



NCSBN

Leading Regulatory Excellence

Patient Safety Culture and Barriers to Adverse Event Reporting

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Agenda

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

BRACE YOURSELF

**POWERPOINT SLIDES ARE
COMING**



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



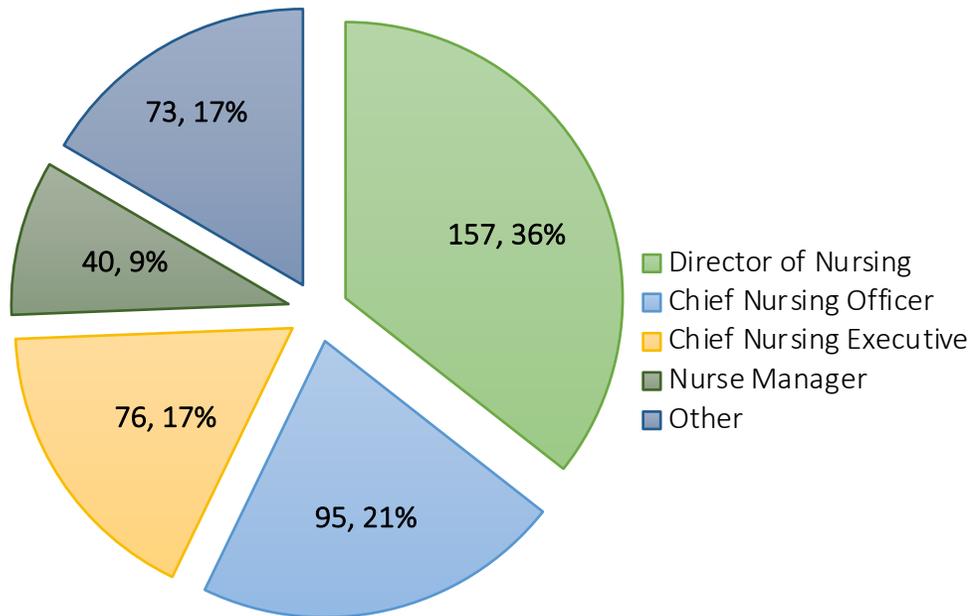
- The survey was administered using Qualtrics (Provo, UT).
- The survey consisted of 27 questions across three topic areas:
 - a) Professional information;
 - b) Health facility information; and
 - c) Health facility practices with respect to adverse event tracking and reporting.
- Six weeks to complete 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).



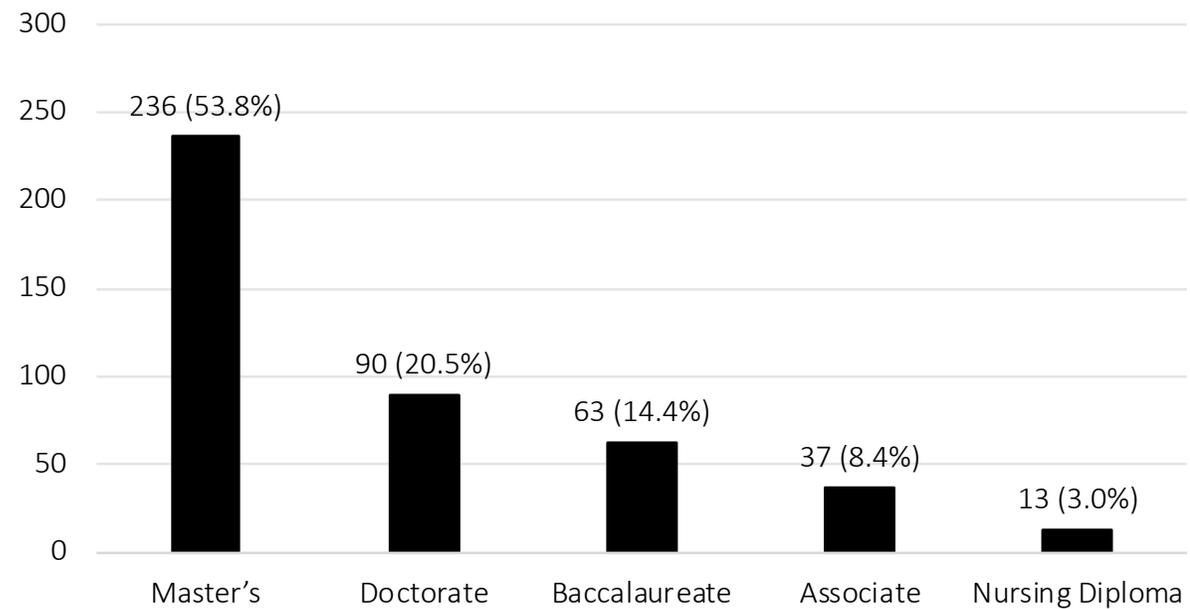
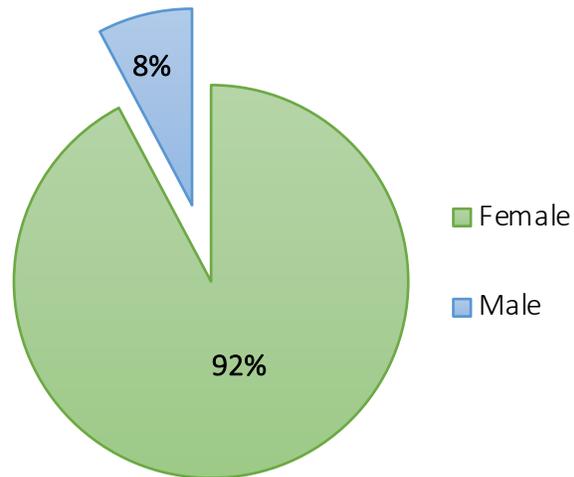
Professional Title



- 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.

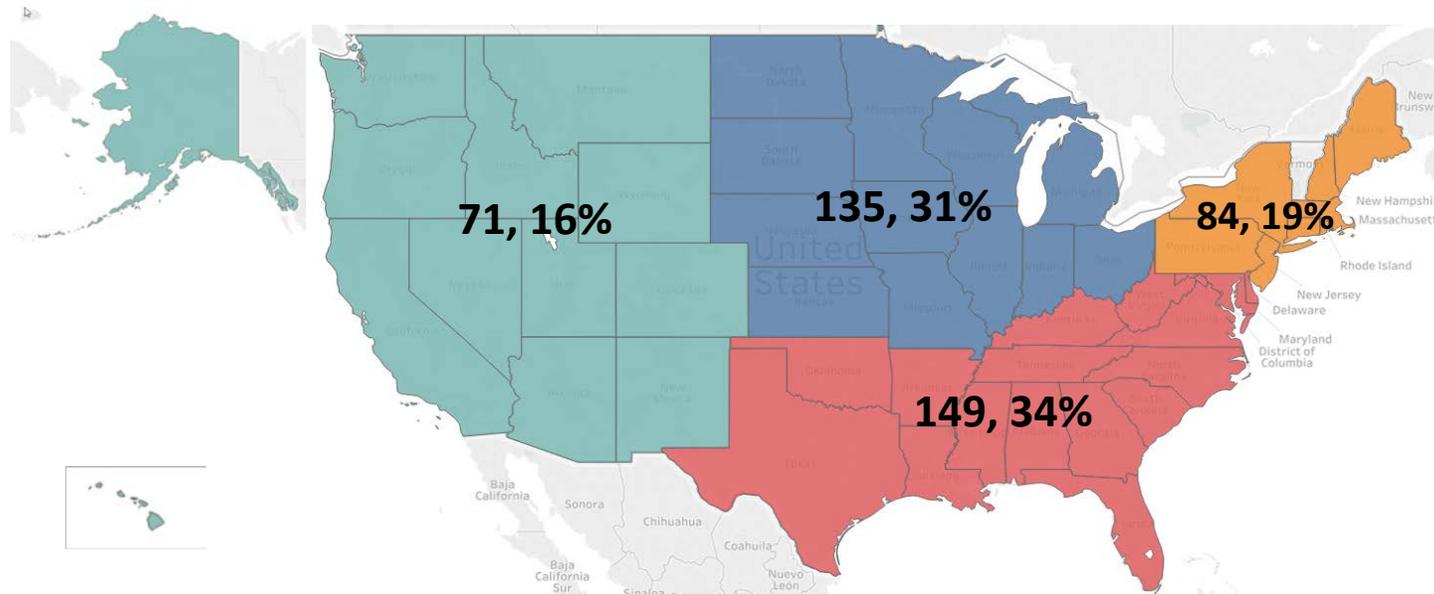
Respondent Sex & Education Level

- 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



»»» 122, 28%

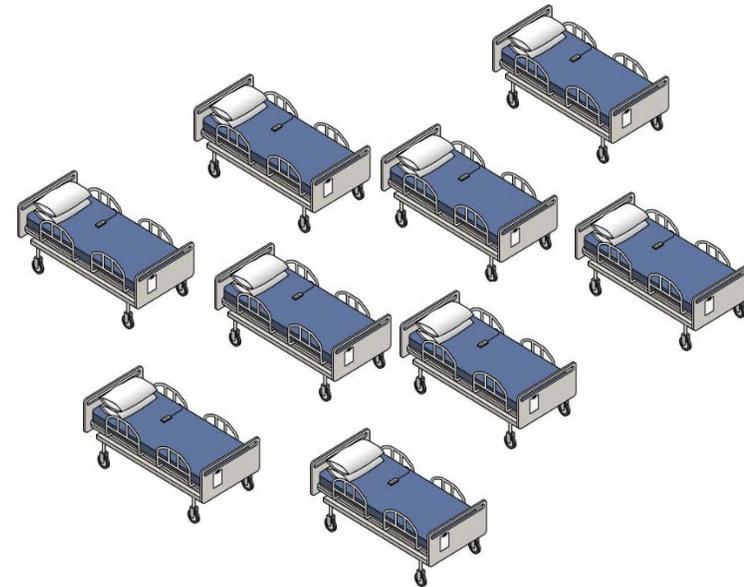


»»» 159, 36%



»»» 106, 24%

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



Facility Setting



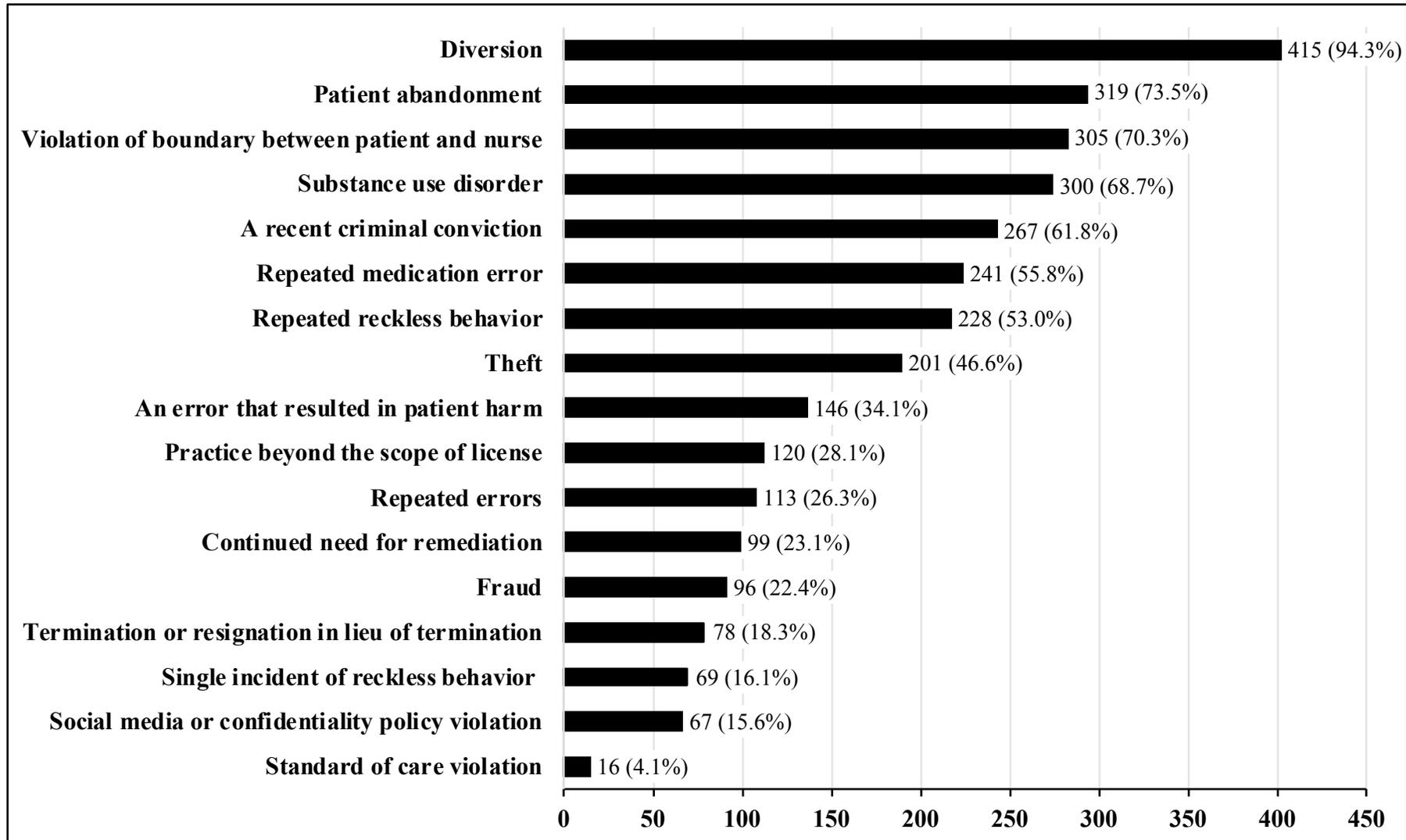
159, 37%



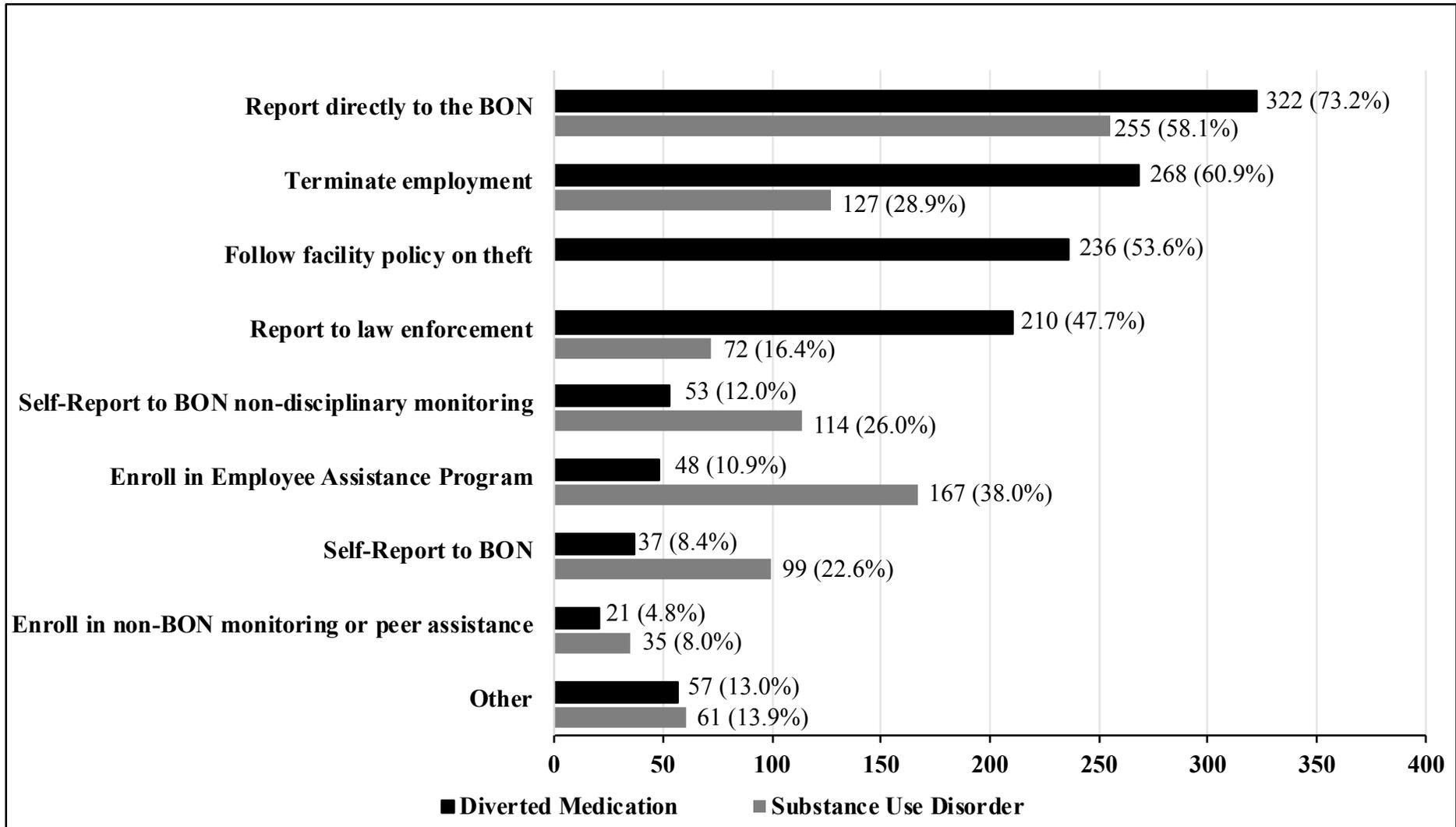
275, 63%



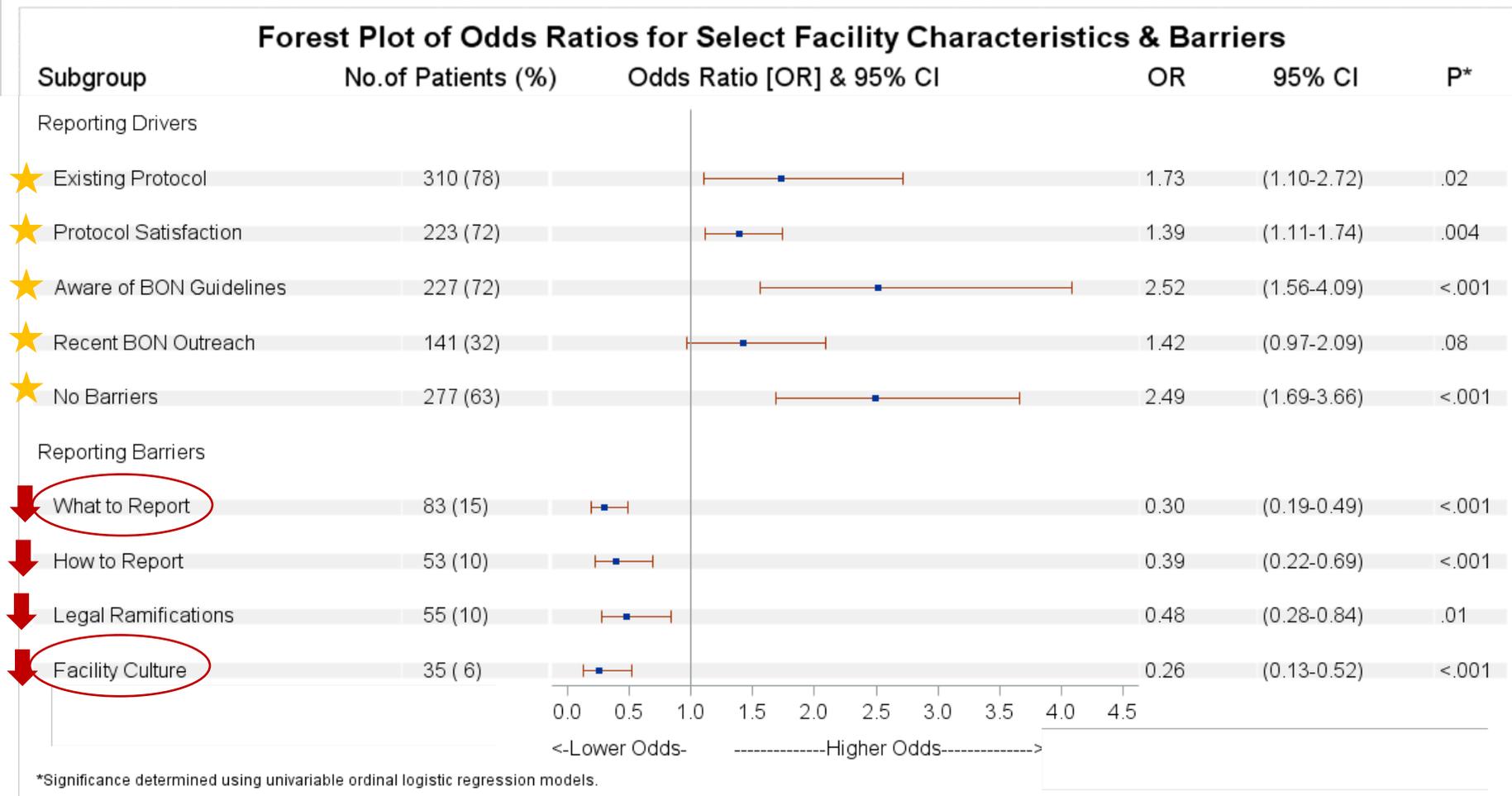
Reportable Behaviors & Issues



Diverted Medication or SUD



Regression Model Results



- 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.*

