

Integrating Quality and Safety Education for Nurses (QSEN)

A cross Healthcare Settings
Relevance to Clinical Practice

Kathleen Pecinka MS, RN



Janet Franzese MSN, RN,
PMHNP, PMHCNS-BC

Disclaimer

Presenters have no conflicts of interest

Objectives

Participants will:

- Identify the 6 QSEN competencies and their associated specific knowledge, skills and attitudes.
- Describe available resources that support strategies aimed at quality improvement and patient safety in multiple settings.
- Discuss the integration of competency related strategies into various specialized practice settings.
- Discuss how QSEN aligns with Joint Commission and Magnet Standards.

Why Should We Care?

To Err is Human

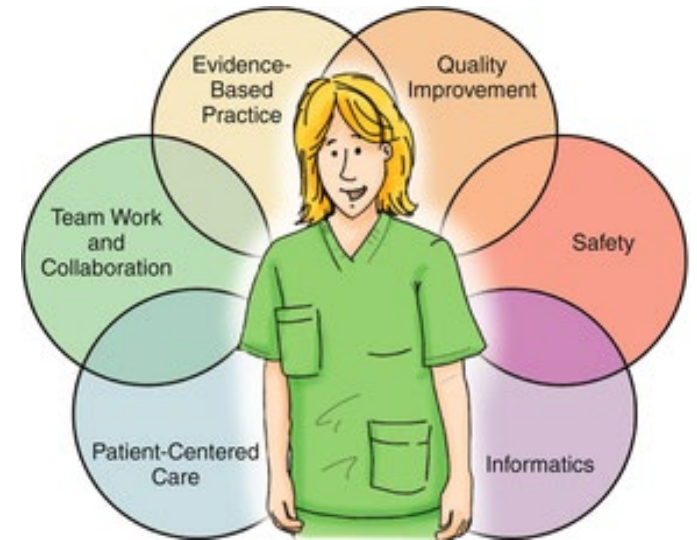


Sue Sheridan's Story AHRQ - Team STEEP®



QSEN - An Initiative is Born

- 1999: Institute of Medicine (IOM) - To Err is Human
- 2003: IOM – Integrate recommendations in practice and academia
- 2007: RWJ – Funding of the development, trialing of the QSEN competencies
- Define each competency
- Develop knowledge, skills and attitudes required to meet that competency
- Develop learning activities/strategies



QSEN'S FRAMEWORK



MISSION

The QSEN Institute is a collaborative of healthcare professionals focused on education, practice, and scholarship to improve quality and safety of healthcare systems.

VISION

Our vision is to inspire health care professionals to put quality and safety as core values to guide their work.

QSEN'S Overall Goal

“The Quality and Safety Education for Nurses (QSEN) project addresses the challenge of preparing future nurses with the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work” (QSEN, 2019).



Competencies

Founded in 2005, by a small group of nursing academics

Six competencies with associated active learning strategies used to teach quality and safety to nursing students/professional nurses in all health care settings.

Safety

Patient Centered Care

Evidence Based Practice

Teamwork and Collaboration

Quality Improvement

Informatics

Benefits of Incorporating QSEN into Practice

Faculty Development

- Increasing both staff and patient safety
- Improving patient outcomes
- Building the confidence of all nurses
- Increasing level of communication between interdisciplinary teams

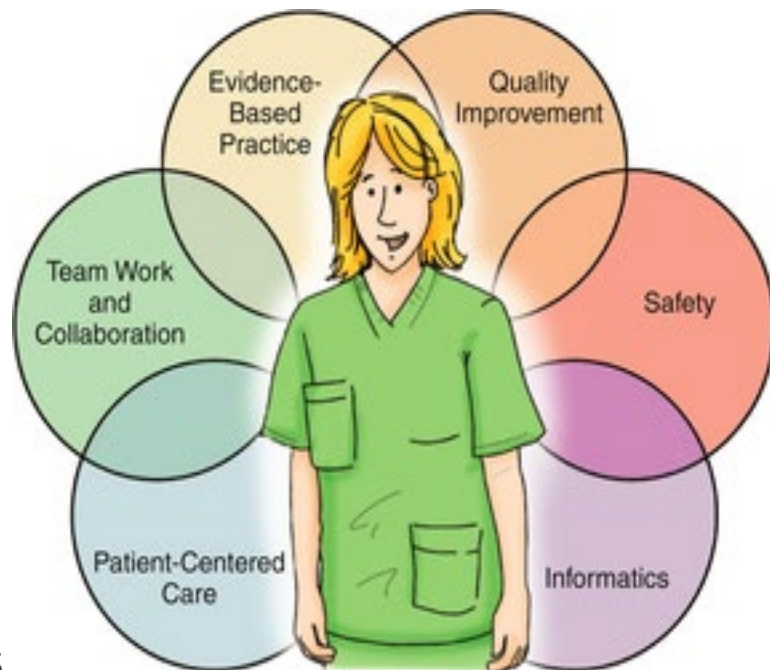


Benefits of Incorporating QSEN into Practice

Academia

Introduced early in curriculum and built upon each semester

- Increasing both self and patient safety
- Tools that foster the skills to improve quality driven patient outcomes
- Building student confidence
- Guides student in utilizing tools/skills communication between interdisciplinary teams



Safety

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

Strategies

***Safety Hazard Identification Simulation (Can be applied to any clinical/healthcare setting)**

<http://qsen.org/safety-hazard-identification-simulation/>

***Strategies to Decrease Student/Nurse Anxiety and Improve Patient Safety in a Critical Care Clinical Setting**

<http://qsen.org/strategies-to-decrease-student-anxiety-and-improve-patient-safety-in-a-critical-care-clinical-setting/>

***Pediatric End-of-Life Simulation Scenario** <http://qsen.org/pediatric-end-of-life-simulation-scenario/>

Behavioral Health- Annual training for all staff/students regarding preventing and managing crisis situations. <https://www.omh.ny.gov/omhweb/dqm/restraint-seclusion/pmcs.pdf>

<https://www.cornerstoneondemand.com/managing-workplace-violence-prevention-tips>

https://www.cdc.gov/niosh/topics/violence/training_nurses.html

Patient Centered Care

Recognize the patient or designee as the source of control and full partner in providing compassionate and co-ordinated care based on respect for patient's preferences, values and needs.

Strategies

***Assessment of Health Literacy - Patient Evaluation Tool** <http://qsen.org/patient-centered-care-assessment-of-health-literacy/>

***Exploring the Complexity of Advocacy - Patient Centered Care and Safety**
<http://qsen.org/exploring-the-complexity-of-advocacy-balancing-patient-centered-care-and-safety/>

Psychiatric Mental Health Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide <https://www.apna.org/m/pages.cfm?pageid=5684>

How Do You Define The Term Safety Check <https://www.apna.org/i4a/pages/index.cfm?pageID=4364>

Evidence Based Practice

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

Strategies

***Linking Evidence Based Practice with a Nursing Procedure (Can be utilized with Staff Development by Nurse Educator)**

<http://qsen.org/linking-ebp-with-a-nursing-procedure/>

Home Health - Best Practice Intervention Packages [*http://qsen.org/home-health-nursing-a-qsen-approach-with-resources/](http://qsen.org/home-health-nursing-a-qsen-approach-with-resources/)

<http://www.homehealthquality.org/Education/Best-Practices.aspx>

***Empowering Students/Nurses to Create a Safer Clinical Environment Utilizing Evidence Based Practice**

<http://qsen.org/empowering-students-to-create-a-safer-clinical-environment-utilizing-evidence-based-practice/>

Teamwork and Collaboration

Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect and shared decision making to achieve quality patient care.

Strategies

TeamSteps | Agency for Healthcare Research & Quality

<https://www.ahrq.gov/teamsteps/about-teamsteps/index.html> <https://www.ahrq.gov/teamsteps/curriculum-materials.html>

***Teamwork and Collaboration: Teaching Strategies to Manage Challenging Communication**

<http://qsen.org/teamwork-and-collaboration-teaching-strategies-to-manage-challenging-communications/>

***Clinical Focus: Interprofessional and Patient Centered Care**

<http://qsen.org/clinical-focus-interprofessional-and-patient-centered-care/>

Quality Improvement

Use data to monitor outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems.

Strategies

***The Use of the EHR with the Interdisciplinary Team: Improving Quality and Safety**
<http://qsen.org/the-use-of-the-ehr-with-the-interdisciplinary-team-improving-quality-and-safety/>

Undergraduate Education Toolkit Crosswalk Table <https://www.apna.org/i4a/pages/index.cfm?pageID=6020>

Home Health Quality Improvement & Best Practices Website <http://www.homehealthquality.org/Education/Best-Practices.aspx>

***Infusing Quality Improvement into clinical education (Partnership with clinical facilities)**
<http://qsen.org/infusing-quality-improvement-into-clinical-education/>

Informatics

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

Strategies

*Assessment of Informatics Competencies for Nursing Students <http://qsen.org/assessment-of-informatics-competencies-nursing-students/>

*Health Informatics and Technology: Professional Responsibility <http://qsen.org/heath-informatics-and-technology-professional-responsibilities/>

Student driven or multi discipline unit quality improvement project to create a paper handout for patients that teaches how to evaluate the value of web sites for health information.

Human Trafficking Online Module for Nurses <https://www.atrainceu.com/course/fl-human-trafficking-217>

Table 1

Quality and Safety Education for Nurses (QSEN) Competencies, The Joint Commission (TJC) Accreditation Standards, and the American Nurses Credentialing Center (ANCC) Magnet[®] Competencies Crosswalk

Giancarlo Lyle-Edrosolo DNP, RN, NE-BC, CNL, CCRN-CMC, PHN, CPHT

QSEN Standards	The Joint Commission Standards	Magnet Standards
Patient Centered Care	Leadership (4) Provision of Care, Treatment, and Services (26) Rights and Responsibilities of the Individual (18)	Structural Empowerment (3) Exemplary Professional Practice (4)
Teamwork and Collaboration	Human Resources (8) Leadership (11) Medication Management (1) Medical Staff (11) Nursing (5) Provision of Care, Treatment, and Services (1)	Transformational Leadership (7) Structural Empowerment (6) Exemplary Professional Service (5) New Knowledge, Innovations, and Improvements (1)
Evidenced-Based Practice	Leadership (2) Medical Staff (1) National Patient Safety Goals (5) Transplant Safety (1)	Exemplary Professional Service (5) New Knowledge, Innovations, and Improvements (2)
Quality Improvement	Accreditation Participation Requirements (2) Infection Prevention and Control (4) Environment of Care (1) Emergency Management (3) Leadership (5) Medication Management (2) Medical Staff (3) Performance Improvement (5) Transplant Safety (2) Waived Testing (2)	Transformational Leadership (1) Exemplary Professional Practice (7)
Safety	Accreditation Participation Requirements (9) Environment of Care (15) Emergency Management (9) Infection Prevention and Control (7) Leadership (7) Life Safety (18) Medication Management (17) Medical Staff (11) National Patient Safety Goal (8) Universal Protocol (3) Provision of Care, Treatment, and Services (23) Transplant Safety (2) Waived Testing (3)	Structural Empowerment (2) Exemplary Professional Practice (2) New Knowledge, Innovations, and Improvements (1)
Informatics	Information Management (7) Leadership (1) Record of Care, Treatment, and Services (10)	Transformational Leadership (1) New Knowledge, Innovations, and Improvements (2)

QSEN Competencies Strongly Align with Joint Commission and the American Nurses Credentialing Center (ANCC) Magnet Standards.



The WATCHFUL WAITING PROGRAM: Our Commitment to Outpatient Antibiotic Stewardship

Dedicated to optimizing patient safety and the prescribing of antibiotics to help patients with Upper Respiratory Infection (URI).

Quick reference for the management of outpatient adults with URIs from the Centers for Disease Control and Prevention (CDC).

- An estimated 50% of antibiotic cases prescribed in the outpatient setting are inappropriate, most of which are URI.
- An estimated 90%-98% of rhinosinusitis cases are viral.
- Only 5%-10% of adult sore throat cases are caused by Group A beta-hemolytic Streptococcus species (GAS) which is the common indication for antibiotics.
- Antibiotic use is the most important modifiable driver of antibiotic resistance and leads to higher healthcare costs, poor health outcomes, and more toxic treatment.
- A 10% reduction in inappropriate prescribing in the community can result in a 17% reduction in Clostridium difficile infections.

ACUTE BACTERIAL RHINOSINUSITIS (ABRS)

Between 90% to 98% of rhinosinusitis cases are viral. Short radiographs are not routinely recommended.

Diagnosis:

The diagnosis of acute bacterial rhinosinusitis is based on symptoms that are:

- **Severe** (> 3-4 days), such as a fever >38 C (102 F) with purulent nasal discharge or facial pain;
- **Persistent** (>10 days) without improvement, such as nasal discharge or daytime cough; or
- **Worsening** (3-4 days) such as worsening or new onset fever, daytime cough, or nasal discharge after initial improvement of a viral URI lasting 5-6 days (double sickening or second sickening).

Treatment:

If a bacterial infection is established, **Watchful Waiting** is encouraged for uncomplicated cases for which reliable follow-up is available. Macrolides such as azithromycin are **not recommended** due to high levels of resistance (40%).

Treatment duration: 5-10 days

- First-line: Amoxicillin/clavulanate
- Penicillin allergy: Doxycycline or a respiratory quinolone (levofloxacin or moxifloxacin)

ACUTE UNCOMPLICATED BRONCHITIS

Approximately 90% of acute bronchitis in otherwise healthy adults appear to be viral and the same as those that cause the common cold.

Diagnosis:

Evaluation should focus on ruling out pneumonia, which is rare among otherwise healthy adults in the absence of:

- Abnormal vital** (RR >100 bpm, RR >24, or oral temp >38 C (100.4 F), and
- Colored sputum does not indicate bacterial infection.

For most cases, chest radiography is not indicated.
**Abnormal lung sounds suspicious for pneumonia.

Treatment:

Routine treatment of uncomplicated acute bronchitis with antibiotics is **not recommended**.

Options for symptomatic therapy include:

- Cough suppressants
- Antihistamines
- Decongestants
- Short-acting beta-2 agonists (albuterol)

ACUTE PHARYNGITIS

Approximately 10%-30% of sore throats in children are caused by group A beta-hemolytic streptococcal (GABHS) infections, compared with 5%-15% of adults. The peak incidence of bacterial and viral pharyngitis occurs in school-aged children, ages 4 to 7, with GABHS occurring primarily in patients, ages 5 to 15.

Diagnosis:

Clinical features alone do not distinguish between bacterial or viral pharyngitis.

A rapid antigen-detection test (RACT) is necessary to establish a GAS pharyngitis diagnosis. Those who meet two or more Center criteria (e.g. fever, tonsillar exudates, tender cervical lymphadenopathy, and absence of cough/hoarseness) should receive a RACT. Throat cultures are not routinely recommended for adults.

Treatment:

Antibiotic treatment is **not recommended** for patients with negative RACT results.

Treatment duration: 10 days

- First-line: Amoxicillin
- Penicillin allergy: Cephalexin, cefadroxil, clindamycin, or azithromycin (AVOID cephalosporins in patients with unknown and/or anaphylactoid-type reactions to penicillin)

Refer to the Nonpharyngitis Quersyn Guidelines for the management of each upper respiratory infection for further details and references. Patients who do not receive an antibiotic can be assessed 48 hours post-appointment. A team member will contact the patient and follow-up with the site champion with results. For more information, speak with your site champion or call 708-670-2066.

I Identifying the 6 QSEN
Competencies
in a
Quality Initiative
at a
Community Based
Family Health Center

Identified QSEN Competencies - Watchful Waiting Program

Safety

- Overriding Project Goal:
 “Dedicated to optimizing patient safety and the prescribing of antibiotics to help patients with Upper Respiratory Infection (URI)”
 CDC Outpatient Antibiotic Stewardship

Knowledge

Discuss potential and actual impact of national patient safety resources, initiatives and regulations

Skills

Use national patient safety resources for own professional development and to focus attention on safety in care settings

Attitudes

Value relationship between national safety campaigns and implementation in local practices and practice settings

Identified QSEN Competencies - Watchful Waiting Program

Patient Centered Care

- Staff education - outpatient antibiotic stewardship and available staff and patient resources/literature retrievable from the CDC website (Chinese, French, Korean, Portuguese, Spanish and Vietnamese).

Knowledge

Integrate understanding of multiple dimensions of patient centered care:

- patient/family/community preferences, values
- information, communication, and education

Skills

Assess level of patient's decisional conflict and provide access to resources

Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management

Attitudes

Value seeing health care situations "through patients' eyes"

Value the patient's expertise with own health and symptoms

Seek learning opportunities with patients who represent all aspects of human diversity

Identified QSEN Competencies - Watchful Waiting Program

Evidence Based Practice

- “Quick reference for the management of outpatient adults with URIs from the Centers for Disease Control and Prevention (CDC)”.
- URI statistical data as noted on poster.

Knowledge

Describe reliable sources for locating evidence reports and clinical practice guidelines
 Explain the role of evidence in determining best clinical practice
 Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care

Skills

Locate evidence reports related to clinical practice topics and guidelines

Attitudes

Value the concept of EBP as integral to determining best clinical practice

Identified QSEN Competencies - Watchful Waiting Program

Teamwork and Collaboration

- Education regarding initiative is provided to all team members.
- Patient who is not prescribed an antibiotic is contacted by a team member 48 hours post appointment for assessment of symptoms.
- Collaborates findings with site champion.

Knowledge

Describe examples of the impact of team functioning on safety and quality of care

Describe scopes of practice and roles of health care team members

Skills

Communicate with team members, adapting own style of communicating to needs of the team and situation

Demonstrate commitment to team goals

Attitudes

Acknowledge own potential to contribute to effective team functioning

Appreciate importance of intra- and inter-professional collaboration

Identified QSEN Competencies - Watchful Waiting Program

Quality Improvement

- “Commitment to outpatient Antibiotic Stewardship”
- Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving antibiotic prescribing involves implementing effective strategies to modify prescribing practices to align them with evidence-based recommendations for diagnosis and management.

Knowledge

Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice

Skills

Seek information about outcomes of care for populations served in care setting

Seek information about quality improvement projects in the care setting

Attitudes

Appreciate the value of what individuals and teams can do to improve care

Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals

Identified QSEN Competencies - Watchful Waiting Program

Informatics	<ul style="list-style-type: none">● CDC Outpatient Antibiotic Stewardship Website	
Knowledge	Skills	Attitudes
Explain why information and technology skills are essential for safe patient care	Use high quality electronic sources of healthcare information	Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care

Benefits

- To enhance and improve patient care in all areas of practice.
- To develop a culture which strengthens outcomes of practice.
- To minimize discrepancies in practice.
- Supports Joint Commission and Magnet Standards.

QSEN Institute Website Resources

About QSEN

- <http://qsen.org/teaching-strategies/>

Topic areas and functions to assist in building knowledge and enhance skills

- **Competencies (How can I use them in my practice?)**
 - <http://qsen.org/competencies/pre-licensure-ksas> prelicensure
 - <http://qsen.org/competencies/graduate-ksas> graduate
- **Resources**
 - <http://qsen.org/publications/related-links/> Books, Reports and Tool Kits

QSEN Institute Website Resources

- **Courses**

- <http://qsen.org/faculty-resources/courses/learning-modules/>

18 Free Faculty Self Paced Learning Modules providing resources and an in-depth exploration of core quality and safety issues.

*Interprofessional education (IPE): Learning for Practice

*Patient Safety: Our intent is to do no harm – so why do errors happen?

- **Conferences**

2020 QSEN International Forum Conference - Championing Quality and Safety through Academic Practice Partnership <http://qsen.org/events/2020-qsen-international-forum/>

QSEN Institute Website Resources

- **Teaching Strategies**

Teaching and Practice Strategies - <http://qsen.org/teaching-strategies/>

Strategies search - <http://qsen.org/teaching-strategies/strategy-search/>

- **Practice Application**

<http://qsen.org/home-health-nursing-a-qsen-approach-with-resources/>

Resources and References

- Lyle-Edrosolo, G., & Waxman, K. T. (2016). Aligning healthcare safety and quality competencies: quality and safety education for nurses (QSEN), The Joint Commission, and American Nurses Credentialing Center (ANCC) magnet® standards crosswalk. *Nurse Leader*, 14(1), 70-75.
- QSEN Institute (2019). Retrieved from <http://qsen.org>
- Sue Sheridan Video on Patient Safety. Content last reviewed November 2017. Agency for Healthcare Research and Quality, Rockville, MD.
https://www.ahrq.gov/teamstepps/instructor/videos/ts_Sue_Sheridan/Sue_Sheridan-400-300.html
- Wolfe, A. (2001). Institute of Medicine Report: crossing the quality chasm: a new health care system for the 21st century. *Policy, Politics, & Nursing Practice*, 2(3), 233-235.