

Report on Implementation of the Knowledge, Skills, Training, Assessment and Research (KSTAR) Pilot

Summary of Request:

The purposes of this agenda item are to update the Board on the implementation of the KSTAR Nursing Pilot Program and to request consideration of adopting the KSTAR Nursing Program as a permanent disciplinary option for nurses who meet eligibility criteria established by Board Rule 213.35.

Historical Perspective:

In October 2013, the Board approved a two-year pilot program with the Texas A&M Rural and Community Health Institute (RCHI) and the College of Nursing (CON) to offer the KSTAR Nursing Pilot Program as an option to nurses with practice violations that result in a disciplinary sanction of a warning and below. Knowledge, Skills, Training, Assessment and Research Nursing is a comprehensive program that utilizes an individualized assessment of the nurse with practice breakdowns, to design a personalized remedial education plan aimed at correcting any knowledge deficits that may exist. Monitoring and follow-up are built into the program.

The KSTAR Nursing Pilot Program enrolled its first cohort of nurses in November 2014. Feedback from this initial cohort of nurses was used to make necessary program improvements prior to formal research. In April 2015, the Board approved continuation of the KSTAR Nursing Pilot Program and directed Board Staff to continue to offer KSTAR as an alternative method of discipline to a maximum of four (4) nurses per month who meet inclusion criteria.

At the July 2015 quarterly Board meeting, Board Staff provided the Board with updates to the KSTAR Nursing Pilot Program leadership team including the addition of Debra Matthews, PhD, RN, Associate Dean for Academic Affairs at Texas A&M CON and Dr. Susan Moreland, PhD, MSN, RN, KSTAR Nursing Program Manager, as well as plans to apply for approval to the Texas A&M University Institutional Review Board (IRB) to conduct the research aspect of the pilot. Following the July 2015 Board meeting, RCHI established an agreement with the CON to ensure nursing faculty participate in the KSTAR Nursing assessments including simulation, individualized teaching plans, evaluations, and biweekly teleconferences with Board Staff to discuss participant progress and any program issues.

In October 2015, the Board approved a 2-year extension of the pilot to continue through October 2017. In January 2016, the Board approved Board Staff to offer a referral to the KSTAR Nursing program by agreed order to up to eight (8) nurses per month who meet eligibility criteria.

The KSTAR Nursing RCHI, CON and BON team received approval from the Texas A&M Health Science Center Institutional Review Board (IRB) to conduct research to evaluate the effectiveness of the KSTAR program on November 17, 2015, the research cohort enrollment began in January 2016. In May 2017 the study was approved for continuing review through May 15, 2018. The KSTAR team at RCHI plans to enroll nurses in the research study through September 30, 2017.

Feedback from nurse participants regarding their experience of the program collected six (6) months post completion has been overwhelmingly positive, as presented in [the January 2017](#)

[quarterly Board Report](#). As of January 1, 2017, the 64% or twenty-eight (28) of the forty-four (44) nurses responded to the survey. The responses reflect a positive perception of the program with an overall average ranked score of 3.8 on a Likert scale of 1 - 4, with 1 being least favorable and 4 being most favorable. Participants offered constructive comments that led to program improvements related to program and simulation orientation. Several positive comments highlighted the participants' appreciation for the support of their assigned nurse coach. A summary of participant comments presented will be summarized and evaluated in the final pilot report.

Current Perspective:

As of June 1, 2017 eighty-one (81) agreed Board orders for the KSTAR program have been ratified. Additionally:

- Seventy-eight (78) nurses have enrolled in the KSTAR Nursing program;
 - Fifty-three (53) nurse participants have successfully completed the program;
 - Nineteen (19) nurse participants are in the process of completing the program;
 - Six (6) nurse participants have been referred back to the Board; and
- Three (3) nurses failed to enroll in the KSTAR Nursing program.

The KSTAR Nursing pilot program team continues to meet by teleconference regularly to discuss program progress, review progress reports, track pending referrals, and address any issues that arise. During the June 28, 2017 conference call, the team comprised of staff from RCHI, CON, and BON discussed the potential for the KSTAR Nursing program to become a permanent option for nurses in need of Board ordered remediation for practice breakdown who meet eligibility criteria as set forth in Board Rule 213.35. Both the RCHI and CON representatives requested Board consideration to approve KSTAR Nursing as a permanent alternative to traditional discipline and committed to maintaining the current tuition, dedicated resources, collaborative partnership, and personnel, including CON faculty. Additionally, should any changes be made to the program, a formal request for Board approval would be required. Board Staff agreed that provided the program design, tuition, resources, personnel, and partnership with the BON remain intact, that KSTAR Nursing should become a permanent option to a traditional warning order.

A summary of the IRB study outcomes as of June 8, 2017 is presented in Attachment A. The KSTAR Nursing Pilot research team anticipates presenting a more comprehensive report of the pilot outcomes, including additional participant feedback to the Board at its January 2018 quarterly meeting followed by regular updates regarding long-term measures of disciplinary recidivism.

Recommended Motion: Move to approve the Knowledge, Skills, Teaching, Assessment, and Research Nursing Program as a permanent disciplinary option for nurses who meet eligibility criteria as set forth in Board Rule 213.35.

Pros: The KSTAR Nursing Program is an innovative partnership among regulation, practice and education that is contributing to evidence-based regulation. KSTAR Nursing has demonstrated positive outcomes as an alternative to traditional discipline. The program offers nurses in need of practice remediation the option to choose an individualized approach that is self-paced without traditional stipulations that may impede employment and subsequently, order completion. To date, none of the nurses who successfully completed KSTAR Nursing Program in either the cohort who completed prior to the research study or the research cohort have recidivated for practice breakdown. Feedback from nurse participants regarding their experience of the program collected

six (6) months post completion has been overwhelmingly positive. The KSTAR Nursing Program team at Texas A&M University assures the Board that there will be no significant changes to the program, including tuition.

Cons: The program tuition may continue to be a deterrent to some nurses who would otherwise choose the KSTAR Nursing Program in lieu of a traditional warning order. Additionally, fewer nurses may opt to choose the KSTAR Program once the Sunset Advisory Commission decisions related to enforcement are implemented.

Summary of KSTAR Nursing Pilot Program Research Outcomes as of June 8, 2017

Study Title: KSTAR Nursing: An Innovative Practice, Academic and Regulatory Partnership Program for the Remediation of Texas Nurses with Practice Breakdown

Purpose: The purpose of this study is to explore the effectiveness of an assessment and individualized educational intervention program for nurses who have been referred to the TBON for practice breakdown, and who have received a sanction level of “warning” or below.

Sample, Research Questions, and Outcomes Summary as of June 8, 2017:

Sample Summary:

Following IRB approval in November 2015, enrollment began in January 2016. Of the 42 nurses enrolled from January 2016 through June 8, 2017, 39 consented to participate in the study. Of the 39 consented nurses, 11 (28%) did not require an individualized educational remediation intervention because these nurses met benchmarks and standard nurse competencies required for successful completion during their initial assessment. As of June 8, 2017, data are available for 19 nurses. Data for an additional 9 nurses are pending return for their final assessment.

Research Questions and Outcomes Summary:

- 1. Do nurses who complete an individualized educational remediation intervention following a multidimensional assessment meet benchmark scores on the pre- and post-cognitive assessment exams?**

Of the 19 consented nurses, 18 were required to complete an individualized educational remediation intervention with repeated testing upon the final assessment. Of these 18 nurses, 11 of the 18 (61%) met the cognitive assessment exam benchmarks and 7 did not. Of the 7 who did not, 6 (86%) successfully met nursing competencies following a focused clinical simulation remediation, thus successfully completing the KSTAR Nursing Program, and one nurse opted not to return for additional remediation.

Overall, 17 of the 18 (94%) consented nurses required to complete an individualized educational remediation intervention successfully completed the program demonstrated by meeting benchmark scores for the cognitive assessment exams.

- 2. Do nurses who complete an individualized educational remediation intervention following a multidimensional assessment meet benchmark scores on the pre- and post- simulation performance assessments?**

Summary: Of the 19 consented nurses, 7 (37%) met simulation benchmarks, during the initial assessment, leaving the remaining 12 of 19 (63%) required to complete a final simulation assessment. Of these 12 nurses, 8 (67%) met benchmarks and the remaining 4 (100)% successfully completed the program following focused clinical simulation remediation.

- 3. Is there a significant difference in recidivism rates at 12, 24 and 36 months for nurses who complete an individualized educational remediation intervention following a multidimensional assessment compared with nurses who complete the traditional disciplinary action?**

Summary: As of July 5, 2017, none of the 18 consented nurse participants who successfully completed the KSTAR Nursing Pilot Program have demonstrated recidivism of nursing practice breakdown as measured by occurrence of public disciplinary action for practice violations.

Of note, because the recidivism measure is public record, Board Staff are tracking recidivism on all nurses who successfully complete the KSTAR Nursing Program. As of June 30, 2017, none of the 53 nurses who have successfully completed the KSTAR Nursing Program recidivated due to nursing practice breakdown.

- 4. Do nurses who complete a focused clinical simulation remediation following a multidimensional assessment meet standard nurse competencies?**

Summary: Of the 19 consented nurse participants, 8 (42%) required a focused clinical simulation remediation. All 8 (100%) of the nurses met standard nurse competencies following completion of the focused clinical simulation remediation.

Discussion:

The KSTAR Nursing Pilot Program has demonstrated value as an option for nurses issued a Board order at the level of warning or below as a result of nursing practice breakdown and meet eligibility criteria according to Board Rule 213.35. Although the data are available for only 19 of the 28 consented nurses at the time of this report, preliminary outcomes are positive and suggest the KSTAR Nursing model is an effective alternative to traditional discipline. Board Staff will continue to provide the Board with research updates and dissemination efforts throughout the duration of the study through May 15, 2018.