

QSEN Patient-Centered Care Competency Web Quest

Reference: Adopted from a WebQuest from Christina N. George, Tulsa Community College, Patient Safety and Quality, QSEN website. Accessed 12.1.12
<http://www.qsen.org/teachingstrategy.php?id=58>.

Teaching Strategy Competency Category: Patient-Centered Care

Learner Level: Graduate or Doctoral

Learner Setting: Classroom or Assignment

Strategy Type: Knowledge attainment; Self-directed learning activity

Learning Objectives:

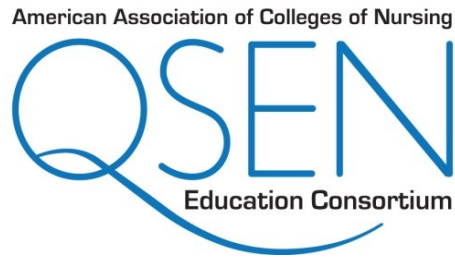
- Complete a self directed tour of websites to gain knowledge about patient centered care
- Determine resources available to improve knowledge, skills and ability in patient and family centered care
- Complete an evaluation of the web based resources related to patient centered care

Strategy Overview:

Each student will conduct a self-directed web quest visiting each website and completing the facilitation guide questions for each site visited.

The guide questions include the following. Based on the information available on each website, answer the following questions for each site visited:

1. Do better educated patients have better outcomes?
2. What is the meaning of 'nurse sensitive' in relation to patient outcomes?
3. How does the nursing profession impact health outcomes?
4. What role does the partnership between the nurse and the patient have in assuring high quality, safe patient care?



Safety & Quality WebQuest - Enjoy your quest for information!

Stop #1

http://www.jointcommission.org/standards_information/npsgs.aspx

The first link takes you to The Joint Commission site and the 2011 National Patient Safety Goals. Notice that the National Patient Safety Goals (NPSG's) are now more specific and are identified and are differentiated out by area of practice.

Notice the effort for the "Speak-up Initiative" when you open this link view pages #3 & #5 on the center of the continuous preview of the Commissions patient safety programs.

<http://www.jointcommission.org/speakup.aspx>

Stop #2

<http://www.centerfortransforminghealthcare.org/>

This next link takes you to the area "Transforming Healthcare" that is still within the Joint Commission site.

Please note the subject of the featured news and the dates listed: hand-off initiative and hand hygiene.

Take some time to open the links, read the information and explore the site.

Are you surprised that hand hygiene is still a quality focus after all these years?

How do you ensure compliance?

How effective do you think the "Safe Hand-off" efforts are?

Stop #3

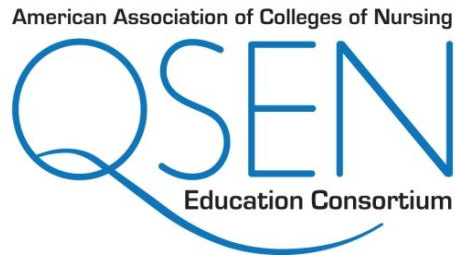
<http://www.nursingquality.org/FAQPage.aspx>

This link will take you to the National Database of Nursing Quality Indicators (NDNQI) and give you an over-view of the initiative.

Stop #4

<http://www.iom.edu/About-IOM.aspx>

These links are about the changes that nursing is about to undergo and the information in these links will affect your practice. In 2008 The Robert Wood Johnson Foundation and The Institute



of Medicine (IOM) set out to transform nursing. Introduction to the IOM, please read over the information on the page that opens with the link, this is to give you a background and overview only.

This next link takes you to The Future of Nursing Brief, very important for you to read and reflect upon as you reflect on your role as a professional nurse.

<http://iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Report-Brief.aspx>

This next link takes you to the Report's Recommendations; please pay special attention to recommendations 3-6, that start on page 3.

<http://iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Recommendations.aspx?page=1>

Stop #5

<http://www.ihl.org/offerings/Initiatives/PastStrategicInitiatives/5MillionLivesCampaign/Pages/default.aspx>

How does the nursing profession start to impact health?

Have you heard of The 5 Million Lives Campaign?

The aim of the 5 Million Lives Campaign was to support the improvement of medical care in the US, significantly reducing levels of morbidity (illness or medical harm such as adverse drug events or surgical complications) and mortality. Institute for Healthcare Improvement (IHI) quantified this aim and set a numeric goal: they asked hospitals participating in the Campaign to prevent 5 million incidents of medical harm over a period of two years (December 12, 2006-December 9, 2008).

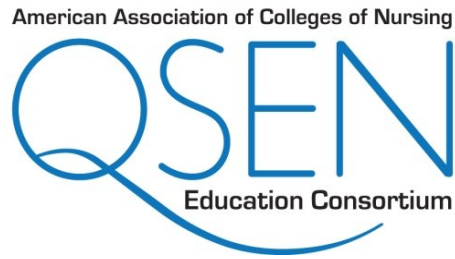
When you access the link and read over the initiative think about how many of them you see implemented in your clinical site.

Stop #6

<http://www.ahrq.gov/consumer/guidetoq/guidetoq.pdf>

This next link takes you to the Agency for Healthcare Research and Quality (AHRQ), this agency is part of the U.S. Department of Health and Human Services.

You are linked you to The Guide to Healthcare Quality, a 20 page document for the consumer.



When you are reviewing the document keep these questions in your mind:

- Why is it so important for nursing to consider patient care safety and quality?
- Why is it important to educate the patients, the families, and the consumers?
- How does the education of the patient impact the education and practice of nurses?

Now reflect on the information you have so far:

Do you think this level of education will become the norm for patient or health education in the future?

How would you create an environment where patients are free to ask you or the physicians to wash your hands or clean your stethoscope?

Think about how you move in the healthcare setting and changes you could make to remove obstacles and increase patient and family involvement in patient safety and quality.

Stop #7

<http://www.jointcommission.org/assets/1/6/roadmapforhospitalsfinalversion727.pdf>

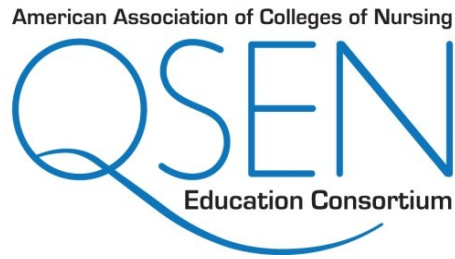
This site includes a handbook that gives relevant information and tips for hospitals to improve the communication and cultural competence of caregivers so that patient and family centered care becomes a reality.

Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care: A Roadmap for Hospitals

The final link of this web quest is a 7 minute video that will stress the importance of nurses providing Quality Safe Patient Care in every setting.

Stop #8

http://www.qsen.org/video/blackman/video.php?qsen_a_Lewis_Blackman_Story.f4v



QSEN Patient-Centered Care Competency Patient Narrative

Teaching Strategy Competency Category: Patient-Centered Care

Learner Level: Graduate or Doctoral

Learner Setting: Classroom or Assignment

Strategy Type: Problem based learning assignment; Assessment activity

Learning Objectives:

- Complete a personal reflection of ability to understand patient and family centered care needs
- Evaluate personal level of understanding of patient and family centered care engagement

Patient Narrative

Strategy Overview

“Illness narratives by patients offer the reader the opportunities to see the patient’s experience without a clinical lens. Narratives of health care experiences published in the professional literature provide first person narratives by nurses and physicians and offer the nurse the opportunity to “see” a patient experience through the lens of the patient.” (Sherwood and Barnsteiner, 2012, Quality and Safety in Nursing, Ames, Iowa: John Wiley & Sons).

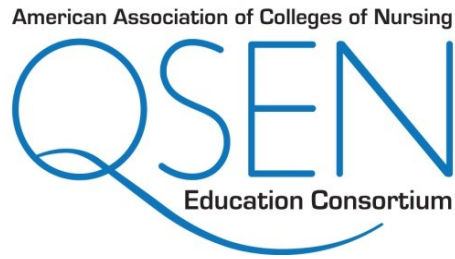


Assignment:

Have each student read the patient narrative (or find one of your own, or ask the students to write an essay about when they were a patient). After reading the patient narrative, conduct a group discussion, or ask for a reflective essay on the following reflective questions:

Patient Narrative Guided Questions

- ✓ Was the patient the source of control?
- ✓ Was the care compassionate, and coordinated, and reflective of the patient preferences, values and needs?
- ✓ How was the experience and narrative shaped by the nurses professional practice?
- ✓ What were the patient directed aspects of care? What were provider directed?
- ✓ What were missed opportunities to meet patient needs?
- ✓ What promoted? What were barriers? To patient centered care?



Patient Narrative:

From the perspective of Lisa, the daughter of the patient, D.N.

“I got the call around 9 am from my mom that she couldn’t get Dad out of bed. I had just finished taking the last of my four kids to school, and turned the car in the other direction to head to their house to see what was going on. When I got there, Dad was lying in bed, confused, disoriented, and complaining of dizziness. He said he had pain in his back and knees, and while he did recognize me, his speech was a little garbled. I went to see if I could help him sit up, and he was burning up! I thought back to his medical history as I asked my mom to get me the doctor’s phone number.

When I got on the phone with the doctor, I was able to talk to the nurse. She said they were really busy – it was a Monday morning – and that I would have to be quick. I gave her the fastest run down I could – my dad is 80 years old, with a history of a coronary artery bypass surgery over 20 years ago; he is on anti-hypertensives, and Coumadin, and anti-inflammatory meds for knee and back arthritis. He’s newly diagnosed with Parkinson’s disease, and usually is alert and oriented, but today he’s groggy and a bit sluggish. I took his pulse and it was 100, and his temperature is 102.9 degrees. What should I do? I asked? We will have to call you back, she said, and told me again how busy they were and that the doctor would call back when he could.

Mom and I waited about 45 minutes, and Dad just got more and more disoriented and dizzy. Mom and I decided to call for an ambulance. The ambulance came quickly and took Dad to the local hospital. Mom and I followed. When we got to the Emergency Room, they quickly did a bunch of tests, and put an IV in him, and started hydrating him. After about 6 hours, they told us that all of his initial cultures and lab work came back negative, but that they wanted to admit him overnight to observe him. We waited in the ER another 4 hours, they said they were having trouble finding a room. By this time, Dad was lucid, had no fever, and was complaining of being hungry.

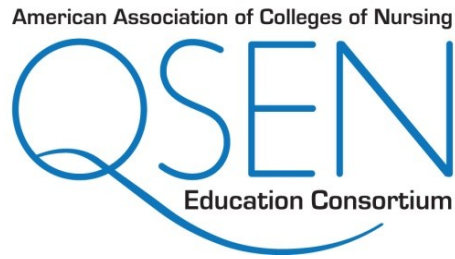
The tech came and took Dad from the ER room to take him upstairs – by this time it was 9 pm. We got up to the room, and it was a semi-private room with another gentleman who was moaning and groaning and obviously in a lot of pain. Dad was getting upset, and we were only in the room about 15 minutes when he started asking me “Why can’t I go home?” I went out into the hallway and asked the nurse if I could speak to the doctor. She called right away, and when he answered (he was a hospitalist), he said he honestly would not be able to come see my dad and write admission orders for at least another 2-3 hours.



Dad was getting more and more upset by this time. He was feeling better, and he didn't understand why he couldn't see the doctor? He wanted food, and he wanted to get out of the room with the roommate who was so loud and obviously in pain. I tried my best to convince him he needed to stay overnight in case something was really wrong with him, but he would have nothing of it. He demanded that I go and get the car, and if I didn't, he was going to call himself a cab and get a ride home. The nurse came in and tried to explain that if he left it would be "Against Medical advice" and Dad said he didn't care. He was going home, and that was the end of the discussion! I was worried about what might happen during the night, and if he was going to be OK in the morning, but there was no talking him out of his decision. I went and got the car, and drove him home."

Patient Narrative Guided Questions

- ✓ Was the patient the source of control?
- ✓ Was the care compassionate, and coordinated, and reflective of the patient preferences, values and needs?
- ✓ How was the experience and narrative shaped by the nurses professional practice?
- ✓ What were the patient directed aspects of care? What were provider directed?
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QSEN Patient-Centered Care Competency Patient/Family Engagement Self-Assessment Tool

Teaching Strategy Competency Category: Patient-Centered Care

Learner Level: Graduate or Doctoral

Learner Setting: Classroom or Assignment

Strategy Type: Problem based learning assignment; Assessment activity

Learning Objectives:

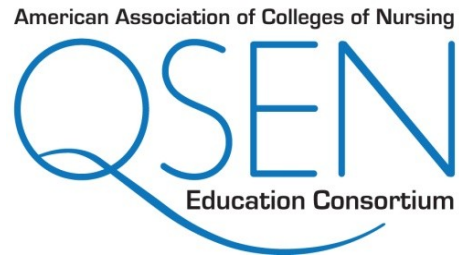
- Complete an assessment of an organizations' state of supporting patient centered care
- Analyze results of the assessment
- Develop an action plan to address the assessment results

Patient/Family Engagement Self-Assessment Tool

Strategy Overview

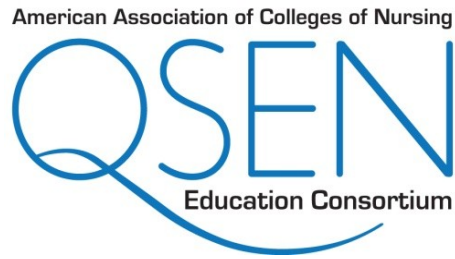
The assignment can be used for any size classroom group and can be done individually or in a group. Assign each student to find a clinical area to conduct the assessment. The assessment tool developed jointly by the *Institute for Healthcare Improvement and the National Initiative of Children's Healthcare Quality with the Institute for Family-Centered Care* can be completed by the student after observation of a care setting, or can be completed by a team of individuals from across the organization — caregivers and providers from different departments or programs and leaders from the front line to the executive office. Be sure to also include patient and family advisors in the assessment.

1. Review each question and indicate a rating of 1 to 5 for each (with 1 being low and 5 being high), or indicate "Do Not Know."
 - o The 1 to 5 rating for each question is discussed by team members as an essential part of the assessment:
 - What does being a "5" on this question mean to us?
 - How would we know we are a "5"?
 - What would it take for us to rate ourselves a "5" consistently?



- Questions with a "Do Not Know" response should seek further team discussion, such as:
 - Why don't we know this?
 - How can we find out?

- 2. Summarize the findings and then develop an action plan for the organizational setting:
 - What is most important for us to address?
 - Where do we have strengths that we need to make sure others see and build on?
 - How can we gain more patient and family advice on what to focus on next?



QSEN Patient Centered Care Competency HCAHPS Case Study

Teaching Strategy Competency Category: Patient-Centered Care

Learner Level: Graduate or Doctoral

Learner Setting: Classroom or Assignment

Strategy Type: Problem based learning assignment; Case Study

Learning Objectives:

- Analyze results of a patient satisfaction survey
- Identify best practices for improvement
- Develop an implementation plan to improve patient satisfaction

HCAPS Case Study

Strategy Overview

The student will assume the role of the unit leader charged with improving the patient experience based on the case study. After analyzing and evaluating the data, the student is responsible for obtaining best practice information and developing an action plan for implementation to improve patient satisfaction scores.

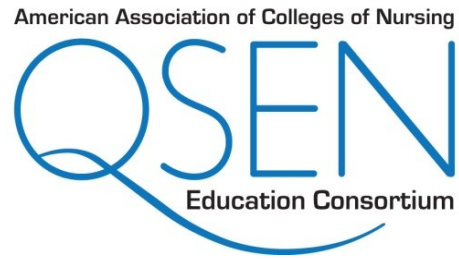
Case Study

Complete an assessment of an organizations' state of supporting patient centered care

Analyze results of the assessment

Develop an action plan to address the assessment results

3. Review each question and indicate a rating of 1 to 5 for each (with 1 being low and 5 being high), or indicate "Do Not Know."
 - o The 1 to 5 rating for each question is discussed by team members as an essential part of the assessment:
 - What does being a "5" on this question mean to us?
 - How would we know we are a "5"?
 - What would it take for us to rate ourselves a "5" consistently?



- Questions with a "Do Not Know" response should seek further team discussion, such as:
 - Why don't we know this?
 - How can we find out?

- 4. Summarize the findings and then develop an action plan for the organizational setting:
 - What is most important for us to address?
 - Where do we have strengths that we need to make sure others see and build on?
 - How can we gain more patient and family advice on what to focus on next?