Healthcare Risk Professionals Impact, Influence, Innovate

Mitigating Nursing-Related Risks

Susan L. Montminy EdD MPA BSN RN FASHRM CPHRM CPPS

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Presenter(s)

Susan L. Montminy EdD MPA BSN RN FASHRM CPHRM CPPS

Please refer to the Presenters' Bios available on the table and online for more information

Objectives

Develop familiarity with nursing risks through the lens of malpractice claims

Identify risk reduction strategies in the top areas of vulnerability gleaned from the data analysis

Understand the unique risks and strategies relative to the use of travel nurses

Nurses

- Heart and soul of the healthcare industry
- Ranked as most trusted healthcare professionals for 19 years
- Harsh reality:
  - Demographic shifts
  - Burnout and stress
  - Disrupted education and training
  - Bureaucratic and management challenges
  - Tight budgets
  - Cultural shifts (increase in travel nurse and temporary assignments)

Staffing Shortages Then

DIVE BRIEF

Staffing shortages lead ECRI's annual list of patient safety concerns

Published March 14, 2022

HEALTH CARE

Hospitals struggle with staff shortages as federal Covid funds run out

Public health experts fear the workarounds they've found could degrade the quality of care over time.

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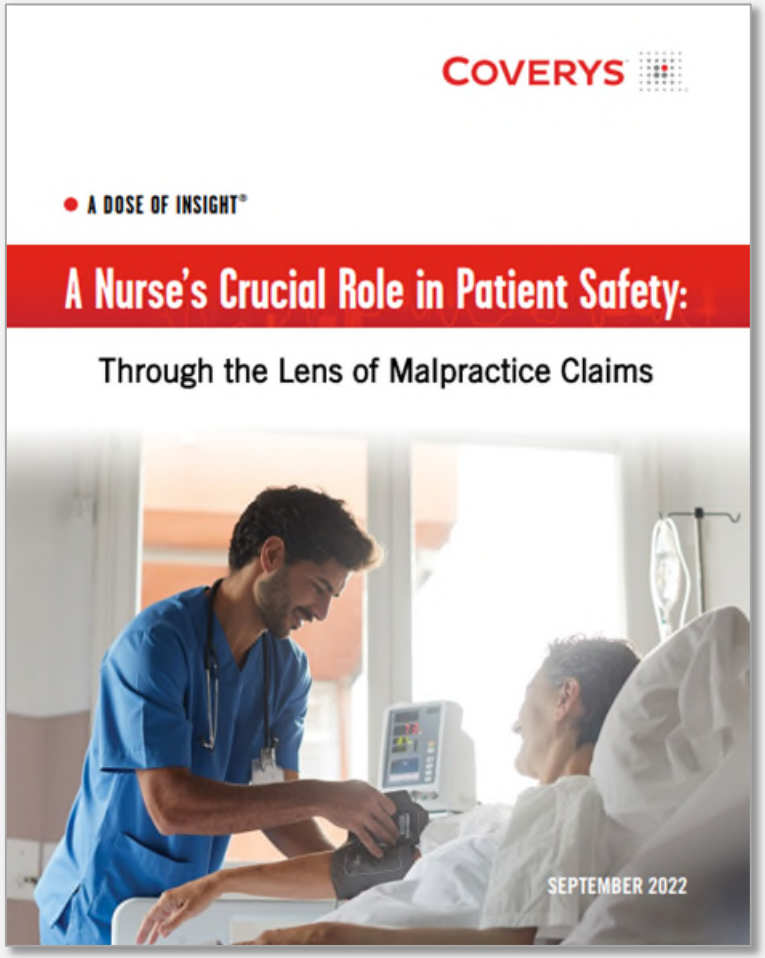
Hospital Workforce Shortage Crisis Demands Immediate Action

ARTICLE

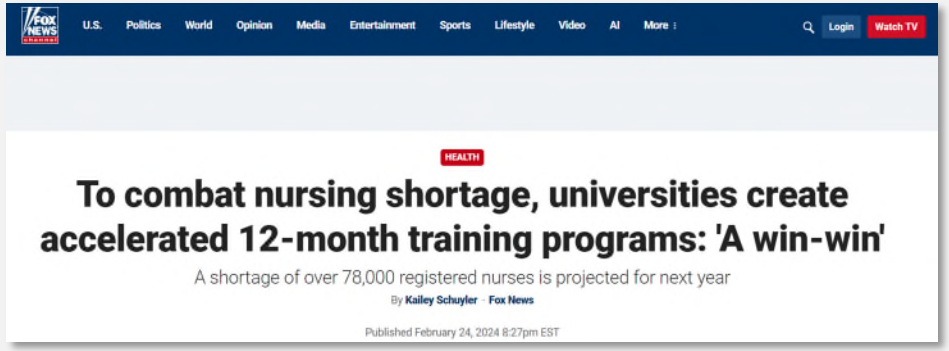
The 2022 labor shortage and the impact on patient safety

Nurse's Crucial Role in Patient Safety



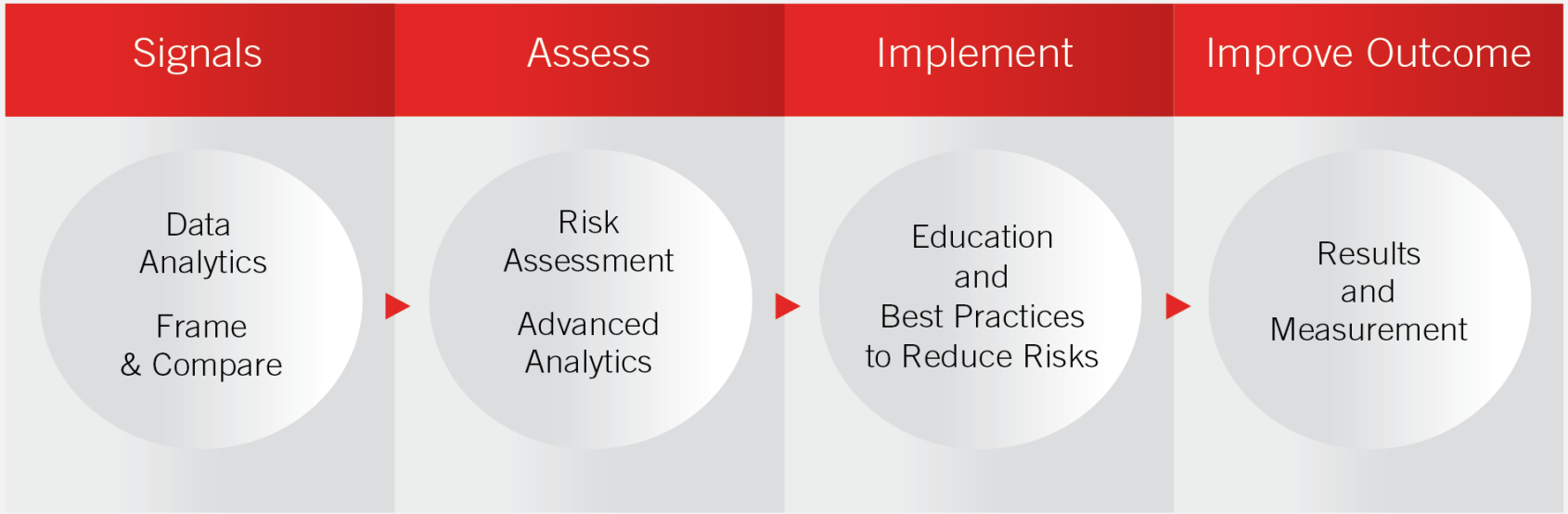
- Patient monitoring
- Patient Falls
- Medication-Related
- Pressure Injuries

Staffing Shortages Now



Coverys Methodology

Coverys Value-Based Model to Improve Outcomes



Coverys Analytics leverages claims data to identify and classify prominent risk signals.

Coverys Risk Management provides on-site assessment or a self-assessment tool to identify the presence of risk signals.

Med-IQ, a Coverys company, delivers education and best practice recommendations to reduce risks and improve patient safety.

Metrics can then be established to measure progress and track areas of exposure needing intervention.

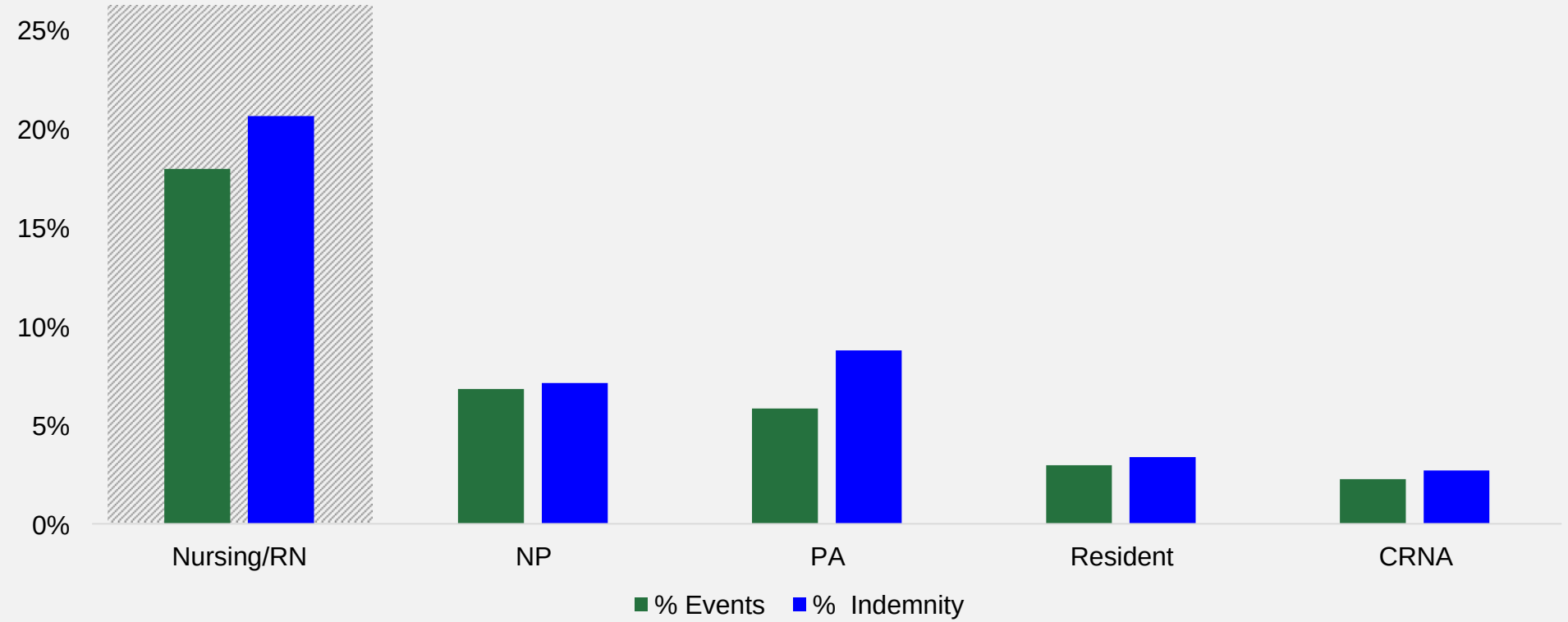
High Level Signals

Interesting Themes Emerged from the Data

- When reviewing closed event data, Nursing was involved with events related to Medical treatment, Surgical care, Falls, and Medication.
- Nursing related events most often occur in the inpatient setting.
- In the overall events where Nursing was involved, **75%** of patients had at least one comorbidity. Many patients had more than one comorbidity which can lead to a higher risk for complications and injuries.

Overview of Nursing Related Events

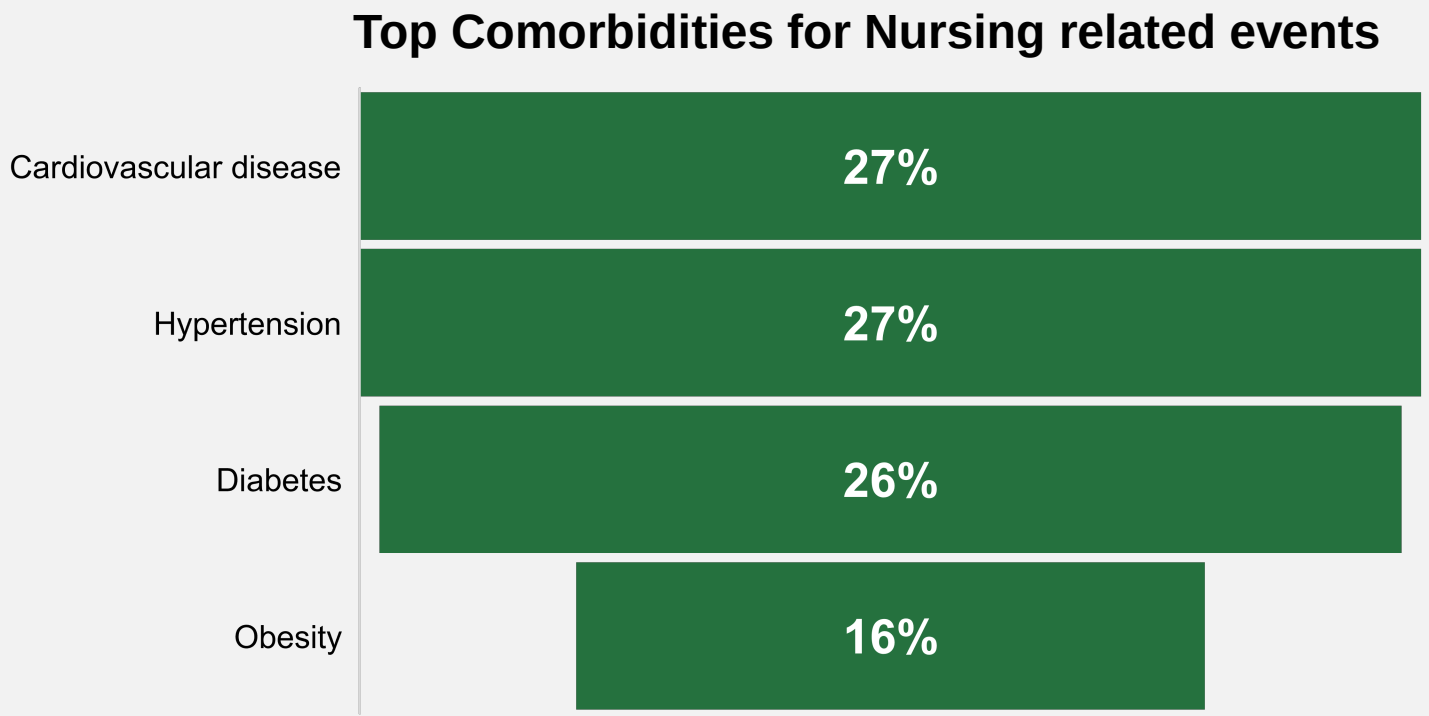
When looking at all Coverys data, Nursing related events account for **18%** of all closed events, and for **21%** of indemnity paid.



N=1079 nursing involved events out of 6091 events overall for closed years 2019-2023

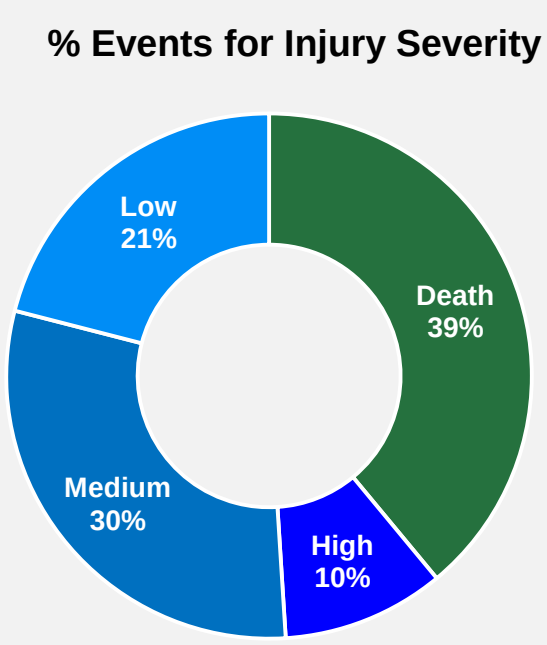
Nursing Related Events

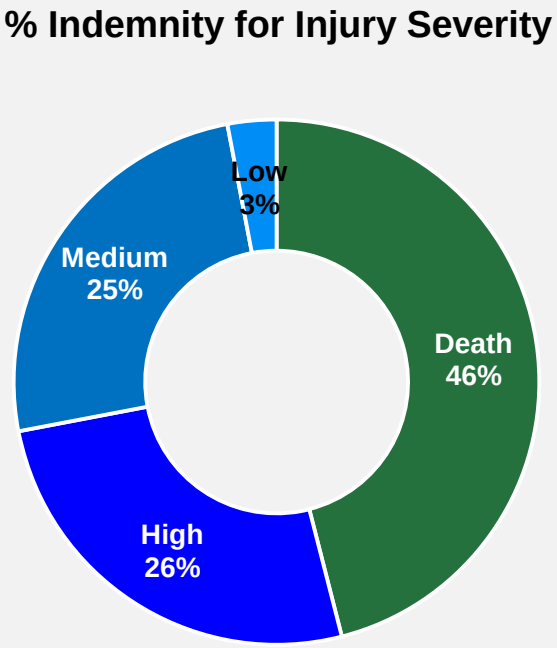
75% of all Nursing involved events had at least one comorbidity.



N=1079 nursing involved events out of 6091 events overall for closed years 2019-2023
Footnote: There can be more than one comorbidity coded on an event.

When looking at the Nursing related events, **49%** of these resulted in patient **death or high injury severity** and were responsible for **72%** of **paid indemnity**.

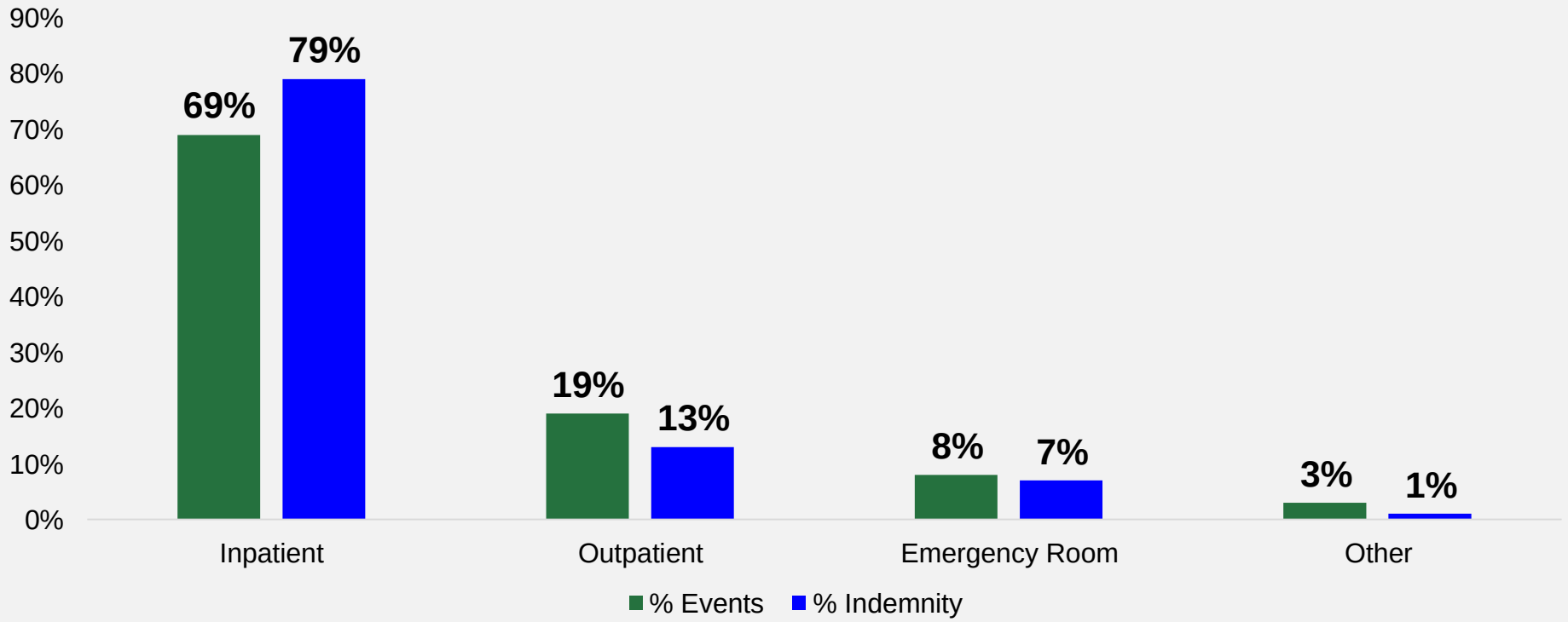




N=1079 nursing involved events out of 6091 events overall for closed years 2019-2023

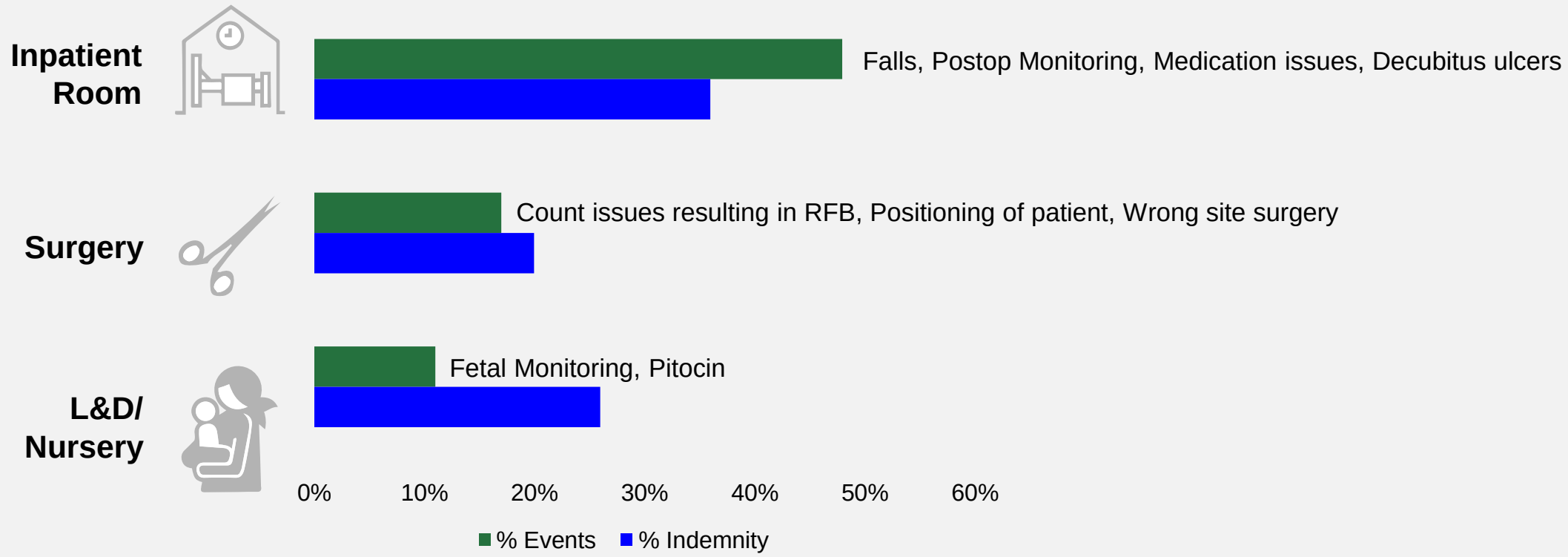
Patient Status

The inpatient setting is the most frequent location for Nursing related events.



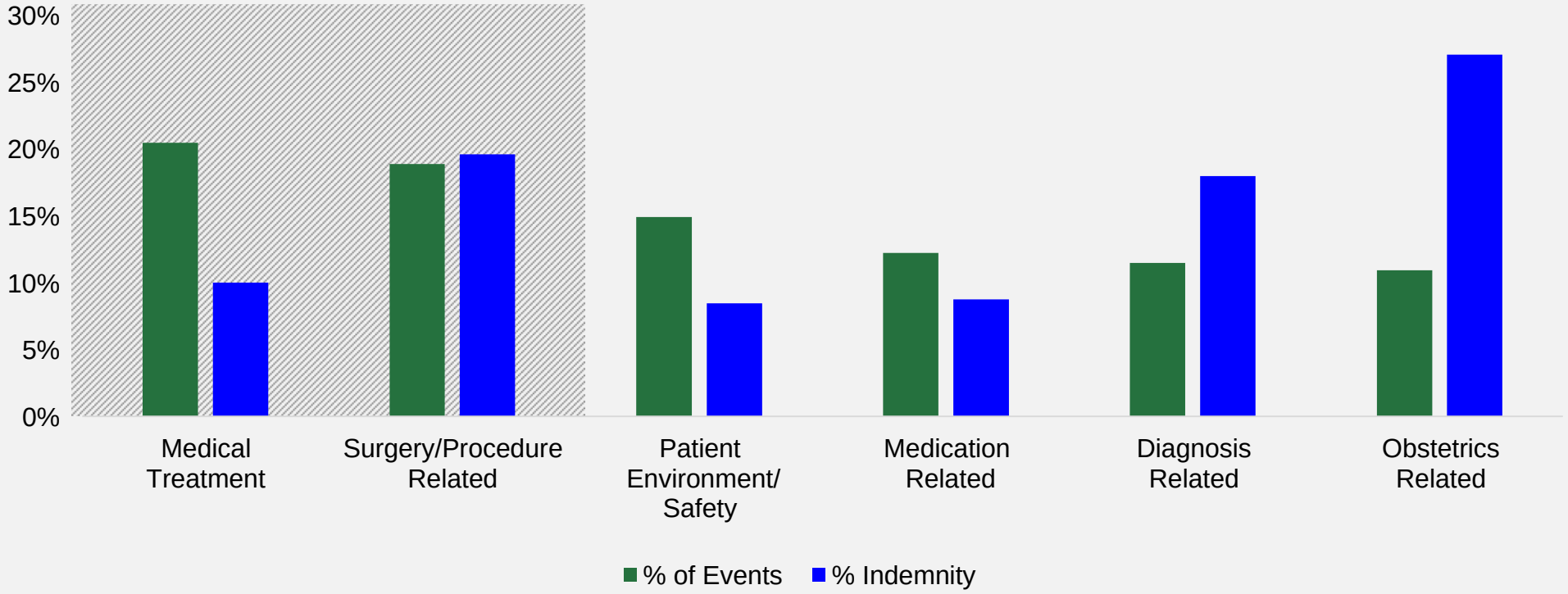
N=1079 nursing involved events out of 6091 events overall for closed years 2019-2023

Top Inpatient Locations



N=1079 nursing involved events out of 6091 events overall for closed years 2019-2023

Top Allegation Categories



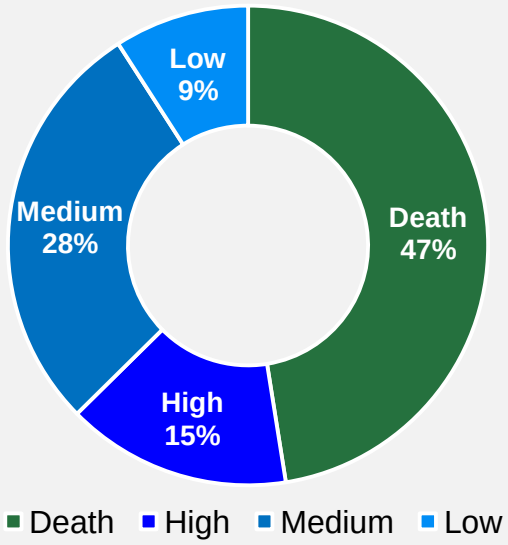
N=1079 nursing involved events out of 6091 events overall for closed years 2019-2023

Patient Monitoring

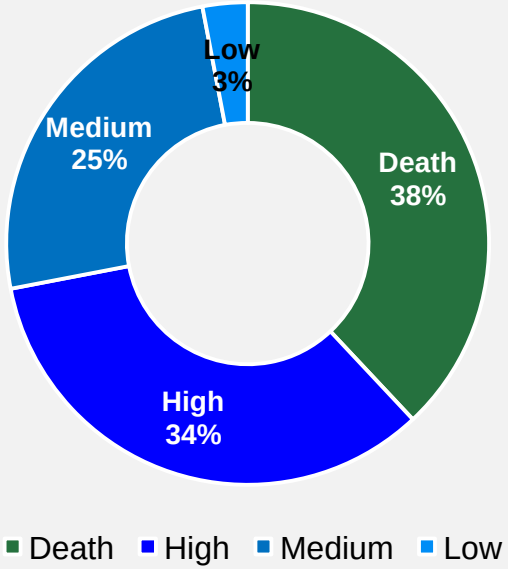
26% (286 out of the 1079 nursing cases) involve Monitoring

47% of these cases resulted in Death

% Events for Injury Severity



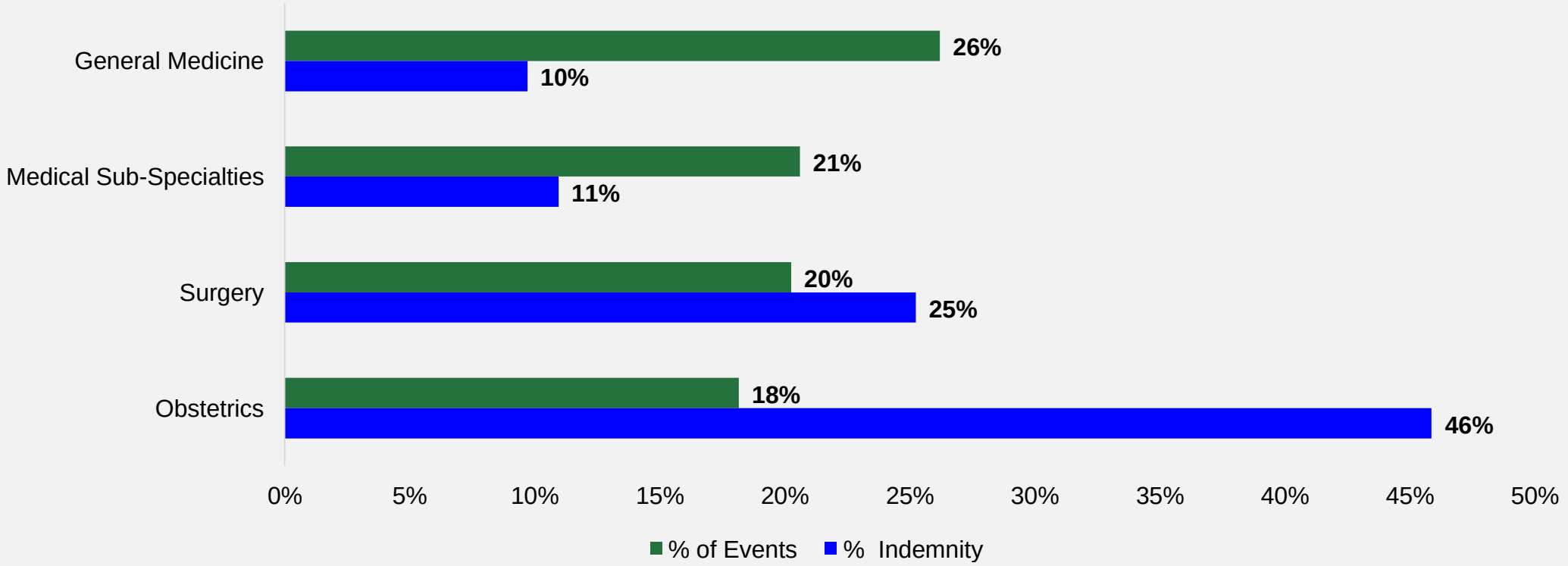
% Indemnity or Injury Severity



N=286 nursing involved events that concern monitoring for closed PL events from 2019-2023

Patient Monitoring

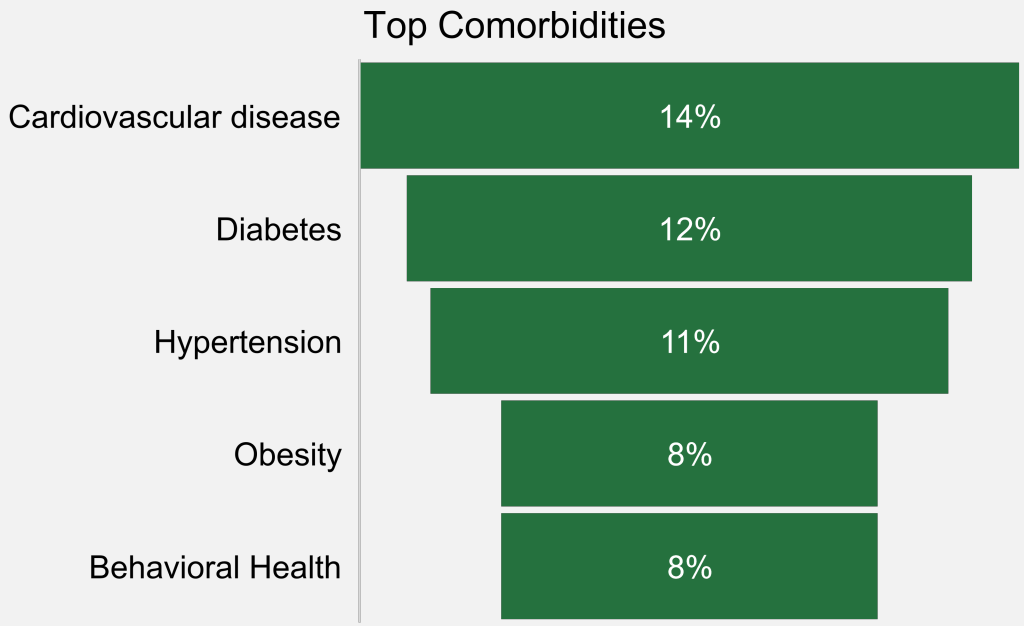
Top Clinical Services Nursing is working with in Events that involve monitoring



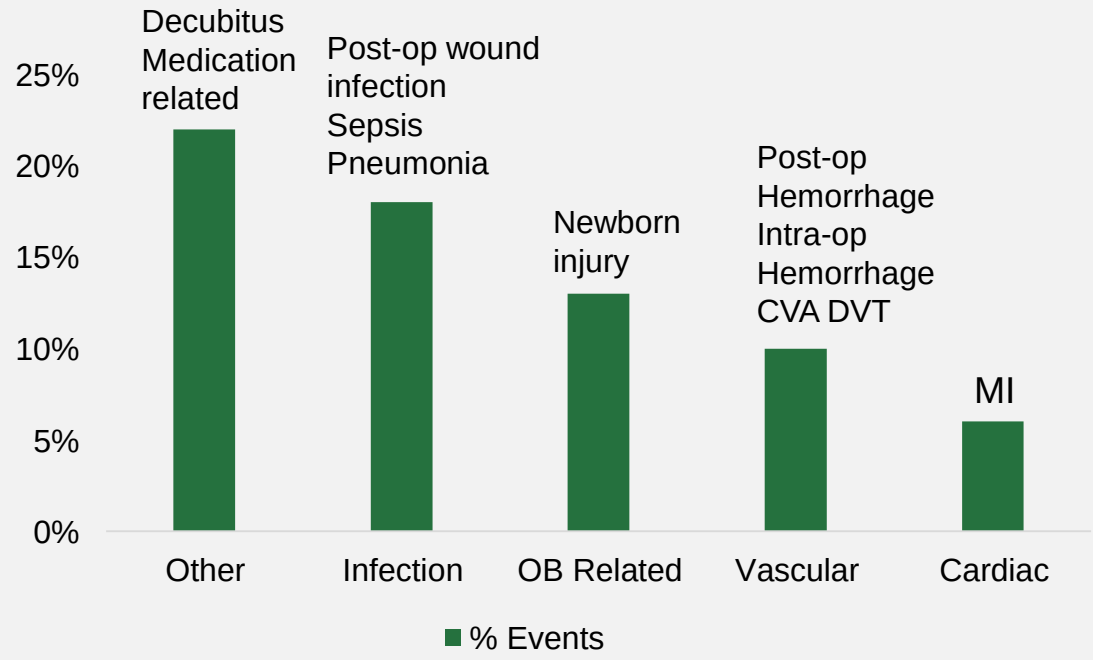
N=286 nursing involved events that concern monitoring for closed PL events from 2019-2023

Monitoring-Top Comorbidities and Top Injuries

84% of patients had at least one comorbidity



Top injuries resulting from care



N=286 nursing involved events that concern monitoring for closed PL events from 2019-2023

Patient Monitoring

Risk Recommendations:

- Create a monitoring algorithm with clear policies regarding when providers must be notified of results
- Implement a chain of command policy with specific steps for resolving conflict. Empower nurses to invoke the chain of command when concerned about a patient safety issue.
- Develop clear guidance for monitoring with clear policies and procedures related to monitoring such as the method, frequency, and documentation requirements.

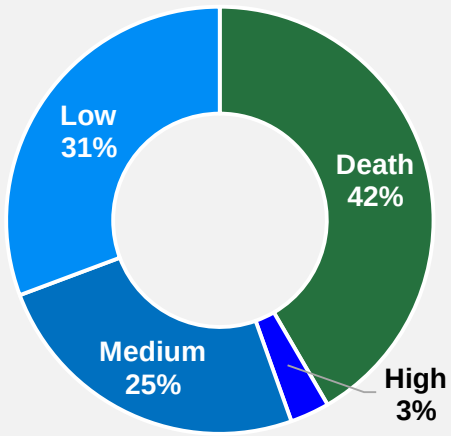
Patient Falls

15% (162 out of the 1079 nursing cases) involve patient Falls

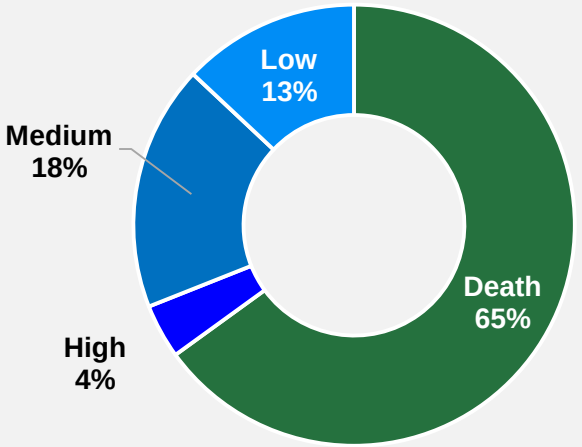
→

42% of these cases resulted in Death

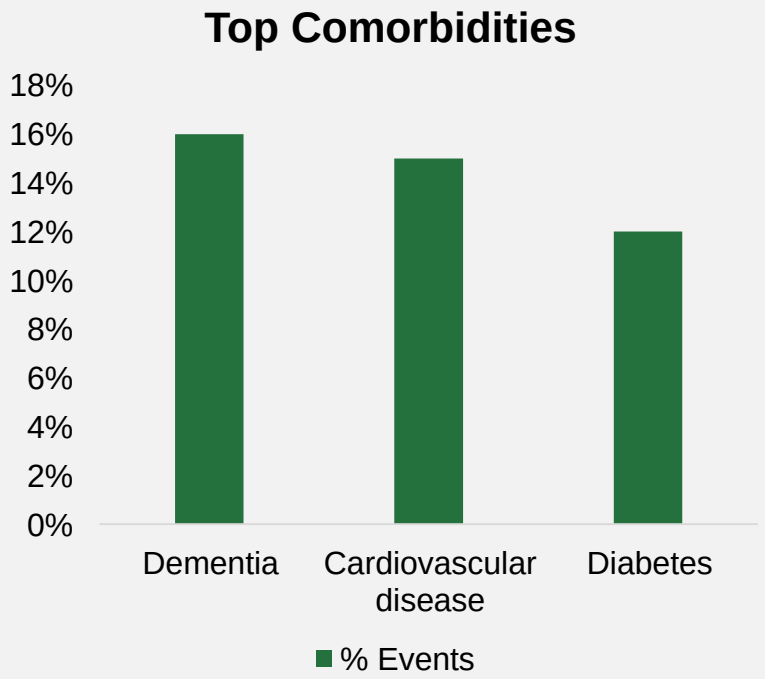
% Events for **Injury Severity**



% **Indemnity** for Injury Severity

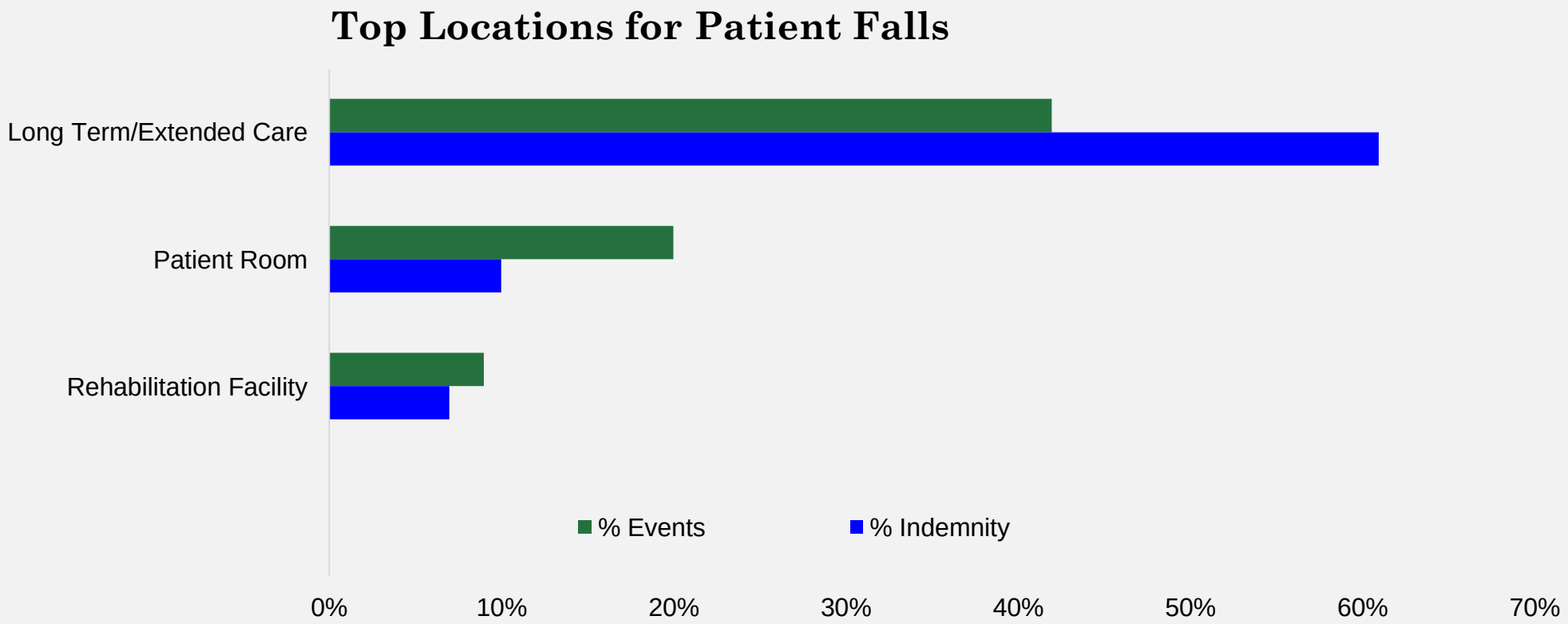


86% of patients who fell had at least one comorbidity.



N=162 nursing involved events that concern patient falls for closed PL events from 2019-2023

Patient Falls



N=162 nursing involved events that concern patient falls for closed PL events from 2019-2023

Patient Falls

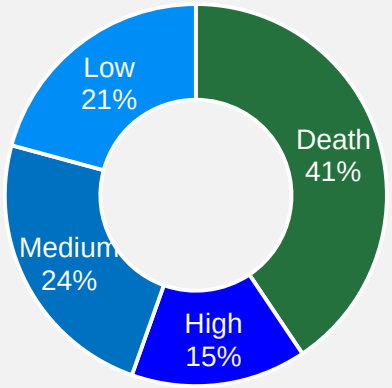
Risk Recommendations:

- **Evaluate fall risk early and often.**
  - Standardized fall risk assessment tool
- **Enlist Champions.**
  - Key individuals from each department/discipline to train staff
  - Patients and families are allies
- **Mind the four P's**
  - Before you leave the room, assess for the 4 P's
    - Potty
    - Position
    - Pain
    - Placement
- **Don't be over-reliant on equipment**
  - Don't use it as a substitute for monitoring
- **Communicate effectively**
  - Risks, changes in medication, and patient condition

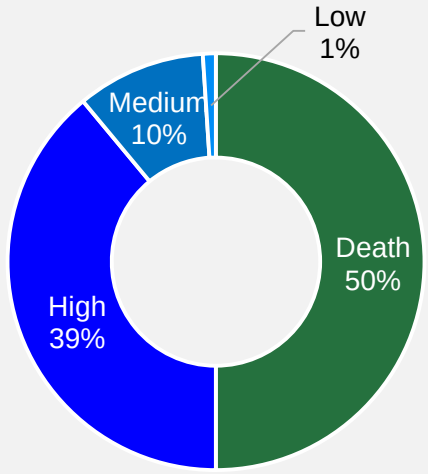
Medication Related

11% (117 out of the 1079 nursing cases) involve Medication → 41% of these cases resulted in Death

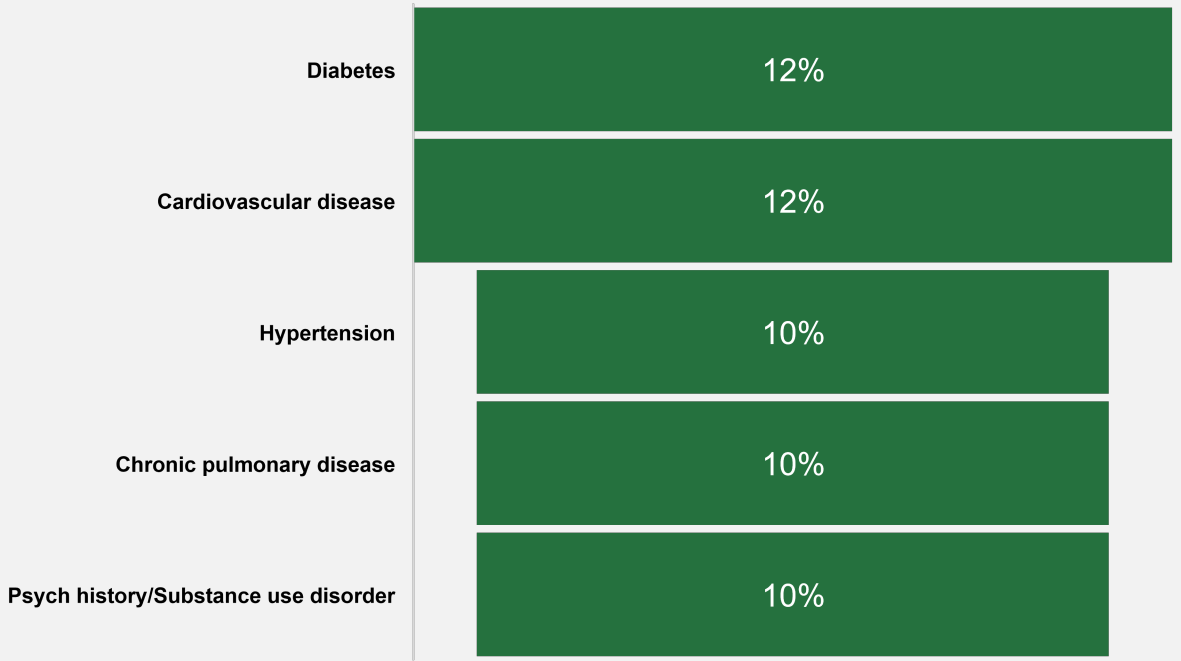
% Events for Injury Severity



% Indemnity for Injury Severity

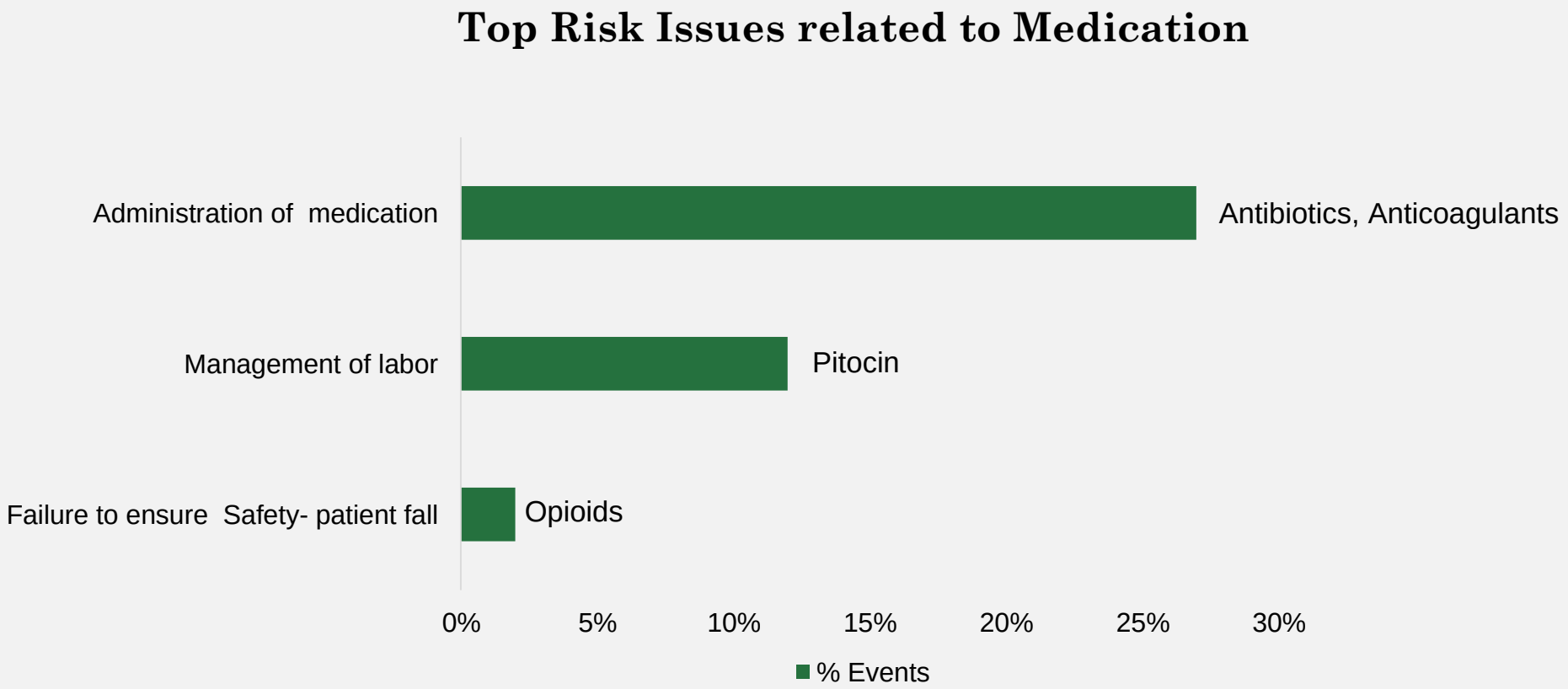


71% of patients had at least one comorbidity



N=117 nursing involved events that concern medication for closed PL events from 2019-2023

Medication Related



N=117 nursing involved events that concern medication for closed PL events from 2019-2023

Medication Related

Risk Recommendations:

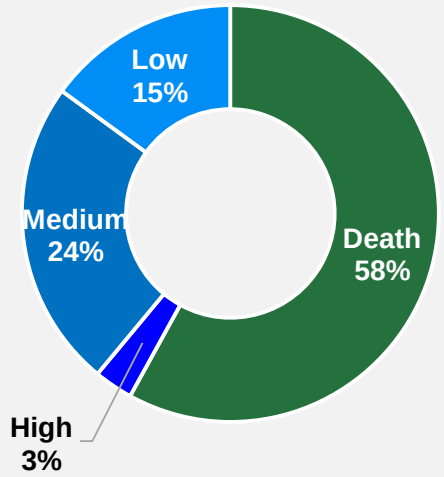
- **Leverage and embrace technology**
  - Multidisciplinary team to optimize safety features
  - If bypassed, document reasons
- **Establish a "no interruption" zone**
  - Empower nurses to delay interruptions without fear of repercussion
  - Ensure staff understand why
- **Enhance the medication-reconciliation process**
  - Include current medications, route, and time of last dose, OTC, supplements, alternative medication, cannabis products, illicit drugs, allergies and response
- **Educate patients, families, and caregivers**
  - Extra set of "eyes and ears"
- **Report and monitor medication errors**
  - Monitored by quality or medication safety committee
  - Routinely analyze, evaluate, and act on issues when safety mechanisms are bypassed

Pressure Injuries

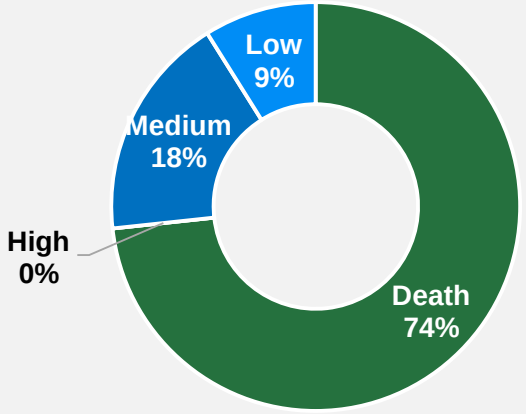
10% of cases (108 out of the 1079 Nursing cases) involve a Pressure Injury

58% of these cases resulted in Death

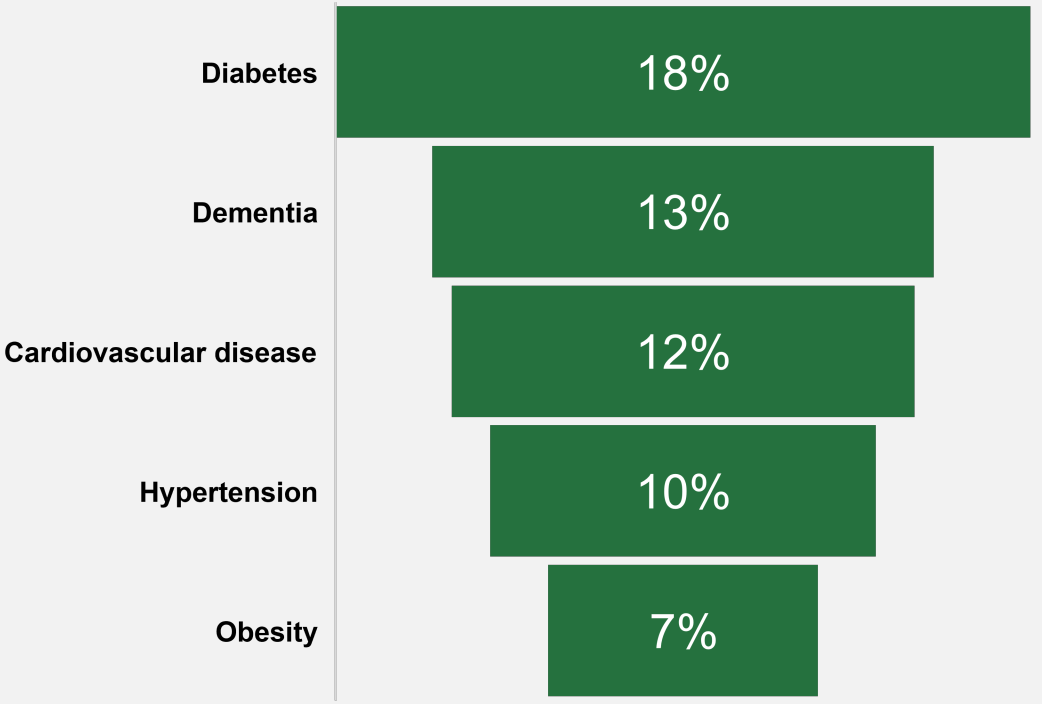
% Events for Injury Severity



% Indemnity for Injury Severity

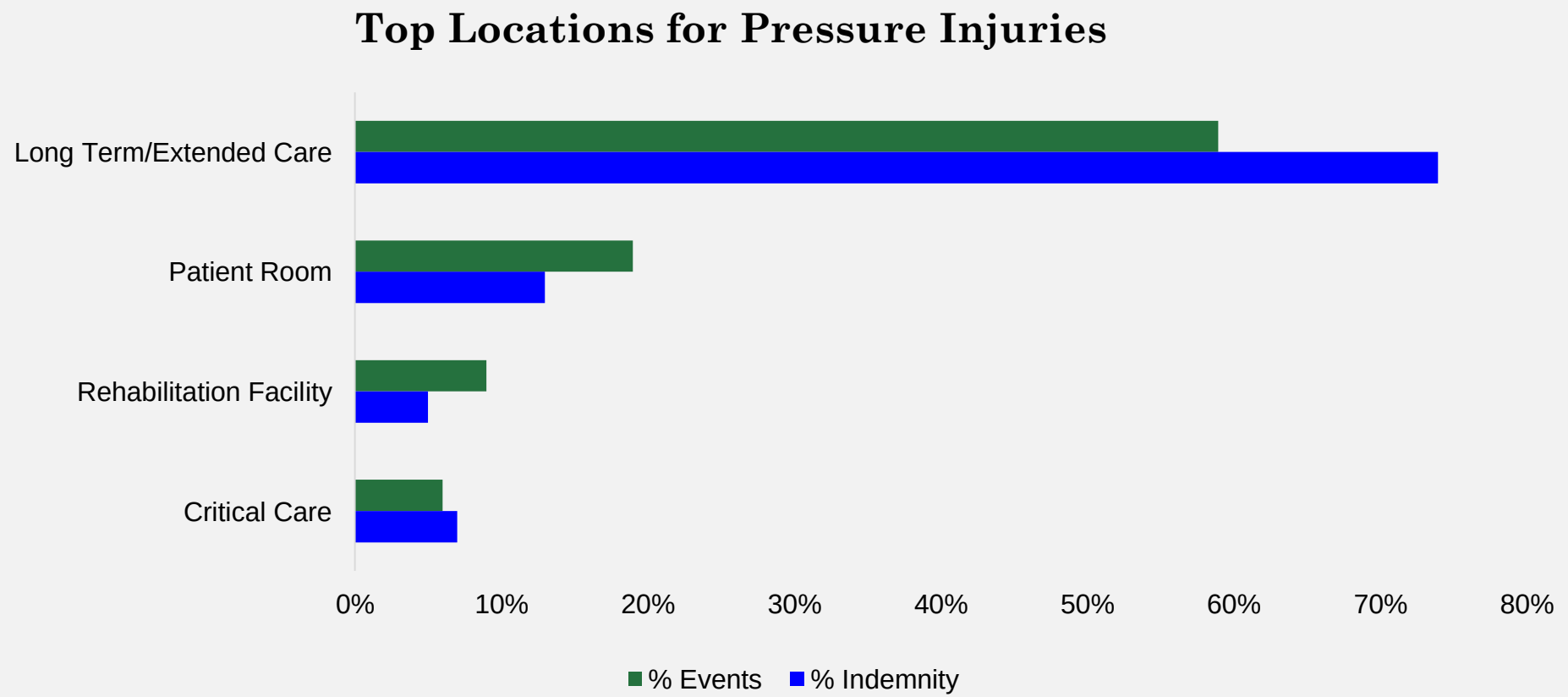


88% of patients had at least one comorbidity



N=108 nursing involved events that concern pressure injuries for closed PL events from 2019-2023

Pressure Injuries



N=108 nursing involved events that concern pressure injuries for closed PL events from 2019-2023

Pressure Injuries

Risk recommendations:

- **Evaluate early and often**
  - Head to toe upon admission and repeated at regular intervals
  - Photographed and documented
- **Remember medical devices**
  - Include evaluation of skin that touches equipment or medical devices
- **Train all nursing staff**
  - Use a structured assessment tool and common language to describe pressure injuries
- **Embed "triggers" in the reporting**
  - Embrace patient safety and just culture principles
  - In reporting system, include real time notification to quality director and/or wound care specialist

Communication and Culture

Most of these events involved one or more of the following risk issues:

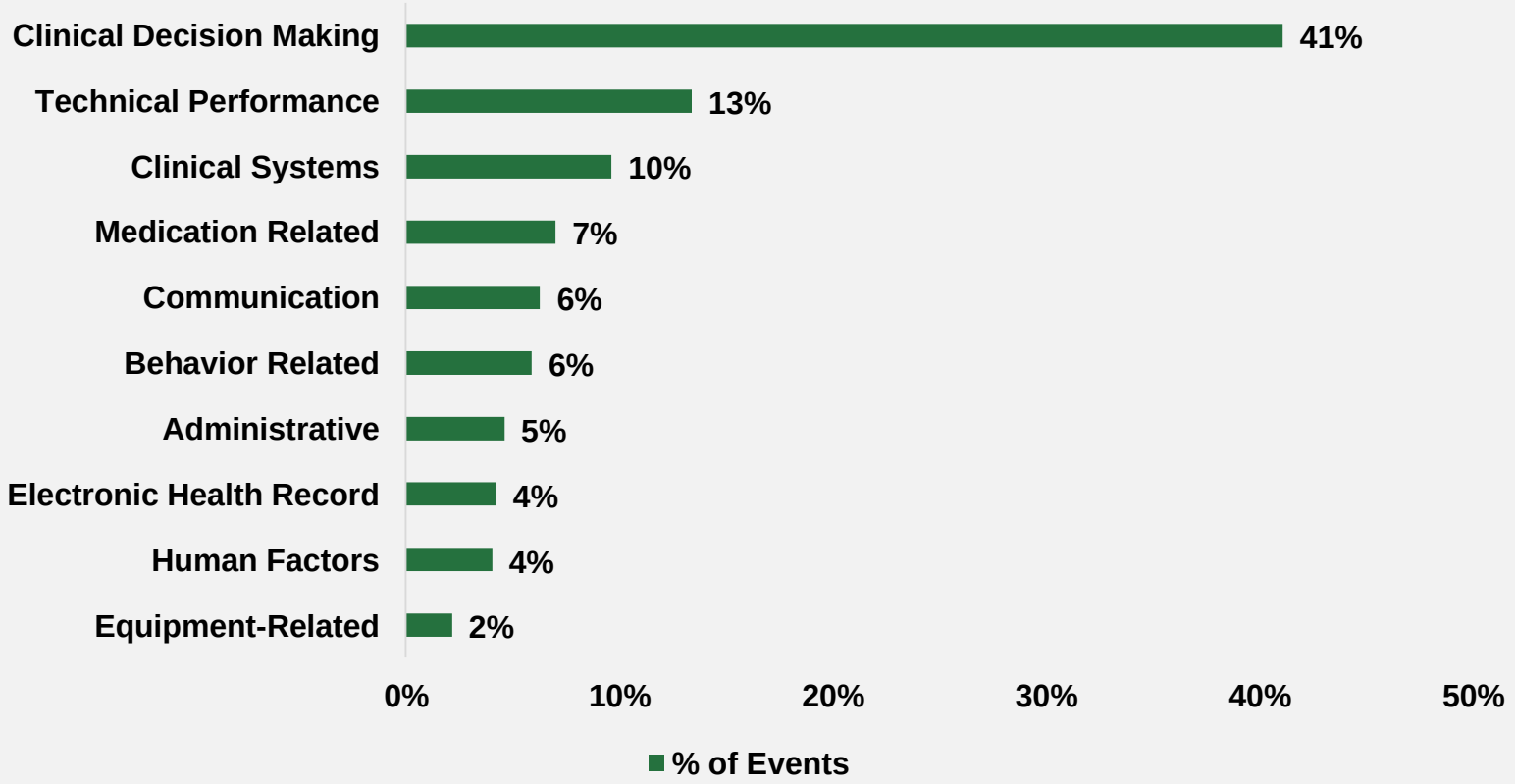
Communication and Culture

Risk Recommendations:

- **Analyze organizational culture**
  - Empower nurses
  - Build and nurture teams that exhibit trust, respect, and a commitment to patient safety
- **Strengthen communication and build teams**
  - Communication training
  - Reinforced with drills and simulations
- **Monitor shortcuts and workarounds**
  - Look for commonly used shortcuts/workarounds
  - Evaluate whether the associated duties require nursing judgment and skill, consider reassignment
- **Combat burnout and stress**
  - Evaluate wellbeing through surveys, conversations
  - Address sources of stress before they become a cause for burnout

Travel Staff - Areas of Vulnerability

Areas of Vulnerability Involving Travel Staff



N= 12,840 risk issues identified on 6,064 closed PL events 2019-2023
Footnote: An event can have more than one risk management issue.

Travel Staff - Areas of Vulnerability

Clinical Systems	Patient's Follow-up Care Coordination of Care Results/Specimen Lost, Misfiled, or MD Unaware of Results Follow-up or Notification of Incidental Findings Review Study/Results
Electronic HR	EHR Related Documentation Issues No Active/Updated Medication List or Allergy Related Documentation General EHR Usability
Human Factors	Failure to Function as a Cohesive Clinical Team Presence of Cultural/Organizational Vulnerabilities Safe Environment – Adequate Staffing, Workplace Design Distractions – Situational Awareness

Travel Nurse Case Summary

A patient presented to an outpatient clinic for dialysis treatment. A sick call led to the need for a change in staff assignment requiring the use of travel staff.

The room was configured with patient/machine/patient/machine (Figure 1). One of the PCTs moved the patient's machine next to the neighboring machine, changing the configuration to patient/machine/ machine/patient (Figure 2) changing the purposeful set up for easy identification. After getting all patients started on dialysis, the PCTs left for a break, leaving the travel RN tending to 12 patients alone.

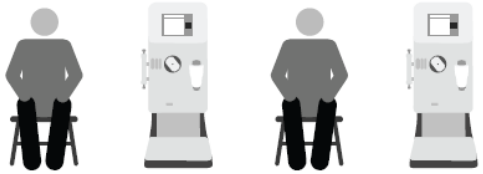


Figure 1

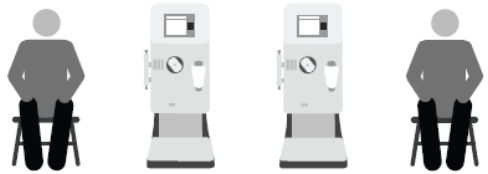


Figure 2

On this day, the travel RN had to monitor when heparin boluses were due unassisted. He walked down the patient row with patient/machine/patient/machine and did not appreciate the machine movement to patient/machine/machine/patient (Figure 2). As he was administering one of the heparin boluses, he realized he was injecting it into the wrong machine. He immediately clamped off the line and went to check the patient's orders and could not find an order for heparin. It was then that he saw it was because she had a heparin allergy.

The travel RN, still alone, returned to the patient and found her unresponsive. 911 was called, however, as he was unfamiliar with several emergency systems, there was a delay in treatment. The patient died.

Travel Staff Then

COVID-19's Impact On Nursing Shortages, The Rise Of Travel Nurses, And Price Gouging

Travel Staff Now

JOB OUTLOOK FOR TRAVELING NURSES IN THE UNITED STATES

Traveling nurse job growth summary. After extensive research, interviews, and analysis, Zippia's data science team found that:

- The projected traveling nurse job growth rate is 6% from 2018-2028.
- About 195,400 new jobs for traveling nurses are projected over the next decade.

Industry Trends

2024 Forecast: The Future of Travel Staffing

Where is the break room?

I love my job!

Design with Empathy

Consider developing a mentoring program for travel staff

- Assign a seasoned staff member to be available for questions (think student nurse approach)

Design onboarding to cover:

- Look at event and near miss data, where are the vulnerabilities?
- EHR and access to vital information for safe patient care. (User interface)
- Documentation expectations
- A physical tour of the patient rooms and unit to ensure all are aware of where supplies are located (when minutes count)
- Chain of command policies and expectations

Lead with Empathy

Assess your culture

- Conduct a brief exit interview with travel staff
- Survey current staff to identify areas of opportunity for travel staff readiness

Prepare the team for the travel staff's arrival

- Set the tone as one of appreciation for their help, ask the team to make them feel welcome

Round often where travel staff are working

- Greet them warmly and ask how their day was
- Ask if they feel prepared/ what do they need?
- Ask how can you help?

Questions

Glossary

Allegations

Allegation codes are assigned to the claim based on the most important allegation identified by the *plaintiff attorney* or documented on the claim demand for payment. One allegation is selected for each claim

- **Anesthesia** – related to administration of anesthesia
- **Communication** – related to communication among providers and with patients
- **Diagnosis** – used to identify issues involving patient diagnosis such as H&P, test ordering, and referral management.
- **Medical Treatment** – related to all non-procedural treatments including failures, delays and unnecessary care
- **Medication** – related to ordering, dispensing, administering and monitoring of medication (exclusive of anesthesia)
- **Obstetrics** – related to pregnancy and birth-related allegations
- **Other** – used for issues of Bad Faith, Antitrust, as well as uncodable code for files with limited information
- **Patient Monitoring** – involve monitoring of physical condition, treatment, post-operative care and failure to prevent elopement
- **Patient Environment/Safety** – include patient and visitor falls, as well as infection control
- **Surgery/Procedure** – related to surgical and procedural issues including performance, delays, positioning, retained objects, wrong side/site/patient and unnecessary procedures

Injury Severity

Injury Severity Codes were adopted from the National Association of Insurance Commissioners (NAIC). One Injury Severity is selected for each claim.

LOW

- **Emotional Injury Only** - No physical injury. Examples**:** Fright, wrongful birth, HIPPA violation
- **Insignificant** - Patient can be treated and released; no delay in recovery. Examples: Contusion (ex: from fall), minor laceration, rash
- **Minor Temporary** - Patient's recovery is delayed and requires additional treatment without complications. Examples**:** Minor surgical wound infection, missed non-displaced fracture

MEDIUM

- **Major Temporary** - Injury causing delay in recovery; additional surgery or long treatment regimen needed. Examples**:** Ruptured appendix w/peritonitis, retained surgical sponge
- **Minor Permanent** - Permanent, non-disabling injuries, including loss or damage to organs. Examples**:** Loss of testicle, injury to bowel during surgery requiring repair
- **Significant Permanent** - Permanent injury affecting daily function. Examples**:** BKA (loss of one leg), loss of vision in one eye, Erb's palsy

HIGH

- **Major Permanent** - More severe permanent injury affecting daily function. Examples**:** Blindness (both eyes), paraplegia, bowel injury requiring permanent colostomy
- **Grave** - Most serious permanent injury that patient survives, but results in severe brain damage, fatal prognosis or need for life long care. Examples**:** Severe cerebral palsy; vegetative state; untreatable, widespread metastatic cancer

DEATH

- **Death** - Event resulted in death of claimant

Risk Management Issues

Risk Management codes define a broad area of patient safety concerns which may have contributed to patient injuries. Codes are determined by the clinician who reviews the events file. Up to three Risk Management Issues may be selected for an event.

- **Administrative** – relates to issues involving policies, procedures, access to care, infection control and staffing
- **Behavior-Related** – involves issues with unusual or inappropriate behavior on the part of patients or physicians including patient engagement
- **Clinical Decision Making** – relates to medical decision making used to provide adequate diagnosis and treatment of patients, failure to ensure patient safety, patient monitoring and referral management issues
- **Clinical Systems** – issues related to process and systems that support patient care, such as test result management, patient follow-up and coordination of care
- **Communication** – issues involving explicit failures of communication between all types of clinicians, as well as communication with patients and family
- **Equipment** – includes failure, malfunctions, inspections and training issues related to equipment
- **Electronic Health Record** – issues related to the electronic medical record, documentation issues, including system design, system set-up, system conversion, paper-EHR hybrid records and user related issues
- **Human Factors** – the area focused on the behavioral, contextual and conceptual characteristics that can contribute to error
- **Medication** – involves issues related to ordering, dispensing, administering and monitoring of medication (exclusive of anesthesia)
- **Pandemic/Epidemic** – relates to exposure/ infection or other conditions or care affected as a result of a pandemic or epidemic outbreak
- **Supervision** – includes supervision of residents, fellows, advanced practice providers, nurses and administrative staff
- **Technical Performance** – includes technical performance of a surgery, clinical decision making during surgery, retained objects, skill issues and misuse of equipment
- **Telehealth** – relates to issues with remote access of health care services that may include patient to provider, or provider to provider virtually by means of digital communication and technologies such as computers and mobile devices

Resource page

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