: The College’s current QA Program is based in the above legislation and includes two mandatory structural components:

- **Component one:** Member assessment (reflective practice, self-assessment and self-directed learning)
- **Component two:** College directed Practice Assessment for some members.

The legislative requirements for “continuing education or professional development,” “self, peer and practice assessment” as well as “mechanism for the College to monitor members’ participation in, and compliance with the quality assurance program” is integrated into both components of the current QA Program in different ways. How our current program accomplishes what is required as per legislation is summarized in Table 2 below:

Table 2 — How the current QA Program meets legislative requirements for Quality Assurance

Requirements as per Section 80.1 of the <i>Health Professionals Procedural Code</i>	How the current QA Program meets what is required by legislation
(a) Continuing education & professional development	<ul style="list-style-type: none"> • All members are required to complete Learning Plans annually. • The College provides resources to help members reflect on their practice and formulate learning goals that align with their learning needs, including those learning needs resulting from changes in their practice environment, inter-professional collaboration, advances in technology and changes made to entry-to-practice competencies. • All members are required to identify learning and professional development activities to meet these learning goals on a Learning Plan. • Some members who are selected for Practice Assessment are directed by the Quality Assurance Committee to complete remediation or specified continuing education, as needed.
(b) Self, peer and practice assessment	<p>Self-Assessment incorporating peer feedback:</p> <ul style="list-style-type: none"> • All members are required to reflect on their practice and gather feedback from their peers in developing their written Learning Plan. <p>Practice and Peer Assessment:</p> <ul style="list-style-type: none"> • Annually the College selects members for Practice Assessment. Those selected submit their Learning Plan for review and complete objective tests based on the College’s practice standards. In addition, NPs must complete a clinical assessment through chart reviews and objective structured clinical examinations (OSCEs). Members who participate in Practice Assessment are evaluated by College-assigned Peer Assessors.
(c) Mechanism for College to monitor member participation and compliance	<ul style="list-style-type: none"> • The college has processes in place to monitor members’ participation and compliance with the Practice Assessment component.

Findings related to member assessment (for example, mandatory self-assessment and learning)

Finding 2: To promote component one (mandatory self-directed learning) and to support members to adhere to this component of QA, the College:

- provides templates to help practice reflection and the development of standardized Learning Plans; these templates have been revised and improved by the QA team, based on member feedback
- provides a number of online resources
- conducted outreach presentations and workshops regarding QA requirements and how to complete them, delivered by the QA team and Practice Outreach team between 2013 and 2015.

Finding 3: The following limitations exist in how the College currently monitors the Self-Assessment and learning component.

- a) There is currently no process in place to objectively, and to a high degree of certainty, determine what proportion of members are completing their practice reflection and

Learning Plans annually, as mandated.

- This limitation is evident when comparing the percentage of members who self-report that they complete annual reflection and learning, with the percentage of members who self-report that they had a Learning Plan prior to being selected for Practice Assessment.
 - Whereas 96% of the 1,210 members who responded to the 2016 Annual Membership Survey and 95% of 171 members responding to the 2016 QA post-selection survey indicate they complete their annual Learning Plan, the number drops to 78% of members on average responding to the QA post-selection survey over the last five years, who indicate that they had a Learning Plan prior to being selected for Practice Assessment.
- b) There is currently no process in place to assess the quality of reflection and Learning Plans members may be producing annually, unless chosen for Practice Assessment.
- c) There is currently no process in place to objectively determine the extent to which members complete the learning activities they identify in their Learning Plans. This limitation applies even to those who are selected for and complete component two, Practice Assessment.

Results from the QAC member survey indicate that the Committee also has observations related to the limitations outlined in Finding 3. The Committee's observations include:

- In the absence of monitoring and enforcement processes for Self-Assessment and learning, members who are not selected for Practice assessment may not be completing Self-Assessment and learning as required
- Inadequate focus on Self-Assessment creates a lack of understanding (and even misunderstandings) for members about the connection between self-assessment, learning and the maintenance of continued competence
- The demonstrated impact of the QA Program is limited to the small proportion of members that are selected for Practice Assessment only
- Acknowledging the inherent challenges in monitoring or enforcing self-assessment, learning and development given the high number of College members.

Findings related to Practice Assessment

Finding 4: The current QA Program only produces outputs related to component two, for example, the number of members assessed through Practice Assessment.

Finding 5: Members who complete Practice Assessment are categorized according to a number of stated outcomes, including:

- QAC Directed Practice Assessment Outcomes:
 - Member has satisfactorily completed Practice Assessment as directed by QAC
 - Member requires additional remediation or specified education needs as directed by QAC
 - Member has terms, limits or conditions imposed by QAC
 - Member requires referral to ICRC for further investigation due to incapacity or lack of cooperation.
- Other (unintended) outcomes of Practice Assessment:
 - Member enters into Non-Practising class or resigns from the College
 - Registration is revoked by processes unrelated to QA (for example, failing to renew registration during Annual Renewal), while in the process of being assessed.

Members who enter into the Non-Practising class, resign or have their registration revoked prior to completing the QA process, must successfully complete QA Practice Assessment before re-instating their registration in General or Extended classes.

Finding 6: The Practice Assessment component currently includes combined elements of quality improvement and quality control.

Aspects of quality improvement function in the following way: all selected members are guided through objective, peer-assessed Learning Plan reviews, objective testing and clinical assessments as appropriate, with the purpose of identifying gaps in competence, if they exist. If identified, members are supported through remediation and specified continuing education so that competency gaps can be addressed successfully, leading to quality improvement.

Conversely, there are quality control mechanisms inherent within the current program. Quality control works in the following ways:

- Selection for Practice Assessment includes random selection within focused areas that have been identified as areas of risk or practice contexts presenting a higher level of risk (for example, long-term care and members who have been involved with a Professional Conduct process in the past). Focused selection ensures QA practice assessments have a view into higher risk practice environments. QAC members expressed satisfaction with the current selection methodology (random selection of members combined with random selection within criteria). When a member is selected for Practice Assessment and does not complete the process, QAC can refer the member to ICRC or impose terms, limits or conditions
- Members who are selected for Practice Assessment and choose to resign, enter into the Non-Practising class, or have their registration revoked for failing to renew, are required to complete QA Practice Assessment upon their request to re-instate.

QAC members had the following reflections on the implementation of Practice Assessment:

- Satisfaction with the excellent guidance provided to selected members throughout the Practice Assessment process
- Satisfaction with the number of opportunities given to selected members to demonstrate competence and improvement
- Frustration with current mechanisms for managing members who refuse to participate, suggesting that there is no adequate process for the timely removal of non-compliant members. This results in the worst offenders continuing to practice (sometimes for long periods of time) without having successfully completed Practice Assessment. Committee members also suggested there need to be stricter rules for allowing deferrals.

Finding 7: The proportion of members chosen for Practice Assessment between 2012 and 2016 ranges between:

- RNs and RPNs combined: between 0.3 and 0.6%
- NPs: between 7.4 and 10%
 - Note: More NPs are selected for Practice Assessment given their expanded scope of practice.

The number of NP members has grown over the last three years, while the number of NPs selected for Practice Assessment has remained consistent (i.e. n= ~200). This has led to a steady decline in the proportion of NPs selected for Practice Assessment. (Please see Table 3, on p. 13.)

Given that the QA Program produces outputs related to Practice Assessment only, the implication is that the current QA Program directly touches only a small proportion of members annually.

Table 3– Proportion of College members selected for Practice Assessment

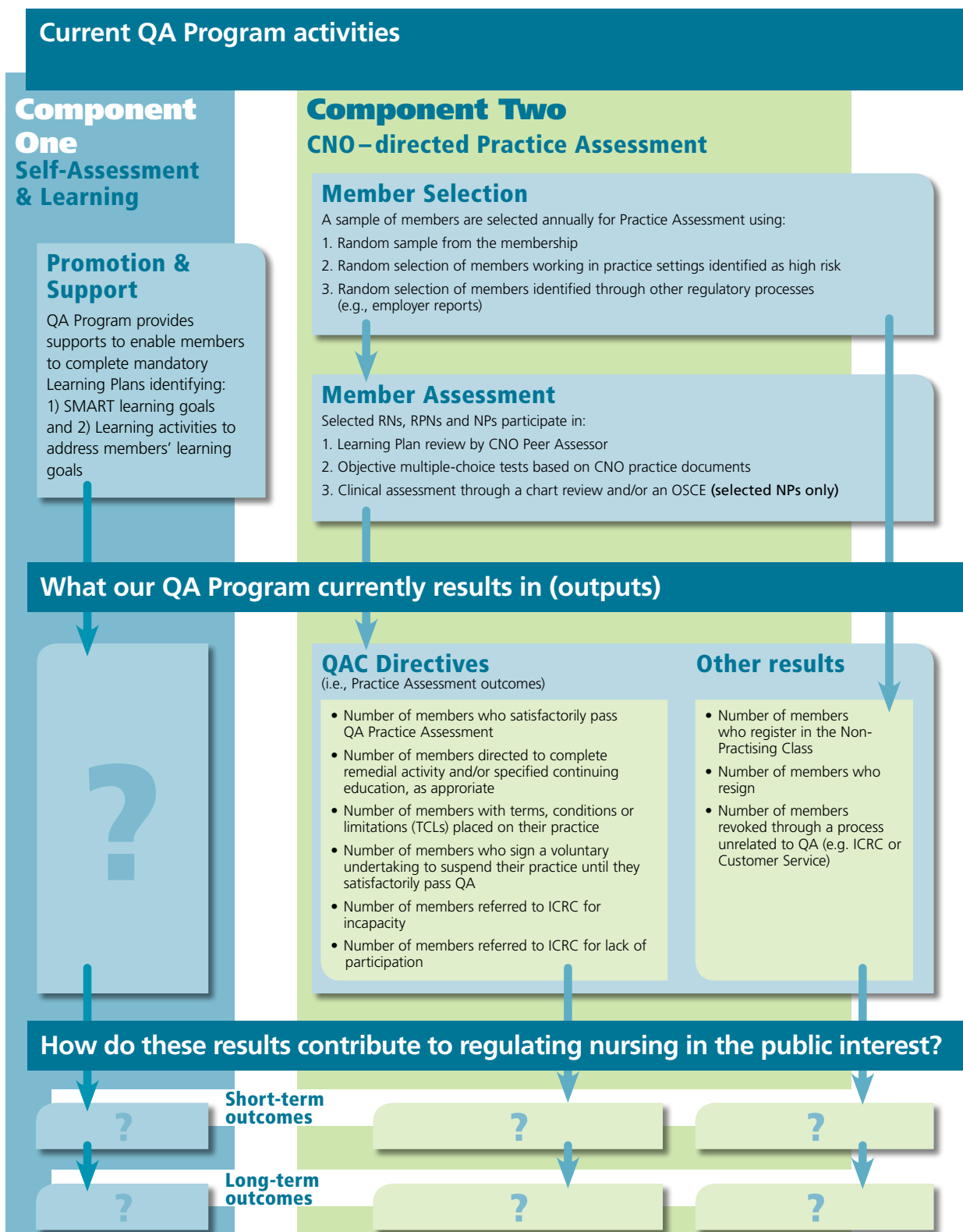
	2012	2013	2014	2015	2016
General Class (RPNs & RNs combined)	0.3% 409 of 151,039 members	0.6% 862 of 154,578 members	0.6% 921 of 146,316 members	0.3% 462 of 148,596 members	0.4% 622 of 151,028 members
Nurse Practitioners	10% 204 of 2,020 members	10.6% 238 of 2,242 members	8.8% 208 of 2,362 members	8.3% 214 of 2,567 members	7.4% 210 of 2,822 members

Findings related to current gaps in the overall program design

Finding 8: There is an opportunity to articulate short and long-term outcomes for the overall QA Program. For example, articulating ways that what the QA Program produces, as noted in Findings 4 and 5, contributes to regulating nursing in the public interest overall.

(See Figure 1 on p. 14, for a detailed depiction of how the current QA Program is implemented overall, including pertinent gaps.)

Figure 1 — Map of current QA implementation overall, including current gaps



Current State Report

What can we learn about our current QA processes from the experience of members who have undergone Practice Assessment?

Learnings derived from members who have undergone Practice Assessment between 2012–2015

Finding 9: QA post-selection survey data suggests that most members who go through Practice Assessment have a positive experience overall. There has been an increase in the percentage of members responding to the post-selection survey who indicate that they've made positive changes to their practice as a result of participating in the QA process over the last five years (66.5% of members in 2012 to 74% in 2016).

- The corresponding qualitative data would suggest that this increase is largely due to continuous quality improvement with the Practice Assessment process and tools by the QA team, annually. The post-selection surveys were used by the team to make continual adjustments and improvements to the program beginning in 2013.

Finding 10: Among members who made positive comments about their experience in going through Practice Assessment, the strongest themes include:

- a) Improvement in members' practice, for example:
 - i. becoming aware of patients' legal rights, including rights to privacy and confidentiality, and more consciously providing patient-centred care as per the *Therapeutic Nurse-Client Relationship* practice standard
 - ii. becoming more diligent about charting and documentation as per the *Documentation* practice standard
 - iii. becoming more confident in providing care in multicultural settings
 - iv. clearer understanding of scope of practice
 - v. more regularly reflecting on practice (including daily reflection for some)
 - vi. increased confidence and critical thinking.
- b) Improved connection with the College, including an awareness of the resources available to nurses. For example, practice documents, phone and email support via practice consultants, webcasts, decision-making tools, teleconferences
- c) Increased familiarity with the College's practice standards, including a greater awareness about how the standards influence and support practice
- d) Better engagement with peers, including less conflict, supporting peers in practice reflection and an appreciation of the opportunity to receive constructive feedback regarding their practice.

Finding 11: Among members who made negative comments about their experience in going through Practice Assessment, the strongest themes include:

- a) Members (even those who had an overall positive experience) reporting that the Practice Assessment process was anxiety-ridden and had a negative impact on them personally and professionally for the following reasons:
 - i. the process is overly lengthy, vague and perceived as condescending
 - ii. there is a perception among members that being selected for QA meant that they were being "red-flagged" for reasons unknown to them. The lack of transparency regarding selection is daunting for members

- iii. unclear expectations at the time of being selected and not being given adequate direction on how to prepare for the different components (especially the objective tests) is difficult to balance in an already busy profession
 - iv. QA assessment was not meaningful to their particular practice contexts (especially reported by Nurse Practitioners)
 - v. feedback from the Peer Assessor not being detailed enough to be meaningful for improvement or actionable.
- b) There is evidence that members do not fully understand that the QA Program exists for the benefit of the public:
- i. members who expressed frustration with the process often demonstrated a clear lack of understanding of the QA process, equating it to “paperwork” or a process that did not “benefit” the individual member
 - ii. in all of the qualitative data collected over five years, even when directly asked to reflect on what continued competence meant, there was a distinct lack of commentary by members that demonstrated that they understood that the ultimate purpose of QA is to assure the public that nurses maintain continued competence and continue to improve the quality of the care they provide.
- c) There is evidence of members’ inability to distinguish between continuing education, workplace learning and the regulatory quality assurance function. Members indicated they were unaware of having to complete a separate Learning Plan for the College until they were selected for Practice Assessment, or frustration at having to complete additional Learning Plans (for example, for those whose employers also require a learning plan).

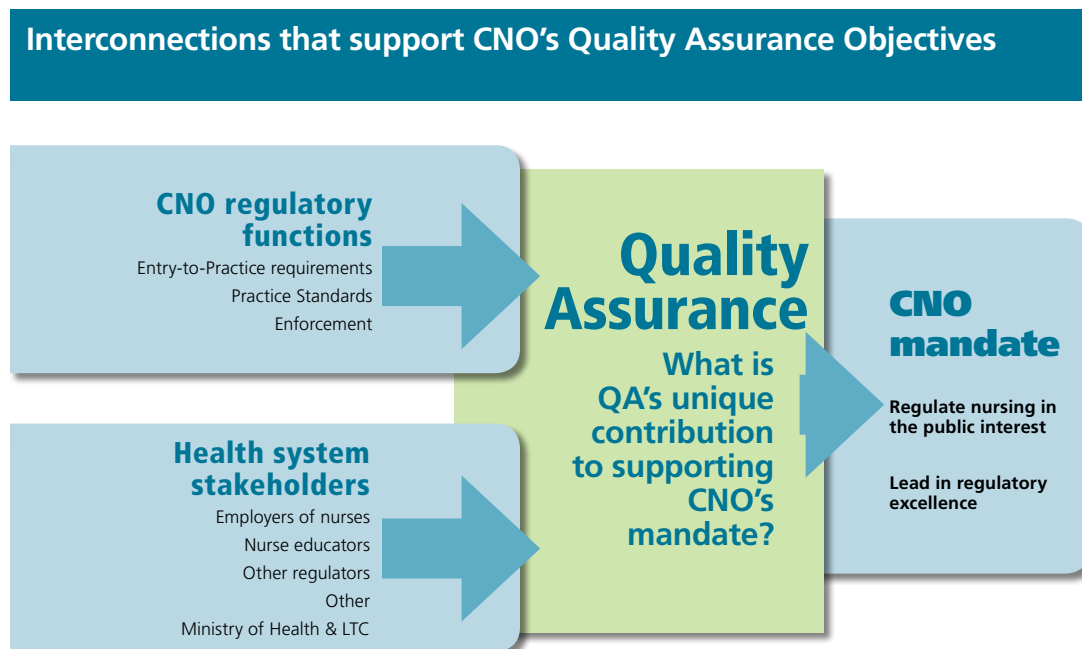
How does our QA Program fit with and complement other programs?

Findings related to interconnections between QA and other College regulatory functions and broader health system players

Finding 12: There is opportunity to clarify the following linkages to the QA program (See Figure 2, on p. 17):

- How the QA Program fits with and complements the other regulatory functions within the College
- If and how other stakeholders (for example, employers and educators) have a role in supporting the QA Program to achieve its intended outcomes.

Figure 2 — Interconnections between Quality Assurance and potential supports



Attachment A – Discussion of limitations and strengths

Notable limitations of this analysis include:

The scope of this analysis was limited to providing an accurate description of the current program, not to conducting a comprehensive evaluation:

- The purpose of this analysis is to provide Council with an accurate and succinct description of the current QA program as a point of reflection
- The purpose of this current state analysis was not to conduct a formal, comprehensive evaluation on the current QA program
- Therefore it was out of scope of this analysis to
 - a) define evaluative criteria (what success would have look liked) as part of this analysis
 - b) provide evaluative judgments about the current program.

As such, individual components of the program (e.g. the effectiveness of the Learning Plan review, the appropriateness of the content and form of the objective tests, the effectiveness of clinical assessments, the role of Peer Assessors or the significance of the powers of the Committee) were out of scope for comprehensive analysis and evaluative judgements.

- **Limited reach of members within existing data:** Perspectives captured within existing QA post-selection data are limited to a small proportion of members selected for Practice Assessment, who responded to the post-selection survey (on average ~200 members annually between 2012-2016). Two limitations should be noted:
 - A small proportion of members is captured in this data
 - Perspective of members never selected for Practice Assessment is absent from the analysis. This is a significant limitation.
- **Quantitative data:** The quantitative data used in the report must be used with caution given the high probability of implicit research bias due to survey data being self-reported. Namely, the following types of research bias must be taken into account:
 - *Social-desirability and sponsor bias:* Members are responding to a survey administered by their regulator, giving a high likelihood members answer what they believe is desirable rather than an honest response
 - *Self-selection bias:* Member surveys are voluntary, so those voluntarily responding may be already highly engaged or, on the contrary, had a negative process experience and want to provide such feedback. This may result in data skewed toward positive or negative extremes, within the sample of survey respondents.

The overall strengths of the methodology used for this current state analysis include:

- **Multiple sources of quantitative and qualitative data cross-checked against each other:** A high degree of accuracy in the findings was achieved by:
 - individually summarizing findings from each of the data sources listed in Table 1
 - subsequently cross-checking them against each other to identify:
 - ♦ most saturated themes
 - ♦ findings that required further analysis.

Moreover, the multiple perspectives captured in the data sources further strengthen these findings.

- **Analysis of post-selection QA surveys from 2012-2016:** QA post-selection surveys were identified as a source of existing data that could be leveraged to gather insights about member experience of current QA. Most notably, analysis was conducted on the entirety of the qualitative data collected from members who provided feedback regarding Practice Assessment between 2012-2016.
 - Analysis was initially conducted on a sample of the data by two separate analysts to achieve a high degree of inter-rater reliability, resulting in development of a comprehensive coding key for further analysis.
 - Subsequently, all raw data was categorized using the coding key produced as the foundation for thematic analysis. Qualitative analysis software Nvivo was used to organize the high volume of data, adding rigour to the process.
 - Finally, categorized data was summarized for themes with a high level of saturation over the five-year period and are presented in the summary of findings.
- **Analysis of QAC survey findings:** Individual respondent data were summarized as a first step before comparing the summary of themes from each individual respondent. This allowed retaining specific contextual insights within each individual respondent when overall themes were summarized and integrated into this report.



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