MASSACHUSETTS GENERAL HOSPITAL

CNE Peer Review

Perceptions, Practices, and Possibilities

ANCC National Magnet Conference® C806
October 8, 2015   8:00 am – 9:00 am

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MGH

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- Adult & Children's AMC
- Magnet® Designations
  - 2003, 2008, 2013
- Quality, Research, Education
  - & Community

- Jeanette Ives Erickson, DNP, RN, FAAN
  Chief Nurse & SVP for Patient Care

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Acknowledgements

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- *Margery Chisholm, EdD, RN, CS, ABPP*
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- *Barbara Haag-Heitman, PhD, RN, FAAN*
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- *Sharon Gale, MS, RN, FAAN*
  - CEO of ONL & Agency Representative

  - *Vicki George, PhD, RN, FAAN*
    - NPC Consultant & Content expert
  - *Anthony Guarino, PhD*
    - Professor, MGH IHP
  - *Gennady Beyzarov, MBA*
    - Senior Data and Project Manager, MGH
  - *Marc Edwards, MD, MBA*
    - Physician Peer Review expert

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Objectives

Present study findings

Use and Perceptions of Nursing Peer Review:
A Survey of Chief Nurse Executives (CNEs)

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Objectives

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- Describe background & definition of Nursing Peer Review (NPR)
- Define evidence-based principles & framework
- Describe CNE study design & results
- Present discussion & implications

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Professional Foundations

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- 1973: Guidelines for Peer Review Committees
- 1976: Quality Assurance Workbook
- 1982: Nursing Quality Assurance Management/Learning System
- 1983: Peer review brochure
- 1988: Guidelines for Peer Review

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1988 ANA Guidelines

Primary Focus

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Quantity of Work

Quality of Nursing Practice

Cost of Care

Definition

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In nursing, peer review is:

"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

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Quality Emphasis

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"As the professional association for nursing, ANA has a responsibility to the public and its members to facilitate the development of a quality assurance system including **peer review**."

ANA Peer Review Guidelines, 1988, p.2

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Structural Elements of Professionals

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- ❑ A profession:
  - ▪ Involves a high degree of individual responsibility
  - ▪ Professes a body of specialized knowledge & skill
  - ▪ Aims to provide practical & definite service
  - ▪ Is characterized by self-organization & self-regulation
- ❑ A profession's motivation tends to be altruistic
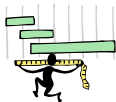
Dr. Abraham Flexner- 1910

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Peer Review Principles

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- ❑ *A peer is someone of the same rank*
- ❑ *Peer review is practice focused*
- ❑ *Feedback is timely, routine & continuous*
- ❑ *Peer review fosters learning culture of patient safety & best practice*
- ❑ *Feedback is not anonymous*
- ❑ *Feedback incorporates developmental stage of nurse*
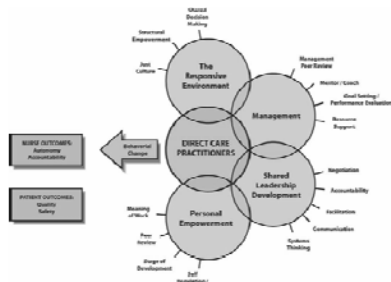
(Haag-Heitman & George, 2011, p. 92)

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Peer Review: All Levels

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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

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Conceptual Model of Peer Review

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Holistic Peer Review Model

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Contemporary Domains

©Haag-Heitman & George 2011   14

Peer Review Outcomes

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- ❑ Evaluate **quality** and **quantity** of nursing care
- ❑ Enhance **Professional Development** of the care provider
- ❑ Provide **evidence for change (EBP)** in practice protocols to improve care
- ❑ Identify practice patterns that indicate need for new **knowledge and innovation**

ANA 1988

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Problem & Barriers

- ❑ Despite NPR's known benefits
  - ▪ Not broadly used or disseminated in nursing
- ❑ Known Barriers
  - ▪ Lack of acceptance/perceived value
  - ▪ Lack of nursing leadership support
  - ▪ Confusion about Annual Performance Appraisal vs. Peer Review
  - ▪ Concerns & anxiety: providing & receiving feedback

(Branowicki et al.,2011; Briggs et al., 2005; Davis et al., 2009; Dupee et al., 2011; George and Haag-Heitman, 2011; Morby and Skalla, 2010; Pedersen, et all., 2004; Rout and Roberts, 2008; and Shaneberger, 2008).

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Literature Review

- ❑ Reports of nursing peer review limited

- ❑ Literature lacks nursing peer review outcomes & use of ANA guidelines

(Branowicki et al., 2011;Haag-Heitman & George, 2011; Rout & Roberts, 2008)

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How to Move Forward?

The transformational leader has the key to unlock "*what is*" in order to discover "*what can be*"!

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Study Aims

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- Examine Chief Nurse Perceptions of NPR & its use in their organizations:
  - Assess **NPR Prevalence** in US
  - Assess **CNE perceptions** of NPR
  - Determine differences among **Magnet® & Non-Magnet®** organizations
  - Determine if differences between **collective bargaining & non-collective bargaining** organizations

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Hypotheses

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- CNEs in *Magnet® organizations* and *those seeking Magnet® designation* hold higher perceptions of the importance of NPR in improving quality, safety, nurse-accountability and autonomy than *non-Magnet®*

- NPR is more prevalent in Magnet® organizations & those seeking Magnet® designation

- NPR is more prevalent in non-collective bargaining organizations

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Study Design

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- Causal-Comparison Research Design
- CNE NPR Perceptions Survey
  - 25-question survey: Prevalence & CNE Perceptions
  - © 2014 - Whitney, Haag-Heitman & George
- Population
  - US-based CNEs in ambulatory, acute & post-acute
- Recruitment Strategies
  - ONL of MA, RI & NH
  - AONE & LinkedIn©
  - Snowball sampling

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Data Collection

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- ❑ Recruitment Period
  - ▪ January 15th through February 15th, 2015
- ❑ Survey Tool & Data Collection
  - ▪ Administered electronically using REDCap©
- ❑ Statistics
  - ▪ Descriptive
  - ▪ Mixed ANOVA and chi-square analyses

(REDCap©, 2014)

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Demograhics

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- ❑ 85 participants
- ❑ Representatives from all US geographic regions (n=84)
  - ▪ 18 States*
  - ▪ 47% Massachusetts
  - ▪ 21% From other New England States
- ❑ Organization Type
  - ▪ 94% Acute Care
    - • 26% Academic Medical Centers; 60% Community Hospital; 8% Critical Access Hospital
  - ▪ 21% Post-Acute Care
    - • 9% Long Term Acute Care; 6% Rehabilitation; 6% Home Care
  - ▪ 7% Ambulatory

*CA, CT, FL, IN, MA, ME, MI, MO, NH, NY, NC, PA, RI, TX, VT, VA, WA, WI

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Demographics

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- ❑ Magnet® & Collective Bargaining Status
  - ▪ 19% Magnet® Designated
  - ▪ 18% Seeking Magnet® Designation
  - ▪ 63% Not Seeking Magnet® Designation
  - ▪ 45% Collective Bargaining Unit

- ❑ CNE Education level
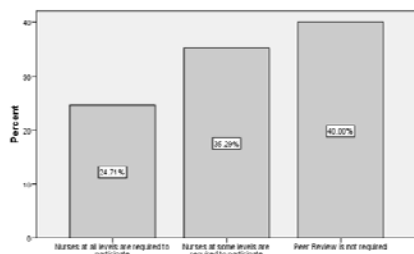 - ▪ 27% Doctorate
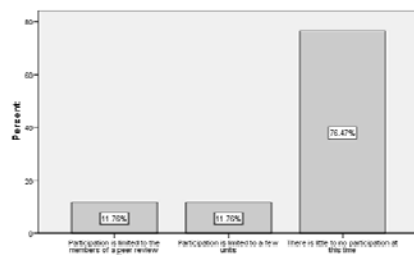 - ▪ 72% Masters
  - ▪ 1% Bachelors

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NPR Requirements in Organizations

Is Nursing Peer Review required in your Organization?

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Level of Participation if Not Required

If Nursing Peer Review is not required, what is the Level of participation?

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NPR Types & Prevalence:Unit Level

Table 1
Peer Review Prevalence at Unit and Organization Level by Type (percent)

Peer Review Type: N=85	Unit Level %	Org. Level %	Quality & Safety %
When implementing Evidenced-Based Practice	18	49	73
Incident-Based Peer Review	12	54	75
NPR during Handoff Shift Report	39	7	38
NPR to Determine Clinical Ladder Advancement	11	39	32
Peer Interviewing for Nursing Roles	45	54	47
Peer Competency Skills Assessment	42	47	53
Peer Chart Audits	39	32	58
Self-reported Case Review	17	37	51
Peer-reported Case Review	12	38	54
Focused Individual Review when Quality Concerns Raised	25	60	67
Manager Provides Peer Review Feedback during Annual Evaluation	31	47	41
Peer Provides Peer Review Feedback during Annual Evaluation	19	20	39

Top 3
Bottom 3

(Whitney, 2015)

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NPR Types & Prevalence: Org Level

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Table 1
Peer Review Prevalence at Unit and Organization Level by Type (percent)

Top 3
Bottom 3

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(Whitney, 2015)   28

NPR Types & Importance to Quality

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(Whitney, 2015)   29

Magnet® Influence

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Table 2a
Peer Review Prevalence by Magnet® Status (percent)   Significant p < .05
Magnet® N = 16; Seeking Magnet® N = 15; Not Seeking Magnet® = 53

Peer Review Type:	Unit Level %	Org. Level %	Quality & Safety %
When implementing Evidenced-Based Practice			
Magnet®	19	75	100
Seeking Magnet®	27	53	53
Not Seeking Magnet®	15	40	70
All	18	49	73
Incident-Based Peer Review			
Magnet®	31	69	75
Seeking Magnet®	7	47	93
Not Seeking Magnet®	8	51	70
All	12	54	75
NPR during Handoff Shift Report			
Magnet®	44	6	31
Seeking Magnet®	47	7	13
Not Seeking Magnet®	34	8	45
All	39	7	38
NPR to Determine Clinical Ladder Advancement			
Magnet®	13	69	38
Seeking Magnet®	7	47	20
Not Seeking Magnet®	11	26	32
All	11	39	32
Peer Interviewing for Nursing Roles			
Magnet®	56	75	50
Seeking Magnet®	40	60	40
Not Seeking Magnet®	42	47	47
All	45	54	47
Peer Competency Skills Assessment			
Magnet®	44	63	50
Seeking Magnet®	33	40	47
Not Seeking Magnet®	45	45	55
All	42	47	53

(Whitney, 2015)   30

Magnet Influence by Nursing Role

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Table 6
Peer Review Prevalence by Role and Magnet® Status (percent)   Significant p = < .05

	Magnet®	Seeking Magnet®	Not Seeking Magnet®	All
Nurse Manager	81	73	51	61
Chief Nurse Executive	75	60	49	57
Nurse Educator	88	60	43	54
Nursing Director	88	80	36	54
Staff Nurse	100	53	40	53
Charge Nurse	63	60	34	44
Nurse Practitioner	69	33	15	28
Clinical Nurse Specialist	75	40	11	28
Associate Chief Nurse	50	47	15	27
Nurse Anesthestist	44	13	9	17
Nurse Midwife	44	7	2	11

Greater NPR prevalence in Magnet® organizations for all 11 roles.
8 roles statistically significant: Magnet® compared to non- Magnet®.

(Whitney, 2015)   31

Collective Bargaining Influence

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Table 7
Peer Review Prevalence by Role and Collective Bargaining Status (percent)   Significant p = < .05
N = 83

	Collective Bargaining	Non-Collective Bargaining	All
Nurse Manager	51	67	60
Chief Nurse Executive	51	63	58
Nurse Educator	49	57	53
Nursing Director	54	57	55
Staff Nurse	35	67	53
Charge Nurse	32	52	43
Nurse Practitioner	27	28	28
Clinical Nurse Specialist	22	33	28
Associate Chief Nurse	27	28	28
Nurse Anesthestist	11	20	16
Nurse Midwife	0	17	10

Non-collective bargaining organizations had a higher NPR prevalence for all 11 nursing roles compared to collective bargaining organizations.

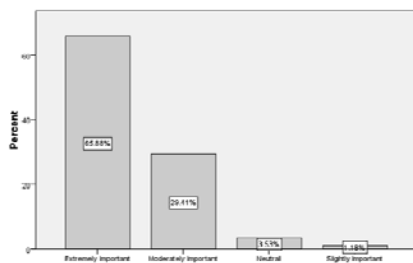**However, only the staff nurse and certified nurse midwife (CNM) roles were statistically significant.**

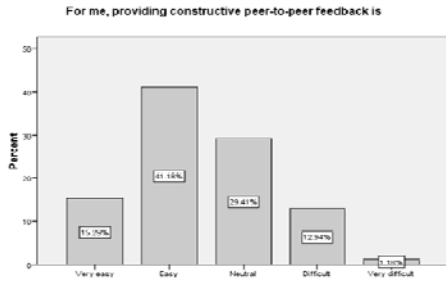(Whitney, 2015)   32

CNE Perceptions: CF Importance

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I believe providing constructive peer-to-peer feedback in all roles to improve practice is

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CNE Perceptions: Providing Feedback

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For me, providing constructive peer-to-peer feedback is

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CNE Perceptions: Receiving Feedback

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For me, receiving constructive peer-to-peer feedback is

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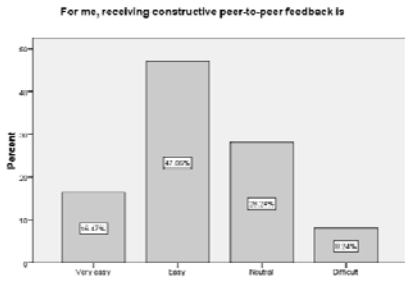
CNE Perceptions: CF for Nurses

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If constructive peer-to-peer feedback was required, I believe this process for nurses in my organization would be

36
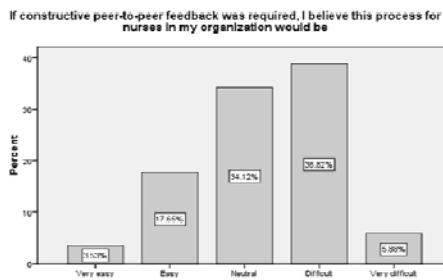
CNE Perceptions:CF Education

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How often does your organization offer education to prepare nurses to effectively provide constructive peer-to-peer feedback?

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Constructive Feedback

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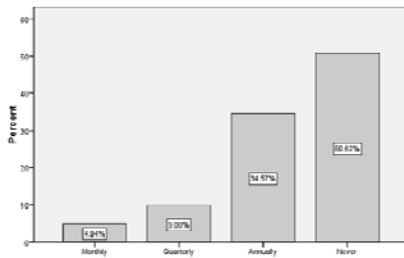
- ❑ CNEs reported Constructive Feedback is:
  - *Extremely* or *moderately important* (69%) for CNE-to-CNE Peers
  - *Extremely* or *moderately important* (95%) for all roles
  - *Very easy* or *easy* to provide as a CNE (56%)
  - *Very easy* or *easy* to receive as a CNE (64%)
  - *Very difficult* or *difficult* for nurses in their organization if required (45%)
  - CF education is not a common practice (50%)
- ❑ Confirmed what was found in literature
  - Lack of comfort in providing & receiving CF
  - Lack of CF education

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Peer Review Within Shared Governance

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Is Shared Governance in place at your organization?

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Peer Review Within Shared Governance

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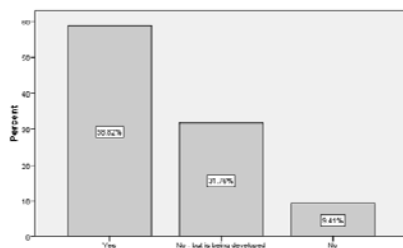
Does your Shared Governance Structure include Unit-Based Councils?

40

Peer Review Within Shared Governance

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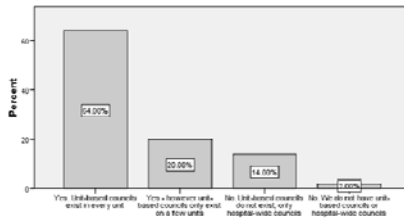
Is Nursing Peer Review a formal process incorporated within the Shared Governance Structure?

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Peer Review Within a Just Culture

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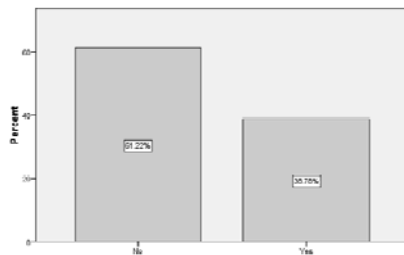
Do you feel nurses speak up about errors or near misses in your organization?

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Peer Review Within a Just Culture

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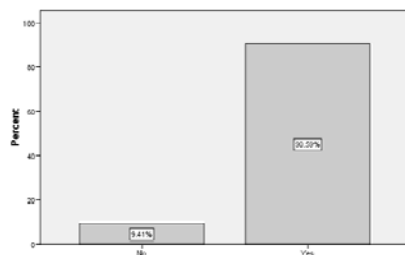
If yes, how often do you believe nurses speak up about errors or near misses in your organization?
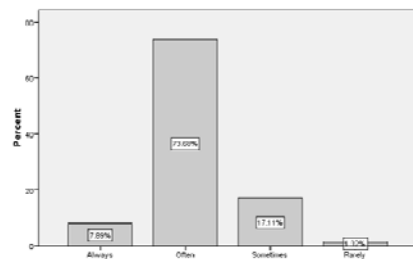
43

CNE Reported Peer Review Barriers

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The Manager provides the peer feedback during the Annual Performance Evaluation Process
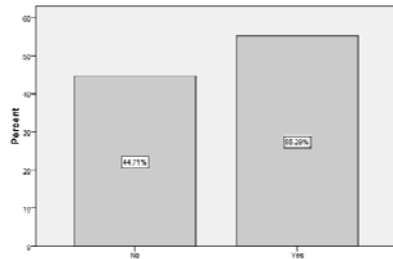
44

CNE Reported NPR Barriers

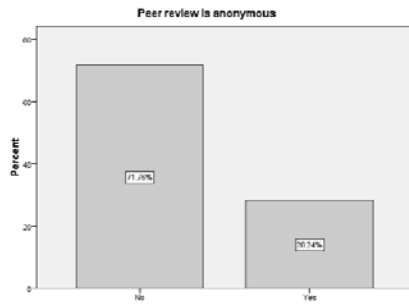MASSACHUSETTS GENERAL HOSPITAL

There are limited resources to support peer review
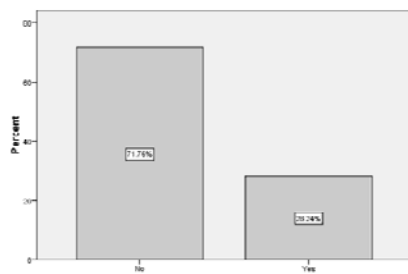
45

Alignment with Peer Review Principles
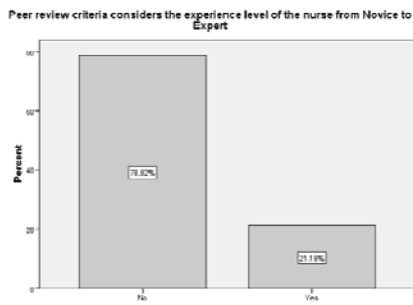
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Peer review is anonymous

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Alignment with Peer Review Principles

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Peer review criteria considers the experience level of the nurse from Novice to Expert

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Alignment with Peer Review Principles

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Peer review occurs at times not associated with the Annual Performance Evaluation Process

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CNE Perceptions of NPR Outcomes

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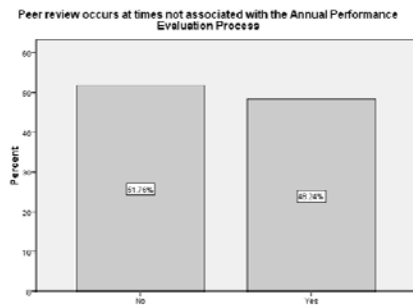
Nursing Peer Review helps advance the clinical practice from Novice to Expert
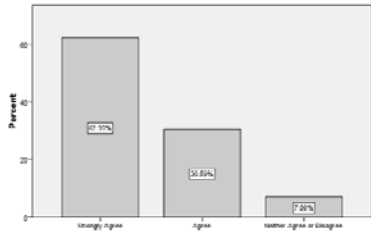
93% of CNEs Agreed or Strongly Agreed

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CNE Perceptions of NPR Outcomes

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Nursing Peer Review should be integrated with quality and safety efforts to improve practice
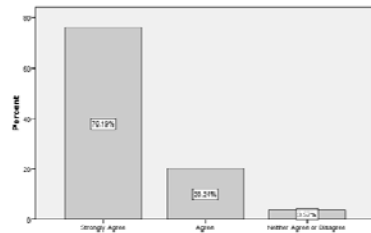
96% of CNEs Agreed or Strongly Agreed

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CNE Perceptions of NPR Outcomes

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Nursing Peer Review leads to growth in Professional Nursing Autonomy and Accountability
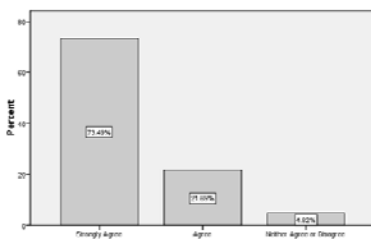
95% of CNEs Agreed or Strongly Agreed

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Results Summary

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- ❑ CNEs indicated positive perceptions & practice of NPR
- ❑ Perceptions of amount of actual NPR practice are low
- ❑ Magnet® organizations reported highest NPR practice prevalence overall & by role – statistically significant
- ❑ Collective Bargaining status overall does not influence prevalence or perceptions of NPR
- ❑ Peer Review incorporated within Shared Governance is not a common practice
- ❑ CNEs confirmed common NPR barriers continue to exist
- ❑ Education to increase comfort with Constructive Feedback is lacking

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## Limitations

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- ❑ Although sample size of 85 sufficient to determine significance, Magnet® organizations were only 19% of the sample (n=16)
- ❑ Study did not test or provide NRP definition
- ❑ Convenience & Snowball Sampling
  - ▪ High percentage of New England CNEs
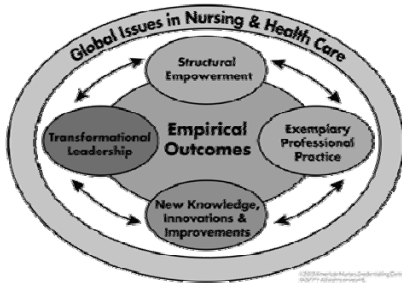- ❑ Self selection
  - ▪ CNEs attested they met inclusion criteria

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CNE &Transformational Leadership Needed!
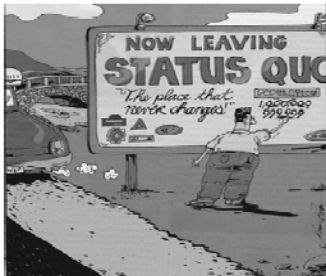
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NPR & Magnet Model

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Call to Action

- ❑ CNEs play crucial role in influencing NPR advancement
  - ▪ Accountable for quality & safety outcomes
  - ▪ Accountable for professional nursing practice

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Implications for CNE's

- ▪ Utilize ANA Peer Review guidelines and NPR Principles
- ▪ Design & implement NPR within shared governance
- ▪ Assure outcome measurements
- ▪ Design NPR in all 3 domains

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Removing Barriers

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- CNEs can influence removal of NPR barriers
  - Provide constructive feedback education regularly to increase nurses' ability to provide & receive feedback
  - Ensure feedback is transparent to foster a trusting, just & learning culture
  - Provide/allocate resources needed to support NPR as an essential part of professional practice
  - Include nurses at all levels in NPR program design, implementation & evaluation
  - Encourage Magnet® Commission to broaden NPR standards

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Next Steps

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- Adopt the ANA definition of peer review nationally for nurses in all roles & all settings
- Align ANA definition & intent to meaningful practices specific to roles & settings
- Utilize the 6 evidence based peer review principles to design & guide peer review activities
- Measure impact of peer review practices
- Incorporate peer review within the model of self regulation (shared governance)

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Nursing Peer Review Journey
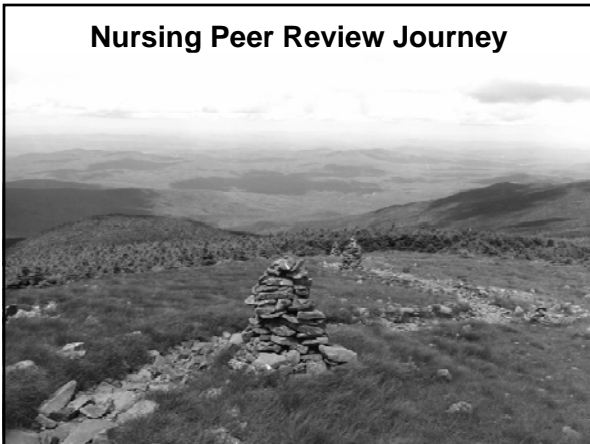
The Time Is Now!

References

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American Nurses Association. (1988). *Peer review guidelines.* Kansas City, MO: Author.

American Nurses Credentialing Center (2013). *2014 Magnet application manual.* Silver Spring, MD: American Nurses Credentialing Center.

Branowicki, P., Driscoll, M., Hickey, P., Renaud, K., & Sporing, E. (2011). Exemplary professional practice through nurse peer review. *Journal of Pediatric Nursing, 26*(2), 128-136.

Briggs, L. A., Heath, J., & Kelley, J. (2005). Peer review for advanced practice nurses: What does it really mean? *AACN Clinical Issues, 16*(1), 3-15.

Davis, K. K., Capozzoli, J., & Parks, J. (2009). Implementing peer review: Guidelines for managers and staff. *Nursing Administration Quarterly, 33*(3), 251-257.

Dupee, J. M., Ernst, N. P., & Caslin, K. E. (2011). Does multisource feedback influence performance appraisal satisfaction?. *Nursing Management, 42*(3), 12-16.

Edwards, M. T. (2012). A longitudinal study of clinical peer review's impact on quality and safety in US hospitals. *Journal of healthcare management/American College of Healthcare Executives, 58*(5), 369-84.

Fujita, L. Y., Harris, M., Johnson, K. G., Irvine, N. P., & Latimer, R. W. (2009). Nursing peer review: Integrating a model in a shared governance environment. *Journal of Nursing Administration, 39*(12), 524-530. doi:10.1097/NNA.0b013e3181c18053

George, V. & Haag-Heitman, B. (2015). Peer review: Essential components of a model supporting safety and quality. *Journal of Nursing Administration,* 45(7/8)

George, V., & Haag-Heitman, B. (2011). Nursing peer review: The manager's role. *Journal of Nursing Management, 19*(2), 254-259. doi:10.1111/j.1365-2834.2011.01225.x

Haag-Heitman, B. & George, V. (2011). *Peer review in nursing: Principles for successful practice.* Sudbury, MA: Jones and Bartlett.

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References

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Morby, S. K., & Skalla, A. (2010). A human care approach to nursing peer review. *Nursing Science Quarterly, 23*(4), 297-300. doi:Http://dx.doi.org/10.1177/0894318410380267

Pedersen, A., Crabtree, T., & Ortiz-Tomei, T. (2004). Implementation of the peer review council. *MEDSURG Nursing, 13*(3), 172-175.

Rout, A., & Roberts, P. (2008). Peer review in nursing and midwifery: A literature review. *Journal of Clinical Nursing, 17*(4), 427-442.

Shaneberger, K. (2008). Staff evaluations: More than a formality. *OR Manager, 24*(10), 24.

Whitney, K. (2015). Use and Perceptions of Nursing Peer Review: A Survey of Chief Nurse Executives. Unpublished DNP capstone manuscript, MGH Institute for Health Professions, Charlestown, MA, United States.

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