

UT-HARRIS COUNTY PSYCHIATRIC CENTER
DETAILED SUMMARY OF PEER REVIEW COMMITTEE FINDINGS

Case No. _____ Date: _____

1. RN's Name: _____ Lic #: _____

2. Alleged Incident (*Describe briefly; do not use patient's name:*

Date: _____ Time: _____ Unit: _____

Location: _____

3. Summary of Evidence and Findings: (*State in detail. Do not use witness names. Use additional sheets if necessary.*)

4. Determination of Committee as to Reportable Incident (*Check and complete one*)

_____ a) The committee determined (check one or both as appropriate):

- _____ the RN did expose
- _____ the RN is likely to expose

a patient or other person unnecessarily to risk of harm because of:

- _____ impaired status
- _____ unprofessional conduct
- _____ failure to care adequately for patient
- _____ failure to conform to the minimum standard of acceptable professional nursing practice