

Proposed Amendments to Rule 217.16
Relating to Minor Incidents

Summary of Request:

This report is to provide the Board members with NPAC's proposed revisions to the Minor Incident Rule 217.16, (agenda items 7.2.3, attachment 1 and 2).

Historical Perspective:

The Board charged the Nursing Practice Advisory Committee with the revision of the Minor Incident Rule 217.16, in October 2005.

The Minor Incident Rule has existed since 1994, but many people still misinterpret this rule as a "3-strikes and the nurse is out" rule. The intent of the Minor Incident Rule is to promote identification of a potential pattern of poor practice by a given nurse, and to establish when this nurse's practice must be reviewed by a group of peers to determine appropriate actions. Though focused on the nurse's practice, peer review may include recommendations for both the nurse (individual practice) and the employing facility (systems issues).

It is not uncommon for the Board staff to encounter a list of on-going practice-related errors preceding a serious incident that serves as the "last straw", resulting in a nurse being reported to the Board. Rarely has the nurse in such a scenario been "remediated" by the facility or nurse manager for the previous collection of practice-related errors. Had the nurse's practice been reviewed by a facility's peer review committee at an earlier stage in the process, perhaps corrective actions could have been initiated at the facility/employer level prior to more serious practice errors occurring. Timely and pre-emptive actions would serve to protect the public, and may spare the nurse being reported to the Board unnecessarily.

NPAC discussed concerns and suggestions from external stakeholders and groups regarding the ongoing perception that peer review of minor incidents is perceived as "punitive" rather than "remedial" in nature. As a result, NPAC agreed that a paradigm shift would be helpful. Specifically, a nurse should **not** be reported to the Board **unless** certain criteria are met.

Pros & Cons:

Pros: NPAC and board staff believes that proposed revisions to the Minor Incidents Rule 217.16 will promote clarity in the rule as well as encourage facilities and employers to focus on early remediation versus late punishment for practice-related errors. Protection of the public may be further enhanced with this shift in approach to minor incidents. The peer review process may be continued through the special workgroup.

Cons: Some facilities may still rely on the threshold "number" (5 incidents) for reporting either to peer review or the Board, and may not shift their focus to remediation and correction of practice errors. We do not know the full impact of this proposed revision. A nurse with competency issues may be overlooked.

Recommendations:

Move to adopt proposed revisions to Board Rule 217.16 as presented under agenda item 7.2.3, with allowance for non-substantive word editing by Board Counsel as may be deemed necessary for clarity. After subsequent publication in the Texas Register, if no negative comments are received, move the rules be adopted as amended.

Attachment 1
Proposed Amendments to the Minor Incidents Rule 217.16

(a) Purpose. The Board believes protection of the public is not enhanced by the reporting of every minor incident that may be a violation of the Texas Nursing Practice Act. This is particularly true when there are mechanisms in place in the nurse's practice setting to identify nursing errors, detect patterns of practice, and take corrective action; to remediate deficits and detect patterns of behavior. in a nurse's judgment, knowledge, training, or skill. This rule is intended to clarify what constitutes a minor incident and when a minor incident need not be reported to the board.

(b) Definition and Scope. A "minor incident" is defined by Tex. Occ. Code §301.419(a) as "conduct that does not indicate that the continuing practice of nursing by an affected nurse poses a risk of harm to the client or other person." ~~A nurse involved in an incident which is determined to be minor need not be reported to the Board or the Peer Review Committee if all of the following factors exist:~~

- ~~(1) the potential risk of physical, emotional or financial harm to the client due to the incident is very low;~~
- ~~(2) the incident is a singular event with no pattern indicating the nurse's continuing practice would pose a risk of harm to clients or others;~~
- ~~(3) the nurse exhibits a conscientious approach to and accountability for hi/her practice; and~~
- ~~(4) the nurse appears to have the knowledge and skill to practice safely.~~

(c) Exclusions. ~~Other factors which may be considered in determining whether a minor incident should be reported to the Board are:~~

- ~~(1) the significance of the nurse's conduct in the particular practice setting; and~~
- ~~(2) the presence of contributing or mitigating circumstances, including systems issues, in relation to the nurse's conduct.~~ The following conduct shall not be deemed a minor incident under any circumstance:

- (i) An error that contributed to a patient's death or serious harm.
- (ii) Criminal Conduct defined in Tx. Occ. Code §301.4535.
- (iii) A serious violation of the BNE's Unprofessional Conduct Rule (22 TAC, §217.12) involving intentional or unethical conduct such as fraud, theft, patient abuse or patient exploitation.

~~(d) A single minor incident need not be reported to the Board or the Peer Review Committee. When a decision is made that the incident is minor, the following steps are required:~~

- ~~(1) an incident/variance report shall be completed according to the facility's policy;~~
- ~~(2) a record shall be maintained of each minor incident;~~
- ~~(3) the incident/variance report shall contain a complete description of the incident, patient record number, witnesses, nurse involved, and the action taken to correct or remedy the problem;~~
- ~~(4) In practice settings where a Peer Review Committee exists, the nurse manager or supervisor shall report a nurse to the Peer Review Committee if three minor incidents involving the nurse are documented within a one year (any 12 consecutive month) time period; and~~
- ~~(5) the Peer Review Committee shall review the three minor incidents and make a determination as to whether a report to the Board is warranted in accordance with Texas Occupations Code Annotated §301.403 (NPA). The committee need not report to the Board when they determine that:~~

~~— (A) The nurse's actions in the three incidents considered together continue to meet the criteria of subsection (b)(1) — (4) of this section, relating to criteria for "minor incidents; and~~

~~— (B) the committee determines remediation and monitoring of the nurse's knowledge and/or skills can be accomplished without referral to the Board.~~

~~(6) If additional practice related errors are committed by the nurse after peer review is conducted, the information on the first three errors shall be given new consideration in combination with subsequent incidents occurring after this initial review process.~~

1 ~~(7) In practice settings where no Peer Review Committee exists, the nurse manager or supervisor~~
2 ~~shall review minor incidents involving those nurses under his/her supervision and keep the same~~
3 ~~reports as required in paragraphs (1)–(3) of this subsection. A nurse manager or supervisor shall~~
4 ~~report any nurse involved in three minor incidents within one year to the Board.~~

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6 Criteria for Determining If Minor Incident Is Board-Reportable.

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8 (1) A nurse involved in a minor incident need not be reported to the Board unless the
9 conduct:

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11 (i) creates a significant risk of physical, emotional or financial harm to the client,

12 (ii) indicates the nurse lacks a conscientious approach to or accountability for his/her
13 practice;

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15 (iii) indicates the nurse lacks the knowledge and competencies to make appropriate
16 clinical judgments and such knowledge and competencies cannot be easily remediated; or

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18 (iv) indicates a pattern of multiple minor incidents demonstrating that the nurse's
19 continued practice would pose a potential risk of harm to clients or others.

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22 (2) Evaluation of Multiple Incidents

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24 (i) Evaluation of Conduct.

25 In evaluating whether multiple incidents constitute grounds for reporting it is the responsibility of
26 the nurse manager or supervisor or peer review committee to determine if the minor incidents
27 indicate a pattern of behavior that demonstrates the nurse's continued practice poses a risk and
28 should be reported.

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30 (ii) Evaluation of Multiple Incidents.

31 In practice settings with nursing peer review, the nurse shall be reported to peer review if a nurse
32 commits five minor incidents within a 12-month period. In practice settings with no nursing peer
33 review, the nurse who commits five minor incidents within a 12 month period shall be reported to
34 the Board.

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36 (iii) Nurse Manager and Nurse Supervisor Responsibilities.

37 Regardless of the time frame or number of minor incidents, if a nurse manager or supervisor
38 believes the minor incidents indicate a pattern of behavior that poses a risk of harm, the nurse
39 should be reported to the Board or Peer Review Committee.

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41 ~~(e) Nothing in this rule is intended to prevent reporting of a potential violation directly to the Board.~~
42 Special Considerations in Evaluating Incidents. In evaluating whether a nurse's conduct
43 constitutes a minor incident or should be reported to the Board, the following should be
44 considered:

45 (1) If an incident is primarily the result of factors beyond the nurse's control and
46 addressing those factors is more likely to prevent the incident from reoccurring, a presumption
47 should exist that the incident is a non-reportable minor incident.

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49 (2) Multiple factors may contribute to medication errors. For the purposes of this
50 rule, a medication error should be evaluated to determine whether the error resulted from failure of
51 the nurse to exercise proper clinical judgment or if there were other extraneous factors that were
52 the primary cause of the error. Board Position Statement 15.17 provides guidelines for evaluating
53 medication errors.

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1 (f) Failure to classify an event appropriately in order to avoid reporting may result in violation of the
2 mandatory reporting statute. Documentation of Minor Incidents. A minor incident should be
3 documented as follows:

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5 (1) a report shall be prepared and maintained for 12 months that contains a
6 complete description of the incident, patient record number, witnesses, nurse involved and the
7 action taken to correct or remedy the problem;

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9 (2) if a medication error is attributable or assigned to the nurse as a minor
10 incident, the record of that incident should indicate why the error is being attributed or assigned to
11 the nurse.

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13 (g) Nursing Peer Review Committee.

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15 (1) A peer review committee receiving a report involving a minor incident or
16 incidents shall review the incident(s) and other conduct of the nurse during the previous 12
17 months to determine if the nurse's continuing to practice poses a risk of harm to clients or other
18 persons and whether remediation would be reasonably expected to adequately mitigate such risk
19 if it exists. The committee shall consider the special considerations set out in sec. (d).

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21 (2) Regardless of the number of incidents, the facility may choose
22 to initiate an informal review process utilizing a workgroup of the nursing peer review
23 committee. Peer review of minor incidents under this Rule may be conducted by a special
24 workgroup of the nursing peer review committee. The workgroup may conduct its review
25 using an informal process as long as the nurse has the opportunity to meet with the
26 workgroup and provided the nurse is given an opportunity to be peer reviewed in
27 accordance with Rule 217.19 (relating to Incident-based Nursing Peer Review) prior to
28 any report being made to the Board.

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30 (3) If the peer review committee determines either that the nurse's continuing to
31 practice does not pose a risk of harm to clients or other persons or that remediation could
32 reasonably be expected to adequately mitigate any such risk, the committee need not
33 report the nurse to the Board provided any remediation is successfully completed.

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35 (h) A Right To Report. Nurses and other persons are encouraged not to report minor incidents to
36 the Board unless required to do so by this rule, but nothing in this rule is intended to prevent
37 reporting of a potential violation directly to the Board.

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39 (i) Bad Faith Determination. Intentionally misclassifying an incident in bad faith to avoid reporting
40 may result in violation of the mandatory reporting statute.

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42 (j) Chief Nursing Officer's Responsibility. The chief nursing officer shall be responsible for taking
43 reasonable steps to assure that minor incidents are handled in compliance with this rule.

Attachment #2
Comparison of Current and Proposed Minor Incident Rule, 217.16

<p style="text-align: center;">CURRENT RULE LANGUAGE</p>	<p style="text-align: center;">PROPOSED RULE LANGUAGE</p>	<p style="text-align: center;">BNE STAFF COMMENTS</p>
<p>(a) The Board believes protection of the public is not enhanced by the reporting of every minor incident that may be a violation of the Texas Nursing Practice Act. This is particularly true when there are mechanisms in place in the nurse's practice setting to take corrective action, remediate deficits and detect patterns of behavior. This rule is intended to clarify both what constitutes a minor incident and when a minor incident need not be reported to the board.</p>	<p>(a) Purpose. The Board believes protection of the public is not enhanced by the reporting of every minor incident that may be a violation of the Texas Nursing Practice Act. This is particularly true when there are mechanisms in place in the nurse's practice setting to <u>identify nursing errors, detect patterns of practice, and</u> take corrective action; <u>to</u> remediate deficits and detect patterns of behavior. in a nurse's judgment, knowledge, training, or skill. This rule is intended to clarify what constitutes a minor incident and when a minor incident need not be reported to the board.</p>	<p>Lettering and numbering may be slightly altered from the NPAC meeting, due to the Texas Register requirements.</p> <p>Added heading for clarification and to facilitate reading.</p> <p>Adds language from the statute §303.011, which flows already into the peer review rules. Word clarification and emphasis on remediation of the nurse when appropriate.</p>

<p>(b)</p> <p>A "minor incident" is defined by Tex. Occ. Code §301.419(a) as "conduct that does not indicate that the continuing practice of nursing by an affected nurse poses a risk of harm to the client or other person." A nurse involved in an incident which is determined to be minor need not be reported to the Board or the Peer Review Committee if all of the following factors exist:</p> <p>(1) the potential risk of physical, emotional or financial harm to the client due to the incident is very low;</p> <p>(2) the incident is a singular event with no pattern indicating the nurse's continuing practice would pose a risk of harm to clients or others;</p> <p>(3) the nurse exhibits a conscientious approach to and accountability for his/her practice; and</p> <p>(4) the nurse appears to have the knowledge and skill to practice safely.</p>	<p>(b) <u>Definition and Scope.</u></p> <p>A "minor incident" is defined by Tex. Occ. Code §301.419(a) as "conduct that does not indicate that the continuing practice of nursing by an affected nurse poses a risk of harm to the client or other person." A nurse involved in an incident which is determined to be minor need not be reported to the Board or the Peer Review Committee if all of the following factors exist:</p> <p>(1) the potential risk of physical, emotional or financial harm to the client due to the incident is very low;</p> <p>(2) the incident is a singular event with no pattern indicating the nurse's continuing practice would pose a risk of harm to clients or others;</p> <p>(3) the nurse exhibits a conscientious approach to and accountability for his/her practice; and</p> <p>(4) the nurse appears to have the knowledge and skill to practice safely.</p>	<p>Added heading for clarification and to facilitate reading.</p> <p>Change approach from "criteria" that must be present to factors that define what constitutes a minor incident.</p>
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<p>(c)</p> <p>Other factors which may be considered in determining whether a minor incident should be reported to the Board are:</p> <p>(1) the significance of the nurse’s conduct in the particular practice setting; and</p> <p>(2) the presence of contributing or mitigating circumstances, including systems issues, in relation to the nurse’s conduct.</p>	<p>(c) Exclusions. Other factors which may be considered in determining whether a minor incident should be reported to the Board are:</p> <p>(1) the significance of the nurse’s conduct in the particular practice setting; and</p> <p>(2) the presence of contributing or mitigating circumstances, including systems issues, in relation to the nurse’s conduct.</p> <p><u>The following conduct shall not be deemed a minor incident under any circumstance:</u></p> <p><u>(A) An error that contributed to a patient’s death or serious harm.</u></p> <p><u>(B) Criminal Conduct defined in Tx. Occ. Code §301.4535.</u></p> <p><u>(C) A serious violation of the BNE’s Unprofessional Conduct Rule (22 TAC, §217.12) involving intentional or unethical conduct such as fraud, theft, deception, patient abuse or patient exploitation.</u></p>	<p>Added exclusion heading for clarification and to facilitate reading.</p> <p>Lists conduct defined in NPA and Rules that clearly falls outside the parameters of a “minor incident”.</p> <p>Blue font indicates staff’s recommendation to clarify the proposed rule language. This language is consistent with Rule 217.12 and the disciplinary sanction policy language.</p>
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<p>(d) A single minor incident need not be reported to the Board or the Peer Review Committee. When a decision is made that the incident is minor, the following steps are required:</p> <ol style="list-style-type: none"> (1) an incident/variance report shall be completed according to the facility's policy; (2) a record shall be maintained of each minor incident; (3) the incident/variance report shall contain a complete description of the incident, patient record number; witnesses, nurse involved, and the action taken to correct or remedy the problem; (4) In practice settings where a Peer Review Committee exists, the nurse manager or supervisor shall report a nurse to the Peer Review Committee if three minor incidents involving the nurse are documented within a one-year (any 12 consecutive month) time period; and (5) the Peer Review Committee shall review the three minor incidents and make a 	<p>(d) A single minor incident need not be reported to the Board or the Peer Review Committee. When a decision is made that the incident is minor, the following steps are required:</p> <ol style="list-style-type: none"> (1) an incident/variance report shall be completed according to the facility's policy; (2) a record shall be maintained of each minor incident; (3) the incident/variance report shall contain a complete description of the incident, patient record number; witnesses, nurse involved, and the action taken to correct or remedy the problem; (4) In practice settings where a Peer Review Committee exists, the nurse manager or supervisor shall report a nurse to the Peer Review Committee if three minor incidents involving the nurse are documented within a one-year (any 12 consecutive month) time period; and (5) the Peer Review Committee shall review the three minor incidents and make a 	<p>NPAC deleted this wording secondary to a paradigm shift in rule approach. See new language below.</p>
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<p>determination as to whether a report to the Board is warranted in accordance with Texas Occupations Code Annotated §301.403 (NPA). The committee need not report to the Board when they determine that:</p> <p>(A) The nurse’s actions in the three incidents considered together continue to meet the criteria of subsection (b)(1) – (4) of this section, relating to criteria for “minor incidents; and</p> <p>(B) the committee determines remediation and monitoring of the nurse’s knowledge and/or skills can be accomplished without referral to the Board.</p> <p>(6) If additional practice related errors are committed by the nurse after peer review is conducted, the information on the first three errors shall be given new consideration in combination with subsequent incidents occurring after this initial review process.</p> <p>(7) In practice settings where no Peer Review Committee exists, the nurse manager or supervisor</p>	<p>determination as to whether a report to the Board is warranted in accordance with Texas Occupations Code Annotated §301.403 (NPA). The committee need not report to the Board when they determine that:</p> <p>—(A) The nurse’s actions in the three incidents considered together continue to meet the criteria of subsection (b)(1) – (4) of this section, relating to criteria for “minor incidents; and</p> <p>(B) the committee determines remediation and monitoring of the nurse’s knowledge and/or skills can be accomplished without referral to the Board.</p> <p>(6) If additional practice related errors are committed by the nurse after peer review is conducted, the information on the first three errors shall be given new consideration in combination with subsequent incidents occurring after this initial review process.</p> <p>(7) In practice settings where no Peer Review Committee exists, the nurse manager or supervisor</p>	
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shall review minor incidents involving those nurses under his/her supervision and keep the same reports as required in paragraphs (1) – (3) of this subsection. A nurse manager or supervisor shall report any nurse involved in three minor incidents within one year to the Board.

~~shall review minor incidents involving those nurses under his/her supervision and keep the same reports as required in paragraphs (1) – (3) of this subsection. A nurse manager or supervisor shall report any nurse involved in three minor incidents within one year to the Board.~~

(d) Criteria for Determining If A Minor Incident Is Board-Reportable.

(1) A nurse involved in a minor incident need not be reported to the Board unless the conduct:

(A) creates a significant risk of physical, emotional or financial harm to the client,

(B) indicates the nurse lacks a conscientious approach to or accountability for his/her practice;

(C) indicates the nurse lacks the knowledge and

New language as proposed by NPAC. Because a minor incident does not indicate the nurse’s practice poses a risk of harm, a minor incident should be reportable only if it creates a significant risk of harm to a patient. A nurse is reportable at any point the nurse manager determines a pattern of behavior exists, that puts patients at risk.

Condition (C) makes a deficiency in knowledge and skill reportable only if the deficiency

competencies to make appropriate clinical judgments and such knowledge and competencies cannot be easily remediated; or

(D) indicates a pattern of multiple minor incidents demonstrating that the nurse's continued practice would pose a risk of harm to clients or others.

(2) Evaluation of Multiple Incidents

(A) Evaluation of Conduct.

In evaluating whether multiple incidents constitute grounds for reporting the nurse to the Board it is the responsibility of the nurse manager or supervisor or peer review committee to determine if the minor incidents indicate a pattern of behavior that demonstrates the nurse's continued practice poses a risk and should be reported.

(B) Evaluation of Multiple Incidents.

cannot be addressed easily through remediation. Requiring the remediation to be "readily available" is intended to exclude deficiencies requiring extensive remediation to correct. If extensive remediation is needed, then it is appropriate to report the nurse to the BNE.

Blue font indicates staff's recommendation to clarify the proposed rule language. The peer review committee (PRC) may assist with helping review one or more incidents to determine if the incidents are minor or whether they constitute a pattern of practice errors.

A nurse manager or supervisor may address an issue whenever they deem it is appropriate.

In practice settings with nursing peer review, the nurse shall be reported to peer review if a nurse commits five minor incidents within a 12-month period. In practice settings with no nursing peer review, the nurse who commits five minor incidents within a 12 month period shall be reported to the Board.

(C) Nurse Manager and Nurse Supervisor Responsibilities. Regardless of the time frame or number of minor incidents, if a nurse manager or supervisor believes the minor incidents indicate a pattern of behavior that poses a risk of harm, the

A specific threshold number of minor incidents serves as a trigger for review to determine if a pattern of practice errors exists. However, it increases the number from 3 to 5 and adds a requirement that the nurse is reportable to Peer Review or the Board at any point the nurse manager determines a pattern of behavior in fact exists.

The rationale for an increase in the threshold from 3 to 5 minor incidents is:

- (a) Gets away from the “3 strikes” connotation applied to the current rule,
- (b) Encourages the nurse manager and or peer review committee to apply critical thinking to a specific situation and not just focus on a threshold,
- (c) Encourages a remediation approach before reporting to the Board.

Establishes control and discretion of the nurse manager to utilize resources such as peer review at any point the nurse manager believes in good faith it is necessary.

	<p><u>nurse should be reported to the Board or Peer Review Committee.</u></p>	
<p>(e) Nothing in this rule is intended to prevent reporting of a potential violation directly to the Board.</p>	<p>(e) Nothing in this rule is intended to prevent reporting of a potential violation directly to the Board. Special Considerations in Evaluating Incidents. <u>In evaluating whether a nurse's conduct constitutes a minor incident or should be reported to the Board, the following should be considered:</u></p> <p style="padding-left: 40px;"><u>(A) If an incident is primarily the result of factors beyond the nurse's control and addressing those factors is more likely to prevent the incident from reoccurring, a presumption should exist that the incident is a non-reportable minor incident.</u></p> <p style="padding-left: 40px;"><u>(B) Multiple factors may contribute to medication errors. For the purposes of this rule, a medication error should be evaluated to determine whether the error resulted from</u></p>	<p>New language as proposed by the NPAC.</p> <p>Blue font indicates staff's recommendation to clarify the proposed rule language.</p>

	<p><u>failure of the nurse to exercise proper clinical judgment or if there were other extraneous factors that were the primary cause of the error. Board Position Statement 15.17 provides guidelines for evaluating medication errors.</u></p>	
<p>(f) Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute.</p>	<p>(f) Failure to classify an event appropriately in order to avoid reporting may result in violation of the mandatory reporting statute. Documentation of Minor Incidents. A minor incident should be documented as follows:</p> <p><u>(A) a report shall be prepared and maintained for 12 months that contains a complete description of the incident, patient record number, witnesses, nurse involved and the action taken to correct or remedy the problem;</u></p> <p><u>(B) if a medication error is attributable or assigned to the nurse as a minor incident, the</u></p>	<p>New language as proposed by the NPAC.</p> <p>Records shall be kept for 12 months and require specific documentation for medications errors. If any pattern of conduct presents, then the previous 12 month period should provide enough information to adequately evaluate if a pattern exists.</p>

	<p><u>record of that incident should indicate why the error is being attributed or assigned to the nurse.</u></p>	
	<p><u>(g) Nursing Peer Review Committee.</u></p> <p><u>(A) A peer review committee receiving a report involving a minor incident or incidents shall review the incident(s) and other conduct of the nurse during the previous 12 months to determine if the nurse’s continuing to practice poses a risk of harm to clients or other persons and whether remediation/changes would be reasonably expected to adequately mitigate such risk if it exists. The committee shall consider the special considerations set out in sec. (d).</u></p> <p><u>(B) Peer review of minor incidents under this Rule may be conducted by a special workgroup of the nursing peer review committee. The workgroup may conduct its</u></p>	<p>New language as proposed by NPAC.</p> <p>This is new language acknowledging nursing peer review can be done in an informal manner, provided the nurse has the option of full-blown due process before being reported to the Board. May provide protection for the nurse, in that s/he may ask for a repeal of the special</p>

	<p><u>review using an informal process as long as the nurse has opportunity to meet with the workgroup and provided the nurse is given an opportunity to be peer reviewed in accordance with Rule 217.19 (relating to Incident-based Nursing Peer Review) prior to any report being made to the Board.</u></p> <p><u>(C) If the peer review committee determines either that the nurse’s continuing to practice does not pose a risk of harm to clients or other persons or that remediation/changes could reasonably be expected to adequately mitigate any such risk, the committee need not report the nurse to the Board provided any remediation is successfully completed.</u></p>	<p>workgroup’s decision. Special workgroups of the Peer Review Committee are not specifically addressed or precluded in the NPA. NPAC believed the special workgroups would resolve some of the peer review process difficulties, ie: less intimidating. The interpretive guideline can provide clarification.</p>
	<p><u>(h) A Right To Report.</u> <u>Nurses and other persons are encouraged not to report minor incidents to the Board unless required to do so by this rule, but nothing in this rule is intended to prevent reporting of a potential violation directly to the Board.</u></p>	<p>New language proposed by NPAC.</p>

	<p><u>(i) Bad Faith Determination.</u> <u>Intentionally misclassifying an incident in bad faith to avoid reporting may result in violation of the mandatory reporting statute.</u></p>	<p>New language proposed by NPAC.</p>
	<p><u>(j) Chief Nursing Officer's Responsibility.</u> The chief nursing officer shall be <u>responsible for taking reasonable steps to assure that minor incidents are handled in compliance with this rule.</u></p>	<p>New language proposed by NPAC, under hospital licensing rules, chief nursing officers are responsible for nursing operations in a hospital.</p>