

**DEPARTMENT OF HEALTH  
NURSING CARE QUALITY ASSURANCE COMMISSION  
PROCEDURE**

<b>Title:</b>	Early Remediation Program	<b>Number:</b>	A34.09
<b>Reference:</b>	RCW 18.130.050, RCW 18.130.090, RCW 18.130.172 WAC 246-840-581, WAC 246-840-582, and WAC 246-840- 583, WAC 246-16-890		
<b>Contact:</b>	Catherine Woodard Director, Discipline and Nursing Care Quality Assurance Commission (NCQAC)		
<b>Effective Date:</b>	September 10, 2021		
<b>Supersedes:</b>	May 14, 2021 March 13, 2020; March 10, 2017; September 11, 2015; September 13, 2013; September 21, 2012; July 19, 2011; September 11, 2009	<b>Date Reviewed:</b>	September 2021

**Approved:**



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**PURPOSE:**

The intent of the Early Remediation (ER) Program is to protect patients by resolving allegations of practice deficiencies of a less serious nature through a plan of remedial education and training. Such allegations may not include substance use or drug diversion.

**PROCEDURE:**

- A. When the Nursing Care Quality Assurance Commission (NCQAC) receives a report of substandard nursing practice, staff follow the Case Intake Procedure (A50) to initiate a case file. The case is scheduled for the next Case Management Team (CMT) meeting. The CMT reviews the report and makes one of three decisions:
1. Close the matter without action (See Procedure A06 Review of Commission Reports);
  2. Authorize the case for full investigation; or
  3. Authorize the case for investigation and identify the case as a candidate for the ER Program.

Reports that identify a newly licensed nurse or a nurse who had inadequate orientation should be considered for the ER Program.

B. Cases may be referred to the ER Program at Case Disposition Panel (CDP) meetings. Cases at that point have already been investigated and reviewed by a Reviewing Commission Member (RCM) and a staff attorney. If the case meets the ER criteria, an Action Plan may be developed, and the case entered in the program.

C. Practice deficiencies are defined as:

1. Substandard nursing practice;
2. Failure to properly conduct a patient assessment, document treatment, or administer medications, or;
3. Failure to comply with scope of practice requirements or delegation laws and regulations.
4. Documentation errors that are careless, recurrent but do not rise to intentionally falsifying the record
5. Communication breakdowns, such as errors in transcribing orders
6. Failure to provide patient safety concerns at shift change
7. Rude and non-therapeutic communication with patients and family members

Practice deficiencies do not include drug diversion, patient abuse, fraud, theft, deceit or other intentional misconduct, or conduct resulting in more than minor patient harm. "Intentional" means intending the result which actually comes to pass or knowing and deliberate.

D. The CMT or CDP determines if a nurse is eligible for the ER Program using the following criteria:

1. The nurse's continued practice does not pose a threat to patient safety.
2. The identified practice deficiencies could be corrected by remedial education, on-the-job training or practice monitoring within six months or less.
3. The alleged conduct resulted in no or minor patient harm.
4. The nurse is willing and able to participate.
5. The nurse has no current charges or disciplinary history of unprofessional conduct and has not previously participated in the ER Program.

E. In a case identified as a candidate for the ER Program, an assigned Nursing Consultant Institutional (NCI) conducts a preliminary investigation to confirm substantiation of the alleged substandard practice. This investigation includes, at a minimum, interviews of the complainant, respondent and any other key witnesses, as well as obtaining additional documentation. Additional documents include the review and recommendations regarding submitted continuing competency activities.

F. NCQAC staff presents the preliminary results to an ER Team consisting of three NCQAC members and supporting staff. Supporting staff consists of the Chief Investigator, Staff Attorney, ER Monitor, Disciplinary Manager and/or Case Manager. The ER Panel makes the decision and includes the three NCQAC members only.

1. If the preliminary investigation results demonstrate the allegation(s) are unsubstantiated, lack jurisdiction, or are below threshold the case is closed (see Procedure A22).
2. If the preliminary investigation results substantiate the allegations, the ER Team determines the appropriate terms for a suggested Action Plan to remedy the identified deficiencies in nursing practice.).

3. If the preliminary investigation results demonstrate the case is no longer appropriate for the ER Program, the ER Panel authorizes the file for full investigation or closure.

G. NCQAC staff sends the suggested Action Plan to the Respondent.

1. If the participant accepts the suggested Action Plan, the disciplinary process is over, and the case is closed in the licensing and discipline database. The Action Plan is monitored by the ER Monitor.
2. If the participant declines the Action Plan, the ER Panel determines if the case should be sent for full investigation or closed.

H. The Action Plan requirements will be completed within 6 months from the date the Action Plan was accepted. NCQAC staff presents the case summary report to the ER Team for a decision. The summary report includes:

1. The initial complaint,
2. The preliminary investigation report, and
3. The Action Plan results.

The ER Panel considers the timely and successful completion of an Action Plan as the final step in the process of non-disciplinary remediation.

If the Action Plan results demonstrate failure to meet the Action Plan requirements, NCQAC staff send the participant written notice. If the participant believes they have met the requirements, they may provide a statement to the ER Team. The ER Panel will review information from the NCI, as well as any statement submitted by the participant before making a final decision.

Criteria to use when returning case for full investigation include, but are not limited to:

1. The nurse was unable to substantially complete the Action Plan or demonstrate rehabilitation.
  2. The nurse was unable to complete the Action Plan within the time frame outlined in the Action Plan.
  3. Discovery of additional facts indicate the alleged conduct resulted in significant patient harm or was more serious than originally alleged.
  4. Allegations of additional practice deficiencies or unprofessional conduct.
- I. If the nurse participated in the ER Program but failed to successfully complete the Action Plan within six months, a new case may be opened on the original conduct. In determining appropriate sanctions, NCQAC may consider participation in the Action Plan a mitigating factor under [WAC 246-16-890\(3\)\(c\)](#)(voluntary remedial action); [\(4\)\(d\)](#)(potential for successful rehabilitation); and/or [\(4\)\(e\)](#)(present competence to practice).