

INFORMAL WORKGROUP -- CASE ACTIVITY SHEET

Case Number: _____ Date Opened: _____ Due Process Checklist Initiated: _____

1. Nurse provided copies of policies for informal workgroup and consented in writing to its use: Yes ___
2. A revised timeline for nursing peer review was mutually agreed to with nurse? Yes ___ No ___
3. Date review referred to informal workgroup: _____
4. Nurse was provided due process required by BON Rule 217.19 Yes ___ No ___
 - a. Composition of workgroup complied with BON Rule 217.19 Yes ___ No ___
 - Persons with administrative/personnel authority directly affecting nurse not on committee and participated in meeting only as fact witnesses
 - b. Nurse consented to use of workgroup Yes ___ No ___
 - c. Nurse given opportunity to meet with committee Yes ___ No ___
 - d. Nurse given right to reject workgroup's decision & be reviewed by full committee Yes ___ No ___
5. External factors were identified? Yes ___ No ___

If so, chair of full committee notified and shared information with a patient safety committee for feedback

Yes ___ No ___
6. Nurse's practice was suspected of being impaired by chemical dependency or mental illness? Yes ___ No ___

If so, chair of full committee was notified and informal workgroup suspended? Yes ___ No ___
7. Nurse agreed to workgroup decision? Yes ___ No ___
8. Chair of full committee ratified decision Yes ___ No ___
9. Nurse's Supervisor/Administrator informed of decision Yes ___ No ___
10. Detailed Summary of Informal Workgroup prepared Yes ___ No ___
11. Workgroup decision made part of peer review committee records. Yes ___ No ___