PURPOSE:
This procedure clarifies and provides consistent review of reports to the Nursing Care Quality Assurance Commission (NCQAC) alleging harm, injury, misconduct, and crimes.

PROCEDURE:

The NCQAC uses a Case Management Team to assess initial reports. Team members must include a panel of three NCQAC members (one of them a Public Member), a Staff Attorney, Investigator, and Discipline Program Manager.

The Case Management Team determines if the report is within the NCQAC’s statutory authority. When the NCQAC’s authority is apparent, the NCQAC members:

- authorize investigation of cases meeting the above threshold criteria or close cases that do not amount to a violation, for which there is no jurisdiction, insufficient information, or which meet the below threshold criteria.

The following lists are guidelines; any case may be opened based on case details. The commission must use its own judgment to open or close the case.
OPEN FOR INVESTIGATION

1. Drug diversion or narcotic abuse with impairment (work related). This includes use of illegal (street) drugs.
2. Sexual misconduct
3. Harm to patient requiring medical intervention
4. Physical and verbal abuse
5. Negligence which leads to patient death
6. Mental incapacity with harm to patient or likelihood of harm
7. Crimes against persons or personal property of a patient
8. Substance abuse affecting ability to practice safely
10. Beyond the scope, to include lack of documentation of clinical competency
11. Pattern of errors
12. Practice with an expired license for more than 6 months without allegation of unprofessional conduct.
13. Falsification of records
14. Inappropriate delegation beyond respondent’s own scope
15. Failure to supervise resulting in an unreasonable risk of harm to a patient or resulting in serious harm to a patient
16. Isolated incident of verbal threat to include threat of physical harm and/or psychological harm
BELOW THRESHOLD

1. Any single occurrence reported with no harm to patient nor prior complaint nor history of pattern
2. Single report of diversion of non mind-altering drug
3. Reports where the facility documents corrective action and on-going monitoring of practice
4. Misdemeanors, crimes not against persons
5. Falsification of application, other employer documents
6. Violating confidentiality
7. Reports of mental/emotional problems where no inappropriate conduct or behaviors in practice are present
8. Inappropriate delegations to unlicensed person that does not involve invasive procedures or piercing of skin (example: RN instructs nursing assistants to apply skin cream)
9. Practice with an expired license for 6 months or less without allegation of unprofessional conduct
10. Nursing error which results in minor discomfort with no sequelae, a transient problem
11. Failure to supervise resulting in no harm or minor harm to a patient
12. Communication issues not involving verbal abuse or patient harm
13. Demonstrated lack of credibility of the complainant
14. Failure to report a change in patient status or to respond to change in a patient’s condition
15. Isolated incident where negligence caused minimal harm to patient, and respondent recognized responsibility and obtained help, corrective action was taken

Below threshold closures may include incidents with no harm or minimal harm.

This procedure assures a timely response to allegations of practice violations which affect the health and safety of the public.

If there are more than three below threshold reports of the same type within 12 months, the reports are referred to a RCM. The RCM assesses the reports and recommends an appropriate action.

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