

# IHSC Nurse Peer Review Guide

November 2019



## Foreword

This *IHSC Nurse Peer Review Guide* supplements the following IHSC Directive:

- 01-46, *Multidisciplinary Peer Review*

This Guide explains concepts, assigns responsibilities, and details procedures for conducting a nurse peer review and oversight of the nurse peer review process.

The intended audience are regional nurse managers, nurse managers, and all IHSC registered nurses and licensed vocational nurses, or licensed practical nurses, the IHSC Credentialing and Privileging Office, and health services administrators (HSA).

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Date

## MULTIDISCIPLINARY PEER REVIEW: NURSE PEER REVIEW GUIDE

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**Overview:** This Guide provides instruction for conducting peer reviews for nursing staff who support the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC). Nursing staff include all registered nurses (RNs) and licensed vocational nurses (LVNs), or licensed practical nurses (LPNs). The primary goal of nursing peer review is to evaluate the appropriateness of services that patient care nurses deliver.

A “peer review” is a clinical performance enhancement process and not an employee evaluation report. It is a tool to continuously improve the quality of care provided to IHSC patients. The peer review process is designed to examine nursing staffs’ clinical documentation, with the goal of continuous quality improvement.

The term “peer” refers to any nurse who possesses commensurate licensure and position as the nurse under review. An RN can review another RN or an LVN/LPN; however, LVNs/LPNs cannot complete a review on an RN. The peer reviewer may be a co-worker at the same facility, or may work at another IHSC facility.

The term “reviewee” refers to the nurse undergoing a review. The term “peer reviewer” refers to the nurse completing the review of another nurse. The peer reviewer may work at the same facility or another IHSC facility. All IHSC full-time nurses (i.e., administrative staff not solely performing on IHSC support missions) must undergo and participate in peer review evaluations.

**A. GUIDANCE:** IHSC completes a clinical performance review of its facility nursing staff annually. The Chief, Nursing Services Unit (NSU)/Chief Nurse ensures all nurse manager (NM) peer reviews are completed annually. The facility NM tracks and ensures completion of peer reviews for each RN, LVN, and LPN annually. The NM or designee provides clinical oversight for the nursing peer review process.

- 1. Review period.** A peer reviewer completes the peer review for each nurse six (6) months after hire, and annually thereafter. The reviewing RN, LVN, or LPN completes the peer review process in accordance with procedures outlined herein. The reviewer uses the IHSC Nurse Peer Review Form to complete the peer review process.
- 2. Process overview.** The NM coordinates the peer review process for all federal nursing staff, and ensures the contract coordinator arranges the peer review process for contract nursing staff. The NM or contract coordinator selects the peer reviewer. For the peer review process, an RN can review another RN or an LVN/LPN; LVNs/LPNs cannot complete a review on an RN. The peer reviewer may be a coworker at the same facility, or may work

at another facility. The peer reviewer has 30 days to complete the peer review process and provide documentation to the NM. The peer reviewer maintains strict confidentiality of review process findings and paperwork throughout the process.

3. **Findings.** The peer reviewer records findings on the IHSC Nurse Peer Review Form.
4. **Determination of findings.** The NM notifies the RN, LVN, or LPN of the completed peer review and shares findings with the facility nurse. The threshold for compliance is 90 percent overall or 85 percent for any one criterion. IHSC maintains the Nurse Peer Review Instrument in the local credentialing file of the RN, LVN, or LPN.
5. **Corrective action.** Corrective action refers to actions required to correct deficiencies in nursing knowledge, clinical skills, or documentation. The determination of findings includes recommendations for improvement. The NM notifies the RN, LVN, or LPN of any corrective action plan. If review finding is below threshold, then a corrective action plan follows the procedures outlined herein.
6. **Monitoring and tracking.** The NM maintains a log, or other written record, listing the names of the facility nurses reviewed and the dates of their most recent reviews.
7. **Documentation review.** The Chief, NSU, or regional nurse managers (RNM), may request random audits of nursing peer review documentation from IHSC-staffed facilities, as needed. Information from peer reviews inform the development and implementation of quality improvement activities and identify nursing department educational needs.

## B. PROCEDURES

1. **Advance notification.** The NM notifies the RN, LVN, or LPN(s) of the upcoming review no less than 30 days prior to the peer review. NMs should notify facility nurses in writing, via electronic mail, with a read receipt.
2. **The NM or designee assigns the peer reviewer.** The peer reviewer examines at least ten (10) patient encounters or progress notes for each RN, LVN, or LPN. The peer reviewer selects completed encounters from the electronic health record (from within the year under review), or can choose to directly observe the nurse. Encounters reviewed should include a variety of patient encounters found within the electronic health record as appropriate for the nurse's credential level (RN, LPN, or LVN): intake screening; sick call; health appraisal and physical examination; and medication administration.
3. **Time frames.** The peer reviewer must complete peer review process within 30 days from the start of the peer review. Once the nurse manager reviews

the Nurse Peer Review Form and findings, the nurse manager provides the nurse reviewed with a copy within 30 days.

4. **Documentation and routing.** The peer reviewer records results on the IHSC Nurse Peer Review Form.
  - a. The peer reviewer returns the completed IHSC Nurse Peer Review Form to the NM.
  - b. If needed, the NM reviews and completes a corrective action plan, and routes results to the HSA, or designee, for inclusion in the employee's local credential folder. The NM should forward a copy of any corrective action plan developed from nursing peer reviews to the RNM.
  - c. All individuals involved with the peer review must keep documents confidential throughout the review process, and when filed in the employee's credential file.
  - d. The reviewer must include the following elements in each review: the name of the individual being reviewed, the date of the review, the name and credentials of the reviewer, a summary of findings and corrective action plan, if any, and confirmation that the NM shared findings with the facility nurse reviewed.
  
5. **Corrective action.** The threshold for compliance is 90 percent overall or 85 percent for any one criterion. If review findings fall below the compliance threshold, the NM creates a corrective action plan to improve employee performance. The NM notifies the nurse of the corrective action plan and completes recommendations for improvement identified in the IHSC Nurse Peer Review Form.
  - a. Corrective action plan and process. The corrective action plan is a written document that describes actions to improve facility nurse compliance with IHSC standards. The RN, LVN, or LPN must review the IHSC Nurse Peer Review Instrument findings and acknowledge receipt in writing. The RN, LVN, or LPN must complete additional training and/or supervision as indicated. The NM ensures a repeat peer review within three to six months of the deficient review, sooner if deemed necessary." See Table 1.
  - b. Satisfactory corrective action findings. The NM notifies the RN, LVN, or LPN upon successful completion of the corrective action process and first repeat peer review. The NM submits documentation of successful corrective action to the facility nurse's credentialing file.

- c. Unsatisfactory corrective action findings:
  - i. For U.S. Public Health Service (PHS) officers and federal staff: If facility nurse performance fails to achieve the compliance threshold after completing the initial corrective action process and the repeat peer review, the NM and the regional NM meet with the RN, LVN, or LPN to review the findings. The NM or RNM recommends additional training and/or supervision and documents the recommendation. The NM identifies opportunities for improvement and retraining and educates the nurse in areas where improvements are warranted.
  - ii. For contract nurses: If a contract nurse fails to achieve the compliance threshold after completing the initial corrective action process and the repeat peer review, the contracted personnel's employer (contract coordinator) provides feedback and develops a corrective action plan in collaboration with the NM. The contract coordinator addresses any unsatisfactory findings identified and coordinates the corrective action plan with the technical monitor, through the contracting officer's representative (COR).
- 6. **Persistent unsatisfactory findings.** The NM, or designee, implements an independent review (of corrective actions) when the nurse fails to meet compliance thresholds, after completing the third corrective action period and peer review.
  - a. For PHS officers and federal staff: The RNM and NM contact the IHSC chief nurse to implement this review. The independent review assesses the RN, LVN, or LPN's compliance with discipline-specific and community standards, and examines trends in the nurse's clinical practice. The reviewer may conduct the independent review on-site or remotely, provided the reviewer was not previously involved in the care of the patient(s) involved.
  - b. For contract employees: If compliance remains unsatisfactory after three repeated peer reviews, the contracted personnel's employer must provide feedback and develop a corrective action plan to address the compliance failure. The employer must coordinate the additional corrective action plan, with the technical monitor, through the COR.
  - c. Serious concerns. If the RNM or NM has serious concern about an individual nurse's competence, the NM, or designee, will implement an independent review. The independent review is the assessment of a health care professional's compliance with discipline-specific and community standards. The RNM and NM consult with the IHSC Chief Nurse to determine if an independent review is appropriate, identify the reviewer, and specify the time frame for any immediate action requirements. The independent reviewer cannot be a nurse previously involved in the detainee's care.

**Table 1**

Peer Review	Findings	Follow Up Actions
Annual	Satisfactory	NM reviews, provides a copy to nurse, and files documentation in employee file.
Annual	Unsatisfactory	NM reviews; develops corrective action plan. <b>PHS/Federal:</b> NM discusses corrective action plan with nurse, provides a copy to nurse, and files in employee file. Completes new peer review in 3 months. <b>Contractor:</b> If a peer review is unsatisfactory, the contracted personnel's employer (contract coordinator) must: provide feedback to the contract nurse; and develop a corrective action plan to address any unsatisfactory findings identified, in collaboration with NM and the technical monitor through the COR.
Corrective Action Review	Satisfactory	NM reviews, provides a copy to nurse, and files documentation in employee file.
Corrective Action Review	Unsatisfactory	NM reviews; develops additional corrective action plan. <b>PHS/Federal:</b> NM and RNM provides copy of findings and discusses corrective action plan with nurse; NM files documentation in employee file; completes new peer review in 3 months. <b>Contractor:</b> If peer review is unsatisfactory, the contracted personnel's employer (contract coordinator) must provide feedback and develop a corrective action plan to address any unsatisfactory findings identified in collaboration with nurse manager, and coordinate the corrective action plan with the technical monitor through the COR.
2nd Corrective Action Review	Satisfactory	NM reviews, provides copy to nurse, and files documentation in employee file.

Peer Review	Findings	Follow Up Actions
2nd Corrective Action Review	Unsatisfactory	<p>NM and RNM reviews.</p> <p><b>PHS/Federal:</b> NM and RNM notifies IHSC chief nurse, who will conduct an independent review; provides copy to nurse. Chief nurse, RNM, and NM discuss corrective action plan with nurse; NM files documentation in employee file; completes new peer review in 1 month.</p> <p><b>Contractor:</b> If a peer review is unsatisfactory, the contracted personnel's employer (contract coordinator) must provide feedback and develop a corrective action plan to address any unsatisfactory findings identified in collaboration with nurse manager, and coordinate the corrective action plan with the technical monitor through the COR.</p>
Serious Concerns	Repeated Unsatisfactory Findings	<p>If there is serious concern about an individual nurse's competence, an independent review will be conducted. The independent review is the assessment of a health care professional's compliance with discipline-specific and community standards. The RNM and NM consults with the IHSC chief nurse to determine the appropriateness of the independent review and identify the individual to conduct the review.</p>