# QSEN and Acute Care Practice: Where to Start

Chris Koffel, PhD, RN and Barb Tassell, MSN, RN

**PROMEDICA**
CENTER OF NURSING EXCELLENCE

## QSEN Continuum

**LEADERSHIP/MENTOR/EXPERT**
Active role in advancing the practice of nursing
Re-enforcement of KSA for organizational and practice environment

**QSEN GRADUATE COMPETENCY**

**PRACTICE EDUCATION**
Acute Care Nursing Educators translation of QSEN competencies/KSA into language suitable for RN practice.

**ONBOARDING**

**RESIDENCY TTP™**
Continuation of QSEN Preceptor Education

**ORIENTATION**
Individual accountability for patient safety and quality of care
QSEN – KSA
Own the outcomes of your practice

Introduction of QSEN Competencies KSA

**QSEN PRE-LICENSE COMPETENCY SCHOOL OF NURSING**

Recognizing the value of the QSEN framework for undergraduate nursing education and the Transition to Practice study participants, we identified the possible benefit of using the QSEN competencies for educational design for practicing nurses.

However, we found a **GAP** in being able to directly apply the competencies to our typical practice environments such as orientation, ongoing competency, and in-service education. The QSEN competencies within the undergraduate and graduate levels do not always align with the functions and language used in practice.

As we began to develop some tools that focus on the practice environment, we determined that QSEN is actually a continuum of nursing competencies and that the undergraduate and graduate level represents the ends of the continuum. But there is still work to be done in translating QSEN to nursing practice in acute care.

## Education Helix for Acute Care: Advancing System Strategies to Individual Competencis

Future → Develop courses to include QSEN KSA for leaders.

Future → Reinforcement of QSEN competencies with preceptors and their roles with SON, experienced RN orientation, and residency RN.

Orientation design for experienced nurses formatted with QSEN language.

QSEN competencies as starting point for residency design.

Curriculum change/grant advocate for change → CIP crosswalk of current practice staff education on QSEN.

QSEN was a response to the gap between acute care activity with patient safety and academic curriculum.
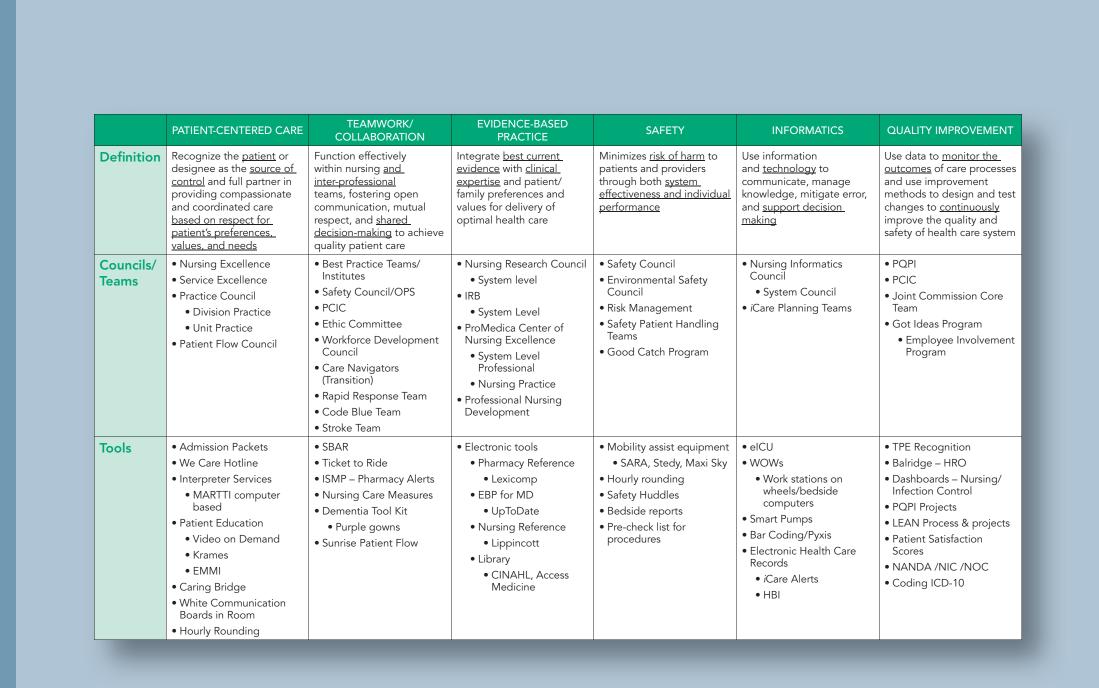
Acute Care Quality Improvement and Patient Safety Councils/Teams

LEADERSHIP | MENTORS | EXPERTS

PRECEPTORS

EXPERIENCE NURSE ORIENTATION

RESIDENCY

ACADEMIC-CLINICAL PARTNERSHIP
CLINICAL INTEGRATION PARTNER

IOM | TTP

HOSPITAL PATIENT SAFETY

Patient safety has been at the forefront of acute care since 1965, when it was required to obtain accreditation by The Joint Commission for Medicare and Medicaid reimbursement. In 1999, the Institute of Medicine's *To Err is Human* report identified the need to build a safer health system. In 2003, the National Patient Safety Goals established specific guidelines for hospitals.
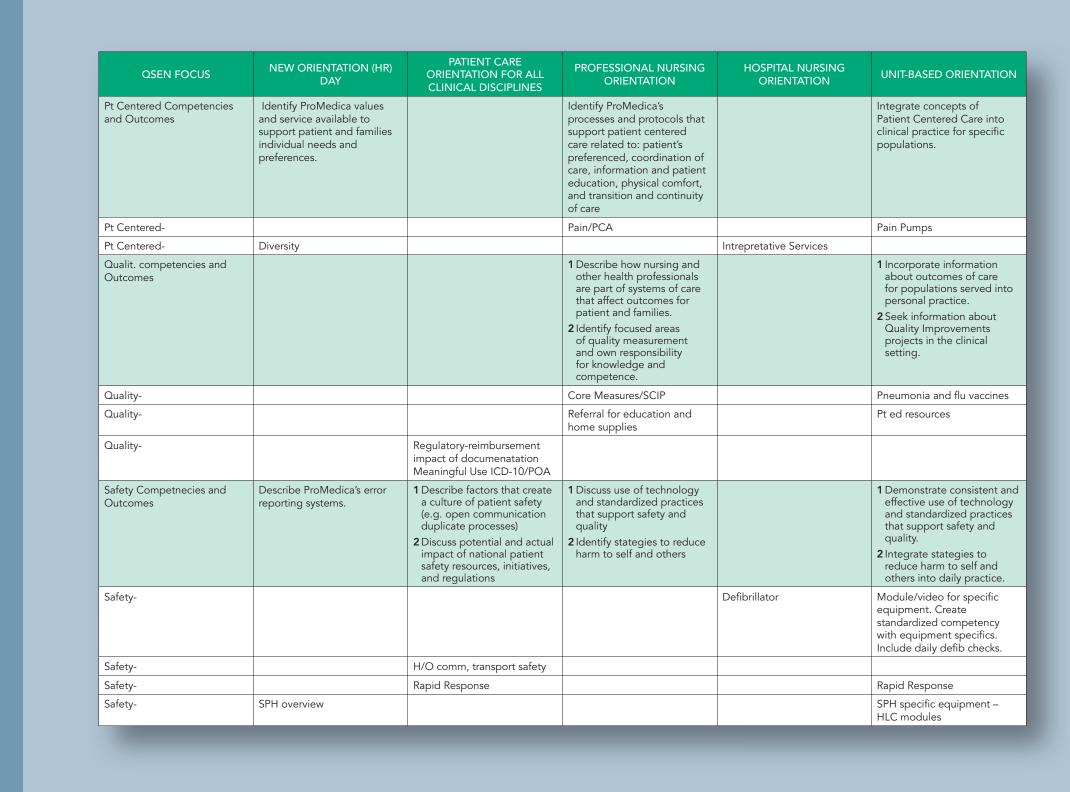
Hospitals then created quality improvement/patient safety teams to reach for system-wide safety and continuous improvement. These teams are the core foundation of acute care's educational helix design. A crosswalk was created to compare system strategies for patient safety and the QSEN domains and was the starting point for practice to move from the traditional educational design for professional nurse development by converting to the QSEN competencies and language. (See a sample of this crosswalk in the tools below.) This strategy moved patient safety and quality improvement from the system's responsibility to include the individual practitioner.

Starting with current patient safety and quality teams ProMedica first addressed QSEN with the nursing residency program and in its system's orientation redesign. Future plans will include looking at educational designs for preceptors and leadership in acute care settings using the QSEN format.
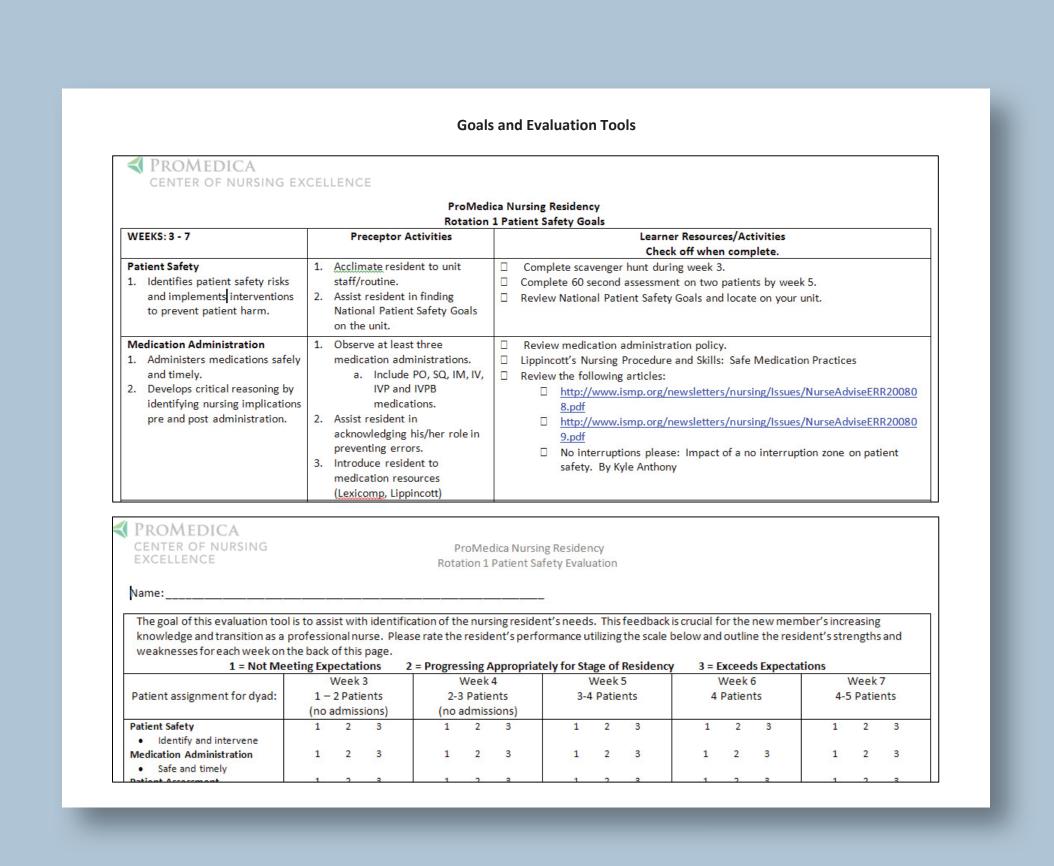
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**Crosswalk: ProMedica and QSEN Table Mapping Specific Competencies**

The Crosswalk was created by ProMedica to analyze the relationship between current practice and QSEN competencies.
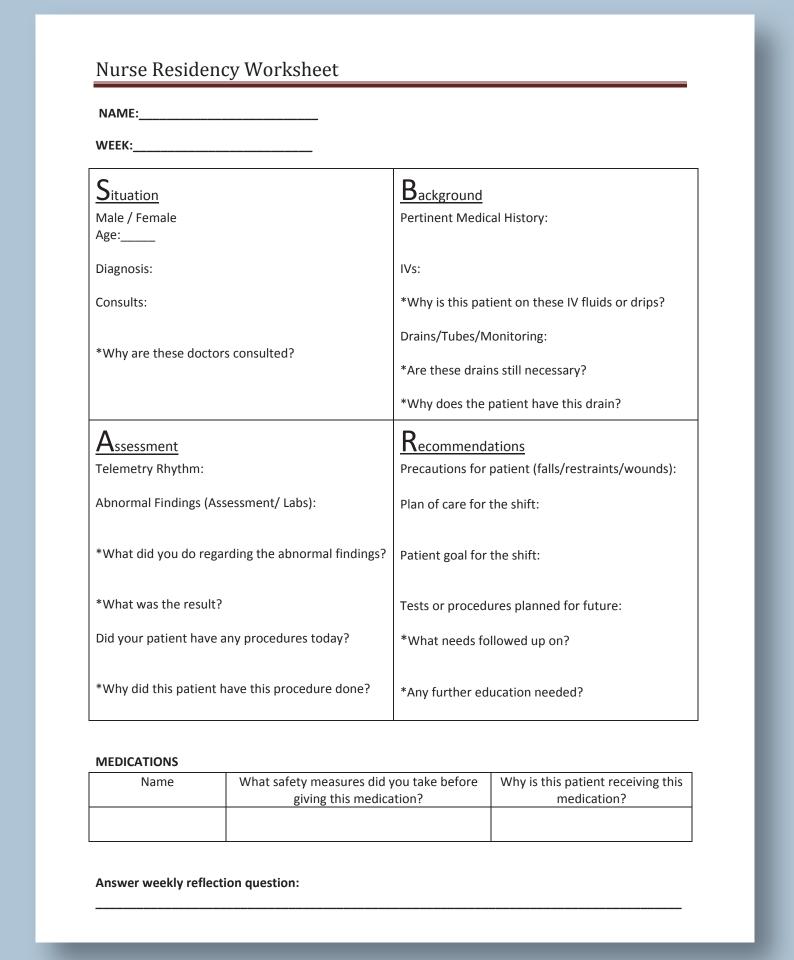
**ProMedica Centralized Nursing Orientation Model**

This is an example of the orientation crosswalk, showing how content within each QSEN domain is dispersed across the orientation timeframe.

**ProMedica Nursing Residency Goals and Evaluation Tools**

ProMedica's nursing residency is built around the concepts of Safety, Quality, and Customer Experience/Satisfaction. The first rotation of the residency (7 weeks) is focused on safety. Above are samples from the Goals and Evaluation tools used during the residency.

**ProMedica Nursing Residency Worksheet**

Sample of SBAR (Situation, Background, Assessment, Recommendations) tool learners use to:

• Create case study in the clinical setting

• Analyze specific safety and care management questions

• Correlate the weekly goals during a reflective learning session

**ProMedica Scavenger Hunt/QSEN**

This ProMedica student orientation tool is used during the student's first clinical experience. It has the dual purpose of helping the students learn the unit and introducing the QSEN language to the staff nurses guiding the student experience.

**Clinical Student Nurse Experience: Self-evaluation Tool**

This is a sample of the electronic survey tool used by ProMedica to perform student evaluations. Questions were selected to represent the QSEN competencies. There are six questions for patient-centered care; four about teamwork and collaboration; three about evidence-based practice; five on quality improvement; three about information; and 13 on integration to the unit.