Nurse Credentialing: How to Impact Patient Outcomes in the Marketplace

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Vice President, Clinical Operations/Chief Nurse Executive
Overview...

About Advocate Health Care

• More than 250 sites offering inpatient, outpatient services, home health services, hospice, counseling, physician services, and health care education programs
  - 12 hospitals, more than 3,300 beds
  - 11 acute hospitals
  - 1 children’s hospital, with 2 campuses
• The state’s largest integrated children’s network
• The region’s largest medical group with more than 200 locations across metropolitan Chicago
• Named among the nation’s Top 5 largest health systems based on quality by Truven Analytics
• Awarded American Nurses Credentialing Center’s Magnet Recognition®, the highest honor for nursing excellence at Five Hospitals
• Named one of Chicago Tribune’s Top Workplaces 2012
• Ranked as one of the nation’s 150 Top Workplaces by Workplace Dynamics
About Advocate Illinois Masonic Medical Center

A 408-bed teaching hospital serving the Chicago land area

- 2012 Patient Service Statistics:
  - Admissions 15,926
  - Outpatient Visits 186,546
  - Births 2,501
  - Surgeries 11,520
  - Emergency Visits 44,204
  - Traumas 1,159

- 2,400 associates & more than 175 volunteers

- 900 active physicians, 200 residents & 500 medical students

- Level I Trauma Centers & Chicago’s only POD hospital

- Level III Neonatal Intensive Care Unit

- Magnet Designation awarded by the American Nurse Credentialing Center’s in 2008 & 2012

- Primary Stroke Center certified by TJC

- A Truven Health Analytics Top 100 Hospital in 2010 – 2013

- Recipient of the EPA’s ENERGY STAR designation in 2008 - 2013

- Ranked one of Chicago’s Best Hospitals by *U.S. News & World Report* for the past 3 years

- Began construction in 2013 on a 156,000 square-foot Center for Advanced Care
Exactly what do we know...

• Affirms knowledge, skill and practice…
  - But have we validated how the certified nurse demonstrates competency in a complex environment
  - Difficult to correlate links of certification to improved patient outcomes

• Patient/family confidence in a certified nurse…
  - It’s difficult to find data that links patient/family knowledge and understanding on importance of certification
  - Or even what certification means

• Certified nurse personal and professional pride…
  - Little research beyond surveys on how nurses value certification
What Are the IRQs?

• How do leaders view certification and is it “value added” for an organization during difficult times?

• How do we justify and create the Performa to justify and financially support certification?

• How does the organizational culture impact the strategy for certification?

• Are our current research questions premature?
Organizational Certifications

- C-Suite Executives
- Medical Staff
- Pharmacy
- Advance Practice Nurses
ASHP Statement on Certification

“ASHP believes that specialization and credentialing are critical elements in the advancement of pharmacy practice, as evidenced by one of the policies this House just passed. Today’s health care environment makes the issue of credentialing even more important.”

Paul Abramowitz- Chief Executive Officer- The American Society of Health Systems Pharmacists

2012 Report of the Chief Executive Officer

ADVOCATE 2020

Mission, Values, Philosophy

To be a faith-based system providing the best health outcomes and building lifelong relationships with the people we serve

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**Advocate Experience**
- Safety
- Quality
- Service

**Access and Affordability**
- Growth
- Funding our Future

**AdvocateCare**
- Care Coordination

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Strong Physician Engagement

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Vision

Strategies

Key Result Areas

Foundation

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Advocate Illinois Masonic Medical Center
Mission

To create a culture where critical thinking and empowerment impact patient care and improve professional practice by creating life long relations with individuals and the community.
Vision

Professional Nursing at AIMMC will be nationally recognized as a leader in patient care and clinical outcomes.
Overarching Strategy

To create a clinical practice culture that embraces innovation, accountability and continuous learning founded in the tenets of the Magnet Model, and evidenced by leadership practices at all levels of the organization.
## Mission
To create a culture where critical thinking and empowerment impact patient care and improve professional practice thereby creating lifelong relationships with individuals and the community.

## Vision
Nursing services at AIMMC is nationally recognized as a leader in providing excellence in patient care and clinical outcomes.

## Strategic Direction

<table>
<thead>
<tr>
<th>The Advocate Experience</th>
<th>Safety &amp; Quality</th>
<th>Patient Satisfaction</th>
<th>Service</th>
<th>Physician Engagement</th>
<th>Growth</th>
<th>Funding Our Future</th>
<th>Advocate Care</th>
<th>Coordinated Care</th>
<th>Accountable Care Organization Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop systems to support evidenced-based practice that enhances the quality care provided to patients.</td>
<td>ICU Ventilator Days</td>
<td>Inpatient HCAPS Survey</td>
<td>Throughput Strategies</td>
<td>Healthstreams Survey Satisfaction with Nursing</td>
<td>Emergency Department - LWOT</td>
<td>Staffing Effectiveness</td>
<td>LOS Reduction</td>
<td>Coordinated Care</td>
<td>LOS Reduction</td>
</tr>
<tr>
<td>Advance the scientific base of nursing practice by promoting scholarly research and integration of findings into nursing practice.</td>
<td>NICU Mortality Index</td>
<td>Outpatient Services Survey</td>
<td>Meaningful Use Indicators</td>
<td>OPPA Partnerships</td>
<td>Throughput Strategies</td>
<td>Sitter Utilization</td>
<td>30 Day Readmission Rate</td>
<td>Coordinated Care</td>
<td>30 Day Readmission Rate</td>
</tr>
<tr>
<td>Create a culture that is responsive to patients’ needs for improved services, patient safety and community outreach.</td>
<td># of Nurse Research Studies</td>
<td>Emergency Services Survey</td>
<td>Destination Program Development</td>
<td>OR Scheduling/Improved Throughput</td>
<td>Meanings Use Indicators</td>
<td>Overtime Utilization</td>
<td></td>
<td>Coordinated Care</td>
<td></td>
</tr>
<tr>
<td>Establish a work environment that fosters open communication, creates a sense of purpose, and promotes professional growth.</td>
<td>NDNQI Nursing Satisfaction Survey</td>
<td>RN Specialty Certification Rate</td>
<td></td>
<td>Specialty Collaboratives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create strategic partnerships within the profession and among influential stakeholders.</td>
<td>RN Residency Outcomes</td>
<td>NC III &amp; IV STEPS Promotions</td>
<td></td>
<td>Community Partnerships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCESS &amp; AFFORDABILITY: Enhance organizational efficiencies by utilizing performance improvement principles and leveraging technology to maximize performance.</td>
<td>% BSN for Direct Care Nurses</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Create effective staffing models that address and support patient care while responsibly managing fiscal resources.</td>
<td>RN Specialty Certification Rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
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**The Advocate Experience:**
- Develop systems to support evidenced-based practice that enhances the quality care provided to patients.
- Advance the scientific base of nursing practice by promoting scholarly research and integration of findings into nursing practice.
- Create a culture that is responsive to patients’ needs for improved services, patient safety and community outreach.
- Establish a work environment that fosters open communication, creates a sense of purpose, and promotes professional growth.
- Create strategic partnerships within the profession and among influential stakeholders.

**Mission:** To create a culture where critical thinking and empowerment impact patient care and improve professional practice thereby creating lifelong relationships with individuals and the community.

**Vision:** Nursing services at AIMMC is nationally recognized as a leader in providing excellence in patient care and clinical outcomes.

**Strategic Direction:**
- The Advocate Experience
- Safety & Quality
- Patient Satisfaction
- Service
- Physician Engagement
- Access & Affordability
- Growth
- Funding Our Future
- Advocate Care
- Coordinated Care
- Accountable Care Organization Metrics
Why Certification is a Critical Attribute Defining the Professional Nurse at AIMMC?

• Promotes professional growth and affirms the continuous learning philosophy
• Creates the building of community and partnership within the organization
• Links to our clinical destination programs and organizational strategies
• Creates a work environment that fosters open communication
• Aligns with our Mission, Vision and Strategy
Implementation Strategy
Phase I – Culture Change

• Communicate the Vision and Building Consensus
• Set Annual Targets
• Role Model
• Certification Reimbursement
• Clinical Ladder Program
• Celebrate Individual Success
Phase II – Strengthening the Infrastructure

• Unit based study groups
• Specialty prep courses
• January 1, 2012: “Game Changing Decisions”
  – BSN entry level requirement
  – Mandated Certification required within 2 years of hire
  – 3 months prior, extensive education and communication of vision and expectations
  – New minimum requirements for all RN job descriptions
Ongoing Journey…

• Celebrations
  – These milestones are “WINS”
  – Letters of Congratulations
  – Formal recognition events
  – Board Certified Nurses selected for out of state conferences
  – Board Certified Nurses appointed to special projects

• Leadership Courage…
AIMMMC Board Certification of Nurse Leaders

Dec 2011
New Practice Standard:
RNs Board Certified
2 years of hire

Percent of RN Leaders
AIMMCC Board Certification of Direct Care RNs with Greater than 2 Years' Experience

- Dec 2011: New Practice Standard: RNs Board Certified 2 years of hire

Percent of Direct Care Nurses
AIMMMC BSN or Higher Degrees for Direct Care RNs

Jan 2012
Min Education prep
BSN for New Hire RN

78.6%
## Certification and Outcomes:
The Question Still Remains...

<table>
<thead>
<tr>
<th>High Preforming Units</th>
<th>BSN or above</th>
<th>Board Cert</th>
<th>NDNQI Nursing Sat 2013</th>
<th>HCAHPS Patient Experience Apr13-Sept13 6 month Rolling</th>
<th>HCAHPS Apr13-Sept13 6 month Rolling</th>
<th>FALLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RN/ RN</td>
<td>RN/ MD</td>
<td>Prof Status</td>
</tr>
<tr>
<td><strong>Organization</strong></td>
<td>78.6%</td>
<td>51.2%</td>
<td>73.3</td>
<td>62.4</td>
<td>70.9</td>
<td>63.5</td>
</tr>
<tr>
<td>Medical Surgical</td>
<td>70.0%</td>
<td>58.3%</td>
<td>70.9</td>
<td>65.2</td>
<td>74.3</td>
<td>69.1</td>
</tr>
<tr>
<td>Trauma, Ortho, Neuro</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population</td>
<td>70.0%</td>
<td>58.3%</td>
<td>70.9</td>
<td>65.2</td>
<td>74.3</td>
<td>69.1</td>
</tr>
<tr>
<td><strong>Rehab</strong></td>
<td>77.8%</td>
<td>53.8%</td>
<td>73.5</td>
<td>66.7</td>
<td>66.9</td>
<td>60.4</td>
</tr>
<tr>
<td><strong>Progressive Care Unit</strong></td>
<td>83.7%</td>
<td>43.2%</td>
<td>68.3</td>
<td>65.0</td>
<td>67.9</td>
<td>66.3</td>
</tr>
<tr>
<td><strong>Medical ICU</strong></td>
<td>82.1%</td>
<td>66.7%</td>
<td>71.4</td>
<td>63.2</td>
<td>67.5</td>
<td>69.6</td>
</tr>
<tr>
<td><strong>NICU</strong></td>
<td>86.9%</td>
<td>86.3%</td>
<td>77.0</td>
<td>63.8</td>
<td>75.8</td>
<td>63.7</td>
</tr>
</tbody>
</table>

* Currently transitioning to HCAHPS Survey
## Links to Destination Programs

<table>
<thead>
<tr>
<th>Destination Program</th>
<th>Unit</th>
<th>Dec 2012 % RNs Board Certified</th>
<th>Sept 2013 % RNs Board Certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology</td>
<td>Cancer Center</td>
<td>66.7%</td>
<td>73.3%</td>
</tr>
<tr>
<td></td>
<td>Inpatient Oncology Unit</td>
<td>32.4%</td>
<td>46.4%</td>
</tr>
<tr>
<td></td>
<td>Surgery</td>
<td>43.8%</td>
<td>58.6%</td>
</tr>
</tbody>
</table>
## Links to Destination Programs

<table>
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<tr>
<th>Destination Program</th>
<th>Unit</th>
<th>Dec 2012 % RNs Board Certified</th>
<th>Sept 2013 % RNs Board Certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>Cath Lab</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>EP Lab</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>MICU</td>
<td>41.4%</td>
<td>66.7%</td>
</tr>
<tr>
<td></td>
<td>SICU</td>
<td>36.4%</td>
<td>65.5%</td>
</tr>
<tr>
<td></td>
<td>Progressive Care</td>
<td>18%</td>
<td>43.2%</td>
</tr>
<tr>
<td>Surgical</td>
<td>Progressive Care</td>
<td>9.5%</td>
<td>30%</td>
</tr>
<tr>
<td>Medical</td>
<td>Surgery</td>
<td>43.8%</td>
<td>58.6%</td>
</tr>
</tbody>
</table>
# Links to Service Line

<table>
<thead>
<tr>
<th>Service Line</th>
<th>Unit</th>
<th>Dec 2012 % RNs Board Certified</th>
<th>Sept 2013 % RNs Board Certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s and Children’s</td>
<td>Labor and Delivery</td>
<td>25%</td>
<td>39%</td>
</tr>
<tr>
<td>Mother Baby</td>
<td></td>
<td>40%</td>
<td>51%</td>
</tr>
<tr>
<td>NICU</td>
<td></td>
<td>55.7%</td>
<td>86.3%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
<td>75%</td>
<td>85.7%</td>
</tr>
</tbody>
</table>
Questions to Ponder?

Nurses in specialties tend to pursue certification sooner than their colleagues in General Medical Surgical Units. Is the RN in a specialty more confident and decisive regarding his/her career path, as opposed to their counterparts, and therefore does certification become a logical next step?
Questions to Ponder?

Do the terms competent, expert nurse impact the RNs personal perception of their skills and therefore the “fear” of failing or not successfully passing an exam deter the nurse from pursuing certification?

**Two Fears:**

Test Anxiety

Fear of Failing
Questions to Ponder?

Should Board Certification be optional for the professional Registered Nurse or the next step in the professional portfolio?