Title:
Bridging the Gap between Academia and Practice in Service Excellence and Core Quality Measures

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Session Title:
Poster Presentations
Slot (superslotted):
PST: Saturday, 18 March 2017: 7:30 AM-8:00 AM
Slot (superslotted):
PST: Saturday, 18 March 2017: 9:45 AM-10:15 AM
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PST: Saturday, 18 March 2017: 3:45 PM-4:15 PM

Keywords:
Collaboration, Competency and Quality

References:

Bowie, P., McNab, D. Ferguson, J, de Wet, C., Smith, G. MacLeod, M., McKay, J. & White, C. (2015). Quality improvement and person-centeredness: a participatory mixed methods study to develop the 'always event' concept for primary care.

Chang, C. S., Chen, S. Y., & Lan, Y. T. (2013). Service quality, trust, and patient satisfaction in interpersonal-based medical service encounters. *BMC Health Services Research, 13*, 22-6963-13-22.

Hsu, L. L., Hsieh, S. I., Chiu, H. W., & Chen, Y. L. (2014). Clinical teaching competence inventory for nursing preceptors: Instrument development and testing. *Contemporary Nurse, 46*(2), 214-224.

Abstract Summary:
In this project, collaboration with hospitals and academia attempted to reduce competency gaps for new graduates in service excellence and core quality measures. Gap analysis, focus groups and survey data provided information used to develop curriculum for nursing schools to reduce the time and cost of orienting graduate nurses.
Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The participant will be able to discuss competencies related to service excellence and core measures.	Background - Grant project is funded by the Texas Higher Education Coordinating Board and is a collaboration between 5 Texas schools of nursing, and two urban hospital systems and their facilities across the central Texas region. Goals - Through collaboration with both

	clinical and academic partners the goal is to reduce or eliminate competency gaps for new nurse graduates in the areas of understanding of patient perspectives on the experience of care (service excellence) and synthesizing the role of the nurse in meeting core quality measures. By increasing competency in the identified areas reductions can be made in the time and cost of orienting nurse residents. This was done by creating a competency assessment tool and implementing curriculum to address deficiencies. Methods • Gap Analysis with and advisory board made up of representative from academia, hospital practice, the Texas Board of Nursing, and the Healthcare Workforce Alliance of Central Texas • Collaborative development of competencies (knowledge, skills, abilities) specific to healthcare service excellence and meeting inpatient hospital quality core measures. • Development and testing of a competency self-assessment survey tool to determine levels of confidence in service excellence and core measures in new graduates and nurses hired in residency programs. • Collaborative focus groups with key stakeholders to guide the development of the survey and curriculum on study topics.
The participant will be able to describe competency self-assessment survey data.	Review of competency self-assessment tool development. Analysis of date obtained from surveys of nursing students in final semester before graduation and upon entering a nursing residency at time of hire. Identified deficiencies used to create nursing school curriculum related to service excellence and core measures performance.
The participant will be able to examine theories and frameworks that influence service excellence and core measures performance.	Theoretical Base: Watson's Theory of Caring. Framework: Patient and Family Centered Care. Concepts of Evidence-based Practice. Nursing Professionalism and the Art of Caring.

Abstract Text:

Nursing shortages, fiscal restraints, complex healthcare organizations and regulations, increasing patient acuity and the explosion of knowledge and technology have increased the need for nursing graduates to

arrive in the work setting with the ability to move quickly into practice. Nursing residency programs were designed to facilitate the complex process that prepares new graduate nurses for practice, taking the novice nurse from a beginner to more competent provider. Nursing residency programs last anywhere from six weeks to six months and are estimated to cost around $65,000. Historically there has been a gap between nursing schools and hospitals on how well prepared graduate nurses are when they reach this critical juncture. Due to recent changes in Medicare and Medicaid reimbursement nurse residency programs have an increased focus on two particular areas: 1) Competency in service excellence; and 2) the nurse's role in compliance with core quality measures. Healthcare organizations feel these topics are not adequately addressed in nursing programs but could be included integrated into competency-based curriculum and would align well with patient-centered care and evidence-based practice content. Collaboration between nursing schools and hospitals on these priority topics could close these gaps and speed transition to practice, saving time and money.

Approach

The aim of this project is to identify gaps in customer service skills and core quality measures in new graduates and nursing residents and develop and implement an assessment tool specifically designed to measure competency in these two high priority areas. Currently a tool that addresses these topics does not exist. This project involved extensive collaboration between the participating nursing schools, two major hospital systems and their education and management staff. Focus groups involving administrators and educators with varying years of experience were conducted to identify key concepts and constructs related to the study competencies. The individuals and organizations participating helped to define gaps, define competencies and provide perspectives on the new graduate and nursing residency experience. The data was used in the assessment tool and curriculum development. The curriculum was designed and implemented by the participating nursing programs and offered to programs across the state of Texas. The goal of the project is to increase competency in the new graduates and new hires in the two topic areas. The objective was to reduce the time and cost of ensuring competency for the study topics in the residency program. Consultation on use of the tool and the process will be provided through onsite visits or a web-based tool kit to increase spread and sustainability of the project.

Conclusion

The tools developed and the information obtained from this project will be generalizable to healthcare organizations and schools of nursing across the country. This project is unique in its innovative and cooperative structure and could be used as a model by other organizations seeking to bridge the gap in preparing nurses for practice and for ensuring high quality in evidence-based practice and excellence in customer service.