INTEGRATING NURSING PEER REVIEW INTO A UNIT-SHARED GOVERNANCE MODEL TO IMPROVE PERFORMANCE

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Problem
The concerns for improving nursing care and patient safety have given rise to new approaches in developing nursing systems aimed at maintaining and improving the quality of care delivered. Nursing administrators have been challenged to develop systems that meet these demands, and the financial objectives of their institution. Environments that foster nurses’ contributions and empower them to achieve nursing professionalism have been the answer for many transformational nursing leaders.

Background Information
Campbell (2005) identified six characteristics of a profession:
1. A defined body of knowledge
2. Service-based orientation
3. Discipline, peer review and a code of ethics
4. Autonomy in practice
5. Professional organization
6. A culture that supports professional activity
This project focused on developing an evidence-based peer review process that would achieve the following:
- Serve as a tool for RN professional development
- Be cost effective
- Be adaptable for all nursing units, regardless of specialty
- Improve the performance of nursing units through staff RN empowerment

Method
The nursing peer review concept was researched, and a peer review tool was developed in congruence with the American Nurses Association (2004) standards of practice and professional performance. With the goal of staff nurse empowerment in mind, the decision to integrate the peer review process into the unit shared governance model was made.
The peer review process for all RNs was developed after:
- Extensive review of the literature
- Staff input
- Printing the process

After one year of implementation, a review of Performance Improvement (PI) was conducted.

Implementation
During initial piloting, changes were made to the process due to staff feedback and financial constraints. Once the peer review process was finalized, it rolled out on two medical-surgical units. Formal and informal education about the process was implemented. Once education was completed, the final process was piloted for a year prior to examining the units’ performance improvement data.

Results
Specific improvements in unit performance are detailed below. Medical record audits increased dramatically on both units. RN awareness helped improve physician compliance with history and physical requirements.
Some changes in behavior resulting from the process were volunteered by the staff:
- Some RNs immediately recognized areas for improvement in professional performance. For example, one nurse realized that she could do more to assess her patient’s needs in emergency situations.
- There was an observed increase in compliance with regulatory documentation.
- The staff had a new interest in the quality of care delivered.
The unit shared governance council became aware of unit performance issues that could be improved through staff input.

Unit PI Improvements – 1st Quarter 2009 vs. 1st Quarter 2010

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Affecting Standards of Practice – Unit A</th>
<th>% Improvement 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options documented for client’s advance directive</td>
<td>21</td>
<td>40*</td>
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<tr>
<td>Discharge orders documented</td>
<td>10</td>
<td>11</td>
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<tr>
<td>Physical assessment completed</td>
<td>8</td>
<td>9</td>
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<tr>
<td>Admission assessment reflecting client needs documented</td>
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<tr>
<td>PCE – care planning goals established weekly</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>PCE – client goals are interdisciplinary</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>RNs use peer review for professional development</td>
<td>4</td>
<td>4</td>
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<tr>
<td>RNs use clinical ladder</td>
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<table>
<thead>
<tr>
<th>Indicator</th>
<th>Affecting Standards of Practice – Unit B</th>
<th>% Improvement 2009-2010</th>
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<tbody>
<tr>
<td>NFO in medical record within 24 hours of admission</td>
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<td>12</td>
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<tr>
<td>High risk medications documented</td>
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<td>7</td>
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<tr>
<td>Patient safety</td>
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<td>16*</td>
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<tr>
<td>Patient safety documented at change of shift and/or procedure</td>
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<td>11</td>
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<td>Documentation of informed consent</td>
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<tr>
<td>NFO in medical record</td>
<td>4</td>
<td>4</td>
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</table>

Projections
- The integrated shared governance-peer review process will be rolled out to the remaining nursing units.
- Nurse autonomy and professional behaviors will continue to grow.
- The system will evolve to match each unit’s needs from unit staff input.
- Units will compare issues and common issues can be identified for evidence-based research and hospital-wide performance improvement.

References