Quality and Safety Education for Nurses: Enhancing Teaching Capacity

American Association of Colleges of Nursing (AACN)
Robert Wood Johnson Foundation
Quality and Safety Education in Nursing (QSEN) for Nurse Educators

Following this presentation participants will be able to:

- Discuss the purpose of QSEN and how it will increase patient safety and quality outcomes.
- Describe the components of QSEN.
- Explore ways to integrate QSEN concepts in our teaching.
Brief Overview

- [http://www.youtube.com/watch?v=HnksQO7oi_Q](http://www.youtube.com/watch?v=HnksQO7oi_Q)

- Sit back, relax and listen. Don’t try to take notes.
**QSEN Overview**

- **Overall Goal:** Prepare nurses with the knowledge, skills, and attitudes (KSAs) necessary to continuously improve quality and safety of the healthcare system to deliver quality, safe patient care.

- [RWJF funded the Quality and Safety Education for nurses (QSEN) project for three phases starting in 2010]
**QSEN Phase I, 2005**

- Six competencies identified, five from the Institute of Medicine (IOM) plus safety.
  - Safety
  - Quality Improvement
  - Patient-centered care
  - Teamwork and collaboration
  - Evidence-based practice
  - Informatics
QSEN Phase II, 2007

- Partnered with 15 pilot schools to integrate the six competencies in their nursing programs.
- The pilot schools have shared their work on the QSEN website (www.qsen.org)
  ✓ Teaching strategies and resources
QSEN Phase III, 2009

- Develop the faculty expertise necessary for the nation’s entry-level nursing schools to teach the competencies. [nine 2 ½ day institutes, 1200 faculty trained]
- Focus on instilling the competencies in textbooks, licensing, accreditation, and certification standards.
- Promote continued innovation in teaching the competencies.
Post Institute Expectations

- Train other faculty by September 2012
- Implement first year curricular change by September 2011
- Implement second year curricular change by September 2012
- Significantly enhance pre-licensure nursing program with QSEN competencies by fall 2012
Patient-Centered Care

- 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.
Dimensions of Patient Centered Care

- Patient, family communication of preferences and values
- Coordination and integration of care
- Information communication & education
- Physical comfort and support
- Involvement of patient, family & significant others
- Transition and continuity of care
Patient Centered Care KSAs

- K – of cultures, perceptions, values, family involvement or barriers to involvement
- S – Communication, physical and emotional support, integration of values, perceptions, beliefs into care
- A – Explore own attitudes and respect others
Teaching Patient Centered Care

- Case study - different cultures, perceptions, values, difficult family values
- Simulation – add particulars to scenario
- Group work
- Small or large group discussion
- Debate
Team Work and Collaboration

**Definition:**
Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
Team Work & Collaboration

KSAs

- K – scope of practice and understanding of multidisciplinary teams
- S – Effective communication, conflict resolution
- A – Acknowledges potential value of themselves and team members, mutual respect
Teaching Team Work and Collaboration

- Videos – Josie King, Chasing Zero, on QSEN.org
- Case study – 30K wrong site surgeries/year (estimate 40/wk. in 2012 > 2000/yr.)
- Simulation – add in best practices (JCAHO)
- Group work
- Small or large group discussion
- Debate
Evidence Based Practice

- **Definition:**
  Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
Evidence Based Practice KSAs

- **K** – locate, read, understand evidence and the importance of evidence
- **S** – Provide individualized patient care based on research evidence and patient preference, analysis of research
- **A** - Value the role of research in quality, safe patient care
Teaching EBP

- Research courses with EBP emphasis
- Case study
- Simulation
- Group work
- Small or large group discussion
- Debate
Quality Improvement

Definition:
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 systems.
Quality Improvement KSAs

- **K** – learning and understanding how quality improvement occurs and our role, recognition of the importance of systemic changes for QI
- **S** – Find and use data related to outcomes, gaps in quality, and ways to test the system for areas of improvement needed
- **A** – Appreciate that QI can improve patient care as well as the quality of our work life.
Teaching Quality Improvement

- Case study – QSEN videos
- Simulation
- Group work
- Small or large group discussion
- Debate
Safety

- **Definition:**
  Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.
Safety KSAs

- K – human factors, technology, and the work environment all influence safety
- S – demonstrate and identify safe and unsafe care or work environment
- A – Value and appreciate safe nursing practice
Teaching Safety

- Case study
- Simulation
- Group work
- Small or large group discussion
- Debate
Informatics

- **Definition:**
  Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.
Informatics KSAs

- K – Why technology is important and ways that technology is important to quality, safe practice
- S – Application of technology to nursing practice
- A – Appreciate and value technology in care of patients.
Teaching Informatics

- Case study
- Simulation
- Group work
- Small or large group discussion
- Debate
What Constitutes Safe, Quality Care?

- Timely
- Efficient
- Equitable
- Effective
- Patient – centered (IOM)
- Accessible
KSAs for graduates and Pre-licensure

- [http://www.qsen.org/ksas_graduate.php](http://www.qsen.org/ksas_graduate.php)

[http://www.QSEN.org](http://www.QSEN.org)
Nursing in QSEN environment

- A Quality and Safety Culture: A new way of thinking
- Engage in our work with the patient as the focus
- Encourages inquiry
- Applies evidence based standards and interventions
- Investigates outcomes and critical incidents from a system perspective
- Continually seek to improve care
Resources

- QSEN.org
- http://www.qsen.org/about_qsen.php
- TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety
  www.ahrq.gov/teamsteppstools/instructor/essentials/pocketguide.htm#
- http://www.youtube.com/watch?v=HnksQO7oi_Q
References (cont.)


8/30/2013    MB Lee PhD RN University of North Alabama – NAHEC Conference
THANK YOU!

Questions or Comments?