Preview: MSN6016 : Quality Improvement of Interprofessional Care

Syllabus

Course Overview

Health care quality and safety is developed with interprofessional collaborative partners. By defining, measuring, and evaluating patient care outcome data, health care organizations can make strategic decisions about quality improvement (QI) initiatives. The interprofessional team member perspectives of processes and evaluation of data are critical and integral components to effect and promote quality health care delivery.

MSN Program Journey

Click **MSN Program Journey** to view a useful map that will guide you as you continue your program. This map gives you an overview of all the steps required to prepare for your practice immersion and to complete your degree. It also outlines the support that will be available to you along the way.

Course Competencies

(Read Only)

To successfully complete this course, you will be expected to:

1. Plan quality improvement initiatives in response to adverse events and near-miss analyses.
2. Plan quality improvement initiatives in response to routine data surveillance.
3. Evaluate quality improvement initiatives using sensitive and sound outcome measures.
4. Integrate interprofessional perspectives to lead quality improvements in patient safety, cost effectiveness, and work-life quality.
5.

Apply effective communication strategies to promote quality improvement of interprofessional care.

Course Prerequisites

There are no prerequisites for this course.

Syllabus >> Course Materials

Required

The materials listed below are required to complete the learning activities in this course.

Library

The following required readings are provided in the Capella University Library or linked directly in this course. To find specific readings by journal or book title, use Journal and Book Locator. Refer to the Journal and Book Locator library guide to learn how to use this tool.

- Abdallah, A. (2014). Implementing quality initiatives in healthcare organizations: Drivers and challenges. *International Journal of Health Care Quality Assurance*, *27*(3), 166–181.
- Agrell-Kann, M. (2015). Improving quality outcomes using a champion model for ancillary nursing staff. *The Journal of Continuing Education in Nursing*, *46*(12), 539–541.
- Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., . . . Sermeus, W. (2014). Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. *The Lancet*, 383(9931), 1824–1830.
- Allen, E., Jackson, D., & Elliott, D. (2015). Exploring interprofessional practices in rapid response systems: A case study protocol. *Nurse Researcher*, *22*(3), 20.
- Arries, E. J. (2014). Patient safety and quality in healthcare: Nursing ethics for ethics quality. *Nursing Ethics*, *21*(1), 3–5.
- Barton, A. J., & Makic, M. B. F. (2015). Technology and patient safety. *Clinical Nurse Specialist*, *29*(3), 129–130.
- Battié, R., & Steelman, V. M. (2014). Accountability in nursing practice: Why it is important for patient safety. *Association of Operating Room Nurses. AORN Journal*, *100*(5), 537–541.

- Boaro, N., Fancott, C., Baker, R., Velji, K., & Andreoli, A. (2010). Using SBAR in improving communication in interprofessional rehabilitation teams. *Journal of Interprofessional Care*, *24*(1), 111–114.
- Bodenheimer, T., & Sinsky, C. (2014). From Triple Aim to Quadruple Aim: Care of the patient requires care of the caregiver. *Annals of Family Medicine*, *12*(6), 573–576.
- Carrington, J. M., & Tiase, V. L. (2013). Nursing informatics year in review. *Nursing Administration Quarterly*, *37*(2), 136–143.
- Dolan, J. G., Veazie, P. J., & Russ, A. J. (2013). Development and initial evaluation of a treatment decision dashboard. *BMC Medical Informatics and Decision Making*, *13*, 51.
- Dubois, C., D'amour, D., Tchouaket, E., Clarke, S., Rivard, M., & Blais, R. (2013). Associations of patient safety outcomes with models of nursing care organization at unit level in hospitals. *International Journal for Quality in Health Care*, *25*(2) 110–117.
- Duffy, J. R. (2016). *Professional practice models in nursing.* New York, NY: Springer Publishing Company.
- Fawcett, J., & Desanto-Madeya, S. (2013). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories* (3rd ed.). Philadelphia, PA: F. A. Davis Company.
- Foronda, C., MacWilliams, B., & McArthur, E. (2016). Interprofessional communication in healthcare: An integrative review. *Nurse Education in Practice*, *19*, 36–40.
- Fracasso, M. R., & Sanders, B. (2012). Two keys to deliver better care and measure quality: Pod implementation & dashboards. *Physician Executive*, *38*(6), 48–54.
- Furst, C. M., Finto, D., Malouf-Todaro, N., Moore, C., Orr, D., Santos, J., . . . Tipton, P. H. (2013). Changing times: Enhancing clinical practice through evolving technology. *Medsurg Nursing*, *22*(2), 131–134.
- Galloway, S. G. (2014). Kathleen Mears memorial lecture: Personal accountability: Your key to survival in health care reform. *The Neurodiagnostic Journal*, *54*(3), 211–226.
- Ghazisaeidi, M., Safdari, R., Torabi, M., Mirzaee, M., Farzi, J., & Goodini, A. (2015). Development of performance dashboards in healthcare sector: Key practical issues. *Acta Informatica Medica*, *23*(5), 317–321.
- Gluyas, H. (2015). Effective communication and teamwork promotes patient safety. *Nursing Standard*, *29*(49), 50–57.
- Hagland, M. (2012). A dashboard for OR patient safety optimization. *Healthcare Informatics*, *29*(8), 29–31.
- Harris, J., & Schmitt, L. (2004). National Patient Safety Goals guide safe care. *Journal of Nursing Care Quality*, *19*(2), 88–91.
- Harrison, R., Lawton, R., & Stewart, K. (2014). Doctors' experiences of adverse events in secondary care: The professional and personal impact. *Clinical Medicine*, *14*(6), 585–590.
- Harry, E. (2014). Stress and the healthcare worker: As complicated or as simple as fear and hope. *The Journal of Medical Practice Management*, *30*(1), 28–30.
- Heslop, L., & Lu, S. (2014). Nursing-sensitive indicators: A concept analysis. *Journal of Advanced Nursing*, *70*(11), 2469–2482.

- Huston, C. (2013). The impact of emerging technology on nursing care: Warp speed ahead. *Online Journal of Issues in Nursing*, *18*(2), 1.
- Jack, K. (2017). The meaning of compassion fatigue to student nurses: An interpretive phenomenological study. Journal of Compassionate Health Care, *4*(1).
- Kronhaus, A. (2014). Home-based primary care: An innovative practice model for reducing costs and improving quality of care. *North Carolina Medical Journal, 75*(5), 332–333.
- Kupperschmidt, B. R. (2004). Making a case for shared accountability. *Journal of Nursing Administration*, *34*(3) 114–116.
- Lavin, M. A., Harper, E., & Barr, N. (2015). Health information technology, patient safety, and professional nursing care documentation in acute care settings. *Online Journal of Issues in Nursing*, *20*(2), 6.
- Linnen, D. (2016). The promise of big data: Improving patient safety and nursing practice. *Nursing*, *46*(5), 28–34.
- Matziou, V., Vlahioti, E., Perdikaris, P., Matziou, T., Megapanou, E., & Petsios, K. (2014). Physician and nursing perceptions concerning interprofessional communication and collaboration. *Journal of Interprofessional Care*, *28*(6), 526–533.
- McManus, M., White, P., Barbour, A., Downing, B., Hawkins, K., Quion, N., . . . McAllister, J. W. (2015). Pediatric to adult transition: A quality improvement model for primary care. *Journal of Adolescent Health*, *56*(1), 73–78.
- Montalvo, I. (2007). The national database of nursing quality indicators. *Online Journal of Issues in Nursing*, *12*(3), 1–11.
- Moradi, K., Najarkolai, A. R., & Keshmiri, F. (2016). Interprofessional teamwork education: Moving toward the patient-centered approach. *The Journal of Continuing Education in Nursing*, *47*(10), 449–460.
- Mueller, C. A., Tetzlaff, B., Theile, G., Fleischmann, N., Cavazzini, C., Geister, C., . . . Hummers-Pradier, E. (2015). Interprofessional collaboration and communication in nursing homes: A qualitative exploration of problems in medical care for nursing home residents - Study protocol. *Journal of Advanced Nursing*, *71*(2), 451–457.
- Mullen, K. (2015). Barriers to work-life balance for hospital nurses. *Workplace Health & Safety*, *63*(3), 96–99.
- Nowrouzi, B., Lightfoot, N., Larivière, M., Carter, L., Rukholm, E., Schinke, R., & Belanger-Gardner, D. (2015). Occupational stress management and burnout interventions in nursing and their implications for healthy work environments: A literature review. *Workplace Health & Safety*, *63*(7), 308–315.
- Ohde, S., Terai, M., Oizumi, A., Takahashi, O., Deshpande, G. A., Takekata, M., . . . Fukui, T. (2012). The effectiveness of a multidisciplinary QI activity for accidental fall prevention: Staff compliance is critical. *BMC Health Services Resea*rch, *12*, 197.
- Owsley, T. (2013). The paradox of nursing regulation: Politics or patient safety? *Journal of Legal Medicine*, *34*(4), 483–503.

- Phull, J., & Hall, J. (2015). Clinical dashboards and their use in an adult mental health inpatient setting, a pilot study. *Clinical Governance*, *20*(4), 199–207.
- Scaria, M. K. (2016). Role of care pathways in interprofessional teamwork. *Nursing Standard*, *30*(52), 42.
- Smith-Trudeau, P. (2016). Nursing leadership at all levels: The art of self-leadership. *Vermont Nurse Connection*, *19*(4) 4–5.
- Sommerfeldt, S. C. (2013). Articulating nursing in an interprofessional world. *Nurse Education in Practice*, *13*(6), 519–523.
- Spiva, L. A., Jarrell, N., & Baio, P. (2014). Power of nursing peer review. *Journal of Nursing Administration*, *44*(11), 586–590.
- Stalpers, D., deBrouwer, B. J. M, Kaljouw, M. J., & Schuurmans, M. J. (2015). Associations between characteristics of the nurse work environment and five nurse-sensitive patient outcomes in hospitals: A systematic review of literature. *International Journal of Nursing Studies*, *52*(4) 817–835.
- Tendas, A., Niscola, P., Scaramucci, L., Giovannini, M., Dentamaro, T., Perrotti, A. P., & de Fabritiis, P. (2014). Making quality of life assessment a dashboard for patient management. *Supportive Care in Cancer*, *22*(9), 2311–2312.
- Thomas, C. D. (2016). *Transformational leadership as a means of improving patient care and nursing retention* (Doctoral dissertation). Available from ProQuest Dissertations & Theses Global. (Order No. 10125747).
- Tietze, M., & McBride, S. (2015). *Nursing informatics for the advanced practice nurse: Patient safety, quality, outcomes, and interprofessionalism.* New York, NY: Springer Publishing Company.
- Ulrich, B. (2014). The responsibility and accountability of being a registered nurse. *Nephrology Nursing Journal*, *41*(3), 241, 254.
- Weinberger, H., Cohen, J., Tadmor, B., & Singer, P. (2015). Towards a framework for untangling complexity: The interprofessional decision-making model for the complex patient. *Journal of the Association for Information Science and Technology*, *66*(2), 392–407.
- Weiner, J., Balijepally, V., Tanniru, M., & Bujnowski, A. M. (2015). Integrating strategic and operational decision making using data-driven dashboards: The case of St. Joseph Mercy Oakland hospital. *Journal of Healthcare Managemen*t, *60*(5), 319–330.
- White, D. E., Jackson, K., Besner, J., & Norris, J. M. (2015). The examination of nursing work through a role accountability framework. *Journal of Nursing Management*, *23*(5), 604–612.
- Wilbanks, B. A., & Langford, P. A. (2014). A review of dashboards for data analytics in nursing. *CIN: Computers, Informatics, Nursing*, *32*(11), 545–549.
- Wilkes, L., Cross, W., Jackson, D., & Daly, J. (2015). A repertoire of leadership attributes: An international study of deans of nursing. *Journal of Nursing Management*, *23*(3), 279–286.
- Wong, C. A. (2015). Connecting nursing leadership and patient outcomes: State of the science. *Journal of Nursing Management*, *23*(3), 275–278.

- Wysham, N. G., Mularski, R. A., Schmidt, D. M., Nord, S. C., Louis, D. L., Shuster, E., . . . Mosen, D. M. (2014). Long-term persistence of quality improvements for an intensive care unit communication initiative using the VALUE strategy. *Journal of Critical Care*, *29*(3), 450–454.

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- Agency for Healthcare Research and Quality. (2016). WebM&M cases & commentaries. Retrieved from https://psnet.ahrq.gov/webmm
- American Nurses Association. (2016). Nurse staffing. Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/State-StaffingPlansRatios
- Centers for Medicare & Medicaid Services. (2016). Core measures. Retrieved from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html
- Gibson, R. (2007). The role of the patient in improving patient safety. Retrieved from https://psnet.ahrq.gov/perspectives/perspective/38/the-role-of-the-patient-in-improving-patient-safety
- Health Resources and Services Administration. (n.d.). Quality improvement. Retrieved from https://www.hrsa.gov/public-health/guidelines/quality-improvement.html
- Hospital Consumer Assessment of Healthcare Providers and Systems. (2017). CAHPS hospital survey. Retrieved from http://hcahpsonline.org/
- Institute for Healthcare Improvement. (2017). Retrieved from http://www.ihi.org/
- National Committee for Quality Assurance. (2017). Retrieved from http://www.ncqa.org/
- Rafter, N., Hickey, A., Condell, S., Conroy, R., O'Connor, P., Vaughan, D., & Williams, D. (2014). Adverse events in healthcare: Learning from mistakes. *QJM: Monthly Journal of the Association of Physicians*, *108*(4), 273–277
- The Joint Commission. (2017). National patient safety goals. Retrieved from https://www.jointcommission.org/standards_information/npsgs.aspx

Suggested

The following materials are recommended to provide you with a better understanding of the topics in this course. These materials are not required to complete the course, but they are aligned to course activities and assessments and are highly recommended for your use.

Optional

The following optional materials are offered to provide you with a better understanding of the topics in this course. These materials are not required to complete the course.

Unit 1 >> Current and Emerging Technologies for Patient Safety

Introduction

Advances in technology are rapidly changing health care, with much of the impact being experienced in the nursing profession. Health information technology has enhanced communication between providers, medication safety, tracking and reporting, quality management, outcome reporting, and disease surveillance and reporting, to name just a few of the quality improvements that promote safe and effective patient-centered care.

Integrating these new and more advanced technologies is certain to improve health care delivery and patient safety, but they are not without challenges. Continued progress is important, especially with regard to usability, implementation, and integration in the work environment—all critical elements for patient safety and quality care.

MSN Program Journey

Click **MSN Program Journey** for an overview of your degree program and the support that will be available to you along the way.

Course Resources
MSN Program Journey

Learning Activities

u01s1 - Studies

Readings

Use the Capella University Library to read the following:

- Lavin, M. A., Harper, E., & Barr, N. (2015). Health information technology, patient safety, and professional nursing care documentation in acute care settings. *Online Journal of Issues in Nursing*, *20*(2), 6.
- Huston, C. (2013). The impact of emerging technology on nursing care: Warp speed ahead. *Online Journal of Issues in Nursing*, *18*(2), 1.
- Tietze, M., & McBride, S. (2015). *Nursing informatics for the advanced practice nurse: Patient safety, quality, outcomes, and interprofessionalism*. New York, NY: Springer Publishing Company.
    - Section I: Introduction to the National Health Information Technology Strategy, pages 3–116.
- Linnen, D. (2016). The promise of big data: Improving patient safety and nursing practice. *Nursing*, *46*(5), 28–34.
- Barton, A. J., & Makic, M. B. F. (2015). Technology and patient safety. *Clinical Nurse Specialist*, *29*(3), 129–130.
- Carrington, J. M., & Tiase, V. L. (2013). Nursing informatics year in review. *Nursing Administration Quarterly*, *37*(2), 136–143.
- Wilbanks, B. A., & Langford, P. A. (2014). A review of dashboards for data analytics in nursing. *CIN: Computers, Informatics, Nursing*, *32*(11), 545–549.

Use the Internet to view the following:

- Institute for Healthcare Improvement. (2017).

Optional Readings

- Tietze, M., & McBride, S. (2015). *Nursing informatics for the advanced practice nurse: Patient safety, quality, outcomes, and interprofessionalism*. New York, NY: Springer Publishing Company.
    - Section V: New and Emerging Technologies, pages 575–707.

Discuss a new or innovative technology from your professional nursing experience that enhances patient safety within the context of interprofessional care. The technology you select may be simple (a messaging system or electronic health records), to complex (use of robotics or lasers in surgery). Address the following and be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM).

- Identify and describe the technology.
- Identify the interprofessional team members that use and depend on the technology.
- Describe any challenges with implementation or integration of the technology.
- How did the technology improve patient safety and quality?
- If the technology you describe was not present, what would be the impact on patient care, patient safety and patient quality?
- Describe any issues or opportunities with the use of this technology.

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- If you are familiar with the technology cited in a peer response, address the challenge they described. Do you agree or disagree with their perspective? Share your experience with the technology.
- If you are not familiar with the technology cited in a peer response, ask substantive questions to learn more about it.

Course Resources
Graduate Discussion Participation Scoring Guide

u01d2 - Information Technology and Ethical Issues

Information system technology has made patient care safer and more reliable than ever before. Health care professionals now record their patients' detailed medical history and are accustomed to checking treatment plans, lab results, medications, and other patient data. While this electronic archiving gives patients and caregivers easy access to critical health information, it also ushers in a host of legitimate concerns regarding patient privacy.

Identify an information system technology that enhanced quality in your organization, and discuss the related ethical issues that can arise. Select a technology with which you have had first-hand experience and about which you had ethical concerns. In your discussion, identify the following and be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM):

- Why the technology was implemented or improved upon.
- How was the interprofessional team involved in the discussion about ethical considerations before or during the implementation of the information system?
- Discuss how patient privacy can be violated if protocols are not followed correctly.
- What impact would these violations have on you, your colleagues, and your facility?
- What specific actions do you take to assure patient privacy with information system use?

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- Describe your experience of using the technology that your peer has identified and address the ethical concern related to the technology that your peer selected. Do you agree or disagree? Why?
- Comment on the actions taken by your peer to assure patient privacy. Were they sufficient? Suggest any additional concerns or solutions that your peer might consider.
- Describe any ethical violation that occurred related to the technology your peer described. What happened? How could the violation have been avoided?

Course Resources
Graduate Discussion Participation Scoring Guide

Unit 2 >> Interprofessional Perspectives on Quality

Introduction

Health care professions are undergoing dramatic changes. Implementation and possible elimination of the Affordable Care Act and escalating care costs are just two of the many issues that can make

consistent quality health care delivery an elusive goal.

These evolving concerns require nurses, administrators, and interprofessional teams to redefine and reorganize themselves to deliver effective and efficient care. Many facilities are taking an "all hands on deck" approach to counteract isolated approaches to patient care. Traditional profession-specific focus is no longer useful for a paradigm that requires teamwork in learning and practice. Advanced practice nurses must break through barriers and partner with other non-nursing professionals to provide the best quality patient care.

Learning Activities

u02s1 - Studies

Readings

Use the Capella University Library to read the following:

- Scaria, M. K. (2016). Role of care pathways in interprofessional teamwork. *Nursing Standard*, *30*(52), 42.
- Furst, C. M., Finto, D., Malouf-Todaro, N., Moore, C., Orr, D., Santos, J., . . . Tipton, P. H. (2013). Changing times: Enhancing clinical practice through evolving technology. *Medsurg Nursing*, *22*(2), 131–134.
- Mueller, C. A., Tetzlaff, B., Theile, G., Fleischmann, N., Cavazzini, C., Geister, C., . . . Hummers-Pradier, E. (2015). Interprofessional collaboration and communication in nursing homes: A qualitative exploration of problems in medical care for nursing home residents - study protocol. *Journal of Advanced Nursing*, *71*(2), 451–457.
- Sommerfeldt, S. C. (2013). Articulating nursing in an interprofessional world. *Nurse Education in Practice*, *13*(6), 519–523.
- Moradi, K., Najarkolai, A. R., & Keshmiri, F. (2016). Interprofessional teamwork education: Moving toward the patient-centered approach. *The Journal of Continuing Education in Nursing*, *47*(10), 449–460.
- Weinberger, H., Cohen, J., Tadmor, B., & Singer, P. (2015). Towards a framework for untangling complexity: The interprofessional decision-making model for the complex patient. *Journal of the Association for Information Science and Technology*, *66*(2), 392–407.
- Allen, E., Jackson, D., & Elliott, D. (2015). Exploring interprofessional practices in rapid response systems: A case study protocol. *Nurse Researcher*, *22*(3), 20.

Use the Internet to view the following:

- National Committee for Quality Assurance. (2017).

Multimedia

- Click **Vila Health: Adverse Event** to view the presentation.

Course Resources
Vila Health: Adverse Event

u02s2 - Assignment Preparation

By the end of Unit 3, you will turn in your assignment, Adverse Event or Near Miss Analysis. This assignment will require you to analyze the missed steps or protocol deviations related to an adverse event or near miss. To help prepare yourself for successfully completing the Unit 3 assignment, consider doing the following:

- Read the Adverse Event or Near Miss Analysis assignment description and scoring guide to ensure you understand the work you will need to complete.
- Read and start thinking about the questions in the Guiding Questions: Adverse Event or Near Miss Analysis [DOC] document.
    - You may find it useful to use this document as a pre-writing exercise, as an outlining tool, or as a final check to ensure that you have sufficiently addressed all the grading criteria for this assignment.
    - Ask your instructor any questions you have about the assignment at this time.

u02d1 - Interprofessional Collaboration

Review the Vila Health: Adverse Event media piece. As you reflect upon the events that transpired, think about the ramifications of workarounds and how they affect the delivery of interprofessional, safe, quality care. In this discussion, identify the following and be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM):

- The conflicts between the interprofessional team members and their role in the event.
- The different communication missteps that occurred.
- Why the incident is an issue from the standpoints of technology and interprofessional care delivery.
- Propose a strategy to avoid a similar incident in the future.

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- Compare and contrast your conclusions with those described by your peer. What additional strategies would you suggest?
- If you have any knowledge or experience with quality improvement initiatives that have attempted to address similar problems, share any insights from those experiences.

Course Resources
Graduate Discussion Participation Scoring Guide
Vila Health: Adverse Event | Transcript

u02d2 - Interprofessional Team and Competing Ideologies

Changes in health care delivery in recent years have resulted in work environments that require increased collaboration between nurses and the interprofessional team. Often there are conflicts within and across teams for many reasons: competing ideologies and aims, inequalities in power relations, communication and role confusion, and overlap in duties. With the Vila Health: Adverse Event media piece in mind, respond to the following and be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM):

- What are the underlying causes of problems in the interprofessional practice at Vila Health?
- How should these issues be addressed for the benefit of both staff and patient?
- Share any personal experience you have managing conflicts with interprofessional practice in your workplace.

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- Offer an alternative solution, or expand on your peer's response regarding the Vila Health adverse event.
- Comment on your peer's personal experience with interprofessional conflict. Offer support or provide a different point of view.

Course Resources
Graduate Discussion Participation Scoring Guide
Vila Health: Adverse Event | Transcript

Unit 3 >> Responding to Routine Data Surveillance

Introduction

Routine data surveillance has been identified as an important strategy in preventing near misses and adverse events. Surveillance requires the purposeful and ongoing analysis and synthesis of patient data for clinical decision making.

Learning Activities

u03s1 - Studies

Readings

Use the Capella University Library to read the following:

- Weiner, J., Balijepally, V., Tanniru, M., & Bujnowski, A. M. (2015). Integrating strategic and operational decision making using data-driven dashboards: The case of St. Joseph Mercy Oakland hospital. *Journal of Healthcare Management*, *60*(5), 319–330.

- Phull, J., & Hall, J. (2015). Clinical dashboards and their use in an adult mental health inpatient setting, a pilot study. *Clinical Governance*, *20*(4), 199–207.
- Fracasso, M. R., & Sanders, B. (2012). Two keys to deliver better care and measure quality: Pod implementation & dashboards. *Physician Executive*, *38*(6), 48–54.
- Dolan, J. G., Veazie, P. J., & Russ, A. J. (2013). Development and initial evaluation of a treatment decision dashboard. *BMC Medical Informatics and Decision Making*, *13*, 51.
- Ghazisaeidi, M., Safdari, R., Torabi, M., Mirzaee, M., Farzi, J., & Goodini, A. (2015). Development of performance dashboards in healthcare sector: Key practical issues. *Acta Informatica Medica*, *23*(5), 317–321.
- Tendas, A., Niscola, P., Scaramucci, L., Giovannini, M., Dentamaro, T., Perrotti, A. P., & de Fabritiis, P. (2014). Making quality of life assessment a dashboard for patient management. *Supportive Care in Cancer*, *22*(9), 2311–2312.
- Hagland, M. (2012). A dashboard for OR patient safety optimization. *Healthcare Informatics*, *29*(8), 29–31.

Use the Internet to view the following:

- Hospital Consumer Assessment of Healthcare Providers and Systems (2017). CAHPS hospital survey.
- Agency for Healthcare Research and Quality. (2016). WebM&M cases & commentaries.

u03a1 - Adverse Event or Near Miss Analysis

Professional Context

Health care organizations strive for a culture of safety. Yet despite technological advances, quality care initiatives, oversight, ongoing education and training, laws, legislation and regulations, medical errors continue to occur. Some are small and easily remedied with the patient unaware of the infraction. Others can be catastrophic and irreversible, altering the lives of patients and their caregivers and unleashing massive reforms and costly litigation.

Historically, medical errors were reported and analyzed in hindsight. Today, quality improvement initiatives attempt to be proactive, which contributes to the amount of attention paid to adverse events and near misses. Backed up by new technologies and reporting metrics, adverse events and near misses can provide insight into potential ways to improve care delivery and ensure patient safety.

For clarification, the National Quality Forum (2009) defines the following:

- Adverse event: An event that results in unintended harm to the patient by an act of commission or omission rather than by the underlying disease or condition of the patient.
- Near miss: An event or a situation that did not produce patient harm, but only because of intervening factors, such as patient health or timely intervention.

The goal of this assignment is to focus on a specific event in a health care setting that impacts patient safety and related organizational vulnerabilities and to propose a QI initiative to prevent future incidents.

Reference

National Quality Forum. (2009). NQF Patient safety terms and definitions. Retrieved from http://www.qualityforum.org/Topics/Safety_Definitions.aspx

Instructions

Prepare a comprehensive analysis on an adverse event or near miss from your professional nursing experience that you or a peer experienced.

- Research the impact of the same type of adverse event or near miss in other facilities. Evaluate how it was managed, who was involved, and how it was resolved. How have other institutions integrated solutions that prevent these types of events?
- Examine what kind of interprofessional communication could have prevented this event.
- Integrate research and data on the event, and use it as a basis to propose a QI initiative in your current organization.

The bullet points below correspond to grading criteria in the scoring guide. Be sure that your analysis addresses all of the bullets below. You may also want to read the Adverse Event or Near Miss Analysis Scoring Guide to better understand the performance levels that relate to each grading criterion. Additionally, be sure to review the Guiding Questions: Adverse Event or Near Miss Analysis document, linked in the resources, for additional clarification about things to consider when creating your assignment.

- Analyze the missed steps or protocol deviations related to an adverse event or near miss.
- Analyze the implications of the adverse event or near miss for all stakeholders.
- Evaluate quality improvement technologies related to the event that are required to reduce risk and increase patient safety.
- Incorporate relevant metrics of the adverse event or near miss incident to support need for improvement.
- Outline a quality improvement initiative to prevent a future adverse event or near miss.
- Communicate analysis and proposed initiative in a professional and effective manner, writing content clearly and logically with correct use of grammar, punctuation, and spelling.

- Integrate relevant sources to support arguments, correctly formatting citations and references using current APA style.

***Example assignment**:* You may use the Adverse Event or Near Miss Analysis Example, linked in the Resources, to give you an idea of what a Proficient or higher rating on the scoring guide would look like.

Submission Requirements

- **Length of submission**: A minimum of five but no more than seven double-spaced, typed pages.
- **Number of references**: Cite a minimum of three sources (no older than seven years, unless a seminal work) of scholarly or professional evidence to support your evaluation, recommendations, and plans.
- **APA formatting**: Resources and citations are formatted according to current APA style.
- **SafeAssign:** It is suggested that you use the SafeAssign Draft option to check your writing and ensure that you have paraphrased, quoted, and cited your sources appropriately before you submit it for grading.

Course Resources
Guiding Questions: Adverse Event or Near Miss Analysis [DOC]
WebM&M Cases & Commentaries
APA Module
Adverse Event or Near Miss Analysis Example
SafeAssign

u03d1 - Quality Improvement Through Data Surveillance

Reflect upon data use in your organization within the context of interprofessional care. Address the following and be sure to follow the requirements for initial postings found in the Faculty Expectations

Message (FEM):

- What elements in your organization's dashboard relate to your work as a professional?
- How does interprofessional care support quality improvement within the context of data use?
- What changes would you like to see implemented to help the team better understand data use and data trends, as a quality and safety improvement tool?

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- If you are familiar with data your peer discussed, compare notes. Is data useful or does it pose challenges? Share your experience using data in your practice.
- If you are unfamiliar with the interprofessional team's data use your peer discussed, find out more. Why does it interest you? How would you apply it in your workplace or practice? Dig deeper as to the use or possible misuse of data in the context of interprofessional care delivery.

Course Resources
Graduate Discussion Participation Scoring Guide

Unit 4 >> Care Models For Quality Improvement Initiatives

Introduction

Nursing care models and theories are designed to provide a framework and rationale that best accommodates the needs of patients in health care settings like hospitals and skilled care facilities. Models attempt to organize nursing protocols and provide a methodology for understanding what kind of care is administered and how that care should be administered.

Numerous models of nursing care have been developed over the years and across specializations in an ongoing attempt to provide quality care and improve patient safety. With the increasing complexity of our health care system, look for new nursing models tied to quality improvement initiatives to emerge in the years to come.

Learning Activities

u04s1 - Studies

Readings

Use the Capella University Library to read the following:

- Duffy, J. R. (2016). *Professional practice models in nursing*. New York, NY: Springer Publishing Company.
    - Chapter 6, Assessing the Success of Professional Practice Models: Evaluation, pages 115–151.
- Fawcett, J., & Desanto-Madeya, S. (2013). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories* (3rd ed.). Philadelphia, PA: F. A. Davis Company.
    - Chapter 3: Framework for Analysis and Evaluation of Nursing Models, pages 47–54.
- Abdallah, A. (2014). Implementing quality initiatives in healthcare organizations: Drivers and challenges. *International Journal of Health Care Quality Assurance*, *27*(3), 166–181.
- Agrell-Kann, M. (2015). Improving quality outcomes using a champion model for ancillary nursing staff. *The Journal of Continuing Education in Nursing*, *46*(12), 539–541.
- McManus, M., White, P., Barbour, A., Downing, B., Hawkins, K., Quion, N., . . . McAllister, J. W. (2015). Pediatric to adult transition: A quality improvement model for primary care. *Journal of Adolescent Health*, *56*(1), 73–78.
- Kronhaus, A., (2014). Home-based primary care: An innovative practice model for reducing costs and improving quality of care. *North Carolina Medical Journal*, *75*(5), 332–333.
- Dubois, C., D'amour, D., Tchouaket, E., Clarke, S., Rivard, M., & Blais, R. (2013). Associations of patient safety outcomes with models of nursing care organization at unit level in hospitals. *International Journal for Quality in Health Care*, *25*(2) 110–117.

Use the Internet to read the following:

- Health Resources and Services Administration. (n.d.). Quality improvement.

Optional Readings

- Duffy, J. R. (2016). *Professional practice models in nursing*. New York, NY: Springer Publishing Company.
    - Part II: From Design to Enculturation.
- Fawcett, J., & Desanto-Madeya, S. (2013). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories* (3rd ed.). Philadelphia, PA: F. A. Davis Company.

- Chapters 4–10.

u04d1 - Care Models for Quality Improvement Initiatives

Most organizations use a specific quality model for the development, implementation, and evaluation of processes. Please describe the model that is used in your organization and how interprofessional team members collaborate to effect positive patient care decisions by using this model. Include the following and be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM):

- Identify the quality model and process used to effect change in your organization.
- Give a specific example of a situation to demonstrate how interprofessional team members collaborate.
- Where is there opportunity to improve interprofessional collaboration using the quality model and process, and why?
- Would you change the use of the current model? If so, why?

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- How does this model and interprofessional team approach improve care quality and patient safety? On what do you agree, where do you disagree, and why?
- Comment on your peer's recommendations for improving the care model.
- What other care models resonate with you? Why?

Course Resources
Graduate Discussion Participation Scoring Guide

u04d2 - New Quality Care Models

Research a quality model that is not currently used in your organization but that you find interesting. Think about the differences between the model that is used in your organization and the one you research for this discussion. For the discussion, reflect upon the following and be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM):

- The new model you have researched and what makes it intriguing to you from the standpoint of interprofessional care, quality improvement, and safe care delivery.
- Compare and contrast interprofessional collaboration using the two models.
- Which model would best enhance health care outcomes in your organization and why?

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- If you are familiar with the care model selected by your peer, start a dialogue about it and share your opinion. Ask challenging and though provoking questions about the model and its application in the workplace.
- If you are unfamiliar with the care model selected by your peer, interview her or him about the model and its application in a dynamic and opportunity-filled health care environment. Ask challenging and thought provoking questions about the model and its application in the workplace.

Course Resources
Graduate Discussion Participation Scoring Guide

Unit 5 >> Monitoring and Reporting Data Outcomes

Introduction

The ability to accurately evaluate data outcomes is an essential skill for all interprofessional care team members. Health care facilities, regulatory agencies, insurers and patients are demanding accountability and documentation of medical procedures and patient outcomes. Evaluating the

effectiveness of clinical interventions can serve as an early warning system that alerts interprofessional team members to potential problems. Reporting and monitoring data outcomes also helps health care providers track progress toward specified goals.

Learning Activities

u05s1 - Studies

Readings

Use the Capella University Library to review the following:

- Ghazisaeidi, M., Safdari, R., Torabi, M., Mirzaee, M., Farzi, J., & Goodini, A. (2015). Development of performance dashboards in healthcare sector: Key practical issues. *Acta Informatica Medica*, *23*(5), 317–321.
- Weiner, J., Balijepally, V., Tanniru, M., & Bujnowski, A. M. (2015). Integrating strategic and operational decision making using data-driven dashboards: The case of St. Joseph Mercy Oakland hospital. *Journal of Healthcare Managemen*t, *60*(5), 319–330.

Use the Capella University Library to read the following:

- Heslop, L., & Lu, S. (2014). Nursing-sensitive indicators: A concept analysis. *Journal Of Advanced Nursing*, *70*(11), 2469–2482.
- Tietze, M., & McBride, S. (2015). *Nursing informatics for the advanced practice nurse: Patient safety, quality, outcomes, and interprofessionalism*. New York, NY: Springer Publishing Company.
    - Section lll: Data Management and Analytics to Lay the Foundation for Quality Improvement (NEHI Model Component #2), pages 409–490.
- Montalvo, I. (2007). The national database of nursing quality indicators. O*nline Journal of Issues in Nursing*, *12*(3), 1–11.

Use the Internet to read the following:

- Centers for Medicare & Medicaid Services. (2016). Core measures.

u05s2 - Assignment Preparation

By the end of Unit 6, you will turn in your assignment, Quality Improvement Initiative Evaluation. This assignment will require you to analyze a current quality improvement initiative in a health care setting. To help prepare yourself for successfully completing the Unit 6 assignment, consider doing the following:

- Read the Quality Improvement Initiative Evaluation assignment description and scoring guide to ensure you understand the work you will need to complete.
- Read and start thinking about the questions in the Guiding Questions: Quality Improvement Initiative Evaluation [DOC] document.
    - You may find it useful to use this document as a pre-writing exercise, as an outlining tool, or as a final check to ensure that you have sufficiently addressed all the grading criteria for this assignment.
- Ask your instructor any questions you have about the assignment at this time.

u05d1 - Organizational Care Goals for Interprofessionals

Reflect on the specific care goals in your organization. Think about how they are measured, monitored, and discussed with interprofessional team members. In addition, in your organization, how are goals to improve care chosen, and how do interprofessional team members collaborate in the setting, monitoring, and achievement of goals? For this discussion, consider the following and be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM):

- Identify specific care goals in your organization.
- What guidelines does the organization follow to determine and measure patient outcomes and care goals?
- How do interprofessional team members participate and collaborate in the setting, monitoring, and achievement of patient goals?
- How do interprofessional team members effect change in the organization within the context of a specific outcome measure?

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- If you are familiar with the patient outcome measure selected by your peer, start a dialogue about it and share your experience. How is it helpful to your practice and interprofessional team care? Have you encountered any challenges?
- If you are unfamiliar with the outcome measure selected by your peer, interview her or him about its use and application. Is it helpful to his or her practice? Are there any challenges? Ask thought provoking questions about the use of outcome measures and the applications in the workplace.

Course Resources

Graduate Discussion Participation Scoring Guide

u05d2 - Quality Indicators

For this discussion, review the following two resources from this unit's Studies section:

- Core Measures.
- National Database of Nursing Quality Indicators.

As you know, quality indicators are common measures that apply to most patients or disease-specific measures that convey the quality of clinical care for patients with specific diagnoses. Using standard quality indicators to measure and report outcomes helps ensure that medical facilities are providing safe, effective, patient-centered care. We use both qualitative and quantitative data to explore our success with health care delivery and outcome measures. Interprofessional teams need to use this information to define, develop, and implement quality processes.

In this discussion, describe the quality indicators and specific data types used in your organization. Be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM).

- Define quality outcomes in your organization.
- What have you learned from the specific quality indicators about your nursing practice and your role on an interprofessional team?
- How have quality indicators helped you identify areas for improvement as a provider and team member?

- Describe a decision you made based on quality indicators and how this affected the interprofessional team as a support system.

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- If you are familiar with the quality indicators and data measures your peer discussed, compare notes. Are the outcomes useful in your practice? Share your experience. Ask meaningful questions to advance your knowledge.
- If you are unfamiliar with the quality indicator or data measures your peer discussed, find out more. Why does it interest you? Would this quality indicator benefit your practice? Ask meaningful questions about the tool to advance your knowledge.

Course Resources
Graduate Discussion Participation Scoring Guide
Core Measures
The National Database of Nursing Quality Indicators

Unit 6 >> Cost Efficiencies and Patient Safety

Introduction

Insufficient staffing can contribute to preventable medical errors—one of the biggest concerns facing hospitals today. High patient-nurse ratios have a negative impact on patients, staff (work-life quality), and the cost of care. However, given the diversity of health care organizations and the complexity of staffing issues, there are no simple solutions.

Many state regulatory bodies have begun to mandate minimum nurse-to-patient ratios. This ensures that nurses are not overworked and patients are not ignored. These requirements decrease nurse turnover, improve the quality of care, and reduce preventable medical errors. While there are many different ways to determine minimum nurse-to-patient ratios, the debate continues over which method

is best for patients, staff, and the medical facility. It should come as no surprise that much of the controversy centers on cost.

Learning Activities

u06s1 - Studies

Readings

Use the Capella University Library to read the following:

- Stalpers, D., deBrouwer, B. J. M, Kaljouw, M. J., & Schuurmans, M. J. (2015). Associations between characteristics of the nurse work environment and five nurse-sensitive patient outcomes in hospitals: A systematic review of literature. *International Journal of Nursing Studies*, *52*(4) 817–835.
- Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., . . . Sermeus, W. (2014). Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. The Lancet, 383(9931), 1824–1830.
- Bodenheimer, T., & Sinsky, C. (2014). From Triple Aim to Quadruple Aim: Care of the patient requires care of the caregiver. *Annals of Family Medicine*, *12*(6), 573–576.
- Owsley, T. (2013). The paradox of nursing regulation: Politics or patient safety? *Journal of Legal Medicine*, *34*(4), 483–503.
- Harris, J., & Schmitt, L. (2004). National Patient Safety Goals guide safe care. *Journal of Nursing Care Quality*, *19*(2), 88–91.

Review the following:

- Montalvo, I. (2007). The national database of nursing quality indicators. *Online Journal of Issues in Nursing*, *12*(3), 1–11.

Use the Internet to read the following:

- American Nurses Association. (2016). Nurse staffing.
- The Joint Commission. (2017). National patient safety goals.

u06a1 - Quality Improvement Initiative Evaluation

Professional Context

Too often, discussions about quality health care, care costs, and outcome measures take place in isolation—each group talking among themselves about results and enhancements. Because nurses are critical to the delivery of high-quality, efficient health care, it is essential that they develop the proficiency to review, evaluate performance reports, and be able to effectively communicate outcome measures related to quality initiatives. The nursing staff's perspective and the need to collaborate on quality care initiatives are fundamental to patient safety and positive institutional health care outcomes.

Instructions

You have been asked to prepare and deliver an analysis of an existing quality improvement initiative at your workplace. The QI initiative you choose to analyze should be related to a specific disease, condition, or public health issue of personal or professional interest to you. The purpose of the report is to assess whether or not specific quality indicators point to improved patient safety, quality of care, cost and efficiency goals, and other desired metrics. Your target audience is nurses and other health professionals with specializations or interest in your chosen condition, disease, or public health issue.

In your report you will:

- Define the disease.
- Analyze how the condition is managed.
- Identify the core performance measurements related to successful treatment or management of the condition.
- Evaluate the impact of the quality indicators on the health care facility.

Be sure to address the bullet points below in your analysis, as they correspond to grading criteria in the scoring guide. You may also want to read the Quality Improvement Initiative Evaluation Scoring Guide to better understand the performance levels that relate to each grading criterion. Additionally, be sure to review the Guiding Questions: Quality Improvement Initiative Evaluation document, linked in the resources, for additional clarification about things to consider when creating your assignment.

- Analyze a current quality improvement initiative in a health care setting
- Evaluate the success of a current quality improvement initiative through recognized benchmarks and outcome measures.
- Incorporate interprofessional perspectives related to initiative functionality and outcomes.
- Recommend additional indicators and protocols to improve and expand outcomes of a quality initiative.

- Communicate evaluation and analysis in a professional and effective manner, writing content clearly and logically with correct use of grammar, punctuation, and spelling.
- Integrate relevant sources to support arguments, correctly formatting citations and references using current APA style.

***Example assignment**:* You may use the Quality Improvement Initiative Evaluation Example, linked in the Resources, to give you an idea of what a Proficient or higher rating on the scoring guide would look like.

Submission Requirements

- **Length of submission**: A minimum of five but no more than seven double-spaced, typed pages.
- **Number of references**: Cite a minimum of four sources (no older than seven years, unless a seminal work) of scholarly or professional evidence to support your interpretation and analysis.
- **APA formatting**: Resources and citations are formatted according to current APA style.
- **SafeAssign:** It is suggested that you use the SafeAssign Draft option to check your writing and ensure that you have paraphrased, quoted, and cited your sources appropriately before you submit it for grading.

Course Resources
Quality Improvement Initiative Evaluation Example
APA Module
Guiding Questions: Quality Improvement Initiative Evaluation [DOC]
SafeAssign

u06d1 - Staffing Ratios

This discussion will be based on two readings from this unit's Studies section:

- Associations Between Characteristics of the Nurse Work Environment and Five Nurse-Sensitive Patient Outcomes in Hospitals: A Systematic Review of Literature.

- The American Nurses Association Web site section, Nurse Staffing.

In both readings, the issue of staff-to-patient ratio is explored. Staffing is a problem that encompasses patient safety, cost effectiveness, and work-life quality. In this discussion, comment on the following. Be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM).

- Discuss the minimum nurse-to-patient ratio where you practice. How do you reconcile staffing levels and patient outcomes with financial constraints of most health care facilities?
- How do staffing patterns impact patient care beyond the issues mentioned here?
- If you live in a state with nurse staffing laws, in what ways do these laws benefit nurses and patients?

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- If you do not practice in a state with nurse staffing laws, start a dialogue with a peer who does. Ask substantive questions about the laws' effects on patient safety and quality of care.
- If you practice in a state with nurse staffing laws, start a dialogue with a peer who does not. Ask substantive questions about any programs or initiatives that are currently in place to address patient safety and quality of care. Are they effective? What works? What does not?

Course Resources
Graduate Discussion Participation Scoring Guide
Associations Between Characteristics of the Nurse Work Environment and Five Nurse-Sensitive Patient Outcomes in Hospitals: A Systematic Review of Literature
Nurse Staffing

Unit 7 >> Accountability and Quality Care

Introduction

Accountability is at the heart of the nursing practice. In a health care setting (as well as in life), it speaks to credibility, integrity, trust, transparency, and ethics. You must be counted on to do what you say you will do. While you are charged with making knowledgeable and compassionate decisions that are in the best interest of your patients, you should not be alone in these efforts. Health care organizations need to create a culture of accountability that holds everyone to the highest standards. Leadership should provide the training, tools, and resources that nurses and other health care professionals need to succeed. Without accountability as a driving personal and organizational force, efforts to provide quality care and improve patient safety are elusive goals.

Learning Activities

u07s1 - Studies

Readings

Use the Capella University Library to read the following:

- Kupperschmidt, B. R. (2004). Making a case for shared accountability. *Journal of Nursing Administration*, *34*(3) 114–116.
- Arries, E. J. (2014). Patient safety and quality in healthcare: Nursing ethics for ethics quality. *Nursing Ethics*, *21*(1), 3–5.
- Battié, R., & Steelman, V. M. (2014). Accountability in nursing practice: Why it is important for patient safety. *Association of Operating Room Nurses. AORN Journal*, *100*(5), 537–541.
- White, D. E., Jackson, K., Besner, J., & Norris, J. M. (2015). The examination of nursing work through a role accountability framework. *Journal of Nursing Management*, *23*(5), 604–612.
- Ulrich, B. (2014). The responsibility and accountability of being a registered nurse. *Nephrology Nursing Journal*, *41*(3), 241, 254.
- Galloway, S. G. (2014). Kathleen Mears memorial lecture: Personal accountability: Your key to survival in health care reform. *The Neurodiagnostic Journal*, *54*(3), 211–226.
- Spiva, L. A., Jarrell, N., & Baio, P. (2014). Power of nursing peer review. *Journal of Nursing Administration*, *44*(11), 586–590.
- Ohde, S., Terai, M., Oizumi, A., Takahashi, O., Deshpande, G. A., Takekata, M., . . . Fukui, T. (2012). The effectiveness of a multidisciplinary QI activity for accidental fall prevention: Staff compliance is critical. *BMC Health Services Research*, *12*, 197.
- Harrison, R., Lawton, R., & Stewart, K. (2014). Doctors' experiences of adverse events in secondary care: The professional and personal impact. *Clinical Medicine*, *14*(6), 585–590.

Use the Internet to read the following:

- Gibson, R. (2007). The role of the patient in improving patient safety.
- Rafter, N., Hickey, A., Condell, S., Conroy, R., O'Connor, P., Vaughan, D., & Williams, D. (2014). Adverse events in healthcare: Learning from mistakes. *QJM: Monthly Journal of the Association of Physicians*, *108*(4), 273–277.

u07d1 - Accountability in the Workplace

We are all responsible for quality—health care leadership, providers, volunteers, and yes, even patients and their families. An organization with high standards and a reputation for delivering quality patient care will inevitably have a culture that demands both professional and personal accountability. Failing to meet standards of care is detrimental to patient safety. The resulting repercussions may cause harm that reaches well beyond the individual to staff, management, and regulatory agencies.

In this discussion, describe a time when you witnessed another person on the interprofessional team not being accountable. Be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM).

- What were the effects?
- What ethical course of action should have been initiated?
- How did the facility respond?
- How can the patient and the organization partner to develop safer care?

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- What actions has your employer taken, or would take under similar circumstances?
- What is the best way to respond to a team member you feel is not being accountable?
- What can be done to prevent the same or similar events in the future?

Course Resources

Graduate Discussion Participation Scoring Guide

u07d2 - Quality Improvement Initiative Proposal Draft

In Unit 9 you will submit your final assignment, the Data Analysis and Quality Improvement Initiative Proposal. For this discussion, please post a **draft outline** of your proposal. This is an opportunity for you to get feedback on your assignment and make improvements.

Refer to the Data Analysis and Quality Improvement Initiative Proposal assignment description and scoring guide as you develop your draft, to ensure that you will be able to meet all the requirements of the assignment. Be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM).

Response Guidelines

Provide substantial feedback to your peer's outline. Please try to respond to a peer who has not yet received a response to their post, and include the following in your comments. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- Is the outline structured to enable your peer to meet each grading criterion in the Data Analysis and Quality Improvement Initiative Proposal scoring guide?
- Point out areas of the outline that you feel are particularly strong and areas that may require more attention.
- Provide at least one constructive suggestion that you feel would make your peer's submission more effective.

Course Resources
Graduate Discussion Participation Scoring Guide

Unit 8 >> Communication Strategies for Care Teams

Introduction

Today, multiple health care professionals are involved in the direct care of patients, particularly in clinical settings. Conflicts arise when roles overlap, ideologies collide, or there is a real or perceived inequality of power. It is no surprise that poor communication is often at the root of clashes between nursing staff and members of the interprofessional care team. That is why being able to communicate effectively is so important to achieving quality care goals. Poor communications between nurses and members of the interprofessional team are frequently to blame for adverse events and near miss incidents. Employing tools that enhance communication (checklists, SBAR and others) is integral to reducing medical errors and ensuring patient safety. Communicating in a specific format allows each discipline to exchange vital patient information in a way that satisfies different communication styles and needs.

Learning Activities

u08s1 - Studies

Readings

Use the Capella University Library to read the following:

- Matziou, V., Vlahioti, E., Perdikaris, P., Matziou, T., Megapanou, E., & Petsios, K. (2014). Physician and nursing perceptions concerning interprofessional communication and collaboration. *Journal of Interprofessional Care*, *28*(6), 526–533.
- Foronda, C., MacWilliams, B., & McArthur, E. (2016). Interprofessional communication in healthcare: An integrative review. *Nurse Education in Practice*, *19*, 36–40.
- Gluyas, H. (2015). Effective communication and teamwork promotes patient safety. *Nursing Standard*, *29*(49), 50–57.
- Boaro, N., Fancott, C., Baker, R., Velji, K., & Andreoli, A. (2010). Using SBAR in improving communication in interprofessional rehabilitation teams. *Journal of Interprofessional Care*, *24*(1), 111–114.
- Wysham, N. G., Mularski, R. A., Schmidt, D. M., Nord, S. C., Louis, D. L., Shuster, E., . . . Mosen, D. M. (2014). Long-term persistence of quality improvements for an intensive care unit communication initiative using the VALUE strategy. *Journal of Critical Care*, *29*(3), 450–454.

u08s2 - Assignment Preparation

By the end of Unit 9, you will turn in your assignment, Data Analysis and Quality Improvement Initiative Proposal. This assignment will require you to analyze a current quality improvement initiative in a health care setting. To help prepare yourself for successfully completing the Unit 9 assignment, consider doing the following:

- Read the Data Analysis and Quality Improvement Initiative Proposal assignment description and scoring guide to ensure you understand the work you will need to complete.
- Read and start thinking about the questions in the Guiding Questions: Data Analysis and Quality Improvement Initiative Proposal [DOC] document.
    - You may find it useful to use this document as a pre-writing exercise, as an outlining tool, or as a final check to ensure that you have sufficiently addressed all the grading criteria for this assignment.
- Consider incorporating any peer feedback that you received on your draft in the Unit 7 discussion.
- Ask your instructor any questions you have about the assignment at this time.

u08d1 - Enhanced Collaboration in the Workplace

Good communication between nurses, patients, and the interprofessional team is essential to patient safety and quality of care. Proponents of interprofessional collaborations encourage enhanced collaboration, where each professional's contribution is valued equally. Discuss the benefits and challenges of this concept in your workplace. Be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM).

- How does this affect patient care and patient handoff?
- What are some effective strategies for improving interdisciplinary communications?

Response Guidelines

What specific challenges have you experienced with interprofessional communication? How did you address these issues in your work environment? Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

Course Resources

Graduate Discussion Participation Scoring Guide

u08d2 - Effective Communication Modalities

Provide an example of a time when a problem arose because of ineffective communication and how SBAR, ICS, SOAP, CUS, or another communication modality would have prevented it from occurring. You may select a miscommunication that occurred within the nursing staff or between the nursing staff and the interprofessional team. Be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM).

- Describe any limitations with the communication model you selected.
- How do you manage patient confidentiality with the selected modality?
- What communication models do you use that are unique to your specialization?
- How effective are they? How do they improve quality of care and patient safety?

Response Guidelines

In your response, please address at least one of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- If you are familiar with the communication tool or modality described by your ;peer, start a dialogue. Share your experience and discuss the benefits and challenges.
- If you are unfamiliar with the communication tool or modality described by your peer, find out more. Ask about the benefits and challenges.

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 9 >> Leadership Concepts to Influence Patient Safety and Quality of Care

Introduction

Health care practitioners across all disciplines are charged with continually seeking to establish a culture of safety and quality. Effective nurse leaders are especially critical to positive patient outcomes and quality care delivery. They ensure that appropriate staffing and other resources are in place. However, people frequently confuse the terms *leader* and *manager*. A supportive work environment requires strong leadership throughout the organization, but especially where patient care is delivered. Nurse leaders do not necessarily need managerial status to inspire others, make sound decisions, maintain good interprofessional relationships, and influence others to accomplish key goals. You do not have to supervise anyone to position yourself as a leader. Even staff nurses can begin to build a strong foundation for leadership.

Learning Activities

u09s1 - Studies

Readings

Use the Capella University Library to read the following:

- Wong, C. A. (2015). Connecting nursing leadership and patient outcomes: State of the science. *Journal of Nursing Management*, *23*(3), 275–278.
- Smith-Trudeau, P. (2016). Nursing leadership at all levels: The art of self-leadership. *Vermont Nurse Connection*, *19*(4) 4–5.
- Wilkes, L., Cross, W., Jackson, D., & Daly, J. (2015). A repertoire of leadership attributes: An international study of deans of nursing. *Journal of Nursing Management*, *23*(3), 279–286.
- Thomas, C. D. (2016). *Transformational leadership as a means of improving patient care and nursing retention* (Doctoral dissertation). Available from ProQuest Dissertations & Theses Global. (Order No. 10125747).

Review the following:

- Montalvo, I. (2007). The national database of nursing quality indicators. *Online Journal of Issues in Nursing*, *12*(3), 1–11.

Use the Internet to review the following:

- Hospital Consumer Assessment of Healthcare Providers and Systems. (2017). CAHPS hospital survey.

Multimedia

- Click **Vila Health: Data Analysis** to view the presentation.

Course Resources

Vila Health: Data Analysis

u09a1 - Data Analysis and Quality Improvement Initiative Proposal

Professional Context

"A basic principle of quality measurement is: If you can't measure it, you can't improve it" (Agency for Healthcare Research and Quality, 2013).

Health care providers are on an endless quest to improve both care quality and patient safety. This unwavering commitment requires hospitals and care givers to increase their attention and adherence to treatment protocols to improve patient outcomes. Health informatics, along with new and improved technologies and procedures, are at the core of virtually all quality improvement initiatives. The data gathered by providers, along with process improvement models and recognized quality benchmarks, are all part of a collaborative, continuing effort. As such, it is essential that professional nurses are able to correctly interpret, and effectively communicate information revealed on dashboards that display critical care metrics.

Reference

Agency for Healthcare Research and Quality. (2013). Preventing falls in hospitals. Retrieved from https://www.ahrq.gov/professionals/systems/hospital/fallpxtoolkit/fallpxtk5.html#tiptop

Instructions

In this assignment, you will propose a quality improvement initiative proposal based on a health issue of professional interest to you. The QI initiative proposal will be based on an analysis of dashboard metrics from a health care facility. You have one of two options:

Option 1

If you **have** access to dashboard metrics related to a QI initiative proposal of interest to you:

- Analyze data from the health care facility to identify a health care issue or area of concern. You will need access to reports and data related to care quality and patient safety. If you work in a hospital setting, contact the quality management department to obtain the data you need.
- You will need to identify basic information about the health care setting, size, and specific type of care delivery related to the topic that you identify. You are expected to abide by standards for compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Option 2

If you **do not have** access to a dashboard or metrics related to a QI initiative proposal:

- You may use the hospital data set provided in the Vila Health: Data Analysis presentation to identify a health care issue or area of concern.
- You will follow the same instructions and provide the same deliverables as your peers who select Option 1.

The bullet points below correspond to grading criteria in the scoring guide. Be sure that your proposal is, at minimum, addressing each of the bullets. You may also want to read the Data Analysis and Quality Improvement Initiative Proposal Scoring Guide to better understand the performance levels that relate to each grading criterion. Additionally, be sure to review the Guiding Questions: Data Analysis and Quality Improvement Proposal document, linked in the resources, for additional clarification about things to consider when creating your assignment.

- Analyze data to identify a health care issue or area of concern.
- Outline a QI initiative proposal based on a selected health issue and supporting data analysis.
- Integrate interprofessional perspectives to lead quality improvements in patient safety, cost effectiveness, and work-life quality.
- Apply effective communication strategies to promote quality improvement of interprofessional care.
- Communicate evaluation and analysis in a professional and effective manner, writing content clearly and logically with correct use of grammar, punctuation, and spelling.
- Integrate relevant sources to support arguments, correctly formatting citations and references using current APA style.

***Example assignment**:* You may use the Data Analysis and Quality Improvement Initiative Proposal Example, linked in the Resources, to give you an idea of what a Proficient or higher rating on the scoring guide would look like.

Submission Requirements

- **Length of submission**: 8–10 double-spaced, typed pages, not including title and reference page.
- **Number of references**: Cite a minimum of five sources (no older than seven years, unless a seminal work) of scholarly or professional evidence to support your evaluation, recommendations, and plans.
- **APA formatting**: Resources and citations are formatted according to current APA style.
- **SafeAssign:** It is suggested that you use the SafeAssign Draft option to check your writing and ensure that you have paraphrased, quoted, and cited your sources appropriately before you submit it for grading.

Course Resources
Guiding Questions: Data Analysis and Quality Improvement Initiative Proposal [DOC]
Data Analysis and Quality Improvement Initiative Proposal Example
Vila Health: Data Analysis | Transcript
APA Module
SafeAssign

u09d1 - Leadership Qualities

For this discussion, share a time when you or a colleague demonstrated leadership qualities that enhanced patient safety and quality of care. Address the following and be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM):

- How can a staff nurse demonstrate leadership in matters of quality improvement?
- What did you or a colleague do that demonstrated leadership? How was the action received by others?
- Outline the steps a leader might utilize to promote accountability in the reporting of errors in a non-punitive and quality enhancing manner.

Response Guidelines

In your response, please address the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- How can you promote an environment that is not punitive regarding the reporting of errors in highly accountable organizations?

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 10 >> Course Reflection

Introduction

In this unit, you will consider how work-life quality impacts nurses and other health care professionals and propose a program idea for an interprofessional team. You will also be given the opportunity to reflect upon your learning in this course. Use this as a chance to examine how your knowledge and understanding of interprofessional care and quality improvement has grown or changed. In addition, reflect on how you can use the skills and knowledge you gained in this course to improve your professional nursing practice.

MSN Program Journey

Click **MSN Program Journey** to review this useful guide.

Course Resources

MSN Program Journey

Learning Activities

u10s1 - Studies

Readings

Use the Capella University Library to read the following:

- Mullen, K. (2015). Barriers to work-life balance for hospital nurses. *Workplace Health & Safety*, *63*(3), 96–99.
- Nowrouzi, B., Lightfoot, N., Larivière, M., Carter, L., Rukholm, E., Schinke, R., & Belanger-Gardner, D. (2015). Occupational stress management and burnout interventions in nursing and their implications for healthy work environments: A literature review. *Workplace Health & Safety*, *63*(7), 308–315.
- Smart, D., English, A., James, J., Wilson, M., Daratha, K. B., Childers, B., & Magera, C. (2014). Compassion fatigue and satisfaction: A cross-sectional survey among US healthcare workers. *Nursing & Health Sciences*, *16*(1), 3–10.
- Harry, E. (2014). Stress and the healthcare worker: As complicated or as simple as fear and hope. *The Journal of Medical Practice Management*, *30*(1), 28–30.

u10d1 - Work-Life Quality for Interprofessional Teams

Nursing is a high stress, high demand profession. Many nurses and other health care professionals suffer from job burnout and have valid concerns about workplace safety, inadequate pay, and lack of support from management.

In health care organizations committed to improving work-life quality, everyone wins. Employees are productive and patient safety improves. A content, productive health care worker is healthier, less stressed, and less likely to make costly mistakes.

In this discussion, propose a work-life quality program idea for an interprofessional team you are currently (or have previously been) a part of. Focus on one idea that would help improve the work-life quality of the entire interprofessional team. Be brief, be creative, and do not be afraid to think "outside the box." Be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM).

Response Guidelines

Review the responses of your peers and respond, addressing one or more of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- Reflect on the strong points of your peer's idea.
- Provide any constructive suggestions for how the proposed program idea could be improved, or be made potentially more effective.

Course Resources

Graduate Discussion Participation Scoring Guide

u10d2 - Course Reflection

For this discussion, please reflect on your experiences and learning throughout this course. Respond to the following and be sure to follow the requirements for initial postings found in the Faculty Expectations Message (FEM):

- What have you learned that you found interesting?
- What will be the most professionally useful going forward?
- How do you envision applying aspects of this course work in your practice?
- In what area (or areas) of the course would you have liked to see more content or instruction? How would this have contributed to your learning?

Response Guidelines

Review the responses of your peers and respond, addressing one or more of the following. Be sure to follow the requirements for response posts found in the Faculty Expectations Message (FEM).

- How was your overall course experience similar or different?
- How similar or different are your plans to apply the learning to your practice?

Course Resources

Graduate Discussion Participation Scoring Guide