

QSEN Initiative

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Introduction	Procedures	Results	Conclusion
<p>Quality and Safety Education for Nurses (QSEN) was incorporated into the baccalaureate nursing program at the University of St. Francis in 2010. Knowing this would be additional work for the faculty and students, the faculty created a project assignment filled with anticipation.</p> <p>Once some of the discoveries were shared with the Chief Nursing Officer (CNO) of the area medical center, the CNO requested that the presentations take place at the medical center. This allowed for information sharing with the hospital staff.</p>	<p>Each clinical faculty member teamed up with their clinical group to identify a potential or actual problem related to quality of care. Each of the six groups was assigned to one of the six QSEN competencies.</p> <p>The students utilized evidence based practice to in order to delineate an appropriate project. Any data collection involved collaboration with the instructor and staff as well as observation of practice.</p> <p>The faculty encouraged the students to keep their project ‘secret’ so there would be a surprise element to the presentation day. Since the QSEN project was not built into the grade, the faculty made it a contest with prizes and judges. The judges were two QSEN faculty champions.</p> <p>A judging rubric was designed by the course coordinator and shared with the students. A potluck and prizes were included to create a festive feeling. Prizes included Starbuck gift cards for the group in first place and Dunkin Donuts gift cards for the group in second place. A ‘QSEN closet’ was created for the other groups. The QSEN closet was made up of all kinds of treasures taken out of the faculty’s closets (candles, frames, etc.). The groups were able to choose prizes in the order of their placement in the competition.</p> <p>Collaborative learning took place within the groups as well as between the groups when they were able to present the findings to their peers. The project utilized a form of service learning in which the students created a culture to enhance patient care (Christiansen, Robson, & Griffith-Evans, 2010).</p>	<p>Students had the opportunity to become engaged in an active learning project that could actually be used to contribute to patient safety outcomes.</p> <p>Students came to realize that the QSEN projects were far more than ‘busy work’. They were actually contributing to the quality improvement of the medical center.</p> <p>Students learned the value of follow-up research, and the importance of collaboration, teamwork, and sharing findings with others.</p> <p>Hospital administrators came to realize that the students had a lot to offer, and contributed ideas and data that translated into opportunities for quality improvement. The hospital clinical education department realized that some of their own risk management implementations were not fool-proof.</p>	<p>Additional work was added to the semester in such a manner as to make it fun. The students enjoyed the secrecy, the competition, the potluck, and the prizes. The first semester projects paved the way for the integration of QSEN into the nursing program. The following semester, the QSEN projects became more formalized and a percentage was incorporated into their final course grade.</p> <p>Subsequent presentations took place at the medical center, allowing for the sharing of information with the facility from which it was collected.</p> <p>The QSEN projects have drawn attention to the value of student observations and ideas. The hospital administrators are listening to the presentations and taking notes.</p> <p>In order to continue building the collaboration between the students and the seasoned professionals at the medical center, the following next steps should be taken:</p> <ul style="list-style-type: none">• Have the hospital administrators communicate what interventions they have implemented or have planned based on the student findings. This would be reinforcing for the students to know that their observations are being utilized and acted on.• Have the hospital managers work with the students to suggest potential projects for the future.
Samples			
<p>Many project presentations and ideas were worthy and added valuable insight and opportunities for quality improvement. Various skit presentations accompanied certain presentations to elicit class interaction and add humor to uplift the learning environment.</p> <p>Some of the highlights included:</p> <ul style="list-style-type: none">• Patient Centered Care and Safety principles highlighted a Clinical Safety Assessment and/or 60-Second Situational Assessment Tool to identify care prioritization based on shift report and environmental observation.• Students identified various concerns that included call light response in relation to patient satisfaction, staff noncompliance with isolation precautions, and medication administration errors.• The students created quality improvement opportunities that included an improvement of isolation compliance, implementation of an hourly rounding tool, and a follow up data analysis after the implementation of an electronic medication administration record.• The informatics competency highlighted components of a credible versus a non-credible website, and addressed healthcare literacy among patient education.• Teamwork and collaboration competencies were highlighted utilizing the Situation-Background-Assessment-Recommendation (SBAR) tool and examined barriers to effective SBAR communication. <p>All presentations required Evidenced-Based Practice citations.</p>			
References			<p>Christiansen, A., Robson, L., & Griffith-Evans, C. (2010). Creating an improvement culture of enhanced patient safety: Service improvement learning in pre-registration education. <i>Journal of Nursing</i>, 18, 782-788.</p> <p>Institute of Medicine. Health professions education: A bridge to quality. <i>Washington DC: National Academies Press</i>; 2003.</p>