Engaging clinical partners utilizing nursing students as change agents for integrating IOM's quality and safety competencies

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Disclosure

Objectives
1) Name the QSEN core competencies.
2) How to scaffold and thread QSEN competencies throughout the curriculum.
3) List 3 ways to engage clinical partners in quality and safety

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What are the IOM QSEN Competencies?

- Quality and Safety Education for Nurses (QSEN)
  - Knowledge, Skills and Attitudes (KSA) to improve the quality and safety of the healthcare systems in which they work.
- 6 competencies from IOM:
  - Safety, Evidence based practice, Patient centered care, Teamwork and collaboration, Informatics, Quality improvement
- [http://qsen.org/competencies/pre-licensure-ksas/](http://qsen.org/competencies/pre-licensure-ksas/)

SEPTIQ

QSEN-ize students—use simulation

- Identify QSEN active and latent safety concerns
  - 1. Knowledge: Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families.
  - 3. Attitudes: Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals.

- Create low anxiety and fun learning simulation while maintaining level 2-3 QSEN objectives of teaching safety

- Measure retention of knowledge of the safety simulation

Active and Latent Failure Simulation
Findings for Improvement in the Clinical Setting

1) Set clear aims
2) Establish measures that will tell whether changes are leading to improvement
3) Identify changes that are likely to lead to improvement

1) ID safety infractions in clinical setting
2) ID latent vs active choose 1 area
3) RCA then PDSA in post conference

(Jarzemsky, 2009; Langley, Nolan, Nolan, Norman, & Provost, 2009; QSEN, 2011)
Change agent

- Clinical group chooses a safety concern
- Root cause analysis reviewed
- Blameless communication—“just culture”
- Intervention driven by students
- Meet with nursing educator and unit manager
  - Speak to the “Good”
  - Reinforcement
  - RN transition program (2nd year)
RCA: Just Culture

- Why are there increased rates of nosocomial infections?
  - Long hair and long nails
- Why long hair and long nails?
  - Dress code not reinforced
  - Staff not following policy
  - Staff knowledgeable about importance
- Why is staff not following policy?
- Why is staff not knowledgeable about importance?
  - Institution did not constantly reinforce importance of infection transmission
- Why does the institution not consistently reinforce importance and methods of infection control?

(AHRQ, 2012; Johnson, 2011; & QSEN, 2011)
Engaging clinical partners in quality and safety on the unit

- Clinical partners are invited to an annual student safety simulation.
  - Exposure to the language of quality and safety as outlined by the Institute of Medicine Quality and Safety for Nursing Education (QSEN).

- Transparent on how to create a unit or a room of safety infractions, conduct a root cause analysis (RCA), and target a plan, do, study, act (PDSA) for a just culture on the unit.

- Quality and safety improvement process is reproducible.
  - Local hospitals’ nurse educators created a room of errors
  - Clinical ladder includes a quality improvement, change project
  - QSEN Threaded throughout curriculum
    - Students involved in the process
      - Dedicated Education Unit
      - 2nd year leadership course
      - RN transition program
Safety and Quality Improvement Threaded in Clinical Evaluation Tool

http://www.westernu.edu/nursing/cgn-resources/
I. Quality Improvement
a. Integrate cost containment methods to deliver care.

a. Identifies areas in the health care setting about processes/projects to improve care (QI)—in post conference topic.

a. Value the significance of variance reporting. (Hospital report card--Fall assessment; Pressure ulcer prevention; UTI from Foley catheters; Line sepsis; DVT prevention, etc…). State an example in post conference.

I. Safety
a. Critique current use of technology and standardized practices that support safety and quality. Implement strategies to reduce risk of harm to self or others (bed alarm, barcodes, glucometer, IV pump)

a. Demonstrate safe, timely administration of medications stating pharmacologic implications as they relate to the adult patient with multiple health alterations. Prevent potential drug interactions.

a. Utilize national patient safety goals within your communication with the patient & team members. (To prevent infection from your foley, we’re removing it within 24 H of placement; To prevent blood clots, we are ambulating TID > 50 feet; To prevent falls, these socks are non slip on both sides, floors are cleared of trip hazards, and bed low to the ground)

a. Use appropriate resources to improve organization/time management (example: SBAR) to reduce reliance on memory.

a. Demonstrate blameless communication of observations or concerns related to hazards and errors to patient, families, and the health care team.

Flushing IVPB tubing
Ambulation, SCID, hydration
Scripting to involve patients
Debriefing
Examples of QSEN student projects

Infection control reinforcements

- Tubing label checks
- IV restarts after 96H
- Foley bags on bedframes, off the floor, no kinks
- Hand washing of patients
- Hand washing of family members

An Ounce of Prevention: EBP

- Incentive spirometer use teaching with return demonstration
- Ambulation around the unit, oral hydration, SCID application
- Room checks for suction, oxygen, and BVMs
RCA: Just Culture

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Engaging clinical partners

- Problem Identification by unit manager
- Research committee
- Unit Poster included Hospital policy
- Unit manager solution based (Hair Ties)
- Engaged staff members
  - In-service
  - Visible posters
  - Reinforcement with solution
  - Staff know where/ who to ask for hair ties
  - Physicians positive reinforcement
Summary: Engaging clinical partners

- Provide a list of quality improvement topics
- Engage the preceptor in QSEN rapid cycle change project
  - Usually part of their clinical advancement ladder
  - Capstone includes presentation with manager last day and educator
  - What can we do for your hospital
  - Leadership observer and participant of the Plan, Do, Study, Act.
Student Outcomes High Stakes Testing

HESI exam categories

- Environmental hazards
- Infection Control
- Risk reduction

IMPROVEMENT with CLINICAL APPLICATION

- Fall 2011, 1st semester, simulation, debriefing, clinical application
- Spring 2010, 2nd semester, simulation and debriefing
- Fall 2009, 1st semester simulation no debriefing
Student Outcomes High Stakes Testing

Spring 2013, 2nd semester

Fall 2014, 1st semester

Spring 2014, 2nd semester

Fall 2013, 1st semester

2nd semester improvement when utilized as a change agent

Pearson exam categories
Safety
Quality improvement
QSEN overall

2nd semester improvement when utilized as a change agent
Implications

- Ongoing QI projects to be passed from cohort to cohort
- Clinical partner: Ongoing projects
  - 2nd year research course literature reviews
  - PSDA creation, implementation, evaluation
  - Hospital unit simulations for safety
- Creating a generation of new graduate nurses engaging patients in their goals while providing high quality and safe care.
Questions?

All other tools are located on our College of Graduate website. CGN, Resources, and at the bottom of the page, the tools are all in word doc so you may edit/ or change the school insignia. They are the EXACT tools we use for clinical, please feel free to change whatever items or use “as is” just change our school logo to yours!

http://www.westernu.edu/nursing/cgn-resources/


