NURSING PEER REVIEW COMMITTEE -- CASE ACTIVITY SHEET

Case Number:_____________  Date Opened:_________________________  Due Process Checklist Initiated:________

1. How initiated:______________________________________________________________________________________

2. Date nurse notified practice 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_____  No____
   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 patient safety committee: ___________________________ Date__________

Feedback was provided by the patient safety 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: ____________________________