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:

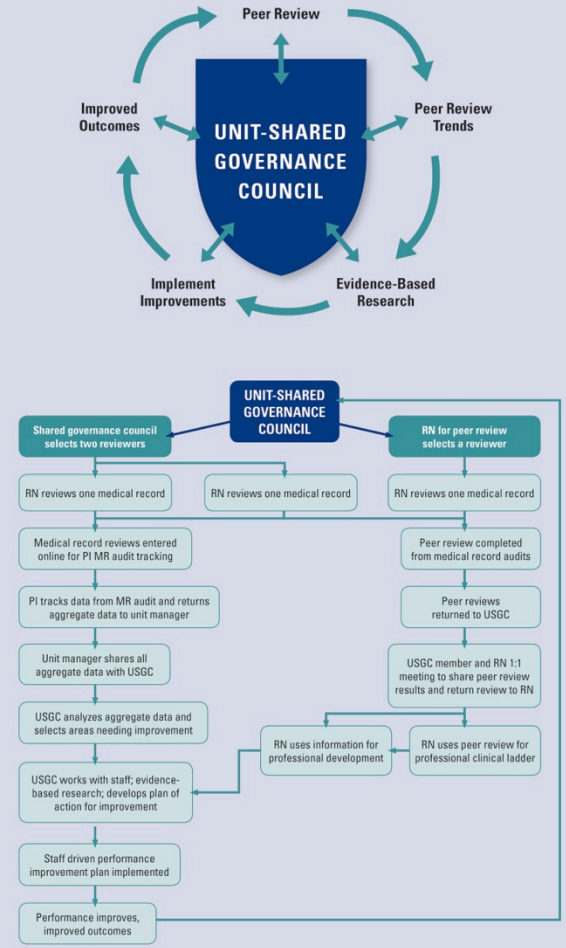
- Extensive review of the literature
- Staff input
- Piloting the process

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 unit's performance improvement data.

Integrated Peer Review/Shared Governance Model & Process (Brann 2009)



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

Indicators Affecting Standards of Practice – Unit A	% Improvement 2009-2010
Options documented for client's advance directive	60*
Social screen completed	4
Physical assessment complete	1
Admission assessment reflecting client needs documented on IPOC	4
IPOC - client/family goals established weekly	3
IPOC - client goals are interdisciplinary	2
IPOC - client new problems/changes documented	4
IPOC - client problem resolved documented	4*
Pain assessment includes intensity	4
Indicators Affecting Patient Safety – Unit A	
H&P on medical record within 24 hours of admission	3
High risk medications double checked/documented	7
Alarms checked/documented daily	5
Client reassessment documented at change of shift and/or post procedure	14*
Two patient identifiers on all documentation	11
Documentation of informed consent	5*
H&P content complete	30

Indicators Affecting Standards of Practice – Unit B	% Improvement 2009-2010
Client's advance directive documented	22
Discharge needs documented	11
IPOC - client/family goals established weekly	14
IPOC - client goals are interdisciplinary	10
IPOC - client problem resolved documented	4
Indicators Affecting Patient Safety – Unit B	
H&P on medical record within 24 hours of admission	14
History documented	33
Verbal orders read back and verified	9

IPOC = interdisciplinary plan of care
*Indicator benchmark not met despite unit improvement

NDNQI Mean change in "unit perceived quality of care" (-1 = deteriorated; 0 = no change; +1 = improved)

Nursing Unit	Mean change 2008-2009	Mean change 2009-2010
Unit A	0	0.35
Unit B	-0.13	0.32

Used with permission from the facility.

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

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Campbell, C. (2005). Redesigning the nursing organization. In Porter-O'Grady Editor. *Implementing Shared Governance Web book* (p. 53-78). Retrieved from http://www.tpogassociates.com/SharedGovenance.htm