### Abstract

**PICO/T:**

In Medical-Surgical, Pediatric and Critical Care nursing units in one academic teaching institution (I), how will implementation of structured peer feedback (P) in comparison to lack of structured peer feedback (C) effect the number of unit-acquired pressure ulcers and the number of patient falls (Q) over a nine month period (T)?

**Background:**

Nursing peer review has been present in the nursing profession for the past 27 years (American Nurses Association, 1988). Peer feedback, used as a form of peer review, can be used as a quality improvement intervention to improve patient outcomes. Peer feedback utilization is required by the American Nurses Credentialing Center Pathway to Excellence® (ANCC, 2012, p. 17, 22) and Magnet® (ANCC, 2013, p.28) programs.

**Problem:**

A process for giving and receiving peer feedback did not exist within the organization.

**Aim:**

Implementation and evaluation of clinical nurse peer feedback, within a Pathway to Excellence® designated acute care organization.

**Purpose:**

Determine the effect of peer feedback on patient falls and pressure ulcers in (3) service lines; Medical-Surgical, Critical Care and Pediatrics.

**Methods:**

Nursing staff will observe and provide peer feedback to their randomly assigned colleagues as a mechanism to hold one another accountable for their nursing practice focused on patient falls and pressure ulcer prevention. Peer feedback sessions occur during a fifteen day timeframe, three times per year. The number of patient falls and unit-acquired pressure ulcers will be evaluated three months prior peer feedback implementation and compared to the number of patient falls and unit-acquired pressure ulcers three months post peer feedback implementation in three service lines; Medical-Surgical, Pediatrics and Critical Care.

**Results:**

Data analysis revealed a 7.5% cumulative reduction in patient falls and a 50% cumulative reduction in unit-acquired pressure ulcers following three quarters post peer feedback implementation in comparison to three quarters pre peer feedback implementation in Medical-Surgical, Pediatrics and Critical Care service lines, Results are clinically significant but not statistically significant related to multiple units “action planning” during the three quarters post peer feedback implementation phase.

**Conclusion:**

Peer feedback provides an opportunity to enhance skill development, decrease care variability, improve patient outcomes and further develop a culture of safety.

**Limitations:**

- Results are from one acute care organization
- Multiple action plans at the unit level prevented single source intervention reporting

---

### References


