



# Order in the Court: Improving Nursing Practice Through Mock Peer Review

**Beth Millican, MSN, RN**  
**Methodist Children's Hospital**



## CLINICAL INQUIRY

In light of the ongoing pandemic, the Children's Emergency Department (CED) has seen an increase patient acuity and patient load. The result of these increased demands has been a 50% decrease in patient documentation. To correct this issue and emphasize the importance of adequate documentation, a mock peer review was organized to raise awareness about the legal consequences and significance of accurate documentation.

## PROJECT GOALS

This exercise was developed with the goals of increasing documentation compliance, improving patient safety, and increasing knowledge of state and hospital documentation requirements.

## PICO

In emergency room staff, does participation in a mock peer review exercise lead to improved compliance and accuracy in documentation compared to traditional documentation practice without exposure to a peer review process over a period of six months?

## SUMMARY INTERNAL EVIDENCE

Internal evidence gathered during monthly quality audits focused on the metrics of medication scanning documentation, critical result documentation, and pain reassessment documentation. Prior to this exercise, these metrics were as follows:

- Medication scanning: 99%
- Critical result documentation: 62%
- Pain reassessment: 52%

## PROJECT DESCRIPTION

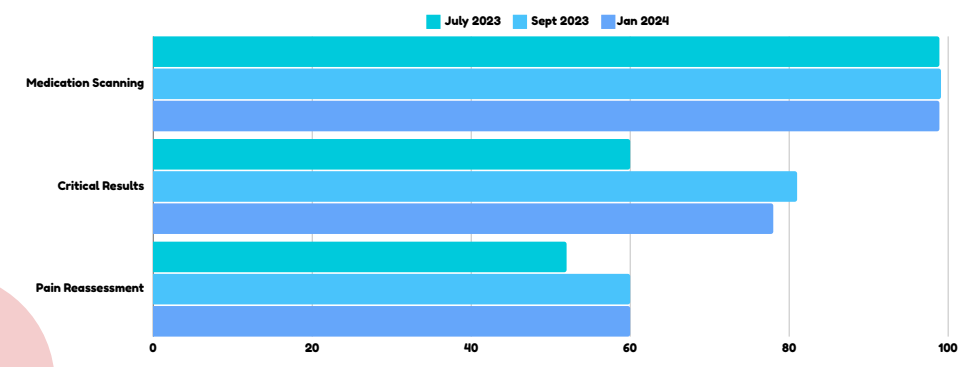
After identifying a documentation practice gap, supportive data was collected in collaboration with the department's Quality Nurse. The stakeholders in this exercise consisted of the Children's Emergency Department staff. The Director of Professional Nursing Practice was used to facilitate the peer review process while staff served as members of a mock committee. A pre and post-test was provided to staff to determine their knowledge of nursing peer review, the Texas Administrative Code, hospital policy, and documentation as it pertains to admissibility in a court of law.

A fictional case was presented to staff that highlighted a new nurse who failed to document, resulting in patient harm. Staff then utilized the BON Flow Chart for Determining if an Error is a Minor Incident and BON Rule 217.19 to determine if this error was a major or minor incident, and if it was reportable to the Board of Nursing.

At the completion of the mock peer review, staff participated in a debriefing exercise. They were encouraged to identify their own practice gaps along with potential practice changes to improve documentation.

## EVALUATION STRATEGY

Audits of charting were conducted prior to the exercise, in the month after the exercise, and 6 months after the exercise and demonstrated improvement in compliance.



## CONCLUSIONS AND IMPLICATIONS

This exercise proved very meaningful for the participating staff and leadership. A gap in practice was exposed and this activity provided a safe and engaging space for staff to learn about state and hospital regulations as well as the potential threats to patient safety when these practices are not followed.

The pre-test results showed an average score of 83% with most staff demonstrating unfamiliarity with peer review and with hospital policy regarding documentation. Post-test results showed an increase in scoring to 95%, reflecting better understanding of these topics.

Following this exercise, there was a measurable increase in documentation compliance lasting one month from intervention. Continued education is necessary to reach new staff and staff members who did not participate in this activity.

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## REFERENCES

