Homestead Hospital
BAPTIST HEALTH SOUTH FLORIDA

POLICY NO.: 400-2000-100-12
Departmental

POLICY TITLE: Nursing Peer Review
Responsible Department: Nursing

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APPROVED BY: Evidence-based Practice & Research/Clinical Practice Councils

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SUMMARY & PURPOSE:
The Nursing Peer Review Council is committed to continuous improvement in the quality and appropriateness of nursing and clinical performance on an individual and aggregate basis. The hospital, through activities of its nursing and clinical staff will assess the performance of individuals as well as overall staff performance and use the results of such assessments for the improvement of care.

POLICY:
Vision: the Nursing Peer Review (NPR) Council will support the mission and vision of Homestead Hospital by promoting nursing excellence in nursing/clinical practice and patient care through systematic assessment of the efficacy, effectiveness, and appropriateness of care provided by the nursing staff based on the professional standards of care.

Goals:

- Improved patient outcomes
- Enhanced performance of nurses
- Identification of opportunities for individual performance improvement
- Identification of opportunities for system performance improvement
- Assurance that peer review is clearly defined, fair, defendable, timely and useful.

Definitions:

- Peer Review: The evaluation of an individual's professional performance which includes the identification of opportunities to improve care. Peer review differs from other quality improvement processes in that it evaluates the strengths and weaknesses of an individual's performance, rather than appraising the quality of care rendered by a group of professionals or a system.
- The individual's evaluation is based on the generally recognized standards of care. Through this process, nurses receive feedback for personal improvement or confirmation of personal achievement related to the effectiveness of their professional, technical, and interpersonal skills in providing patient care.
- Peer: An individual practicing in the same profession as the one being evaluated and who has expertise in the appropriate subject matter. The level of subject mater expertise required to provide a meaningful evaluation of an individual's performance will determine what "practicing in the same profession" means on a case-b-by

case basis. For example, for quality issues related to general nursing care, a nurse (RN to RN) may review the care of another nurse. For specialty –specific clinical issues, such as evaluating the techniques of a specialized procedure, a peer is an individual who is well trained and competent in that specialty.

- The degree of subject matter expertise required for a provider to be considered a peer for all peer reviews performed by or on behalf of the hospital will be determined by the Nursing/ Clinical Peer Review Council, unless otherwise designated for specific circumstances by leadership.
- Conflict of interest: When a member of the staff is not able to render an unbiased opinion. Automatic conflict of interest would result if the individual is the one under review. Relative conflicts of interest are due to either involvement in the patient's care or due to a personal relationship with the individual involved (such as members of the same family). It is the obligation of the individual reviewer to disclose to the peer review committee any potential conflict. The responsibility of the peer review body is to determine whether the conflict would prevent the individual from participating and the extent of that participation. Individuals determined to have a conflict of interest may not be present during peer review council discussions or decisions other than to provide information, if requested.

- All peer review information is privileged and confidential in accordance with hospital policy, state, and federal laws, and regulations pertaining to confidentiality and non-discoverability.
- The involved nurse/ clinician will receive feedback on a case-by-case basis.
- The hospital will use the nurse-specific peer review results in its performance improvement activities, and as appropriate, in the annual evaluation process.
- The hospital will keep nurse-specific peer review and other quality information concerning a nurse in a secure, locked file archived in the administration department. The peer review and quality information will be kept separate from the employment file. Nurse-specific peer review information consists of information related to:
    - Performance data for all dimensions of performance measured for that individual nurse/ clinician.
    - The individual nurse's role in the sentinel events, significant incidents, or near misses.
    - Correspondence to the nurse regarding commendations, comments regarding practice performance.

- Peer review information is available only to authorized individuals who have a legitimate need to know this information based upon their responsibilities as a nursing leader or hospital employee. However, they shall have access to the information only the extent necessary to carry out their assigned responsibilities. Only the following individuals will have aces to nurse-specific peer review information and only for purposes of quality improvement:
    - Vice-President of Nursing
    - Individuals surveying for accrediting bodies with appropriate jurisdiction (e.g. The Joint Commission (TJC), or state/ federal regulatory bodies.
    - Individuals with a legitimate purpose for access as determined by the hospital Board of Directors.

- No copies of peer review documents will be created and distributed unless authorized by the Vice-President of Nursing or per hospital policy.

SCOPE/APPLICABILITY:
There are no exemptions to this policy.

PROCEDURES TO ENSURE COMPLIANCE:
1. Committee Responsibilities:
    a. Individual Nursing Case Review:
        i. Initial review of cases of sufficient complexity of management or seriousness of outcome requiring peer review based on cases referred from:
            1) Performance Improvement
            2) Generic nursing and clinical screens

3) Department or specialty specific measures
4) Risk Management
5) Referrals from nursing, clinical or medical staff
6) Case Management staff
7) Patients/ families

ii. Obtain reviews and recommendations from nursing/ clinical experts when required.
iii. Communicate with nurse involved in the case to obtain input prior to making determinations when opportunities for improvement may exist.
iv. Make determinations regarding opportunities for individual or system improvements based on individual case review.

b. Use of Rate or Rule Indicators:
   i. Regularly review aggregated results of rule indicators and of patterns, trends and outlier status for rate indicator relevant to nursing performance for all dimension of nursing performance within the scope of the committee to identify
   ii. Make final determinations regarding opportunities for individual or system improvements based on the results of rate or rule indicators.
c. Improvement Opportunities:
   i. Addressing the improvement opportunities will be the role of the Clinical Practice Council and the Nurse Leadership Council. The role of the NPR Council is to ensure that, when opportunities for improvement are identified, the appropriate individuals are notified of the issues and a reasonable improvement plan is developed. This will be accomplished through the following:
      1) Direct communication with Patient Care Managers or Directors regarding individual improvement opportunities for nurse specific issues.
      2) Communicate system improvement opportunities to Clinical Practice Council and Nurse Governance Council.
      3) Track responses and improvement plans.
      4) Review the improvement plan.
      5) Report to the committee regularly regarding actions taken to improve care and any cases where action was not taken when requested or action are perceived to be inadequate.
d. Performance Improvement System Management:
   i. Approve additions or deletions to nurse sensitive indicators, criteria, or focused studies for evaluating nursing performance.
   ii. Review annually, the nurse sensitive indicators, screening tools, and referral systems for effectiveness in collaboration with the nursing staff and recommend changes to the Clinical Practice Council.

2. Membership of the NPR Council:
   a. Chairperson: Appointed by Chief Nursing Officer (CNO); subsequent chair shall be elected by committee members.
   b. Evidence-based Practice & Research Council Chair
   c. Patient Safety Officer
   d. Nurse Manager (1)
   e. Patient Care Supervisor (1)
   f. Clinical Nurse Educator from the following if applicable:
      i. Med/ Surg (1)
      ii. Specialty (2)
   g. Staff membership will be recommended by Nursing Leadership from the following areas. Criteria for consideration include a RN with Proficient RN job status/ title in good standing.
      i. Medical-Surgical (2)
      ii. Oncology (1)
      iii. Ambulatory Surgery (1)
      iv. Surgery (1)
      v. Emergency Department- Adult & Pediatrics (1-2)
      vi. Critical Care (1)
      vii. Perinatal Services (1)

viii. Pediatrics (1)

h. Ex-Officio Members:
   i. Chief Nursing Officer
   ii. Infection Control Practitioner
   iii. Magnet Project Director
   iv. NDNQI Coordinator
   v. Performance Improvement
   vi. Risk Manager
   vii. Chief Medical Officer

3. Threshold for Intensive Review: if the results of individual case reviews for a nurse exceed thresholds established by the council, the NPR Council will review the findings to determine whether intensive review is needed to identify a potential patter of care.
   a. Thresholds:
      i. Any single egregious case
      ii. Within any 12 month period of time, any of of the following criteria:
         1) 3 cases rated opportunity for improvement
         2) 5 cases rated care indeterminate or opportunity for improvement
         3) 5 cases rated as having documentation issues regardless of quality of care rating.
4. Peer Review for Specific Circumstances: In the event a decision is made by the NPR council to investigate a nurse's performance or circumstances warrant the evaluation of one or more providers, The Chair or Council or its designee shall appoint a panel of appropriate nursing professionals to perform the necessary peer review activities.
5. Peer Review Time Frames: Peer review will be conducted b the nursing staff in a timely manner. The goal is for routine cases to be completed within 90 days from the date the chart is reviewed by the Peer Review Coordinator or designee and for complex cases to be completed within 120 days. Exceptions may occur based on a case complexity or reviewer availability.
6. Voting: Standing member are eligible to vote on elections, amendments, and issues before the Council. A quorum will consist of 51% of voting members.
7. Circumstances Requiring External Peer Review: The NPR Council will make recommendations on the need for external peer review to nursing leadership. External peer review will take place under the following circumstances if deemed appropriate by the NPR Council. Circumstances that may require external peer review include:
   a. Ambiguity; when dealing with vague or conflicting recommendations from internal reviewers and conclusions from the review will directly affect an individual's employment.
   b. Lack of internal expertise; when no one on the hospital nursing or clinical staff has adequate expertise in the specialty under review, or when the only nurse with that expertise is determined to have a conflict of interest regarding the nurse under review as described herein. External peer review by another BHSF entity's Peer Review Council will be arranged by the Peer Review Coordinator if this potential conflict of interest cannot be appropriately resolved.
   c. Miscellaneous issues; when the nursing staff needs an expert for purposes of establishing nursing/ clinical standards.

SUPPORTING/REFERENCE DOCUMENTATION:

- Health Care Quality Improvement Act of 1986, 42 U.S.C. 1101 et seq.
- Florida Statues § 395.0195; Hospital Licensing and Regulation; Licensed facilities; peer review; disciplinary powers; agency or partnership with physicians
- ANCC Magnet Recognition Program (2008) Application Manual
- HcPro (2008) Nursing Peer Review
- Homestead Hospital Shared Governance Bylaws
- Homestead Hospital Nursing Peer Review Council Charter

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:
HH Administrative Policies:

- 605 Competency Assessment of Staff-
- 5250 Employee Conduct
- 5300 Corrective Action
- 5500 Performance Evaluation

HH Departmental Policies:

- 400-2000-100-04 Department of Nursing Service Organization
- 400-2000-100-04A Shared Governance and Shared Governance Councils

ENFORCEMENT & SANCTIONS:
Violations of this policy will be referred to the appropriate management personnel for follow up and for applicable sanctions.