TERCAP™

Taxonomy of Error, Root Cause Analysis and Practice-responsibility

2008 Data Collection Instrument© 2/21/08

Print Form

TERCAP Case ID Number _____

1. Full Name of Reviewer _____

Pick the incident that triggered the report to the board

2. State Board of Nursing _____ **3. Date of incident** _____ or ☐ Unknown

If more than one patient was involved, report data for the patient with the most serious harm, or risk of harm

4. Patient age _____ ☐ Unknown

5. Patient gender ☐ Male ☐ Female ☐ Unknown

6. Were the patient's family and/or friends present at the time of the practice breakdown?

☐ Yes ☐ No ☐ Unknown

7. Indicate whether the patient exhibited any of the following at the time of the practice breakdown *Check all that apply*

☐ Agitation /Combativeness ☐ Altered level of consciousness ☐ Cognitive impairment
☐ Communication /Language difficulty ☐ Depression / Anxiety ☐ Inadequate coping /stress management
☐ Incontinence ☐ Insomnia ☐ Pain Management ☐ Sensory deficits (hearing, vision, touch) ☐ None ☐ Unknown

8. Indicate the patient's diagnosis *Check no more than TWO diagnoses, those that contributed to the reported situation.*

☐ Alzheimer's disease and other dementias (confusion) ☐ Arthritis ☐ Asthma ☐ Back Problems ☐ Cancer
☐ Congestive heart failure ☐ Depression and anxiety disorders ☐ Diabetes ☐ Emphysema ☐ Fractures
☐ Gall bladder disease ☐ Gastrointestinal disorders ☐ HIV/AIDS ☐ Hypertension ☐ Infections
☐ Ischemic heart disease (CAD, MI) ☐ Nervous system disorders ☐ Pneumonia ☐ Pregnancy ☐ Renal/urinary system disorders
☐ Skin disorders ☐ Stomach ulcers ☐ Stroke (CVA) ☐ Unknown diagnosis
☐ Other - please specify _____

9. What happened to the patient? *Check all that apply*

☐ Patient fell ☐ Patient departed without authorization ☐ Patient received wrong medication ☐ Patient received wrong treatment
☐ Patient received wrong therapy ☐ Patient acquired nosocomial (hospital acquired) infection ☐ Patient suffered hemolytic transfusion reaction
☐ Patient suffered severe allergic reaction / anaphylaxis ☐ Patient was abducted ☐ Patient was assaulted ☐ Patient suicide
☐ Patient homicide ☐ Unknown *(If you select this option, do not select any other choices.)*
☐ Other - please specify _____

10. Patient Harm *Select ONLY one*

☐ No harm - An error occurred but with no harm to the patient
☐ Harm - An error occurred which caused a minor negative change in the patient's condition.
☐ Significant harm - Significant harm involves serious physical or psychological injury. Serious injury specifically includes loss of function or limb.
☐ Patient death - An error occurred that may have contributed to or resulted in patient death.

11. Type of community *Select ONLY one*

☐ Rural (lowly populated, farm, ranch land communities 10,000 or less) ☐ Suburban (towns, communities of 10,000 to 50,000)
☐ Urban (any city over 50,000) ☐ Unknown

12. Type of facility or environment *Select ONLY one*

☐ Ambulatory Care ☐ Assisted Living
☐ Behavioral Health ☐ Critical Access Hospital
☐ Home Care ☐ Hospitals
☐ Long Term Care ☐ Office-based Surgery
☐ Physician/Provider Office or Clinic ☐ Unknown
☐ Other - please specify _____

NCSBN
National Council of State Boards of Nursing

13. Facility Size *Select ONLY one*

- ☐ 5 or fewer beds
- ☐ 6-24 beds
- ☐ 25-49 beds
- ☐ 50-99 beds
- ☐ 100-199 beds
- ☐ 200-299 beds
- ☐ Not applicable
- ☐ 300-399 beds
- ☐ 400-499 beds
- ☐ 500 or more
- ☐ Unknown

14. Medical record system *Select ONLY one*

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

15. Communication Factors *Check all that apply*

- ☐ Communication systems equipment failure
- ☐ Interdepartmental communication breakdown/conflict
- ☐ Shift change (patient hand-offs)
- ☐ Patient transfer (hand-offs)
- ☐ No adequate channels for resolving disagreements
- ☐ Preprinted orders inappropriately used (other than medications)
- ☐ Medical record not accessible
- ☐ Patient name similar/same
- ☐ Patient identification failure
- ☐ Computer system failure
- ☐ Lack of or inadequate orientation / training
- ☐ Lack of ongoing education/training
- ☐ 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 _____

16. Leadership / Management Factors *Check all that apply*

- ☐ Poor supervision/support by others
- ☐ Unclear scope and limits of authority/responsibility
- ☐ Inadequate / outdated policies / procedures
- ☐ Assignment or placement of inexperienced personnel
- ☐ Nurse shortage, sustained, at institution level
- ☐ Inadequate patient classification (acuity) system to support appropriate staff assignments
- ☐ 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 _____

17. Backup and Support Factors *Check all that apply*

- ☐ Ineffective system for provider coverage
- ☐ Lack of adequate provider response
- ☐ Lack of nursing expertise system for support
- ☐ Forced choice in critical circumstances
- ☐ Lack of adequate response by lab/x-ray/pharmacy or other department
- ☐ 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 _____

18. Environmental Factors *Check all that apply*

- ☐ Poor lighting
- ☐ Increased noise level
- ☐ Frequent interruptions / distractions
- ☐ Lack of adequate supplies / equipment
- ☐ Equipment failure
- ☐ Physical hazards
- ☐ Multiple emergency situations
- ☐ Similar / misleading labels (other than medications)
- ☐ Code situation
- ☐ 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 _____

19. Health team members involved in the practice breakdown *Check all that apply*

- ☐ Supervisory nurse / personnel
- ☐ Physician (may be attending, resident or other)
- ☐ Other prescribing provider
- ☐ Pharmacist
- ☐ Staff nurse
- ☐ Floating / temporary staff
- ☐ Other Health professional (e.g., PT, OT, RT)
- ☐ Health profession student
- ☐ Medication assistant
- ☐ Other support staff
- ☐ Patient
- ☐ Patient's Family/friends
- ☐ Unlicensed Assistive Personnel (nurse aide, certified nursing assistant, CNA or other titles of non-nurses who assist in performing nursing tasks)
- ☐ 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 _____

20. Staffing issues contributed to the practice breakdown *Check all that apply*

- ☐ Lack of supervisory/management support
- ☐ Lack of experienced nurses
- ☐ Lack of nursing support staff
- ☐ Lack of clerical support
- ☐ Lack of other health care team support
- ☐ 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 _____

21. Health Care Team *Check all that apply*

- ☐ Intradepartmental conflict/non-supportive environment
- ☐ Lack of multidisciplinary care planning
- ☐ Lack of patient involvement in plan of care
- ☐ Majority of staff had not worked together previously
- ☐ Lack of patient education
- ☐ None *(If you select this option, do not select any other choices.)*
- ☐ Breakdown of health care team communication
- ☐ Intimidating / threatening behavior
- ☐ Care impeded by policies or unwritten norms that restrict communication
- ☐ Illegible handwriting
- ☐ Lack of family/caregiver education
- ☐ Unknown *(If you select this option, do not select any other choices.)*
- ☐ Other - please specify _____

22. Nurse's year of birth _____ ☐ Unknown

23. Nurse's gender ☐ Male ☐ Female ☐ Unknown

24. Where nurse received nursing education

☐ US ☐ Unknown ☐ Non-US, please list country _____

25. Indicate all degrees the nurse holds and list the year of graduation and year of initial licensure

Degree	Year of graduation	Year of initial licensure	Year of graduation	Year of initial licensure
			☐ Unknown	☐ Unknown
			☐ Unknown	☐ Unknown
			☐ Unknown	☐ Unknown

26. Current Licensure Status *Check ALL license(s) active at the time of the reported practice breakdown*

☐ LPN/VN ☐ RN ☐ APRN

27. Is English the nurse's primary language?

☐ Yes ☐ No ☐ Unknown

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

☐ Yes ☐ No ☐ Unknown

29. Indicate the category of Advanced Practice Registered Nurse (APRN)

- ☐ Not applicable since not an APRN
- ☐ Clinical Nurse Specialist
- ☐ Nurse Practitioner
- ☐ APRN Category unknown
- ☐ Nurse Anethetist
- ☐ Other - please specify _____
- ☐ Nurse Midwife

30. Work start and end times (*based on a 24 hour clock*) when the practice breakdown occurred *24 hours, or check am or pm*

Start time _____ ☐ am ☐ pm End time _____ ☐ am ☐ pm Time of incident _____ ☐ am ☐ pm ☐ Unknown

31. Length of time the nurse had worked for the organization / agency where the practice breakdown occurred

- ☐ Less than one month
- ☐ Two - three years
- ☐ One month - Twelve months
- ☐ Three - Five years
- ☐ One - Two years
- ☐ More than five years
- ☐ Unknown

32. Length of time the nurse had worked in patient care location / department where the practice breakdown occurred

- ☐ Less than one month
- ☐ Two - three years
- ☐ One month - Twelve months
- ☐ Three - Five years
- ☐ One - Two years
- ☐ More than five years
- ☐ Unknown

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

- ☐ Less than one month
- ☐ Two - three years
- ☐ One month - Twelve months
- ☐ Three - Five years
- ☐ One - Two years
- ☐ More than five years
- ☐ Unknown

34. Type of shift

☐ 8 hour ☐ 10 hour ☐ 12 hour ☐ On call ☐ Unknown ☐ Other - please specify _____

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

☐ First day back after time off ☐ Two - Three days ☐ Four - Five days ☐ Six or more days ☐ Unknown

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

☐ Yes ☐ No ☐ Unknown

37. Assignment of the nurse at time of the practice breakdown

☐ Direct patient care ☐ Team leader ☐ Combination patient care / leadership role
☐ Nurse manager / supervisor ☐ Charge nurse ☐ Unknown

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

Number of Patients _____ ☐ Unknown

39. How many staff members was the nurse responsible for supervising at the time of the practice breakdown?

Number of Staff _____ ☐ 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)?

Number of Patients _____ ☐ Unknown

41. Nurse's reported perception of factors that contributed to the practice breakdown ***Check all that apply***

☐ Nurse's language barriers
☐ Nurse's high work volume / stress
☐ Nurse's drug / alcohol impairment / substance abuse
☐ Nurse's inexperience (with clinical event, procedure, treatment or patient condition)
☐ No rest breaks / meal breaks
☐ Nurse's overwhelming assignment(s)
☐ Nurse's mental health issues
☐ None *(If you select this option, do not select any other choices.)*
☐ Nurse's cognitive impairment
☐ Nurse's fatigue / lack of sleep
☐ Nurse's functional ability deficit
☐ Nurse's lack of orientation / training
☐ Nurse's lack of team support
☐ Nurse's conflict with team members
☐ Lack of adequate staff
☐ Nurse's personal pain management
☐ Unknown *(If you select this option, do not select any other choices.)*
☐ Other - please specify _____

42. Supervisor or employer's perception of factors that contributed to the practice breakdown ***Check all that apply***

☐ Nurse's language barriers
☐ Nurse's high work volume / stress
☐ Nurse's drug / alcohol impairment / substance abuse
☐ Nurse's inexperience (with clinical event, procedure, treatment or patient condition)
☐ No rest breaks / meal breaks
☐ Nurse's overwhelming assignment(s)
☐ Nurse's mental health issues
☐ None *(If you select this option, do not select any other choices.)*
☐ Nurse's cognitive impairment
☐ Nurse's fatigue / lack of sleep
☐ Nurse's functional ability deficit
☐ Nurse's lack of orientation / training
☐ Nurse's lack of team support
☐ Nurse's conflict with team members
☐ Lack of adequate staff
☐ Nurse's personal pain management
☐ Unknown *(If you select this option, do not select any other choices.)*
☐ Other - please specify _____

43. Previous discipline history by employer(s), including current employer, for practice issues

☐ Yes ☐ No ☐ Unknown

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

☐ Yes ☐ No ☐ Unknown

45. Previous discipline by a board of nursing

☐ Yes ☐ No ☐ Unknown

If Yes, please provide the previous Case Identifier(s), if available, or any other information describing the type of practice breakdown that resulted in previous discipline.

Our goal is to be able to analyze cases in which a nurse had repeat / multiple practice breakdown issues.

46. Previous criminal convictions

☐ Yes ☐ No ☐ Unknown

47. Employment Outcome ***Select ONLY one***

☐ Employer retained nurse
☐ Nurse resigned in lieu of termination
☐ Unknown *(If you select this option, do not select any other choices.)*
☐ Nurse resigned
☐ Employer terminated / dismissed nurse
☐ Other - please specify _____

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

☐ No, it did not involve intentional misconduct or criminal behavior. *(If you select this option, do not select any other choices.)*
☐ Yes: Changed or falsified charting
☐ Yes: Theft (including drug diversion)
☐ Yes: Patient abuse (verbal, physical, emotional or sexual)
☐ Unknown *(If you select this option, do not select any other choices.)*
☐ Yes: Deliberately covering up error
☐ Yes: Fraud (including misrepresentation)
☐ Yes: Criminal conviction
☐ Other - please specify _____

49. Did the practice breakdown involve a medication error?

☐ Yes ☐ No *(If No, skip to question 53)* ☐ Unknown

50. Name of drug involved in the practice breakdown *(Include complete medication order)*

Drug ordered _____ Drug actually given _____ ☐ Unknown

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: ***Check all that apply***

☐ Drug prepared incorrectly
☐ Omission
☐ Wrong dosage form
☐ Wrong time
☐ Unknown *(If you select this option, do not select any other choices.)*
☐ Extra dose
☐ Prescribing
☐ Wrong drug
☐ Wrong reason
☐ Improper dose /quantity
☐ Unauthorized drug
☐ Wrong patient
☐ Abbreviations
☐ Other - please specify _____
☐ Mislabeling
☐ Wrong administration technique
☐ Wrong route

52. Select which factors contributed to the medication error ***Check all that apply***

☐ Blanket orders
☐ Brand names sound alike
☐ Communication
☐ Computer software
☐ Contra-indicated in disease
☐ Dilutant wrong
☐ Dosage form confusion
☐ Drug shortage
☐ Fax / Scanner involved
☐ Handwriting illegible / unclear
☐ Knowledge deficit
☐ Leading / Missing zero
☐ Monitoring inadequate / inappropriate
☐ Packaging / container design
☐ Prefix / Suffix misinterpreted
☐ Pump: failure / malfunction
☐ Reconciliation - Discharge
☐ Repackaging by other facility
☐ Storage proximity
☐ Transcription inaccurate / omitted
☐ Workflow disruption
☐ Unknown *(If you select this option, do not select any other choices.)*
☐ Performance deficit
☐ Brand / generic drugs look alike
☐ Computer entry
☐ Contra-indicated, drug allergy
☐ Contra-indicated in pregnancy / breastfeeding
☐ Dispensing device involved
☐ Drug devices
☐ Equipment design confusing / inadequate
☐ Generic names look alike
☐ Incorrect medication activation
☐ Label - Manufacturer design
☐ Measuring device inaccurate / inappropriate
☐ Non-formulary drug
☐ Patient identification failure
☐ Preprinted medication order form
☐ Pump: improper use
☐ Reconciliation material confusing / inaccurate
☐ Similar packaging / labeling
☐ System safeguard(s) inadequate
☐ Verbal order
☐ Other - please specify _____
☐ Brand names look alike
☐ Calculation error
☐ Computerized prescriber order entry
☐ Contra-indicated, drug / drug
☐ Decimal point
☐ Documentation inaccurate / lacking
☐ Drug distribution system
☐ Equipment (not pumps) failure / malfunction
☐ Generic names sound alike
☐ Information management system
☐ Label - Your facility's design
☐ Medication available as floor stock
☐ Non-metric units used
☐ Performance (human) deficit
☐ Procedure / Protocol not followed
☐ Reconciliation - Admission
☐ Repackaging by your facility
☐ Similar products
☐ Trailing / terminal zero
☐ Written order

53. Did the practice breakdown involve a documentation error? ***Check all that apply***

☐ Yes ☐ No ☐ Unknown

If Yes, the practice breakdown documentation error involved:

☐ Pre-charting/untimely charting
☐ Incomplete or lack of charting
☐ Charting incorrect information
☐ Charting on wrong patient record
☐ Other - please specify _____

54. If Attentiveness / Surveillance was a factor in the Practice Breakdown ***Check all that apply***

- ☐ Patient not observed for an unsafe period of time
- ☐ Staff performance not observed for an unsafe period of time
- ☐ Other - please specify _____

55. If Clinical Reasoning was a factor in the Practice Breakdown ***Check all that apply***

- ☐ Clinical implications of patient signs, symptoms and/or responses to interventions not recognized
- ☐ Clinical implications of patient signs, symptoms and/or interventions misinterpreted
- ☐ Following orders, routine (rote system) without considering specific patient condition
- ☐ Poor judgment in delegation and the supervision of other staff members
- ☐ Inappropriate acceptance of assignment or accepting a delegated action beyond the nurse's knowledge and skills
- ☐ Lack of knowledge
- ☐ Other - please specify _____

56. If Prevention was a factor in the Practice Breakdown ***Check all that apply***

- ☐ Preventive measure for patient well-being not taken
- ☐ Breach of infection precautions
- ☐ Did not conduct safety checks prior to use of equipment
- ☐ Other - please specify _____

57. If Intervention was a factor in the Practice Breakdown ***Check all that apply***

- ☐ Did not intervene for patient
- ☐ Did not provide timely intervention
- ☐ Did not provide skillful intervention
- ☐ Intervened on wrong patient
- ☐ Other - please specify _____

58. If Interpretation of Authorized Provider's Orders was a factor in the Practice Breakdown ***Check all that apply***

- ☐ Did not follow standard protocol / order
- ☐ Missed authorized provider's order
- ☐ Unauthorized intervention (not ordered by an authorized provider)
- ☐ Misinterpreted telephone or verbal order
- ☐ Misinterpreted authorized provider handwriting
- ☐ Undetected authorized provider error resulting in execution of an inappropriate order
- ☐ Other - please specify _____

59. If Professional Responsibility / Patient Advocacy was a factor in the Practice Breakdown ***Check all that apply***

- ☐ Nurse fails to advocate for patient safety and clinical stability
- ☐ Nurse did not recognize limits of own knowledge and experience
- ☐ Specific patient requests or concerns unattended
- ☐ Nurse does not refer patient to additional services as needed
- ☐ Lack of respect for patient / family concerns and dignity
- ☐ Patient abandonment
- ☐ Boundary crossings / violations
- ☐ Breach of confidentiality
- ☐ Nurse attributes responsibility to others
- ☐ Other - please specify _____

Select which Practice Breakdown categories you selected above is most significant (*Primary*)

- ☐ Attentiveness/Surveillance
- ☐ Clinical Reasoning
- ☐ Intervention
- ☐ Interpretation of provider's orders
- ☐ Prevention
- ☐ Professional responsibility / patient advocacy

Select which of the Practice Breakdown categories you selected above is the second most significant (*Secondary*)

- ☐ Attentiveness/Surveillance
- ☐ Clinical Reasoning
- ☐ Intervention
- ☐ Interpretation of provider's orders
- ☐ Prevention
- ☐ Professional responsibility / patient advocacy

60. Board of Nursing Outcome

- ☐ Board of Nursing disciplinary action
- ☐ Alternative Program - The nurse was given the opportunity to participate in a non-discipline program to address practice and/or impairment concerns
- ☐ Non-disciplinary action (e.g., letter of concern)
- ☐ Referral to another oversight agency
- ☐ Recommendations to the health care agency involved in the practice breakdown
- ☐ Case dismissal (Reminder: cases dismissed do not meet the NCSBN research criteria for the aggregate data analysis.)

Did the instrument allow you to capture the essential elements of the practice breakdown?
If not, please explain what was missing that would have helped describe the case:

Provide any additional comments and feedback regarding TERCAP: