

Reducing Nurse Practitioner Medical Errors: Evidence-Based Guideline

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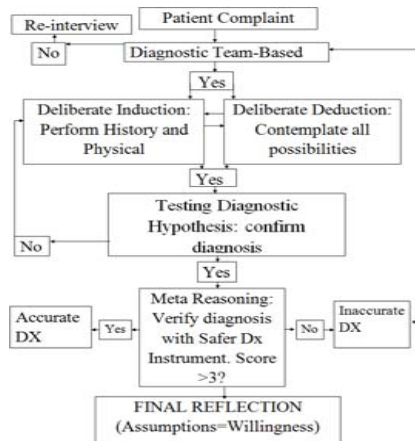
Background

- Recent studies indicated ~400,000 deaths annually due to medical errors (MEs) with associated costs \$17 to \$29 billion dollars
- Failure to diagnose (FTD) is the most common ME committed by Adult/Primary Care Nurse Practitioners (NPs) and represents a significant opportunity for practice improvement.

Problem Statement

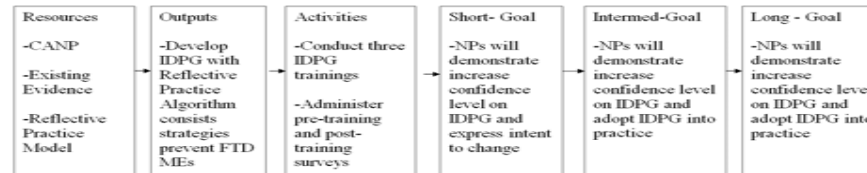
- A practice gap exists for Integrated Diagnostic Practice Guideline (IDPG) with Reflective Practice Algorithm principles to reduce FTD ME
- Aim: to educate NPs about IDPG use with short term goal of increase confidence and express intent to change practice by implementing IDPG

IDPG with Integrated Logic and Reflective Practice Algorithm



Theoretical Frameworks

Strategies and steps of Logic Model Combined with Reflective Practice Model



Methods

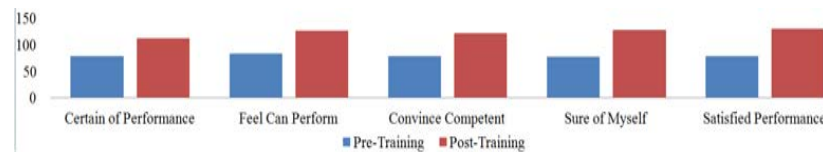
Project Design/Question- A quality improvement (QI) project using descriptive, non-experimental design to address question: will confidence level and intent to change practice increase after IDPG training?

Sample: Convenience sample of California Association of Nurse Practitioners (CANP) members, Adult/Primary Care NPs in outpatient settings

Data Collection/Analysis: Descriptive statistics to measure means and SD of demographic, practice setting, and ORIC (Intent to Change). Paired *t*-test to compare C-Scale (confidence) pre-and-post-training. Pearson correlation to assess the relationship between confidence and intent to change post-training.

Results

Significant increase in scores from pretest to posttest



Confidence Level Using IDPG Before and After Training. (n = 34). (n = 34)

Meaningful scores of intent to change posttest



Level of Intent to Change Practice by Implementing IDPG After Training.

Discussion

- QI project demonstrated the feasibility of developing, implementing NP training on use of IDPG to address MEs.
- IDPG training effective in increasing NP confidence in using IDPG and expressing high level of intent to change practice post-training
- Higher scores on confidence level associated with higher scores on intent to change, demonstrating positive potential of NP willingness to adopt IDPG into practice



Implications for Practice

- With NPs advocating for Full Practice Authority (FPA), NPs need tools and knowledge to reduce MEs such as FTD.
- Adopting evidence based practice, such as newly developed IDPG could reduce NP FTD MEs.

Limitations

- Small sample size of one CANP Chapter

Conclusion

- Given increasing numbers of NP providers, ME rates, NP medical malpractice claims, and the advancement of FPA for NPs, there is an urgent need for educational reforms to include FTD ME prevention strategies.

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