

Peer review is an accepted component of clinical practice. For this peer review system cases, as described below, are sent by the testers to their allotted reviewer for a period of 4 months before sending to their next reviewer. During the initial period of reviewer training the cases are reviewed and sent for an expert review. This will be returned to the reviewer, who in turn feeds back the results to the tester. After initial reviewer training the reviewer may seek expert reviewer advice on demand. An electronic copy of waveforms and spreadsheets are sent to be stored centrally as part of the auditing of this review system. See below for further details. All information that could identify the patient is to be anonymised following Caldicott guidance.

Tasks

1. Tester

After the testing is completed the lead for the test is to fill in the Tester Section of the reviewing spreadsheet before sending it and the waveforms (pdf or xps format) to their current reviewer. The cases are to be anonymised.

Which cases to send:

- Discharge Cases: Each month the first discharge case for each tester to be sent.
- Non-discharge Cases: All non-discharge cases to be sent.

What to send:

- Email attachment: The waveforms with the parameters
- Email attachment: The reviewing spreadsheet which should include the reason for testing / basic case info (e.g. NICU, atresia, post-meningitis, well baby); pertinent information about the test session if testing is limited or problematic; list of planned tests if a second / third test session is needed (e.g. with PCHI cases)
- Email message: If this is the second / third test session then include the previous results for the baby together with file code name to enable the reviewer to locate the other tests and spreadsheet. Highlight the date of the next appointment to enable the current review to be completed in time

When to send:

- Within 48 hours after the testing or as soon as possible if at a satellite site. Maximum permissible delay: 1 week.

How to send:

- Waveforms, spreadsheet and any other information is to be sent by email, preferably via nhs.net

On return of the review:

- Update the patient record, noting any changes to the interpretation.
- Contact parents / carers with the results and arrange any further test sessions if required.
- Implement any improvement indicators, contacting the reviewer for further discussion if needed.
- For cases where a recall has been recommended, send any further results to the original reviewer even if a rotation of reviewers has occurred.

2. Reviewer

Review the waveforms and complete the Reviewer Section of the spreadsheet as soon as possible (quality standard: within 48 hours) after receiving. If anything needs to be clarified then to contact the tester.

What to send (prior to reviewer sign-off):

- All the waveforms and other information sent by the tester together with the updated Reviewing Spreadsheet to be sent to the NHSP Expert Reviewer.

On return from expert review:

- Consider Expert Reviewer’s comments and edit your comments in the spreadsheet if necessary. Return the spreadsheet to the tester with the results of the review, including any revisions to interpretation or suggestions for management as required.
- Copy your email to the test centre’s ABR Lead to help facilitate any recommendations.
- Send all the waveforms and other information sent by the tester together with completed reviewing spreadsheet to the peer review coordinator for archiving / audit.

3. Expert Reviewer

Review the waveforms and the reviewer’s interpretation.
Return the completed Reviewing Spreadsheet and any other comments to the reviewer.

Accountability

The clinical responsibility and final interpretation of the testing rests with the ABR Lead / Head of Department for the tester’s centre. The reviewer, expert reviewer and NHSP can accept no responsibility for errors of diagnosis and management.

Timescale

The aim is to complete the process and to have provided the feedback from the reviews within 5 working days.

File name

Each Reviewing Spreadsheet needs to be saved with a name in the following format:

Peer Review area code / Site Name Code / Lead Tester Initials / Test Date (ddmmyy) / Reviewer Initials / Expert Reviewer Initials. [For codes see the table on page 1.](#)

For example:

Tester	SL CR AM100611
Reviewer adds their initials	SL CR AM100611JB
Expert reviewer adds their initials to the final version	SL CR AM100611JBGL

Reviewer Sign Off

The NHWSP Expert Reviewer will decide if an individual reviewer is ready to be signed off to work independently. The decision will be made separately for discharge cases and non-discharge cases after 5 error-free reviews in each category.

The NHSP Expert Reviewer will notify each reviewer when he considers that they no longer need to send cases in each category to him.

When a reviewer has been signed off to work independently they will carry out the review and report straight back to the tester. Copies of waveforms, the completed spreadsheet and other information to be sent to the coordinator. If the reviewer is unsure about the interpretation or what to advise then they should contact the Expert Reviewer for help.

Other Considerations

- Information to parents / carers: The tester should inform the parents / carers that the waveforms are to be sent for external review and you will contact them with the results of the review or if further testing has been recommended.
- Record keeping: A record should be kept in the notes that the waveforms went for external review and the results of that review, together with the recommendations. A copy of the review should be kept in case it needs to be accessed in the future.
- Tester progress: Keep a file for each tester so that you can see how they are progressing.
- Reviewer changes to practice: Make a note of any changes to your own practice, either from a testing or a reviewing point of view.
- Disagreements: Any queries / problems / disagreements to go for expert review to the NHSP Expert Reviewer.

Communication

Communication is very important between all the concerned parties.

This review system has been developed to not only improve the quality of the testing but also to provide support for all testers carrying out the ABRs. If any tester wants advice they can contact the reviewer. As part of the system the reviewers will provide constructive feedback, mentioning any improvement indicators or offering suggestions to help the tester, when appropriate.

The reviewers need to let their current centres know when they are taking annual leave and to which person to send their cases. They also need to inform the 'stand in' reviewer.

In the case of long-term sickness, if the reviewer is unable to contact the testers or other reviewers, they are to try to ensure a member of their department can pass on the information. It is a good idea to make sure a copy of the Reviewing Rotation and the Contact List is readily available within their own department.

Implementation of Recommendations

Minor

Minor issues are ones that should not affect test outcome but are recommendations for improvement of future practice. To aid the suggested change in practice the ABR Lead is sent a copy of the review. If these recommendations are not implemented then the reviewer is advised to speak directly to the ABR Lead or Head of Department.

Major

Major issues are those that affect the diagnostic outcome and/or management leading to the chance of a patient being discharged or managed inappropriately. In these cases it may be appropriate for the patient to be recalled for further testing and the results sent for review, to the same reviewer. If this does not happen then the reviewer should inform the coordinator and NHSP National Team.

Auditing of the process

- Periodic meetings at the end of each reviewer rotation should be arranged to evaluate the last review cycle and make arrangements for the next. This should include a summary by the coordinator based on changes in practice or problems encountered in the last review cycle.
- This review system to be evaluated after 12 months. As part of the evaluation during the 12th month the cases and spreadsheets to be sent to the NHSP Expert Reviewer for moderation to see if all the reviewers are still performing the reviews to the sign-off standard.
- After the evaluation a decision is to be made about continuing the system, either in the current or an updated format based on to what extent the aims have been achieved, or to stop the system.

Annual leave / sickness cover

In the case of the reviewer's annual leave or long-term sickness, the cases are to be sent to the next reviewer on the rota.

Similarly, NHSP will have contingency plans to ensure continuity of Expert Reviewer cover.

ABR Review System (Pre-reviewer sign off)

For the full details see above.

