The Many Faces of Peer Review
Session C729
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Objectives

• Describe 3 key strategies for successful development of a peer review practice model.
• Discuss resources needed and challenges encountered in designing a contemporary peer review process.
• Demonstrate three applications of the TMMC model.

About Us

• Torrance, California
• 401 Bed
• Non Profit Community Medical Center
• Approximately 900 Direct Care RNs
• 54% BSN or Higher
• 30% Certified
• Designated Magnet since 2011
About TMMC

Types of Services:
• Bariatric Center of Excellence
• TJC Certification in Diabetes and Stroke
• Verified Burn Center (1 of 2 in LA County)
• ED (64,000 visits/year)
• Eating Disorders Program
• Home Health Hospice Program
• Maternal Child Division (3,000 deliveries/year)
• Level III NICU
• Surgical Services
• TCU (Skilled Nursing Facility)
• Urgent Care Center
• Wound Care IP and OP

Why

• Exemplary on interdisciplinary and nurse shared governance model at TMMC
• Exemplary professional practice theory based model and rollout recommendation to enhance peer review
Quality Caring Model

Immediate Outcome:
- Patient feels “cared for”

Process:
- Mutual Problem Solving
- Healthcare Team
- Nurse
- Patient/Family
- Environment
- Leadership

Outcomes:
- ↑ Satisfaction
- ↑ Quality Indicators
- ↓ LOS, ↓ Costs

Structure:
- Providers
- Patient/Family
- Systems

The Work Begins...

- Alignment to organization and nursing strategic plan
- Peer Review for all disciplines
- Develop as an innovation using EBP/Research
- Leadership support across the organization
- The need to develop as to Magnet standard - nursing peer review for all roles and in all settings
Strategic Alignment of Assignment of Goals

Organizational Strategic Plan: Quality

Nursing Division Plan: Quality

Shared Governance Nursing Executive Council

Practice Council Define

Professional Development Council Measure

Peer Review: All Levels of Practice and Disciplines

- Directors
  - Leadership
- Nurse Managers
  - Management
- Advanced Practice Nurses
  - Advanced Practice
- Unit Leads
  - Frontline Leadership
- Clinical Staff RN
  - Clinical Practice
- Other Disciplines
  - PT, OT, Speech, RT, Social Work, Registered Dietitians

Characteristics of Professionals

Benveniste 1987

1. Belief that profession is a significant reference group and source of ideas and judgments
2. Service to the public – idea goes beyond the organization to the good of society
3. Desire for autonomy in work situations
4. Preferences for self-regulation and peer control and review
5. Devotion to the work – a calling

Starting with EBP

• Peer review is required of all professionals
• Prospective Peer Review in Nuclear Power and Airline industries has lead to improved quality & safety outcomes
• ANA Guidelines for Peer Review
• Six Evidence-Based Peer Review Principles (Haag-Heitman & George)

ANA Peer Review Definitions

• “an organized effort whereby practicing professionals review the quality and appropriateness of services ordered or performed by their professional peers”
• “the process by which practicing registered nurses systematically assess, monitor, and make judgments about the quality of nursing care provided by peers as measured against professional standards of practice”

ANA Peer Review Guidelines, 1988, p.3

Conceptual Model for Peer Review
I feel the biggest barriers to Peer Review are?

Afraid Bias Communication Constructive Criticism Defensive Department Difficult Favoritism Fear Feelings Honesty Issues Knowledge Language Learning not Anonymous Nurses Peer People Not Taking Positive retreats Retaliation Retribution Staff Support Training Uncomfortable

I Value and See a Benefit To Face to Face Peer Review

I Have Given Feedback to a Co-Worker on Their Clinical Practice in the Last Week
**The Responsive Environment**

- Shared decision making: Nursing and Interdisciplinary
- Just Culture
- Structural empowerment for nursing autonomy
  - Education
  - Practice
  - Peer review development and implementation

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**Role of the Leader:**

- Goal setting for high performance
- Reward and recognition
- Mentor and coach
- Shared leadership assessment and education resources allocation
- Setting the just culture for Peer Review application
- Organizational linkages

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**Personal Empowerment**

- Stretch personal goals set to meet organizational goals
- Ongoing professional feedback
- Participation in shared governance
- Education and professional development
- The meaning of work
Shared Leadership Development

Educational offerings on:
• Communication
• Accountability
• Negotiation
• Facilitation
• System thinking

I have received training on giving and receiving feedback

I feel the training in giving and receiving feedback would support by ability to do peer review effectively
ANA Empirical Outcomes of Peer Review

Primary Focus

- Quality of Nursing Practice
- Cost of Care
- Quantity of Work

Contemporary Domains of Holistic Peer Review Model

- Quality and Safety
- Practice Advancement
- Role Actualization

Evidence-Based Principles of Peer Review

- A Peer is Someone of the Same Rank
- Peer Review is Practice Focused
- Feedback is Timely, Routine and a Continuous Expectation
- Peer Review Fosters a Continuous Learning Culture of Patient Safety and Best Practice
- Feedback is Not Anonymous
- Feedback Incorporates the Developmental Stage of the Nurse
Peer Evaluation vs. Peer Review

- Peer evaluation is not peer review
- Peer review is NOT optional for ANY professional
- Peer review could be included in the self-appraisal portion of the annual performance review and goal setting

ANA Code of Ethics

The nurse should participate in planning, establishing, implementing, and evaluating review mechanisms designed to safeguard patients and nurses, such as PEER REVIEW processes...credentialing processes, quality improvement initiatives...

ANA Scope & Standards

The RN evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statues, rule and regulations.
Participates in systematic peer review as appropriate
Nursing’s Social Policy Statement

Autonomy and freedom within one’s scope of practice based on commitment to self-regulation and accountability for practice

Self regulation – accountability for knowledge base. Demonstrate this through continuing education, certification

Regulate through peer review

Peer Review Design

- Design and implementation using the self-regulating structure of shared governance
- Adoption of 6 Evidence Based Principles
- Address 3 contemporary domains – including incident based peer review
- All nursing roles are included
- Education & training prior to implementation
- Feedback, both clinical and personal, should be based on measurable data and standards

NURSING COUNCIL STRUCTURE
Model of Self Regulation

IPCC
Interdisciplinary Patient Care Council

Implementation Timeline

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4 Part 1</th>
<th>Phase 4 Part 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment</td>
<td>Education</td>
<td>Design/Test</td>
<td>Design/Implement</td>
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<thead>
<tr>
<th>Phase 5</th>
<th>Phase 6</th>
<th>Phase 7</th>
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<tbody>
<tr>
<td>May 2013</td>
<td>July 2013</td>
<td>September 2013</td>
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<tr>
<td>Evaluate and collect tools developed</td>
<td>Presentations by council chairs</td>
<td>Training for ALL disciplines</td>
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Clinical Ladder/Role Actualization

- Original Clinical Ladder established in 1983
- Professional Development Pathway established in 2012 - 2013
Practice Advancement
Using Novice to Expert Framework

- Aligned Duffy Constructs to Benner’s domains of practice
- Identified EBP characteristics of practice stage of novice to expert -
  - 8 Quality Caring Factors
  - Professional Relationships and Mutual Problem Solving
  - Professional Decision Making and Continuous Learning
- Identified Peer Review process using clinical narratives
- Full implementation in 2013 - 2014

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<thead>
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<tbody>
<tr>
<td>Helping Role</td>
<td>Quality Caring Model – 8 Caring Factors</td>
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<tr>
<td>Teaching Coaching Function</td>
<td>Professional Relationships and Mutual Problem Solving</td>
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<tr>
<td>Organizational and Work-Role Competencies</td>
<td>Professional Decision Making and Continuous Learning</td>
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<tr>
<td>Diagnostic and Patient Monitoring Function</td>
<td></td>
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<tr>
<td>Effective Management of Rapidly Changing Situations</td>
<td></td>
<td></td>
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<tr>
<td>Administering and Monitoring Therapeutic interventions and Regimens</td>
<td></td>
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<tr>
<td>Monitoring and Ensuring the Quality of Healthcare Practices</td>
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Applying the Peer Review Principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>Direct Care RN Application</th>
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<tbody>
<tr>
<td>Someone of the same rank</td>
<td>All staff RNs participate</td>
</tr>
<tr>
<td>Peer review is practice focused</td>
<td>Unit council helps to evaluate quality data and prioritize initiative to reducing HAPUs</td>
</tr>
<tr>
<td>Feedback is timely, routine and a continuous expectation</td>
<td>During bedside shift report and throughout the shift</td>
</tr>
<tr>
<td>Peer review fosters a continuous learning culture of patient safety and best practice</td>
<td>Establishing goals that are meaningful to the nurses regarding providing safe and effective care</td>
</tr>
<tr>
<td>Feedback is NOT anonymous</td>
<td>Feedback is face to face and in the moment</td>
</tr>
<tr>
<td>Feedback incorporates the developmental stage of the nurse</td>
<td>Meaningful feedback has created a culture of “having each other’s back”</td>
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Physical Therapy Example

- Aim – Assure standardization of practice for patients along the care continuum
- Current State – Care varied from therapist to therapist
- Utilized Peer Review to promote patient safety and satisfaction

Applying the Peer Review Principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>Physical Therapist Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone of the same rank</td>
<td>All physical therapists (Inpatient, Outpatient, Home Health)</td>
</tr>
<tr>
<td>Peer review is practice focused</td>
<td>Standardization of practice related to patient care along the continuum</td>
</tr>
<tr>
<td>Feedback is timely, routine and a continuous expectation</td>
<td>Shift to shift interactions and monthly updates at council meetings. Created a grid to document when interactions occurred</td>
</tr>
<tr>
<td>Peer review fosters a continuous learning culture of patient safety and best practice</td>
<td>By taking a patient centered approach, this fostered improved patient safety and satisfaction.</td>
</tr>
<tr>
<td>Feedback is NOT anonymous</td>
<td>Shift to shift report and monthly group meetings.</td>
</tr>
<tr>
<td>Feedback incorporates the developmental stage of the therapist</td>
<td>When giving feedback the therapists take into account the level of experience</td>
</tr>
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Nurse Manager

• Goal #1 To positively influence score that are produced by employee satisfaction survey

• Goal #2 To positively influence scores that are produced by HCAHPS

Applying the Peer Review Principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>Nurse Manager Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone of the same rank</td>
<td>All nurse managers</td>
</tr>
<tr>
<td>Peer review is practice focused</td>
<td>Group decided on a measure they could all positively impact and aligned with the organizational goals</td>
</tr>
<tr>
<td>Feedback is timely, routine and a continuous expectation</td>
<td>Schedule developed for 1:1 meetings Group meetings scheduled 2X quarter</td>
</tr>
<tr>
<td>Peer review fosters a continuous learning culture of patient safety and best practice</td>
<td>1:1 meetings generate discussion about barriers and discovery of best practices</td>
</tr>
<tr>
<td>Feedback is NOT anonymous</td>
<td>Schedule of face to face meetings allows opportunity for meaningful discussion</td>
</tr>
<tr>
<td>Feedback incorporates the developmental stage of the nurse</td>
<td>Nurse managers take into account and value varying levels of experience to support achieving organizational goals</td>
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APN Practice Peer Review

• Case Presentation Tool
  – Evaluates Advancing Nursing Care at the Bedside

• APN Presentation Evaluation Tool
  – Assists in strengthening the APNs ability to effectively educate others
Applying the Peer Review Principles

<table>
<thead>
<tr>
<th>Principle</th>
<th>APN Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone of the same rank</td>
<td>All CNSs and Nurse Practitioners</td>
</tr>
<tr>
<td>Peer review is practice focused</td>
<td>Focus specifically on the role of the APN</td>
</tr>
<tr>
<td>Feedback is timely, routine and a continuous expectation</td>
<td>Monthly APN council meetings</td>
</tr>
<tr>
<td>Peer review fosters a continuous learning culture of patient safety and best practice</td>
<td>As educational opportunities arise</td>
</tr>
<tr>
<td>Feedback is NOT anonymous</td>
<td>Face to face and expected</td>
</tr>
<tr>
<td>Feedback incorporates the developmental stage of the nurse</td>
<td>APNs take into account the level of experience of the APN when providing feedback to support growth</td>
</tr>
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Lessons Learned

- Develop a systematic peer review driven by governance structure and SDM process.
- Education on having the professional conversation
- Leadership education on Change Processes
- Identifying one process change that is measurable and aligns to goals and requires feedback in real time.
- Teach how to measure and track outcomes
- Reports back to the clinical team is transparent

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