



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 deaths 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 calling 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

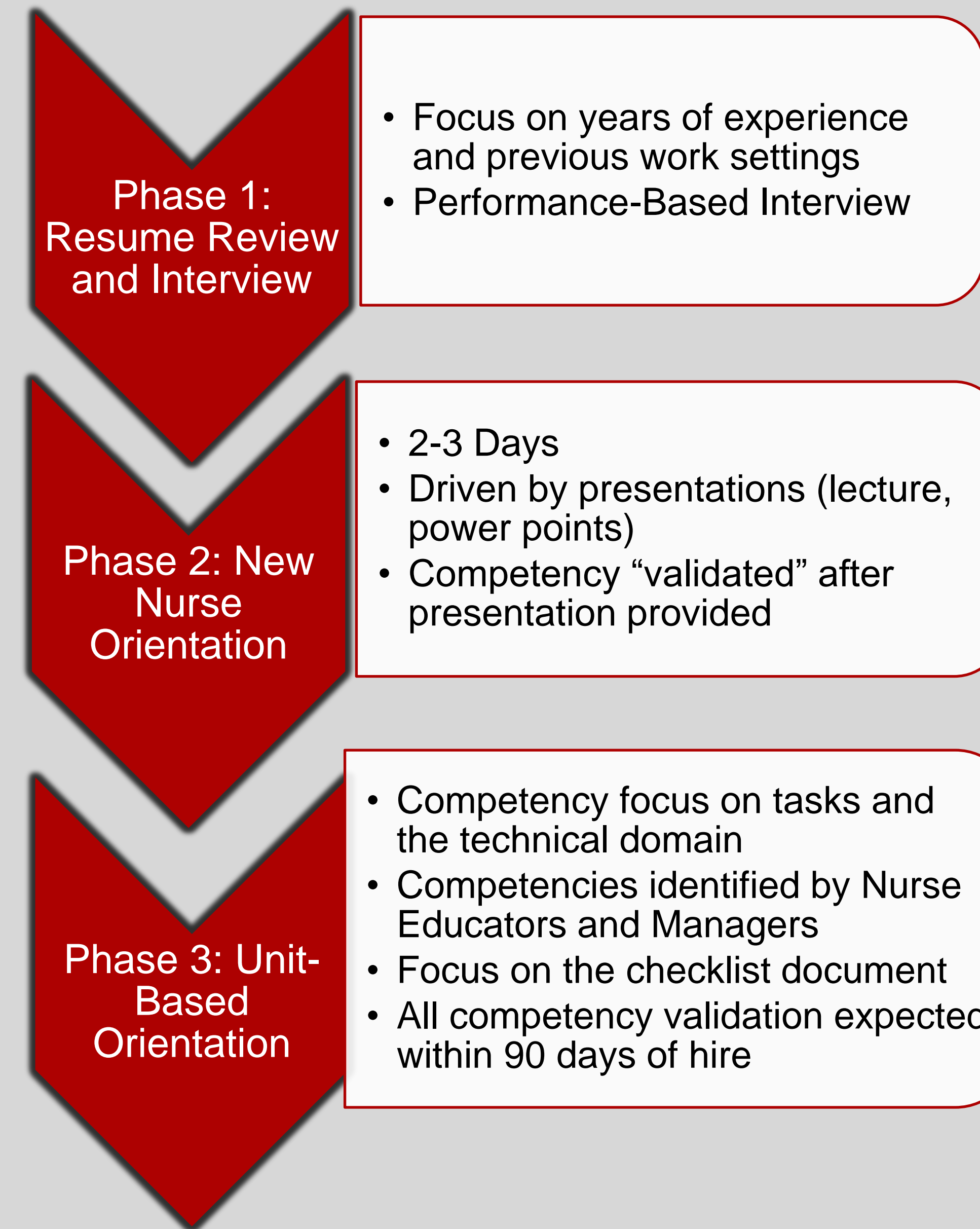
- RWF funded a 2005 study to educate nurse about quality and safety in healthcare which resulted in the development of the Quality and Safety Education for Nurses (QSEN) competencies.
- The QSEN model address the knowledge, skills and attitudes of the following six competencies:
 - Quality Improvement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



SETTING AND POPULATION

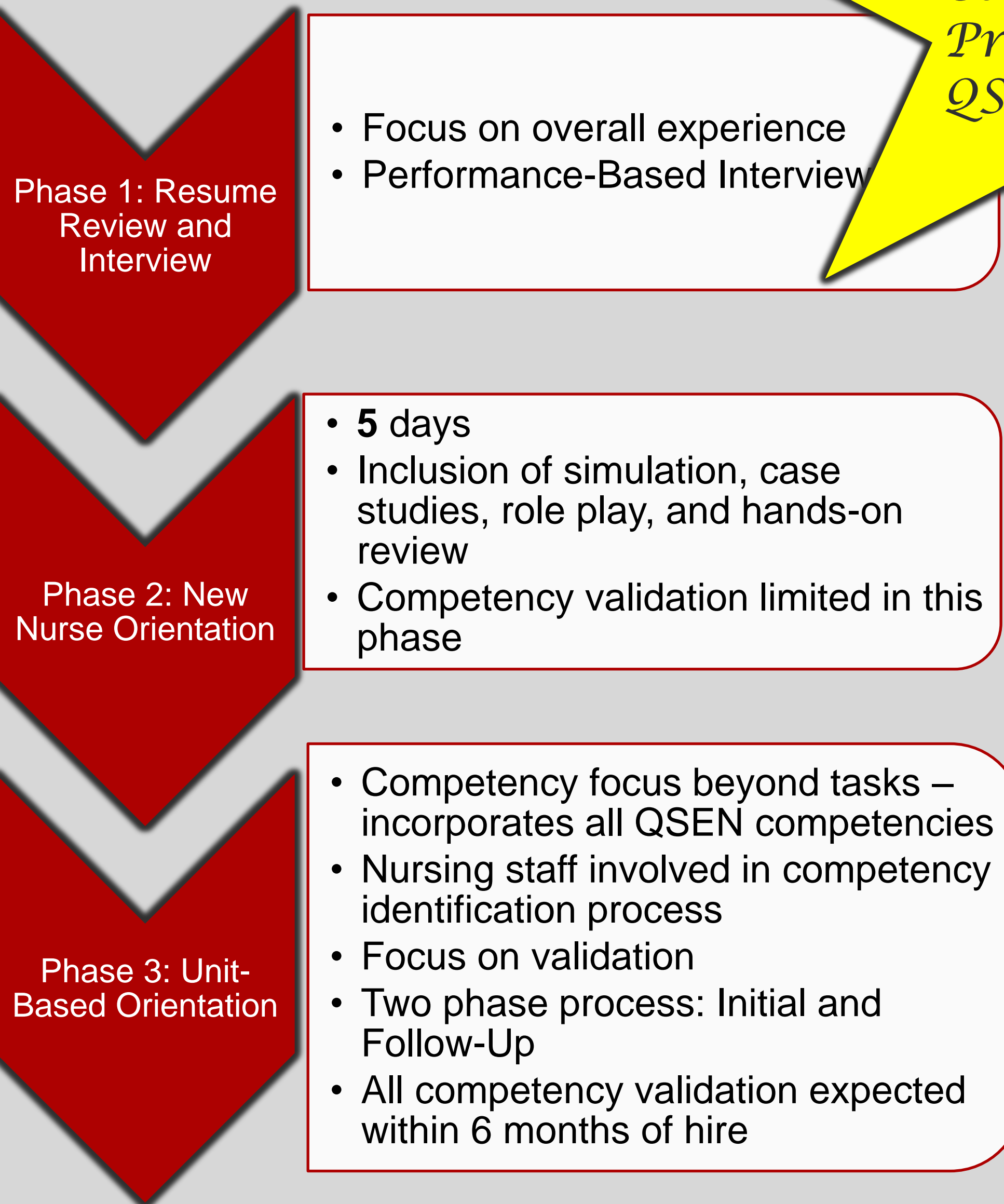
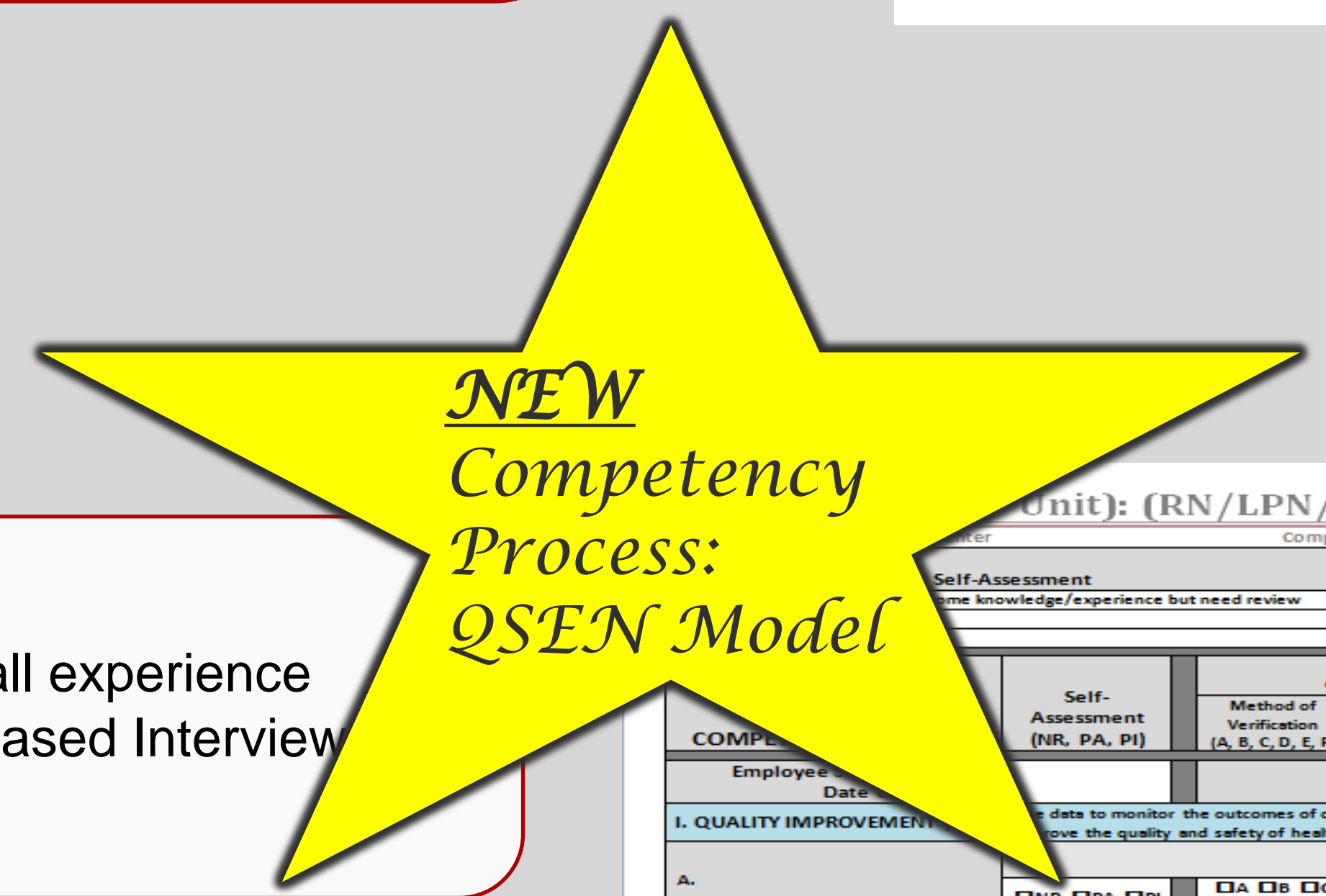
- 149 bed teaching VA hospital with 20 long-term care beds
- 1B Complexity
- Inpatient, outpatient, specialty, and long-term care setting
- Blended nursing staff (RN, LPN/LVN, NA)
- Robust nursing academic affiliations and trainee programs:
 - Aprox 300 BSN nursing students per year
 - 30 paid nurse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

COMPETENCY PROCESS CHANGE



PREVIOUS Competency Process: Task Focused

Self Assessment	Competency	Date	Verification Methods	Preceptor Initials
NR	Unit/Department Overview			
NR	Unit Specific Order Sets			
NR	Protocols & Policies			
NR	Equipment Demonstrates Safe Use of:			
NR	Professional Behaviors			
NR	Technical Competencies Identified per Body System as Applicable (ie. Cardio, Neuro, etc.)			
NR	Additional Competencies Identified per Department/Unit			
NR	Overall Objectives and Setting (ie. Inpatient, Outpatient, Specialty)			
NR	Safety and Injury Prevention			
NR	Patient/Family Teaching			
NR	1. Documents teaching to Patient/Family/TP note			
NR	2. Teaching documented prior to each procedure			
NR	1. Preceptor Signature:	Print Name:		
NR	2. Preceptor Signature:	Print Name:		
NR	3. Preceptor Signature:	Print Name:		
NR	4. Preceptor Signature:	Print Name:		



Competency	Self-Assessment (NR, PA, PI)	Method of Verification (A, B, C, D, E, F)	Outcome (met/not met)	Preceptor Initials & Date	Method of Verification (A, B, C, D, E, F)	Outcome (met/not met)	Preceptor Initials & Date
I. QUALITY IMPROVEMENT	NR	A	Not Met		B	Not Met	
II. SAFETY	NR	A	Not Met		B	Not Met	
III. TEAMWORK AND COLLABORATION	NR	A	Not Met		B	Not Met	
IV. PATIENT-CENTERED CARE	NR	A	Not Met		B	Not Met	
V. EVIDENCE-BASED PRACTICE	NR	A	Not Met		B	Not Met	

Competency	Self-Assessment (NR, PA, PI)	Method of Verification (A, B, C, D, E, F)	Outcome (met/not met)	Preceptor Initials & Date	Method of Verification (A, B, C, D, E, F)	Outcome (met/not met)	Preceptor Initials & Date
ORIENTATION	NR	A	Not Met		B	Not Met	
VI. INFORMATICS	NR	A	Not Met		B	Not Met	

Initials: Preceptor (Print Name) Preceptor (Signature) Initials: Preceptor (Print Name) Preceptor (Signature)

Nurse Manager/Designer (Print Name) Nurse Manager/Designer (Signature) Date:

Nurse Manager Additional Comments:

Action Plan for Unmet Competencies

Unmet Skill: _____

Action Plan: _____

Current Date: _____

Follow-up Date: _____

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 recommendation 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



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