



# Innovation in Practice: A QSEN Framework for Redesigning a Clinical Advancement Program for Nurses



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## Background

Healthcare reform is a driving force in the practice setting. Nursing executives value competency as the driver of quality, patient safety and cost of care. Improving nursing competency and advancing the profession are the goals of a clinical advancement program

## Objectives

- The learner will be able to;
- Identify steps in the process to building a clinical advancement program using QSEN as the foundation
  - Discuss the addition of Leadership as a main category for job requirements

### Strengths

- Foundational Quality & Safety Focus
- Ability to apply graduate level to higher levels in ladder
- Portfolio currently in New Graduate Nurse Residency

### Weaknesses

- Inconsistent application
- Leadership category needed

### Opportunities

- Staff Input
- Competency Alignment
- Build stronger Nurse Credential Review Board membership

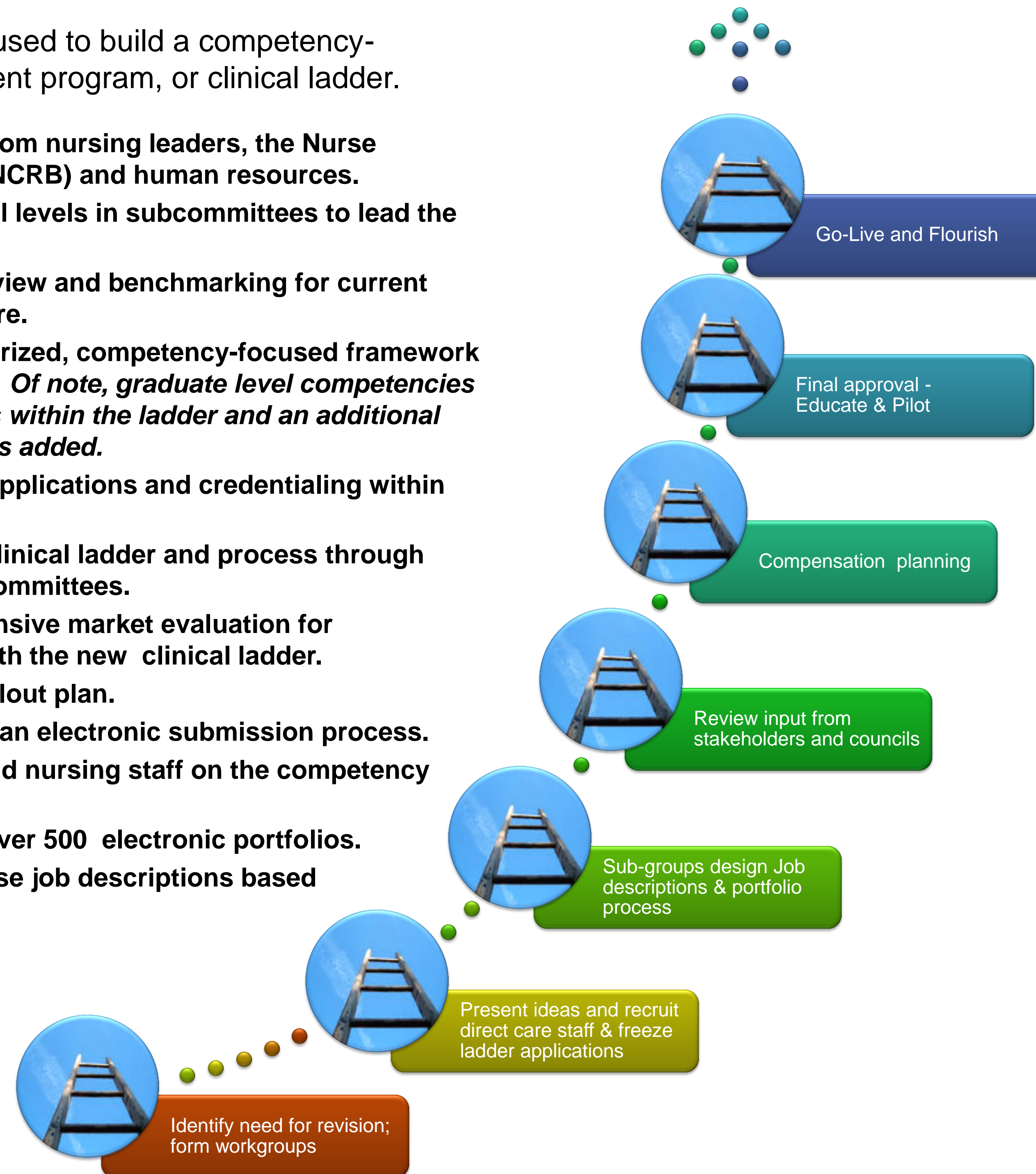
### Threats

- Lack of Mentoring by Leaders
- Complex Process
- Change is not always accepted

## 12 - Step Process for "QSENizing" the Clinical Ladder

A twelve step process was used to build a competency-focused, clinical advancement program, or clinical ladder.

1. Recognition and support from nursing leaders, the Nurse Credential Review Board (NCRB) and human resources.
2. Involvement of nurses at all levels in subcommittees to lead the design and process work.
3. Completion of literature review and benchmarking for current clinical ladders in healthcare.
4. Draft the ladder in a categorized, competency-focused framework or "QSENizing" the design. *Of note, graduate level competencies were used for higher levels within the ladder and an additional leadership competency was added.*
5. Redesign the process for applications and credentialing within the NCRB.
6. Gain approval of the new clinical ladder and process through various decision-making committees.
7. Completion of a comprehensive market evaluation for compensation practices with the new clinical ladder.
8. Design of an education rollout plan.
9. Develop infrastructure for an electronic submission process.
10. Education of leadership and nursing staff on the competency focused clinical ladder.
11. Coordination of building over 500 electronic portfolios.
12. Revision of registered nurse job descriptions based on the clinical ladder.



## Discussion

- **Clinical Nurse V (CNV)**
  - Original CNV now identified as CNS role
- **Alignment with other QSEN work**
  - New Graduate Nurse Residency
  - Competency Assessments
  - Preceptor Program
- **Leadership Domain Addition**
  - Additional requirements needed for Scope of Practice, Professional Development, Preceptor Accountability, Community Service
- **Professional Electronic Portfolio**
  - QSEN domains identified through design
  - Promotes recognition & professional growth
- **Clinical Ladder becomes Job Description**
  - Performance Evaluation which reflect QSEN competencies within Job Description
- **Project Tracking**
  - Mentoring and coaching provided for CNIII and CNIV project work
  - CNIV projects required to be featured within electronic project tracking site

## Future Application

- Respiratory Therapy and Child Life redesigning clinical ladder around nursing model (QSEN)
- Manager involvement increases with new process
- Portfolio Competency Model Adoption
  - APRN , Clinical Nurse Educators, Nursing Leaders

## References and Acknowledgments

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