

NURSING PEER REVIEW

A MULTI-HOSPITAL SYSTEM'S
UNIQUE APPROACH TO
IMPROVING PRACTICE AND
PROFESSIONALISM

PROBLEM



There is no standard process for nurses to explore, verify, or correct the actions of their colleagues in the event that one's conduct or practice is questioned following an unexpected outcome.

BACKGROUND



- ▶ Just Culture implemented
- ▶ Unexpected outcomes arose where the actions of nurses required:
 - ▶ Exploration
 - ▶ Validation
 - ▶ Clarification
 - ▶ Correction
- ▶ No formal process for this to occur

BACKGROUND

- ▶ Literature search
 - ▶ Incident based nursing peer review (IBNPR)
 - ▶ Integrated accountability and professionalism
 - ▶ ANA foundational principles for peer review provided framework for the process
 - ▶ Same Rank
 - ▶ Practice Focused
 - ▶ Timely, Routine and a Continuous Feedback
 - ▶ Fosters Patient Safety & Best Practice
 - ▶ Not Anonymous
 - ▶ Developmental Stage is Considered

PURPOSE

- ▶ To develop a multi-hospital system approach to an IBNPR process using ANA's principles for peer review and integrating accountability with professional development



WHAT CONSTITUTES A REVIEW?

An IBNPR may be initiated for any event that does not meet Root Cause Analysis (RCA) criteria which is determined by Risk Management (RM).

- ▶ Once an event is identified, an initial investigation is conducted, and a determination is made to implement an IBNPR.

STEPS PRIOR TO THE REVIEW

- ▶ A guideline provides a sequence of responsibilities
- ▶ The unit manager and CNS create a list of reviewers:
 - ▶ From similar units or patient populations
 - ▶ With same levels of experience/knowledge
- ▶ Responsible parties are contacted and the guideline is followed
- ▶ The presenting nurse involved in the event provides a written summary and timeline for peers to review

METHOD

Recommended Steps Prior to Review (Items are listed in ideal sequence of completion)

Nurse Manager (NM)	NM & CNS	Clinical Nurse Specialist (CNS)
<p>1. Conducts an initial investigation of the event and then, in collaboration with NE, PM, PCS Director, and Risk Manager (RM), determines whether event meets RCA or Peer Review criteria.</p>	<p>5. Determine comparable units from which to invite peer reviewers,</p>	<p>10. Asks two nurse managers of comparable units to provide names of potential reviewers who would be available on the date scheduled for the review (minimum of 2 nurses from more than 1 clinical unit preferred). CNS may also invite any additional clinical experts with relevant knowledge to the situation.</p>
<p>2. Asks nurse(s) involved to write a summary of the event to include relevant dates, times, key clinical findings, applied interventions, detailed communications related to the event, and all individuals involved.</p>	<p>6. Identify other clinical experts (if needed),</p>	<p>11. Requests assistance from a 2nd CNS who will act as scribe for the review. The 2nd CNS may also contribute to dialogue, but their primary responsibility is to serve as the recorder of the proceedings.</p>
<p>3. Invites a CNS to facilitate the dialogue at the review session.</p>	<p>7. Coordinate scheduling and location of the review</p>	
<p>4. With the facilitator, and Risk Manager determine whether RM presence at review is needed.</p>	<p>8. Plan for a 1.5 to 2.0 hour meeting</p>	
<p>9. Informs the involved nursing staff of scheduled review and adjusts staffing schedule to ensure their required attendance.</p>		

STEPS DURING THE REVIEW

- ▶ The milieu is conducive to feedback:
- ▶ CNS provides opening statement
- ▶ Presenting nurse(s) outline event
- ▶ Open dialog between presenter and reviewers
 - ▶ **Would you have performed the same actions given the same situation?**
- ▶ Recommendations brought forward and agreed upon
- ▶ Presenting nurse(s) dismissed
- ▶ Reviewers provide additional thoughts
- ▶ The review is complete



STEPS AFTER THE REVIEW

- ▶ CNS provides a hand delivered summary
 - ▶ Unit Manager
 - ▶ Nursing Director
- ▶ Unit leadership determines next steps
 - ▶ Follow-through
 - ▶ Communication



RESULTS

- ▶ A total of 7 peer reviews
 - ▶ 2 ED,
 - ▶ 1 M/S, ED and ICU
 - ▶ 1 M/S
 - ▶ 2 ICU

OUTCOMES

- ▶ Improved practice
 - ▶ 1. Changes to the EHR
 - ▶ Increasing efficiency in documentation
 - ▶ Improving handoff reports
 - ▶ 2. Improved care for patient populations
 - ▶ Mental illness (recognition of acute symptoms)
 - ▶ End of life
 - ▶ 3. Involvement in system initiatives that enhance patient care
 - ▶ Staffing models in the ED

OUTCOMES

- ▶ Professional development
 - ▶ Participants are recognized by:
 - ▶ Peers for their knowledge of scope of practice
 - ▶ Unit managers for leadership skills
 - ▶ Participants contribute to system initiatives as primary resources in:
 - ▶ Policy and procedures
 - ▶ Unit engagement



CONCLUSION

- ▶ IBNPR provides an avenue where nurses are empowered to assess, question and monitor their professional practice.
- ▶ Utilizing the ANA principles of peer review provides consistency in the process
- ▶ Reviews connect nurses across the system allowing them to share knowledge that promotes quality patient care.
- ▶ Participant's recommendations for enhancing tools and workflow design foster nursing engagement

REFERENCES

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