



**Peer Review at All Levels:
The Top Ten Tools for
Advancing Professional
Practice +1**

C834
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2:15-3:15PM

Kathleen Bradley, DNP, RN, NEA-BC
Jeanine Rundquist, DNP, RN, NEA-BC
Children's Hospital Colorado
Aurora, Colorado



Children's Hospital Colorado


Nursing Staff:
2000+ RNs
300 APRNs

BSN & Higher Rate: 90%





Certification Rate: 47%

Admissions: 14,000
Outpatient visits: 600,000

Magnet Designations:
2005, 2011, in review 2015





Located in Aurora, Colorado
Anschutz Medical Campus
17 Network of Care sites



Learning Objectives



1. Identify different forms of peer review
2. Discuss the steps to review organizational peer review
3. Describe how peer review advances the nursing profession



Outline

- Step 1: Gap analysis
- Step 2: Collaborative partnerships
- Step 3: Education
- Step 4: Design and implement pilots
- Step 5: Establish measurement strategies and outcome metrics

Review of all forms of Peer Review





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Step 1: Gap Analysis – Part 1

Peer Review in place

1. Formal Committee – Direct Care
2. Staff level with performance Evaluation
3. Nursing Credential Review Board (Direct Care)
4. Nursing Credential Review Board (APRN)
5. Leader 360
6. Performance Evaluations

Other – Audit process (direct care)






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Step 1: Gap Analysis - Part 2

Is Peer Review present at all levels... yes, but

- Direct Care
- Advanced Practice
 - NP
 - ☐ CNS
- ☐ Educators
- Leaders
- CNO







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Step 2: Collaborative Partnerships

Stakeholders


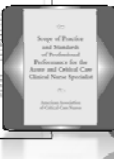



- Human Resources
- Professional Development Council
- Clinical Practice Specialist Council (CNS)
- Nursing Credential Review Board (Direct Care)
- Nursing Research Council
- Nursing Leaders





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Step 3: Education

Review of Literature
Professional Standards





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Dimensions of Peer Review






Figure 1
Contemporary areas of nursing peer review (Isaacs-Helmman & George 2011)

Presentation to CPS Council
July 7, 2014
Kathy Bradley, DNP, RN, NEA-BC

Quality and Safety
Role Actualization
Practice Advancement



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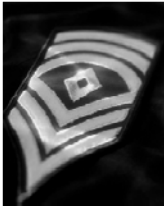
Peer Review Principles Based on ANA Guidelines


A peer is someone of the same rank

Peer review is practice focused

Feedback is timely, routine and a continuous expectation


(Haag-Heitman & George 2011)






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Principles of Peer Review



- 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


(Haag-Heitman & George 2011)



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Clinical Manager Success Profile- CHCO Draft

COACHING	Providing timely guidance and feedback to help others strengthen specific knowledge/skill areas needed to accomplish a task or solve a problem.
GAINING COMMITMENT	Using appropriate interpersonal styles and techniques to gain acceptance of ideas or plans; modifying one's own behavior to accommodate tasks, situations, and individuals involved.
LEADING THROUGH VISION & VALUES	Keeping the organization's vision and values at the forefront of staff decision making and action.
FACILITATING CHANGE	Encouraging others to seek opportunities for different and innovative approaches to addressing problems and opportunities; facilitating the implementation and acceptance of change within the workplace.
DRIVING FOR RESULTS	Setting high goals for personal and group accomplishment; using measurement methods to monitor progress toward goals; tenaciously working to meet or exceed goals while deriving satisfaction from that achievement and continuous improvement.
BUILDING TRUST	Interacting with others in a way that gives them confidence in one's intentions and those of the organization




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Clinical Manager Success Profile-CHCO Draft	
BUILDING A SUCCESSFUL TEAM	Using appropriate methods and a flexible interpersonal style to help build a cohesive team; facilitating the completion of team goals
CUSTOMER FOCUS	Ensuring that the customer perspective is a driving force behind business decisions and activities; crafting and implementing service practices that meet customers' and own organization's needs.
CONTINUOUS IMPROVEMENT	Originating action to improve existing conditions and processes; identifying improvement opportunities, generating ideas, and implementing solutions.
ALIGNING PERFORMANCE FOR SUCCESS	Focusing and guiding others in accomplishing work objectives
SELECTING TALENT	Evaluating and selecting internal and external talent to ensure the best match between the individual and the work requirements.

Snapshot of APRNs Peer Review	
Current	Future State - Ideas
Credentialing Performance Evaluation Clinical Ladder	Credentialing Performance Evaluation Clinical Ladder Case Review Formal Peer Review on-going

Step 4: Design and Implement Pilots

CNS
Educators
Managers/Directors



Step 4: Design and Implement Pilots

Clinical Nurse Specialists

What: Job Description, Professional Standards


How: Measurement Methodology
Likert scale – 1 to 4

- 1 below standards-4 exceptional
- Not observed


Narrative

When: 2x year

Who: Delivery



The image shows two documents from Children's Hospital Colorado. The top document is a 'Job Description' for a Clinical Nurse Specialist, detailing the role's purpose and responsibilities. The bottom document is a 'Job Roles' document, listing specific tasks and competencies for the role.



Step 4: Design and Implement Pilots

Educators

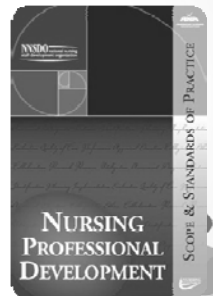
What: Job Description, Professional Organization & Professional Standards

How: Measurement Methodology
Narrative


- Strengths
- Areas for improvement

When: 3x year

Who: Delivery



The image shows the cover of the 'Nursing Professional Development Scope & Standards of Practice' document, which outlines the professional standards and competencies for nursing professionals.



Step 4: Design and Implement Pilots

Leaders


What: Job Description, AONE Competencies & Professional Standards

How: Measurement Methodology
Likert Scale


- Expert: Exceptional; beyond the level of most leaders
- Proficient: Expected skill level for an experienced leader
- Competent: Adequate, minimal standard for a leader
- Growth area: Improving, needs further development
- Unsatisfactory: Substandard; need immediate improvement
- Areas for improvement

When: 2x year

Who: Delivery



The image shows the cover of the 'AONE Competencies and Professional Standards' document, which provides a framework for assessing and developing leadership competencies.



Step 4: Design and Implement Pilots

Transformational Leadership

1. Please choose one rating per row.

	Expert	Proficient	Competent	Growth Area	Unsatisfactory
Models and promotes the CHCO Standards of Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role models professionalism by supporting certification and professional activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes evidence-based clinical and management practice to assure safety and quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role models personal and professional accountability to achieve financial and clinical outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works effectively with individuals of diverse cultures, styles, abilities or backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Makes the most effective use of the capabilities, insights or ideas of all individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manages own emotions to maintain effective decisions and interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments	<input type="text"/>				

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Step 5: Establish Measurement Strategies and Outcome Metrics

- Patient Outcomes
- Professional Development
- Advancement
- Performance



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Top Ten Forms of Peer Review

+1


1. Nursing Practice Peer Review Committee (NPPR)
2. *Handoffs, bedside reports, chart audits
3. Incident debriefing
4. Nursing Credentialing Review Board (NCRB)
5. NCRB - Advanced Practice Registered Nurse

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* Items are new or revised

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Division of Nursing

Bylaws

ARTICLE V

Nursing Professional Practice Review Process

Review professional practice review (NPPR) is a confidential, quality improvement process in which those performing and receiving nursing services understand that all supervisors promising to the review process adhere to the quality review process. It provides accountability for professional nursing practice, maintains quality of nursing practice, addresses practice issues that arise, identifies opportunities for improvement of patient care and microclimate changes for systems and processes. This will be achieved through face-to-face meetings and a variety of practices relevant to the culture of non-threatening, supportive problem-solving.

Authority

The committee has the authority to recommend and/or conduct education on the review process to nurses of clinical units.


The committee will track and trend outcomes of the clinical case reviews for the purpose of quality improvement and patient safety. These outcomes include whether the standard of practice was met, severity of harm to the patient and contributing factors.


The Nursing Professional Practice Review Committee shall have the authority to report disciplinary action or other consequences as a result of the Committee's review of a clinical case. If facing a case involving the Committee, the staff is asked to inform the Director of the Committee, they may refer it to the Nursing Improvement Leadership and/or Nurse Executive.


Confidentiality

This information discussed in the Nursing Professional Practice Review Committee is private and confidential and is not discussed outside the meeting. The exception is if additional follow-up is necessary for both hospital resources or other quality indicators is requested, or mandated regarding life and limb and safety of patient. If any information should be a result of a clinical case review should be done in a program for the purpose of clinical improvement or in a case may become without confidentiality concerns disseminated to members are not to be shared or distributed outside of this meeting.

Nursing Practice Peer Review Committee (NPPR)





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[illegible]

Incident Debriefing



TARGET ZERO

ELIMINATING PREVENTABLE HARM



Apparent Cause Analysis Report

Event Date: _____ Reason Completed By: _____ Event Type: _____
Biosafety compliance
Autoclave event

Today's Date: _____ Title: _____ Event Location: _____


2. Reconstruct the event from evidence - what happened, who was involved, when, where - what is the discussion?
If possible, was compliance (what bundle are you auditing)?
Which version of the bundle is being audited?
What aspect of the bundle (what) was not completed?
What were the contributing and active factors? (For all your best what should have happened?)


3. Select corrective actions - to prevent errors, improve compliance, etc.

Protected and Confidential. Provided by Colorado State Senate SB-128. This document contains information created as part of health care case review and is privileged and confidential and may not be disclosed.

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NCRB Application Peer Review





Portfolio Assessment - NCRB Review


Name of Applicant: _____ Level: CN III or CN IV


Name of Reviewer: _____ Date: _____

	Completed	Comments
PROFESSIONAL GOALS (3 required)		
Review, review of accomplishments		
Other		
RENEWAL / CURRENTING (1 required)		
Renewing or C/I (optional)		
Continuing education (optional)		
LICENSING/REGISTRATION (1 required)		
Yes/No		
Highland Nursing Degree		
Master's degree in nursing		
Other		
PROFESSIONAL ORGANIZATION (1 required)		
CN III or CN IV: National Council		
CN IV: Council of nurse practitioners		
(minutes, presentations, board members)		
SHARED GOVERNANCE (TRANSITION & TRANSITION) (1 required)		
Continuing Council/Task Force		
Executive		
Project Committee		
Other		
PROFESSIONAL PRACTICE (1 required) (optional)		
Example: PFM		
Example: Magnet		
Philosophy of Nursing		
Other		
FAMILY CENTERED CARE (optional) (optional) (optional)		
Example: Family centered care		
Example: Family training		
Example: Family training		
PROFESSIONAL CONTRIBUTIONS AND DEVELOPMENT (1 required) (optional)		
Abstract: 1 paper, 1 presentation		
Project documents (if review, p.d.)		
Publication data, handbook, meeting		
Example		
Other		
COMMITMENT TO LEARNING AS A LEADER (1 required) (optional)		
CE Certificates		
School Transcripts, Degrees		
Other		

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NCRB APRN Peer Review





1.2 Advanced Practice Nurse (APN): A professional nurse who meets the requirements of Section 12-36-111.5, C.R.S., and who obtained specialized education or training and is included on the Advanced Practice Registry.

1.3 Advanced Practice Registry (APR): The Board's record of those professional nurses who are granted APR status by the Board in accordance with Section 12-36-111.5, C.R.S., and Chapter 10V of the Board's Rules and Regulations.

1.4 Applicant: An APR seeking Professional Prescriptive Authority in the same Role/ Specialty and Population Focus for which the APR was recognized on the APR.

1.5 Articulated Plan: A written document that includes a strategy for safe prescribing and outlines how the APR intends to maintain ongoing collaboration with physicians and other health care professionals in connection with the APR's practice of prescribing medications within the APR's Role/ Specialty and Population Focus.

1.6 Board: The State Board of Nursing.

1.7 certifying body: A non-governmental agency approved by the Board that validates by examination, based on pre-defined standards, an individual nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing.

1.8 DEA: Drug Enforcement Administration.

1.9 disciplinary sanction: Any current restriction, limitation, or condition on a Physician Provider's or Physician Assistant's medical license or on an APRN Preceptor's or APRN Mentor's nursing license, including confinement participation in a peer review assistance or an alternative to discipline program authorized by the mentor or preceptor's licensing board.


1.10 Full Prescriptive Authority: The authority granted to the APR to prescribe medications upon completion of the required Mentorship and achievement of an Articulated Plan in accordance with the Role/ Specialty and Population Focus of the APR. Prescribing with Full Prescriptive Authority will be in accordance with the APR's Articulated Plan.

1.11 Mentorship: A formal, mutually structured relationship between an APRN, P, or NP, as defined in Section 1-26-1001, and a physician, mentor or physician mentor and APRN mentor to further the APRN's knowledge, skill, and experience.


1.12 Mutually Structured: A written plan for a Preceptorship or a Mentorship that is developed and implemented together and agreed upon by all preceptors or mentors and the Applicant or APRN-P.

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Performance Evaluation Peer Review



PEER REVIEW INSTRUCTIONS 2014

PURPOSE:
Peer review is an opportunity to celebrate excellence, as well as identify specific opportunities to improve our team and our work environment.

INSTRUCTIONS FOR COMPLETING PEER REVIEW FORM:

- 1) Consider your peer's performance for the entire year related to the impact they have on your team, patients/families and ourselves.
- 2) Take a moment to reflect on your peer's impact on your work environment.
- 3) Choose two (2) behavioral standards for review. Provide one comment to support each of the selected behavior standards. The preference is for the example to reflect the staff person's clinical practice or job essential functions.
- 4) Select one (1) question on the bottom of page two and answer as candidly as possible.
- 5) Peer Performance Review Forms should be forwarded to the supervisor or manager identified on the Peer Review Form.
 - a. The information on the form will be collated and given to your peer during their annual review.
 - b. It is a privilege to get honest feedback from our peers. Those who share our journey are best able to celebrate our success or identify areas where we can grow.

SUGGESTIONS FOR SELECTING PEERS TO COMPLETE YOUR PEER REVIEW FORM:


1. Consider 2-3 staff members you have worked with frequently this year.
2. Include a peer you work alongside, as well as a peer that follows your shifts or cross covers your patients or role.
3. Remember, the goal is to gain insight into your performance. Choose co-workers who are likely to give you meaningful feedback.
4. Complete the information on the top of the form and forward to your peers. They will complete the form via email or hard copy and will forward it to the supervisor you have indicated.




What's Next?



- Hardwire new peer reviews
- Evaluate direct care peer review
- Assess outcomes
- Integrate into formal performance evaluations
- Electronic format



References



American Association of Critical Care Nurses, Scope and Standards of Professional Performance for the Acute and Critical Care Clinical Nurse Specialist. <http://www.aacn.org/wd/practice/docs/128101csstds.pdf>

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Association for Nursing Professional Development: Scope and Standards of Practice, 2014, <https://anpd.site-ym.com/>

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Contact Information

Kathleen Bradley, DNP, RN, NEA-BC
Director of Professional Development
Children's Hospital Colorado
Kathleen.Bradley@childrenscolorado.org

Jeanine Rundquist, DNP, RN, NEA-BC
Director of Performance, Practice & Innovation, Magnet Program Director
Children's Hospital Colorado
Jeanine.Rundquist@childrenscolorado.org

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