

Quality and Safety Education for Nurses (QSEN): Preparing Future Nurses

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What Constitutes Quality Care?

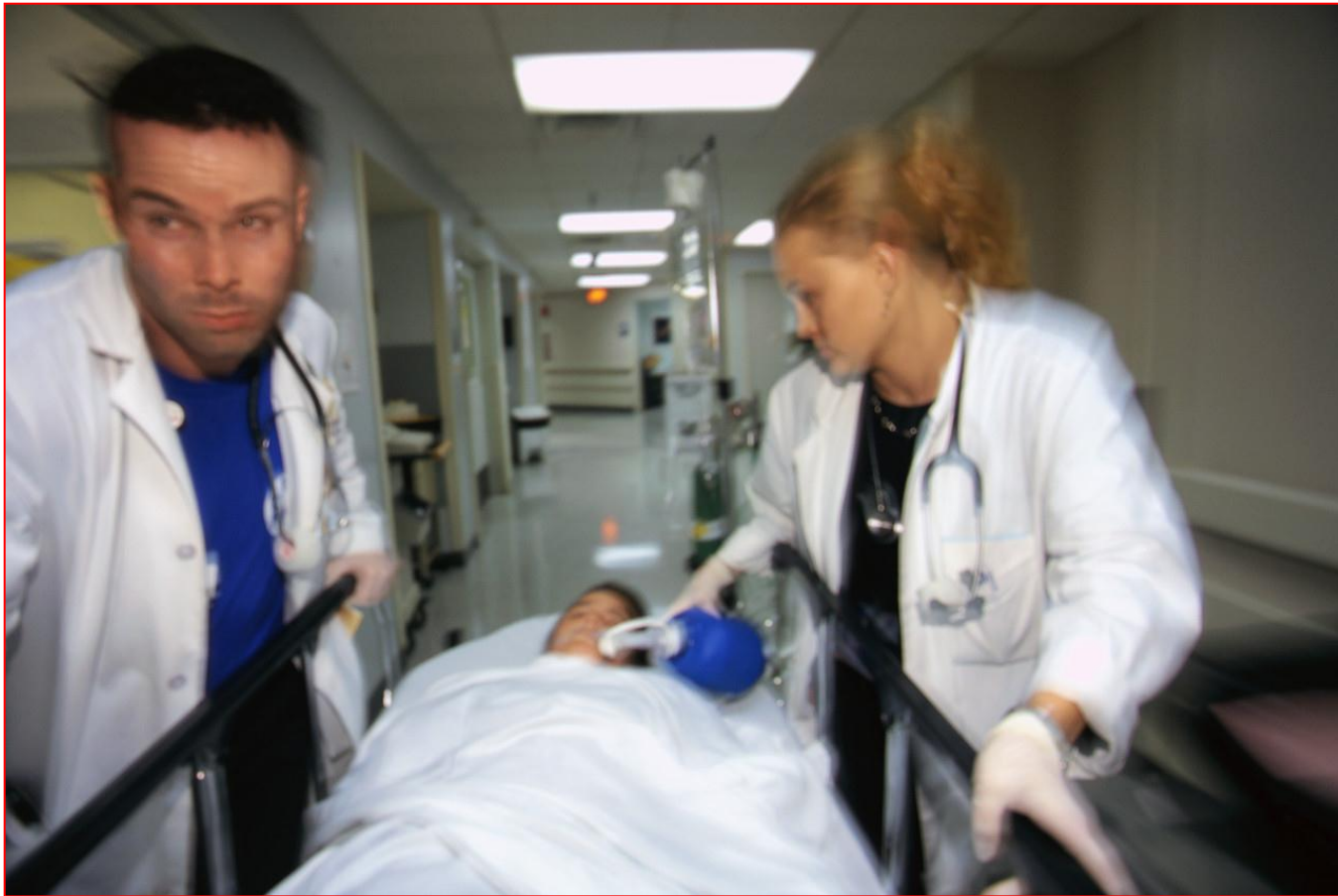
Care that is:

- Safe
- Timely
- Efficient
- Equitable
- Effective
- Patient-centered

(Institute of Medicine)

There are some patients whom we cannot help.
There are none whom we cannot harm.

A. L. Bloomfield





Development of Safety Sciences

- Worldwide, scientists in other industries uncovered knowledge about interventions that produced safe and reliable **systems**
 - Lean, zero defect production systems
 - Aviation
 - Nuclear energy

- Health care remained committed to the ideal of the **individual professional** as source of quality and safety



The Quality Imperative

- Health care is value based; quality is an essential value
- When quality erodes, health professionals' joy in work diminishes, contributing to disengagement and resignation

Assumption: Health professionals are willing to help improve systems when they have the culture, leadership, and support needed to make quality improvement a part of daily work



Institute of Medicine Quality Chasm Reports

- ❑ To Err Is Human: Building a Safer Health System (2000)
- ❑ Crossing the Quality Chasm: A New Health System for the 21st Century (2001)
- ❑ Health Professions Education: A Bridge to Quality (2003)
- ❑ Patient Safety: Achieving a New Standard for Care (2004)
- ❑ Identifying and Preventing Medication Errors (2007)



IOM Statement About Quality and Safety Competencies

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

Committee on Health Professions Education
Institute of Medicine (2003)



General Aim for Health

Professions

(Paul Batalden)

To prepare health professionals — as part of their usual professional formation — to lead the continual improvement of the quality, safety and value of health care:

- to know how to identify good care from the scientific evidence
- to know the actual measured performance in the context where the health professional is learning/practicing, and the nature of the gaps — if any — between good care and actual local care, and
- to know what activities are necessary — if any — to close the gap(s).



QSEN Initiative – Funded by the Robert Wood Johnson Foundation

Overall Aim

To alter nursing's professional identity formation so that when we think of what it means to be a respected nurse, we think not only of caring, knowledge, honesty and integrity....but also knowledge and commitment to quality and safety competencies

The QSEN Story

- ❑ Dartmouth Summer Symposium
- ❑ RWJF's experience with TCAB and affiliated faculty
- ❑ Partnership with RWJF program officers – Hassmiller and Gibson
- ❑ Group of committed leaders
 - Q & S Content
 - Pedagogical Experts
- ❑ Advisory Board leaders from professional regulatory bodies





QSEN Strategies

BUILD WILL

- Describe the gap between *what is* and *what could be*
- Stimulate realization of *why* we need to change
- Attract innovators
- Define the territory (desired competencies)



QSEN Strategies

GENERATE AND SHARE IDEAS

- Outline the knowledge, skills, and attitudes (KSAs) that would be logical learning objectives for pre-licensure and advanced practice curricula
- Stimulate and spread the ideas of early adopters
- Share teaching strategies for classroom, group work, simulation, clinical site teaching, and inter-professional learning



www.qsen.org

- ❑ Competency definitions and KSAs
- ❑ Annotated references by competency
- ❑ Teaching strategies for classroom, clinical, skills/simulation labs, and inter-professional learning
- ❑ Opportunity to upload teaching strategies for peer review
- ❑ Faculty self-development modules

Sharing Ideas: 2012 QSEN National Forum



**Innovation to
Transformation**

**2012 QSEN
National Forum**

**May 30 - June 1
Tucson, Arizona**

Abstract submissions now being accepted

Video-based Learning Modules



Quality and Safety Education for Nurses

Funded by the Robert Wood Johnson Foundation

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The Lewis Blackman Story

VIDEOS

A. The Lewis Blackman Story



6 minutes, 46 seconds

1. Why does Helen Haskell start her story by talking about Lewis?
2. What is Keterolac (indications, side effects, normal dosages for 15 year old, risks and benefits)?
3. What was the significance of lack of urine output (to underlying problem, amount of Keterolac, and need for fluids)?
4. What are possible reasons why health care providers dismissed implications of undetectable blood pressure? Why would they think it was equipment failure?
5. Do you agree that it was significant that Lewis's crises developed on the weekend? Explain why or why not.
6. Lewis died from septic shock. Describe the incidence, signs/symptoms, and appropriate interventions for this problem.

B. A Mother's View of 'Lessons Learned'



6 minutes, 47 seconds

1. Create a list of the characteristics Helen Haskell ascribes to a "good" or professional nurse/physician.
2. When Helen Haskell says "patients need to be empowered and nurses need to embrace it", how do you react to her suggestion?
3. What does Helen Haskell mean by "misplaced professionalism"?
4. In her story, did you think of other examples of "misplaced professionalism"?
5. What is professionalism in your view?
6. What is your reaction to Helen Haskell's view that nurses need policy-level help to be empowered with respect to communications with physicians?

C. Patient-centered Care and Teamwork/Collaboration



QSEN Strategies

SUPPORT EXECUTION

- ❑ Create website resources for faculty and students
- ❑ Train early adopters to train others
- ❑ Share products with professional organizations involved in licensure, certification and accreditation of education and transition to practice residency programs
- ❑ Seek support from publishers and authors to integrate quality and safety concepts in textbooks



Changing our mental models

Quality and Safety Competencies

What is the Work of Nursing?

Quality and safety cultures require new ways of thinking, specifically inviting nurses and others to:

- Keep the patient experience of care the primary focus for all decisions
- Understand and apply the basics of safety sciences
- Use systems thinking
- Adhere to evidence-based guidelines and interventions
- Embrace continuous quality improvement as part of daily work



Patient Centered Care

Definition:

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.

Gaps:

- Need to *know* patient values and preferences
- Need to welcome patient and families as *partners* in ensuring safety
- Need to ensure that patient and family needs are microsystem's top priority
- Need to coordinate complex care with multiple caregivers

Example: Patient-centered Care

Knowledge	Skills	Attitudes
Examine common barriers to active involvement of patients in their own health care process	Remove barriers to presence of families and other designated surrogates based on patient preferences	Respect patient preferences for degree of active engagement in care process
Describe strategies to empower patients or families in all aspects of the health care process	Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management	Respect patient's right to access to personal health records

Teamwork and Collaboration

Definition:

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

Gaps:

- Need training in team and team-based care
- Need to value patient and family members as essential parts of the health care team
- Need to appreciate the role of communication in errors and near misses
- Need to value and earn respect of team members

Teamwork and Collaboration

Knowledge	Skills	Attitudes
<p>Describe scopes of practice and roles of health care team members</p> <p>Describe examples of the impact of team functioning on safety and quality of care</p> <p>Explain how authority gradients influence teamwork and patient safety</p>	<p>Communicate with team members, adapting own style of communicating to needs of the team and situation</p> <p>Assert own position/perspective in discussions about patient care</p> <p>Choose communication styles that diminish the risks associated with authority gradients among team members</p>	<p>Value the perspectives and expertise of all health team members</p> <p>Respect the centrality of the patient/family as core members of any health care team</p> <p>Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities</p>
<p>Cronenwett, Sherwood, Barnsteiner et al, 2007</p>		

Teamwork and Collaboration

- Inadequate communication and poor working relationships are the most frequent root cause of safety events and near misses
- Lapses in communication undermine teamwork and collaboration so that errors are more likely to occur
- Insist on talking together!
 - **Team briefings:** Planning
 - **Huddles:** Problem Solving
 - **Debriefing:** Learning for the next time

Improve Teamwork and Team-based Care

- TeamSTEPPS training (see AHRQ.gov)
- Model and integrate standardized communications
 - SBAR (situation, background, assessment, recommendation)
 - CUS (I'm concerned. I'm uncomfortable. This is a safety issue)
 - Read-backs of verbal orders
 - Checklists for handoffs



Evidence-based Practice

Definition:

Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care

Gaps:

- Need to approach practice with a spirit of inquiry
- Need to know how to identify good care from scientific evidence
- Need to scan sources of new knowledge relevant to one's practice
- Need to develop expertise in balancing evidence, clinical expertise and patient values and preferences when planning care

Example: Evidence-based Practice

Knowledge	Skills	Attitudes
Differentiate clinical opinion from research and evidence summaries	Base care plans on evidence, clinical expertise, and patient values and preferences.	Value the need for continuous improvements in clinical practice based on new knowledge
Describe reliable sources for locating evidence reports and clinical practice guidelines	Read original research and evidence reports related to area of practice	Appreciate the strengths and weaknesses of scientific bases for practice

Evidence-based Practice

- Develop care standards and protocols using scientific evidence
- Seek to know how reliably your microsystem delivers on its ability to deliver evidence-based practice guidelines
- Guide patients who wish to search the internet so that they are finding and using reliable sources of evidence

Quality Improvement

Definition:

Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems

Gaps:

- Need to own accountability for practice of one's microsystem
- Need to know how the actual care in one's microsystem compares to best practice
- Need to use quality improvement methods to close gaps between actual local care and good care

Example: Quality Improvement

Knowledge	Skills	Attitudes
<p>Describe strategies for learning about the outcomes of care in the setting in which one is engaged in practice</p> <p>Explain the importance of variation and measurement in assessing quality of care</p>	<p>Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit</p> <p>Use tools (such as control charts and run charts) that are helpful in understanding variation</p> <p>Design a small test of change in daily work using PDSA cycle</p>	<p>Appreciate how unwanted variation affects outcomes of care</p> <p>Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals</p>

Quality Improvement

- Lead improvement from any level of your organization
- Embed data collection in routine daily work
- Participate in QI teams – or support your colleagues to do so
- Support error and near miss reporting and analysis – and generate ideas for tests of change to improve reliability

Safety

Definition:

Minimize risk of harm to patients and providers through both system effectiveness and individual performance

Gaps:

- Need to know how to create and support “just cultures” and “safety cultures”
- Need to learn from open reporting about adverse events, errors, and near misses
- Need to support a culture that holds teammates accountable for reliable attention to safety practices

Example: Safety

Knowledge	Skills	Attitudes
Describe the benefits and limitations of selected safety-enhancing technologies (e.g., barcodes, alerts)	Use appropriate strategies for reducing reliance on memory (such as, forcing functions and checklists)	Appreciate the cognitive and physical limits of human performance
Describe processes used in understanding causes of error and allocation of responsibility (such as, root cause analysis)	Use organizational error reporting systems for near miss and error reporting	Value the contributions of standardization/reliability to safety
Describe factors that create a culture of safety	Engage in root cause analysis rather than blaming when errors or near misses occur	Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team



Contextual Factors That Affect Safety

- Workload fluctuations
- Interruptions
- Fatigue
- Multi-tasking
- Failure to follow up
- Poor handoffs
- Ineffective communication
- Not following protocol
- Excessive professional courtesy
- Halo effect

Informatics

Definition:

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

Gaps:

- Need improved EHRs and alert systems
- Need to understand the errors that are likely to be introduced with new technologies and minimize risks
- Need involvement in designing and evaluation of knowledge management and communication systems

Example: Informatics

Knowledge	Skills	Attitudes
<p>Contrast benefits and limitations of different communication technologies and their impact on safety and quality</p> <p>Describe examples of how technology and information management are related to the quality and safety of patient care</p>	<p>Employ communication technologies to coordinate care for patients</p> <p>Respond appropriately to clinical decision-making supports and alerts</p> <p>Use information management tools to monitor outcomes of care processes</p>	<p>Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills</p> <p>Value nurses' involvement in design, selection, implementation and evaluation of information technologies to support patient care</p>



QSEN: What Does It Mean to Me?

A few moments to share thoughts about:

- Personal experiences in developing these competencies --- in workplace, with students, or with members of interprofessional teams
- NCSBN pilot programs – What you think about being required to develop these competencies in order to be re-licensed at end of first year as new graduate
- How this work does or does not relate to “joy in work” for you and your colleagues
- What implications this work has for clinicians, administrators, and faculty members?