Organizational Adoption

Chris Koffel PhD, RN
Nursing Research | ProMedica
Healthcare System – 13 Hospitals

Physicians’ Offices, Home Care, Hospice & Paramount

- Locally Owned, Nonprofit Health care System. 4.4 million patient encounters, 81,632 inpatient discharges and 57,000 surgeries annually

- Center of Nursing Excellence
  - On-boarding Educators
  - Residency Educators
  - System Educators
  - System Practice Managers
  - CNE Providership
  - Nursing Research
Building a case for QSEN

- QSEN – 11 years in Academia
- Nursing Texts
- Next Generation of our Nurses
  - Will have QSEN competencies

Are we doing everything …
QSEN: At the Heart of the TTP® Model

https://www.ncsbn.org/transition-to-practice.htm
6 QSEN Competencies
- Patient Centered Care
- Safety
- Quality Improvement
- Informatics
- Teamwork & Collaboration
- Evidence Based Practice

Chris Keffel PhD, RN
PROMEDICA

List Resources needed to take to Leadership:
1.
2.
3.
4.

Review with nursing leadership

Resources needed / knowledge gap

Support from Academic Partners

Mandatory for all pre-licensed nursing programs thereforeNLRII will enter practice with competencies

List Academic Partners (Schools of Nursing) that have QSEN as part of Curriculum:
1.
2.
3.
4.
Depth of Work to QSENize ......
Administration
Outcome driven for current quality and safety outcomes.

Practice Educators
Learn the model and focus on how to embed in education design.

Department Management Questioning
Use the competencies to modify behaviors and measure behaviors for performance evaluations.

Bedside Staff Doubtful
General information related to how QSEN will be used.
Job Description
Annual Performance Review

Practice Audience and Their QSEN Needs:
### ProMedica Table Mapping Specific Competencies

This crosswalk was used to identify what our organization had in place according to QSEN Competencies – councils, teams and tools.

<table>
<thead>
<tr>
<th>Patient-Centered Care</th>
<th>Teamwork/Collaboration</th>
<th>Evidence-Based Practice</th>
<th>Safety</th>
<th>Informatics</th>
<th>Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
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<td>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.</td>
<td>Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.</td>
<td>Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.</td>
<td>Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.</td>
<td>Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.</td>
<td>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 system.</td>
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</tbody>
</table>

| Council/System Response | |
|-------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| **Nursing Excellence**  | **Best Practice**  | **Nursing Research** | **Safety Council** | **Nursing Informatics Council** | **PQI** |
| **Service Excellence**  | **Teams / Institutes** | **Council** | **System level** | **Environmental Safety Council** | **PCC** |
| **Practice Council**    | **Safety Council / OPS** | **IRB** | **Risk Management** | **Joint Commission Core Team** | **GQI** |
| **Division Practice**   | **PCIC** | **System level** | **Safety Patient Handling Teams** | **Got Ideas Program** | **Employee Involvement Program** |
| **Unit Practice**       | **Ethics Committee** | **Professional** | **Good Catch** | |
| **Patient Care Council** | **Workforce Development Council** | **Practice** | **Program** | |
| **Care Navigators** (Transition) | **Rapid Response Team** | **Nursing Excellence** | **Care Planning Teams** | |
| **Code Blue Team**      | **Nursery** | **System level** | **Nursing** | |
| **Stroke Team**         | **Professional Nursing Development** | **Professional** | **Informatics** | |
| **Tools**               | **Admission Packets** | **Electronic tools** | **PQI** | **PCC** |
| **Integrator Services** | **SRMTRI computer based** | **Mobility assist equipment** | **PCC** | **Patient Safety Improvement Program** |
| **NARRI**               | **SNP – Pharmacy Alerts** | **EDP for MD** | **PCC** | **Employee Involvement Program** |
| **Nursing Care Measures** | **Uptodate** | **Hourly rounding** | | |
| **Patient Education**   | **Nursing Reference** | **Safety Huddles** | | |
| **Video on Demand**     | **UpToDate** | **Bedside Reports** | | |
| **Communication**       | **Library** | **Pre-check list for procedures** | | |
| **Board in Room**       | **CNAHL, Access Medicine** | | | |
2016 American Nurses Association Annual Conference
Connecting Quality, Safety and Staffing to Improve Outcomes

QSEN Institute

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Leadership decides to move forward with adoption of QSEN Competencies

Not linear process
Can be accomplished in phases – small steps

Gap Analysis
What competencies do we currently have in our practice site?

Do a crosswalk of current team, councils & process compared to 6 competencies

List Councils/Tools that support QSEN Competencies—Do they drift down to individual accountability level? System Level thinking?
1. Patient-Centered Care
2. Teamwork & Collaboration
3. Evidence Based Practice
4. Safety
5. Informatics
6. Quality Improvement

Where would you start?
1.
2.
3.
4.

RN Job Description
Annual Performance Review
Clinical Ladder
On-boarding Orientation
Residency Program
Preceptor Program
What Can Practice Gain

• Lessen the Theory-Practice Gap
• Gain and apply the new graduate’s knowledge in QSEN
• Build on the individual accountability/competency for safety and quality
• Improve academic progression by building a common language
• Improve current workforce knowledge in Quality and Safety

Linda Cronenwett PhD, RN
“…in the end, we expect these changes to make a difference in the quality and safety of health care everywhere”
Website:
www.qsen.org
http://qsenpractice.weebly.com/