

Reporting of Nurse Discipline to the National Practitioner Data Bank

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To maintain public safety, employers need current information on a health care practitioner's ability to practice safely. The National Practitioner Data Bank (NPDB) is a web-based repository that provides confidential information that employers may query in order to review whether a license is encumbered by a regulatory board action as well as review any reports of malpractice payments or other credentialing results. The NPDB is primarily a flagging system that should serve only to alert queriers there might be a problem with the performance of a health care practitioner. Although the presence of a report in the NPDB should not be the singular determinant of whether the practitioner is denied employment, it is important information to consider in hiring decisions. A thorough evaluation of the license ultimately serves to protect the public. This article highlights the reporting of state licensure adverse actions of nurses to the NPDB.

Keywords: Adverse actions, public safety, state licensure

Objectives

- Describe the states' authority to regulate the health care system.
- Explain the purpose for the creation of the National Practitioner Data Bank (NPDB).
- Discuss how information from the NPDB is used by queriers.
- Identify the three criteria for reportable adverse state licensure actions.
- Distinguish between state licensure adverse actions that are reportable and not reportable.
- Identify the board of nursings' (BONs') roles and responsibilities in reporting state licensure adverse actions to the NPDB.
- Identify the nurse's available response actions to an NPDB report.

Before a patient reaches a health care system or practitioner, the patient is vulnerable by virtue of illness, injury, and/or the dependent nature and unequal power base of the health care practitioner-patient relationship. The patient's health is at question, and his or her interaction with the health care system and practitioner may improve the physical or emotional wounds or add to their wounds. In addition, the patient is burdened by the need to choose a health care practitioner or system.

The state has authority to regulate the health care system by making laws to maintain public order, health, safety, and welfare (Guido, 2010, p. 34). State regulation of health care systems and practitioners serves to protect and promote the welfare of the public by ensuring each licensee is competent to practice safely. Health care practitioner registration and practice acts regulate

who enters the profession and guide the actions of practitioners (Russell, 2017).

The majority of health practitioners are competent, caring individuals who provide a satisfactory level of care; however, when the practitioner deviates from the standard of care or commits an error, a complaint may be filed with the practitioner's regulatory board. Beyond regulating entry to practice, regulatory boards are also responsible for reviewing and acting on complaints regarding health care professionals. Sometimes complaints lead to disciplinary action to protect future patients by ensuring only properly qualified and ethical individuals practice in the profession. Most states require licensure status and disciplinary actions be public information (Russell, 2017). Regulatory boards use a variety of methods to communicate this information, including newsletters, databases, and websites.

Creation of the National Practitioner Data Bank

In 1986, the U.S. Congress noted the increasing occurrence of medical malpractice and the need to restrict the ability of incompetent physicians moving from state to state without disclosure of previous damaging or incompetent performance. By enacting the Health Care Quality Improvement Act of 1986 (1986), Congress detailed remedies for professional peer review and required the reporting of sanctions taken by Boards of Medical Examiners. This act led to the development of the National Practitioner Data Bank (NPDB) in 1988 (NPDB, n.d.a). Starting in 1990, the NPDB collected reports on medical malpractice payments, adverse licensure, clinical privileges, and professional soci-

TABLE 1

Licensed Health Care Practitioners Included in the NPDB's Required Reporting

- Chiropractors
- Dental practitioners
- Dieticians
- Emergency medical technicians
- Eye and vision practitioners
- Nurse aids
- Nurses
- Pharmacy practitioners
- Physician assistants
- Physicians
- Podiatric practitioners
- Psychologists
- Rehabilitative
- Respiratory and restorative practitioners
- Social workers
- Speech, language and hearing practitioners
- Technologists
- Other health care practitioners (NPDB Guidebook, 2015, p. C-4).

ety membership actions taken against physicians and dentists. Originally, responses to queries to the NPDB required a 6-week response time; however, by 1992, electronic querying was introduced and response time decreased to 1 week. In 1996, query response time decreased again to an average response time of 6 hours (NPDB, n.d.a).

In 1996, Congress created a second data bank, the Healthcare Integrity and Protection Data Bank (HIPDB), to receive and disclose certain final adverse actions against health care practitioners, providers, and suppliers (Health Insurance Portability and Accountability Act of 1996, 1996). Intended to help combat health care fraud and abuse and to improve the quality of patient care, the HIPDB required health plans and federal and state government agencies to report:

- Health care–related civil judgments entered in federal or state court
- Health care–related criminal convictions entered in federal or state court
- Federal or state licensing and certification actions
- Exclusion from participation in federal or state health care programs
- Any other adjudicated actions or decisions that the secretary shall establish by regulation.

The HIPDB's requirement of reporting state licensing actions against physicians and dentists was expanded to include a variety of licensed health care practitioners (HIPDB, 2000, pp. C1, C2). Health care providers (health care entities that provide health care services) and health care suppliers were also reportable to the HIPDB (HIPDB, 2000, p. C1).

The HIPDB did not replace the NPDB. Medical malpractice payments, clinical privileges, and professional society membership actions were still reportable to the NPDB. The NPDB and the HIPDB differed by the type of entity that could obtain information or query the respective data bank. On May 6, 2013, the NPDB and the HIPDB merged into one database, taking the name of the NPDB. Section 6403 of The Patient Protection and Affordable Care Act (2010) authorized the Secretary of the Department of Health and Human Services to cease the operation of the HIPDB and to consolidate the operation of the HIPDB with the NPDB. The goal was to eliminate duplication between the NPDB and the HIPDB.

Now a singular data bank, the NPDB is a web-based repository of reports available in real time. The NPDB is a confidential information clearinghouse with the primary goal of improving health care quality, protecting the public, and reducing health care fraud and abuse in the United States. "Acting primarily as a national flagging system, the NPDB provides information that permits queriers to perform comprehensive reviews of the credentials of health care practitioners, entities, providers, and suppliers" (NPDB, 2015, p. E-1) (Table 1). In 2017, the NPDB received more than 78,000 new reports and provided more than 7.8 million query responses (Quality Care is Safe Care, 2018).

For the remainder of this article, discussion and examples will focus only on practicing nurses and state licensure actions. Other specifics on reporting and querying requirements for all other actions, convictions, judgments, medical malpractice awards, exclusions, clinical privileges, and professional society memberships can be found in the *NPDB Guidebook* (NPDB, 2015; Illich, 2006).

How to Determine Whether an Action Is Reportable to the NPDB

Federal law provides the requirements for reporting of adverse state licensure actions. Generally, adverse state licensure actions that meet these three criteria are reportable:

- Adverse actions taken against health care practitioners
- Adverse actions that result from formal proceedings
- Adverse actions that are publicly available (NPDB, 2015, pp. E-57–E-58).

The NPDB provides definitions for each of the terms above. An *adverse action* taken by a BON includes:

- Revocation or suspension of a license
- Reprimand
- Censure
- Probation
- Any dismissal or closure of a formal proceeding because the nurse surrendered the license or because the nurse left the jurisdiction
- Any other loss of license, or the right to apply for, or renew, a license of the health care practitioner, whether by operation of

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