QSEN COMPETENCIES WITHIN A SERVICE ORGANIZATION

Real Life Lab of 21st Century Nursing Practice
NSI Programs

Current State

Interviews & Online Survey

Data Analysis & Communication

Data into QSEN Model

• Falls Prevention
• HAPI Prevention
• Medication Safety
• Mobility/Ambulation
• Safe Patient Handling

• 3 KP SCAL Medical Centers
• 4 Public Safety Net Hospitals
## QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN) MODEL: KP SCALE

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<tr>
<th>Patient-Centered Care</th>
<th>Team Work and Collaboration</th>
<th>Evidence-Based Practice</th>
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### Communication Across Programs, Competencies, and Care Continuum

- **Patient-Centered Care**
  - Recognize the patient or designated as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

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

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

- **Quality Improvement**
  - Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

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

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

### Why use the QSEN model?

The overall goal for the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills, and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work.
Multiple NSI Programs with isolated structures/processes can be duplicated across all programs
All Southern California Patients
+
Kaiser Permanente Nursing Professionals
Aim
Create a centralized + standardized Southern California EBP Improvement Program aligned with National Kaiser Permanente Nursing Vision, Values and Professional Practice Model
# All KP SCAL NSI Programs

## Patient-Centered Care
- **Individualized Care**
  - Patient program agreement
  - Plan of Care with Patient/Family
  - Set mutual goals with patients
  - Scales on communication board
  - Discharge Planning

## Team Work and Collaboration
- **Individualized Care**
  - Clear Team roles
  - Primary Nurse
  - C.O.A.
  - Other healthcare professionals as appropriate
  - Delegation based on scope of practice, clinician skills/competency & patient needs
  - Team-based program specific plan – including MDNP & Pharm

## Evidence-Based Practice
- **Individualized Care**
  - Program specific Assessment, Screening, Reassessment, and Monitoring
  - EHR order sets
  - Activity/intervention schedules
  - Equipment/device use
  - Partner with Family, if appropriate

## Quality Improvement
- **Individualized Care**
  - Interventionsal choices based upon best evidence and successful practices
  - Continuous education
  - EBP-based tools
  - Patient involvement in PDSA and small tests of change
  - Unit/medical center/regional initiative
  - Monthly and timely data metrics & targets readily accessible/understandable to all levels

## Safety
- **Individualized Care**
  - Program specific Assessment, Screening, and Reassessment
  - Intentional Hourly Rounding
  - Availability & utilization of safest products, devices, medications, and treatments
  - Transparent Process/Reporting System at staff/patient/family level

## Informatics
- **Individualized Care**
  - Electronic Health Record
  - EHR documentation
  - Key EHR messages
  - SMART phrases
  - Program specific Assessment, Screening, Reassessment, and Monitoring
  - Reports (Midas, CalNOC, EHR Database specific)
  - Reliable website for patient/staff education

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**Communication Across Programs, Competencies, and Care Continuum**

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## KP SCAL Falls Prevention Program

### Patient-Centered Care
- Individualized Care
  - Patient fall agreement
  - Plan of Care with Patient/Family
  - Set mutual goals with patients
  - Goals on communication board
  - Discharge Planning

### Team Work and Collaboration
- Individualized Care
  - Primary Nurse
  - C.N.A.
  - Physical Therapy
  - Occupational Therapy

### Systems Focus
- Assessment, Screening, and Reassessment of at risk patients (Schmid Fall Risk)
- Reinforce activity limits and safety precautions with patients and families
- Patient/Family included in plan of care
- Standardized Patient/Family Education
- Discharge Planning
- Hourly Rounding
  - 4 P’s: Pain, Position, Potty, Personal belongings
  - Environmental Check
- ENKE+ at Shift Change

### Evidence-Based Practice
- Individualized Care
  - Schmid Fall Risk Assessment per shift
  - Monitor nutritional status
  - Neurological assessment
  - Delirium assessment PM
  - Bed bathed in lowest position
  - Two upper side rails up at all times
  - Physical Therapy assessment PM

### Systems Focus
- Fall Champions
  - Regional
  - Medical Center
  - Regional Peer Groups (Medical Surgical/ Critical Care, Quality & Risk Management, etc.)
  - Interprofessional Team
  - Unit Based Teams
  - Scope of practice for other team members

### Quality Improvement
- Individualized Care
  - Fall interventional choices based upon best evidence and practices
  - Patient involvement in FDSA and small tests of change
  - Mobility/ambulation activities X3 daily

### Systems Focus
- Continuous Fall Prevention Education
- Unit initiatives (Huddles/Fuddles after falls)
- Safety Check: HEAL
  - High alert medications
  - Equipment
  - Alarms
  - Lines
  - "Get Well Network" interactive patient educational program via room TV

### Safety
- Individual Care
  - Fall assessments/Hourly Rounding
  - Yellow packets
  - Blanket
  - Non-skid footwear
  - Armband
  - Signage
  - Bed alarms
  - Assistive devices as needed
  - Bathroom schedule every 2 hours
  - Front wheel walker in room
  - Transparent Process/Reporting System at staff/patient/family level

### Systems Focus
- Transparent Process/Reporting System at medical center level
- Fall Prevention Toolkit
- Fall Prevention video
- UCs (Unusual Occurrence Reports)
- SBAR communication
- Care View (video monitoring in rooms)
- Mobilize Safety Model
- ABCDS (age >75, bone density, coagulations, delirium, surgery 1st 48 hours)
- Universal Precautions (rounding, NKE+, mobility/ambulation, environmental assessment)

### Informatics
- Individual Care
  - Electronic Health Record
  - Schmid Fall Risk Assessment
  - UORs
  - Systems Focus
    - MIDAS (monthly incidence)
    - CallNOC (quarterly prevalence)
    - HCAHPS (quarterly)
    - Utility of Care Data Analysis (National KP)
    - Stat reports
    - Tending: Falls Data Days without falls
    - Schmid Fall Risk Assessment
    - UORs
    - SMART phrase: fall
    - CAM delirium assessment
    - SharePoinT Fall Prevention Program site
    - KP ideabook Fall Prevention Collaborative (archival site)
**Situation**

- New Graduate Registered Nurse (RN) transition into practice program to be reorganized under the QSEN Model

**Population**

- All SCAL KP Patients and New Graduate RN Professionals

**Aim**

- Create centralized & standardized SCAL EBP New Grad RN Program that aligns nursing education with bedside practice & exemplifies National KP Nursing Vision, Values, & Professional Practice Model
### KP SCAL New Graduate RN Program

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<td>Narrating care</td>
<td>Clear Team roles</td>
<td>Daily review of patient's individualized POC to ensure it meets EB interventions</td>
<td>Assessment for fall risk</td>
<td>Independent double check of high-alert meds at bedside (shift change, transfer, break coverage)</td>
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<td>Mutual POC – patient and healthcare team goals</td>
<td>Primary Nurse</td>
<td>Mobilization</td>
<td>Fall reduction interventions for patient diagnosed, medications, treatments/procedures, labs, mobility status</td>
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<td>Updating care board with daily POC and patient's goals, names of the individuals on the patient's healthcare team, questions they have for MD, RN contact number or method</td>
<td>C.N.A.</td>
<td>SPH Equipment</td>
<td>2 person skin check</td>
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<td>Individualized pain management plan</td>
<td>Other healthcare professionals as appropriate</td>
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<td>Needs Assessment and Reassessment (if applicable)</td>
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<td>Education re: med purpose and common side effects</td>
<td>Delegation based on scope of practice, clinician skills/ competency &amp; patient needs</td>
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**KP HealthConnect (EPIC, EMR)**
- Telerad
- Video Interpreter
- KPPI – specimen labels at bedside
- UORs
- Data Trends and Tracking
  - HCAsPH
  - MIDAS
  - Stat-It
- SMART Phrases
- SharePoint Sites
  - Regional
  - Medical Center
  - Unit
  - Simulation

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Other Uses...
### QSEN Model for GAP Analyses

**Current State**

#### Missing Structures or Processes

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Our Rabbit Holes

- Lori Jaramillo, MSN-L, RN
  - Lori.C.Jaramillo@kp.org

- Erin Jilk, MSN, RN
  - Erin.M.Jilk@kp.org

- Ghada Dunbar, DNP, RN, CNML
  - Ghada.B.Dunbar@kp.org

- Cecelia L. Crawford, DNP, RN
  - Cecelia.L.Crawford@kp.org
QUESTIONS?