Helping poor performing nurses reach competence
The New Zealand Nursing Council (NZNC) is the statutory body that regulates nursing in New Zealand under the Health Practitioners Competence Assurance Act (HPCA) 2003. The role of the NZNC is to maintain public safety and it does this primarily by ensuring continuing competence of nurses (New Zealand Nursing Council, 2008)
The assessment of competence is an evolving area for health care managers. Competence is set out through a set of four domains, with each domain outlining practice expectations (New Zealand Nursing Council, 2008).
Our organisation’s obligations

- Fairly and transparently identify any competency issues
- Employers must notify NC of any regulated nurses that have identified competence to practice issues
Growing unease about potential litigation if the performance management process is poorly managed

Thus documentation of the process is very important
Supportive Improvement and Performance Improvement Management plans
SIP and PIP

- Southern DHB has developed a framework to help identify competence issues
- As a preceptor you might be asked to participate
What's the problem

- Nurse J has been working in your area for the last 11 months. Other staff are beginning to voice their frustration when working with her on a shift or in the shift following. Some people look at the daily allocation and sigh when she is on.
One RN has approached the CNM with her concerns. She describes the situation as no one wants to work with Nurse J. They think she is lazy and a bit useless. When asked for more information the RN says she cannot handle a normal work load and staff have started giving her less complex patients with a maximum of three patient workload. This has been getting worse for the last 6 weeks and everyone has had enough!
What does the CNM do about this?

- **Option 1**: Nothing it will all blow over. *(Wrong answer!)*
- **Option 2**: Call in RN J and tell her to pull her socks up. *(Wrong answer!)*
- **Option 3**: Investigate the allegations and try and define exactly what the issues with RN J are and are they accurate and valid. *(Yippee on the right track)*
What tools/support does the CNM have?

- Nursing Council competencies
- Nurse Director
- Human Resource advisors
- NZNO advisor
What next?

- The CNM needs to establish if there is a problem by talking with staff that raised the issue.
- The CNM asks them to explain exactly what the issues are.
What the CNM found:

- The CNM found that:
  - RN J was often late for shift so didn't get a full handover
  - She didn't take her breaks
  - Her patients missed care such as dressing changes, IV antibiotic doses, patient observations not done
  - Appears grumpy and moody at work particularly to students and the HCA
  - Failed to do her daily bedside safety checks
Exercise

- Look through the NC competency booklet and come up with any competencies that are not being met.
How does this relate to the NC competences?

- Competency 2.1 - Provides planned nursing care to achieve identified outcomes.

- Administers interventions treatments and medications within legislation, codes, scopes of practice and according to authorised prescriptions and established policies.
Competency 1.5: Promotes an environment that enables client safety, independence, quality of life and health.

Indicator: Accesses, maintains and uses emergency equipment and supplies.
➢ Competency 4.1 - Collaborates and participates with colleagues and members of the health care team to facilitate and coordinate care

➢ Indicator: Provides guidance and support to those entering as students, beginning practitioners and those who are transferring into a new clinical area.
Is there a reason for RN J's poor performance?
Must explore if there are any reasons for this?

- That means that the CNM should call in RN J and raise the concerns with her and ask her if there are any reasons for the observed behaviours or practices?
- Could be: Crisis at home, relationship issues, sick family member, financial issues, domestic violence, problem with other family member
- Could be a problem with alcohol, drug use, gambling
A good employer offers support

- The CNM should offer Vitae (used to be SEED or EAP) free counselling sessions x 3 paid for by the employer
- No one knows who goes or accesses it
- HR get a bill with no detail unless a request by the employee to apply for more sessions.
Stage one - Supportive Improvement Plan (SIP)

- Based on supporting the Nurse to reach a competent level
- Is an informal process with no long term implications if the nurse returns to competence
- However is time framed
- If no improvement is seen with maximum support then would move to a Performance Management Plan (more formal with potential employment outcomes or reporting to regulating body possible)
The process SIP

- Letter
- Meeting
- Formulate the plan
- Choose a preceptor
- Decide level of supervision to work along side or supernumerary nurse
- Establish timeframe
- Daily feedback
In the SIP the CNM and ND must make the plan simple so that RN J knows exactly what she needs to do to be competent.

How would she demonstrate this?
Why daily meeting with Preceptor?

- Daily feedback in real time helps to build the relationship between those involved in the process.
- The use of feedback is not well understood as feedback is not merely a stimulus but a complex intervention that is dependant on the characteristics of the individual recipients.
Research point

- At times of increased job stress, managers who showed supportive behaviours and staff that received more positive recognition through the use of feedback increased the likelihood of the nurse's intention to stay at work.
Feedback is dependent on:

- The message [what] said
- The provider of the feedback - [Who provides feedback]
- The addressee [the nurse involved]
- The timeliness of feedback [close to event]
- The vehicle used to provide feedback [verbal or written]
Research supports:

- Giving balanced feedback with both positive feedback and an indication of where improvements could be made is more beneficial.
- Verbal feedback is seen as powerful if immediate, positive feedback is a potent motivator and peer feedback is positive if given consistently.
Visual graph form about an individual's performance did have a positive reinforcing effect.

This supports that different styles of giving feedback are important and visual feedback may have a synergistic effect when coupled with timely verbal feedback.
Gut feeling may be right BUT you need to be specific to be fair and give the best chance for the individual to gain insight into the improvement they need to make.
## Daily Evaluation Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>Standard procedure</th>
<th>Quality of Performance</th>
<th>Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accomplished</strong> 4</td>
<td>Safe and accurate</td>
<td>Proficient, coordinated, confident, ethical and clinical role model for others.</td>
<td>Anticipates consistently and assists others</td>
</tr>
<tr>
<td><strong>Independent</strong> 3</td>
<td>Safe and accurate</td>
<td>Competently performs tasks within an acceptable timeframe.</td>
<td>Works independently without supportive cues</td>
</tr>
<tr>
<td><strong>Assisted</strong> 2</td>
<td>Safe and accurate</td>
<td>Can perform tasks but needs support and guidance, takes longer than expected to complete tasks</td>
<td>Occasional verbal and physical directive required to complete the task</td>
</tr>
<tr>
<td><strong>Marginal</strong> 1</td>
<td>Safe with direct supervision</td>
<td>Unskilled, inefficient requiring a prolonged time period to achieve nursing outcomes</td>
<td>Requires direct supervision frequent verbal and physical directives in most areas</td>
</tr>
<tr>
<td>Date</td>
<td>Grade</td>
<td>Sign</td>
<td>Comments</td>
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<tr>
<td><strong>Uses a daily planning sheet to note drug/treatment/care times for patients</strong></td>
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<td><strong>Is aware of scope of practice and seeks assistance when needed</strong></td>
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<tr>
<td><strong>Accurately assesses patients needs related to their condition</strong></td>
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<tr>
<td><strong>Uses resources to update knowledge by referring to ODHB policies and Midas system</strong></td>
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<tr>
<td><strong>Has knowledge of medication uses, doses, routes and side effects</strong></td>
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<tr>
<td><strong>Reassesses, plans and implements changes in response to changes in patient status</strong></td>
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<td></td>
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<tr>
<td><strong>Practices procedures and skills competently and safely, for example carries out neurovascular observations, interprets results and updates care</strong></td>
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Progress on Daily Assessment of Goals Over time
Similar to SIP but the process is more formal with more HR involvement and the consequences stronger - possible termination, reporting to NC

The process is not something that is quick but understand that it is labour intensive and costs $$$$$

Costs come from supernumerary time, CNM and ND, HR time, legal opinions, meetings, documentation
Reporting to Nursing Council

- Nurse must be informed that this is occurring and are encouraged to self-report
- This occurs even if the nurse resigns
- It is the organisation’s obligation to report the nurse but it is the council who undertakes their own investigation
- NC can direct the individual to undertake a Competency Assessment Programme or further education.
NC process takes timeé

- The New Zealand Nursing Council annual report 2010, shows the total number of nurses practicing as at March 31, 2010 was 47,129.
- The total number of nurses practicing in the DHB setting was 23,575.
- The current Nursing Council statistics show 90 nurses had concerns about their competence notified to Council in 2010. Following the initial inquiry, no further action was required in relation to 38 nurses, 42 nurses were assessed as requiring a competence review and 10 were still at the inquiry phase at the end of the year.
Nurse deregistered for professional misconduct

The Health Practitioners Disciplinary Tribunal has recommended a former Dunedin Hospital nurse be struck off the register for falsifying patient records, failing to recheck abnormal test results and asking another nurse to "accumulate" medication for his wife.

Rabindranath Joyram was fired from the hospital's neurosurgical ward in April 2009 after he admitted forging a patient's respiration rate.

Several days earlier he administered insulin to a patient based on a "significantly out of line" blood sugar test result.

"Rather than rechecking the result, making sure the client had washed their hands or checking the calibration of the machine, Mr Joyram increased the insulin rate...and then failed to advise his supervisor that her (the patient's) blood sugar had increased or the actions he'd taken," the tribunal said.

The patient was later found drowsy and sweating.

In a disciplinary meeting with management, Mr Joyram said he had a "germ of dishonesty".

Just days after he was fired, Mr Joyram emailed a former colleague asking her to steal medication from the ward.

"My wife needs some Tramadol capsules...all you need to do is accumulate as many as you can and, if you are agreeable, to give them to me before I leave (the country)," he said.

Hospital staff later discovered the ward used three times more Tramadol than normal while Mr Joyram's wife was in the country for a holiday.

The tribunal found Mr Joyram guilty of professional misconduct and recommended his nursing registration be cancelled.

It also recommended he be formally censured and pay 40 percent of the costs associated with the investigation and prosecution.

Mr Joyram, who trained as a nurse in Mauritius, is thought to have left the country.
Research Project

- Research paper completed a research proposal for investigating how the NC competency assessment process is undertaken for regulated nurses.
- Is the use of daily feedback useful for those involved in the process, CNM, Preceptor, nurse?
- Survey all DHBs to assess current situation.
- 6 CNM, 6 Preceptors, 6 nurses for their experience how to improve the process.