



Idaho Board of Nursing

Philosophy Statement

Best Practices for Advanced Practice Registered Nurses (APRN)-Peer Review

The APRN committee developed guidelines for Best Practices for Peer Review. This will be placed on the Board website to be a reference for APRNs who have questions about the peer review process.

The Nurse Practice Act requires that Certified Nurse Midwives, Clinical Nurse Specialists, Certified Nurse Anesthetists, and Certified Nurse Practitioners all provide evidence of completion of a peer review process acceptable to the Board. (IDAHO CODE 54-1411(2), IDAPA 24.34.01.002.21.

The board developed a policy for Advanced Practice Registered Nurses (APRNs) to follow. An audit of the process used by APRNs was completed with the 2005 renewal. After reviewing the processes used the Advance Practice Registered Nurse Advisory Committee (APRN-AC) thought that it might be helpful to describe “best practice” models that could be used by APRNs, 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 challenge the nurse to think critically about their practice.

The Board of Nursing policy describes Peer Review as the process that measures on-going practice competency of the advance practice registered nurse. It should be performed by a licensed APRN, 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, exemplar demonstrating role and spheres of impact, 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, then how often will this be done and how many clients will be reviewed? An onsite peer collaboration or retroactive records review process should define how often it will take place and the number of client charts that will be received.

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Best Practices for Advanced Practice Registered Nurses-Peer Review, Continued

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. These areas might be more precise in a specialty setting for clients with similar diagnosis but broader in a general practice setting.

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

Model:

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

Includes:

Methods of Review

- Clinical Rounds (dates)
- Collaboration (dates? Who?)
- Retrospective Record Review (reviewed)
- Case Presentation (dates)
- Review Elements:
- 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:

- Excellent
- No Adverse Outcomes
- Minor Adverse Outcome
- Significant Adverse Outcome
- Explanation of Checked Items

Reviewer Signature: