

# Implementing a Nursing Peer Review Process

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Successful collaboration between nurses and physicians has a positive impact on nursing and physician satisfaction, can reduce errors, and assists in the achievement of quality clinical outcomes for the patient.<sup>1-2</sup> Unfortunately, for many organizations, the culture of collaboration does not extend into the examination of adverse events and health care errors.

In 2006, as part of an effort to further enhance physician-nurse collaboration across its health care delivery system, North Shore Medical Center (NSMC) embarked on a new peer review process to have its Nursing Division examine clinical cases which had previously been discussed at NSMC's Patient Care Assessment (PCA) Committee from the medical (i.e., physician) perspective.

While the PCA Committee's case reviews had long provided an opportunity to identify nursing issues and system problems related to the cases discussed, its mission (and time constraints) limited the opportunity for an in-depth, thoughtful examination of nursing practice, recognition of practice patterns, and determination of nursing action steps to mitigate patient problems. Thus, by creating a nursing peer review forum, NSMC more comprehensively addresses the nursing and systems issues related to clinical cases with compromised or adverse outcomes. That process, in turn, enables nursing to be better prepared for collaboration with physicians during the PCA forum.

## Nursing Peer Review Sessions

The Nursing Peer Review Committee comprises nursing representation from management, education, clinical practice, performance improvement, and patient safety. Cases are usually referred to the Committee by nurses, but may also be referred by physicians, performance improvement personnel, or customer service representatives. The nursing peer review process begins with a review of the clinical case conducted by a nurse leader who includes input from staff and others as appropriate. When a case is reviewed and presented by a staff nurse, the nurse manager, educator, or clinical nurse specialist provides coaching and consultation. The consultation is also a mechanism for a second level review of the case.

The case review opens with a narrative description of the occurrence clearly identifying any actual or potential nursing problems, followed by a nursing history and assessment. The hospital course consists of a detailed chronology of events and the related timeline. Next, a preliminary assessment is documented; this identifies the factors contributing to the outcome and any adverse events for the patient. An action plan includes steps taken to address or mitigate patient problems. The writ-

Figure 1

Nursing Peer Review	
<b>Peer Review Session</b>	
Narrative Description (statement of occurrence/actual, or potential problem)	
■ Nursing history and assessment	
■ Hospital course (includes chronology/timeline)	
■ Preliminary assessment (factors contributing to outcome)	
■ Action plan	
<b>Post Review Session</b>	
Discussion Points from Nursing Peer Review	
■ Nursing peer review additions to action plan	
■ Severity Index Score:	
0: Acceptable standard of care	
1: Minor variation from standard of care	
2: Major variation from standard of care	

Figure 2

Tips/Strategies in Implementation of Nursing Peer Review Process	
1. Include representatives from nursing education, nursing practice, performance improvement, patient safety, nursing management, and nursing research on the committee.	
2. Establish a non-punitive, "just culture" environment in which members are encouraged to actively participate.	
3. Use evidence-based practice, review of the literature, and national benchmarks to guide case discussions and practice changes.	
4. Provide coaching and second level review to nurses analyzing and presenting cases.	
5. Document themes/patterns detected in patient cases.	
6. Establish a database of nursing problems identified and action steps/recommendations taken to address problems.	

ten report of the case analysis is presented to the full Nursing Peer Review Committee (which meets monthly and typically reviews two or three cases per 90-minute session).

Upon completion of the presentation, committee members discuss the case, with discussion points documented in the meeting minutes and recorded in the second part of the case review format. Also included are any additional steps or recommendations to the action plan from the Committee. For each case, the Committee determines and records a single severity index score, which is used to guide action plan priorities (see Figure 1).

From the minutes of the meeting and the individual case summary reports, a nursing database has been compiled of all clinical cases presented. This database contains the nursing practice issues identified and a summary of system improvements and nursing actions taken. For the Nursing Division, the database provides documentation of the comprehensive work completed on professional practice issues and serves as a guide to set future direction for improvements in nursing practice and team collaboration.

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In establishing the Nursing Peer Review Committee, careful attention was paid to establishing a non-punitive, “just culture” environment in which nurses were encouraged to openly participate in the disclosure of nursing practice issues and system failures. NSMC’s Director of Patient Safety helped the Committee develop a format and process for case review and the severity score index, and she provided education on the just culture environment and the peer review process. Early on, the group established the guideline for case reviews to include review of recent literature, examination of research studies, review of national standards, and benchmarks as appropriate. This focus on relevant data and evidence-based practice provided a framework to review cases, examine practice patterns, and propose positive practice and system changes. The framework also resulted in stronger collaboration with physician colleagues on the review of clinical cases and the determination of system improvements. Clinical improvements on care transitions and handoffs, as well as effective team communication, have been particular areas of focus.

The Nursing Peer Review Committee model at NSMC has created a system for professional nurses to examine their practice, actively disclose practice and system issues, and collaboratively create action plans with their physician colleagues. Ultimately, this proactive review of practice and outcomes will result in reduction of error, mitigation of patient risk, and the creation of a safer, quality environment of patient care. ■

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Another strategy for improving collaboration is to provide “cross-disciplinary shadowing opportunities for physicians and nurses. These experiences can help to improve mutual understanding of roles and enable both groups to better envision collaborative practice.”<sup>2</sup> In the past, BIDMC had a “nurse for a day” program for resident and attending physicians to spend observing and participating in the work. Many physicians expressed the sentiment that they wished they had been given that opportunity in medical school. Today, many of the Harvard Medical School students spend a day or half-day “shadowing” a nurse on one of BIDMC’s units. The theory—born out in practice—is that it is much easier to collaborate with a team member if each participant clearly understands his or her colleague’s perspective. One of the goals of the HMS–BIDMC shadowing experience is to help ensure that the students have successful transitions to their internships.

Last, mutual respect among professions is modeled by the senior clinical leadership within an organization. Organizations that model collaboration at the highest leadership levels are likely to engender successful teamwork in all areas. These collaborative environments are the cornerstone of safe, patient-centered care. ■

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