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| VOLUME 5: NURSING SERVICES | Effective Date: 07/2015 |
| CHAPTER 17.2 | Revision Date: |
| 5.17.2 NURSING PROFESSIONAL PRACTICE COUNCIL PROCEDURE | Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

I. PROCEDURE OVERVIEW

The Nursing Professional Practice Council (NPPC) is a headquarters committee that reviews all deaths and reviews and responds to referrals to identify possible deficiencies and/or best practices in nursing care within California Correctional Health Care Services (CCHCS) and California Department of Corrections and Rehabilitation (CDCR) institutions. NPPC evaluates concerns involving nursing practice deficiencies and system issues that present an increased level of risk to patients and the organization.

II. DEFINITIONS

At-Risk Behavior: Behavior choice that increases risk where risk is not recognized, or is mistakenly believed to be justified.

Continuum of Care Review: A type of review conducted by Nurse Consultant Program Review (NCPR) staff into the quality and appropriateness of a continuum of care delivered by several nursing staff members over a defined period of time in a specific clinic setting or service line that resulted in adverse patient outcome(s).

Death Review: A type of review conducted by NCPR staff into the quality and appropriateness of nursing care, nursing practice issues, best practices, and factors that may have significantly impacted quality of patient care, thereby contributing to the death of a patient.

Human Error: Inadvertently doing other than what should have been done, such as a slip, lapse, or mistake.

Nurse Reviewer: A designated NCPR staff assigned to perform a review pursuant to a referral submitted to the NPPC.

Nursing Best Practice: Nursing care that is consistent with established American Nurses Association (ANA) nursing scope and standards of practice and the policies and procedures of both the CCHCS and the CDCR.

Nursing Deficiency: Nursing care which deviates from established ANA nursing scope and standards of practice and/or the policies and procedures of CCHCS and/or CDCR.

Nursing Practice Review: A type of review conducted by NCPR staff into the quality and appropriateness of services ordered or performed by nursing staff within CCHCS.

Pattern of Practice Review: A type of review conducted by NCPR staff into the quality and appropriateness of services ordered or performed by nursing staff over a specified period of time. Pattern of Practice reviews shall include a review of all patient encounters by an individual nurse staff over a specified time frame.

Reckless Behavior: Behavioral choice to consciously disregard a substantial and unjustifiable risk.

Sentinel Event Review: A type of review conducted by NCPR staff into the quality and appropriateness of an episode of care delivered by a single member or several identified members of the nursing staff.

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System Issue: A process or procedural component that impacts the likelihood of clinical errors.

III. RESPONSIBILITIES

The Statewide Chief Nurse Executive (SCNE) or designee has the overall responsibility for implementation of this procedure.

IV. PROCEDURE

A. NPPC Membership

1. Voting Members:
 - NPPC Chairperson: A Headquarters (HQ) Chief Nurse Executive (CNE) (1) designated by the SCNE
 - HQ CNEs (2)
 - Institution CNEs (one from each region) (4)
 - NCPRs (2)
2. Non-voting Members:
 - Nurse reviewers
 - Nursing administrative staff
3. A quorum is required to pass a recommendation and exists when at least five (5) voting members are present.

B. Sources of Cases for NPPC review

1. All deaths shall be reviewed by the NPPC as a sampling of nursing care provided to patients within CDCR institutions for identification of nursing best practices and nursing care deficiencies involving nursing staff and/or system issues.
2. Referrals submitted by, but not limited to:
 - a. Headquarters clinical leadership
 - b. Death Review Committee
 - c. Institution health care leadership
 - d. Clinical programs (Dental, Medical, Mental Health, Nursing)
 - e. Office of Third Level Appeals
 - f. Patient Safety Program
 - g. Peer review committees
 - h. California Board of Registered Nurses, California Board of Vocational Nurses and Psychiatric Technicians, and other licensing bodies
 - i. Office of the Receiver
3. Medication Error Reports

C. Referral Criteria

Referrals to the NPPC shall be made for clinical practice issues as follows:

1. Departures from standards of nursing care and evidence-based practice that place patients or the organization at risk.
2. The repeated failure to provide the required nursing care.
3. Failure to provide care or exercise caution in a single situation which the nurse knew or should have known could result in patient harm.

D. Referral Documentation Requirements

1. All referrals shall be in writing utilizing the NPPC Referral Template (Attachment 1), which is available online on the Lifeline Nursing Services page.

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2. Referral content shall include:
 - a. A concise statement about the nursing best practice or deficiency
 - b. Supporting evidence
 - c. Identification of nursing staff involved
 - d. Patient demographic information
 - e. Referral source and contact information
3. NPPC referrals shall be sent electronically to the NPPC mailbox at “CDCR CCHCS Nursing Professional Practice Council” as displayed in the CDCR Global Address List or CDCRCCHCSNPPC@cdcr.ca.gov.

E. Assignment of Case

Upon receipt of a death review or referral, an HQ CNE shall assign the matter to an NCPR staff and designate the type of review and an appropriate time for completion.

F. Types of Nurse Practice Review

1. The NCPR shall conduct one or more of the following reviews based on the substance of the referral:
 - a. Nursing Practice Review
 - b. Pattern of Practice
 - c. Sentinel Event Review
 - d. Continuum of Care Review
 - e. Nursing Death Review

G. Review Process

1. The NCPR shall conduct a factual review of the reported situation utilizing relevant information gathered from a variety of sources to include, but not limited to:
 - a. Patient health records and any other relevant documentation
 - b. Site visits
 - c. Witness statements
2. When appropriate, the NCPR shall also consider extenuating circumstances and external factors that may have contributed to any deficiency.
3. After gathering the facts, the NCPR shall prepare a written report in the format appropriate for the type of review being conducted. The review shall address:
 - a. Reason for referral or review
 - b. Summary of findings
 - c. Source documents, case materials, identification of witnesses
 - d. Additional information or materials considered
 - e. Identified nursing best practices or deficiencies
 - f. Reviewer recommendations
4. The NCPR shall submit the completed report to the HQ CNE for approval within the designated timeframe.
5. Approved reports shall be saved to the NPPC submission folder for inclusion on the next available NPPC agenda.

H. NPPC Meeting Process

1. The NPPC shall meet regularly, but not less than once a month.
2. The chairperson calls the meeting to order.
3. Prior minutes are reviewed and approved.
4. Nursing death review summaries and referrals are reviewed.
 - a. The NCPR presents the completed report

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- b. The NPPC discusses the report and classifies the identified deficiency(ies) as:
 - 1) Human error
 - 2) At-risk behavior
 - 3) Reckless behavior
 - 4) System issue
5. After evaluating the reviewer's findings and recommendations, the NPPC shall vote to resolve the matter by one or more of the following:
 - a. Close the case, or
 - b. Forward the recommendations to the hiring authority and/or the referring entity.

I. NPPC Data Collection and Reporting

1. Nursing support staff shall collect and store data and NPPC recommendations from each meeting and from medication error reports. This data shall be compiled and made available for clinical evaluation and analysis.
2. NPPC clinical staff shall evaluate and analyze the data and generate statewide reports on a regular basis, but not less than quarterly, for quality improvement efforts and to inform policy, curriculums, competencies, and educational offerings specific to nursing practice and safe medication administration.

J. Reporting Requirements for Serious Professional Practice Lapses

1. NPPC shall report findings of serious professional practice lapses by nurses to the appropriate institution hiring authority, institution CNE and the headquarter Governing Body.
2. The institution hiring authority and institution CNE shall take appropriate action to address the professional practice lapses of the identified nurse to ensure patient safety.
3. The institution hiring authority shall report to the proper California Nursing Board in accordance with California Business and Professions Codes as follows:
 - a. California Board of Vocational Nursing and Psychiatric Technicians
 - 1) Licensed Vocational Nurses – Business and Professions Code, Section 2878
 - 2) Psychiatric Technician – Business and Professions Code, Section 4521
 - b. California Board of Registered Nursing – Business and Professions Code, Sections 2761 and 2776
4. Institution CNEs shall notify the Regional CNE and the SCNE of reports submitted to California Nursing Boards.

V. REFERENCES

- American Nurses Association (ANA); Nursing: Scope and Standards of Practice, 2010, <http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards>
- California Business and Professions Code, Division 2, Chapter 6, Article 3, Section 2761
- California Business and Professions Code, Division 2, Chapter 6, Article 3.5, Section 2776
- California Business and Professions Code, Division 2, Chapter 6.5, Article 3, Section 2878
- California Business and Professions Code, Division 2, Chapter 10, Article 3, Section 4521



ATTACHMENT 1

Nursing Professional Practice Council

Referral Form

(Confidential Practice Review Document)

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|------------------------|--|---|--|--|----------------------------------|
| Referral Type | <input type="checkbox"/> Best Practice <input type="checkbox"/> Deficiency | | | | |
| Referral Source | <input type="checkbox"/> Office of the Receiver | <input type="checkbox"/> HQ Clinical Leadership | <input type="checkbox"/> Institution HC Leadership | | |
| | <input type="checkbox"/> Patient Safety Program | <input type="checkbox"/> PRSC | <input type="checkbox"/> DRC | <input type="checkbox"/> OTLA | <input type="checkbox"/> OIA |
| | <input type="checkbox"/> BRN / BVNPT | <input type="checkbox"/> Dental | <input type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Nursing |
| | <input type="checkbox"/> Other: (please delineate) | | | | |
| Contact Name: | Contact Number: | | Referral Date: | | |

REQUEST FOR REVIEW

Provide a concise description of the nursing process, clinical practice, incident, and/or allegation to be reviewed. The following must be included: the name(s) and contact(s) of the nurse(s), nursing unit name and supervisor, the date(s) or time period to be reviewed, any evidence supporting best practice or the suspicion of substandard clinical practice, and patient demographic information.

Send Referrals electronically to the Nursing Professional Practice Council Inbox:
CDCR CCHCS Nursing Professional Practice Council or CDCRCCHCSNPPC@cdcr.ca.gov