Note: This form may not be required. Most information is already in the Detailed Summary of Committee Findings. If used, it is recommended that this report not be kept in the nurse’s personnel file.

PEER REVIEW COMMITTEE’S FINAL REPORT TO ADMINISTRATOR

Date: ________  Case # __________________

1. Nurse Reviewed:
   Name: ____________________________________________  Lic.#: ____________________

2. Incident Reviewed (Describe briefly. Do not use patient names.)
   Date: ________  Time: ________  Location: ____________________________  Unit:_____________________
   Incident/Conduct:

3. Resolved through use of an informal workgroup.  Yes _____  No _____

4. The Detailed Summary of the Peer Review Committee Findings is attached.  Yes  No ______ (Required)

5. Due process checklist is attached.  Yes  No ______

6. The Detailed Summary was provided to the Nurse.  Yes  No ______

7. The Nurse was apprised of the right to submit a rebuttal statement.  Yes  No ______ (Required)

8. The Nurse has submitted a rebuttal statement.  Yes  No ______

9. If the Nurse submitted a rebuttal, a copy is attached.  Yes  No ______

10. The Committee will report the nurse to BON.  Yes  No ______

11. Does Committee recommend corrective action?  Yes ___  No ___
   
   Action recommended: _________________________________________________________________

12. Did Committee find that external factors beyond the nurse’s control contributed to the incident?  Yes _____  No _____
   
   If Yes, briefly describe.

   Risk Management Committee information was shared for feedback: ____________________________

13. Is it suspected that the Nurse’s conduct is related to chemical dependency or mental illness?
   
   Chemical Dependency  _____  Mental Illness  _____  Neither  _____
   
   Both impairment was suspected and a practice violation was involved and nurse was reported to BON:  Yes _____
   
   Impaired practice was suspected but not practice violation and nurse reported to:  TPAPN_______  BON_____

14. Recommendations/Comments: (Optional: Use only if peer review committee’s recommendations are used in administrative/personnel decision making process.)

   ____________________________________________

Signature________________________________________

Committee Chair       Date

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INSTRUCTIONS

1. This report is designed for use when the nurse has been provided a Detailed Summary of Findings as required by Chapter 303. To avoid the nurse being given one description of the findings and the sponsoring facility another, the Detailed Statement of Facts should be the primary document for describing the committee’s findings.

2. Chapter 303 and BON rules require that if the committee makes an adverse finding, it must provide the nurse a detailed summary of findings and give the nurse an opportunity to submit a rebuttal statement.