Agenda Item: 5.3.3
Prepared by: M.B. Thomas
Meeting Date: October 27, 28 2011

Taxonomy of Error Root Cause Analysis of Practice – Responsibility

(TERCAP)

Summary of Request:

This report is to provide an update to the Board about national and Texas initiatives to support the TERCAP Project.

Historical Perspective/Background Information

National TERCAP Data Released

The April 2011 Board report provided an overview of the current status of the TERCAP Project. In August 2011, during NCSBN's Annual Meeting, data collected from February 2008 – December 2010 was shared with the Constituent Assembly. Attachment A provides an overview of the report *Analysis of Nurse Practice Breakdown in 20 States.*

Highlights of the report include:

- Seventy two percent of the cases involved unintentional human error.
- Seventeen percent of the nurses involved in the TERCAP data base were male which is two times higher than the proportion of male nurses in the national nursing workforce.
- A higher percentage of LVNs (37%) were in the TERCAP data base than the proportion of nurses who held LVN licenses (22%) in the workforce though the types of practice breakdown are similar to those committed by RNs.
- Thirty seven percent of the practice breakdown incidences occurred in a hospital setting while 32% occurred in a long term care/assisted living setting.
- The most frequent years of licensure for those nurses involved in practice breakdown was 11 – 20 years.
- Sixty percent of the nurses had issues with their current or previous employers through some type of employer discipline, termination or both.
- Lack of professional responsibility was the most frequently cited practice breakdown category while lack of clinical reasoning was the second most frequently cited occurrence.

In addition, the report states that the current analysis reflects a statistically significant link between employment history and the risk of committing additional practice breakdown. There was no sufficient association between system factors and practice breakdown possibly due to constraints in sample size.

TERCAP in Texas

As outlined in the April Board report, board staff have selected a workgroup to advise staff on implementation of the TERCAP template for utilization by Peer Review Committees. There was a conference call conducted on September 1, 2011 and the following information was discussed.

SB 193 which was passed during the 82nd Legislature allows the board to develop a standardized error classification system for use by a peer review committee in evaluating the conduct of the nurse. The collection of data must have no identifying information and it is not subject to disclosure under Chapter 552, Government Code.

Board staff clarified that the Texas TERCAP initiative is a process that utilizes the TERCAP instrument to provide consistent, standardized information to Peer Review Committees for the purposes of reviewing nursing errors. The Texas TERCAP does not replace the mandatory reporting requirements, peer review rules, nor any other requirements of the Board for addressing patient safety issues. It is an additional tool which may help Peer Review Committees in their collection and analysis of information. Since the instrument is copyrighted by NCSBN, the instrument may not be utilized without the permission of the BON.

The workgroup discussed having a web-based repository for de-identified, anonymous information. The development of this web-based repository is being investigated by board staff.

During the call a concern was voiced regarding confidentiality. This issue may be a stumbling block for hospitals wanting to participate. Board staff will be working to clarify the confidentiality requirements outlined in SB 193.

The idea is to have a call to hospitals to participate in the pilot. The question was raised as to how many hospitals would need to participate. The point was made that there may need to be a fairly large number of hospitals, and the pilot would need to run for a certain length of time, to get usable data.

Staff Recommendations

This report is for information only. Staff will keep the board apprised about national and state TERCAP initiatives.

Distribution of 22 Boards of Nursing Participating in TERCAP

Case Selection

Cases meeting the following criteria are used for the analysis:

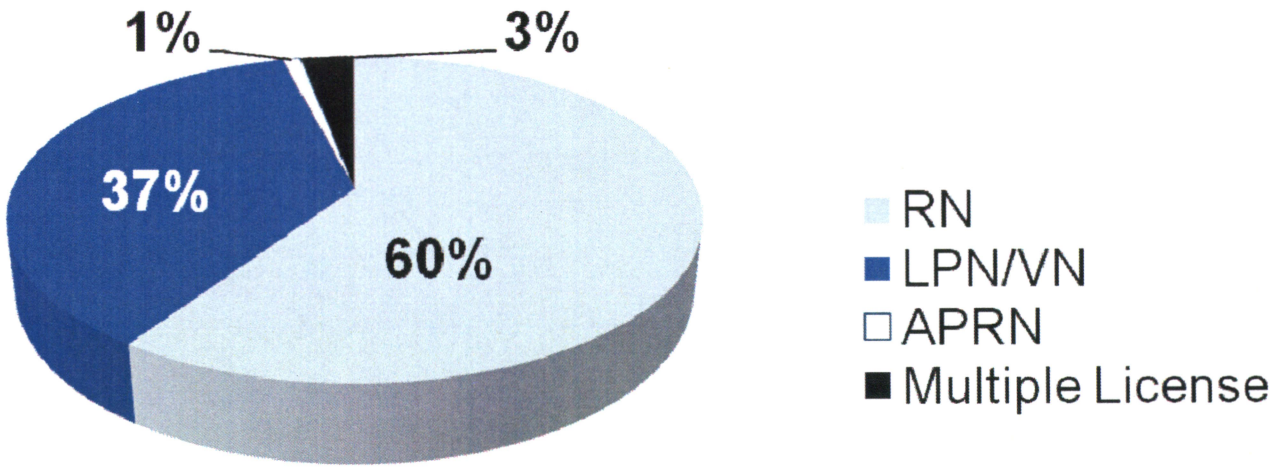
- The case involves a nurse who was involved in the practice breakdown.
- The case involves one or more identifiable patients.
- The case results in some types of board action (disciplinary action, alternative program, non-disciplinary action, referral to other agency).

Profile of Nurses Who Committed Practice Breakdown

- 861 nurses were reported to 20 BONs for having committed practice errors.
- 83% were female and 17% were male.
- The average age of the nurses was 46.2 (SD=11.6, n=834), ranging from 21 to 77.

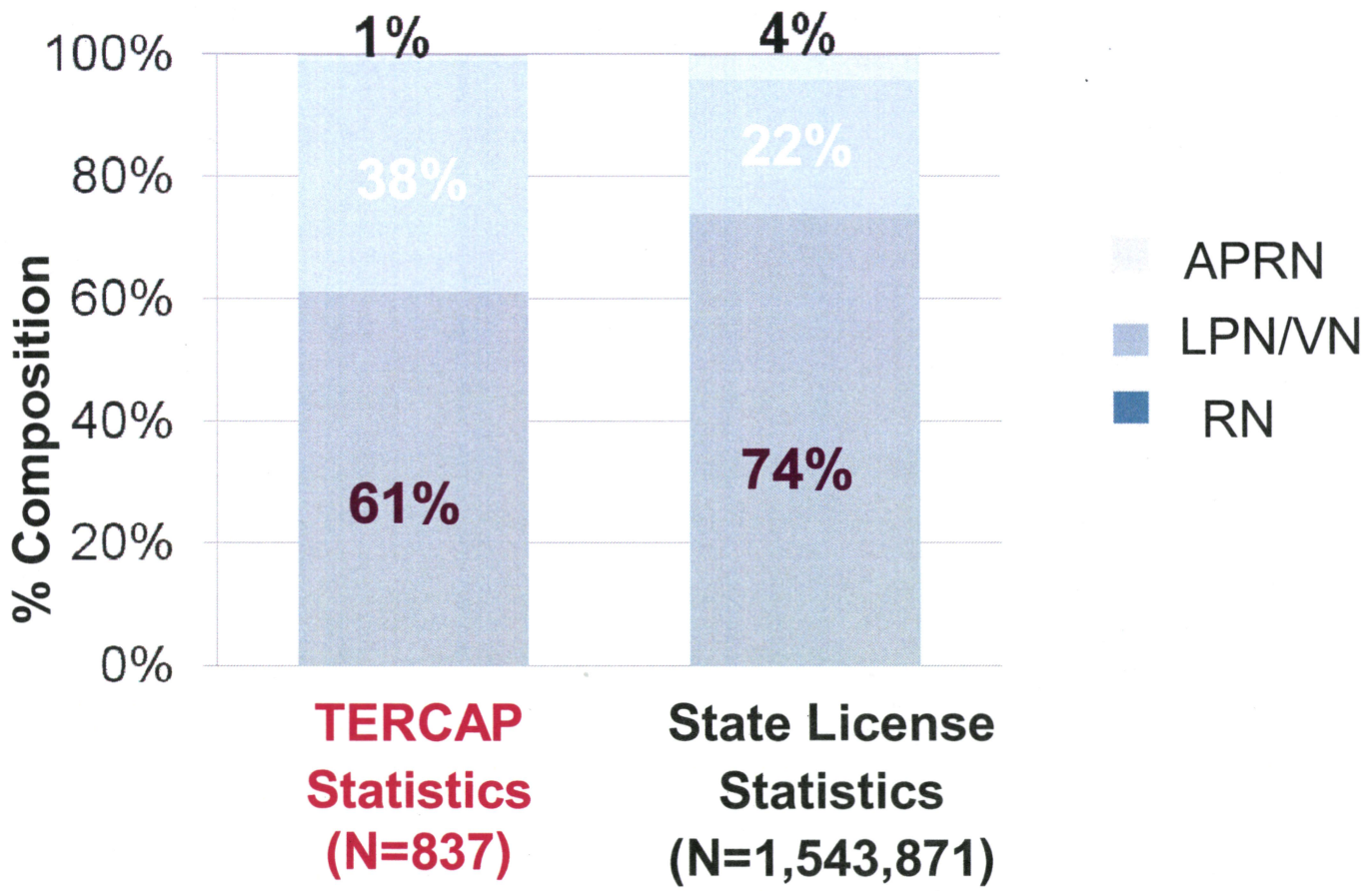
Profile of Nurses Who Committed Practice Breakdown (con't)

Sixty percent of the nurses held RN licenses, 37% held LPN/VN licenses, and 3% of them held multiple licenses (RN and LPN/VN or APRN licenses, while 1% of them were advanced practice registered nurses (APRN).



Profile of Nurses Who Committed Practice Breakdown (con't)

2010 TERCAP Statistics and License Statistics in 20 Jurisdictions



Profile of Nurses Who Committed Practice Breakdown (con't)

Employment Setting

Employment Setting	% (N)
Hospital	38 (331)
Long-term Care/Assisted Living	32 (277)
Outpatient Setting	17 (147)
Behavioral health	3 (27)
Other	10 (79)

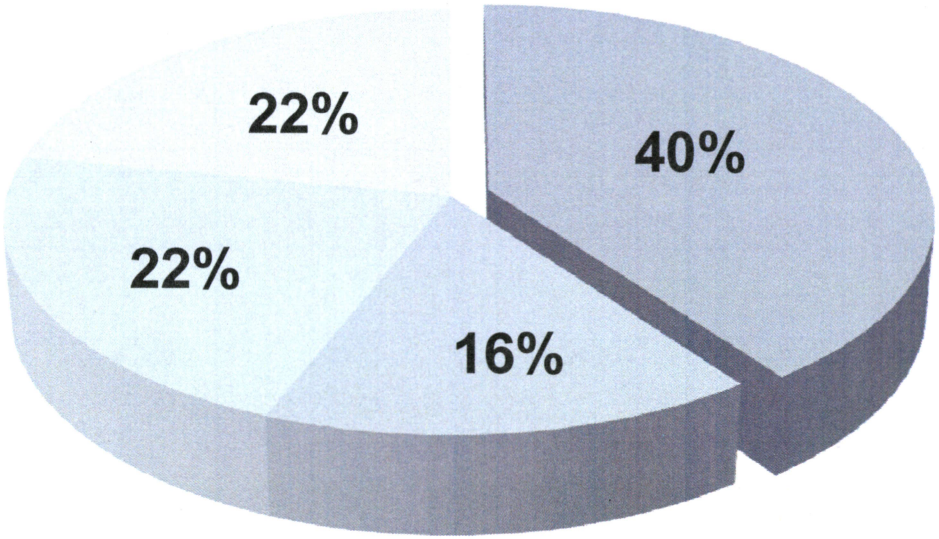
Profile of Nurses Who Committed Practice Breakdown (con't)

Length of Licensure

Years Licensed	% (N)
Less than 5 years	20 (171)
5 to10 years	17 (148)
11 to 20 years	22 (191)
21 to 30 years	15 (126)
Above 30 years	8 (72)
Missing	18 (153)

Profile of Nurses Who Committed Practice Breakdown (con't)

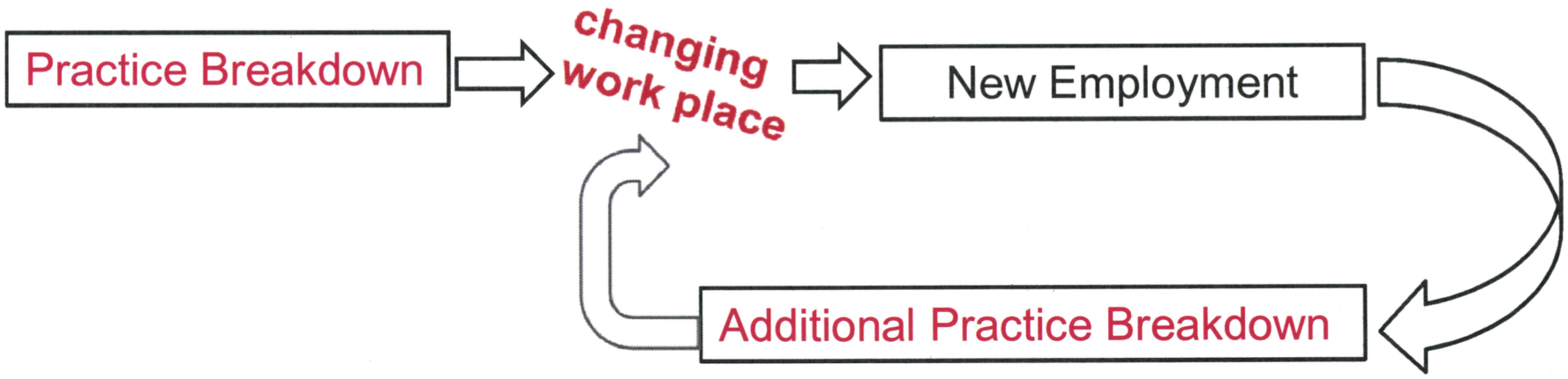
Composition of Employment History (N=725)



- No Discipline/Termination (40%)
- Discipline (16%)
- Termination (22%)
- Both (22%)

Employment Status

As a result of the current investigation, 56% of the nurses were terminated by their employers, and 7% of them resigned in lieu of termination. Only 28% of the nurses involved remained with their employer.



Individual Factors Contributing to Practice Breakdown

- 55% of the nurses committed a practice breakdown when they worked in a location for two years or less, but 73% of them had been licensed for two years or longer.
- 36% of these nurses were previously disciplined and 38% were terminated by their employers for practice related issues in the past.

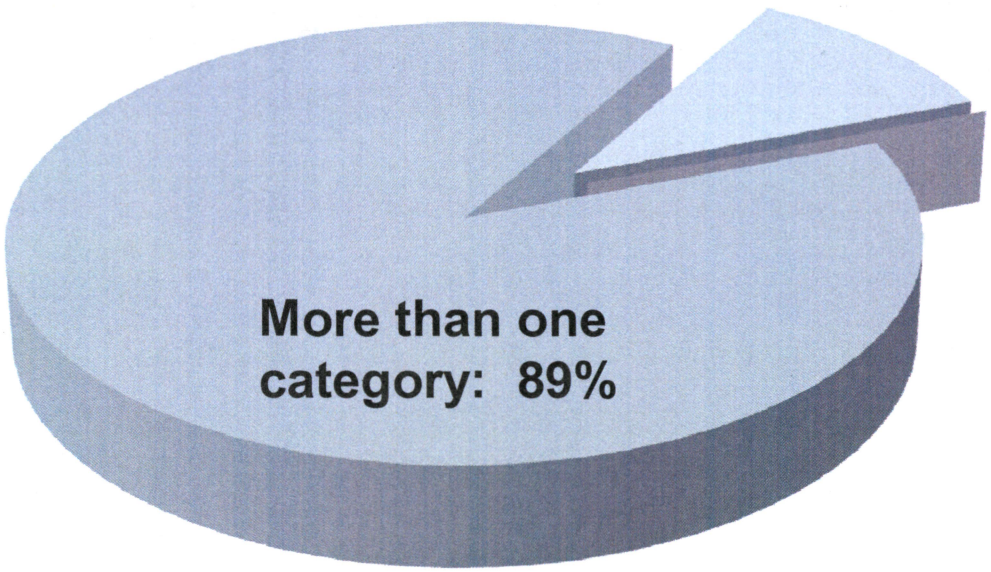
Nature of Practice Breakdown Cases

Practice Breakdown Categories

Practice Breakdown Categories	% (N)
Lack of Professional Responsibility	77 (665)
Lack of Clinical Reasoning	51 (441)
Lack of Intervention	50 (434)
Documentation Error	44 (380)
Lack of Interpretation	40 (343)
Medication Error	32 (278)
Lack of Attentiveness	25 (219)
Lack of Prevention	24 (208)

Nature of Practice Breakdown Cases (con't)

Total Number of Practice Breakdown Categories Selected



Nature of Practice Breakdown Cases (con't)

- 72% of the cases involved unintentional human errors.
- 52% of the practice breakdown cases did not cause any harm to patients.
- 59% of the cases investigated resulted in disciplinary actions, and 23% of the cases were sanctioned non-disciplinary actions.

Summary

- A statistically significant link between the employment history and the risk of committing additional practice breakdown is established by the current analysis. This finding indicates that the nurses' employment history can serve as a useful tool to identify a small group of nurses with a high risk of committing violations.
- We were not able to identify sufficient association between system factors and the practice breakdown, possibly due to constraints in sample size.

Build the Bridge

- "*Changes in health care policy requires the input and action of legislators and officials*" who need to "have an in-depth understanding of the nursing practice" (Benner, et al., 2006).
- To influence health care and nursing policy at local, state, national, and possibly international levels, a national database on nursing practice breakdown is prerequisite.
- TERCAP will function as a national adverse events database to bridge nursing professionals with public officials and legislators.