Improving Safety Culture and Engagement Through Peer Review

Kathleen A. Doan PharmD, BCPPS

Kristin Miller MSN, RN, CPN







Disclosure

Indiana University School of Medicine (IUSM) policy ensures that those who have influenced the content of a CE activity (e.g. planners, faculty, authors, reviewers and others) disclose all relevant financial relationships with commercial entities so that IUSM may identify and resolve any conflicts of interest prior to the activity. All educational programs sponsored by Indiana University School of Medicine must demonstrate balance, independence, objectivity, and scientific rigor.

There are no relevant financial relationships with a commercial interest for anyone who was in control of the content of this activity.





Objectives

- Describe how the concept of peer review in the pharmacy setting can be applied in your organization
- Summarize the impact that pharmacy peer review can have on outcomes
- Understand the importance of interdisciplinary collaboration in event reviews









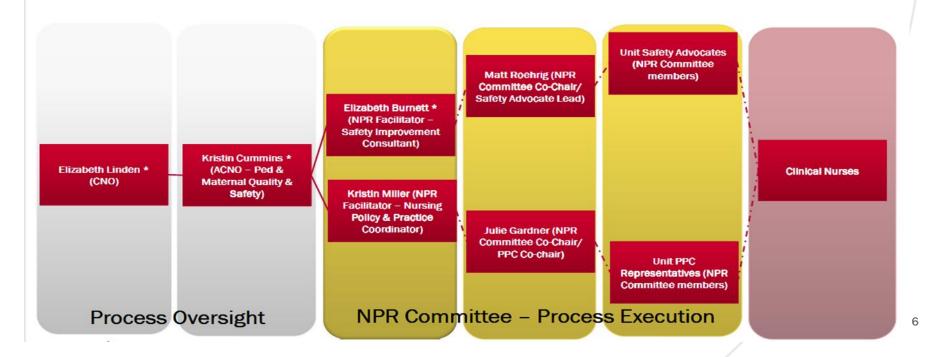
What is Peer Review?

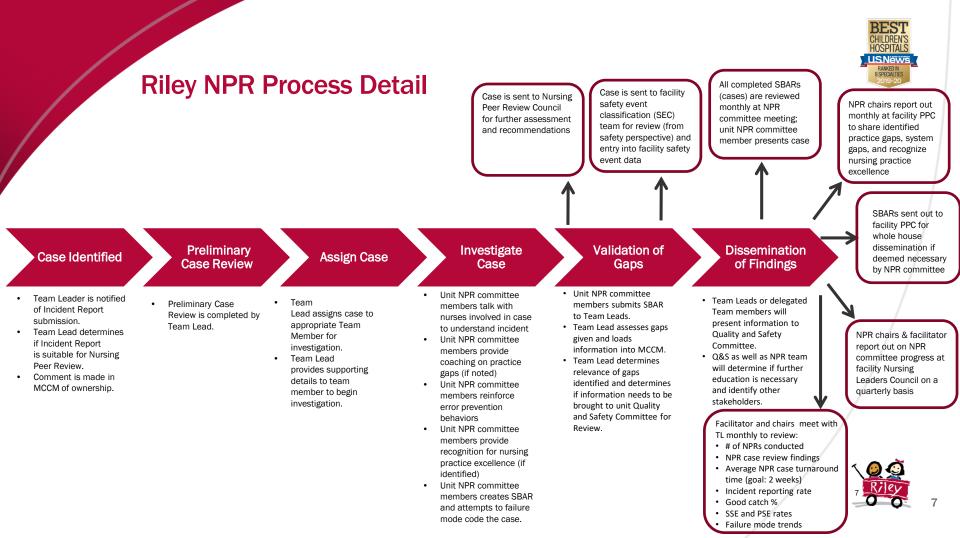
Process by which professionals systematically assess, monitor, and make judgments about the quality of care provided by peers as measured against professional standards of practice (ANA, 1988).





Riley Nursing Peer Review Structure







Goals of Nursing Peer Review at Riley

- Decrease harm
- Improve processes
- Engage team members
- Identify opportunities
- Improve culture
- Enhance performance
- Increase efficiency
- Identify barriers
- Role actualization
- Recognition
- Protect from external controls

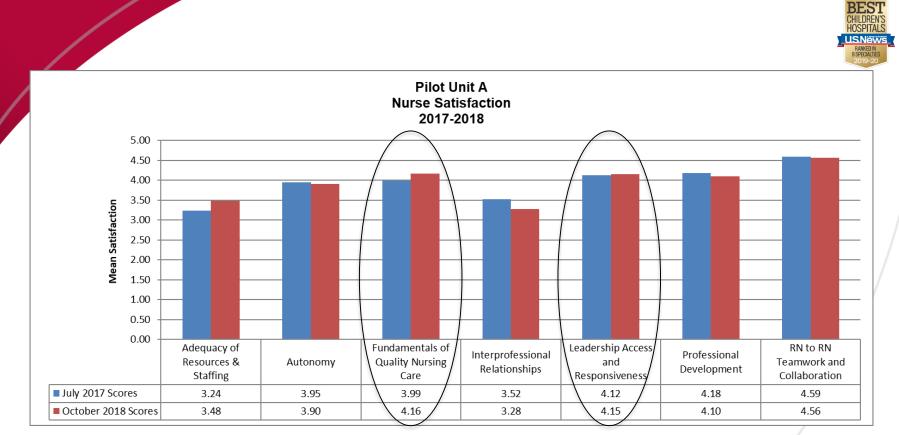


Unit A - 2018 Culture of Patient Safety Survey Dimension/Question	Unit % Positive	Hospital % Positive	2018 National Average
In this unit, people treat each other with respect	88.2%	82.3%	87.0%
Supervisor/Manager Expectations & Actions Promoting Safety	97.0%	78.8%	80.0%
Organizational Learning – Continuous Improvement	82.9%	72.6%	72.0%
Management Support for Patient Safety	74.2%	64.7%	72.0%
Overall Perceptions of Patient Safety	71.2%	65.0%	66.0%
Feedback & Communication About Error	68.3%	59.0%	69.0%
Communication Openness	70.4%	64.0%	66.0%
Frequency of Events Reported	66.7%	57.3%	67.0%
Nonpunitive Response to Errors	66.0%	51.2%	47%

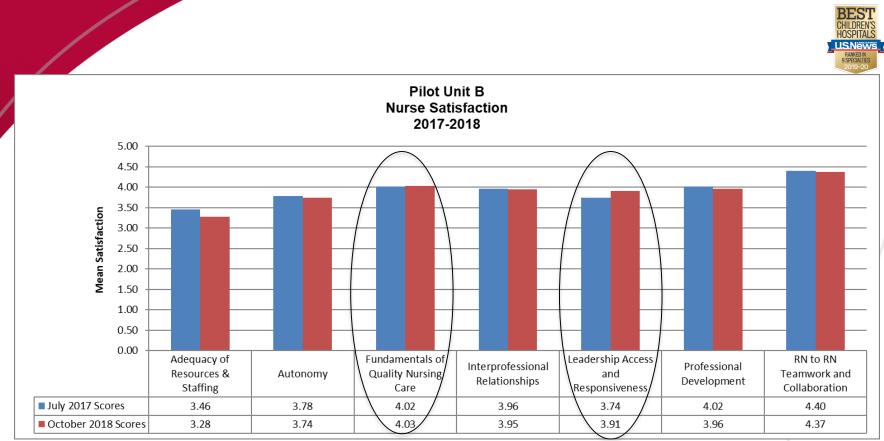


Unit B - 2018 Culture of Patient Safety Survey Dimension/Question	Unit % Positive	Hospital % Positive	2018 National Average
In this unit, people treat each other with respect	91.1%	82.3%	87.0%
Organizational Learning – Continuous Improvement	75.1%	72.6%	72.0%
Handoffs & Transitions	49.6%	41.1%	48.0%











Next Steps

- Continue Rolling Go-live of Unit-Based NPR
- Nursing Peer Review Council
- Share Riley NPR Process
- Initiate peer review in other disciplines







Pharmacy Peer Review - Pilot 2020

- Modeled after the current Nursing Peer Review process
- Goal objectives
 - Review documented reports
 - Review trends and share with Pharmacy Department
 - Celebrate Good Catches!
- Examples of Pharmacist Practice Reviews
 - Reconciliation assessment (both admission and discharge)
 - Therapy recommendations
 - Order verification
 - Allergy assessment
 - Renal/hepatic function assessments
 - Drug-drug interactions or duplications





Pharmacist Peer Review Committee

- Clinical Manager
- Team leads
 - Operational
 - Clinical Operational
- Pharmacists
 - 2 Generalists
 - 1 Clinical Pharmacy Specialist
- Future members:
 - Technicians
 - Infusion pharmacy representation
 - Retail pharmacy representation





Example pharmacy review - SBAR

- Situation: Pt was a 6-month old with complicated medical history and increased SCR who received vancomycin at an inappropriate interval.
- **Background:** Pt was recently discharged with acute kidney injury. She was readmitted with fever and the medical team prescribed antibiotics (vancomycin and cefepime) after consulting with the pharmacy specialist. Given the increased SCR (0.9), dosing recommendations for vancomycin were 15mg/kg Q 12hr. Medical resident unintentionally order the vancomycin for 15mg/kg Q 6hrs. Order was verified by the pharmacist and patient received 3 doses prior to the error being discovered.



Example Pharmacy Review - Assessment



- Pharmacist: Dosing alert did fire for increased SCR (acknowledged the alert with "therapy appropriate as ordered"). Pharmacist is a senior pharmacist with 15+ years of experience. Department was fully staffed with both pharmacists and technicians. A pharmacy policy does exist stating patient will have an initial SCR when vancomycin is ordered and will be assessed before scheduled doses will be given. Pharmacist aware of policy and expectations. She did acknowledge the alert but did not review fully assess the SCR as would be expected. She stated she knew the order was needed quickly as the patient was just admitted and had not received antibiotics. The orders were on the complicated admission orders.
- Deviations: Pharmacist failed to fully review the patient's renal function with the verification of vancomycin order. Pharmacist failed to fully review the dosing alert that fired with increased SCR.
 - failure modes: inattention, lapse, incorrect assumption, information overload, situational awareness, failure to validate/verify, tunnel vision
- Significance: Vancomycin was stopped b/c cultures were negative. SCr remained elevated but did not increase. No harm or treatment identified.





Example Pharmacy Review - Recommendations

- Remind pharmacist of policy antimicrobial renal and weight-based dosing protocol
 - Includes expectations
 - monitor patient's renal function and adjust medication dosing to maximize desired therapeutic outcome while minimizing the potential for adverse or toxic effects. Protocol ensures that renal function for patients in the hospital are reviewed by a licensed pharmacist on order verification
 - Includes procedures
 - ⁻ Pt's clinical status and renal function will be assessed by the pharmacist
 - [–] Pharmacist will evaluate medication order for appropriate dose upon verification
 - [–] EMR dosing alerts will be addressed.





Action Items

- Share the concept of peer review with leaders in your organization
- Work together with team members and leaders in your organization to establish a peer review structure and process
- Establish outcomes and goals for your peer review process





Questions





References



- American Nurses Association (ANA). Peer Review Guidelines. Kansas City, MO: ANA; 1988.
- https://www.americannursetoday.com/nursing-peer-review-principles-and-practice/
- *Branowicki, P., Driscoll, M., Hickey, P., Renaud, K., & Sporing, E. (2011). Exemplary professional practice through nurse peer review. *Journal of Pediatric Nursing*, 26, 128-136.
- Brooks, O., Rieger-Kligys, M. (1995). Peer review: An approach to performance evaluation in a professional practice model. Critical Care Nursing Quarterly
- Davis, K., Capozzoli, J. & Parks, J. (2009). Implementing peer review- Guidelines for managers and staff. Nursing Administration Quarterly, 33(3), 251-257.
- *Diaz, L. (2008). Nursing peer review: Developing a framework for patient safety. The Journal of Nursing Administration, 38(11), 475-479.
- Garner, J. K. (2015) Implementation of a nursing peer-review program in the hospital setting. *Clinical Nurse Specialist.* Online publication. doi: 10.1097/NUR.00000000000149
- *Haag-Heitman, B., & George, V. (2011). Peer review in nursing: Principles for successful practice. Sudbury, Mass: Jones and Bartlett.
- Haag-Heitman, B. & George, V. (2011). Nursing peer review: Principles and practice, American Nurse Today. Retrieved from <u>https://www.amicannursetoday.com/nursing-peer-review-principles</u>





References continued

- *Korkis, L., Ternavan, K., Ladak, A., Maines, M., Ribeiro, D., & Hickey, S. (2019). Mentoring clinical nurses toward a just culture: Successful implementation of nursing peer case review. *The Journal of Nursing Administration*, 49(7/8), 384-388.
- Morby, S. K. & Skalla, A. (2010). A human care approach to nursing peer review. Nursing Science Quarterly, 23(4), 297-300.
- Porter-O'Grady, Tim, Malloch, Kathy. (2013) Leadership in Nursing Practice. Burlington, MA. Jones & Bartlett
- Pfeiffer, J. A., Wickline, M. A., Deetz, J., & Berry, E. S. (2012). Assessing RN-to-RN peer review on clinical units. *Journal of Nursing Management*, 20, 390-400.
- Staveski, S., Leong, K., Graham, K. Pu, L., & Roth, S. (2012). Nursing mortality and morbidity and journal club cycles. AACN Advanced Critical Care, 23(2), 133-141.
- *Spiva, L. A., Jarrell, N. & Baio, P. (2014). The power of nursing peer review. The Journal of Nursing Administration, 44(11), 586-590.



CHILDREN'S CHILDREN'S HOSPITALS CHILDREN'S HOSPITALS RANKED N 9 SPECIALIES 2019-20

Thank You

Kathleen A. Doan PharmD, BCPPS Clinical Manager Pharmacy Services kdoan@iuhealth.org 317-948-5829

Kristin Miller MSN, RN, CPN

Nursing Policy and Practice Coordinator

kmiller45@iuhealth.org

317-948-4356

