

TEXAS BOARD OF NURSING Employer Report Form

The Nursing Practice Act, Texas Occupations Code, Sections 301.401 - 301.419, requires nurses, nursing peer review committees, employers of nurses, as well as other entities, to report to the Texas Board of Nursing (BON or Board) any nurse who engages in conduct subject to reporting, pursuant to Section 301.401(1) that:

- (A) violates this chapter or a board rule and contributed to the death or serious injury of a patient;
- (B) causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse;
- (C) constitutes abuse, exploitation, fraud, or a violation of professional boundaries; or
- (D) 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.

Board rules in 22 Texas Administrative Code, §217.11 (Standards of Nursing Practice), §217.12 (Unprofessional Conduct), and §217.16 (Minor Incidents) may also be relevant to review in considering whether or not a nurse has engaged in reportable conduct. The Board does not normally address general employment issues or issues of attitude, such as rudeness of a nurse to co-workers.

Report forms are available through the BON website at <http://www.bon.texas.gov> under the Discipline & Complaints link; however, it is not necessary to have a form in order to report suspected violations of statutes or board rules by a nurse.

If an employer terminates, suspends for 7 or more days, makes an agency nurse a do-not-return, or takes other substantive disciplinary action against a nurse for practice-related errors (including accepting a nurse's resignation in lieu of termination), a report to the BON is required, and the peer review committee must meet solely to review external factors that may have contributed to the nurse's error to determine whether a report to the practice setting's Patient Safety Committee is required. Because the nurse has already been reported to the board, rule 217.19(f) provides that due process requirements for peer review do NOT apply to the nurse in this situation.

If the nurse is being reported due to a decision by a Nursing Peer Review Committee, please use the Board's Nursing Peer Review Committee report form to ensure all required information is included in the report.

In accordance with NPA section 301.410, the following provisions apply to reporting a nurse who may be impaired by reason of a substance use disorder, mental illness, or diminished mental capacity:

- (1) A person who is required to report a nurse because the nurse is impaired or suspected of being impaired by chemical dependency, substance use disorder, or mental illness may report to the Texas Peer Assistance Program for Nurses (TPAPN) [approved by the Board under Chapter 467, Health and Safety Code] instead of reporting to the Board or requesting review by a nursing peer review committee. It is not appropriate to peer review a nurse whose practice is suspected of being impaired. A nurse who wishes to seek assistance voluntarily may contact the Texas Peer Assistance Program for Nurses (TPAPN) at 512-467-7027 or 1-800-288-5528.
- (2) A person who is required to report a nurse because the nurse is impaired or suspected of being impaired by chemical dependency, substance use disorder, or diminished mental capacity must report to the board if the person believes that the impaired nurse committed a practice violation.

If applicable, it may be helpful to review the board's policy on Disciplinary Sanctions Regarding Substance Use Disorders and Other Alcohol and Drug Related Conduct, which is available in the Board Policies and Guidelines section under the Discipline & Complaints drop-down menu on the BON home page or can be accessed directly at https://www.bon.texas.gov/pdfs/disciplinary_sanction_policies_pdfs/Substance-Use-Disorders.pdf.

INSTRUCTIONS FOR COMPLETING THE ATTACHED REPORT FORM

The written report should include the following:

- (1) The nurse's license number and/or social security number. If available, the following are also helpful: date of birth, home address, home phone number, and a correct spelling of the nurse's full name.
- (2) A detailed summary of each alleged violation of the NPA. Include the date of each alleged incident and, if applicable, the medical record number or full name & date of birth of each patient involved. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended in 2002, the BON has authorized access to private health information in order to conduct its health oversight activities.
- (3) Indicate whether any systems issues and/or external factors were found that contributed to the incident/conduct.
- (4) The full names of any witnesses who were present, and their contact information (including direct dial phone numbers, mailing addresses, and/or email addresses), if possible.
- (5) Signature and contact information of the person filing the report. Pursuant to Section 301.417(a) of the Nursing Practice Act, the Texas Board of Nursing does not disclose the identity of a complainant.

Submit the completed report form to:

Texas Board of Nursing
Attention: Anthony Diggs, MSCJ, Director
Enforcement Division
333 Guadalupe Street, Suite 3-460
Austin, Texas 78701-3944
(512) 305-6838
Fax: (512) 305-6870

Complaints may also be made by contacting the Health Professions Council Complaint line at 1-800-821-3205.

The caller will be provided with a complaint form to complete and return to the BON office.

**EMPLOYER REPORT FORM
TO THE TEXAS BOARD OF NURSING
REGARDING VIOLATIONS**

of the

NURSING PRACTICE ACT, OTHER STATUTES, and BOARD RULES

PLEASE PRINT LEGIBLY

(1) INFORMATION ABOUT THE NURSE BEING REPORTED

FULL NAME: _____ LICENSE NUMBER: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

NURSE'S PHONE #: _____

NURSE'S EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE #: _____

(2) INCIDENT/CONDUCT BEING REPORTED (IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS)

DATE(S) OF INCIDENT(S): _____ TIME: _____ FACILITY/UNIT: _____

PATIENT'S NAME & DATE OF BIRTH OR OTHER IDENTIFIER:

INCIDENT/CONDUCT:

(3) SYSTEMS ISSUES AND/OR EXTERNAL FACTORS THAT CONTRIBUTED TO THE INCIDENT/ CONDUCT

Please indicate by date if more than one incident/conduct is being reported. Check any/ all that apply.

Leadership & Management Factors

- Inadequate supervision/ support by others
- Unclear scope and limits of authority/ responsibility
- Inadequate/outdated policies/ procedures
- Assignment or placement of inexperienced personnel
- Nurse shortage, sustained, at institutional level
- Inadequate patient classification (acuity) system to support appropriate staff assignments
- Other _____

Communication Systems Factors

- Communication systems equipment failure
- Interdepartmental communication breakdown/ conflict
- Shift change (patient hand-offs)
- Patient transfer (hand-offs)
- Inadequate channels for resolving disagreements
- Preprinted orders inappropriately used (other than medications)
- Medical record/ electronic health record not accessible
- Patient name similar/ same
- Patient identification failure
- Lack of or inadequate orientation/ training
- Computer system/ technology failure
- Lack of ongoing education/ training
- Other _____

Environmental Factors

- Poor lighting
- Increased noise level
- Frequent interruptions/ distractions
- Lack of adequate supplies/ equipment
- Equipment failure
- Physical hazards
- Multiple emergency situations
- Similar/ misleading labels (other than medications)
- Disaster
- Code situation
- Other _____

Backup & Support Factors

- Ineffective system for provider coverage
- Lack of adequate provider response
- Lack of nursing expertise system for support
- Forced choice in critical circumstances
- Lack of adequate response by lab/ x-ray/ pharmacy or other department
- Other _____

Staffing Issues

- Lack of supervisory/ management support
- Lack of experienced nurses
- Lack of nursing support staff
- Lack of clerical support
- Lack of other health care team support
- Other _____

Other Health Team Members Involved in the Nursing Practice Breakdown

- Supervisory nurse/personnel
- Physician (may be attending, resident, or other)
- Other prescribing provider
- Pharmacist
- Additional staff nurse
- Floating or temporary staff
- Other health professional (e.g. PT, OT, RT)
- Health profession student
- Medication assistant
- Other support staff
- Unlicensed assistive personnel (nurse aide, certified nursing assistant, CNA or other titles of non-nurses who assist in performing nursing tasks)
- Patient
- Patient's family/ friend
- Other _____

Healthcare Team Factors

- Intradepartmental conflict/ non-supportive environment
- Breakdown in health care team communication
- Lack of multidisciplinary care planning
- Intimidating/ threatening behavior
- Lack of patient involvement in plan of care
- Care impeded by policies or unwritten norms that restrict communication
- Majority of staff had not worked together previously
- Lack of patient education
- Lack of family/ caregiver education
- Other _____

Additional/ Other Information

(4) WITNESS INFORMATION

(Describe briefly what each witness saw, heard, or knows about the incident/conduct. If more space is needed, attach additional sheets.)

(1) Name: _____

Title/Position: _____

Direct Dial Phone: _____ E-mail Address: _____

Description of what this person saw, heard, or knows about the incident/conduct:

(2) Name: _____

Title/Position: _____

Direct Dial Phone: _____ E-mail Address: _____

Description of what this person saw, heard, or knows about the incident/conduct:

(3) Name: _____

Title/Position: _____

Direct Dial Phone: _____ E-mail Address: _____

Description of what this person saw, heard, or knows about the incident/conduct:

(5) COMPLAINANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

Signature

Date