Charting the Course: Advancing Quality and Safety through Academic-Practice Partnerships

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Director, Clinical Risk Management
Aurora Health
Objectives

• Outline the current state of quality and safety in nursing practice
• Explore preliminary work utilizing QSEN as a framework for practice
• Discuss using QSEN as a model for academic/practice partnerships
• Describe preliminary work utilizing QSEN in the Milwaukee area
• Engage in discussion regarding QSEN practice/academic partnership
Outline the current state of quality and safety in nursing practice
Aurora Health Care

- 15 Hospitals
- 120 Pharmacies
- 7000 Employed and Affiliated Physicians
- 27,000 Caregivers
- Laboratory Services
- 150 Plus Physician Clinics
- Visiting Nurse Association (Statewide Home Health Program)
- In Eastern Wisconsin and Northern Illinois
National Collaborators on Safety

- Institute for Healthcare Improvement
- Institute for Safe Medication Practices
- Joint Commission
- AHRQ
- CMS
- National Quality Forum
- National Patient Safety Foundation
- Partnership for Patient Safety
- Leapfrog Group
- Ambulatory Quality Alliance

- National Patient Safety Efforts
- 100K Campaign
- Sentinel Event Reporting
- Data Collection
- Safety Goals
- Nursing Sensitive
- Hospital Core
- Safe Practices
- Serious Reportable Events
- Thoracic Surgery
- Cancer Care
- Consumer Groups
- Safe Practices

- National Collaborators on Safety

L Gelinas VHA 07 modified Bingle
Nursing Work
Emily Patterson PhD

- 13:00: Starts workday.
- 14:00: Gets IV bags, checks orders in binder.
- 15:00: Hangs IV, checks updates in computer, moves patient to new bed.
- 16:00: Planning for new shift, checks orders in binder.
- 17:00: Hangs IV, hangs IV push, checks orders in binder.
- 18:00: Other RN needs binder, narcotic keys, fingerstick machine calibration.
- 19:00: Dinner,MD asks to tape down IV.
- 20:00: Other RN dinner, wife of patient.
Key Messages

• Nurses should practice to the full extent of their education and training

• Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression

• Nurses should be full partners, with physicians and other healthcare professionals, in redesigned health care in the United States

• Effective workforce planning and policy making require better data collection and an improved information infrastructure

QUALITY IMBEDDED IN CONCEPTS
Quality Measure Impact on Nursing

- Nursing of any kind—ambulatory, hospital, parish, or school—has an impact on patient care quality.

- Nursing often bears the burden of measuring and/or implementing quality measures.
  - Often this results in documentation; which further results in time spent away from the patient.
Explore preliminary work utilizing QSEN as a framework for practice
Problem Statements

- **Quality, patient safety, and ethics** in healthcare are linked and directly affect patient outcomes.
- The *front-line caregiver* is the interface between the patient and the healthcare system.
- To *enable and empower frontline caregivers* to meet the challenges of improving patient safety, they need to have the knowledge base, tools and support.

Given that Aurora’s integration and growth has been rapid, synergizing and aligning Aurora resources for quality along with national resources and initiatives will reduce potential variation and cost, improve education, integrate evidence based practice, and improve practice and outcomes for our patients.
Purpose

• To develop a program that has unit based experts integrating quality, ethics and safety initiatives on their units, focusing on process and outcomes, to improve patient and caregiver outcomes.

• By providing nurses with a basic competency level in quality, the level of engagement and outcome management will improve.
Proposed Aurora Program

• Apply the Quality and Safety Education for clinical Practice curriculum for nursing students to frontline nurses, enhanced with the appropriate Aurora Health Care resources and a supporting infrastructure.
• Question is exactly how to do this
Patient safety wheel: Theorized distribution of applied and educational training.

The Missing Link: Dedicated Patient Safety Education Within Top-Ranked US Nursing School Curricula. Howard, Jeffrey

Journal of Patient Safety. 6(3):165-171, September 2010. DOI: 10.1097/PTS.0b013e3181eee2ab

AT = applied on-the-job training
HIST = history of med errors and patient safety
HF = human factors
JDM = judgement/decision-making
ENV = environmental health & safety training
“National initiative, funded by the Robert Wood Johnson Foundation (RWJF), that is designed to build will and ideas for transforming nursing education through curricula that support learning of the quality and safety competencies called for by the Institute of Medicine’s (IOM) Health Professions Education report.”

Crowenwett et al, 2009, Nursing Outcomes
Curriculum: Build around IOM/KSA Competencies

KSA Competencies

- Patient-centered Care
- Teamwork and Collaboration
- Evidenced-based Practice
- Quality Improvement
- Safety
- Informatics

Crowenwett et al, 2007, Nursing Outlook
### Attitudes: Perceived Importance of Learning QSEN Skills by QSEN Competency and Program Type

<table>
<thead>
<tr>
<th>QSEN Competencies†</th>
<th>Total Sample (n = 497)</th>
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Sullivan, Hirst and Cronenwett (2009)
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Most Frequently Identified Root Causes of Sentinel Events Reviewed by The Joint Commission by Year

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*Source: TJC*
Patient Safety is Easier to Teach

2006

- 3 premature infants die subsequent to improper heparin doses
- Laboring mother receives incorrect epidural dose, and dies.
Dennis Quaid Recounts Twins' Drug Ordeal
Actor Tells 60 Minutes' Steve Kroft Medical Errors Kill Thousands
Quality—Not Quite As Easy to Teach

Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery.

- Average for all Reporting Hospitals in The United States: 93%
- Average for all Reporting Hospitals in Wisconsin: 92%
- AURORA WEST ALLIS MEDICAL CENTER: 97%
Simulation may be the key

Jeffries Simulation Model, 2005
Discuss using QSEN as a model for academic/practice partnerships
Milwaukee Area Schools

- Alverno
- Marquette
- Milwaukee School of Engineering
- University of Wisconsin Milwaukee

All using/building QSEN into curriculum.
Advantages of Aligning QSEN Academia/Practice

- Align curriculum with hospital QSEN content
- Alignment will reduce “double” education
- Cost savings
- Relevant experiences for students
- Easier orientation for newly hired nurses
- Reduction in variability leads to high reliability in academia and practice
Disadvantages of Aligning QSEN Academia/Practice

- Difficult to align multiple schools and healthcare systems
- New grads may come in from different areas of the country, and at different levels, necessitating another track of hospital learning
- Uncertain as to what learning modality would be
It's Possible: Example
Indianapolis Coalition for Patient Safety

Est. 2003

Marion County
Dept of Health

Department of
Public Health

Veterans
Admin

Wishard

Indiana State
Board of Health

St. Francis

Anthem WellPoint

Deans of Medical
RN, Pharm Schools

Health Care
Excel

Collaborate
for Patient
Safety

St. Vincent

IHIE

Health Care
Advantage

Clarian

Regenstrief
Institutes

Eli Lilly

Aurora Health Care
First project: Simulation

- Good way to share limited resources
- Teach multiple QSEN competencies in one scenario
- Way to teach difficult to demonstrate competencies such as teamwork and communication
Measures of Success

- Prospectively develop routine strategies to manage complexity
- Develop strategies for critical decision making
- Shift from retrospective analysis to a proactive prevention model
- Use data to measure outcome improvement
- Disseminate information from internal and external sources
- Maintain and improve Just and Fair Principles of Aurora Health Care
- Role model – Planetree philosophy, Patient as Partner framework, being active member of unit/entity/and-or system council, providing information and leading individuals and teams to continuously improve practice

KEY

Develop outcome Measures to validate Success and drive Improvement
Outcome Measures
Healthcare System

- Culture
- Turnover
- Quality and patient safety measures such as incident reporting, hospital acquired conditions, patient safety goals
- Employee injuries
- Unit measures
Operational Requirements: Healthcare System

- Curriculum
- Manager education
- Frontline staff:
- Link to shared governance structure
- Link to operations, risk management, quality, patient safety, multidisciplinary resources
- Nurse executive, Nurse Manager, CNS/Nurse Clinician/Nurse Educator support of this program and it’s clinicians
Creating synergy with existing components

- Leverage existing resources
- Link to operations
- Build bridge to academia
- Accelerate novice to expert learning curve for critical and systems thinking
- Utilize simulation and electronic means to focus learning.
Collaboration opportunities

- Other healthcare facilities
- Academia
- Industry
- Grants
Discussion
Thank you!