2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes

QSEN Quality Competencies: Connecting Academic and Nursing Practice

MARCH 9–11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAconference

ANA AMERICAN NURSES ASSOCIATION

Disclosures and Continuing Nursing Education (CNE) Information

Contact Hours: Attendees of the QSEN Quality Competencies: Connecting Academic and Nursing Practice, preconference to the 2016 ANA Annual Conference, may earn a maximum total of 3.25 continuing nursing education (CNE) contact hours (60-minute contact hour) for successful completion of the activity.

Completion Requirements: In order to receive contact-hour credit for this CNE activity, you must:

- Be registered as a participant.
- Be seated in the room no later than five minutes after the session has started, and remain in the session until the scheduled ending time.
- Access the online 2016 ANA Annual Conference CE system at https://ana.confex.com/ana/ndnqi16/credits/index.cgi no later than **April 10, 2016** to enter sessions and obtain CE certificates free of charge. Use your last name and badge/registration number to access log into the system.
  - For technical assistance with the CE survey or certificate call (401) 334-0220 between the hours of 8:30 AM and 6:00 PM, email ana@confex.com or complete an on-line form at https://ana.confex.com/ana/feedback.epl?jsclose=1.

Disclosures and Continuing Nursing Education (CNE) Information

Completion Requirements Continued:

- Select the sessions attended (see conference program for session numbers).
- Complete required evaluation(s).
- Print and/or save certificate(s). (NOTE: Fees apply once the above deadline has passed.)

Certificates:

- Beginning **April 11, 2016**, certificates may be obtained from ANA's Center for Continuing Education and Professional Development. Please mail your written request, a list of session titles you attended, and a check payable to ANA in the sum of $50 for each certificate requested. Mail to: ANA, P.O. Box 504410, St. Louis, MO 63150-4410. Allow four to six weeks for delivery.

Disclosures and Continuing Nursing Education (CNE) Information

Conflict of Interest: A conflict of interest occurs when an individual has an opportunity to affect educational content about health care products or services of a commercial company with which she/he has a financial relationship. The planners of the preconferences and main conference sessions have disclosed no relevant financial relationships. Speakers with relevant conflicts of interest will be announced prior to their individual educational session.

Commercial Support or Sponsorship: No commercial support or sponsorship has been provided for any CNE activity in this conference.

Non-endorsement of Products or Services: The American Nurses Association's accredited provider status refers only to continuing nursing education activities and does not imply that there is real or implied endorsement of any product, service or company referred to at this conference.

2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes

QSEN Quality Competencies: Connecting Academic and Nursing Practice Introduction & Overview

Mary A. Dolansky, PhD, RN
Patricia Patrician, PhD, RN, FAAN

MARCH 9–11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAconference

ANA AMERICAN NURSES ASSOCIATION

AGENDA

Key Note: Making Waves--Implementing QSEN Competencies in Clinical Practice

Presentations: Application of competencies

Workshops: Identification of opportunities
Creation of action plan

Posters: Examples from across the nation

Pre-conference Assignment

QSEN website

QSEN: The key is Systems Thinking

Reflection

Goal of QSEN:

Provide comprehensive, competency-based resources to empower nurses with the knowledge, skills and attitudes necessary to continuously improve the quality and safety of the healthcare systems in which they work.

QSEN Competencies

- **Patient-centered care**
- **Teamwork & Collaboration**
- **Evidence-based Practice**
- **Quality Improvement**
- **Safety**
- **Informatics**

***pre-licensure and advanced practice nursing 2005

QSEN INSTITUTE

FRANCES PAYNE BOLTON SCHOOL OF NURSING
CASE WESTERN RESERVE UNIVERSITY

Connecting Academic and Nursing Practice

2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes

Making Waves: Implementing QSEN Competencies in Clinical Practice

Jane Barnsteiner, PhD, RN, FAAN
Professor Emerita
University of Pennsylvania , School of Nursing
Editor, Translational Research and QI, American Journal of Nursing
March 9, 2016

MARCH 9–11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAconference

ANA
AMERICAN NURSES ASSOCIATION

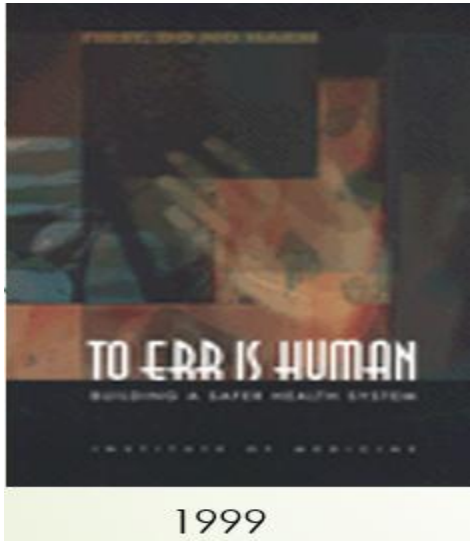
Unfortunately care is not safer . . .

Did you know?

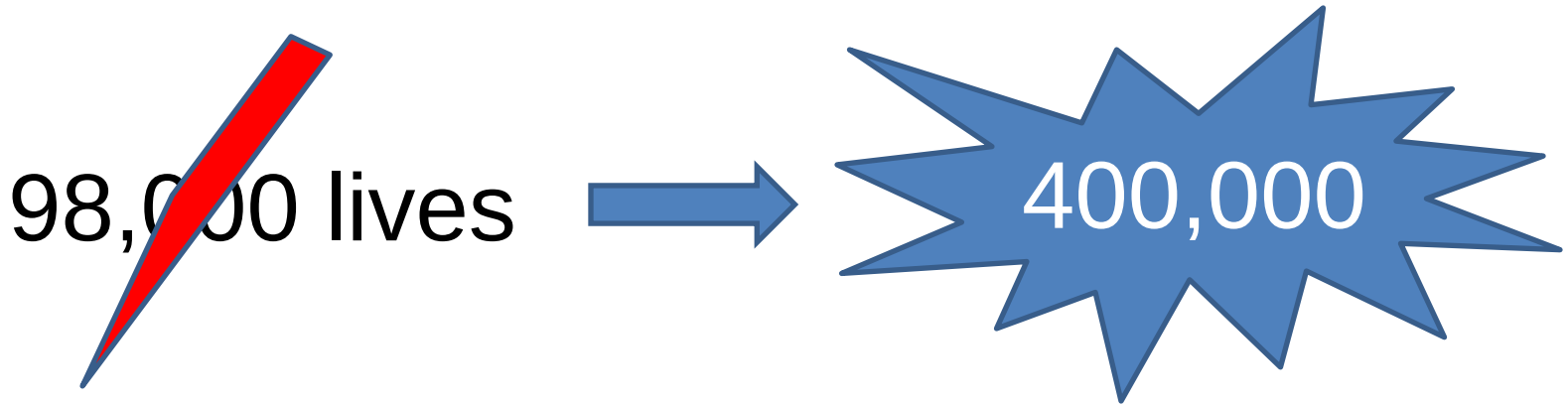
- One in 25 hospital patients acquires an infection
- One in 20 adults seeking outpatient care experience diagnostic error

  the failure to (a) establish an accurate and timely explanation of the patient's health problem(s) or (b) communicate that explanation to the patient
- One in 10 patients experiences some form of adverse event
- One in 4 primary care patients experiences an adverse event associated with a prescribed medication

The Institute of Medicine…



98,000 deaths/year from medical errors


98,000 lives
400,000

Raising the Bar

All health professionals should be educated to deliver *patient-centered care* as members of an *interdisciplinary team*, emphasizing *evidence-based practice*, *quality improvement approaches*, and *informatics*.

Committee on Health Professions Education,
Institute of Medicine (2003)

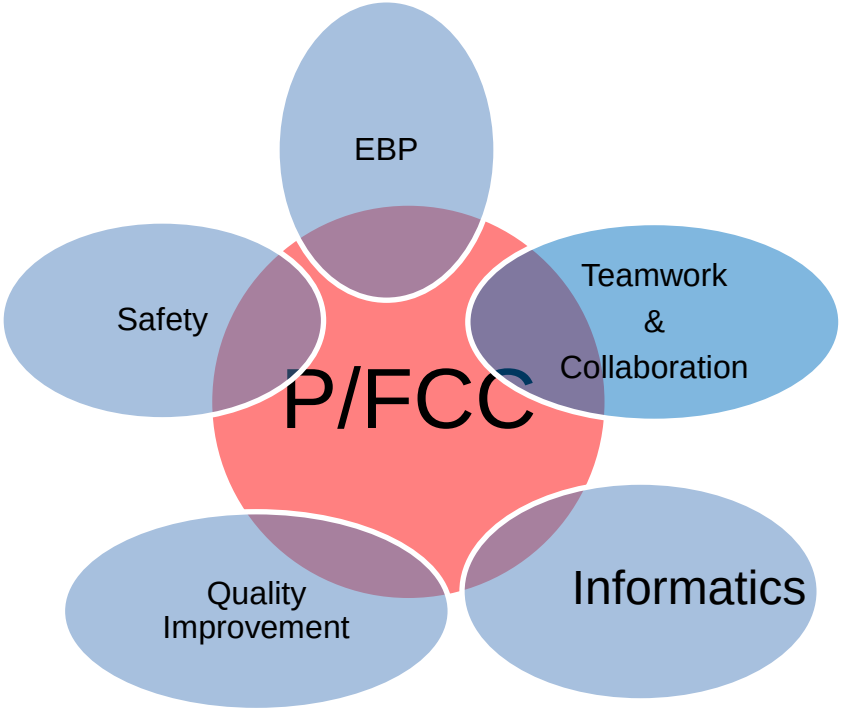
What could nursing do?

Find a way: prepare nurses with the competencies necessary to continuously improve the quality and safety of the health care systems in which they work

- Lead: Linda Cronenwett, PhD, RN, FAAN
- Co-leads: Jane Barnsteiner, Joanne Disch, Jean Johnson, Pam Mitchell, Dory Sullivan, Judith Warren

Quality & Safety Education in Nursing (QSEN)

QSEN Competencies – what every practicing nurse should demonstrate



What We've Done 2006 - 2015

- Developed and disseminated 6 competencies, definitions and learning objectives (162 KSAs) for **pre-licensure and graduate education**
  - Faculty conferences, books, publications, learning modules
- Assessed state of quality & safety education in schools of nursing nationwide
- Implemented website www.qsen.org
- Implemented accreditation standards
- Hold annual QSEN Conference

Patient/Family Centered Care

Old – Listen to patient and demonstrate compassion and respect.

New - 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

- Person Power is the Blockbuster Drug of the Century!!!

1. Many people receiving care aren't in hospitals
2. People with chronic illness don't consider themselves patients
3. In general, we're moving toward promoting health and wellness, preventing people from becoming ill
4. Even if someone is in a hospital, we are encouraged to "*engage the person to treat the patient*"
5. Koloroutis and Trout: "*See me as a person*"

Person-Centered Care

Orthopedist goal – uneventful hip replacement surgery

Nursing goal – discharge with no complications

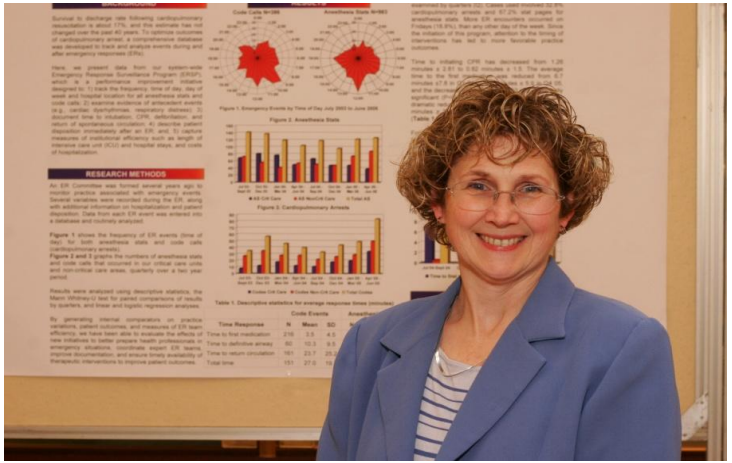
Patient goal – be back on golf course

(Assess, document and measure patient goal outcomes)

Evidence-Based Practice

Old – Adhere to internal policies and procedures.

New - Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.



2015 National Survey- Sacred Cows

Red is correct answer

Practice	True	False
Shock - Trendelenburg	51%	49%
Scrub the hub	81%	19%
Instill NSS NTT	35%	65%
Auscultate G-tube	31%	69%
Ph testing G-tube	51	49%
Aspirate subglottic secretions to prevent VAP	29%	71%

EBP - Staff nurse use of research (Yoder, *AJN,* 9/14)

Move from this:

Where do you get your evidence?

- Personal Experience – 75%
- Policies and Procedures 58%
- Peers 55%
- Intuition – 32%
- Use of journals, internet – 25%
- 36% avoid using research as they perceive they do not have authority to use even if useful.

Teamwork and Collaboration

Old – Work side by side with other HC professionals while performing nursing skills.

New - Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care

Safety

Old – focus on individual performance, vigilance to keep patients safe.

New - Minimize risk of harm to patients and providers through both system effectiveness and individual performance

Quality Improvement

Old – Update nursing policies and procedures, chart audits of documentation.

New - Use data to monitor outcomes of care processes and improvement methods to design and test changes to continuously improve quality and safety of health care systems

Informatics

Old – timely and accurate documentation

New - Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making

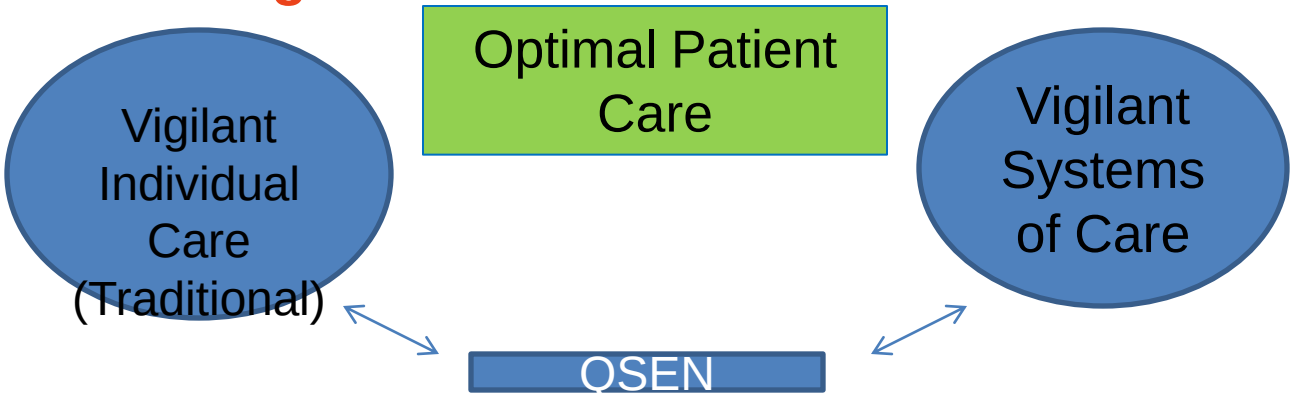
Bridging Academia and Practice in Quality and Safety

Core Competencies and Magnet Components

Core Competencies	TL	SE	Exemplary PP	NK
PCC		6, 10EO,	1, 2EO,	
EBP				1EO, 2, 3, 4,
Teamwork & Collaboration	4, 8,	1EO,	5, 12, 13EO,	
Safety			18EO, 20EO, 21EO,	
QI	7,		19EO, 22EO, 23EO,	
Informatics				5EO, 6EO

Will, Ideas, Execution

Quality and Safety: Two Forms of Vigilance



- Patient Centered Care
- Teamwork & Collaboration
- Evidenced Based Practice
- Safety
- Quality Improvement
- Informatics

Mary Dolansky
2012 QSEN National Forum

1. It's about creating a Culture, not a Program

It takes time –

It requires leadership support

- CNO and Senior Leadership Support
- Medical staff support

It requires resources

- Technology, staff time, education

It requires a total rethinking of 'how we do business'

- Position descriptions
- Professional development, clinical advancement systems
- Reward systems
- Practice and Quality Improvement Committees
- Role of Advanced Practice Nurses
- Partnerships (e.g., School of Nursing)

2. It's about creating a Culture of Safety

- Acknowledge high-risk nature of our work and commit to achieve consistently safe operations
- Provide blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment
- Engage nurses in identifying problems and seeking solutions
- Decrease hierarchy & encourage collaboration across ranks and disciplines to seek solutions to patient safety problems
- Organizational commitment of resources to address safety concerns

3. It's about creating an environment that supports nurses practicing nursing

- Help all nurses learn and use current evidence
- Provide access to online sources of evidence at all work areas
- Assure adequate staffing and scheduling for release time to participate in education and practice development activities

4. It's about creating an environment that offers high quality, safe patient care – every time, every patient

Develop the BLQ case

The Business case: Teamwork and collaboration

- Effective teams reduce LOS, readmissions, complications, errors
- Hospitals with higher teamwork culture ratings have lower RN resignation rates
- Patients' ratings of nurse-physician coordination correlate with their overall perception of the quality of care received
- Decreased surgical turnover time by 20 percent, increased first-case on-time starts to 75 percent from 33 percent, and cut 700 hours of delay time

The Legal case -

Most Frequently Identified Root Causes of Sentinel Events Reviewed by The Joint Commission by Year

The majority of events have multiple root causes
(Please refer to subcategories listed on slides 5-7)

2013 (N=887)		2014 (N=764)		3Q 2015 (N=731)	
Human Factors	635	Human Factors	547	Human Factors	464
Communication	563	Leadership	517	Leadership	382
Leadership	547	Communication	489	Communication	343
Assessment	505	Assessment	392	Assessment	247
Information Management	155	Physical Environment	115	Physical Environment	88
Physical Environment	138	Information Management	72	Health Information Technology-related	74
Care Planning	103	Care Planning	72	Care Planning	64
Continuum of Care	97	Health Information Technology-related	59	Information Management	29
Medication Use	77	Operative Care	58	Medication Use	29
Operative Care	76	Continuum of Care	57	Performance Improvement	26

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.

The Joint Commission

Office of Quality and Patient Safety - 8

The Quality case

"It's the right thing to do" – (Jim Conway, 2012)

- Aligns with Magnet principles
- Fits with Baldrige criteria

First steps -

1. Help build the business case
   - Who in your organization would be supportive?
   - What organizational goals could this tie to?
2. Form a small group in your area
   - What's the #1 quality/safety issue?
   - What does the literature say?
   - What are other organizations doing about it?

CHANGE THE WORLD OF HEALTH CARE

- Start where you are
- Use what you have
- Do what you can

• A. Ashe

(You've already taken the first step…)

2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes

Professional Competence

Kathy Chappell, PhD, RN, FAAN, FNAP
Vice President, Accreditation Program and Institute for Credentialing Research
American Nurses Credentialing Center

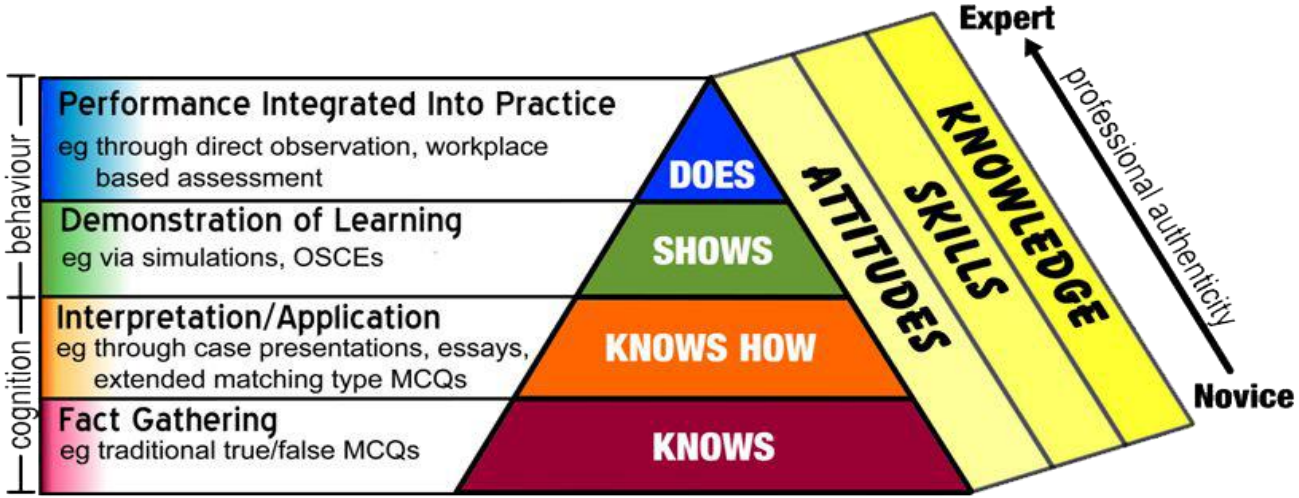
Mary Jo Assi, DNP, RN, NEA-BC, FNP-BC
Director, Nursing Practice & Work Environment
American Nurses Association

MARCH 9–11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAconference

ANA
AMERICAN NURSES ASSOCIATION

amid)

it is only in the "does" triangle that the doctor truly performs



Based on work by Miller GE, The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9); 63-67
Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)

Competence

- What is competence?
- Who defines what competence is or should be?
- Does competence change?
  - By practice setting, over time?
- How is competence evaluated?
- Who should evaluate competence?
  - Internal/self-evaluation
  - External evaluation

Competence and Competency

- Competence
- Competency
- Continuing competence
- Competence - the **potential ability** to function in a given situation
- Competency – **actual performance** in a given situation

Continuing Competency

Definition:

"Continuing competence is the ongoing commitment of a registered nurse to integrate and apply the knowledge, skills and judgment with the attitudes, values and beliefs required to practice safely, effectively and ethically in a designated role and setting."

Case di Leonardi & Biel, 2012

Journal of Continuing Education in Nursing

Professional Role Competence

The public has a right to expect registered nurses to demonstrate professional competence throughout their careers. ANA believes the registered nurse is individually responsible and accountable for maintaining professional competence. The ANA further believes that it is the nursing profession's responsibility to shape and guide any process for assuring nurse competence. Regulatory agencies define minimal standards for regulation of practice to protect the public. The employer is responsible and accountable to provide an environment conducive to competent practice. ***Assurance of competence*** is the ***shared responsibility*** of the profession, individual nurses, professional organizations, ***credentialing and certification entities***, regulatory agencies, employers, and other key stakeholders.

- http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.html

Critical Elements of Competency Evaluation

- Validation that an individual possesses knowledge (facts, information) consistent with the state of the science and practice that is necessary for performance
- Evaluation of the individual's ability to perform in a given setting
- Demonstration that an individual can accurately and consistently perform in practice

2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes

Quality & Safety Education for Nurses (QSEN) as a framework for RN Orientation

David H. James RN, DNP, CCNR, CCNS
Patricia A. Patrician RN, PhD, FAAN
Rebecca S. Miltner RN, PhD, CNL, NEA-BC
Ashlea Herrero BS, LSSGB
Pariya Fazeli, PhD

MARCH 9–11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAconference

ANA AMERICAN NURSES ASSOCIATION

Revising Orientation

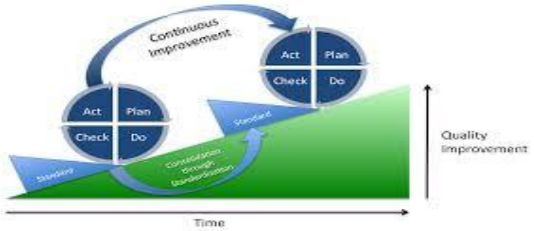
- **2010 – Major Revision**
  - 2 weeks (one week blended orientation)
  - Did include QSEN framework – Content not “really” clearly mapped objectives

- **2015 – Major Revision**
  - Reduced to one week + follow up day
  - Comprehensive cross walk w/ QSEN competencies
  - Pre/Post Test

PDCA

- **2015 – June Test Revisions**
  - 21 items same for pre and post

- **2016 – Moderate Revisions**
  - Revisited Cross Walk
  - Lecture updates, Splitting of Computer Training Day

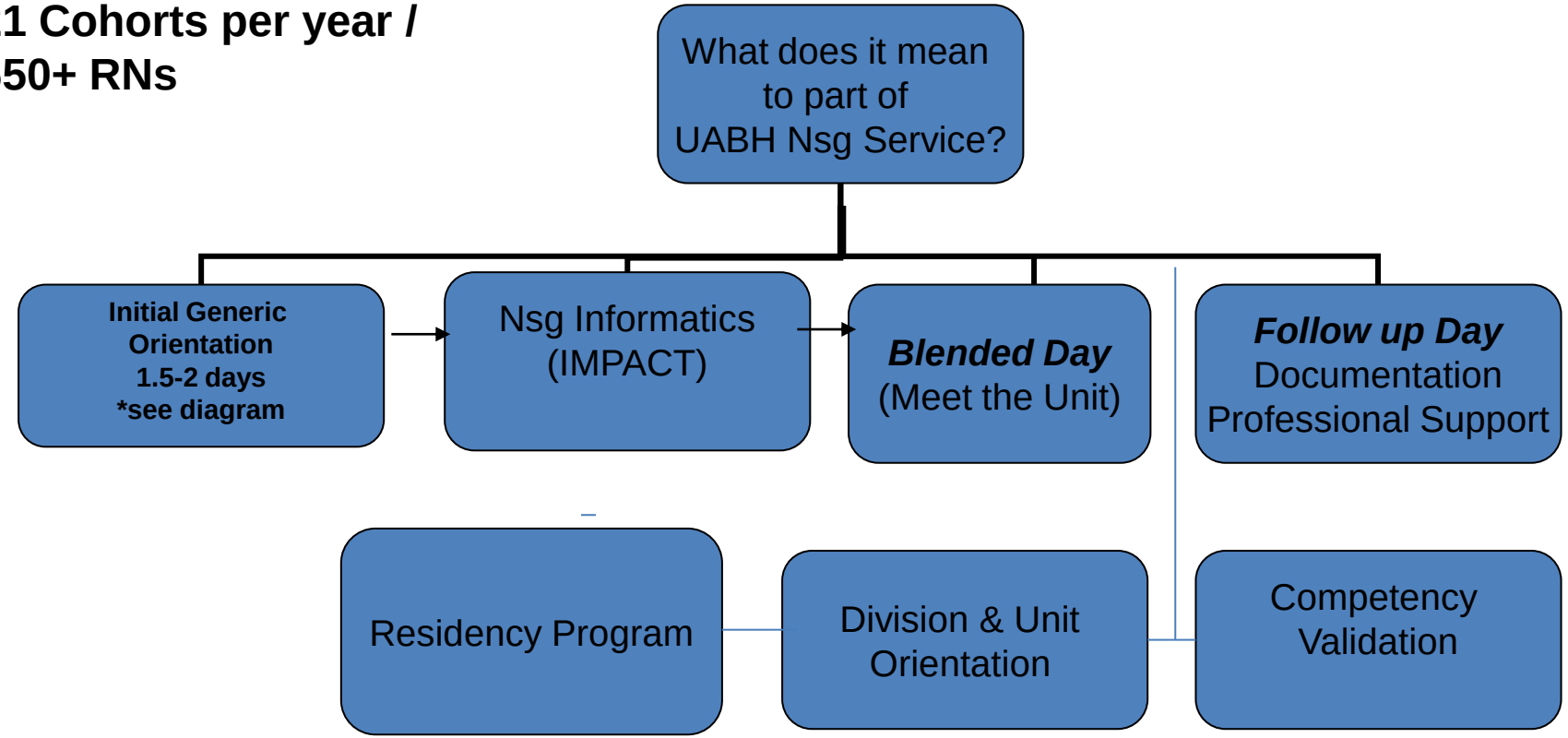


Structure

Process

Outcomes

21 Cohorts per year /
650+ RNs



THE UABH NURSING ORIENTATION MODEL

Monday	Tuesday (Pt Experience)	Wednesday (Quality & Safety) 8-5	Thursday (Informatics) 8-5	Friday (Blended Day) 0630-1500	Follow Up Day (8 hrs) 4 weeks - Monday
Hospital Orientation	Welcome & Housekeeping Academic Teaching Hospital • Nsg Roles/structure • Residents/Interns Teamwork / Communication • 'Healthcare Tribes' • Studor ® tactics • Pearls from TeamSTEPPS ® Dee Dee Story (PFCC) Service Recovery Training High Level – Healthcare Reform • Definitions • VBP vs. Volume • HCAPS • Through Put/Transport q/a & Wrap up Pre-Test	Welcome and House keeping Caring for Vulnerable Patients • Geriatric Scholar Program/ • UAB Care – Best Practices • Restraints, falls, delirium Duty To Rescue All Things Blood Self Directed Computer Modules Q/A & Wrap Up	All Self-Directed.. W/ Facilitators + BST classes 10-12 & 1-3 IMPACT (8-12:30) Sign On Mock Pt One Site Prof In Digital Age IC / Wound Mang. – Q/A and Wrap Up	ON Unit 0630-1200 Unit Activities Scavenger Hunt (+ Tall Man Lettering, SPH, IC PPE) Omni Cell log in Smart Pump Programming Id Chain of Command (who do you call) Lunch 1200-1300 (CNO) Class: Debriefing Medication Safety / Pain Mang.	Debriefing Telling the Patients Story Navigating the chart Key Documentation Pieces Common JC questions Hand-off communication (travel Tracker) Mini Tracer Debriefing Bundles revisited – Q/A, Barriers Professional Dev and Resources – Risk Mang. – Culture of Safety Lunch Vas Tech Attendance (PH, Vac, LOA) Tele-tracking Shift-work Performance Review Post Test

Structure

Process

Outcomes

Cross Walk

- **Developed "cross walk table" for each day's agenda**
  - Mapped the topic with specific *Pre-Licensure* QSEN competencies
  - Gap analysis for speakers

Dee Dee and discussion ***Day I – PFCC***	**1. Value seeing health care situations "through patients' eyes"** **2. Examine common barriers to active involvement of patients in their own health care processes** **3. Examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families**

QSEN Competency	# of Obj. Covered
PFCC	12
Teamwork	6
EBP	5
QI	7
Safety	6
Informatics	7

Structure

Process

Outcomes

TEST??? AGHHHHH…

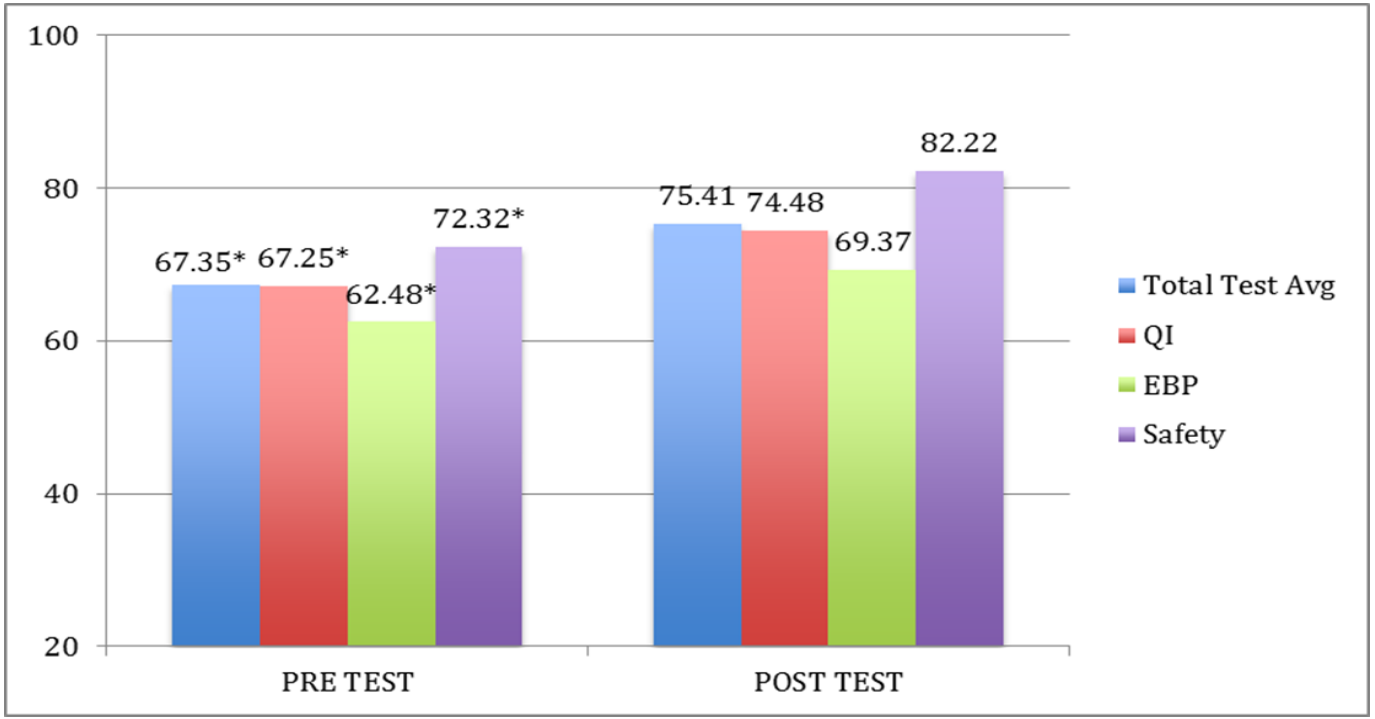
- ***IRB for June – Aug 2015***

- ***Pre & Post Test:***
  - ***Revised based on analysis from prior test***
  - ***21 questions focusing on QI, Safety, EBP***
    - ***18 used for analysis due to missing data (i-clicker)***

- ***Test Questions – Reviewed by experts at UABH/UABSON and pulled from Dycus (2009)***

(Dycus & McKeon 2009)

Total Percentage Correct on Domains at Pre and Post.



Pre (N=171)
Post (N=105)

**Peri OP RN do not participate in RN follow up day*

- **Themes & Observations**:
  - Comment from experienced ADN RN –"some of those questions require doctorate" – content is new for them
  - Need more education related to the differences and overlaps associated with QI → EBP → Research.

- **Next Steps:**
  - Move QSEN beyond generic RN orientation to division/Unit orientation
  - Move QSEN to clinical ladder
  - Pair pre/post test for 2016

References:

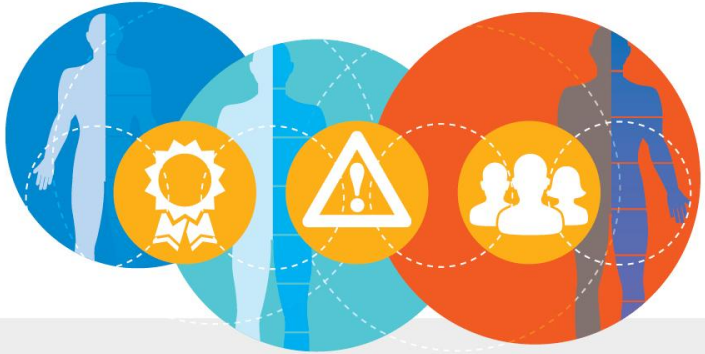
- Cronenwett L, Sherwood G, Warren J, et al. Quality and safety education for nurses. Nurs Outlook. 2007;55(3):122-131.

- Dycus, P., & McKeon, L. (2009). Using QSEN to measure quality and safety knowledge, skills, and attitudes of experienced pediatric oncology nurses: an international study. Quality Management In Health Care, 18(3), 202-208

- QSEN Institute. QSEN. http://qsen.org. 2014. Accessed August 20, 2014

2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes



Questions?

Your email address

AMERICAN NURSES ASSOCIATION

2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes

Applying Competencies to Practice

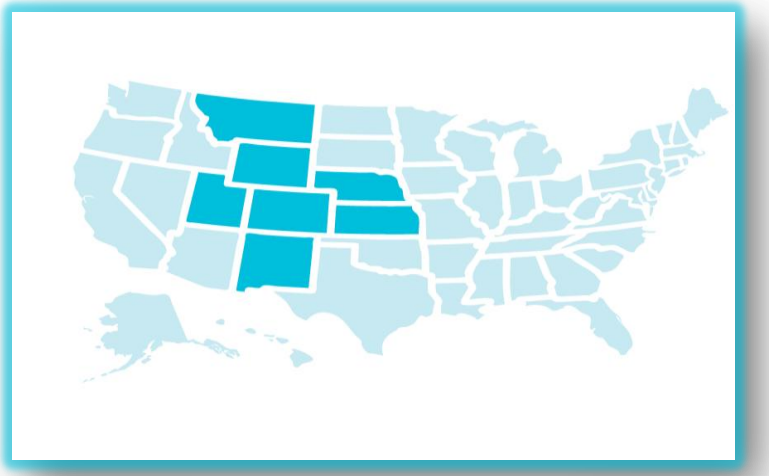
Kathleen Bradley, DNP, RN, NEA-BC
Director of Clinical Education and Professional Development
Children's Hospital Colorado

MARCH 9–11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAconference

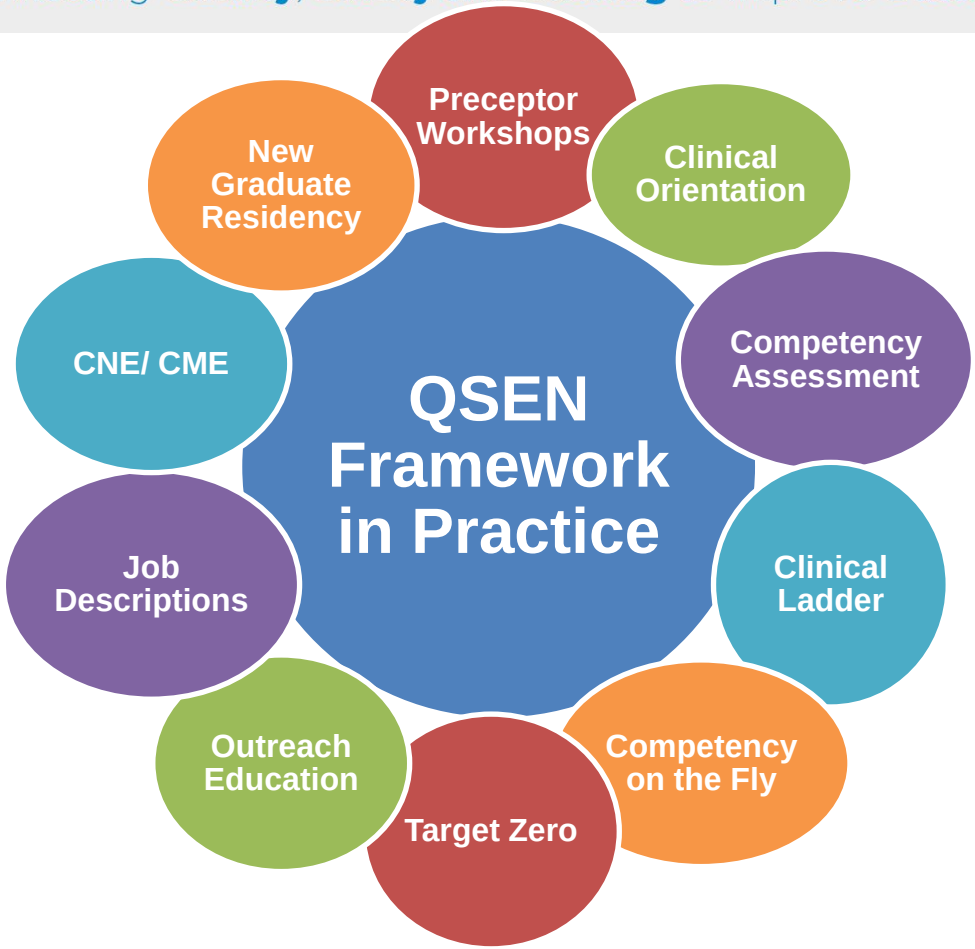
ANA AMERICAN NURSES ASSOCIATION

Children's Hospital Colorado

- ✓ Delivering pediatric health care since 1908
  - Affiliated with University of Colorado School of Medicine and College of Nursing
- ✓ 17 Locations throughout Colorado
  - Serving a 7 state region
- ✓ 534 Inpatient Beds
- ✓ 2,000 Registered Nurses
  - 90% Bachelors Degree or higher
  - 47% Direct care nurses certified
- ✓ 300 APRNs
- ✓ Admissions: 15,000
- ✓ Outpatient visits: 720,000



Children's Hospital Colorado



QSEN Journey

2009 New Graduate Nurse Residency
2011 Competency Assessments
2011 Preceptor Workshops
2012 Target Zero (Safety Program)
2012 Interprofessional Adoption
2013 CNE/CME
2013 Outreach Education
2014 Clinical Orientation
2014 Competency on the Fly
2014 Clinical Ladder
2014 Job Descriptions

Who is using the QSEN Quality Safety Competencies?

Considerations of Application

- **Intentional** use of QSEN competencies to improve performance and patient safety

- Establish QSEN competencies as the foundation for practice

Building the Foundation

- Each time you expand – consider how to apply a QSEN foundation

Clinical Ladder & Job Descriptions

- Literature Search
- Revision QSEN Foundation
- Electronic Process
- Application

Competency Assessment

- Learning Gap QSEN Competency
- Development of Tool
- Implement
- Sustain & Expand

Just in Time Education

- QSEN Competency Assessment
- Knowledge, Skills & Attitudes (KSA)
- Design Education
- Measure Clinical Practice

EBP New Graduate Residency Program

- Accreditation Overview
- EBP Project Evaluation
- Design survey using QSEN Competencies
- Pilot & Outcomes

Embedding the Knowledge, Skill and Attitude (KSAs)

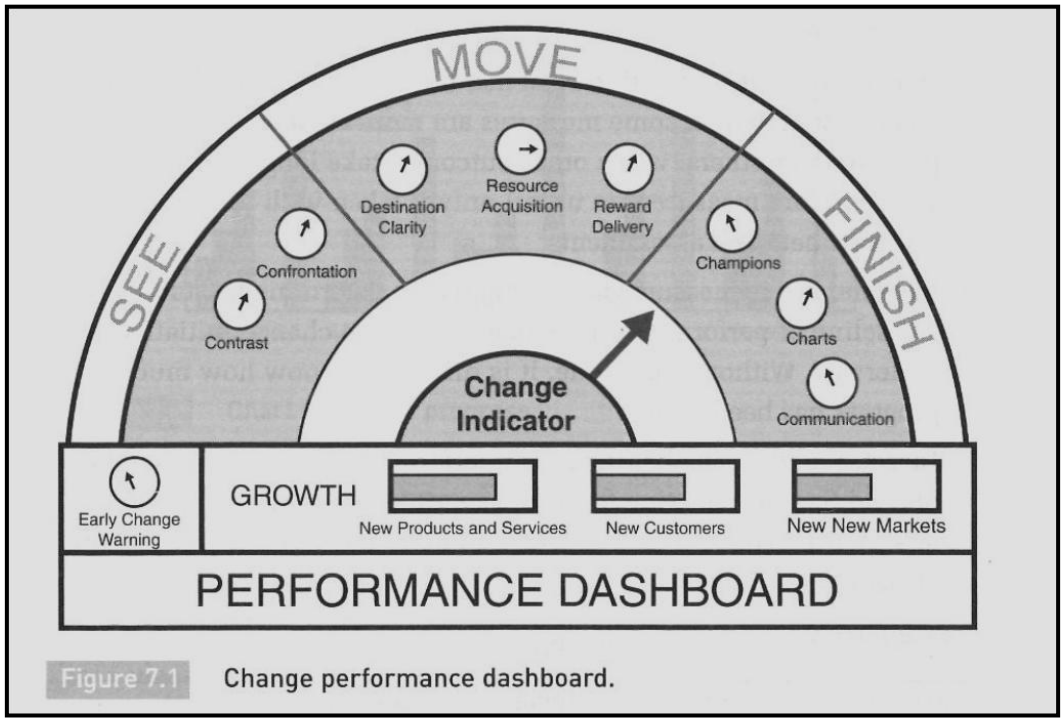
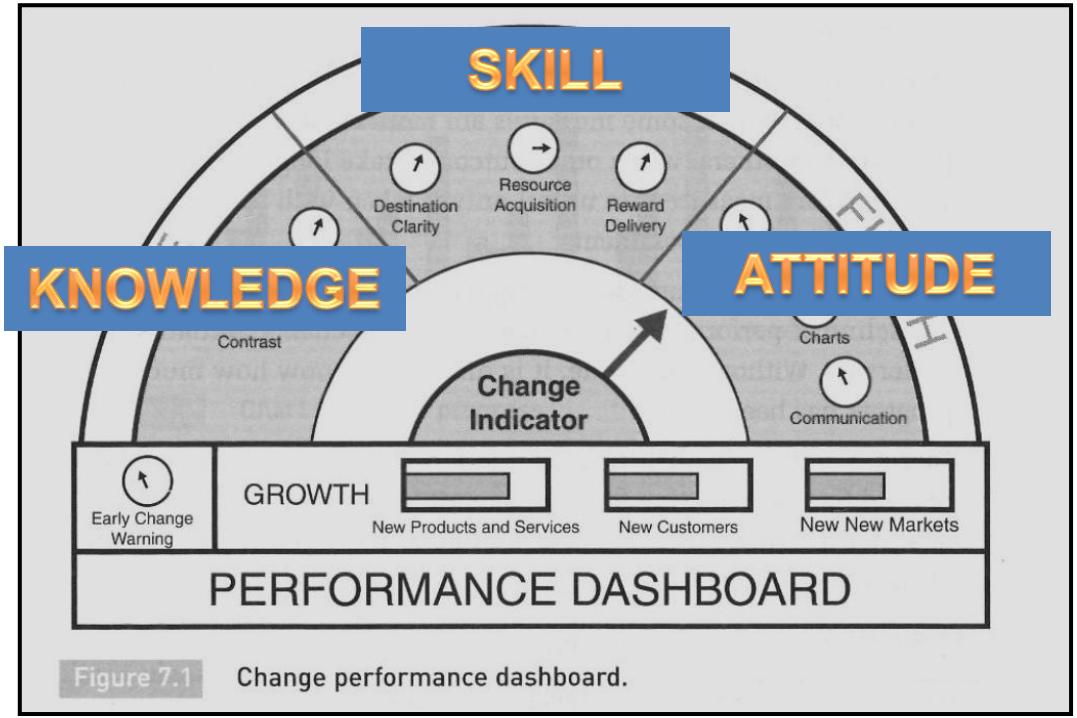


Figure 7.1 Change performance dashboard.

Used with Permission: Black, J. & Gregersen, H. (2008*). It starts with one*. Wharton School Press: Philadelphia, PA.

- To embed QSEN – you need to consider the KSA's
- KSA Alignment to Quality Reviews
  - *"failure to see,"*
  - *"failure to move,"*
  - *"failure to finish"*

Embedding the Knowledge, Skill and Attitude



- Knowledge
  - Introduction and Education on a New Bundle of Care
  - **"Seeing"**
- Skill
  - Teach the skill and measure competency
  - **"Moving Performance"**
- Attitude
  - Measuring compliance
  - Nurse ownership of practice
  - **"Finishing"**

Used with Permission: Black, J. & Gregersen, H. (2008*). It starts with one*. Wharton School Press: Philadelphia, PA.

Snapshot -Clinical Ladder

Children's Hospital Colorado

Clinical Nurse Ladder – Job Essential Functions

	CN I	CN II	CN III	CN IV
Patient & Family-Centered Care 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.	Utilizes and documents the nursing process to provide developmentally appropriate, culturally sensitive, evidence based care. Identifies changes in patient outcomes in the provision of care. Care is guided by the Professional Practice Model in conjunction with preceptor and other clinical resources. Elicits patient values, preferences and expressed needs as part of implementation of care plan, evaluation of care and assessment of patient/family learning needs. Initiates and coordinates individualized care and education for patients/families across the continuum using an interdisciplinary approach.	Delivers patient and family centered care incorporating the nursing process while providing developmentally appropriate, culturally sensitive, evidence based care. Actively anticipates changes in patient outcomes/ unit needs in the provision of care. Care is guided by the Professional Practice Model throughout the continuum of care. Communicate and advocate patient values, preferences and expressed needs as part of implementation of care plan, evaluation of care and assessment of patient/family learning needs to the interdisciplinary team.	Assesses and evaluates unit delivery of family centered care incorporating the nursing process while providing developmentally appropriate, culturally sensitive, evidence based care. Role models and coaches patient and family care needs through assessing changes in patient outcomes/ unit needs in the provision of care. Care is guided by the Professional Practice Model throughout the continuum of care. Identifies and works to remove barriers in order to promote communication and advocacy of patient values, preferences and expressed needs as part of implementation of care	While providing expert family centered care, appraises and evaluates unit / organizational goals to improve delivery of developmentally appropriate, culturally sensitive, evidence based care in collaboration with organizational leadership. Mentors and leads interdisciplinary team in initiating, evaluating quality data to provide family centered care. Facilitates interdisciplinary care coordination with consideration of the individualized care and education needs for patients/families across the continuum guided by the Professional Practice Model.

Snapshot - Competency Assessment

Basic Nursing Competency Assessment-Tier I

Children's Hospital Colorado

Children's Hospital Colorado

Employee Name_____ **Date of Hire**_____

Position_____

Competency is the measurement of knowledge, skills, and attitudes that demonstrate an expected level of performance. Quality safety education for nurses (QSEN) delineates the standard of expected knowledge, skills and attitudes for the professional nurse.

Competency Assessment Criteria	Self-Assessment Learner to Complete		Validation of Competency Preceptor to Complete			
	Needs review/ practice	Competent	Method of Instruction P = Policy/Procedure Review E = Education Class C = Computer Based Learning D= Demonstration V = Verbal discussion	Date	Initials	Evaluation Method O = Observation RD = Return Demonstration T = Written Test V= Verbalize D = documentati
A. Patient/Family Centered Care						
1. Assessment Performs physical, psychosocial, spiritual, cultural, pain and learning assessment						
2. Identifies immediate patient needs based upon assessment data, developmental level, diagnosis specific priorities in collaboration with family						
3. Identifies patient/fami needs and accommoda modes of communicat						
4. Evaluates outcomes o plan of care as approp						
5. Effectively and efficien patient care assignmer						
6. Collaborates with pati education plan						
B. Teamwork Collaboration						
1. Participates in care coordination and						

1 3-23-15

Tier I

2. Identifies immediate patient needs based upon assessment data, developmental level, diagnosis specific priorities in collaboration with family

Snapshot - New Graduate Nurse Residency

Leadership

QSEN
- Safety
- Teamwork & Collaboration
- Patient Centered Care

- Management of Patient care
- Resource Management
- Communication
- Conflict Management

Patient Outcomes

QSEN
- Patient Centered Care
- Safety
- Teamwork & Collaboration
- Quality Improvement
- Informatics
- EBP

- Escalation of Care
- Patient & Family Education
- Pain Management
- Skin Care
- Fall Prevention
- Medication Safety
- Infection Control

Professional Role

QSEN
- Patient Centered Care
- Informatics
- EBP
- Quality Improvement

- Ethical Decisions
- End-of Life Care
- Cultural Responsive Care
- Stress Management
- EBP
- Professional Development

Snapshot – Educational Offerings

Children's Hospital Colorado

NAME: _____ EMPLOYEE ID #: _____ UNIT: _____

Cystic Fibrosis Infection Control Practices
Medical Assistants

Purpose: To provide appropriate infection control precautions for cystic fibrosis (CF) patients in the outpatient clinic setting.

Objective(s): At the completion of this COTF, the staff will be able to:
1. State appropriate isolation precautions for a cystic fibrosis patient
2. Demonstrate appropriate clinic room cleaning

COTF: Cystic Fibrosis Infection Control Practices		Meets Criteria/ Performed Correctly	Learning Opportunity
Knowledge	1. Read Policy/Procedure: Cystic Fibrosis, Infection Control Practices for Outpatient Settings Cystic Fibrosis, Infection control Practices for Outpatient Pulmonary Clinic		
Skill (Psychomotor)	1. Demonstrate appropriate cleaning of the intake room		
	2. Demonstrate appropriate cleaning of the exam room		
Attitudes (Affective)	(See Patient/Family Considerations)		
Critical Thinking/Critical Decision Making	Scenario 1: The PSC calls to let you know that a CF patient has arrived for their clinic appointment. When you reviewed their medical record, you see that it has also been documented that the patient also has MRSA (Methicillin-resistant Staphylococcus aureus) . 1. What type of isolation/precautions will this patient require)? (CF Droplet Precautions: Hand Hygiene, Gown, gloves, mask) 2. What steps do you need to take after the patient has been discharged from the clinic. (Call Environmental Services to clean the room; MA to clean any equipment that the patient came in contact with in the intake room with a hospital approved wipe or Oxivir)		

Children's Hospital Colorado

NAME: _____ EMPLOYEE ID #: _____ UNIT: _____

Title of Activity

Purpose:

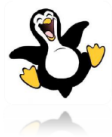
Objective(s): At the completion of this COTF, the staff will be able to:
1.
2.

COTF:		Meets Criteria/ Performed Correctly	Learning Opportunity
Knowledge			
Skill (Psychomotor)			
Attitudes (Affective)			
Critical Thinking/Critical Decision Making			
Patient/Family Considerations			

Staff Signature: _____ Date: _____

Validator Signature: _____ Date: _____

Difficult Discussions: The good, the bad and the ugly



Knowledge

- Analyze difference in communication style preferences among patients and families, nurses, and other members of the health team.
- Describe impact of your own communication style on others.
- Discuss effective strategies for communicating and resolving conflicts. (SBI tool)

Skills

- Communicate with team members, adapting own style of communicating to needs of the team and situation.
- Demonstrate commitment to team goals
- Solicit input from other team members to improve individual, as well as team performance. Initiate actions to resolve conflict.

Attitude

- Value teamwork and the relationship upon which it is based
- Value different styles of communication used by patients, families, and health care providers
- Contribute to resolution of conflict and disagreement

Who do you communicate with?

Do you think about how you need to communicate?

Are you aware of your impact? Do you take time to reflect?

2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes

Contact Information

Kathleen Bradley, DNP, RN, NEA-BC

Email: Kathleen. Bradley@childrenscolorado.org

ANA
AMERICAN NURSES ASSOCIATION

2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes

QSEN: Patient Safety and Engagement Applied to Clinical Practice

Pat Quigley, PhD, ARNP, CRRN, FAAN, FAANP
Veterans Integrated Service Network 8
Patient Safety Center of Inquiry
and Nurse Consultant
http://www.visn8.va.gov/patientsafetycenter/fallsTeam/default.asp

MARCH 9–11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAconference

ANA
AMERICAN NURSES ASSOCIATION

Preventing Falls: Call for Action

- Transform healthcare for frailty associated with old age.
- Prevent falls identified as an effective strategy.
- BUT, major area for improvement in routine practice.
  - 2003: IOM: Priority areas for national action: transforming health care quality

Falls at Bedside

Meet Ms. Aged

- 85 years of age
- Admitted due to a Rt CVA, embolic
- Presenting Deficits
  - Lt Hemiparesis
  - Lt Hemianopsia

- Med Hx
  - CHF (lasix 20 mg qd)
  - DMII (LE sensory neuropathy)
  - Osteoporosis (Boniva, Cal/VitD)

Further Assessment

- Urinary Incontinence
- Forgetfulness
- Lacks Safety Awareness

Surg Hx:

- Hip Fracture
- Cataract Surgery

KSA – Novice Nurse – Safe Bed Mobility – Knowledge Level

- Safety Knowledge - Describes factors to consider for bed assignment (left hemiparesis, left visual field loss)
- Safety Knowledge - Describe factors that increase safety (continuity of care, consistency in communication, patient teach-back)
- Safety Skills - Demonstrate effective use of strategies for bed mobility (proper bed height, transfer techniques in and out of bed, proper footwear)
- Safety Attitudes - Verbalizes importance of safe bed mobility in preventing falls to others on handoff

KSA – Expert Nurse – Safe Bed Mobility – Analysis Level

- Safety Knowledge - Distinguishes factors to consider for bed assignment between lt vs rt CVA
- Safety Knowledge - Diagrams factors that increase safety (patient and environmental interaction; continuity of care, consistency in communication, patient teach-back)
- Safety Skills - Separates effective use of strategies for bed mobility for lt vs. rt CVA (proper bed height, transfer techniques in and out of bed, proper footwear, techniques to increase pt comprehension)
- Safety Attitudes - Explains importance of safe bed mobility in preventing falls to others on handoff

KSA – Novice Nurse – Toileting– Knowledge Level

- Safety Knowledge - Describes factors to consider for Toileting (left hemiparesis, left visual field loss, fluid intake, toilet access and safety)
- Safety Knowledge - Describe factors that increase safety (continuity of care, consistency in toileting technique, reliable toilet schedule, patient teach-back)
- Safety Skills - Demonstrate effective use of strategies for toileting (proper toilet height, toilet grab bars, transfer techniques bed to toilet, proper clothing and footwear)
- Safety Attitudes-Verbalizes importance of bladder retraining in preventing falls to others on handoff

KSA – Expert Nurse – Toileting– Analysis Level

- Safety Knowledge - Distinguishes factors to consider for toileting between lt vs rt CVA
- Safety Knowledge - Designates a toileting protocol individualized to the patient with factors that increase safety (patient and environmental interaction; continuity of care, consistency in communication, patient teach-back)
- Safety Skills - Dissects effective vs. ineffective use of strategies for bladder retraining rt CVA (bedside commode vs. toilet use, effectiveness of toileting schedule, analysis of continent vs incontinent episodes)
- Safety Attitudes - Explains importance of toilet retraining to safety in preventing falls to others on handoff

Aging Hospital Population: 2010

- 45% of the inpatient hospital population in the US was 65 years of age and older
- among whom 19% were ages 75-84, and
- 9% 85 and older.

Levant, S., Chari, K., & DeFrances, C.J. (2015). Hospitalizations for patients age 85 and over in the United States, 2000-2010. NCHS Data Brief. No. 182. Available at: hppt://www.cdc.gov/nchs/data/databriefs/db182.htm.

Pat and her mom
getting ready to dance!

2016 American Nurses Association Annual Conference

Connecting **Quality**, **Safety** and **Staffing** to Improve Outcomes

Organizational Adoption

Chris Koffel PhD, RN
Nursing Research | ProMedica

MARCH 9–11, 2016 LAKE BUENA VISTA, FL www.nursingworld.org/ANAconference

ANA AMERICAN NURSES ASSOCIATION

PROMEDICA

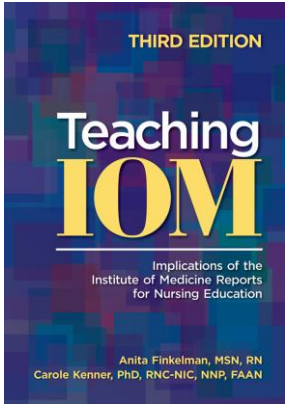
Healthcare System – 13 Hospitals

Physicians' Offices, Home Care, Hospice & Paramount

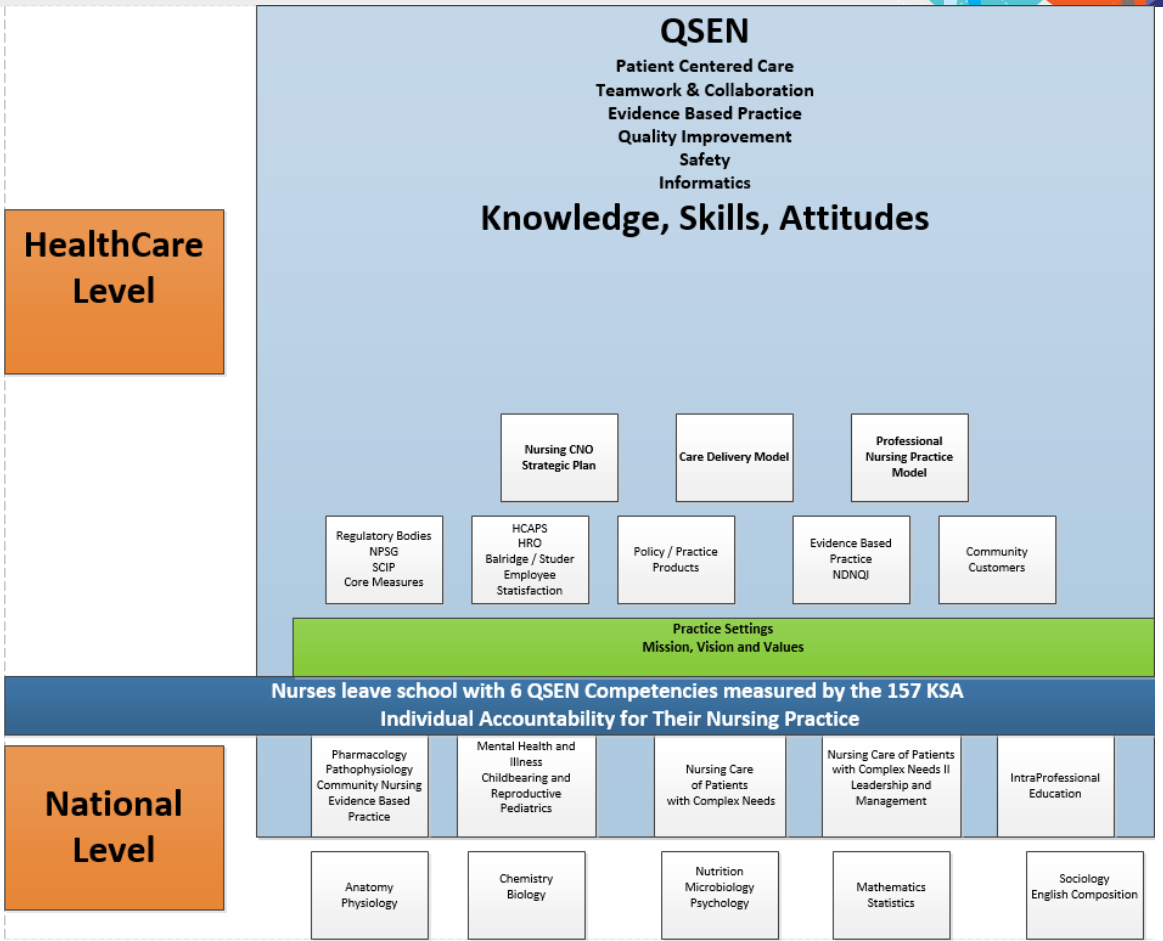
- Locally Owned, Nonprofit Health care System. 4.4 million patient encounters, 81,632 inpatient discharges and 57,000 surgeries annually
- Center of Nursing Excellence
  - On-boarding Educators
  - Residency Educators
  - System Educators
  - System Practice Managers
  - CNE Providership
  - Nursing Research

Building a case for QSEN

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



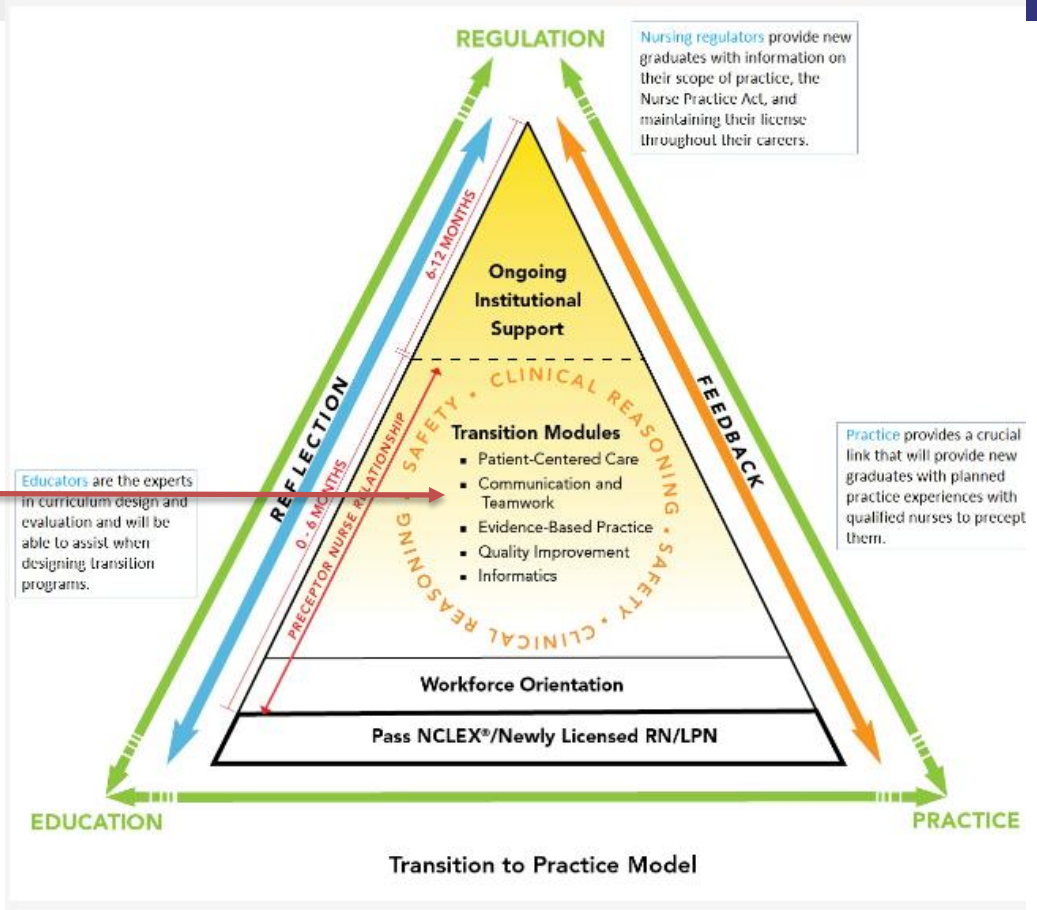
Are we doing everything …

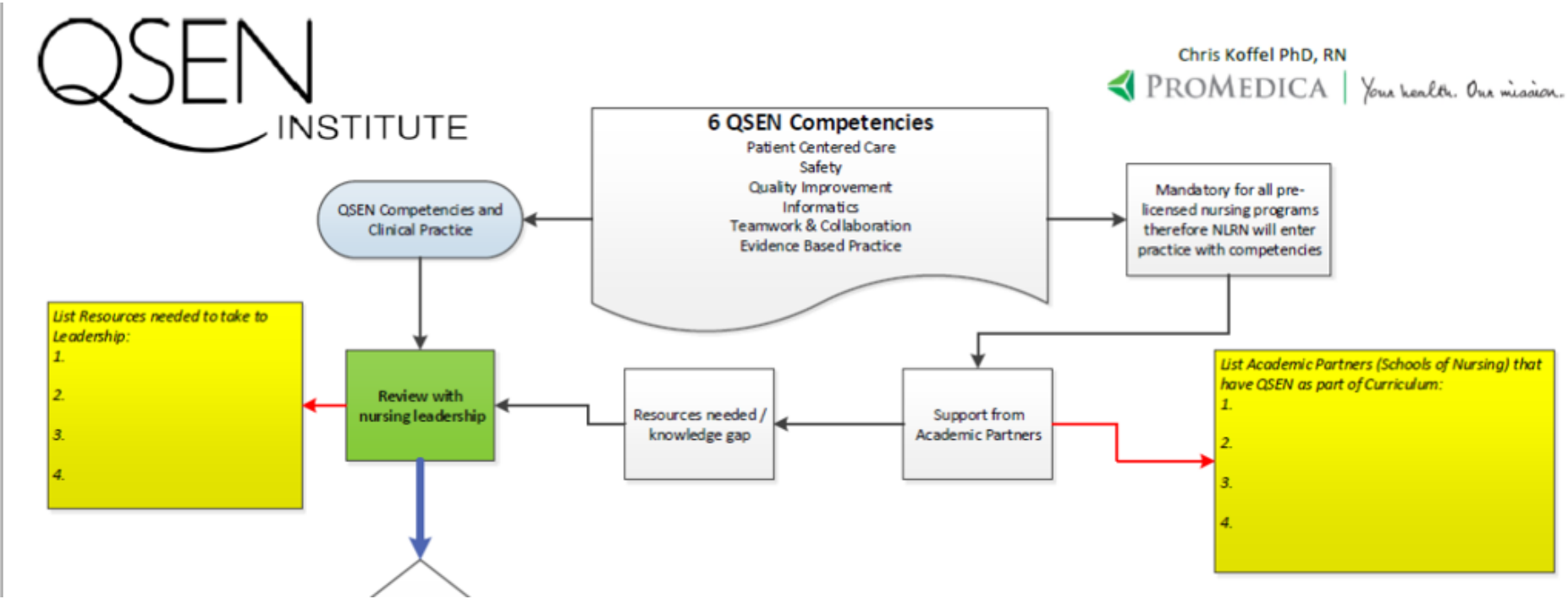

QSEN
Patient Centered Care
Teamwork & Collaboration
Evidence Based Practice
Quality Improvement
Safety
Informatics
Knowledge, Skills, Attitudes
HealthCare Level
Nursing CNO Strategic Plan
Care Delivery Model
Professional Nursing Practice Model
Regulatory Bodies NPSG SCIP Core Measures
HCAPS HRO Balridge / Studer Employee Statisfaction
Policy / Practice Products
Evidence Based Practice NDNQI
Community Customers
Practice Settings
Mission, Vision and Values
Nurses leave school with 6 QSEN Competencies measured by the 157 KSA
Individual Accountability for Their Nursing Practice
National Level
Pharmacology Pathophysiology Community Nursing Evidence Based Practice
Mental Health and Illness Childbearing and Reproductive Pediatrics
Nursing Care of Patients with Complex Needs
Nursing Care of Patients with Complex Needs II Leadership and Management
IntraProfessional Education
Anatomy Physiology
Chemistry Biology
Nutrition Microbiology Psychology
Mathematics Statistics
Sociology English Composition

QSEN: At the Heart of the TTP® Model

NCSBN
National Council of State Boards of Nursing

https://www.ncsbn.org/transition-to-practice.htm




QSEN INSTITUTE
Chris Koffel PhD, RN
PROMEDICA | Your health. Our mission.
6 QSEN Competencies
Patient Centered Care
Safety
Quality Improvement
Informatics
Teamwork & Collaboration
Evidence Based Practice
QSEN Competencies and Clinical Practice
Mandatory for all pre-licensed nursing programs therefore NLRN will enter practice with competencies
List Resources needed to take to Leadership:
1.
2.
3.
4.
Review with nursing leadership
Resources needed / knowledge gap
Support from Academic Partners
List Academic Partners (Schools of Nursing) that have QSEN as part of Curriculum:
1.
2.
3.
4.

Depth of Work to QSENize …….

Practice Audience and Their QSEN Needs:

Administration

Outcome driven for current quality and safety outcomes.

Practice Educators

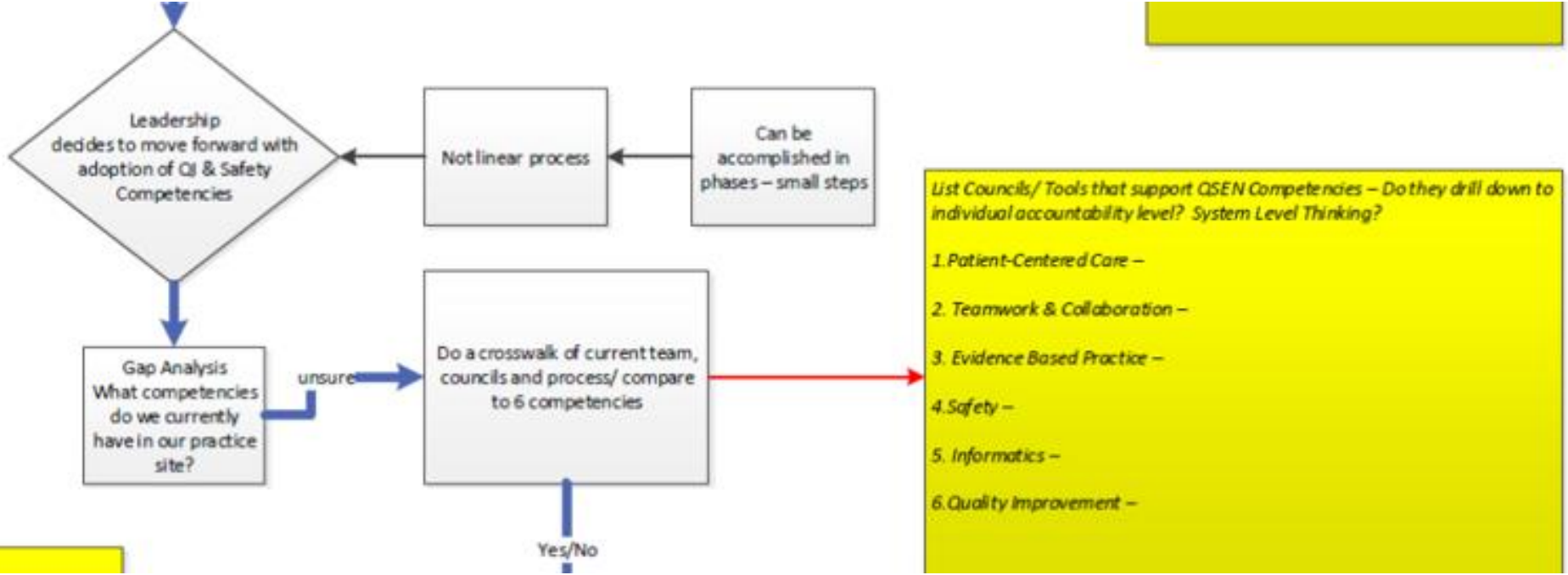
Learn the model and focus on how to embed in education design.

Department Management Questioning

Use the competencies to modify behaviors and measure behaviors for performance evaluations

Bedside Staff Doubtful

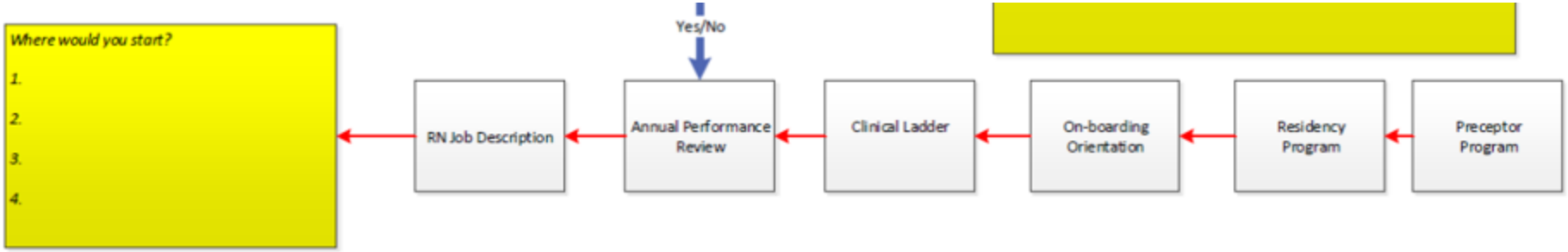
General information related to how QSEN will be used….
Job Description
Annual Performance Review

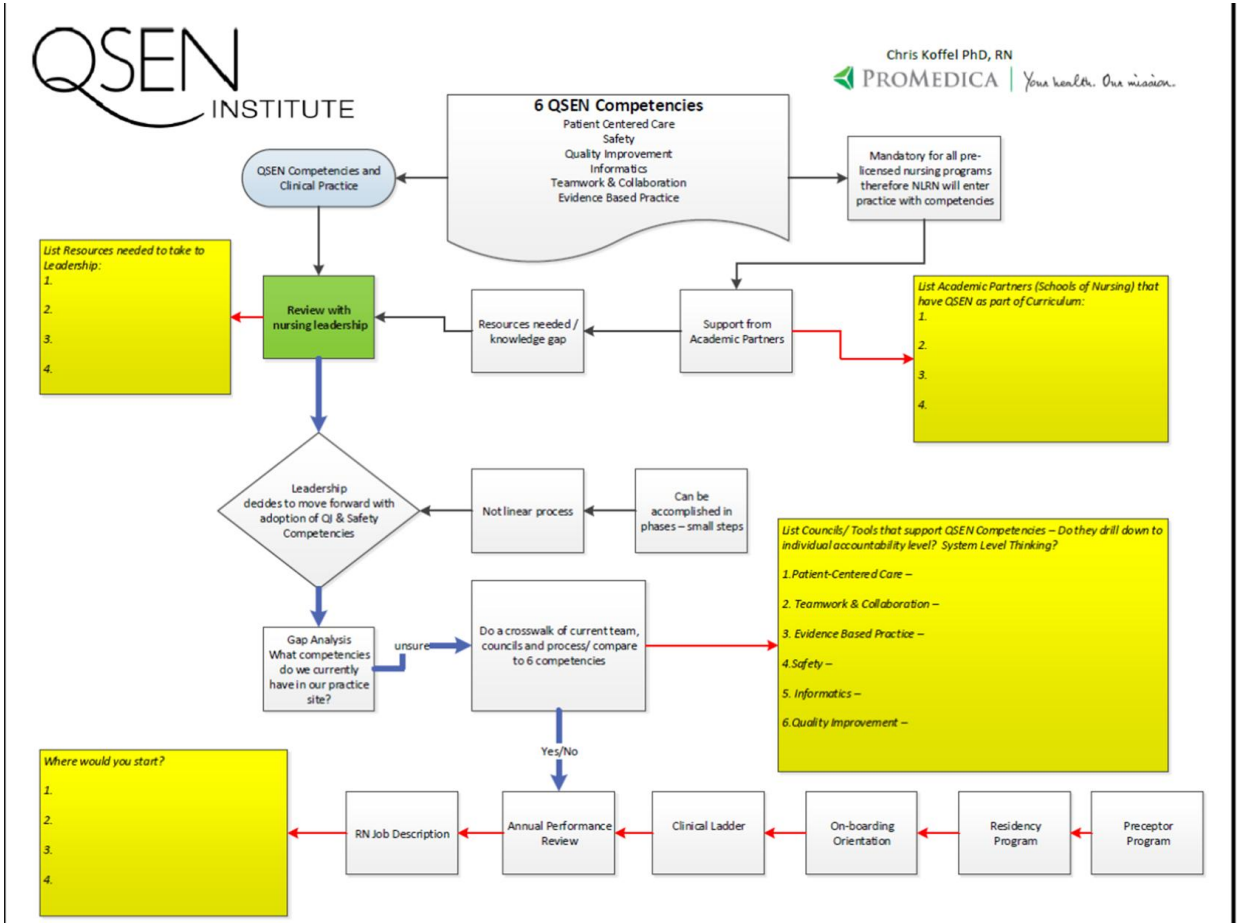

Leadership decides to move forward with adoption of QI & Safety Competencies
Not linear process
Can be accomplished in phases – small steps
Gap Analysis What competencies do we currently have in our practice site?
unsure
Do a crosswalk of current team, councils and process/ compare to 6 competencies
Yes/No
List Councils/ Tools that support QSEN Competencies – Do they drill 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 –

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

	Patient-Centered Care	Teamwork/ Collaboration	Evidence-Based Practice	Safety	Informatics	Quality Improvement
Definition	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**	Function effectively within nursing and **inter-professional** teams, fostering open communication, mutual respect, and **shared decision-making** to achieve quality patient care	Integrate **best current evidence** with clinical expertise and patient/family preferences and values for delivery of optimal health care	Minimizes **risk of harm** to patients and providers through both **system effectiveness and individual performance**	Use information and **technology** to communicate, manage knowledge, mitigate error, and **support decision making**	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
Councils/ System Response	• Nursing Excellence • Service Excellence • Practice Council o Division Practice o Unit Practice • Patient Flow Council	• Best Practice Teams / Institutes • Safety Council / OPS • PCIC • Ethic Committee • Workforce Development Council • Care Navigators (Transition) • Rapid Response Team • Code Blue Team • Stroke Team	• Nursing Research Council o System level • IRB o System Level • ProMedica Center of Nursing Excellence o System Level Professional o Nursing Practice • Professional Nursing Development	• Safety Council • Environmental Safety Council • Risk Management • Safety Patient Handling Teams • Good Catch Program	• Nursing Informatics Council o System council • iCare Planning Teams	• PQPI • PCIC • Joint Commission Core Team • Got Ideas Program o Employee Involvement Program
Tools	• Admission Packets • Interpreter Services o MARTTI computer based • Patient Education o Video on Demand o Krames • Communication Boards in Room • Hourly Rounding	• SBAR • Ticket to Ride • ISMP – Pharmacy Alerts • Nursing Care Measures • Dementia Tool Kit o Purple gowns • Sunrise Patient Flow	• Electronic tools o Pharmacy Reference • Lexicomp o EBP for MD • UpToDate o Nursing Reference • Lippincott o Library • CINAHL, Access Medicine	• Mobility assist equipment o SARA, Stedy, Maxi Sky • Hourly rounding • Safety Huddles • Bedside reports • Pre-check list for procedures	• eICU • WOWs o Work stations on wheels / bedside computers • Smart Pumps • Bar Coding / Pyxis • Electronic Health Care Records o iCare Alerts o HBI	• TPE Recognition • Balridge - HRO Dashboards – Nursing / Infection Control • PQPI Projects • LEAN Process & projects • Patient Satisfaction Scores • NANDA /NIC /NOC • Coding ICD -10


Where would you start?
1.
2.
3.
4.
RN Job Description
Yes/No
Annual Performance Review
Clinical Ladder
On-boarding Orientation
Residency Program
Preceptor Program


QSEN INSTITUTE
Chris Koffel PhD, RN
PROMEDICA | Your health. Our mission.
6 QSEN Competencies
Patient Centered Care
Safety
Quality Improvement
Informatics
Teamwork & Collaboration
Evidence Based Practice
QSEN Competencies and Clinical Practice
Mandatory for all pre-licensed nursing programs therefore NLRN will enter practice with competencies
List Resources needed to take to Leadership:
1.
2.
3.
4.
Review with nursing leadership
Resources needed / knowledge gap
Support from Academic Partners
List Academic Partners (Schools of Nursing) that have QSEN as part of Curriculum:
1.
2.
3.
4.
Leadership decides to move forward with adoption of QI & Safety Competencies
Not linear process
Can be accomplished in phases – small steps
List Councils/ Tools that support QSEN Competencies – Do they drill 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 –
Gap Analysis What competencies do we currently have in our practice site?
unsure
Do a crosswalk of current team, councils and process/ compare to 6 competencies
Yes/No
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"

QSEN INSTITUTE

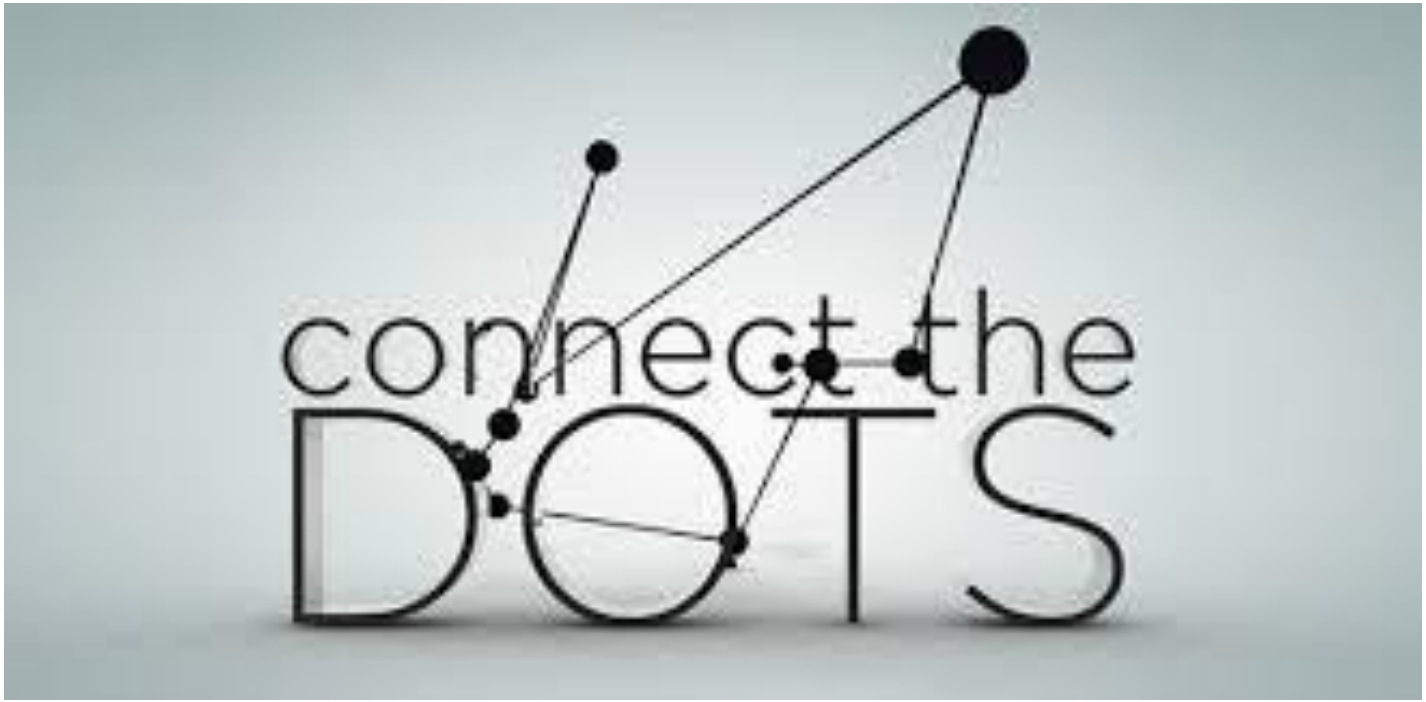
Website:
www.qsen.org
http://qsenpractice.weebly.com/

CASE WESTERN RESERVE UNIVERSITY
FRANCES PAYNE BOLTON SCHOOL OF NURSING

BREAK & POSTER SESSION

WORKSHOP

- Choosing Competencies: 10:40am-10:55am
- Creating an Action plan: 10:55am-11:30am
- Report Out: 11:30am-11:50am


connect the
DOTS

Review

Key Note: Making Waves--Implementing QSEN Competencies in Clinical Practice

Presentations: Application of competencies

Workshops: Identification of opportunities
Creation of action plans

Posters: Examples from across the nation

Connecting Academic and Nursing Practice

Questions?

Dr. Mary Dolansky: mad15@case.edu
Dr. Pat Patrician: ppatrici@uab.edu>

QSEN INSTITUTE

CASE WESTERN RESERVE UNIVERSITY
FRANCES PAYNE BOLTON SCHOOL OF NURSING