NURSING PEER REVIEW COMMITTEE -- CASE ACTIVITY SHEET

Case Number: ___________ Date Opened: ___________ Due Process Checklist Initiated: ___________

1. How initiated: ____________________________________________________________

2. Date nurse notified practice is being evaluated: ______________________________

3. Nurse elected not to participate in process? _____ In writing? ______

4. Initial investigation:
   Date Initiated: ___________ Date Completed: ___________
   Summary of Investigation:
   Summary of Results:

5. The nurse’s practice was suspected of being impaired by chemical dependency or mental illness?  Yes____ No____
   If so:
   There was factual basis for determining that a practice violation occurred?  Yes____
   Peer review was suspended and nurse reported to BON?  Yes____
   There was no factual basis for determining that a practice violation occurred?  Yes____
   Peer review was suspended and nurse reported to:  TPAPN____ BON____
   An informal workgroup was convened;
   Yes_____ No_____ If yes, see Workgroup activity sheet.

6. Informal workgroup reached a mutually satisfactory decision that was ratified by nursing peer review chair.
   Yes____ No_____ If yes, see Workgroup activity sheet, otherwise proceed.

7. Date Records were reviewed by nurse or nurse’s attorney: ____________________

8. The nurse was provided with a witness list and copies of written testimony and evidence at least 48 hours before the meeting.  Yes____ No____

9. Committee Meeting (Unless otherwise agreed in writing, must be between 21 and 45 days from notice to nurse):
   Date: ___________
   Witness: ___________ RN: _____ LVN: _____ Other: ___________
   Position: __________________________
   Witness: ___________ RN: _____ LVN: _____ Other: ___________
   Position: __________________________
   Witness: ___________ RN: _____ LVN: _____ Other: ___________
   Position: __________________________

   Summary of Testimony:
   Documents Reviewed:
   Nurse’s Statement:
   Findings:
   Recommendations:
Note: BON Rule 217.19 requires that the committee evaluation be completed not more than 14 calendar days after the committee’s meeting.

10. External factors were identified:

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<th>Yes</th>
<th>No</th>
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Shared with the following with the Risk Management Committee: __________________________ Date __________

Feedback was provided by the Risk Management Committee: __________________________ Date __________

The following conclusion was reached about the role of external factors:

11. __________________________

Detailed Summary of Findings Prepared: __________________________ Date: __________

12. Detailed Summary of Findings Provided Nurse: __________________________ Date: __________

13. Nurse Notified of Right to Submit Rebuttal Statement: __________________________ Date: __________

14. Rebuttal Statement from Nurse Due: __________________________ Date: __________

15. Rebuttal Statement from Nurse Received: __________________________ Date: __________

16. Rebuttal Statement Reviewed for Patient Identifying Information: __________________________ Date: __________

17. Due Process Checklist Completed: __________________________ Date: __________