State of Ohio Board of **Nursing**

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

The Board requests that employers answer the following questions when reporting a nurse who has committed a practice breakdown, including but not limited to documentation errors, failure to follow physician's orders, failure to assess a patient, failure to perform treatments, and medication errors.

Supplemental Information Form
For Employers

This form is kept confidential pursuant to Section 4723.28(I), ORC and is not a public record.

Instructions: You may download this form, complete it on your computer, save it as a Word document, and e-mail it as an attachment, to complaints@nursing.ohio.gov. Or you may fax the completed form to 614-995-3685, or send via regular mail it to the Board's Office, Att'n Compliance Unit, at the address listed above in the letterhead. If you have questions, please call 614-466-9560.

Under HIPAA, the Board is a health oversight agency to whom release of PHI is a permitted disclosure without patient authorization. 45 CFR 164.512(d).

Name of Nurse: _____

Date of Incident: _____

Name of Facility: _____

1. Type of Community: *select ONLY one*
- ☐ Rural (lowly populated, farm or ranch land, communities of 10, 000 or less)
- ☐ Suburban (towns, communities of 10,000 to 50,000)
- ☐ Urban (any city over 50,000)

2. Type of Facility or practice environment: *select ONLY one*
- ☐ Ambulatory Care
- ☐ Behavioral Health
- ☐ Home Care
- ☐ Long Term Care
- ☐ Physician/Provider Office or Clinic
- ☐ Assisted Living
- ☐ Critical Access Hospital
- ☐ Hospitals
- ☐ Office-based Surgery
- ☐ Other, please specify_____

3. Facility Size: *select ONLY one*
- ☐ 5 or fewer beds ☐ 6 – 24 beds ☐ 25 – 49 beds ☐ 50 – 99 beds ☐ 100 -199 beds ☐ 200 – 299 beds
- ☐ 300 – 399 beds ☐ 400 – 499 beds ☐ 500 or more beds ☐ Not Applicable

4. Medical Record System: *select ONLY one*
- ☐ Electronic physician orders ☐ Electronic medication administration system
- ☐ Paper documentation ☐ Combination paper/electronic record

5. Length of time the nurse had worked for the organization/agency where the practice error or breakdown occurred: *select ONLY one*
- ☐ Less than 1 month ☐ 1 month ☐1 -12 months ☐1 -2 years ☐ 2 – 3 years ☐ 3 – 5 years
- ☐ More than 5 years

6. Work start and end times when the practice breakdown occurred (please denote am or pm):
Start time _____ am/pm End time _____ am/pm Time of incident _____ am/pm

7. Length of time the nurse had worked in patient care location / department where the practice breakdown occurred
☐ Less than 1 month ☐ 1 month - 12 months ☐ 1 - 2 years ☐ 2 - 3 years ☐ 3 - 5 years
☐ More than 5 years

8. Length of time the nurse had been in the specific nursing role at the time of the practice breakdown:
☐ Less than one month ☐ 1 month - 12 months ☐ 1 - 2 years ☐ 2 - 3 years ☐ 3 - 5 years
☐ More than 5 years

9. Type of shift:
☐ 8 hour ☐ 10 hour ☐ 12 hour ☐ On call ☐ Other - please specify _____

10. Days worked in a row at the time of the practice breakdown (include ALL positions / employment):
☐ First day back after time off ☐ 2 - 3 days ☐ 4 - 5 days ☐ 6 or more days

11. Was the nurse working in a Temporary capacity (e.g., traveler, float pool, covering a patient for another nurse)?
☐ Yes ☐ No

12. Assignment of the nurse at time of the practice breakdown:
☐ Direct patient care ☐ Team leader ☐ Charge nurse ☐ Nurse manager / supervisor
☐ Combination patient care / leadership role

13. How many direct care patients were assigned to the nurse at the time of the practice breakdown? Number of Patients _____

14. How many staff members was the nurse responsible for supervising at the time of the practice breakdown? Number of Staff _____

15. How many patients was the nurse responsible for overall (counting direct-care patients and the patients of the other staff the nurse was supervising at the time of the practice breakdown)?
Number of Patients _____

16. Previous discipline history by employer(s), including current employer, for practice issues?
☐ Yes (Please include copies with this complaint form) ☐ No

17. Employment Outcome: *Select ONLY one*
☐ Employer retained nurse ☐ Nurse resigned ☐ Nurse resigned in lieu of termination
☐ Employer terminated / dismissed nurse ☐ Other – please specify_____

18. Patient age _____ or (If more than one patient was involved, report data for the patient with the most serious harm, or risk of harm).

19. Patient gender (If more than one patient was involved, report data for the patient with the most serious harm, or risk of harm). ☐ Male ☐ Female

20. Were the patient's family and/or friends present at the time of the practice breakdown?
☐ Yes ☐ No

21. Indicate whether the patient exhibited any of the following at the time of the practice breakdown: *Check ALL that apply*
☐ Agitation /Combativeness ☐ Altered level of consciousness ☐ Cognitive impairment
☐ Communication /Language difficulty ☐ Depression / Anxiety ☐ Inadequate coping /stress management ☐ Incontinence ☐ Insomnia ☐ Pain Management Issues ☐ Sensory deficits (hearing, vision, touch) ☐ None

22. Indicate the patient's diagnosis: *Check no more than TWO diagnoses, those that contributed to the reported situation.*
☐ Alzheimer's disease and other dementias (confusion) ☐ Arthritis ☐ Asthma ☐ Back problems ☐ Cancer ☐ Congestive heart failure ☐ Depression and anxiety disorders ☐ Diabetes
☐ Emphysema ☐ Fractures ☐ Gall bladder disease ☐ Gastrointestinal disorders ☐ HIV / AIDS ☐ Hypertension ☐ Infections ☐ Ischemic heart disease (CAD, MI)
☐ Nervous system disorders ☐ Pneumonia ☐ Pregnancy ☐ Renal / urinary system disorders
☐ Skin disorders ☐ Stomach ulcers ☐ Stroke (CVA)
☐ Other - please specify _____

23. What happened to the patient? *Check ALL that apply*
☐ Patient fell ☐ Patient departed without authorization ☐ Patient received wrong medication
☐ Patient received wrong treatment ☐ Patient received wrong therapy
☐ Patient acquired nosocomial (hospital acquired) infection ☐ Patient suffered hemolytic transfusion reaction ☐ Patient suffered severe allergic reaction / anaphylaxis ☐ Patient was abducted ☐ Patient was assaulted ☐ Patient suicide ☐ Patient homicide
☐ Other - please specify _____

24. Patient Harm: *Select ONLY one*
☐ No harm - An error occurred but with no harm to the patient
☐ Harm - An error occurred which caused a minor negative change in the patient's condition.
☐ Significant harm - Significant harm involves serious physical or psychological injury. Serious injury specifically includes loss of function or limb.
☐ Patient death - An error occurred that may have contributed to or resulted in patient death.

25. Did the practice breakdown involve a medication error?
☐ Yes ☐ No *If No, skip to Question 29*

26. Name of drug involved in the practice breakdown (Include complete medication order):
Drug ordered _____ Drug actually given _____

27. Indicate the type of medication error. (The type of medication error identifies the form or mode of the error, or how the error was manifested.): *Check ALL that apply*
☐ Drug prepared incorrectly ☐ Extra dose ☐ Improper dose / quantity ☐ Mislabeling
☐ Omission ☐ Prescribing ☐ Unauthorized drug ☐ Wrong administration technique
☐ Wrong dosage form ☐ Wrong drug ☐ Wrong patient ☐ Wrong route ☐ Wrong time
☐ Wrong reason ☐ Abbreviations
☐ Other - please specify _____

28. Did the practice breakdown involve a documentation error? ☐ Yes ☐ No
If Yes, the practice breakdown documentation error involved: ☐ Pre-charting / untimely charting
☐ Incomplete or lack of charting ☐ Charting incorrect information ☐ Charting on wrong patient record ☐ Other - please specify _____

29. If Attentiveness / Surveillance was a factor in the Practice Breakdown, *Check ALL that apply:*

☐ Patient not observed for an unsafe period of time ☐ Staff performance not observed for an unsafe period of time ☐ Other - please specify _____

30. If Clinical Reasoning was a factor in the Practice Breakdown, *Check ALL that apply:*
☐ Clinical implications of patient signs, symptoms and/or responses to interventions not recognized
☐ Clinical implications of patient signs, symptoms and/or interventions misinterpreted
☐ Following orders, routine (rote system) without considering specific patient condition
☐ Poor judgment in delegation and the supervision of other staff members
☐ Inappropriate acceptance of assignment or accepting a delegated action beyond the nurse's knowledge and skills
☐ Lack of knowledge   ☐ Other - please specify_____

31. If Prevention was a factor in the Practice Breakdown, *Check ALL that apply*
☐ Preventive measure for patient well-being not taken   ☐ Breach of infection precautions
☐ Did not conduct safety checks prior to use of equipment
☐ Other – please specify_____

32. If Intervention was a factor in the Practice Breakdown *Check ALL that apply*
☐ Did not intervene for patient   ☐ Did not provide timely intervention
☐ Did not provide skillful intervention ☐ Intervened on wrong patient
☐ Other - please specify _____

33. If Interpretation of Authorized Provider's Orders was a factor in the Practice Breakdown,
Check ALL that apply
☐ Did not follow standard protocol / order   ☐ Missed authorized provider's order
☐ Unauthorized intervention (not ordered by an authorized provider) ☐ Misinterpreted telephone or verbal order ☐ Misinterpreted authorized provider handwriting ☐ Undetected authorized provider error resulting in execution of an inappropriate order ☐ Other - please specify _____

34. If Professional Responsibility / Patient Advocacy was a factor in the Practice Breakdown,
Check ALL that apply
☐ Nurse failed to advocate for patient safety and clinical stability ☐ Nurse did not recognize limits of own knowledge and experience ☐ Nurse did not refer patient to additional services as needed
☐ Specific patient requests or concerns unattended ☐ Lack of respect for patient / family concerns and dignity ☐ Patient abandonment ☐ Boundary crossings / violations ☐ Breach of confidentiality
☐ Nurse attributes responsibility to others ☐ Other - please specify _____

35. Did the questionnaire allow you to capture the essential elements of the practice breakdown? If not, please explain what was missing that would have helped describe the case (please send all related documentation and witness statements confirming the practice violation)_____