

Alabama Board of Nursing Explanatory Statement.

When to Report? A Complaint Evaluation Tool

The Alabama Board Nursing (ABN) Standards of Practice require the licensed nurse to accept individual responsibility and accountability for timely reporting of illegal, substandard, unethical, unsafe, or incompetent nursing practice directly to the Board of Nursing. ABN Administrative Code § 610-X-6-.03(14).

It is not the intent, however, of the Nurse Practice Act that every nursing error be reported.

The Board's Standards of Practice guide the nurse's conduct, and the Board's disciplinary rules define unprofessional conduct. ABN has published the attached form to be used as a guide to help determine when reporting should occur. **This form is optional; any report of actual or potential unsafe practice can be reported regardless of the score on this form.** The intent of the ABN form is to provide guidance for those individuals who are unsure if a report is required.

It is important to note the following:

- ❖ This tool is NOT to be used for any other agencies or regulatory entities that require complaints or reports submitted to them. Nothing in this tool relieves the facility of its mandatory reporting obligations, including but not limited to mandated reporting to any federal or state regulatory entities.
- ❖ If the outcome of this form is not to report, then a copy of this form should be maintained. If the outcome of this form results in a report to the ABN, then inclusion of the completed form along with the complaint will aid the Board's investigation process.
- ❖ Reporting should occur regardless of the score on this form if a patient was harmed (including, but not limited to, increase length of stay; increased level of care; significant harm or injury; or death).

Instructions:

1. Complete this form and print.
2. Rate the practice event in all five horizontal rows (GUIDE).

G	General Nursing Practice
U	Understanding/level of experience
I	Internal policies/standards/LIP orders
D	Decision/choice
E	Ethics/credibility/accountability

3. Determine the numerical value of the criteria in the vertical columns that best describe the event, and then place that number in the far-right hand column.
4. If this form is used to make the decision to report, please include it in your complaint.
5. ABN Board staff are available to assist if you need help at 1-800-656-5318.

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	Criteria	Human Error	At Risk Behavior			Reckless Behavior		Score
		0	1	2	3	4	5	
G	General Nursing Practice	No prior written counseling for practice issues	Prior written counseling for single non-related practice issue within the last 12 months.	Prior written counseling for single related practice issue within the past 12 months	Prior written counseling for various practice issues within the past 12 months.	Prior written counseling for same practice issue within last 12 months.	Prior written counseling for same or related practice issue within last 6 months with minimal to no evidence of improvement.	
U	Understanding/ Level of Experience	Has knowledge, skills and ability. Incident was accidental, inadvertent, or oversight.	Limited understanding of correct procedure. May be novice <6 months of experience in nursing or with the current event/activity.	Limited understanding of options/resources. Aware of correct procedure but in this instance cut corners. May be advanced beginner – 6 months to 2 years’ experience in nursing or with current event/activity.	Aware of correct action/rationale but failed to apply in this incident. Did not obtain sufficient information or utilize resources before acting. May be competent > 2 years’ experience in nursing or with current event/activity.	In this instance, there was intentional negligence or failure to act/not act according to standards. Risk to client outweighed benefits. May be in a position to guide/influence others. May be proficient >5 years in nursing or with current event/activity.	In this instance, there was intentional gross negligence/unsafe action/inaction. Licensee demonstrated no regard for client safety and harm almost certainly would occur. May hold a leader/mentor position. May be expert performer >5 years in nursing or with event/activity.	
I	Internal Policies/standards and/or LIP orders for care	Unintentional breach or no policy/standard/LIP order exists.	Policy/Standard/LIP order has not been enforced as evidenced by cultural norm (common deviation of staff) or policy/standard/LIP order was misinterpreted.	Policy/Standard/LIP order clear but nurse deviated in this instance as a time saver. Failed to identify potential risk for client. No evidence of pattern.	Aware of policy/standard/LIP order but ignored or disregarded to achieve perceived expectations of management, client, or others. Failed to utilize resources appropriately, may indicate a pattern.	Intentionally disregarded policy/standard/LIP order for own personal gain.	Intentional disregard of policy/standard/order with understanding of negative consequences for the client.	
D	Decision/Choice	Accidental/mistake/ inadvertent error	Emergent situation – quick response required to avoid client risk.	Non-emergent situation. Chose to act/not act because perceived advantage to client outweighed the risk.	Emergent or non-emergent situation. Chose to act/not act without weighing options or utilizing resources, Used poor judgment.	Clearly a prudent nurse would not have taken same action. Unacceptable risk to client/agency/public. Intentional disregard for client safety.	Willful egregious/flagrant choice, Put own interest above that of the client/agency/public. Intentionally neglected red flags. Substantial and unjustifiable risk.	
E	Ethics/credibility/ accountability	Identified own error and self-reported. Honest and remorseful.	Readily admitted to error and accepted responsibility when questioned. Identified opportunities and plan for improvement in own practice.	Reluctantly admitted to error but attributed to circumstances to justify action/inaction. Cooperative during investigation and demonstrated acceptance of performance improvement plan.	Denied responsibility until confronted with evidence, Blamed others or made excuses for action/inaction. Failed to see significance of error. Reluctantly accepted responsibility and denied need for corrective action.	Denied responsibility despite evidence, Indifferent to situation. Uncooperative, insubordinate and/or dishonest during investigation.	Took active steps to conceal error or failed to disclose known error. Provided misleading information during investigation or destroyed evidence. May have inappropriately confronted others regarding investigation.	
Total								

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No Board Report Required	Report or call the Board for Consultation if Unsure	Board Report Required (Mandatory)
3 or more criteria in "Human Error" column <u>OR</u> Criteria score of 6 or less	3 or more criteria in "At Risk Behavior" column <u>OR</u> Criteria score 7-15	2 or more criteria in "Reckless Behavior" column <u>OR</u> Criteria score 16 or more <u>OR</u> Incident involved fraud, client abuse, theft, diversion, sexual misconduct, mental/physical impairment, impairment due to substance use, patient harm or death.

Complaint Evaluation Tool Completed by _____ Facility Name _____

Contact number and email address _____

If a report is made to the Board, please fax/submit a copy of this form to the Board at (334) 293-5201. If no report is made, retain in employee file or per facility policies.

This form has been adapted, with permission, from the Oregon State Board of Nursing CET Tool. The ABN wishes to thank the Board and staff of the Oregon State Board of Nursing for their consent to adapt this form for use in Alabama.