EP2: Describe and demonstrate how nurses investigate, develop, implement, and systematically evaluate standards of practice and standards of care

Nursing has been identified as a profession built on knowledge that is reflective of both science and art. As the profession of nursing has evolved, we in the profession have learned the necessity of developing and evaluating our structures, processes, and outcomes.

One of the first steps in the development of the nursing profession was the introduction of the nursing process: assessment, problem identification or diagnosis, planning, implementation or interventions, and evaluation. The nursing process model has also served as a systematic process for evaluating our standards of practice and standards of care and professional practice at Riverside Medical Center.

ANA Structures and Processes

The structures used by Riverside nurses at all levels are the American Nurses’ Association (ANA) Scopes and Standards of Practice (ANA, 2004):

**ANA Standards of Practice**

1. Assessment
2. Diagnosis
3. Outcomes Identification
4. Planning
5. Implementation
   5a. Coordination of Care
   5b. Health Teaching and Health Promotion
   5c. Consultation
   5d. Prescriptive Authority
6. Evaluation

**ANA Standards of Professional Performance**

7. Quality of Practice
8. Education
9. Professional Practice Evaluation
10. Collegiality
11. Collaboration
12. Ethics
13. Research
14. Resource Utilization
15. Leadership

The Standards of Practice describe competent nursing care including the nursing process: assessment, diagnosis, planning, implementation and evaluation. The Standards of Professional Practice describe a competent level of behavior including
quality of practice, education, professional practice evaluation, collegiality, collaboration, ethics, research, resource utilization, and leadership. The Standards of Practice mandate that professional nurses incorporate evidence-based practice, critical thinking, intuition, and compassionate care in the delivery of quality care. These concepts are the foundation for direct care RN job descriptions at the hospital.

At Riverside Medical Center, the ANA Nursing Scope and Standards of Practice are incorporated into our nursing mission, vision, values, philosophy, and our Vigilance Professional Nursing Practice Model (described in EP1 and EP1EO) and our Vigilance Care Delivery Models (described and demonstrated in EP4). Thus, these Riverside structures also serve as guidelines for our investigation, development, implementation, and systematic evaluation of our practice and care.

**Riverside Nursing Leader Structures, Processes, and Outcomes**

The ANA Nursing Administration Scope and Standards of Practice (2009) are also used at Riverside Medical Center to guide the practice of our nursing leaders. These standards were used in a project to redefine nursing leader roles and accountabilities for decision-making in Riverside’s nursing leadership structure. This project was a result of nursing leaders’ attendance at a Riverside-sponsored event in February of 2009. Dr. Timothy Porter-O’Grady presented information on leaders’ roles in decision-making in a shared governance structure. According to Dr. Porter-O’Grady, DM, EdD, ScD, APRN, FAAN (2009), the five principals of shared governance success are:

1. Decisions are evidence-driven and purposeful. The right person, at the right place and time and for the right purpose, makes the right decision. Decisions are made by the persons who are closest to the point of care or practice.
2. The issue of time: change only what doesn’t work.
3. Accountability is defined in outcomes, is self-described, is embedded in roles, relies on partnerships, and involved shared evaluation. The elements of accountability are:
   a. Autonomy—the right to decide and act
   b. Authority—the power to decide and act
   c. Competence—the ability to decide and act
4. Locus of control:
   a. Managers provides the context of work in terms of resources (human, fiscal, material, support, and systems).
   b. Associates provide the content of work in terms of impact, quality, evidence, and competence.
5. Managers are critical to success. While we can and should obtain staff input, it is the manager’s role to define the “new job of management practice”

Two points that nursing leaders embraced were accountability and the manager’s role in defining management practice. Dr. Porter-O’Grady told us about another organization that created an accountability grid, a table that defined the specific roles of managers at different levels. A group of nursing leaders decided to work on
a project to standardize the roles of directors, managers, and team leaders at Riverside. This group, the Accountability Grid Committee, met throughout 2009. The goal of the project was to define roles and accountabilities for decision-making in Riverside’s nursing leadership structure.

Members of the committee were Vicki Haag, RN, MSN, Magnet Coordinator and Committee Facilitator; nursing director, Doreen Norris-Stojak (who is no longer at Riverside); nursing managers, Renee Hess, RN, BSN, 3rd Telemetry; Cheryl Tyson, RN, BBA, 3rd Ortho/Neuro; Barbara Hamilton, RN, 4th Rehab; Mona Poskin, RN, MSN, MHU Unit Coordinator (manager role); and Diane McGrath, RN, then Team Leader of 4th Med/Peds.

The committee began by defining the scope of the project. One aspect was to review nursing leaders’ job descriptions to determine if they integrated the ANA Scope and Standards of Practice for Nursing Administration (2009). At Riverside, the job descriptions are integrated with annual performance appraisal software, called Halogen. In Halogen, the section of the job descriptions/appraisals that defines the actual responsibilities for each role is called the “essential position responsibilities.” For leaders at the director level and above, this section is called Global Leadership Standards. We compared these two areas of our current job descriptions to the ANA Scope and Standards for Nursing Administration (2009). We reviewed various current job descriptions for CNO, Vice President, Directors, Managers, and Team leaders. Team leaders also provide direct care; they are leaders for a shift: 8 hours, 10, hour, 12 hours, etc.

In comparing the pertinent sections in Halogen to the ANA Scope and Standards for Nursing Administration (2009), we agreed that the ANA Scope and Standards for Nursing Administrators are fully implemented at Riverside Medical Center in the essential position responsibilities, in the Global Employee and/or Global Leadership Standards, and the daily practice of every nursing leader. The group has been rewording the essential position responsibilities in the Halogen system to more closely match the ANA standards and format; this part of the project should be complete in the summer of 2010.

Next, the committee created a grid showing the different level of leaders in Riverside units. The committee found that in some areas, team leaders had 24-hour accountability for management of nursing practice; in other areas, managers had this 24-hour accountability. Although nursing staff in each unit recognized their 24-hour supervisor and that nurse’s role on the unit, the committee members believed it would be beneficial to standardize unit leaders’ job titles. Vicki Haag took this recommendation to Dave Duda, RN, MSN, CNO; Deena Layton, RN, MSN, Vice President of Nursing Services; and Allen Kelly, RN, BSN, MSHA, Vice President of Perioperative and Procedural Services. By the end of 2009, each inpatient unit had a nursing manager. Several team leaders were promoted to managers. In one areas where the team leader transferred to another department, that position title was changed to manager. Team leaders were hourly positions; manager positions are salaried.
Another outcome of the Accountability Grid project was the identification of accountabilities. Following were the committees recommendations:

- The CNO has 24-hour hospital accountability for nursing practice and nursing services.
- Vice Presidents have 24-accountability for nursing division practice and services
- Directors have 24-hour departmental and service line accountability
- Managers have 24-accountability for nursing practice at the unit level
- Team leaders, shift supervisors, and/or charge nurses have shift accountability

The committee discussed the possible advantages in creating a shift leader-type position that would be implemented on every unit. Currently, some units have team leaders; in other units, when the manager is not in the hospital (such as on night shifts), charge nurses, usually experienced RNs, are the shift leaders. Team leaders or charge nurses have shift accountability for nursing practice. Because the current leadership structure seems to be successful (we have no issues surrounding leadership recognition and accountability), the committee has not pursued establishment of a standardized title for a shift leader position. This supports Porter-O’Grady’s second principle: change only what doesn’t work.

The committee also defined how these accountabilities apply to our established standards of nursing leadership practice, which are based on the ANA standards of practice for nurse leaders. These standards are:

1. Assessment: Collects comprehensive data pertinent to the issue, situation, or trends.
2. Identification of Issues, Problems, or Trends: Analyzes the assessment data to determine issues, problems, or trends.
3. Outcomes Identification: Identifies expected outcomes for a plan individualized to the situation.
4. Planning: Develops a plan that prescribes strategies and alternatives to attain expected outcomes.
5. Implementation: Implements the identified plan.
   a. Coordination: Coordinates implementation and other associated processes
   b. Health Promotion, Health Teaching, and Education: Employs strategies to foster health promotion, health teaching, and the provision of other educational services and resources.
   c. Consultation: Provides consultation to influence the identified plan, enhance the abilities of others, and effect change.
7. Quality of Practice: Systematically enhances the quality and effectiveness of nursing practice, nursing services administration, and the delivery of services.
8. Education: Attains knowledge and competency that reflects current practice.
10. Collegiality: Interacts with and contributes to the professional development of peers and colleagues.
11. Collaboration: Collaborates with all levels of nursing staff, interdisciplinary teams, executive leaders, and other stakeholders.
12. Ethics: Integrates ethical provisions in all areas of practice.
13. Research: Integrates research findings into practice.
14. Resources Utilization: Considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing and other services.
15. Leadership: Provides leadership in the professional practice setting and the profession.

The investigation, development, implementation and systematic evaluation of standards of practice and care have also been done at the staff nurse level.

**Riverside Nursing Staff Structures, Processes, and Outcomes**

Additional structures, which support our investigation, development, implementation, and systematic evaluation of our practice and care at the direct nursing care level, are the various nursing committees and councils in place at Riverside Medical Center. The Patient Care Council (PCC) consists of four sub-councils: the Professional Development Council, The Evidence-Based Practice and Research (EBPR) Council, the Quality and Safety Council, and the Practice Council. Explanations of the work of these councils are found throughout these sources of evidence. All four councils investigate, develop, implement, and systematically evaluate nursing practice at Riverside Medical Center.

**Professional Development Council**

The Professional Development (PD) Council's focus is on building competence and expertise in nursing practice through advancing formal and informal educational opportunities for nurses. This group has developed guidelines for awarding funding to nurses who wish to pursue advanced nursing degrees (bachelors, masters, and doctorates) and/or national nursing certifications. Achieving these educational milestones has made our nurses more aware of the importance that continuing education plays in advancing their knowledge in the care of our patients. According to one RN, who is enrolled in a BSN-completion program and has received funding awarded by the PD Council, her first course in her BSN-completion program cause her to view her practice from a different perspective: one that included all aspects of spiritual care.

**Evidence-Based Practice/Research Council**

The EBPR Council uses literature reviews and grading of evidence to investigate, develop, implement, and evaluate our nursing practices. This group of nursing leaders,
nursing staff, and ancillary staff has provided extensive evidence on a variety of nursing care topics to our unit-based councils (UBCs), other PCCs, and nursing leaders to investigate better ways of delivering care. Their work on investigating pain scales for patients with advance dementia led them to develop and implement use of an evidence-based pain assessment scale for this population. They evaluated this change in practice by piloting use of the scale in the Emergency Department (ED). The pilot proved successful and the E.D. nurses now use this scale. They are also helping nurses from our Senior Living Services areas, which is a separate entity from the hospital, to use this scale, as well.

**Quality and Safety Council**

The Quality and Safety Council uses internal data and external quality and safety data to investigate, develop, implement, and evaluate nursing practice. One example is their investigation into using a “ticket to ride” process to improve hand-off communications between nurses and Radiology Department transporters. They developed a paper “ticket” that nurses and transporters would use to communicate important patient information such as pain control and IV and medication schedules that might need to be continued in the Radiology Department during patient testing. The Council then piloted the use of the ticket on one nursing unit. Upon completion of the pilot, they evaluated the outcomes and found the “ticket to ride” did not improve communication. The process proved more cumbersome and did not take advantage of our electronic medical record (EMR). Their evaluation of the “ticket to ride” pilot prevented full implementation of a process that was not successful in achieving desired outcomes.

**Practice Council**

The Practice Council plays an essential role in investigating, developing, implementing, and evaluating nursing practice at the hospital. This group of direct-care nurses from all specialty areas at Riverside examines various nursing practices to identify opportunities for improvement. For example, they have worked closely with nurses in our Information Technology Department to revise components in our EMR to improve documentation of intake and output (I&O) and intravenous fluids (IVs).

**Wound Care Project: Structures, Processes, and Outcomes**

In 2007, the Practice Council used our quality improvement process of Plan, Do, Check, and Act (PDCA) to raise staff nurse awareness of pressure ulcer prevention. They reviewed our 1st and 2nd quarter rates, compared against the National Database of Nursing Quality Indicators (NDNQI) national mean for all general hospitals, and found five of the seven units tracking this data exceeded the national mean in the first quarter of 2007 (indicated in red).

<table>
<thead>
<tr>
<th>Percent of Surveyed Patients with Unit Acquired Pressure Ulcers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Critical Care</td>
</tr>
<tr>
<td>2 ICU 1643</td>
</tr>
</tbody>
</table>
The council then investigated wound care practices on inpatient units and found wide disparities in wound care practices. They consulted with our Wound/Ostomy clinician Kathy Dahn, RN, and developed standard and consistent assessment and documentation practices, which they disseminated via posters to all nursing units. As nurses became more aware of this issue, the Council began to see improvements in practice. Second quarter data showed significant improvement, noting only one unit had unit-acquired pressure ulcer rates above the national mean (see table below). No data were obtained for one unit in 2<sup>nd</sup> Quarter.

<table>
<thead>
<tr>
<th>Percent of Surveyed Patients with Unit Acquired Pressure Ulcers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Critical Care</strong></td>
</tr>
<tr>
<td>2 ICU 1643</td>
</tr>
<tr>
<td>5 ICU 1645</td>
</tr>
<tr>
<td>NDNQI National Mean for General Hospitals</td>
</tr>
<tr>
<td><strong>Adult Medical</strong></td>
</tr>
<tr>
<td>3 Tele 1622</td>
</tr>
<tr>
<td>5 Tele 1625</td>
</tr>
<tr>
<td>NDNQI National Mean for General Hospitals</td>
</tr>
<tr>
<td><strong>Adult Surgical</strong></td>
</tr>
<tr>
<td>3 Ortho Neuro 1623</td>
</tr>
<tr>
<td>NDNQI National Mean for General Hospitals</td>
</tr>
<tr>
<td><strong>Adult Med-Surg Combined</strong></td>
</tr>
<tr>
<td>2 Med Surg 1612</td>
</tr>
<tr>
<td>NDNQI National Mean for General Hospitals</td>
</tr>
<tr>
<td><strong>Adult Rehab</strong></td>
</tr>
<tr>
<td>4 Rehab 1633</td>
</tr>
<tr>
<td>NDNQI National Mean for General Hospitals</td>
</tr>
</tbody>
</table>
The Council wanted to enculturate these improved practices in the hospital, and began planning a Wound Care Fair, which included presentations on assessment, treatment, and documentation of pressure ulcers. The fair was held in August of 2007 and was well attended by direct care nurses from all hospital areas. Unfortunately, due to a misunderstanding on the data collection date by data collectors and the NDNQI site coordinator, no units collected 3rd quarter data. Data were collected for almost all units following 3rd quarter of 2007. Enculturation of practices did occur, as evidenced by our pressure ulcer data through 2009, and as demonstrated in the table below.

<table>
<thead>
<tr>
<th>Adult Critical Care</th>
<th>4Q07</th>
<th>1Q08</th>
<th>2Q08</th>
<th>3Q08</th>
<th>4Q08</th>
<th>1Q09</th>
<th>2Q09</th>
<th>3Q09</th>
<th>4Q09</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 ICU 1643</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>8.33</td>
<td>8.33</td>
<td>10.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>5 ICU 1645</td>
<td>0.00</td>
<td>15.38</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NDNQI National Median for General Hospitals</td>
<td>8.47</td>
<td>9.2</td>
<td>8.44</td>
<td>7.75</td>
<td>7.62</td>
<td>4.17</td>
<td>5.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult Medical</th>
<th>4Q07</th>
<th>1Q08</th>
<th>2Q08</th>
<th>3Q08</th>
<th>4Q08</th>
<th>1Q09</th>
<th>2Q09</th>
<th>3Q09</th>
<th>4Q09</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Tele 1622</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>5 Tele 1625</td>
<td>0.00</td>
<td>No data</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NDNQI National Median for General Hospitals</td>
<td>3.99</td>
<td>3.99</td>
<td>3.39</td>
<td>3.06</td>
<td>3.35</td>
<td>2.78</td>
<td>2.59</td>
<td>2.76</td>
<td>2.92</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult Surgical</th>
<th>4Q07</th>
<th>1Q08</th>
<th>2Q08</th>
<th>3Q08</th>
<th>4Q08</th>
<th>1Q09</th>
<th>2Q09</th>
<th>3Q09</th>
<th>4Q09</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Ortho Neuro 1623</td>
<td>0.00</td>
<td>No data</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>5.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NDNQI National Median for General Hospitals</td>
<td>2.69</td>
<td>2.83</td>
<td>2.42</td>
<td>2.38</td>
<td>2.17</td>
<td>2.13</td>
<td>1.82</td>
<td>2.23</td>
<td>2.02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult Med-Surg Combined</th>
<th>4Q07</th>
<th>1Q08</th>
<th>2Q08</th>
<th>3Q08</th>
<th>4Q08</th>
<th>1Q09</th>
<th>2Q09</th>
<th>3Q09</th>
<th>4Q09</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Med Surg 1612</td>
<td>7.41</td>
<td>0.00</td>
<td>12.00</td>
<td>3.57</td>
<td>3.70</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NDNQI National Median for General Hospitals</td>
<td>3.38</td>
<td>3.42</td>
<td>2.90</td>
<td>2.45</td>
<td>2.52</td>
<td>2.52</td>
<td>2.31</td>
<td>2.24</td>
<td>2.33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult Rehab</th>
<th>4Q07</th>
<th>1Q08</th>
<th>2Q08</th>
<th>3Q08</th>
<th>4Q08</th>
<th>1Q09</th>
<th>2Q09</th>
<th>3Q09</th>
<th>4Q09</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Rehab 1633</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NDNQI National Median for General Hospitals</td>
<td>3.63</td>
<td>4.36</td>
<td>3.68</td>
<td>3.03</td>
<td>3.35</td>
<td>2.73</td>
<td>2.93</td>
<td>3.22</td>
<td>3.13</td>
</tr>
</tbody>
</table>

The unit-acquired pressure ulcer rate for the hospital was below the national median for the majority of the units, the majority of the time, since 4th quarter of 2007. The increase in the rate for 2ICU from 4th quarter, 2008 through 2nd quarter of 2009, was investigated. The majority of pressure ulcers were developing around patients’ ears from oxygen tubing. A respiratory therapist on the Practice Council found a device that could be placed on patients to relieve pressure from oxygen tubing and this device was purchased. This intervention and nurses’ and respiratory therapists’ continued vigilance has resulted in better patient outcomes – no pressure ulcers in the last two quarters of 2009.

The pressure ulcer rate for 2 Medical/Surgical was above the mean in 4th quarter, 2007, and from the first to third quarters of 2008 (although closer to the national median). Nurses have become increasingly vigilant. Another factor, which may have contributed to better outcomes on 2nd Medical/Surgical was the implementation of hourly rounding and walking shift reports in 2009.
Another structure and process used by Riverside nurses to investigate, develop, implement, and systematically evaluate standards of practice and standards of care is demonstrated in the peer review structure and process. Peer review is a process in which staff nurses assess and evaluate the performance of fellow nursing peers against predetermined standards. The goal of peer review is to promote professionalism through increased accountability in the delivery of high quality care. The predetermined standards in which the nurses’ performance is evaluated against may include evidence-based practice, certification standards, job descriptions, institutional standards and institutional policies.

**Unit-Based Peer Review Project: Structures, Processes, and Outcomes**

In 2008, the Practice Council began to incorporate a formal unit-based, peer review structure and process. Prior to that time, nursing peer review at Riverside was done in several venues, such as at scheduled equipment competency days, during new employee orientation, and during cross-training of nursing staff. Direct care nurses, Educational Services staff RNs, and our hospital APNs, LaRee Shule, RN, MSN, APN/CNS, CCRN, CNRN, and Margaret Ondrey, RN, MSN, APN/CNS, OCN, conducted various competency fairs or sessions throughout the hospital. The Practice Council wanted to involve more direct care nurses in peer review.

They began by investigating unit-based, peer review structures and process used in other organizations. Council members conducted a literature review on the topic, spoke with nurses who had attended conferences and seminars on the topic, and compiled this information. They also included the EBPR Council in helping with the literature review. After reviewing the literature the council then developed an implementation plan. Becky Carter, RN, Chair of the Practice Council at that time, approached Korene Scharp, then 2ICU Unit Leader, about conducting a unit-based, peer review project pilot in 2ICU. The Council wrote and submitted a proposal to our executive nursing leaders, Dave Duda, RN, MSN, CNO, and Deena Layton, RN, MSN, Vice President of Nursing Services. The proposal is included below.

************************************************

**Proposal for Unit-based Peer Review Councils**

**Background:** In Riverside’s ongoing pursuit of excellence, the Practice Council has been working on a unit-based Peer Review Process that would foster professional development for patient care staff, promote a spirit of mentoring among peers and encourage excellence in providing patient care. To this end we set a goal to “Develop a peer review process to evaluate performance of staff members and promote professional standards of behavior and best practice”. Our committee is comprised primarily of direct patient care staff and it is our agreed-upon philosophy that side by side and point of care peer evaluation and support will be a highly effective tool to achieve this goal.

**Overview of Peer Review Councils:** Patient care departments will elect their peers as representatives to the unit-based Peer Review Council. Elected representatives will conduct point of care competency evaluations with staff members on specific patient care topics and provide mentoring and modeling of best practice focus areas, which will improve overall staff
competency, foster professional growth and development and promote a spirit of mentoring among peers.

Peer Review Council Formation/Structure:
- All patient care departments will have their own Peer Review Council.
- Their department staff will elect all Peer Review Council representatives.
- 5 council representatives will be elected to each department.
- 1 alternate representative will be elected to each department.
  - the alternate representative will serve 2nd years as a regular council representative to promote continuity within the council.
- All department disciplines will be considered as potential representatives (RN, LPN, MST, US, etc.).
- Personnel from all shifts will be recognized as potential council representatives.
- The peer review council members will elect a Peer Review Council Chair and Co-chair.
  - the chair/co-chair positions will serve a 2 year term to promote continuity within the council
- All potential council candidates must be employees in good standing.
  - They must not be currently under any disciplinary action or probation
  - They must have a minimum of 2 years experience in their current position
  - They must be employed at least part-time

Election Process:
- Unit supervisor will provide names of staff members meeting eligibility requirements to the Practice Council.
- Names of eligible staff members will be posted on the units and any staff member not wishing to serve on the council will have an opportunity to remove their name from the list.
- A ballot will be created from the remaining names.
- The ballot will be structured to promote equal representation from day/night/weekend and support staff.
- Staff will have 1 week to submit their votes.

Preparation for Peer Review Council Representatives:
- Peer Council Representatives will be required to attend an initial training class, which will include a review of the competency criteria they will use for evaluations.
- Representatives will discuss the level of education that has been provided to staff on the topic for evaluation, and a proposed plan to provide any initial education that staff may require prior to their evaluation in the form of an informational education board will be posted in the departments.
- Peer Review Council Representatives will be instructed on the importance of mastering the competency requirements and modeling positive behavior.
- Training will be provided for Peer Council Representatives on delivering competency assessments
- Confidentiality agreements and commitment forms will be signed by all Peer Council Representatives

Peer Review Process:
- The specific area of clinical competence to be evaluated will be variable between individual departments and relevant to their specific clinical needs.
Individual units will be responsible for proposing a suggested topic for competency assessment for their staff members. All proposed topics must be focused on direct patient care issues and are subject to approval of the Practice Council to ensure adherence to this requirement.

The number of employees for evaluation in each department will be divided equally over twelve months to prevent overwhelming Peer Council Representatives and foster a year-long focus on each topic.

Individual employees will be notified by calendar of their competency assessment period.

Individuals will be responsible for initiating a side by side competency assessment by at least 2 Peer Review Council representatives during their assessment period.

Staff supervisors will be provided with all completed competency assessments and may use peer feedback at their own discretion during annual performance appraisals.

Peer Review Councils will meet quarterly and discuss specific department on-going educational needs, effectiveness of review process and impact on patient care outcomes.

Pilot Program:

- 2ICU has agreed to be a pilot department for the development and analysis of this program.
- It is proposed that an accelerated process of 6 months rather than 1 year be initiated for the evaluation process for the purpose of reviewing the program prior to implementation in all departments.
- On-going review of the process will be evaluated by the Practice Council.
- The suggested timeline for implementation is as follows:
  - April 2008 - Election of 2ICU council representatives
  - May 2008 - Education provided to 2icu council representatives
  - June 2008 - Competency assessments begin in 2ICU
  - August 2008 - Report by 2ICU Peer Review Council Chair to Practice Council
  - September 2008 - Names of eligible peer council representatives and suggested topics for peer evaluation from other departments submitted to the Practice Council for final approval
  - October 2008 - Election of council representatives to all other departments
  - November 2008 - Education provided to council representatives to all other departments
  - January 2009 - Competency assessments begin in all patient care departments

We are excited about the positive impact that this new program could have on staff and patient care at Riverside Medical Center. Thank you for your support.

Respectfully submitted,

The Practice Council

****************************************************************************************************

Nursing leaders were very excited about the development of the Peer Review Process and enthusiastically supported the program. With the support of Nursing Leadership, the
Practice Council presented the concept and goals of Peer Review to the 2ICU staff. Practice Council members then assisted Korene and her staff through the process of peer review as outlined in the proposal. The first task was to identify what the staff felt was a nursing competency that had an important role in patient care outcomes in their unit. Considering the patient population and quality indicators measured in 2ICU, staff decided to conduct peer review on The Care of the Patient on a Ventilator. They then looked at evidence-based practice recommendations to determine the competency criteria to be covered in the peer review.

Once the criteria were determined, they were brought to the Practice Council for review. With the help of Janet Jensen, Director of Educational Services, and LeAnn McCormick, RN, BSN, Onboarding Coordinator, in Educational Services, the competency criteria were formatted to support consistent measurement and evaluation. Following is the 2ICU Peer Review Competency Checklist for Care of the Patient on a Ventilator. The form includes the competency criteria.

****************************************************************************************************

2ICU Peer Review-Care of the Patient on a Ventilator Competency Checklist

Peer Reviewer’s Role & Responsibilities

1. Who do I need to fill out this checklist on and when is it due?

Please complete this competence via direct observation on a peer as requested during the month this competency is to be evaluated. Question: What if the employee was on a leave for the entire month? Do they complete this upon return and how will you track this? (Recommendation is yes they still have to do this upon return—and make this a requirement in OLIE on the plan so that you can generate exception reports easily to tell who hasn’t done it).

2. How should I complete this form?

You should check the box as you observe the task being carried out, rating performance according to the criteria guide for each item. The goal is to complete this checklist in one shift based upon direct observation while the employee cares for the patient.

3. What if I have an employee who is NOT meeting performance expectations or is struggling?

There is an action plan for improvements that need to occur beyond the orientation period. If you are unsure how to develop an action plan/goals, please call Education (or do they discuss/formulate at the Peer Review Council) at 4719. What if performance is so poor they do not meet competence? Then what? What is the peer is appalled and concerned for safety of the patient? (Note: this statement following is the guidance we give on orientation checklists to preceptors): If you have an employee who simply is not meeting performance expectations, notify your director/manager/team leader—they may contact Education and/or Human Resources to determine action plans/next steps.

4. How does a selected peer reviewer evaluate competence?
Have the nurse demonstrate or state how to perform the functions listed on the Peer Review Checklist. The order in which he/she demonstrates proficiency is unimportant unless the tasks must be completed in a particular order or sequence for patient safety. Each item must be demonstrated/discussed before being checked/rated.

If a nurse is unable to perform a task, walk him/her through the procedure giving additional help as needed, and then proceed with the remaining tasks on the list. When done, have them re-demonstrate those problematic functions that required additional assistance from you—or schedule another time for demonstration. (Do you want them to do this to address competence…?)

5. What do I do with this form when completed?

The original form must be sent to the Education Dept where it will be entered into OLIE. A copy goes to the Peer Review Council for your unit so that competence trends and patterns may be identified and addressed appropriately to help assure the highest possible level of competence and confidence with these tasks. Finally, a copy may be given to the employee being assessed for his/her own records.

If you have questions about how to complete this checklist, please call Education at extension 4719. When you finish this form, please return the completed ORIGINAL form to the Education Dept. THANKS for your commitment to professional practice and development of our staff at Riverside and congratulations on being selected as a peer reviewer!

Competence Review Guide

Please rate performance according to the following guide:

4 = Demonstrated competence of this content/skill and can verify others’ competence  
3 = Demonstrated competence of this content/skill  
2 = Demonstrated competence of some of this content/skill. Needs further education.  
1 = Lack of Understanding of this skill/content

Question for Consideration: Do you need a category for TOO NEW TO EVALUATE for someone on orientation for example?

1. Standing Ventilator Orders are on the chart and signed off correctly by staff
   • 4 = Correct standing orders are on the chart and are correctly signed and dated in a timely manner. If not completely signed, has taken appropriate action.  
   • 3 = Correct orders are on the chart and are signed but was not completed in a timely manner.  
   • 2 = Incorrect orders are on the chart, OR orders are incorrectly signed/incomplete.  
   • 1 = No orders are on the chart, OR incorrect and/or incomplete orders are on the chart.

2. Standing pulmonologist sedation orders for the ventilator patient are on the chart and signed correctly by staff
   • 4 = Correct standing orders are on the chart and are correctly signed and dated in a timely manner. If not completely signed, has taken appropriate action.  
   • 3 = Correct orders are on the chart and are signed but was not completed in a timely manner.  
   • 2 = Incorrect orders are on the chart, OR orders are incorrectly signed/incomplete.  
   • 1 = No orders are on the chart, OR incorrect and/or incomplete orders are on the chart.
3. Documentation is completed accurately and includes the following components:
   ▶ Size and Position of ETT/sedation vacation was provided
   ▶ Discussion of readiness to wean with physician
   ▶ HOB up 30 degrees or higher
   ▶ Oral Care provided correctly per Riverside policy
     • 4 = Documentation is completed in a timely manner and accurately records all components described above. Without prompting, can describe WHY all these items need to be documented.
     • 3 = Documentation is completed correctly for all components described above and completed in a timely manner. Is unable to verbalize WHY all these components must be documented and how it impacts care without prompting.
     • 2 = Documentation is completed in a timely manner but may not document on all components as described above. May be unable to verbalize WHY these components must be documented and/or how the components impact care.
     • 1 = Documentation may not be completed in a timely manner and does not document on all components as described above. Cannot verbalize WHY these components must be documented and/or how the components impact care.

4. Tonsil Suction and Suction Canisters are changed daily and dated
   Rating Criteria:
     • 4 = Completed tonsil suction and changed canister and correctly dated it without prompting. When asked, verbalized correctly why this practice is important for patient care.
     • 3 = Completed tonsil suction and changed canister and correctly dated it without prompting. When asked, couldn’t verbalize why this practice is important for patient care.
     • 2 = Completed tonsil suction. Did not date tonsil canister. When asked, said “I forgot.”
     • 1 = Did not date or change tonsil canisters. When asked, did not know this was to be done daily.

5. States the following criteria for VAP prevention:
   ▶ HOB up 30 degrees
   ▶ DVT prophylaxis
   ▶ GI prophylaxis
   ▶ Discuss weaning readiness with physician
   ▶ Daily sedation vacation
   ▶ Oral Care per policy
     • 4 = Can state ALL the above criteria for VAP prevention and without prompting, can verbalize WHY each criteria is important for nursing practice.
     • 3 = Can state ALL the above criteria for VAP prevention. With minimal or no prompting, verbalizes WHY SOME (but not all) of the criteria is important for nursing practice.
     • 2 = Can state 3 or more of these criteria and may need prompting to verbalize their importance for VAP prevention.
     • 1 = States less than 3 of these VAP prevention criteria and needs prompting to state the importance of these practices.

6. Correctly states the functions of each ventilator setting:
   ▶ Mode
   ▶ Rate
   ▶ FiO₂
Pressure Support

PEEP

- 4 = Can state ALL the functions of each vent setting listed above without prompting. Can state how to adjust vent setting and when to adjust it without prompting.
- 3 = Can state ALL the functions of each vent setting listed above with minimal prompting.
- 2 = Can state 3 or more of the functions of each vent setting listed above but requires prompting.
- 1 = States less than 3 of these VAP prevention criteria and needs prompting.

7. Correctly demonstrates where to locate settings on the vent for order verification

- 4 = Without prompting, correctly demonstrates where to locate settings on the vent for order verification in a timely manner.
- 3 = With minimal prompting, correctly demonstrates where to locate settings on the vent for order verification.
- 2 = Requires assistance to locate settings on the vent and then can correctly verify the vent order.
- 1 = Requires assistance to locate vent settings and needs assistance to correctly verify the vent order.

8. Assesses patients’ responsiveness to treatment in an age-appropriate manner

- 4 = Without prompting, correctly assesses patients’ responsiveness to treatment in an age-appropriate manner and can verbalize nursing actions to take based upon assessment and rationale for actions. Documents results of assessment in a timely manner, complying with charting by exception practices.
- 3 = Without prompting, correctly assesses patients’ responsiveness to treatment in an age-appropriate manner and documents results of assessment in a timely manner. May comply with charting by exception practices. Can verbalize appropriate nursing actions to take based upon patients’ responsiveness to treatment but may find it difficult to explain evidence or rationale for nursing actions.
- 2 = Assesses patients’ responsiveness to treatment in an age-appropriate manner but may miss components of the assessment. May not document results complying with charting by exception practices or may not complete charting in a timely manner. May state incomplete or inappropriate nursing actions to take based upon the assessment. May find it difficult to explain evidence or rationale for nursing actions.
- 1 = Assesses patients’ responsiveness to treatment but misses important assessment components and/or does not incorporate age-specific considerations into the assessment. Does not document results in a timely manner and/or does not follow charting by exception practices. States incomplete or inappropriate nursing actions to take based upon assessment. Finds it difficult or is unable to verbalize evidence or rationale for nursing actions to take post-assessment.

2ICU Peer Review-
Care of the Patient on a Ventilator Competency Checklist

Name: ________________________________
Job Title: _______________________

- Initial Competency Assessment (new employees only)
- Annual Competency Assessment

A note to our team: The best person to evaluate competence is someone who has been recognized by their peers as the unit ‘expert’, who routinely and competently performs the tasks being assessed. The recognized best method of assessing competence is to evaluate the performance on the job with an actual patient. The proof of competence is in the practice!

<table>
<thead>
<tr>
<th>Competency Assessed</th>
<th>Level of Competency Assessed</th>
<th>Comments (Explain in this column any items assessed as a 1 or 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 = Demonstrated competence of this content/skill and can verify others’ competence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = Demonstrated competence of this content/skill</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Demonstrated competence of some of this content/skill. Needs further education.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = Lack of Understanding of this skill/content</td>
<td></td>
</tr>
</tbody>
</table>

**EXAMPLE OF HOW TO COMPLETE**

**Tonsil Suction and Suction**

**Canisters are changed daily and dated**

- Completed tonsil suction and changed canister and correctly dated it without prompting. When asked, verbalized correctly why this practice is important for patient care.

**Standing Ventilator Orders are on the chart and signed off correctly by staff**

**Standing pulmonologist sedation orders for the ventilator patient are on the chart and signed correctly by staff**

**Documentation is completed accurately and includes the following components:**
- Size and Position of ETT/sedation vacation was provided
- Discussion of readiness to wean with physician
- HOB up 30 degrees or higher
- Oral Care provided correctly per Riverside policy

**Tonsil Suction and Suction Canisters are changed daily and dated**

**States the following criteria for VAP prevention:**
- HOB up 30 degrees
- DVT prophylaxis
- GI prophylaxis
- Discuss weaning readiness with physician
- Daily sedation vacation
- Oral Care per policy

**Correctly states the functions of each ventilator setting:**
- Mode
- Rate
- FiO₂
<table>
<thead>
<tr>
<th>Competency Assessed</th>
<th>Level of Competency Assessed</th>
<th>Comments (Explain in this column any items assessed as a 1 or 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Support</td>
<td>4 = Demonstrated competence of this content/skill and can verify others’ competence</td>
<td></td>
</tr>
<tr>
<td>PEEP</td>
<td>3 = Demonstrated competence of this content/skill</td>
<td></td>
</tr>
<tr>
<td>Correctly demonstrates where to locate settings on the vent for order verification</td>
<td>2 = Demonstrated competence of some of this content/skill. Needs further education.</td>
<td></td>
</tr>
<tr>
<td>Assesses patients’ responsiveness to treatment in an age-appropriate manner</td>
<td>1 = Lack of Understanding of this skill/content</td>
<td></td>
</tr>
</tbody>
</table>

All of the above items and ratings, along with any plan of action/development necessary, have been discussed with me and I understand what my responsibilities and standards are for my work performance at Riverside HealthCare. My signature below does NOT necessarily constitute agreement with this peer review.

Signature of Employee: ____________________________ Date: ________________

Peer Reviewer Notes/Ratings/Comments Section:

Signature of Evaluator: ____________________________ Date: ________________

Overall Competency Met: ____ (all items must be rated a 3 or 4)

Overall Competency Needs Improvement: ____ (what results in a needs improvement?)

Additional Comments/Plan of Action if Competency Not Met (continue on additional sheet of paper if necessary):

****************************************************************************************************

The Practice Council then developed the peer review council structure and process for selecting peer reviewers. A ballot was developed based on staff interest and eligibility. The staff also decided to include respiratory staff as possible peer review council members due to their close involvement in the care of patients on ventilators. During the election process, 2ICU staff had one week to vote for the staff members they felt were experts in the care of the patient on a ventilator. What was most exciting is that every staff member participated in the voting process!

The Practice Council members collected the ballots and tallied the votes. The Peer Reviewers for 2ICU included: Ashley Price, RN; Kathy Benoit, RN; Becky Carter, RN; Judy
Bright, RN; Rene Schnell, RT; and Jennifer Langieller, RT. The Practice Council notified peer reviewers via a congratulatory letter. Following is the template for this letter.

Dear ____________

The Practice Council congratulates you on being named as a member of the Professional Nursing Peer Review Council. This is a great honor since you have been recognized as being a professional who consistently maintains a level of excellence in providing quality patient care and shares knowledge, and provides mentoring to fellow staff so they also provide high quality care.

As a member of the Professional Nurse Peer Review Council your involvement will include assisting in competence assessment and education of ______________. It is recommended that additional meetings be scheduled quarterly for the council to discuss on-going educational needs, effectiveness of the review process, and the impact on patient care.

To guide you through the journey of Peer Review we ask that you attend an initial educational session on ______________, from __________ in ____________. The meeting schedule is attached for your review. If you have any questions please feel free to call Margaret Ondrey, CNS, at 935-7509 ext. 4382 or your Dept. Director.

Thank You,

Practice Council

The announcement of the Peer Review Council members was celebrated with flyers posted in the 2ICU department (see below). This process was also shared with other Patient Care Councils for dissemination in other areas.
The next step in unit-based Peer Review development was obtaining the 2ICU peer reviewers’ signature on a commitment form. The Peer Review Council Representatives were then required to attend an initial training class, which included a review of the peer review process, the functions of the peer review council, competency criteria on the peer evaluation tool, and development of education so that stay new what criteria they would be reviewed. The agenda for the class follows:

**Professional Nursing Practice Peer Review Council Orientation Class**  
January 7, 2009  
8:30 a.m. – 10:30 a.m.

8:30 a.m.–8:45 a.m. Welcome

8:45 a.m.–9:15 a.m. Peer Review Process…………………..LeAnn McCormick  
- Mentoring  
- Scripting  
- Commitment/Confidentiality Forms

9:30 a.m.–10:00 a.m. Council Meetings………………………Margaret Ondrey  
- Required meeting dates  
- Election of chairperson, co-chairperson and scribe  
- Facilitation of meetings  
- Review of current process  
- Review of peer evaluations  
- Review of program evaluations  
- Resources  
- Record of meetings

10:00 a.m.–10:30 a.m. Council Preparation of Education/Information Board

The peer review process helped staff identify areas of improvement in the care of the ventilated patient. One area identified as an area of improvement was oral care. The peer review council and unit team leader arranged with a vendor to pilot use of an oral care kit. This product was piloted, evaluated as an effective product, approved by hospital leaders, and was incorporated into the physician order set for ventilator patients. 2ICU staff also worked with the Information System department to build
ventilator documentation into the documentation component of the EMR. This helped in assuring consistent compliance with patient documentation criteria.

The peer reviewers decided to review each nurse twice. The first review included observation of current techniques and education in areas where the nurse’s competency criteria needed improvement. The second review was to verify the nurse had incorporated the recommendations from the first review into the care of their patients. The peer review council wanted to stress the education component of the peer review process. To complete the peer review process, the peer review council also wanted to provide staff with an opportunity to evaluate the peer reviewer. A form called Feedback to the Professional Nurse Peer Reviewer was given to each staff nurse to complete.

Outcomes related to implementation of the 2ICU Peer Review Council include our Ventilator Associated Pneumonia (VAP) rates (see graph below). Riverside’s data is compared to national benchmarks from the National Healthcare Safety Network (NHSN) system of the Centers for Disease Control and Prevention (CDC). The implementation of the 2ICU Peer Review Council likely has influenced our positive outcomes, our VAP rates and incidences per year, which have remained below the national pooled mean rate for the last six years. The data below are for the organization: the blue bar indicates Riverside VAP incidents per year and the maroon bar indicates the Riverside mean rate, which is benchmarked with the NHSN pooled mean rate. 2ICU and 5ICU are the only two units in the hospital where ventilated patients are located.

**VAP at Riverside, 2003 - 2009**
The Peer Review structure and process is also being implemented in other nursing units. For example, the Emergency Department conducted a peer review project on sterile urine specimen collection in 2009. The 3rd Telemetry Unit is conducting a peer review project on stroke-related patient education and the 4th Medical/Pediatric Unit is evaluating pediatric asthma care and patient education.

Summary

Several external and internal structures and processes have served as foundations for nurses’ investigation, development, implementation, and systematic evaluation of standards of practice and standards of care. External structures were the ANA Scope and Standards of Nursing Practice, the ANA Nursing Administration Scope and Standards of Practice, and Dr. Timothy Porter O’Grady’s principles of shared governance in nursing management. Internal structures and processes are the committees and councils that include nurses from all levels of nursing at Riverside Medical Center and the work of these groups to explore ways to improve nursing practice and patient outcomes. The process of peer review at Riverside has provided a process in which nurses investigate care related issues, use evidence-based information to develop and implement change, and systematically evaluate the care delivered through measurable quality outcomes. The development, dissemination, and enculturation of our practice evaluation structures and processes were demonstrated in our outcomes such as successful standardization of nursing leader positions and patient care outcomes pertaining to our VAP and unit-acquired pressure ulcer rates. Riverside nurses at all levels continue to investigate, develop, implement, and evaluate our structures, processes, and outcomes to support improvement of all aspects of nursing practice.

References

