Patient safety and quality of care are two of the main cornerstones of nursing practice. We all strive to provide safe environments for our patients by doing our best to avoid errors. However, landmark studies, such as the Institute of Medicine’s To Err Is Human: Building a Safer Health System, have demonstrated that the healthcare profession has been fraught with errors. In this 1999 report, the estimated cost of medical errors was between $17 billion and $29 billion at hospitals across the country, with death rates between 44,000 and 98,000.

The follow-up report Keeping Patients Safe: Transforming the Work Environment of Nurses made several recommendations, which prompted many agencies, such as The Joint Commission and the Agency for Healthcare Research and Quality, to develop standards for healthcare organizations to employ in an effort to reduce the number of errors. In this 1999 report, the estimated cost of medical errors was between $17 billion and $29 billion at hospitals across the country, with death rates between 44,000 and 98,000.

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The project was designed to address the gap between education and practice and was developed in three phases. Phase I involved a team of experts who examined factors related to quality and safety. In Phase II, the Quality and Safety Education for Nurses (QSEN) competencies, which would be included in undergraduate and graduate curricula, were developed. Phase III focused on faculty development and integration of the competencies into curricula, research, accreditation, and licensing. The overall goal was to improve patient outcomes by providing nursing students with a solid foundation so they have the knowledge, skills, and attitudes needed to provide safe and effective quality care.

Educators and accreditation, licensing, and certification organizations should ensure that students and working professionals develop and maintain proficiency in five core areas:

- delivering patient-centered care
- working as part of interdisciplinary teams
- practicing evidence-based medicine
- focusing on quality improvement
- using information technology.

Because QSEN competencies are relatively new, many nurses haven’t been taught about them, creating a need for all nurses to develop new skills centering around these competencies. We’ll take a look at the core QSEN competencies, along with strategies on how to incorporate them into your practice.

What’s QSEN?

There are six QSEN competencies that were developed for pre-licensure and graduate nursing programs: patient-centered care, teamwork and collaboration, evidence-based practice (EBP), quality improvement (QI), safety, and informatics. Many of these competencies are already being addressed in the healthcare setting, but there’s a need to further integrate them into our everyday practice and utilize similar language in our competency statements.
For each competency, there are expectations relating to the knowledge (understanding), skills (implementation), and attitudes (values) that should be achieved. By the time nursing students graduate, they should have achieved these competencies and should continue to address and utilize them in their professional practice role. After nursing students graduate, they look to experienced RNs as their preceptors and mentors, and to nurse managers for guidance throughout their transition, which is why it’s crucial that these competencies are comprehended and embraced by all nurses.

The big six
The first competency is patient-centered care, which focuses on including patients in all decisions and providing compassionate care that’s based on a patient’s needs and values. An example of a knowledge-related competency statement is “Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values.” Although this seems like something we’d all espouse, there are times we may not realize that we aren’t taking our patients’ perspectives, beliefs, or cultural backgrounds into consideration.

The second competency is teamwork and collaboration, which relates to interdisciplinary collaboration and shared decision making among the healthcare team. A competency statement related to attitudes would be “Value the perspectives and expertise of all health team members.” Many hospitals have interdisciplinary rounds during which the healthcare team meets to review the care plan for each patient on a particular unit.

The third competency is EBP, which relates to the utilization of current evidence when providing collaborative care. An example of a skills competency statement is “Read original research and evidence reports related to the area of practice.” The use of research and evidence in our practice has become widely embraced, especially at Magnet® hospitals and hospitals on the Magnet journey. You may be able to join the research committee at your organization or suggest that one be started. You might also spearhead an interdisciplinary study on a clinical issue in your practice area.

The fourth competency is QI, which relates to data collection, evaluation, and improvement of patient outcomes. The following is considered a skill-related competency statement: “Participate in a root cause analysis of a sentinel event.” According to The Joint Commission, a sentinel event is an unexpected occurrence that may result in death or a serious adverse patient outcome. When something like this occurs, hospitals are required to conduct a root cause analysis. You might want to ask to be part of the taskforce as an observer or active participant to learn more about this process.

The fifth competency is safety, which focuses on preventing harm to patients. A knowledge-related competency would be “Describe factors that create a culture of safety (such as open communication strategies and organizational error reporting systems).” You’re probably aware of many patient safety initiatives such as The Joint Commission’s National Patient Safety Goals. You can help nursing students and new nurses understand these goals by being a positive role model and sharing your knowledge.

The final competency is informatics, which relates to the utilization of technology to promote safety and quality. An example of a competency on attitudes is “Value nurses’ involvement in design, selection, implementation, and evaluation of information technologies to support patient care.” Technology is always improving and the use of electronic medical records (EMRs), medication administration programs, and other equipment and programs has been shown to improve patient safety. For example, it has been suggested that the use of computerized physician order entry reduces the risk of prescribing errors. On the other hand, it has been noted that the use of EMRs doesn’t necessarily decrease patient safety errors; however, a 2011 study found that they do decrease costs and patient deaths by 34%.

Clearly, we have more work to do, but we’re making strides and will continue to do so as more nurses and other healthcare practitioners embrace initiatives such as the QSEN competencies.

Putting it into practice
The QSEN competencies can help nurses positively impact patient outcomes. Although many of these competencies are already being addressed in healthcare settings, you can continue to integrate them into your practice and serve as a role model to nursing students and new nurses on your unit. Consider becoming a QSEN advocate and join the safety or quality committee at your hospital. Has your unit participated in an EBP project? If not, perhaps you and your colleagues can develop a project on a clinical issue related to your specialty.

Participating in multidisciplinary rounds is another way to promote teamwork and collaboration in addition to providing patient-centered care. Make sure to check out the QSEN website at http://www.qsen.org.
has a wide variety of resources that you may utilize when looking to improve safety outcomes within your organization. These competencies have the ability to guide the entire healthcare system in the delivery of safe and effective quality care.

Learn more about it


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