

National Council of State Boards of Nursing (NCSBN)
www.ncsbn.org

*Advancing
Regulatory
Excellence
Worldwide*



Regulatory Decision Pathway

Strategy for Board Decisions & Remediation

Kathleen Russell, NCSBN




Power & Duty of Board of Nursing

Via state's police power



↓

Duty to protect the public

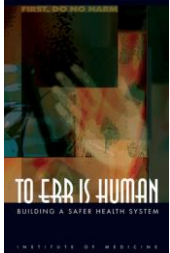
- By licensing



- Stopping or limiting the practice of unsafe practitioners





To Err is Human (1999)



98,000 people die in hospitals from preventable medical errors/year

Many errors are either "system-related" or influenced by system and nurse



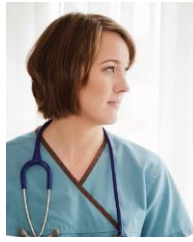
How do we analyze errors?

Person Approach

- focuses on the aberrant act

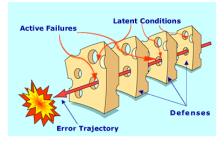
System Approach

- focuses on the cause, rather than the consequence



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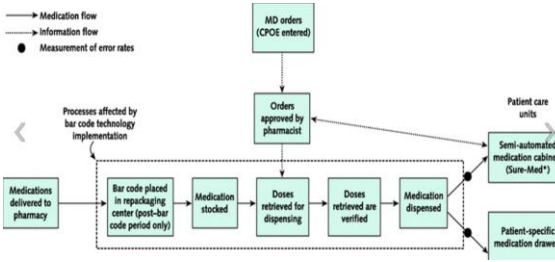
Just Culture



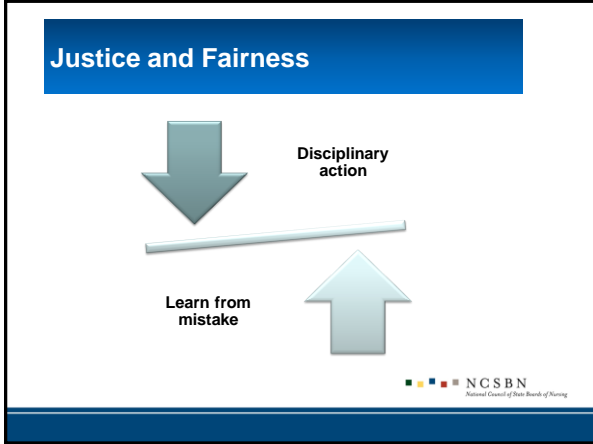
James Reason recommended that a *just culture*, one that draws a line between blameless and blameworthy actions, is an essential early step to creating a safe culture.

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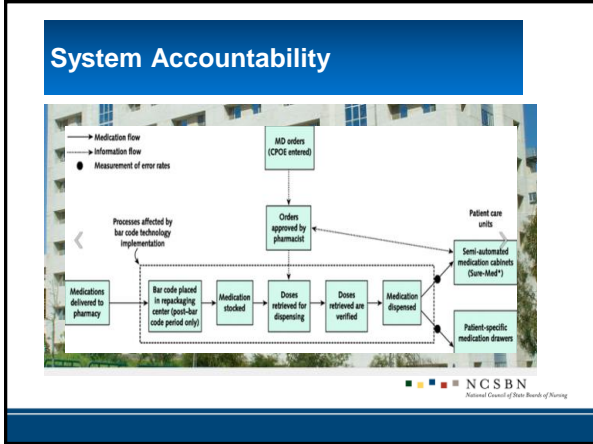
Steps in medication delivery to patient

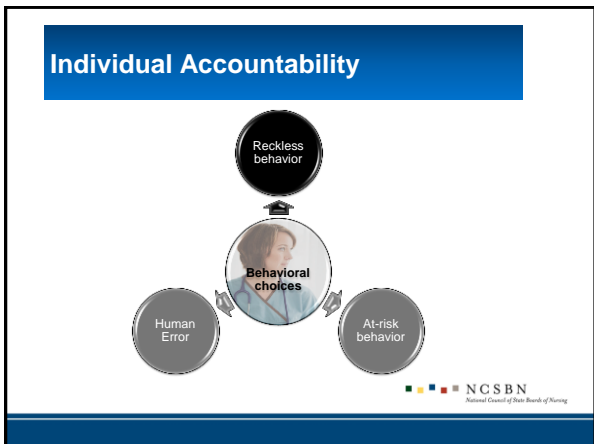


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Regulatory Decision Pathway (RDP)

Goals

- protect the public
- incorporate just culture principles
- increase consistency in discipline

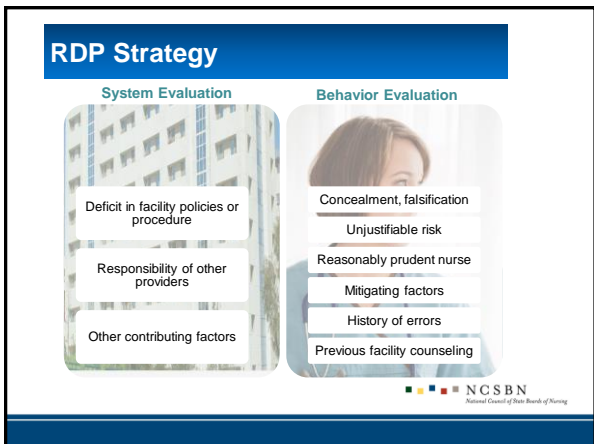
Designed for

- Board of Nursing discipline decisions
- cases of practice errors or unprofessional conduct

Focuses on

- patient safety
- whether system failure and/or behavioral choices by the nurse contributed to the error
- remediation of nurses

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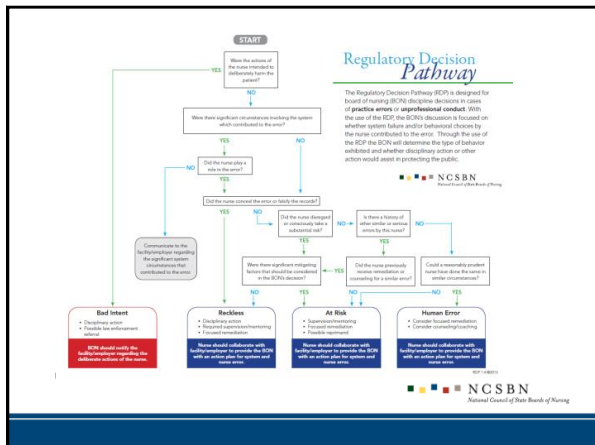
Evaluation of the RDP

Reviewed by 13 BONs, 183 cases

Majority of BONs thought the tool was:

- Clear
- Useful to BON discussions
- Effective in leading to consensus in BON decisions
- Led to conclusions the BON agreed with





Regulatory Decision Pathway

The Regulatory Decision Pathway (RDP) is designed for board of nursing (BON) discipline decisions in cases of **practice errors** or **unprofessional conduct**. With the use of the RDP, the BON's discussion is focused on whether system failure and/or behavioral choices by the nurse contributed to the error. Through the use of the RDP the BON will determine the type of behavior exhibited and whether disciplinary action or other action would assist in protecting the public.



Regulatory Decision Pathway

The RDP (originally named Regulatory Action Pathway) was piloted by 13 BONs in 2012. Revisions were made based on BON comments and are included in this version, RDP 1.4.

DIRECTIONS

Start with the question at the top, progressing to other questions based on affirmative or negative answers.

DEFINITIONS

Mitigating Factor
Extenuating, explanatory or justifying fact, situation or circumstance

Reasonably Prudent Nurse
A nurse who uses good judgment in providing care according to accepted standards

Remediation
Education or training to correct a knowledge or skill deficit

Substantial Risk
A significant possibility that an adverse outcome may occur

System
An organization's operational methods, processes or infrastructure/environment



Definitions

Mitigating Factors

- Extenuating, explanatory or justifying fact, situation or circumstance

Reasonably Prudent Nurse

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Deliberate?

START


Were the actions of the nurse intended to deliberately harm the patient?

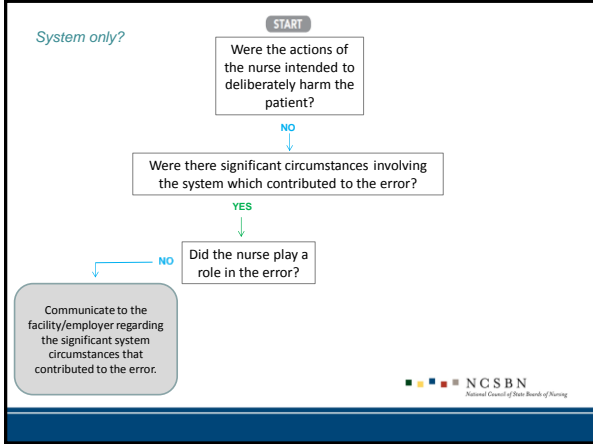
YES

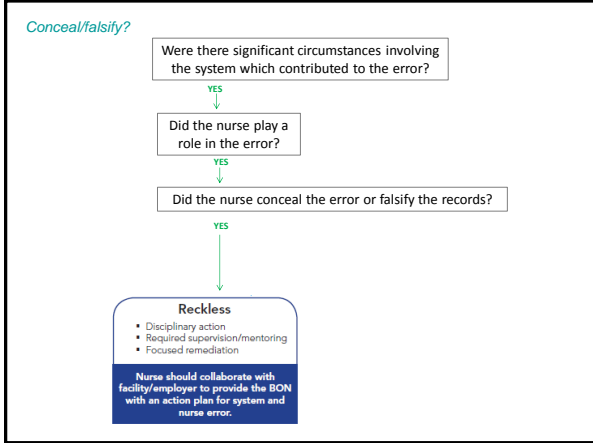
Bad Intent

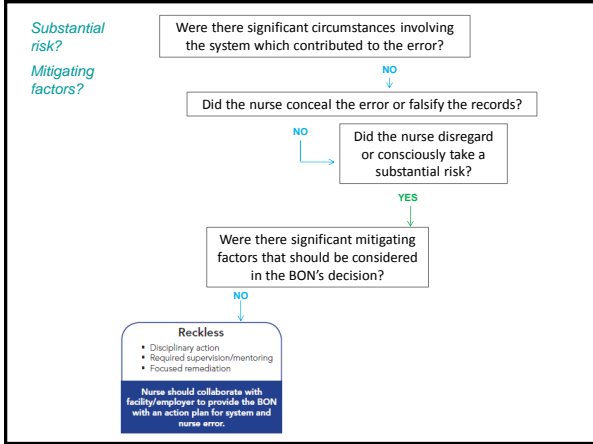
- Disciplinary action
- Possible law enforcement referral

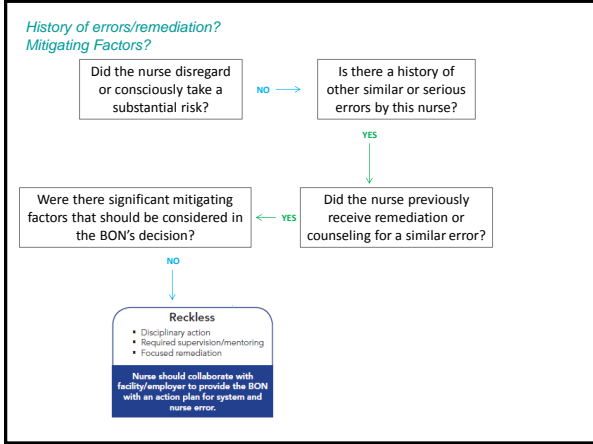
BON should notify the facility/employer regarding the deliberate actions of the nurse.

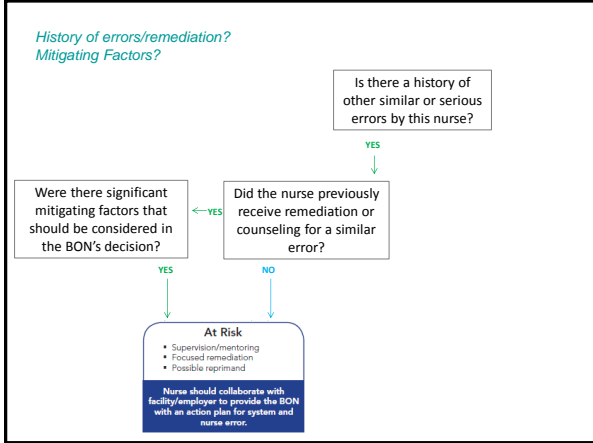


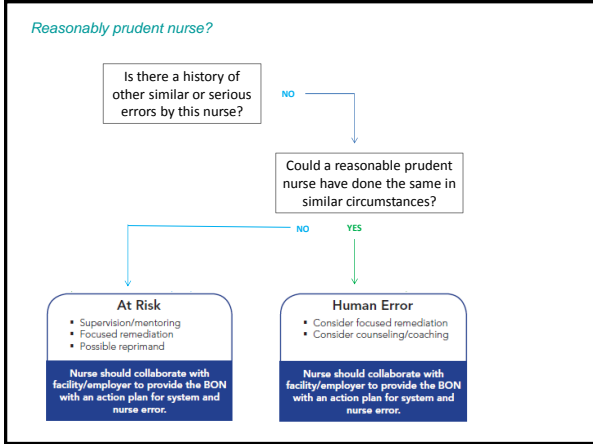












Collaboration

Human Error

- Consider focused remediation
- Consider counseling/coaching

Nurse should collaborate with facility/employer to provide the BON with an action plan for system and nurse error.

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JOURNAL OF NURSING REGULATION
Advancing Nursing Excellence for Public Protection

An Evidence-Based Tool for Regulatory Decision Making: The Regulatory Decision Pathway
William A. Bond, Jr, MS, RN, and Jack A. Smith, BS

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Case study 1 - Avery

- Avery was administering I.V. fluids and medications and documenting their administration
- Packed cells were ordered
- Someone handed the first unit of packed cells to Avery and said, "Here's the blood for your patient."
- Avery administered the packed cells
- That unit of blood was not intended for Avery's patient

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Case review

Avery's history

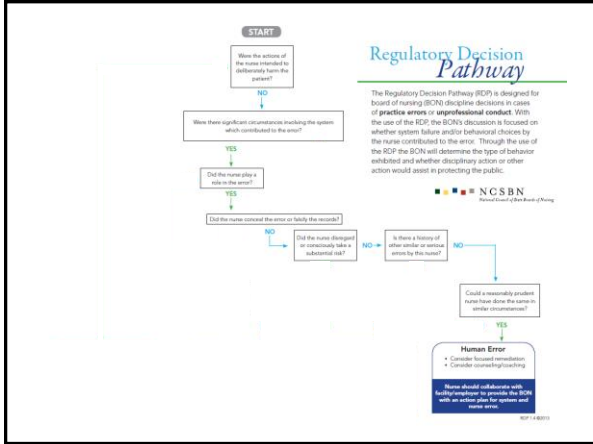
- working at the hospital since graduation 2 years ago
- for the past 6 months, working in the ED
- no errors during her employment
- nursing license was unencumbered
- responsive during the BON disciplinary review process
- appreciated the risk of her actions




Following the RDP, what is your conclusion?

<p>A. Bad Intent</p> <ul style="list-style-type: none"> • Disciplinary action • Possible law enforcement referral <p>BON should notify the facility/employer regarding the deliberate actions of the nurse.</p>	<p>C. At Risk</p> <ul style="list-style-type: none"> • Supervision/monitoring • Focused remediation • Possible reprimand <p>Nurse should collaborate with facility/employer to provide the BON with an action plan for system and nurse error.</p>
<p>B. Reckless</p> <ul style="list-style-type: none"> • Disciplinary action • Required supervision/monitoring • Focused remediation <p>Nurse should collaborate with facility/employer to provide the BON with an action plan for system and nurse error.</p>	<p>D. Human Error</p> <ul style="list-style-type: none"> • Consider focused remediation • Consider counseling/coaching <p>Nurse should collaborate with facility/employer to provide the BON with an action plan for system and nurse error.</p>






Case study 2 - Sam



- Two units of packed cells were ordered
- Sam could not locate another staff member
- Sam performed a one person verification of transfusion record & bedside verification
- Began the transfusion
- Sam signed the transfusion record and left the cosigner signature area blank




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Case review

Sam's history


- Nurse of 15 years
- Working at this hospital for 1 year
- Reported several times for minor medication errors & once for not following proper procedure regarding documentation
- Nursing license was unencumbered



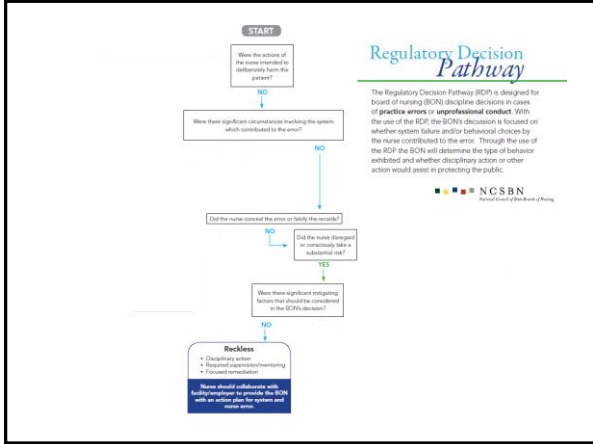
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Patient outcome

- Never talked about patient outcome
- The decision should be tailored to each nurse and the actual behavioral choices

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Model of Safety

- Consistent communication
- Nonpunitive error reporting
- Fairness

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