

Future QA PROGRAM

Proposed
QA Program
Models



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Background	3
Summary of Council’s feedback - June 2017 meeting:	3
Objectives and overview of this report	5
Methodology	5
Questions for Council	6
Model One – Three-step model with multisource feedback	7
Summary of the components and processes of Model One	8
Self and Peer Assessment component	8
Practice Assessment component	10
Remediation component	11
Model Two – Three-step model with focused areas of risk	14
Summary of the components and processes of Model Two	15
Self and Peer Assessment component	15
Assessment component	16
Remediation component	17
Foundational elements of QA models	20
1. Technology infrastructure	20
2. Appropriate selection strategy to ensure adequate reach	20
3. Strategies for education, awareness and communications	21
4. Collaboration with employers, educators, regulators and public ..	21
5. Create monitoring system and/or policies to ensure compliance ..	21
6. Ongoing evaluation of the program	22
Next Steps	23
References	24

Future QA Program, Proposed QA Program Models

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College of Nurses of Ontario
101 Davenport Rd.
Toronto ON M5R 3P1

www.cno.org

Background

The College of Nurses of Ontario's (CNO) Quality Assurance (QA) Program supports CNO's commitment to protecting the public by ensuring that nurses are engaged in continuing competence and quality improvement.

In 2016, Council identified the need to enhance the QA Program as a priority.

At the Council meeting in March 2017, competency expert, Dr. Brian Hodges, presented his findings, *Competence and the Healthcare Professional of the Future*, for Council's consideration. Council was also given the comprehensive [Literature Review Report](#) summarizing the evidence on QA for health professionals.

In the June 2017 Council meeting, two additional sources of evidence were presented:

- a jurisdictional review ([Jurisdictional Review Report](#)) of provincial, national and international quality assurance programs
- an analysis of the College's current QA Program ([Current State Report](#)).

Council is now in the final stages of developing a new QA Program.

At the September Council meeting, this Future QA report and the two proposed models for the new QA Program are being presented. The models were drafted, based on the sources of evidence presented to Council and the feedback from the June 2017 Council meeting.

Summary of Council's Feedback – June 2017 meeting:

Council's feedback highlighted the following themes:

QA objectives

- The overall objective is patient safety
- It is key to articulate the link between QA activities and public protection trust.

Underlying principles

- The new QA Program will apply to all General and Extended Class nurses in all practice settings
- The QA Program should include both quality improvement and quality control principles
- Key performance indicators (KPIs) should be developed to measure the QA Program's impact on quality improvement in nursing practice.

Shared accountability

- QA is a shared accountability between nurses, employers and regulators
- Educators need to support QA processes
- Employers play a critical role in supporting nurses in meeting QA requirements.

Engagement

- When in effect, the new QA Program should reach all General and Extended Class nurses in Ontario
- It will increase the number of nurses who participate yearly in the Self and Peer Assessment components of QA
- Nurses should understand the importance and benefits of participation in the QA Program.

Components of the new QA Program

- based on a tiered (multi-step process with activities) framework
- provides different assessment tools for nurses undergoing the QA Program
- practice site visits are impactful to nurses and applicable to nurses' specific practice environment
- more robust practice assessment is needed for nurses in the General Class
- monitoring nurses' completion of Self Assessment and Learning Plans
- a multisource feedback process will strengthen the QA Program but issues with bias were noted when the employer is the only one involved.

Technology improvements

- The new QA Program should be more user friendly and include an online component
- Future technology should support engagement and encourage nurses to participate in QA activities.

Nurses' accountabilities

- QA must be the expectation of all nurses; this means changing the perception nurses have of the legislated QA function
- It is important for nurses to incorporate and apply practice standards to nursing practice
- Individual nurses need to identify their own learning needs
- It is necessary for nurses to demonstrate critical thinking.

Compliance mechanisms

- The impact and goal of the program (maintaining safe and competent practice) should be the same for all nurses
- Nurses need to comply with the QA Program; if they don't, there needs to be clearly identified expectations, timelines and consequences.

Objectives and overview of this report

The purpose of this report is to provide two proposed QA Program models for Council to consider. The models have been created to serve as starting points for Council's discussion on what components and activities need to be part of a new model. They have been informed by Council's discussions about a new model, the evidence and the current regulatory framework. Feedback from Council at the September meeting will be used to refine the proposed models, and then these models will be sent to stakeholders for consultation.

This report includes the following areas for Council's review:

- The methodology used to analyze Council's feedback from the June 2017 meeting and the design of the two models
- A description of the two models including:
 - rationales
 - alignment with the four main program outcomes
 - strengths and challenges of the models
 - operational and resource implications.

Council's feedback from the June meeting also focused on the foundational elements that would lead to a successful new QA Program, such as:

- a sound and user-friendly technology infrastructure
- appropriate selection strategies
- ways to communicate about the QA Program
- collaboration with employers, educators and the public
- a monitoring system and/or policies to ensure compliance
- ongoing evaluation of the new QA Program.

For more information on the elements, see Foundational Elements of QA Models (page 20).

Methodology — analysis of Council feedback and model development

The two models for CNO's new QA Program were developed using an integrated approach to program design and evaluation,¹ which is evidence-informed and outcomes-oriented.

The following methodology was used to develop the two models:

- Qualitative, thematic analysis on Council's feedback was gathered during the facilitated discussion on a new QA Program at the June 2017 meeting
- Emergent themes from Council's feedback were reviewed against the three original sources of evidence (*Literature Review*, *Jurisdictional Review* and *Current State Report*) to ensure alignment with the evidence
- A summary of key findings synthesized from the three original sources of evidence and Council's feedback was used to conduct an outcomes design process.² The purpose of this exercise was to:
 1. Specify all stakeholders (including nurses, employers, educators and clients) that the new QA Program would directly or indirectly impact
 2. Clearly articulate what the impacts of the new QA Program might be on each of these stakeholders

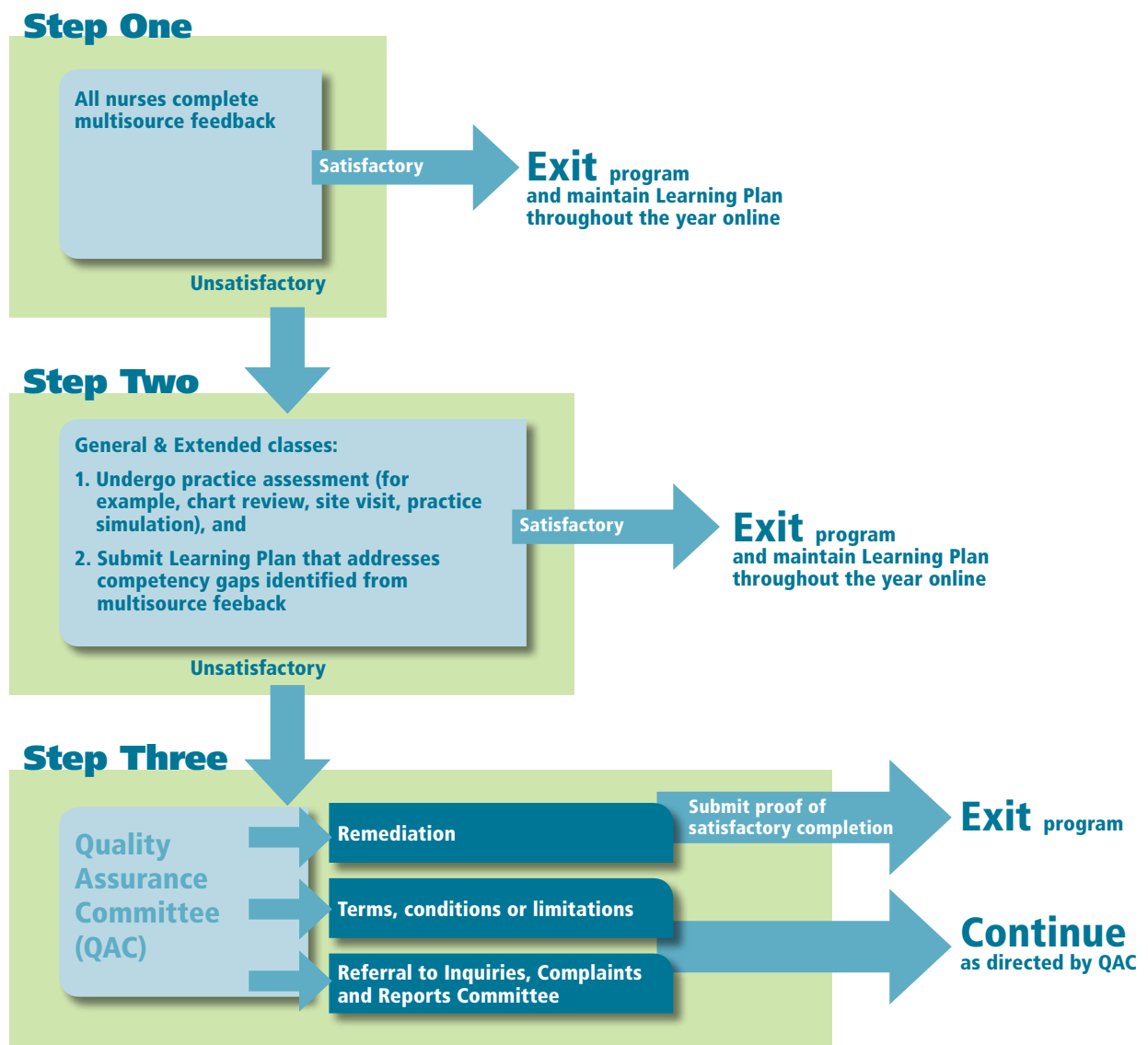
- Once the outcomes design process was complete, program outcomes were prioritized using a theory of change approach.³ The theory of change approach allowed us to differentiate and prioritize between the intended:
 1. short- and long-term outcomes of the program
 2. outcomes of the program that could impact nurses directly
- The latter was deemed crucial for the new QA Program, given the College is required to achieve these outcomes using its legislated QA function of regulating nursing in the public interest. As such, the models presented in this report are built around achieving these outcomes. The underlying theory is that if the four prioritized outcomes are achieved through the new QA Program, the Program will meet the legislated QA function and contribute to public protection in measurable terms. These four main program outcomes were prioritized:
 1. Nurses across practice settings will demonstrate and apply competencies according to College practice standards
 2. Nurses across practice settings will be engaged in continuous quality improvement by:
 - demonstrating their ability to critically reflect on their practice
 - self-identifying learning needs for continuous improvement
 - addressing learning needs for continuous quality improvement by completing self-identified learning activities
 3. Nurses who show significant competence gaps when participating in QA will successfully complete remediation or specified continuing education needed to amend those gaps
 4. Nurses who do not comply/participate with the College's QA requirements/processes will have terms, conditions or limitations (TCLs) imposed on their practice, or will be referred to the Inquiries, Complaints and Reports Committee (ICRC) as per the Quality Assurance Committee's (QAC) direction
- Once these outcomes were clearly articulated, the three sources of evidence were used to identify promising QA components, assessment strategies and processes that could fulfill these outcomes
- The two models chosen, present different combinations of how the main program outcomes can be achieved
- Council also identified important foundational elements. These foundational elements will help generate stronger buy-in and increase participation and compliance with the Program among nurses, employers and educators. They will be further explored in the section Foundational Elements of QA Models (page 20).

Questions for Council Members

As you review this report in preparation for September's Council meeting, please keep in mind the following questions:

1. What do you think about the combination of assessment strategies used in both models?
2. What is your opinion of the tiered framework?
3. Is there a component or assessment strategy in one model that would be better suited in the other? Why?
4. Do these models need refining? If so, what is needed and why?

Model One – Three-step model with multisource feedback



Summary of the components and processes of Model One

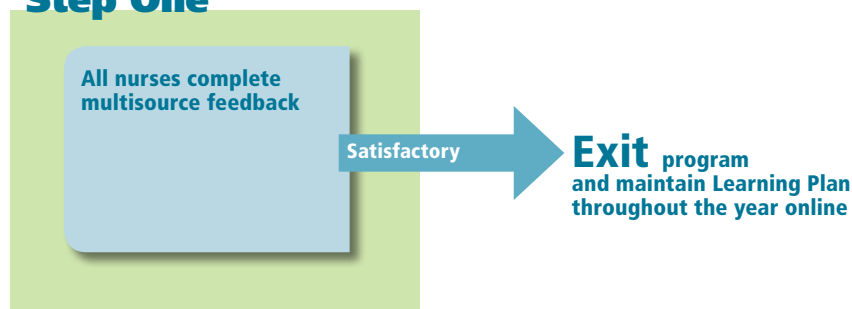
This model is based on a multi-step process, which was identified in the jurisdictional review as a tiered framework. It includes a combination of assessment strategies, such as:

- multisource feedback
- submission of a Learning Plan
- practice assessment strategies (for example, site visit, chart review, practice simulation).

There are different steps in this model, each of which includes specific assessment strategies that lead to a set of activities.

Self and Peer Assessment component

Step One



The first step is Self and Peer Assessments — a legislated requirement for nurses to complete. This model envisions all nurses entitled to practise will complete this first step within a specified timeframe.

Nurses will submit a self-reflection questionnaire based on College practice standards online. This will satisfy the Self Assessment component of the QA Program. The College will identify the number of colleagues and/or patients who will evaluate the nurse via an individual questionnaire online. A third party will gather the full data and determine the results. The College will verify the results and then send the reports to the nurses.

In addition, all nurses will submit in Step One an annual Learning Plan online. Although the College will not evaluate the Learning Plan, it is an important legislated activity for nurses. In the Learning Plan, nurses:

- document their learning needs based on self-reflection and peer input
- develop learning goals that align with College practice standards
- identify activities to achieve their goals.⁴

Outcomes based on results from Step One

There are two possible outcomes based on the results of the multisource feedback:

Satisfactory

- Nurses who successfully complete the multisource feedback exit the QA Program and maintain their Learning Plan throughout the year

Unsatisfactory

- Nurses identified as having competency gaps enter Step Two
- In Step Two, nurses submit a Learning Plan that addresses the competency gaps identified from the multisource feedback, and undergo the practice assessment.

Rationale for Step One

Multisource feedback assessment strategy

Evidence found in the literature and the jurisdictional review revealed that multisource feedback strengthens reliability of the assessment because of the inclusion of multiple perspectives.⁵ This is why health care regulators in Ontario and Canada have recently begun to include it as a promising practice for QA programs.

Tiered framework

The jurisdictional review highlights that a number of Ontario health regulators have recently implemented a tiered framework for their QA programs. Findings show that the QA Program has the potential to reach a large number of nurses, particularly in Step One: Self and Peer Assessment. In addition, health care regulators have been able to focus their resources in more in-depth assessment strategies for nurses with competency gaps. Overall, a tiered framework has the potential to engage more meaningfully with nurses.

Non-assessment of Learning Plans in Step One

The Learning Plan in Step One will not be assessed since the multisource feedback assessment strategy already includes a Self and Peer Assessment. Nurses are still required to maintain a Learning Plan and update it online annually. This allows nurses to document their goals and track their learning activities and outcomes all in one place.

In Step Two, the College will evaluate the Learning Plans for those nurses who receive unsatisfactory results from the multisource feedback.

Practice Assessment component

Step Two



Nurses need to complete two activities:

1. submit a Learning Plan that addresses their competency gaps identified through multisource feedback
2. undergo practice assessment.

Nurses are required to address the competency gaps as well as demonstrate and apply competencies as outlined in the College practice standards.

Nurses in the General and Extended classes will complete the same assessment strategies: site visit, chart review or practice simulation. The most appropriate assessment strategy will be determined during the development phase of the new program, taking into account factors such as practice setting and feasibility.

Based on the outcomes of Step One, the College-assigned Peer Assessor will assess the nurse's Learning Plan and practice assessment, and create a report with feedback for the nurse.

Possible outcomes based on results from Step Two

Satisfactory

- Nurses who successfully complete Step Two will exit the program and maintain their Learning Plan throughout the year.

Unsatisfactory

- Nurses who are evaluated as unsatisfactory in the practice assessment or the Learning Plan will be referred to the QAC.

Rationale for Step Two

Same assessment for nurses in the General and Extended classes

Based on Council's feedback, this model proposes that nurses in the General and Extended classes will go through the same assessment strategies. The most appropriate assessment strategy will be determined during the development phase of the program.

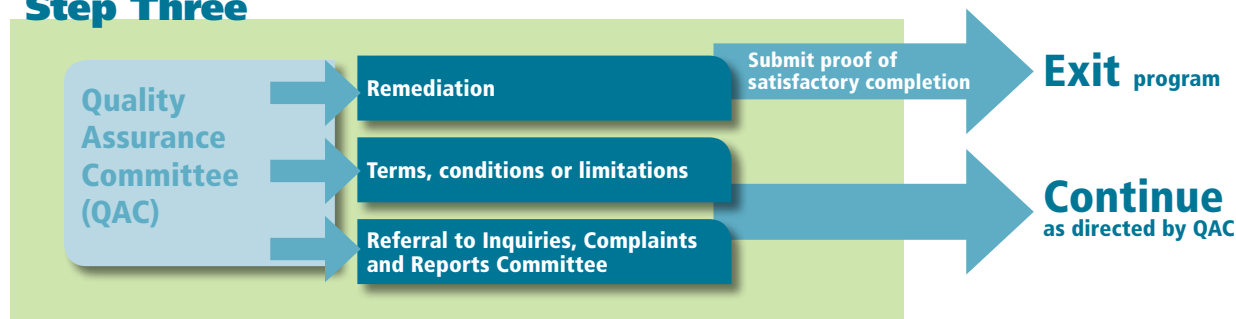
Multiple assessment strategies

The practice assessment component includes different assessment strategies (for example, site visits, chart reviews or practice simulation), as well as the nurse submitting a Learning Plan to address competency gaps. This strategy is based on literature that shows a mixed-model

approach increases the reliability of QA processes. For example, existing evidence indicates the necessity of using a minimum of two instruments to measure a nurse's competence, such as combining a Self Assessment tool with patient feedback, likely improves accuracy of measurement mechanisms, and results in a more reliable assessment.⁶

Remediation component

Step Three



In Step Three, the QAC may direct nurses to either complete remedial activities, impose TCLs and/or refer them to the ICRC.

If directed to complete a specified continuing education or remediation program, members could complete particular activities as identified by the QAC (for example, a course or continuing education). Members will be required to submit proof of successful completion, which will be verified by the College.

Nurses who have TCLs, or who are referred to the ICRC, will continue the process as directed by the QAC.

Rationale for Step Three

Monitoring and non-compliance mechanisms

Council highlighted concerns about members who do not comply with the QA Program. Findings from the *Current State Report* identified challenges with the monitoring and non-compliance mechanisms in the current QA Program. For example, the QAC members explained they are frustrated with how they currently need to manage nurses who refuse to participate, suggesting an inadequate process for the timely removal of non-compliant nurses.⁷

For these reasons, this model proposes to establish stricter non-compliance mechanisms. Nurses who do not comply with either Step One or Two of the program, will have the same consequences for non-compliance: they will be referred to the QAC.

Alignment with the main program outcomes

Below are the ways in which the proposed model aligns with the main program outcomes.

Outcome one

Nurses across practice settings will demonstrate and apply competencies according to College practice standards:

- Multisource feedback and the application of other assessment strategies in this model support this outcome.

Outcome two

Nurses across practice settings will be engaged in continued quality improvement by:

- demonstrating their ability to critically reflect on their practice
- self-identifying learning needs for continuous improvement
- addressing learning needs for continuous quality improvement by completing self-identified learning activities

Multisource feedback will ensure nurses engage in continuous quality improvement

This assessment strategy allows nurses to critically reflect on their practice and identify their learning needs through feedback from their peers and/or patients.

Outcome three

Nurses who show significant competence gaps when participating in QA will successfully complete remediation or specified continuing education needed to amend those gaps.

- Step Three requires nurses who are unsatisfactory in Step One or Step Two assessments to undergo QAC directives, which can include remediation activities as well as other options.

Outcome four

Nurses who do not comply/participate with the College's QA requirements/processes will have TCLs imposed on their practice, or will be referred to the ICRC as per the QAC's direction.

- Based on the QAC's direction, nurses who do not comply with Step One or Step Two of the program will be directed to complete remediation activities, or the QAC may impose TCLs or refer them to the ICRC.

Strengths and challenges of the model

Strengths

One of the key strengths of Model One, is that it ensures all nurses submit and comply with the Self and Peer Assessment component. It focuses on multisource feedback, which evidence suggests is a promising practice assessment strategy.

Furthermore, Step One of the model offers a more robust method of Self and Peer Assessment for nurses, and it has the potential to have more nurses (ultimately all nurses) complete and satisfy this mandated requirement. In addition, there are non-compliance mechanisms integrated into Step One that would allow the College to appropriately monitor compliance with Self and Peer Assessment, which is lacking in the current QA Program.

Another strength of this model, is that it requires all nurses entitled to practise to participate in multisource feedback. This way, the individuals who demonstrate competency gaps throughout the program would give the College the ability to analyze areas of risk in practice settings and patterns of behaviours.

Technological capabilities built into Step One of the multisource feedback system would allow the College to focus on more intensive resources for nurses who show greater competency gaps and pose concerns for delivering safe nursing care to the public.

Challenges

Feedback from regulators who have adopted this assessment strategy, identify challenges with the type of questions asked in the multisource feedback questionnaire, especially those filled out by clients/patients. The College must ensure that all questions apply to nurses in all practice settings. These considerations will be explored during the development of the multisource feedback tool.

Another challenge is managing the volume of members who may move to Step Two (practice assessment) if they are unsatisfactory in Step One. To address this challenge and determine the feasibility of the program design, it's advisable to launch a pilot on a smaller scale. A phased-in approach also would allow the College to discover how many nurses do not complete Step One and get referred to the QAC.

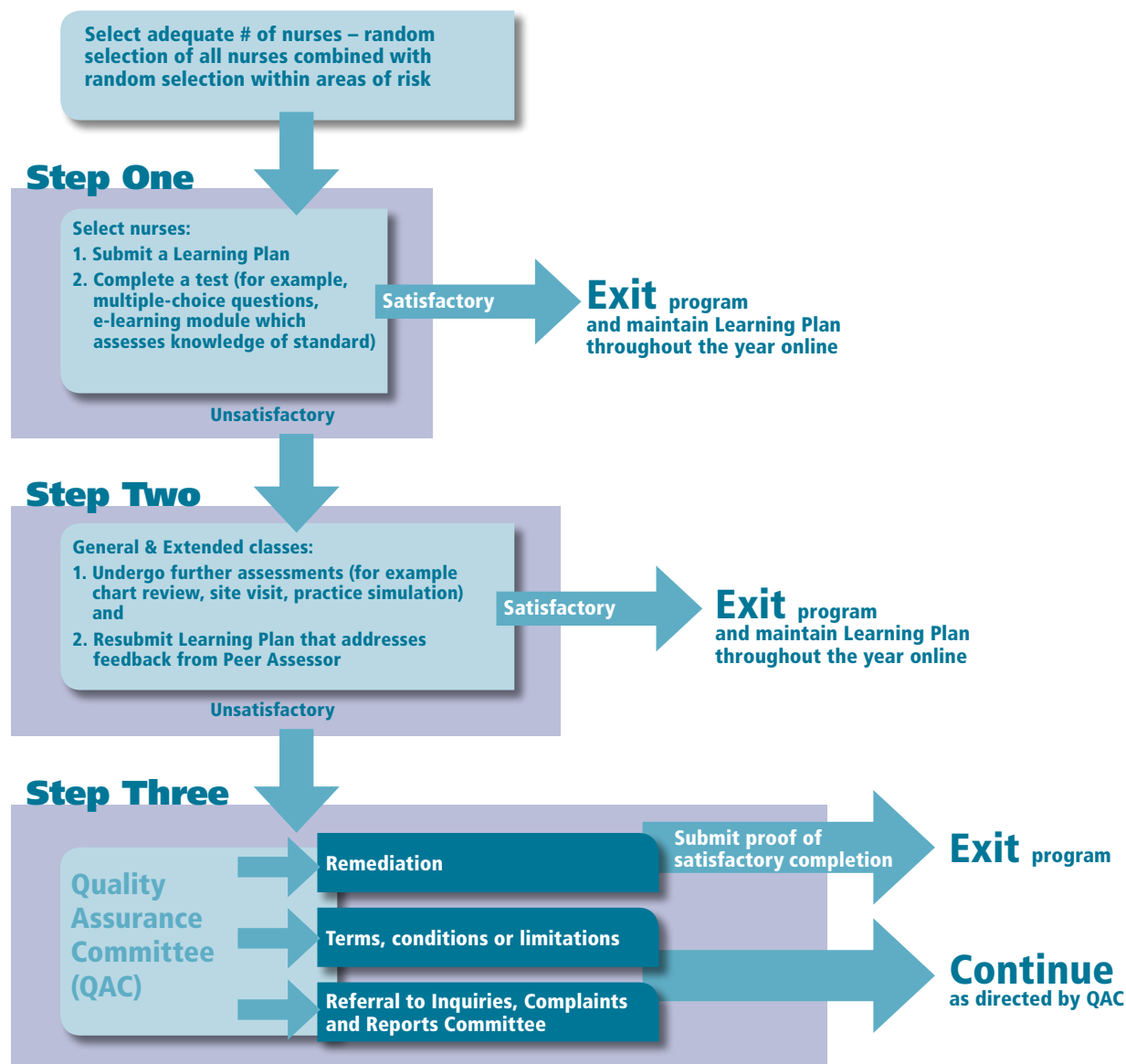
Operational/resource implications

Operationally, there are implications when developing and launching this model. Below are some considerations:

- The College may need to pilot the program with fewer nurses and gradually increase the number of nurses who complete Step One, with the goal of including all nurses
- Increased costs and resources are anticipated due to:
 - more Peer Assessors
 - technology to implement the multisource feedback
 - possible higher volume of reviews for the QAC

The right technology infrastructure is key to successfully developing and launching this model. The College of Registered Nurses of British Columbia (CRNBC) recently developed a new QA Program based on multisource feedback. While the program is not the same as CNO's proposed model, the technological platform it uses might be applicable for the College. Resources and budget will be explored once Council decides which model it wishes to pursue.

Model Two – Three-step model with focused areas of risk



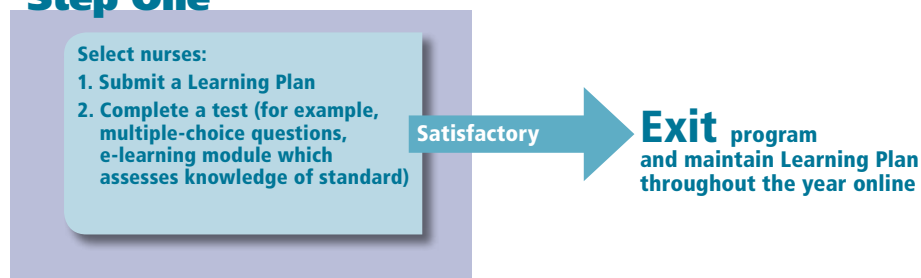
Summary of the components and processes of Model Two

The second model applies a tiered approach using a multi-step process. In this model, nurses in the General and Extended classes are selected randomly. Nurses are also chosen based on areas of risk, which are determined through evidence from the literature and College data. Council will have to determine the appropriate amount or range of nurses selected for this model. This model is similar to the current QA Program model but with the following differences:

- All nurses in the General and Extended classes participate in the same assessment strategies
- Nurses who are unsatisfactory in their first level assessments must undergo a more rigorous assessment type to evaluate further competency gaps
- Nurses who are non-compliant in either Step One or Two are automatically directed to the QAC for further direction.

Self and Peer Assessment component

Step One



Nurses selected for practice assessment are required to complete the following two activities:

1. submit a Learning Plan
2. undergo a test based on College practice standard(s).

In the Learning Plan, nurses:

- document their learning needs based on their self-reflection and peer input
- develop learning goals and align them with College practice standards
- identify activities to achieve their goals.⁸

All nurses, whether selected for QA or not, are required to complete Self Assessment to identify their areas of strengths and learning needs and develop a yearly Learning Plan. Nurses are required to submit their Learning Plan online through a secure and private portal.

In the second activity of Step One, nurses, who have been selected, complete an online test to assess their knowledge of the College practice standard(s). Possible formats could include multiple choice questions or e-learning module(s) with post-evaluation test questions.

College-assigned Peer Assessors would evaluate the Learning Plans for the selected nurses and summarize the results of both activities in a report, which includes feedback for the nurse.

Outcomes based on results from Step One

Satisfactory

Nurses who are deemed satisfactory in their Learning Plan and test, exit the program and maintain their Learning Plan online throughout the year.

Unsatisfactory

Nurses who are deemed unsatisfactory in their Learning Plan and/or test, undergo Step Two assessment.

Rationales for Step One

In the *Current State Report*, the QAC members expressed satisfaction with the current selection within focused areas that have been identified as areas of risk. Applying a selection process that focuses on risk, ensures QA practice assessments can capture areas of risk in practice environments and/or patterns of behaviour. The selection method needs to be revisited continually to ensure the risk areas are updated. Many health care regulators in Ontario have adopted elements of risk to their sampling and selection process.⁹

Council feedback identified it is important for nurses to incorporate and apply the College practice standards to their practice. Step One addresses this need through the development of a Learning Plan and testing the nurse's knowledge and application of practice standards to their practice.

Council's feedback also identified the importance of nurses advancing their skills by developing an annual Learning Plan. Most Ontario health regulators support the development of a Learning Plan as a way for members to identify and address their learning needs through a reflective process.¹⁰

Assessment component

Step Two



If the Peer Assessor finds a nurse is unsatisfactory in either activity in Step One, the nurse must complete the Step Two assessment, which requires them to:

1. undergo an assessment, which may include either a practice site visit, chart review or practice simulation
2. if unsatisfactory with their Learning Plan, they must revise and resubmit a Learning Plan based on Peer Assessor feedback.

The assessment selected for the nurse in Step Two will further evaluate the competency gaps identified in Step One.

Nurses in the General and Extended classes will complete the same assessment strategies,

for example, site visit, chart review or practice simulation. The most appropriate assessment strategy will be determined during the development phase of the program, taking into account factors such as practice setting and feasibility.

College-assigned Peer Assessors conduct the assessment in Step Two, evaluate the revised Learning Plan (if required to resubmit) and create a report with feedback for the nurse.

Possible outcomes based on results from Step Two

Satisfactory

Nurses who are deemed satisfactory in their revised Learning Plan and assessment, exit the program and maintain their Learning plan online throughout the year.

Unsatisfactory

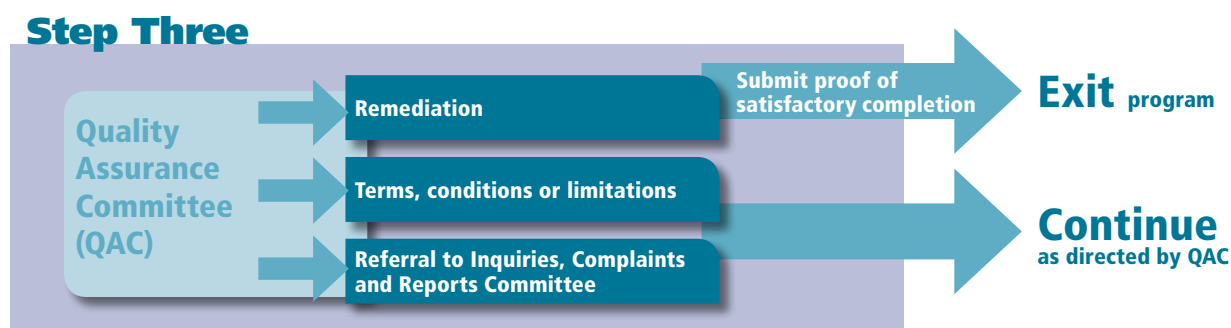
Nurses who are deemed unsatisfactory in their revised Learning Plan and/or assessment, move to Step Three.

Rationales for Step Two

The activities in Step Two are supported by evidence in the College’s literature and jurisdictional reviews. Using multiple assessments or a mixed-method approach, such as chart reviews, practice site visits, examinations and practice simulation, to evaluate a health professional’s competence has been shown to improve the reliability of QA processes.

The tiered framework allows for a greater percentage of nurses to be selected to participate in the initial assessment (Step One). If they are assessed as unsatisfactory, they go through a deeper assessment (Step Two) in which they need to show competence in their practice setting or in a simulated environment.

Remediation component



Nurses who are unsatisfactory in Step Two’s assessment component and/or revised Learning Plan, are referred to the QAC. The QAC will either direct nurses to complete remedial activities, impose TCLs or refer them to the ICRC.

If directed to complete a specified continuing education or remediation program, members could either complete particular activities as identified by the QAC (for example, a course or continuing education). Nurses will be required to submit proof of successful completion, which will be verified by the College.

Nurses who do not comply with either Step One or Two of the program will have the same consequences for non-compliance. They will be referred to the QAC.

Alignment of model to the main program outcomes

Outcome one

Nurses across practice settings will demonstrate and apply competencies according to College practice standards

- This model's activities and assessment strategies, including the Learning Plan, the test and Step Two assessment, require selected nurses to demonstrate their knowledge and application of the College practice standards.

Outcome two

Nurses across practice settings will be engaged in continued quality improvement by:

- demonstrating their ability to critically reflect on their practice
- self-identifying learning needs for continuous improvement
- addressing learning needs for continuous quality improvement by completing self-identified learning activities.
- Nurses who complete the Step One Self Assessment process demonstrate their commitment to continuous quality improvement by developing a Learning Plan
- In this model, nurses are expected to complete their Learning Plan online and update it throughout the year once they successfully exit the QA Program
- Nurses, whose Learning Plans submitted in Step One are found unsatisfactory, must revise them according to Peer Assessor feedback. This will help nurses improve their learning plan development, which should be applied throughout their career.

Outcome three

Nurses who show significant competence gaps when participating in QA will successfully complete remediation or specified continuing education needed to amend those gaps.

- In this model, individuals who are unsatisfactory with component(s) of the Step Two assessment are directed to the QAC for remediation.

Outcome four

Nurses who do not comply/participate with the College's QA requirements/processes will have TCLs imposed on their practice, or will be referred to the ICRC as per the QAC's direction.

- Nurses who do not comply with QA activities from either Step One or Two will be directed by the QAC to complete remedial activities, have TCLs imposed or will be referred to the ICRC.

Strengths and challenges with model

Strengths

This tiered framework model offers an integrated approach to selecting and assessing those nurses who pose the greatest risk to the public.

It also uses multiple assessment methods and strategies to evaluate nurses' knowledge, application and demonstration of competencies and standards.

Finally, this model applies web-based technology to make it easier for nurses to submit their Learning Plan and complete their test. It will also result in more timely assessment results for nurses.

Challenges

This model does not have a process to determine how many nurses complete their Learning Plan, or the quality of their plan, unless the nurse is selected for practice assessment.

The volume of reviews referred to the QAC may increase as nurses are non-compliant with Steps One and/or Two.

Operational/resource implications

Operationally, there are implications when developing and launching this model. Below are some considerations:

- The selection of nurses from areas of risk may require more resources within the QA Program to support these nurses as they go through the QA process
- More Peer Assessors may need to be hired to conduct the practice assessment activities
- The model may need a phased-in approach that selects fewer nurses to start, and gradually increases the volume of selected nurses over time
- The QAC may need to review more member files as the sample size increases and non-compliant nurses go directly to Step Three.

Foundational elements of QA models

The following sections are areas that were identified by Council as foundational elements to include in the new QA Program. These strategies would support the implementation of the proposed models.

1. Technology infrastructure

In order for specific assessment strategies, such as multisource feedback, to work, a technology infrastructure needs to be built. For example, an online system is needed for nurses, colleagues and patients to be able to independently complete and submit their questionnaires. This online system is also key for the College or an established third party to compile the data and determine the competency gaps for nurses. Peer Assessors would be able to access the online system to evaluate the nurses' assessments and create reports with feedback, to send to nurses in a timely manner.

Similarly, establishing an integrated online system would allow the College to effectively monitor whether nurses complete their QA Program activities through a separate secure portal. There will be accessible resources on the main site, which will engage other stakeholders, such as nurses, employers, educators and other regulators with the new QA Program. An online QA portal would serve as a vehicle to educate, raise awareness and effectively communicate important information about the QA Program and processes. Finally, it would help keep nurses' information private and secure.

Therefore, the right technology infrastructure is an essential element to successfully implement a new QA Program. However, resource capacity and budget need to be further explored in the implementation phase once Council chooses the model it would like to develop.

2. Appropriate selection strategy to ensure adequate reach (scale and volume of nurses' participation in the QA Program)

As part of the College's regulatory responsibility within QA, it is important for the models to reach an adequate number of nurses each year. Ensuring this reach means the College has a better view into a nurse's QA requirements, as legislated in the *Regulated Health Professions Act, 1991*, and the *Nursing Act, 1991*.

In both Models One and Two, it is expected that all nurses complete their Learning Plan annually online. While Model One does not require nurses to submit their Learning Plan for evaluation in the first step, Model Two specifies that nurses who are selected must submit their Learning Plan online for assessment.

In Model One, the College proposes all nurses will complete the Self and Peer Assessment component. The small number of nurses that participate in the current QA Program was a concern raised by Council. In Model Two, each year, the College selects an adequate number of nurses through a stratified process, which includes nurses in areas of risk. Council will need to provide input on the appropriate areas of risk through the selection process.

Either model would need to use a phased-in approach, based on a smaller number of nurses, to determine the appropriate scale and feasibility of the program. Over time, it also will help the College refine the processes and improve the QA Program's efficiency.

3. Strategies for education, awareness and communications for the QA Program

It is important that the CNO develops innovative communication and stakeholder strategies to educate nurses, employers, educators, regulators and the public on the QA Program.

Strategies that integrate online resources and social media tools will make it easier to reach nurses. A centralized web section will contain online tools and resources geared directly to each intended stakeholder with clear messaging and outcomes of the QA Program. By developing different online tools, the College will be able to educate nurses on their QA requirements and the application of College practice standards to their practice. These interactive resources and social media tools will better enable nurses to remain current with their QA Program expectations.

It is important that employers, educators and the public understand their role in supporting nurses with QA. Developing audience-specific strategies and resources will help with this goal. For example, academics or organizations can act as “champions” of the QA Program to help promote its value and be a direct resource. Another example is developing an online “tool kit” for employers, to help them understand QA and support their nursing staff in completing the assessments.

4. Collaboration with employers, educators, regulators and the public

Council identified stakeholder collaboration as another critical area for a successful QA Program. The College will collaborate with nurses, employers and educators to ensure they have a clear understanding of the purpose and requirements of the new QA Program. Similarly, the College will engage with the public to educate and create awareness of the QA Program's purpose and its impact on patient safety. College-assigned Peer Assessors can also play a role in educating employers and nurses about the expectations with the QA Program.

The College can work with educators to make sure students are learning about QA requirements early in their nursing programs. This way, entry-to-practice nurses will understand the mandated QA requirements they will be expected to maintain throughout their careers.

5. Create monitoring system and/or policies to ensure compliance

Council identified the need to strengthen how QA is monitored, so the proposed models show the process that nurses will follow when they do not comply with a QA activity. During the implementation phase of the project, specific compliance policies will be developed to respond to non-compliance with Self and Peer Assessment, practice assessment and/or remediation.

Council will have to consider specific policy decisions that provide the QAC with more power to reprimand members for not complying with a QA Program. There are also legal considerations and future policy-related work to keep in mind. In addition, collaboration between QA and other statutory areas may need to be explored in the implementation phase.

6. Ongoing evaluation of the program

Evaluative thinking is built into the design of the new QA Program. Ongoing program evaluation is an important component of sound evidence-informed program implementation. Thus, a developmental evaluation approach¹¹ will be used throughout the design, pilot and implementation of the model that Council chooses for the new QA Program.

Next Steps

Council feedback from the September Council meeting will be incorporated into a draft model.

Shortly after the meeting, the public, nurses, health care regulators, academics and employers will be surveyed to obtain their feedback on the draft model. The survey will ask stakeholders to comment on the concepts and components of the draft model that Council has developed.

This stakeholder feedback will be summarized for Council to review at the December 2017 meeting. Once Council selects a model to develop and implement, operational and resourcing details can be determined.

At the December Council meeting, Council members will review the revised model(s) and consider stakeholder feedback in their selection of the final QA model.

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Future QA PROGRAM

Proposed QA Program Models



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THE STANDARD OF CARE.

101 Davenport Rd.
Toronto, ON
M5R 3P1
www.cno.org
Tel.: 416 928-0900
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