Quality and Safety Education for Nurses (QSEN) Competencies in Initial Nursing Staff Competencies: The Shift from a Task-Driven Competency Model to a Dynamic Competency Process that Focuses on Quality and Safety

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**BACKGROUND & SIGNIFICANCE**
- Preventable medical errors are the cause of nearly 400,000 deaths per year in the US, ranking these errors as the #3 cause of death in the U.S.
- Nurses are historically identified as most often responsible for the delivery of safe and quality care and for intercepting potential errors that could harm patients.
- Joint Commission, Institute of Medicine, and numerous other agencies call for hospitals to identify standards that address quality care that improve patient outcomes.
- Local catalyst two-fold: Leadership responded to calls from regulatory bodies to view nursing competency as a dynamic process focusing on quality and safety.
- Observation of nursing students and trainees having difficulty in translating QSEN competencies into clinical practice.

**FRAMEWORK**
- RWF funded a 2005 study to educate nurse about quality and safety in healthcare which resulted in the development of the Quality and Safety Education for Nurses (QSEN) competencies.
- The QSEN model address the knowledge, skills, and attitudes of the following six competencies:
  - Quality Improvement
  - Safety
  - Teamwork & Collaboration
  - Patient-Centered Care
  - Evidence-Based Practice
  - Informatics

**SETTING AND POPULATION**
- 149 bed teaching VA hospital with 20 long-term care beds.
- 1B Complexity
- Inpatient, outpatient, specialty, and long-term care setting
- Blended nursing staff (RN, LPN/LVN, NA)
- Robust nursing academic affiliations and trainee programs:
  - RN, LPN, LVN, NA
  - 300 BSN nursing students per year
  - CCNE accredited RN Residency program
  - Mental health nurse practitioner residency program

**COMPETENCY PROCESS CHANGE**

**PREVIOUS Competency Process: Task Focused**
- 2-3 Days
  - Driven by presentations (lecture, power points)
  - Competency "validated" after presentation/provided

**NEW Competency Process: QSEN Model**
- 8 days
  - Inclusion of simulation, case studies, role play, and hands-on review
  - Competency validation limited in this phase

**OUTCOMES**
- QSEN competencies implemented into the initial (newly hired) competencies for 25 different practice settings and for all nursing staff.
- Demonstration of cultural shift in how competencies are viewed. Managers and staff are considering the full competency process and the impact on safe and quality care.
- Revision to nursing performance measure assessment process to include unit, department, and hospital level monitors. These are reflected within the unit-level competencies.
- Endorsement by JC consultant in use of QSEN competencies with recommendations for implementation for all healthcare providers requiring competency validation.

**CHALLENGES**
- Largely met with trepidation and uncertainty by executive leadership, nurse managers, and senior nurse educators.
- Difficulty in shifting from a competency process focused on the document and checklist to one focused on the process and patient outcomes.
- Frequent, on-going confusion between education, training, and competency.
- Implementation hindered by goal to introduce QSEN competency into all practice settings at the same time. Recommend to trial in select areas prior to wide-spread roll out.

**MOVING FORWARD**
- Incorporation of QSEN competencies into all competencies associated with performance measures (ex. Pressure ulcer prevention, MRSA prevention, pain management, CAUTI).
- Annual revision of initial competencies based on competency needs identified by staff and changing needs of healthcare.
- 1-2 years – Redesign of annual competencies to follow QSEN model.
- 3 years – Full utilization of QSEN competencies in all initial and ongoing competencies to include statements of knowledge, skills and attitudes to be included for each competency.

**REFERENCES**