



Defining incident-based peer review

Learning objectives

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

- Identify three external sources imposing higher nursing standards
- Discuss the traditional structure for reviewing nursing issues
- Describe three different categories of performance review
- Explain the differences between peer and peer review

Rise of 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.

As the nursing profession embraces efforts to improve practice, it must also embrace 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 standards to which they will hold themselves.

Across the country, there remains a distinct lack of standardization of nurse quality of care and how quality-of-care issues are treated at different facilities. This is not due to a lack of care on the part of the nursing profession—we do want nurses to act in professional and competent manners—but there has simply been a lack of a formal structure and formal processes with which to evaluate ongoing nurse performance.

External sources may impose high standards

Patient safety is an ongoing issue in healthcare, and consumers are increasingly aware of quality-of-care issues. There are ever-growing quality-related demands from external sources such as nursing boards, The Joint Commission, the American Nurses Credentialing Center's (ANCC's) Magnet Recognition Program®, healthcare insurance providers, patients, payers, and the general public. Although a good deal of these demands are placed on doctors, it is only a matter of time before nurses are held to the same high level of accountability to which physicians are held.

In fact, the movement for increased accountability in nursing has grown steadily for the past 20 years, and each day that a medical error is committed, the calls for nursing accountability will continue to grow. The increased public reporting of medical errors and healthcare data and the drive to increase transparency in healthcare are simply pushing this issue ever more to the forefront. It is important for the nursing profession as a whole to take the reins and hold itself accountable.

Nursing leaders and decision-makers must spearhead the drive to create a formal approach to evaluating ongoing nurse performance. This approach must be nonpunitive and impartial, so lessons may truly be learned.

If we do not learn to evaluate ourselves, we risk being evaluated by others. By taking the lead, we can decide for ourselves our 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 such a “blameless” culture, organizations will find a lack of 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 programs frequently lumped under the label “peer review.” Many types of programs are pegged with the term, but in many cases, they are not the formal, incident-based peer review that nursing needs to adopt to focus on quality of care. Understanding the other definitions 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. When 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 process, complaints can be made by the medical staff, other hospital staff, patients, families, or peers. The nursing director, and sometimes also the chief nursing officer, typically reviews the complaints. The informal nature of this structure means each director deals with issues of nursing quality differently than the next. And the drawbacks are severe: Individuals can be biased and may not deal with every nurse or every situation in the same manner, and issues are not always documented consistently, which frequently allows nurses to practice at suboptimal levels for years without being noticed.

Another type of formal review process may include root-cause analysis (RCA), which reduces human error through system improvements.

Categories of performance review

When talking about nurse performance review, there are generally three categories to the process. The first 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.

The second type of nursing performance evaluation is the annual performance review, including 360-degree evaluation peer processes, which look at all aspects of the job and

rate nurses' job skills and performance toward goals. This book does not address either the preemployment or annual evaluation of nurses' performance.

The third category of evaluating nursing performance is peer review, which is the *ongoing* monitoring and review of the nurse's work within the hospital or other healthcare settings, assessing the nurse's current competency for specific job functions.

Most organizations do not have the sophistication to process in enough detail the level of nursing data needed to evaluate individual nurses' 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 is provided as an overall percentage of compliance, which is appropriate for higher-level reporting but not appropriate for evaluating an individual nursing staff member's performance based on the organization's goals.

Peer review 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 performance 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 defined as 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 term *peer review* is used interchangeably in so many contexts that many nurse professionals are confused about its true meaning. This both creates confusion and makes it hard to embrace the concept. 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.

To clear up the meaning of *peer review*, it is important to discuss some items that are often labeled with the term but are considered other types of oversight by peers.

Some of these mislabeled items include:

- External reviews, such as “peer review organizations” (PROs) 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 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 (IRBs). 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.
- Department of Health (DOH) reviews. State DOHs 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.

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 training or other actions based on the findings. This is formal, incident-based peer review.

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 basic or 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 nonexistent or ineffective, the multidisciplinary RCA team may take on the task of evaluating individual nurse performance as well as examining the process as a whole. 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 organizationwide mechanism 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.

Chapter 1

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.