

**Pacific Lutheran University School of Nursing
INCIDENT EVALUATION TOOL**

Part A

Incident: _____

Student Name: _____

| | Criteria | Human Error | At Risk Behavior or Near-Miss | | | Reckless Behavior Score | | Score |
|------------------------|---|---|--|---|--|---|---|-------|
| | | 0 | 1 | 2 | 3 | 4 | 5 | |
| G | General Nursing Practice | No prior written counseling for practice issues. | Prior written counseling for single non-related practice issue. | Prior written counseling for single related practice issue. | Prior written counseling for various practice issues within the last 12 months. | Prior written counseling for same practice issue. | Prior written counseling for same or related practice issue with minimal to no | |
| U | Understanding/ Level of experience | Has knowledge skills, and ability. Incident was accidental, inadvertent or oversight. | Limited understanding of correct procedure(s). | Limited understanding of options/ resources. Aware of correct procedure but in this instance cut corners. | Aware of correct action/ rationale but failed to apply in this incident. Did not obtain sufficient information or utilize resources before acting. | In this instance there was intentional negligence or failure to act / not act according to standards. Risk to client outweighed benefit. | In this instance there was intentional gross negligence / unsafe action / inaction. Student demonstrated no regard for client safety and harm almost certainly would occur. | |
| I | Internal policies/ Standards/ Orders | Unintentional breach or no policy, standard or order exists. | Policy / standard / order has not been enforced as evidenced by cultural norm (common deviation of staff) or policy / standard / order was misinterpreted. | Policy / standard/ order clear but student deviated in this instance as a time saver. Failed to identify potential risk for client. No evidence of pattern. | Aware of policy / standard / order but ignored or disregarded to achieve perceived expectations of management, client, or others. Failed to utilize resources appropriately. May indicate a pattern. | Intentionally disregarded policy / standard / order for own personal gain. | Intentional disregard of policy / standard / order with understanding of negative consequences for the client. | |
| D | Decisions/ Choices | Accidental mistake or inadvertent error. | Emergent situation - quick response required to avoid client risk. | Non-emergent situation. Chose to act / not act because perceived advantage to client outweighed the risk. | Emergent or non-emergent situation. Chose to act / not to act without weighing options or utilizing resources. Used poor judgement. | Clearly a prudent nurse would not have taken same action. Unacceptable risk to client / agency / public. Intentional disregard for client safety. | Wilful egregious / flagrant choice. Put own interests above that of client / agency / public. Intentionally neglected red flags. Substantial and unjustifiable risk. | |
| E | Ethics/ Credibility/ Accountability | Identified own error and self reported. Honest and remorseful. | Readily admitted to error and accepted responsibility when questioned. Identified opportunities and plan for improvement in own practice. | Reluctantly admitted to error but attributed to circumstances to justify action / inaction. Cooperative during investigation and demonstrated acceptance of performance improvement plan. | Denied responsibility until confronted with evidence. Blamed others or made excuses for action / inaction. Failed to see significance of error. Reluctantly accepted responsibility and denied need for corrective action. | Denied responsibility despite evidence. Indifferent to situation. Uncooperative, insubordinate and/ or dishonest during investigation. | Took active steps to conceal error or failed to disclose known error. Provided misleading information during investigation or destroyed evidence. May have inappropriately confronted others regarding investigation. | |
| Criteria Score: | | | | | | | | |

Modified from North Carolina Board of Nursing (NCBON) and used with permission

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Part B**

| Mitigating Factors (check all that apply) | Aggravating Factors (check all that apply) |
|--|--|
| Communication breakdown (multiple handoffs, change of shift, language barrier) | Especially heinous, cruel, and/or violent acts |
| Limited or unavailable resources (inadequate supplies/equipment) | Knowingly created risk for more than one client |
| High work volume/staffing issues | Threatening/bullying behaviors |
| Policies/procedure unclear | Previous disciplinary action (practice related issue) |
| Performance evaluations have been above average | Vulnerable client: geriatric, pediatric, mentally / physically challenged, sedated |
| Insufficient orientation/training | Combination of work/clinical in excess of 12 in 24 hours or 60 hours within 5 |
| Client factors (combative, agitated, cognitively impaired, threatening) | Failed to notify clinical instructor and/or hospital personnel |
| Non-supportive environment/interdepartmental conflicts | Other: |
| Lack of response by other departments/providers/# of attempts: _____ | |
| Other: | |
| Total # of mitigating factors identified: | Total # of aggravating factors identified: |

| NO WA NCQAC Contact Required | WA NCQAC CONSULTATION REQUIRED* | WA NCQAC REPORT REQUIRED* |
|--|--|--|
| Contact with WA NCQAC is NOT required if: 3 or more criteria in Green OR Criteria score of 6 or LESS OR NO Joint Commission Sentinel Event | CONSULT with WA NCQAC within 24 HOURS if: 3 or more criteria in yellow, OR criteria score of 7-15 OR ALL med errors/near misses NO Joint Commission Sentinel Event | MANDATORY report to WA NCQAC within 48 HOURS if: 2 or more criteria in RED OR Criteria score 16 or more OR Events involving a student or faculty member that the program has reason to believe OR 1 or more Joint Commission Sentinel Event |

PLU ADMINISTRATION ONLY:

***Requires the completion of WA NCQAC Forms (per SoN Administration ONLY)**

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+ Completed by: _____ Date: _____ +
+ Date of Consultation with WA NCQAC: _____ (to be completed by SoN Administration) +
+ WA NCQAC Consultant: _____ (to be completed by SoN Administration) +
+ Facility Name: _____ +
+ Date of Contact with Facility Administration Team: _____ (to be completed by SoN +
+ Name of Facility Administration Contact: _____ +
+ Title of Facility Administration Contact: _____ +
+ Recommended Action (Check all that apply): +
+ Root Cause Analysis ___ Corrective Action Plan ___ Remediation Plan: _____ +
+ Retain a copy for student file and submit a copy with Incident Report Form to School of Nursing +
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