

TEXAS BOARD OF NURSING Peer Review Report Form

The Nursing Practice Act, Texas Occupations Code, Sections 301.401 - 301.419, requires nurses, nursing peer review committees, employers of nurses, as well as other entities, to report to the Texas Board of Nursing (BON or Board) any nurse who engages in conduct subject to reporting, pursuant to Section 301.401(1) that:

- (A) violates this chapter or a board rule and contributed to the death or serious injury of a patient;
- (B) causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;
- (C) constitutes abuse, exploitation, fraud, or a violation of professional boundaries; or
- (D) indicates that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.

Board rules in 22 Texas Administrative Code, §217.11 (Standards of Nursing Practice), §217.12 (Unprofessional Conduct), and §217.16 (Minor Incidents) may also be relevant to review in considering whether or not a nurse has engaged in reportable conduct. The Board does not normally address general employment issues or issues of attitude, such as rudeness of a nurse to co-workers.

Report/Complaint forms are available through the BON website at <http://www.bon.texas.gov> under the Discipline & Complaints link; however, it is not necessary to have a form in order to report suspected violations of statutes or board rules by a nurse. In situations involving suspected chemical impairment, mental illness, or diminished mental capacity in conjunction with suspected or known nursing practice violations, the NPA, Section 301.410(b) requires that the nurse be immediately reported to the BON. Impairment that involves criminal conduct must also be reported to the board. A nurse who does not fit into the aforementioned categories and who wishes to seek assistance voluntarily may contact the Texas Peer Assistance Program for Nurses (TPAPN) at 512-467-7027 or 1-800-288-5528, in lieu of reporting him/herself to the Board.

INSTRUCTIONS FOR COMPLETING THE ATTACHED REPORT/COMPLAINT FORM

The written report/complaint should include the following:

- a. The nurse's license number and/or social security number. If available, the following are also helpful: date of birth, home address, home phone number, and a correct spelling of the nurse's full name.
- b. A detailed summary of each alleged violation of the NPA. Include the date of each alleged incident and, if applicable, the medical record number or full name of each patient involved. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended in 2002, the BON has authorized access to private health information in order to conduct its health oversight activities.
- c. Please include a detailed summary of the peer review committee's findings, corrective actions taken, recommendations and any other applicable information including the nurse's rebuttal statement (if the nurse submitted one).
- d. Indicate whether any systems issues and/or external factors were found that contributed to the incident/conduct.
- e. The full names of any witnesses who were present, and if possible, their contact information (including phone and/or e-mail addresses).

NOTE: If an employer terminates, suspends for 7 or more days, makes an agency nurse a do-not-return, or takes other substantive disciplinary action against a nurse for practice-related errors (including accepting a nurse's resignation in lieu of termination), a report to the BON is required, and the peer review committee must meet solely to review external factors that may have contributed to the nurse's error to determine whether a report to the practice setting's Patient Safety Committee is required. Because the nurse has already been reported to the board,

rule 217.19(f) provides that due process requirements do **NOT** apply to the nurse in this situation.

- f. In accordance with NPA section 301.410, the following provisions apply to reporting a nurse who may be impaired by reason of a substance use disorder, mental illness, or diminished mental capacity:
 - (1) A person who is required to report a nurse because the nurse is impaired or suspected of being impaired by chemical dependency, substance use disorder, or mental illness may report to the Texas Peer Assistance Program for Nurses (TPAPN) [approved by the Board under Chapter 467, Health and Safety Code] instead of reporting to the Board or requesting review by a nursing peer review committee. It is not appropriate to peer review a nurse whose practice is suspected of being impaired.
 - (2) A person who is required to report a nurse because the nurse is impaired or suspected of being impaired by chemical dependency, substance use disorder, or diminished mental capacity **must** report to the board if the person believes that the impaired nurse committed a practice violation.

NOTE: Peer review is suspended when a nurse’s practice is impaired or suspected of being impaired due to chemical dependency, drug or alcohol abuse, substance abuse or misuse, intemperate use, mental illness or diminished mental capacity and the nurse is reported in accordance with NPA, Section 301.410. Once the nurse is reported, the peer review committee evaluates external factors relevant to the conduct.

It may be helpful to review the board’s Disciplinary Sanction Policy on chemical dependency and substance use disorders (http://www.bon.texas.gov/pdfs/disciplinary_sanction_policies_pdfs/Substance-Use-Disorders.pdf) under the Discipline & Complaints link from the BON home page.

- g. Signature and contact information of the person filing the complaint. Pursuant to Section 301.417(a) of the Nursing Practice Act, the Texas Board of Nursing does not disclose the identity of a complainant.

Submit the completed complaint form to:

Texas Board of Nursing
Attn: Anthony Diggs, MSCJ, Director
Enforcement Division
333 Guadalupe #3-460
Austin, Texas 78701-3944
(512) 305-6838
Fax: (512) 305-6870

Complaints may also be made by contacting the Health Professions Council Complaint line at 1-800-821-3205.

The caller will be provided with a complaint form to complete and return to the BON office.

**PEER REVIEW REPORT FORM
TO THE TEXAS BOARD OF NURSING
REGARDING VIOLATIONS**

of the
NURSING PRACTICE ACT, OTHER STATUTES, and BOARD RULES

PLEASE PRINT LEGIBLY

1. Information about the Nurse being reported:

FULL NAME _____ LICENSE NUMBER _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

PHONE # _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S PHONE # _____

2. Incident/Conduct Being Reported (If more space is needed attach additional sheets.)

DATE(S) OF INCIDENT _____ TIME _____ FACILITY/UNIT _____

PATIENT IDENTIFIER _____

INCIDENT/CONDUCT _____

3. Describe any corrective action taken against the nurse:

4. Please include your recommendation as to whether the Board should take formal disciplinary action against the nurse and the basis for that recommendation:

5. The influence and impact of factors beyond the nurse's control in relation to any deficiency in care provided by the reported nurse.

6. Is there any additional information that will assist the Board in this situation? If so, please describe:

7. Systems issues and/or external factors that contributed to the incident/conduct: (please indicate by date if more than one incident/conduct is being reported). Check any/all that apply:

Communication Factors

- Communication systems equipment failure
 - Interdepartmental communication breakdown/conflict
 - Shift change (patient hand-offs)
 - Patient transfer (hand-offs)
 - No adequate channels for resolving disagreements
 - Preprinted orders inappropriately used (other than medications)
 - Medical record not accessible
 - Patient name similar/same
 - Patient identification failure
 - Computer system failure
 - Lack of or inadequate orientation/training
 - Lack of ongoing education/training
 - No communication factors involved
 - Unknown
 - Other - please specify: _____
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Leadership/Management Factors

- Poor supervision / support by others
 - Unclear scope & limits of authority/responsibility
 - Inadequate/outdated policies/procedures
 - Assignment or placement of inexperienced staff
 - Nurse shortage, sustained, at institution level
 - Inadequate patient classification (acuity) system to support appropriate staff assignments
 - No leadership/management factors involved
 - Unknown
 - Other - please specify: _____
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Backup and Support Factors

- Ineffective system for provider coverage
 - Lack of adequate provider response
 - Lack of nursing expertise system for support
 - Forced choice in critical circumstances
 - Lack of adequate response by lab/x-ray/pharmacy or other department
 - Preprinted orders inappropriately used (other than medications)
 - No backup and support factors involved
 - Unknown
 - Other - please specify: _____
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Environmental Factors

- Poor lighting
 - Increased noise level
 - Frequent interruptions/distractions
 - Lack of adequate supplies/equipment
 - Equipment failure
 - Physical hazards
 - Multiple emergency situations
 - Similar/misleading labels (other than medications)
 - Code situation
 - No environmental factors involved
 - Unknown
 - Other - please specify: _____
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Staffing Factors

- Lack of supervisory/management support
 - Lack of experienced nurses
 - Lack of nursing support staff
 - Lack of clerical support
 - Lack of other health care team support
 - No staffing factors involved
 - Unknown
 - Other - please specify: _____
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Health Care Team Factors

- Intra-departmental conflict / non-supportive environment
 - Breakdown in health care team communication
 - Lack of multidisciplinary care planning
 - Intimidating/threatening behavior
 - Lack of patient involvement in plan of care
 - Care impeded by policies or unwritten norms that restrict communication
 - Majority of staff had not worked together previously
 - Illegible handwriting
 - Lack of family/caregiver education
 - No health care team factors involved
 - Unknown
 - Other - please specify: _____
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8. WITNESSES(S)

(Describe briefly what each witness knows about the incident/conduct. If more space is needed attach additional sheets.)

(1) Name _____ Title _____

Phone/E-mail: _____

(2) Name _____ Title _____

Phone/E-mail: _____

(3) Name _____ Title _____

Phone/E-mail: _____

9. COMPLAINANT INFORMATION

NAME _____ PHONE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

Signature

Date