

**Hawaii State Center for Nursing (HSCFN)  
Continuing Education Joint Advisory Committee**

February 18, 2011

9 am to 10:30 am

First Insurance Conference Room 1045

**Meeting Minutes**

Present: D. Allison, N. Atmospera-Walch, C. Beck, M. Boland, G. Early, S. Filleul, Y. Geesey, A. Gladstone, M. Jacob, T. Joslyn, C. Kamikawa, P. Lange-Otsuka, E. Lovell, B. McKale, D. Okumura, C. Ono, A. Silva, G. Tali, D. VanHoose, P. Williams, K. Yokouchi, G. Tiwanak.

Not Present: C. Adams, C. Critz, J. Drumeller, L. Teshima, K. Harter (A. Silva representing), M. Kostylo, G. Lerch.

Documents sent prior to meeting:

1. PPT File – Leg Briefing on Sen Reso CE\_01\_27\_11
2. Word File – SCR 167\_status rpt\_dec2011
3. North Carolina BON Continuing\_Competence\_FAQ
4. North Carolina BON CC Learning\_Plan
5. North Carolina CC\_Cycle\_Diag
6. Continuing Competency Draft 2-15-11

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
Overview of Senate Informational Briefing – Dr. Mary Boland, Dean, School of Nursing and Dental Hygiene; Art Gladstone, Chair, Continuing Education Joint Advisory Committee; and Gail Tiwanak, Executive Director, Hawaii State Center for Nursing	<p>-Presentation to Senate Committees on CPC and Health went very well. Chairs Senator Roz Baker and Senator Josh Green, presided. Also in attendance were Senators Suzanne Chun Oakland, Clarence Nishihara and Sam Slom. Audience included nursing students and committee members.</p> <p>-Gail presented on nursing workforce, identified future shortages and what's ahead for the nursing profession. Art presented on nursing sensitive indicators and HCAPs. Mary presented on IOM study, study results, and impact on nursing.</p> <p>-Senators were very engaged and asked good questions, especially around the issue of quality of care. The work of the CEJAC and nursing's willingness to take ownership for improving quality of care was really well received. Senators appreciated the detail in the report and the efforts to create something responsive to Hawaii's needs. Senators felt there is a strong mandate to move forward with a continuing competency program rather than a continuing education program. Senator Baker offered informal comments after the hearing on how to follow up with securing resources.</p>	<p>-upload senate briefing powerpoint PDF and CEJAC meeting minutes to HSCFN website</p> <p>-email Gail if you need original powerpoint document</p>

Topic	Discussion	Action
	<ul style="list-style-type: none"> <li>-CEJAC committee members are welcome to use presentation powerpoints used at the Senate briefing to further update and inform constituent groups.</li> <li>-key issues are securing funding to do real substantive work and how will that impact HSCFN's budget.</li> <li>-legislative support enables group to create a model that nurses in the field are going to embrace and own.</li> <li>-talking points to share with interested parties:               <ul style="list-style-type: none"> <li>-APRNs will not need additional continuing education beyond what's already required for relicensure</li> <li>-proposal is a professional plan where focus is self-governance and individual responsibility</li> <li>-reasonable and doable</li> <li>-nurses will likely buy into plan due to active engagement in individual learning</li> </ul> </li> </ul>	
2011 Status Report Review	<ul style="list-style-type: none"> <li>-Written report that was submitted</li> <li>-Important points in the report:               <ul style="list-style-type: none"> <li>-update roster of committee</li> <li>-calendar of meetings for the rest of the year</li> <li>-previous committee meeting minutes included in report</li> <li>-at end of report, list of references for selected large studies focused on continuing competency, continuing education, or ongoing education for healthcare professionals.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>-update roster of committee. Send current roster to Senator Baker.</li> <li>-next report due at end of December 2011 (20 days before start of 2012 Legislature)</li> </ul>
North Carolina Continued Competency Model Review	<ul style="list-style-type: none"> <li>-Subcommittee cast a wide net – reviewed models and status of continuing education programs across the country. Small number of states stand out, particularly North Carolina.</li> <li>-conclusions as to general effectiveness of continuing education programs:               <ul style="list-style-type: none"> <li>-continuing education programs are superficial and do not necessarily go to the practice of an individual nurse.</li> <li>-doesn't take into consideration employer needs, economic trends, etc.</li> </ul> </li> <li>-analysis of continuing education program effectiveness concluded:               <ul style="list-style-type: none"> <li>-the evaluation piece is missing</li> <li>-current models do not assess whether continuing</li> </ul> </li> </ul>	

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	<p>education actually affects an individual nurse's practice</p> <ul style="list-style-type: none"> <li>-ideally, nurse self-assesses, finds the gaps in learning, then tailors continuing education to fill those gaps</li> <li>-the next piece is to measure <ul style="list-style-type: none"> <li>-whether learning was really helpful</li> <li>-whether learning boosted the person's competency</li> </ul> </li> </ul> <p>-North Carolina model chosen as a point of reference because:</p> <ul style="list-style-type: none"> <li>-reasonably robust continuing competence model</li> <li>-operating for 5 years</li> <li>-not "one size fits all"</li> <li>-each nurse has individual plan</li> <li>-operates on presumption for nurses to continue to grow in their profession</li> <li>-allows nurses to progress throughout their career, to show evidence of professional development and lifelong learning</li> <li>-uses a variety of approaches based on an individual learning plan</li> <li>-multiple kinds of activities contribute to continuing competence</li> <li>-doesn't require a nurse to duplicate</li> <li>-not as overly burdensome or costly to individual nurses as other models</li> </ul> <p>-However, North Carolina model falls short because model is strictly self-assessment</p> <ul style="list-style-type: none"> <li>-need a third party to monitor whether a nurse's continuing education plan meets an individual's gaps in learning, not merely repeating learning nurse already received or knows</li> <li>-need to change the mindset so nurses think in terms of their own practice in order to be competitive with other nurses on national and global levels</li> </ul>	
Proposed Work Plan	<p>-we don't know what the results will be at the end but we know the steps that need to be taken to get us results that will work</p> <p><u>Goal 1: Establish a Model for the Hawaii Nurse Competence Program</u></p> <ul style="list-style-type: none"> <li>-North Carolina model selected</li> <li>-mission of this program is clear: <ul style="list-style-type: none"> <li>-not conventional continuing education program</li> <li>-really need to match the need to the learning for competency where nurse takes real interest in her or his</li> </ul> </li> </ul>	<p>-status update presentation to Board of Nursing and RICO</p> <p>-need to get HNA and other organizations to the table really quickly</p>

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	<p>practice and see what's missing</p> <ul style="list-style-type: none"> <li>-increased individual accountability for learning to the nurse (i.e. APRN model)</li> <li>-limited resources are a concern and need to be addressed (i.e. ANCC accreditation, etc)</li> <li>-currently, Hawaii is grouped with Arizona so providers have to do continuing education programs through groups or hospitals (i.e. HPH, Queen's)</li> <li>-The Legislature needs to authorize the HSCFN to be Hawaii's clearinghouse to approve providers and provide general guidelines for the continuing competency program within the State</li> </ul> <p><u>Goal 2: Develop Clearinghouses at Select Practice Settings in Hawaii</u></p> <ul style="list-style-type: none"> <li>-Attachment A provides a sample list of different kinds of practice settings</li> <li>-difficult to find a model that fits everybody</li> <li>-more effective that each practice setting come up with a model that would be suitable to that particular practice setting</li> <li>-CEJAC and HSCFN would create general guidelines and individual clearinghouses can modify to meet specific practice setting and employer needs</li> <li>- Hawaii Revised Statutes, Chapter 91, rulemaking process is tedious and time consuming so CEJAC committee needs to consider statutory language to recognize the policies of the clearinghouse <ul style="list-style-type: none"> <li>-allows for flexibility and quicker responsiveness in adopting new or innovative ways of learning without the inherent delay of the rulemaking process</li> </ul> </li> <li>-Board of Nursing would assume legal disciplinary and enforcement role (i.e. probation or other punitive action)</li> <li>-education and learning decision-making would be at clearinghouse level</li> <li>-clearinghouse model should also work if a nurse leaves one practice setting for another setting</li> <li>-key issue is degree of direct patient care <ul style="list-style-type: none"> <li>-more direct care means more important for competency plans to work</li> <li>-less direct care means less urgency for competency plan to work</li> <li>-nurse educators or nurse administrators can receive credit for research work</li> </ul> </li> <li>-individual nurses need to check with the clearinghouse for the level in which they work to see what their guidelines are</li> <li>-clearinghouses should result in 100% reporting, rendering random audit by Board of Nursing unnecessary</li> </ul>	<p>-target date for draft bill is October</p>

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	<p>-clearinghouse provides oversight in terms of evaluating what the nurse is taking and determining a way to screen what the nurse is doing</p> <p>-clearinghouse to be a joint process for nurses and employers with mutual goal setting and more effective use of resources</p> <p>-ideal process would be that a nurse:</p> <ul style="list-style-type: none"> <li>-conducts a self-assessment</li> <li>-chooses a continuing education program</li> <li>-completes the continuing education program</li> <li>-provides proof of completion yet keeps certificate for personal records</li> </ul> <p>-completion record readily available when license renewal comes up</p> <p>-Board of Nursing would receive names of nurses who didn't complete their programs</p> <p>-discussed Florida and California models:</p> <ul style="list-style-type: none"> <li>-Florida, continuing education broker reports Florida nurses who complete their continuing education. Self-reporting and potential audit by Florida Board of Nursing.</li> <li>-California, nurses self-report continuing education record to Board of Nursing and Board of Nursing verifies with continuing education provider via random audit.</li> </ul> <p>-National Council is starting to conduct a study on how continuing education affects patient outcomes. Study starting in 5 states and in large metropolitan areas. Results tentatively expected in 2012.</p> <p>-where does employer fit in with the training of the nurse?</p> <ul style="list-style-type: none"> <li>-connected to practice</li> <li>-HNA needs to be more substantively engaged because approximately 18,000 registered and 1,600 practical nurses impacted by this effort</li> </ul> <p><u>Goal 3: Develop a Clearinghouse at HSCFN for Nursing Competency</u></p> <ul style="list-style-type: none"> <li>-HSCFN would provide general guidelines and the CEJAC would amend the guidelines as needed</li> <li>-most of the assessment and reporting is online then data is given to HSCFN to monitor and analyze trends</li> <li>-after full cycle is completed, then HSCFN evaluates whether program has worked and helped the individual nurse practice more competently</li> <li>-evaluation results can then be more widely used as best practice guidelines</li> </ul>	

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	<p><u>Goal 4: Develop procedures to regulate continuing competence of nursing licensees</u></p> <ul style="list-style-type: none"> <li>-applies to individual clearinghouses</li> <li>-Board of Nursing as disciplinary role rather than current administrative approval role</li> <li>-Board of Nursing wouldn't need to do random sampling if clearinghouse doing job (random sampling generally an ineffective measuring tool in this context)</li> <li>-ideal procedure: <ul style="list-style-type: none"> <li>-nurse compliance first handled in-house at clearinghouse level, but if not then</li> <li>-clearinghouses report names of nurses in noncompliance to RICO</li> <li>-RICO investigates then recommends action to Board of Nursing</li> <li>-Board of Nursing makes decision.</li> </ul> </li> <li>-Question: does RICO have the resources to handle?</li> </ul> <p><u>Goal 5: Determine resources and funding to operate Hawaii Continuing Competence Program</u></p> <ul style="list-style-type: none"> <li>-current statutory funds for HSCFN to only address workforce issues</li> <li>-HSCFN would be key as general clearinghouse for competency program</li> <li>-need to update HSCFN's current statute to provide for additional funds</li> <li>-potential issue whether nurses will support raising their fee (i.e. from \$40 to \$50)</li> <li>-too early to address funding issues but this plan makes clear that HSCFN would be central so we would clearly have to look into finding resources at the appropriate time</li> </ul> <p><u>Goal 6: Draft and submit legislation to phase in implementation of the Hawaii Continuing Competence Program</u></p> <ul style="list-style-type: none"> <li>-initial bill would give the statutory authority for committee to begin and should include articulation of final goal</li> <li>-examine and possibly adopt policies and procedures already in use (i.e. American Organization of Nurse Executives, Veteran's Administration, APRNs, HGEA and HNA education days and funds, nurse certification for hospital specialty units, evaluations for certified health education specialists, etc)</li> <li>-potential pilot programs include Veteran's Association, a larger acute care institution due to infrastructure and capacity, and a smaller institution to ensure program meets their needs as well</li> <li>-other programs can start planning implementation while pilot programs are operating</li> </ul>	

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	<ul style="list-style-type: none"> <li>-possible preference towards phasing in at certain percentages rather than 100% all at once</li> <li>-talking point whether certification should be required for licensure and/or employment</li> <li>-potential labor issue is negotiation with HNA and HGEA</li> <li>-public reporting works to ensure patient outcomes and ties into the IOM report (i.e. lifelong learning, evidence-based practice, CEUs, quality care, etc)</li> <li>-next steps: <ul style="list-style-type: none"> <li>-subcommittee drafts the bill</li> <li>-CEJAC provides comments, recommendations, and/or amendments</li> <li>-goal is to have final bill ready by October to submit to the Legislature</li> </ul> </li>   <li>-Motion made and seconded to CEJAC asking for committee to agree that (1) subcommittee is headed in the right direction as representatives of the larger group, and (2) subcommittee is authorized to move forward with the document as presented. All in favor. None opposed. Motion passed.</li>   <li>-First follow up question: does the bill include IT support? Important issue considering moving to web-based model.</li> <li>-companion document addresses cost that will be present at every level. Increased resources will be needed.</li> <li>-Second follow up question: are the Board of Nursing and RICO on board?</li> <li>-Board of Nursing is represented on CEJAC</li> <li>-need to make sure all stakeholders at the table</li> <li>-opportunity to present status and plan already added to Board of Nursing's April agenda.</li> </ul>	
Next Meeting	Next meeting scheduled March 18, 2011; 9:00-10:30 AM; First Insurance Building, Conference Room 1045. Bridgeline: 808-485-4471	For information

Meeting concluded at 10:26 AM.

Please feel free to contact me at 808-956-5211 or onoa@hawaii.edu should you have any questions, suggestions or edits. Mahalo.

Respectfully submitted,  
Amy Ono  
Hawaii State Center for Nursing