

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 : Yes___ No___
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:_____