Quality Improvement:
A QSEN Leadership Strategy

National QSEN Conference 2012

Tuscon, Arizona

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QSEN CORE CONTENT

QSEN Undergraduate Competencies
- BSN RN - BSN

QSEN Graduate Competencies
- MSN DNP PhD
• Identification of opportunities for QSEN integration
• Faculty collaboration to develop content and learning activities
• Office Instructional Technology consultation – online applications
• Evaluation of student learning
Barriers

- Faculty knowledge/skill
- Content restrictions
- Clinical vs didactic
- Response to accreditation vs integration

Facilitators

- Faculty knowledge/skill
- Fluid content
- Clinical with didactic
- Accreditation guidelines
FACULTY CHALLENGE

We can’t teach what we don’t know....

- Faculty development
- TEAM approach to change
- Realistic goals
- What’s already being done?
- “Early adopters”/ faculty champions
- Curricular Resources
- Early success for students
Curriculum Placement

- Implement as curricular threads
- Early curriculum: individual patient
- Later: teams and systems
- Advanced courses: complex concepts
  - Teamwork and collaboration
  - Evidence-based practice
  - Quality improvement
  - Informatics

~Barton et al, Nov-Dec 2009 Nursing Outlook
Teamwork and Collaboration

- **FALL 2010**: N311 Foundations of Professional Practice
- **FALL 2010**: N451 Interpersonal Management Skills
- **SPRING 2011**: N381 Personal Development

Quality Improvement

- **FALL 2011**: N451 Interpersonal Management Skills
- **SPRING 2012**: N454 Professional Leadership Issues
QSEN Clinical Project

- Unit demographics
- Issue Identification and Impact
- Analysis of Issue
  - PI tools - FEMA, RCA, PDCA/PDSA
- Recommendations for Practice
- Group Presentations
- Evaluations by Peers and Faculty
Leadership Cause and Effect Tools

- Failure Mode and Effects Analysis (FMEA) – proactive
- Root Cause Analysis (RCA) – retroactive
  - Establish issue or Effect of the situation
  - Determine possible categories of Cause
  - Ask “why?”
Root Cause Analysis

Equipment
- Monitoring requires proficiency in interpretation
- Fetal monitoring requires adjustment often

People
- IV pump settings and maintenance (depending on pt. condition) requires constant intervention and attention
- Increasing age of nursing staff
- Consistently large population with high needs
- Lack of assistive personnel
- Nursing shortage, low numbers of qualified L & D nurses
- Calling in more RNs when pt census is high
- Time consuming procedures

Materials
- Closed unit requires more monitoring of visitors, more attention to detail

Methods
- Need for close patient monitoring due to FHR, meds. such as: Magnesium Sulfate, and contractions
- When one nurse is one on one with a laboring pt, other nurses take on her other patients

Inadequate staffing
Wikipedia, 2012
Web Resources

- Growth of Nursing
- Transition to the Profession
- Leading and Managing
- Issues in Delivering Care
  - **www.qsen.org**
  - **www.ahrq.gov/index.cfm**
  - **www.ihi.org**
  - **www.cms.hhs.gov**
  - **www.commonwealthfund.org**
  - **www.tnaonline.org**
  - **www.nursingworld.org**
  - **www.tnpatientsafety.com**
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<td><strong>Group 4 – PINK TEAM 11/28</strong></td>
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*The University of Tennessee KNOXVILLE*

*QSEN Quality and Safety Education for Nurses*

*College of Nursing comprehensive health care for all*
TEAMWORK & COLLABORATION: Nurse’s Role in Acute Care Mental Health
PATIENT SAFETY:
Decreasing Hospital Acquired Infection
QUALITY OF CARE:

Impact of Nurse Fatigue
## Presentation Evaluation

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Bridging the Gap: Education and Practice

Guiding Framework:

...To transform nurse identity to include quality and safety as a core part of what they do...
~www.qsen.org
• Identification of faculty learning needs relative to QSEN competencies
• Curriculum assessment– current inclusion of QSEN competencies
• Evaluation of student learning outcomes
• Curriculum development -- for additional QSEN competencies
Acknowledgments

FACULTY FIRST GRANTS

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