

**PeriAnesthesia Staff RN Participation in Formal Incident-Based Nursing Peer Review:
Impact on Perianesthesia Nursing Engagement and Occurrence Reporting**

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Introduction: Incident-based Peer Review (IBPR) is essential to nursing professionalization, self-governance and accountability. A PACU RN became a peer reviewer in this facility. The perianesthesia units are the PACU for Phase 1 Recovery, the Outpatient Surgery (OPS) for pre-op/Phase 2 Recovery and the Pre-Admit Clinic (PAC).

Identification of the problem: Nurses are uncomfortable with peer review. Management provided feedback. Staff accountability to one's practice and to the team is challenging. Formal clinical performance review (e.g., occurrence reporting) is used to assign blame.

EBP Question/Purpose: PICO question. Databases utilized. For perianesthesia units, can staff participation in IBPR versus non-participation affect staff engagement and the usage of occurrence reporting? Investigators searched in CINAHL, PubMed and Ebscohost.

Methods/Evidence: The Nurse Excellence Council (NEC) is the organization's IBPR. A PACU RN joined this, to increase specialty participation, enhancing comprehension of the perianesthesia workflow during case review. This RN reviewed 17 cases, eight involving perianesthesia RNs, and advocates for peer input before finalizing reviews. The transition to an electronic process reduced the required resources for case completion (Brunson, Johnson & Spencer, 2020). The NEC enhanced transparency and engaged RNs involved in cases. Herrington and Hand (2019) found an increase in patient safety culture with nursing peer review.

Significance of Findings/Outcomes: After four years of perianesthesia staff involvement in IBPR, the nurse engagement survey shows increasing nurse satisfaction. In 2021 and 2022, PACU met the benchmark in two of four items on autonomy. Two items missed benchmark by 0.02 and 0.2 versus 0.09 and 0.5 the year before. OPS is below benchmark both years, but increased scores in three of four items in 2022. Both units met the benchmark on patient safety. In 2022, PAC met the benchmark on autonomy and patient safety. The events reviewed in the NEC decreased from 104 in 2021 to 24 in 2022. Of cases evaluated as opportunities for improvement, 4% involved OPS RNs. For cases appraised acceptable care, 14% involved PACU RNs.

Implications for perianesthesia nurses and future research: Perianesthesia staff participation in IBPR can improve nurse engagement in perianesthesia units. Understanding of IBPR value can enhance quality of care and safety in practice. We recommend further inquiry on the implications of the decrease in occurrence reporting by the perianesthesia units.

References:

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