2021 NCSBN Scientific Symposium - Adverse Event Decision Pathway (AEDP): Two Canadian Case Studies Video Transcript

Event
2021 NCSBN Scientific Symposium

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Presenter
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- [Female] Brendan Martin is the Director of Research for NCSBN. He has more than 13 years in quantitative modeling and consulting. Brendan has extensive graduate-level statistical training in the fields of mathematics and public health sciences. His research interests include post-secondary access, biostatistics, healthcare reform, and regulation.

- [Brendan] Hello, my name is Brendan Martin, and I'm the director of NCSBN's Research Department. I'm here today to discuss the results of a recently completed international study evaluating the efficacy of the adverse event decision pathway. For today's presentation, we are going to cover a few major points.

To start, I'll provide a bit of background on the study to give you all the necessary context for why we wanted to pursue this study in the first place and what we hope to achieve. I'll then share a brief overview of the study methodology so that you are clear on how we selected our sample, went about collecting the data, and how we analyze the responses. Then, we'll get into the meat of the presentation in which I'll cover the results in detail before wrapping up with a few key takeaways.

As always, I'll attempt to leave ample time at the end for any follow-up questions or necessary clarification. So please feel free to use the chatbox to submit your comments as I go through the

Based on these findings, NCSBN went about the work of spearheading an international collaboration to test the efficacy of its new facility-reporting tool called the Adverse Event Decision Pathway. Here is a copy of the AEDP we used for the study. The AEDP was origooT/1 trhEvcePaeig e7[k of sone7(s)6(20(rE7(v)20qu(7(

other director or manager were the most common professional titles reported. Respondents were, on average, 50 years old and predominantly female.

A master's degree was the most frequent level of nursing education reported and long-

While the most common reportable workplace behaviors or issues remained largely unchanged upon follow up, there was a net gain of 10 percentage points or more among those who would now also report issues of diversion, you'll see that was up nearly 32%, reckless behavior, up 26%, termination, up 24%, and standard of care violations, now up 13%.

For most other workplace incidents, there were more limited gains or decreases observed. Overall, after using the AEDP tool for several months, approximately 7 in 10 respondents now indicated their facility would report a nurse whose employment was terminated due to their role in a serious adverse event. That represented a net gain of 17 percentage points from baseline.

Further, the proportion of participants who didn't know if their facility would report a terminated staff member decreased from about 13% to 2%. Basically, as you can see for yourselves, at every level, the reporting tendencies for serious adverse events requiring termination increased pre to post. To quantify these results further, after referencing the AEDP tool, respondents were 2.29 times more likely to report a nurse's involvement in a serious adverse event necessitating their termination.

This represented a statistically significant increase in reporting frequency. In addition, adjusting for the other policies or guidance, that about 20% of respondents indicated their facilities had implemented during the same period, the effect of the AEDP tool remained largely unchanged. Nurse managers were identified as the most appropriate audience followed closely by director of nursing and chief nursing officer.

So what are the key takeaways? First, it is critical that decision-making tools are tailored to meet the needs of their intended audience and can work in concert with other facility protocol. Respondents to this survey indicated the AEDP tool would be the most appropriate for nurse managers, directors of nursing, and chief nursing officers.

This represented a near-complete overlap with those individuals respondents had indicated were tasked with making reporting decisions at their facilities. In addition, even for facilities that enacted other policies or issued other guidance related to adverse event reporting during the same timeframe, the positive effect of the AEDP tool was not diminished, highlighting its utility and durability in the face of other competing strategies.

Importantly, for most workplace incidents, there was also minimal change in respondents reporting activities, meaning the AEDP tool was often utilized in a targeted fashion rather than increasing reporting across the board. Notable increases in reporting were typically limited to more serious circumstances involving issues of diversion, reckless behavior, termination, and standard of care violations.

Further and perhaps more importantly, the proportion of participants who were initially unsure if they would report a staff who was terminated due to their role in a serious adverse event decreased from 13% to 2% as I noted earlier underscoring user's increased knowledge and confidence in the process. And finally, overall, over 80% of participants reported the AEDP tool made the decision-making process more efficient, increased their confidence, and helped them distinguish between nurse error and systems issues.

Perhaps most interestingly, despite the fact that nearly two-thirds of respondents reported using an existing facility policy with which they were somewhat extremely satisfied, an astounding 82% said the AEDP tool was superior or very superior to other established criteria or guidelines. Thus, we concluded and we hope you'll agree, the AEDP tool is an effective, evidence-based tool that can be used to support facility decision-making.

With that, I will open the floor to discussion and any questions you might have. Hello, everyone. So the floor is now open for questions. As you gather your thoughts and submit your questions to the chatbox, I did just want to give you an update fromQq0hoo4lt catusxtry deoundistonp6(of re)vidett ct(-)6(a(7(t7(ha-)13(7i7(onl(7(t)

I think continued follow-up with some of these folks really would shed further insight on kind of the longevity and how much legs this particular tool has for some of these facilities.