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

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STTI Special Session 2011
Greetings from the University of North Carolina - Chapel Hill School of Nursing and Quality and Safety Education for Nurses (QSEN)

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Jean Blackwell, Librarian
John Carlson, Statistician
Dawn O’Neal, Administrative Assistant

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What Constitutes Quality Care?

Care that is:

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

(Institute of Medicine)
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

Innovation to Transformation
2012 QSEN National Forum
May 30 - June 1
Tucson, Arizona

Abstract submissions now being accepted
www.qsen.org

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

The Lewis Blackman Story

A. The Lewis Blackman Story
1. Why does Helen Haskell start her story by talking about Lewis?
2. What is Ketorolac (indications, side effects, normal dosages for 15 year old, risks and benefits)?
3. What was the significance of lack of urine output (to underlying problem, amount of Ketorolac, and need for fluids)?
4. What are possible reasons why healthcare providers dismissed implications of undetectable blood pressure? Why would they think it was equipment failure?
5. Do you agree that it was significant that Lewis’s crises developed on the weekend? Explain why or why not.
6. Lewis died from septic shock. Describe the incidence, signs/symptoms, and appropriate interventions for this problem.

B. A Mother’s View of “Lessons Learned”
1. Create a list of the characteristics Helen Haskell ascribes to a “good” or professional nurse/physician.
2. When Helen Haskell says “patients need to be empowered and nurses need to embrace it”, how do you react to her suggestion?
3. What does Helen Haskell mean by “misplaced professionalism”?
4. In her story, did you think of other examples of “misplaced professionalism”?
5. What is professionalism in your view?
6. What is your reaction to Helen Haskell’s view that nurses need policy-level help to be empowered with respect to communications with physicians?
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
**Define:**
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.

**Expectation:**
Applies knowledge of patient values and preferences in caring for patient and with others on the care team.
**Example: Patient-centered Care**

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

<table>
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<tr>
<th>Define:</th>
<th>Expectation:</th>
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<tbody>
<tr>
<td></td>
<td>☐ Applies technology to search evidence for best care approaches and clarify decisions.</td>
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</table>
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
<table>
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<th>Safety:</th>
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<tbody>
<tr>
<td>Define:</td>
</tr>
<tr>
<td>Minimize risk of harm to patients and providers through both system effectiveness and individual performance</td>
</tr>
<tr>
<td>Expectation:</td>
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<tr>
<td>Constantly asks, how do my actions put patients at risk?</td>
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<tr>
<td>Where is the next error likely to occur?</td>
</tr>
<tr>
<td>What actions can I take to prevent near misses?</td>
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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

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<th>Workload fluctuations</th>
<th>Excessive professional courtesy</th>
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<td>Interruptions</td>
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- Workload fluctuations
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Informatics:

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<tr>
<th>Define:</th>
<th>Outcome:</th>
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<tr>
<td>Use information and technology to communicate, manage knowledge,</td>
<td>Uses technology to improve and manage care.</td>
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<tr>
<td>mitigate error, and support decision making</td>
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<td></td>
<td>Examples:</td>
</tr>
<tr>
<td></td>
<td>How to teach EHR?</td>
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<tr>
<td></td>
<td>What are methods for Information gathering?</td>
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</table>
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

Questions

Web Modules

PBL

Papers

Readings

Case Studies

Reflective practice

Narrative pedagogies

Unfolding case studies
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