Institution Name: Directorate General of Nursing Affairs (DGNA). MoH

Document Title: Policy & Procedure on Nursing Peer Review

Approval Process					
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Content Table:

Acknowledgment

Directorate General of Nursing Affairs thanks and acknowledge those who provided insights and expertise opinions in writing and reviewing this policy, in particular the following team.

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Acronyms:

MoH	Ministry of Health
HQ	Headquarters
DGNA	Directorate General of Nursing Affairs
DGQAC	Directorate General of Quality Assurance Centre
OPD	Out Patient Department
SLCI	Supervisor Leadership and Communication Inventory
SD	Staff Development
EBP	Evidence Based Practice
ICU	Intensive Care Unit
PHC	Primary Health Centre
HR	Human Resources
HRM	Human Resource Management
OT	Operation Theatre
EPI	Expanded Programme on Immunization
CPE	Continuous Professional Education
HON	Head of Nursing
DON	Director of Nursing

Policy & procedure on Nursing Peer Review

1. Introduction

Nursing peer review is an approach to promote nursing services and support patient's safety and to assist the nursing profession in implementing identified best practice interventions. It also engages and empowers nurse leaders and managers to make changes based on peer review finding. The policy promotes teamwork, networking, and learning by reflection, improving critiquing skills, reducing risk and improving the ability to provide constructive feedback. It also provides opportunities for promoting best practices.

2. Scope

This document is applicable to nursing services in all healthcare institutions within the Ministry of Health

3. Purpose

This document serves as a standardized tool to guide all levels of nurses involved in the process of peer reviewing, to enhance mutual learning experience and best practice in all MOH health care institutions.

4. Definitions

4.1 Peer review: Is a peer evaluation of nursing services, including all aspects, such qualifications of nurses, organizations, infrastructure, patient safety and best practices, etc, for the purpose of mutual learning experience and improvement.

4.2 Bed Occupancy: The number of hospital beds occupied by patients expressed as percentage of the total beds available in the ward, specialty, hospital, area, or region.

4.3 Retention Strategy: Policies and plans that organizations follow to reduce employee turnover and attrition and ensure that employees are engaged and productive long-term.

4.4 Appraisal System: An annual review of an employee's overall contributions to the institution by his/her manager.

4.5 Career Path: Refers to the growth of the employee in an organization. The various positions an employee moves on one by one to grow in an organization.

4.6 Omanization: Is a policy legislated by the government of Oman aimed at replacing expatriate workers with trained Omani Personnel.

4.7 Staff Turnover: Refers to the number or percentage of staff who leave an organization and are replaced by new employees.

4.8 Incident Reports: A form that is filled out in order to record details of an unusual event that occurs at the facility, such as an injury to a patient.

4.9 Preceptorship: A period of practical experience and training for a nurse graduate that is supervised by an expert or a specialist nurse in a particular field.

4.10 Prevalence: A statistical concept referring to the number of cases of a disease that are present in a particular population at a given time.

4.11 Incidence: The number/ rate of new cases occurring within a period (e.g., per month, per year).

4.12 Risk Management: The process of identifying, assessing and controlling threats to an organization's capital and earnings

4.13 Defaulter: A person who fails to complete a course of medical treatment.

4.14 Clinical Leadership: The concept of clinical healthcare staff undertaking the roles of leadership: setting, inspiring and promoting values and vision, and using their clinical experience and skills to ensure that the needs of patients are the central focus to the organization's aims and delivery.

4.15 Positive Practice Environment: A practice setting that maximizes the health and well-being of nurses, quality patient outcomes and organizational performance.

4.16 Clinical Governance: A system through which organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence can flourish.

4.17 Scope of practice: Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

4.18 Code of Professional Conduct: The code that provides guidance for ethical relationships, responsibilities and standards of conduct expected of registered nurses working in Oman. It serves as a tool to support nurses when reflecting on their own practice, and the practice of others. The code also provides an ethical basis, from which nurses can rationalise and advocate for quality healthcare environments.

4.19 Evidence Based Practice: Is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care.

4.20 Escorting: It the process of accompanying a person to another institution, for continuity of care.

5. Policy

5.1 The peer review teams systematically assess and strengthen the areas of improvement in nursing services, using a comprehensive checklist (Appendix A), providing continuous monitoring, feedback and action plans.

5.2 The peer review teams shall maintain code of professional conduct throughout the process of peer review.

6. Procedure

6.1 The peer review team members are nominated by their respective institutions.

6.2 The peer review team members consists of specialty expertise according to the aspects of peer review projects.

6.3 The identified groups plan the peer review visits schedule, and coordinate it with Directorate General of Nursing Affairs.

6.4 The peer review teams carefully assess the nursing services based on the identified dimensions in the Peer review Checklist.

6.5 The peer review records are initiated and maintained in respective institution within the office of the Director/ Head of Nursing.

6.6 The final reports of the peer review are communicated to the Directorate General of Nursing Affairs within one month from the completion of the process. The final report

contains strategies and actions plans signed by the Director / Head of Nursing of respective institution.

7. **Responsibilities**

   7.1 **The Directorate General of Nursing Affairs is responsible to:**

   7.1.1 Assign peer review team members.

   7.1.2 Allocate a leader for each peer review group.

   7.1.3 Issue Qarar for the peer review team delegation.

   7.1.4 Plan and monitor the peer review grouping and scheduling.

   7.1.5 Review the peer review team feedback, and approve recommendations and strategic action plans.

   7.1.6 Provide written feedback to the visited institutions regarding areas of improvement and suggested recommendations within a time frame.

   7.1.7 Follow up the action plans and progress reports provided by the visited institutions.

   7.1.8 Provide constant guidance and support during the process of team review.

   7.2 **The Directors/ Heads of Nursing are responsible to:**

   7.2.1 Nominate peer review members within their institutions to participate in the process.

   7.2.2 Ensure the awareness on the peer review policy.

   7.2.3 Ensure the completion and submission of written action plan and constant progress, integrated with the recommendation provided by the peer review teams.

7.3   The peer review Team Leader is responsible to:

7.3.1 Ensure the application of peer review checklist.

7.3.2 Write the peer review report & strategic action plan.

7.3.3 Submit the written report to DGNA.

7.4   The peer review Team Members are responsible to:

7.4.1 Adhere to the peer review policy.

7.4.2 Perform the peer review activities as per planned schedule.

7.4.3 Participate actively in writing peer review report and strategic action plan.

8. Document History and Version Control

<table>
<tr><th colspan="4">Document History and Version Control</th></tr>
<tr><th>Version</th><th>Description of Amendment</th><th>Author</th><th>Review Date</th></tr>
<tr><td>01</td><td>Initial Release</td><td>DGNA Team</td><td>February 2022</td></tr>
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<tr><td>DGNA Team</td><td colspan="2">Directors and Head of Nursing in Hospitals and Governorates</td><td>Dr. Majid Al Maqbali</td></tr>
</table>

9. Related Documents:

There are no related documents for this policy

10. Reference

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Fighting Globalization: Omanization at:https://www.mtholyoke.edu/~deflu20a/classweb/omanization/omanization.html			
Implementing a Nursing Peer Review Process at: file:///C:/Users/moh31094.HQ0/Downloads/Forum_V26N2hunt.pdf	by Valerie J. Hunt, PhD, RN	2008	
Nursing peer review: Principles and practice, American Nurse Today. At: https://www.mghpcs.org/eed_portal/Documents/ProfDev/Nursing-Peer-Review-Article.pdf	By Barb Haag-Heitman Vicki George	2011	V. 6, No. 9
Peer Review Tip: Distinguishing the Difference Between Peer Review, Peer Evaluation, and Peer Feedback, at: https://www.nursingworld.org/organizational-programs/ana-consultation-services/tips-articles--videos/distinguishing-the-difference-between-peer-review-peer-evaluation-and-peer-feedback/	Rhonda R. Foster	2015	
Nursing peer review: the manager's role, Journal of Nursing Management. At: https://pdfs.semanticscholar.org/0a09/65882b15b77ba1fcbcd7d6bf60dc845023fd.pdf	Vicki george Barb Haag-Heitman		254–259
Ministry of Health Oman. Health Vision 2050 strategic directions.	MOH	2014	

11. Appendix A: (NURSING PEER REVIEW CHECKLIST)

Evaluations are done mostly in order to assess the need for change and improvement, and sometimes, to determine the viability of particular form of change. It is therefore important to explore how the results of an evaluation can be used to shape and promote change.

PEER REVIEW TEAM:

Team leader	....	Designation	....	Governorate	....
Member 1	....	Designation	....	Governorate	....
Member 2	....	Designation	....	Governorate	....
Member 3	....	Designation	....	Governorate	....
Member 4	....	Designation	....	Governorate	....
Member 5	....	Designation	....	Governorate	....
Member 6	....	Designation	....	Governorate	....

Governorate / Hospital	....	Date of the Visit	....

TOTAL NUMBER OF STAFF

Title	Number	Title	Number	Title	Number
Nurse Consultant "A"	....	Senior Nurse Specialist		Senior Nurse "A"	....
Nurse Consultant "B"	....	Senior General Nurse "A"	....	Senior General Nurse	....
Nurse Consultant	....	Nurse Specialist "A"		Senior Nurse	....
S. Nurse Specialist "A"	....	Senior General Nurse "B"	....	General Nurse "B"	....
S. Nurse Specialist "B"	....	Nurse Specialist		General Nurse	....
		Senior General Nurse "J"	....	Medical Orderly	....

Number of patients/ year

Total no. of OPD visits		Total critical care beds	
Total no. Inpatients		Total deliveries	
Total no. of major surgeries		Total no. home visits	
Total no. minor surgeries		No. school health nurses	
Hospital bed occupancy			

Dimension 1: Human Resource

		Yes	No	Not applicable	Improvement Needed	Comments
1	**Workforce Planning**—The existing workforce planning system is well organized, integrated, and managed					
1.1	Staff projections are made periodically					
1.2	Workforce data and information are used for HR planning					
1.3	The Institution uses or refers to MOH strategies for its HR planning needs					
2	**Workforce Data**—HR data and information are routinely collected and used for sound evidence-based, planning, decision-making and monitoring of health workers in the Institution					
2.1	Key staffing information is available and current					
2.2	HR and personnel records are kept and updated					
2.3	HR reports are regularly prepared and shared with DGNA					
3	**Retention**—					
3.1	Turnover rates are low and generally stable					
3.2	Retention strategies are developed and reviewed periodically, e.g., succession plans					

Dimension 1: Human Resource

		Yes	No	Not applicable	Improvement Needed	Comments
3.3	Most staff express an intention and willingness to stay					
3.4	Omanization plans exist and are used					
3.5	Transfer system plans exist and are used					
3.6	Staff skill mix plans exist to maintain workload and balance					
4	**Work Environment**—There are HRM systems and practices used to promote and sustain a positive working environment at the institution					
4.1	The physical working environment is good					
4.2	Staff have necessary equipment and resources available					
4.3	There is regular and supportive management and leadership					
5	**Workplace Safety**—There are effective policies and practices in place to protect staff at this facility					
5.1	Institution complies with workplace safety procedures and MOH regulations					

Dimension 1: Human Resource

		Yes	No	Not applicable	Improvement Needed	Comments
5.2	Staff are provided with safety equipment training					
5.3	Clear procedures are in place for reporting accidents and hazards					
5.4	Strategy to deal with staff with chronic illnesses and is used.					
5.5	Annual plan to monitoring and evaluating of staff sickness and maternity leave is present.					
5.6	Violence harassment and bullying policies are in place.					
6	**Employee Satisfaction**—Staff needs and expectations are appropriately recognized and addressed in the institution					
6.1	Staff are given regular opportunities to express their views and contribute to joint problem solving **"Staff Window"**					
6.2	Mechanisms are in place to deal with staff grievance					
6.3	Employee satisfaction surveys and exit					

Dimension 1: Human Resource

		Yes	No	Not applicable	Improvement Needed	Comments
	interviews are carried out					
7	**Career Succession Planning**—Existing policies and mechanisms effectively address career and professional development needs and expectations at the institution					
7.1	There is optimal utilization and development of staff competency skills, with evidence					
7.2	Staff training addresses current and future needs					
7.3	Career ladders and succession plans exist and are used					
7.4	Staff training and developing opportunities exist					
8	**Performance Management (Productivity)**—There are policies, mechanisms, and practices in place to effectively manage and promote Nursing Cadre productivity in the institution					
8.1	Staff shift programs and rosters are well managed					
8.3	Effective workflow management					
9	**Performance Management (Planning and Assessing Performance)**—There is a functional performance management system in use for all health workers at all levels at the institution					

Dimension 1: Human Resource

		Yes	No	Not applicable	Improvement Needed	Comments
9.1	Clear job descriptions, standards and performance expectations are available					
9.2	Supportive supervision is practiced					
9.3	Periodic performance evaluations are carried out					
9.4	Reward/recognition and remedial systems are in place					
9.5	Nursing cadre follow the MOH's Uniform Code Policy.					

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Dimension 2: Positive Practice Environment

	Indicator	Yes	No	Not applicable	Improvement Needed	Comments
1	**Nursing care:**					
	1.1. Policy, Procedure & Guidelines (availability and accessibility)					
	1.2. Scope of Practice Competencies checklist					
	1.3. Records Keeping					
	1.4. Patient Safety Measures (safe handling, risk assessments)					
	1.7. Infection Control policy					
	1.8. Access to equipment & supplies					
	1.9. Disasters / drills					
	1.10. Crash Cart Inventory Checklist					
	1.11. Medication management policies as per MOH Policy	1.11.1. Medication administration policy				
		1.11.2. Narcotic & Psychotropic Management				
		1.11.3. Concentrated electrolytes				

	Management						
2	**Patient Safety Key Performance Indicators:**						
	2.1. Documentation (Al Shifa System) (e.g. nursing kardex)						
	2.2. Medication Errors management						
	2.3. Hospital acquired infection rate records/ maintained/ with action plans						
	2.4. Pressure ulcers incidence records monitored/ with action plans						
	2.5. Pain assessment record maintained						
	2.6. Fall incidence records maintained/ with action plans						
	2.7. Unexpected transfer to ICU records						
	2.8. Unexpected Codes outside ICU records						
	2.9. Post Injection Abscess records						
	2.10. Return to OT records						
	2.11. EPI defaulters records						
	2.12. Monthly target of PHC records						
3	**Communication:**						

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MoH/DGNA/P&P/11/Vers.01
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	3.1. SLCI study follow up plans Boosting communication initiatives		
	3.2. Communication System		
	(e.g. nursing handover, communication book, unit meetings minutes)		

Dimension 3: Access and Quality of Education

	Indicator	Yes	No	Not applicable	Improvement Needed	Comments
1	CPE: Training plans & reports (BLS, Pain management)					
2	Accredited programs/courses CPE					
3	Training record Database					
4	Availability of SD Facilitator & CPE resources					
5	Inter-departmental collaboration					
6	Internship program					
7	Preceptorship / Mentorship					

Dimension 4: Scaling up Capacity of Nursing & Midwifery

	Indicator	Yes	No	Not applicable	Improvement Needed	Comments
1	Leadership development (Succession) plans					
2	Organization: Structure					
3	Plan for Specialization and advanced practice					
4	Clinical Leadership					
5	Leadership and management walk round, records, action plans					

Dimension 5: Strengthening Regulatory Capacity

	Indicator	Yes	No	Not applicable	Improvement Needed	Comments
1	Workforce Licensing					
2	Code of Professional Conduct					
3	Duty attendance records					
4	Scope of Practice					
5	Clinical Governance					

Dimension 6: Nursing Research

	Indicator	Yes	No	Not Applicable	Improvement Needed	Comments
1	Active Committee for research & Research strategic plan					
5	Availability of research focal point (experts)					
2	Research activities / Awareness Initiatives/workshops					
3	Number of research studies conducted					
4	Utilization of EBP					

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General Comments / Recommendation

General Comments	Responsible Person	Date of completion

Team leader Signature:

Designation:

Date:

Action Plan

No.	Action Plan	Responsible Person	Resources needed	Date Started	Date of completion	Remarks

Team leader Signature:

Date:

Institution Nurse Leader Signature: