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Strategies for Classroom and Clinical Teaching that Support the QSEN Competencies

Gerry Altmiller, EdD, APRN, ACNS-BC

Presenter has no conflict of interest

QSEN Competencies

- *Health professions education: A bridge to quality*(2003)
  - IOM; now National Academy of Medicine
- QSEN
  - Funded by Robert Wood Johnson Foundation
  - Focused on transforming basic education for nurses
  - Reflects a new identity for nurses that demonstrates ***knowledge, skills,*** and ***attitudes*** that emphasize quality and safety in patient care
- Relevance to Nursing Education and Clinical Practice
  - Pre-licensure Education
  - Baccalaureate Essentials /Master's Essentials
  - Transition to Practice Program

2017 National QSEN Faculty Survey

- 2037 surveys completed
- Greatest integration in Fundamentals and Med-surg courses
  - Least: Research, Public Health courses
- Most integrated-Safety, patient-centered care, evidence-based practice
  - Least: Quality improvement, Informatics
- Faculty reported needs:
  - Resources and ideas
  - Continuing education, faculty development workshops
  - Administrative support, time, collegial support

The QSEN Opportunity

Table 1

Quality and Safety Education for Nurses (QSEN) Competencies, The Joint Commission (TJC) Accreditation Standards, and the American Nurses Credentialing Center (ANCC) Magnet® Competencies Crosswalk

Giancarlo Lyle-Edrosolo DNP, RN, NE-BC, CNL, CCRN-CMC, PHN, CPhT

QSEN Standards	The Joint Commission Standards	Magnet Standards
Patient Centered Care	Leadership (4) Provision of Care, Treatment, and Services (26) Rights and Responsibilities of the Individual (18)	Structural Empowerment (3) Exemplary Professional Practice (4)
Teamwork and Collaboration	Human Resources (8) Leadership (11) Medication Management (1) Medical Staff (11) Nursing (5) Provision of Care, Treatment, and Services (1)	Transformational Leadership (7) Structural Empowerment (6) Exemplary Professional Service (5) New Knowledge, Innovations, and Improvements (1)
Evidenced-Based Practice	Leadership (2) Medical Staff (1) National Patient Safety Goals (5) Transplant Safety (1)	Exemplary Professional Service (5) New Knowledge, Innovations, and Improvements (2)
Quality Improvement	Accreditation Participation Requirements (2) Infection Prevention and Control (4) Environment of Care (1) Emergency Management (3) Leadership (5) Medication Management (2) Medical Staff (3) Performance Improvement (5) Transplant Safety (2) Waived Testing (2)	Transformational Leadership (1) Exemplary Professional Practice (7)
Safety	Accreditation Participation Requirements (9) Environment of Care (15) Emergency Management (9) Infection Prevention and Control (7) Leadership (7) Life Safety (18) Medication Management (17) Medical Staff (11) National Patient Safety Goal (8) Universal Protocol (3) Provision of Care, Treatment, and Services (23) Transplant Safety (2) Waived Testing (3)	Structural Empowerment (2) Exemplary Professional Practice (2) New Knowledge, Innovations, and Improvements (1)
Informatics	Information Management (7) Leadership (1) Record of Care, Treatment, and Services (10)	Transformational Leadership (1) New Knowledge, Innovations, and Improvements (2)

UNIVERSITY OF SAN FRANCISCO

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- Current Language that aligns with practice

- QSEN aligns with The Joint Commission and Magnet® Standards

Objectives

- Identify knowledge, skills, and attitudes that emphasize the QSEN competencies.
- Demonstrate strategies that can be integrated into classroom or clinical teaching to support behaviors consistent with the QSEN competencies.
- Discuss resources to support educational strategies aimed at quality improvement, patient safety, and systems effectiveness to promote student learning in classroom and clinical teaching.

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Patient-centered Care

Patient is in control and a full partner; care is based on respect for patient's preferences, values, and needs.

(Offer more control, choice, self-efficacy, individualization of care)

- Value added nursing care (rounding)
- Non-value added nursing care (waiting for assistance, delays, looking for supplies)
- Necessary but non-value added nursing care (medication preparation, documentation)

Patient-centered Care

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How Leaders Think: New Mental Models for Health Care Leadership

Education Overview

- Conferences
- In-Person Training
- Virtual Training
- Audio and Video Programs
- Passport to IHI Training
- Onsite Diagnostics
- IHI Open School

The transition from volume to value requires a s[...] behaviors, and actions at all levels of care delivery organizations. »

FOCUS AREAS

- Improvement Capability »
- Person- and Family-Centered Care »
- Patient Safety »
- Quality, Cost, and Value »
- Triple Aim for Populations »

OPEN SCHOOL | AUDIO PROGRAM | IN-PERSON TRAINING | VIRTUAL TRAINING

http://www.ihi.org

Person and Family Centered Care 101
1.5 contact hrs

Basic Quality and Safety Certificate earned Across Curriculum-13 modules

Course	IHI Modules
NUR 210 - Fall Pro Role II	**PFC 101: Introduction to Patient-Centered Care*** Lesson 1: Patient-Provider Partnerships for Health Lesson 2: Understanding Patients as People Lesson 3: Skills for Patient-Provider Partnerships **PFC 201: A Guide to Shadowing: Seeing Care Through the Eyes of Patients and Families**
NUR 220 - Fall Wellness	**PFC 102: Dignity and Respect** Lesson 1: An Introduction to Patient- and Family-Centered Care Lesson 2: First Impressions Lesson 3: Privacy and Confidentiality Lesson 4: Culture and Belief Systems Lesson 5: Creating a Restful and Healing Environment
NUR 230 - Fall Health Assessment	**PS 104: Teamwork and Communication in a Culture of Safety*** Lesson 1: Why are Teamwork and Communication Important? Lesson 2: How Can You Contribute to a Culture of Safety? Lesson 3: Basic Tools and Techniques for Effective Communication?
NUR 200 - Spring Pharm	**QI 101: Introduction to Healthcare Improvement** Lesson 1: Health and Health Care Today Lesson 2: The Institute of Medicine's Aims for Improvement Lesson 3: Changing Systems and the Science of Improvement
NUR 240 - Spring Interventions	Patient Safety **PS 101: Introduction to Patient Safety*** Lesson 1: Understanding Medical Error and Patient Safety Lesson 2: Responding to Errors and Harm Lesson 3: A Call to Action — What YOU Can Do **PS 204: Preventing Pressure Ulcers NUR 240** Lesson 1: Why Work on Preventing Pressure Ulcers? Lesson 2: Assessing Patients Lesson 3: Responding to Patients Lesson 4: How to Implement a Pressure Ulcer Prevention Program

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At TCNJ

Don Berwick: What is Patient Centered Care?

Patient-centered Care

- Medication Reconciliation

Medication Reconciliation Exercise

I. Extracting a Medication List

Medication Reconciliation Exercise

Bob is a 55-year old business man in the Emergency Room for complaints of shortness of breath, headache, & generalized pitting edema. Bob was recently diagnosed with congestive heart failure. His current vital signs are: HR 62, BP 115/85, RR 30, O_2 Sat 90%, Temp 98. He has no known drug allergies. He is awake, oriented and talkative, but only offers information if asked directly.

Medication Reconciliation Exercise

When asked about his medications, Bob states he takes a 'water pill' irregularly because of its effects during work. (He believes this medication begins with an L.) He also takes Digoxin, a blood pressure medication (Meta-something) prescribed years ago by another health care provider. He uses an inhaler (which he shows to you and you see it is Albuterol) & takes a multi-vitamin.

Medication Reconciliation Exercise

- At this point, what are you worried about in planning care for Bob?
- What other information do you need?
- What questions would you ask Bob to obtain this information?

Medication Reconciliation Exercise

Following further discussion with Bob, he reluctantly admits:

- He has Gout and takes colchicine.
- He drinks 'occasionally' (1 drink at lunch, 2 after work, and 1 before bed.) Last drink was last night around 9 pm
- He 'occasionally' uses cocaine – last time 3 days ago.
- Last night he also took cialis he obtained from a friend. He experienced substernal chest pain during intercourse so he took Aspirin and Mylanta. Neither helped so he took a Nitroglycerin. He went to bed and awoke this am with a headache and shortness of breath.

Medication Reconciliation Exercise

- At this point, what are you worried about in planning care for Bob?
- What actions will you take as Bob's nurse?
- Is there other information you still need?
- How will you obtain, communicate, and record this information?

Medication Reconciliation
What do we now know?

- ✓ Bob has 3 medication interactions & needs education
- ✓ Metoprolol, Nitroglycerin & Cialis together ↓ BP
- ✓ Magnesium in Mylanta inactivates effects of Digoxin
- ✓ Aspirin & colchicine bind together preventing uric acid from being excreted by the kidneys
- ✓ Taking Lasix inconsistently affects recidivism (relapse)
- ✓ Patient education should include diagnosis & medical management, Medication actions/side effects, the importance of medication reconciliation with primary physician along with his role with patient safety

Medication Reconciliation Exercise

As you reflect on Bob's case, list all the potential errors providers could make if they did not know Bob's story and have a list of Bob's current medications.

Courtesy of:

Judy Young, RN, Elizabeth Burgess, BSN , and Pam Ironside, PhD, RN, FAAN

Indiana University School of Nursing

3

Medication Reconciliation:

Allergies/Reactions: ____

____

Medications	Ordered in hospital Yes	No	Dose	Route	Frequency	Classification	Mechanism of Action	Rationale for use by THIS patient

Medications Discussed and Reconciled with Patient/Family: ______________________

By ______________________ Date:________ Time:________

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Medication List for Clinical Learning

Teaching with Unfolding Cases on QSEN.org

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- **Create Unfolding Case Studies that emphasize safety**
  - http://qsen.org/unfolding-case-study-applying-the-qsen-competencies-to-the-care-of-patients-with-parkinsons-disease/
  - http://qsen.org/perinatal-unfolding-case-study/
  - http://qsen.org/eating-disorder-unfolding-case-study/
  - http://qsen.org/peri-operative-nursing-an-unfolding-case-study/
  - http://qsen.org/schizophrenia-unfolding-case-study/

Teamwork and Collaboration

Achieve quality patient outcomes by effectively communicating with nurses and inter-professional teams having mutual respect and shared decision making.

- **Teams provide a safety net for individuals**

An individual, no matter how professional or experienced, can never be as reliable as a team

Nance 2008

What does a healthy team look like?

Teamwork and Collaboration

Synergistic result of effective interdisciplinary collaboration

- System-based solutions for Safe hand-offs
- Acknowledging other team members contributions
- Ability to raise concerns; Assertion
  - **CUS (concerned, uncomfortable, safety)**
  - **2 challenge rule**
  - **Critical Language** *"I need some clarity."*

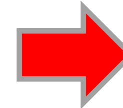
Teamwork and Collaboration

- **Reframing Constructive Feedback**
  - http://qsen.org/giving-and-receiving-constructive-feedback/
- **Managing Challenging Communications**
  - http://qsen.org/teamwork-and-collaboration-teaching-strategies-to-manage-challenging-communications/

Focus of Constructive Feedback

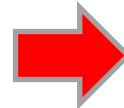
Address faulty interpretations; Provide options for improvement

- Most effective when focused on
  - **Task**
  - **Process**
  - **Self-regulation; error detection skills**



Adds to knowledge base

- Least effective when focused on
  - **Person him/herself**



Doesn't add to knowledge base

- Feedback whether positive or negative should always be an unbiased reflection of events

Evidence-based Practice

Integrate best current evidence, clinical expertise, and patient preferences and values to deliver optimal health care.

Reduce Variability through evidence

Integration of Standards

"It's less of a thing to do…and more of a way to be"

- Handwashing
- Proper hygiene for in and out of room
- Pressure ulcer prevention
- Ventilator associated pneumonia prevention
- Influenza/pneumococcal disease prevention

Evidence-based Practice

Translate new knowledge into evidence

- Identify those at risk for infection
  - Bundles and protocols
    - http://www.jointcommission.org/infection_control.aspx

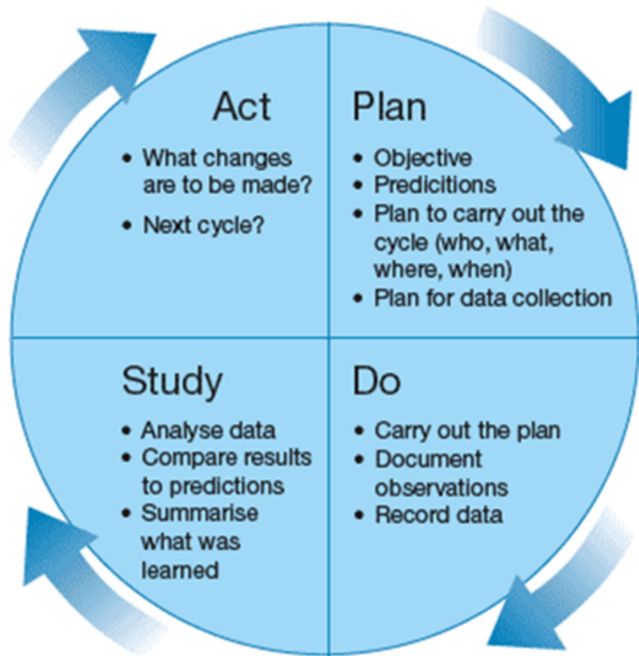
- Activity: Group Work to Create Poster for Bundles
    - CAUTI
    - CLABSI
    - VAP
    - HAPIs
    - Falls

Quality Improvement

Monitor outcomes of care processes and use improvement methods to design and test changes to improve the health care system.

- **Culture of Safety-Just Culture**
  - Report errors/adverse events/near misses
  - Systematic Investigations of problems
  - Safe to ask for help

Quality Improvement



- Student Assignment using Model for Improvement
  - Improve something about themselves, their school…..
- Presentation of data:
  - Describe Aim
  - PDSA (Plan, make the change, how tested, how studied)
  - Use of Tools (flow charts, check sheets, run charts, bar graphs)
- PDSA (Plan, Do, Study, Act)
  - What are we trying to accomplish?
  - How will we know that a change is an improvement?
  - What changes can we make that will result in improvement?

QSEN Competency Based Clinical Evaluations

Core Competencies	Midterm 1 to 4 Faculty	Midterm 1 to 4 Student	Final 1 to 4 Faculty	Final 1 to 4 Student
Focusing on the impact of Acute Illness on adults and their families regarding priority treatments, health restoration, and health maintenance, the student completing NURS 424 will be able to:				
Patient-Centered Care/Caring/Empowerment				
1. Provide comprehensive patient care in compliance with clinical agency policy and procedure (1,2)				
2. Synthesize pathophysiology of patient conditions and associated pharmacological interventions, drawing on past experiences to improve quality of life for individuals, families, and community systems in a comprehensive plan of care (1)				
3. Demonstrate caring behaviors, modifying interventions to address actual and anticipatory physical, emotional, and spiritual comfort, pain, and/or suffering (2,3,8,)				
4. Collect a family history and identify disorders that may indicate need for genetic assessment (1)				
5. Demonstrate cultural sensitivity and respect for diversity in promoting health and maintenance in the health care setting (3)				
6. Evaluate effectiveness of patient and family teaching and modify plan of care as needed (6)				
7. Advocate for and include the patient and family as the center of the caregiving team when setting and modifying care goals (2,5)				
8. Engage patients and families in discharge planning that includes evidence-based strategies to prevent avoidable readmissions throughout the hospital stay (5,6,9)				
Teamwork and Collaboration				
9. Coordinate and delegate elements of care to the inter-professional healthcare team within the scope of practice (5,7,10)				
10. Recognizes changing patient condition and communicate changes in patient status to the inter-professional team in a timely manner using SBAR framework (2,4,5,7)**				
11. Conduct patient care reports (hand-off communication) efficiently and effectively (7)				
12. Engage patient and family in a collaborative relationship by providing relevant information, resources, access, and support (3,6,7)				
13. Accurately Interpret physician and inter-professional orders and communicate accordingly(2,4,5)				
14. Initiate requests for help when appropriate to situation (2,4,7)				

Other QSEN Based Evaluations

- **Nicholls State**
  - http://qsen.org/clinical-performance-evaluation-tools-utilizing-the-qsen-competencies/
- **Western University of Health Sciences**
  - http://qsen.org/clinical-evaluation-tools-integrating-qsen-core-competencies-and-aacn-bsn-essentials/
- **University of Massachusetts**
  - http://qsen.org/integrating-qsen-into-clinical-evaluation-tools/

Quality and Safety Matters

TCNJ Nursing's Quality and Safety Newsletter

Volume 1, Issue 1 **October 2015**

Asking People to Wash Hands

Empowering Patients to Protect Themselves

Shannon Roleson
Class of 2018

Sufficient hand washing is of paramount importance to patient safety—yet, even today, up to 50% of health care professionals fail to follow the proper guidelines [1]. However, there are simple changes that both hospitals and patients can implement to decrease this astronomical percentage, and improve patient safety.

Patients commonly feel as though they would be insulting the education and authority of their providers, if they were to question them about hand washing. However, patients DO have the right to approach medical personnel, especially when it pertains to their safety or health. How can we help our patients do this? We can teach them to say, "Can you please wash your hands, for my safety?" Evidence shows that rephrasing the request to include the patient's safety compels healthcare professionals to follow this procedure more closely.

A study at a North Carolina hospital, concluded that simply changing the phraseology of signs located at hand washing stations could positively improve rates of hand washing [2]. When formulated to address patient safety ("Hand Hygiene Prevents Patients from Catching Diseases") rather than personal safety ("Hand Hygiene Prevents You from Catching Diseases"), compliance rates notably increased. Simply changing one word can alter the mindset of staff, reminding them of the true importance of, and reason for, hand hygiene [2].

Just as patients need to be proactive members of their healthcare by asking professionals to wash their hands, nurses can do the same, asking for hand washing for the patient's safety when they see another professional is not following proper protocol to wash hands. By encouraging patients to speak up, and arming them with a phrase they can rehearse and use if needed, we help them protect their personal safety, as well as that of health care providers and other patients. Simple actions, such as informing patients of how to make a request to the health care provider, can make all the difference in the health and safety of patients.

1. De Wandel, D., Maes, L., Labeau, S., Vereecken, C., & Blot, S. (2010). Behavioral determinants of hand hygiene compliance in intensive care units. American Journal of Critical Care, 19(3); 230-239. Doi: 10.4037/ajcc2010892
2. O'Connor, A. (2011). Getting doctors to wash their hands. The New York Times. Retrieved from http://well.blogs.nytimes.com/2011/09/01/getting-doctors-to- wash-their-hands/?_r=2

Advocating for Patients

Communication Strategies to Facilitate Safety

Paige Hammell
Class of 2018

In May of 2012, *Today's Hospitalist*[1] published a story detailing the tragic death of a patient due to mere miscommunication amongst health care providers. A 37-year-old female was admitted to the ED at 9:00 pm with nausea, vomiting, and numbness. Her vital signs were assessed and she was ordered intravenous fluids. The nurse checked the patient's blood pressure later in the night and found it had increased, but did not report it. Later, when the patient's blood pressure continued to increase, the nurse reported it—incorrectly. Because of this communication error, no actions were taken to address the patient's condition. At 7:00 am, the patient was found lying on the floor. The patient was pronounced dead at 7:21 am of cardiac tamponade, caused by acute aortic dissection that had been developing over hours.

This is not an isolated incident. According to The Joint Commission[2] 80% of serious medical errors are due to miscommunications. Many solutions have been proposed to reconcile the miscommunication issue-patient safety briefings, daily patient goal sheets, and face to face nurse shift reports. However, the most promising of solution seems to be implementing SBAR.

SBAR is an acronym for Situation-Background-Assessment-Recommendation. This structured communication tool is used between health care providers. SBAR can be used in many clinical situations, such as conducting nurse-to-nurse shift reports. For example, the leaving nurse would report "Mr. Taylor in room 12 has just returned from an MRI (situation). He was admitted for severe abdominal pain (background). He just received pain medication and is reporting a pain level of 4 on a scale of 0-10 (assessment). He will need his vital signs checked and pain reassessed in 20 minutes (recommendation)." Patient hand-off, especially in the ED, can be chaotic, which makes a structured communication model vital; SBAR can help to prevent devastating communication errors.

SBAR improves the flow of information. When used as a consistently repeated pattern, errors become

Continued on page 2

Write for the Quality and Safety Newsletter!

Inviting student writers for December now

Ideas, resources and support provided

Contact Dr. Altmiller at AltmillG@TCNJ.edu

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Quality Improvement

Create a Newsletter

Safety

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

- Two patient identifiers
- Patient armbands where standardized
- Correct surgery/Correct site
- Medication reconciliation
- Standardization of medications
- Identify Work-arounds
- Time outs
- Huddles
- Rapid Response Teams

One Minute Safety Checklist

One Minute Safety Checklist

Checklist:

Item	
Assessment of airway, work of breathing, and circulation	
name bracelet on	
Knowledge of emergency equipment including airway, ambu bag, and oxygen	
Weight and age of patient	
Risk of falling	
Environmental assessment of risk	

Prioritization of Concerns and POC:

1.	
2.	
3.	

5/08 Clinical QSEN Web Site: K. Amer, PhD, RN, DePaul University, 2007

- Used for clinical setting
- Helps students prioritize safety concerns

Culture of Safety VS Culture of Blame: Fairness Algorithm

1. Did the individuals intend to cause harm?
2. Did they come to work drunk or impaired?
3. Did they do something they knew was unsafe?
4. Could two or three peers have made the same mistake in similar circumstances?
5. Do these individuals have a history of involvement in similar events?

- Applying the Fairness Algorithm
  - http://www.youtube.com/watch?v=8Ie7vYPUwaM

Promoting a Just Culture: Who's to Blame?

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Dr. Jones is a cardiovascular surgeon. He wants to use a new renal artery device that is not yet supplied in the OR. He asks the sales rep to bring some tomorrow for his scheduled case.

The next day, Jane, just off orientation, is the circulating nurse. She is asked where the stent is. Not knowing the plan, she is unable to answer and Dr. Jones insinuates she does not know her job.

Just as the case is beginning, the sales rep brings the stent to the OR. Feeling rushed and stressed, Jane opens the packaging and drops the stent into the sterile field and it is inserted. Following the surgery, the circulating nurse realizes the packaging indicates an expired date on the stent.

The stent delivery by the sales rep was not vetted through central supply. The patient is told about the error. Who is to blame?

The Lewis Blackman Story

Here are the 5 videos they are between 4 and 6 minutes long each

Free download at: https://www.youtube.com/watch?v=Rp3fGp2fv88

Help Patients Advocate for Self

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

http://www.npsf.org/?page=askme3

Informatics

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

- Navigate resources
  - EHR
  - Utilize data bases effectively-send students searching
- Use technology to seek and report information
  - Creating Run Charts-You Tube
- Use technology to report concerns
  - Institute For Safe Medication Practices http://www.ismp.org/
- Model life long learning

Informatics

Data Mining Activities

1. Groups assigned specific illness. Data mine for 5 meaningful websites (10 mins). Present to classroom.
2. Groups assigned specific zip codes. Charge them with identifying 2 most significant illnesses for population residing there.
3. Groups assigned indicator from NDNQI. Describe national benchmark.

And in the midst of this….. mindfulness and sensemaking

(Weick & Sutcliffe, 2001)

- Mindfulness
  - Staying focused and tuned in
  - Ability to see the significance of early and weak signals and to take strong decisive action to prevent harm
  - Trouble starts small and is signaled by weak symptoms that are easy to miss
- Situational Awareness
- Sense-making
  - Using multiple cues; critical thinking

Video Resources

AHRQ sponsored QSEN Workshop Videos

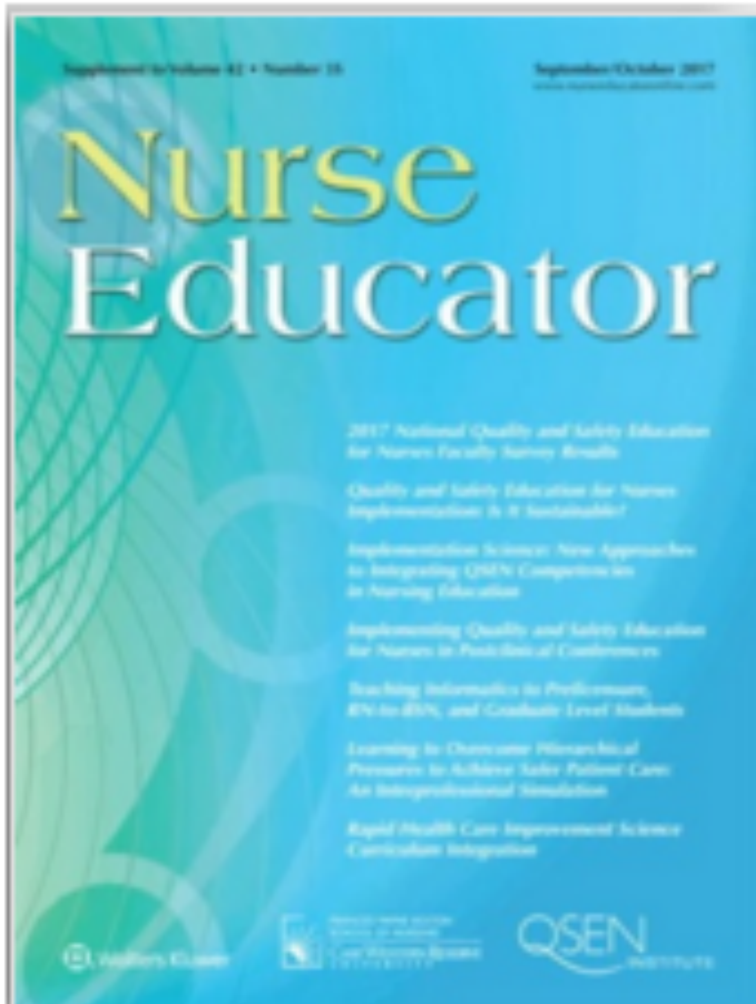
Available at:

- Virginia Henderson Global e-Repository
  http://www.nursinglibrary.org/vhl/handle/10755/621354

- The College of New Jersey
  https://qsen.tcnj.edu/video-library/

- QSEN
  http://qsen.org/faculty-resources/academia/tcnj-ahrq-workshop/

Reading Resources



Nurse Educator QSEN Supplement

Free Access

Link:
http://journals.lww.com/nurseeducatoronline/toc/2017/09001

Searching the Strategies

http://www.qsen.org

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Questions?

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