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

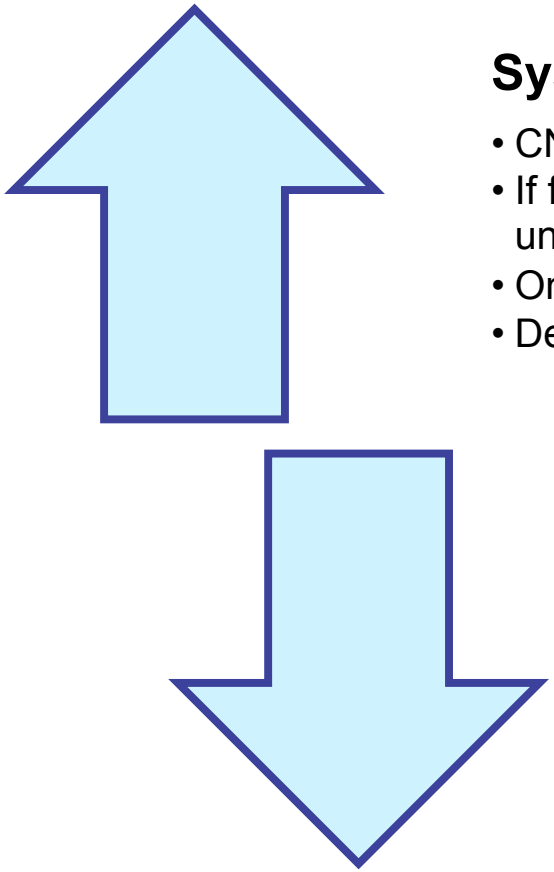
Nursing peer review is an evaluation of professional nursing practice,

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

Literature Review

- Very little in the literature about nursing peer review

Program Development

- Identified Committee Membership
- Outlined the Review Process
- Developed the Tools
- Developed policy for NPR
- Developed NPR model

Program Implementation & Evaluation

- Implemented in all 5 facilities
- Structure varies based on size of facility and resources
- Data collection on outcomes from cases

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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

- Identify opportunities for improvements in practice
- Identify barriers impacting patient care
- Enhance nursing performance
- Improve outcomes

Committee (NPRC) Structure

Shared Governance	Team Structure	Team Leadership	Team Meetings	Manager Responsibility
• NPRC was integrated into the hospital and system Shared Governance Structure • Process includes sharing lessons learned in shared governance meetings	• 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	• Collaboratively led by staff nurse with an APN, educator or other nursing leader • Ad hoc advisors are consulted by the committee as deemed appropriate	• Scheduled monthly NPRC meetings • Attendance includes identified staff nurse representatives (peers/team) and staff involved in the incident/care of the patient	• 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

Critical Care
- 3N
- 3W
- 3W ext.
- 4N
- IMCU
- 5B/CCU
- 3B/CVICU

Telemetry
- 6B
- 5W
- 4W
- 7B

Medical
- 4S
- 5N
- 6N
- 6S
- 6W/Inpatient rehab unit

Surgical
- 5S
- 7N
- 7W
- 7S
- Short Stay

Women's Services
- Women's Unit
- Mother Baby
- Antepartum Unit
- Labor & Delivery
- Neonatal ICU

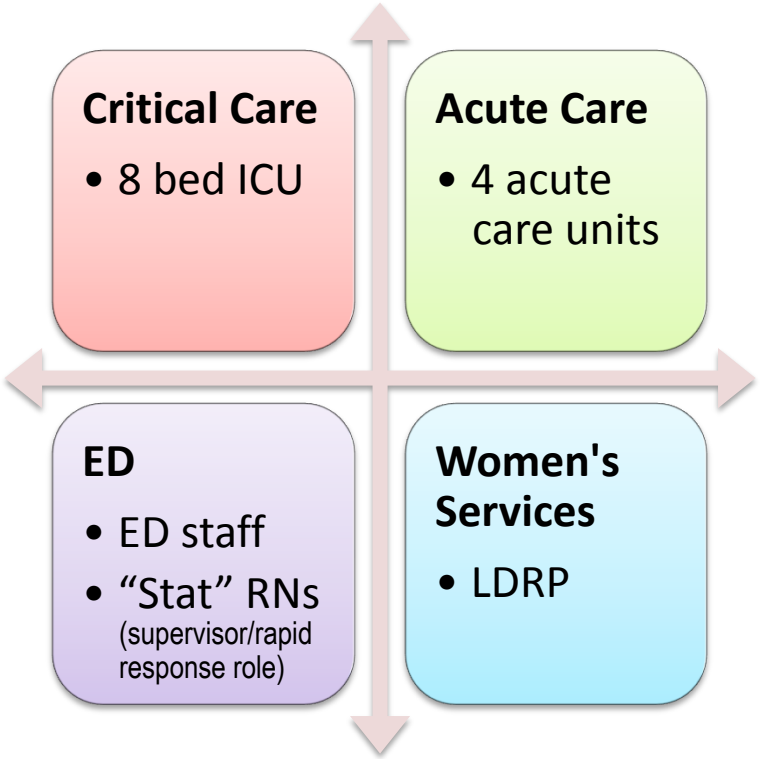
Other Areas
- Surgical Services
  - PATT
  - OR
  - PACU
- Procedural Areas
- ED

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

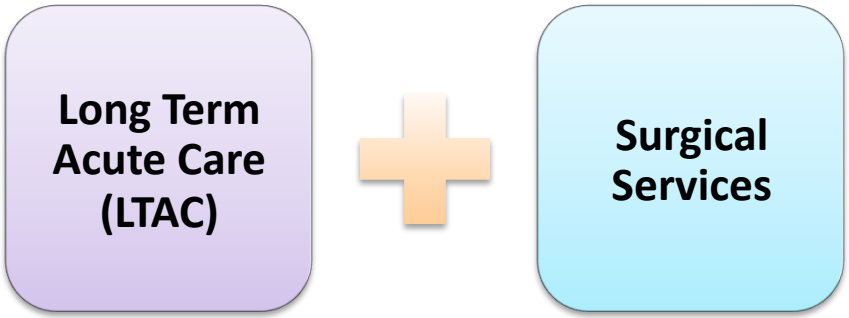


Facilitation

- 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



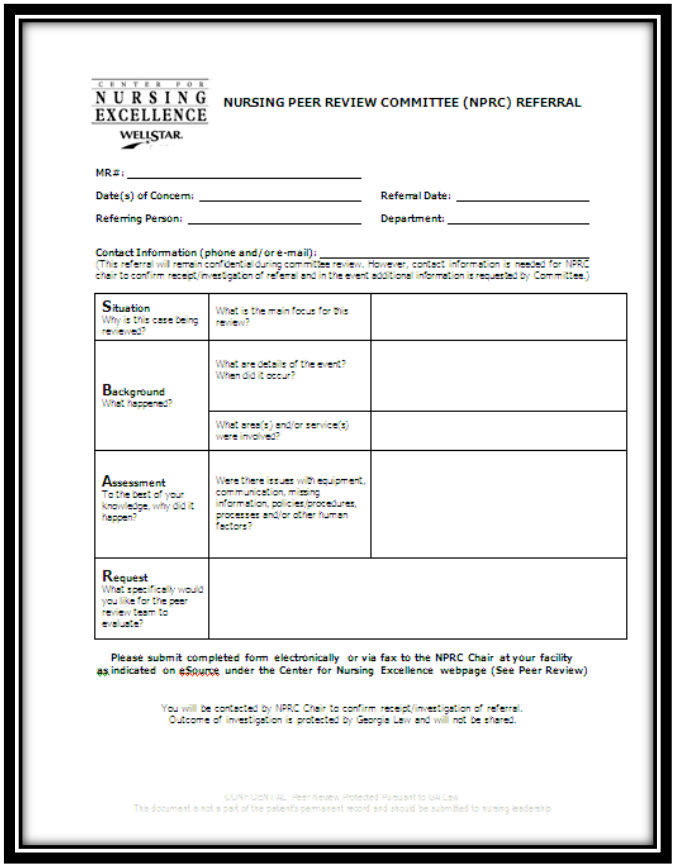
Facilitation

- 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



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NURSING PEER REVIEW COMMITTEE (NPRC) REFERRAL

MR#: _____

Date(s) of Concern: _____ Referral Date: _____

Referring Person: _____ Department: _____

Contact Information (phone and/or e-mail): _____
(This referral will remain confidential during committee review. However, contact information is needed for NPRC chair to confirm receipt/investigation of referral and in the event additional information is requested by Committee.)

Situation Why is this case being reviewed?	What is the main focus for this review?	
Background What happened?	What are details of the event? When did it occur?	
	What area(s) and/or service(s) were involved?	
Assessment To the best of your knowledge, why did it happen?	Were there issues with equipment, communication, missing information, policies/procedures, processes and/or other human factors?	
Request What specifically would you like for the peer review team to evaluate?		

Please submit completed form electronically or via fax to the NPRC Chair at your facility as indicated on eSource under the Center for Nursing Excellence webpage (See Peer Review)

You will be contacted by NPRC Chair to confirm receipt/investigation of referral.
Outcome of investigation is protected by Georgia Law and will not be shared.

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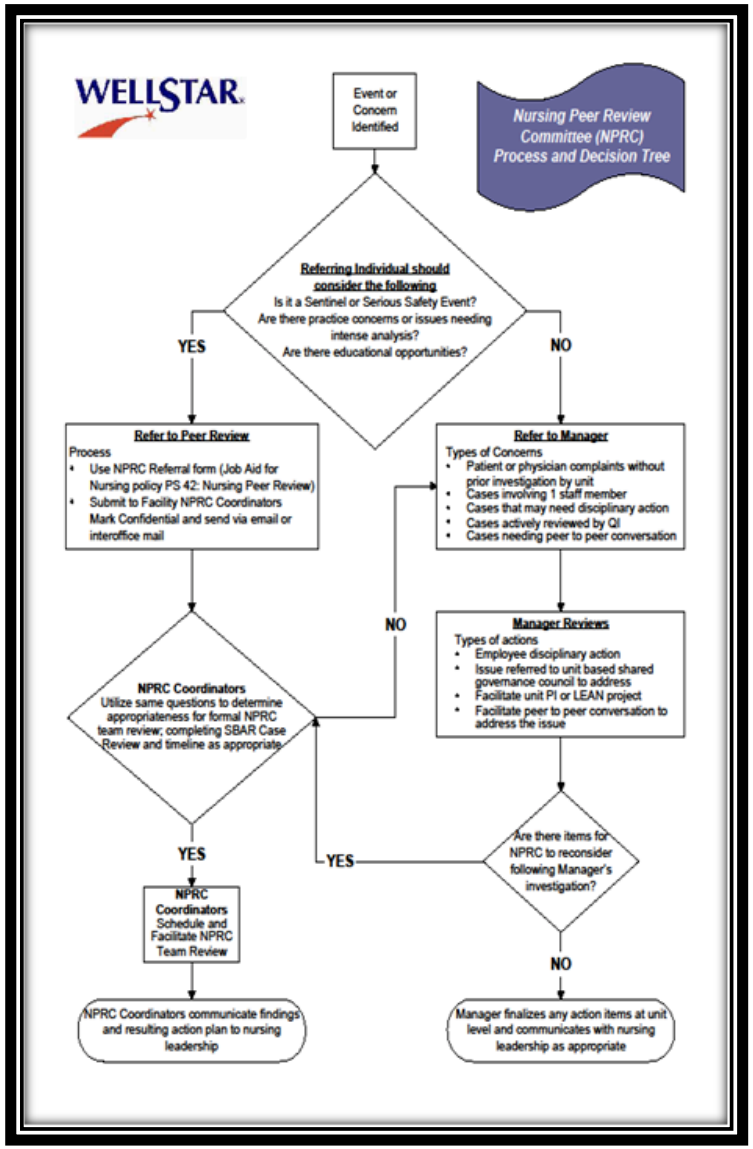
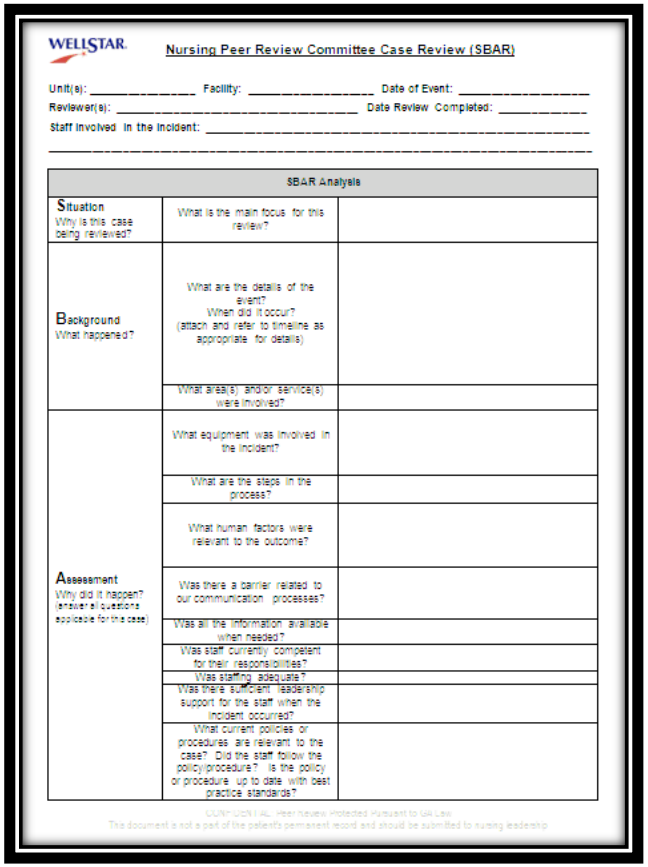
- Referrals may be communicated to facility NPRC Coordinator by submitting referral form via email or hard copy to NPRC
- Case referral process- multiple avenues
  - Incident reporting through risk management
  - Medical Staff
  - Anonymous
  - Staff
  - Nurse Leaders
  - Patients & Families

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



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Nursing Peer Review Committee Case Review (SBAR)

Unit(s): _____ Facility: _____ Date of Event: _____

Reviewer(s): _____ Date Review Completed: _____

Staff involved in the incident: _____

_____

SBAR Analysis		
Situation Why is this case being reviewed?	What is the main focus for this review?	
Background What happened?	What are the details of the event? When did it occur? (attach and refer to timeline as appropriate for details)	
	What area(s) and/or service(s) were involved?	
Assessment Why did it happen? (answer all questions applicable for this case)	What equipment was involved in the incident?	
	What are the steps in the process?	
	What human factors were relevant to the outcome?	
	Was there a carrier related to our communication processes?	
	Was all the information available when needed?	
	Was staff currently competent for their responsibilities?	
	Was staffing adequate?	
	Was there sufficient leadership support for the staff when the incident occurred?	
	What current policies or procedures are relevant to the case? Did the staff follow the policy/procedure? Is the policy or procedure up to date with best practice standards?	

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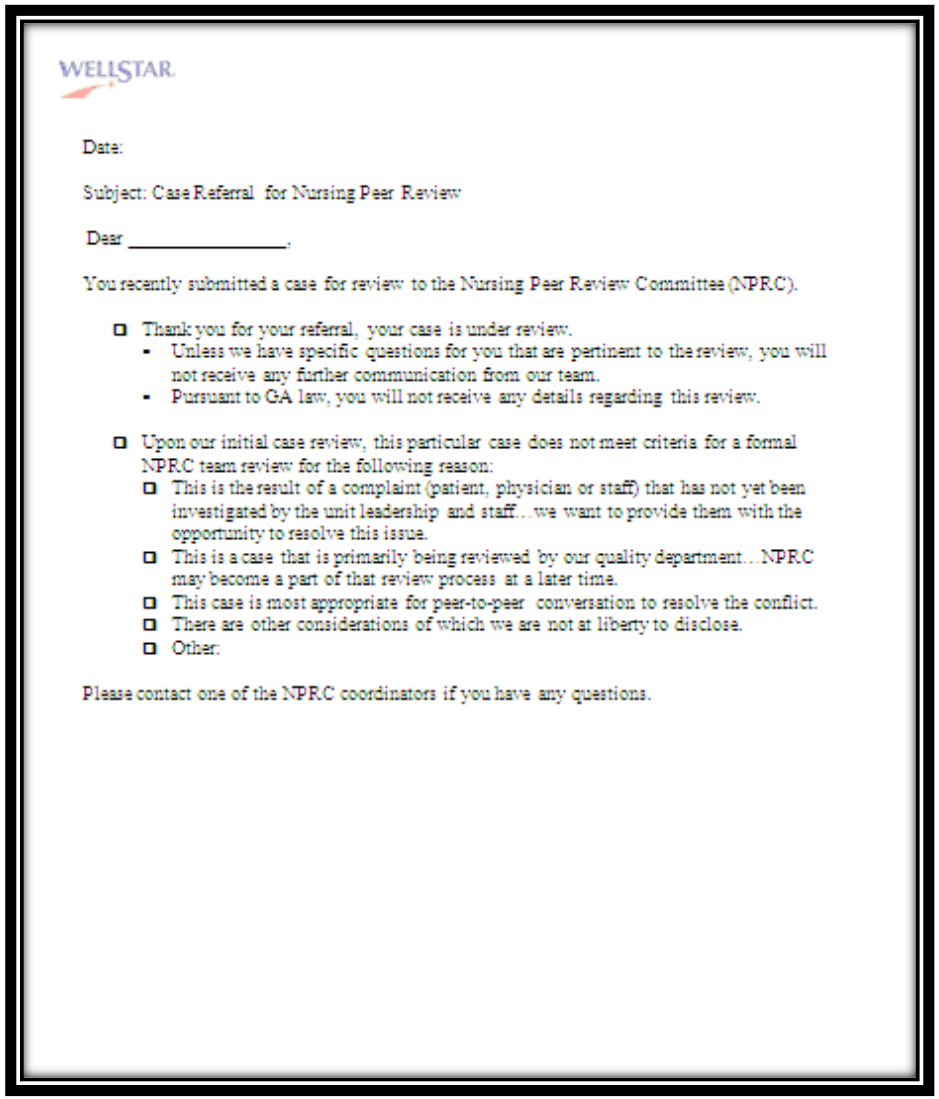
- Initial Review
- Use Case Review Form
  - SBAR format used to assist staff with the initial review of the referred case includes
    - Alteration in the nursing process,
      - What caused the alteration?
    - Adequacy of documentation
    - Contributing factors
    - Determination if the alteration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



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Date:

Subject: Case Referral for Nursing Peer Review

Dear _____,

You recently submitted a case for review to the Nursing Peer Review Committee (NPRC).

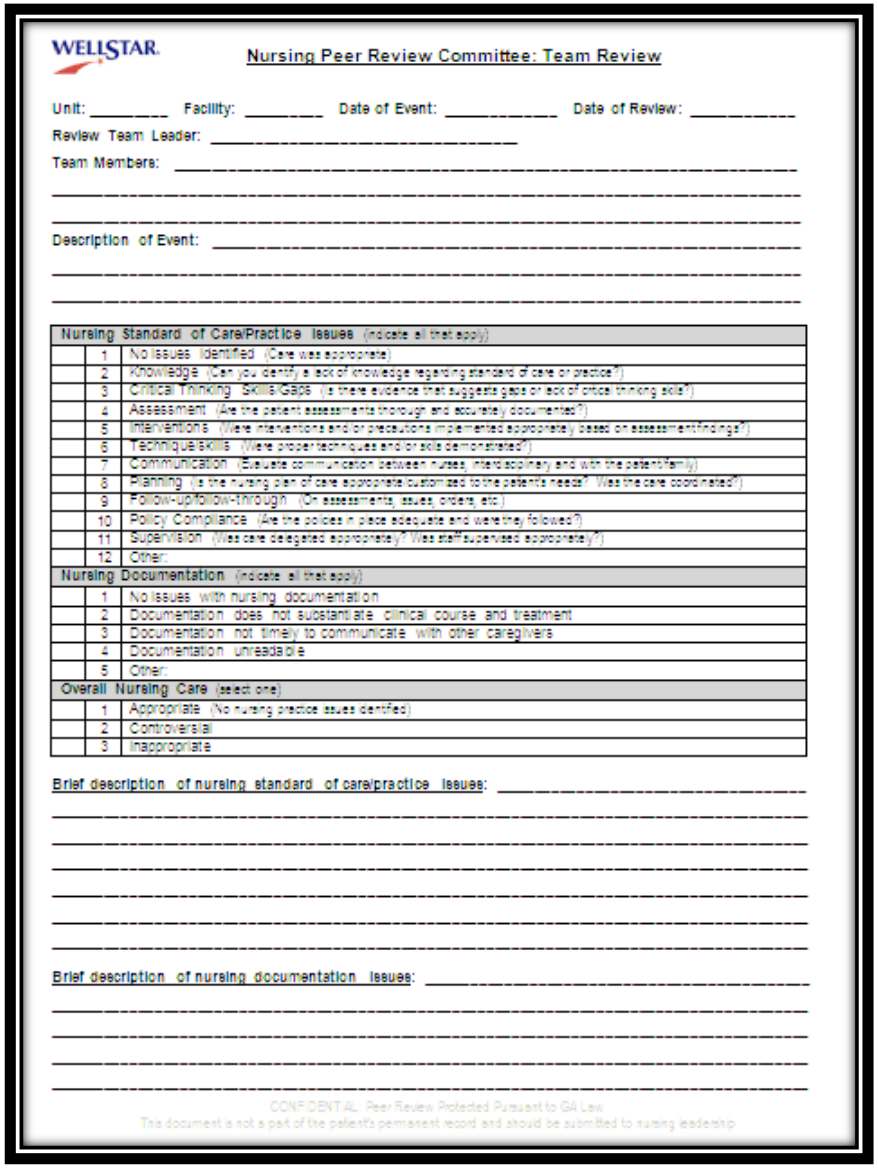
- ☐ Thank you for your referral, your case is under review.
  - Unless we have specific questions for you that are pertinent to the review, you will not receive any further communication from our team.
  - Pursuant to GA law, you will not receive any details regarding this review.

- ☐ Upon our initial case review, this particular case does not meet criteria for a formal NPRC team review for the following reason:
  - ☐ This is the result of a complaint (patient, physician or staff) that has not yet been investigated by the unit leadership and staff…we want to provide them with the opportunity to resolve this issue.
  - ☐ This is a case that is primarily being reviewed by our quality department…NPRC may become a part of that review process at a later time.
  - ☐ This case is most appropriate for peer-to-peer conversation to resolve the conflict.
  - ☐ There are other considerations of which we are not at liberty to disclose.
  - ☐ Other:

Please contact one of the NPRC coordinators if you have any questions.

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



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Nursing Peer Review Committee: Team Review

Unit: _____ Facility: _____ Date of Event: _____ Date of Review: _____

Review Team Leader: _____

Team Members: _____

_____

_____

Description of Event: _____

_____

_____

Nursing Standard of Care/Practice Issues (indicate all that apply)		
	1	No issues identified (Care was appropriate)
	2	Knowledge (Can you identify a lack of knowledge regarding standard of care or practice?)
	3	Critical Thinking Skills/Gaps (Is there evidence that suggests gaps or lack of critical thinking skills?)
	4	Assessment (Are the patient assessments thorough and accurately documented?)
	5	Interventions (Were interventions and/or precautions implemented appropriately based on assessment findings?)
	6	Technique/skills (Were proper techniques and/or skills demonstrated?)
	7	Communication (Evaluate communication between nurses, interdisciplinary, and with the patient/family)
	8	Planning (Is the nursing plan of care appropriate/customized to the patient's needs? Was the care coordinated?)
	9	Follow-up/follow-through (On assessments, issues, orders, etc.)
	10	Policy Compliance (Are the policies in place adequate and were they followed?)
	11	Supervision (Was care delegated appropriately? Was staff supervised appropriately?)
	12	Other:
Nursing Documentation (indicate all that apply)		
	1	No issues with nursing documentation
	2	Documentation does not substantiate clinical course and treatment
	3	Documentation not timely to communicate with other caregivers
	4	Documentation unreadable
	5	Other:
Overall Nursing Care (select one)		
	1	Appropriate (No nursing practice issues identified)
	2	Controversial
	3	Inappropriate

Brief description of nursing standard of care/practice issues: _____

_____

_____

_____

_____

_____

_____

Brief description of nursing documentation issues: _____

_____

_____

_____

_____

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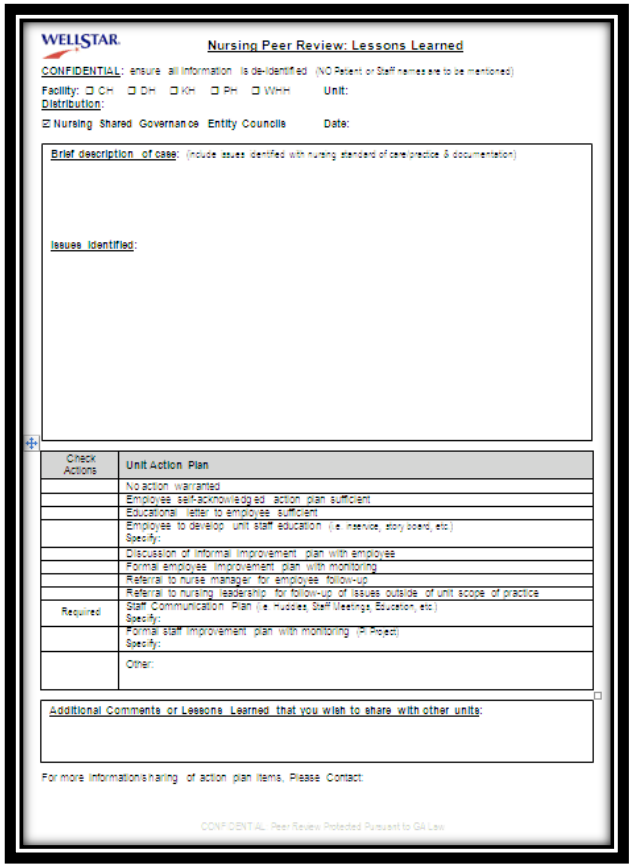
Nursing Peer Review Communication



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Nursing Peer Review: Lessons Learned

CONFIDENTIAL: ensure all information is de-identified (NO Patient or Staff names are to be mentioned)

Facility: ☐ CH ☐ DH ☐ KH ☐ PH ☐ WHH Unit:

Distribution:

☑ Nursing Shared Governance Entity Councils Date:

Brief description of case: (include issues identified with nursing standard of care/practice & documentation)

Issues Identified:

Check Actions	Unit Action Plan
	No action warranted
	Employee self-acknowledged action plan sufficient
	Educational letter to employee sufficient
	Employee to develop unit staff education (i.e. inservice, story board, etc.) Specify:
	Discussion of informal improvement plan with employee
	Formal employee improvement plan with monitoring
	Referral to nurse manager for employee follow-up
	Referral to nursing leadership for follow-up of issues outside of unit scope of practice
Required	Staff Communication Plan (i.e. Huddles, Staff Meetings, Education, etc.) Specify:
	Formal staff improvement plan with monitoring (PI Project) Specify:
	Other:

Additional Comments or Lessons Learned that you wish to share with other units:

For more information/sharing of action plan items, Please Contact:

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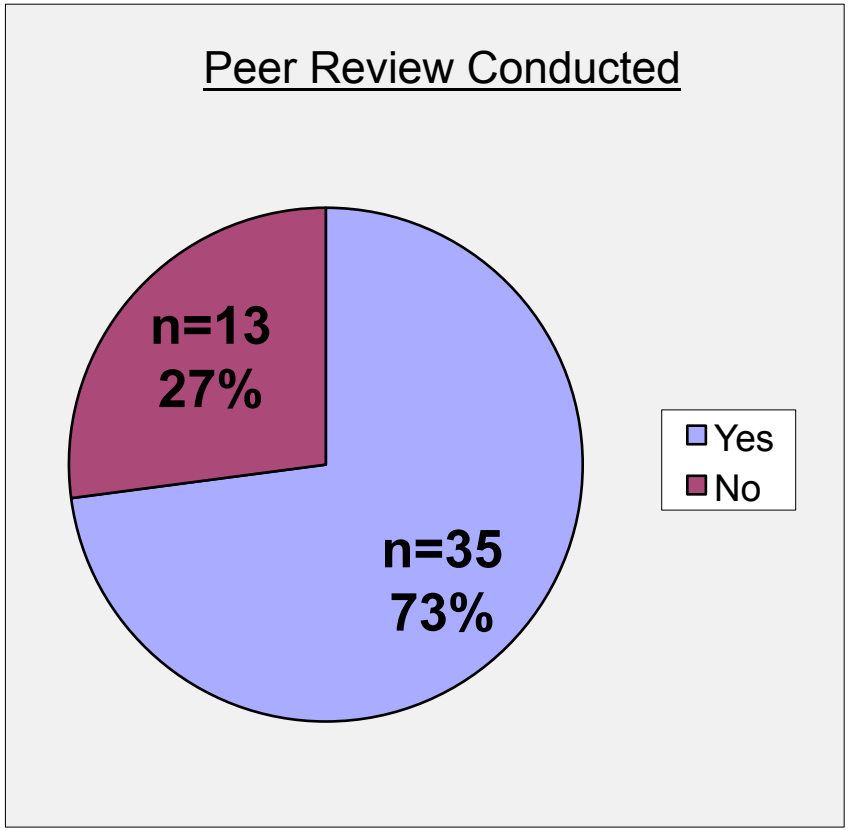
- Lessons Learned are shared by committee in shared governance meetings at unit, facility and system levels
- Case summary of de-identified findings & “lessons learned”

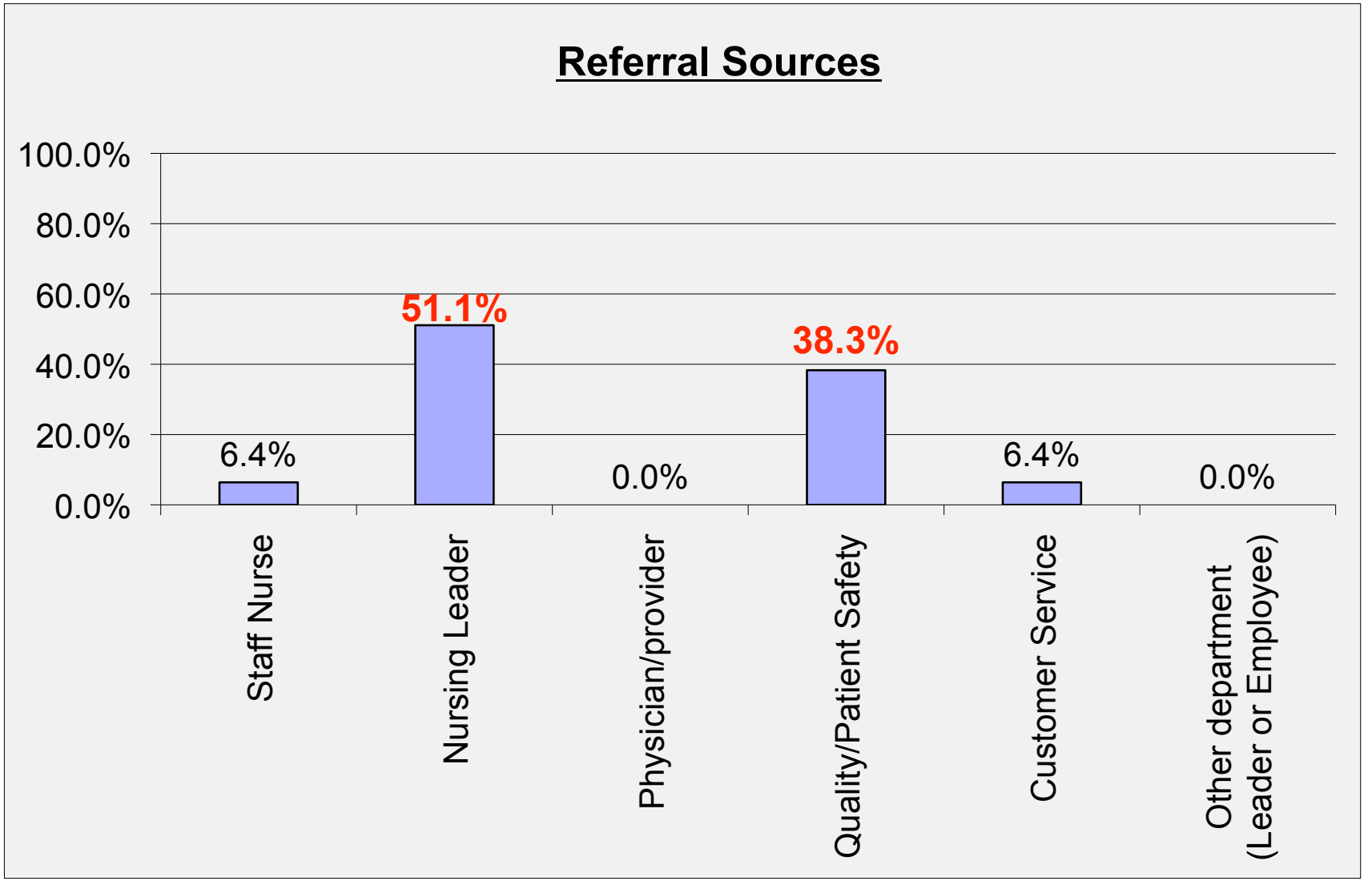
What have we found?

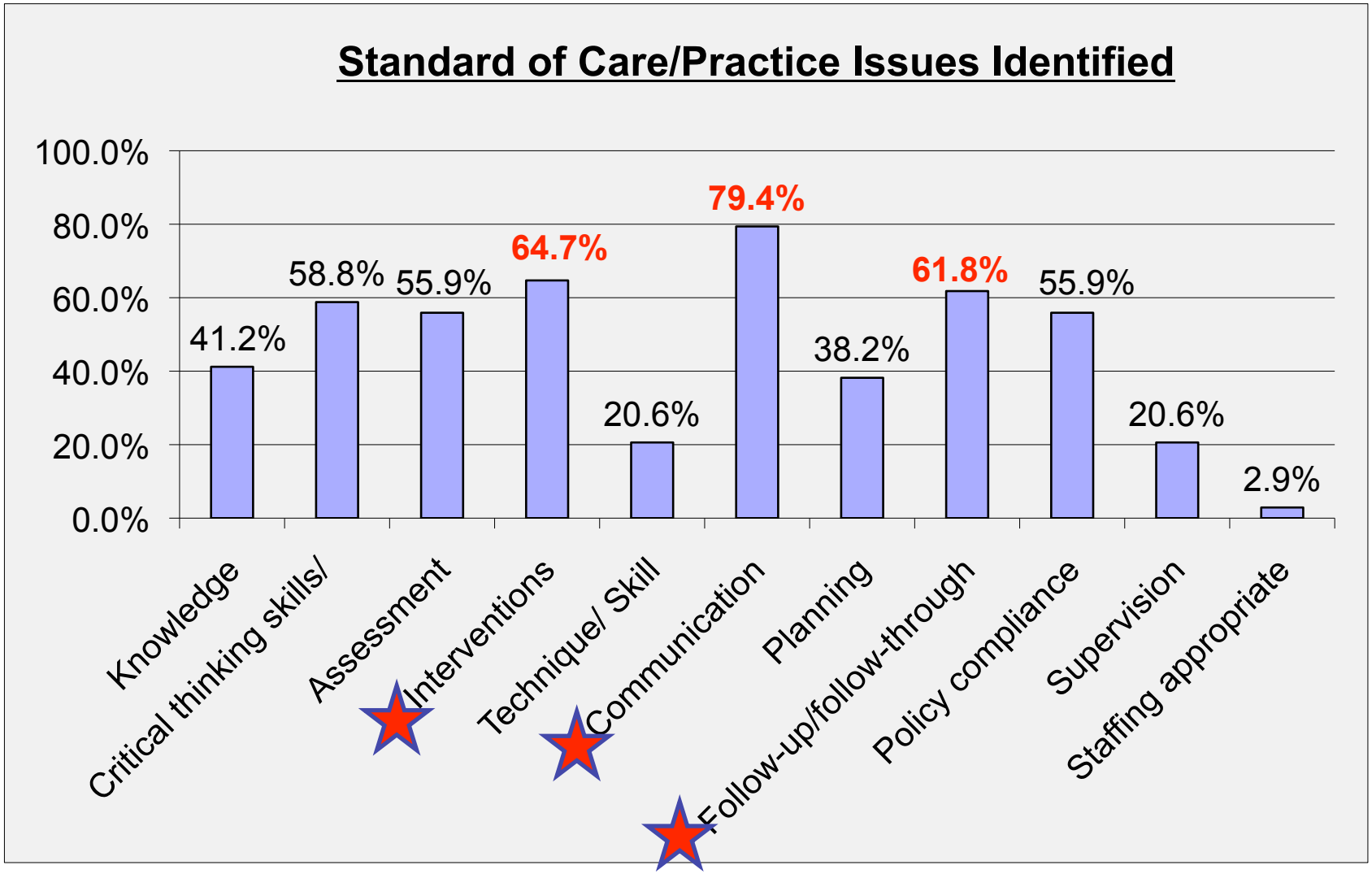
FINDINGS

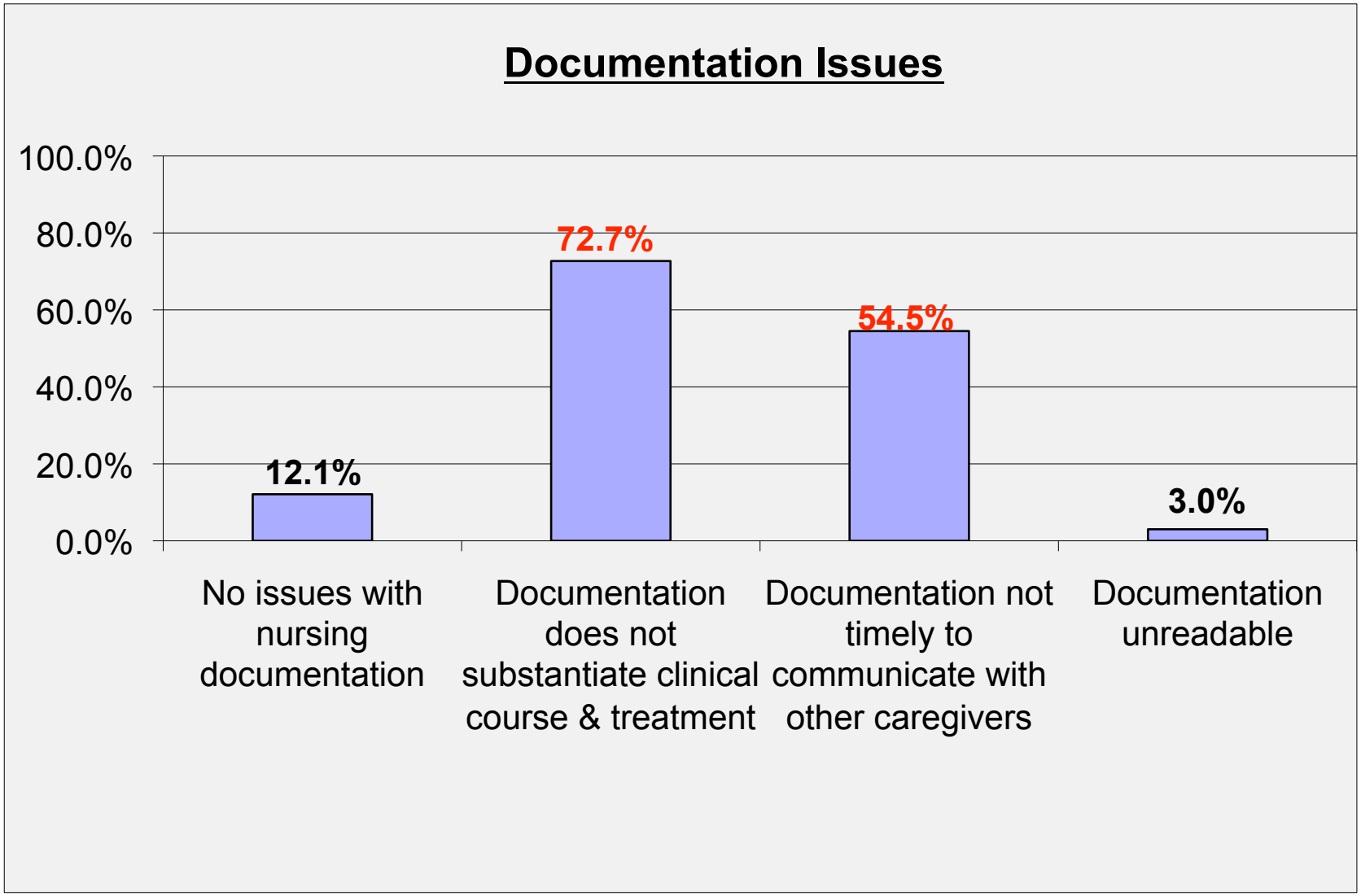
Referrals



- 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


Referral Sources
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
6.4%
51.1%
0.0%
38.3%
6.4%
0.0%
Staff Nurse
Nursing Leader
Physician/provider
Quality/Patient Safety
Customer Service
Other department (Leader or Employee)


Standard of Care/Practice Issues Identified
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
41.2%
58.8%
55.9%
64.7%
20.6%
79.4%
38.2%
61.8%
55.9%
20.6%
2.9%
Knowledge
Critical thinking skills/
Assessment
Interventions
Technique/ Skill
Communication
Planning
Follow-up/follow-through
Policy compliance
Supervision
Staffing appropriate


Documentation Issues
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
12.1%
72.7%
54.5%
3.0%
No issues with nursing documentation
Documentation does not substantiate clinical course & treatment
Documentation not timely to communicate with other caregivers
Documentation unreadable

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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