

**South Carolina Board of Nursing (SCBON)
EMPLOYER COMPLAINT EVALUATION TOOL (ECET)**

Allegation(s): _____

Licensee Name: _____

Criteria	Human Error	At Risk Behavior			Reckless Behavior		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 within last 12 months.	Prior written counseling for single related practice issue within past 12 months	Prior written counseling for various practice issues within the last 12 months	Prior written counseling for same practice issue within last 12 months	Prior written counseling for same or related practice issue within last 6 months with minimal to no evidence of improvement	
U Understanding / level of experience	Has knowledge, skills, and ability. Incident was accidental, inadvertent or oversight.	Limited understanding of correct procedure. May be novice < 6 months experience in nursing or with current event / activity.	Limited understanding of options / resources. Aware of correct procedure but in this instance cut corners. May be advanced beginner – 6 months to 2 years experience in nursing or with current event / activity.	Aware of correct action / rationale but failed to apply in this incident. Did not obtain sufficient information or utilize resources before acting. May be competent > 2 years experience in nursing or with current event / activity.	In this instance there was intentional negligence or failure to act / not act according to standards. Risk to client outweighed benefits. May be In a position to guide / influence others. May be proficient > 5 years in nursing or with current event / activity.	In this instance there was intentional gross negligence / unsafe action / inaction. Licensee demonstrated no regard for client safety and harm almost certainly would occur. May hold a leader / mentor position. May be expert performer > 5 years in nursing or with event / activity.	
I Internal policies / standards / orders	Unintentional breach or no policy / standard / 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 nurse 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 Decision / choice	Accidental / mistake/ 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 judgment.	Clearly a prudent nurse would not have taken same action. Unacceptable risk to client / agency / public. Intentional disregard for client safety.	Willful egregious / flagrant choice. Put own interest 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.	

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Mitigating Factors - check all identified		Aggravating Factors - check all identified	
Communication breakdown (multiple handoffs, change of shift, language barrier)		Took advantage of leadership position	
Limited or unavailable resources (inadequate supplies / equipment)		Especially heinous, cruel, and / or violent act	
Interruptions / chaotic environment / emergencies – frequent interruptions / distractions		Knowingly created risk for more than one client	
Worked in excess of 12 hours in 24 / or 60 hours in 40 to meet agency needs		Threatening / bullying behaviors	
High Work volume / staffing issues		Disciplinary action (practice related issues) in previous 13 – 24 months	
Policies / procedures unclear		Vulnerable client: geriatric, pediatric, mentally / physically challenged, sedated	
Performance evaluations have been above average		Worked in excess of 12 hours in 24 / or 60 hours in 40 to meet personal needs	
Insufficient orientation / training		Other (identify)	
Client factors (combative / agitated, cognitively impaired, threatening)			
Non-supportive environment – interdepartmental conflicts			
Lack of response by other departments / providers			
Other (identify)			
Total # mitigating factors identified		Total # aggravating factors identified	

Criteria Score from page 1 _____

No Board Contact Required	Board Consultation Required	Board Report Required
<p>Contact with SCBON is not required if:</p> <ul style="list-style-type: none"> ○ 3 or more criteria in green <u>OR</u> ○ Criteria score of 6 or less* 	<p>Consult with SCBON if:</p> <ul style="list-style-type: none"> ○ 3 or more criteria in yellow <u>OR</u> ○ Criteria score 7 – 15* <hr/> <p>How to Contact the Practice Consultant Email: BON.Complaint@llr.sc.gov Telephone: (803) 896-6003</p> <p>For more information, please see our website www.llr.state.sc.us/POL/Nursing</p>	<p>Mandatory report to SCBON if:</p> <ul style="list-style-type: none"> ○ 2 or more criteria in red <u>OR</u> ○ Criteria score 16 or more <u>OR</u> ○ Incident involves fraud, theft, drug abuse, diversion, sexual misconduct, mental / physical impairment.*

CET Completed by : _____ Facility Name: _____

Contact Number & Email address: _____

Date of Consultation with SCBON _____ SCBON Consultant: _____ Action Taken: _____

* If the results are inconsistent, please chose the result with the highest level of scrutiny.