

**Peer Feedback Training:
Improving Nursing Documentation on the Boarding Pass (Universal Protocol-Time Out)**

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Purpose and PICO Question:

The purpose of this performance improvement project is to apply evidence based process to increase the accuracy and compliance on nursing “boarding pass” documentation. The PICO question is: In an adult Endoscopy unit, will adding peer feedback training to staff education for boarding pass (Universal Protocol – Time-out) completion, improve the compliance and accuracy of nursing documentation?

Background and Evidence Review:

In the past three years, El Camino Hospital has worked on process improvement for compliance in accurate documentation of “boarding passes” throughout our patient care departments. Accurate completion of the “boarding pass” is absolutely mandatory and essential to ensuring safety for patients receiving invasive procedures. A literature review highlighted the importance of the Universal Protocol –Time Out as a Joint Commission National Patient Safety Goal, and revealed that a communication technique such as peer feedback may be a strategy for improving documentation of the time-out on the “boarding pass”.

Methods:

As a small test of change, the DESC communication model was used to guide the implementation of one-on-one peer feedback training and daily peer review of “boarding pass” completion in the Endoscopy Unit. A pre and post survey was conducted to measure the perception, knowledge, and skill of staff nurses regarding the peer feedback process. A chart-audit was conducted to capture data on the accuracy and compliance of nursing documentation on the boarding pass. After implementation of peer feedback training and daily peer review of boarding pass completion, results of chart-audits and surveys were compared and analyzed.

Results:

Baseline chart-audits from February 2008 – June 2008 showed an average of 76% accuracy in completion of boarding passes. After implementation of peer feedback training and daily peer review of boarding pass completion, chart-audits showed that staff nurses in the Endoscopy Unit reached an average of 99% accuracy in same day completion of “boarding pass” documentation. However, the performance improvement safety committee on boarding passes performed concurrent observational audits during the study which may have biased these results.

Initial survey results on peer feedback showed that staff nurses in the Endoscopy unit highly value peer feedback and receive peer feedback well. However, results also showed that staff did not give peer feedback all the time and did not feel very comfortable or very skilled at giving peer feedback. Post-implementation survey results showed a significant increase in staff feeling more comfortable about giving peer feedback and a moderate increase in staff feeling more skilled at giving peer feedback.

Conclusions:

Peer feedback training is a useful strategy for empowering nurses to be comfortable and skilled at holding each other accountable through purposeful communication. Nurses who improve in this skill can effect behavioral change, preserve professional relationships, and develop leadership qualities. Although continued research is needed to further assess the value of applying peer feedback in other performance improvement programs where team communication is essential, at El Camino Hospital, peer feedback training helped to improve the accuracy and compliance in nursing documentation of the time-out protocol on the “boarding pass”.

Selected References:

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Key words: Peer Feedback, Universal Protocol, Time-Out, DESC model