

Objective

The objective of this poster is to examine factors for and against a *subspecialty* nursing certification in spinal cord injury.

Introduction

Specialty certification validates knowledge, promotes excellence in nursing care and translates into improved patient outcomes in patient safety and cost containment for specific patient populations. Currently there is no subspecialty certification in spinal cord injury nursing at the national or international level.

Background

In the United States, there are currently over 200 nursing specialties and subspecialties for which nurses can be certified. More than a quarter of a million nurses have been certified through the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA) in the last 20 years.¹ Studies from the Institute of Medicine have demonstrated that specialty certified nurses have higher rates of patient satisfaction and lower rates of patient care errors.²

What is Nursing Certification?

Nursing certification is a process that an association grants recognition to a nurse that has met predetermined qualifications and is different from licensure. Certification is obtained for validation of competencies, recognition of skills, knowledge, and abilities in a specific area of practice, for example, rehabilitation nursing. Practice standards are rooted in evidenced-based standards for the specific population.³

Nurses attain certification credentials through experience, specialized and ongoing education and a qualifying exam. The personal and professional benefits of nursing certification are easy to identify:

- Professional recognition and credibility
- Professional achievement
- Career advancement
- Increased professional opportunities
- Increased pay

The evidence that links certification to nurse retention, patient safety, and improved nurse sensitive indicators such as pressure ulcers, infection prevention, falls, and other patient outcomes specific for intensive care and non-intensive care settings continues to build. Organizations are beginning to understand that nursing certification is:

“A benchmark of a component of a positive work environment and organizational quality indicator. Nurse specialty certification is associated with better outcomes: a 10% increase in hospital proportion of baccalaureate and certified baccalaureate nurses, respectively decreased the odds of adjusted inpatient 30-day mortality by 6% and 2%.”⁴

The Case for Certification

Increasing Complex Work Environment

The increasing complexity of the nurses' scope of practice requires nurses to manage care along a continuum, work as peers in interdisciplinary teams and to integrate clinical expertise. Technology continues to evolve in all practice settings affecting all patient populations. In 2010, the enactment of the Affordable Care Act called for a larger role in the US for nurses in delivery of health care. It provided for major reinvestment in improving quality of care and nursing workforce education. Also in 2010, the Institute of Medicine's report "Futures of Nursing: Leading Change, Advancing Health," one of the recommendations was for nurses to achieve higher levels of education and training that promotes seamless academic progression and practice area expertise (certification).⁵

Recognizing the increased complexity of the work environment many organizations, especially rehabilitation units are pursuing disease specific care certifications through the Joint Commission. Currently, there are certified programs encompassing 86 different disease certifications in 50 states.⁶

Rehabilitation Nursing Certification

In 1984, the certification, CRRN (certified registered rehabilitation nurse) was developed by the Association

of Rehabilitation Nurses' organization. There are approximately 10,000 CRRNs practicing in the US. The CRRN program is accredited by the American Board of Specialties.⁷

A study by Nelson and colleagues found a correlation between the percentage of CRRNs and the patients' length of stay. Their finding that for every 1% increase in CRRNs on a rehabilitation unit was associated with an approximate 6% decrease in the length of stay supports certification.⁸

Spinal Cord Injured Population and Nursing Subspecialty Certification

There are approximately 10,000 new persons with spinal cord injured patients in the US annually. There are 14 federally funded Model Spinal Cord Injury (SCI) Centers. It is estimated that there are approximately 3,000 RNs caring for these patients in the model centers everyday. As a rehabilitation nurse for 27 years and rehabilitation nursing certified for over 20 years I have seen the explosion of new science, practice standards, new technology, new products, research driven evidence for persons with spinal cord injury. It is my opinion that a spinal cord subspecialty certification would enable RNs to stay current and knowledgeable with such a specific population.

Barriers to a Nursing Subspecialty Certification

- small number of SCI patients nationally
- small number of RNs working in the SCI model systems that may be interested
- new infrastructure to set up SCI item exam, development panel and audit panel
- cost: current cost of CRRN exam is \$380 for a five-year certification requiring 60 credits of continuing education in rehabilitation nursing
- data outcome for organizations-what is the risk/benefit analysis – what would be the outcome for SCI patients that would be measurable: navigates the healthcare system better with cost efficiency? Decreased length of stay? Improved quality indicators for this population such as less pressure ulcer, less ventilator-associated pneumonias, etc.

Proposal and Future Challenges

Realizing that a small amount of nurses may be interested in subspecialty spinal injury nursing certification, it may not be economically feasible for ANCC to develop a stand alone certification in spinal cord injury nursing. Why not develop the subspecialty certification process within the already established general rehabilitation CRRN certification exam with a separate exam? Research is needed to assess the interest level, and to establish a proposed curriculum to meet practice standards that are evolving as the growing body of evidence with spinal cord injury nursing continues at the national and international level.

Conclusion

Time and money to establish a national plan for a subspecialty certification in spinal cord injury nursing may seem prohibitive. However, certification in spinal cord injury nursing may lead to improved quality indicators for this population in urinary tract infections, decrease in pressure ulcers, ventilator-associated pneumonias or in decrease length of stay or better yet, a decrease in the injury nationally. More nursing research is needed to examine this proposal.

References

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