


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

Title:	Early Remediation Program	Number:	A34.07
Reference:	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		
Contact:	Nursing Care Quality Assurance Commission (NCQAC)		
Effective Date:	March 13, 2020		
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Approved:			
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PURPOSE:

The intent of the Early Remediation Program (ER) is to protect patients by resolving allegations of practice deficiencies of a less serious nature through an action plan that consists of remedial education and training.

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, and schedule 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.
 3. Authorize the case for preliminary investigation and identify the case as a potential 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. Practice deficiencies include but are not limited to:

1. Substandard nursing practice.
2. Failure to properly conduct a patient assessment, document treatment, or administer medications.
3. Failure to comply with scope of practice requirements or delegation laws and regulations.
4. Non-therapeutic conduct that does not rise to the level of abuse.

Practice deficiencies do not include drug diversion, patient abuse, fraud, theft, deceit or other willful misconduct, or conduct resulting in more than minor patient harm. Willful misconduct means that the nurse had reason to believe the action taken could result in harm or injury to the patient.

C. The CMT determines when 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 acknowledges the conduct and 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.

D. In a case identified as a potential candidate for the ER Program, an assigned Nursing Consultant Institutional (NCI) conducts a preliminary investigation to confirm the alleged conduct.

E. The preliminary investigation may include interviews of the complainant, nurse and any other key witnesses, as well as obtaining additional documentation.

F. NCQAC staff presents the preliminary results to a CMT panel. The CMT panel consisting of three Commission members make a decision based on the following:

1. When the preliminary investigation results demonstrate the allegation(s) are unsubstantiated, lack jurisdiction, or are below threshold the case is closed (see procedure A22).
2. When the preliminary investigation results substantiate the allegations, the CMT panel determines the appropriate terms for a suggested action plan to remedy the identified deficiencies in nursing practice.
3. When the preliminary investigation results demonstrate the case is no longer appropriate for the ER Program, the CMT Panel shall authorize the file for full investigation or closure.

G. An investigator may refer cases to the ER Program during an investigation, or the RCM or staff attorney may refer after the investigation.

1. When the investigator is referring the case they shall write a closure memo recommending expedited closure of the investigation and referral to the ER program. The case manager will present the case to the CMT panel for approval.
 2. When an RCM initiates the referral, they will present the case at a Case Disposition Panel (CDP) meeting. The RCM and staff attorney review the case prior to requesting the ER referral.
 3. When the case meets the ER criteria, the CMT panel will develop an action plan.
- H. NCQAC staff sends the action plan to the nurse.
1. When the nurse accepts the action plan, the disciplinary process is over and the case is closed in the ILRS database. The action plan is monitored by the compliance officer.
 2. When the nurse declines the action plan, the CMT panel authorizes the case for full investigation.
- I. The nurse must complete the action plan within six months of accepting it. The compliance officer presents the case summary report to the CMT panel for a decision. The summary report includes:
1. The initial complaint.
 2. The preliminary investigation report.
 3. The action plan results.
- J. The CMT panel considers the timely and successful completion of an action plan as the final step in the process of non-disciplinary remediation.
1. When the action plan results demonstrate failure to meet the action plan requirements, the compliance officer sends the nurse written notice. When the nurse believes they have met the requirements, they may provide a statement. The CMT Panel will review information from the NCI, as well as any statement submitted by the nurse before making a final decision.
 2. Criteria for the CMT panel to consider when returning a case for full investigation may include, but not be limited to:
 - a. The nurse was unable to substantially complete the action plan or demonstrate rehabilitation.
 - b. The nurse was unable to complete the action plan within the time frame outlined in the action plan.
 - c. Discovery of additional facts indicate the alleged conduct resulted in significant patient harm or was more serious than originally alleged.
 - d. Case management receives a report with allegations of additional practice deficiencies or unprofessional conduct.
- K. When 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, the Commission 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).