CLINICAL AND ACADEMIC PARTNERSHIPS

Chris Koffel PhD, RN
• Introduction to QSEN
  – Transition to Practice (NCSBN) Study
    • Intervention Group
    • July 2011
  – Newly Licensed RNs – 230 enrolled
    • Modules – Formatted in QSEN Language
      – Communication & Teamwork / Patient Centered Care / Evidence Based Practice / Quality Improvement / Informatics
LEARNING ABOUT QSEN

• TTP Study™
  – Preceptor Education
  – Each newly licensed RN had 6 months with preceptor
    • Focused on 5 modules
    • Interactive Exercises
      – 5 to 10 exercises per module between newly licensed RN and preceptor using the KSA / QSEN competencies
LEARNING ABOUT QSEN

• QSEN Competencies embedded in education design
  – Redesign of Residency Program
  – Orientation

• Review of current practice & QSEN
  – Crosswalk of councils / teams
  – Tools
    • EHR / SBAR / Safe Patient Handling
## CROSSWALK - PRACTICE

**Cross Walk ProMedica and QSEN**

**Table Mapping Specific Competencies**

<table>
<thead>
<tr>
<th>Patient-Centered Care</th>
<th>Teamwork/Collaboration</th>
<th>Evidence-Based Practice</th>
<th>Safety</th>
<th>Informatics</th>
<th>Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>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.</td>
<td>Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.</td>
<td>Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.</td>
<td>Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.</td>
<td>Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.</td>
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<tr>
<td><strong>Councils/Teams</strong></td>
<td>• Nursing Excellence</td>
<td>• Best Practice Teams / Institutes</td>
<td>• Nursing Research Council</td>
<td>• Safety Council</td>
<td>• Nursing Informatics Council</td>
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<td></td>
<td>• Service Excellence</td>
<td>• Safety Council / OPS</td>
<td>o System level</td>
<td>• Environmental Safety Council</td>
<td>o System Council</td>
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<tr>
<td></td>
<td>• Practice Council</td>
<td>• PCIC</td>
<td>• IRB</td>
<td>• Risk Management</td>
<td>• iCare Planning Teams</td>
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<td></td>
<td>o Division Practice</td>
<td>• Ethic Committee</td>
<td>o System Level</td>
<td>• Safety Patient Handling Teams</td>
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<td></td>
<td>o Unit Practice</td>
<td>• Workforce Development Council</td>
<td>• ProMedica Center of Nursing Excellence</td>
<td>• Good Catch Program</td>
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<td></td>
<td>• Patient Flow Council</td>
<td>• Care Navigators (Transition)</td>
<td>o System Level</td>
<td>• Professional Nursing Practice</td>
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<td>• Rapid Response Team</td>
<td>Professional</td>
<td>• Professional Nursing Development</td>
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<td>• Code Blue Team</td>
<td>Practice</td>
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<td>• Stroke Team</td>
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<tr>
<td><strong>Tools</strong></td>
<td>• Admission Packets</td>
<td>• SBAR</td>
<td>• Nursing Reference</td>
<td>• Safety Council</td>
<td>• PQI</td>
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<td></td>
<td>• We Care Hotline</td>
<td>• Ticket to Ride</td>
<td>• Lippincott</td>
<td>• Environmental Safety Council</td>
<td>• PCIC</td>
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<td>• Interpreter Services</td>
<td>• ISMP – Pharmacy Alerts</td>
<td>• Library</td>
<td>• Risk Management</td>
<td>• Joint Commission Core Team</td>
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<td></td>
<td>o MARTTI computer based</td>
<td>• Nursing Care Measures</td>
<td>• CINAHL, Access Medicine</td>
<td>• Safety Patient Handling Teams</td>
<td>• Got Ideas Program</td>
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<td>• Patient Education</td>
<td>• Dementia Tool Kit</td>
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<td>• Good Catch Program</td>
<td>o Employee Involvement Program</td>
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<td>o Video on Demand</td>
<td>o Purple gowns</td>
<td>• eICU</td>
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<td>o Krames</td>
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<td>o WOWs</td>
<td>• TPE Recognition</td>
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<td></td>
<td>o EMMI</td>
<td>• Sunrise Patient Flow</td>
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<td>o Work stations on wheels / bedside computers</td>
<td>• Bairidge - HRO Dashboards – Nursing / Infection Control</td>
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<td></td>
<td>• Caring Bridge</td>
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<td>• Smart Pumps</td>
<td>• POPI Projects</td>
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<td></td>
<td>• White Communication Boards in Room</td>
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<td>• Bar Coding / Pxix</td>
<td>• LEAN Process &amp; projects</td>
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<td>• Hourly Rounding</td>
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<td>• Electronic Health Care Records</td>
<td>• Patient Satisfaction Scores</td>
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<td>o iCare Alerts</td>
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<td>• NANDA / NIC /NOC</td>
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<td>• Coding ICD-10</td>
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## ORIENTATION

<table>
<thead>
<tr>
<th>QSEN Focus</th>
<th>Pre-Hire Knowledge</th>
<th>NEO</th>
<th>PCO</th>
<th>PNO</th>
<th>HNO</th>
<th>Unit</th>
<th>Modules/Resources</th>
<th>Parking Lot</th>
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<tbody>
<tr>
<td>Pt Centered</td>
<td>Customer Service</td>
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<td>Customer Service/HCCAPS</td>
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<td>Pt Centered</td>
<td>Diversity</td>
<td>Diversity</td>
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<td>Interpretive Services</td>
<td>Admin Process/Adv Directives</td>
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<td>Pt Centered</td>
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<td>Adv Dir/Pt Involvement in decisions</td>
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<td>Safety</td>
<td>Incident Reporting</td>
<td></td>
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<td>Risk Mgmt Reporting</td>
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</tr>
<tr>
<td>Safety</td>
<td>General Pt Safety</td>
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<tr>
<td>Safety</td>
<td>Team</td>
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<tr>
<td>Safety</td>
<td>IC/ Isolation</td>
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<td>Safety</td>
<td>Universal Protocol</td>
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</table>
• Academic – Practice Partnership
  – Lourdes University / ProMedica
    • Consultant – Jane Barnsteiner
    • Concept Based Education / QSEN
  – Clinical Integration Partner (CIP)
    • Clinical education
    • Weekly clinical rounding
      – Support for bedside RN & adjuncts
  – Educational Resource Units
    • 5 units large tertiary hospital & 4 units in community hospital
    • 68 clinical staff education
      – 1:1 & small groups
• **Assessment / Audience**
  – Shadow clinical groups
    • Clinical Adjunct behavior
    • Experience staff / role confusion

• **Design**
  – Cross Walk of current practice
  – QSEN Language / KSA
  – Development practice equivalent

• **Development**
  – Focused on Staff Education / Reinforcement of QSEN & Concept Based Education

• **Implementation**
  – Short Educational Burst – appropriate for staff

• **Evaluation**
  – Survey created to evaluate student experience – based on the 6 umbrella topics of QSEN
  – Staff and Adjunct Survey
STAFF EDUCATION

• Who
  – Interdisciplinary care teams

• What
  – IOM Report
  – Future of Nursing
  – Robert Wood Johnson funding QSEN project
  – Lourdes University’s curriculum changes
  – New role with student nurses
  – “Think Out loud” education
  – Visual design clinical activities – coded by QSEN
Needed a quick visual to help staff

• Skills / student behavior
• Relationship between didactic concept & clinical experience
• Relationship to QSEN Competencies
# Scaffolding Design

## QSEN

<table>
<thead>
<tr>
<th>Category</th>
<th>Teamwork and Collaboration</th>
<th>Quality Improvement</th>
<th>Evidence-Based Practice</th>
<th>Safety</th>
<th>Informatics</th>
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<tr>
<td>Patient Centered Care</td>
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<td>Evidence-Based Practice</td>
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</table>

## Concept Themes

<table>
<thead>
<tr>
<th>Experience #</th>
<th>Concepts</th>
</tr>
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<tbody>
<tr>
<td>6</td>
<td>Immunity, Inflammation, Infection, Mobility</td>
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<tr>
<td>5</td>
<td>Gas Exchange, Clotting</td>
</tr>
<tr>
<td>4</td>
<td>Nutrition, Elimination, Perfusion, Tissue Integrity</td>
</tr>
<tr>
<td>3</td>
<td>Intracranial Regulation, Glucose Regulation</td>
</tr>
<tr>
<td>2</td>
<td>Fluid &amp; E-lyte, Acid/Base Thermoregulation, Cellular Regulation</td>
</tr>
<tr>
<td>1</td>
<td>Functional Ability, Pain</td>
</tr>
</tbody>
</table>

## Experience 5

**Student individually assigned to RN patients**
- Vital signs on assigned patients
- 60-second situational assessment
- Daily care for assigned patients (bed baths, assist ADLs, etc.)
- Perform focused assessments on all assigned patients: gas exchange and clotting risks
- Complete all medication forms for meds associated with concepts
- Be prepared to pass all patient meds (time management/organization)
- Interview with respiratory therapist
- Report off to nurse using SBAR format
- Patient Education
- Discharge Planning

## Experience 4

**Student teams assigned to RN patients shadow RT**
- Vital signs on assigned patients
- 60-second situational assessment
TOOLS USED WITH STUDENTS

• Scavenger Hunt –
  – Staff nurses helping students locate / QSEN language

• Clinical Evaluation Survey
  – Questions created to survey all 6 QSEN competencies
  • Summaries grouped
Teamwork & Collaboration

- Report – describe the process on this unit - what is SBAR? What time is report and where?

- What is the purpose of the am Huddle?

- Does this unit have special team meeting concerning patient care? (Discharge planning, pharmacy rounds etc.)

- What information is placed on the communication board inside the patient’s room?

Evidence Based Practice

- Look up a policy (mypromedica.org → applications → documents → TTH Clinical Interdepartmental) or reference copy Cl. What makes this policy evidence based?

Quality Improvement

- Locate the Nursing Dashboard or a Quality Improvement Project of this unit. (Conference rooms, report or break rooms are good places to start) Describe:
QSEN CLINICAL EVALUATION – STUDENT

• Electronic Survey
  – Patient Centered Care (6)
  – Teamwork and Collaboration (4)
  – Evidence-based Practice (3)
  – Quality Improvement (5)
  – Informatics (3)
  – Integration (13)
CLINICAL EVALUATION

I had an opportunity to learn about other members of the healthcare team besides nursing.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My experience with respiratory therapy was a good learning experience.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I had the opportunity to look up a clinical policy.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I understand the policy regarding universal (Isolation) protocol.
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
SEMESTER 4 QI PROJECT

• Topic from Clinical Director
  – NDNQI/ Nursing Dashboard
    • Hot topic
• Chart Audits / Observational Surveys
  – Foley Catheter Utilization
  – Hand Hygiene
  – Height / Weight / Daily
  – Pain Assessment – Re-assessment (time)
  – Patient Education – Isolation
• Student Group Project
  – Evidence Based Research – Poster Board for Staff
MENTOR – EXPERT PRECEPTOR EDUCATION - PRACTICUM

• Language differences between school / practice
• Generational issues – Resource Generation

• Developmental Stage
QSEN CONTINUUM

 SON

 Orientation

 Residency

 TTP

 Mentor

 Expert

 Introduction of QSEN

 Competencies

 KSA

 Continuation of QSEN

 Preceptor Education

 Communication & Teamwork

 Patient Centered Care

 Evidence Based Practice

 Quality Improvement

 Informatics

 Healthcare system’s policy, processes and practice that support quality and safety in patient care

 Individual accountability for patient safety and quality of care

 QSEN – KSA

 Own the outcomes of your practice

 Active role in advancing the practice of nursing

 Re-enforcement of KSA with each level of provider

 Own the outcomes of your practice
SUMMARY – QSEN AT BEDSIDE

• Acute Care Practice
  – Review Current Practice
    • Crosswalk
    • QSEN / KSA for system
  – Increase integration with SON
    • Less silo behavior
  – Investigate at how QSEN philosophy can be added to educational design
  – Evaluate

• Academic
  – Communication with bedside nurse
    • Visual tools (quick)
    • Today’s learning needs
    • Staff’s role with student’s education
    • Language
  – Clinical Adjunct
    • Support Clinical
  – Evaluate
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