

OKLAHOMA BOARD OF NURSING
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
(405) 962-1800

Guidelines for Reporting Violations of the
Oklahoma Nursing Practice Act

I. Purpose: The Board of Nursing receives requests for assistance in the correct action to take when Licensed Practical Nurses, Registered Nurses, Advanced Nurse Practitioners, or Advanced Unlicensed Assistive Personnel are suspected of drug abuse or diversion, or of other actions which may be a violation of the Oklahoma Nursing Practice Act.

Nursing behavior which fails to conform to legal standards and accepted standards of the nursing profession and which could reflect adversely on the health and welfare of the public should be reported to the Board of Nursing. The purpose for these guidelines is to provide direction to those reporting nursing practice incidents for possible disciplinary action.

II. Procedure:

A. GENERAL INFORMATION RELATED TO ALL REPORTS - All information may not be available to you on all cases.

1. Initiate a written report to:
Investigative Department
2915 North Classen Boulevard, Suite 524
Oklahoma City, Oklahoma 73106
Telephone Number: 405/962-1800
 - a. Name, certificate number and/or license number, address and place of employment of the nurse violating the Nursing Practice Act (or as much information as you have).
 - b. Nature of the complaint with a detailed description of the incident, date and location of the incident.
 - c. Names and addresses of other witnesses, when applicable.
 - d. Signature(s) and address(es) of person or persons making the complaint.
2. The Board of Nursing will initiate an investigation. The Board of Nursing may request other agencies, such as the Bureau of Narcotics and Dangerous Drugs Control and/or other state agencies to initiate an investigation, if appropriate.
3. All information will be treated as confidential during the investigation. Agency personnel and/or other witnesses may be requested to provide testimony, if Board action is required.
4. The Board of Nursing will issue subpoenas for records and/or witnesses requested.

5. The health care agency should make written documentation of the incident available to the Board of Nursing.
 6. Full cooperation, including access to involved records and staff, should be given to the Board of Nursing.
- B. DOCUMENTATION TO INCLUDE WITH REPORT FORM:
Attaching copies of the following documents to support the nursing practice incident report will afford a more timely and efficient process.
1. Medical record, to include:
 - a. Physician orders
 - b. Nurses notes
 - c. Treatment sheets
 - d. Medication administration records (MARs)
 - e. Controlled medication records (e.g., Accudose, Omnicell, Pyxis)
 - f. Incident reports
 2. Summary of internal investigation (if completed), to include:
 - a. Witness statements (signed and dated) to include name, home telephone number and address for each witness
 - b. Incident reports
 - c. Drug screens
 - d. Police reports (internal and external, if applicable)
 - e. Documentation of unusual or different behavior of nurse
 3. Employee's time sheets
 4. Staffing sheets
 5. Employee's personnel records, to include:
 - a. Disciplinary action
 - b. Counseling
 - c. Termination
- C. DRUG RELATED PROBLEMS
1. Action by Staff Nurses:
 - a. Report suspected problem immediately to the Director of Nursing.
 - b. Do not discuss suspicions with others.
 2. Action by the Director of Nursing:
 - a. Report situation to Board of Nursing regardless of employment status of nurse.
 - b. Limit number of people who are advised of suspicions and who are checking on problem.
 - c. Protect the rights of the suspected employee:
 - i) Do not use own police methods.
 - ii) Avoid unlawful search and seizure methods.
 - iii) Avoid making unsubstantiated charges and allegations.
 - d. Collect information:
 - i) Determine management and security of drug after it is issued from Pharmacy.
 - who handles and receives?
 - where and how stored in unit?
 - how is dispensing done?

- ii) Verify problem in available records. Audit proof-of-use records and patient's medication records to identify time and dosage record as given.
- iii) Identify any pattern of administration, ex., frequent administration on one shift and none or few on other shifts.
- iv) Check charting of patient's condition made by others immediately before and after administration of drug.
- v) Attempt to verify whether or not patient received medication when misappropriation of individual patient's medication is suspected. (This may be accomplished through observation, charting and/or indirect questions to patients regarding need for medication for rest, pain, urine screens, etc.) DO NOT ALARM PATIENT.
- vi) Audit drug involved prior to each shift and during the shift of the suspected individual. Audit should be done when nurse is absent from unit on break or meal-time.
- vii) Any meeting with the suspected nurse should include at least two other individuals. For example, if meeting with the Director of Nursing, the Assistant Director of Nursing should also be present.
- viii) Document pertinent information including:
 - unusual or different behavior of suspected nurse
 - change in legibility of charting
 - unusual findings obtained during audit of medication records, proof-of-use sheets, patient's charts
 - all meetings with suspected nurse including dates, who was present, what was discussed and what decisions or recommendations resulted.
- ix) Factual information gained during the investigation should be documented by the individuals making the report and their signatures notarized.

D. NURSING PRACTICE PROBLEMS:

- 1. Guidelines for investigating and reporting problems related to unprofessional conduct or professional incompetency are essentially the same as those for drug related problems with the following modifications:
 - a. Make certain that the deviation noted in nursing practice is not simply a safe modification of a procedure but is an unsafe departure from accepted standards of nursing practice.
 - b. Gather facts, involve co-workers to provide assistance in data gathering and to verify your observations and maintain objectivity.
 - c. Go through usual channels of authority and make report to the Supervisor, but if action is not taken, report situation to the Director of Nursing.

2. Practice complaints are more varied and complex as the following examples evidence.
 - a. Sleeping on duty or leaving patients unattended would be unprofessional conduct for these acts clearly affect patients. Arguing with supervisors or making comments to doctors or relatives would not be. These may be reasons to fire a person, but are not sufficient reasons to affect a nurse's license. If a nurse's behavior is not conducive to harmony in the workplace or to the best image of nursing in the community, such behavior is not, for this reason alone, unprofessional.
 - b. Practicing beyond the authorized scope of practice for the license issued to the nurse by: ordering treatments, medications and laboratory procedures without a physician's order.
 - c. Directing personnel to perform duties either beyond the scope of their nursing license or if unlicensed, within the scope of professional or practical nursing.
 - i) Directing a graduate of a nursing education program, who had failed the licensure examination, to mix and administer an I.V.
 - ii) Failure to adequately supervise a person working under the nurse's direction.
 - d. Negligence by failing to provide appropriate nursing measures thereby causing harm to a patient.
 - e. Practicing in an expanded role which requires additional post-basic nursing education and certification for practice, without completing a certification program or being recognized by the Board.
 - f. Billing for services to which the nurse is not entitled or has not provided.
 - g. It is a violation of the Oklahoma Nursing Practice Act if a nurse does not report through the proper channels the unsafe or illegal practice of any person who is providing nursing care.

III. Regulatory Authority: 59 O.S. § 567.8(C), (D)