

The Power of Peer Review: Impacting Practice at the Bedside

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WellStar Health System



- Not-For Profit-Five Hospital System = 1321 Beds
 - 180-bed Nursing Home
 - 6 Urgent Care Centers
 - 14 Imaging Centers
 - Residential Hospice
 - Assisted Living
 - Home Care
- WellStar Kennestone Hospital Level II Trauma Center
- 400 + Multispecialty Physicians Group (1.2 Million Office Visits/year)
- 62,000 + Admissions/year
- 10,000 + Deliveries/year
- 989 Non-Employed Medical Staff
- 12,298 Employees
- Revenues > \$1 Billion



Objectives

- To describe the components of implementing the nursing peer review process in a hospital setting
- Identify opportunities for nursing practice changes and improved patient outcomes through the nursing peer review process



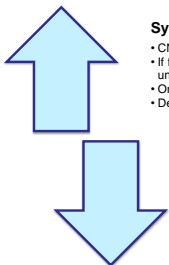
Nursing Peer Review Definition

Nursing peer review is an evaluation of professional nursing practice, including identification of opportunities to improve care, by individuals with the appropriate subject matter expertise to perform this evaluation.

(Harrington & Smith, 2008)



Historical Perspective



System level review of cases referred

- CNS review of case
- If formal team review held, it would be from an uninvolved "like" unit from a different facility
- Only 2-3 cases per year referred
- Demonstrated dissatisfaction with process

Shared governance raised concerns

- What's best practice for peer review?
- How can we encourage ownership of nurses for their own practice?
- Thus a system wide task force was established to research and revamp our process

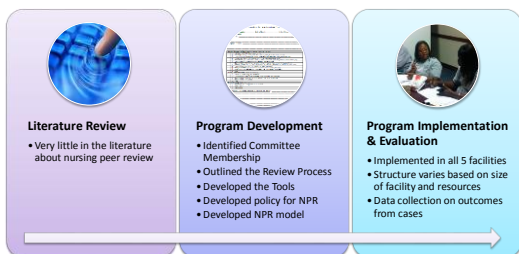


Staff Empowerment

- Nursing Peer Review (NPR) engages the bedside nurse to be empowered to make nursing practice changes based on the peer review findings
- In order to increase participation and ownership at the unit level, it was necessary to develop a consistent nursing peer review structure and process



Research and Development



Nursing Peer Review Model



Conducting case reviews

NURSING PEER REVIEW COMMITTEE (NPRC)



Purpose of NPRC

- Nursing Peer Review Committee (NPRC) in a **non-punitive** manner, identify and communicate
 - Nursing-related patient care concerns using a standardized process
 - Process for identifying issues deserving intense analysis
 - Educational opportunities



Goals of Nursing Peer Review



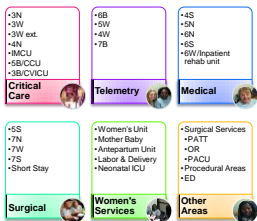
Committee (NPRC) Structure

Shared Governance	Team Structure	Team Leadership	Team Meetings	Manager Responsibility
<ul style="list-style-type: none"> • NPRC was integrated into the hospital and system Shared Governance Structure • Process includes sharing lessons learned in shared governance meetings 	<ul style="list-style-type: none"> • Membership is based on similar practice areas • Participating staff are selected by their nurse manager • Serve a 1-2 year term rolling-off incrementally to avoid having 100% turnover 	<ul style="list-style-type: none"> • Collaboratively led by staff nurse with an APN, educator or other nursing leader • Ad hoc advisors are consulted by the committee as deemed appropriate 	<ul style="list-style-type: none"> • Scheduled monthly NPRC meetings • Attendance includes identified staff nurse representatives (peers/team) and staff involved in the incident/care of the patient 	<ul style="list-style-type: none"> • Ensures staff participation in review • Implementation of action plan • Any follow-up monitoring required • Disciplinary action is taken prior to peer review



Kennestone Hospital's (633 beds) NPRC Team Structure

Teams



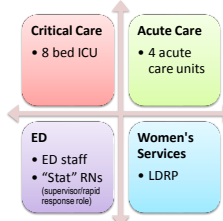
Facilitation

- Collaboratively led by staff RNs and APNs for the specialty areas
- Regular monthly meetings scheduled
 - Cancelled if no case to review
 - Appropriate team is assembled for each case



Douglas Hospital's (108 beds) NPRC Team Structure

Teams



Facilitation

- Led by the unit based educators
- Cases often cross between specialty areas so teams are combined as needed based on what areas are impacted
- "Stat" RNs participation is key as they respond to rapid response calls and travel throughout the hospital



Windy Hill Hospital's (55 beds) NPRC Team Structure

Team



Facilitation

- Led by the facility's PI/Accreditation Coordinator (MSN)
- Only 2 practice areas are at WHH, thus they have 1 team with both areas represented
- Promotes teamwork between departments



Process and tools are consistent across the organization

CASE REVIEW PROCESS AND TOOLS



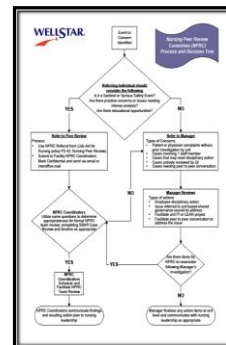
Nursing Peer Review Process

- Referrals may be communicated to facility NPRC Coordinator by submitting referral form via email or hard copy to NPRC
- Case referral process- multiple avenues
 - Incident reporting through risk management
 - Medical Staff
 - Anonymous
 - Staff
 - Nurse Leaders
 - Patients & Families



Nursing Peer Review Process & Decision Tree

- Step-by-step process
- Defines the process for peer review to ensure consistency
- Provides framework to screen for appropriateness of case review



Nursing Peer Review Process

- Initial Review
- Use Case Review Form
 - SBAR format used to assist staff with the initial review of the referred case includes
 - Alteration in the nursing process,
 - What caused the alteration?
 - Adequacy of documentation
 - Contributing factors
 - Determination if the alteration caused harm to the patient
 - Recommendations

Acknowledgement Letter

- Sent to referring individual to acknowledge the case referral to nursing peer review
- When the case isn't appropriate, it provides feedback as to why and helps to decrease inappropriate referrals



Team Review

- Committee Review Process
- Leader presents case for team discussion using review form
- Identifies issues with
 - Standards of care
 - Knowledge deficit
 - Critical thinking
 - Communication
 - Policy compliance
 - Documentation
 - Overall nursing care
- Also documents follow-up, unit action plan & exemplary nominations



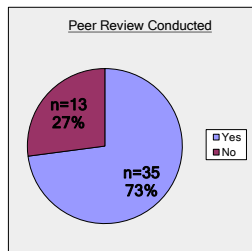
Nursing Peer Review Communication

- Lessons Learned are shared by committee in shared governance meetings at unit, facility and system levels
- Case summary of de-identified findings & "lessons learned"



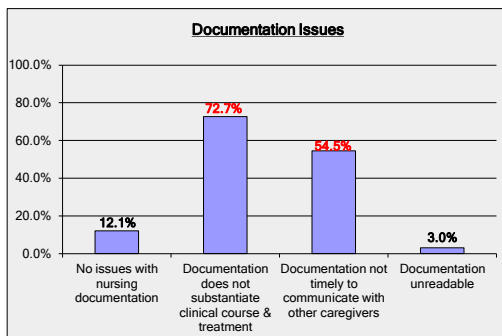
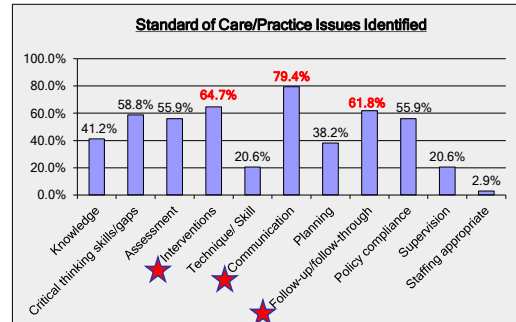
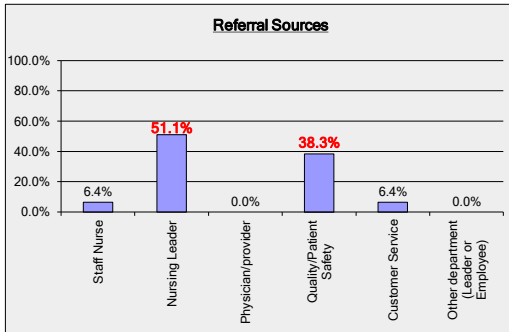
What have we found?

FINDINGS



- 35 of 48 total referred cases were formally team reviewed
 - Jan. 2010 to Aug. 2012
- Reasons the cases were not reviewed
 - Management and/or Disciplinary issues





Nursing Practice Changes

- Hand-off communication
 - Several projects have been completed
- Process for direct ICU admissions via ED
- Direct physician contact for rapid declining patients
- Dilaudid dosing decreased and warning messages added to pyxis and eMAR
- Blanket warmer for acute care units
- Obstetrical/Neonatal Emergencies
 - Neonatal equipment for ED
 - Simulation/Critical event training with participation from EMS, ED, L&D and NICU
 - Development of an OB/Neonatal response team



Impact of Nursing Peer Review

- NPR model promotes both empowerment as well as ownership/accountability for their nursing practice
 - Gives nurses an avenue where it is possible to step up and address issues to improve nursing practice and patient outcomes
 - Help nurses initiate changes in nursing policy directly related to the outcomes from case reviews
 - Promotes a positive outlook with processes and outcomes
- Creates an environment/culture where the Status Quo is unacceptable and questioned



Future of Nursing Peer Review

- Increase number of Case Reviews completed each year
- Further expand staff nurse committee involvement in ownership of conducting reviews and following through on action items
- Continue to look for more practice improvement recommendations from case reviews
- Wider audience presentations- unit level meetings, off-shift staff, multi-disciplinary forums



Questions and Contact Information

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