## INFORMAL WORKGROUP -- DETAILED SUMMARY OF FINDINGS

Note: This should serve as the informal workgroup and 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 #

Case #.					
1. Nurse's Nam	e:	L	ic. #:	Date:	
2. Alleged Incid	ent (Describe br	riefly. Do not use patient n	ames.)		
Date:	Time:	Location:	Ur	nit:	
Incident:					
3. Summary of	Evidence and Fi	indings			
(State in d	etail. Do not use	e witness names. Use addit	tional sheets if necessar	y.)	
	•	and complete one):			
a. Nurse	did not engage i	n conduct subject to being	reported		
b. Nurse	engaged conduc	t subject to reporting in tha	nt her/his conduct		
viol	ates the NPA or	a BON rule and contribute	ed to the death or serio	us injury of a patient	
cau	ses a person to si	uspect that the nurse's pract	ctice is impaired by che	emical dependency or dru	g or alcohol abuse
con	stitutes abuse, ex	xploitation, fraud, or a viol	ation of professional b	oundaries;	
coı	ntinued practice	urse lacks knowledge, ski of nursing could reasonal aer the conduct consists of	oly be expected to pose	e a risk of harm to a pati	
5. External Fact	tors				
a. Were fact	ors beyond the n	urse's control evaluated to	determine if contribute	d to the nurse's conduct?	Yes No
b. Did the w	orkgroup find th	at factors beyond the nurse	s's control contributed to	o the nurse's conduct?	Yes No
If Yes,	describe:				
6. Remediation	or Corrective A	ction Recommendation			
Was remedia	ation or correctiv	ve action recommended? Y	Yes No		
If Yes, Desc	ribe:				

	<b>BON</b> The workgroup's action does not constitute action by the BON. What action, if any, the BON takes ermined 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 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;
	<ul> <li>a recommendation whether the BON should take formal disciplinary action against the nurse and the basis for the recommendation;</li> </ul>
	<ul> <li>a description of the conduct subject to reporting;</li> </ul>
	<ul> <li>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</li> <li>any additional information the BON requires.</li> </ul>
	c. The workgroup will recommend the BON not take formal disciplinary action
result in di with the e	ry Action by Employer The workgroup's findings, recommendations and determinations may or may not iplinary action by the employer. The decision as to disciplinary action, if any, will be made in accordance ployer's personnel/disciplinary policies. The workgroup will convey its findings, recommendations and is to chair of the full nursing peer review committee who may share with appropriate administrative
rebuttal sta attached, the from the de	<b>Statement</b> A reply or rebuttal statement may be submitted to this Detailed Summary of Findings. Any ment submitted will be attached to the Workgroup's report and distributed with it. To assure that it will be rebuttal statement must be submitted to the full nursing peer review committee chair no later than 10 days e of this statement. To protect patient confidentiality, please do not use patient names or other identifying Any patient-identifying information will be deleted from the statement.
	s Any questions about this Summary of Detailed Findings should be submitted to the chair of either the agroup or the full committee.
APPROVI	BY INFORMAL WORKGROUP CHAIR:
Signature	Date
AGREED	O BY NURSE:
Signature	Date
RATIFIEI	BY NURSING PEER REVIEW COMMITTEE CHAIR:
Signature	Date