

Nursing Peer Review

A Practical, Nonpunitive Approach to Case Review

Laura Cook Harrington, RN, BSN, MHA, CPHQ, CPCQM Marla Smith, MHSA



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Learning objectives for Nursing Peer Review, Second Edition:

- 1. Identify three external sources imposing higher standards for reporting nursing quality performance
- 2. Discuss the traditional structure for reviewing complaints about nurses
- 3. Describe three different categories of performance review
- 4. Explain the differences between peer oversight and peer review
- 5. List four goals of conducting peer review
- 6. Identify elements included in the dimensions of performance
- 7. Describe the performance pyramid model
- 8. Describe the three types of peer review protection laws
- 9. Describe the components of the Health Care Quality and Improvement Act of 1986
- 10. Name two ways of protecting peer review information
- 11. List the advantages for creating a formalized structure to support peer review
- 12. Identify three goals of the nursing peer review committee
- 13. Describe the case review process relating to committee review
- 14. Identify referral sources for case reviews
- 15. List the process steps to take when care is deemed "appropriate" and "inappropriate"
- 16. Relate the importance of educating nurses and nonnurse stakeholders on the peer review process
- 17. Identify communication methods that are effective during the implementation process
- 18. List ways to reduce fear among nurses regarding the peer review process
- 19. List the different components of the case review form
- 20. Identify when a case would need further review by a clinical expert
- 21. Describe why it is important to track and trend data on a continual basis
- 22. List the different types of indicators used to evaluate nursing performance

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- 23. Determine where indicator data is housed and how to extract it
- 24. Identify different types of feedback reports
- 25. Identify the next steps to improve performance when there are outliers based on data outcomes
- 26. Describe internal forces driving case review
- 27. Explain how a professional peer review process supports the "14 Forces of Magnetism," as identified by the American Nurses Credentialing Center (ANCC)

About the Authors

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Introduction

The term "peer review" is cropping up everywhere in today's healthcare environment, particularly when talk turns to quality care and standards of practice. It seems odd that much of nursing has yet to catch up to our medical staff brethren in terms of evaluating individual standards and quality of care, which is something medical staffs have been practicing for decades.

Peer review is about nurses taking responsibility for their practice and about nurses evaluating nurses. It is about raising the standards of practice for all, and ultimately about providing the best care we can for our patients.

If the profession of nursing does not focus on nurse performance—if nursing peer review programs are nonexistent or ineffective—then we run the risk of other entities taking control of the process for us. The best solution to this problem is to create or strengthen the nursing peer review process.

The goals and benefits of peer review include:

- Improving the quality of care provided by individual nurses
- Monitoring the performance of nurses
- Identifying opportunities for performance improvement
- Identifying systemwide issues
- Identifying educational needs of nurses

Introduction

This book will walk you through everything you need to know to structure your own program and launch it with success. The chapters cover a five-step process:

- 1. Designing a committee
- 2. Establishing the process
- 3. Educating your organization
- 4. Implementing the program and conducting chart review
- 5. Tracking and trending data to establish benchmarks

Evaluating individual nurse performance should become an expectation for nursing as we strive to always improve the standard of nursing care we provide our patients.

Defining Incident-Based Peer Review

Learning objectives

After reading this chapter, the participant will be able to:

- · Identify three external sources imposing higher standards for reporting nursing quality performance
- Discuss the traditional structure for reviewing complaints about nurses
- · Describe three different types of performance review
- · Explain the differences between peer oversight and peer review
- · Describe internal and external forces driving peer review

Peer review is a frequently used term in nursing, yet its connotations are many and varied. At its core, however, peer review relates to quality and improving standards of patient care through case review.

The Rise of Peer Review

As the nursing profession embraces efforts to improve practice, it must also align with the concept of evaluating individual standards and quality-of-care issues. Peer review allows such an evaluation in a safe, nonpunitive environment. It allows nurses to take control of their practice and to decide with their peers the quality standards to which they will hold themselves.

According to the American Nurses Association's *Nursing: Scope and Standards of Practice*, peer review is "a collegial, systematic, and periodic process by which RNs are held accountable for

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practice and which fosters the refinement of one's knowledge, skills, and decision-making at all levels and in all areas of practice" (2004).

While peer review is a growing practice in nursing, the methods for evaluating nurse quality of care and how quality-of-care issues are treated at different facilities is lacking. As a profession, we do want nurses to act in professional and competent manners, but we lack a formal structure with which to evaluate ongoing nurse performance.

The ANCC Magnet® Recognition Program: A focus on standards

As a process devoted to improving nurse performance and encouraging nurses to be accountable for their practice, peer review is a natural fit for many organizations pursuing American Nurses Credentialing Center (ANCC) Magnet Recognition Program® (MRP) designation, which recognizes facilities that have achieved a high standard of nursing excellence.

MRP emphasizes the need for "formal, informal, regular and ongoing performance appraisal processes," which naturally would include peer review It identifies how the peer review process may be used for "professional growth for nurses at all levels in the organization" and emphasizes "the value of establishing, monitoring, and evaluating practice standards."

GO TO > Chapter 11 discusses specific ways in which the MRP Forces of Magnet ism apply to nursing peer review.

Other external sources may impose high standards

Patient safety is an ongoing issue in healthcare, and consumers are increasingly aware of quality-of-care issues. In addition to the ANCC's MRP, other external sources such as The Joint Commission, healthcare insurance providers, patients, and payers increasingly expect higher-quality care and transparency in reporting. Although many of these demands are placed solely on doctors, it is only a matter of time before nurses are held to the same high level of accountability.

In fact, the emphasis on accountability in nursing has increased steadily for the past 25 years, and each day that a medical error is committed, the calls for nursing accountability grow louder. The trend toward public reporting of medical errors and healthcare data and the drive to increase transparency in healthcare are simply pushing accountability to the forefront. The nursing profession as a whole must take the reins and hold itself accountable.

Nursing leaders and decision-makers must spearhead the drive to create formal standards for evaluating ongoing nurse performance. These standards must be nonpunitive and impartial, so lessons may truly be learned about the educational needs of the nurses.

If we do not learn to evaluate ourselves, we risk being evaluated by others. By taking the lead, we can decide for ourselves the essential nursing values and standards rather than having them imposed on us by other, external forces.

How Facilities Use Peer Review

Organizations wanting to establish a program for evaluating nursing practice and raising standards must emphasize a nonpunitive culture. Without a *blameless culture*, organizations will experience selective incident reporting and hostility and resentment from nursing staff. Nonpunitive peer review offers a safe environment where nursing practice issues can be evaluated by nurses, where issues are discussed by those who understand what the nursing world is like, and where recommendations can be made that will be accepted and understood by the nursing staff.

Before creating a program, organizations must first understand the varied implementations frequently lumped under the label of peer review. Many programs are labeled as peer review, but often they don't use the formal, incident-based peer review that nursing needs to adopt to focus on quality of care. Understanding the other interpretations of the term, discussed later in this chapter, will help organizations understand the importance of instituting a formal, incident-based program.

Reviewing complaints about nurses

When it comes to issues of quality, nursing structures have traditionally operated as silos, keeping all information secure within their division and having little overlap with other disciplines. As issues of quality arise or complaints are made about nursing staff members, nurse leaders deal with the matter how they choose to—informally or formally.

In the informal review process, complaints can be made by the medical staff, other hospital staff, patients, families, or peers. The nursing director, and sometimes the chief nursing officer, typically reviews the complaints. The informal nature of this approach means each director deals with issues of nursing quality differently than the next. And the drawbacks are severe—individuals may be biased and not deal with every nurse or every situation in a consistent manner. In addition, issues are not always documented consistently, which may allow nurses to practice at suboptimal levels for years without notice.

Another, more formal, review process may include root cause analysis (RCA), which reduces human error through system improvements. Using this quality improvement tool allows the organization to focus on system improvements rather than individual performance, which provides an answer to the important question of what system failure caused or led to the error.

Categories of performance review

For nurses, performance evaluation typically falls into one of three categories:

- 1. **Pre-employment review:** The first category is the process of initially reviewing a nurse's qualifications and recommending him or her for employment after evaluating a nurse's training, experience, and current competency to perform the requested job functions.
- 2. **Annual performance review:** The second category of nursing performance evaluation is the annual performance review. This may include a 360-degree peer evaluation process, which looks at all aspects of the job and rates nurses' job skills and performance toward goals. (*Note:* This book does not address either the pre-employment or annual evaluation of nurses' performance.)
- 3. **Peer review:** The third category of evaluating nursing performance is peer review, which is the ongoing monitoring through case review and review of the nurse's work within the hospital or other healthcare settings, assessing the nurse's current competence based on nursing standards.

Most organizations do not have the sophistication to process in enough detail the level of nursing data needed to evaluate the individual nurse's performance. For example, healthcare organizations monitor The Joint Commission's National Patient Safety Goals, but few are able to identify individual nurses when there is a failure to meet the desired outcome or are able to report over time the compliance rate per nurse. Most nursing data are provided as an overall percentage of compliance by unit or floor, which is appropriate for higher-level reporting but not appropriate for evaluating an individual nursing staff member's performance based on the organization and nursing practice goals.

Developing a case review peer review program presents an opportunity both to evaluate quality of an individual nurse's work and to track and trend that data to provide a portrait over time of individual performance.

Peer review process and identifying peers

Now that we have discussed the value of peer review, it's time to tackle what the process actually entails.

Peer review is the evaluation of an individual nurse's professional practice by other nurses—that part is crucial: *evaluation by one's peers*. Peer review allows one nurse's actions to be evaluated by those who truly understand the profession and the experience of practicing at the bedside. It is not a review conducted by unfamiliar outsiders who have no experience in what they are observing.

It is the evaluation of the professional performance of individual nurses, including identification of opportunities to improve care, by an individual with the appropriate subject matter expertise to perform this evaluation.

A peer is *an individual practicing in the same profession*. The level of subject matter expertise required to provide meaningful evaluation of care will determine what practicing in the same profession means on a case-by-case basis.

As approaches to peer review have evolved, the methods for understanding how to improve patient care overall have sometimes been confused with the processes used to evaluate individual nurse performance. Both are important and are often interrelated, as they take into consideration similar things. Nevertheless, it is critical to recognize the difference between overall care improvement and the peer review process and to maintain their official separate functions. Doing so will ensure that peer review consistently and fairly evaluates each individual nurse.

Understanding the meaning of peer review

The Joint Commission describes nursing peer review as a process that is consistent, timely, defensible, balanced, and useful, with the goal of evaluating and improving nursing performance. However, as stated earlier, the term "peer review" is used interchangeably in so many contexts that some nurse professionals are confused about its true meaning. This both creates confusion and makes it hard to embrace and employ the concept.

To clear up the meaning of peer review, review the following items that are often labeled with the term but are actually other types of oversight by peers.

Some of these mislabeled items include:

- External reviews, such as peer review organizations (PRO) that request medical records and provide third-party oversight on the care delivered to a patient. Such PROs usually review medical necessity during hospitalization and typically do so retrospectively.
- State nursing board peer reviews. Some boards have formalized processes to review nurses and use peers to evaluate their quality of care, with some states having a defined process for what qualifies as a review. This is a type of peer review process, but one that is conducted by the oversight nursing body at the state level rather than direct peers.
- *Institutional review boards* (IRB). IRBs conduct reviews to ensure that appropriate clinical research protocols for the setting are followed. Although this is not considered peer review, it is an oversight function to ensure patient safety.

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- Department of Public Health (DPH) reviews. State DPHs review patient complaints and quality-related issues. These reviews consist of an unannounced visit to the facility to review the complaint or quality concern and a chart review with interviews. This is not considered peer review but rather an oversight function.
- Annual performance evaluations. These are completely separate from the nursing peer review process. Nursing peer review data should be included in the overall evaluation of staff nurses' annual performance evaluation, but it is not the only data that would be used in one of these evaluations.
- 360-degree evaluations. These are conducted by peers evaluating each other during annual performance reviews—typically on overall competencies and teamwork skills. However, they do not evaluate individual patient quality-of-care episodes and standards of practice.

These examples all differ from peer review as described in this book; here, we focus on ongoing evaluation of individual performance to identify opportunities for education and training or other actions based on the findings. This is formal, incident-based case review.

Other formal review processes

Two other important types of formal review sometimes confused with peer review are RCA and performance improvement. The common bond between them all is that they all evaluate patient care.

Root cause analysis

RCA is a form of review, but one that is much more intensive, conducted with input from a variety of disciplines, and typically done when there has been an untoward patient outcome.

RCA is the type of systems analysis required by The Joint Commission after certain types of sentinel events have occurred, such as patient death, paralysis, coma, or other permanent loss of function associated with a medical error. This multidisciplinary effort attempts to identify the causal factors that lead to variation in practice.

As such, RCA focuses primarily on systems and processes, not on individual performance. The focus progresses from special causes in clinical processes (i.e., factors that intermittently and unpredictably induce variation over and above what is inherent in the system) to common causes in organizational processes. It looks at the human and other factors most directly associated with a sentinel event and identifies risk points and their potential contributions to the event. It also either identifies potential improvements to processes or systems that would decrease the likelihood of such events happening in the future or determines, after analysis, that no such opportunities exist.

Ultimately, RCA produces an action plan that identifies the strategies healthcare organizations can use to reduce similar events in the future. Unfortunately, if the nursing peer review program is non-existent or ineffective, the multidisciplinary RCA team may take on the task of evaluating nurse performance as well as examining the process as a whole to identify system failures. To prevent this from happening and to allow nurses to evaluate nursing practice, the best solution is to create or strengthen the nursing peer review process.

Performance improvement

Hospitals use an organization-wide approach to improve all of their processes and systems. This mechanism, called performance improvement or quality improvement, is similar to RCA in that it focuses on changing systems to improve care on an ongoing basis to meet certain standards (ideally, standards of excellence).

The performance improvement process, therefore, deals with the operations of the hospital and addresses human performance issues as an aggregate. It asks how the hospital can best train, support, and manage people to meet expectations. It does not address individual employee issues. Rather, these issues are addressed by individual employee performance evaluation and, when necessary, the hospital's disciplinary procedures.

Nursing peer review is the nurse's version of ongoing individual performance evaluation. As you will note in the following chapters, it is common during the peer review process to identify system failures that should be addressed in the overall performance improvement structure.

Nursing peer review can identify other issues that relate to organizational performance improvement in two important ways. First, in the evaluation of cases for potential nurse issues, system issues may be found that need to be addressed by the hospital's performance improvement program. Second, in evaluating individual nurse performance, it may become apparent that some issues relate closely to how care is provided by a specialty or by the medical staff as a whole. In these situations, nursing should use the hospital's performance improvement structure to best decide where the issue should be addressed.

Second Edition

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A Practical, Nonpunitive Approach to Case Review

Laura Cook Harrington, RN, BSN, MHA, CPHQ, CPCQM Marla Smith, MHSA

Formal peer review is a valuable tool to raise an organization's standard of nursing excellence, but it can also be complicated to implement, fraught with emotional and procedural issues. With *Nursing Peer Review, Second Edition*, your facility can streamline and implement a nonpunitive nursing peer review process, resulting in better patient care, greater patient safety, and improved nurse professionalism and accountability.

Rely on this resource to get started on your own incident-based formal peer review process. This book gives you all the tools and information you need to get your peer review program up and running, including:

- An introduction to nursing peer review
- A multi-step system for implementing a case-based peer review program
- Detailed content on how to conduct a chart review and what steps should be taken following review
- Sample case studies to illustrate the case-based peer review process
- Benchmarking data to track and trend individual peer review results
- Aggregating peer review results to offer organizationwide analysis
- A case study review form and numerous additional customizable forms available as downloads

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