



# National Practitioner Data Bank

## Healthcare Integrity and Protection Data Bank



### FACT SHEET ON SUBMITTING A FACTUALLY SUFFICIENT NARRATIVE DESCRIPTION

The purpose of the narrative description in a report to the National Practitioner Data Bank (NPDB) or the Healthcare Integrity and Protection Data Bank (HIPDB) is to succinctly describe the act(s), omission(s), or reasons for the action being reported. Narratives must include sufficient specificity to enable a knowledgeable reviewer to determine clearly the circumstances of the action(s) or surrender.

#### Legislative Requirements for Narratives

The laws establishing the NPDB and the HIPDB (the Data Banks) clearly state the requirements for narrative descriptions in Adverse Action Reports. For the NPDB, Section 422(a)(2)(B) of the *Health Care Quality Improvement Act of 1986* (HCQIA) requires “a description of the acts or omissions or other reasons (if known) for the revocation, suspension, or surrender of license”; and Section 423(a)(3)(B) of HCQIA requires “a description of the acts or omissions or other reasons for the action or, if known, the surrender [of privileges].” The legislative history addresses the adverse action report narrative: “It does not necessarily require extensive descriptions of the acts or omissions or other reasons for the action or, if known, the surrender. It does, however, require sufficient specificity to enable a knowledgeable observer to determine clearly the circumstances of the action(s) or surrender.” For the HIPDB, Section 1128E(1)(b)(2)(D) of the *Social Security Act*, as added by Section 221(a) of the *Health Insurance Portability and Accountability Act (HIPAA) of 1996*, requires “(a) description of the acts or omissions and injuries upon which the final adverse action was based.”

Narratives that contain sufficient specificity to allow a knowledgeable Data Bank querier to clearly understand what led to the action or voluntary surrender are considered to be “factually sufficient.”

#### Developing the Narrative

In NPDB and HIPDB Adverse Action Reports, the report narrative description field is located in *Section C: Description of Act(s) or Omission(s) or Other Reasons for Action Taken*. The reporting system limits the narrative to 4,000 characters including spaces and punctuation. As a point of reference, this paragraph contains 703 characters. Proper names or other identifying details concerning any individual other than the reported practitioner are not acceptable. However, it is permissible to refer to individuals other than the reported practitioner by title or relationship

(the Chief of Staff, the Chair of Psychiatry, the patient’s spouse). Attachments are not allowed for Data Bank reports.

Committee or Board official findings or orders are generally the best source for language when composing narratives (these documents may be summarized or quoted). Information should be included in narratives only if it is supported by written documentation.

#### The Narrative and Secretarial Reviews

If the subject of a report disputes the report and requests a Secretarial Review, under Section 60.14 of the NPDB regulations and/or Section 61.15 of the HIPDB regulations, the Data Banks may request copies of official findings, board orders, and other documentation to support the report. In certain circumstances, the Data Banks may require submission of a corrected or augmented narrative.

#### Narrative Dos and Don'ts

When developing the narrative, please *consider* the points below. What is appropriate in any particular case will vary depending on the circumstances and narratives may differ in reports of actions taken by the reporting entity from reports of voluntary surrenders by practitioners.

#### General Guidance

- DO: Use statements of facts and avoid prescriptive, inflammatory, or emotive language.
- DO: Provide enough context to enable the reviewer to understand the seriousness of the act(s) or omission(s).
- DO: Include a description of the process used to take the action if this will help the reviewer understand the circumstances of the action. This is particularly necessary in reports of voluntary surrenders of clinical privileges or licensure actions.
- DON'T: Use general terms and citations without further explanation (e.g., “for quality of care issues,” “not applicable,” 12647.2 of the CA Professional Code”).

### Guidance Relative to the Adverse Action Code(s)

- DO: Provide a narrative to support the action code(s) and, if necessary, further describe the action(s) taken.
- DO: Describe the relationship between multiple action codes, if applicable (e.g., the license was revoked, the revocation stayed and the license placed on probation with terms and conditions).
- DO: Include the names of additional action code(s) in the narrative, if more than five actions were taken in the same decision or order.

### Guidance Relative to the Basis for Action Code(s)

- DO: Provide a narrative to support the Basis for Action code(s) and, if necessary, to further describe the events that constituted the basis or bases for action.
- DO: Include the names of additional codes in the narrative, if you wish to list more than five Basis for Action code(s).
- DON'T: Simply repeat the Basis for Action code(s) in the narrative without further elaboration.

### Examples of Factually Sufficient Narratives

#### 1. Type of Action: Clinical Privilege Action

Action: Reduction in Privileges (1640)

Basis for Action: Substandard or Inadequate Care (F6)

Narrative: After review of the physician's cases the Peer Review Panel determined that Dr. Doe was not competent to perform laparoscopies. Laparoscopic privileges were revoked. All other privileges were maintained.

#### 2. Type of Action: Voluntary Surrender of Clinical Privileges

Action: Voluntary Surrender of Clinical Privilege(s), While Under, or to Avoid, Investigation Relating to Professional Conduct or Competence (1635)

Basis for Action: Sexual Misconduct (D1), Unprofessional Conduct (10)

Narrative: A nurse practitioner filed a complaint with her supervisor that the practitioner allegedly made a number of unsolicited sexual advances. An ad hoc committee was formed to investigate her allegations. A few hours before the ad hoc committee was to meet, the

practitioner submitted a written resignation to the Chief of Medical Staff.

#### 3. Type of Action: Licensure Action

Action: Publicly Available Negative Action or Finding, specify Letter of Warning (1189)

Basis of Action: Failure to Comply With Continuing Education or Competency Requirements (A2), Unprofessional Conduct (10)

Narrative: Violation of State Code Section 432(b): failure to meet continuing education requirements. By State Code, failure to meet continuing education requirements is considered to be "unprofessional conduct."

#### 4. Type of Action: Clinical Privilege Action

Action: Suspension of Privileges (1630)

Basis for Action: Immediate Threat to Health or Safety (F1)

Narrative: Privileges were suspended for six (6) months and the physician was placed on probation for two (2) years for failing to maintain sterile conditions in the operating room and by neglecting to wash hands between patients.

#### 5. Type of Action: Voluntary Surrender of License

Action: Voluntary Surrender of License (1145)

Basis for Action: Unable to Practice Safely by Reason of Alcohol or Other Substance Abuse (F2), Diversion of Controlled Substances (H6)

Narrative: The Board was investigating this practitioner for allegedly diverting drugs for personal use. To avoid further investigation, she 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 two (2) years.

### NPDB-HIPDB Assistance

For additional information, visit the NPDB-HIPDB Web site at [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov). If you need assistance, contact the NPDB-HIPDB Customer Service Center by e-mail at [help@npdb-hipdb.hrsa.gov](mailto:help@npdb-hipdb.hrsa.gov) or by phone at 1-800-767-6732 (TDD 703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.