Patient Safety Culture and Barriers to Adverse Event Reporting

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Agenda

• Background
• Research Design/Methodology
• Analysis Plan
• Demographics
• Results
• Key Takeaways
Background

• In 2014, NCSBN and the American Organization of Nurse Executives (AONE) held a “Day of Dialogue.”

• AONE members requested more information and direction about how and when to report a nurse to the state Board of Nursing (BON).

• The discussion touched upon reporting barriers nurse executives face when one of their nursing staff is involved in an adverse event.
Research Design

• A survey was designed by NCSBN research staff based on key findings from the Day of Dialogue.

• The instrument was piloted with six nurse executives to ensure comprehension and sufficient scope.

• Administered to all members of AONE and the National Association of Directors of Nursing Administration (NADONA) in January 2018 via each organization’s monthly eblast.

• The study was determined to be exempt by the Western Institutional Review Board.
Methodology

• The survey was administered using Qualtrics (Provo, UT).
• The survey consisted of 27 questions across three topic areas:
  a) Professional information;
  b) Health facility information; and
  c) Health facility practices with respect to adverse event tracking and reporting.
• Six weeks to complete the survey, with a reminder sent three weeks after initial dissemination.
• **Response Rate:** 441 of the 2,275 executives who opened the communication completed the survey, for a final response rate of 19.4%.
Analysis Plan

• A thematic analysis using redundant coding procedures was employed for open-ended text responses.

• Univariable and multivariable ordinal logistic regression models were used to examine the frequency of serious adverse event reporting.

• All statistical analyses were conducted using SAS 9.4 (Cary, NC).
The majority of respondents included directors of nursing (DON), chief nursing officers (CNO), chief nursing executives, and nurse managers.

“Other” respondents included former CNOs, consultants, and assistant/associate CNOs or DONs.
Respondent Sex & Education Level

- Most respondents were female and reported having at least a Master’s degree.
- The mean age of respondents was approximately 56.1 years old (SD: 8.5).
Breakdown by U.S. Census Region

- The distribution of responses across U.S. Census regions was diffuse, with a majority of executives working in the South, followed by the Midwest, Northeast, and West.
Facility Type & Size

- Teaching Hospital: 122, 28%
- Hospital: 159, 36%
- LTC/SNF: 106, 24%

Median # of Hospital Beds: 200
Interquartile Range: 110 - 427
Facility Setting

159, 37%

275, 63%
Reportable Behaviors & Issues

- Diversion: 415 (94.3%)
- Patient abandonment: 319 (73.5%)
- Violation of boundary between patient and nurse: 305 (70.3%)
- Substance use disorder: 300 (70.3%)
- A recent criminal conviction: 267 (61.8%)
- Repeated medication error: 241 (55.8%)
- Repeated reckless behavior: 228 (53.0%)
- Theft: 201 (46.6%)
- An error that resulted in patient harm: 146 (34.1%)
- Practice beyond the scope of license: 120 (28.1%)
- Repeated errors: 113 (26.3%)
- Continued need for remediation: 99 (23.1%)
- Fraud: 96 (22.4%)
- Termination or resignation in lieu of termination: 78 (18.3%)
- Single incident of reckless behavior: 69 (16.1%)
- Social media or confidentiality policy violation: 67 (15.6%)
- Standard of care violation: 16 (4.1%)
Diverted Medication or SUD

- **Report directly to the BON**: 322 (73.2%)
  - Diverted Medication: 255 (58.1%)
  - Substance Use Disorder: 268 (60.9%)

- **Terminate employment**: 127 (28.9%)
  - Diverted Medication: 268 (60.9%)
  - Substance Use Disorder: 236 (53.6%)

- **Follow facility policy on theft**: 114 (26.0%)
  - Diverted Medication: 72 (16.4%)
  - Substance Use Disorder: 210 (47.7%)

- **Report to law enforcement**: 37 (8.4%)
  - Diverted Medication: 48 (10.9%)
  - Substance Use Disorder: 167 (38.0%)

- **Self-Report to BON non-disciplinary monitoring**: 53 (12.0%)
  - Diverted Medication: 114 (26.0%)
  - Substance Use Disorder: 99 (22.6%)

- **Enroll in Employee Assistance Program**: 21 (4.8%)
  - Diverted Medication: 53 (12.0%)
  - Substance Use Disorder: 61 (13.9%)

- **Self-Report to BON**
  - Diverted Medication: 99 (22.6%)
  - Substance Use Disorder: 61 (13.9%)

- **Enroll in non-BON monitoring or peer assistance**
  - Diverted Medication: 21 (4.8%)
  - Substance Use Disorder: 35 (8.0%)

- **Other**
  - Diverted Medication: 57 (13.0%)
  - Substance Use Disorder: 61 (13.9%)
Regression Model Results

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>No. of Patients (%)</th>
<th>Odds Ratio [OR] &amp; 95% CI</th>
<th>OR</th>
<th>95% CI</th>
<th>P*</th>
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</thead>
<tbody>
<tr>
<td>Reporting Drivers</td>
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<td></td>
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<td></td>
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<tr>
<td>Existing Protocol</td>
<td>310 (78)</td>
<td>1.73</td>
<td>(1.10-2.72)</td>
<td>.02</td>
<td></td>
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<tr>
<td>Protocol Satisfaction</td>
<td>223 (72)</td>
<td>1.39</td>
<td>(1.11-1.74)</td>
<td>.004</td>
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<tr>
<td>Aware of BON Guidelines</td>
<td>227 (72)</td>
<td>2.52</td>
<td>(1.56-4.09)</td>
<td>&lt;.001</td>
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<tr>
<td>Recent BON Outreach</td>
<td>141 (32)</td>
<td>1.42</td>
<td>(0.97-2.09)</td>
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<tr>
<td>No Barriers</td>
<td>277 (83)</td>
<td>2.49</td>
<td>(1.69-3.68)</td>
<td>&lt;.001</td>
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<tr>
<td>Reporting Barriers</td>
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<tr>
<td>What to Report</td>
<td>83 (15)</td>
<td>0.30</td>
<td>(0.19-0.49)</td>
<td>&lt;.001</td>
<td></td>
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<tr>
<td>How to Report</td>
<td>53 (10)</td>
<td>0.39</td>
<td>(0.22-0.69)</td>
<td>&lt;.001</td>
<td></td>
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<tr>
<td>Legal Ramifications</td>
<td>55 (10)</td>
<td>0.48</td>
<td>(0.28-0.84)</td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>Facility Culture</td>
<td>35 (6)</td>
<td>0.26</td>
<td>(0.13-0.52)</td>
<td>&lt;.001</td>
<td></td>
</tr>
</tbody>
</table>

*Significance determined using univariable ordinal logistic regression models.

• Outcome (BON reporting frequency) measured in a four-point ordinal scale, where 0 = Never and 3 = Always.
Key Takeaways

• 3 in 4 respondents indicated they had a facility policy, criteria, or guidelines for BON reporting (77.9%) with which they were either somewhat or extremely satisfied (71.9%).

• However, 9 in 10 respondents (91.7%) indicated additional guidance would be very or extremely helpful.

• Overall, the top resources executives self-reported as being the most useful moving forward were:
  a) An official policy or decision tree (46.2%);
  b) FAQ or easy to reference fact sheets (8.4%);
  c) More information on the BON website (8.1%);
  d) A decision algorithm (7.2%); and
  e) More BON contact (7.0%).
Discussion
Appendix

Adverse Event Decision Pathway

FOR NURSE LEADERS/ADMINISTRATORS

This tool is designed to assist you in determining action steps for adverse events/errors or unprofessional conduct involving a nurse. The pathway provides questions regarding system error, mitigating factors and behavioral choices of the nurse which, when used with data from your investigation, will promote a consistent framework for making important patient safety decisions.*

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