

PREP UPDATE

I. As of December 20, 2001:

SUMMARY

(a) These boards have voted to participate:

BOARDS OF MEDICINE

- (1) California
- (2) Minnesota
- (3) Missouri
- (4) North Carolina
- (5) Oregon
- (6) Rhode Island

BOARDS OF NURSING

- (1) Colorado
- (2) Maryland
- (3) Nebraska
- (4) North Carolina
- (5) Oregon
- (6) South Carolina
- (7) West Virginia (LPN)

(b) The PREP programs are operational in two (2) states:

- (1) North Carolina Board of Nursing
- (2) West Virginia LPN Board

(c) The PREP program will be operational on January 2, 2001, at the Medical Board of California

(d) These boards (and perhaps others) are still considering participating in the program, and may consider joining the programs next year (2002):

BOARDS OF MEDICINE

- Florida
New York
Oklahoma

BOARDS OF NURSING

- Florida
Kentucky
Michigan
Minnesota

All boards of medicine and boards of nursing not now participating will once again be invited to join PREP in 2002. A formal letter of invitation will be sent early next year.

II. STATE-BY-STATE SUMMARY

1. BOARDS OF MEDICINE

(a) *California:*

California reports as follows:

- In early December, 2001, the Kaiser Permanente System, Cedars Sanai, and Scripps signed MOUs with the Medical Board of California, and that enables the program to become operational at the beginning of 2002. This is the third PREP program to move beyond the planning stage to the operational stage.
- In the Medical Board's Newsletter, ACTION REPORT, for April 2001, the then President of the board, Dr. Ira Lubell, wrote as follows:

Stemming from the Institute of Medicine's report last year, "To Err is Human," which asserted that up to 98,000 Americans die each year from preventable medical errors in hospitals, the Citizen Advocacy Center, with funding from the Health Resources and Services Administration, has proposed the creation of a number of pilot projects around the country. These projects would seek to identify practitioners in need of remedial training and education. The goal of the program is to improve patient safety and the quality of care through this education and training. The Medical Board approved the request of its staff to examine the feasibility of conducting such a pilot project in California. This could be a substantial project, since 2/3 of the over 10,000 complaints about physicians received by the Board in FY 1999-00 dealt with alleged negligence or incompetence. A meeting of a wide range of constituencies was held last February to explore the potential for such a project, and the consensus was to support a pilot project in California, the working title of which is the "Practitioner Remediation to Enhance Patient Safety Program (PREPS)." Additional meetings will be held over the next few months with interested constituencies, and reports on the progress of the program will be presented at upcoming Board meetings.

In October, a law was enacted in California directing the board to establish "a Citizen Advocacy Center type PREP program", thereby becoming the first state to give a PREP program a legislative mandate.

[NOTE: The operational guidelines and final MOUs can be found on the PREP website under “IMPLEMENTING PREP” (www.4patientsafety.net)]

(b) *Minnesota*

Minnesota continues discussions with a few large hospitals/systems in that state seeking partners for their PREP.

A special board committee has adopted a 3-part resolution to:

- Ask the Federation of State Medical Boards to draft model legislation to allow medical boards to have an impact on system safety issues
- Begin working with state legislative members and staff to bring them up to speed on PREP and other system safety issues
- Begin to develop an outreach program to providers

In its fall 2001 newsletter (Minnesota Board of Medical Practice UPDATE), the lead 3-page story, authored by Board President Scott Tongen, discusses Minnesota’s participation in PREP. The article is entitled “Reducing Medical Errors, Increasing Patient Safety.” In the article, Dr. Tongen compares the program to that board’s program for chemically dependent practitioners. He writes:

Essentially, this proposal is a competency analogue to an Impaired physicians’ program, such as the Minnesota’s Health Professionals Services Program. Under both Prep and HPSP, a practitioner has an opportunity to remediate a problem which threatens their ability to practice with skill and safety in complete confidence, so long as the practitioner is cooperative and successful. In both models, the uncooperative or unsuccessful cases are referred back into the traditional disciplinary process. In other words, these programs offer the practitioner a professional “Mulligan.” The objective of both the Prep program and HPSP is to address problems which require remediation in confidence at as early a point as possible, and with as little disruption to the practitioners as possible. The result is the reduction of errors due to impairment or competency, and improved patient care. Institutions participating in Prep-model partnership have the advantage of having their own internal peer review programs strengthened and enhanced.

Physicians participating in such a partnership have the advantage of being able to address any skill and knowledge deficits in a confidential, nonpunitive, nondisciplinary

program. The public has the advantage of having potential patient safety issues stemming from practitioner competence identified and addressed at a much earlier point, before patient harm has occurred.

(c) *Missouri*

Executive Director Tina Steinman reports that the Missouri PREP program, which had been stalled, has moved forward. She writes:

“We met with representatives of the Missouri Association of Osteopathic Physicians and Surgeons, Missouri State Medical Association and the Missouri Hospital Association. The Associations were resistant at first, and understandably so, because they are receiving mandates from several different agencies. We were advised that these organizations, the Department of Health and the PRO are reviewing current programs and implementing new programs to identify practitioners that need additional education/training. These organizations stated that they would be willing to share information re: their programs with us. The Board agreed to review the programs that these organizations already have in place and determine if there is a way for us to use their programs with possibly some slight modifications to meet our expectations. The organizations requested assistance from the Board in identifying seminars, courses, etc. that might assist these practitioners. We are still struggling with confidentiality issues but hope to have those resolved soon.”

Ms. Stein reports that the next meeting with the above-named organizations will take place on January 10, 2002.

(d) *North Carolina*

Executive Director Andy Watry continues to report that the North Carolina medical board plans to launch its PREP program with the same 7 hospitals that are participating with the North Carolina board of nursing. (See below, under N.C. BON, for list of these 7 hospitals). The board of medicine has assigned a staff person Ms. Shannon Kingston, to develop their PREP, and she has begun to initiate contacts with all seven hospitals. She writes as follows:

“I am trying to reschedule the BON meeting in early January to discuss their approach to PREP. We are planning to set up a meeting, hopefully with all of the BON participants in February or March, to discuss their involvement on the MD/DO side. I am very optimistic we will be operational ASAP.”

(e) *Oregon*

In September 2001, Executive Director Kathleen Haley reported that the Oregon board of medicine plans to launch PREP in that state with 3 or 4 participants. Two of them (Kaiser and Mercy Medical Center) have already met with the BOM, and a follow up meeting with Mercy took place over the summer. Other possible participants are Corvallis hospital, and a small rural hospital in eastern Oregon.

In a December 19th update, Ms. Haley writes as follows:

“Our meeting with the Kaiser Board of Directors is scheduled for Thursday, December 20, 2001. We met with senior executive staff a few months ago and last week met with one of the regional execs. I am in negotiations with the attorney for a small Pendleton hospital now. In her words, ‘they are very excited.’ This is after at least three meetings out there. I was interested in Corvallis – a mid Willamette Valley hospital system. But the CEO there has been trying to have us work with one of their troubled hospitals so we’re still talking.”

(f) *Rhode Island*

There has been considerable movement in Rhode Island toward launching their PREP program. On December 7, CAC President David Swankin met with the Executive Director and General Counsel of the board of medicine, and with the following hospital executives:

- Robert Baute, MD
President, Kent Hospital
- John Audett, MD
Medical Director Kent Hospital
- Ron Loranger
Director of Risk Management, LifeSpan
President, LifeSpan Risk Services, Inc.
- Mark Montella
Sr. VP Government Relations, LifeSpan
- Boyd P. King, MD
Sr. VP Medical Affairs, LifeSpan

At the meeting, questions were raised, issues and concerns discussed, and the meeting adjourned with the participating hospitals promising to “get back” with their decision after the first of the year. Board staff is optimistic the project will be up and running in early 2002.

2. BOARDS OF NURSING

(a) *Colorado*

No change from our September report, when we reported update that progress in Colorado had been slow. There was (and is) a lack of trust between the hospital association and the board of nursing. Since then there has been a positive development. The board decided to pursue PREP with long-term care facilities. This decision came about after a meeting called by the Department of Health where more than a dozen long-term care facilities expressed keen interest in PREP. In August and September the board of nursing met with small groups of long-term care facilities to discuss PREP in more detail. Additional meetings will take place in the fall.

The board reports continued interest on the part of long-term care facilities, and is positive about the prospects of introducing a PREP program in long-term care settings. They advise, however, that in Colorado what they call “the trust issue” is a major inhibiting barriers, and that program development must proceed cautiously and slowly.

(b) *Maryland*

Maryland continue to report that their plan to be operational on or about July 1, 2001 suffered a setback. They have been developing the Maryland PREP program in close collaboration with the Maryland Hospital Association, but over the summer concerns were raised that have resulted in slowing down the program. Executive Director Dorsey is set to attempt to re-energize the program as soon as possible.

(c) *Nebraska*

As we reported in September 2001, Nebraska made great progress over the summer. The Board had to overcome concerns expressed by attorneys for the department of regulation that PREP might not be possible because of the laws governing discipline confidentiality in Nebraska.

After much deliberation, the board voted to develop PREP as a continuing competence, quality assurance program, and **not** as an “alternative to discipline” program, therefore taking the project outside the concerns expressed by the attorneys.

Program implementation suffered a setback in September when the staff person who was developing the programs left the board. The director of the board has put the program “on hold” until a replacement staffer has been found and gets settled – this could be 6 months. Interest in moving PREP forward remains very high on the board.

[NOTE: Draft materials describing the Nebraska program are available on the PREP web site under “IMPLEMENTING PREP” (www.4patientsafety.net).]

(d) *North Carolina*

The North Carolina program became operational on June 1, 2001. This is the first PREP program to become operational. Since the program becoming operational, seven (7) cases have already been referred for participation in their PREP program (two new cases since the September PREP update.) All seven cases have originated at one of the participating hospitals, not at the board of nursing. BON staff considers that to be an indication of trust of the board by the hospitals.

The seven participating hospitals are:

1. New Hanover Regional Medical Center-Wilmington, NC
2. Pitt County Memorial Hospital-Greenville, NC
3. Forsyth Medical Center-Winston-Salem, NC
4. Catawba Memorial Hospital-Hickory, NC
5. Rowan Regional Medical Center-Salisbury, NC
6. Carolinas Medical Center-Charlotte, NC
7. Mission-St. Joseph’s Health System-Asheville, NC

[NOTE: Eleven (11) documents describing in detail the N.C. program are available on the PREP web site, under “IMPLEMENTING PREP” (www.4patientsafety.net).]

(e) *Oregon*

Executive Director Joan Bouchard continue to report no progress on PREP.

(f) *South Carolina*

Board Administrator Martha Bursinger reports that the South Carolina Board of Nursing met with eleven (11) facilities from all areas of South Carolina on May 25, 2001. The summer was spent following up with each of them. The board expects to begin executing MOUs with perhaps 4 of the original 11 hospitals and institutions and in January 2002. the hospitals are: SC Dept. of Corrections, Self Memorial Hospital, Greenwood, SC; SC Dept. of Mental Health Providence Hospital, Columbia, SC and also is considering expanding the program to some long-term care facilities, but that will come later. On September 27 the board voted to adapt an MOU that borrows from both the North Carolina and West Virginia programs. In a sense, the MOU will be a “hybrid” of these two other programs.

[NOTE: A copy of Ms. Bursinger’s follow up letter to the 11 hospitals, and minute of the May 25, 2001 meeting, can be found on the PREP website under “IMPLEMENTING PREP” (www.4patientsafety.net)]

(g) *West Virginia (LPN)*

In September Executive Director Lanette Anderson reported as follows:

Three hospitals to date in West Virginia have agreed to participate in PREP; two are mid-sized with quite a few LPNs employed, and one is a smaller rural facility. The board signed Memorandum of Understanding with these facilities, and the program become operational in July. I met with a group of Directors of Nursing from several smaller hospitals, and sent mailings to some of the mid-sized and larger facilities around the state. I have spoken to the Directors of Nursing individually from the facilities which will participate. We have drafted licensee and facility intake forms for use initially in determining whether an LPN is eligible for PREP.

In addition, the LPN will attempt to expand their PREP project to include long-term care facilities. This expansion will occur as soon as possible.

On December 18, 2001, Executive Director Anderson updated the status of PREP, writing as follows:

I've sent Memoranda of Understanding to two long term care facilities this week for their signature. I've done another mailing recently to some other long term care facilities, and anticipate at least a couple of others will sign on.

No cases from the hospitals yet, but I've also sent another letter to those who are participating just to keep the project in the forefront in their minds."

[NOTE: *West Virginia licensee and facility intake forms for use in determining whether a LPN is eligible for PREP can be found on the PREP web site under "IMPLEMENTING PREP" (www.4patientsafety.net)]*

III. COMMENTS ON PROGRESS TO DATE

- a. **As for BONs**, significant progress has been made during the first 9 months of 2001. Two state (NC BON and West Virginia LPN) are already operational. North Carolina has actually received its first seven nurse participants; South Carolina hopes to be operational by the end of January 2002. The other 4 are on a slower track.

As for BOMs, California is moving ahead as planned, and its program will become operational in January 2, 2002. Minnesota is also well on its way, and Rhode Island, and Oregon and North Carolina appear to be headed for success. Missouri which seemed to be faltering, is back on track, as reported above.

- b. At least 3 participating boards of nursing (Colorado, South Carolina, and West Virginia) are interested in moving beyond the hospital setting and extending PREP to long-term care facilities. CAC has enthusiastically supported this concept. Expanding to long-term care facilities will undoubtedly require new thinking about developing effective remediation programs, including effective monitoring programs. The boards who are considering including long-term care facilities are aware of this challenge.
- c. All of the boards whose PREP programs have become operational, or are nearing the operational stage, continue to express interest on program support on two areas in particular: (1) help in developing effective, affordable assessment capabilities, and (2) staff training for board personnel involved in case management.

IV. OTHER ACTIVITIES

1. PREP WebSite

The PREP website, 4 patientsafety.net, has been newly configured to make it easier to navigate. It now features an electronic newsletter (7 issue plus a special issue on D. Swankin's participation in an international meeting on Patient Safety in Salzburg, Austria). All of the back issues are available on the website. The website makes available operational documents from the participating states as they begin to implement PREP. Currently, documents from California (BOM), Nebraska (BON), North Carolina (BON), South Carolina (BON) and West Virginia (BON-LPN) are posted.

2. Formal support of PREP by the National Council of State Boards of Nursing (NCSBN).

As reported previously, on Feb. 14, 2001, NCSBN informed CAC that the organization's Board of Directors had endorsed PREP and pledged full support. NCSBN's Associate Executive Director wrote as follows:

“The National Council is supportive of efforts that promote patient safety programs designed to reduce the occurrence of medical errors. In addition, the project's secondary goal to create collaborative partnerships between health care organizations and boards of nursing should yield benefits far beyond the accomplishments of this particular project.

The National Council and its Board of Directors had included support for this project in its fiscal year 2001 Strategic Initiative Outcomes and Tactics. Specifically, the Board of Directors agreed to collaborate with the CAC on this project, enabling staff to support participating pilot State Boards of Nursing and by serving on the steering committee.

Finally, the National Council Board of Directors has identified as one of its additional outcomes to develop a plan to address nursing, regulatory, and public protection issues raised in the IOM report. This project enables us to pursue a proactive and influential role regarding this national matter and provides a mechanism for participating boards of nursing to fulfill their mission.

Thank you again for considering the National Council, and the member state boards of nursing to be part of this groundbreaking, timely initiative.”

NCSBN convened a meeting of all participating boards of nursing at its August, 2001 Annual Meeting, and invited CAC to participate. NCSBN regularly convenes a conference call for all participating boards of nursing to allow the sharing of information among the boards.”

The NCSBN web maintains a “current status” report on the BONs participating in PREP. It can be found at http://www.ncsbn.org/public/news/news/_cac.htm.

3. As reported in September, the Immediate Past President of the Federation of State Medical Board, Dr. George Barrett, has also endorsed PREP. In an article in the current issue of the FSMB journal, Dr. Barrett states:

“A project that can be extrapolated to a paradigm for lifelong learning and assessment of competence has resulted from The Institute of Medicine’s (IOM) report, “To Err is Human – Building a Safer Health System.” The report forcefully calls to our attention some of the problems in our health care delivery system. Most of these are systemic in origin, however, there are errors related to substandard health care delivered by incompetent physicians. In response to this problem the Citizen Advocacy Center (CAC) has contracted with the Health Resources and Services Administration to develop pilot projects involving hospitals and boards of medicine and nursing. The thrust of the pilot project is to develop cooperative relationships between hospitals and regulators involving sharing of information when a practitioner is identified as delivering substandard care. Hospitals at times identify but fail to report physicians whose problems do not rise to the level of suspension or restriction, instead suggesting they would benefit from additional education, training, or proctoring. This has created an environment that fails to protect the public. Under the CAC program, hospitals would agree to inform licensing boards of every intervention to upgrade skills and knowledge, and boards would agree to inform hospitals when a physician with a problem is brought to the attention of the board. Similar to the physicians’ health programs, confidentiality would be maintained as long as the physician complies with terms of the intervention plans. Failure to comply results in loss of anonymity and possible

discipline. Administrators in Medicine, an organization of medical board executives, is to be commended for assisting in identifying medical boards willing to participate in developing this program. The non-punitive program can provide a market for focused educational opportunities as well as assessment programs. In turn, this will create the infrastructure for ongoing assessment and education. Furthermore, it makes CAC and licensing boards proactive in decreasing errors in medicine.”

4. Baseline Survey

On May 29, CAC sent to all participating PREP boards a request that they complete the Baseline Survey by June 30, 2001. About half the participating states have responded so far, and a summary report is now being prepared, and will be ready for distribution in early 2002.

5. Project Briefings

Two meetings were held to brief state medical boards on PREP.

- In San Francisco, CA on Wednesday, Oct 10th, from 1pm to 4pm, PREP was presented to the medical boards from the Midwestern and western states.

Representative from the following states attended:

Alaska	Minnesota
California	New Mexico
Colorado	North Dakota
Idaho	Oklahoma
Kansas	Oregon

- In Washington D.C. on Thursday, Oct. 18th, from 1pm to 4pm, PREP was presented to the medical boards from the eastern and southeastern United States.

Florida	Ohio
Maine	Pennsylvania
Maryland	South Carolina
New York	Virginia
North Carolina	

At both meetings, presenters included representatives from the boards of medicine and boards of nursing. The presenters described their programs, how they put them in place, and otherwise shared their views on the significance of PREP from their perspectives.

A PREP update session has been scheduled for all boards of nursing at the March 2002 mid year meeting of NCSBN in Chicago.