

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

|   | 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.  |       |

Criteria Score \_\_\_\_\_

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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"> <li>○ 3 or more criteria in green <u>OR</u></li> <li>○ Criteria score of 6 or less*</li> </ul> | <p>Consult with SCBON if:</p> <ul style="list-style-type: none"> <li>○ 3 or more criteria in yellow <u>OR</u></li> <li>○ Criteria score 7 – 15*</li> </ul> <hr/> <p><b>How to Contact the Practice Consultant</b><br/> Email: <a href="mailto:BON.Complaint@llr.sc.gov">BON.Complaint@llr.sc.gov</a><br/> Telephone: (803) 896-6003</p> <p>For more information, please see our website<br/> <a href="http://www.llr.state.sc.us/POL/Nursing">www.llr.state.sc.us/POL/Nursing</a></p> | <p>Mandatory report to SCBON if:</p> <ul style="list-style-type: none"> <li>○ 2 or more criteria in red <u>OR</u></li> <li>○ Criteria score 16 or more <u>OR</u></li> <li>○ Incident involves fraud, theft, drug abuse, diversion, sexual misconduct, mental / physical impairment.*</li> </ul> |

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.