DETAILED SUMMARY OF PEER REVIEW COMMITTEE FINDINGS

Note: This should serve as the committee's official report and be the document shared with the nurse, facility, BON, etc. There should not be other documents that purport to be the findings of the committee. If incident, etc. needs to be summarized in any other document, it should track as closely as possible what is set out in this document. The committee should maintain any case activity report and due process checklist prepared. The committee may also wish to maintain minutes but those minutes should not include findings of fact that differ from those set out below.

Case #:		
1. Nurse's Name:	Lic. #:	Date:
2. Nurse's Participation		
Nurse elected to participate: Yes	No	
3. Alleged Incident (Describe briefly. Do not use patient names.)		
Date:Time:Location:		Unit:
Incident:		
4. Summary of Evidence and Findings		
(State in detail. Do not use witness names. Use additional sheets if necessary.)		
5. Committee Finding (Check and complete one):		
a. Nurse did not engage in conduct subject to being reported		
b. Nurse engaged conduct subject to reporting in that her/his conduct		
violates the NPA or a BON rule and contributed to the death or serious injury of a patient		

- _____causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse
- _____constitutes abuse, exploitation, fraud, or a violation of professional boundaries;
- _____ indicates that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse's continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior

6. External Factors

a. Were factors beyond the nurse's control evaluated to determine if contributed to the nurse's conduct? Yes ____ No ____

b. Did the committee find that factors beyond the nurse's control contributed to the nurse's conduct? Yes ____ No ____

If Yes, describe:

7. Remediation or Corrective Action Recommendation

Was remediation or corrective action recommended? Yes _____ No _____

If Yes, Describe:

8. Report to BON The committee's action does not constitute action by the BON. What action, if any, the BON takes will be determined by the BON in accordance with the Nursing Practice Act and BON Rules and Regulations.

_____ a. The nurse will not be reported to the BON.

_____The nurse did not engage in conduct subject to reporting.

The nurse's conduct violated the NPA or a BON Rule, but it is a minor incident not required to be reported under Rule 217.16 and the committee elects not to report to the BON. However, the committee's report is available to the BON upon request.

_ b. The nurse will be reported to the BON and the report will include the following information

- the identity of the nurse;
- a description of any corrective action taken against the nurse;
- a recommendation whether the BON should take formal disciplinary action against the nurse and the basis for the recommendation;
- a description of the conduct subject to reporting;
- the extent to which any deficiency in care provided by the reported nurse was the result of a factor beyond the nurse's control; and
- any additional information the BON requires.

c. The committee will recommend the BON not take formal disciplinary action.

Disciplinary Action by Employer The committee's findings, recommendations and determinations may or may not result in disciplinary action by the employer. The decision as to disciplinary action, if any, will be made in accordance with the employer's personnel/disciplinary policies. The committee will convey its findings, recommendations and determinations to the appropriate administrative personnel.

9. Rebuttal Statement A reply or rebuttal statement may be submitted to this Detailed Summary of Findings. Any rebuttal statement submitted will be attached to the Committee's report and distributed with it. To assure that it will be attached, the rebuttal statement must be submitted to the committee chair no later than 10 days from the date of this statement. To protect patient confidentiality, please do not use patient names or other identifying information. Any patient-identifying information will be deleted from the statement.

10. Questions Any questions about this Summary of Detailed Findings should be submitted to the Committee Chair.

APPROVED BY COMMITTEE CHAIR:

Signature Date

ACKNOWLEDGEMENT OF RECEIPT BY RN/LVN:

Signature

Date