

Reporting of Nurse Discipline to the National Practitioner Data Bank

Kathleen Russell, JD, MN, RN

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

TABLE 2

Categories of Exceptions to Reporting a State Licensure Adverse Action

Always Reportable

Summary or emergency suspensions

Cease and desist of unlicensed practice

Actions within an agreement with licensee

- If reportable action is within an agreement, report the action (not agreement)

Depends on Other Factors

| Action | Reportable | Not Reportable |
|---|---|--|
| Some fines or monetary penalties | If a state adverse action or connected to delivery of health care services or taken in conjunction with another action | If not connected to delivery of health care or no other action taken in conjunction |
| Withdrawal of application while under investigation | If a renewal application | If an initial application |
| Denial of initial & renewal applications | For cause denials only | If denial resulted from the applicant not meeting the threshold requirements for licensure |
| Voluntary surrenders | In exchange for ceasing an investigation, not investigating, not ordering a disciplinary action or the BON asks for the surrender | If surrender is due to personal reasons including illness or retirement |

Depends on State Law

| Action | Reportable | Not Reportable |
|----------------------------------|---|---|
| Letter of concern | If publicly available and a letter of concern is a negative action per state law | If not publicly available If not a negative action per state law |
| Continuing education requirement | If publicly available and a continuing education requirement is a negative action per state law | If not publicly available If not a negative action per state law |

Source: NPDB, 2015, pp. E-58, E-60–E-66, E-71–E-72

law, voluntary surrender, nonrenewal (excluding nonrenewals due to nonpayment of fees, retirement, or change to inactive status), or otherwise (NPDB, 2015, p. E-58).

A *health care practitioner* is not limited to an individual who is licensed or otherwise authorized by the state to provide health care services. The definition of *health care practitioner* also includes anyone who, without authority, holds themselves out to be licensed or authorized (also known as an imposter or a nurse who is not licensed in the state) (NPDB, 2015, p. E-69). The definition of *formal proceedings* broadly includes formal hearings, as well as all other BON processes that follow defined rules, policies, or procedures (NPDB, 2015, p. E-59). An adverse state licensure action is *publicly available* if it can be viewed by the public on the BON's website, database, newsletter, board minutes, or other electronic media. Additionally, if the adverse action is not available by any of the means described, but the BON office would offer a response to a verbal inquiry regarding discipline for a licensee, then the action is determined to be public (NPDB, 2015, p. E-60). Because actions posted by BONs on

Nursys QuickConfirm (Nursys QuickConfirm, n.d.) are visible to the public, any action posted on Nursys QuickConfirm fulfills the publicly available criteria for inclusion in the NPDB.

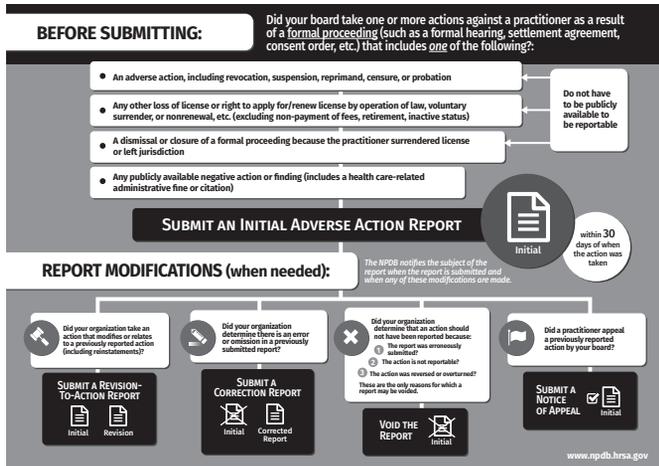
There are exceptions to rules, and in the case of reportable actions, there are three categories of exceptions to the criteria for reporting a state licensure adverse action. Some actions are always reportable, reportable depending on another factor, or reportable based on state law (Table 2).

The NPDB makes explicit that a regulatory board cannot affix a name to an action and make that action confidential if the action is reportable to the NPDB (NPDB, 2015, p. E-2). For example, an administrative fine can still be reportable, notwithstanding the BON designating the fine as administrative. If the fine meets the NPDB reporting requirements (i.e., if the fine is a state adverse action) and is connected to delivery of health care services or taken in conjunction with another action, then it is reportable. Additionally, the regulatory board cannot make a reportable action confidential by enclosing it inside of a confidential stipulation of settlement or consent agreement (NPDB,

FIGURE 1

NPDB Guide to Reporting State Licensure Actions

Please visit the health care professionals section on the National Practitioner Data Bank's (NPDB's) website (<http://www.npdb.hrsa.gov>) to view the infographics in greater detail.



Source: <https://www.npdb.hrsa.gov/hcorg/reportingStateLicensure.jsp>

2015, p. E-63). An example of a reportable action within a consent agreement is when the BON issues a probation and the nurse agrees to enter a treatment or rehabilitation program. In this case, the adverse action must be reported, but not the fact the nurse agreed to enter a treatment or rehabilitation program.

How the Regulatory Board Reports an Action

The NPDB receives electronic reports from the BONs, and most BONs use an agent to submit the electronic report. For example, the National Council of State Boards of Nursing (NCSBN) is the agent for 80% of the U.S. BONs. The electronic submission for the NPDB uses a coding system for the type of action and the violation by the nurse. The NPDB coding system includes a numerical code for the action (e.g., 1140 – reprimand or censure, 1125 – probation, 1135 – suspension, 1110 – revocation). All 17 licensure actions are assigned a specific numerical code. Separate codes are utilized for revisions-to-actions and multistate actions. The NPDB provides a list of codes via the NPDB website (U.S. Department of Health and Human Services [HHS], 2018). Each action is required to have at least one violation code describing the violation that caused the BON to take an action against the licensee (e.g., 35 – drug screening violation, C3 – breach of confidentiality, 17 – inadequate or improper infection control practices) (HHS, 2018).

All reports to the NPDB include an *initial action*, which may later be revised by a *revision-to-action* report. Revision-to-action reports modify the previous action, such as increasing

or decreasing the action duration, changing the action type, or restoring or reinstating the license. There are 22 possible revision-to-action codes, which include most of the NPDB initial actions and some additional actions (e.g., license restored or reinstated; reduction of previous licensure action; extension of previous license action) (HHS, 2018).

Correction reports differ from revision-to-action reports in that they are truly a correction to rectify an error or omission in a previously submitted report (NPDB, 2015, p. E-7). A *notice of appeal* report notifies the NPDB that the nurse has formally appealed a previously reported action (NPDB, 2015, p. E-11).

Void reports withdraw the report in its entirety. NPDB specifies only three reasons for a void report: (a) the report was submitted in error, (b) the action was not reportable according to NPDB requirements, or (c) the action was overturned on appeal (NPDB, 2015, p. E-8). An expungement of an action by state law, removes the action from the nurse's state public record, however the NPDB does not recognize state expungements. Therefore, a state expungement is not a reason to void the NPDB report. The regulatory board may report the expungement to NPDB, so it is available on the nurse's NPDB record, by filing a revision-to-action report and noting that a state expungement has occurred (Figure 1).

Each report to the NPDB includes a narrative description that summarizes the official findings or states the facts of the case. The narrative requirement seeks to provide a clear understanding of the actions of the nurse that led to the adverse action (NPDB, 2015, p. E-11).

The NPDB requires all state licensure actions be reported within 30 calendar days of the date the action was taken (NPDB, 2015, p. E-2). However, all required reports must be filed with the NPDB, whether late or not.

How the NPDB Determines Compliance in Reporting

As part of its ongoing mission to improve health care quality and protect the public, the Health Resources and Services Administration (HRSA) reviews the completeness and accuracy of information submitted to the NPDB by conducting an adverse action comparison for the nursing profession every 2 years (NPDB, n.d.b). This comparison consists of the NPDB gathering data regarding disciplinary actions taken by BONs and comparing that data with actions submitted to the NPDB (NPDB, n.d.c). Any action missing from the NPDB must be reported by the BON. The compliance status of a BON is posted on the NPDB website (NPDB, n.d.b).

How an Entity Can Query the NPDB

Although the NPDB is defined as a confidential information clearinghouse, there are entities that may query the NPDB with

the primary goal of improving health care quality, protecting the public, and reducing health care fraud and abuse in the United States (NPDB, 2015, p. D-1). The public cannot obtain information from the NPDB regarding a nurse. For state licensure actions, the following entities can query the NPDB regarding a specific nurse:

- Hospitals and other health care entities
- Professional societies with formal peer review
- Quality improvement organizations
- State licensing and certification authorities
- Agencies administering federal health care programs, including private entities administering such programs under contract
- Federal licensing and certification agencies
- Health plans
- State law enforcement agencies*
- State Medicaid fraud control units*
- State agencies administering or supervising the administration of state health care programs*
- Federal law enforcement officials and agencies
- Practitioners, entities, providers, and suppliers (self-query)
- Researchers (de-identified, statistical data only) (NPDB, 2015, p. C-8).

The NPDB charges \$2.00 for a one-time query by any of the above entities (NPDB, n.d.d). A query may result in no report or one report or more. Once an entity has queried a specific nurse, any changes to that report in terms of revision, correction, appeal, or void is also forwarded to all queriers who received the previous version of the report within the past 3 years (NPDB, 2015, pp. E-8, E-11). However, if a new initial report is submitted on the nurse, the queriers to the previous action are not notified of the new action.

The NPDB does offer a continuous query option where the querying entity can enroll a practitioner in the system for \$2.00 annually. This will provide the entity with information on the enrolled practitioner within 24 hours of any report received by the NPDB (NPDB, n.d.e). NCSBN's Nursys e-Notify (n.d.) is another product that provides automated nurse license status notifications, expirations, and discipline notifications on enrolled nurses. There is no cost to enroll a licensee in e-Notify.

How the Nurse Is Informed of a Report to the NPDB

Every time a report is uploaded to the NPDB, the nurse, as the subject of the report (hereinafter referred to as *subject nurse*), receives a notice of the report. The notice provides instructions for the subject nurse to obtain an official copy of the report via the NPDB website (NPDB, 2015, p. F-1). If there are any corrections or revisions to the report by the BON, the subject nurse will also

* The NPDB regulations define "state law or fraud enforcement agency" as including but not limited to these entities (NPDB, 2015, p. C-8).

receive a copy of that report. Even if the change is only a correction of the spelling of a name or the date of the action, etc., the subject nurse will receive another notice of the report.

Additionally, at any time a nurse may self-query the NPDB for their own information. The self-query response may show no matching information found in the NPDB, or it may show information was found about medical malpractice payments, adverse licensure or privileges actions, or judgments, and convictions. The nurse will receive a full report of his or her information. Self-queries cost \$4.00 per query (NPDB, n.d.f). A nurse may query NCSBN's Nursys Licensure QuickConfirm at any time at no charge to obtain licensure status information (Nursys QuickConfirm, n.d.).

How a Nurse Can Respond to the NPDB Report

A subject nurse may add a subject statement to the report via the report response service (NPDB, n.d.g; NPDB, n.d.h). The subject statement should not include any personally identifying information for any patient or any other health care provider. The NPDB does remove confidential information and coarse language. Once a subject statement is entered, the BON and all queriers for the past 3 years will receive a copy of the subject statement (NPDB, 2015, p. F-2). If there is a revision to the report by the BON, the subject nurse may again update or remove the statement.

The subject nurse may also dispute the NPDB report by entering the report into Dispute Status (NPDB, n.d.g; NPDB, n.d.h). A disagreement with the factual accuracy of the report or if the report was not submitted in accordance with NPDB requirements are acceptable reasons to enter into a Dispute Status.

Once the subject nurse enters the report into Dispute Status, the NPDB sends a copy of the report's Dispute Status to the reporting entity and all queriers for the past 3 years. The NPDB does not review the report after the nurse enters Dispute Status (NPDB, 2015, p. F-3). For the NPDB to review the report for factual accuracy or whether the report was submitted in accordance with the NPDB reporting requirements, the subject nurse must ask that the report be elevated to *Dispute Resolution*. For the report to be considered for Dispute Resolution by the NPDB, the following requirements must be met by the subject nurse:

- enter the report into Dispute Status
- attempt to contact the reporting BON to resolve the issues raised by the report
- wait 60 days after entering Dispute Status
 - If the BON responds with a refusal to resolve the subject nurse's issues before the 60 days are complete, the waiting period is not necessary
- verify he or she contacted the BON to resolve the issues raised by the report by showing proof that resolution of the issues did not occur (e.g., copy of correspondence to BON and any response or lack thereof) (NPDB, 2015, p. F-4).

FIGURE 2

A Practitioner's Guide to the NPDB

Please visit the health care professionals section on the National Practitioner Data Bank's (NPDB's) website (<http://www.npdb.hrsa.gov>) to view the infographics in greater detail.



Source: <https://www.npdb.hrsa.gov/pract/practGuide.jsp>

The NPDB website contains information on the specific Dispute Resolution process (NPDB, n.d.i). NPDB also created an infographic, *A Practitioner's Guide to the NPDB*, which briefly describes for the practitioner what the NPDB is and how they can interact with it (Figure 2).

As part of the Dispute Resolution process, the NPDB will not review or address the underlying reasons for the report, such as the appropriateness of or basis for an adverse action report, or

the extent to which the BON followed due process procedures. Due process issues must be resolved between the subject nurse and the BON (NPDB, n.d.j). The Dispute Resolution process will only address the factual accuracy of the report and whether it was submitted in accordance with NPDB regulations (NPDB, n.d.k).

How to Find Out More About the NPDB

The NPDB's website (<http://www.npdb.hrsa.gov>) includes a great deal of information for health care professionals. Various infographics and educational guides are available that explain NPDB concepts in a visual format. The *NPDB Guidebook* is also available and provides many examples, clear interpretation of federal regulations, links to definitions, and laws (NPDB, 2015). The NPDB "Policy Corner" provides additional information in a question & answer format (NPDB, n.d.l). The NPDB also provides research and data information, which is presented without any personally identifying information (NPDB, n.d.m). Among the information available are:

- *Research Statistics* – shows the total number of medical malpractice reports and adverse action reports for specific types of practitioners by state
- *Data Analysis Tool* – generates data sets for medical malpractice reports and adverse action reports for the years 1990–2016
- *Public Use Data File* – contains information on specific variables taken from NPDB Adverse Action Reports and Medical Malpractice Payment Reports, and information from reports of Medicare and Medicaid exclusion actions. "This file is updated quarterly and is designed to provide data for statistical analysis only" (NPDB, n.d.m).

How Safety Can Be Improved Using NPDB Data

Currently, there are over 5,500,000 nursing licenses, and although most nurses are competent and caring individuals who provide a satisfactory level of care, there were approximately 20,000 reports to the NPDB regarding adverse actions on the licenses of registered nurses (RNs) or practical nurses (PNs) in 2014, 2015, and 2016 (Singh, 2018). Of the 5,500,000 licenses, the rate of adverse actions for RNs and PNs is 0.004 (0.4%). The rate of medical malpractice payments reported to NPDB during the same time period for RNs and PNs is an average of 350 reports per year or 0.00006.

Even though the rate of adverse actions and medical malpractice reports for RNs and PNs is small, health care employers should always confirm the license status before hiring a nurse. However, the presence of a report in the NPDB should not be the singular determinant of whether the nurse is denied employment. 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. “NPDB information should not be used as the sole source of verification of professional credentials” (NPDB, 2015, p. A-7). This alert suggests that a more comprehensive review of the qualification and background of a health care practitioner is prudent.

After verification of whether a nurse has an adverse action history using either the NPDB query system or Nursys QuickConfirm and thoughtful consideration and review of other materials, the employer can make an informed decision regarding employment with the goal of protecting the public and promoting quality health care.

Originally created to prevent incompetent licensees from moving from state to state without disclosure of previous damaging or incompetence performance, the required reporting to the NPDB of state adverse actions allows the BONs to become aware of other state BON actions for a licensee. This adverse action information is available to all BONs via the private Nursys application. Nursys was implemented in 1999 and is a comprehensive electronic information system that includes collecting and storing a nurse’s personal information, licensing information, disciplinary information, and license verifications. Nurse Practice Acts (NPAs) and regulations provide an opportunity for a BON to act based on a disciplinary action taken by another state licensing authority. Commonly referred to as *reciprocal discipline* or *sister-state discipline*, this is an action by a BON based on another state’s reported adverse action to help prevent the exposure of the public to the possible safety issues concerning a nurse.

How a Nurse Can Be Affected by a Report to the NPDB

For BONs to have complete information, licensure applications require that the applicant provide information regarding any investigation, adverse action, or disciplinary proceedings, including a denial of licensure or renewal licensure by another BON. Regardless of the nurse’s acknowledgements on the licensure application, reports of adverse actions are available to BONs via a query to the NPDB or via Nursys.

Adverse actions taken by a BON and reported to the NPDB remain in the NPDB indefinitely. Since state expungement does not generate a void of the NPDB report, all adverse actions remain visible to future employers. Licenses can be restored or reinstated and reported as such to the NPDB; however, the history of those adverse actions will remain in the NPDB. Future employers may review that information and, hopefully, take the necessary time and attention to make an informed decision for employment. A quick decision based on the presence of an adverse action in NPDB is not recommended. Ultimately, the employer decides how much time and attention is given to analyzing the NPDB report and the nurse’s potential to be a safety risk to the health care system.

The collateral issues that result from licensure discipline are many (Brous, 2017). Reporting to the NPDB is only one collateral issue resulting from an adverse action by the BON.

How a Nurse Can Prevent Being Reported to the NPDB

During the negotiation of a disciplinary action, the BON cannot enter into a promise that an action not be reported to the NPDB. Federal law requires the BON to make a report of any federally reportable action to the NPDB.

Nurses face their greatest liability in licensure discipline, not in negligence lawsuits. Nurses are often concerned about being sued, but the chance of a medical malpractice payment made on a nurse’s behalf (0.00006) is far lower than the chance of a regulatory board adverse action (0.004). The best way to prevent a report to the NPDB is to be informed about NPA and regulations. Knowledge gives the nurse power to follow the rules of the profession and use the law and rules as a guide to practice (Russell, 2017). The NPA and regulations are dynamic documents that continually change as our health care system evolves. Information about the law and rules is available on the BON website, NCSBN’s website, and via online, self-paced continuing education courses (NCSBN, n.d.a; NCSBN, n.d.b; NCSBN Learning Extension, n.d.).

References

- Brous, E. (2017). Reciprocal enforcement and other collateral issues with licensure discipline. *The Journal for Nurse Practitioners*, 13(2), 118–122.
- Guido, G. W. (2010). *Legal & ethical issues in nursing* (5th ed.). Boston, MA: Pearson.
- Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 *et seq.* (1986).
- Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1128E (1996).
- Healthcare Integrity and Protection Data Bank (HIPDB). (2000). *HIPDB Guidebook*. Retrieved from <https://www.npdb.hrsa.gov/resources/ArchivedHIPDBGuidebook.pdf>
- Illich, D. (2006). NPDB-HIPDB 101: An introduction to the national practitioner data bank and the healthcare integrity and protection data bank. *The Journal for Nurse Practitioners*, 2(6), 355–420.
- National Council of State Boards of Nursing (NCSBN). (n.d.a). Contact a member board. Retrieved from <https://www.ncsbn.org/contact-bon.htm>
- National Council of State Boards of Nursing (NCSBN). (n.d.b). Nurse practice act, rules & regulations. Retrieved from <https://www.ncsbn.org/nurse-practice-act.htm>
- National Council of State Boards of Nursing Learning Extension. (n.d.). Nurse practice acts/jurisprudence. Retrieved from https://learningext.com/nurses/p/nurse_practice_acts
- National Practitioner Data Bank (NPDB). (n.d.a). NPDB history. Retrieved from <https://www.npdb.hrsa.gov/topNavigation/timeline.jsp>
- National Practitioner Data Bank. (NPDB) (n.d.b). Compliance. Retrieved from <https://www.npdb.hrsa.gov/resources/aboutCompliance.jsp>

- National Practitioner Data Bank (NPDB). (n.d.c). NPDB compliance review process. Retrieved from <https://www.npdb.hrsa.gov/resources/complianceActivity.jsp>
- National Practitioner Data Bank (NPDB). (n.d.d). How much does it cost to query the NPDB? Retrieved from <https://www.npdb.hrsa.gov/faqs/q2.jsp>
- National Practitioner Data Bank. (NPDB) (n.d.e). Continuous query. Retrieved from <https://www.npdb.hrsa.gov/hcorg/pds.jsp>
- National Practitioner Data Bank. (NPDB) (n.d.f). Self-query basics. Retrieved from <https://www.npdb.hrsa.gov/pract/selfQueryBasics.jsp>
- National Practitioner Data Bank. (NPDB) (n.d.g). Report response login. Retrieved from <https://www.npdb.hrsa.gov/ext/ReportResponseLogin.jsp>
- National Practitioner Data Bank. (NPDB) (n.d.h). What are my options if I want to respond to a report? Retrieved from <https://www.npdb.hrsa.gov/faqs/d5.jsp>
- National Practitioner Data Bank. (NPDB) (n.d.i). How to dispute a report. Retrieved from <https://www.npdb.hrsa.gov/pract/howToDisputeAREport.jsp>
- National Practitioner Data Bank. (NPDB) (n.d.j). How to elevate a report to dispute resolution. Retrieved from <https://www.npdb.hrsa.gov/pract/howToElevateAREportToDisputeResolution.jsp>
- National Practitioner Data Bank (NPDB). (n.d.k). A practitioner's guide to the NPDB. Retrieved from <https://www.npdb.hrsa.gov/pract/practGuide.jsp>
- National Practitioner Data Bank. (NPDB) (n.d.l). Policy corner. Retrieved from <https://www.npdb.hrsa.gov/helpCenter/policy.jsp>
- National Practitioner Data Bank. (NPDB) (n.d.m). Research & data. Retrieved from <https://www.npdb.hrsa.gov/resources/npdbstats/npdbStatistics.jsp#contentTop>
- National Practitioner Data Bank (NPDB). (2015). *NPDB guidebook*. Retrieved from <https://www.npdb.hrsa.gov/resources/NPDBGuidebook.pdf>
- Nursys e-Notify. (n.d.). Retrieved from <https://www.nursys.com/EN/ENDefault.aspx>
- Nursys QuickConfirm. (n.d.). QuickConfirm license verification terms & conditions. Retrieved from <https://www.nursys.com/LQC/LQCTerms.aspx>
- The Patient Protection and Affordable Care Act, 124 U.S.C. § 119 *et seq.* (2010).
- Quality Care is Safe Care. (2018, March 1). Retrieved from https://www.hrsa.gov/enews/past-issues/2018/april-5/quality-care-is-safe-care.html?utm_campaign=enews04052018&utm_medium=email&utm_source=govdelivery
- Russell, K. A. (2017). Nurse Practice Acts Guide and Govern: Update 2017. *Journal of Nursing Regulation*, 8(3), 18–25.
- Singh, H. (2018). National Practitioner Data Bank. Location by Action Year. Generated using the Data Analysis Tool at <https://www.npdb.hrsa.gov/analysisistool>. April 10, 2018.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Division of Practitioner Data Bank. (2018, June). *National Practitioner Data Bank code lists*. Retrieved from https://www.npdb.hrsa.gov/software/CodeLists_Jun2018.pdf

Kathleen Russell, JD, MN, RN, is a Senior Policy Advisor, National Council of State Boards of Nursing, Chicago, Illinois.

Reporting of Nurse Discipline to the National Practitioner Data Bank

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.



CE Posttest

If you reside in the United States and wish to obtain 1.5 contact hour of continuing education (CE) credit, please review these instructions.

Instructions

Go online to take the posttest and earn CE credit:

Members – www.ncsbninteractive.org (no charge)

Nonmembers – www.learningext.com (\$15 processing fee)

If you cannot take the posttest online, complete the print form and mail it to the address (nonmembers **must** include a check for \$15, payable to NCSBN) included at bottom of form.

Provider accreditation

The NCSBN is accredited as a provider of CE by the Alabama State Board of Nursing.

The information in this CE does not imply endorsement of any product, service, or company referred to in this activity.

Contact hours: 1.5

Posttest passing score is 75%.

Expiration: July 2021

Posttest

Please circle the correct answer.

- 1. State regulatory boards maintain public order, health, safety, and welfare through which of the following mechanisms?**
 - a. Making laws
 - b. Health care practitioner registration and practice acts
 - c. Reviewing and acting on complaints regarding health care professionals
 - d. All of the above
- 2. The Health Care Quality Improvement Act of 1986 was enacted for what purpose?**
 - a. Prevent incompetent physicians from moving from state to state
 - b. To receive and disclose certain final adverse actions against health care practitioners, providers, and suppliers
 - c. To detail remedies for professional peer review as well as require the reporting of sanctions taken by Boards of Medical Examiners
 - d. None of the above
- 3. Which of the following statements is true about the National Practitioner Data Bank (NPDB)?**
 - a. It was created in 1996 by Congress to help combat health care fraud and abuse and to improve the quality of patient care.
 - b. Starting in 1990, the NPDB collected reports on medical malpractice payments, adverse licensure, clinical privileges, and professional society membership actions taken against physicians and dentists.
 - c. It was enacted by Congress through the Health Insurance Portability and Accountability Act of 1996.
 - d. The NPDB remains separate and distinct from the Healthcare Integrity and Protection Data Bank.
- 4. Queriers of the NPDB can obtain information to perform comprehensive reviews of the credentials of health care practitioners, entities, providers, and suppliers.**
 - a. True
 - b. False
- 5. Which of the following is NOT one of the three criteria for reportable adverse state licensure actions?**
 - a. Actions taken against health care practitioners
 - b. Actions that result from formal proceedings
 - c. Actions that are publicly available
 - d. Actions that are only available through private disclosure
- 6. What are some examples of adverse actions taken by a board of nursing (BON)?**
 - a. Revocation or suspension of a license, reprimand, censure
 - b. Incarceration, termination of employment, fine
 - c. Probation, nonrenewal of a license, public service
 - d. Additional continuing education in accordance with national requirements
- 7. The NPDB definition of health care practitioners includes imposters.**
 - a. True
 - b. False
- 8. How can adverse state licensure actions be made publicly available?**
 - a. Website, database, newsletter, board minutes, or other electronic media
 - b. Adverse state licensure actions cannot be made publicly available
 - c. Nursys QuickConfirm
 - d. Both a and c
- 9. If Jane Smith's initial application is withdrawn while under investigation, is this a reportable state licensure adverse action?**
 - a. A withdrawal of application while under investigation is never considered a reportable state licensure adverse action.
 - b. Yes, a withdrawal of application is always a reportable state licensure adverse action.
 - c. No, withdrawal of application while under investigation is only reportable for renewal applications.
 - d. None of the above
- 10. Which of the following state licensure adverse actions are always reportable?**
 - a. Summary/emergency suspensions
 - b. Letter of concern
 - c. Cease and desist of unlicensed practice
 - d. Both a and c
- 11. If the BON issues a probation and the nurse agrees to enter a treatment or rehabilitation program, is the adverse action reported?**
 - a. The adverse action is reported, but not the fact that the nurse agreed to enter a treatment or rehabilitation program.
 - b. Both the adverse action and the nurse's agreement to enter a treatment or rehabilitation program are reported.
 - c. The adverse action is not reported, but the nurse's agreement to enter a treatment or rehabilitation program is reported.
 - d. When a nurse agrees to enter a treatment or rehabilitation program, the adverse action is not reported.
- 12. What is the role of the National Council of State Boards of Nursing (NCSBN) for reportable state licensure adverse actions?**
 - a. Takes action against the licensee on behalf to the BONs.
 - b. Designated as national repository for nursing adverse actions on behalf of the NPDB.
 - c. Serves as agent to submit electronic reports to the NPDB on behalf of some of the U.S. BONs.
 - d. The NCSBN does not have a role for reportable state licensure adverse actions.
- 13. What happens when a change needs to be made to a report that has already been submitted to the NPDB?**
 - a. No changes can be made to reports once they are submitted.
 - b. Reports can be revised, corrected, or voided.
 - c. State expungement needs to happen before an NPDB report can be changed.
 - d. The nurse has no appeal rights.

14. All state licensure actions must be reported to the NPDB within what timeframe from the date the action was taken?

- a. 60 days
- b. 45 days
- c. 30 days
- d. 15 days

15. Which government agency reviews the completeness and accuracy of information submitted to the NPDB?

- a. Centers for Medicare & Medicaid Services
- b. Health Resources and Services Administration
- c. Office of Inspector General
- d. Government Accountability Office

16. Which of the following entities can NOT obtain information from the NPDB regarding a nurse:

- a. General public
- b. Hospitals and other health care entities
- c. Professional societies with formal peer review
- d. Health plans

17. Nurse Sally received notice of a report that was uploaded to the NPDB, as the subject of the report. How can Sally respond to the report?

- a. Sally can add a subject statement to the report.
- b. Sally may dispute the NPDB report.
- c. Sally must resolve due process issues with the BON.
- d. All of the above

18. How can NPDB data be useful to prospective nursing employers?

- a. Should be used as the singular determinant of whether or not the nurse is denied employment.
- b. Should be used as the sole source of verification of professional credentials.
- c. Can alert queriers that there might be a problem with the performance of a particular health care practitioner.
- d. The NPDB data should not be used by a prospective nursing employer to make employment decisions.

19. Adverse actions taken by a BON and reported to the NPDB remain in the NPDB indefinitely.

- a. True
- b. False

20. How can a nurse prevent being reported to the NPDB?

- a. During the negotiation of a disciplinary action, negotiate that a particular action not be reported to the NPDB.
- b. Stay informed about the Nurse Practice Act and regulations.
- c. When the nurse moves to another state, do not disclose any adverse actions or disciplinary proceedings by another BON.
- d. Federal law does not require the BON to make any reports to the NPDB.

Evaluation Form (required)

1. Rate your achievement of each objective from 5 (high/excellent) to 1 (low/poor).

- Describe the states' authority to regulate the health care system.
1 2 3 4 5
- Explain the purpose for the creation of the National Practitioner Data Bank (NPDB).
1 2 3 4 5
- Discuss how information from the NPDB is used by queriers.
1 2 3 4 5
- Identify the three criteria for reportable adverse state licensure actions.
1 2 3 4 5
- Distinguish between state licensure adverse actions that are reportable and not reportable.
1 2 3 4 5
- Identify the board of nursings' (BONs') roles and responsibilities in reporting state licensure adverse actions to the NPDB.
1 2 3 4 5
- Identify the nurse's available response actions to an NPDB report.
1 2 3 4 5

2. Rate each of the following items from 5 (very effective) to 1 (ineffective):

- Were the authors knowledgeable about the subject?
1 2 3 4 5
- Were the methods of presentation (text, tables, figures, etc.) effective?
1 2 3 4 5
- Was the content relevant to the objectives?
1 2 3 4 5
- Was the article useful to you in your work?
1 2 3 4 5
- Was there enough time allotted for this activity?
1 2 3 4 5

Comments: _____

Please print clearly

Name _____

Mailing address _____

Street _____

City _____

State _____ **Zip** _____

Home phone _____

Business phone _____

Fax _____

E-mail _____

Method of payment (check one box)

- Member (no charge)
- Nonmembers (must include a check for \$15 payable to NCSBN)

PLEASE DO NOT SEND CASH.

Mail completed posttest, evaluation form, registration form, and payment to:

NCSBN
 111 East Wacker Drive
 Suite 2900
 Chicago, IL 60601-4277

Please allow 4 to 6 weeks for processing.