

1.4.15 Nursing Professional Practice Program

(a) Policy

California Correctional Health Care Services (CCHCS), California Department of Corrections and Rehabilitation (CDCR) shall maintain a program to evaluate nursing care and professional practice based on standards of clinical nursing practice established by regulatory agencies, accrediting bodies, and CCHCS health care policies and procedures. At a minimum, this program shall include a statewide Nursing Professional Practice Council and organized processes for surveillance of professional nursing practice at all levels of the organization.

(b) Purpose

To ensure nurses are delivering appropriate, timely, quality nursing care to patients within CDCR institutions.

(c) Applicability

This policy and procedure applies to all Registered Nurses, Licensed Vocational Nurses, Psychiatric Technicians, and Certified Nursing Assistants working for CCHCS and within CDCR institutions.

(d) Responsibility

The Statewide Chief Nurse Executive (SCNE), or designee, has overall responsibility for the implementation, monitoring, and evaluation of this policy and procedure.

(e) Procedure Overview

This procedure outlines professional council structure and processes and professional practice surveillance activities statewide, including identification of nursing professional practice deficiencies, best practices and processes, and system issues that present an increased level of risk to patients or to the CCHCS, CDCR. The Nursing Professional Practice Council (NPPC) shall monitor and identify professional practice concerns that trend across institutions, regions, and the state; analyze common causal factors and root causes; and make recommendations for improvement activities.

(f) Procedure

(1) NPPC Membership

(A) The SCNE shall designate a Chairperson and NPPC membership consisting of the following:

1. A Chairperson who shall serve for a period not to exceed two years.
2. Headquarters (HQ), regional, and institutional CNEs not to exceed six members who shall serve for a period not to exceed three years.
3. NCPRs not to exceed five members who shall serve for a period not to exceed three years.

(B) All NPPC members shall be voting members. A quorum is required to pass a recommendation and exists when at least a simple majority of the voting members are present.

(2) Referral Sources

Referrals may be submitted by, but are not limited to:

- (A) HQ clinical leadership.
- (B) Death Review Committee.
- (C) Institution health care leadership.
- (D) Clinical programs (Dental, Medical, Mental Health, Nursing).
- (E) Health Care Correspondence and Appeals Branch.
- (F) Patient Safety Program.
- (G) Peer review committees.
- (H) California Board of Registered Nurses, California Board of Vocational Nurses and Psychiatric Technicians, and other licensing bodies.
- (I) Office of the Receiver.

(3) Referral Criteria

Referrals to the NPPC shall be made for clinical practice issues including, but not limited to, the following:

- (A) Departures or suspected departures from standards of nursing care and evidence-based practice that place patients or the organization at risk.
- (B) The repeated failure to provide the required nursing care.
- (C) Failure or suspected failure to provide care or exercise caution in a single situation which the nurse knew or should have known could result in patient harm.

(4) Referral Documentation Requirements

(A) All referrals shall be submitted in writing and shall include the following:

1. A concise statement about the nursing best practice or deficiency implicated in the referral.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

2. Supporting evidence.
3. Identification of nursing staff involved.
4. Patient demographic information.
5. Referral source and contact information.

(B) NPPC referrals shall be sent electronically to the NPPC mailbox at “CDCR CCHCS Nursing Professional Practice Council” or CDCRCCHCSNPPC@cdcr.ca.gov.

(5) Assignment of Case

A referral, shall be assigned to an NCPR for review upon receipt.

(6) Types of Review

(A) The NCPR shall conduct one or more of the following reviews based on the substance of the referral:

1. Nursing Practice Review.
2. Pattern of Practice Review.
3. Continuum of Care Review.
4. Death Review.
5. Competency and/or other trainings on record review.

(7) Review Process

(A) The NCPR shall conduct a factual review of the events reported in the referral utilizing relevant information gathered from a variety of sources including, but not limited to the following:

1. Patient health records and any other relevant documentation.
2. Site visits.
3. Current CCHCS/CDCR policy documents.
4. Licensing Agency Practice Acts and position statements.
5. American Nurses Association and/or other Professional Practice Organization standards of competent practice statements.
6. Context in which care was delivered (e.g., inpatient, outpatient, higher level of care).
7. Complexity and risk stratification of the patient.
8. Continuity and coordination of care (patient handoff).

(B) When appropriate, the NCPR shall also consider extenuating circumstances and/or external factors that may have contributed to the event or practice under review including, but not limited to:

1. Evidence of a nursing plan of care congruent with a diagnosis or patient needs.
2. Communication with members of the care team.

(C) After gathering the facts, the NCPR shall prepare a written report in the format appropriate for the type of review being conducted. The review shall address the following:

1. The reason for referral or review.
2. A summary of findings.
3. Source documents, case materials, and identification of involved staff.
4. Additional information or materials considered.
5. Documented statements.
6. Identified nursing best practices or deficiencies.
7. Reviewer recommendations.

(D) The NCPR shall submit the completed report to the HQ CNE for approval within the designated timeframe designated by the HQ CNE.

(E) Approved reports shall be saved to the NPPC submission folder for inclusion on the next available NPPC agenda.

(8) NPPC Data Collection and Analysis

(A) The NPPC shall meet regularly, but not less than once a month.

(B) Support staff shall collect and store data and NPPC recommendations from each meeting. This data shall be compiled and made available for clinical evaluation and analysis.

(C) Staff shall evaluate and analyze the data and generate statewide reports on a regular basis, but not less than quarterly, for quality improvement efforts and to inform policy, curriculums, competencies, and educational offerings specific to nursing practice.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES
Health Care Department Operations Manual

(9) Reporting Requirements

- (A) When indicated, the NPPC shall report findings to the appropriate Chief Executive Officer and CNE, and the appropriate HQ Governance forum.
- (B) The institution hiring authority and institution CNE shall take appropriate action to address professional practice lapses to ensure patient safety and all system and processes identified through training, coaching and other performance improvement activities. Systemic and process issues shall be addressed through the local Quality Management forum.
- (C) When indicated, the institution hiring authority shall report to the proper California Licensing/Certification entity in accordance with California law as follows:
 - 1. California Board of Registered Nursing pursuant to Business and Professions Code, Sections 2761 and 2776.
 - 2. California Board of Vocational Nursing and Psychiatric Technicians:
 - a. For Licensed Vocational Nurses, pursuant to Business and Professions Code, Section 2878.
 - b. For Psychiatric Technicians, pursuant to Business and Professions Code, Section 4521.
 - 3. California Department of Public Health, Professional Certification Branch, Aide and Technician Certification Section pursuant to Health and Safety Code, Section 1337-1338.5.
- (D) Institution CNEs shall notify the Regional CNE and the SCNE of reports submitted to California Nursing Boards concurrently with the submission of the report.

References

- California Business and Professions Code, Division 2, Chapter 5, Article 3, Sections 2069-2071,
- California Business and Professions Code, Division 2, Chapter 6, Sections 2700-2838.4
- California Business and Professions Code, Division 2, Chapter 6.5, Sections 2840-2895.5
- California Business and Professions Code, Division 2, Chapter 10, Sections 4500-4548
- California Health and Safety Code, Division 2, Chapter 2, Article 9, Sections 1337-1338.5
- California Government Code, Title 2, Division 5, Part 2, Chapter 7, Article 1, Sections 19570-19589
- California Code of Regulations, Title 16, Division 13, Chapter 3, Article 2, Sections 1366-1366.4
- Health Care Department Operations Manual, Chapter 1, Article 2, Section 1.2.6, Statewide Patient Safety Program
- Health Care Department Operations Manual, Chapter 1, Article 2, Section 1.2.7, Institution Patient Safety Program
- California Department of Corrections and Rehabilitation, Mental Health Services Delivery System, Program Guide, 2009 Revision
- North Carolina Board of Nursing Just Culture Tool, North Carolina Board of Nursing, Unpublished June 2009
- American Nurses Association. (2013). *Correctional Nursing: Scope and Standards of Practice* (2nd ed.). Silver Springs, MD: American Nurses Association.
- American Nurses Association. (2015). *Nursing: Scope and Standards of Practice* (3rd ed.). Silver Springs, MD: American Nurses Association.

Revision History

Effective: 07/2015

Revised: 05/2018