INFORMAL WORKGROUP -- CASE ACTIVITY SHEET

Case Number: ____________  Date Opened: _________________  Due Process Checklist Initiated: ________

1. Nurse provided copies of policies for informal workgroup and consented in writing to its use:  Yes___  No___

2. A revised timeline for nursing peer review was mutually agreed to with nurse?  Yes___  No___

3. Date review referred to informal workgroup: ____________________________

4. Nurse was provided due process required by BON Rule 217.19  Yes___  No___
   a. Composition of workgroup complied with BON Rule 217.19  Yes___  No___
      • Persons with administrative/personnel authority directly affecting nurse not on committee and participated in meeting only as fact witnesses
   b. Nurse consented to use of workgroup  Yes___  No___
   c. Nurse given opportunity to meet with committee  Yes___  No___
   d. Nurse given right to reject workgroup’s decision & be reviewed by full committee  Yes___  No___

5. External factors were identified?  Yes___  No___
   If so, chair of full committee notified and shared information with a patient safety committee for feedback  Yes___  No___

6. Nurse’s practice was suspected of being impaired by chemical dependency or mental illness?  Yes___  No___
   If so, chair of full committee was notified and informal workgroup suspended?  Yes___  No___

7. Nurse agreed to workgroup decision?  Yes ___  No___

8. Chair of full committee ratified decision  Yes ___  No___

9. Nurse’s Supervisor/Administrator informed of decision  Yes ___  No___

10. Detailed Summary of Informal Workgroup prepared  Yes ___  No___

11. Workgroup decision made part of peer review committee records.  Yes ___  No___