

Public Hearing Summary for IDAPA 23-0101-1402 Continued Competency

INA testified at the Public Hearing for the proposed rule changes IDAPA 23-0101-1402 on October 10th, 2014. There was a generous showing of our faith based nurses and others, with the majority of attendees nursing students from Boise State University. The State Board of Nursing stated they had been working on this initiative since 1980. They are willing to take feedback but would like to present this piece of legislation this year. They are projecting an active date for 2016 LPN renew period, IF it passes this year. Completion of the 2 activities would be measured by attestation and random auditing. Please email your suggestions and concerns to Lyn.Moore@ibn.idaho.gov. The Proposal is attached below INA's position and recommendations based off the feedback from our constituency and the position of our parent organization, the American Nurses Association:

As an extension of our parent organization, the American Nurses Association, the Idaho Nurses Association (INA) whole heartedly supports the professional development and competency of nurses not only in Idaho but across the nation. INA believes in being lifelong learners. INA believes there is an opportunity to increase and shift our professional trajectory to one of, as the US Army says "being all you can be". As a whole, INA believes the intent of 23.0101.1402 is commendable, but is confused about the muddiness of competency vs professional development within the outlined activities.

The American Nurses Association defines the evaluation of competency as such: "Competence can be evaluated by using tools that capture objective and subjective data about the individual's knowledge base and actual performance and are appropriate for the specific situation and the desired outcome of the competence evaluation...However, no single tool or method can guarantee competence".

The American Nurses Association Defines Professional Development as: "Activities that Builds on the basic education and experience of nurses throughout their professional careers for the ultimate goal of ensuring the quality of health care to the public".

According to these definitions, very few of the activities listed under continued competency are actually competency based. The activities that come closest are: the testing years of a professional certification, or mandatory hours worked. Other activities start as a competency but rapidly shift to professional development: for example undefined continuing educational activities, CE's are issued on random topics that may not pertain to a nurse's specialty or area of competence and can be just trivial knowledge. The majority of the activities are just plan professional development. Developing nursing related course is one example where one needs to be competent with their subject matter before they develop and or teach a course. Authoring or co-authoring a publication or completing post licensure academic education offered by a college or university is professional development as well, competency was established at the time of graduation and passing of the NCLEX.

Recommendation #1

061. Continued competency requirements for renewal of an active license.

Verbiage alteration to read: **Continued competency OR PROFESSIONAL DEVELOPMENT** requirements for renewal of an active license.

RATIONAL

1. For the reasons stated above, the addition of the verbiage creates transparency to the intent of the proposal.
2. Nursing competency is already defined in sections 271, 280, 285, 290, 300, 400, 401, 402, and 460 of IDAPA 230101- Rules of the Idaho Board of Nursing.

Recommendation #2

061.01. Learning Activities or Courses. In order to renew an active LPN or RN license, a licensee shall complete or comply with at least two (2) of the following learning activities or courses within the renewal period:

Clarification request: **Identify Emeritus Licensure in IDAPA 23.01.01 060 04 as Inactive. OR define emeritus licensure within 061.01.01 as inactive.**

RATIONAL:

1. Current language does not clearly decipher active vs. inactive and creates confusion

Recommendation #3

061.01a. Current specialty certification by a national certifying organization recognized by the Board; additional verbiage to read Current specialty certification by a national certifying organization recognized by the Board "**or the completion of a nationally recognized specialty competency recognized by the board**".

RATIONAL:

1. There are specialty areas, for example faith based community nursing that has a specialty certifications with ANCC that is currently in the development and is in validation process of Institute for Credentialing Excellence NCCA, formerly the NOCA. Despite the lack of recognized ICE accreditation this and other niche specialties have rigorous competencies required by their professional organizations that need to be acknowledged.

Recommendation #4

061.01.g. Two hundred (200) hours of active practice as a nurse:

Increase hours to four hundred (400) hours of active practice as a nurse. OR Remove it as an option and integrate it into 061.01. to read: Learning Activities or Courses: In order to renew an active LPN or RN license, a Licensee shall complete or comply with at least two (2) of the following learning activities or courses and must work at least 400 hours in the 2 preceding years of licensure to hold an active license.

RATIONAL:

1. 200 hours equates to 5 weeks of practice in 2 years. This is 2.5 weeks in a year, or 12^{1/2} (8) hour shifts, or 8.3 (12) hour shifts per year. This does not support competence even in conjunction with any of the listed activities. There are many methods, in which this minimal requirement could be met; 5 weeks of practice in 2 years promotes disorganization of workflow and failed attempts at prioritization, at a minimum it limits exposure to changes in basic practice methodologies, and eliminates the invaluable experiential exposure to patient care that validates competency.
2. Most professional certifications require more direct patient care hours than 200 within their certifying window. While this may compensate for a minimally prescriptive requirement, there will be those that choose to not certify and potentially put our communities at risk. The Board of Nursing is responsible for keeping the members of our community safe.

Recommendation #5

061.01.h. Participation in or presentation of (30) hours of workshops, seminars, conferences, or courses relevant to the practice of nursing and approved by an organization recognized by the Board to include. But not limited to:

Provide an addition choice: roman numeral (vi) E-learning courses, in-services, simulation labs, BLS, ACLS, PALS, NRP, TNCC, FNATC up to 8 hours per year.

RATIONAL:

1. Nurses participate in many hours of required continuing educations each year specifically focused on continued competency. The education and certifications are as close to ANA's definition of competency as you can get. By ANA's definition these activities are competencies that result from the evaluation of an individual's knowledge and actual performance. Offering this additional activity validates the time, effort, and proof of nursing competence.

Recommendation #6

INA recommends the launch of this proposal no earlier than the 2017 RN and 2018 LPN licensure renewal period.

RATIONAL:

1. Healthcare Organizations across the state have significantly decreased opportunities and funding for continuing education. Certification and tuition reimbursements have been dissolving over the last 3 years which places the full financial burden of these activities on the individual nurse. Implementation in 2017/2018 would provide a fair and realistic timeline to budget and afford the activities to meet the proposed requirements.
2. The State of Idaho's resources for CE providers and approvers is limited. 3 years would give associations and organizations an opportunity to develop and implement these services.
3. 2015 licensure enforcement would create a financial and resource hardship on RN's throughout the state in order to meet the CE, college credit, or certification options. Our industry is headed for a shortage, our market will not tolerate a rapid cycle implementation.

In closing, the Idaho Nurses Association whole heartedly supports the professional development and competency of nurses. While we have provided recommendations to the current proposal, we are concerned about professional development coming under the umbrella of the Board of Nursing. ANA and subsequently INA believe that professional development is the responsibility of the individual nurses, not necessarily a regulatory body. Professional development is actualized in professional work environments that promote and reward professional growth. It is a professional environment that empowers and inspires individual nurses every day to be better. Recent cuts in voluntary education dollars, cuts in operational committee time and shared governance structures, as well as decreases and or elimination of reimbursement dollars for certifications and educational tuition, in conjunction with absent, stagnant, or below market merit increases across Idaho's healthcare organizations, does not yield to readiness to actualize proposition 23-0101-1402. However, if somehow this proposition moves forward, The Idaho Nurses Association asks that all of our 6 recommendations be adopted in the final ruling.

IDAPA 23
TITLE 01
CHAPTER 01

IDAPA 23 - BOARD OF NURSING

23.01.01 - RULES OF THE IDAHO BOARD OF NURSING

061. CONTINUED COMPETENCY REQUIREMENTS FOR RENEWAL OF AN ACTIVE LICENSE.

01. Learning Activities or Courses. In order to renew an active LPN or RN license, a licensee shall complete or comply with at least two (2) of the following learning activities or courses within the renewal period: ()

a. Current specialty certification by a national certifying organization recognized by the Board: ()

b. Completion of a minimum of two (2) semester credit hours of post-licensure academic education relevant to nursing practice, offered by a college or university accredited by an organization recognized by the U.S. Department of Education: ()

c. A Board-approved refresher course in nursing: ()

d. Completion of nursing-related publication as the author or co-author during a renewal cycle: ()

e. Teaching or developing a nursing-related course resulting in no less than two (2) semester hours of college credit, a fifteen (15)-week course, or specialty certification: ()

f. Teaching or developing nursing-related continuing education course(s) for up to thirty (30) contact hours: ()

g. Two hundred (200) hours of active practice as a nurse: ()

h. Participation in or presentation of thirty (30) hours of workshops, seminars, conferences, or courses relevant to the practice of nursing and approved by an organization recognized by the Board to include, but not limited to: ()

(i) A nationally recognized nursing organization: ()

(ii) An accredited academic institution: ()

(iii) A provider of continuing education recognized by another board of nursing: ()

(iv) A provider of continuing education recognized by a regulatory board of another discipline; or ()

(v) A program that meets criteria established by the Board: ()

i. Thirty (30) hours of participation in related professional activities including, but not limited to, research, published professional materials, teaching (if not licensee's primary employment), peer reviewing, precepting, professional auditing, and service on nursing or healthcare related boards, organizations, associations or committees. ()

02. APRN Continued Competency Requirements. Registered nurses who also hold an active license as an APRN shall only meet the requirements of Section 300 of these rules. ()

03. First Renewal Exemption. A licensee is exempt from the continued competency requirement for the first renewal following initial licensure by examination or endorsement. ()

04. Extension. The Board may grant an extension for good cause for up to one (1) year for the completion of continuing competency requirements upon written request from the licensee at least sixty (60) days prior to the renewal date. Such extension shall not relieve the licensee of the continuing competency requirements. ()

05. Beyond the Control of Licensee Exemption. The Board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters. ()

06. Disciplinary Proceeding. Continued competency activities or courses required by Board order in a disciplinary proceeding shall not be counted as meeting the requirements for licensure renewal. ()

062. DOCUMENTING COMPLIANCE WITH CONTINUED COMPETENCY REQUIREMENTS.

01. Retention of Original Documentation. All licensees are required to maintain original documentation of completion for a period of two (2) years following renewal and to provide such documentation within thirty (30) days of a request from the Board for proof of compliance. ()

02. Documentation of Compliance. Documentation of compliance shall be as follows: ()

a. Evidence of national certification shall include a copy of a certificate that includes the name of licensee, name of certifying body, date of certification, and date of certification expiration. Certification shall be initially attained during the licensure period, have been in effect during the entire licensure period, or have been recertified during the licensure period. ()

b. Evidence of post-licensure academic education shall include a copy of the transcript with the name of the licensee, name of educational institution, date of attendance, name of course with grade, and number of credit hours received. ()

c. Evidence of completion of a Board-approved refresher course shall include written correspondence from the provider with the name of the licensee, name of provider, and verification of successful completion of the course. ()

d. Evidence of completion of a nursing project or research shall include an abstract or summary, the name of the licensee, role of the licensee as principal or co-principal investigator, date of completion, statement of the problem, research or project objectives, methods used, and summary of findings. ()

e. Evidence of authoring or co-authoring a published nursing-related article, paper, book, or book chapter, shall include a copy of the publication to include the name of the licensee and publication date. ()

f. Evidence of teaching a course for college credit shall include documentation of the course offering indicating instructor, course title, course syllabus, and the number of credit hours. Teaching a particular course may only be used once to satisfy the continued competency requirement unless the course offering and syllabus has

changed. ()

g. Evidence of teaching a course for continuing education credit shall include a written attestation from the director of the program or authorizing entity including the date(s) of the course and the number of hours awarded. If the total number of hours totals less than thirty (30), the licensee shall obtain additional hours in continuing learning activities or courses. ()

h. Evidence of hours of continuing learning activities or courses shall include the name of the licensee, title of educational activity, name of the provider, number of hours, and date of activity. ()

i. Evidence of two hundred (200) hours of active practice in nursing shall include documentation satisfactory to the Board of the name of the licensee, number of hours worked during review period, name and address of employer, and signature of supervisor. If self-employed, hours worked may be validated through other methods such as tax records or other business records. If active practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency. ()