

QUALITY PRACTICE

A RESOURCE FOR EMPLOYERS OF NURSES

DECEMBER/JANUARY 2002-2003, VOLUME 2 ISSUE 1
WWW.CNO.ORG

Recognizing fraud

Nurses are among the most respected and trusted members of society, but when a nurse acts in a dishonest manner, she or he undermines the trust and respect of the public. It is one of the roles of the College of Nurses of Ontario (CNO) to investigate complaints of professional misconduct, and to proceed with hearings when enough evidence exists to pursue the allegations.

The College receives many concerns about nurses allegedly committing fraud. The following article highlights some of the more common fraudulent acts that may affect you as an employer. It will also discuss how you can recognize fraud and take steps to prevent fraud from occurring in your workplace.

What is fraud?

Fraud is generally considered an act of deception or misrepresentation designed to obtain something of value held by another. Fraud may be determined in a particular case by deciding whether the behaviour demonstrated a departure from fundamental honesty, moral uprightness or fair play.

Fraudulent activity can take many forms. The most common forms of fraud involving nurses documented by CNO include:

- collecting pay under false pretenses;
- providing false information to an employer or the College;
- misappropriating money or property through deceptive means; or
- falsifying a record.

CNO investigates a significant amount of fraud cases each year. While the forms are different, what the majority of fraud cases have in common is that those who commit fraud rarely understand the scope of impact their actions have on others.

Common cases

One of the most common fraudulent acts seen by the College is the practice of collecting pay under false pretenses. This includes working at one facility while collecting sick benefits from another. This practice is problematic. As the employer, you will have to spend more money to pay for a replacement, as well as the sick benefits for the nurse who called in sick, but also because of the effects it will have on others.

First you must find a replacement for the shift. The resources spent doing this could be used for other things. If a replacement is found it may be someone from an agency who might not be able to assume the entire role as independently as the nurse who has booked off sick. If the nurse cannot be replaced then her/his co-workers must work short-staffed, thereby increasing their workload and reducing the attention each of them can provide to the clients.

Employers often discover these incidents by accident. CNO has found that there is often misunderstanding about what constitutes fraud, so nurses may unknowingly commit acts that could be considered fraudulent.

Continued on page 3

2 **Confidentiality issues
and your OHN**

2 **Automated Annual Verification of
Renewal (AAVR)**

4 **Changes to RN(EC) Standards and
Lists approved**

4 **Ask CNO: "Flu Shots"**

On page 2

**Automated Annual
Verification of
Renewal**

Confidentiality issues and your OHN

Ask people where nurses work and the majority will automatically say “in hospitals.” But nurses work in a wide variety of settings, including businesses and companies. Nurses working in these settings are called Occupational Health Nurses (OHNs). In 2002, CNO had 1,387 members identify themselves as being employed as an OHN.

OHNs are employed by companies to provide on-site nursing services to employees. If you employ an OHN, you know the benefits of having one on staff. Many employers, however, are not aware of the unique challenges faced by OHNs and the regulations under which they must practice.

Confidentiality

OHNs often express anxiety when conflicts arise between their commitment to their employer and to their clients, who are also their coworkers. Like all nurses, however, OHNs have an ethical, statutory and professional obligation to maintain the confidentiality of client information. Sharing a client’s information without the client’s consent (or without the consent of the client’s authorized representative) is a breach of confidentiality guidelines laid out in several CNO standards and provincial regulations.

For example, this obligation is clearly stated in CNO’s *Ethical Framework for Nursing in Ontario* (2000): “Confidentiality involves keeping personal information private. All information relating to the physical, psychological and social health of clients is confidential, as is any information collected during the course of providing nursing services.” *The Nursing Act* (1991; section 1[10], regulation 799/93) states that “giving information about a client to a person other than the client or his or her authorized representative or as required or allowed by law” is professional misconduct.

Employers who pressure OHNs to release confidential information place them in a difficult situation. In this case, OHNs have some choices. First the OHN should determine what information you are seeking. The OHN can share some information with you without breaching confidentiality, such as an employee’s expected date of return to work and any accommodations that will be required, such as time off for appointments.

Client consent

If the employer wants more specific information, the OHN will need to

obtain consent from the client before releasing the information. You should be aware that clients rarely grant employers access to their personal health records. If the client refuses, the OHN is then obligated to maintain confidentiality and preserve the integrity of the nurse-client relationship. Employers may feel that a nurse is being stubborn or difficult by refusing to release information when, in reality, breaching client confidentiality can lead to serious consequences for a nurse, including allegations of professional misconduct.

OHNs have also reported to the College that employers suggest that all records are legally the property of the business, which justifies the employer’s gaining access to personal health information. This is not completely true. While, in law, records kept during the course of a business are owned by the business, this only refers to the “ownership” of the actual paper, computer or system. It does not necessarily refer to the information contained within the files, and this is particularly true in the case of your employees’ personal health information.

Automated Annual Verification of Renewal (AAVR)

The College now offers a new automated service to assist employers in quickly checking the renewal/registration status of the nurses they employ.

This automated service is better suited for organizations that employ a large number of nurses. It offers a more efficient and less intrusive alternative than manually checking the Annual Payment Card of each nurse.

This system compliments the telephone renewal confirmation service currently offered by the College. The checking of nurses against the College’s registry will help prevent impostor nurses from practicing within an organization.

To subscribe to the new AAVR service, see the What’s New section on the CNO Web site at www.cno.org.

Write to Us

Send comments and questions to:
The Editor

Quality Practice Newsletter
College of Nurses of Ontario
101 Davenport Road
Toronto ON M5R 3P1

or e-mail: qp@cnoemail.org.

Obtain free publications quickly using CNO’s FastFax service. Simply dial 1-877-963-7502 on your touch-tone phone and follow the recorded instructions.

Fraud *continued from page 1*

Educating your staff about the impact of these behaviours helps create understanding around the problems fraudulent behaviour can cause.

Providing false information to an employer is another form of fraud. This most commonly occurs when a nurse adds an academic credential to her/his resume in order to be seen as a stronger candidate for an internally posted position. Some employers assume that since the nurse is already an employee there is no need to check references or request documentation of credentials. To avoid misunderstanding or problems, take the time to compare the new résumé with the original on file. If there are changes such as a new post-diploma degree or speciality certification, ask for supporting documentation and put a copy in the employee's personnel file.

Frauds related to misappropriation also come in several forms. A common myth is that only high level officials within an organization commit these types of fraud. Although there have been cases of this, anyone can commit fraud if presented with the opportunity. Most commonly, this

occurs through the fraudulent use of clients' or colleagues' ATM or credit cards. Vulnerable clients are not as vigilant of protecting themselves from fraud or theft and often trust the nurses providing their care. Employees trust that their colleagues are honest and their workplace is safe. In a trusting environment, the culprit can easily steal a bank or credit card, use it to withdraw money or make purchases, then return it, without the client or colleague noticing.

Educating staff, family and clients is the key to stopping this sort of behaviour. Elderly people often leave their security codes near their banking cards to assist them in remembering the code. It is important for all staff to be aware of this possibility. If staff see clients leaving items, such as wallets or purses, out in the open they should assist clients in safely storing valuables.

Falsification of records occurs when a nurse or another health professional

alters or provides false information in a client record to disguise an error or give the perception that they provided care they did not. This type of behaviour puts clients at risk. The care provided to a client is based on the information provided in the health record. If the information is not correct then poor decisions may be made and substandard care can result. When one considers the trust put in health care providers by the public, this may be one of the most unethical frauds one can perpetrate. Fortunately, the College does not often see this. Education of staff about the importance of accurate charting, regular chart audits and close scrutiny of charting when an adverse event occurs are the best ways to combat against this type of behaviour.

Fraud Statistics

- In 2001, the College investigated 64 cases where fraudulent activity was among the allegations. These 64 cases account for 13 percent of the investigations conducted in 2001. The statistics for 2002 are similar to the previous year.
- Preventing fraud in the workplace is everyone's responsibility. Educating yourself and staff about what constitutes fraud is an important first step in protecting your clients and staff from such action.



5025 Orbitor Drive
Building 4 Suite 200
Mississauga ON L4W 4Y5
Phone: 905-602-4664 ext. 555
Fax: 905-602-8367
Web: www.rpnao.org
Email: soliver@rpnao.org
or
jfenton@rpnao.org
or
sbest@rpnao.org



1208-111 Richmond St W
Toronto ON M5H 2G4
Phone: 416-599-1925 ext. 580
Fax: 416-599-8820
Web: www.rnao.org
Email: educationfunding@rnao.org

The Nursing Education Initiative

WHAT IS IT?

The Nursing Education Initiative is a tuition reimbursement program with funding made available by the Ontario Ministry of Health and Long-Term Care.

Application forms are available for employers of nurses in Ontario who have paid for staff education. Please contact either the Registered Practical Nurses Association of Ontario (RPNAO) or the Registered Nurses Association of Ontario (RNAO) for copies of the NEI Employer Application.

KEY POINTS!

- Ensure you read all information before submitting the application.
- Take special note of the dateline and deadline outlined on the application form.
- Please return the original form to the appropriate association and keep a copy for your own reference.

Ask CNO: "Flu shots"

Q I'm the Director of Care at a long-term care facility. We would like to have an in-house flu vaccine clinic several times during flu season to immunize the maximum number of staff and residents. Some of the nurses are reluctant to administer the vaccine to their colleagues. Is this a breach of standards? Does the College require nurses to be vaccinated against the flu?

A Nurses have legislative authority to administer a substance by injection when there is a valid physician's order. The order could be either client specific or a medical directive. A medical directive is a written order that applies to a range of clients who meet certain criteria. For more information on medical directives, please refer to the College's publication *When, Why and How to Use Medical Directives*.

Nurses are accountable to ensure that they have the knowledge, skill and judgement to assess the appropriateness of the vaccine, administer it safely and be competent to manage any potential outcomes of the vaccine administration. Nurses must have an order or medical directive for, and access to, any medication necessary to manage outcomes.

Nurses must document the consent process and the care they provide. As an employer, you would need to consider how the nurses would do this with respect to their colleagues. The

nurses also need to recognize that once they provide care to a colleague, they have initiated a therapeutic nurse-client relationship and information received by the nurse needs to remain confidential.

The facility also needs to consider appropriate storage of the vaccine. Contact your local Public Health Unit for more information on proper vaccine storage.

CNO recognizes that immunization is a key measure in reducing nurses' susceptibility to certain diseases, including influenza. The College recommends that all nurses review their immunization status to ensure that they are appropriately protected. However, CNO does not establish requirements for health care workers. This is done by individual workplaces and legislation.

For more information on administering flu shots, please see the fact sheet *Providing Influenza Vaccinations* available on CNO's Web site or by FastFax.

With this issue

Enclosed with this issue is a poster reminding nurses to complete their Annual Payment Forms, which were delivered to College members in November. The poster reminds nurses of the registration deadline and directs them to a new service that allows them to check the status of their renewal by phone. *Please display this poster where nurses will see it.*

Changes to RN(EC) Standards and Lists approved

In October, Council approved revisions to up-date the *Standards of Practice for Registered Nurses in the Extended Class (RN(EC))*. This followed the provincial government's announcement in September regarding the development of 369 nurse practitioners positions throughout the province.

In 1998, with the passage of legislation enabling autonomous practise of Primary Care Nurses Practitioners and establishing the Extended Class of registration, Council approved the original standards.

Since then, legislative changes have taken place, including revisions to the lists of drug and lab tests that RN(EC)s can order and the passing of regulations under the *Vital Statistics Act* giving RN(EC)s the authority to complete Medical Certificates of Death.

The standards have been updated to reflect the current regulatory environment. The main changes are:

- addition of authority to complete medical certificates of death;
- clarification of the authority to order ECG;
- addition of a section on Practice Review requirements; and
- added clarity and expansion of sections on prescribing expectations and initiation of controlled acts.

When published, the revised Standards will be sent to all RN(EC)s and will be available at www.cno.org.

Drug and Lab Lists

Proposed revisions to the lists of drug, lab and diagnostic tests that RN(EC)s can order were approved by Council. Since the lists are part of a regulation under the *Nursing Act*, they have been submitted to the Ministry of Health and Long Term Care for approval.

For more information on the proposed changes to the lists, see *Communiqué* June 2002.

College of Nurses of Ontario

101 Davenport Road, Toronto, Ontario M5R 3P1
Tel: (416) 928-0900 • Toll-free: 1-800-387-5526 • Fax: (416) 928-6507
Website: www.cno.org • Fastfax: 1-877-963-7502 • e-mail: qp@cnoemail.org

Editor Deborah Jones

Managing Editor/Staff Writer Bill Clarke

Design Paul Brandeys

Production Steve Hall

Quality Practice is a free publication from the College of Nurses of Ontario. Its mandate is to educate and support Ontario employers of nurses. The newsletter is mailed to all Ontario nurse employers. To get your free e-mail subscription, send an e-mail to listserv@listserv.cnoemail.org with the words 'subscribe QP (and your first and last name)' in the body of the e-mail. You can also sign up by visiting the CNO website at www.cno.org. Pour obtenir un abonnement électronique en français, veuillez envoyer un message électronique à shall@cnoemail.org avec « subscribe qp français » (ainsi que vos nom et prénom) dans le texte du message.

ISSN 1496-7618

Publication Mail Agreement 40062643