QSEN: Quality & Safety Education for Nurses

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Raising the Bar

All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

Committee on Health Professions Education, Institute of Medicine (2003)

Supported by a grant from the Robert Wood Johnson Foundation
“We can’t hope to make lasting changes in the ability of health care systems to improve without changes in the ways we develop future health professionals. Those changes require faculty and schools to change.”

Paul Batalden
Dartmouth College
QSEN Advisory Board

Quality & Safety Education in Nursing (QSEN)

- Purpose: to prepare nurses with the competencies necessary to continuously improve the quality and safety of the health care systems in which they work
  - Funded by RWJ Foundation
  - PI: Linda Cronenwett, PhD, RN, FAAN
  - Investigators for Phase 1: Jane Barnsteiner, Joanne Disch, Jean Johnson, Pam Mitchell, Dory Sullivan, Judith Warren

Supported by a grant from the Robert Wood Johnson Foundation
Competencies

- Patient/Family Centered Care
- Teamwork and Collaboration
- Safety
- Evidence-based Practice
- Quality Improvement
- Informatics

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Patient/Family Centered Care

- Old - Listen to patient and demonstrate compassion and respect.

- New - Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs.
Collaboration and Teamwork

- Old - Work side by side with other HC professionals while performing nursing skills.

- New - Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Evidence-Based Practice

- Old - Adhere to internal policies and procedures.

- New - Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
Quality Improvement

- Old - Update nursing policies and procedures, chart audits of documentation.
- New - Use data to monitor outcomes of care processes and improvement methods to design and test changes to continuously improve quality and safety of health care systems.

Safety

- Old - focus on individual performance, vigilance to keep patients safe.
- New - Minimize risk of harm to patients and providers through both system effectiveness and individual performance.
Informatics

- Old - timely and accurate documentation

- New - Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making

QSEN Long-Range Goal

- Reshape professional identity formation in nursing so that it includes commitment to the implementation of the IOM competencies
  - Make it easy for faculty to envision roles in supporting quality & safety education
  - Transform education to transform practice

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What We’ve Done 2006 - 2013

Developed

- Developed and disseminated 6 competencies definitions and learning objectives (KSAs) for pre-licensure and graduate education
  - Faculty could identify gaps between current curricular content and desired future

- Assessed state of q & s education in schools of nursing nationwide

- Implemented website www.qsen.org to share teaching strategies, annotated bibs & q & s research

- Pilot pre-licensure comps in 15 schools

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Disseminated

- Delphi Study – best placement of KSAs in curriculum
  - Beginning, intermediate, advanced content
- Published - Nursing Outlook 12/07, 5/09, J of Urologic Nursing 2010, J of Nursing Education 2010, NCNA 9/11, JPN 3/13, J of Nursing Regulation 5/14

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Building The Will

- Use of Collaborative model to build will and motivate change (Dec 2009, Nursing Outlook)
- Days of Dialogue - Academic/Clinical Partners
- Student perceptions of extent to which they are learning the knowledge, skills & attitudes related to QSEN competencies (Dec 2009, Nursing Outlook)
  - 39% of new nurses thought they were “poorly” or “very poorly” prepared or “had never heard of” QI

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### Supporting Execution

<table>
<thead>
<tr>
<th>• Accreditation standards</th>
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<tbody>
<tr>
<td>– AACN - BSN and DNP Essentials</td>
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<tr>
<td>– NLN - Competency Development Task Force</td>
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<tr>
<td>– NONPF - Core Competency work</td>
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<tr>
<td>• Licensure</td>
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<tr>
<td>– NCSBN <em>Transition to Practice</em> Residency Program Proposal</td>
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<td>– State level QI requirements for re-licensure</td>
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<td>• Certification - the next frontier</td>
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### Michigan Task Force on Nursing Education (April, 2010)

**Nursing Education Position Papers (NEPPs):**

- National accreditation for all nursing programs in Michigan
- All nursing education programs in Michigan must make quality and safety a priority
  - Nurse residency programs required in Michigan for newly licensed graduates of all nursing education programs
  - Increase the capacity of nursing education to graduate more advanced practice registered nurses
  - Financing of nursing education in Michigan
  - Improve nursing education through the Michigan Nursing Education Council

Supported by a grant from the Robert Wood Johnson Foundation
West Virginia Center for Nursing

Duane Napier, Executive Director

Statewide Implementation of Quality and Safety Education for Pre-licensure Nursing Programs in West Virginia Schools of Nursing

Approved by the WV Association of Deans and Directors of Nursing Education

- Phase 1 – 3 pre-licensure programs
- Phase 2 – 4 additional RN and 1 LPN program to join

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Support Execution

- QSEN/AACN Faculty Institutes
  - 9 2 ½ day train-the-trainer sessions
  - 1200 faculty - 636 schools of nursing
- Annual National Forums
- VA Quality Scholars
- Consultation Service
- Interprofessional Education - IPEC

Supported by a grant from the Robert Wood Johnson Foundation
Video-based Learning Modules

Supported by a grant from the Robert Wood Johnson Foundation

Quality and Safety in Nursing: A Competency Approach to Improving Outcomes

Gwen Sherwood, PhD, RN, FAAN, is Professor and Associate Dean for Academic Affairs at the University of North Carolina – Chapel Hill.
Jane Barnsteiner, PhD, RN, FAAN, is Professor of Pediatric Nursing at the University of Pennsylvania School of Nursing in Philadelphia.

- Written by key members of the Quality and Safety Education for Nursing steering team
- Defines each of the six QSEN competencies and provides instruction on acquiring and implementing each competency
- Provides instruction on integrating QSEN competencies into formal education and practice
2012 - 2013

- NCSBN funded study on Just Culture in Schools of Nursing
  - J. Barnsteiner, J. Disch, J. Warren
  - Survey of 1614 SON in US to ascertain policies related to student errors and near misses
  - Designed and piloting electronic error/near miss reporting tool
  - Developing national data repository of nursing student errors and near misses

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Current Status in 636 SON

<table>
<thead>
<tr>
<th>Competency</th>
<th>2010</th>
<th>2012</th>
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<tbody>
<tr>
<td>EBP</td>
<td>85%</td>
<td>94%</td>
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<tr>
<td>P/FCC</td>
<td>66%</td>
<td>75%</td>
</tr>
<tr>
<td>Safety</td>
<td>79%</td>
<td>96%</td>
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<tr>
<td>QI</td>
<td>35%</td>
<td>53%</td>
</tr>
<tr>
<td>Informatics</td>
<td>36%</td>
<td>60%</td>
</tr>
<tr>
<td>T &amp; C</td>
<td>11%</td>
<td>24%</td>
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QSEN International

- Sweden
- Korea
- Japan

• TEACHING QSEN
Patient/Family Centered Care

- Old - Listen to patient and demonstrate compassion and respect.

- New - Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs.

Patient/family Centered Care

Teaching Strategies

- Culture – ways of approaching births but individualized
- Person Self-management – how to do
- Errors in self-management – analyze compliance/adherence
- Chronic illness and self-management supports – transitional care
- Case study – all decisions from pt point of view – sched of tx, meds, tx to have and analyze on how different from traditional view
### Strategies for Teaching PFCC in education and practice settings

- A day in the life of a patient – Follow a family across their program of care
- Read "*The Spirit Catches You and You Fall Down*" by Fadiman
- Adopt Fadiman's 8 questions from the book
- Invite families to participate in classes and care conferences

### The Joint Commission

- Use TJC and other organization person education materials for health literacy and engagement

[http://www.youtube.com/user/TheJointCommission](http://www.youtube.com/user/TheJointCommission)
Quality Improvement

- Old - Update nursing policies and procedures, chart audits of documentation.
- New - Use data to monitor outcomes of care processes and improvement methods to design and test changes to continuously improve quality and safety of health care systems.

QI Teaching Strategies

- PDSA of personal improvement project with every few week eval and update (EBP, PCC, Informatics)
- Observe & record a quality indicator such as hand hygiene (EBP, Informatics)
- Discuss NSQI dashboards at clinical sites – Falls, VAP, and compare to national benchmarks (Safety, EBP, Informatics)
QI Teaching Strategies

- Identify a clinical problem and then do a RCA and PDSA
- Monitor a nursing sensitive measure (falls, central line infection) and review the trend data for the duration of a rotation
- Review of Compare and Hospital Consumer Assessment of Healthcare Providers and Systems data for each clinical site and critique how experience compares to quality data
- Inquire about unit philosophy and QI activities
- Attend a QI committee meeting

Quality Improvement

- Quality of care will not improve until nurses are fully engaged
- Care cannot be improved unless it is measured
- It is a professional responsibility to improve care and keep patients safe
Safety

• Old - focus on individual performance, vigilance to keep patients safe.
• New - Minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Teaching the Culture of Safety: Clinical Activities for Students

• Review each other's healthcare record documentation to assess for any errors in documentation.
• Complete an environmental safety scan of a clinical area and evaluate space and lighting adequacy, as well as accessibility for patients, families, and staff. Assess traffic, noise, and accessibility of supplies and equipment including space for medication preparation.
• Work in teams including a nursing, medical, and pharmacy student to examine a complex patient health record and complete a medication reconciliation analysis from admission through discharge.
• Design approaches to reduce interruptions, such as wearing vests during medication administration, and/or no interruption zones, such as the medication preparation area.
• Develop and implement an error/near miss reporting system to trend student errors/near misses.
### Safety

- **10 minute Safety rounds – checklist – During last hour of your shift, all assigned patients are to be rounded on**
  - Bed in lowest position
  - Call light within patient reach
  - Patient area free of clutter, i.e., remove excess linen, dishes, papers, chairs, etc.
  - Side rails up as appropriate
  - Bed alarms turned on, if applicable
  - All alarms are tuned on
- **Huddles at post-conference – students report to each other**
- **Review/use error reporting system**
- **Complete med reconciliation with patient assessment**

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### Safety

- [www.cmqcc.org](http://www.cmqcc.org) – ob cases
- Students research and develop a Just Culture policy for the school
- Students research device fatigue – TJC 4/8/13 then experience in sim and clinical
- TJC NPSG – read and report
Collaboration and Teamwork

- Old - Work side by side with other HC professionals while performing nursing skills.

- New - Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Teach Communication Skills

- Differences between therapeutic and professional communication
  - Skills to accurately describe situation, clearly articulate positions and recommendations (SBAR = Situation, Background, Assessment, Recommendation)
  - Skills in negotiation and conflict resolution
  - Increased emphasis on ensuring that correct message was heard
  - Respect and valuing of each member of the team drives communication
## Teamwork & Collaboration

- Team STEPPES – communication
- Interprofessional experiences every semester
- Patient as member of team – literacy and self-management
- Verbal abuse – TJC standards
- Care Coordination – integrator role

## Evidence-Based Practice

- Old - Adhere to internal policies and procedures.
- New - Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
### Teaching EBP

- **Focus on evidence**
  - Pt values and preferences
  - Hx & assessment data
  - Expertise,
  - Research
- **Simulate and observe in clinical sites** Alarm fatigue
- **EBP paper** – PICO (pop, intervention, comparison, outcome)
- **Evaluate Guidelines, Cochrane, JBI,**
- **Web eval of consumer content using CARS** (credible, accurate, reasonable, supported)

### Teaching Informatics

- **Use HCAHPS data** (Hospital Consumer Assessment of Healthcare Providers and Systems)
  
- **Use Drug libraries**
- **Clinical decision support systems**
- **Alerts & Reminders**
- **ICD codes**
- **Telenursing**
- **eICU**
- **EHR documentation**
- **Gaming - Fitocracy** is an online game and social network that aims to use gamification to help users improve their [fitness](http://www.medicare.gov/hospitalcompare/?AspxAutoDetectCookieSupport=1).
- **Fitness apps**
  - My Fitness Pal – keep track of calories in and out
  - Fitbit – tracks steps and stairs climbed and calculates calories burned
Protection & Movement - Falls

- PCC – pt pref, assessment, individualized plan
- T & C – work with MD, CAN, PT
- EBP – risk assessment tools, devices
- Safety – environmental assessment, q1hr rnds
- QI – RCA after fall, fall rates,
- Informatics – fall rate/1000 days, national benchmark
Infection Control - Hand hygiene

- PCC – teach pt
- T & C – how talk with each other
- EBP – pathophysiology
- Safety – right product, place, education
- QI – secret shoppers, monitoring
- Informatics – data, goal 100%

Closing the Gaps – What Can You Do?

- What do you need to learn?
- How can you help add content (KSAs) across your curricula, in your clinical arena?
- How can you role model curiosity about the QSEN work and its potential to clinicians, faculty and students?
- What can you do in the next week/month/semester to advance this effort?
- How can you foster Academic Clinical Partnerships?
- Who can you work with?

Supported by a grant from the Robert Wood Johnson Foundation
Will, Ideas, Execution

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