Innovations for Integrating Quality and Safety in Education and Practice: The QSEN Project

Linda Cronenwett, PhD, RN, FAAN
Principal Investigator, QSEN

Gwen Sherwood, PhD, RN, FAAN
Co-Investigator, QSEN

The University of North Carolina at Chapel Hill School of Nursing

STTI Special Session 2011

Greetings from the University of North Carolina - Chapel Hill School of Nursing

and

Quality and Safety Education for Nurses (QSEN)

Linda Cronenwett, Principal Investigator
Gwen Sherwood, Co-Investigator
Denise Hirst, Project Manager
Jean Blackwell, Librarian
John Carlson, Statistician
Dawn O'Neal, Administrative Assistant

Funded by The Robert Wood Johnson Foundation

What Constitutes Quality Care?

Care that is:

- Safe
- Timely
- Efficient
- Equitable
- Effective
- Patient-centered

(Institute of Medicine)

General Aim for Health Professions (Paul Batalden)

- To prepare health professionals — as part of their usual professional formation — to lead the continual improvement of the quality, safety and value of health care:
  - to know how to identify good care from the scientific evidence
  - to know the actual measured performance in the context where the health professional is learning/practicing, and the nature of the gaps — if any — between good care and actual local care, and
  - to know what activities are necessary — if any — to close the gap(s).

The QSEN Story

- Dartmouth Summer Symposium
- RWJF's experience with TCAB and affiliated faculty
- Partnership with RWJF program officers – Hassmiller and Gibson
- Group of committed leaders
  - Q & S Content
  - Pedagogical Experts
- Advisory Board leaders from professional regulatory bodies

QSEN Phases

One

- **Assess the current state**
- **Engage stakeholders**
- **Describe the entry level competencies**

Two

- **Facilitate Pilot School Learning Collaborative**
- **Lead consensus on graduate competencies**

Three

- **Multiple approaches to faculty development**
- **Integration into textbooks, licensure & accreditation standards**

QSEN Strategies

BUILD WILL

- Describe the gap between *what is* and *what could be*
- Stimulate realization of *why* we need to change
- Attract innovators
- Define the territory (desired competencies)

QSEN Strategies

GENERATE AND SHARE IDEAS

- Outline the knowledge, skills, and attitudes (KSAs) that would be logical learning objectives for pre-licensure and advanced practice curricula
- Stimulate and spread the ideas of early adopters
- Share teaching strategies for classroom, group work, simulation, clinical site teaching, and inter-professional learning

QSEN Strategies

SUPPORT EXECUTION

- Create website resources for faculty and students
- Train early adopters to train others
- Share products with professional organizations involved in licensure, certification and accreditation of education and transition to practice residency programs
- Seek support from publishers and authors to integrate quality and safety concepts in textbooks

Sharing Ideas:
2012 QSEN National Forum

www.qsen.org

- Competency definitions and KSAs
- Annotated references by competency
- Teaching strategies for classroom, clinical, skills/simulation labs, and inter-professional learning
- Opportunity to upload teaching strategies for peer review
- Faculty self-development modules

Video-based Learning Modules

The Best Strategy

- Recruiting Dr. Gwen Sherwood to be

  UNC Associate Dean for Academic Affairs

AND

- My partner in leading QSEN

Nurses work redefined

A Quality and Safety Culture: A new way of thinking

- Engages in their 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

Moving to competency based education

- How do we change traditional pedagogies and curricula?
- How do we move assumptions?
- How do we engage students?

Changing our mental models

Quality and Safety Competencies

theory burst

Patient Centered Care:

Define:	Expectation:
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.	Applies knowledge of patient values and preferences in caring for patient and with others on the care team

Example: Patient-centered Care

Knowledge	Skills	Attitudes
Discuss principles of effective communication --- *Integrate principles of effective communication with knowledge of quality and safety competencies **Describe process of reflective practice	Participate in building consensus or resolving conflict in the context of patient care --- *Provide leadership in building consensus or resolving conflict in the context of patient care **Create or change organizational cultures so that patient and family preferences are assessed and supported	Respect patient preferences for degree of active engagement in care process --- *Valued shared decision-making with empowered patients and families, even when conflict occurs **Value cultural humility **Value the process of reflective practice

Patient-centered Care

- Negotiate with patients to incorporate their preferences and values into individualized plans of care to help assure good outcomes
- Coordinate complex care with multiple disciplines
- Includes patient and family as allies in safety

Teamwork and collaboration:

Define:

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

Expectation:

- Use personal strengths to foster effective team functioning (EQ)
- Integrate quality and safety science in communicating across diverse team members
- Include patient and family as members of the health care team

Teamwork and collaboration

- Inadequate communication and poor working relationships are the most frequent root cause of safety events and near misses.
- Lapses in communication undermine teamwork and collaboration so that errors are more likely to occur
- Insist on talking together!
  - Team briefings: Planning
  - Huddles: Problem Solving
  - Debriefing: Learning for the next time

Teamwork and collaboration

- Model and integrate standardized communications:
  - SBAR, CUS, Check-backs, Read-backs
  - Check-lists for shift hand-offs and patient transfers from one unit or facility to another.
  - Interprofessional rounds that focus on patients' daily care goals,
  - Nurse – physician communications to improve informed physician decision-making

Experience in interprofessional teams

- Apply TeamSTEPPS (see AHRQ.gov)
- Practice conversations with physicians or in simulations
  - Standardized communication with other team members

Evidence-based practice:

Define:

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

Expectation:

- Practices from a spirit of inquiry. Base care standards on evidence.
- Applies technology to search evidence for best care approaches and clarify decisions.

Evidence-based practice

- Base care standards and protocols on scientific evidence.
- Assess how well the actual care patients receive matches the quality standard of care and known best practice.
- Initiate Quality improvement processes to close any gaps.

Evidence-based practice

- Accommodate patient preferences within the standards of best practice.
- Students can formulate a searchable question arising from care or case study to use informatics skills to search for current evidence; write a care standard
- Guide patients who search the web to determine levels of evidence
- Work with unit to update standards with current evidence

Quality improvement:

Define

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

Expectation:

- Integrate Quality improvement into nursing role and identity
- Use quality tools, evidence, patient preferences, and benchmark data to assess current practice and design continuous quality improvements

Do you know?

- Rapid Cycle Change
- Benchmarks
- Root cause analysis
- Trending
- Variance reports
- Human factors
- Authority gradients
- Rapid Response Teams

Safety:

Define:

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

Expectation:

Constantly asks, how do my actions put patients at risk?

Where is the next error likely to occur?

What actions can I take to prevent near misses?

Safety: Applying human factors

- More than “5 rights” of medication administration, assessing risks for falls, and other environmental monitoring activities.
- “Just culture:” advocate open reporting and learning from adverse events and near misses; transparency with patients
- Root cause analyses of incidents examine system failures and follow feedback loops to achieve changes in system design.

Never events: preventable errors (ex. wrong site surgery)

Red Rules apply standards without exception in a particular process (ex. sponge count)

Error reduction strategies:

- Education and training
- Rules and policies
- Checklists and double-check systems
- Standardization and protocols
- Automation and computerization
- Forcing functions and constraints

Safety: look for the next error

Case studies and problem based learning tools:

- Collect data about safety, analyze, and benchmark against national standards,
- Root-cause analyses of safety events and near misses conducted and looped back to improve the system.
- Model behaviors that welcome ‘clarifying’ questions when any team member sees the possibility of an error.

Contextual factors in quality and safety

- Workload fluctuations
- Interruptions
- Fatigue
- Multi-tasking
- Failure to follow up
- Poor handoffs
- Ineffective communication
- Not following protocol
- Excessive professional courtesy
- Halo effect
- Passenger syndrome
- Hidden agenda
- Complacency
- High-risk phase
- Strength of an idea
- Task (target) fixation

Informatics:

Define:

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

Outcome:

Uses technology to improve and manage care.

Examples:

How to teach EHR?

What are methods for Information gathering?

Informatics

Incorporate learning activities:

- Search for and evaluate information sources
- Navigate computer order entry systems that provide decision support and help flag errors
- Use electronic record systems
- Evaluate technologies for their potential to cause or mitigate error.
- Help design and evaluate relevant products

Integrate curriculum with a variety of pedagogies for more effective long term change

Thread nursing and interprofessional courses: didactic, technology, simulation and clinical lab, clinical learning

Narrative pedagogies

Unfolding case studies

Questions

Web Modules

PBL

Papers

Readings

Case Studies

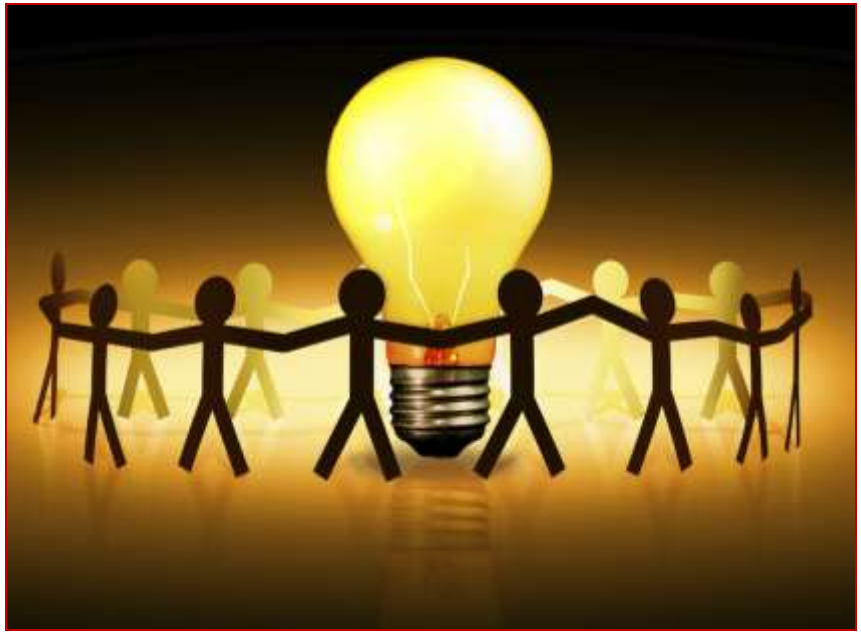
Reflective practice

Integrate QSEN competencies

- Patient centered care: concern for patient and family and their wishes
- Teamwork and collaboration: interdisciplinary communication, hand-offs, safety huddles
- Evidence based practice: strength of evidence guiding care, choice of interventions, bundles
- Quality Improvement: how does the care given compare with benchmarks?
- Safety: risk awareness, check lists, error recognition and reporting
- Informatics: EHR, search for evidence, decision support, system alerts

Integrating the QSEN Competencies

- What questions emerge that you would like to ask about QSEN



What questions have come up as you've tried to help students develop quality and safety competencies?

3-4 minutes talking with others near you

Prepare to contribute questions/insights/concerns

Teaching Innovations

- Classroom
- Skills/simulation lab
- Clinical site

- Inter-professional

Classroom

- Unfolding case study approaches
- Short writing assignments in classroom
- Parents/patients/families in the classroom
- “De-silo” the classroom – need clinical experts involved in designing the learning experiences/case studies/lectures
- When presenting evidence, routinely share level of evidence
- Use QSEN video clip-stimulated discussions

Skills/Simulation Lab

- Fundamentally re-think “nursing fundamentals”
- Integrate use of EHRs and communication technologies
- Integrate QSEN competencies in all simulations
- Foster safety practices – checklists, peer monitoring, “read backs”, etc.
- Promote good team communications/handoffs

Clinical Experiences

- Orientations to unit that include attention to all competencies
- Use of post-conferences in ways that promote learning of competencies (even online)
- Attend to workarounds, near misses, +/- examples of teamwork and collaboration

Clinical Experiences

- Longer clinical time in one site
- Using questions that cause reflection
- Role for faculty in the work of healthcare improvement

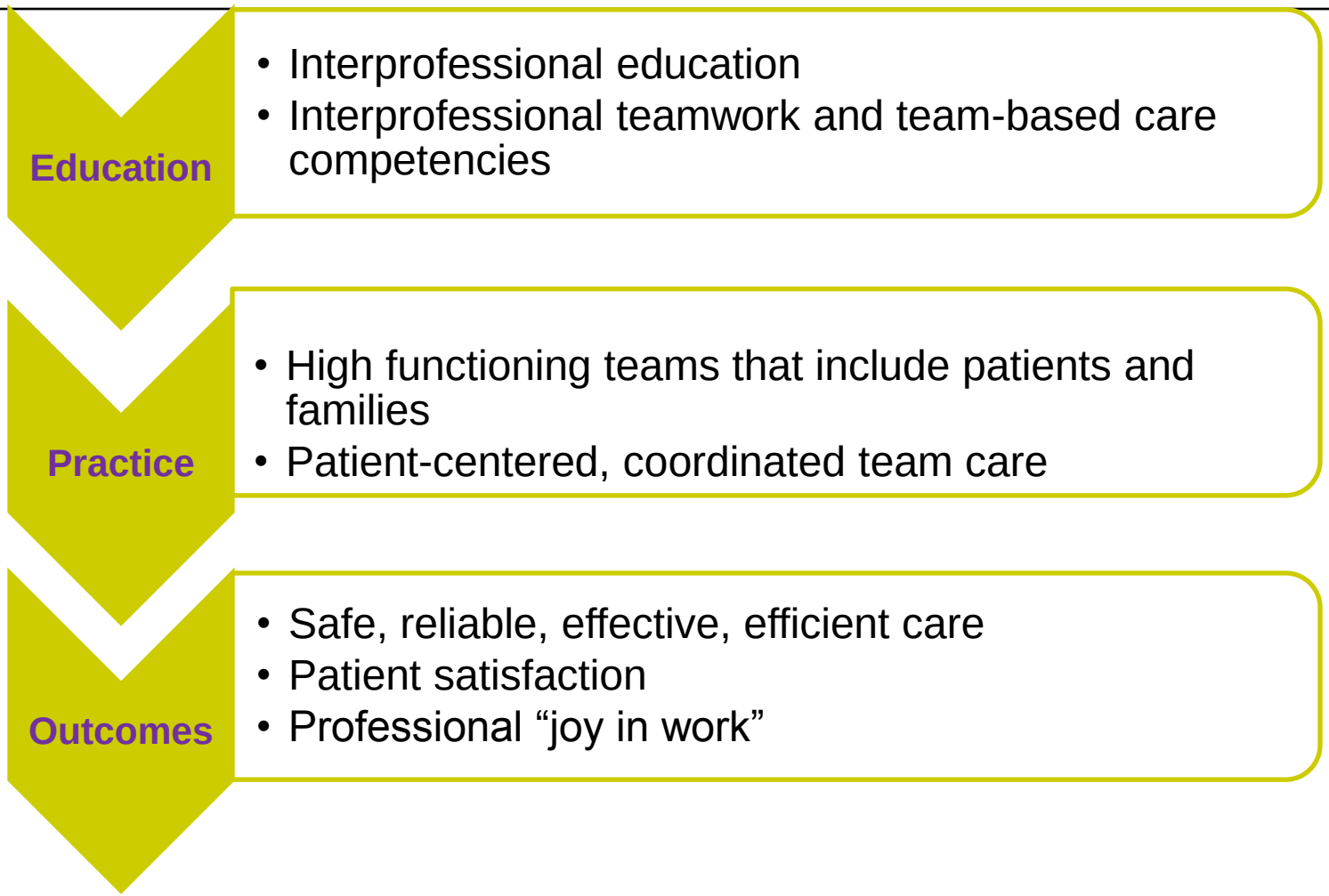
Interprofessional Education: National Initiatives

- Josiah Macy 2010 report on primary care recommendation:

  IPE should be a required and supported part of all health professional education. Regulatory, accreditation, reimbursement, and other barriers that limit members of the healthcare team from learning or working together should be eliminated.

- Macy/Carnegie initiative to stimulate IPE – seven AHC's with SON/SOM partnerships
- HRSA and partners (Macy, RWJF, IPEC) initiative to identify interprofessional team and team-based care competencies and fund grants to stimulate learning about effective pedagogy

Logic Model


Education
• Interprofessional education
• Interprofessional teamwork and team-based care competencies
Practice
• High functioning teams that include patients and families
• Patient-centered, coordinated team care
Outcomes
• Safe, reliable, effective, efficient care
• Patient satisfaction
• Professional “joy in work”

IPE Teaching Strategies

- TeamSTEPPS – AHRQ curriculum and materials
- SBAR training and cards
- Exposure to MD-RN communication – listen in when staff RN makes call, include in simulations, involve physicians in classroom case studies or invite to post-conference
- Reflection and journaling – on instances of professional communications that enhanced quality, efficiency, safety, timely and evidence-based care

IPE Teaching Strategies

- Watch for opportune “teaching moments” when can reflect on good or poor teamwork examples – or make it an assignment
- Reinforce good role modeling by faculty
- Expect attendance at interprofessional rounds
- Spend a day with someone from another discipline
- Ensure exposure to teams that include patients and families

IPE Teaching Strategies

- Consider different strategies for schools with/without medical schools or residents nearby
- Use of retired physicians
- Use of simulation
- In same room vs. virtual case studies
- Team-based learning (e.g. Clarion competition or quality improvement projects)
- Service learning
- Observational experiences of other health professionals in their roles

QSEN: Sustaining the Culture Change

- Competencies integrated into licensure and accreditation standards, textbooks
- Required component of NCSBN Transition to Practice residency being piloted in 3 states
- Many states integrating competencies in standardized nursing curricula

QSEN

Doing the right thing all the time