

403: PROFESSIONAL ACCOUNTABILITY FOR QUALITY CARE: A REGULATORY BODY'S INNOVATIVE APPROACH TO BUILDING BRIDGES WITH INDIVIDUAL HEALTH PROFESSIONALS

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Objective:

The purpose of the project was to design and implement a program to meet regulatory requirements for assuring the public of the quality of practice of the profession.

Methods:

The design of the Quality Assurance Program of the College of Nurses of Ontario (CNO) was based on the premise that every practising nurse is committed to the delivery of quality nursing care. The regulatory body assumed the role of supporting nurses to meet and demonstrate that commitment. The program is facilitative, designed to assist nurses to improve their competence and prevent them from becoming "poor practitioners" rather than specifically seeking out "poor" nurses. CNO's philosophy of improvement is based on the Japanese concept of "Kaizen" which directs that "every day you must find a small way to improve an aspect of your care or service and the process by which it is created".

Using a combination of formal research, a review of best practices and consultation with members of the profession, CNO designed and implemented a program with a focus on life-long learning. There are three components to the program: Reflective Practice, Practice Setting Consultation, and Practice Review. Reflective practice focuses on ensuring the maintenance and improvement of the nurse's competence over time. All nurses are expected to engage in a reflective process to help them identify areas for continual improvement. Practising nurses are required to complete a self-assessment, seek input from a peer, develop and implement a learning plan based upon the identified needs, and evaluate the outcomes of the plan. Tools were developed to assist nurses with self-assessment and peer review. The Practice Setting Consultation Program focuses on contributing to, and influencing practice settings that support quality care. The program has been created to help nurses and employers identify, cultivate and maintain characteristics in their workplace that support professional practice. Practice Review focuses on facilitating practice development where areas for improvement exist or potentially exist. It includes an objective assessment of the practice of a random selection of nurses in relation to a set of competencies that have been identified as essential for safe, effective and ethical nursing.

Initiated in 1993, the third component of the program was implemented in January 2002.

Results:

Of the 140,000 nurses governed by CNO, between 97 and 99% participate annually in Reflective Practice. The self-assessment tool is one of CNO's most frequently accessed resources. One of the first accomplishments of the Practice Setting Consultation Program (PSCP) was the development of an evidenced based tool which is used to rate settings on the presence of seven attributes of a quality practice setting. There are currently over 100 sites engaged in the PSCP. Nurses and employers in acute care, long term care, community and private sector organizations have voluntarily participated. Self-reports from those who have participated in the first year of Practice Review indicate that the process has affirmed their nursing knowledge and competence.

Conclusions:

A significant outcome of CNO's QA Program is the opportunity it has provided the regulatory body to interact with its members. Historically, nurses have associated the regulatory body with registration and enforcement functions. The QA Program has proven to be an extremely effective mechanism for building bridges with members in the process of meeting the profession's accountability to the public for self-regulation. The success of any quality initiative is dependent on the active commitment of the parties involved. Members of the public stand to benefit when nurses commit themselves to demonstrating their accountability for continuous learning and ongoing competence.