Quality Care in a Tight Economy

Pamela S. Dickerson, PhD, RN-BC
Chair, Ohio Nurses Foundation
Continuing Education Provider Council

These are difficult economic times. All of us have, in some way, felt the effects of the squeeze on our pocketbooks. Healthcare systems are not immune to this and in some way, felt the effects of the squeeze on our means less cost in replacement of items. Inappropriate wear and tear on equipment that is not used just go get another one. There is also risk of breakage or "disposable" mentality—if I contaminate this kit, I'll do not learn anything about the cost of that equipment. From pens and paperclips to IV pumps and dressing and fiscally appropriate for the patient.

Dietitians might be able to offer suggestions for lower-cost community resources you patient might be able to access, important to the patient. Discuss with social workers the resources to transform the current "sick care" system affordable, sustainable, health care for all. We must guarantee access to appropriate high quality, and community as an interconnected system that can keep us well or help us heal. Supporters of this statement include the following organizations:

Ohio Nurses Association
Ohio Philanthropic Homes, Housing and Services
Central Ohio Chapter Association of Rehabilitation Nurses
Ohio Association of School Nurses
Ohio Organization for Practical Nurse Educators
Ohio State Association of Nurse Anesthetists
The Ohio State University College of Nursing
Xavier University College of Nursing

The Red Team of the Nursing 2015 Initiative has produced this white paper as a resource for companies building new health care facilities or renovating facilities. Please contact Gingy Harshey-Meade MSN, RN, CAE, NEA, BC, Chief Executive Officer of the Ohio Nurses Association with any questions (gingy@ohnurses.org).

PURPOSE

The purpose of this paper is to propose standards criteria for all Ohio health care facilities, newly built or renovated, that reflect an understanding of the impact of the hard environment on the health and safety of the community, health care providers, and recipients of care.

BACKGROUND

The Nursing 2015 initiative was conceived in 2005 through a collaboration of the Ohio Hospital Association (OHA), Ohio Nurses Association (ONA), and the Ohio Organization of Nurse Executives (OONE) for the purpose of envisioning and influencing the future of the health care environment, particularly as it impacts professional nurses and their patients.

Four teams with individual charges were formed to address specific areas of concern within health care environments. The charge to the Nursing 2015 Red Team was to identify and define "Worksite standards that support quality nursing care in an ergonomically safe environment with the end result being better consumer outcomes." What follows are the outcomes of the collective study and review of the members of the Red Team on this topic.

STANDARDS CRITERIA

Standards for the environment of care should encompass elements of the following criteria: Evidence-Based Design as defined by the Center for Health Design is "the process of basing decisions about the built environment on credible research to achieve the best possible outcomes." www.healthdesign.org/aboutus/mission/VBD_definition.php
Sustainability means "meeting the needs of the present without compromising the ability of future generations to meet their own needs." http://en.wikipedia.org/wiki/ Sustainability
Earth-friendly practices (green, eco-friendly, environmentally-preferable) are methods of interacting with the environment that are less-toxic, less-wasteful, and work more with nature than against it. Earth-friendly
practices take into account all aspects of a healthcare facility's built environment and operations. Worrying is a means of 'spatial problem solving. It is knowing where you are in a building or an environment, knowing where your desired location is, and knowing how to get there from your present location.'

A healing environment supports the medical and non-medical needs of the patient, staff, and family in a manner which addresses not only elimination of infection or barriers to recovery, but also fulfills human needs for natural light, circadian rhythms of wake and sleep cycles, noise control, nutritional foods, and sources of clean air and water. http://en.wikipedia.org/wiki/Healing_environments

Positive distraction in an environment holds the individual's attention and interest, without taxing or stressing the individual. Positive distraction is part of that healing environment which lessens depressive or worrisome thoughts. http://www.ncbi.nlm.nih.gov/pubmed/10123973

Infection free environments prevent untoward complications of care and promote recovery.

Further, the environment of care should be an adaptable, dynamic and fluid setting which is effective, secure, and supportive of the caregiver and consumer. The infrastructure should support clean air, controlled lighting, both natural and artificial, the identification and elimination of workplace hazards via a continuous ongoing assessment and evaluation, and be free of the threat of physical injury.

**BARRIERS**

Knowledge: Implementation of these standards requires a thorough understanding of the ways in which health care facilities impact their community settings, staff, patients, and the larger environment. The construction or renovation of the health care facility, the materials used in its structure, the types and amounts of energy used in daily operation, the furnishings, products and foods purchased, and the waste produced and disposed of all must be scrutinized for impact on person, place, resources, and human health. Moreover, recognition of the reciprocal relationship of human health and the environment is essential to utilizing knowledge in ways that benefit both partners in this equation.

Culture Change: The prodigious task of altering the way we think about the health care system begins and ends from the top of the organization on down. Every person has a stake in the process. Culture change takes time, commitment, and belief in the rightness of a health care system that does not exist in a vacuum, but continues to reinvent itself in the pursuit of an equitable co-existence of human needs and the needs of the environment.

Eliminating the purchase of mercury-containing products, while only one step in a culture change, also reaps the benefits of eliminating expensive clean-ups and costs associated with disposal. Installing a floor that does not require stripping eliminates the need for toxic cleaning products which are also asthmagens for sensitive individuals. Requiring take-back policies for office equipment containing hazardous waste, such as computers, cell phones, and televisions negates expensive disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs and puts the responsibility for hard metals disposal costs

Nurses are valuable members of all green teams, including those dealing with construction and renovation. As the largest group of healthcare workers and the end-users of most products, nurses can offer their unique perspective on everything from the suitability of a work design to the perceptions and responses of the patients and families within the health care environment.

**Costs** The cost of greening a new or old facility can be more expensive than building with traditionally used, non-sustainable products. However, case studies do show that the costs of green building or renovating are often recouped within one to three years, particularly when more efficient energy systems are installed. In other instances, minimizing waste through preferential purchasing, reuse, and recycling can save thousands of dollars in waste disposal charges. Finally, the benefits to patients and staff of greener cleaners, improved safety practices, and lift devices can also save dollars related to length of stay, employee absences and ill days, and disability compensation. And LEED-certified (Leadership in Energy & Environmental Design) facilities attract and retain personnel better than non-LEED facilities, much as Magnet facilities do.
**2009 APPLICATION FOR MEMBERSHIP**

Member of the American Nurses Association

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Degrees</th>
<th>Last 4 Digits of SSN</th>
</tr>
</thead>
</table>

Street Address

City, State and Zip

County

Home Phone

Cell Phone

Home Email

Work Phone

Work Fax

Work Email

Employer

US Citizen? (__) Yes  (__) No

RN License Number

License State

Basic School of Nursing Grad. Mo/Yr (basic program)

SELECT MEMBERSHIP CATEGORY

See next page for membership rates

FULL RATE

(____) Employed full or part-time

75% REDUCED RATE

(____) First year of membership for new graduates from basic nursing education program who join within 12 months of graduating

(____) Full-time student (please provide documentation)

(____) 62 or over and earning less than $12,000 annually

50% REDUCED RATE

(____) Not employed

25% SPECIAL RATE

(____) Employed full or part-time

SELECT PAYMENT PLAN

$10.00 per year for returned check

(____) Annual Payment—Enclose check payable to Ohio Nurses Association or charge to your credit card.

Visa / MasterCard / American Express / Discover ___________________ __________

Exp Date

Signature for EDPP Authorization _____________________________________________

AUTHORIZATION to provide monthly electronic payments to Ohio Nurses Association (ONA): This is to authorize ONA to withdraw monthly dues payments on or after the 15th day of each month from my checking account designated by the enclosed check for the first month’s payment. I understand this amount includes a monthly service fee of 33 cents. ONA is authorized to change the amount by giving the undersigned thirty (30) days notice. The undersigned may cancel this authorization upon receipt by ONA of written notification of termination twenty (20) days prior to the deduction date as designated above. ONA will charge a $5.00 fee for any returned drafts.

Signature for EDPP Authorization _____________________________________________

PAYROLL DEDUCTION—Available only at facilities where there is an agreement between the employer and ONA. A payroll deduction authorization form must be signed before deductions can begin. Contact ONA for the deduction amount.

Mail to: ONA Dues Processing Department, P.O. Box 14945, Columbus, Ohio 43214-0845

June 2009

Ohio Nurse

Page 3

**Bring a Fresh Perspective to Your Practice—Join ONA Today!**

Joining ONA brings a fresh perspective to one’s nursing practice, reminding us of those greater issues that have a direct impact on us but that we don’t always have time to focus on in the rush of our professional lives. Issues we otherwise might think we were powerless to influence, such as safe staffing levels, greater access to care, and dozens of others are the issues in which ONA is actively involved. Large, organized associations are the most effective tools for the nursing profession to influence policies that protect members and allow them to provide the highest quality nursing care to the public.

If you aren’t a member, why haven’t you joined? Do you feel like you can’t afford all the meetings or participate in activities? Are you too busy with your life already and feel like you don’t want to be half-committed?

Just like any organization with a mission, ONA needs its members to contribute to the fulfillment of its mission, but we understand that the personal life of each member is unique and therefore the level of commitment varies. A member who only pays dues and can’t volunteer or attend functions still assists the organization by the financial assistance he or she provides. Your membership at any level is valuable as ONA endeavors to meet the needs of Ohio’s registered nurses.

You need quality practice information and continuing education to keep you on the cutting edge of your practice. You need an advocate at front of the Ohio legislature to protect your ability to care for your patients. You need to be able to effectively deal with labor and employment situations so they don’t get in the way of caring for patients. This is only a short list of what ONA does for its members.

When you join the Ohio Nurses Association, your dues include membership in the American Nurses Association and your local district nurses association, so you have a voice at the national, state and local level. Dues range from $33—$47 a month for non-union nurses based on where you work or live. Additionally, we understand the economic challenges faced by new graduates, unemployed and retired nurses and we offer reduced dues rates to accommodate those situations. You can pay your ONA dues monthly by having them automatically deducted from your bank or you can pay the full dues amount annually by check or credit card. See the dues table on page 4 to determine your monthly dues rate.

So what are you waiting for? Fill out and return the application on this page or go to www.ohnurses.org and click on Join/Renew to join online.

If you have any questions about ONA membership, please contact Lisa Walker, Director of Member Services, at 614-448-1031 or lwalker@ohnurses.org.
Join ONA and Become Part of the Future of Nursing!

One dollar ($1.00) per month of your dues goes to
Ohio Nurses Association Membership Assessments and Dues Rates

RATES EFFECTIVE 01/01/2009

Check below to determine your district. ONA Bylaws state that you must live or work in your district. Indicate choice if you live in one district and work in another.

<table>
<thead>
<tr>
<th>District Name and Counties</th>
<th>District Number</th>
<th>Annual EDPP</th>
<th>Annual EDPP</th>
<th>Annual EDPP</th>
<th>Annual EDPP</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 Ashland County: Ashland</td>
<td>01</td>
<td>459.94</td>
<td>34.97</td>
<td>307.46</td>
<td>25.95</td>
</tr>
<tr>
<td>08 Southwestern Ohio: Brown, Clermont, Clinton, Hamilton, Warren</td>
<td>02</td>
<td>447.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>03</td>
<td>444.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>05 Mohican: Ashland, Crawford, Marion, Morrow, Richland</td>
<td>04</td>
<td>441.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>06, 07, 15, 17, 18, 19, 22, 24</td>
<td>05</td>
<td>438.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>10 Lake County: Lake</td>
<td>06</td>
<td>435.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>24 Lorain County: Lorain</td>
<td>07</td>
<td>432.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>17 East Central: Harrison, Jefferson, Tuscarawas</td>
<td>08</td>
<td>429.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>09</td>
<td>426.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>10</td>
<td>423.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>13 West Central Ohio: Allen, Auglaize, Hancock, Hardin, Paulding</td>
<td>11</td>
<td>420.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>22 Wayne-Holmes-Medina: Holmes, Medina, Wayne</td>
<td>12</td>
<td>417.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>14 Southern Hills: Athens, Gallia, Hocking, Meigs</td>
<td>13</td>
<td>414.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>15 Southern Ohio: Adams, Lawrence, Pike, Scioto</td>
<td>14</td>
<td>411.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>16 Greater Cleveland: Cuyahoga, Geauga</td>
<td>15</td>
<td>408.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>18 Knox-Licking: Knox, Licking</td>
<td>16</td>
<td>405.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>03 District Three: Columbiana, Mahoning, Trumbull</td>
<td>17</td>
<td>402.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>10 Lake County: Lake</td>
<td>18</td>
<td>400.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>24 Lorain County: Lorain</td>
<td>19</td>
<td>398.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>05 Mohican: Ashland, Crawford, Marion, Morrow, Richland</td>
<td>20</td>
<td>396.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>06, 07, 15, 17, 18, 19, 22, 24</td>
<td>21</td>
<td>394.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>10 Lake County: Lake</td>
<td>22</td>
<td>392.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>24 Lorain County: Lorain</td>
<td>23</td>
<td>390.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>17 East Central: Harrison, Jefferson, Tuscarawas</td>
<td>24</td>
<td>388.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>25</td>
<td>386.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>26</td>
<td>384.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>27</td>
<td>382.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>28</td>
<td>380.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>29</td>
<td>378.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>30</td>
<td>376.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>31</td>
<td>374.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>32</td>
<td>372.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>33</td>
<td>370.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>34</td>
<td>368.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>35</td>
<td>366.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>36</td>
<td>364.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
<tr>
<td>12 Mid-Ohio: Delaware, Fairfield, Fayette, Franklin, Logan, Madison, Pickaway, Union</td>
<td>37</td>
<td>362.44</td>
<td>34.44</td>
<td>303.71</td>
<td>25.84</td>
</tr>
</tbody>
</table>
Independent Study Instructions

To help Ohio nurses meet their obligation to stay current in their practice, the Ohio Nurses Foundation publishes three independent studies in each issue of the Ohio Nurse.

Findings

The independent studies are free to members of the Ohio Nurses Association and $12.00 per study for non-members. Additional independent studies may be purchased for $8.00 each (plus shipping and handling) for both ONA members and non-members. Visit www.ohnurses.org and click on “Continuing Education” for a full list of studies.

General Instructions

1. Please read the enclosed article carefully.
2. Complete the post-test, evaluation and registration form. Copies of these forms will be accepted.
3. Return the post-test, evaluation form and payment (if applicable) to:
   Ohio Nurses Foundation
   Dept. LB-12
   PO Box 183334
   Columbus, OH 43218-3334

Post-test

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you. We recommend this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued. Please allow 2-4 weeks for processing.

References

A certificate will be sent with the certificate.

Questions

Contact Sandy Swearingen at 614-448-1030 (swearingen@ohnurses.org), or Zandra Ohri, MA, MS, RN, Director, Nursing Education at 614-448-9927 (zohri@ohnurses.org).

Disclaimer: The information in the studies published in this issue is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

The Ohio Nurses Foundation (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Leadership: A Way to Provide Quality Nursing Care

This independent study has been developed to assist nurses in understanding their role in leadership in health care.

The Ohio Nurses Foundation has over 50 different independent studies available for purchase. For a complete listing and order form, please visit www.ohnurses.org or email Sandy Swearingen at sswearingen@ohnurses.org to request an order form.

The Ohio Nurses Foundation (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

The Ohio Nurses Foundation has over 50 different independent studies available for purchase. For a complete listing and order form, please visit www.ohnurses.org or email Sandy Swearingen at sswearingen@ohnurses.org to request an order form.
Leadership continued from page 5

Leadership continued from page 5

that the leader cannot be flexible-in fact, flexibility is a strength of a leader. However, there is a difference in being flexible in relation to evolving situations and being a flip-flop leader who changes relationships. Flip-flops belong on feet, not on leaders!

The above list is meant to stimulate your thinking; not to be interpreted as the only list of leadership traits. We encourage you to write down your perceptions of leadership skills, traits, and characteristics of a leader. The goal is to become aware of the traits others see in a leader.

As a team member, what characteristics do you look for in a leader? Wieck, Prydz, and Wahl, in their article, "What are all entry-level Workers Want?" (2002) indicate that today's workers want "to be led, not managed.

Younger nurses want leaders who invest time and energy into mentoring them and providing opportunities for them to learn and become proficient in their skills. They want to be respected for what they know and given opportunities to interact with their colleagues. They want to be involved in the success of the unit or department. They desire work-life balance and recognition that there is more to them than their jobs.

What nurses expect from a leader will vary somewhat depending on the age group and the length of time they have been in the health care field. As a general rule, you will find that nurses expect to be respected. What nurses expect from a leader will vary somewhat depending on the age group and the length of time they have been in the health care field. As a general rule, you will find that nurses expect to be respected, encouraged, and able to participate in decisions that affect their jobs. They desire work-life balance and recognition that there is more to them than their jobs.

The above list is meant to stimulate your thinking; not to be interpreted as the only list of leadership traits. We encourage you to write down your perceptions of leadership skills, traits, and characteristics of a leader. The goal is to become aware of the traits others see in a leader.

As a team member, what characteristics do you look for in a leader? Wieck, Prydz, and Wahl, in their article, "What are all entry-level Workers Want?" (2002) indicate that today's workers want "to be led, not managed.

Younger nurses want leaders who invest time and energy into mentoring them and providing opportunities for them to learn and become proficient in their skills. They want to be respected for what they know and given opportunities to interact with their colleagues. They want to be involved in the success of the unit or department. They desire work-life balance and recognition that there is more to them than their jobs.

What nurses expect from a leader will vary somewhat depending on the age group and the length of time they have been in the health care field. As a general rule, you will find that nurses expect to be respected. What nurses expect from a leader will vary somewhat depending on the age group and the length of time they have been in the health care field. As a general rule, you will find that nurses expect to be respected, encouraged, and able to participate in decisions that affect their jobs. They desire work-life balance and recognition that there is more to them than their jobs.

The above list is meant to stimulate your thinking; not to be interpreted as the only list of leadership traits. We encourage you to write down your perceptions of leadership skills, traits, and characteristics of a leader. The goal is to become aware of the traits others see in a leader.

As a team member, what characteristics do you look for in a leader? Wieck, Prydz, and Wahl, in their article, "What are all entry-level Workers Want?" (2002) indicate that today's workers want "to be led, not managed.

Younger nurses want leaders who invest time and energy into mentoring them and providing opportunities for them to learn and become proficient in their skills. They want to be respected for what they know and given opportunities to interact with their colleagues. They want to be involved in the success of the unit or department. They desire work-life balance and recognition that there is more to them than their jobs.

What nurses expect from a leader will vary somewhat depending on the age group and the length of time they have been in the health care field. As a general rule, you will find that nurses expect to be respected. What nurses expect from a leader will vary somewhat depending on the age group and the length of time they have been in the health care field. As a general rule, you will find that nurses expect to be respected, encouraged, and able to participate in decisions that affect their jobs. They desire work-life balance and recognition that there is more to them than their jobs.

The above list is meant to stimulate your thinking; not to be interpreted as the only list of leadership traits. We encourage you to write down your perceptions of leadership skills, traits, and characteristics of a leader. The goal is to become aware of the traits others see in a leader.
networking with a larger urban hospital for the purposes of the organization (for example, a small community hospital). In this context of the organization in relation to other similar organizations, how the organization carries out its mission, and the legal and legislative environment that affects exists, the legal and legislative environment that affects the organization, the structure and resources (including people and technology) it has to carry out that task, and how to most effectively advocate for the work of the team.

Keep a broad perspective.

An effective leader is able to understand both internal and external issues and how they work in tandem to influence how the work of the organization is accomplished. Examples of internal factors include the purpose of your organization, the structure and resources (including people and technology) it has to carry out that task, and the internal “politics” and culture of the organization that influence how work is done. Examples of external factors are the community in which the organization exists, the legal and legislative environment that affects how the organization carries out its mission, and the context of the organization in relation to other similar organizations (for example, a small community hospital networking with a larger urban hospital for the purposes of transports, referrals, and consultation). This holistic perspective enables the leader to have better understanding of the importance of the work the team does, how various influences impact the team, and how to most effectively advocate for the work of the team.

Appreciate conflict.

Crother (2004) states that “Creative conflict and problems are an opportunity for learning, growth, and transformation.” Problems can be transformed into opportunities if we listen carefully to team members describing the problem, address the areas of conflict, and assist the team member in considering possible options to solve the dilemma. Many leaders shy away from conflict. Why? For some people, it’s because conflict makes them uncomfortable inside. Sometimes, it’s because we fear people’s reactions when they disagree. For others, conflict interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.

Within nursing, conflict might occur between nurses on a unit, between a nurse and a member of another department, between a nurse and a physician, or between a nurse and a manager. Conflict can also occur between a nurse and a patient and/or family member. Conflict often arises when people disagree; often disagreement interferes with the innate desire to make people happy. The reality is that conflict occurs on a regular basis. It’s actually a sign of strength that people are able to share diverse opinions. This gives the team an opportunity to hear different perspectives, consider previously unthought-of possibilities, and perhaps come up with a totally new plan that no one had thought of before.
These are characteristics that will motivate team members and promote retention within your team. Your role as a unit-level leader has incredible influence on peoples’ decisions to stay in or leave their positions. Martin (2004, p. 21) states that “The number one reason people leave organizations–with all other factors being equal—is also the number one reason they stay: the relationship they have with their immediate manager.” The manager who is also an effective leader has a wonderful opportunity to promote retention of quality employees. This decreases the confusion that accompanies transition in personnel, promotes cohesiveness within the team, and ultimately results in better patient care. Martin suggests asking team members to consider the following questions:

- What work would I enjoy spending more time doing?
- What talents, experience, or skills am I presently not using that would benefit the team?
- What tasks and responsibilities for which I’m presently not accountable would maximize my strengths?

Gathering this information from team members will help you, as the leader, to maximize the potential of all team members while giving them the opportunity to develop new knowledge, skills, and accountability. Incidentally, cost of replacing a registered nurse hospital employee is currently estimated at $60,000+. Some studies have suggested that the annual turnover rate for nurses working in hospitals is a little over twenty percent (Kleinman, 2004). Your finance office will be thrilled if a staff person decides to stay rather than leave. Everyone wins!

Work to transform the normal; stimulate and motivate the emotional drivers of your team members.

There are various models of leadership that have been addressed in leadership classes over time. In the past, such terms as democratic, autocratic, or laissez-faire were used to describe leader behaviors. Today, more common terms are transformational or transactional leaders. Kleinman (2004) states that “transactional leadership characteristics include being able to articulate a shared vision of the future of the organization and encourage creative problem solving that demonstrates support and encouragement of staff.” She suggests that the transactional leader, in contrast, focuses on “day-to-day operations in which rewards are contingent on performance.” Staff nurse job satisfaction has been found to be significantly associated with transformational leadership, and staff turnover is lower when the leader of the group is a transformational leader.

Emerging Issues

Transforming Care at the Bedside

The Robert Wood Johnson Foundation and the Institute for Healthcare Improvement have embarked on a national project entitled “Transforming Care at the Bedside”, or TCAB (www.ihi.org/NR/rdonlyres/F812706AA9/5820/3818F/Altemframework9091.pdf). This project emphasizes the leadership attributes that every nurse must have to advocate for patients and for the profession if nursing is to remain a viable part of the healthcare team. Recognizing that satisfied employees are happier, more productive, and safer employees, one of the goals of the TCAB program is that “voluntary turnover for nurses is an average of 5% or less per year” (TCAB, 2007). There are several pilot hospitals throughout the country participating in this project. Even in early 2008, the closest to Ohio is the University of Pittsburgh Medical Center. Watch for more evidence of outcomes as this study progresses.

Leadership continued from page 7
**Post Test and Evaluation Form – Leadership: A Way to Provide Quality Nursing Care**

**DIRECTIONS:** Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate. Please allow 2-4 weeks for processing.

Name: _________________________ Final Score:_____

Please circle one answer.

1. One of the hallmarks of an effective leader is the ability to:
   a. Assess situations to determine effective actions
   b. Follow the rules established by the organization
   c. Memorize a list of competencies
   d. Trust employees

2. Which of the following statements is most true?
   a. A person can be a good manager and an ineffective leader
   b. A person is an effective leader if he/she is a good manager
   c. A person who is an effective manager is also an effective leader
   d. A person who is an ineffective leader will be an ineffective manager

3. A leader typically holds which position on an organizational chart:
   a. Bottom box
   b. Middle-management level
   c. There is no relationship between leadership and organizational chart positions
   d. Top box

4. Authentic leadership means being:
   a. Biased
   b. Emotional
   c. Genuine and consistent
   d. Inflexible

5. A strong indicator of effective leadership is:
   a. How often the manager is on the unit
   b. How satisfied the patients are
   c. How well the team functions
   d. How well the work gets done

6. In one study, surveyors found that emerging and entrenched workers had what kind of views regarding the characteristics they desire in a leader:
   a. Opposite
   b. Somewhat similar
   c. Very similar
   d. Widesely divergent

7. Components of effective communication include:
   a. Channel and feedback
   b. Meetings and email
   c. Problem solving and conflict resolution
   d. Verbal and non-verbal messages

8. An unmotivated, unsupported team member is a potential:
   a. aspiring leader
   b. Risk to him/herself
   c. Stimulus for others
   d. Threat to patient safety

9. An effective leader is able to:
   a. Delegate tasks
   b. Do everything him/herself
   c. Multi-task
   d. Put off unimportant tasks

10. One of the key challenges of middle management is to:
    a. Balance management and leadership roles
    b. Fulfill expectations of the corporate office
    c. Keep employees happy
    d. Produce tangible outcomes

11. Goals for a team need to be:
    a. General, time limited, and organized
    b. Helpful, relationship-based, and timely
    c. Realistic, leader-driven, and broad-spectrum
    d. Specific, measurable, and attainable

12. If there is a discrepancy between what people hear the leader say and what they see the leader do, they will be more likely to believe:
    a. Nothing of what they hear or see
    b. What they hear
    c. What they see
    d. Whatever they want

13. Leadership should be:
    a. Expected of all nurses
    b. Optional for staff nurses
    c. Reserved for managers
    d. Taught in graduate school

14. Bullying behavior in the healthcare environment should be:
    a. Ignored
    b. Stopped
    c. Supported
    d. Tempered with mediation

15. People sharing diverse opinions is:
    a. A sign of strength
    b. An example of poor leadership
    c. Evidence of unresolved conflict
    d. Threatening to a team

16. The leadership attribute of networking relates in part to:
    a. Getting along with coworkers
    b. Having experienced colleagues
    c. Knowing your job
    d. Participating in legislative issues

17. A physiological response to conflict is:
    a. Elevation in blood oxygen level
    b. Nausea
    c. Production of norepinephrine
    d. Secretion of stress hormones

18. The annual turnover rate of nurses working in hospitals is estimated to be roughly:
    a. 1%
    b. 5%
    c. 12%
    d. 20%

19. Staff satisfaction has been found to be significantly correlated with which type of leadership?
    a. Democratic
    b. Laissez-faire
    c. Transactional
    d. Transformational

20. The best way to deal with conflict is to:
    a. Address it
    b. Avoid it
    c. Ignore it
    d. Prevent it

21. Having a holistic perspective enables the leader to:
    a. Both patient and employee issues
    b. Complementary and alternative medicine approaches in relation to traditional care
    c. Internal and external influences to the work of the team
    d. Variables affecting communication styles of team members

22. Effective leadership is a skill that can be evaluated in a competency check-off.
    a. False
    b. True

23. Nursing has similar leadership attributes to other disciplines.
    a. False
    b. True

24. Bullying is a form of intimidation.
    a. False
    b. True

25. Leadership is one way to advocate for patients and for the profession.
    a. False
    b. True

**Evaluation and Registration Form**

1. Were the following objectives met? Yes_____ No _____
   a. Identify characteristics of effective leaders.
   b. Describe the significance of leadership in promoting quality nursing care.

2. Was this independent study an effective method of learning? Yes_____ No _____
   If no, please comment:

3. How long did it take you to complete the study, the post-test, and the evaluation form? ____________

4. What other topics would you like to see addressed in an independent study?

5. What other topics would you like to see addressed in an independent study?

**Registration Form – Leadership: A Way to Provide Quality Nursing Care**

Name: ___________________________________________ (please print clearly)

Address: ________________________________________

Street: ______________________________________

City: ___________________ State: _______ Zip: _______

Day phone number: ____________________________ Email Address: ______________________________________

RN or LPN? RN LPN ONA Member YES NO

ONA Member # (if applicable): ____________________

**ONA MEMBERS:**

Each study in this edition of the Ohio Nurse is free to members of ONA. Any additional independent studies that an ONA member would like can be purchased for $12.00 plus shipping/handling by visiting www.ohnurses.org and clicking on “Continuing Education” for a full study list and order form.

**NON-ONA MEMBERS:**

Each study in this edition of the Ohio Nurse is $12.00 for non ONA-Members. Any additional independent studies that non-ONA member would like can be purchased for $12.00 plus shipping/handling by visiting www.ohnurses.org and clicking on “Continuing Education” for a full study list and order form.

Charge to: _______Visa _______ MasterCard _______ Discover _______ American Express

Card # ____________________________________ Signature: __________________________________________

Exp. Date: ___________ Verification #: ______________________

Please send check or credit card information along with this completed form to:

Ohio Nurses Foundation, Dept. LB-12, PO Box 183134, Columbus, OH 43218-3134.
CE4Nurses.org is your one stop online center for quality continuing education for nurses! All in one visit, completely online and at the time and place of your choice!

Meet the OBN requirement for one contact hour in law and rules (Nurse Practice Act) governing nursing practice in Ohio required for renewal of an Ohio nursing license.

CE4Nurses.org allows nurses to:
- Select a continuing education topic to study
- Read the independent study
- Take the post-test
- Print a CE certificate
- Provide feedback to us

All in one visit! All completely online! All at the time and place of your choice!

CE4Nurses.org is a program of the Ohio Nurses Foundation.

The Ohio Nurses Foundation (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Get your copy of Legal Regulations and Professional Standards for Ohio Nurses

The second edition of Legal Regulations & Professional Standards for Ohio Nurses is available for purchase from the Ohio Nurses Foundation. Much has changed in the health care environment since the initial publication of this resource ten years ago and this new, updated edition will enable students and registered nurses alike to become more familiar with the law, rule, and professional standards that define nursing practice.

This resource is available as an Adobe© PDF available via email for $18.00 or on CD for $22.00 plus applicable sales tax. To order your copy, please visit www.ohnurses.org and click on “Practice” > “Legal Regulations Guide”, or contact Kathleen Morris, Director of Nursing Practice, at kmorris@ohnurses.org or (614) 448-1026.
Whistleblowing—How to Ensure that the Law Protects You

This independent study has been developed to help nurses understand their rights and responsibilities regarding the provisions in the Nurse Practice Act and the laws and rules governing nursing practice in Ohio required for renewal of an Ohio nursing license. © 2008 Ohio Nurses Foundation. Expires June, 2010.

1.0 contact hours of Category A will be awarded for successful completion of this independent study.

Upon completion of this independent study, the learner will be able to:

1. Discuss the meaning of the term “whistleblowing.”
2. Describe the provisions in the Nurse Practice Act that protect the whistleblower.
3. Identify the steps that the nurse whistleblower must take in order to be afforded the protection of the law.

What does it mean to make a report in good faith and what are the protections provided for by the laws of the State of Ohio?

What is the law?

According to the 6th edition of Black’s Law Dictionary, “whistleblowing” is an “act or recitation, referencing a person’s state of mind at the time that an action or a statement is made. Black's says that to act in good faith, the person must act in the proper manner and with the intention to protect the public interest.

In simple terms, whistleblower protection laws mean that a nurse or an employee, in the course of his/her employment, makes a disclosure of an alleged violation of law or law and can be protected from employer discipline or firing as a result.

What exactly must a nurse do to receive whistleblower protection under the law?

1. The nurse or employee must have a good faith belief that the employer is violating any provision in Ohio law or the Nurse Practice Act that the nurse is required to follow.
2. The nurse or employee must have a good faith belief that the violation is one that is material and significant. A violation that is so outrageous and potentially destructive that the employee reasonably believes is a violation of a law.
3. If the nurse is called to testify about the alleged violation, there are protections available to the nurse.

In addition to the requirement of making the report in good faith, a nurse must follow the chain of command and the procedural mechanisms in the institution which outline the method for filing a grievance or complaint with the employer. This information should be readily available in the employee’s policy and procedure manual, employee handbook or other such document. If the grievance procedure is not readily available, the nurse may follow the steps of going to the appropriate authorities. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code and any applicable rules adopted by the Board of Nursing.

It is the responsibility of the employee to report the violation to the employer, if the nurse or employee, in the course of employment, makes a disclosure of an alleged violation of law or law and can be protected from employer discipline or firing as a result. The employee is protected if, in the course of employment, the employee has no obligation to remain employed with the employer and need only provide notice to the appropriate authorities. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code and any applicable rules adopted by the Board of Nursing.

What are the other criteria for reporting to obtain the protection of law?

In addition to the requirement of making the report in good faith, a nurse must follow the chain of command and the procedural mechanisms in the institution which outline the method for filing a grievance or complaint with the employer. This information should be readily available in the employee’s policy and procedure manual, employee handbook or other such document. If the grievance procedure is not readily available, the nurse may follow the steps of going to the appropriate authorities. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code and any applicable rules adopted by the Board of Nursing.

What are the laws that mean?

The above provisions were added to the NPA and became effective on April 10, 2005. The basic meaning of § 4723.33 is that a licensed nurse or dialysis technician who makes a report, or “blows the whistle,” on a person, organization, employer, or governmental body in good faith report of the violation directly to the appropriate authorities. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code and any applicable rules adopted by the Board of Nursing.

In defense of a whistle-blower's constitutional right to free speech, the courts have held that a nurse may not be disciplined based on his/her belief that the employer is violating any subdivision of health care facilities, associations, societies; insurers; and individuals. A violation that is so outrageous and potentially destructive that the employee reasonably believes is a violation of a law.

In simple terms, whistleblower protection laws mean that a nurse or an employee, in the course of his/her employment, makes a disclosure of an alleged violation of law or law and can be protected from employer discipline or firing as a result.

There are some violations of the law that are so outrageous and potentially destructive that the employee reasonably believes is a violation of a law. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code and any applicable rules adopted by the Board of Nursing.

The courts have held that a nurse may not be disciplined based on his/her belief that the employer is violating any subdivision of health care facilities, associations, societies; insurers; and individuals. A violation that is so outrageous and potentially destructive that the employee reasonably believes is a violation of a law.

In simple terms, whistleblower protection laws mean that a nurse or an employee, in the course of his/her employment, makes a disclosure of an alleged violation of law or law and can be protected from employer discipline or firing as a result.

There are some violations of the law that are so outrageous and potentially destructive that the employee reasonably believes is a violation of a law. These types of violations are described in Sections 3570.1, 3573.10, 6101 of the Revised Code and any applicable rules adopted by the Board of Nursing.
Another situation with a different outcome occurred in Texas where an emergency department nurse suffered retaliation after making a good faith report that her employer, the University of Texas Medical Branch, was forcing unwanted procedures on patients who came to the emergency department. The nurse, along with another nurse who also witnessed the violations, reported their concerns about the hospital under the whistleblower law and the whistleblower clause of the Texas Nurses Practice Act. The jury found that the nurses had made their report in good faith, however only one of the nurses received any compensation for the hospital’s retaliatory actions. This nurse was able to prove that the hospital retaliated against her by subjecting her to abrupt schedule changes, verbal harassment and criticism for which she was awarded a total of Five Hundred Thousand dollars ($500,000.00) in damages and Three Hundred Ten Thousand dollars ($330,000.00) in civil fees. The other nurse was not able to prove that she had been subjected to retaliatory action by the hospital and consequently did not receive a monetary award. The difference was that the first nurse documented everything that happened to her after reporting the violations and the second nurse did not. (American Nurses Association. Available online at http://www.nursingworld.org/tan/sepct00/txnurse.htm, accessed August 17, 2001.)

Case study

Angela and Nora are both registered nurses at Very Big Oncology Practice, Inc. (the “Practice”), which employs a total of four (4) registered nurses, in addition to the doctor and the assistant nurses. Angela, a registered nurse, tells Angela and Nora that profits have been down in the Practice. She asks her if they have noticed any problems. Sara, the physicians determined that much of the cost was due to nurses’ salaries. Sara and the physicians decided to lay off one of the assistant nurses to make up for their losses. Sara explains that the assistant nurses she has hired are unlicensed, but have experience in a hospital setting. Angela and Nora are not sure that this is a good idea and tell Sara that they do not think this is appropriate and that they are concerned about the safety of the patients. Sara tells them that she has thought about this and has determined that as long as Angela and Nora are licensed and certified, the assistant nurses should have no problem and the patients’ safety will not be compromised. Sara also tells them that they both can be easily replaced, should they decide that they do not want to work with the assistant nurses.

The assistant nurses report to work the next day and Sara tells Angela and Nora to begin their training by letting them observe for the first few days how to start an IV and how to administer the chemo agents. Angela and Nora go about their duties and are not aware that the two assistant nurses are observing them. After work, Angela and Nora talk with Sara and express their concern about the situation being illegal and unsafe for patients. Sara tells them that the doctors have checked with the Board of Nursing and finds out that unlicensed people administering chemotherapy is a bit unethical to have assistant nurses starting intravenous lines and administering chemotherapy agents as long as they have been adequately trained by registered nurses. Sara emphasizes that Angela and Nora must be certain to train the assistant nurses appropriately or they may be fired. Sara then asks Angela and Nora to contact the Assistant Nurse to coordinate training with Angela and Nora. Angela contacts the Board of Nursing and finds out that unlicensed individuals, and even LPNs, are not permitted to administer chemotherapy as long as they are not licensed. Angela contacts these nurses and trains them. After lunch, Angela tells Sara what she learned from her call to the Board of Nursing. Sara laughs and tells her that the Board of Nursing has nothing to do with how a physician’s practice is run and that she would be responsible for teaching the assistant nurses to start the intravenous lines and to administer the chemo agents for the patients in the Practice. Angela and Nora are not sure that this is a good idea and tell Sara that they do not think this is appropriate and that they are concerned about the safety of the patients. Sara tells them that she has thought about this and has determined that as long as Angela and Nora are licensed and certified, the assistant nurses should have no problem and the patients’ safety will not be compromised. Sara also tells them that they both can be easily replaced, should they decide that they do not want to work with the assistant nurses.

Two days pass and Sara tells Angela and Nora that the assistant nurses have observed enough and it is time for them to begin their training. Angela tells Sara that she is not going to allow these unlicensed people administering IVs on her. Sara explains that she will have no part of this process and refuses to participate. Sara and Nora go into the lounge at lunch time and begin to teach the assistant nurses to start IVs. Angela eats by herself in her car.

During the following days Sara and Nora resume their teaching activities with Angela refusing to participate. During this time, Angela talks to two of the other physicians asking them if they had read her memo about her concerns. They said that they had read the memo, but were unwilling to go against the wishes of Dr. Blank and Sara. The following week, the two assistant nurses start IVs on a patient. Angela tells Sara that she is going to call the Board of Nursing and says that she is going to file a law suit against the Practice for violation of the NPA; she also calls the Board of Medical and tells her that the Practice is run and that the Practice needs to be responsible for teaching the assistant nurses to start the IVs. Angela also tells Sara that profits have been down in the Practice. Angela and Nora are both registered nurses at Very Big Oncology Practice, Inc. (the “Practice”), which employs a total of four (4) registered nurses, in addition to the doctor and the assistant nurses. Angela, a registered nurse, tells Angela and Nora that profits have been down in the Practice. She asks her if they have noticed any problems. Sara, the Practice’s chief financial officer, explains that much of the cost was due to nurses’ salaries. Sara and the physicians decided to lay off one of the assistant nurses to make up for their losses. Sara explains that the assistant nurses she has hired are unlicensed, but have experience in a hospital setting. Angela and Nora are not sure that this is a good idea and tell Sara that they do not think this is appropriate and that they are concerned about the safety of the patients. Sara tells them that she has thought about this and has determined that as long as Angela and Nora are licensed and certified, the assistant nurses should have no problem and the patients’ safety will not be compromised. Sara also tells them that they both can be easily replaced, should they decide that they do not want to work with the assistant nurses.

In conclusion, it is important for nurses to be able to report an employer’s activities that are illegal and potentially harmful to patients or to the public in general and to advocate for the safety and wellbeing of patients and the public from illegal and potentially harmful laws. A nurse who makes a good faith report about activity such as those having to do with Medicare or Medicaid fraud and abuse or an employer receiving monetary kickbacks or other kinds of benefits for making patient referrals to a certain agency or facility. These laws are extremely complicated and complex and are constantly changing. If a nurse becomes aware of an employer’s potential violation of a Federal law, it would be wise for the nurse to consult an attorney who specializes in health care law to assure that the nurse receives appropriate protection from retaliation by the employer. To find a health care attorney, the nurse should consult his/her professional association to see if the association has a listing and talk with other health care professionals, particularly physicians, who often have a relationship with a health-care attorney. (For more information on whistleblowing under the federal False Claims Act, see: Polstein, M. (1999). Whistleblowing: Does the law protect you? American Journal of Nursing, 99 (1), 30-32.)
Post Test and Evaluation Form – Whistleblowing – How to Ensure that the Law Protects You

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test postcard. Please allow 2–4 weeks for processing.

Name: ___________________________ Final Score: ______

Please circle one answer.

1. To what does the term “whistleblower protection” refer?
   a. The Whistleblower Protection Act
   b. The Nurse Protection Act
   c. The Retaliation Prevention Act
   d. The Nurse Practice Act

2. What is another way to describe Chapter 4723 of the Ohio Revised Code?
   a. The Whistleblower Protection Act
   b. The Nurse Protection Act
   c. The Retaliation Prevention Act
   d. The Nurse Practice Act

3. Which of the following can “disqualify” a nurse for protection from retaliation by an employer for whistleblowing?
   a. Consulting an attorney prior to reporting the violation.
   b. Making a report to seek revenge on the employer.
   c. Making a report with a fellow employee.
   d. Notifying the employer of the alleged violation prior to making a report.

4. What does it mean “to act in good faith”?
   a. To act with an honest belief and with the absence of malice.
   b. To act with the betterment of the nursing profession in mind.
   c. To act with a retaliatory frame of mind.
   d. To act without contacting an attorney or other legal representative.

5. Will the law protect a nurse from retaliation by her employer if the information reported by the nurse as a violation is eventually proven to be false?
   a. Yes, but only if the nurse has used an attorney to help her with the case.
   b. No, because the information is false.
   c. No, because reporting information that is proven false proves bad faith on the part of the nurse.
   d. Yes, if the nurse has made the report in good faith, having made reasonable efforts to determine the veracity of the information.

6. How long does an employer have to make a good faith effort to correct the violation after the nurse has notified the employer of his/her belief that the employer is violating the law?
   a. Twenty-four (24) hours.
   b. One hundred eighty (180) days.
   c. The employer has no time to correct the situation because the employer should have realized that there was a violation.
   d. Thirty (30) days.

7. If an employer retaliates against a nurse employee who blows the whistle, how long does the nurse have to file a law suit against the employer?
   a. Twenty-four (24) hours.
   b. One hundred eighty (180) days.
   c. There is no limit since the employer violated the law.
   d. Thirty (30) days.

8. What is the employer’s obligation to the whistleblowing employee after that employer has notified the employer of an alleged violation?
   a. Give the employee a paid leave of absence while the employer investigates the claim to prevent possible harassment of the whistleblowing employee.
   b. Provide the employee with a raise to thank him/her for the notification.
   c. Provide the employee with written notification of the employer’s action to remedy the situation.
   d. The employer owes the employee nothing except not to fire the employee.

9. What is the primary reason that the nurse whistleblowing should refrain from speaking about the alleged violation to the nurse’s fellow employees?
   a. To prevent the appearance that the nurse’s motives are for reasons other than to prevent harm to patients or the public.
   b. To prevent other employers from knowing about the violation to “save face” for the employer.
   c. To prevent another employee from making a similar report and sharing in any monetary award with the nurse.
   d. To prevent the nurse from possible harassment from fellow employees.

10. A nurse who blows the whistle without bothering to check the veracity and validity of the alleged violation may suffer which of the following negative consequences?
    a. There will be no negative consequences to the nurse because mistakes such as this can happen to anyone.
    b. The law protects the nurse from any negative consequences as long as the report was made orally and not in writing.
    c. The law protects the nurse from any negative consequences as long as the report was made in writing and not orally.
    d. The nurse may be charged with fraud and be required to pay fines, go to jail, and may lose his/her license to practice.

11. Are these “whistleblower protection” laws, at the level of the Federal government, as well as in states other than Ohio?
    a. Yes, for the Federal government, but no as to other states.
    b. No, for both the Federal government and for other states.
    c. Yes, for both the Federal government and other states.
    d. No, for the Federal government, but yes as to other state governments.

12. In order to receive compensation for and prove retaliation by the employer following a nurse’s good faith report of a violation, the nurse should do which of the following?
    a. Request that the employer turn over the nurse’s employment record.
    b. Document all actions taken by the employer related to the nurse’s employment following the nurse’s reporting of the violation.

13. Which of the following actions is most appropriate for the nurse to take if the nurse has made a good faith report of an employer’s violation of the law and is subsequently disciplined or terminated by the employer?
    a. Hire an attorney to file suit on the employer within one hundred eighty (180) days of the termination.
    b. Make a written demand that the employer reinstate the nurse with a raise in salary.
    c. Encourage others who remain employed with the employer to quit their jobs in retaliation.
    d. Report the employer to the Ohio Department of Health.

14. What legal protections are in place for a nurse who is called to testify in court about an alleged violation reported by another nurse?
    a. The testifying nurse is afforded no legal protection since it was not that nurse who blew the whistle.
    b. The testifying nurse receives the same protection as the nurse who blew the whistle as long as the nurse makes his/her testimony in good faith.
    c. The testifying nurse will receive legal protection, but only if the employer is shown to have actually been in violation of the law.
    d. The testifying nurse receives protection only if she has been employed with the employer for at least one hundred eighty (180) days.

15. Nursing organizations, such as the Ohio Nurses Association, can provide assistance to nurses who suspect that their employers are violating the law.
    a. True
    b. False
Are You Prepared to Prevent Medication Errors?

Ohio Nurse June 2009

This independent study has been developed for nurses who wish to learn more about how to prevent medication errors.

1.5 contact hours will be awarded for successful completion of this independent study. (© 2009 Ohio Nurses Foundation)

This independent study was developed by Barb Walton, MS, RN, NurseNotes, Inc. The author and planning committee members have declared no conflict of interest.

OBJECTIVES

Upon completion of this independent study, the learner will be able to:

1. Identify the Seven Rights of Medication Administration.
2. Identify types of problems and level of errors that can occur in medication administration.
3. List strategies patients might use to assist in error proofing medication administration.

A New Perspective for Medication Errors: Changing the Culture from Blame to Safety

By now, everyone has probably heard of the landmark Institutes of Medicine Study (IOM), completed in 1999, bringing to light the number of deaths and complications caused by medication errors. As many of us nurses heard, the committee concluded that we have a problem with medication errors. Our patients are being prescribed and taking the wrong medications, mistakes are being made, and the patient suffers. But did you know that of the medication errors we had witnessed or committed on our units, 25 percent of them happen, sometimes with no untoward effect on the patient, while other errors we have witnessed have proven deadly. We were all taught in nursing school that the wrong medication on the label is not an excuse when we give the medication. This is a study that was it gave us the scope of the problem. It told us just how bad this problem is now. That is why we are all aware of the need for medication errors to have their roots in the system on how to error proof our medication administration efforts.

One key step toward error proofing is the recognition the assumptions we have about our patients' ability to work with their medications. Just think of the number of people involved in getting a medication into a patient. The physician or nurse practitioner writes the prescription. The pharmacist fills the prescription. The patient or patient's caregiver then administers the medication to the patient.

Now think about the possible errors that may occur with prescribing, ordering, filling, and administering the correct medication order?

Is the dose missing? Is the route or frequency missing or unclear? To begin with, did the prescriber prescribe the right medication? Did the pharmacist fill the right medication? Did the patient or patient’s caregiver then administer the right medication? There are a multitude of scenarios that can happen, sometimes with no untoward effect on the patient, while other errors we have witnessed have proven deadly. We were all taught in nursing school that the wrong medication on the label is not an excuse when we give the medication. This is a study that was it gave us the scope of the problem. It told us just how bad this problem is now. That is why we are all aware of the need for medication errors to have their roots in the system on how to error proof our medication administration efforts.

Now, in an effort to manage medication errors, we are working toward a strategy to improve patient safety. To do this, we must understand the magnitude of medication errors, but a recognition that competent individuals will make mistakes. In many places, the evaluation of medication errors is done in error classification systems, such as the ADE, adverse drug event system. With punishment comes a lack of reporting of errors and the cycle swirls out of control. With the recognition that medication errors, we are in the midst of changing our culture from one of blame to one of safety. Competent health providers do not go to work each day to intentionally make errors; we are not idiots! This single moment in time is just that, a moment in time. How do you prevent this from happening again?

Then we examined the multitude of systems that create medication errors. In other words, the systems get in the way. It is not the fault of the person to administer the wrong medication, but rather the system that allowed the wrong medication to be given to the patient. How do we make this system change from blame to safety? The culture shift came from the top down. Administration further adopted a new tolerance for incomplete prescriber orders. This represented quite a radical step and as one can imagine, quite a lot of initial resistance. But, if a faculty member, nurse practitioner, or physician has a mistake in his/her decisions and tough actions to change our systems must be undertaken and fully supported by leadership. Culture change only occurs when leadership is willing to commit to it.

Women and Children's Hospital of Buffalo did not have the funds to implement computer physician order entry or have computerized medication administration records. Hence, they used a low-tech approach to their problem. They simply changed the paper medication order sheet to a table format. (See sample below). Each column needed the header that the prescriber must write that particular medication? Aminophylline is a bronchodilator, not an antibiotic. Did the patient or medication? What does the patient need? A minophylline and indicates this is to treat an infection in the patient or medication? A physician writes an order for amionophylline, what actions would you take to assure you have the right reason, patient or medication? Aminophylline is a bronchodilator, not an antibiotic. Did you ask the prescriber if he intended this order for another patient? Or was the physician intending to prescribe amionophylline for this patient’s indication, and simply confused the names of these medications, rather than establishing habits or procedures to assure you meet the goals of The Seven Rights of Medication Administration.

The gold standard we all learned in nursing school: The Five Rights, Of course, include the right patient, the right medication, the right dose, the right time, and the right route. Do you put timeliness in front of safety? Or do you stop and call for completeness and clarification before proceeding with medication administration? There is no single answer to any of these questions. However, what is important is that nurses establish procedures for themselves and their work environments that assure The Five Rights, as goals, are met.

Do you need to add too more rights, thus creating The Seven Rights of Medication Administration. Besides the right patient, drug, dose, route and time, we also need to identify the right indication or reason for the medication and the right documentation. Do you know why the patient is receiving that particular medication? A physician writes an order for amionophylline and indicates this is to treat an infection in a particular patient. Is this correct?

What do you do with the aminophylline, what actions would you take to assure you have the right reason, patient or medication? Aminophylline is a bronchodilator, not an antibiotic. Did you ask the prescriber if he intended this order for another patient? Or was the physician intending to prescribe amionophylline for this patient’s indication, and simply confused the names of these medications, rather than establishing habits or procedures to assure you meet the goals of The Seven Rights of Medication Administration.

Certainly your actions would include clarifying the order with the prescriber before administering the medication. In regard to right documentation, we need to assure the medication order was written completely and accurately by the prescriber. After administering the medication, and then after administration the pharmacist needs to document correctly that the medication was indeed given. How do you assure that The Seven Rights of Medication Administration were followed before administering medications? How do you document medications you administered? Again, there is no single correct answer to these questions. However, what is important is that nurses establish procedures for themselves and their work environments that assure The Seven Rights of Medication Administration.

Are you prepared to prevent medication errors? The gold standard we all learned in nursing school: “The Five Rights.” Of course, include the right patient, the right drug, the right dose, the right time, and the right route. The Five Rights have been taught as a procedure, when in fact, they are the goals or outcomes of correct medication administration. The goal is to get the right medication to the right patient at the right time via the right route. But what are your procedures for assuring you meet these goals? How do you assure you have the right patient? Do you always identify the patient via a wristband? Do you always ask the patient to state their name? Or do you ask the patient, “Are you Mrs. Smith?” When you ask the patient if they are the right patient, do they respond correctly to yes-no type questions.

What is the best method for patient identification? Do you have a bar code scanner to help with medication? Do you know how do you have the correct medication in your hands? Do you use a unit dose system? How do you know what you give is what you want to give? We order the medication order to the bedside and identify the patient and correct medication, route and time before unwrapping the drug. How do you know the medication is correct? We use the correct medication via the correct route? How do you assure you are administering the medication at the correct time? Sometimes the system gets in the way, so we do three things with each and every medication you administer to patients? How often do you double check from one of safe medication administration? If you order a medication and are unclear, do you put timeliness in front of safety? Or do you stop and call for completeness and clarification before proceeding with medication administration? There is no single answer to any of these questions. However, what is important is that nurses establish procedures for themselves and their work environments that assure The Five Rights as goals, are met.

The Five Rights are now the Seven Rights of Medication Administration. The Five Rights are now the Seven Rights of Medication Administration. The Five Rights are now the Seven Rights of Medication Administration. The Five Rights are now the Seven Rights of Medication Administration. The Five Rights are now the Seven Rights of Medication Administration. The Five Rights are now the Seven Rights of Medication Administration. The Five Rights are now the Seven Rights of Medication Administration.
Are You Prepared continued from page 14

• How I assure the Right Indication/Reason.
• How I assure the Right Documentation.

The Need to Identify Errors

Do you even recognize them? Have you ever thought about how much time you have spent correcting medication errors through the course of one shift or one workday? Have you spent time with the pharmacy for missing doses of medications? How many times have you phoned a prescriber because you thought there was a problem with the order, only to learn that you had in fact ordered the medication correctly? Have you phoned the attending physician, the first physician wrote the order based on boluses only. The nurse then suggested they contact the attending physician the half-life of the medication being adjusted accordingly.

In some settings, nurses have become so accustomed to catching and correcting errors, we don’t even recognize them. In fact, it has been reported that nurses intercept 48% of the ordering errors we make! We also catch 11% of the transcription errors. In other words, we spend a lot of our time catching and correcting errors, and much of the time we are correcting errors that are near misses and worse, and we don’t even know it! This creates an environment of dangerous active errors and involves problems within the system. Often latent errors are longstanding problems, hidden in the system. Often it is not until an error occurs or is detected that they get recognized. Latent errors involve policies, procedures, communication errors, and managerial decisions. An example of this type of error is the nurse opening the boxes of 1:10,000 U concentration of heparin vials right next to the box of 1:10,000 U concentration of heparin vials. This type of error is considered the most dangerous and is not discovered.

The Agency for Healthcare Research and Quality (AHRQ) has identified several categories for classifying errors. Many facilities use these categories as a starting point for analyzing medication errors, or it may be part of a safety committee that includes nurses, physicians, pharmacists, patients, and/or family members. Active errors involve the patient and are defined as the situation that is the result of non-compliance with a procedure. For example, not identifying the patient correctly before administering a medication is an active error. The healthcare professional was not compliant with the procedure of checking the patient’s wristband and asking the patient to state their name. Thus, the wrong medication was administered to the patient.

Active errors were usually made by those on the front lines of healthcare, including nurses, physicians, pharmacists, patients, and/or family members. Active errors are the type of error that are the most dangerous and involve problems within the system. Often latent errors are longstanding problems, hidden in the system. Often it is not until an error occurs or is detected that they get recognized. Latent errors involve policies, procedures, communication errors, and managerial decisions. An example of this type of error is the nurse opening the boxes of 1:1000 U concentration of heparin vials right next to the box of 1:10,000 U concentration of heparin vials. This type of error is considered the most dangerous and is not discovered.

The need to identify errors is critical in healthcare. Errors can cause harm to the patient or changes in his or her vital signs. Level 3: An error occurred that resulted in the need for increased patient monitoring with changes in his or her vital signs. This is an example of what happened to the patient, or any error that resulted in the need for increased patient monitoring, but no ultimate harm to the patient.

Level 4: An error occurred that resulted in the need for treatment adjustments for an increased length of stay, or that affected patient participation in an investigational drug study.

Level 5: An error occurred that resulted in permanent patient harm.

Thinking back to our heparin case study, what level(s) of error occurred in that scenario? The level of error that occurred in this case was Level 2. All the errors were caught and corrected by the nurse. Ultimately, no harm was done to the patient. In our next section, we will be further investigating and analyzing medication error case studies. It is hoped that by examining these case studies, you will be able to identify potential aspects that may help us prevent these errors. The case studies actually occurred. These are real patients and real nurses. Names and identifying information have been masked to preserve confidentiality.

Investigating Medication Errors

The Case Study

A twenty-six-year-old woman was admitted to the hospital to undergo procedures to treat her severe pain due to a history of receiving IV antibiotics. She has a past history of systemic lupus erythematosus, a suspected bleeding disorder that was not significant in her present situation or on admission. The patient is on Coumadin (coumadin), and Pericort (5 mg oxycodeone and 325 mg acetaminophen), one to two tablets orally every 4 to 6 hours as needed for mild pain, and Demerol (meperidine) 50 mg and Vistaril (hydroxyzine) 25 mg Intramuscularly, every 4 to 6 hours as needed for nausea.

The following is the sequence of events, as they appeared in the nurses’ notes, which occurred on her second day of admission.

10 PM
Patient complained of pain in her left arm, Tylenol 650 mg was administered.

10:45 PM
An IV was started in the left thumb. The patient was monitored for an hour following the administration of Tylenol 650 mg. Patient was experiencing pain in the left arm. Tylenol 650 mg was administered.

10:50 PM
Level 1: Patient complained of pain in the left hand and arm, IV patent. Slight swelling of the entire arm is noted. Cool to the touch and firm, slightly dusky color. Slight swelling of the entire arm.

12 AM
Level 2: Patient was experiencing pain in the left arm and hand and continuous IV was started.

1 AM
Level 4: Patient continues to complain of arm pain. Arm has been elevated to above heart level. There is no evidence of edema. The patient’s arm is not swollen. The patient continues to complain of pain.

2 AM
Level 5: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain. Patient continues to complain of pain.

3 AM
Level 1: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain. Patient continues to complain of pain.

4 AM
Level 2: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

5 AM
Level 4: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

6 AM
Level 5: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

7 AM
Level 1: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

8 AM
Level 2: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

9 AM
Level 4: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

10 AM
Level 5: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

11 AM
Level 1: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

12 PM
Level 2: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

1 PM
Level 4: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

2 PM
Level 5: Patient continues to complain of pain in the left arm. Arm remains the same size. The patient continues to complain of pain.

Are You Prepared continued on page 16
This case study. Take a moment to answer these questions.  

- What active and latent errors can be identified?  
- Into which categories do these problems fit? (AHRQ Categories)  
- What level of error occurred here? (ASHP Levels of Errors)

Active errors: 

Knowledge (scoring factors 5, 7 and 9 was prescribed, but there were no orders for any coagulation times to follow the administration of this medication.  

Furthermore, the patient was not reviewed for any medication allergies, nor was he questioned as to whether he was taking any over-the-counter medication.  

This would affect both the physician and nurses.  

- The pain medications (Tylenol, Percocet 5 and the

• This is an experienced psychiatric nurse, who one

- As it turns out, there was no protocol for ordering

- Nitropaste was ordered at 10:30 PM; however, 

- The condition of the left arm is deteriorating in spite of

- The medication orders to include the left arm pain as an

- As a result of this dose of Haldol, the patient

- Look back at the case study and review the pain this

- The patient's blood pressure is 120/60, heart rate is

- One would expect that after applying the Nitropaste, the

- The physician orders two units of packed red blood cells

- The ICU nurses start the first unit of blood via the

- Again, we don't know all the policies and

- As it turns out, there was no protocol for ordering

- May have some of these possible latent problems

- In the absence of asking for information, this indicates a

- It is a Sunday afternoon in a busy ICU in a large inner

- The nurse is a seasoned veteran of 25 years of

- You have now reached the second unit. The patient

- Using the AHRQ levels identified earlier, this is a Level

- The nurse was not using the pain medications for the indicated

- The nurse chose to disregard the patient's comments

- What other latent problems do you think may exist in this case?

- The nurse was not using the pain medications for the indicated

- Nitropaste was prescribed, thinking the patient was experiencing a

- As a result of this dose of Haldol, the patient

- The ICU nurses start the first unit of blood via the

- The nurse was not using the pain medications for the indicated

- The nurse chose to disregard the patient's comments

- What other active errors do you identify?

Level of Error for this case is also a Level 5. The patient sustained permanent harm as a result of this medication error.

The Case of the Not So Busy Nurse  

It is a Sunday afternoon and two of the patients assigned to the nurse in question have been transferred out of the hospital, leaving patients under her care for the remainder of the day shift.  

The nurse has 15 years of psychiatric experience. She works in a busy unit in a large inner city hospital. The nurse is caring for a 45-year-old man, who has been admitted for treatment of schizophrenia. The patient has no other medical problems.  

Haldol (haloperidol) 5 0 mg is ordered intramuscularly every six hours. When the patient was admitted, he noted that the patient is becoming quite agitated and in spite of other interventions, she appropriately determines he needs more medication. The patient is given another 5 mg of Haldol from the unit’s stock medications. Each of the ampules contains 10 mg per mL, and each contains one

- She then, proceeds to administer the Haldol to the patient in two

- As a result of this dose of Haldol, the patient

- Look back at the case study and review the pain this

- The patient's blood pressure is 120/60, heart rate is

- The nurse was not using the pain medications for the indicated

- The nurse chose to disregard the patient's comments

- What other active errors do you identify?

Level of Error for this case is also a Level 5. The patient sustained permanent harm as a result of this medication error.

The Case of the Too Busy Nurse  

The patient has been admitted to the busy ICU in a large inner city hospital. The nurse is a seasoned veteran of 25 years of ICU experience. A 48-year-old woman is admitted with a six month history of intermittent vaginal bleeding. The patient reports she was feeling “cold and tired” and her husband convinced her to go to the hospital today. On admission, it is noted that the patient has anemia and an elevated WBC. The patient was then made comfortable and left alone in her room.
The radial pulse is noted as being present, but the patient complains that the hand is numb and cold.

The nurse notices the blood transfusion is running very slowly through the right hand IV line. The nurse removes the first unit of blood from the right hand IV line, and transfers it to the right hand IV line. The blood transfusion was running so slowly, and she wanted to finish the first unit of blood before finishing the second unit of blood. Later, the patient notifies the nurse that he was told he was allergic to the medication. As a result, he developed a raised red, itchy rash over his entire body. He states he thought he had received vancomycin previously, and that he was told he was allergic to the medication. He was never able to be resuscitated and is pronounced dead. During the beginning of the pump, the IV pigtail was not tight enough to be completely empty. The tubing clogged had not been loaded into the infusion pump correctly and had been in a ‘free flow’ mode. It is estimated the patient received the full dose of vancomycin within just a very few minutes instead of over a full hour (at a minimum).

Take a moment to answer these questions.

What active and latent errors can you identify?

Into which categories do these problems fit (AHQI Categories)?

What level of error occurred here? (AHQI Levels of Error).

Latent Errors:

- There is a staffing problem pattern in this case when a factor related to the required level of overtime work is addressed here as occurred. Current recommendations include limiting the number of hours worked to a maximum of two hours in a 24-hour period and 60 hours in a seven day period. This nurse had worked 16 hours on three out of five days in a five day period, clearly more than current recommendations.

- There may be organization knowledge problems in this hospital. Specifically, it appears the hospital is short staffed and why are nurses required to work an abundance of overtime? Perhaps this hospital should review its overtime policies and current recommendation policies. Is this a problem only on this particular nursing unit or are these hospital wide problems?

- Are only a handful of nurses working the majority of the overtime shifts? Is the overtime being distributed evenly among the staff? Is this nurse the only one who works the overtime? She normally worked the right shift and during this particular day shift, she had three other patients under her care.

- Take a moment to answer these questions.

- What active and latent errors can you identify?

- Into which categories do these problems fit (AHQI Categories)?

- What level of error occurred here? (AHQI Levels of Error).

Active Errors:

- There are a number of instances of problems in following procedures or problem in this case study. In one instance, the nurse is administering two units of blood at the same time. Never if ever, does one ever administer two units of blood simultaneously. The nurse worked the two units of blood at the same time; thus, there is a medication error.

- Another breach of procedure occurs when the nurse fails to discontinue the IV in the right hand when it clearly infiltrated. Perhaps the nurse failed to recognize the infiltrated IV because she was simply too exhausted from working so much over time. Plus, she normally worked the right shift and she is working the wrong shift, a time she would normally be at home sleeping.

Level of Error:

Because the patient sustained permanent damage due to the medication error, it stands to make matters worse, the patient was right hand dominant.

The Case of the “It's What the Doctor Ordered”

A 67 year old man, status post coronary artery bypass graft surgery, is admitted to the hospital to treat a subtotal abdominal abscess. He is a known substance abuser and prefer to order vancomycin hydrochloride 1000 mg every two hours to treat the wound infection. A wound culture is taken prior to beginning the vancomycin.

The nurse, who has five years of experience in medical-surgical nursing, has been told by the attending physician that the patient is allergic to penicillin. When the patient was admitted to the hospital, the attending physician was scheduled to see the patient. At that time, the patient was discharged however, he was rescheduled for the following day. When the physician sees the patient he was told he had received vancomycin previously, and he developed a raised red, itchy rash over his entire body. The patient was right hand dominant. The physician stated, “Don't worry. Your doctor wouldn't order anything for you to which you are allergic. This is what the physician ordered.”

The desk to take a phone call, but before leaving the room, she proceeds to start the vancomycin via an IV infusion pump. Within minutes, the patient turns bright red, is itching all over, and is seizing. The patient was never able to be resuscitated and is pronounced dead.

Upon entering the room, the nurse finds the patient on the floor, not breathing and with pulse. She initiates resuscitation efforts and calls for the Code Team. The patient was never able to be resuscitated and is pronounced dead. During the beginning of the pump, the IV pigtail was not tight enough to be completely empty. The tubing clogged had not been loaded into the infusion pump correctly and had been in a ‘free flow’ mode. It is estimated the patient received the full dose of vancomycin within just a very few minutes instead of over a full hour (at a minimum).

Take a moment to answer these questions.

- What active and latent errors can you identify?

- Into which categories do these problems fit (AHQI Categories)?

- What level of error occurred here? (AHQI Levels of Error).

Ideas for Nurses

- Recognize medication errors and report all prescription errors.

- Review the patient’s medications with respect to patient outcomes, possible medication duplications or dosing errors.

- Verify and assure all medication orders are complete before administering any medications.

- If there are any questions about any medication, the questions should be resolved before proceeding to administer the medication. It is better the patient receive the medication later, than receive a medication error.

- Double check dosage and flow rate calculations with another person, especially if standard dose concentration or dosage charts are not available.

- Do not circumvent the medication delivery system by ordering or requesting medications from one patient to administer to another patient.

- If there is a question about a large volume or number of medications, use more than two, for a single patient, verify the order.

- If using infusion pumps, be sure to understand their operation.

- Talk with patients to ascertain they understand their medications. This may represent another communication problem.

- If a patient questions a medication, verify the order before administering the medication.

- Be aware of hospital’s policies related to working within a shift or seven day period of time.

- Use only acceptable abbreviations; do not use any abbreviations, acronyms, or combinations.

- Do not guess or assume what a prescriber meant to write in an order. If it is incomplete, contact the prescriber.

- Know your facility’s policies and procedures regarding medication administration.

- With another nurse, double check any high risk or error prone medications and dosages before administering.

- Stay abreast of new developments in error proofing medication administration and consider incorporating these developments in your practice.

- Work with the pharmacy to reduce or eliminate the need for floor stock medications.

Ideas for Patients and Their Caregivers

- Make sure you understand what your medications are, what they look like and how they are used. If you do not understand, make sure they are taken.

- Make sure you can read package labeling. If you can't, request the pharmacy label it in a manner in which you can read it.

- If you have a difficult opening the unit, you may request the pharmacy add a pigtail, they may be able to assist.

- If you need a prescription given to you by your prescriber, ask that they print it and spell out any abbreviations so that you can understand it.

- When obtaining your prescription from the pharmacy, be sure the label reads just as the prescriber ordered. This includes checking the right name, dose, number of pills and it is easy to mistake one medication for another.

- If a generic medication has been used to fill your prescription, ask your pharmacist to compare the standard name of all brand and generic names for this medication.

- Make sure the pills or capsules look like the medication you are usually taking. If the pills appear to be a different color, question the pharmacist before taking any of the medication.

- Ask for any additional information about your medications. Know the side effects and what to do if you experience any of them.

- Make sure you understand your medications.

- Know how long you will need to be taking the medication.

- Know what to do if it seems the medication is not working for you.

- Make sure you are taking the medication as prescribed.

- Tell your prescriber, nurse and pharmacist about any over-the-counter medications, vitamins, mineral and herbal supplements you are taking. You will need to keep this list in your wallet in case of an emergency.

- If you find an error has been made, bring it to the attention of your prescriber, nurse and pharmacist.

- If anything doesn't seem right to you, ask, ask, ask.

High Tech Solutions

Borrowing from grocery store technology, many facilities have begun using bar code readers. The readers are coded with the patient’s identification wristband, and the patient’s prescribed medications. If an error is about to occur, such as the wrong medication, the wrong dosage, the wrong time, or the wrong bar codes will not be a match between the medication and that particular patient. Of course, bar code readers are operating systems, if we use them correctly and consistently. Plus, all data such as patient identification and prescribed medications have to be entered into the system correctly and consistently. Very often in these systems, some of the first healthcare institutions to use bar code readers, and they have had great success in reducing medication errors.

Computerized physician order entry (CPOE) systems are also being used in some settings. If the physician writes the order, the physician simply enters the medication order directly into a computer. This eliminates any hand writing errors. In some instances, the computer screens are likely to occur. Furthermore, the orders are sent directly to the pharmacy for quick dispensing of the medications to the right patient at the right time, to the right number of doses. A computer physician order entry system, it would have flagged the error before it even was sent to pharmacy. If the pharmacist has been following its procedures for screening for medication allergies, again, the error may have been caught before the medication was dispensed. It is difficult to clearly identify whether these are human problems, communication problems or organizational problems.

Active Errors:

- There are human problems (failure to follow policies and procedures) in this case study when the nurse fails to listen to the patient's concerns about being allergic to the antibiotic vancomycin. The nurse should have stopped and double checked the patient's allergies. If she had, she would have found the vancomycin allergy on the medication record. Another human problems (failure to follow procedure) exists when the nurse did not enter the patient's allergies and allows the patient to receive the medication. It is better the patient receive the medication later, than receive a medication error.

- Technical failure (either equipment failure and/or post design) as, the pump did not sound an alarm when the cassette was not loaded correctly. Thus, when the nurse opened the roller clamp on the IV piggy back, it left the vancomycin in a free flow mode. The vancomycin was free flowing for a few minutes versus the minimum of one hour. This constitutes another human problem (failure to follow procedure). By infusing the medication over too short a period of time.

- There are a number of instances of problems in following procedures or problem in this case study. In one instance, the nurse is administering two units of blood at the same time. Never if ever, does one ever administer two units of blood simultaneously. The nurse worked the two units of blood at the same time; thus, there is a medication error.

- Another breach of procedure occurs when the nurse fails to discontinue the IV in the right hand when it clearly infiltrated. Perhaps the nurse failed to recognize the infiltrated IV because she was simply too exhausted from working so much over time. Plus, she normally worked the right shift and she is working the wrong shift, a time she would normally be at home sleeping.

- Level of Error:

- For this particular hospital.

- What other latent problems might exist here?

- Active Problems:

- There is a number of instances of problems in following procedures or problem in this case study.

- Into which categories do these problems fit (AHQI Categories)?

- What level of error occurred here? (AHQI Levels of Error).

- Ideas for Nurses

- Review the patient's medications with respect to patient outcomes, possible medication duplications or dosing errors.

- Verify and assure all medication orders are complete before administering any medications.

- If there are any questions about any medication, the questions should be resolved before proceeding to administer the medication. It is better the patient receive the medication later, than receive a medication error.

- Double check dosage and flow rate calculations
I used to wish there was a place that would take what’s best about me and help me share it with the world. Then I found it!

A rewarding career, in high demand, that brings out the best in you. Advance your career in as few as 3 semesters with Chamberlain College of Nursing’s Fast-Track RN to BSN Online Degree Completion Program. Chamberlain has program accreditation from both NLNAC and CCNE, so we don’t just talk about excellence, we live it every day. With our online program, you can advance your career while you work—online, on your time. Chamberlain College of Nursing – be inspired and make the world a better place. Call 877.231.3892 or go to chamberlain.edu/ohnurse.

*Chamberlain College of Nursing is accredited by The Higher Learning Commission of the North Central Association www.ncahs.edu, site of the six regional agencies that accredit U.S. colleges and universities at the institutional level. The associate and bachelor’s degree programs in nursing accredited by Chamberlain College of Nursing are accredited by the Commission on Collegiate Nursing Education (CCNE). The institution also holds membership in the American Nurses Association (ANA), the National League for Nursing (NLN), the National Council of State Boards of Nursing (NCSBN), and the American Organization of Nurse Executives (AONE). The Chamberlain College of Nursing is also a member of the National University System (NUS), which is a non-profit corporation committed to high quality, cost-effective higher education that prepares students to lead in their professions. The Chamberlain College of Nursing is a proprietary institution, which means tuition is charged for services rendered.

© 2009 Chamberlain College of Nursing LLC. All Rights Reserved.


**Post Test and Evaluation Form – Are You Prepared to Prevent Medication Errors?**

**DIRECTIONS:** Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate. Please allow 2-4 weeks for processing.

Name: ___________________________ Final Score: _____

**Please circle one answer.**

1. The IOM study of 1999 helped us realize the scope of medication errors.
   a. True  
   b. False

2. Competent healthcare providers do not make mistakes.
   a. True  
   b. False

3. Errors are opportunities to fix system problems.
   a. True  
   b. False

4. A key step to adopting a Culture of Safety is that medication error tracking methods will help you resolve any question you have later.
   a. True  
   b. False

5. The Five Rights of Medication Administration are goals, not procedures.
   a. True  
   b. False

6. The correct indication and correct documentation, added to the Five Rights complete the Seven Rights of Medication Administration.
   a. True  
   b. False

7. Interruptions and distractions do not contribute to medication errors.
   a. True  
   b. False

8. Knowing why a medication is ordered or indicated may help reduce medication errors.
   a. True  
   b. False

9. Nurses are so used to correcting errors, we often do not even recognize them.
   a. True  
   b. False

10. Becoming familiar with your employer’s medication error tracking methods will help you recognize errors when they occur.
    a. True  
    b. False

11. Latent errors are made on the front lines of health care.
    a. True  
    b. False

12. Human problems may include a lack of clinical knowledge.
    a. True  
    b. False

13. Communication problems may include written or verbal communication.
    a. True  
    b. False

14. Staffing problems may contribute to medication errors.
    a. True  
    b. False

15. A level 0 medication error is sometimes called a “near miss.”
    a. True  
    b. False

    a. True  
    b. False

17. Trailing zeros should always be used when indicating doses of medication.
    a. True  
    b. False

18. Nurses don’t need to listen to patient’s concerns about medications.
    a. True  
    b. False

19. It is all right to work more than sixteen hours in a twenty four hour period.
    a. True  
    b. False

20. Nurses should not work more than sixty four hours in any seven day period.
    a. True  
    b. False

21. It is better to administer a medication on time and resolve any question you have later.
    a. True  
    b. False

22. It is OK to borrow medication from one patient to use for another patient.
    a. True  
    b. False

23. Always lead with zeros, but never trail with zeros in indicating doses.
    a. True  
    b. False

24. There are many things, including maintain an up to date list of medications, patients can do to help prevent medication errors.
    a. True  
    b. False

25. Healthcare has borrowed ideas from other industries in error proofing medication administration.
    a. True  
    b. False

26. Cost is a drawback to using some high tech solutions for error proofing medication administration.
    a. True  
    b. False

27. Any solutions, whether they are high tech or low tech, are only as good as the extent they are used.
    a. True  
    b. False

---

**Evaluation and Registration Form**

1. Were the following objectives met?
   a. Identify the Seven Rights of Medication Administration  
   b. Identify types of problems and level of errors that can occur in medication administration.  
   c. List strategies nurses might use to assist in error proofing medication administration.  
   Yes_________ No ________

2. Was this independent study an effective method of learning?  
   Yes_________ No ________

If no, please comment: _____________________________

3. How long did it take you to complete the study, the post-test, and the evaluation form? ___________________________

4. What other topics would you like to see addressed in an independent study?

Registration Form – Are You Prepared to Prevent Medication Errors?

Name: ____________________________________________

Address:    _______________________________________

Day phone number: ____________________________ Email Address: ____________________________________________

RN or LPN?  RN  LPN  ONA Member  YES  NO

ONA Member # (if applicable): ____________________________

ONA MEMBERS: Each study in this edition of the Ohio Nurse is free to members of ONA. Any additional independent studies that an ONA member would like can be purchased for $12.00 plus shipping/handling by visiting www.ohnurses.org and clicking on “Continuing Education” for a full study list and order form.

NON ONA-MEMBERS: Each study in this edition of the Ohio Nurse is $12.00 for non ONA Members. Any additional independent studies that non-ONA member would like can be purchased for $12.00 plus shipping/handling by visiting www.ohnurses.org and clicking on “Continuing Education” for a full study list and order form.

Charge to:  _______________ Visa  _______________ MasterCard  _______________ Discover  _______________ American Express
Card #: ____________________________ Signature: ____________________________
Exp. Date: ____________________________ Verification #: ____________________________

Please send check or credit card information along with this completed form to: Ohio Nurses Foundation, Dept. LB-12, PO Box 183134, Columbus, OH 43218-3134.

ON A OFFICE USE ONLY

Date received: _______ Amount: ___________ Check No.: ___________