Assuring Quality of Nursing Practice Through Peer Reviews


Introduction

According to the American Nurses Association’s (ANA) Peer Review Guidelines (1988), “Nurses bear primary responsibility and accountability for the quality of nursing care their clients receive. Standards of nursing practice provide a means for measuring the quality of nursing care a client receives. Each nurse is responsible for interpreting and implementing the standards of nursing practice. Likewise, each nurse must participate with other nurses in the decision-making process for evaluating nursing care. This process is peer review.”

Peer Review has been an integral aspect of nursing practice at the Villages VA Outpatient Clinic (TVOPC). The initial Peer Review tool, created five years ago, met the needs of TVOPC nursing practice at that time, but as a new model of practice emerged, the Peer Review tool became outdated and did not reflect the critical elements of the new model of care.

The new model of care, called the Patient Aligned Care Team (PACT) initiative, was developed by the Veterans Health Administration (VHA) to address patient care needs based on the Patient Centered Medical Home (PCMH) Model. It is a patient-driven, team-based approach that focuses on the whole person and improving outcomes. It is efficiently delivered by an interdisciplinary team which includes a primary care provider, registered nurse, licensed practical nurse, pharmacist, social worker, and clerk. A new Peer Review tool was created by TVOPC nursing staff to reflect nursing elements related to the PACT model of care.

Plan

TVOPC staff nurses evaluated the Peer Review tool and concluded that while the tool addressed the various aspects of nursing practice prior to the introduction of PACT, it was no longer relevant and did not address elements specific to the new model of care. This conclusion was made by the fact the most of responses to each item of the previous Peer Review Tool was answered as “not applicable” by the nurses conducting the reviews. Therefore, TVOPC PACT nurses identified the need to create a new Peer Review tool that would include and review the critical elements of nursing practice under PACT.

Do

Initially, the roles and responsibilities of the PACT RN and LPN were reviewed. Once these were clearly identified, key elements of each role were selected and listed on the new Peer Review tool. In addition, a section for comments was added to the tool. If an element on the Peer Review tool was missing or not addressed by the reviewee, the nurse reviewer was instructed to add a note in the comment section as to why the reviewee was deficient in that area. The “not applicable” column was eliminated so that each item had a yes or no answer with a comment for deficient areas.

Check

During the follow-up process, it was noted that there was a significant increase in the responses on the new tool that indicated that the elements of the PACT model of practice was being followed to provide quality nursing care. If the reviewee missed an element listed on the tool, the reviewing nurse consistently added a comment as to why the nurse did not meet the requirement of that review element. Therefore, the nurse manager was able to follow-up through education and training updates on deficient items.

ACT

In an effort to update the Peer Review tool to reflect the PACT model of care, nurses at TVOPC reviewed the previous Peer Review tool and created a new form. The revised Peer Review tool reflected the critical elements of the PACT model of care, such as hospital discharge follow-up within 2 days of discharge, timely response to Secure Messages, as well as proper use of PACT nursing protocols. Each nurse is required to conduct two Peer Reviews per quarter and the new tool and process has been successfully implemented.

CONCLUSION

By creating a new Peer Review tool, TVOPC PACT nurses were able to implement a tool that better reflects the PACT model of care and assures quality of nursing practice.

Reference: