The Illinois Nurses Association (INA), the largest professional nursing association in Illinois, is pleased to submit the following comments to the Governor's Task Force on Medical Errors. These recommendations are based on position papers (many of them long standing) of the Illinois Nurses Association and the American Nurses Association, of which INA is a constituent member. INA, while interested in each of the directives given the Task Force, has selected 5 key areas to address.

A. Establishing minimum staffing levels for hospitals and possibly finding ways to recruit new nurses to the profession

The Illinois Nurses Association recommends that:

1. Health care agencies licensed in Illinois be required by law to implement a staffing system that determines adequate nurse staffing and appropriate staff mix (RN, LPN and unlicensed assistive personnel) based on the nursing care needs of individual patients. Such systems must provide a mechanism that reflects patient assessments made by the registered professional nurse (as stated in the Illinois Nursing and Advanced Practice Nursing Act) responsible for direct patient care and not solely on budgetary considerations;

2. The system shall include, but is not limited to:
   a. Individual patient care requirements;
   b. Patient outcomes as developed by the American Nurses Association and others;
   c. General or basic, acceptable standards of nursing practice and evidence-based practice;
   d. JCAHO, state and other regulatory patient care requirements;
   e. A committee within each health care facility or agency comprised of at least 50% registered professional nurses who are staff nurses should develop the system.

3. Health care facilities should be prohibited from mandating (requiring) employees to work overtime in excess of a predetermined scheduled work shift;
4. The ANA Principles for Nurse Staffing should be used in health care agencies and educational institutions. Registered nurses must be in a position to safeguard quality care based on these Principles for Nurse Staffing which call for:
   a. The involvement of direct care registered nurses in the decision making on staffing levels; and
   b. The development of a system that addresses the definitions, assumptions, and methodologies of staffing and reaffirms that safe nursing care is inherent in the judgment of the individual nurse.

5. Registered nurse shall not be assigned to a nursing unit unless that nurse has first received orientation and demonstrates competence in the clinical area sufficient to provide safe nursing care;

6. Each health care facility, which uses nurses, must employ at least one professional nurse, designated as a nurse manager (administrator), to oversee and evaluate nursing care including implementation of the patient care system, nurse staffing, and analysis of patient outcomes;

7. Where concerns about unsafe staffing exist, it is imperative that the state provide a rapid response system to evaluate reports of those concerns, and that it protects the anonymity of the reporter. Where facilities or agencies continue to risk patient well-being through insufficient or inappropriate staffing, sanctions and penalties should be in place;

Recruiting new nurses is an increasingly difficult task. Much of this difficulty revolves around the salary, benefits and working conditions that currently exist for registered nurses. If we are to recruit for the profession, we must first be able to retain nurses in the workplace. Research has shown that the quality of the work life has a direct impact on the quality of care delivered.

In an effort to recruit new nurses into the profession, the Illinois Nurses Association recommends:

1. Ongoing evaluation of each facility or agency delivering health care services through the collection and analysis of nursing-sensitive quality indicators;
2. Monitoring the following trends: work-related illness and injury rates, turnover/vacancy rates, overtime rates, supplemental staffing rates, levels of staff satisfaction;
3. Encouraging the use of best practice models to improve working conditions and systems changes which retain nurses at the bedside, such as the Magnet Hospitals, which show increased retention and recruitment of nurses, increased nurse satisfaction, improved quality of care;
4. Staffing levels so that nursing care delivery meets nationally accepted standards of professional practice and that no nurse or direct care provider be required to work beyond the scheduled work shift;
5. Improving the public perception of nursing as a profession by affirmative marketing strategies;
6. Focusing media and marketing on the positive impact of nursing care on the public health of Illinois citizens;
7. Increasing nursing scholarship money;
8. Increasing compensation for all levels of nurses, especially experienced staff
   nurses in order to retain experienced nurses at the bedside:

B. Assurance of appropriate training (credentialing) of nursing staff for the type of
   service/care (i.e. cardiac care unit, intensive care, neurology)

   The Illinois Nurses Association recognizes that continuing competence for
   professional nurses is an issue which is assuming primary emphasis in today’s health care
   arena. Nurses must be held accountable for delivery of safe, effective, and relevant health
   care to their clients in a variety of settings. In fact, development and implementation of
   professional standards by professional nurses has demonstrated a high commitment to
   continuing professional competence, strong continuing educational programs, a code of
   ethics, and comprehensive certification programs.

   One of the tragedies highlighted in the Chicago Tribune series on medical errors was
   the lack of appropriate training and support provided when new equipment and
   procedures are introduced to the delivery setting, or when nursing staff are sent to work in
   units or settings for which they have limited expertise.

   Historically, educators and experienced staff/mentors were available to staff as part of
   the safety mechanism built in to minimize the likelihood of error or injury to patients.
   With cost containment activities over the last decade, the many educator positions were
   eliminated and many experienced staff were laid off. The absence of these individuals
   and the expertise they provided and developed, is sorely missed and clearly evident in the
   increasing evidence of medical errors that take place today.

   While each individual nurse has a professional and ethical responsibility to maintain
   competence in nursing, each employer has a responsibility to provide sufficient training
   on new equipment and procedures utilized by the facility. In addition, the employer also
   has a responsibility to provide ongoing training and support for nurses and other direct
   care staff. The employer also has a responsibility to respect the professional judgment of
   the individual nurse when he or she believes they are not competent to work on units for
   which they have no experience and no expert support.

   On those occasions when, after orientation and training for a change in care or
   utilization of new equipment, the nurse believes there is potential harm to the patient,
   there should be a process by which the nursing staff can meet and discuss their concerns
   without fear of reprisal.

   Currently competence tests and skills checklists are being used by agencies to meet
   regulations that require the provision of “competent staff”. As continued competence is
   addressed, the multiplicity of settings and levels of practice must be recognized. Nurses
   have the opportunity to change clinical focus and practice settings numerous times during
   their career. Competence programs should be tied to measurement of designated patient
outcomes. Those outcomes may be as varied as the skill sets tested, but they should be clearly stated, tracked and analyzed as a measure of the success of the competence program. ANA and specialty organizations standards, regulatory requirements, and workplace policies, procedures and guidelines should be used as a base for any competence program.

C. Reservation of certain activities for licensed/certified staff only (i.e. passing/administration of medication)

The Illinois Nursing and Advanced Practice Nursing Act clearly states that the Registered Professional Nurse has the authority and responsibility to implement the nursing process. It also states that it is the RN who may delegate tasks related to nursing care to assistive personnel. The RN retains the professional responsibility for the total nursing care of the patient, and professional accountability for the tasks delegated to assistive personnel. INA’s Position Paper on Delegation (1998) states that the RN delegates tasks by following the nursing process. The accountability for delegated tasks related to nursing care requires the RN to clinically supervise and evaluate the performance of these tasks by the assistive worker. The RN may delegate tasks only to the assistive worker who is known to be qualified and competent to perform these tasks. Because of these professional responsibilities, the RN defines and clinically supervises the education, training and utilization of assistive personnel. All decisions to delegate must be based on the safety and welfare of the patients and the public and the professional assessment of the registered professional nurse.

The direct care RN delegates tasks related to nursing care through the use of the following process:

1. Assess:
   - The patient’s needs and stability of the patient’s condition;
   - The demonstrated competency and educational preparation of the licensed practical nurse and unlicensed assistive personnel;
   - The complexity, the predictability of the outcome, and the potential for harm to the patient of the delegated task;
   - The amount of clinical supervision required by the assistive personnel;
   - The accessibility and the proximity of the registered nurse to the patient and assistive personnel.

2. Provide clear and specific direction by communicating the method of performance, expected results, and parameters.

3. Supervise performance of the task by observing and monitoring the activity of the assistive personnel and provide them feedback.

4. Evaluate the patient outcomes

5. Adjust tasks according to the patient’s response to the plan of care.

The registered professional nurse may not delegate:
1. The initial assessment and any subsequent nursing assessments requiring an RN's judgment;
2. The determination of the nursing diagnosis, nursing care goals, nursing plan of care nor the nursing evaluation of the patient's response to that plan;
3. Nursing interventions that require professional knowledge, judgment, and skill.

Medication administration by unlicensed personnel is of great concern to nurses and the Illinois Nurses Association. In Illinois, there is only one instance allowed by law for a registered professional nurse to delegate medication administration (Illinois Nursing and Advanced Practice Nursing Act, Section 65/5-15, (m)) to an unlicensed worker. In that instance the direct care staff must prove competency by written and oral testing by a registered nurse. It is done with great care and oversight to protect the health and safety of patients (residents). INA stands firm that no delegation of medication administration be allowed in any other acute care, long-term care, or home care situations in Illinois.

D. Reporting of errors (as part of a mandated system of identification of medical errors at health care facilities) with associated quality improvement practices to reduce or prevent reoccurrence

All activities directed toward patient safety highlight the importance of analyzing and learning from both near misses and actual errors. The likelihood of objective and full reporting and analysis of errors is minimal in a punitive environment. Although some error is attributable to individual incompetence, we believe the vast majority of medical errors is the result of systems failures and poor communications. Basic to all successful reporting systems is a blame free environment that supports and encourages reporting and avoids looking for individuals to target. There must be a systematic, uniform way of reporting errors that is not punitive. In analyzing systems issues the appropriate people need to be involved, i.e. staff nurse, nurse administrator, pharmacist, vendor, etc.

In addition, computerized order entry systems, reliable pharmaceutical computer software programs, unit dose systems, written standard protocols for the use of high-risk medications, as identified in the IOM report, have been shown to reduce medical errors and should be implemented. New systems designed to reduce errors must be appropriately tested before widespread use is initiated, in order to prevent further errors and not slow down patient care.

The American Nurses Association recommends:

1. Promote awareness among the public and policymakers about the effects of healthcare system downsizing, restructuring, and reorganization which undermine quality and safety of patient care.
2. Support the following IOM recommendations:
a. Development of a National Center for Patient Safety;
b. Establishment of a nationwide mandatory state-based error reporting system;
c. Implementation of non-punitve systems that do not blame individuals for reporting and analyzing errors within healthcare organizations;
d. Development and implementation of performance standards by regulators and accrediting agencies that require health care institutions and systems to implement patient safety programs and processes with defines executive responsibility, including the CEO and other executive personnel;
e. Implementation of proven medication safety systems and practices by healthcare organization;

3. Promote passage of whistleblower legislation that protects the essential role of nurses in efforts to correct system errors;

4. Promote development and implementation of policies that support:
   a. Development and utilization of safe standardized procedures for the use of medical devices;
   b. Adequate and appropriate nurse staffing levels (see our comments under A, 1-8);
   c. Improved information-sharing among practitioners treating the same patient;
   d. Continuing education and enhancement of knowledge and technical skills of practitioners; and
   e. Demonstrated improvement of quality care and reduction of errors through collection of data using nursing quality indicators.

5. Promote nursing research on patient safety.

6. Educate nurses in the science of system safety and system safety issues.

E. Enhancement of the Identification and Disposition of cases involving (drug and alcohol) impaired health care professionals

The nursing community, through the work on the 1997 sunset of the Nurse Practice Act, agreed that Illinois should develop a statewide Professional Assistance Program for Nurses. A task force was appointed to develop recommendations for this program. Their report with recommendations has been forwarded to the Director of the Department of Professional Regulation.

The Illinois Nurses Association supports the goals of the Professional Assistance Program for Nurses:

1. To assure public health and safety through a program that promotes preventative education, early identification, treatment, and close monitoring;
2. To decrease the time between the nurse’s identification of a chemical dependency or substance abuse problem and the time she/he enters a treatment and recovery program;
3. To provide a monitoring program for recovering nurses to assure and compliance with treatment, recovery and work plans in a therapeutic and confidential manner;
4. To provide an alternative to the traditional disciplinary process; and
5. To promote a return to safe practice.

References:


INA Position Statement on Delegation of Nursing Care by the Registered Professional Nurse, Adopted by the INA Board of Directors, March 7, 1998
