Bon Secours Is Changing Its Approach
TO ANNUAL MANDATORY TRAINING FOR NURSES

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What is the relationship between annual mandatory training and the development of extraordinary professional practice in nursing?

Some people might ask why mandatory training is such a big effort. At Bon Secours we have a commitment to the safety, quality care, and experience of our patients, families, and communities we serve. This work is called Clinical Transformation (CT) in our organization, and education is a critical component in achieving our CT goals. In support of our belief in “One Bon Secours” and that everyone should receive the same standard of nursing care, we have established a framework for nursing called our BSHSI Nursing Professional Practice Model. Within that model is a commitment to application of the existing research and evidence to nursing care. As professional nurses, we share a core set of competencies as part of the care delivery team. Aligning core competencies and skills with existing evidence creates the platform for our required educational experiences. We must balance the need to comply with a regulatory requirement with ensuring the nurse demonstrates technical skill, critical thinking, and interpersonal aspects of care as part of their competency. This approach raises the bar from a mere check box for technical skill to a more professional approach to education. Curriculum evaluation is important as well to developing meaningful mandatory training that improves practice and outcomes. One must ask—what value does this learning and knowledge bring to the professional nurse, the organization, and most of all to the patient and family! Currently we are in the process of evaluating the changes to our mandatory curriculum and the value equation for the nurses receiving the learning experience as well as patient outcomes.

How will you measure success, and what will lead to program changes in the future?

We are going to pay attention to outcome measures and how they change as evidence of achievement as well as to satisfaction surveys that we conduct among our learners. It’ll be three years before we can do a full evaluation of the program, so we plan to reassess after that time. Of course, we will be paying very close attention to chart reviews, quality indicator performance and assessment scores along the way. We will also conduct periodic nursing education needs assessment surveys to include the voice of our nursing staff in the ongoing improvements to the mandatory curriculum.

What must be done to further enhance the professionalization of nursing?

The role of the professional registered nurse requires higher-level thinking, synthesis of complex data for decision-making, coordination of care, advocacy, cultural competence, and many other skills and behaviors beyond completing tasks and following provider orders. Our vision for Bon Secours Nursing is that we embrace our framework for nursing, which includes our mission and values, Professional Practice Model, and the American Nurses Credentialing Program’s Magnet Recognition Program® model as the foundation for practice. In addition, implementing critical strategies such as those described in the Institute of Medicine’s The Future of Nursing: Leading Change, Advancing Health (2010) requires that we move beyond skill-based instruction to ensure that professional registered nurses practice to the full scope of their education, training, and licensure. In support of our consistent framework for nursing, we are focusing on the integration of learning as it relates to nursing professionals and the competencies needed to be successful in the current and future climate of health care. The American Nurses Association Scope and Standards of Practice for Nursing, Nursing Social Policy Statement, and Ethics in Nursing, as well as national professional specialty nursing organization standards outlines the required competencies and expectations for the profession and will be central to our learning efforts. One cannot deliver safe, high quality, contemporary nursing practice without the learning infrastructure necessary for his/her work.
What do you see in terms of the future of nursing?

The profession of nursing is positioned to play a critical role in healthcare delivery. The 2010 IOM report focuses primarily on the construct of professional practice, particularly educational preparation for entry into the profession. The underlying assumption is that competence is there when they begin, to be maintained as part of their professional development. However, a recent study (2015) from The Advisory Board Company, in surveying college of nursing deans and hospital Chief Nurse Executives, shows a distinct difference in the skill and competence of graduate nurses as they enter the profession. In addition to maintaining ongoing competence, we have to ensure that nurses are ready for the challenges as they enter the profession amidst the fast pace of changes occurring in our U.S. delivery system. Because we are so committed to delivering the best outcomes to our patients and their families, we have to assess the competence and confidence of our nursing staff throughout all stages of their careers.

How will learning/education staffing evolve to meet this changing educational environment?

The annual mandatory-professional practice contrast is evident when you look at the roles of directors of professional practice and nurse educators. Nurse educators are responsible for the day-to-day interface of providing education. They are most often content experts in various areas. The director of professional practice is responsible for a variety of departments and initiatives. She or he is leading all professional activities in the facility. Due to this broad scope, they are frequently responsive more to risk management than elsewhere and approach education more from a risk mitigation direction. As we redefine the role of the educator and the role of the director of professional practice, we will take a more proactive approach to learning needs since less resources will be deployed under our new mandatory model. This will definitely change our approach for topics related to annual mandatories. Nurses will come with competencies, and we will test for them. Learning and education will be focused on developing professional skills and competencies required as registered nurse roles evolve.

What do you see ahead for nurse education and annual mandatory training?

It appears likely that most mandatory training will be online, except for skills fairs. With technology, everything will become more sophisticated. Healthcare organizations will redirect clinical educators to work more on the professionalism of nurses and on the development of new nurses entering the organization. There’s a huge need for further professionalism in our ambulatory medical practices and other community care settings. It is not certain that we have the experience to provide the learning solutions necessary in these practices. We need to shift our emphasis to confidence, autonomy, and team-based care; decision-making in these settings, as well as the role of the professional nurse in this context, is very important to the future of our health system. Creating a global professional narrative that works across all nursing settings is a top priority.
What is the Bon Secours approach to using education to support the professional practice of nursing?

At Bon Secours, we aim to connect learning experiences to our commitment to help bring people and communities to health and wholeness—a tenet of our mission. Given our nurses spend considerable time doing their “mandatories,” we want to make this as efficient and effective as possible.

In the past we have been extremely fragmented, but we now recognize the need to create more consistency within the organization. We dedicated much time to discussing the incredibly complex criteria linked to mandatory training and what changes were best to achieve our goals and mission. We wanted to understand how we could move to truly affecting the professionalism of nursing.

Where did the idea to change annual mandatory training originate?

As part of our Clinical Transformation and Stewardship efforts to effectively deliver quality care across the continuum at the most reasonable cost, we identified our learning infrastructure as an opportunity area. An advisory group, led by our Chief Learning Officer, developed areas of priority for improvement. One of the teams launched was a group of nurse educators, led by both our system Director of Professional Practice and Manager of Learning Effectiveness, to investigate areas of opportunity in clinical education. This team began examining the Joint Commission and other regulatory body standards to determine a core set of critical skills and competencies for all acute care RNs.

A proposal was developed to change the annual mandatory training process. Consistent feedback was that the facilities assigned an increasingly large number of modules every year. The leaders and employees did not see the value-add with this process for the time necessary to complete the modules. The educators, along with an expanded inter-disciplinary team, reviewed the Joint Commission and other regulatory standards to determine exactly what education was required as per the associated standard. The team then developed a crosswalk to determine which topics needed to be addressed as annual topics and which were required periodically, but less often. Based on a review of safe work practices and since the Joint Commission survey is on three year cycle, the team recommended we move to the same cycle for mandatory training, with some courses remaining annual and others becoming triennial.

Two years of meetings occurred to discuss and reconcile regulations and practice moving forward. One important part of this effort was the need to establish what topics/modules were to be used system-wide, given that regions and sometimes hospitals had come up with their own modules on the same subject or purpose. It was necessary to identify best practices that should be the standard for the entire system. For example, some facilities required more modules than other facilities on an annual basis. And, each facility or market within Bon Secours addressed meeting their mandatory training requirements differently.

How did the new annual mandatory training program evolve and why did it start in Kentucky?

The group agreed to pilot the first year in one of our smaller local regions as a test of these changes. Once we were able to agree on the first year’s modules in our three-year cycle, we needed somewhere to pilot this new training approach. The director of education in our Kentucky region volunteered for the initial assignment, to see how staff responded to the change. Kentucky was an ideal pilot location as it is a small operation for us, with approximately 300 nurses, making it easier to manage.

The region started the assignment using the three-year cycle. A communication and education plan was developed for staff nurses and nurse leaders to understand the new process. The regional lead for the pilot was able to work through some challenges with assignments and other small barriers in our system set-up and understanding of the new process. The pilot was a resounding success. As a result, this initiative was moved from a single region to the entire health system.
Were there any non-regulation reasons that some training remained on an annual basis?

There were some special instances where experience and other factors led us to continue requiring a course/topic on an annual basis. For instance, a course on pain management was deemed essential annually because the treatment of pain significantly impacts patient experience. Training about blood administration was another topic we thought essential for annual training. We considered any topic essential for annual training if it met the Donna Wright standard of high risk/low volume care circumstances. When possible we used data to determine the need for a topic/course. Additionally, we also incorporated test scores and data from the quality department on patient outcomes connected to learning objectives; these were important decision inputs.

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References:

ARE YOUR REQUIREMENTS FOR ANNUAL MANDATORIES OUT-OF-CONTROL?

Nurses throughout the country are spending a great deal of time—typically between 8 and 50 hours—completing “annual mandatory training.” Annual mandatories are courses prescribed by their hospital linked to Joint Commission and other government requirements, patient safety, or quality initiatives. While the nursing literature is robust in many areas, doing a literature review with respect to “annual mandatory training” suggests that more research is needed on this topic. There is a unique opportunity to make a contribution to the profession of nursing around the topic of annual mandatory training by answering these questions:

- What are current best practices?
- What is required by different accrediting bodies?
- What topics should be covered?
- Are there any national benchmarks with respect to annual mandatory training?
- How much time does it take to cover key learning objectives?
- How does annual mandatory training link to the profession of nursing?

Professionalism of Nursing and Annual Mandatory Training

Collaborating with Bon Secours Health System, HealthStream has decided to explore the link between annual mandatory training and the profession of nursing. Thought leaders (Izumi, 2012) express concern about the de-professionalism of nursing in the face of administrative mandates undertaken without reflection on the meaning of the activities. Many annual mandatories are taken just to check the box, without much reflection on their meaning or necessity. Aiming to improve this practice, Bon Secours Health System and HealthStream have created a survey studying the perception of nurses with respect to their profession and annual mandatory training.

System Standardization

Working with different members of the HealthStream community, we have begun the process of categorizing what different organizations are doing with respect to annual mandatory training. At hospitals across the country, we are finding that everyone is doing something different. Looking at hospitals in the same geographic region, we have found different hospitals using quite different annual mandatory curriculums. Even hospitals in the same system often use differing curriculums. Some of this variance is due to hospital mergers; however, we also find significant curriculum variability is due to the use of different home grown programs. As a result, educators, directors of professional practices, and nursing leaders have little to no visibility into how their nurses compare to those at other organizations with respect to annual mandatory training.

Peering into a National Data Set to Inform Annual Mandatory Curriculum Decisions

How knowledgeable people are on certain topics might be a good indication of what needs to be part of an annual mandatory curriculum. For example, we decided to look at the important topic of cultural competence. Reviewing our 2015 national data set, we found that only 14% of students test out of this common annual mandatory course—suggesting a clear need for this topic on an annual basis. Blood Product Safety 1, another common annual mandatory, had a test-out percentage of 13% in 2015. Clearly, training is needed in these areas. Identifying and Assessing Victims of Abuse and Neglect, in contrast, had a test-out percentage of 86% in 2015 across our data set. While such a course may need to remain in an annual curriculum—there may be ways to assess and verify knowledge on this important topic without prescribing the same course annually and unnecessarily.

Efficiency—A New Outcome to Consider when it Comes to Annual Mandatories

More research needs to be done on the topic of “annual mandatory training” with respect to the nursing profession. Standardizing best practices and using data to inform local choices can only lead to educational efficiency. And, being efficient with the 15-20 or more annual hours of training for every nurse in our country could have a considerable impact on the profession of nursing and patient care in our country.

Please contact Richard Galentino, Vice President of Professional Development Pathways at richard.galentino@healthstream.com to learn more about:

- How you can compare your annual mandatory training program to those of other healthcare organizations
- How you can administer HealthStream’s new survey examining relationships between annual mandatories and the professionalism of nursing at your organization

References: