

# Pennsylvania State Board of Nursing Newsletter

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## An Alternative to Public Discipline Program for Nurses With Practice Problems

### **Practice, Education and Remediation Collaboration**

By Janet Hunter Shields, MSN, CRNP, PNP-BC

The State Board of Nursing has proposed a new program for nurses who have been reported to the board for a "practice deficiency." The Practice, Education and Remediation Collaboration (PERC) program has been developed using the Voluntary Recovery Program model, which has been in place since the 1980s for nurses with drug, alcohol, or mental health issues.

The disciplinary sanction in the Voluntary Recovery Program is deferred and ultimately dismissed as long as the nurse meets the requirements of that program. A nurse who is reported for a practice deficiency and is deemed eligible for PERC will not have the discipline noted on her or his nursing license as long as the nurse completes the requirements of the program in the time allowed. If she or he violates the terms and condition of PERC, the nurse is then considered for prosecution and public discipline.

Disciplinary action against a nursing license is public information. Even though the nurse may have successfully completed the requirements of a disciplinary order of the board, her or his license will always show that the nurse has had a disciplinary action in Pennsylvania. With the advent of PERC, it will be possible for a nurse having a practice deficiency to complete the educational activities and monitored practice component designed to improve the nurse's skills, while having this action remain nonpublic so that it will not be evident to future employers or other states.

Cases that would be considered for the program include issues involving a failure of nursing practice amounting to unintentional error or knowledge deficit. Examples of practice breakdowns eligible for PERC will be those related to exceeding the scope of practice, error in clinical reasoning, delegation, supervision, documentation, and medication or treatment errors. Candidates may be identified as having limited experience or a need for refreshing skills.

The identified deficiency must be one that would lend itself to a plan for remediation, and the individual must be eligible for continued employment. The nurse will be asked to participate in education, supervised practice and mentoring as part of the PERC program. The goal is to improve the nurse's practice to an acceptable level, thereby improving patient safety and public protection.

Cases that would not be considered for the program include those where there is suspected drug diversion, reckless conduct, deceitful behavior or sexual misconduct. Cases where there is intentional misconduct, allegations of patient abuse, or pending criminal charges, especially criminal charges for violent crimes would not be considered eligible. In addition, the deficiency may not be one that an employer would find so heinous as to insist upon termination in settlement of the issue.

The nurse cannot be accused of fraud or deceit in the practice of nursing. Cases involving harm to a patient, or nurses with prior disciplinary action, must be evaluated on a case-by-case basis. Nurses with prior disciplinary action may be considered eligible for the program based on their history with the board and the issue at hand. Nurses may not be under a current investigation for a violation of the law or regulation that does not constitute a practice deficiency.

Along with all of these criteria, there must be assurance to the citizens of Pennsylvania that they will be adequately protected from the unsafe practice of nursing if the nurse enters this program rather than being part of a public disciplinary program.

The nurses that participate in this program will be responsible for the costs associated with PERC.

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However, the cost should certainly be less than the costs associated with prosecution and attorney fees. Continuing education obtained for the purpose of meeting the requirements of the remedial program will not count toward that required for license renewal.

Several states have similar programs, each with their own admission criteria and practice improvement recommendations. The Citizen's Advocacy Center's Practitioner Remediation and Enhancement Partnership (PreP 4 Patient Safety) notes that working together in a nonpunitive environment, health care organizations and licensing boards can identify and correct individual practitioners' clinical deficiencies and may also discover system issues that jeopardize patient safety (Citizen's Advocacy Center, 2002).

In overseeing the practice of nursing in Pennsylvania, the Board of Nursing's primary responsibility is to protect the health and safety of the public. The board believes this program ensures public safety while still addressing nursing practice deficiencies in a nonpublic, non-disciplinary program. It is hoped that employers will be more willing to report nurses who have experienced practice breakdowns to the board now that there is a mechanism for practice improvement rather than formal discipline. This can help keep nurses in the profession, thereby assisting with Pennsylvania's nursing shortage concerns.

Please look for future updates on the board's [Web site](#).

## Nursing Board Celebrates 100<sup>th</sup> Anniversary

On July 27 the State Board of Nursing celebrated its 100th anniversary.

The Board of Nursing is responsible for licensing registered nurses, practical nurses and dietitian-nutritionists, and certification of registered nurse practitioners. In addition, the board ensures these individuals follow the established rules and regulations of their licensed practices throughout their careers. The board also approves and monitors the educational programs for these professions.

Governor Edwin Stuart signed the law that created the State Board of Examiners for Registration of Nurses on May 1, 1909.

There were five original board members appointed by the Governor on June 30, 1909, including two nurses: Ida F. Giles of Pittsburgh, and Roberta M. West of Erie. In 1910 there were 2,000 registered nurses and in 1911 there were 3,000 registered nurses. Today there are over 200,000 licensed nurses in Pennsylvania.

The board's earliest work included investigating the conditions of training schools, creating professional standards and a manual of rules, drafting a uniform curriculum that could be recommended to training schools, and popularizing the idea of registration. Today, the board is also responsible for, through education and disciplinary action, ensuring that licensees follow the strictest standards of legal and ethical conduct.

Congratulations on 100 years of excellence!



Pictured above left to right, front, are board members Vice Chair **Judy Hale** and **Rafaela Colon**. Back: Chairwoman **Ann L. O' Sullivan**, **Linda Ambroso**, **Suzanne Hendricks**, **Kathleen M. Dwyer**, **Janet H. Shields**, **Joanne L. Sorensen**, **Joseph Napolitano**, **K. Stephen Anderson**, and Commissioner **Basil L. Merenda**.

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