

## Guidelines for Best Practices for Advanced Practice Professional Nurse Peer Review

### Peer Review for Advanced Practice Professional Nurses

In 1999, an amendment to the Nursing Practice Act required that Certified Nurse Midwives, Clinical Nurse Specialists and Nurse Practitioners all provide evidence of completion of a peer review process acceptable to the board. (IDAHO CODE 54-1411 (2), IDAPA 23.01.01.300.07)

In November of 2004, the Board developed a policy for Advanced Practice Professional Nurses (APPNs) to follow. An audit of the process used by APPNs was completed with the 2005 renewal. After reviewing the processes used, the Advanced Practice Professional Nurse Advisory Committee (APPNAC) thought that it might be helpful to describe “best practice” models that could be used by APPNs if desired.

Peer review is the “systematic process by which one assesses, monitors and makes judgments about the quality of care provided to patients by other peers as measured against established standards of practice” (ANA, 1983). The overall purpose is to improve client outcomes by encouraging nurse provider competency. It should have the positive effects of stimulating personal and professional development and should challenge the nurse to think critically about his practice.

The Board of Nursing policy describes Peer Review as *the process that measures on-going practice competency of the advanced practice nurse. It should be performed by a licensed APPN, physician, PA or other professional certified by a recognized credentialing organization.* It is important that the person that performs the review is knowledgeable of the standards of care required by the clients seen. A peer is a health professional with similar but not necessarily identical training or experience.

*Peer review should focus on a mutual desire for quality of care and professional growth, incorporating attitudes of mutual trust and motivation.* It should not be used to take privileges or personnel actions or as an annual employment review. Participants need to agree to be objective and to give and take constructive evaluation.

*Peer review should reflect national standards of care and provide evidence of competence. It shall include one or more of the following peer review processes; clinical rounds, on-site peer collaboration, retroactive records review or other appropriate processes.* It is important to establish how the process will be accomplished. A written policy, contract or verbal agreement will identify how this will be done. If the process is clinical rounds, than how often will this be done and how many clients will be reviewed? An on site peer collaboration or retroactive records review process should define how often it will take place and the number of client charts that will be reviewed.

*Peer review shall provide evidence that issues identified in the peer review process have been appropriately addressed.* A process that happens only annually might make it difficult to appropriately address issues that are identified. The process should be able to facilitate early identification of quality issues or concerns. A record of review with issues that were identified should be available. Development of a form which identifies those areas to be evaluated is helpful. The form could follow the type of charting done with each visit. For example, a form based on problem-orientated medical records would include a subject section, object, assessment, management and evaluation. Included in these areas would be history, P.E., medications, diagnosis procedures, assessment, and treatment modalities. Theses areas might be more precise in a specialty setting for clients with similar diagnoses but broader in a general practice setting.

An example of A Peer Review Model is included. This is only an example or a guideline for those who may be interested or having difficulty designing a process.

### Peer Review Model

1. Peer Review Process completed annually (quarterly)
2. Form used includes area of yes/no check off and an area for comments

Methods of Review	Yes	No	Comments
Clinical Rounds (Dates)			
Collaboration (Dates? Who?)			
Retrospective Record Review (# reviewed)			
Case Presentation (Dates)			
Review Elements	Yes	No	Comments
Clinical Documentation Including subjective and objective data			
Satisfactory Problem Identification/ Problem List			
Assessment/Diagnosis			
Plan/ Treatment			
Evaluation			
Would have managed case in a similar manner			
Would have managed the case differently in _____ aspects			
Evidence of Collaboration			
Outcomes	Yes	No	Comments
Excellent			
No Adverse Outcomes			
Minor Adverse Outcomes			
Significant Adverse Outcome			

3. Reviewer Signature

3/07