

TERCAP™ 2008 PROTOCOL

Guidelines for Instrument Use

National Council of State Boards of Nursing
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Executive Summary

This executive summary provides an overview of the ten sections of the TERCAP coding protocol. For detailed coding information, including examples for each element, see the full coding protocol.

Using TERCAP

To begin a new case in the TERCAP instrument, a Case Identifier must be created. The Case Identifier used to create a case should also be listed as the case ID in the TERCAP instrument. It is recommended that a consistent case identification system be used by all participating member boards. The recommended system will include: two or four member board (jurisdiction's) initials; four digits for the year the case was received by the member board; three initials for the person entering/inputting data into the TERCAP instrument; and a number that should increase chronologically as each person (identified with the three initials) "opens" a TERCAP case. (Examples JJJYYYYIII#, IL2005TAK1 or CAVN2006TCB1).

TERCAP is an instrument that will be used by NCSBN as an ongoing research project. It can be used by boards of nursing as an intake document that assists in capturing data on discipline cases to feed into a national data set. The TERCAP instrument is used to collect consistent and comprehensive discipline case information.

All cases submitted in the TERCAP instrument by a board of nursing will be available to that board for their own use; however, only cases that meet the following criteria will be included in the NCSBN aggregate data analysis:

- 1) A nurse was involved in the practice breakdown;
- 2) Patient involvement was with one or more identifiable patient;
- 3) Cases of practice breakdown in which the board took disciplinary action, enrollment in an alternative program, or Letter of concern issued (i.e., Any action other than case dismissal.).

If there is no Board of Nursing Outcome relating to practice breakdown, such that the case is dismissed, then the case selected will not have met the NCSBN research criteria for the aggregate data analysis.

Board of Nursing Outcome Relating to Practice Breakdown

If no patient was involved in which harm or risk of harm occurred in the case reported as practice breakdown, select "None (no patient involved)" as the response in question #4, "Patient Age." The online instrument will skip the questions related to a patient, and the remaining questions, and bring you to the end of the instrument.

The name of the person who completes a TERCAP instrument for a discipline case is listed as the reviewer. The reviewer identifies the State Board of Nursing and Date of the Incident. Then, the following sections of datasets are collected:

- Patient Profile
- Patient Outcome
- Setting
- System Issues
- Health Care Team
- Nurse Profile
- Intentional Misconduct or Criminal Behavior
- Eight different Practice Breakdown Categories

A summary of each section is provided below.

Section One — Patient Profile

- This section describes the patient involved in the practice breakdown.
- The patient's age and gender are to be identified.
- The reviewer is asked whether the patient had family and / or friends in attendance at the time.

- The reviewer is asked to check whether the patient exhibited characteristics (such as cognitive impairment, sensory deficits and other risk factors) that contributed to the practice breakdown.
- The reviewer is also asked to check diagnoses that contributed to the reported situation.

Section Two — Patient Outcome

- This section describes how the practice breakdown affected the patient.
- The reviewer is asked what happened to the patient.
- Harm is defined as temporary or permanent impairment of the physical, emotional or psychological functions or structure of the body and / or pain that requires intervention. The reviewer is asked to identify the degree, if any, of patient harm.

Section Three — Setting

- This section describes the type of community and setting where the reported practice breakdown occurred.
- The reviewer is asked to identify the type of community, the type of facility or environment, and size of the facility.
- The reviewer identifies the type of medical; record documentation system used by the facility/agency – such as electronic, paper, or some combination.

Section Four — System Issues

- This section provides the opportunity to identify system elements that contributed to the practice breakdown, which is often the result of multiple influences
- The transfer (or lack of transfer) of patient information is frequently cited in the patient safety literature as a critical element in providing safe and effective patient care. The reviewer chooses all communication factors that contributed to the practice breakdown.
- Leadership and management styles of health care institutions impact the organizational culture. The reviewer chooses factors related to management or leadership.
- The reviewer is asked to identify whether any plans were in place for unexpected needs.
- The reviewer chooses environmental factors of the practice setting that contributed to the practice breakdown.

Section Five — Health Care Team

- This section provides an opportunity to identify any other team members whose actions or inactions contributed to the practice breakdown.
- The reviewer is asked to identify what category of health team members was involved.
- The reviewer is asked to indicate whether staffing issues contributed to the practice breakdown.
- How the health care teams works together and the culture of the organization may contribute to practice breakdown. The section provides an opportunity to identify whether factors relating to how the staff interacts contributed to the practice breakdown or did not.

Section Six — Nurse Profile

- This section of TERCAP tracks demographic information about the nurse involved in the practice breakdown, including birth date, gender, nursing education, licensure and practice history.
- This information provides a context for the nurse's role at the time of the reported practice breakdown.
- The reviewer indicates from which type of nursing education program the nurse graduated and whether the subject nurse reported any continued competence or professional development activities.

- The reviewer is asked to identify the current licensure status, if English was the nurse's primary language, and if the nurse is an Advanced Practice Registered Nurse, what category of APRN.
- The practice history of the nurse looks at the amount of nursing experience, and how long on the shift on the day the practice breakdown occurred.
- The practice history also tracks the length of time in the primary role of the nurse at the time of the practice breakdown, and whether the nurse was working in some type of temporary capacity.
- Additional information regarding the nurse's workday – assignment, number of patients and staff the nurse was responsible for, and how many days the nurse had worked – are tracked to see if fatigue was a factor in the practice breakdown.
- The reviewer is to ask the nurse and the employer, separately, their perception of factors that contributed to the practice breakdown.
- The reviewer is asked to note whether the nurse had a history of discipline action, either with an employer or the board of nursing, or a history of criminal convictions.
- The last question in this section addresses the employment outcome. (The Board of Nursing Outcome is one of the last questions in the instrument.)

Section Seven — Intentional Misconduct / Criminal Behaviors

- This section addresses behaviors that fall outside of nursing practice and involve deliberate, illegal and / or unethical activities.
- Deliberate actions include changed or falsified charting, or other actions to "cover-up" errors.
- If "yes" is checked for this section, the reviewer is instructed to check the type of intentional behaviors or misconduct involved in the reported case.
- Regardless of whether the practice breakdown involved intentional or criminal activity, the rest of the TERCAP instrument is to be completed.

Sections Eight through Ten — Practice Breakdown Categories

- These important sections of TERCAP instrument track various aspects of practice breakdown.
- Reviewers will analyze the events of the case and identify the causes of the practice breakdown. See below for the summary of each section

Section Eight — Practice Breakdown: Safe Medication Administration

- Because of the frequency of medication errors, this is a separate category. The reviewer will complete this section **if** a medication error is part of the practice breakdown. If a medication error did not occur, the instrument will automatically bring the reviewer to the next series of questions.
- The exact name of the drug ordered, including dose, route, frequency, time, or other specifics should be included.
- The exact name of the drug given (or "None"), including dose, route, frequency, time, or other specifics should be included.
- The type of medication error should be chosen.
- The reviewer should select all contributing factors.

Section Nine — Practice Breakdown: Documentation

- Documentation is often a factor in practice breakdown, whether associated with a medication error, a stand-alone error, or associated with other types of practice breakdown. It is also a separate category. The reviewer will complete this section **if** documentation is part of the practice breakdown.
- The reviewer chooses the type of documentation error.

Section Ten — Practice Breakdown: Other Categories

- There are six additional categories that are included in an umbrella classification of "Other Categories."
 - Attentiveness / Surveillance
 - Clinical Reasoning
 - Prevention
 - Intervention
 - Interpretation of Authorized Provider's Orders
 - Professional Responsibility / Patient Advocacy
- Each could be the underlying cause of a medication and / or documentation error. These errors may also stand-alone or combine with other categories.

Under the "other categories" classification, the reviewer is asked to go through the six other categories and check all elements that apply to the practice breakdown.

The next TERCAP screen presents a summary of the categories selected in questions 54 through 59. The reviewer is then asked to rank these categories. Though, all aspects of practice breakdown are interrelated, the goal of TERCAP is to isolate the precipitating cause. The reviewer chooses the one primary category of error that is the most relevant and direct cause of the practice breakdown that occurred in this case. The reviewer then chooses a secondary category of practice breakdown. This is often the most difficult aspect of using TERCAP, being asked to focus on one primary and one secondary category of practice breakdown. The reason for these selections is to **identify the root cause** of the practice breakdown.

The last practice related question addresses the Board of Nursing Outcome. The reviewer is to identify what, if any, disciplinary action the board took against the nurse's license.

Please note that all the questions, but for the following questions, **must** be answered to proceed to the next page and eventually complete the TERCAP instrument. Information entered will only be saved after the "Next" button at the bottom of the page is clicked. The information entered will only be sent to NCSBN for data collection and analysis after the "Submit" button on the last page is clicked.

There are four optional questions relating to the length of time to process a case. They include: when the case was received; when it was assigned to an investigator; when the investigation was completed; and when the case was resolved. For those member boards interested in this data, these questions could generate a great deal of useful information.

This is the end of the TERCAP and the reviewer is thanked for submitting the case.

There are two questions that are not part of TERCAP per se, but provide an opportunity to provide comments about the instrument or the reporting process. Your feedback is very much appreciated.

Filling Out the Taxonomy of Error, Root Cause Analysis and

Practice-responsibility Instrument

Purpose: TERCAP is a research instrument that can be used by boards of nursing as an intake document that assists in capturing data from discipline case files to feed into a national data set. The TERCAP instrument is used to collect consistent and comprehensive discipline case information.

Each TERCAP should focus on one nurse and one practice breakdown. If multiple nurses are involved in a practice breakdown, you are to complete a separate TERCAP for each nurse.

- *A complaint submitted to a Board of Nursing alleged that three nurses on three different shifts were part of a practice breakdown; in addition, questions about the supervision of these nurses were at issue.*

In this case, a separate TERCAP should be completed for each of the identified nurses as well as the supervising nurse.

- *A complaint submitted to a Board of Nursing alleged that a nurse made an inappropriate delegation to a nursing assistant that resulted in patient harm.*

In this case, a TERCAP should be completed for the nurse who made the alleged delegation.

Each incident is a distinguishable occurrence.

Actions that are linked together in an unbroken chain of events would be reported as one practice breakdown. A single practice breakdown may have multiple contributing factors. Fill out the form for the one practice breakdown that **triggered** the report to the board. If more than one patient is involved in the practice breakdown, report on the patient with the **most serious harm**.

- *Assigned to care for patient A during an evening shift, a nurse did not adhere to universal precautions and did not provide adequate monitoring. Identification of Patient A's symptoms was delayed and he was unnecessarily exposed to his roommate's infection.*

In this situation, there is one patient involved in the patient breakdown. The nurse was responsible for this patient during a specific time period, and there are multiple contributing factors involved in the practice breakdown.

- *Assigned to care for Patients A, B and C during an evening shift; a nurse did not adhere to universal precautions and did not provide adequate monitoring. As a result, these patients were exposed to infection. Subsequently, Patient C developed the infection.*

In this situation, although all three patients were exposed to the risk of infection, only Patient C actually developed the infection, so she experienced the most serious harm. The TERCAP should be completed focusing on Patient C.

You must answer every question.

Detailed instructions on how to fill out the form are provided below. All TERCAP questions must be answered, so responses may include options for *Unknown*, *None*, or *Not applicable*. Some questions specify only a single answer; others ask you to check all the answers that apply.

Questions are described below, with directions and response choices. Explanations of terms are provided as well as many examples to illustrate the type of information an item is intended to capture. Examples are printed in italics and distinguished by a check mark [√].

Re-enter the Case Identifier in the blank space	DIRECTIONS
<p>Case ID:</p> <p>_____</p>	<p>It is recommended that a consistent case identification system be used by all participating member boards. The recommended system will include: two or four member board (<i>jurisdiction's</i>) initials; <i>four digits</i> for the year the case was received by the member board; <i>three initials</i> for the person entering/inputting data into the TERCAP instrument; and a <i>number</i> that should increase chronologically as each person (identified with the three initials) "opens" a TERCAP case. (Examples JJJJYYYYIII#, IL2005TAK1 or CAVN2006TCB1).</p>

Initial questions capture information about the reviewer and the date of the reported incident.

<p>1. Information about the reviewer.</p>	<p>Provide the full name of the person who completes a TERCAP instrument for a discipline case is listed as the reviewer.</p>
<p>2. State Board of Nursing.</p>	<p>Provide the name of the Board of Nursing that the reviewer represents. Choose from the drop-down list of states.</p>
<p>Was there more than one incident that triggered the report to the board? Was there more than one patient involved in the practice breakdown?</p>	<p>You will be asked a series of questions specific to the case selection process, involving the number of incidents reported to the board and number of patients involved.</p> <p>If only one incident and only one patient was involved in the practice breakdown, answer the questions provided below.</p> <p>If more than one incident or more than one patient was involved in the practice breakdown, you will be prompted to:</p> <p>answer questions on the case that triggered the report to the board; or</p> <p>answer questions on the case with the patient with the most serious harm, or</p> <p>if no harm, then answer questions on the patient with the most risk for harm.</p> <p>If more than one incident AND more than one patient was involved in the practice breakdown, you will be prompted to answer questions on the case with the patient with the most serious harm, or if no harm then answer questions on the patient with the most risk for harm.</p>
<p>3. Date of incident, or select unknown:</p> <p>____/____/____</p> <p>Month/Day/Year in a four-digit number OR Unknown</p>	<p>Use the drop down lists to indicate the date of the incident reported. The date is to be provided in the following format: Month/Day/Year (xx/xx/xxxx). <i>Note: Year is a four-digit number.</i></p> <p>Check unknown if the date of the incident is not</p>

	available.
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Section One — Patient Profile

4. Please provide the following patient information: Patient Age: [\[?\]](#)

POSSIBLE TERCAP RESPONSES	DIRECTIONS
Patient age <input type="checkbox"/> Unknown <input type="checkbox"/> 0 – 6 months <input type="checkbox"/> 7 – 11 months <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> 4 – 6 years <input type="checkbox"/> 7 – 11 years <input type="checkbox"/> 12 – 18 years <input type="checkbox"/> 19 – 25 years <input type="checkbox"/> 26 – 35 years <input type="checkbox"/> 36 – 49 years <input type="checkbox"/> 50 – 64 years <input type="checkbox"/> 65 – 79 years <input type="checkbox"/> 80 – 89 years <input type="checkbox"/> 90 years and over	This range of ages is provided in a drop-down list. Choose a response from this list. If the patient is less than 1 year of age, report age in months. If the patient is over 1 year of age, report age in years.

5. Please provide the following patient information: Patient gender: [\[?\]](#)

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Select the appropriate sex of the patient or check unknown if that information is unknown.

6. Were the patient's family and/or friends present at the time of the incident? [\[?\]](#)

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	This question asks about whether the patient had family or friends in attendance, perhaps advocating for the patient. This question gathers information to determine if not having someone could be a factor in patient breakdown.
	EXAMPLES
	<input checked="" type="checkbox"/> Patient's daughter was visiting that evening but had stepped out at the time of her mother's fall <input checked="" type="checkbox"/> Patient had no visitors the day of the incident. <input checked="" type="checkbox"/> Patient's husband was visiting and questioned why his wife was having an IV started

7. For each of the following patient characteristics, indicate whether the patient exhibited any of the time of the incident: [\[?\]](#) **Check all that apply or your own**

variant.

Patient characteristics may contribute to practice breakdown. Listed are common patient characteristics that may indicate that the patient had an impact on the reported situation (e.g., because he was not aware or she was not able to do something).

Check YES if the patient involved in the practice breakdown had the described characteristic; NO if it is clear from the case information that the patient did not exhibit the characteristic; or Unknown/ None/ Not Applicable if there was no information regarding that particular patient characteristic.

PATIENT CHARACTERISTICS	EXAMPLES
<input type="checkbox"/> Agitation / Combativeness	√ <i>Patient dementia, psychosis, developmental delay or confusion</i>
<input type="checkbox"/> Altered level of consciousness	√ <i>Patient post-anesthesia, coma or postictal</i>
<input type="checkbox"/> Cognitive Impairment	√ <i>Alzheimer patient, patient experiencing mania or patient on PCP</i>
<input type="checkbox"/> Communication / Language difficulty	√ <i>Patient speaks no English; English is patient's secondary language; or patient aphasia</i>
<input type="checkbox"/> Depression / Anxiety	√ <i>Patient tearful and is pacing in the hallway.</i>
<input type="checkbox"/> Inadequate coping / stress management	√ <i>Patient shouts at roommate for touching her possession.</i>
<input type="checkbox"/> Incontinence	√ <i>Patient wears Depends because she cannot control her bladder when she coughs or laughs.</i>
<input type="checkbox"/> Insomnia	√ <i>Patient goes to sleep but awakes in the middle of the night, unable to return to sleep</i>
<input type="checkbox"/> Pain management	√ <i>Patient suffers from chronic pain and is often using large doses of prescription medication.</i>
<input type="checkbox"/> Sensory deficits (hearing, vision, touch)	√ <i>Patient exhibits hearing loss.</i> √ <i>Patient requires glasses to ambulate safely.</i>

8. Indicate the patient's diagnosis. [?] Check no more than two diagnoses, those that contributed to the reported situation.

The patient's diagnoses may contribute to the context of practice breakdown. Common diagnoses are listed below.

<input type="checkbox"/> Alzheimer's disease and other dementias	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Infections
<input type="checkbox"/> Asthma	<input type="checkbox"/> Ischemic heart disease (CAD, MI)
<input type="checkbox"/> Back problems	<input type="checkbox"/> Nervous system disorders
<input type="checkbox"/> Cancer	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Congestive heart failure	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Depression and anxiety disorders	<input type="checkbox"/> Renal / urinary system disorders
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Skin disorders
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Stomach ulcers
<input type="checkbox"/> Fractures	<input type="checkbox"/> Stroke (CVA)
<input type="checkbox"/> Gall bladder disease	<input type="checkbox"/> Unknown

<input type="checkbox"/> Gastrointestinal disorders	Other: please specify: _____
<input type="checkbox"/> HIV / AIDS	

Section Two — Patient Outcome

9. What happened to the patient? [?] Check all that apply or your own variant.

What actually happened to the patient? Reviewers are provided a list of events to choose from, as well as a blank to specify other events not listed.

Check all that apply:	
<input type="checkbox"/> Patient fell	√ Patient slipped on a coffee spill in the hallway.
<input type="checkbox"/> Patient departed without authorization	√ Patient decided he wanted to go home and left the facility.
<input type="checkbox"/> Patient received wrong medication	√ Patient received medication intended for his roommate.
<input type="checkbox"/> Patient received wrong treatment	√ Patient received heat treatment to the wrong leg.
<input type="checkbox"/> Patient received wrong therapy	√ Patient received heat therapy that was not ordered when nurse referred PT to the wrong patient.
<input type="checkbox"/> Patient acquired nosocomial (hospital acquired) infection	√ Patient acquired a urinary tract infection (UTI) while hospitalized for elective surgery.
<input type="checkbox"/> Patient suffered hemolytic transfusion reaction	√ Patient received the wrong type blood and developed a fever, chills and rash.
<input type="checkbox"/> Patient suffered severe allergic reaction / anaphylaxis	√ Patient received penicillin ordered by a new resident and administered by a graduate nurse – neither had observed the allergy alert on the patient's chart and arm bracelet.
<input type="checkbox"/> Patient was abducted	√ Newborn patient taken from nursery by nurse who had formerly worked in the nursery.
<input type="checkbox"/> Patient was assaulted	√ Patient attacked by husband who had talked his way into the facility despite the TRO.
<input type="checkbox"/> Patient suicide	√ Patient left unattended during an emergency with another patient, despite order for suicide watch, was found with multiple lateral cuts on wrists.
<input type="checkbox"/> Patient homicide	√ Non-diabetic patient was given large dose of insulin by nurse who said she was relieving him from his suffering.
<input type="checkbox"/> Unknown/Not applicable	If you select this option, do not select any other responses.
Other: please specify: _____	Describe what happened to the patient if not listed as a possible response.

Harm is defined as temporary or permanent impairment of the physical, emotional or psychological function or structure of the body and / or pain that requires intervention. National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP)

10. Patient Harm [?] Select only one response

Examples are provided to illustrate when an element would be checked in the case review, and are marked with a check mark [✓]. Reviewers are asked to check the one category that **BEST** describes the patient outcome:

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<p><input type="checkbox"/> No harm</p>	<p>An error occurred but with no harm to the patient. ✓ Nurse prepares IV solution to start IV. Physician examining patient observes that the solution is D₅W instead of the ordered NS before IV is started. ✓ Nurse fails to administer a patient's medication but the patient did not experience any ill effects. ✓ Nurse does not thoroughly assess patient's changing condition, but following shift identified the situation quickly and intervened before the patient deteriorated.</p>
<p><input type="checkbox"/> Harm</p>	<p>An error occurred which caused a minor negative change in the patient's condition. ✓ Nurse set heat lamp too close to patient, who received minor burn that required treatment.</p>
<p><input type="checkbox"/> Significant harm</p>	<p>Significant harm involves serious physical or psychological injury. Serious injury specifically includes loss of function or limb. ✓ Nurse did not monitor the circulation of a patient's foot after application of a leg cast. Patient developed severely compromised circulation in the foot, resulting in partial amputation. ✓ Nurse administered second dose of a penicillin type antibiotic without verifying the patient's allergy status. Patient suffered an anaphylactic reaction and respiratory arrest requiring cardio-pulmonary resuscitation by the code team.</p>
<p><input type="checkbox"/> Patient death</p>	<p>An error occurred that may have contributed to or resulted in patient death. ✓ Nurse mistakes patient's lack of activity as sleeping not realizing patient had suffered a respiratory arrest and was dead.</p>

Section Three — Setting

An important part of the context of practice breakdown is the location, type and size of the facility where the practice breakdown occurred. This section describes the type of community and setting where the reported practice breakdown occurred. Another important factor is the system used for documentation. Choose from the responses offered for each of these elements, or check Unknown/Not applicable. **Select only one response for each question in this section.**

11. Type of community [?]

Type of community	
<input type="checkbox"/> Rural (lowly populated, farm, ranch land communities 10,000 or less)	
<input type="checkbox"/> Suburban (towns, communities of 10,000 to 50,000)	
<input type="checkbox"/> Urban (any city over 50,000)	
<input type="checkbox"/> Unknown	

12. Type of facility or environment [?]

Type of facility or environment	<input type="checkbox"/> Hospital
<input type="checkbox"/> Ambulatory Care	<input type="checkbox"/> Long Term Care
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Office-based Surgery

<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Physician / Provider Office / Clinic
<input type="checkbox"/> Critical Access Hospital	<input type="checkbox"/> Unknown
<input type="checkbox"/> Home Care	Other: please specify _____

13. Facility Size [?]

Facility size		
<input type="checkbox"/> 5 or fewer beds	<input type="checkbox"/> 100-199 beds	<input type="checkbox"/> 400-499 bed
<input type="checkbox"/> 6-24 beds	<input type="checkbox"/> 200-299 beds	<input type="checkbox"/> 500 or more beds
<input type="checkbox"/> 25-49 beds	<input type="checkbox"/> 300-399 beds	<input type="checkbox"/> Unknown
<input type="checkbox"/> 50-99 beds		<input type="checkbox"/> Not applicable

14. Medical record system [?]

Select the response that best describes the medical record system in use at the time of the practice breakdown.

- Electronic documentation
- Electronic physician orders
- Electronic medication administration system
- Combination paper/electronic record
- Paper documentation
- Unknown

Section Four — System Issues

Practice breakdown is often a result of multiple influences. The patient safety movement has focused on addressing system issues that have contributed to medical error. This section provides the opportunity to identify system elements that contributed to the practice breakdown.

The transfer (or lack of transfer) of patient information is frequently cited in the patient safety literature as a critical element in providing safe and effective patient care. In this question, you track communication factors that contributed to the practice breakdown.

15. Communication Factors [?] **Check all that apply or your own variant.**

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Communication systems equipment failure	√ Nurses' intercom system frequently malfunctions resulting in patients being unable to summon assistance
<input type="checkbox"/> Interdepartmental communication breakdown / conflict	√ Patient unit A and patient unit B staffs disagree as to process for cross training between units; conflict begins to affect other unit interactions. √ Emergency Department and Lab disagree as to how lab values should be reported, the resulting confusion led to a critical lab value being overlooked.
<input type="checkbox"/> Shift change (patient hand-offs)	√ Lack of communication between shifts results in a failure to communicate changes in a patient's condition.
<input type="checkbox"/> Patient Transfer (hand-offs)	√ Nurse did not call patient report to unit receiving transferred patient.
<input type="checkbox"/> No adequate channels for resolving disagreements	√ A nurse and a resident disagree over a patient's care; there is no means to resolve the disagreement and the

	<i>continued friction between the two impacts patient care.</i>
<input type="checkbox"/> Preprinted orders inappropriately used (other than medications)	√ <i>Pre-printed orders are not customized to patient and an allergy warning is missed</i>
<input type="checkbox"/> Medical record not accessible	√ <i>Unit clerk unable to add I&O sheets to patient chart in timely manner; thus patient's nurse is unable to review previous 24-hour totals.</i>
<input type="checkbox"/> Patient names similar / same	√ <i>Two patients had same last name, causing a mix-up of their orders.</i>
<input type="checkbox"/> Patient identification failure	√ <i>Patient's name bracelet is not readable because imprint so faint, resulted in misidentification of patient.</i>
<input type="checkbox"/> Computer system failure	√ <i>Nurse was unable to check for new medical orders because the computer system was down. Patient did not receive one time Lasix dose as prescribed.</i>
<input type="checkbox"/> Lack of or inadequate orientation / training	√ <i>The scheduled orientation for a new graduate nurse included several shifts where she would "buddy" with another nurse to provide patient care. Due to a shortage of staff, the charge nurse assigned the graduate nurse six patients to care for on a day shift. The graduate nurse was not able to complete the assignment and some patient cares were not provided.</i>
<input type="checkbox"/> Lack of ongoing education / training	√ <i>New equipment was placed on the unit. Nurse was expected to use the new equipment even though he had been on vacation and missed the orientation sessions offered. Nurse did not set up equipment correctly and patient did not receive ordered treatment</i>
<input type="checkbox"/> None	If you select this option, do not select any other choices.
<input type="checkbox"/> Unknown	If you select this option, do not select any other choices.
Other: please specify: _____	Describe the communication factor that contributed to the practice breakdown.

The leadership and management style of hospital authorities, chief nursing officers and administrators, also impact the organizational culture. In this question you track factors related to leadership and management that contributed to the practice breakdown.

16. Leadership / Management Factors [?] Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Poor supervision / support by others	√ <i>A preceptor does not monitor a new graduate performing a treatment for the first time; he does not follow the facility procedure resulting in an error.</i>
<input type="checkbox"/> Unclear scope and limits of authority / responsibility	√ <i>Nurses are unclear as to their roles in directing EMTs working in the Emergency Department.</i> √ <i>Staff unclear regarding ICU nurses and respiratory care therapist responsibilities in operation and maintenance of ventilators</i>
<input type="checkbox"/> Inadequate/ outdated policies / procedures	√ <i>Equipment currently in use does not match the facility policies and procedures.</i>

___ Assignment or placement of inexperienced personnel	√ An adult medical-surgical nurse is floated to a pediatrics unit and receives no assessment of her knowledge/experience in pediatrics and no orientation to the pediatric unit.
___ Nurse shortage, sustained, at institution level	√ For several weeks, a unit with continually high census is not staffed with a full complement of nurses. The problem becomes critical when there is a serious and sustained increase in patient acuity.
___ Inadequate patient classification (acuity) system to support appropriate staff assignments	√ Lack of valid and reliable patient classification system results in inadequate staffing
___ None	If you select this option, do not select any other choices.
___ Unknown	If you select this option, do not select any other choices.
Other: please specify: _____	Describe the leadership / management factors that contributed to the practice breakdown.

Having resources in place for the unexpected is an important consideration in providing health care services. This section provides an opportunity to track whether planning for backup and support, or the lack of it, was a factor in the practice breakdown. This question addresses whether there were plans in place for unexpected needs.

17. Backup and Support Factors. [?] Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
___ Ineffective system for provider coverage	√ Medical department does not inform patient units that residents are not available while sitting for national examinations and that attending physicians need to cover patient needs that day.
___ Lack of adequate provider response	√ Physician fails to respond to pages and calls.
___ Lack of nursing expertise system for support	√ Patient is ordered to have a procedure that none of the nurses on the shift, or supervisor, has performed and no other orientation/supervision is available.
___ Forced choice in critical circumstances	√ Inadequate ICU beds available so critically ill patient admitted to a non-ICU bed.
___ Lack of adequate response by lab / x-ray / pharmacy or other department	√ Nurses in a small, rural facility not aware of different procedures required by the laboratory covering while the facility's technologist is on leave. √ Certain stat laboratory tests are ordered but are not completed in a timely manner. √ Security officers are summoned to assist with an agitated visitor but do not respond to the page.
___ None	If you select this option, do not select any other choices.
___ Unknown	If you select this option, do not select any other choices.
Other: please specify: _____	

The physical environment where care is provided also affects care outcomes. This section provides an opportunity to identify any environmental factors contributed to the practice

breakdown. **Check all that apply** from the list of factors, add a factor under "other," or mark none/unknown/not applicable if environmental factors did not contribute to the practice breakdown.

The environment forms an important part of the situational context. Use this question to track aspects of the practice setting that contributed to the incident.

18. Environmental Factors [?] **Check all that apply or your own variant.**

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Poor lighting	√ Nurse does not want to wake patient who has difficulty sleeping and performs IV flush with heparin flush in patient's drawer, but instead of dilute heparin she administers a bolus of concentrated heparin.
<input type="checkbox"/> Increased noise level	√ Nurse cannot concentrate on calculating IV dosage because of construction to the unit and makes a mathematical error.
<input type="checkbox"/> Frequent Interruptions / distractions	√ Nurse is constantly interrupted during her morning medication rounds and omits one patient room.
<input type="checkbox"/> Lack of adequate supplies / equipment	√ Nurse unable to administer treatment because the equipment needed is missing.
<input type="checkbox"/> Equipment failure	√ Patient is burned by heat lamp that does not stay in the position intended.
<input type="checkbox"/> Physical hazards	√ Nurse, while assisting patient to ambulate, trips over material left in hallway, causing both to fall.
<input type="checkbox"/> Multiple emergency situations	√ Two codes at opposite ends of the hall – one emergency care was on the unit.
<input type="checkbox"/> Similar / misleading labels (other than medications)	√ Nurse grabs bottle of sterile saline to use in a treatment and does not realize she had gotten another solution in a similar bottle and label.
<input type="checkbox"/> Code situation	√ Nurse misunderstands verbal order given during a code situation and administers the wrong dose of a medication.
<input type="checkbox"/> None	If you select this option, do not select any other choices.
<input type="checkbox"/> Unknown	If you select this option, do not select any other choices.
Other: please specify: _____	Describe the environmental factor that contributed to the practice breakdown.

Section Five — Health Care Team

This section addresses other members of the health care team who may have been involved in the practice breakdown. Inexperienced or inept team members could be nurse aides/unlicensed assistive personnel (UAP), another nurse, the night supervisor, the attending physician or any other member of the health care team./span>

If health care team members' (other than the subject nurse) actions or inactions contributed to the event, check the appropriate category or categories involved in the practice breakdown.

19. Health team members involved in the incident [?] Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Supervisory nurse / personnel	√ A charge nurse assumed that if staff did not approach her for assistance, they did not need help.
<input type="checkbox"/> Physician (may be attending, resident or other)	√ A patient experiences a cardiac arrest and the only physician available to assist is a new resident who has never experienced a code. √ A physician is notorious for yelling at nurses who called him at home
<input type="checkbox"/> Other prescribing provider	√ A physician's assistant writes admission orders for a new patient, and does not include all the medication the patient had previously been receiving.
<input type="checkbox"/> Pharmacist	√ A pharmacist mislabels an IV bag for the wrong patient.
<input type="checkbox"/> Staff nurse	√ A nurse goes to lunch without telling anyone or asking that her patients be covered. While she is gone, one of her patients develops severe respiratory distress while no one was in attendance.
<input type="checkbox"/> Floating / temporary staff	√ A nurse is floated to pediatrics from labor and delivery, and does not advise the charge nurse that she has not worked with children since nursing school.
<input type="checkbox"/> Other Health professional (e.g., PT, OT, RT)	√ A respiratory therapist does not change the ventilator tubing, as per policy, but marks that it has been done.
<input type="checkbox"/> Health profession student	√ A medical student accidentally discontinues the wrong IV line and does not alert the patient's nurse.
<input type="checkbox"/> Medication assistant	√ A medication assistant administers digoxin to a patient before the nurse directs her to do so (patient was to be assessed prior to receiving the med).
<input type="checkbox"/> Nurse aide / Unlicensed Assistive Personnel (UAP)	√ A nurse aide leaves a patient unattended in the bathroom. The patient gets dizzy and falls.
<input type="checkbox"/> Other support staff	√ A dietary aide gives lunch to a patient who is NPO.
<input type="checkbox"/> Patient	√ Two patients decided to switch their telemetry units to see how long it would take for anyone to notice. One of them developed a serious arrhythmia and there was confusion that delayed his appropriate treatment.
<input type="checkbox"/> Patient's Family / friends	√ A patient called his family and friends to bring him some "real food," which they did by sneaking in pizza and beer, which were items that were not on his strict diet.
<input type="checkbox"/> None	If you select this option, do not select any other choices.
<input type="checkbox"/> Unknown	If you select this option, do not select any other choices.
Other: please specify: _____	Identify any other health team member who contributed to the practice breakdown.

Often patient care error is affected by staffing issues. The goal here is to capture a staffing issue that *contributed* to the practice breakdown.

20. Staffing issues contributed to the incident [?] Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Lack of supervisory /	√ Supervisor does not respond to nurse who requests

management support	<i>additional staff due to several new admissions arriving on the unit at the same time.</i>
<input type="checkbox"/> Lack of experienced nurses	√ <i>A sufficient number of nurses are assigned to an evening shift, but only one regularly works on the unit; others are float or agency personnel.</i>
<input type="checkbox"/> Lack of nursing support staff	√ <i>Nurse manager refuses to request additional staffing despite increase in census and several critically ill patients.</i> √ <i>Nursing assistant regularly floated to another unit and not replaced.</i>
<input type="checkbox"/> Lack of clerical support	√ <i>There is no clerical help at night despite several new admissions.</i>
<input type="checkbox"/> Lack of other health care team support	√ <i>No respiratory therapist is assigned to a night shift despite support needed for several ventilator dependent patients.</i>
<input type="checkbox"/> None	If you select this option, do not select any other choices.
<input type="checkbox"/> Unknown	If you select this option, do not select any other choices.
Other: please specify: _____	Identify the other type of staffing issue that was a factor in the practice breakdown.

This section provides an opportunity to identify factors relating to the culture of a facility and how staff interact that have contributed to the practice breakdown. Check all that apply or check unknown/not applicable if the interaction of the health care team and the organizational culture did not contribute to the practice breakdown.

This question provides an opportunity to identify factors relating to the culture of a facility and how staff interact that have contributed to the practice breakdown.

21. Health Care Team [?] Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Intradepartmental conflict / non-supportive environment	√ <i>Staff at odds over new scheduling policy and the conflict carries over into patient care.</i>
<input type="checkbox"/> Breakdown of health care team communication	√ <i>Oncoming nursing staff unaware of patient's advanced directives.</i>
<input type="checkbox"/> Lack of multidisciplinary care planning	√ <i>No attempt to coordinate patient's discharge planning and teaching.</i>
<input type="checkbox"/> Intimidating / threatening behavior	√ <i>Surgeon threatened nurse's job because nurse insisted that he speak to patient's family</i>
<input type="checkbox"/> Lack of patient involvement in plan of care	√ <i>Fearful patient not given chance to express concerns.</i>
<input type="checkbox"/> Care impeded by policies or unwritten norms that restrict communication	√ <i>Nurse is instructed to call the night supervisor before contacting physician at night.</i> √ <i>Only team leaders hear shift-to-shift report, so other staff is not aware of concerns or special needs of patients not on their team.</i>
<input type="checkbox"/> Majority of staff had not worked together previously	√ <i>New residents and several new nurses all start working on the same day.</i>
<input type="checkbox"/> Illegible handwriting	√ <i>Physician's poor writing impeded communication.</i>
<input type="checkbox"/> Lack of patient education	√ <i>Patient not instructed on correct use of medication</i>

<input type="checkbox"/> Lack of family / caregiver education	√ Patient allowed to be discharged before family members instructed on use of oxygen equipment.
<input type="checkbox"/> None	If you select this option, do not select any other choices.
<input type="checkbox"/> Unknown	If you select this option, do not select any other choices.
Other: please specify: _____	Identify other health care team factors that contributed to the practice breakdown.

Section Six — Nurse Profile

Nurse Demographics – This section describes the nurse involved in the practice breakdown. [?] Select one response for questions #22 through #24.

22. Nurse's year of birth _____ Year OR ___ Unknown	23. Nurse Gender ___ Male ___ Female OR ___ Unknown	24. Where nurse received nursing education ___ Unknown ___ United States ___ Non-US, please list country _____
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Complete the chart listing the nurse's education and initial information. Do not include partial training or education, only those programs from which the nurse graduated.

25. Indicate **all** degrees the nurse holds by listing the year of graduation and year of initial licensure (if applicable) that follow each type of degree / program. [?] If graduation year and / or year of initial licensure is unknown, check the "Unknown" columns.

<u>Education</u>	<u>Year of graduation</u>	<u>Year of initial licensure</u>	<u>Year of graduation Unknown</u>	<u>Year of initial licensure Unknown</u>
Practical/Vocational				
Associate Degree - LPN				
Associate Degree - RN				
Diploma - RN				
Baccalaureate, Nursing				
Masters, Nursing				
Doctorate, Nursing				
Bachelors, non-Nursing				
Advanced Degree, non-Nursing				
Other Nursing (direct entry to practice)				

26. Current Licensure Status [?] Check **all** license(s) active at the time of the reported practice breakdown.

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> LPN/VN <input type="checkbox"/> RN <input type="checkbox"/> APRN	Check all types of current licenses at the time of the incident. <i>√ Nurse held RN and LPN licenses in the jurisdiction of the practice breakdown, and both were active.</i> If information is not available, mark unknown.

27. Is English the nurse's primary language? [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Check whether the nurse speaks English as her/his primary language. <i>√ Nurse grew up in Quebec, Canada and spoke French as her primary language.</i> If information is not available, mark unknown.

Asking whether the nurse reported completion of any type of continued competence activities allows us to begin to look at whether there is any connection between nurses who don't do professional development activities and discipline.

Continued Competence. Examples of continued competence or professional development activities include formal education, continuing education, portfolio development, working with a mentor, writing article or book chapter, preparing workshop, etc.

28. Did the nurse report completion of any continued competence activities or professional development activities in the last five years? [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Examples of continued competence or professional development activities include formal education, continuing education, portfolio development, working with a mentor, writing article or book chapter, preparing workshop, etc. <i>√ Nurse did not report completing any continued competence activities for six or seven years.</i> <i>√ Nurse completed a refresher course before returning to work after raising her children.</i> If information is not available, mark unknown.

**29. Indicate the category of Advanced Practice Registered Nurse (APRN) [?]
Check "Not Applicable" if the nurse is not an APRN.**

Most cases do not involve advanced practice nurses, but this is a mandatory field, so be sure to check "not applicable/unknown" if the nurse is an RN or LPN.

Check Type	Category of APRN
	Not applicable since not an APRN
	Nurse Practitioner
	Nurse Anesthetist
	Nurse Midwife
	Clinical Nurse Specialist
	APRN category unknown
	Other: please specify: _____

Nurse Practice History

The fields in this part of TERCAP provide information about the history and status of the nurse at the time of the practice breakdown.

Select only one response for each question #30 through #40.

30. Work start time and end times (based on a 24 hour clock) when the practice breakdown occurred: [\[?\]](#)

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<p>_____ Start Time, with Minutes to the quarter hour OR _____ Unknown</p> <p>_____ End Time, with Minutes to the quarter hour OR _____ Unknown</p> <p>Time of Incident: _____ with Minutes to the quarter hour OR _____ Unknown</p>	<p>For the start time, fill in the time that the nurse began work on the day of the practice breakdown. For the end time, fill in the time that the nurse finished working. Use military time to response to this question.</p> <p>If information is not available, mark unknown.</p>

31. Length of time the nurse had worked for the organization / agency where the practice breakdown occurred: [\[?\]](#)

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<p>___ Less than one month ___ One - Twelve months ___ One - Two years</p>	<p>Indicate how long the nurse has been working for the particular organization, hospital or agency where the practice breakdown occurred.</p> <p>√ Nurse had worked as a staff nurse for a home care</p>

<input type="checkbox"/> Two - Three years <input type="checkbox"/> Three - Five years <input type="checkbox"/> More than 5 years <input type="checkbox"/> Unknown	<i>agency for four years.</i> <i>√ Nurse had worked at the same hospital for fifteen years, on three different units, as a staff nurse and as a supervisor.</i> If the information is not available, mark unknown.
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32. Length of time the nurse had worked in the patient care location / unit / department where the practice breakdown occurred: [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Less than one month <input type="checkbox"/> One - Twelve months <input type="checkbox"/> One - Two years <input type="checkbox"/> Two - Three years <input type="checkbox"/> Three - Five years <input type="checkbox"/> More than 5 years <input type="checkbox"/> Unknown	Indicate how long the nurse had been working in the particular patient care unit where the practice breakdown occurred. <i>√ Nurse had worked on the medical unit for seven months.</i> <i>√ Nurse had worked in the OR for three years.</i> If the information is not available, mark unknown.

33. Length of time the nurse had been in the specific nursing role at the time of the practice breakdown: [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Less than one month <input type="checkbox"/> One - Twelve months <input type="checkbox"/> One - Two years <input type="checkbox"/> Two - Three years <input type="checkbox"/> Three - Five years <input type="checkbox"/> More than 5 years <input type="checkbox"/> Unknown	How long the nurse has been working in the particular nursing role. <i>√ Nurse had worked on the med-surgical unit for ten months but had only been charge nurse for three weeks.</i> <i>√ Nurse was hired as the night nurse for the nursery four months before the incident of practice breakdown.</i> If the information is not available, mark unknown.

34. Type of shift [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> 8 hour <input type="checkbox"/> 10 hour <input type="checkbox"/> 12 hour <input type="checkbox"/> On call <input type="checkbox"/> Unknown Other: please specify: _____	This information will help determine if there are particular types of shifts where more practice breakdown occurs. <i>√ Nurse was working a double shift, evening and nights.</i> Check <i>other</i> and specify double or 16-hour shift. If the information is not available, mark unknown.

35. Days worked in a row at the time of the practice breakdown (include all positions

/ employment) [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> First day back after time off <input type="checkbox"/> 2 – 3 days <input type="checkbox"/> 4 – 5 days <input type="checkbox"/> 6 or more days <input type="checkbox"/> Unknown	<p>Information about how much the nurse had been working when the practice breakdown occurred will help determine if fatigue may have been a factor in the practice breakdown.</p> <p>√ <i>Nurse had worked five 12-hour shifts in a row at the time of the practice breakdown.</i></p> <p>If the information is not available, mark unknown.</p>

Whether or not the nurse was working in a temporary capacity is an important factor.

36. Was the nurse working in a Temporary capacity (e.g., traveler, float pool, float to another unit, covering a patient for another nurse)? [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>Nurses in a temporary capacity may not be familiar with the environment or as experienced with the type of nursing care.</p> <p>√ <i>The nurse had been assigned to work on the unit from the float pool.</i></p> <p>√ <i>The Nurse was a staff nurse for the facility but was covering another nurse's patients when one of them fell.</i></p> <p>If the information is not available, mark unknown.</p>

37. Assignment of the nurse at time of the practice breakdown: [?].

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Direct patient care <input type="checkbox"/> Team leader <input type="checkbox"/> Charge nurse <input type="checkbox"/> Nurse manager / supervisor <input type="checkbox"/> Combination patient care / leadership role <input type="checkbox"/> Unknown	<p>The type of assignment the nurse was working when the incident occurred is a critical piece of information.</p> <p>√ <i>The nurse was assigned to care for eight patients that evening.</i></p> <p>√ <i>The Charge nurse had assigned himself four patients in addition to his charge responsibilities.</i></p> <p>If the information is not available, mark unknown.</p>

A nurse in a leadership role may be responsible for larger numbers of patients. Question 38 asks about the number of patients the nurse was responsible for the overall care to when the practice breakdown occurred.

38. How many direct care patients were assigned to the nurse at the time of the practice breakdown? [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
	This question asks for the number of patients the nurse

_____ Patients OR _____ Unknown	was responsible for providing their direct care. ✓ <i>The nurse was providing direct care for 18 patients during the night shift.</i> ✓ <i>The newly graduated nurse was assigned four patients that evening.</i> If the information is not available, mark unknown.
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39. How many staff members was the nurse responsible for supervising at the time of the practice breakdown? [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
_____ Staff OR _____ Unknown	A nurse in a leadership role is also responsible for supervising other staff members. If the information is not available, mark unknown. ✓ <i>The team leader nurse supervised an RN, an LPN and two nursing assistants that day.</i> If the information is not available, mark unknown.

40. How many patients was the nurse responsible for overall (counting direct care patients and the patients of the staff the nurse was supervising at the time of the practice breakdown)? [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
_____ Staff OR _____ Unknown	For this question, add up the number of patients assigned to the staff the nurse is supervising, plus the nurse's direct care patients. ✓ <i>The night charge nurse supervised an LPN and two nursing assistants, thus responsible for a total of 36 patients.</i> If the information is not available, mark unknown.

Question 41 provides a space to record the nurse's reported perception of factors that contributed to the practice breakdown. This is what the nurse thought was part of the problem. If the information is not available, mark unknown.

41. Nurse's reported perception of factors that contributed to the practice breakdown [?] Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
___ Nurse's language barriers	✓ <i>The nurse's primary language was Chinese.</i>
___ Nurse's cognitive impairment	✓ <i>The nurse developed memory loss after an accident.</i>
___ Nurse's high work volume / stress	✓ <i>The new team leader was coping with student nurses, new residents, and ten admissions.</i>
___ Nurse's fatigue / lack of sleep	✓ <i>The nurse had been up for 36 hours with a sick child at home.</i>
___ Nurse's drug / alcohol impairment / substance abuse	✓ <i>The nurse began drinking during a difficult divorce and began to show work slippage.</i>

<input type="checkbox"/> Nurse's functional ability deficit	√ <i>The nurse was unable to lift over ten pounds.</i>
<input type="checkbox"/> Nurse's inexperience (with clinical event, procedure, treatment or patient condition)	√ <i>The nurse was caring for a patient with an unfamiliar diagnosis, receiving a treatment that the nurse had not worked with before.</i>
<input type="checkbox"/> No rest breaks / meal breaks	√ <i>The nurse was so busy she took no breaks, even for supper.</i>
<input type="checkbox"/> Nurse's lack of orientation / training	√ <i>The adult med-surgical nurse was floated to labor and delivery, without sufficient orientation.</i>
<input type="checkbox"/> Nurse's overwhelming assignment(s)	√ <i>The nurse had several critically ill patients who all needed close monitoring and numerous treatments.</i>
<input type="checkbox"/> Nurse's lack of team support	√ <i>The nurse was unable to get help to turn her obese patient.</i>
<input type="checkbox"/> Nurse's mental health issues	√ <i>The nurse quit taking her medications and began hearing voices again.</i>
<input type="checkbox"/> Nurse's conflict with team members	√ <i>The nurse was not speaking to the other RN assigned to work that evening.</i>
<input type="checkbox"/> Nurse's personal pain management	√ <i>The nurse suffers from chronic pain and is often using large doses of prescription medication.</i>
<input type="checkbox"/> Lack of adequate staff	√ <i>The nurse did not have enough other staff to perform the assigned duties.</i>
<input type="checkbox"/> None	If you select this option, do not select any other choices.
<input type="checkbox"/> Unknown	If you select this option, do not select any other choices.
Other: please specify	List any other factor that the nurse's supervisor / employer identified as contributing to the practice breakdown.

Question 42 provides a space to record the supervisor or employer's reported perception of factors that contributed to the practice breakdown. The choices and the examples are the same as Question 41, but this question gets at what the supervisor or employer thought was part of the problem.

42. Supervisor or employer's perception of factors that contributed to the practice breakdown [?] Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Nurse's language barriers	√ <i>The nurse's primary language was Chinese.</i>
<input type="checkbox"/> Nurse's cognitive impairment	√ <i>The nurse developed memory loss after an accident.</i>
<input type="checkbox"/> Nurse's high work volume / stress	√ <i>The new team leader was coping with student nurses, new residents, and ten admissions.</i>
<input type="checkbox"/> Nurse's fatigue / lack of sleep	√ <i>The nurse had been up for 36 hours with a sick child at home.</i>
<input type="checkbox"/> Nurse's drug / alcohol impairment / substance abuse	√ <i>The nurse began drinking during a difficult divorce and began to show work slippage.</i>
<input type="checkbox"/> Nurse's functional ability deficit	√ <i>The nurse was unable to lift over ten pounds.</i>
<input type="checkbox"/> Nurse's inexperience (with clinical event, procedure, treatment or patient condition)	√ <i>The nurse was caring for a patient with an unfamiliar diagnosis, receiving a treatment that the nurse had not worked with before.</i>
<input type="checkbox"/> No rest breaks / meal breaks	√ <i>The nurse was so busy she took no breaks, even for supper.</i>

<input type="checkbox"/> Nurse's lack of orientation / training	√ The adult med-surgical nurse was floated to labor and delivery, without sufficient orientation.
<input type="checkbox"/> Nurse's overwhelming assignment(s)	√ The nurse had several critically ill patients who all needed close monitoring and numerous treatments.
<input type="checkbox"/> Nurse's lack of team support	√ The nurse was unable to get help to turn her obese patient.
<input type="checkbox"/> Nurse's mental health issues	√ The nurse quit taking her medications and began hearing voices again.
<input type="checkbox"/> Nurse's conflict with team members	√ The nurse was not speaking to the other RN assigned to work that evening.
<input type="checkbox"/> Nurse's personal pain management	√ The nurse suffers from chronic pain and is often using large doses of prescription medication.
<input type="checkbox"/> Lack of adequate staff	√ The nurse did not have enough other staff to perform the assigned duties.
<input type="checkbox"/> None	If you select this option, do not select any other choices.
<input type="checkbox"/> Unknown	If you select this option, do not select any other choices.
Other: please specify	List any other factor that the nurse's supervisor / employer identified as contributing to the practice breakdown.

43. Previous discipline history by employer(s) for practice issues [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>This question asks for previous employment discipline history — this means jobs the nurse held <u>before</u> he or she became employed at the one where the practice breakdown occurred.</p> <p>√ The nurse had been counseled for frequent medication errors at a prior employment. √ The nurse had no history of employment programs at her previous job.</p> <p>If the information is not available, mark unknown.</p>

44. Terminated or resigned in lieu of termination from previous employment [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>Has the nurse was ever fired or allowed to resign in lieu of termination? This question is also asking about previous positions.</p> <p>√ The nurse had been allowed to resign due to several patient incidents from his previous facility. √ The nurse had been terminated for insubordination at prior employment.</p> <p>If the information is not available, mark unknown.</p>

45. Previous discipline by a board of nursing [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Prior disciplinary actions could have been taken by other state boards of nursing as well as by the board in the jurisdiction where the practice breakdown occurred. √ <i>The nurse's LPN license had been suspended three years before for drug diversion.</i> √ <i>The nurse had discipline in another jurisdiction for unprofessional conduct.</i> If the information is not available, mark unknown.

46. Previous criminal convictions [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Criminal convictions include misdemeanors, felonies, nolo contendere pleas and Alford pleas. √ <i>The nurse had three previous convictions for driving under the influence.</i> √ <i>The nurse had been convicted of mail fraud ten years ago.</i> If the information is not available, mark unknown.

Question 47 looks at what happened to the nurse as a result of the practice breakdown in terms of employment, the job the nurse held during the practice breakdown.

47. Employment Outcome [?] Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<input type="checkbox"/> Employer retained nurse <input type="checkbox"/> Nurse resigned <input type="checkbox"/> Nurse resigned in lieu of termination <input type="checkbox"/> Employer terminated / dismissed nurse. <input type="checkbox"/> Unknown Other: please specify: _____	Check all nurse outcomes regarding employment at the time of the practice breakdown. √ <i>The nurse was counseled regarding the practice breakdown and directed to take a refresher course.</i> √ <i>The nurse was terminated from her position.</i> If the information is not available, mark unknown.

Section Seven — Intentional Misconduct or Criminal Behavior

This section addresses behaviors that fall outside of nursing practice and involve deliberate illegal, unethical and/or criminal activities. Intentional means the nurse chose to behave or take the action involved in the practice breakdown. The act was a conscious action – planned, intended and deliberate.

48. Did the incident involve intentional misconduct or criminal behavior? [?] **Check all that apply.**

If the reviewer checks **YES**, you will click on **NEXT** and go to the following set of additional choices about the type of intentional misconduct or criminal behavior.

The reported incident involved intentional misconduct or criminal behavior.

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Changed or falsified charting	√ Nurse charted vital signs without actually taking them.
<input type="checkbox"/> Deliberately covering up error	√ After infusing the wrong IV solution for several hours, nurse realized error and replaced with correct solution, altering the IV and I&O records to cover the fact that the patient had been given a large volume of the wrong solution. √ Nurse gave a medication to the wrong patient and did not report the error. √ Nurse overdosed a patient with morphine, did not record the actual amount given and signed on the narcotic sheet that the extra medication had been wasted.
<input type="checkbox"/> Theft (including drug diversion)	√ Nurse stole patient's jewelry. √ Nurse removed a box of oxycodone to give to her boyfriend for street sale.
<input type="checkbox"/> Fraud (including misrepresentation)	√ Nurse misrepresented the currency of her nursing license to her employer. √ Graduate nurse A persuaded her twin sister nurse B (who had already passed NCLEX-RN) to sit for A's licensing examination. √ Nurse charted vital signs without actually taking them.
<input type="checkbox"/> Patient abuse (verbal, physical, emotional or sexual)	√ Nurse slapped a patient for throwing things. √ Nurse caring for a home patient started an affair with the patient's husband. √ Nurse secretly eloped with a patient on leave from a residential facility. √ Nurse yelled at patient for being incontinent.
<input type="checkbox"/> Criminal conviction	√ Nurse convicted of embezzling money from agency. √ Nurse killed her husband for the insurance money.
Other : please specify _____	If "other" is selected, the reviewer should specify the nature of the intentional misconduct or criminal behavior.

OR

If the reviewer answers **NO** to question #48, you will automatically move to question #49.

Sections Eight through Ten track various aspects of Practice Breakdown

- In Section Eight, you determine if a medication error was involved in the practice breakdown.
- In Section Nine, you determine whether documentation contributed to the practice breakdown.

- Section Ten includes six other practice breakdown categories that are more focused on the "why" of the incident. You answer questions about the reasons for the incident.

Section Eight — Practice Breakdown: Safe Medication Administration

Many practice breakdown incidents involve medication errors. The TERCAP collects specificity about medications errors because of the national focus on patient safety and medication errors. Medications were selected as a stand alone category because there is already a great deal of information and work being done on this type of medical error and we wanted to be able to compare the practice breakdown experiences of nurses that involve medication error with other work with medication errors.

The standard for safe medication administration is that the nurse administers the right dose of the right medication via the right route to the right patient at the right time for the right reason.

49. Did the practice breakdown involve a medication error? [\[?\]](#) Check all that apply or your own variant.

If the reviewer checks **YES**, you will click on **NEXT** and go to questions 50-52 about the type, nature and causes of the medication error, beginning with identification of the drug involved in the practice breakdown. Check all that apply.

50. Name of drug involved in the practice breakdown: [\[?\]](#) Pick one of the answers.

The first space is to list the medication that was ordered for the patient, the medication listed in the patient's chart and medication record. The exact name of the drug ordered, including dose, route, frequency, time, or other specifics should be included. The second space is to list the drug that was actually given to the patient. The exact name of the drug actually given, including dose, route, frequency, time, or other specifics should be included. If either the drug ordered or the drug given is unknown, check unknown. If no drug was given, although ordered, write in "None" under drug ordered.

51. The type of medication error identifies the form or mode of the error, or how the error was manifested. Select the type of medication error: [\[?\]](#)

The possible responses in questions 51 and 52 are based on items included in MedMarx, the National Database for medication errors. Examples are provided for most, but not all contributing factors.

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Drug prepared incorrectly	√ Nurse had to reconstitute an IV antibiotic and used too much sterile water
<input type="checkbox"/> Extra dose	√ Nurse gave patient an extra dose of pain medication, not realizing another nurse had already medicated patient
<input type="checkbox"/> Improper dose quantity	√ Nurse gave 40 mg lasix instead of the ordered 20 mg.
<input type="checkbox"/> Mislabeling	√ Nurse gave the wrong medication because the unit dose labeled to be Keflex was actually Clindamycin.

<input type="checkbox"/> Omission	√ Nurse failed to administer a patient's ordered medications.
<input type="checkbox"/> Prescribing	√ Nurse practitioner intended to prescribe one drug but actually wrote for another.
<input type="checkbox"/> Unauthorized / Wrong drug	√ Nurse gave pain medication to patient without a physician's order.
<input type="checkbox"/> Wrong administration technique	√ Nurse administered an Iron supplement IM without using the Z track method.
<input type="checkbox"/> Wrong dosage form	√ Nurse opened a dose of theophylline and mixed in applesauce for patient with difficulty swallowing, not realizing that the capsule was a sustained dose to cover several hours.
<input type="checkbox"/> Wrong drug	√ Nurse gave the patient a prn dose of IV Demerol when the patient was prescribed morphine.
<input type="checkbox"/> Wrong patient	√ Nurse gave patient J his roommate's medications.
<input type="checkbox"/> Wrong route	√ Nurse administered a medication IM when it was ordered to be given IV.
<input type="checkbox"/> Wrong time	√ Nurse administered a prn sleeping medication in the afternoon.
<input type="checkbox"/> Wrong reason	√ Nurse administered a dose of prn Naprosyn for the patient's complaint of stomach upset.
<input type="checkbox"/> Abbreviations *	√ Nurse read an abbreviation as "qh" when the actual order was for the medication to be given "qid".
<input type="checkbox"/> Unknown	If you select this option, do not select any other choices.
Other: please specify _____	If "other" is selected, the reviewer should specify the nature of the medication error.

52. Select contributing factors related to the medication error. [?] Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Blanket orders	√ Nurse kept increasing the IV Lidocaine drip rate because the blanket order was to keep the patient from having more than 2 PVC per minute, not realizing she was administering far more than the recommended dose.
<input type="checkbox"/> Performance deficit	√ Nurse did not follow the 6 R's of medication administration and did not realize she had the wrong medication.
<input type="checkbox"/> Brand names look alike	√ Nurse confused Lopressor with Lotensin.
<input type="checkbox"/> Brand names sound alike	√ Nurse confused Procardia with Provera.
<input type="checkbox"/> Brand / generic drugs look alike	√ Nurse confused Lotensin (brand name) with Losartan (generic).
<input type="checkbox"/> Calculation error	√ Nurse makes a multiplication error a child's weight times the dose per pound, resulting in an overdose.
<input type="checkbox"/> Communication	√ Nurse received a verbal order regarding a change in a patient's medication; she heard cephadrine (Velosef) but the physician actually said cefixime (Suprax). The patient received the wrong medication.

___ Computer entry	√ Nurse hit an extra zero, so the record said the patient received 100 mg of a medication when he really received 10 mg.
___ Computerized prescriber order entry	√ Nurse does not question a physician's order for a medication that was beyond the therapeutic dosage range. The physician had entered the wrong dose in his computer order.
___ Computer software	
___ Contra-indicated, drug allergy	√ Nurse administered penicillin to a patient who reported an allergy to penicillin drugs.
___ Contra-indicated, drug / drug	√ Nurse obtained an order for aspirin for a patient from the physician on call without informing her that the patient was also receiving coumadin.
___ Contra-indicated in disease	√ Nurse administered percodan to a hemophiliac patient, not knowing the aspirin content in this pain medication.
___ Contra-indicated in pregnancy / breastfeeding	√ Nurse administered a patient Danazol for the patient's endometriosis in spite of the patient's statement that she thought she might be pregnant.
___ Decimal point	√ Nurse wrote the new order in the patient's medication record but misplaces the decimal so that the patient received 1.0 mg instead of the ordered .10 mg.
___ Dilutant wrong	√ Nurse mixed a drug in D ₅ W but the medication should be mixed in NS.
___ Dispensing device involved	
___ Documentation inaccurate / lacking	√ Nurse fails to document that he administered a prn pain medication three times on his shift.
___ Dosage form confusion	√ Nurse working in code situation prepares a dopamine solution at the wrong concentration.
___ Drug devices *	
___ Drug distribution system	
___ Drug shortage	
___ Equipment design confusing / inadequate	
___ Equipment (not pumps) failure / malfunction	
___ Fax / Scanner involved	√ Nurse received fax order; the document did not print well and was fuzzy. The nurse misread the document as one drug when it actually says another.
___ Generic names look alike	√ Nurse confused digitoxin and digoxin.
___ Generic names sound alike	√ Nurse confused oxaprozin with oxytocin
___ Handwriting illegible / unclear	√ Nurse misread the illegible handwritten order as prescribing one medication when the order actually stated another.
___ Incorrect medication activation	
___ Information management system	
___ Knowledge deficit	√ Nurse did not know the contraindications of a drug and gave it to a patient who was experiencing those contraindications.
___ Label – Manufacturer design	
___ Label – Your facility's	

design	
___ Leading / Missing zero	√ Nurse read the order as prescribing 10 mg of a medication, when the physician had actually written 1. (His period looked like a zero).
___ Measuring device inaccurate / inappropriate	√ Nurse used a TB syringe to draw up a dose of insulin.
___ Monitoring inadequate / inappropriate	√ Nurse failed to monitor the patient's VS as stated by protocol for the medication the patient was receiving. √ Nurse failed to determine the patient's reaction to the new medication.
___ Non-formulary drug	
___ Non-metric units used	√ Nurse, not familiar with apothecary system, gave a patient 1 gram of a medication instead the ordered 1 grain.
___ Packaging / container design	
___ Patient identification failure	√ Nurse did not check the patient's name band and gave medications to the wrong patient.
___ Performance (human) deficit	
___ Prefix / Suffix misinterpreted	
___ Preprinted medication order form	
___ Procedure / Protocol not followed	
___ Pump: failure / malfunction	√ Nurse set the pump at the ordered dosage, but the pump malfunctioned and delivered the medication too rapidly.
___ Pump: improper use	√ Nurse did not set the proper dose to be delivered by the pump, patient did not receive the ordered amount.
___ Reconciliation - Admission	√ Nurse doing admission history did not record the medications that the patient was taking at home.
___ Reconciliation – Discharge	√ Nurse doing discharge of patient failed to note the medications the patient was going home on.
___ Reconciliation material confusing / inaccurate	
___ Repackaging by your facility	
___ Repackaging by other facility	
___ Similar packaging / labeling	
___ Similar products	
___ Storage proximity	
___ System safeguard(s) inadequate	
___ Trailing / terminal zero	√ Nurse misread dose of 2.0 as 20.
___ Transcription inaccurate / omitted	√ Nurse transcribed a series of new orders for a patient, but missed one medication.
___ Verbal order	√ Nurse took a verbal order for a medication but misunderstood the route to be given.
___ Written order	
___ Workflow disruption	√ Nurse was in the middle of passing medications when called

	<i>away to tend to another patient problem. When she returned, she did not start back at the same point, resulting in an omitted medication.</i>
<input type="checkbox"/> Medication available as floor stock *	<i>√ Nurse on night shift used floor stock to administer a newly ordered medication for a patient, not realizing the medication had expired.</i>
<input type="checkbox"/> Unknown	If you select this option, do not select any other choices.
Other: please specify: _____	If "other" is selected, the reviewer should specify the nature of the contributing factor to the medication error.

OR

If the reviewer answers **NO** to question #49 you will automatically move to question #53.

Section Nine — Practice Breakdown: Documentation

Nursing documentation provides relevant information about the patient and what was done in response to their needs. Accurate record keeping and careful documentation is an essential part of nursing practice that serves to protect the welfare of patients. Since documentation is an aspect of all nursing care, it is typically an element in practice breakdown as well. Please track elements of documentation that contributed to practice breakdown.

The standard is that the nurse ensures complete, accurate and timely documentation.

53. Did the incident involve a documentation error? [?] Check all that apply or your own variant.

If the reviewer checks YES, you will click on NEXT and go to a set of additional choices about the type of documentation error.

The incident involved a documentation error:

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Pre-charting / untimely charting	<i>√ Nurse charted care prior to providing care.</i>
<input type="checkbox"/> Incomplete or lack of charting	<i>√ Nurse did not chart complete assessment of patient. √ Nurse did not chart serious changes in the patient's condition.</i>
<input type="checkbox"/> Charting incorrect information	<i>√ Nurse charted that wound appeared clean and healing when the wound was actually discolored and purulent.</i>
<input type="checkbox"/> Charting on wrong patient record	<i>√ Nurse made an entry for Patient A in Patient B's record.</i>
Other: please specify _____	If "other" is selected, the reviewer should specify the nature of the intentional misconduct or criminal behavior.

OR

If the reviewer answers **NO** to question #53 you will automatically move to question 54.

Section Ten — Practice Breakdown: Other Categories

In addition to medication errors (Section Eight) and documentation (Section Nine), Section Ten presents six other causes of practice breakdown that assist in focusing on the reasons that practice breakdown occurred. They are:

- Attentiveness / Surveillance
- Clinical Reasoning
- Prevention
- Intervention
- Interpretation of Authorized Provider's Orders
- Professional Responsibility / Patient Advocacy

These categories may be underlying causes to medication errors and/or documentation errors, or they may be the reasons for the practice breakdown.

Read through questions 54 through 59 below. You can scroll up and down through this section. The categories have additional elements listed under them. After your review of all the categories, go through the six causes of practice breakdown to check all the elements that apply to the case you are entering.

54. Attentiveness / Surveillance

The nurse monitors what is happening with the patient and staff. The nurse observes the patient's clinical condition; if the nurse has not observed a patient, then he/she cannot identify changes if they occurred and/or make knowledgeable discernments and decisions about the patient. [?]

You have selected Attentiveness/ Surveillance as the Primary Category of Practice Breakdown. Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
___ Patient not observed for an unsafe period of time	<ul style="list-style-type: none"> √ Nurse did not observe that the patient had become unresponsive. √ Nurse failed to monitor a stroke patient while patient was eating. √ Nurse hung packed RBC for a patient but did not return to check vital signs and assess response to the transfusion. √ Nurse did not re-assess patient's condition after a normal birth. √ Nurse failed to observe post-op patient for several hours.
___ Staff performance not observed for an unsafe period of time	<ul style="list-style-type: none"> √ Nurse gave verbal instruction to assistive personnel to reposition patient frequently but never checked to see if this direction was followed. √ Nurse did not recognize that a patient's treatments had not been completed.
Other: please specify: _____	If "other" is selected, the reviewer should specify how a lack of surveillance / attentiveness contributed to the practice breakdown.

The second category is:

55. Clinical Reasoning

Nurses interpret patients' signs, symptoms and responses to therapies. Nurses evaluate the relevance of changes in patient signs and symptoms and ensure that patient care providers are notified and that patient care is adjusted appropriately. Nurses titrate drugs and other therapies according to their assessment of patient responses (e.g., change patient positioning in response to patient shock; titrate IV medications to maintain the patient's vital signs within acceptable parameters; assess patient pain and adjust pain medication; administer sliding scale insulin in response to patient blood sugars). [?]

You have selected Clinical Reasoning as the Primary Category of Practice Breakdown. **Check all that apply or your own variant.**

POSSIBLE TERCAP RESPONSES	EXAMPLES
___ Clinical implications of patient signs, symptoms and / or responses to interventions not recognized	√ Nurse did not recognize common signs of drug overdose and toxicity.
___ Clinical implications of patient signs, symptoms and / or interventions misinterpreted	√ Nurse assumed that patient's anxiety was due to strained relationship with her spouse when in fact patient was receiving an excessive amount of aminophylline.
___ Following orders, routine (rote system think) without considering specific patient condition	√ Remainder of IV medication infused as a bolus exceeding the rate/dosage prescription
___ Poor judgment in delegation and the supervision of other staff members	√ Charge nurse did not adjust assignment, even though new admission was critically ill and could not be cared for adequately by an unlicensed assistive person.
___ Inappropriate acceptance of assignment or accepting a delegated action beyond the nurse's knowledge and skills	√ Nurse performed an invasive procedure without appropriate training and experience. √ Nurse knowingly accepted a patient assignment that exceeded his ability to provide safe patient care.
___ Lack of knowledge	√ Nurse did not realize that a pregnant patient's ordered medication was contraindicated.
Other: please specify: _____	If "other" is selected, the reviewer should specify how clinical reasoning contributed to the practice breakdown.

The third category is:

56. Prevention

The nurse follows usual and customary measures to prevent risks, hazards or complications due to illness or hospitalization. These include fall precautions, preventing hazards of immobility, contractures, stasis pneumonia, etc. [?]

You have selected Prevention as the Primary Category of Practice Breakdown. **Check all that apply or your own variant.**

POSSIBLE TERCAP RESPONSES	EXAMPLES
___ Preventive measure for patient well-being not taken	√ Nurse did not take measures to prevent hazards of immobility.
___ Breach of infection precautions	√ Nurse did not follow reverse isolation procedures for a patient who had very low blood counts following chemotherapy. √ Nurse used contaminated needles

___ Did not conduct safety checks prior to use of equipment	<ul style="list-style-type: none"> √ Nurse used a heating pad with a badly frayed cord. √ Nurse used an ungrounded defibrillator. √ Patient received burns in OR due to inadequate skin protection.
Other: please specify: _____	If "other" is selected, the reviewer should specify how a lack of prevention was involved in the practice breakdown.

The fourth category is:

57. Intervention

The nurse properly executes healthcare procedures aimed at specific therapeutic goals. Interventions are implemented in a timely manner. Nurses perform the right intervention on the right patient. [?]

You have selected Intervention as the Primary Category of Practice Breakdown. Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
___ Did not intervene for patient	√ Nurse left bedside of patient experiencing respiratory distress without providing previously ordered O ₂ therapy.
___ Did not provide timely intervention	<ul style="list-style-type: none"> √ Nurse waited several minutes before initiating CPR for a patient who stopped breathing. √ Nurse did not administer stat medication as soon as it was available.
___ Did not provide skillful intervention	<ul style="list-style-type: none"> √ Nurse attempted venipuncture multiple times without calling for assistance. √ Nurse inserted NG tube incorrectly. √ Nurse attempted to operate unfamiliar equipment without orientation (i.e. PCA pump, ventilator). √ Nurse did not consider patient's mobility limitations when planning for therapy. √ Nurse in OR failed to intervene in breach of infection precautions.
___ Intervened on wrong patient	√ Nurse gave patient A's treatment to patient B.
Other: please specify: _____	If "other" is selected, the reviewer should specify how the lack of intervention or an inappropriate intervention contributed to the practice breakdown.

The fifth category is:

58. Interpretation of Authorized Provider's Orders

The nurse interprets authorized provider orders. [?]

You've selected Interpretation of Authorized Provider's Orders as the Primary Category of Practice Breakdown. Check all that apply or your own variant.

POSSIBLE TERCAP RESPONSES	EXAMPLES
___ Did not follow standard protocol / order	√ Nurse did not check diabetic patient's blood glucose every six hours per protocol.
___ Missed authorized provider's order	√ Nurse did not check a patient's record for new orders and missed a stat order.

<input type="checkbox"/> Unauthorized intervention (not ordered by an authorized provider)	√ Nurse administered a pain medication to a patient without an order and without recording what was given.
<input type="checkbox"/> Misinterpreted telephone or verbal order	√ Nurse did not clarify physician's verbal order
<input type="checkbox"/> Misinterpreted authorized provider handwriting	√ Wrong laboratory test was ordered due to misinterpreted physician handwriting.
<input type="checkbox"/> Undetected authorized provider error resulting in execution of an inappropriate order	√ Nurse did not notice that a regular diet was ordered for a diabetic patient. √ Nurse did not identify a dosage error in a new order prescribing a medication for the patient, resulting in the patient receiving overdose.
Other: please specify: _____	If "other" is selected, the reviewer should specify how the interpretation of provider orders contributed to the practice breakdown.

The sixth category is:

59. Professional Responsibility / Patient Advocacy

The nurse demonstrates professional responsibility and understands the nature of the nurse-patient relationship.

Advocacy refers to the expectations that a nurse acts responsibly in protecting patient / family vulnerabilities and in advocating to see that patient needs / concerns are addressed. [?]

You have selected Professional Responsibility/Patient Advocacy as the primary category of practice breakdown. **Check all that apply or your own variant.**

POSSIBLE TERCAP RESPONSES	EXAMPLES
<input type="checkbox"/> Nurse fails to advocate for patient safety and clinical stability	√ Nurse did not call physician/health care provider regarding patient's critical need due to fear of conflict.
<input type="checkbox"/> Nurse did not recognize limits of own knowledge and experience	√ Nurse performed an invasive procedure without appropriate training and experience. √ Nurse knowingly accepted a patient assignment that exceeded his ability to provide safe patient care.
<input type="checkbox"/> Nurse does not refer patient to additional services as needed	√ Nurse did not notify physician/provider of patient complaint of pain.
<input type="checkbox"/> Specific patient requests or concerns unattended	√ Nurse did not prioritize patient's request to call her health care practitioner. √ Nurses did not follow up on patient statement about a matter that was a source of worry and concern for the patient. √ Nurse observed patient crying but did not attend to the patient. √ Nurse did not allow visitors to be with dying patient.
<input type="checkbox"/> Lack of respect for patient / family concerns and dignity	√ Nurse said to patient, "I bet you don't act like this at home – how does your wife put up with you?" √ Nurse did not drape patient or provide privacy.
<input type="checkbox"/> Patient abandonment	√ Nurse walked off unit after a disagreement without notification or asking another nurse to care for assigned patients. √ Nurse left unit without notifying appropriate staff and was later found sleeping.

<input type="checkbox"/> Boundary crossings / violations	<input checked="" type="checkbox"/> Nurse became romantically involved with a patient. <input checked="" type="checkbox"/> Nurse used patient's car or funds for personal use.
<input type="checkbox"/> Breach of confidentiality	<input checked="" type="checkbox"/> Nurse talked about patient in hallway and disclosed confidential information. <input checked="" type="checkbox"/> Nurse shared information to news media about a patient.
<input type="checkbox"/> Nurse attributes responsibility to others	<input checked="" type="checkbox"/> Nurse said, "everybody else does it." <input checked="" type="checkbox"/> Nurse said that the supervisor was "out to get me."
Other: please specify: _____	If "other" is selected, the reviewer should specify how a lack of patient advocacy/ professional responsibility contributed to the practice breakdown.

The next TERCAP screen will present a summary of the categories you have selected above. The next step is to rank these categories. Though, all aspects of practice breakdown are interrelated, the goal of TERCAP is to isolate the precipitating cause. Review the categories you selected, and choose one primary category of error that is the most relevant and direct cause of the practice breakdown that occurred in this case. In making this determination, consider:

- What was the primary (or most significant) cause of the patient's harm (or risk of harm)?
- Would the practice breakdown have occurred if this cause had not been present?
- Will the practice breakdown reoccur if the cause is not corrected or eliminated?

After you have selected one primary practice breakdown category, choose one additional secondary practice breakdown category. Check "Not as significant" for any other categories you may have chosen in questions 54 through 59.

This is often the most difficult aspect of using TERCAP: being asked to focus on one primary and one secondary category of practice breakdown. The reason for these selections is to identify the **root cause** of the practice breakdown.

Case Investigation and Resolution [?]

Case Investigation and Resolution are optional questions to enable boards to track how long it took to resolve a case.

POSSIBLE TERCAP RESPONSES	DIRECTIONS
Date Case Received ____ / ____ / ____ Date Assigned to Investigator ____ / ____ / ____ Date Investigation Completed ____ / ____ / ____ Date of Final Resolution ____ / ____ / ____ Select: ____ / ____ / ____ Month / Day / Year in a four-digit number OR Unknown	<input checked="" type="checkbox"/> Date received is the first date the agency officially become aware of the issue. <input checked="" type="checkbox"/> Cases are not always immediately assigned and this identifies when assignment occurred. <input checked="" type="checkbox"/> Length of investigations vary. <input checked="" type="checkbox"/> Final Resolution is the date the last person responsible for deciding the matter took action. The date is to be provided in the following format: Month/Day/Year (xx/xx/xxxx). Note: Year is a four-digit number. Check unknown if the date of the incident is not available.

60. Board of Nursing Outcomes [?]

POSSIBLE TERCAP RESPONSES	DIRECTIONS
<p><input type="checkbox"/> Board of Nursing Disciplinary Action</p> <p><input type="checkbox"/> Alternative Program – The nurse was given the opportunity to participate in a non-discipline program to address practice and / or impairment concerns.</p> <p><input type="checkbox"/> Non-disciplinary Action (e.g., Letter of concern)</p> <p><input type="checkbox"/> Referral to another oversight agency</p> <p><input type="checkbox"/> Recommendation to the health care agency involved in the practice breakdown</p> <p><input type="checkbox"/> Dismissed, No Action</p>	<p>Question 60 looks at the Board of Nursing resolution of the reported practice breakdown. Did the Board take disciplinary action, refer to an alternative (to discipline) program, use a non-disciplinary resolution or was the case dismissed?</p> <p><i>Cases dismissed will not be included in the aggregate data analysis performed by the NCSBN Research Department. Cases submitted by each member board will be available to that specific member board.</i></p>

END OF TERCAP

Thank you for entering data on this case.

The last two questions are not part of TERCAP per se, but provide an opportunity to comment about the instrument or the reporting process. The reviewer is reminded to select the "Submit" button on the bottom of the page so the data will be transmitted to NCSBN.

The questions providing an opportunity for comment include:

- Did this instrument allow you to capture the essential elements of the practice breakdown? If no, please explain what was missing and what would have helped you describe your case.
- Please provide any additional comments and feedback regarding TERCAP.

Once the "Submit" button is selected the reviewer will be brought back to the TERCAP Web page.

Your feedback is **very** much appreciated.