Do Not Send

What hospitals can do to ensure that the "Nursing Black List" is managed effectively

BY GENEVIÈVE M. CLAVREUL, RN, PHD

THE DO NOT SEND (DNS) LIST IS A TOOL every hospital or medical facility uses to make sure that incompetent nurses--especially registry and travel nurses, and even those within in-house nursing pools--do not return to the hospital.

Used properly, this list can be an invaluable resource for the nursing administration office, the Chief Nursing Officer, Director of Nursing, Charge Nurse and even the Head Nurse. Unfortunately, far too often the DNS list is used poorly and inconsistently. Registry and Travel nurses have learned to fear the threat of being "blacklisted" and labeled a DNS, because the list can be used as a petty and punitive tool.

Let me clearly state that I believe in a hospital's unequivocal right to remove substandard nurses—those who are truly incompetent, troublesome, disruptive, or dangerous. What I am address-

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ing is when a perfectly competent nurse suddenly finds herself/himself a DNS. When this scenario occurs, sometimes the nurse and referring agency are provided no justification as to why a DNS label was given. When hospitals choose to not provide their reasoning, it prohibits addressing the nurse's quality of care, clinical skills, and even issues rooted in addiction or possibly even more egregious problems.

WAS SHE A THREAT?

Some readers may think that a discussion about the DNS does not affect them, but it does, if not directly then indirectly. Consider this scenario. While working the registry not so many years ago I often found myself alongside a nurse who worked through a different registry. She was British and had long ago found that she enjoyed the varied nursing experiences that working as a traveler and registry nurse offered. I had not seen her for some time so I was pleased when on this particular night I saw her walk into the NICU unit where I was working.

As the evening progressed we found ourselves chatting and catching up. It was then that I mentioned in passing that I hadn't seen her in awhile. Her response shocked me. She told me that she didn't know what was going on but during the past several months she had found herself a DNS at seven different hospitals, and she expressed frustration at not knowing the reason why.

As I pondered her dilemma I found myself reviewing my various interactions with her. I had always found her professional and displaying a strong clinical knowledge in her specialty. If asked, she would have probably described herself as an "old-fashioned" nurse since she came up during the time of the starched white uniform dress, white hose and "Nightingale" caps. Though at times I found her dry British sense of humor a little hard to comprehend, I never saw her make any clinical care lapses and her devotion to her patients and their families was obvious. However, like so many of us from days gone by, she could be a stickler for certain clinical care protocols and behaviors, and I wondered if some of the more marginal permanent nursing staff found this a threat.

What would be the appropriate way for the hospital to protect its reputation, nurses and patients?

First, by using the DNS list as the quality control tool it is meant to be and, second, by sharing with the "offending" nurse's agency the reason that the nurse has been made a DNS. This way the problem can possibly be remedied, if not for return placement to that particular hospital, at least to allow the nurse to learn and make corrections. I have seen far too many nurses' self-esteem wrecked simply because they weren't mind readers and could not divine the reason why they were no longer welcome at a hospital where they thought all was well.

APPROPRIATE GUIDELINES

The DNS list works best as a tool that is objective, not subjective. Should a nurse with personality conflicts with the unit nursing team be eligible for DNS? Not when this is done without appropriate guidelines. Otherwise, some nurses will choose to get rid of someone they "just don't like" and not because that nurse is dangerous to the unit, clinically weak, or indeed a truly disruptive influence.

When a hospital chooses to maintain a DNS list, they should develop clear and specific indicators that can be used to rate whether or not the nurse really deserves to be blacklisted. The guidelines should be developed with the input of the hospital's clinical experts, human resources department, and risk management, then vetted by the hospital's legal team. Once the DNS list policy has been approved, all those who will be given authority to place a nurse on this list should receive training and occasional in-services to ensure that they are kept up to date on the DNS list use and policy. The hospital should, whenever applicable, provide the referring registry or staffing agency with the reasons why a particular nurse has been made a DNS.

Misuse of the DNS list has possible legal implications. Let me propose this hypothetical scenario. A registry sends a nurse which the hospital evaluates and deems unsafe. The nurse is made a DNS, registry is informed but no further explanation is given. Later the nurse is assigned to another hospital and there is an incident where the nurse's poor clinical skills causes the death of a patient. Could the hospital be liable? If not legally, then morally?

The use of a DNS list can serve a hospital well; however, all involved in the development of such a list must maintain it in an objective manner where it is used as quality control. Staff nurses should not be allowed to place a registry/travel nurse on the DNS list without oversight.

Why do I feel so strongly about this? Because sometime during our nursing career we have all been at the receiving end of workplace spite. We should all remember that we too could be blacklisted as a Do Not Send. WN

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