

Factually Sufficient Narrative Descriptions – What You Need to Know



One of the most important components of a Data Bank report is the narrative description. It is the key that unlocks the reasons for the report. The narrative description must have enough information so that a knowledgeable reviewer can determine clearly the circumstances of the action or surrender. Merely repeating the adverse action or basis for action code is not factually sufficient. The narrative description is the reporter's opportunity to clearly describe the events that led to the reportable action. By describing the action in enough detail, future queriers will have a clear understanding of the nature of and reasons for the event that led to the reported action.

If the report includes multiple adverse action codes, you should describe the relationships between the multiple codes.

Sometimes reporters are provided a narrative by a board or committee. Generally, the narrative should include an overview of the committee or board's official findings or orders.

Describing the basis for action and the codes selected on the report is helpful. Consider the following when developing your narrative.

Narrative Descriptions:

- May contain up to 4,000 characters, including spaces and punctuation. If the description exceeds this number, it will be truncated.
- May only reference individuals other than the reported practitioner by title or relationship (the chief of staff, the patient's spouse).
- May not include Personally Identifying Information (PII) about patients, other health care practitioners, plaintiffs, or witnesses (e.g., names). Any PII included in the narrative will be redacted.
- May not include URLs linking to websites.
- Should avoid using inflammatory or emotive language, but rather use only statements of fact.
- Should be spell-checked with the "spell-check" feature on the input form.

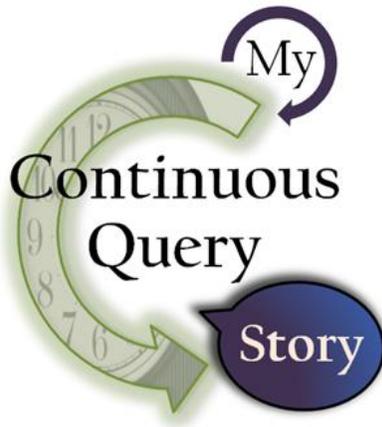
Below are examples of factually sufficient narratives for three scenarios:

Scenario	Factually Sufficient Narrative
<p>Type of Action: Clinical Privileges Action</p> <p>Action: Reduction in Privileges (1640)</p> <p>Basis for Action: Substandard or Inadequate Care (F6)</p>	<p>After review of the physician's cases, the Peer Review Panel decided to revoke the laparoscopic privileges for Dr. Doe. All other privileges were maintained.</p>

Scenario	Factually Sufficient Narrative
<p>Type of Action: Clinical Privileges Action</p> <p>Action: Suspension of Clinical Privileges (1630)</p> <p>Basis for Action: Immediate Threat to Health or Safety (F1)</p>	<p>Dr. Smith's privileges were suspended for 6 months for failing to maintain sterile conditions in the operating room and neglecting to wash hands between patients.</p>
<p>Type of Action: State Licensure Action</p> <p>Action: Voluntary Surrender of License (1145)</p> <p>Basis for Action: Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse (F2), Diversion of Controlled Substances (H6)</p>	<p>The board was investigating Dr. Johnson for allegedly diverting drugs for personal use. To avoid further investigation, the licensee agreed to voluntarily surrender her license. The practitioner has also agreed to the surrender of her right to reapply for a license for a minimum of 2 years.</p>

For other tips and examples, see our [Submitting a Factually Sufficient Narrative](#) page.

My Continuous Query Story: Jackie



When she first heard about the Continuous Query pilot, Jackie, an agent for a large hospital system in the Western United States, became an advocate: “I thought it was an excellent idea to have continuous monitoring. Continuous Query is consistent with the Joint Commission standards of the Ongoing Professional Practice Evaluation (OPPE), and it eliminates the need to wait two years to receive information on practitioners. I really pushed for our medical group to sign up for Continuous Query.” Jackie spearheaded the effort to get all 12 hospitals in her region on board because unless the entire region agreed to enroll their practitioners in Continuous Query, no one could. Responsible for querying the National

Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) on 1,600 practitioners and eager to start using Continuous Query, Jackie persistently worked with the hospitals in her region to make the change. Jackie admits that other hospitals were resistant and “not as excited about adopting Continuous Query as I was.” A year after Continuous Query became available, Jackie’s efforts were rewarded when the hospitals enrolled their practitioners in Continuous Query.

She and her hospital group were not disappointed: “I love the convenience of enrolling and re-enrolling practitioners, and within six months it paid off for us.” Continuous Query alerted Jackie to a practitioner who joined the medical staff from out of state. At the initial credentialing, the practitioner failed to tell medical staff services about one of the hospitals with which he had been affiliated. Jackie recalls the practitioner “had actually been suspended for six weeks for a quality issue, which was information not previously disclosed to us.” The report was submitted to the Data Bank *after* the medical staff’s initial query. But because the practitioner was enrolled in Continuous Query, once the practitioner’s former hospital submitted the report, Jackie and her staff were notified.

“It really makes the life of a medical staff professional easier. It’s not something that we have to think about going out to do, it just comes to us.... To be able to see this as quickly as we do, it’s paramount to what we do as far as credentialing.”

The practitioner is no longer a member of the staff and Jackie credits Continuous Query with the catch. “We did not originally contact the hospital because we were unaware of the affiliation. Continuous Query was the key. When we provided this information to the hospital chief, he said they were beginning to have some concerns with this practitioner and wanted to initiate a peer review investigation. The timing was just perfect.”

Continuous Query has gained converts among Jackie’s co-workers, who “like the fact that when the Data Bank receives a report on a practitioner, it sends us an email within 24 hours. We can then get the information to our committee, and we can get it to our chiefs. It’s been very helpful to us.” Jackie adds that renewals are now “quite easy.”



Continuous Query has also reduced her office's workload, she says. "It really makes the life of a medical staff professional easier. It's not something that we have to think about going out to do, it just comes to us. It's wonderful that you're not all of a sudden, two years later, finding out that someone has had a medical malpractice claim, and the medical executive committee comes to you asking why they weren't told about a report.... To be able to see this as quickly as we do, it's paramount to what we do as far as credentialing."

Jackie says that her work has become more efficient since her medical group's enrollment in Continuous Query and her colleagues now appreciate the tremendous value of the work. "I always tell my staff, 'You think you don't have input in the hospital, but you touch every one of those patients. Patient safety starts right here in this office, with the quality credentialing of our physicians.'"

Dear Data Bank

This column responds to questions about Data Bank policies and procedures. If you have a question, please email "[Dear Data Bank](#)." We look forward to hearing from you!



Question: We had an employee leave our organization and a new employee has started in that position. Can we simply provide the old employee's sign-in information to the replacement employee?

Answer: Allowing an employee to sign in using another person's credentials would be considered a serious security offense. Also, this would be seen as an attempt to circumvent the identity-proofing requirements and would be fraudulent. All Data Bank users must obtain their own unique user name and password from their Data Bank Administrator in order to query and report. When an employee leaves an organization, it is the Data Bank Administrator's responsibility to ensure that the user account is deactivated. For additional information, view our [Manage User Accounts](#) page or call the Customer Service Center at 1-800-767-6732.

Question: We are a privately owned, freestanding outpatient clinic. What are our querying and reporting responsibilities?

Answer: A private-sector, stand-alone clinic that meets the definition of a "health care entity" (*i.e.*, an entity that provides health care services and performs peer review for the purpose of furthering quality health care) is eligible to query on all practitioners and required to report professional review actions taken against physicians and dentists to the National Practitioner Data Bank (NPDB). These actions must be related to the practitioner's professional competence and conduct and adversely affect the practitioner's clinical privileges for more than 30 days.

In addition, if the clinic meets the definition of a "health plan" in Healthcare Integrity and Protection Data Bank (HIPDB) regulations (for example, a clinic that is part of a health maintenance organization), it would be authorized to query the HIPDB and would be required to report certain final adverse actions to the HIPDB. They include adjudicated actions or decisions that:

- (1) Are formal or official final actions taken against a health care practitioner, provider, or supplier;
- (2) Include the availability of a due process mechanism; and
- (3) Are based on acts or omissions that affect or could affect the payment, provision, or delivery of a health care item or service.

This definition specifically **excludes** clinical privileging actions. An example of a reportable adjudicated action or decision would be a termination of a practitioner's contract to provide health care services.

For more information about reporting and querying requirements, please refer to the NPDB and HIPDB Guidebooks. If you have a specific scenario that you would like assistance with, please contact the Data Bank via [email](#).