

# Banner Health System Risk Management

## *Silence Kills* *Mandatory Reporting*

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# Arizona Data: February 2005

## RN/LPNs

		7/01 Arizona Only Addresses	2/05 Arizona Only Addresses	All Addresses	7/01 vs. 2/05 Arizona Only Addresses
<b>RN</b>	<b>Active</b>	<b>40,760</b>	<b>46,521</b>	<b>57,552</b>	<b>+5,761 14%</b>
<b>RN</b>	<b>Inactive</b>	<b>5,216</b>	<b>6,540</b>	<b>15,756</b>	<b>+1,324 25%</b>
<b>LPN</b>	<b>Active</b>		<b>9,837</b>	<b>10,894</b>	
<b>LPN</b>	<b>Inactive</b>		<b>2,649</b>	<b>4,423</b>	

# RN/LPN Exam Applicants

	1998	1999	2000	2001	2002	2003	2004
<b>RN applications processed</b>	<b>1033</b>	<b>978</b>	<b>1024</b>	<b>959</b>	<b>1364</b>	<b>1234</b>	<b>1842</b> <b>+883</b> <b>92%</b>
<b>LPN applications processed</b>	<b>458</b>	<b>530</b>	<b>513</b>	<b>405</b>	<b>533</b>	<b>582</b>	<b>698</b> <b>+293</b> <b>72%</b>
<b>Percent of RNs passing NCLEX</b>	<b>90.51%</b>	<b>88.24%</b>	<b>85.35%</b>	<b>83%</b>	<b>85.7%</b>	<b>90.75%</b>	<b>89.87%</b>
<b>Percent of LPNs passing NCLEX</b>	<b>94.54%</b>	<b>93.21%</b>	<b>90.25%</b>	<b>90.3%</b>	<b>93.2%</b>	<b>94.2%</b>	<b>96.44%</b>

# RN/LPN

## Endorsement Applicants

	1998	1999	2000	2001	2002	2003	2004
<b>Endorsements processed</b>	<b>3739</b>	<b>3369</b>	<b>3408</b>	<b>3210</b>	<b>3905</b>	<b>3377</b>	<b>4472</b> <b>+1262</b> <b>40%</b>
<b>Temporary licenses issued</b>	<b>2528</b>	<b>1779</b>	<b>2688</b>	<b>2232</b>	<b>2776</b>	<b>2725</b>	<b>3325</b> <b>+1,093</b> <b>50%</b>
<b>Average number of days from application received until temporary license issued</b>	<b>14</b>	<b>26</b>	<b>23</b>	<b>6</b>	<b>6</b>	<b>9</b>	<b>7 days</b>

# Foreign Educated Applicants

Country	First Time Testing		Passing		Percent Passing	
	2003	2004	2003	2004	2003	2004
Philippines	126	141	78	84	62%	60%
Canada	32	32	30	28	94%	88%
India	2	16	0	14	0%	88%
United Kingdom	1	6	1	4	100%	67%
Australia	1	2	1	0	100%	0%
Africa	3	0	1	--	33%	--
Columbia	2	1	0	0	0%	0%
Poland	2	1	2	1	100%	100%
Romania	0	2	--	1	--	50%
**Other countries	3	10	3	6	100%	60%
<b>TOTAL</b>	<b>172</b>	<b>211</b>	<b>116</b>	<b>138</b>	<b>67%</b>	<b>65%</b>

\*\*These countries had one to test in 2003/2004: Brazil, Chili, China, Finland, Indonesia, Islamic Republic of Iran, Kenya, Nigeria, Occupied Palestinian Territory, Peru, Taiwan, Trinidad

# Silence Kills: Seven Crucial Conversations for Healthcare

## ■ **2005 Research Study**

- American Association of Critical Care Nurses & VitalSmarts
- David Maxfield, Joseph Grenny, Ron McMillan, Kerry Patterson, Al Switzer
- 13 Urban & Rural Hospitals
- 1,700 Respondents: 1,143 nurses; 106 physicians; 266 care staff; 175 administrators

## ■ **Institute of Medicine: *To Err is Human***

- ***195,000 Patients Die Each Year Due to Mistakes Made While in the Hospital***

# Top Contributor to Sentinel Events

## ■ *Communication*

- Study explores specific concerns people have a hard time in communicating that contribute to avoidable errors

# More than 50% of healthcare workers surveyed in study had witnessed broken rules, cutting corners, mistakes & demonstrating serious incompetence

- T/F Less than 30% discussed their concerns with the coworker
- T/F Most healthcare workers neither believe it's possible or even their responsibility to call attention to these issues

# About half stated their concerns had persisted for a year or more

- Significant number of those who witnessed persistent problems reported injurious consequences
- 20% physicians reported harm to patients
- 23% nurses considering leaving their unit due to concerns

# Seven Concerns

- **1. Broken Rules or Rule Benders**
- **2. Mistakes**
- **3. Lack of Support**
- **4. Incompetence**
- **5. Poor Teamwork**
- **6. Disrespect**
- **7. Abuse of Authority or Micromanaging**
- **Plus four others not found in the study**

# 1. Broken Rules or Rule Benders

- Taking shortcuts that could be dangerous to patients
- 62% nurses & clinical providers see 10% of coworkers break rules
- Socialized inappropriate rule bending behaviors
- Behavior is widespread but a secret
- Relates to “work around”
- If rule bending is successful, is self propagating
- Exceeding scope of practice

**2. Mistakes:** poor clinical judgment in assessing, triaging, diagnosing, suggesting treatment or intervening

**ASBN 2000-2004 Unprofessional Conduct: 1088**

**Violations past 12 months: 251**

**Second Highest Violation NPA**

- 48% nurses & other clinical providers observe in 10% of coworkers

### 3. **Lack of Support:** colleagues are reluctant to help, impatient or refuse to answer questions

- 53% nurses & clinical providers have observed 10% if coworkers
- A nurse chooses to not call a physician known to verbally abusive when questioned. Nurse uses her judgment in clarifying a prescribed med & administers a fatal dose of wrong drug

## 4. Incompetence: negligent patient outcomes

- 53% nurses & clinical care givers concerned about peer's competence
- Peer does something dangerous at least once a month
- Patient has been harmed by this person's actions during past year
- **Less than 12%** have spoken with this peer about concerns

## 5. Poor Teamwork: part of a clique that divides the team

- 88% nurses & clinical care providers have one or more colleagues who demonstrate poor teamwork
- Considered a “bully” or tries to look good at others expense
- Undercuts the team at least once a month
- Because of teamwork issue, can't trust the patients in their area are receiving the right level of care
- Problem has gone on for a year or more

## 6. Disrespect: condescending, insulting, rude, verbally abusive,

- 77% nurses or clinical care providers work with a person who is disrespectful or are verbally abusive at least a **quarter** of their interactions
- 7% have spoken with their colleague but there was a high correlation between frequency of mistreatment and intent to quit job

# 7. Abuse of Authority Through Micromanagement

- 52% nurses or clinical care providers
- Nurses placed in leadership positions without adequate preparation which creates dissatisfaction & turnover

# Four Additional Practice Violators

## 11 Crucial Conversations

- 8. Bad Apples
- 9. Impaireds
- 10. Criminals
- 11. Good Nurses Having a Bad Day

## 8. Bad Apples- willful & reckless conduct resulting in high harm/risk

- Nurses who willfully & intentionally harm others
- Premeditated or intentional acts of violence against people
- Raping or killing patients

## 9. Impaireds:

2000-2004 = 1179

12 months = 272

### Number 1 Violation Nurse Practice Act

- Equal opportunity disease: No one intends to become addicted
- Takes combination of use & abuse & genetic tendency to become addicted

# 10. Criminal

## Convictions/Conduct:

2000-2004: 298

Past 12 months= 64

- Four Predictors
- **Behavior History** – recency & frequency
- **Antisocial Personality** – unemotional about injuring others, impulsive & callous, rule breaking
- **Criminal Associations** – social support to continue criminal activities
- **Antisocial Attitude** – rationalization, denial of responsibility, victimized

# 11. Good Nurses Having a Bad Day- Human Error

- Competent nurse makes a non-intentional error
- Medication administration error
- Failure to follow up on a treatment order
- Someone did other than they should have done and may have caused an undesirable outcome

# Skilled Communication

- Nurses must be as proficient in communication skills as they are in clinical skills
- **Skilled communication is more than one-way delivery of information but is two-way dialogue in which people think & decide together**

# Mandatory Reporting

## ARS 32-1664 (B) (page 32)

- A licensee, a certificate holder and a healthcare institution as defined in section 36-401 shall, and any other person may, report to the board any information the licensee, certificate holder, health care institution or individual may have that appears to show that the licensee or certificate holder is, was or may be a threat to the public health or safety.

# Arizona Nurse Practice Act

## ARS 32-1601 Definitions

### 16. (k) Unprofessional Conduct (page 7)

Failing to report to the board any evidence that a professional or practical nurse or nursing assistant is or may be:

- (i) Incompetent
- (ii) Guilty of unprofessional conduct
- (iii) Mentally or physically unable to safely practice nursing or perform nursing related duties.

# R4-19-403 Competency to Practice Nursing

- Practice that may be harmful or dangerous to the health of a patient or the public
- 25 unprofessional acts (page 23)

# **Mandatory reporting assists the Board in protecting the public through the discovery of unsafe or substandard nursing practice or conduct**

- The Board does not intend every minor nursing error be reported or that mandatory reporting serve as a substitute for employer based disciplinary actions

# What violations must be reported to the Board?

- Information that a nurse or certificate holder may be mentally or physically unable to safely practice nursing or perform nursing related duties
- Information regarding a felony conviction; information is to be reported within ten days of the conviction
- Willfully or repeatedly violating the Nurse Practice Act that creates a risk for the patient
- Committing acts that deceive, defraud or harms the public
- Conduct which leads to the dismissal for unsafe nursing practice or conduct described in the definition of unprofessional conduct or competency to practice nursing
- Conduct that reasonably appears to be a contributing factor to the death of a patient
- Conduct that reasonable appears to be a contributing factor to high risk/harm to a patient that required a medical intervention

# Reporting to the Board Continued

- **Conduct involving the misuse of alcohol or other chemical substances**
- **Conduct involving sexual contact with a patient or dual relationships**
- **Conduct involving patient abuse**
- **Conduct involving practicing beyond the scope of practice**
- **Nursing practice without a valid nursing license**
- **Violation of a disciplinary sanction imposed on the nurse's license by the board**

**There may be other violations that need to be reported to the Board. Please call the Board to discuss any other conduct that may place the public welfare at risk.**

# RN/LP VIOLATIONS 2000-2004

Category	Total	2000	2001	2002	2003	2004
Drug Related	1179	128	213	281	285	272
Unprofessional Conduct	1088	112	209	233	283	251
Violating Board Order	279	52	43	60	62	62
Misconduct	175	16	29	35	42	53
Criminal Conviction	170	28	42	21	26	53
Criminal Conduct	128	8	36	36	37	11
Fraud Deceit	79	7	18	18	18	18
Action in Another Jurisdiction	75	2	24	21	13	15
Sexual Misconduct	33	1	3	7	6	16
Practicing without License	19		4	4	4	7

# RN LP DISCIPLINARY ACTIONS 2000-2004

<b>Discipline</b>	<b>Total</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Revocation/Non-voluntary	745	141	184	157	149	114
Decree of Censure	653	54	117	171	172	139
Probation	536	45	90	93	170	138
Voluntary Surrender	457	54	67	105	99	132
License Denied	314	35	56	75	60	88
Suspension	211	10	38	42	65	56

# CNA ACTUAL VIOLATIONS 2000-2004

<b>CATEGORY</b>	<b>Total</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Criminal Conviction	1904	205	415	500	496	288
Drug Related	763	90	212	207	146	108
Failure to cooperate	366		4	48	183	131
Fraud Deceit	470	82	119	84	101	84
Misconduct	673	67	126	182	157	141
Sexual Misconduct	77	7	31	17	14	8
Unprofessional Conduct	395	23	90	72	125	85
Violating Board Order	137		20	28	43	46

# CNA DISCIPLINARY ACTION 2000-2004

DESCRIPTION	Total	2000	2001	2002	2003	2004
Certificate Denied	2125	251	419	511	640	304
Revocation/ Non-voluntary	884	6	96	227	322	233
Civil Penalty	769	24	149	177	214	205
Revoked	603	151	270	182		
Suspension	164	11	30	28	48	47
Voluntary Surrender	138	12	45	25	18	38
Stayed Suspension	89			3	38	48
Revocation/ Court Ordered	41	9	7	16	3	6
Revocation/Voluntary	29	5	21	3		

# Arizona Nursing Laws

**T/F \_\_ Title Protection for the term  
“Nurse” was added to Nurse  
Practice Act 2002**

**T/F \_\_ Title protection prevents the  
use of “Vet Nurse”**

**T/F \_\_ RN/ GN/ Professional Nurse/  
Registered Nurse are not  
equivalent titles**

# Delegation Transcends Time Over Last 112 Years

- *“Let whoever is in charge keep this simple question in her head: Not how can I always do the right thing myself but – how can I provide for the right always to be done”*

Florence Nightingale

# Delegation

- Nursing tasks may be delegated, *nursing assessment, evaluation & judgment must not be delegated*
- Nurse is involved & accountable for appropriateness of delegated task
- “The hardest aspect of delegation is clarifying the role of the registered nurse”.

# Website Data:

[www.azboardofnursing.gov](http://www.azboardofnursing.gov)

- Top Downloads last 3 months
- RN/LPN Endorsement Application 15,928
- RN/LPN Exam Application 8,682
- Nurse Practice Act/Rules 5,409
- Nurse Practice Act/ Statutes 3,978
  
- 2004 Data
- 215,093 Visitors
- 12,834,493 Page Hits
- 466,708 verifications

# Summary

- Questions and Answers

- Thank you!