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___
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
      • 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. CNO informed of decision  Yes___  No___
10. Detailed Summary of Informal Workgroup prepared  Yes___  No___
11. Workgroup decision made part of peer review records, committee.  Yes___  No___