



A NATIONAL CONVENING

THE VALUE OF CERTIFICATION

Building the Business Case for Certification

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Las Vegas, March 3 – 5, 2016

Summary Report

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INTRODUCTION

The American Board of Nursing Specialties (ABNS) hosted a gathering of health care leaders and industry specialists, March 3-5, 2016, in Las Vegas Nevada, to discuss the value of certification in health care practice. The Convening, which brought together more than 100 health care professionals (Appendix A lists the participants), was a multi-disciplinary event that engaged nurses, physicians, radiology technologists, pharmacists, dieticians, occupational therapists, national credentialing organizations, deans of schools of nursing, hospital partners, psychometricians, strategic suppliers to the certification sector, and more. The participants were participatory and action oriented, resulting in a prioritized agenda for credentialing research.

The Convening was unique in its objective – to move the discussion beyond perceptions and toward specific, actionable and measurable plans to build the business case for the value of certified practice.

This report provides a summary of the issues discussed, the process for decision making, and the priorities and action plans developed to build a business case for certified practice.

APPROACH AND PROCESS FOR THE CONVENING

The Value of Certification national convening built on the existing body of knowledge and the established theoretical foundations that support certification research to build a business case for the value of certification across multiple stakeholders. The Value Convening resulted in the development of actionable and measurable activities to support research on the value of certification.

The Convening sought to:

- Identify areas for research that will build a business case for the value of certified practice.
- Explore the value of certification among members of interprofessional health care teams.
- Agree on research initiatives and determine concrete steps for implementation.
- Consider the availability of funding and data to conduct research.

Preparation

ABNS assembled a Planning Committee (Appendix B lists the participants) and partnered with advisory firm Stratford Managers to design and facilitate the Convening. The planning process began with a review of the literature on the value and benefits of certification (Appendix C details some notable resources). Drawing from the work of the Institute of Medicine (IOM) Standing Committee on Credentialing Research in Nursing, the Planning Committee chose to adopt the Expanded Model for Credentialing Research¹ framework and develop it to focus on certified practice among health care providers. Also drawing on the work of the IOM Standing Committee on Credentialing Research in Nursing, the Planning Committee adapted the perceived value of credentialing components as the agreed upon benefits of certification for the Convening. These benefits are defined in Appendix C and include:

1. Advances safety
2. Clarifies and defines the roles and work of health care providers and other team members
3. Improves organizational culture
4. Improves job satisfaction, empowerment and confidence
5. Improves processes of care
6. Improves quality of care
7. Improves recruitment and retention, employability, and job prospects
8. Is recognized as validation of knowledge in the specialty

¹ Institute of Medicine. (2015). *Future Directions of Credentialing Research in Nursing: Workshop Summary*. The National Academies Press.

9. Provides a measurable return on investment
10. Provides professional support
11. Shapes future practice

These benefits were assessed as to which were fully substantiated by existing research, which had limited empirical support, and which benefits of certification had no known research base. The Convening's interprofessional partners were asked to complete the assessment of the certification benefits based on the research available in their fields (e.g. nursing, medicine, pharmacy, occupational therapy, dietary, radiology).

An additional step in the planning process was to ask organizations participating in the Convening to describe the value of pursuing credentialing/certification and where they experienced 'push back' on the reasons to pursue credentialing/certification, or where they felt there was a "gap" in the justification for certification.

The reasons for certification included:

- Increased recognition
- Validation of knowledge
- Creates a system and structure for ongoing learning, professional development
- Professional value
- Personal accomplishment
- Increased professional opportunities
- Certified practitioners are preferred employees (enhanced job opportunities)
- In some roles, certification is required to practice

The reasons for push back or gaps in justifying certification included:

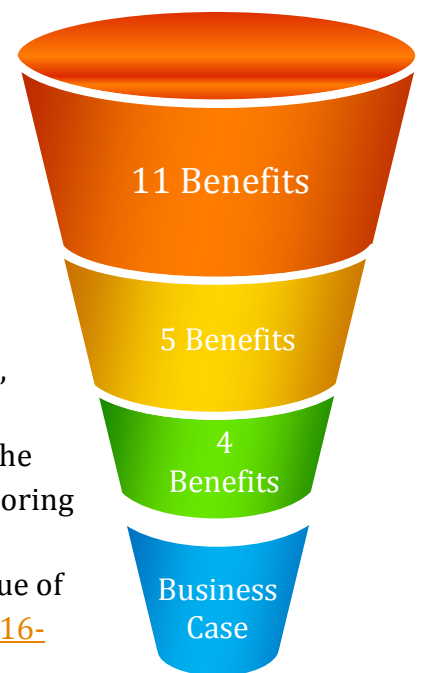
- Cost (money and time) of certification and recertification
- Lack of awareness of specialty certification
- No recognition or acknowledgement from employers
- Lack of relevancy of certification or maintenance of certification to individual practice
- Lack of data that show certification improves patient care and clinical outcomes
- Return on investment for practitioners and employers has not been documented.

Parallel to this work, a pre-conference engagement survey was administered in January, 2016. The focus of the survey was used to determine how and with which criteria, to set research priorities. A participation rate of 80% ensured that the planning group had solid input to develop a framework to establish certification research priorities.

Convening

The approach and agenda for the Convening was purposefully designed to be interactive, and action-oriented. Participants were asked to join interprofessional break out groups to discuss the benefits of certification in detail, rank the benefits in priority order, and develop a research action plan.

Keynote speaker, Dr. Jack Needleman, opened the Convening by building context through a look at the existing research in the health care certification field. He presented a useful foundation for the Convening by bringing awareness to the challenges associated with gathering evidence needed to prove the value of certification. He also offered encouragement for the task ahead and provided validation for the importance of establishing a business case for the value of certification. Dr. Shannon Carter and Dr. James Stobinski set the stage for the participants' contributions. The road ahead for certification research is complex but if we stay in the mindset of what is possible, together we can begin to address small pieces of the larger picture. As the research accumulates the larger picture will become clear. Dr. Lynne Grief encouraged the participants to consider research activities that focus on identifying essential competencies across multiple dimensions (educational preparation, roles, population focus, and continuing professional development); developing effective and efficient assessment strategies; clarifying the relationship between competencies and patient outcomes; and exploring the relationship between individual and interprofessional team competence. (Speaker presentations can be found on the ABNS Value of Certification site at <http://www.nursingcertification.org/spring-2016-value-convening-meeting/>.)



Day 1 of the conference introduced the 11 certification benefits and participant break out groups were assigned a subset of the benefits to discuss. The results of the group discussions are outlined in the Summary of Outcomes section. The participants then ranked the certification benefits using the criteria established from the pre-conference survey. The ranking process and results can be found in the Determine Priorities section.

Day 2 focused on ratifying the priority benefits and creating action plans. Groups created draft action plans for four short-listed benefits, and then participated in a 'brain writing' exercise to add further detail to other groups' action plans. Finally, individual participants voted for the benefits they felt were the most important/interesting/compelling and documented the immediate steps to take to move forward on the priority initiatives.

The conference concluded with the identification of next steps, which included participants expressing interest in selected research activities, examining research strategies to address the priority benefits of certification, and discussing potential resources to support the research priorities.

SUMMARY OF OUTCOMES

The Convening activities and outcomes are presented in chronological order as they were undertaken and developed.

Overview of Discussion of the Benefits of Certification

This section outlines the importance, interested stakeholders, needed research and barriers to conducting research for each of the 11 certification benefits adapted from the work of the IOM Standing Committee on Credentialing Research in Nursing.

Certification Advances Safety

Why do we care about this?

- Advancing safety contributes to reducing or preventing adverse events, which drive costs.
- Safety reduces negative patient outcomes and decreases readmission rates.
- There are legal and ethical implications that require the provision of safe patient care.
- The public has high expectations when it comes to health care safety.

Who Cares?

- Patients
- The public
- Government
- Funders/payers
- Health system boards
- Employers
- Employees
- Insurers
- Business group
- Regulatory groups

It is important to note that different generations care differently about quality and safety.

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- The evidence needs to be interprofessional and driven by extrinsic motivators.
- Study patient/public perception of the linkage of certification to safety.
- Demonstrate accredited caregivers contribution to strong relationships with outcomes on safety.

- Outcome improvement and common content domains across certification (legal, ethical, professional practices).
- Data that addresses adverse event records, opinion surveys, insurance claims and publicly reported data from health systems.
- Study the link between practice and the construction of certification (domain of knowledge /test content)

What are barriers to conducting research on this benefit? What needs to happen to conduct research to substantiate this benefit?

- Lack of sophisticated research and data collection methods as well as links to different databases.
- Inconsistent approach of individual caregiver does not always represent the totality of the benefit.
- Hospitals' policies dictate credentialing, but variances in skills exist.
- Lack of agreement on definitions of safety and buy-in from all perspectives.
- Complexity of the data and confounding variables exist.
- Engaging objective/non-biased researchers who will gather data on why certification is or is not accepted in institutions and look into the impact of "negative" studies.

Certification Clarifies and Defines the Roles and Work of Health Care Providers and Other Team Members

Why do we care about this?

- Clearly defining the roles and responsibilities of health care providers will increase accountability, efficiency, and potentially increase safety.
- It proves certification enhances the skills and knowledge of health care providers.
- Helps in reducing errors.
- Differentiates between core skills and specialty advanced skills.

Nonetheless, organizations are the ones that define the roles and scope of practices, instead of certification, in most cases; therefore, this benefit may not matter.

Who cares?

- Employers
- Patients
- The public
- Payers
- Regulatory groups

- Peers and other disciplines

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- Detailed evidence that addresses processes and measures readmissions.
- Studies that demonstrate the differences in knowledge division of team members and their contributions to the team.
- Understanding knowledge vs. practice.

What are barriers to conducting research on this benefit? What needs to happen to conduct research to substantiate this benefit?

- It is difficult to recruit practitioners to participate in this type of research due to its low priority.
- It is challenging to convince health care providers who are not certified to participate and to conduct retroactive studies.
- Roles and responsibility definition has many variables, which can make it hard to identify the right outcome measurement to use to appropriately link to certification.
- Determining methodology for measurement, what gets measured, what results matter and what can be attributed to certification.
- Engaging the right people with research skill set, passion, and funding sources.
- Acquiring the proper tools to measure (which may not exist).
- Understanding practice values and behavior.

Certification Improves Organizational Culture

Why do we care about this?

- Culture is linked to employee engagement, employee satisfaction, and positive morale and pride.
- Leads to an improved, productive workplace, better patient safety outcomes and potentially reduces the costs of redundancy and gaps in care.
- There is a correlation between improved culture and retention, which yields longer employment/tenure, lower turnover and decreased training costs.

Who cares?

- Employee
- Individual practitioner
- Employers
- Patients
- Payers

- Future practitioners
- Units/teams who organize certification

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- Study employee satisfaction data, recruitment/retention/attrition rates and costs, leadership development, and organization culture.
- Show correlation between levels of investment of individual practitioners in their careers to increased levels of care.
- Stratification of data connecting certification to patient outcomes.
- Examine risk-adjusted activity.
- Compare outcomes of patient care units to level of certification in the unit.

What are barriers to conducting research on this benefit? What needs to happen to in order to conduct research to substantiate this benefit?

- Lack of pure data.
- Quantifying the research.
- Divergent views and entitlements of different generations.
- Employees concern why the study is being done.
- Impact of location/geography and unions.
- Selection of samples not representative to an entire organization.
- Complexity of this research and requirement for experience and expertise to help formulate methodology.

Certification Improves Job Satisfaction, Empowerment and Confidence

Why do we care about this?

- Job satisfaction helps increase empowerment and growth in clinical confidence to make decisions.
- Certification offers improved outcomes, increase credibility, creates baseline of competencies and increases professionalism on the work unit.
- It could potentially lower turnover rates and make recruitment easier for employers.

This benefit may not be universally true across all certification programs. Certification alone may not do all these things; it may just be obtaining certification leads to these outcomes.

Who cares?

- Certified practitioners
- Employers

- Patients
- Health care teams/Peers
- Payers

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- Understand the current landscape of certified workforce. If it is possible to isolate certification, correlation can be shown more easily than causation.
- Study the level of employee satisfaction and engagement. The results of the employee engagement survey can provide insight to how employees feel about their jobs and highlight where certification helped in ranking that organization in the "Top hospitals to work for." Use results from surveys for marketing material for recruitment.

What are barriers to conducting research on this benefit? What needs to happen to in order to conduct research to substantiate this benefit?

- Availability and consistency of data.
- Detailed research is needed to weed out irrelevant factors.
- Partnering with health care systems may be beneficial to address data issues.
- Cooperation of employers in providing data (such as employee satisfaction surveys).
- Identifying and securing sources of funding.
- Agreeing on the level of urgency of this benefit.

Certification Improves Processes of Care

Why do we care about this?

- Better patient outcomes are a primary concern for many stakeholders.
- It contributes to the improvement of quality, safety, efficiency, work environment and organizational skills.
- Yields fewer adverse events, lowers costs and reduces medication errors.
- Establishes shared understanding of what is a "best practice" and the standard of care.

Who cares?

- All stakeholders care about this benefit.
- Certified individuals care for their personal satisfaction.
- Peers care because of better utilization of resources.
- Hospitals and employers care as it affects their bottom line, and decreases costs and readmission rates.

- Payers care due to CMS reimbursement.
- Insurers want to lower costs.
- Regulators care because standards of care are supported.
- Patients will have confidence in being in the right place with the right care.

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- Develop evidence that crosses all the specialties to measure productivity and efficiency.
- Examine readmission rates.
- Study adverse events.
- Documentation and measurement of any type of changes that have occurred with certified practice and processes of care.
- Examine how certified practitioners adhere to the current best practices.

What are barriers to conducting research on this benefit? What needs to happen to in order to conduct research to substantiate this benefit?

- Difficulty in quantifying the care provided by certified individuals or the team of care providers.
- Lack of an appropriate tool to collect data consistently and accurately.
- Different requirement for certifications on state-to-state basis.
- Identifying and securing sources of funding.
- Understanding the level of effort required to execute research.
- Consistent data collection.
- Link certification to the decision-making process of the certified individual and the outcome.

Certification Improves Quality of Care

Why do we care about this?

- Improving quality of care is the essence of what practitioners across the health care sector strive to achieve.
- The certification program, which addresses eligibility, assessment and renewal, is directly related to quality of care.
- Hospitals and other health care providers that are committed to improved quality of care will see positive effects on their bottom line.

Who cares?

- Patients because they want better outcomes for themselves.

- Certified individuals because they want to improve the quality of care they provide.
- Health care organizations because they aim to reduce costs and lower readmission rates.
- Nursing faculties care about producing quality nurses.

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- Evidence and analytical research data exists to support this benefit. However, further exploration and research is required to link quality of care and certification.
- Some hospitals have established methods to measure quality of care, however, research is needed to develop a common operational and specialty-specific definition.

What are the barriers to conducting research on this benefit? What needs to happen in order to conduct research to substantiate this benefit?

- There is confusion and competition between certificate programs and certification programs.
- Lack of control over outcomes.
- Availability and accessibility of documented data.
- Working within HIPAA's rules when collecting data.
- Availability of providers to document outcomes.

Certification Improves Recruitment and Retention

Why do we care about this?

- It leads to cost-savings for employers.
- Improves chances of employability and transferability for certified practitioners and encourages a culture of striving for certification.
- Reduces service disruption.
- Serves as a marketing tool for employers in their recruitment process.

Who cares?

- Employees
- Patients
- Public
- Accrediting bodies
- Regulators
- Certification agencies

- Peers
- Health Resources & Services Administration (HRSA)

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- Analysis of data from the National Database of Nursing Quality Indicators (NDNQI) and the National Council of State Boards of Nursing (NCSBN).
- Explore trends for recruitment and retention rates of certified vs. noncertified practitioners.
- Study of nursing outcomes.
- Human resources demographics and information on salaries and trends that are collected by certification databases.
- Data that reveals intent of individual practitioners to leave or stay in specialty and profession.
- Survey of certification groups to understand job opportunities and promotions.
- Evaluation of non-renewal of certification.
- Job requirements.
- Employer advertisements for certified staff.

What are barriers to conducting research on this benefit? What needs to happen to in order to conduct research to substantiate this benefit?

- Data integrity – the quality, consistency and accuracy of the data currently available are neither sufficient nor complete.
 - Limited baseline research available.
 - Difficulty determining the sources of data.
 - Gap of common and systematic data collection methods.
 - Lack of standard measures and terminology in the field.

What needs to happen?

- Build a database of accurate certification and credential information.
- Identify a convenience sample and account for work environment.
- Offer incentives to respondents to provide data.
- Disseminate outcomes to employees to get their attention.
- Identify funding sources to cover the research costs.
- Grant Magnet Recognition to all certified practitioners.

Certification is Recognized as Validation of Knowledge

Why do we care about this?

- Knowledge and evidence-based practice are fundamental to the provision of health care.
- Certification reflects evolving knowledge and standards of the profession.
- Validates and recognizes that an individual practitioner has a standard level of knowledge.
- Provides intrinsic and extrinsic motivators for individual practitioners.
- Demonstrates certified individuals' commitment to the profession and lifelong learning.
- Leads to service improvements resulting in cost reduction for employers.

Who cares?

All stakeholders care about this benefit as it proves the ability to demonstrate higher knowledge. Specifically these stakeholders have interest:

- Licensing boards
- Employers
- Peers
- Patients
- Administrators
- Individual practitioners/Employees

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- Survey-based research on certification status that addresses patient outcomes and quality of care.
- Evaluation of eligibility requirements for certification and recertification exams.
- Assessment of changes in processes and behavioral practices, clinical ladder and failure to rescue.
- Develop campaigns to communicate the value of certification to stakeholders.
- Study other fields that require continuing competency to learn from them.
- Explore what the public and payers are willing to pay for to have higher quality care.

What are barriers to conducting research on this benefit? What needs to happen to in order to conduct research to substantiate this benefit?

- Quality of existing EHR (electronic health record) and certification status data.
- Difficulty measuring commitment and demonstration of continuing competence.

- Lack of systematic method of collecting data and understanding of the type of data that is needed to measure lifelong learning.

Certification Provides a Measurable Return on Investment

Why do we care about this?

- Return on investment is a key indicator of performance.
- Contributing to a positive ROI (return on investment) will not only impact the extrinsic value employees gain through pay performance but also their intrinsic value of pride.
- Adds value to the patient experience.

Who cares?

- Employers care about this benefit because it helps them manage the bottom line as well as risks.
- Individual practitioners invest in certification and want return on their investments.
- Accreditation programs care because it satisfies program criteria.

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- Data on patient outcomes, measures of performance, reduction of hospitalization readmission rates, and measures of mortality rates.
- Study of impact of education level and recertification requirements.
- Measure of proficiency in collaborative teamwork.
- Correlation between education and practice.
- Economic value of nursing and other health care professions.
- Impact of certification on reducing infections and employee injury rates.

What are barriers to conducting research on this benefit? What needs to happen to in order to conduct research to substantiate this benefit?

- Lack of institutional support and stakeholders' willingness to share data.
- Sources of funding.
- Difficulty quantifying information to fit into the research model.
- There are challenges measuring the impact of soft skills such as teamwork and collaboration.
- Identifying suitable measurement tools.
- Engaging qualified investigators who are interested in these areas.

What needs to happen?

- Keep study simple and provide a list of clear questions.
- Utilize information that already exists.
- Assess whether people are making rational vs. irrational decisions about the bottom line.

Certification Provides Professional Support

Why do we care about this?

- It allows for maximization of roles, increases professional status, and provides validation and credibility, externally and internally.
- Increases autonomy, peer support and mentorship of certified practitioners to new staff leading to enhanced teamwork and increased numbers of certified staff.
- Has a positive impact on the professional environment.
- Allows practitioners to utilize their education to the fullest extent and facilitate the process of becoming lifelong learners.

Who cares?

- Employers
- Employees
- Patients
- The public
- Peers/colleagues
- Legal professional
- Accreditation bodies
- Regulatory bodies
- Certifying agencies
- Academic organizations

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- The research needs to link intrinsic rewards to patient outcomes
- It needs to provide proof that is quantitative, descriptive and outcome-based
- It needs to apply different analytical techniques such as predictive modeling to identify linkage.

What are barriers to conducting research on this benefit? What needs to happen to in order to conduct research to substantiate this benefit?

- Difficultly accessing and collecting data without stakeholder engagement.

- Securing funding sources when there are several stakeholders involved.
- Challenges finding independent and unbiased researchers.
- Shortage of robust data / databases.
- Perceived benefit of outcome.
- Lack of standardized definition of professionalism in practice.
- Relationship between organizational membership and certification.

Certification Shapes Future Practice

Why do we care about this?

- Paves the way for innovative thinking and encourages the evolution of the profession.
- Helps create efficient health care model, establish standards and raises the bar for continued development.
- Encourages credibility among individual practitioners and peers.
- Reduces readmission rates, which leads to service improvement and cost reduction.
- Pushes for interdisciplinary team-based care and for other disciplines to become certified, resulting in improved care planning.

Who cares?

- Certified practitioners
- Peers and other disciplines
- Patients
- The public
- Advocacy groups
- Academics
- Regulators

What kinds of evidence would be required to substantiate this benefit? What type of research would produce this evidence?

- Quantitative research and descriptive studies are critical to support this benefit.
- There need to be proper tools and methods to gather the research data in order to have consistency and accuracy.
- The types of data points required are:
 - Opinion research to gauge climate and feasibility.
 - Longitudinal studies that capture certification status and changes over time by individuals and by unit composition.
 - Role delineation studies (RDS).
 - Are payers supporting the interprofessional plan of care?

- Could certification preparation influence education programs?
- Refer to programs like Joint Commission specialty certification data as a proxy.
- Study the link between certification, patient's outcomes and process of care metrics.



What are barriers to conducting research on this benefit? What needs to happen to in order to conduct research to substantiate this benefit?

- Sources of funding. Who pays?
- Buy-in from stakeholders.
- Regulations and change processes are rather slow.

What needs to happen?

- Establish champions to engage more participants in research.
- Engage innovators to stimulate interest.
- Build linkages between certification and outcomes to obtain payer contracts.
- Establish a solid communication model among educators, regulators, certifiers, and accreditors.
- Merge databases such as Magnet Certificate with RN stats survey to get to proprietary data.
- Start small and keep it practical, begin with validating at the local hospital level and explore the causal chains.

Determine Priorities

Each of the 11 certification benefits has merit and contributes to the overall justification for the value of certified practice. In order to agree on a certification research agenda, a focused and narrowed list of the certification benefits was required. To narrow the list of benefits, a decision-making framework was created and the criteria for decision making were selected through a pre-conference survey. The online survey, which had a participation rate of over 80%, asked the Convening participants to select the most important criteria for decision making. The decision-making criteria included:

- **Complexity:** refers to whether the *benefit of certification* is simple by nature or complex to understand, explain and substantiate.
- **Control:** refers to the level of control we have over this *benefit of certification* such as if multiple stakeholders' alignment / participation is required to substantiate this *benefit of certification*.
- **Feasibility:** refers to our ability to substantiate this *benefit of certification*.
- **Importance:** refers to the relative impact that this *benefit of certification* could have on supporting the business case for the value of certification.
- **Investment:** refers to the amount of resources required (e.g. a national database, *financial*) to substantiate this *benefit of certification*.
- **Time and effort:** refers to the duration of time and level of effort before results can be apparent to substantiate this *benefit of certification*.

The results of the survey resulted in the following three elements being selected to establish priorities among the certification benefits:

- Feasibility / Doability / Achievability
- Importance / Impact
- Investment (time, effort, money)

Convening participants then applied the 3 priority-setting criteria to each of the 11 benefits. The table below shows the certification benefits ranked in priority order when the scores² (on a scale of 1 to 5) were totaled.

² Priority scoring

Feasibility / Doability / Achievability

5 = High – there is a high likelihood that we will be able to substantiate this benefit

1 = Low – there is limited likelihood that we will be successful substantiating this benefit

Importance / Impact

5 = High – this benefit is of high importance and would have great impact

1 = Low – this benefit has low importance and would have little impact

Investment (time, effort, money)

5 = High – efforts to address this benefit will take less time, require less effort, or require a reasonable investment of resources

1 = Low – efforts to address this benefit will take longer, require more effort, or require a significant investment of resources

Rank	Benefits	Feasibility Sum of scores	Importance Sum of scores	Investment Sum of scores	Total of Scores
1	Improves job satisfaction, empowerment, confidence	66.2	59.0	64.0	189.2
2	Improves recruitment and retention/employability/job prospects	65.2	65.0	59.0	189.2
3	Is recognized as validation of knowledge in the specialty	71.0	57.3	58.5	186.8
4	Improves quality	50.5	73.0	36.5	160.0
5	Improves culture	48.7	57.9	48.0	154.6
6	Advances safety	48.0	74.0	31.0	153.0
7	Improves processes of care	44.0	60.0	31.0	135.0
8	Provides professional support	42.6	45.5	43.5	131.6
9	Provides a measurable return on investment (cost)	29.5	67.0	31.3	127.8
10	Shapes future practice	38.0	45.8	31.3	115.2
11	Clarifies and defines the roles and work of health care providers and team members	35.3	34.2	37.7	107.2

The certification benefits were then prioritized using only the Importance criteria scores.

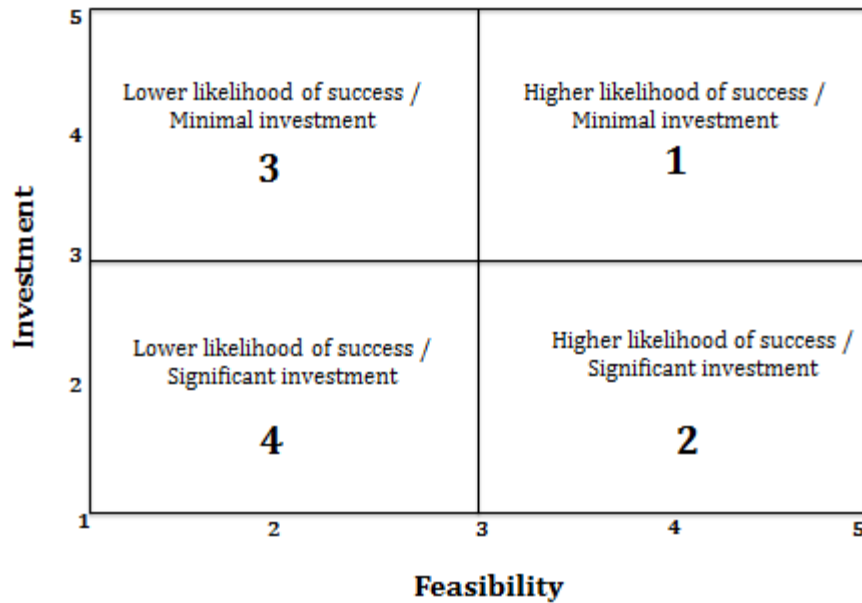
Ranking of Benefits Using Importance/Impact Factor ONLY

Rank	Benefits	Sum of Scores	Average of Scores (scale of 1 to 5, where 5 is high importance)
1	Advances safety	74	4.93
2	Improves quality	73	4.87
3	Provides a measurable return on investment (cost)	67	4.47
4	Improves recruitment and retention, employability, job prospects	65	4.33
5	Improves processes of care	60	4.00
6	Improves job satisfaction, empowerment, confidence	59	3.93
7	Improves culture	57.9	3.86
8	Is recognized as validation of knowledge in the specialty	57.3	3.82
9	Shapes future practice	45.8	3.06
10	Provides professional support	45.5	3.03
11	Clarifies and defines the roles and work of health care providers and other team members	34.2	2.28

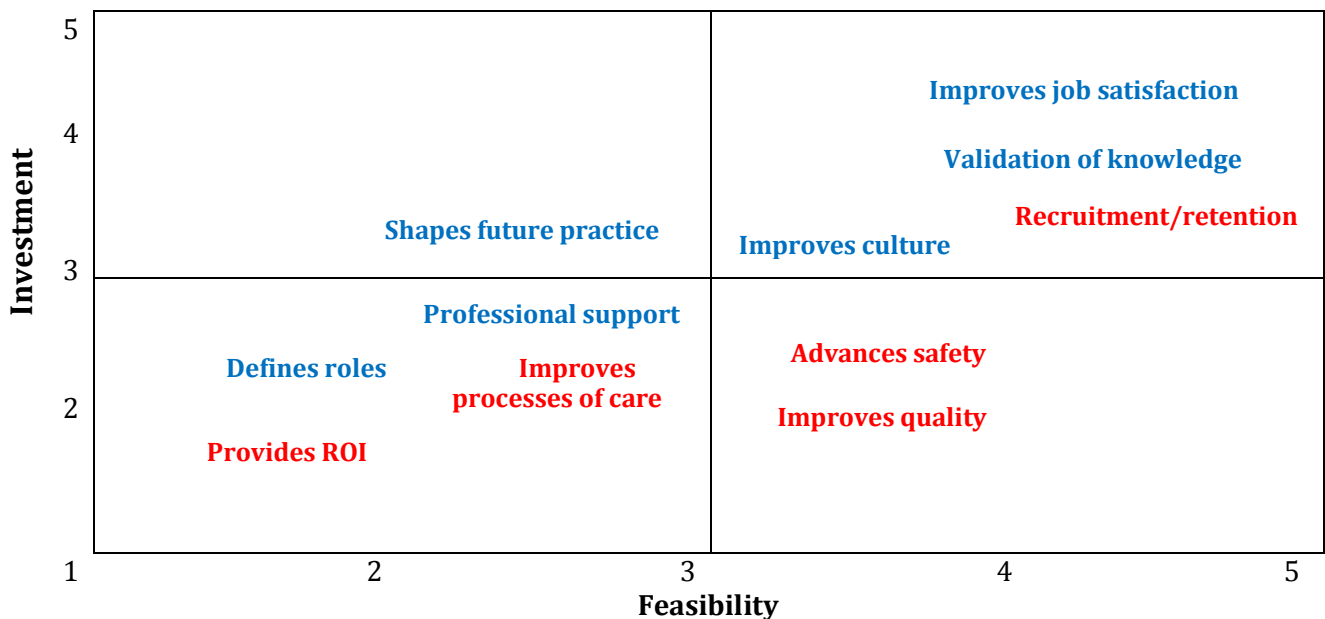
The results from ranking the certification benefits based on Importance ONLY were then merged with the other criteria by employing a 2x2 framework. In this framework Investment scores were displayed on the vertical axis, and Feasibility/Doability was displayed on the horizontal axis (using scales of 1 to 5).

The quadrants were numbered (from 1 to 4) to show the order of preference, or highest priority. For example, in the upper right hand quadrant (#1), the benefits placed here were scored with a high likelihood of success and require minimal investment. Benefits placed in the lower left hand quadrant (#4), were considered a lower priority since they were scored with a low likelihood of success and would require significant investment.

Framework for Assessing Priorities



The 2X2 table below displays the results when all three filtering criteria were applied. The top five benefits ranked by Importance are displayed in red. The remaining benefits are in blue.



Discussion resulted in consensus among the participants to combine benefits that were similar and closely linked. The merged benefits resulted in four priority categories, which became the focus of the research action plans.

Merged Certification Benefits
<ul style="list-style-type: none">○ Advances safety○ Improve processes of care○ Improves quality of care
<ul style="list-style-type: none">○ Improves culture○ Improves job satisfaction, empowerment, confidence
<ul style="list-style-type: none">○ Recognized as validation of knowledge in the specialty
<ul style="list-style-type: none">○ Improves recruitment and retention/employment and job prospects

Action Plans for Priority Certification Benefits

With four priority categories of certification benefits selected, the Convening participants began to develop action plans. Discussions focused on how to move these priority items forward and advance them as research initiatives. Participants formed work groups and examined the priority certification benefits in depth. The process provided the work groups with an opportunity to review and add comments (brain writing) on the action plans developed by other work groups.

Advances safety, improves processes of care and quality of care

<p>Objective</p>	<p>The purpose is to investigate and demonstrate the link/relationship between certification and processes of care, quality of care and to advance safety. The study will collect data to explore and delineate outcomes and impacts of certified practice compared to noncertified practice on:</p> <ul style="list-style-type: none"> ○ Better outcomes or processes of care ○ Patient satisfaction ○ Performance outcomes
<p>Major requirements</p>	<ul style="list-style-type: none"> • Develop a standard definition of certification to have a common understanding. • Establish partnership with stakeholders, find sources of funding, gain access to data and recruit skilled/expert researchers. • Build a large repository with existing certification data and variables of certification (i.e., voluntary vs. involuntary certification). <p>Organizations with whom a partnership and/or collaboration should be considered include:</p> <ul style="list-style-type: none"> • Hospitals - cooperation of to provide/collect data. • Academic institutions – to support research efforts. • NCSBN, NDNQI, claims data, IHI (Institute for Healthcare Improvement) source of data and support of delivery of study. • Payers – Centers for Medicare & Medicaid Services (CMS). • National Quality Forum.
<p>Work Model</p>	<ul style="list-style-type: none"> • Investigate and document the quality of measures already in place and identify the minimal data set needed. • Determine if existing data is kept in a comparable way and identify who is collecting it. • Engage certifying bodies to partner with licensing boards, payers, foundations, professional health care membership organizations, faculty – students, and patient advocates. • Develop a profile template and standard guide for certification groups to

	<p>complete.</p> <ul style="list-style-type: none"> • Conduct a study in collaboration with an interprofessional work group and faculty to define outcomes and determine how certification improves patient care.
<i>First 10 Steps - Action items in the next 12 months</i>	<ol style="list-style-type: none"> 1. Identify and establish taxonomy for certification, define concepts of safety and quality. 2. Develop research plan/ trajectory, form internal research team and send out call for proposal. 3. Organizational feasibility study – develop business plan. 4. Secure funding. 5. Identify a wide breadth of partnerships (hospitals to collect data, data sources organization and departments (i.e. HR)). 6. Develop template/profiles and provide training and education. 7. Share periodic progress updates. 8. Identify potential data sources and inventory of databases/outcomes matrix. 9. Explore and utilize existing tools/metrics. 10. Define interest across specialties and identify which specialties are involved.
<i>Lead</i>	<p>ABNS should lead this business case. The lead should consider creating a consortium of certifying and credentialing bodies to capture common data, contribute and write grants for funding. Other possible leads are ICE, EHR vendors, across specialty disciplines.</p>
<i>Support / Resourcing</i>	<p>AHRQ and medical community, including other care disciplines should support building this business case. Partnership involvement will be necessary particularly from data sources and commitment of resources. Partnerships and data holders (MGMA, ICE/ATP, AACN (colleges), AHA, NCSBN, CMS, HR/EHR, IOM, ACHE, AONE, simulation vendors, magnet hospital systems, third party payers and statisticians).</p>
<i>Who is already working on this certification benefit?</i>	<ul style="list-style-type: none"> • NDNQI in Kansas (KU) is now Press Ganey. • American Nurses Credentialing Center (ANCC). • NBCRNA is working on an initiative specific to Certified Nurse Anesthetists at multiple facilities. • CCI, ABNS, ABMS, Board of Pharmacy, NBCRNA, NCSBN. • National Patient Safety Foundation.
<i>What work is underway on this certification benefit?</i>	<ul style="list-style-type: none"> • Scoping review – ANCC. • Surgical site infection - NDNQI/CCI. • Work under Linda Aiken – NCSN. • Existing quality and safety data.
<i>Immediate Actions</i>	<ul style="list-style-type: none"> • Define and identify a leadership team. • Approve a concept.

	<ul style="list-style-type: none"> • Understand linkage for data set. • Understand variables, definition and data source. • Assess interest areas of discipline. • Identify health systems that might be interested. • Identify funding source.
Who might be interested in taking a lead role in these next steps?	<ul style="list-style-type: none"> • ABNS Research Committee. • ICE Research committee.

Improves culture, improves job satisfaction, empowerment, confidence

Objective	The purpose is to validate that certification increases job satisfaction through enhanced empowerment and confidence and to evaluate the link between certification to job satisfaction and patient outcomes. This action plan will create an opportunity for interprofessional research, for both certified and non-certified practitioners and findings that have implications inside and outside of health care.
Major requirements	<ul style="list-style-type: none"> • Cooperation and consensus about how to measure variables. • Form a coalition of willing and able participants (e.g. employers, state licensing boards, licensed practitioners). • Valid and reliable survey tool/instrument that measures the defined variables. • A well thought out research design and a researcher to do the work. • Review existing data in organizational research and cross walk the data with intrinsic attributes of certified staff. • Connect with University HealthSystem Consortium about residency program to follow new nurses over time and incorporate certification measures.
Work Model	<p>The concepts of culture, empowerment, and job satisfaction are related. They can also be reasonably assumed to have a relationship with quality. There is an opportunity to address several benefits with a single study. Structural Equation Modeling (SEM) (that defines a relationship between latent and observable variables):</p> <p style="text-align: center;"> Certification ➡ Culture ➡ Process ➡ Quality and Safety ➡ Turnover •Empowerment •Job satisfaction •Confidence </p> <ul style="list-style-type: none"> • Design research, complete the "Meta" study of existing research and identify a narrowed focus. • Gather research outside of health care on the intrinsic value of certification

	<p>and profile cultures that are supportive of certification.</p> <ul style="list-style-type: none"> • Link those findings as a means of connecting research in nursing certification to other industries. • Seek input from experts from organizations that conduct qualitative research with a validated tool. • Seek input from experts in empowerment. • ABNS could fund this research through a research fund or pooling funds from certification organizations.
<i>First 10 Steps - Action items in the next 12 months</i>	<ol style="list-style-type: none"> 1. Develop white paper from this meeting that serves as conceptual framework for defined research questions. 2. Review literature and existing research in organizational culture to understand attributes of a "good" culture." 3. Convene interprofessional group to: <ul style="list-style-type: none"> ○ Establish research guidelines ○ Develop research question ○ Establish budget 4. Identify potential partners. 5. Find champions. 6. Decide on the primary stakeholders and form a committee. Identify qualification of committee and representation. 7. Select survey vendors through RFP process. 8. Analyze results of research/surveys and publish results. 9. Seek funding. 10. Engage employers, link job satisfaction and retention to cost savings.
<i>Lead</i>	The lead for this business case could be ABNS, ICE (across all industries) and Association for Test Publishers (ATP).
<i>Support / Resourcing</i>	Support for the lead organization should be the ABNS research committee and membership, ICE Committee, SHRM, American College of Healthcare Executives (ACHE), and external funding sources (ABNS Advocacy winners or other hospital foundations). Other support includes members organizations committed to participate, donate and/or allow inclusion of their certified practitioners in survey sample.
<i>Who is already working on this certification benefit?</i>	<ul style="list-style-type: none"> • CCI, Society for Human Resources Management (SHRM), Press Ganey may already have some work underway. • Refer to the literature in the Convening preparation as a starting point.
<i>What work is underway on this certification benefit?</i>	CCI and Press Ganey have some work in progress on this benefit. Press Ganey's work is focused on work environment but can add certification as a variable.

<p><i>Immediate Actions</i></p>	<ul style="list-style-type: none"> • Document the information from this conference to help create a white paper. • Identify committee members. • Look at existing actions already under way – identify and collaborate with them. • Identify what HR/MBA programs research, health system experts and consulting companies are doing on this subject. • Use what RWJF is doing around culture of health as a starting point. • Perform environmental scan of funding opportunities and what funding organizations have received on this topic. • Ensure the research is inclusive of multidisciplinary and practice settings.
<p><i>Who might be interested in taking a lead role in these next steps?</i></p>	<ul style="list-style-type: none"> • Ohio State University. • ABNS Research Committee. • Heuristic Solutions – Christopher Butcher is willing to contribute in creating diagrams and incorporate questions and gathering data from their data system.

Recognized as validation of knowledge in the specialty

<p><i>Objective</i></p>	<p>Define "recognized as validation of knowledge" and prove that certified professionals have relevant knowledge of today's practice environment and demonstrate their knowledge. Create a marketing plan to disseminate information that proves the perceived knowledge and validation of certified practitioners.</p>
<p><i>Major requirements</i></p>	<ul style="list-style-type: none"> • Establish a partnership with stakeholders who will help achieve recognition and also access the population. • Ensure stakeholders are aware of the rigor of the process and meaning of accreditation of certified programs. • Gather valid and reliable data; identify measurement tools and funding sources. • Explore how initial certification and recertification meet the validation of knowledge objective. Distinguish between programs that do and do not meet accreditation standards.
<p><i>Work Model</i></p>	<ul style="list-style-type: none"> • Establish a group of the interprofessional organizations and certifying bodies and collaborate to validate the knowledge of the specialty. • Work with testing vendors and others who are experts in psychometrics. • Neutralize bias by seeking independent scientists to create a firewall between funders and researchers.

	<ul style="list-style-type: none"> • Launch surveys to stakeholders and to employers to determine their current perceptions of certified practitioners in specialties. • Develop joint communication marketing efforts defining the rigor and agreement on methods of determining continued competency. • Measure stakeholder awareness of the validation and test campaign effectiveness.
<i>First 10 Steps - Action items in the next 12 months</i>	<ol style="list-style-type: none"> 1. Literature review and identify existing research. 2. Develop questions – engage ABNS/ICE/SHRM certifying bodies. 3. Distinguishing motivations for and value of certification (perceived validity in 100% mandatory vs. voluntary certification job roles). 4. Define stakeholders (include certified and non-certified practitioners). 5. Establish funding and grant sources. 6. Develop instrument (qualitative than quantitative). 7. Develop methodology. 8. Define primary and secondary outcomes. 9. Invite commentary on definitions (public comments or panel of experts). 10. Canvas public/consumer perception to determine "who cares."
<i>Lead</i>	The lead organizations should have balanced representation among the following organizations: ABNS and their member organizations, ICE, American Board of Medical Specialties (ABMS), hospital associations, inter-professional lead organizations, CCI, certifying bodies and NCC, who can provide existing research and data.
<i>Support / Resourcing</i>	Support for the lead organization should come from a third party, non-biased scientist as well as from academic partners. Other stakeholders that can support this business case are students perusing health resources to help develop methodology, along with accrediting and certifying bodies.
<i>Who is already working on this certification benefit?</i>	<ul style="list-style-type: none"> • National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties (NCC) leads in certified nurses' data marketing impact. • CCI developed the PVCT (Perceived Value of Certification Tool).
<i>What work is underway on this certification benefit?</i>	<ul style="list-style-type: none"> • Role delineation study data as a basis. • Search dissertation abstracts. • Search ICE for parallel process/international certification institutions.
<i>Immediate Actions</i>	<ul style="list-style-type: none"> • Establish common definition of what "recognized" as validation means. • Conduct an environmental scan. • Build an inventory of existing work and appraise.

	<ul style="list-style-type: none"> • Clarify the number of specialties, nurses and other professionals who need to be engaged. • Search ABNS and ABMS bibliographies. • Include continued competency model in discussions. • Clarify what elements are market driven or empirical research.
<i>Who might be interested in taking a lead role in these next steps?</i>	<ul style="list-style-type: none"> • ICE • ABNS

Improves recruitment and retention, employment and job prospects

<i>Objective</i>	The purpose of this action plan is to demonstrate how certification influences job satisfaction, empowerment and confidence across disciplines and proves its link to recruitment and retention. Additionally, it seeks to examine how job satisfaction leads to positive patient outcomes and satisfaction, and decreases labor turnover costs.
<i>Major requirements</i>	<ul style="list-style-type: none"> • The Human Resources (HR) department plays a pivotal role in providing necessary recruitment and retention data. Access to the data is critical to evaluate the effect of certification; thus, buy-in from the HR/hiring department is needed for this business case. • Obtain data directly from decision makers regarding the process of hiring staff with the intention of retaining them. This knowledge will support the development of the value proposition to hire certified staff. • Identify sources of funding. • Establish relationships/partnerships and form coalitions with institutions such as hospital groups. • Valid and reliable instruments that measure certification variables are needed. • Cooperation and consensus on how to measure variables. • Evaluation of career and leadership trajectory of staff who choose to certify.
<i>Work Model</i>	<ul style="list-style-type: none"> • The working model should cross multi-disciplinary practices, employ different methods of data collection, survey data and recruitment/retention data. • Refer to the Magnet experience as a proxy to review and determine the steps taken to develop, then establish a framework specific to certification. • Measure job satisfaction, empowerment and confidence using standardized tools and questions. • Connect with partners such as Association of Nurse Executives (AONE), NCSBN, American Nurses Association (ANA), Macy's, HRSA, membership societies, certifying organizations, Robert Wood Johnson Foundation (RWJF)

	<p>and Johnson & Johnson.</p> <ul style="list-style-type: none"> Engage with champion nurses to see how certification supports the RWJF culture of health care agenda through the action coalition. Develop a grant to promote research data and partner with doctoral students seeking HR research proposals. Seek out Johnson & Johnson for funding applicable to their recruitment of nurses campaign.
First 10 Steps - Action items in the next 12 months	<ol style="list-style-type: none"> Gather and review literature available specific to retention and recruitment. Identify existing data sources (e.g. Health Info Exchange data). Identify entities that are exploring retention and recruitment of certified individuals including those outside of the health care field. Identify certification organizations willing to fund research. Find delivery organizations that are gatekeepers of data and partner with them. Convince interprofessional units to define research questions. Develop research priorities to reach out to groups who can do the work. Identify grant writers. Develop an executive summary/white paper from convening to serve as platform for discussions. Determine the rewards for certification and recertification motivators.
Lead	<p>Organizations that should be leading the business case are ICE, ANA, Press Ganey, IOM (Bernadette Melnyk) and Johnson & Johnson. These organizations have expressed interest in particular aspects of the benefit.</p> <ul style="list-style-type: none"> RWJF – interested if this is tied to culture AHRQ (Agency for Healthcare Research & Quality) – interested in safety Macy Foundation
Support / Resourcing	<p>Organizations that could help and contribute to this business case include: sub-specialty groups and specialty organizations, ABNS research team, university health care consortium, MGMA (Medical Group Management Association) representing employers, third party payers, AACN (American Association of Colleges of Nursing), AONE and NCSBN.</p>
Who is already working on this certification benefit?	<p>HumRRO (HR group) and ANSI (American National Standards Institute) may be already looking at recruitment and retention issues.</p>
Immediate Actions	<ul style="list-style-type: none"> Convene a task force, a multi-disciplinary focus group. Review existing programs and research. Determine if there is any applicability to this topic.
Who might be interested in taking a lead role in these next steps?	<p>ICE Research Committee and ABNS Research Committee. The topic needs to address individual and organizational points of view.</p>

SUMMARY

The Convening sought to identify areas for research to build a business case for the value of certified practice, agree on research initiatives and determine concrete steps for implementation. It also explored the value of certification among members of interprofessional health care teams.

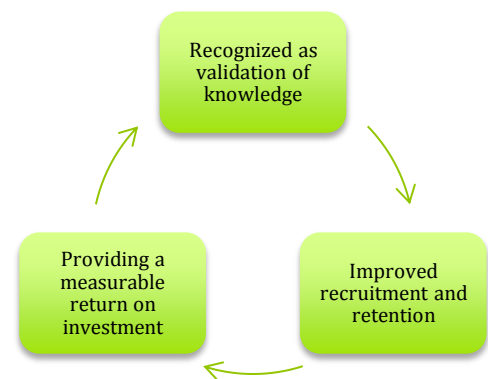
The Convening:

- Explored the identified certification benefits.
- Developed a prioritized list of certification benefits based on importance/impact, feasibility, and investment of time and resources.
- Drafted research action plans for four priority certification benefits.
- Identified organizations that can potentially lend support, provide funding or take the lead in moving forward on project implementation.

Common themes emerged from the Convening.

- Many of the certification benefits are intertwined and interdependent.
- Existence of a continuous cycle among the benefits.
- The core stakeholders concerned with certification include:
 - Patients
 - Public
 - Employers
 - Practitioners
 - Regulators
- There is a need to review existing research as a starting point and to understand the challenges of quantifying the value of certification.
- Substantiating the value of certification requires evidence.
 - Interprofessional evidence is important
 - Longitudinal data sets are needed
 - Evidence should link certification to outcomes (safety, patient results, standards, etc.)
 - Demonstrate a relationship between career progression and promotion among certified practitioners.
 - Understand reasons for non-renewal to inform knowledge on the value of certification.
 - Identify the role of certified providers in preventing adverse events to measure the benefit of certification.

Example of Linkages



- Barriers to collecting evidence include:
 - Inconsistencies in definitions and study approaches
 - Access and availability of data
 - Lack of standardized methods to collect data
 - Lack of sophisticated studies
 - Participation of the non-certified practitioners
 - Funding
 - Stakeholder buy-in
- There is value in engaging an unbiased expert researcher.
- It is important elicit cooperation from stakeholders to allow universal researcher access to pull data from their organizations.

Appendix A – Convening Participants

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Certification Manager
Infusion Nurses Certification Corporation (INCC)

Vicki Yfantis, MSN, CRNP, CPAN

Board Member

American Board of Perianesthesia Nursing Certification, Inc.
(ABPANC)

Carol Zupancic

Public Member

American Board of Nursing Specialties (ABNS)

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Vice President, Consulting Service

Stratford Managers

Mahlet Seifu

Manager, Consulting Service

Stratford Managers

Rene van Diepen

Vice President & Practice Lead, Consulting Service

Stratford Managers

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Melissa Biel, Deputy Director
American Board of Nursing Specialties

Shannon Carter, Chief Executive Officer
Competency and Credentialing Institute

Carol Clothier, Vice President, State Policy and Public Affairs
American Board of Medical Specialties

Vicki Lundmark, Director
Institute for Credentialing Research
American Nurses Credentialing Center

Cyndi Miller Murphy, Executive Director
Oncology Nurses Certification Corporation

Bonnie Niebuhr, Chief Executive Officer
American Board of Nursing Specialties

Cindi Noe, Certification Practice Specialist
American Association of Critical-Care Nurses Certification Corporation

Leslie Anne Patry, President-Elect
American Board of Nursing Specialties

Robert Pedigo, Vice President
Client Services
Castle Worldwide, Inc.

David Price, Senior Vice President, Research/Education Foundation
American Board of Medical Specialties

Maria Shirey, President
American Board of Nursing Specialties

Lisa Thiemann, Chief Compliance and Innovations Officer
National Board of Certification and Recertification for Nurse Anesthetists

Carol Zupancic, Public Member
American Board of Nursing Specialties

Appendix C – Value of Certification Support Documents

ANCC Credentialing Research Report (a white paper) re: establishing a national agenda.
<http://www.nursecredentialing.org/CredentialingResearch>

ABNS Nursing Certification and Competency Summit – Building an International Research Agenda (2009)

IOM Workshop on Future Directions of Credentialing Research in Nursing

Free download of summary

<http://www.nap.edu/catalog/18999/future-directions-of-credentialing-research-in-nursing-workshop-summary>

Or videos are available if people prefer to see/hear sessions as they actually happened

<http://iom.nationalacademies.org/Activities/Workforce/FutureDirectionsCredentialingNursing/2014-SEP-03.aspx>

(Click into Videos under Meeting Resources upper right)

Romano, P.S. Simplified Conceptual Model of Credentialing Pathway. In *Future Directions of Credentialing Research in Nursing*.

Perspectives papers on credentialing research (also described somewhat in workshop proceedings, but perspectives paper offer more depth)

[http://nam.edu/perspectives/? sf s=credentialing](http://nam.edu/perspectives/?sf s=credentialing)

Needleman et al. on credentialing research frameworks

McHugh et al. on credentialing research design

Hughes et al. on credentialing data harmonization

McCorkle, R.E. (2015). *Value of Certification (VoC): An Exploration of Concept and Research Process*. Institute for Credentialing Excellence.

Stobinski, J.X. (2015). Certification and patient safety. *AORN Journal*, 101(3), 375-378. Certification is connected to patient safety. This connection has the potential to improve patient outcomes, contribute to patient safety goals, and elevate the profession.

ABMS Evidence Library

<http://evidencelibrary.abms.org/>

The Evidence Library highlights research on improved health care through documented quality initiatives.

Patient Outcome Studies

ABNS. (2014). *The Relationship Between Nursing Certification and Patient Outcomes – A Review of the Literature*.

Blegen, M.A. (2012). Does Certification of Staff Nurses Improve Patient Outcomes? *Evidence Based Nursing*, 15(2), 54-55.

Boltz, M., Capezuti, E., Wagner, E., Rosenberg, M., & Secic, M. (2013). Patient safety in medical-surgical units: Can nurse certification make a difference? *MedSurg Nursing*, 22(1), 26-37.

Boyle, D.K., Cramer, E., Potter, C., Gatua, M.W., & Stobinski, J.X. (2014). The relationship between direct-care RN specialty certification and surgical patient outcomes. *AORN Journal*, 100(5), 511-528.

Boyle, D.K., Cramer, E., Potter, C., & Staggs, V.S. (2015). Longitudinal association of Registered Nurse national nursing specialty certification and patient falls in acute care hospitals. *Nursing Research*, 64(4), 291-299. www.nursingresearchonline.com

Frank-Stromberg, M., Ward, S., Hughes, L., Brown, K., Coleman, A., Grindel, C.G., et al. (2002). Does certification status of oncology nurses make a difference in patient outcomes? *Oncology Nursing Forum*, 29(4), 665-672.

Friese, C.R., Xia, R., Ghaferi, A., Birkmeyer, J.D., & Banerjee, M. (2015). Hospitals in 'Magnet' program show better patient outcomes on mortality measures compared to non-'Magnet' hospitals. *Health Affairs*, 34(6), 986-992.

Hart, S, Bergquist, S, Gajewski, B., & Dunton, N. (2006). Reliability testing of the National Database of Nursing Quality Indicators pressure ulcer indicator. *Journal of Nursing Care Quality*, 21(3), 256-265.

Kendall-Gallagher, D., Aiken, L.H., Sloane, D.M., & Cimiotti, J.P. (2011). Nursing specialty certification, inpatient mortality, and failure to rescue. *Journal of Nursing Scholarship*, 43(2), 188-194.

Kendall-Gallagher, D. & Blegen, M.A. (2009). Competence and certification of Registered Nurses and safety of patients in intensive care units. *American Journal of Critical Care*, 18(2), 106-116.

Krapohl, G., Manojlovich, M., Redman, R., & Zhang, L. (2010). Nursing specialty certification and nursing-sensitive patient outcomes in Intensive Care Unit. *American Journal of Critical Care*, 19(6), 490-498.

McHugh, M. D., Kelly, L. A. Smith, H. L., WU, E. S., Vanak, J. M. & Aiken, L. H., (2015) Lower Mortality in Magnet Hospitals. *Medical Care*, 51(5), 382-388. www.lww-medicalcare.com

Nelson, A., Powell-Cope, G., Palacios, P., Luther, S.L., Black, T., Hillman, T., et al. (2007). Nursing staffing and patient outcomes in inpatient rehabilitation settings. *Rehabilitation Nursing*, 32(5): 179-202.

Newhouse, R.P., Johantgen, M., Pronovost, P.J., & Johnson, E. (2005). Perioperative nurses and patient outcomes: mortality, complications, and length of stay. *AORN Journal*, 81(3):508-509, 513-522, 525-528.

Simonson, D., Ahern, M., & Hendryx, M. (2007). Anesthesia staffing and anesthetic complications during Cesarean delivery: A retrospective analysis. *Nursing Research*, 56(1), 9-17.

Trinkoff, A.M., Lerner, N.B., Storr, C.L., Han, K., Johantgen, M.E., et al. (2015). Leadership education, certification and resident outcomes in US nursing homes: Cross-sectional secondary data analysis. *International Journal of Nursing Studies*, 52(1), 334-344.

Other Documents

American Board of Medical Specialties

2015 National Policy Forum – The Future of Practice, Transformation to Patient-Centered Systems

Examines the trends transforming health care

ASAE

The Benefits of Credentialing Programs to Membership Organizations

Results of a research project that examined the benefits of certification/credentialing programs to membership organizations

Infusion Nurses Society

Making the Business Case for Infusion Teams

Outlines the components of a business case to justify having a clinical Infusion Team. The concepts explained in the report can be applied to other situations.

Appendix D – Certification Benefit Definitions

Benefits of Certification

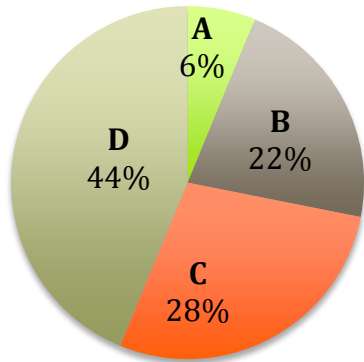
1. Advances safety (e.g. fewer adverse incidents and errors in patient care).
2. Clarifies and defines the roles and work of health care providers and other team members (certified practitioners have core competencies that enable them to fulfill specific roles and accomplish identifiable work; credentialed individuals and teams demonstrate inter-professional competence).
3. Improves organizational culture of health care delivery (improves characteristics of the workplace environment).
4. Improves job satisfaction, empowerment, and confidence.
5. Improves processes of care (e.g. certification facilitates detecting complications and initiating early interventions).
6. Improves quality of care (e.g. improved patient outcomes and higher patient satisfaction rates).
7. Improves recruitment and retention/employability/job prospects.
8. Is recognized as validation of knowledge in the specialty.
9. Provides a measurable return on investment (i.e. certification quantifiably demonstrates value to health and to health care, and/or certification provides quantifiable value to certified individuals).
10. Provides professional support (e.g. control of practice, professional development, collaboration, work-related independence/autonomy).
11. Shapes future practice (e.g. the development of additional or advanced competencies; team-based care; population health; continuum of care across multiple settings).

Adapted from: Institute of Medicine. (2015). *Future Directions of Credentialing Research in Nursing: Workshop Summary*. The National Academies Press.

Appendix E – Most Important Certification Benefits

To further refine priorities, participants were asked to vote for the certification benefit(s) they felt were most important/they were most interested in. “Advances safety / Improves processes of care / Improves quality of care” received the most support. The table below lists votes by participant and organization.

Voting Distribution



- A - Improves recruitment and retention/employment and job prospects
- B - Recognized as validation of knowledge in the specialty
- C - Improves Culture
Improves job satisfaction, empowerment, confidence
- D - Advances Safety
Improve Processes of Care
Improves Quality of Care

A Improves recruitment and retention, employment and job prospects	B Recognized as validation of knowledge in the specialty	C Improves culture Improves job satisfaction, empowerment, confidence	D Advances safety Improve processes of care Improves quality of care
Colleen Berding, RNCB	Jerry Reid, ARRT & ICE Research Committee	Dottie Roberts, ONCB	Katie Johnson, NBCSN
Denise Roosendaal, ICE	Theresa Kessler, ANCC	Kelly Bolme, ONCB	Janice Phillips, CGFNS
Sandra Samargis, BCEN	Peg Garbin, C-NET	Jennylynn Balmer, ABOHN	Julie Ponto, ONCC
Rick Meadows, AANPCP	Nancy Gallagher, NNCC	Denise Knoblauch, ABOHN	Cathy Reimanis, WOCNCB
	Kim Deaver, NNCC	Shannon Carter, CCI	Sandra Lee Schafer, HPCC
	Lina Waters, Prometric	Lynne Grief, ABNS	Patricia Kurz, MSNCB
	Tracey Rodgers, ALNCCB	Christina Withrow, INCC	Lorna Schumann, AANPCP
	Julie Aucoin, HPCC	Chris Hunt, INCC	Brigid Flood, BCEN
	Suzanne Staebler, NCC	Christopher Butcher, Heuristic Solutions	Joanne Hickey, ABNS
	Larry Fabrey, AMP, a PSI business	Leslie Anne Patry, ABNS	Kim Alleman, NNCC
	John Preston, NBCRNA	Bette Case DiLeonardi, ABSNC, HPCC	Maria Shirey, UAB School of Nursing

	Larry Simmons, NLN	Amber Kujath, ONCB	Vicki Lundmark, ANCC
	Chris Chmielewski - CNET	Carole Mensing, NCBDE	Linda Lakdawala, ABPANC
	Anniekay Erby, WOCNCB	Cyndi Miller Murphy, ONCC	Lori Rhudy, ABNN
		Rebecca O'Shea, ONCC	Patrick Flynn, Castle Worldwide
		Tia Campbell, NBCSN	Sheryl Traficano, NCBDE
		Pat Muenzen, Professional Examination Service	Maureen Cahill, NCSBN
		Bill Ellis, BPS	Jim Stobinski, CCI
			Carol Zupancic, ABNS
			Diane Tyler, AANPCP
			Mary Schira, NNCC
			Robin Newhouse, Indiana University/ANCC
			Lisa Thiemann, NBCRNA
			Lisa Gorski, INCC
			Adele Foerster, PNCB
			Peg Harrison, PNCB
			Emily Cramer, University of Kansas, School of Nursing
			Nicole Telhiard, PNCB