# Nursing Peer Review: One Trauma Center's Process to Improve Nursing Care

Authors: Elizabeth Spradlin & Rochelle Armola UCHealth Memorial, Trauma Services

## Introduction:

During a recent state trauma designation review, the trauma program was encouraged to implement a mechanism by which nursing documentation discrepancies could be evaluated and other quality issues could be reviewed in a timely manner. As a newly designated Level III trauma center, the perceptions of performance improvement (PI) and caring for injured patients in a systematic fashion were novel concepts to some areas of the hospital. Physician trauma peer review had already been well established, however, it was recognized there was a need for another venue by which to engage nurses throughout the institution. This venue would help facilitate an understanding of the entire spectrum of trauma care and its impact on patient outcomes. This led to the creation of a Trauma Nursing Peer Review (NPR) committee, which was modeled after the trauma multi-disciplinary physician peer review. This created a tertiary review process for nursing.

## Objectives:

- Engage nurses to participate in peer review process that examines clinical proficiency and patient safety via case review.
- Utilize evidence based practice to critically analyze patient care delivery.
- Incorporate trauma PI taxonomy, develop recommendations, implement action plans, and track loop closure.

## Project Design:

The monthly NPR meeting is scheduled one week prior to physician peer review which allows cases to be forwarded if needed. Cases are identified through individual referral or primary and secondary trauma review processes. During NPR, representatives present the course of care related to their department, determinations are made using a standardized taxonomy, and consensus is obtained for action items and loop closure. Tasks are assigned to appropriate committee members with deadlines identified. The beginning of each meeting starts with the old business report out and action item follow up. This helps ensure ongoing action items are closely monitored by the committee.

## Conclusion:

Strong support from the executive nursing leadership team was critical for the successful implementation of NPR. Efforts were made to ensure early representation from stakeholder departments who treat trauma patients. As meetings continued, involvement expanded to include additional ancillary departments, such as quality, pharmacy, radiology and blood bank, to support adequate representation from the continuum of care. Setting attendance, participation, and member responsibility expectations has helped ensure the meetings remain productive. One year post implementation the meetings continue to be well attended with highly engaged members. The benefits of establishing NPR include:

- Unifying and empowering the trauma team, giving everyone a voice and shared accountability.
- Helping to identify learning opportunities and support trauma education hospital wide.
- Creating a multi-disciplinary team approach to tackle PI issues from a nursing systems perspective.

## Future Steps:

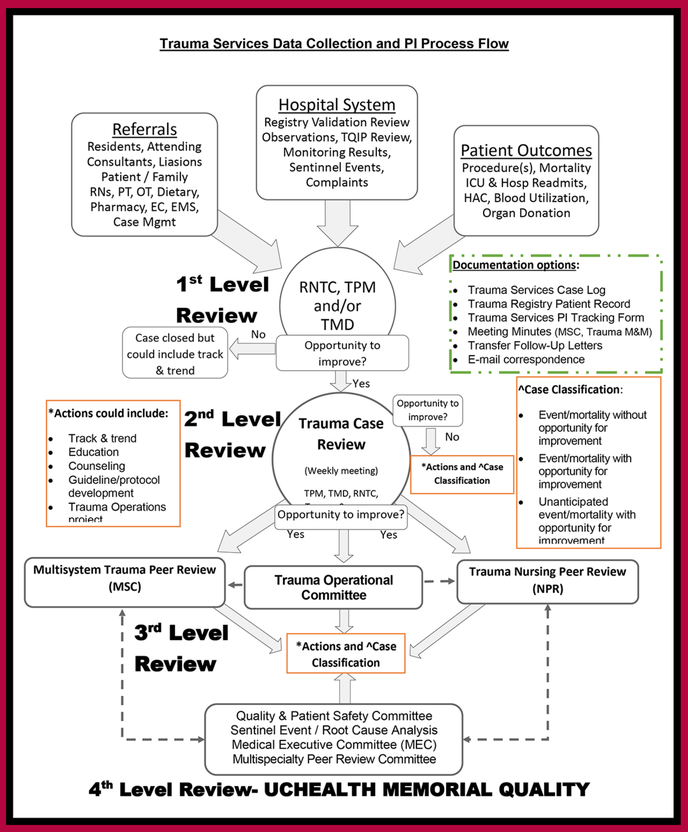
- Engage bedside nursing into NPR.
- Examine how NPR has impacted quality patient outcomes.
- Formally incorporate the Just Culture Algorithm™ to aid in consistent application of action plans.

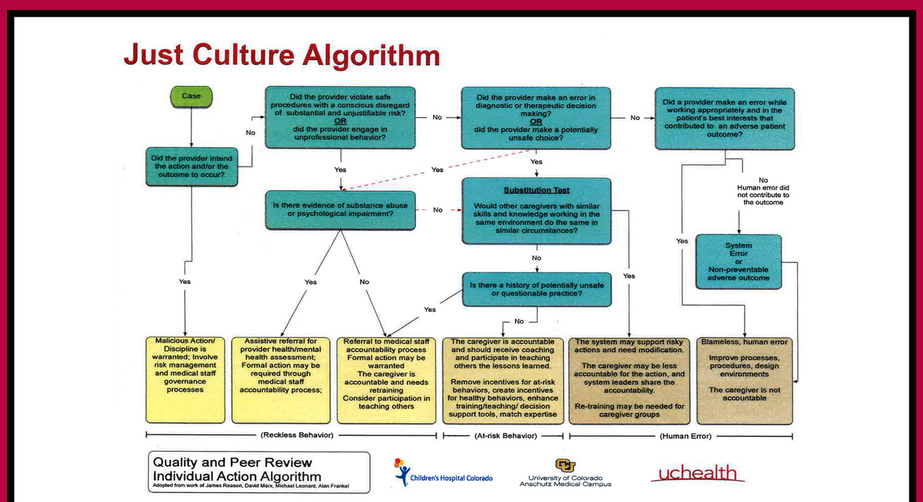
## References:

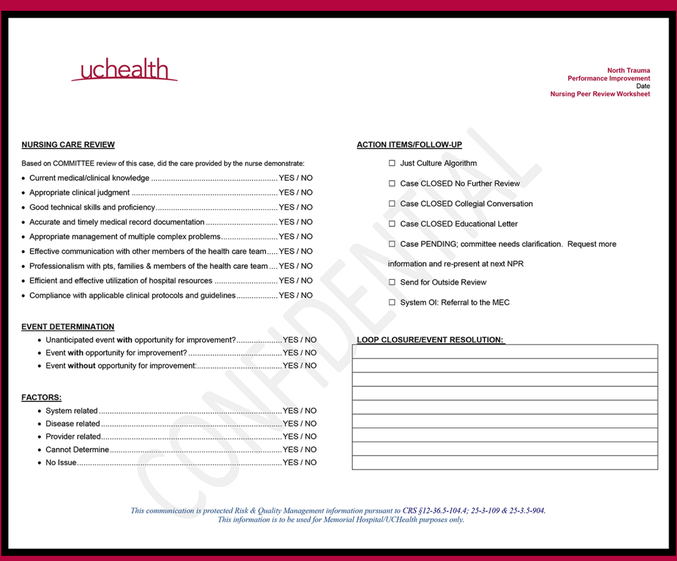
American College of Surgeons. *Resources for Optimal Care of the Injured Patient 2014.*

Barbara Haag-Heitman and Vicki George; Peer Review in Nursing: Principles for Successful Practice; Jones and Bartlett Publishers; 2011.

Society of Trauma Nurses. *Trauma Outcomes and Performance Improvement Course* (TOPIC), 2017 edition.




uchealth