Creating an Ohio Nurse Competency Model-Based RN Job Description Utilizing Delphi Methodology

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The presenters for this presentation have disclosed no conflict of interest related to this
About Akron Children’s

• Ranked a Best Children’s Hospital by *U.S. News & World Report*

• Magnet® Recognition for Nursing Excellence

• Largest independent pediatric provider in northern Ohio
  • 2 hospital campuses
  • 90 locations offering primary care, specialty services and urgent care
  • The second busiest pediatric emergency department in Ohio
  • Perform more pediatric surgeries than any other hospital in northeast Ohio
  • 5,500 employees

With more than 800,000 patient visits each year, we’ve been leading the way to healthier futures for children and communities through expert medical care, prevention and wellness programs since 1890.
Objective

Describe how to use a consensus-building approach to revise a staff nurse job description
Background
2003 • IOM To Err is Human
• IOM Vision Health Professionals Education

2005 • Quality and Safety Education for Nurses Initiative (QSEN)
• 2005-2012 (RWJ)

2010 • IOM Future of Nursing

2011 • Campaign for Action (RWJ & AARP)

2013 • Ohio Action Coalition
• Ohio Nurse Competency Model
2003

- IOM To Err is Human
- IOM Vision Health Professionals Education
IOM to Err is Human

- Published in 1999
- Called for National effort to make health care safer
- Errors caused between 44,000-98,000 deaths each year in hospitals and caused >1 million injuries
- Called for 50% reduction in 5 years
IOM Vision for Health Professions Education

• All healthcare providers should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics

• Five core competencies for all disciplines
  1. Provide patient-centered care
  2. Work in interdisciplinary teams
  3. Employ evidence-based practice
  4. Apply quality improvements
  5. Utilize informatics
2005

• Quality and Safety Education for Nurses Initiative (QSEN)
• 2005-2012 (RWJ)
QSEN GOAL

to address the challenge of preparing future nurses with the knowledge, skills, and attitudes (KSA(s)) necessary to continuously improve the quality and safety of the healthcare systems in which they work.
From 2005 - 2012

4 Phases of RWJ funding UNC and AACN

Involved developing competencies for undergraduate and graduate nurses
6 Competency Domains

- Patient-Centered Care
- Teamwork and Collaboration
- Evidence-based Practice (EBP)
- Quality Improvement (QI)
- Informatics
- Safety
QSEN Organization

- Each of the 6 Domains have competencies identified
- Competencies organized into 3 categories:
  - Knowledge
  - Skills
  - Attitudes
Competency

The habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice.
Patient-centered Care

Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.

Knowledge
- Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values

Skills
- Provide patient-centered care with sensitivity and respect for the diversity of human experience

Attitudes
- Value seeing health care situations “through patients’ eyes”
Teamwork and Collaboration

**Definition:** Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes</th>
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<tbody>
<tr>
<td>• Describe scopes of practice and roles of health care team members</td>
<td>• Function completely within own scope of practice as a member of the health care team</td>
<td>• Value the perspectives and expertise of all health team members</td>
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</tbody>
</table>
Evidence-based Practice (EBP)

Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

**Knowledge**
- Differentiate clinical opinion from research and evidence summaries

**Skills**
- Read original research and evidence reports related to area of practice

**Attitudes**
- Appreciate the importance of regularly reading relevant professional journals.

Akron Children’s Hospital
Quality Improvement (QI)

Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

Knowledge
- Describe approaches for changing processes of care

Skills
- Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act)

Attitudes
- Value local change (in individual practice or team practice on a unit) and its role in creating joy in work
Safety

Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

**Knowledge**
- Describe the benefits and limitations of selected safety-enhancing technologies (such as barcodes, Computer Provider, Order Entry, medication pumps and automatic alerts/alarms)

**Skills**
- Demonstrate effective use of strategies to reduce harm to self or others. Use appropriate strategies to reduce reliance on memory (such as forcing functions, checklist)

**Attitudes**
- Appreciate the cognitive and physical limits of human performance
Informatics

Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

**Knowledge**
- Contrast benefits and limitations of different communication technologies and their impact on safety and quality

**Skills**
- Employ communication technologies to coordinate care for patients

**Attitudes**
- Protect confidentiality of protected health information in electronic health records
Connection to Practice?
2010

IOM Future of Nursing
IOM’s Future of Nursing: Leading Change
Advancing Health

Four key messages

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through seamless academic progression.
3. Nurses should be full partners, with physicians & other health professionals, in redesigning health care.
4. Effective workforce planning and policy making require better data collection and an improved information infrastructure.
IOM’s Future of Nursing Eight Recommendations

1. Remove scope of practice barriers
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
3. Implement nurse residency programs
4. Increase the proportion of nurses with baccalaureate degree to 80 percent by 2020
5. Double the number of nurses with a doctorate by 2020
6. Ensure that nurses engage in lifelong learning
7. Prepare and enable nurses to lead change to advance healthcare
8. Build an infrastructure for the collection and analysis of interprofessional health care workforce data
2011

Campaign for Action (RWJ & AARP)
The Future of Nursing: Campaign for Action

- **Driven by the evidence-based recommendations from the Institute of Medicine.**
- Mobilizing a nationwide network of coalitions representing nurses, other health providers, consumers, businesses, others.
- Backed by Robert Wood Johnson Foundation & AARP
- Working to transform health care through nursing
Campaign for Action

- Started with 5 states
- Ohio came on board in 2013
- Ohio Action Coalition
Ohio Nurse Competency Model*

- Patient-Centered Care
- Leadership & Professionalism
- System-Based Practice
- Evidence-Based Practice
- Communication Team Work & Collaboration
- Informatics & Technology
- Quality Improvement & Safety

*Based on QSEN and NOF Competencies
<table>
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<tr>
<th>IOM</th>
<th>QSEN</th>
<th>NOF</th>
<th>OHIO</th>
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<tbody>
<tr>
<td>Apply Quality Improvement</td>
<td>Quality Improvement &amp; Safety</td>
<td>Quality Improvement Safety</td>
<td>Quality Improvement Safety</td>
</tr>
<tr>
<td>Provide Patient-Centered Care</td>
<td>Patient Centered Care</td>
<td>Patient Centered Care</td>
<td>Patient Centered Care</td>
</tr>
<tr>
<td>Work in interdisciplinary teams</td>
<td>Teamwork &amp; Collaboration</td>
<td>Teamwork &amp; Collaboration</td>
<td>Communication Teamwork &amp; Collaboration</td>
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<tr>
<td>Employ Evidence Based Practice</td>
<td>Evidence Based Practice</td>
<td>Evidence Based Practice</td>
<td>Evidence Based Practice</td>
</tr>
<tr>
<td>Utilize Informatics</td>
<td>Informatics</td>
<td>Informatics</td>
<td>Informatics &amp; Technology</td>
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</table>
What is Next?

Linking Education & Practice

Job descriptions organizing the work of nursing based on the Ohio Nurse Competency Model
The aim of this study was to identify which knowledge, skills and attributes as identified by the Ohio Competency Model are critical to the performance of a Registered Nurse and therefore should be included as a competency on the revised (2016) ‘Registered Nurse Position Description & Performance Appraisal’.
Qualitative Study Design, Methodology and Results
Modified Delphi Methodology

The modified Delphi process is a qualitative methodology employed to determine priorities and generate consensus among a chosen team of content area experts or stakeholders via multi-stage survey assessments.
Description of Process

- A task force comprised of high-level nursing leadership along with key human resources and analytical personnel was formed to create, manage and drive the process.
- Membership consisted of:
  - Vice President of Patient Services & Chief Nursing Officer
  - Director, Nursing Professional Practice
  - Human Resources Business Partner for Patient Services
  - Biostatistician
  - Assistant Chief Nursing Officer & Chief Nursing Information Officer
  - Coordinator, Nurse Residency Program
Description of Process

- The task force created surveys based upon the Ohio Nurse Competency Model, with the key knowledge, skills and attributes organized in 7 key domains:
  1. Leadership & Professional Practice
  2. Patient Centered Care
  3. Quality Improvement & Safety
  4. Evidence Based Practice
  5. Informatics & Technology
  6. Communication, Collaboration & Teamwork
  7. Systems Based Practice
Participants were selected to represent various nursing roles throughout the organization and included:

– Staff Nurses
– Clinical Coordinators
– Nurse Educators
– Nurse Informaticists
– Clinical Nurse Specialists
– Nurse Managers
– Nursing Directors
Round I: Survey was sent to selected participants and contained the 303 knowledge, skills and attributes identified in the Ohio Nurse Competency Model.

- Each respondent was asked to rate the importance of each competency on a scale of 1-5 [not at all (1), slight (2), somewhat (3), very (4), absolute(5)] for importance in describing quality staff nurse practice and feasibility of evaluation in annual performance reviews.
- Survey consisted of 606 Likert Type Items
Selection Criteria: Threshold value indicating consensus was set \textit{a priori} at 90% responses $\geq 4$.

- If any competency had 90% of responses $\geq 4.0$ (indicating 90% of participants responded ‘very important’ or ‘absolutely important’) then it was retained for round two of the process.
- A 90% threshold was chosen vs the more commonly suggested 70% due to the need to limit the inclusion of competencies to those deemed most important and in an amount reasonable to include in a job description.
Round II: In the second and final round the survey contained only those items which met the selection criteria as previously described and was sent to the same experts.

• Selection Criteria: Again, threshold values indicating consensus were set *a priori* for inclusion in the staff job description.
Potential Limitations of Process

Sample Size – while larger sample sizes are often considered optimal to decrease potential bias in generation of ideas, the employment of selected experts for generation of consensus on pre-determined competencies minimizes this concern.
Potential Limitations of Process

- Limited view of participants – again a potential bias is inherent in a small group; however by choosing participants from a variety of roles and backgrounds, all reasonable attempts were made to minimize this issue.
  - The potential commonality among viewpoints of participants was not considered a negative in this scenario as it potentially increases the viability of the final product.
## Results

**Round I:** Survey was administered to Registered Nurses in a variety of roles throughout the institution, of which 69 responded.

| Each knowledge, skill and attribute was rated according to importance and feasibility. | Selection Criteria: 90% |
A post hoc exception was made for Evidence Based Practice which was included at the 75% threshold due to lack of consensus at the 90% threshold. This may be due to the relatively new incorporation of this idea into the daily fabric of nursing life at Akron Children’s Hospital. 6 competencies were included at the 75% threshold level.
Results

- An exception was also made for feasibility which was included at the 75% threshold (i.e. the 25th percentile) due to lack of consensus at the 90% threshold.
  - Of these only four skills were included that did not reach the 90% threshold for importance.
Results

Round II: Survey was administered to Registered Nurses in a variety of roles throughout the institution, of which 59 responded.
## Participants

<table>
<thead>
<tr>
<th>POSITION</th>
<th>n</th>
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<tr>
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<td>Clinical Coordinator</td>
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<td>13.6</td>
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<tr>
<td>Nurse Manager</td>
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<td>Nurse Educator</td>
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<td>Nursing Director</td>
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<tr>
<td>Clinical Nurse Specialist</td>
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<tr>
<td>Other (Combined Roles)</td>
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<td>6.7</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>59</td>
<td>100</td>
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## Participants

<table>
<thead>
<tr>
<th>YEAR’S EXPERIENCE IN NURSING</th>
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<th>%</th>
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<tbody>
<tr>
<td>Less than 3 years</td>
<td>1</td>
<td>1.7</td>
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<tr>
<td>3 – 5 years</td>
<td>4</td>
<td>6.8</td>
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<tr>
<td>More than 5 years</td>
<td>54</td>
<td>91.5</td>
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### Participants

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<th>HIGHEST LEVEL OF EDUCATION</th>
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<td>Diploma</td>
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<td>MSN</td>
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<td>MS/MA</td>
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<tr>
<td>PHD</td>
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<td>TOTAL</td>
<td>59</td>
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</table>
Final Selection

In Round II there were 51 knowledge, skills, and attributes that met criteria for inclusion.
Informatics & Technology

- The staff nurse navigates the electronic health record.
- The staff nurse values technologies that support clinical decision-making, error prevention, and care coordination.
- The staff nurse documents and plans patient care in an electronic health record.
- The staff nurse protects confidentiality of protected health information in electronic health records.
- The staff nurse responds appropriately to clinical decision-making supports and alerts.
Communication, Collaboration & Teamwork

• The staff nurse acts with integrity, consistency and respect for differing views.
• The staff nurse functions competently within own scope of practice as a member of the health care team.
• The staff nurse values the perspectives and expertise of all health team members.
• The staff nurse assumes role of team member or leader based on the situation.
• The staff nurse respects the centrality of the patient/family as core members of any health care team.
Communication, Collaboration & Teamwork

- The staff nurse initiates requests for help when appropriate to situation.
- The staff nurse communicates with team members, adapting own style of communicating to needs of the team and situation.
- The staff nurse values teamwork and the relationships upon which it is based.
- The staff nurse uses clear, concise, and effective, written, electronic, and verbal communications.
- The staff nurse initiates actions to resolve conflict.
Communication, Collaboration & Teamwork

• The staff nurse follows communication practices that minimize risks associated with handoffs among providers and across transitions in care.
• The staff nurse applies the principles of teaching.
• The staff nurse assesses factors that influence the patient’s and family’s ability to learn, including readiness to learn, preferences for learning style, and levels of health literacy.
• The staff nurse accepts the role and responsibility for providing health education to patients and families.
Systems Based Practice

- The staff nurse plans, organizes, and delivers patient care in the context of the work unit.
- The staff nurse seeks to solve problems encountered at the point of care.
- The staff nurse collaborates with members of the health care team to prioritize resources, including one’s own work time and activities delegated to others, for the purposes of achieving quality patient outcomes.
Patient Centered Care

• The staff nurse assesses presence and extent of pain and suffering.
• The staff nurse assesses levels of physical and emotional comfort.
• The staff nurse initiates effective treatments to relieve pain and suffering in light of patient values, preferences and expressed needs.
• The staff nurse communicates care provided and needed at each transition in care.
Quality Improvement and Safety

- The staff nurse demonstrates effective use of technology and standardized practices that support safety and quality.
- The staff nurse demonstrates effective use of strategies to reduce risk of harm to self or others.
- The staff nurse values own role in preventing errors.
- The staff nurse uses organizational error reporting systems for near miss and error reporting.
Evidence Based Practice

- The staff nurse values the concept of EBP as integral to determining best clinical practice.

- The staff nurse values the need for continuous improvement in clinical practice based on new knowledge.

- The staff nurse consults with clinical experts before deciding to deviate from evidence-based protocols.
Leadership & Professional Domain

- The staff nurse understands critical thinking and problem solving processes.
- The staff nurse models effective communication and promotes cooperative behaviors.
- The staff nurse values new ideas and interventions to improve patient care.
- The staff nurse demonstrates accountability for own nursing practice.
- The staff nurse accepts accountability and responsibility for one's own professional judgment and actions.
- The staff nurse exercises critical thinking within standards of practice.
Leadership & Professional Domain

- The staff nurse shows commitment to provision of high quality, safe, and effective patient care.
- The staff nurse accepts accountability for nursing care given by self and delegated to others.
- The staff nurse implements plan of care within legal, ethical, and regulatory framework of nursing practice.
- The staff nurse complies with safety and regulatory standards and includes mandated reporting regulations.
- The staff nurse understands limits to one's scope of practice and adheres to licensure law and regulation.
Leadership & Professional Domain

• The staff nurse recognizes personal capabilities, knowledge base, and areas for development.

• The staff nurse adapts to stressful situations.

• The staff nurse acts as an effective role model and resource for students and support staff.

• The staff nurse recognizes the limits of one's own role and competence and, where necessary, consults with other health professionals with the appropriate competencies.

• The staff nurse promotes and maintains a positive image of nursing.

• The staff nurse understands roles and responsibilities as a patient advocate.

• The staff nurse serves as a patient advocate.
Quantitative Methodology and Results
Purpose: To look for evidence in support of the Modified Delphi Method results

Fisher’s Exact Test was utilized to test for an association between participant role and response.

Statistical analyses were completed using SAS 9.4 / 13.2 ©. Testing was two-tailed and evaluated at the Type I Error Rate of alpha=0.05 level of statistical significance.
Respondents to survey were grouped according to reported work role into the following categories:

- Administrative (n = 13, 22.0%)
  - Nurse Manager, Assistant Nurse Manager, Nursing Director
- Direct Patient Care (n = 29, 49.2%)
  - Staff RN, Clinical Coordinator, Nurse Practitioner
- Leadership Role (n = 17, 28.8%)
  - Nursing Educator, Clinical Nurse Practice Leader
Results

Competencies were evaluated for an association between rating and role. 47 competencies were not significantly different (p-value > 0.05).

Evidence indicating that role did not influence rating

4 competencies were significantly associated (p-value < 0.05) indicating that role did influence rating.
The four competencies which exhibited a significant association between role and rating are:

**Informatics and Technology:**
- The staff nurse responds appropriately to clinical decision-making supports and alerts.

**Communication, Collaboration & Teamwork:**
- The staff nurse assumes role of team member or leader based on the situation.
- The staff nurse respects the centrality of the patient/family as core members of any health care team.
- The staff nurse accepts the role and responsibility for providing health education to patients and families.
### Results

**Fisher's Exact Test**

**P-Value: 0.034**

<table>
<thead>
<tr>
<th>Freq., %, Row %, Col %</th>
<th>The staff nurse responds appropriately to clinical decision-making supports and alerts.</th>
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<td><strong>Position Category</strong></td>
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<td>3.39</td>
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<td>66.67</td>
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<td><strong>DIRECT</strong></td>
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<td>1.69</td>
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### Fisher's Exact Test

**P-Value: 0.019**

<table>
<thead>
<tr>
<th>Freq., %, Row %, Col %</th>
<th>The staff nurse assumes role of the team member or leader based on the situation.</th>
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<tbody>
<tr>
<td><strong>Position Category</strong></td>
<td><strong>3</strong></td>
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<tr>
<td><strong>ADMIN</strong></td>
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<td><strong>DIRECT</strong></td>
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<td>1.69</td>
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Fisher's Exact Test  
P-Value: 0.012

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<td>1.72</td>
<td>55.17</td>
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The staff nurse respects the centrality of the patient/family as core members of any health care team.
Fisher's Exact Test  
P-Value: 0.040

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<td>DIRECT</td>
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<td><strong>Total</strong></td>
<td>2</td>
<td>31</td>
<td>26</td>
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The staff nurse accepts the role and responsibility for providing health education to patients and families.
Quantitative Summary

• Results of the Fisher’s Exact Testing support the qualitative findings regarding consensus.
• Significant associations offer areas for educational opportunities
  – Next Steps: Analyze competencies that did not reach the desired threshold for inclusion
  • Potential Benefit: Identification of disparities in response by role – would provide opportunity for future education and potential inclusion in future versions of the staff nurse job description.
The Qualitative Results, The HR Methodology & The Implementation
Using Ohio Nurse Competency Model to Create an Evidence-based Staff Nurse Job Description for an Acute Care Pediatric Hospital
QSEN + Competencies

- Patient Centered Care
- Leadership and Professionalism
- Evidence Based Practice
- Quality Improvement & Safety
- Informatics and Technology
- Communication, Teamwork and Collaboration
- Systems-Based Practice
ACH Current Competencies

- Assessment
- Planning
- Nursing Care Delivery
- Evaluation
- Participates in Educational Efforts of Department
- Ages Specific Competencies
Competencies

ACH

QSEN+
New ACH Evidence Based Job Description
Process

Did the QSEN + competencies align with:

- ANA Scope of Practice and Standards
- ACH Skills and Knowledge
- ACH Professional Practice Model
- Hospitals Strategy
Professional Practice Model
Strategic Plan, 2014 – 2016
True North Objectives & Operational Imperatives

True North Objectives
- Quality & Care Transformation
- Patient Experience
- Education & Discovery
- Market Position

Operational Imperatives
- People
- Technology & Analytics
- Facilities
- Financial Health

Vision
Promises
Mission
Culture
<table>
<thead>
<tr>
<th>Registered Nurse Position Description &amp; Performance Appraisal Revision</th>
<th>ANA Scope and Standards of Practice</th>
<th>ACH PDPA Skills/Knowledge</th>
<th>ACH Professional Practice Model</th>
<th>True North Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>51 Competencies left after Delphi Round Two</td>
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<tr>
<td>LEADERSHIP &amp; PROFESSIONAL DOMAIN</td>
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<tr>
<td>K2: The staff nurse understands critical thinking and problem-solving processes.</td>
<td>4. Planning: The pediatric nurse develops a plan of care that prescribes strategies and alternatives to attain expected outcomes</td>
<td>AGE SPECIFIC: Demonstrates the knowledge and skills necessary to provide care for the physical, psychosocial, educational, and safety needs of patients served regardless of age and developmental status</td>
<td>High Quality Efficient Care</td>
<td></td>
</tr>
<tr>
<td>S3c: The staff nurse models effective communication and promotes cooperative behaviors.</td>
<td>5C. Consultation: The pediatric nurse provides consultation to health care providers and others to influence the identified plan of care for children, to enhance the abilities of others to provide health care, and to effect change in the healthcare system.</td>
<td>Organizational Competency?</td>
<td>High Performing Teams</td>
<td></td>
</tr>
<tr>
<td>A4b: The staff nurse values new ideas and interventions to improve patient care.</td>
<td>8. Professional Practice Evaluation: The pediatric nurse evaluates one’s own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations</td>
<td>EDUCATION: Participates in hospital and unit based Performance improvement activities.</td>
<td>High Quality Efficient Care</td>
<td></td>
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<td>Discovery and Education</td>
<td></td>
</tr>
</tbody>
</table>
Results

- As predicted the QSEN+ competencies chosen were aligned across the board.
The Crosswalk was used to create the new job description.

In essence the JD was not changed as much as the language was updated to reflect the Ohio Nurse Competency Model.
Implementation

- Director level
- Managers
- Shared Governance Councils
- Coordinator group
Next Steps

• Rubric for assessing competency consistently
• De coupling job description from Performance Appraisal
• Implement effective 2017
• Align annual learning needs with assessment and competencies
• Align Professional advancement model
Questions?
THANK YOU!

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Eileen M. Zehe, MSN, RN, SPHR, SHRM-SCP
References

• American Associate of Colleges of Nursing (2011). The Essentials of Master’s Education in Nursing. Washington, DC: Author

