Peer Review Position Statement

1. Introduction

The WA Country Health Service (WACHS) strives to provide safe high-quality health care services through embedding a culture of transparency, review and evidenced based learning to enable WACHS to learn from situations.

Peer review is a method used to reflect, evaluate and improve the care and services that WACHS provides to improve people's health and wellbeing. This aim of this document is to assist staff, services and programs to recognise the minimum standards for peer review processes within WACHS.

Guidance for this statement was sourced from the document, "Review by Peers: A guide for professional, clinical and administrative processes"[1] published by The Australian Commission on Safety and Quality in Healthcare in July 2010 and information from WACHS staff on current processes where a review by peer/s occurs to identify strengths, weaknesses and assure quality care.

Peer Review is a critical element in any organisational clinical quality system and this statement provides information to support clinicians when conducting peer reviews to assure, maintain or enhance quality of work / performance and improve patient safety and health outcomes.

Findings from the WA Review of Safety and Quality 2017 included recommendations for benchmarking performance and ensuring participation by health practitioners in clinical audit. In addition, the second edition National Safety Quality Health Service Standards includes a core action requiring organisations to support clinicians to take part in clinical review of their practice (Action 1.28).[2]
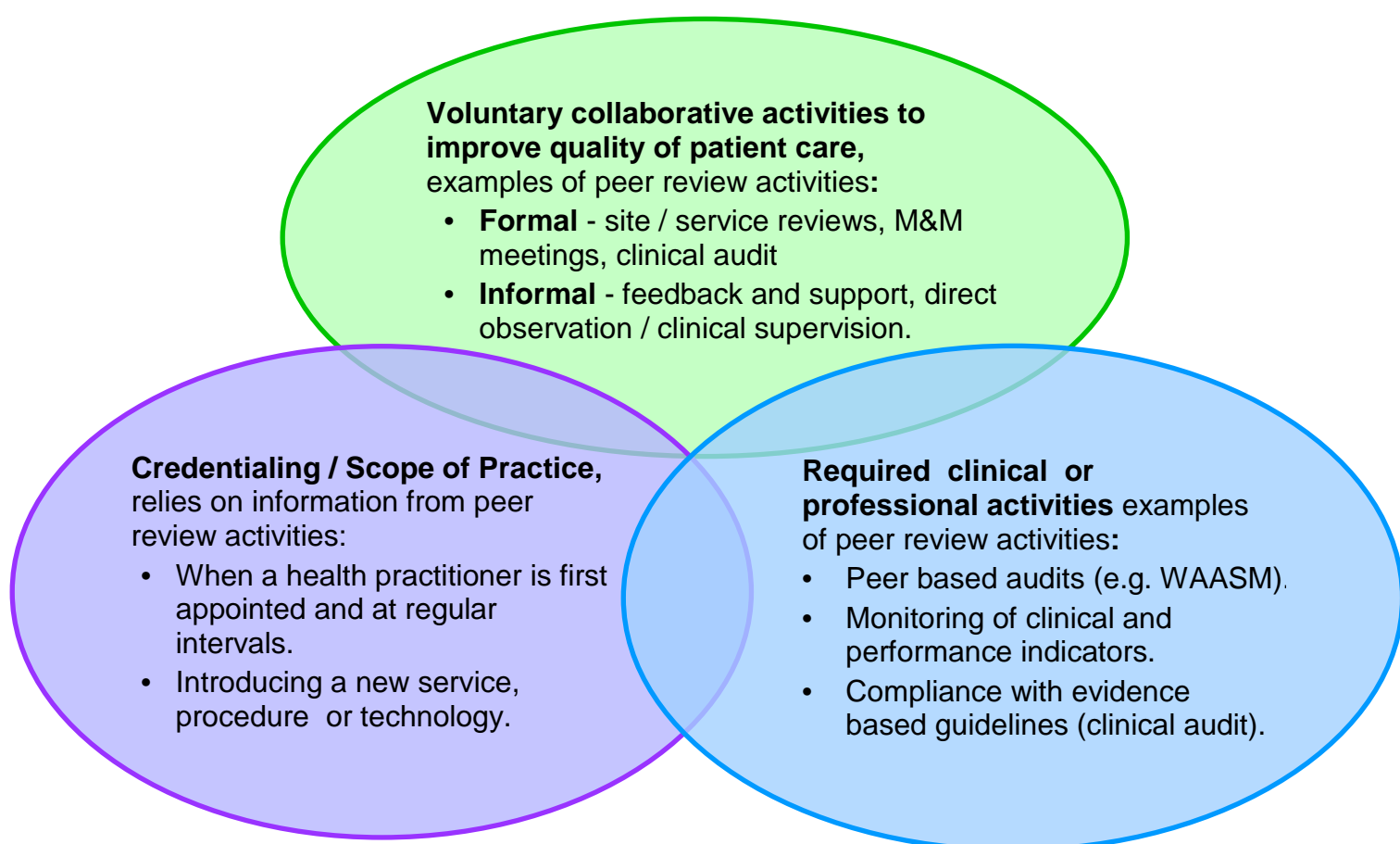
2. Purpose

Peer review is used to:

- evaluate the quality and quantity of care based on practice standards
- determine the strengths and weaknesses of care based on practice standards .
- provide evidence for change in practice protocols to improve care.
- identify practice patterns that indicate a need for more knowledge.

Peer review can be used for a number of purposes that may overlap, these can include:

- **Voluntary collaborative activities** to maintain monitor and improve the safety and quality of patient care. These activities are led by health practitioners and can be either:
  - **Formal** (organisational practice) - for example:
    Structured peer consideration of clinical activity such as Morbidity and Mortality (M&M) meetings, review of individual clinician's performance and clinical indicators within professional craft groups, clinical audits , site / service reviews conducted within the organisation .

- **Informal** (as agreed between colleagues) - for example:
Feedback and support, direct observation / clinical supervision.

- **Required routine clinical department / professional activities**
Professional bodies, professional registration, terms of employment or continuing professional development for professional associations I colleges or employment conditions may require the conduct of peer review activities. These activities can include:
  - peer based audit, for example the WA Audit of Surgical Mortality (WAASM)
  - WACHS Nursing and Midwifery Practice Framework
  - monitoring of clinical and performance based indicators against benchmarks and peers
  - clinical reviews
  - review and investigation of adverse events, for example through the Clinical Incident and Management System (CIMS) process.

- **Credentialing processes and defining scope of clinical practice.**
These processes rely on information that is generated from routine clinical department I professional or separate peer review activities and are conducted:
  - at the commencement of a new health practitioner to a health service and at routine re- credentialing periods
  - when a new service, procedure or technology is introduced.

Diagram 1: Purposes of Peer Review

Voluntary collaborative activities to improve quality of patient care, examples of peer review activities**:**
- **Formal** - site / service reviews, M&M meetings, clinical audit
- **Informal** - feedback and support, direct observation / clinical supervision.

Credentialing / Scope of Practice, relies on information from peer review activities:
- When a health practitioner is first appointed and at regular intervals.
- Introducing a new service, procedure or technology.

Required clinical or professional activities examples of peer review activities**:**
- Peer based audits (e.g. WAASM).
- Monitoring of clinical and performance indicators.
- Compliance with evidence based guidelines (clinical audit).

Principles of peer review

a. Peer review is supported by the organisation

Effective peer review processes should be integrated into organisation processes to monitor and maintain the performance of safety and quality systems.

b. Clinical staff have a responsibility to engage in peer review

Clinicians have a professional responsibility to engage actively as both participants. and reviewers in effective peer review.

c. Information is valid and reliable

Information provided to, or produced from peer review processes should be purposeful, unbiased and reliable.

d. Peer review processes are to be timely, fair and equitable.

Peer review activities should encourage the open, impartial and honest review without bias and is not intended to be punitive.

e. To improve patient care.

Peer review activities are conducted with the purpose / intent to improve patient safety and quality of care.

Required characteristics of peer review

· All health practitioners are required to maintain professional objectivity in the conduct of a review of peers and to act in good faith and in the best interests of WACHS and/or patients. All potential conflicts or bias must be declared.

· Health practitioners or health services whose work is to be peer reviewed should be included in the information collection, analysis, interpretation of results, and the development, implementation and review of recommendations.

· Peer review may include both qualitative and quantitative components.

· Data and indicators applied for the review of a peer must be reliable and valid. The use of data and results for benchmarking should be robust, comparable and consistent.

Policy and Process / Mandatory requirements

WA Health Operational Directives, mandatory policies and WACHS Policies that govern peer review practices include:

Western Australian Review of Death Policy - OD 0448/13

WACHS Review of Death Procedure

Clinical Incident Management Policy (2015) - OD 0611/15

Credentialing and Defining Scope of Clinical Practice Policy MP 0084/18

WACHS Credentialing for Nurse Practitioners and Eligible Midwives Policy

WACHS Management of a Complaint or Concern About the Performance of a Medical Practitioner Guideline

WACHS Nurse Practitioner Guidelines for Emergency Care and Remote Area Healthcare Sites

WACHS Medical Practitioners' Manual

WACHS Utilisation of the Society of Hospital Pharmacists of Australia Clinical Competency Assessment Training Across WACHS Pharmacy Departments Procedure

WACHS Clinical Audit Policy

WACHS [Workforce Learning and Development Policy](#)

Maintaining records

Records of all formal peer review processes should be kept. These records should include:

- date of peer review
- the purpose and method of peer review (e.g. Case review, Service review)
- the staff and / or service involved in the peer review, either as a reviewer or as a participant
- the number of services / procedures / events that were reviewed (if applicable)
- time period of the review
- outcomes / and or recommendations of the peer review.

Informal peer reviews conducted as part of daily professional practices may not need to be documented; and should not be discouraged by unnecessary documentation requirements.

Outcomes of Peer Review

To drive improvements in clinical practice, feedback and recommendations arising from peer review should be:

- feedback to the participating health practitioner / service / program
- monitored through appropriate channels
- provided to managers / governing committees / networks as per the relevant governance structure.

Compliance

Compliance and evaluation may be monitored by review of the recording and reporting of peer review activities and recommendations / actions planned.

3. Definitions

Peer	A peer is a health professional / health service of the same rank, profession, education, clinical expertise, or level of licensure (although not necessarily all) who performs similar roles
Peer review	The impartial and independent evaluation by a practitioner of creative work or performance by other practitioners in the same field in order to assure, maintain and/or enhance the quality of work or performance [1]

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Appendix A: Example of Peer Review processes conducted within a WACHS service

Peer review processes conducted within the WACHS Maternity and Newborn Services

WACHS Nursing and Midwifery Leadership Forum	**WACHS Health Care and Safety Quality Executive Subcommittee**
WACHS Midwifery Advisory Group	**WACHS Obstetrics & Gynecology Clinical Advisory Patient Safety Group (O&G CAPS)**
Regional Maternal and Newborn Clinical Governance and Patient Safety Committees	**Regional Clinical Governance and Patient Safety Committees**

Voluntary collaborative activities to improve quality of patient care

Formal
- Maternal and Perinatal Mortality and Morbidity reviews
- Clinical Audits (WACHS and site)
- Obstetric trigger reports

Informal
- Activities such as direct observation / clinical supervision, feedback and support.

Required clinical / professional activities
- AHPRA requirements
- RANZCOG requirements
- Performance Appraisal
- Ad Hoc SAC1 reports / incident review
- WACHS Obstetric Dashboard (clinical indicator set)
- Perinatal Database (STORK) reports (WACHS and site)
- WA Health Obstetric Report of Public Maternity Hospitals
- Women's Health Australasia (WHA) reports

Credentialing / Scope of Practice
- Eligible Midwives Credentialing
- Medial Practitioner Credentialing
- Professional supervision (Allied Health Practice Framework)

Appendix B: Example of Reporting for Peer review activities

Morbidity and Mortality Meetings

a. Attendance Sheet:

XXXX Hospital

Morbidity and Mortality Meeting

Attendance Sheet

Clinical Department/Service: _____

Review period: From ___/___/_____   To ___/___/_____

Date of Meeting: ___/___/_____   Time of Meeting: _____

Venue: _____

Attendees:

Name	Position Designation	Signature

b. Report Sheet

Government of Western Australia
WA Country Health Service

<insert hospital & clinical specialty as appropriate> **Morbidity & Mortality Meeting Review Reporting Sheet**

Clinical Service:		Date of Meeting:	
Review Period	From Date:	To Date:	

Cases Reviewed

Cases reviewed of adverse or outstanding positive outcome, significant diagnostic or management challenges or other learning opportunities
Please forward to _____

URN	Brief Description of Case	Issues Identified	Recommendations for System Changes / Clinical Improvement	Action required & who	Time frame (by when)