



**2011 ACNL Annual Conference  
Abstract**

**C.A.R.E.S Peer Review: Nurse Accountability for Nurse Sensitive Patient Outcomes**

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**Purpose:** Peer review is a basic tenet of professions and a standard for nursing (ANA, 1983). C.A.R.E.S. Peer Review is a component of the nursing performance improvement plan to promote the professional nursing role of autonomy and decision-making—two variables important to management of patient stabilization and safety. An organizational opportunity arose to develop structure and process elements to support bedside nurses performing peer review and a supportive organizational culture to facilitate nurse-sensitive patient outcome peer review.

**Background:** Creating a structure and process that hardwires the obligations of the professional RN supports a nursing culture that includes the professional role obligation to be a key decision-maker on the inter-disciplinary team, uses evidence-based practice to guide decisions, sees the obligation to transfer knowledge as a means to ensure safe and effective practice, and uses innovation and peer review to achieve outstanding patient outcomes and experiences.

**Method:** Management of patients' conditions and quality of care are dependent on consistent professional role authority and decision making process. Increasing professional role competence and related decision-making practice of RNs is foundational to ensuring high standards of nursing practice. A new process designated as C.A.R.E.S. (Collegiality, Accountability, Respect, Evidence and Safety) Peer Review Program was developed over the past two years to provide a systematic process for reviewing nursing practice. The system supports role competence by providing a forum for the bedside nurse to evaluate the nursing care provided, related to a nurse-sensitive outcome case and identifying areas for improvement in the 9-Step Decision Making process. During bi-weekly meetings cases presented include: hospital acquired pressure ulcers, falls with injury, DVT, aspiration pneumonia, cardiopulmonary arrests related to 12 hours preceding the event, nosocomial UTI and single event cases. Nursing leaders, Risk Manager, CNSs, educators and resource nurses attend the meetings to provide support for rapid cycle action addressing barriers to care, systems issues and educational needs.

**Results:** Results indicate that in many cases, role competent care was provided. The most common role competence gap identified was transferring of knowledge caring for patients with complex conditions, acknowledging this requires effective communication and coordination of care to achieve positive patient outcomes. Where system issues have been identified, action plans were developed that led to sustained improvement in nurse-sensitive indicators.

**Conclusion:** The C.A.R.E.S environment is a safe, learning environment for the bedside nurse. The nurse completing the case review learns about their unit practices and has opportunity to reflect on their own nursing practice. Discussions provide a systematic and consistent method for review and raising the standard of care. Peer review facilitates achievement of PI target goals. Outcomes of peer review highlight continuity of caregivers and effective handoffs are essential. C.A.R.E.S. Peer Review has engaged bedside nurses in seeking solutions to improve patient care and has identified excellent nursing practices when providing care for acute care complex patients.

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