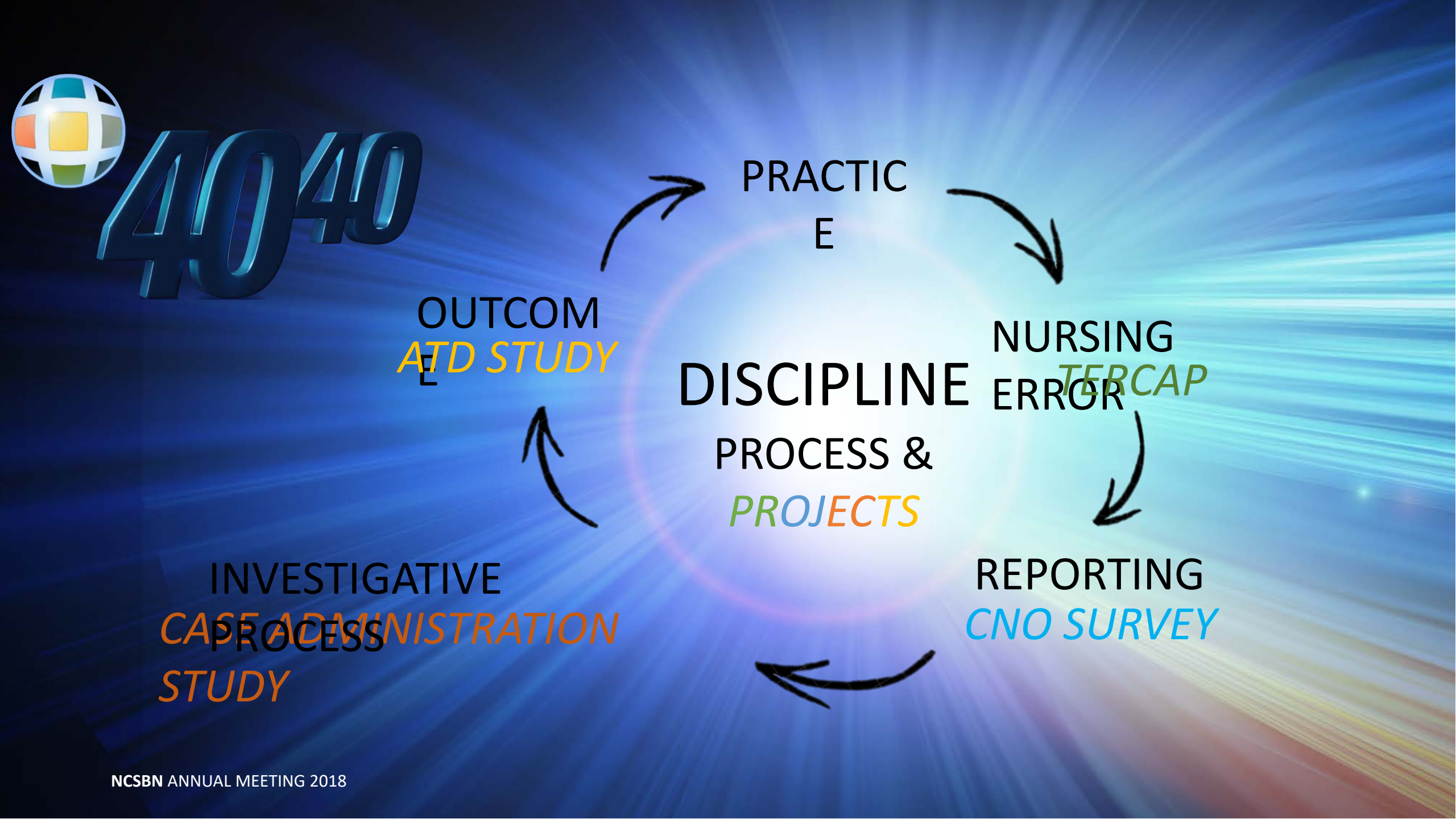
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INVESTIGATIVE
PROCESS
CASE ADMINISTRATION
STUDY
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ATD STUDY
DISCIPLINE
PROCESS &
PROJECTS

NCSBN National Patient Safety Project -TERCAP

TERCAP

Taxonomy of
Error
Root
Cause
Analysis
Practice-responsibility

Section 1: Nurse Characteristics
Section 2: Patient Characteristics
Section 3: Systems Factors
Section 4: Practice Errors
Section 5: Optional Questions

2018 TERCAP Findings (N=4,835)

Medication Errors

Night Shift Errors

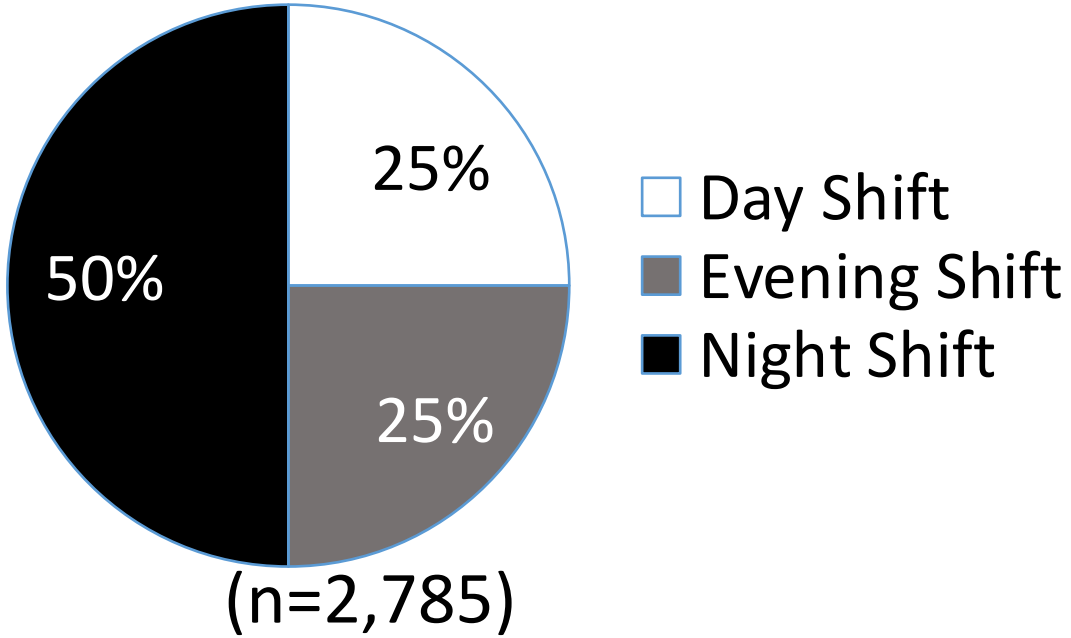
Recidivism

2018 TERCAP Findings

- ERRORS OF OMISSION is the most common medication error reported to TERCAP.
- Compared to paper documentation, the use of electronic medical record (EMR) systems is significantly associated with lower risk of medication omissions (**27%** versus **16%**).

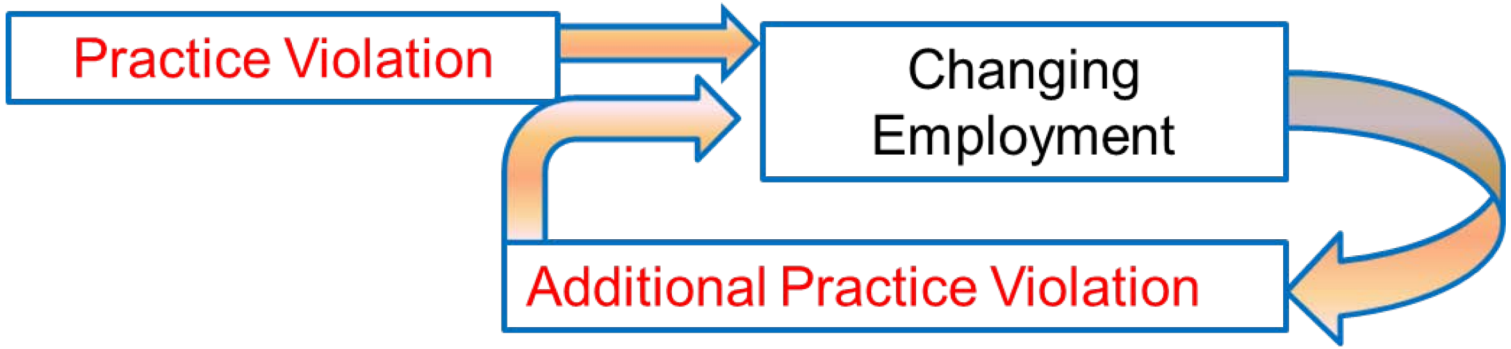
2018 TERCAP Findings

- Significantly more instances of practice breakdown occurred during the night shift. These incidents also resulted in more patient harm.



2018 TERCAP Findings – Recidivism

- **44%** **TERMINATED** **from the previous employer.**
- **68%** **RECIDIVATED** **at their current employment position within two years.**



PRACTICE

NURSING ERROR

TERCAP

DISCIPLINE

PROCESS & *PROJECTS*

REPORTING

CNO SURVEY


AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care


Journal of
Nursing Management


International Journal for
Quality in Health Care


RESEARCH
IN NURSING
& HEALTH


NIH
National Institutes of Health
Turning Discovery Into Health


DEPARTMENT OF HEALTH & HUMAN SERVICES · USA ·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Institute for
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Improvement


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PATIENT SAFETY


The National
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SCIENCES
ENGINEERING
MEDICINE


HSR
Health Services Research


JOURNAL OF
NURSING CARE QUALITY
THE INFORMATION LEADER IN PATIENT SAFETY AND QUALITY CARE

REPORTING BARRIERS

1.) Knowing ***WHAT*** constitutes a reportable violation.

2.) Knowing ***HOW*** to report a violation.

3.) Concern regarding possible ***LEGAL RAMIFICATIONS***.

4.) Running up against ***FACILITY CULTURE***.

REPORTING DRIVERS

1.) Having an ***EXISTING PROTOCOL*** or ***GUIDELINE***.

2.) ***SATISFACTION*** with existing protocol or guideline.

3.) Aware of ***BON GUIDELINES***.

4.) Recent ***BON OUTREACH***.

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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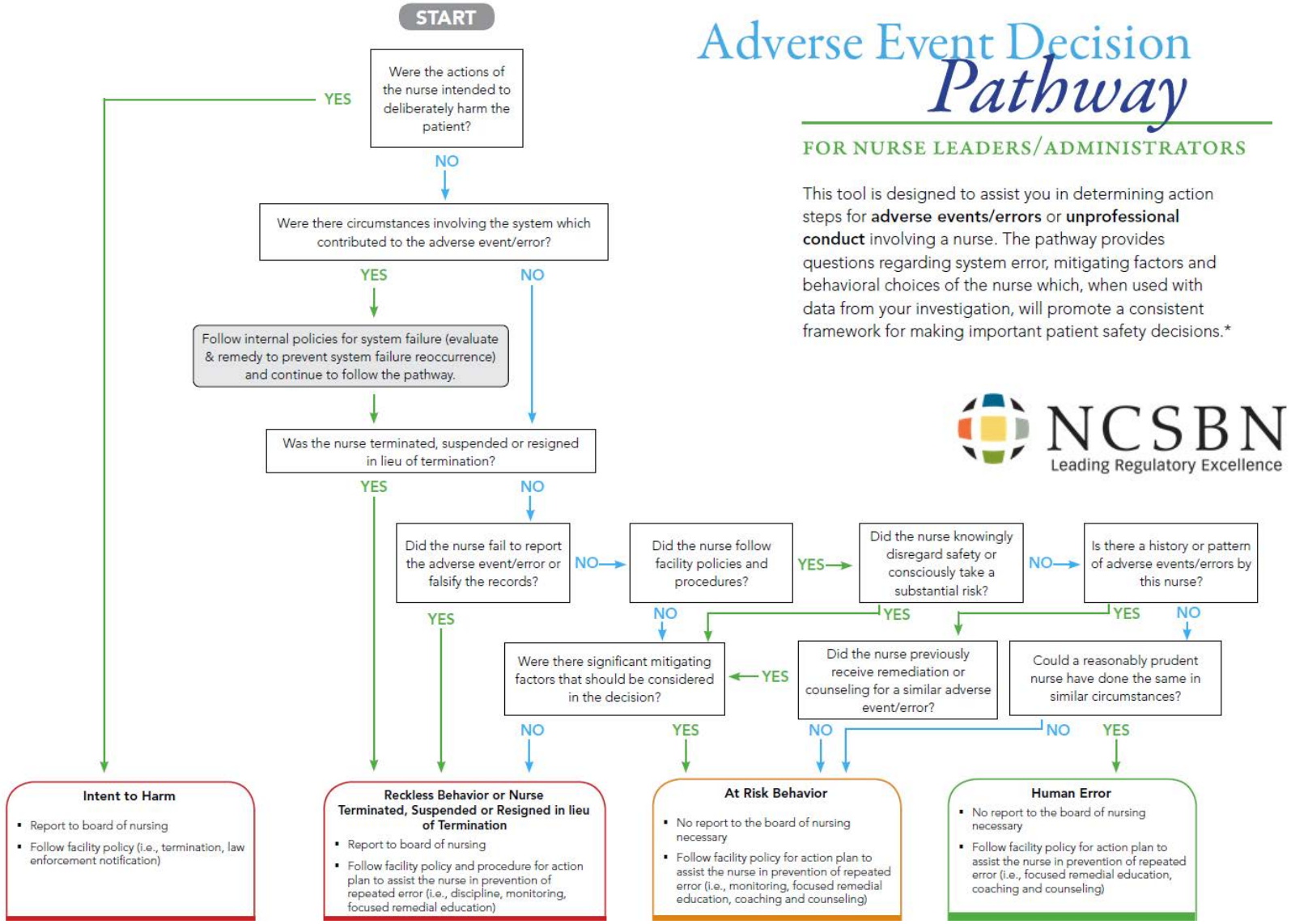


Patient Safety Culture and Barriers to Adverse Event Reporting: A National Survey of Nurse Executives

Brendan Martin, PhD, Kyrani Reneau, MA, Laura Jarosz

PRACTICE

NURSING ERROR

TERCAP

REPORTING

CNO SURVEY

INVESTIGATIVE PROCESS

CASE ADMINISTRATION

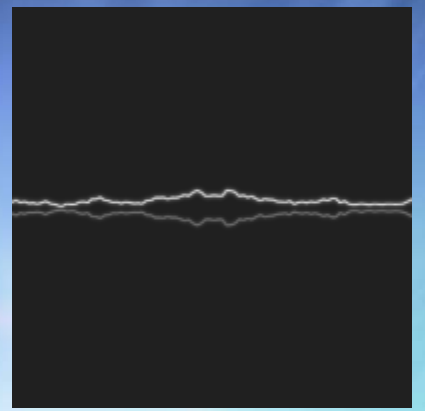
STUDY

DISCIPLINE PROCESS & *PROJECTS*

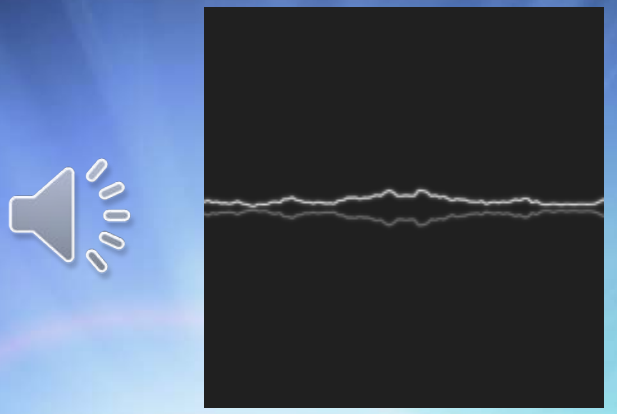

TIME
myAJC
from The Atlanta Journal-Constitution
Nursing board takes years to clear cases
NJSPOTLIGHT
NEWS, ISSUES AND INSIGHT FOR NEW JERSEY
CRITICS SAY CHRONIC PROB
NURSING BOARD PUT PATIE
MONEY
nj.com
True Jersey.
kers will investigate claims of
at N.J. nursing board
es often delayed, denied
PROPUBLICA
State Audit Slams Ne
Oversight of Nurses
RESOURCES

CASE ADMINISTRATION PILOT STUDY

- 11 boards participating
- Tracking the day-to-day processes of case investigations from submission of complaint through board action
- Will understand the common stalls and hurdles that board investigators overcome
- After a large follow-up study, we will create best practices for case investigation



“We wanted to learn how other states operate in their investigations to pick up useful tools and also to contribute to find effective ways to process disciplinary matters"



"…we're hopeful that at the close of the study we will be provided with information regarding best practices for discipline and also to be provided with some concrete ideas as to how we can improve the efficiency of our process"

PRACTICE

NURSING ERROR

TERCAP

REPORTING

CNO SURVEY

INVESTIGATIVE PROCESS

CASE ADMINISTRATION STUDY

OUTCOME

ATD STUDY

DISCIPLINE

PROCESS & *PROJECTS*

Background – ATD & SUD

- **Substance Use Disorder (SUD)**
  - Most common reason for board of nursing actions
- **SUD Monitoring Programs:**
  - Some are run directly by the BON
  - Some are under the BON, but with services provided externally
  - Some external to the BON

Background – Program Features

- **Purpose of SUD monitoring Program**
  - Encourage successful treatment
  - Return to safe care
- **Monitoring programs require**
  - Regular check ins
  - Random drug testing
  - Attendance at support meetings
  - Worksite Monitoring

ELSEVIER

Journal of Substance Abuse Treatment

Regular article

How are addicted physicians treated?
A national survey of physician health programs

Robert L. DuPont, (M.D.)[a], A. Thomas McLellan, (Ph.D.)[b,*], Gary Carr, (M.D.)[c], Michael Gendel, (M.D.)[c], Gregory E. Skipper, (M.D.)[c]

[a]Institute for Behavior and Health (IBH), Philadelphia, PA, 19106
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Received 25 March 2008; accepted 25 March 2009

Abstract

Introduction: Physicians with substance use disorders receive care that is qualitatively different from and typically more effective than that offered to the general population, yet there has been no national study of this distinctive approach. To learn more about the national system of Physician Health Programs (PHPs) that manage the care of addicted physicians, we surveyed all 48 state PHP medical directors (86% response) to characterize their treatment, support, and monitoring regimens. Results: PHPs do not provide substance abuse treatment. Under authority from state licensing boards, state laws, and contractual agreements, they promote early detection, assessment, evaluation, and referral to abstinence-oriented (usually) residential treatment for 60 to 90 days. This is followed by 12-step–oriented outpatient treatment. Physicians then receive randomly scheduled urine monitoring, with status reports issued to employers, insurers, and state licensing boards for (usually) 5 or more years. Outcomes are very positive, with only 22% of physicians testing positive at any time during the 5 years and 71% still licensed and employed at the 5-year point. Conclusions: Addicted physicians receive an intensity, duration, and quality of care that is rarely available in most standard addiction treatments. (a) Intensive and prolonged residential and outpatient treatment, (b) 5 years of extended support, and monitoring with significant consequences, and (c) involvement of family, colleagues, and employers in support and monitoring. Although not available to the general public now, several aspects of this continuing care model could be adapted and used for the general population. © 2009 Elsevier Inc. All rights reserved.

Keywords: Addiction treatment; Substance use disorders; Physicians' health programs

1. Introduction

Among physicians, there is a lifetime prevalence of substance use disorders (SUDs) of approximately 10% to 12%, very similar to the general population rate (Flaherty & Richman, 1993; SAMHSA, 2006). Specialty care and supervision for addicted physicians were initially proposed and initiated in 1973 by the American Medical Association to help physicians and to protect the public with the publication of "The Sick Physician: Impairment by Psychiatric Disorders, Including Alcoholism and Drug Dependence." That document encouraged the growth of specialized, state Physician Health Programs (PHPs) in 40 states, managed via authority typically granted under charter from the state Licensing Boards, "...to provide advocacy for physicians and ...to protect the public" (www.ama-assn.org/ama/fsphp; White, DuPont, & Skipper, in press).

Given the potential public health and safety issues associated with addiction among physicians, it is surprising that despite the many studies of single-state PHPs (e.g., Bohigan, Croughan, & Bondurant, 2002; Domino et al.,

The Robert Wood Johnson Foundation supported this study but had no role in the design, conduct, analysis or over-all decision to submit the study for publication.

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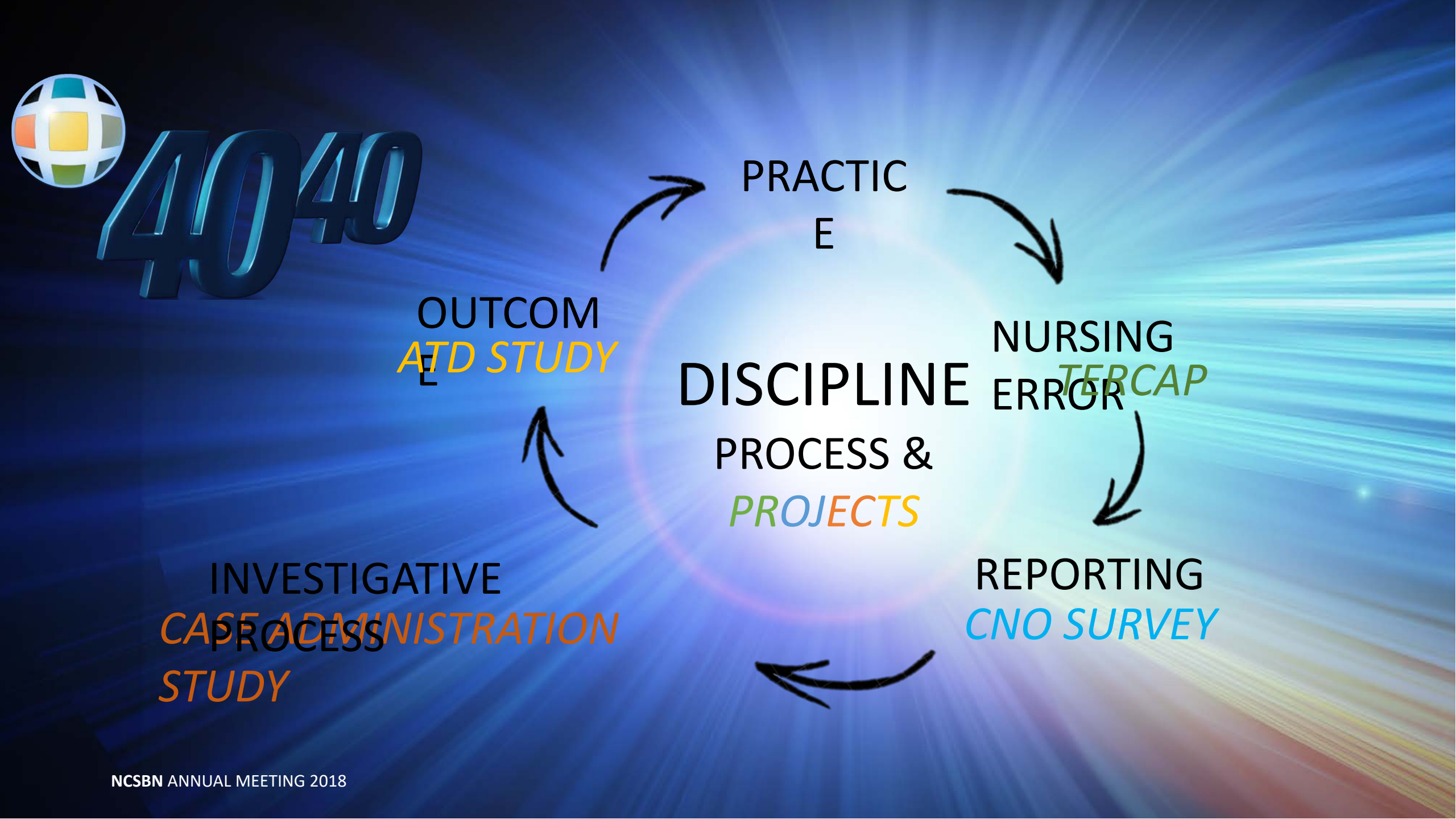
doi:10.1016/j.jsat.2009.03.010

NCSBN Study

- Replicate methods used in landmark study of physician health programs
- In the physicians study, program completion was revealed to highly correlated with successful return to practice

Pilot Study Goals

1) Identify the program characteristics most associated with program completion
2) Understand the most important program factors related to relapse
3) Produce set of evidence-based recommendations from which a SUD monitoring program can be developed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