



## Preventing harm through reporting

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# Preventing harm

## Reporting, recognition, and just culture can make a difference

By Susan Trossman, RN

*Editor's note: This article is the second in a two-part series on patient safety. Access part 1 at [american-nursetoday.com/?p=55180](http://american-nursetoday.com/?p=55180).*

No one wants to make a mistake, especially in the high-stakes world of healthcare. But errors and other types of preventable harm continue to be a problem involving all kinds of clinicians and healthcare settings. One of the first concrete steps in preventing harm is reporting.

"We know we can learn from all types of [incident] reports, not only from those made when there is actual harm to a patient," said Patricia McGaffigan, MS, RN, CPPS, vice president of safety programs for the Institute for Healthcare Improvement (IHI). "The least reported are 'near misses.' And staff are less likely to report missed care, such as turning a patient every 2 hours, which may be considered an error of omission."

Said Rebekah Friedrich, MS, RN, CCRN, CPPS, patient safety coordinator at the University of Maryland Medical Center (UMMC) in Baltimore, "Nurses have a duty to say something when we see broken processes, so we can make changes. If nurses report all incidents, we can mine that data to get a true picture of what's happening.

"And when nurses and others are only reporting when we have to—when there is high patient harm—then we are missing latent system failures smoldering under the surface that could lead to a catastrophic event."



Patricia McGaffigan

### Yet barriers exist

"The biggest challenge continues to be a culture of fear," said McGaffigan, an American Nurses Association (ANA) Massachusetts member. "In healthcare we've tended to blame the person at the proximal end of an error, when most frequently, the contributing factors to errors are preventable systems issues.

"It's critical that healthcare leaders understand the risks that are inherent in their complex systems, and use a just culture framework that balances organizational and individual accountability. They set the critical tone that encourages reporting, more actively engages teams in investigating why things go wrong as well as why things go right, and ultimately hold the organization accountable for developing strong action plans to reduce future harm."



That said, nurses at every level are helping to spur change.

"Many nurses are leading safety and quality programs in their organizations as patient safety officers and through their staff positions," McGaffigan said. "Nurses are in a fabulous position to identify risks and hazards before harm occurs. And because we spend the most time with patients and families, our insight is incredibly valuable."

### Reporting and recognition

In November 2018, Baylor University Medical Center at Dallas (BUMC) held its annual celebration: a reward and recognition event for staff who made "good catches." Called the Fab 50, this house-wide initiative also is aimed at reinforcing the practice of reporting events, which in turn, can lead to even more safety-focused improvements, according to Interim Chief Nursing Officer Rita Haxton, DNP, RN, NEA-BC, a South Dakota Nurses Association member.

A nurse-led multidisciplinary committee chose the 50 winners out of 687 good catches reported by employees in 2018 that, had they not been identified, could have led to patient harm.

"We don't believe we are having more errors or near misses," said Director of Quality and Patient Safety Cindy Cassity, MSN, RN, CPPS, since this nurse-initiated



Cindy Cassity

program launched about 10 years ago. “We just have a very robust reporting system that helps us learn and continuously improve.”

One 2018 winner was an OR scrub nurse who halted the beginning of a procedure—known as stopping the line—because no one had performed the required, pre-surgical “time out” protocol. Other catches included an employee who discovered an expired product in the OR, which ultimately revealed that it was still available house-wide, and a nurse who, after double-checking the medication administration record, realized a soon-to-be discharged patient should be sent home on I.V. antibiotics. Good catch recipients receive a fleece jacket at the ceremony and are named patient safety champions for their designated areas.

“We then look to them for ongoing improvement efforts,” said Cassity, a Texas Nurses Association member who also has worked to implement other key patient safety programs at BUMC, a Magnet® facility.

Meanwhile on the East Coast, Friedrich and another nurse safety champion launched their “SICU Great Catch” initiative at UMMC in 2016, after testing interventions to increase nurse event reporting.

SICU unit-based safety clinicians select nominees from monthly event reports, and a multidisciplinary committee chooses 12 winners, who are recognized with a certificate and honored through various venues, according to Friedrich. Additionally, SICU staff vote annually on the “greatest catch,” which is announced during National Nurses Week.

One great catch involved a product malfunction with an alarm monitor component, which was not automatically resetting to the required high-low settings when it was temporarily unplugged, such as when a patient was transported for a test.

“Because nurses reported incidents with [the faulty alarm equipment], we saw a pattern and were able to get upgraded before any harm could occur,” Friedrich said.

The SICU program was so well received that UMMC, a Magnet facility, implemented



a house-wide, multidisciplinary event reporting collaborative.

## Breaking down barriers

Nurses and other clinicians often are unsure about the reporting process and whether their efforts will lead to positive, lasting change.

When Friedrich was still working in the SICU, she led a project aimed at increasing the number of event reports submitted by SICU nurses, with a secondary goal of upping the number of near-miss reports. She specifically wanted nurses to report all airway events, such as self-extubation, to develop recommended interventions.

Friedrich soon learned that most staff could not recall their event reporting system password or had never logged into the system. Staff members also were unclear about what information to include in reports, and they didn’t know who read them.

So she and key staff members worked to implement several interventions beyond the SICU Great Catch program. For example, she published an educational article in the SICU newsletter that, in part, described event reporting as beneficial, nonpunitive, and key to identifying trends that drive change. She also included time-saving tips for reporting.

As a result of this multifocal initiative, the number of nurse-event reports increased from 5 a month at baseline to about 34, and nurse commitment to reporting has remained strong. Friedrich also shared this project at ANA’s 2018 Quality and Innovation Conference.

## Overcoming the biggest hurdle

For Chief Nursing Officer Belinda Shaw, DNP, RN, NE-BC, CEN, trust is crucial to building and maintaining a culture of safety and learning at Porter Adventist Hospital, a Magnet-recognized facility in Denver. And she is a strong proponent of the just culture model, which her facility has embraced and implemented.

In a just culture, leadership and staff share accountability for safe patient care, and a systematic approach is used to examine root causes and take corrective



approaches to errors and other adverse events.

Haxton and Cassity also reinforced the importance of having a just culture (which BUMC refers to as a Fair and Consistent Culture) if facilities want to increase the reporting of near misses, errors, and other adverse events by nurses and other staff.

“We don’t want to be punitive,” Cassity said. “Psychological safety of those reporting is critical.”

Haxton added that most issues around near misses and adverse events have to do with processes—not an individual’s disregard for safety. So BUMC has a program called Team Up for Patient Safety, which encourages staff to speak up about problematic processes and work together with leadership to solve them.

And when someone is involved in an error or adverse event, a number of programs are available to support them, including the deployment of a “Swaddle Team,” which addresses affected staff’s psychological needs through initial critical debriefing and ongoing support, Haxton noted.

“We really need to learn from mistakes and good catches, and not have the stigma of making an error,” McGaffigan said. “Fear of speaking up often can lead to moral distress, and harm not only patients, but also our workforce.” She noted that voluntary, anonymous reporting systems may minimize some fears, and emphasized that fear of reporting also is a sizable issue for physicians and other professionals.

## Other interventions

Every morning nurses and other staff from every department at Porter Adventist are invited to a safety huddle, Shaw said, where staff share and review any adverse events, near misses, or close calls.

“We ask anyone who is available to come, including staff from the lab, environmental services, unit nurse managers, and information management,” said Sheri Deakins, MS, RN, CPPS, who served as Porter Adventist’s patient safety manager. Anyone who was involved in a near miss or other new event is asked to share information about what occurred, so others can learn from it and determine whether it is happening within their work environments as well.

“The focus is not about judging, but understanding,” Deakins said. “We really focus on system learning and shared learning. For example, maybe an event



occurred because our policy was not clear. Or maybe someone employed a work-around because they didn’t have all the resources they need.”

Porter Adventist also implements a Code Lavender holistic rapid response team to meet the emotional needs of nurses and other healthcare providers, and offers chaplain-led resiliency training among other efforts to strengthen its culture of safety.

## Reenergizing a national movement

But preventable harm remains a public health crisis, according to IHI.

Last year, IHI convened a National Steering Committee on Patient Safety, which includes representatives from ANA and other professional associations, government agencies, and the public. Its goal is to create, disseminate, and implement a national action plan to address patient safety in a comprehensive, collaborative way. The plan will focus on four key areas, including building cultures of safety, and implementing learning systems. (See this month’s ANA President’s column.)

Said McGaffigan, “We need to normalize reporting, and ensure that we have safe cultures, where we stop blaming colleagues and focus on taking a total systems approach to safety.”

— Susan Trossman is a writer-editor at ANA.



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## Resource

Access The Joint Commission alert on reporting, including an infographic, at [tinyurl.com/yc5h47z2](https://tinyurl.com/yc5h47z2).

## Confronting climate change

To: Ethics Advisory Board

From: Concerned RN

Subject: Climate change and the role of nurses

Over the past few years it seems there have been many weather-related, catastrophic events. Does nursing have a role or ethical responsibility to address climate change?



From: ANA Center for Ethics and Human Rights

Nurses across the globe are affected both personally and professionally by climate change. Severe weather events may be one of the most obvious consequences of climate change, but population health issues also are emerging on a scale that will challenge the advances made in public health to date. We are now seeing increasing rates of respiratory, cardiac, and vector-borne disease with water becoming scarcer in certain parts of the world, while others face flooding. Climate refugees displaced due to scarce water are more common now than refugees from war and conflicts.

Research continues to further our understanding of the effects of climate change, but we need to act now to mitigate its consequences, especially among our most vulnerable populations: the chronically ill and the very young and elderly among us. While the *Code of Ethics for Nurses with Interpretive Statements* ([nursingworld.org/coe-view-only](http://nursingworld.org/coe-view-only)) does not directly address climate change, the promotion of patient health and safety is fundamental to nursing practice (Provision 3). The *Code* also emphasizes duty to self (Provision 5), “including the responsibility to promote health and safety.” From a broader, more encompassing perspective, nurses must “identify the conditions and circumstances that contribute to illness, disease; foster healthy lifestyles; and participate in institutional and legislative efforts to protect and promote health” (Provision 8.3).

Position statements and policy directives from organizations, including the International Council of Nurses, American Academy of Nursing, and Alliance of Nurses for Healthy Environments, support nursing’s role in confronting climate change issues. The first step is to recognize that we have an ethical responsibility to address climate change at practice, education, research, and policy levels within our institutions. More direct actions include the following:

- Become involved in environmental health groups or committees at work and in your community.
- If no committees exist in your organization, consider developing a “green team” to look for climate impact opportunities.
- Look for ways to reduce waste in your organization and home and ask if supplies can be used less or recycled.
- Don’t discount the small changes—discourage bottled water, encourage low-flow faucets, turn off the lights, and turn off computers when not in use.
- Educate patients who may be more vulnerable to weather-related events about what to prepare for and how to plan for emergencies.
- Encourage nurse administrators and nurse educators to consider the effects of climate change in policy and curriculum development.
- Think of yourself as a nurse and a global citizen by leading through example.

The time for action is now. As nurses, we can contribute to alleviating suffering from climate change. We are highly respected within our communities, and our history shows that we can respond effectively to public health threats. We have an ethical obligation to take a leadership role in confronting the challenges of climate change.

— Response by Michele Upvall, PhD, RN, CNE, FAAN, member of the ANA Ethics and Human Rights Advisory Board.

### Selected references

International Council of Nurses. Nurses, climate change and health. 2018. [icn.ch/sites/default/files/inline-files/PS\\_E\\_Nurses\\_climate%20change\\_health.pdf](http://icn.ch/sites/default/files/inline-files/PS_E_Nurses_climate%20change_health.pdf)

Lilienfeld E, Nicholas PK, Breakey S, Corless IB. Addressing climate change through a nursing lens within the framework of the United Nations sustainable development goals. *Nurs Outlook*. 2018;66(5):482-94.

### ANA resource

Download ANA’s Principles of Environmental Health for Nursing Practice with Implementation Strategies (2007) at [tinyurl.com/ydhpm23f](http://tinyurl.com/ydhpm23f).

## Mentoring minority nurses

By Elizabeth J. Franzino

***“...to know that I could be a leader someday, because somebody who looks like me did it.”***

— Study participant

African Americans accounted for just 3.4% of nursing leadership positions, according to a 2013 national survey by the American Organization of Nurse Executives, indicating the scarcity of role models and mentors for future African American healthcare leaders. In our increasingly diverse global workforce, it is critical that minority nurses have appropriate leadership and mentorship opportunities.

The American Nurses Foundation is committed to helping more nurses become leaders. The Foundation’s M. Elizabeth Carnegie Endowment Fund, which is earmarked for studies about African American nurses, is helping to provide models for nurses to make the transition into leadership roles.

A 2016 Carnegie Grant recipient, Gaurdia E. Banister, PhD, RN, NEA-BC, FAAN, executive director of the Institute for Patient Care at Massachusetts General Hospital, led a team of nurses in a qualitative project titled “An exploration of the sustained impact of the clinical leadership collaborative for diversity in nursing (CLCDN) program among African American nurse participants.”

CLCDN ([umb.edu/academics/cnhs/partnerships/clinical\\_leadership\\_collaborative](http://umb.edu/academics/cnhs/partnerships/clinical_leadership_collaborative)) was established in 2007 by the Partners HealthCare Chief Nurse Council in collaboration with the University of Massachusetts at Boston. Its primary goal is to increase the number of minority nurses in the Partners HealthCare system by equipping them with resources for a successful transition to practice and positioning them as future nursing leaders. Banister’s study measured the sustained impact among African American nurses 1 to 6 years post-participation.

“Receiving the Carnegie grant allowed me to execute a research study that provides valuable information about the lived experience of African American nurses in a large healthcare system,” said Banister, an American Nurses Association (ANA) Massachusetts member. “Bringing their powerful voices to life helps to inform nurses and other clinicians about their experiences.”

Using stories, histories, and narratives through respon-

sive interviewing, Banister captured the participants’ experiences to show the impact of the program. For example, meeting and interacting with other minority nurses who were successful role models was invaluable for the participants both personally and professionally:

***“Every time I went to these events, it always made me better, made me more confident, made me feel better about myself.”***

— Study participant



L to R: Patricia R. Masson, Nadia Raymond, Allyssa Harris, Gaurdia Banister, Claire Seguin, Carmela Townsend

The study showed that as CLCDN graduates transitioned into practice, they often became mentors themselves. Their confidence carried over into their nursing practice. They felt that culturally diverse patients embraced the African American nurses as a resource and were more likely to disclose their cultural and clinical needs.

Banister’s study identified potential models for how academic and healthcare facility partnerships could enhance the educational experience, improve the transition to practice and retention of new minority graduate nurses, and decrease associated costs. In fact, more than 78% of the participants are currently working as RNs at Partners HealthCare facilities, thus succeeding in establishing a pipeline for minority nurses.

In addition to presenting their findings at forums, including the Sigma Theta Tau International Honor Society of Nursing conference in Australia, Banister and her team are working on their first publication. “I can’t thank the American Nurses Foundation enough for believing in me and my incredible team by providing the funding,” Banister said.

The full team included Patricia R. Masson, RN, senior regional director, network development and integration, Massachusetts General Hospital; Nadia Raymond, RN, nurse administrator, Brigham Health; Allyssa Harris, PhD, RN, WHNP-BC, associate professor, William F. Connell School of Nursing, Boston College; Claire Seguin, DNP, RN, associate chief quality officer, Massachusetts General Hospital; and Carmela Townsend, DNP, MS/MBA, RN, interim executive director, ANA Massachusetts.

Research grant proposals are accepted between February 1 and May 1. Learn more at [givetonursing.org](http://givetonursing.org).

— Elizabeth J. Franzino is the director of development at the American Nurses Foundation.

## The power of two

Join thousands of your fellow nurses, be inspired, and elevate your career by attending the ANCC Pathway to Excellence Conference® and the ANA Quality and Innovation Conference, April 24–26, 2019, in Orlando, Florida. Registering for one of these highly regarded events gives you access to the other for no additional cost.

The 2019 conference schedule includes 43 concurrent sessions, 6 virtual oral sessions, 4 general session speakers, and allows you to create your own personal schedule made up of any sessions you like across both conferences—mix and match sessions as you wish.

Here is a sample of topics:

- How to Outsmart Your Exhausted Brain
- Succession Planning: Leading to the Future



- Climbing the Clinical Ladder: Mentoring for Success
- Sustaining Change: It's All About that Base
- Happiness: The Highest Form of Health
- Leveraging Technology to Improve Outcomes

The program includes offerings for different career stages, ranging from new RNs to experienced CNOs.

Don't miss the Innovation lab and new Nurse Pitch™ competition that allows entrants the chance to win monetary prizes for further development of a winning product.

Register at [PTEQIcon.org](http://PTEQIcon.org)

## New Navigate Nursing webinars keep you up to date

The Navigate Nursing Webinar Bundle, a new resource free to ANA members, covers some of the most critical issues in nursing. It focuses on topics to help you deliver optimum care to patients, gain resources to move forward in your career, and keep learning to foster your professional development.



### February 20

Happiness/Sleep/Mindfulness: Improving Nurse Health & Wellness

### May 8

National Nurses Week Webinar

### August 21

Use of Complementary & Alternative Practices to Minimize Opioid Use

### November 20

Improving Patient Engagement to Improve Patient Outcomes

You'll hear from subject matter experts, improve your skills, and increase your knowledge with these member-benefit webinars. You can attend live and interact with speakers or access recordings whenever your schedule permits (advance registration required).

To take full advantage of your ANA member benefits, reserve your spot and sign up for information on upcoming Navigate Nursing webinars at [offers.wherenurseslearn.org/anamembers/](http://offers.wherenurseslearn.org/anamembers/). Use your ANA member login on the shopping cart page to receive your member discount.

## Healthy Nurse, Healthy Nation™ recognizes “all in” partners

Congratulations to the Medical University of South Carolina (MUSC Health) and the New Jersey State Nurses Association (NJSNA) for winning the Healthy Nurse, Healthy Nation™ (HNHN) Partners All In Challenge—a contest to reward HNHN partner organizations, American Nurses Association constituent and state nurses associations, and organizational affiliates that signed up the most individuals to join HNHN between July 16 and December 15, 2018. MUSC Health and NJSNA will both receive a \$10,000 grant to



use for employee health and wellness initiatives. Honorable mention goes to CarolinaEast Health System and the Texas Nurses Association.

Launched in May 2017, HNHN is a social movement that engages 350 partner organizations and over 50,000 participants to take action to transform the health of the nation by improving the health of America's 4 million registered nurses.

Have you joined the challenge? Learn more at [hnhn.org](http://hnhn.org).

## Putting a spotlight on influenza vaccination

At the Golden Globe Awards ceremony in Beverly Hills, CA, this January, hosts Sandra Oh and Andy Samberg promoted vaccination at a time when flu activity nationwide was increasing ([youtube.com/watch?v=Nw83gN7JCrw](https://www.youtube.com/watch?v=Nw83gN7JCrw)).



According to recent statistics from the Centers for Disease Control and Prevention (CDC), geographic spread of influenza in 30 states was reported as widespread. So far during the 2018-2019 season, millions of people have been sick with the flu.

Influenza A(H1N1)pdm09, influenza A(H3N2), and influenza B viruses continue to co-circulate. Flu vaccines have been updated to better match circulating viruses, the CDC reports.

Updates on activity, including geographic spread and hospitalizations, are published in the Weekly U.S. Influenza Surveillance Report. Although the exact timing and duration of flu season varies from year to year, activity often begins in October, peaks between December and February, and can last into May, according to the CDC.

The American Nurses Association (ANA) urges nurses and other healthcare professionals to get vaccinated to protect themselves, their patients, and their families. CDC recommends annual influenza vaccina-

tion for everyone 6 months of age and older.

A current campaign from the CDC, Make a Strong Flu Vaccine Recommendation, ([cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm](https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm)), emphasizes the importance of patient education and the critical role of nurses and healthcare professionals in determining whether patients get an influenza vaccine.

Using the SHARE method, nurses can help patients make informed decisions by sharing why the vaccine is appropriate, highlighting positive experiences, addressing patient questions, reminding patients that vaccination protects them and their loved ones, and explaining the potential costs of not getting the vaccine.

Download the fact sheet for patient education ([cdc.gov/flu/pdf/freeresources/healthcare/flu-vaccine-rec-50-64\\_2018.pdf](https://www.cdc.gov/flu/pdf/freeresources/healthcare/flu-vaccine-rec-50-64_2018.pdf)).

Learn more about seasonal influenza recommendations ([cdc.gov/flu/professionals/vaccination/index.htm](https://www.cdc.gov/flu/professionals/vaccination/index.htm))

For resources, go to ANA Immunize ([nursingworld.org/practice-policy/work-environment/health-safety/immunize/](https://www.nursingworld.org/practice-policy/work-environment/health-safety/immunize/)).

**FIGHT FLU**

## Clinical tool to assess post-intensive care syndrome

A questionnaire developed by dementia experts may help clinicians rapidly assess patients recovering from critical illness for the cognitive, psychological, and physical impairments collectively known as post-intensive care syndrome (PICS), according to a research article in the January issue of the *American Journal of Critical Care*.

More than half of those who survive critical illness are estimated to experience the effects of PICS, with a wide range of symptoms that may persist long after leaving the intensive care unit. A significant barrier in the detection of PICS is the lack of a single, validated clinical tool to quickly evaluate patients for impairments in all three domains of the syndrome.

An interdisciplinary team from Indiana University School of Medicine and the Indiana University Center for Aging Research at Regenstrief Institute in Indianapolis initially developed the Healthy Aging Brain Care Monitor (HABC-M) questionnaire to evaluate cognitive, functional, and psychological function in older adults.

To complete the HABC-M, patients answer questions about their perceived frequency of various symp-

toms during the previous 2 weeks, rating each of the 27 items on a scale of zero to three. A higher score indicates more frequency and greater severity of symptoms, with 81 as the highest possible score. The screening tool can be administered face-to-face, via telephone, or via the Internet.

In "Validation of a new clinical tool for post-intensive care syndrome," the researchers focused on the validity of face-to-face administration of the self-report version of the questionnaire (HABC-M SR) as a rapid assessment tool for PICS.

The HABC-M SR requires little to no training for healthcare professionals to administer, can be completed within 5 minutes, and can be administered in a wide variety of settings, including primary care and outpatient environments. It also can be repeated to assess a patient's PICS symptoms over time.

To access the articles and full-text PDF, go to the journal website at [ajconline.org](https://ajconline.org). The journal is published by the American Association of Critical-Care Nurses, an organizational affiliate of the American Nurses Association.