

Tools for your Toolbox: Assessment and Documentation of Advanced Nursing Competencies

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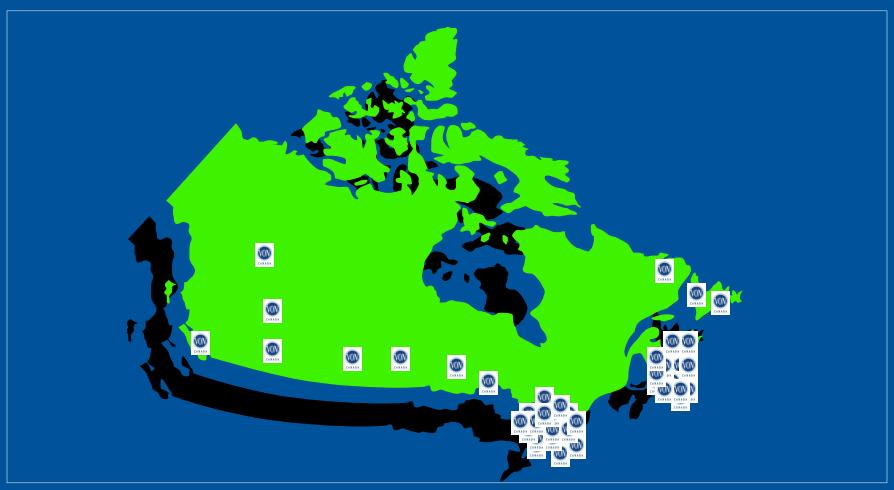


VON – Who we are

- Canada's largest, national, not-for-profit, charitable home and community care organization
- Employs over 2000 home care nurses across
 Canada's 10 provinces from 56 site offices
- Provide care to clients in urban centers, rural municipalities, in homes and clinics



VON – Where we are





Our responsibilities

- Provide education to support professional nursing practice:
 - To meet standards of care
 - To respond to changes in practice
 - Ensure evidenced-based practice
- All this to a geographically dispersed workforce



Challenges

Autonomous Practice

- Nurses are geographically dispersed
- Infrequent office entry & face-to-face education
- Technological challenges
- Inconsistent understanding of:
 - Employer/nurse accountabilities for competent practice
 - Which practices require assessment/documentation
 - How to assess, develop, document competencies



Meeting the challenges

- Intranet-based National Learning Centre
- Self-assessment and documentation of competencies
- Process for assessment and documentation of Advanced Competencies



National Learning Centre

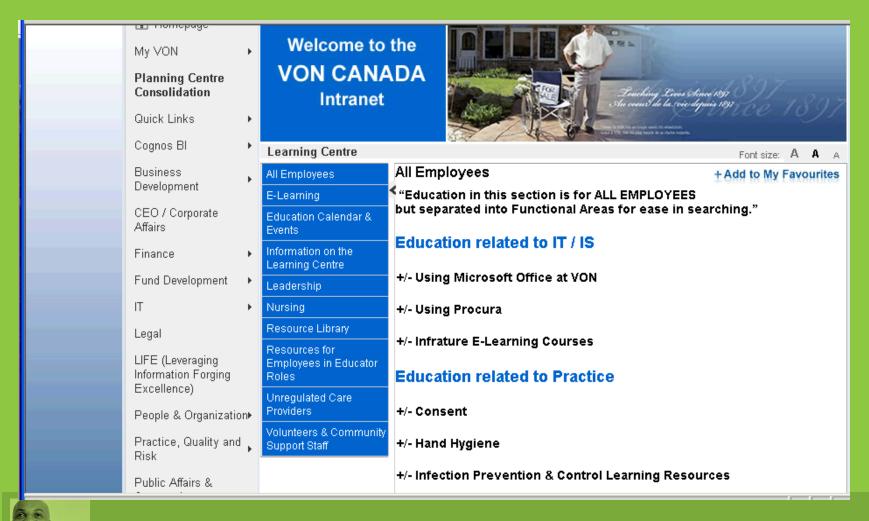


- Password protected
- Specific area for nurses clear lay out
- Allows nurses access to education any time and anywhere:
 - From home
 - VON Site designated learning area/computer











National Learning Centre

- Why?
 - Easily accessible central repository
 - "One stop shopping" for all education
 - Processes in place to ensure quality:
 - Currency
 - Authorship
 - Adult education principles
 - Standardized templates





National Learning Centre (cont'd)

- Education available in a variety of modalities:
 - Power point presentation (requires facilitator)
 - Tutorial (self learning)
 - Information hand out sheets (print hard copies)
 - Webinar with pre-recorded audio presentation





Professional Practice



Nurses are accountable for:

- Their nursing practice
- Maintaining competence to practice safely/ethically
- Continually enhancing their competencies through:
 - Education
 - Experience
 - Ongoing self assessment & reflective practice (CNA, 2007)
- Employers are accountable to provide a quality practice setting

(CNA, 2006)



Competencies



- Competencies are the specific knowledge, skill, judgment, and personal attributes required of a nurse to practice safely and ethically in a designated role/setting (CNA, 2005)
- VON National Competency Self-Assessment of Skills and Knowledge for Nurses (RN/LPN/RPN)



Advanced Competencies



Competencies identified by VON that are high risk and/or problem prone, posing an additional risk to client safety which require additional education, assessment and documentation

(VON, 2010)



Who and how is it decided what is an advanced competency?



- WHO the National Practice team
- HOW will take into consideration the following when deciding advanced competencies
 - frequency
 - prone to problems
 - risk level



Support for advanced competencies



- Advanced competencies require the following to be available and/or developed:
 - Detailed written process for assessment and documentation
 - Reflective practice forms
 - Learning resources to facilitate competence



Detailed written process for assessment and documentation



- Resource for nurse managers
 - Provide consistent approach
 - Step-by-step process
 - Who What How Where When Why





Process for Assessment and Documentation of Advanced Competency Peripherally Inserted Central Catheter (PICC) Line Removal

Notes:

- This process must be facilitated by a Nurse Manager or a nurse experienced in PICC lines.
- Nurse who don't remove PICC lines are not required to complete this process.
- Check that the site copy of Perry and Potter clinical skills text is current within 5 years. Locate the Perry and Potter clinical skills text is in a centralized and accessible office location and let nurses know where to find it.
- 2. Check that each nurse has a current Professional Field Guide to carry and use in the field.
- Provide the region-specific protocols, guidelines, tools or educational material regarding PICC removal or for specific clients, provide the referring hospital protocol where the client had the PICC inserted to maintain continuity.
- Nurses will require 3 hours to complete the following:
 (Please note: the times allotted for education are approximate and may vary according to nurses' previous experience and knowledge)
 - Nurses must read the following (approx. 1 hour):
 - Perry & Potter, Clinical Nursing Skills/Techniques, 2006/2010- chapter on IV/Vascular Access Therapy
 - Local Hospital Protocol (identify by name, date etc.)
 - Observation Learning Tool PICC Line Removal
 - The nurse manager/competent nurse provide direct observation of nurses demonstrating practical skills (approx. 2 hours) related to PICC line removal using **one** of the following methods.
 - A competent nurse at a local hospital/clinic observes the nurse demonstrating the practical skills.

OR

- The nurse manager/competent nurse conduct joint visits to observe nurses demonstrating the practical skills. If the Nurse Manager is not competent in the skills, select a nurse (s) that has demonstrated skill competencies to observe nurses performing the skills.
- · An practical experience component is required for:
 - All nurses new to VON
 - All nurses new to the skill
 - Experienced VON nurses where there are concern regarding practice (eg: nurse has not performed the skill recently; client/funder complaints)
- Observation learning tools are available to be used for observation of PICC line removal procedures.
- Print off the Reflective Practice Form and provide to each nurse and ask them to complete
 and sign the PICC Line Removal Reflective Practice Form and provide to their manager;
 retain a copy for their personal reflective practice file.
- Manager (or designate) is to sign the Reflective Practice form and file in nurses' employee file.

Reflective Practice Forms



- Learner resource for nurses:
 - Orientation, initial and/or annual review
 - Review practice against competencies
 - Review listed resources
- Practical component (if applicable)
- Documented evidence of competency
- Benefits nurse and nurse manager





REFLECTIVE PRACTICE FORM – ADVANCED COMPETENCY Peripherally Inserted Central Catheter (PICC) Line Removal

•	
Name of employee:	
Date (s) education/information received/reviewed:	
Questions answered by:	
Practical experience observed by:	

Practical experience observe	ed by:
Educational Component (annual review not req	uired):
All nurses must review the education and resource	material outlined below initially.
Education/Information received and questions	answered to my satisfaction on the
following:	-
O Requirement to have a medical order for PICC i	
O Indications for PICC removal (e.g therapy disco	ntinuation, no complications)
 Contraindications for PICC removal in the home emergency response, anticoagulant therapy). 	e setting (e.g. complications, ineffective
 Procedure for PICC removal - (precautions to p site, site care and dressing application to site) 	revent air embolism, achieving hemostasis at
O Potential complications (e.g. air embolism, resis	
O How to manage outcomes – expected and unex	cpected
O Documentation about PICC removal – assessm	ent, nursing interventions & client response
The following resource materials have been pro my competency development:	ovided or made available to me to support
O Perry & Potter, Clinical Nursing Skills/Technique Access Therapy	es, 2006/2010- chapter on IV/Vascular
O Local Hospital Protocol (identify by name, date	etc.)
O Observation Learning Tool – PICC Line Remov	al
Practical Component (annual review not require	ed):
The following nurses must complete the practical e	•
All nurses new to VON	
All nurses new to the skill	
 Experienced VON nurses where there are of performed the skill recently; client/funder co 	concern regarding practice (eg: nurse has not implaints)
I have been provided with the opportunity for practi completed the following independently <i>(initial)</i> :	
I recognize and accept responsibility for ongoing co that information/education related to PICC line ren opportunities, review appropriate materials or requ resources for review if required. Signatures	noval is available and I will seek out learning
Olgilatii 60	
Signature of Employee	Date
Manager (or Designate)	

Learning resources to facilitate competence



- Handout information sheets
- E-Learning
 - Internal resources available in various modalities
 - External resources BPG, web pages, learning modules
- Learning/observation tools



Learning/Observation Tool

This observation/learning tool expires on: April 7, 2014

PICC Line Removal

- Nurses may use this as personal learning resource to guide practice and knowledge development.
- This tool may also be used for observation of PICC line removal procedures and to identify ways to improve education, processes, procedures, systems and resources in order to provide a supportive practice environment.
- Information provided in this tool is not inclusive and is not intended to be a
 prescriptive procedure; keep in mind practices may vary according to local
 protocols and physician preferences.

Purpose: to remove a PICC (Peripherally Inserted Central Catheter) line following the completion of therapy.

Responsibilities:

- · Complete the Reflective Practice Form for CVAD Care and PICC removal
- · Ensure the client has an effective emergency response

Equipment Required:

- 10 cc syringe with Normal Saline
- Alcohol swab
- Chlorahexidine swab sticks/preps
- · Sterile occlusive dressing

- Antiseptic ointment
- 2X2's
- · Gloves (clean)
- Sterile scissor/suture removal kit (if required to remove sutures)

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Procedure:

Assessment

- 1. Check for physician's order for PICC removal.
- 2. Check that the client does not have risks for home PICC removal:
 - · PICC line complications (e.g. infection, occlusion, extravasation)
 - · Altered coagulation status (i.e. bleeding tendency)
- Explain procedure to the client.
- Position client in supine position; abduct client's arm to 90 degrees.

Aseptic Technique ad Site Preparation

- 5. Perform hand hygiene and maintain aseptic technique throughout the procedure.
- 6. Apply warm compress to upper arm along the catheter tract for 10 minutes to facilitate removal.
- 7. Open and prepare supplies using aseptic technique
- 8. Apply non-sterile gloves.
- 9. Clean hub with alcohol flush and withdraw blood to check that PICC is functioning properly.
- Remove PICC dressing, securement device/steristrips. Inspect site for complications.
- 11. Cleanse site with Chlorahexidine swabs start at insertion site; circle out 8 -10 cm; repeat X2.

Important Outcomes



- Managers and Nurses find the process clear and easy to follow
- "Great to have learner resources identified and in one place"
- Managers are identifying other advanced practices
- Building capacity



Looking to the future...



- Excellence in practice
- Continue to identify advanced competencies and develop supports



For questions contact:



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