Building the Foundation for Quality and Safety in Practice: Translation of QSEN Competencies to the Practice Setting

2012 QSEN National Forum
May 30, 2012

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Centura Health
• A faith-based, nonprofit health care organization formed in 1996 by Adventist Health System and Catholic Health Initiatives

• Colorado’s fourth largest private employer with nearly 15,000 associates

• The Centura system includes 23 operating entities:
  • 13 hospitals
  • 7 senior living communities
  • Centura Health at Home
  • Centura Health Physician Group
Centura Health Nursing

- 5,000 registered nurses
- 335 frontline nurse leaders
Senior Living & Home Health

Parker

St. Mary Corwin

St. Anthony North

Littleton

Avista

St. Francis Medical Center

Porter

St. Anthony

Ortho Colorado

Mercy

Penrose

St. Anthony Mountain Clinics
Keystone Medical Clinic
Copper Mountain Clinic
Granby Medical Center
Breckenridge Community Clinic
Session Format

- Presentations
  - Unified RN Job Description
  - Porter Adventist Hospital Orientation Strategy
  - RN Residency Framework
  - Front-line Leadership Foundation

- Case Study
  - Application to Practice
    - Example
    - Audience Examples
Session Objectives

Job Description
- Discuss the development of a standardized job description incorporating QSEN competencies

Orientation Strategy
- Describe an orientation strategy comprised of QSEN competencies, standards, quality and safety expectations

RN Residency Framework
- Discuss integrating QSEN as a framework in the development of an RN Residency curriculum

Front-line Leader Education
- Describe how QSEN is utilized to build a foundation for front-line leadership education

Case Study
- Participate in applying QSEN competencies in the practice setting
Discuss the development of a standardized job description incorporating QSEN competencies.

<table>
<thead>
<tr>
<th>POSITION SUMMARY</th>
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</thead>
<tbody>
<tr>
<td>Assumed responsibility and accountability for facilitating, communicating, and collaborating with both the healthcare team, and the patient/family to identify and meet the physical, emotional and spiritual needs of the patient. Promotes the optimal health, well being and safety of the patient through use of the nursing process and in accordance with patient care standards, guidelines and the State Nurse Practice Act. Demonstrates personal accountability for relationship-based care, organizational mission, and core values.</td>
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<table>
<thead>
<tr>
<th>EDUCATION REQUIREMENTS</th>
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</thead>
<tbody>
<tr>
<td>• Graduate of an accredited School of Nursing.</td>
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<tr>
<td>• BSN Preferred</td>
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<table>
<thead>
<tr>
<th>WORK EXPERIENCE REQUIREMENTS</th>
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<tbody>
<tr>
<td>• One year experience preferred</td>
</tr>
<tr>
<td>• Nursing skills and knowledge base specific to specialty</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>LICENSE/CERTIFICATIONS</th>
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</thead>
<tbody>
<tr>
<td>• Current Colorado RN license. Current RN license from a participating state in National Licensure Compact</td>
</tr>
<tr>
<td>• Current BLS certification from American Heart Association required.</td>
</tr>
<tr>
<td>• Additional certifications may be required</td>
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<table>
<thead>
<tr>
<th>POSITION DUTIES (ESSENTIAL FUNCTIONS)</th>
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</thead>
<tbody>
<tr>
<td>PATIENT &amp; FAMILY CENTERED CARE — 45%</td>
</tr>
<tr>
<td>• Assess patient’s physical, psychosocial, cultural and spiritual needs through observation, interview, review of medical records &amp; clinical data. Evaluates patient’s response and intervenes to ensure optimal patient outcome.</td>
</tr>
<tr>
<td>• Develop and implement patient plan of care and observe outcomes in accordance with nursing standards and in collaboration with the interdisciplinary team.</td>
</tr>
<tr>
<td>• Demonstrate competency in a variety of therapeutic/diagnostic interventions including but not limited to IVs, incision/wound care, medication administration, intravenous and specimen collections.</td>
</tr>
<tr>
<td>• Promote, advocate and collaborate to protect the health and safety rights of each patient.</td>
</tr>
<tr>
<td>• Provide patient/family education through assessment of patient/family learning readiness, needs, and ability. Provide teaching and evaluate effectiveness of teaching.</td>
</tr>
<tr>
<td>• Recognize the patient or designee as a full partner in providing compassionate and coordinated care based on respect for the patient’s preferences, values and needs.</td>
</tr>
<tr>
<td>• Provide relationship-based care in which the nurse strives to understand what is most important to the individual and actively engage them in all aspects of care. This care will be delivered with respect for cultural differences and the diversity of human experience.</td>
</tr>
</tbody>
</table>
Job Description

- Nursing Leadership Vision
  - Sharon Pappas, RN, PhD, NEA-BC
  - Unify Practice Standards

Vision: Practicing the art and science of nursing, we will provide a superior patient experience ensuring high quality, safe and cost effective nursing care achieved through innovation and collaboration.

Background: The Centura Nurse Executive group requested a task force evaluate and redesign a basic RN Job Description that could be standard for all Centura Hospitals.
**Job Description**

### Multi-site development team

**Members of the Nursing Job Description Task Force**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Bradley</td>
<td>Director Professional Resources</td>
<td>PAH</td>
</tr>
<tr>
<td>Jodi Cattich</td>
<td>Direct care nurse**</td>
<td>LAH</td>
</tr>
<tr>
<td>Ruth Gallegos</td>
<td>Manager of Medical Services</td>
<td>SMC</td>
</tr>
<tr>
<td>Camille Haycock</td>
<td>Director of Professional Practice</td>
<td>SAC</td>
</tr>
<tr>
<td>Karin Johnson</td>
<td>Direct care nurse**</td>
<td>SAN</td>
</tr>
<tr>
<td>Tracey Rafuse</td>
<td>ED</td>
<td>STM</td>
</tr>
<tr>
<td>Dawn Sculco</td>
<td>CNS</td>
<td>Summit</td>
</tr>
<tr>
<td>Michael Selvage</td>
<td>Director Med/Surg/Peds</td>
<td>Avista</td>
</tr>
<tr>
<td>Lisa Stephenson</td>
<td>Direct care nurse**/Quality</td>
<td>PKR</td>
</tr>
<tr>
<td>Deb Nussdorfer</td>
<td>Magnet Program Coordinator</td>
<td>PEN</td>
</tr>
</tbody>
</table>

### Member Responsibilities

- Each member is accountable for sharing work and getting input from all levels of nursing within their facilities, with special attention to direct care nurse participation.

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- **June 2009** - Taskforce Formed
- **August 2009** - Job Description Complete
- **September 2009** - Present to Centura Nursing Council
- **November 2009** - Present to Centura HR Council
- **January 2010** - Centura RN Job Description Roll out
### Job Description

- Using QSEN as a foundational item

<table>
<thead>
<tr>
<th>Colorado Nurse Practice Act</th>
<th>ANA Code of Ethics</th>
<th>ANA Scope and Standards of Practice</th>
<th>QSEN Article</th>
<th>Additional Concepts to Include</th>
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</thead>
<tbody>
<tr>
<td>Delegation</td>
<td>Delegation</td>
<td>Standards of Practice</td>
<td>Patient – Centered Care</td>
<td>Core Values</td>
</tr>
<tr>
<td>Assessment</td>
<td>Wholeness of Character</td>
<td>Personal/Professional Growth</td>
<td>Teamwork and Collaboration</td>
<td></td>
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<tr>
<td>Development of plan of Care</td>
<td>Collaboration</td>
<td>Self Determination</td>
<td>Evidence-based Practice (EBP)</td>
<td>EBP-Knowledge, Skills and Practice</td>
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<tr>
<td>Evaluation/outcomes</td>
<td>Professional Boundaries</td>
<td>Dignity</td>
<td>Quality Improvement (QI)</td>
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</tr>
<tr>
<td></td>
<td>Accountability</td>
<td>Safety/ Quality</td>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leadership</td>
<td>Quality Improvement</td>
<td>Informatics</td>
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<tr>
<td></td>
<td>Competence</td>
<td>Partnerships- With Patients &amp; Family – Patient Centered Care</td>
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<td></td>
<td>Coordination of Care</td>
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</table>

RN Job Description Task Force - Foundational Items  June, 2009
Job Description

Essential Job Functions - excerpts

PATIENT & FAMILY CENTERED CARE – 45%

• Assess patient’s physical, psychosocial, cultural and spiritual needs through observation, interview, review of medical records & clinical data. Evaluates patient’s response and intervenes to ensure optimal patient outcome.

• Develop and implement patient plan of care and observe outcomes in accordance with nursing standards and in collaboration with the interdisciplinary team.

• Promote, advocate and collaborate to protect the health and safety and rights of each patient.

LEADERSHIP/NURSING PROFESSIONALISM – 15%

• Uses standards of care, hospital policies/procedures and regulatory guidelines to guide practice.

• Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
Essential Job Functions

QUALITY OUTCOMES/QUALITY IMPROVEMENT/RESEARCH/EBP -15%

- Verbalizes an understanding of the value of measurement and the importance of continuous quality improvement data. Use quality measures to improve performance and accountability for patient outcomes, patient experiences and safe delivery of care.
- Participate in unit-based quality improvement, evidence-based practice and research activities.
- Use current healthcare research findings and other evidence to expand clinical knowledge, enhance role performance, and increase knowledge of professional issues.
Job Description

- Essential Job Functions

**INFORMATICS/TECHNOLOGY -15%

- Adapts to rapidly changing technology as evidenced by competency in technology and equipment used in the patient care setting.
- Thorough and confidential maintenance of patient charts and records.
- Document ongoing status, interventions, patient response and outcomes in accurate, timely manner.
- Use information technology to communicate, manage knowledge, mitigate error, and support decision-making.
Porter Adventist Hospital
Orientation Strategy

Describe an orientation strategy comprised of QSEN competencies, standards, quality and safety expectations

Professional Development Council Vision
- Mirror Job Description
- On-boarding continuum

Shared Governance Decision Making
- Council level
- Unit level
Orientation Strategy

- Inpatient units
  - OR
  - Oncology
  - Medical/Surgical
  - ICU
  - Rehab
  - Psych
  - Ortho/Spine
  - Telemetry

- Outpatient units
  - Radiology
  - Emergency Department

- Unit Educators
- General Educators
- Direct Care Nurses
- Preceptors
- Charge Nurses
- CNS
### ORIENTATION – REGISTERED NURSE

**Porter Adventist Hospital**

*(Medical Units – 5E, 2S)*

**NAME:** ____________________________  **HIRE DATE:** ____________________________

**Orientees:**

1. **Sign this orientation document below.** It is the new associates responsibility to have this skills checklist completed around your evaluation.
2. **Have your preceptor or PAH staff verifier sign off each competency item upon demonstration and/or verbalization with the date and initial.**
3. **Return the completed list to your Unit Educator/Clinical Manager.**

**Preceptor:**

1. **Familiarize the orientee with the location in the computer of:** DocuShare, Infection Control Policies and Procedures, Policies and Procedures in Meditech Forms, Clinical Policies, Porter Specific Policies and Procedures.

Document the date when the skill has been demonstrated/verbalized. Initial as preceptor/verifier then record your signature with initials below:

<table>
<thead>
<tr>
<th>Signature/title (RN, CNA, EMT, etc.)</th>
<th>Initials</th>
<th>Signature/title (RN, CNA, EMT, etc.)</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### COMPETENCIES

**These Essential Patient Safety Competencies are to be achieved at the COMPLETION of orientation.**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Post-Assessment of Competency</th>
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<tbody>
<tr>
<td>0</td>
<td>Not Met = Skill not displayed consistently, Education/training required</td>
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<tr>
<td>1</td>
<td>Met = Competent skill consistently displayed, may perform independently</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(0) Not Met</th>
<th>(1) Met</th>
</tr>
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<tbody>
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</tbody>
</table>

1. **Patient-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 the patient’s preferences, values, and needs.

2. **Teamwork and Collaboration:** Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

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

4. **Quality Improvement (QI):** 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.

5. **Safety:** Minimize risk of harm to patients and providers through both system effectiveness and individual performance.

6. **Informatics:** Use information and technology to communicate, manage

Template Skills Check List 5/9/2012

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Orientation Strategy

QSEN competencies imbedded in on-boarding

- Knowledge, Skills, Attitudes
  - Nursing Orientation
  - Unit Orientation

- Other items incorporated into on-boarding
  - Relationship Based Care
  - Standards of Behavior
  - Theoretical Foundation
  - Professional Practice Model
Orientation Strategy

Continuum of QSEN into practice
- Knowledge, Skills, and Attitudes
- Evaluation process

Roles
- Preceptor
- Orientee
- Educator
- Manager
Orientation Strategy

QSEN competencies for specialty populations

- Transplant
- Oncology
- Joint Replacement
- Spine
- Head & Neck
- Cardiac
- Stroke
- Robotics Surgery
- Rehab
- Behavioral Health
Centura Health

RN Residency Framework

Discuss integrating QSEN as a framework for the development of an RN Residency curriculum
RN Residency Framework

ASCENT

Autonomy
Safety
Competence
Evidence-Based Practice
Nursing Excellence
Transition to Practice
RN Residency Framework

Nursing Leadership Vision
4/2008- Centura Nurse Executive Council White Paper

- 50.9% of new hires – RN graduates²
- 56% increase of graduating RNs - 2001-2006³
- $81,000 – on-boarding cost of RN graduates⁴
- 35-61% - first year turnover rate of RN graduates⁵
- <10% - turnover rate when Residency Programs in place⁶,⁷
- 24.2% of nurses in Centura Hospitals are over age 54
RN Residency Framework

Centura Professional Development Council

- ASCENT Taskforce
  - Multi-facility development team
  - 7 hospitals
  - Educators
RN Residency Framework

- Benefits of collaborative program
- Timeline

- May 2008: Team recruited from CPDC
- July 2008: Consensus to standardize Residency Program
- September 2008: QSEN Working Curriculum
- January 2009: Curriculum finalized, Introduced QSEN to speaker Group
- February 2009: 1st Cohort of the ASCENT Program
RN Residency Framework

Curriculum Development – Incorporating QSEN

Quality and Safety Education for Nurses (QSEN)
Competencies that should be developed during pre-licensure nursing education

1. Patient-Centered Care (PCC)
2. Teamwork and Collaboration
3. Evidenced-Based Practice (EBP)
4. Quality Improvement (QI)
5. Safety
6. Informatics

RN Residency - Foundational Item, 2008
# RN Residency Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>PCC</th>
<th>Teamwork</th>
<th>EBP</th>
<th>Quality</th>
<th>Safety</th>
<th>Informatics</th>
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<tbody>
<tr>
<td>Insights</td>
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<td>Infection Prevention</td>
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<td>Pain Management</td>
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<tr>
<td>Code Blue / Rapid Response</td>
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</table>
RN Residency Framework

Knowledge
- Didactic classes
- EBP projects
- Participant presentations

Skills
- Simulation experiences
- Case Studies & Scenarios
- Skills labs

Attitudes
- Debriefing
- Observations
- Participants
- Presenters
Centura Health
Frontline Leader Education

Describe how QSEN is utilized to build a foundation for frontline leadership education.

Nursing Leader Vision

- Centura Nursing Executive Council
- Centura Professional Development Council
Frontline Leader Education

Members from the Centura Professional Development Council

- Noreen Bernard, RN, MS, NEA-BC
- Kathleen Bradley, RN, DNP, NEA-BC
- Lavone Hastings, RN-BC, BSN, M.MGT.
- Carrie McDermott, RN, MSN, CCRN, APRN-BC
- Debra Nussdorfer, MSN, APRN, PMHCNS-BC, NE-BC
- Cynthia Oster, PhD, MBA, APRN, CNS-BC, ANP
- Janet Selden, MA
- Roxanne Shaw, MSN, RN
- Maribeth Trujillo, MS, RN, NE-BC
- Carol Alexander, RN, MSN, Director Emeritus

Nursing Executive Sponsor
Kelly Reno, RN, MBA, NEA-BC, Chief Nursing Officer
Frontline Leader Education

So You Want to Be a Leader – Day 1

| Nursing Excellence: Centura’s Journey | • Identify two actions supporting Centura’s Journey to Nursing Excellence.  
  | 2014 Centura nursing outcomes | • Explain how the frontline clinical nurse leader impacts the unit based nursing sensitive indicators.  
  | Nursing Dashboard |  
  | Accountability to attain outcomes |  

| Living Excellence: Creating the Future Work Environment | • Describe the characteristics of a healthy work environment.  
  | Shared Governance | • Describe shared goals to be accomplished.  
  | Nursing Excellence | • Discuss innovations in nursing practice related to an environment of nursing excellence.  
  | New Knowledge, Innovation and Improvement | • Discuss the fundamentals of shared governance.  
  | Quality and Safety |  
  | Education for Nurses |  
  | Code of Ethics |  
  | Relationship-Based Care |  
  | Goal Setting |  

Quality  
Safety  
Informatics  

Teamwork & Collaboration  
Patient Centered-Care  
Safety  
EBP
# Clinical Nurse Leadership Demystified – Day 2

## Teamwork & Collaboration

### The Evolving Healthcare Delivery System
- Review the case for change – why leadership must look different and why paradigms must shift.
  - Press Ganey data
  - Practice Environment Scale
  - Healthcare reform
  - IOM top 8 priorities

### Nurse leader scope of practice, role and style – transforming a culture
- Explain how communication and decision making are improved through understanding work style preferences (insights).
- Explore professional documents that outline the leader’s scope and standards for practice.
- Describe resonant leadership and the impact on patient safety, associate engagement and patient satisfaction, and work environment.
### Every Patient Every Time - Day 3

**Patient Centered Care**

| Patient Satisfaction | • Gain insight into key drivers correlated with patient satisfaction  
|                       | • Discuss best practices for patient rounding and variations on rounding for outcomes that may work best for the needs of the patients. |

**Culture of Patient Safety**

| Culture of Patient Safety | • Identify core measures for the populations on one’s clinical area.  
|                          | • Discuss innovative measures and best practices for key patient safety indicators. |

**Basics of Performance Improvement**

| Basics of Performance Improvement | • Describe the basics of performance improvement.  
|                                  | • Complete an example of an action plan.  
|                                  | • Discuss how a fair and just culture enhances performance improvement by identification of risks. |
# Frontline Leader Education

## Daring Communication: Discover Your Voice – Day 4

| What calls for daring communication | • Identify at least 3 common barriers to effective communication  
| | • Compare two models of effective communication in managing conflict. |

### Teamwork & Collaboration

### Patient Centered Care

### Safety

| Finding the power of your voice as a nurse leader | • Identify relevant P&Ps that guide analysis and actions around staff behaviors (tardiness, just culture, red rules, etc).  
| Policies and procedures | • Identify organizational resources to support difficult conversations.  
| Resources and support | • Identify challenging leadership situations and demonstrate actions to effectively manage them.  
| Code of Silence |
# Frontline Leader Education

## Coaching Compass: Trail Guide versus Lifeguard – Day 5

### Map or Life Line: What is Coaching?
- State benefits of coaching for self, others and the organization.
- Demonstrate 5 key actions used to conduct an effective coaching session.

### Teamwork & Collaboration

### Trail Blazing and Orienteering: Moving Forward with Self Assessment and Professional Development
- Prioritize actions essential to professional development.
- Create an individualized learning plan.
- Celebrate leadership strengths.
Frontline Leadership

Knowledge
- E-learning
- Video
- Didactic
- Discussion
- Printed materials

Skills
- Small group
- Homework
- Application exercises
- Experiential learning
  - interviews
  - peer teaching
- Role play
- Case scenarios

Attitudes
- Observations
- Participants
- Presenters
- Role play
- Discussion
Innovations of Translating QSEN into Practice

Using QSEN as foundational concepts
- Job Description
- Orientation

QSEN Competencies as a starting point
- Orientation
- RN Residency

Embedding QSEN into topics
- Frontline Leader
Innovations of Translating QSEN into Practice

Clinical Example

- Blood Administration

QSEN Competencies as a starting point

Translating QSEN into Practice

- Activity
<table>
<thead>
<tr>
<th>Patient Centered Care</th>
<th>Teamwork and Collaboration</th>
<th>Quality</th>
<th>Safety</th>
<th>Evidence-Based Practice</th>
<th>Informatics</th>
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<tbody>
<tr>
<td>Knowledge</td>
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<tr>
<td>Skills</td>
<td>Blood bank personnel checking for consent form prior to release of blood</td>
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<tr>
<td>Attitude</td>
<td>Use of audit form as a checklist each time blood is administered</td>
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</tr>
</tbody>
</table>

Different areas have different EMR screens for documentation.
References


5. Supra N.(nd). National association for health care recruitment. Bernard Hodes Group


Contact Information

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