

Week 14 QSEN Competency Table Template

Problem: Adherence to an Opioid Prescribing Guideline

QSEN Competency	Knowledge	Skill	Attitude
Patient-Centered Care	<p>Analyze the contributors to healthcare disparities among patients of certain cultures or populations and their implications for opioid treatment.</p> <p>Analyze how patient-specific cultural, social, or spiritual values and/or preferences relate to or affect opioid treatment.</p> <p>Synthesize how health literacy affects opioid use and treatment.</p> <p>Analyze how methods of opioid prescribing differ and are effective or ineffective based on individual physical comfort, degree of</p>	<p>Engage in active listening to elicit patient values, preferences, and needs when selecting opioid therapy, establishing opioid treatment goals, and discussing risks/benefits.</p> <p>Develop solutions for identified barriers that contribute to poor adherence to opioid agreements.</p> <p>Assess the patient’s understanding of their medical condition(s) in relation to their opioid use, including their understanding of the necessity, degree, and anticipated</p>	<p>Commit to the notion that prescribing opioids is a patient-physician partnership and allow the patient a reasonable degree of responsibility.</p> <p>Commit to environmental changes that promote non-judgment.</p> <p>Value health-literacy diversity among patients receiving opioid treatment and your role in providing education.</p> <p>Respect patient preferences, values, and attitudes toward their opioid treatment and the importance of evidence-based,</p>

	<p>social and emotional supports, and patient education.</p> <p>Analyze how location and access to care facilities affects adherence to opioid agreements.</p> <p>Analyze how personal attitudes, values, and beliefs affect prescribing behaviors and the perception of the patient receiving opioids.</p>	<p>duration of opioid use.</p> <p>Actively and consistently engage patients in the development of opioid treatment plans and goals.</p> <p>Assess the degree of conflict and offer support to patients with conflicting values, attitudes, or preferences related to their opioid treatment and offer resources and education accordingly.</p> <p>Continuously engage in introspection to help facilitate consistent patient-centered care.</p> <p>Create a non-judgmental environment for patients and families receiving opioid treatment.</p> <p>Engage in research looking at models of care that promote patient-centered care among patients receiving opioid</p>	<p>shared-decision making.</p> <p>Value the ethical and legal issues surrounding the development of patient-centered opioid treatment plans.</p> <p>Value the aspects of the evidenced-based models of care within an opioid guideline that promote patient-centered care.</p>
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		treatment and in accordance with the opioid guideline.	
Teamwork and Collaboration	<p>Analyze how clinical support, social work, and foreign-language interpreters can help to address barriers to effective opioid guideline implementation.</p> <p>Consider the role of pharmacists and pain specialists in opioid treatment planning.</p> <p>Analyze communication and learning styles of patients and families that will be involved in opioid treatment planning.</p> <p>Analyze which leadership styles will positively affect team functioning and promote effective implementation of an opioid guideline.</p>	<p>Work with foreign-language interpreters and patients to develop culturally sensitive treatment plans.</p> <p>Work with families to develop feasible opioid treatment plans.</p> <p>Act with respect for the differing roles and views of ancillary staff involved in the opioid treatment plan.</p> <p>Communicate individual roles of each team member in the opioid treatment plan.</p> <p>Guide team members through the opioid treatment plan while considering individual preferences, values, and attitudes.</p> <p>Implement leadership styles that promote positive team collaboration and</p>	<p>Value the contribution of individual team members when evaluating the effectiveness of and adherence to an opioid guideline.</p> <p>Value the patient and family as priority team members.</p> <p>Be open to constructive feedback from team members throughout the implementation of an opioid guideline.</p> <p>Be open to changing leadership styles based on team feedback or performance.</p>

		<p>effective implementation of an opioid guideline.</p> <p>Continually assess for conflict between team members and facilitate conflict management as needed.</p>	
<p>Evidenced-Based Practice</p>	<p>Describe the components of an opioid guideline, the rationale, and the outcomes associated with the guideline's implementation.</p> <p>Identify strategies to facilitate implementation of an evidence-based guideline.</p> <p>Analyze how an evidence-based guideline improves aspects of the nursing process.</p>	<p>Prescribe opioids through consistent adherence to a nationally recognized opioid-prescribing guideline, using the strategies outlined in the document you identified.</p> <p>Assess the effectiveness of guideline implementation using data regarding patient outcomes from patient care encounters.</p>	<p>Appreciate the value of evidenced-based opioid guidelines.</p> <p>Value the practice of implementing evidence-based care practices when prescribing opioids.</p> <p>Appreciate gaps in the evidence base related to opioid treatment, based on data gathered from patient care as well as the literature supporting the guideline.</p>

		<p>Continuously engage in literature review and implement changes in a guideline based on the most up-to-date evidence.</p>	
<p>Quality Improvement</p>	<p>Describe the practices within opioid guidelines that have been shown to improve outcomes of patients receiving opioid treatment.</p> <p>Describe the nationally accepted standards of care related to opioid prescribing (e.g., CDC, FDA, HHS, CMS).</p> <p>Analyze how implementation of quality care, using the nationally accepted guidelines or standards of care, positively affects patient access and cost of care.</p>	<p>Translate the aims of nationally accepted opioid guidelines (e.g., CDC, FDA, HHS, CMS) into an organization-specific workflow.</p> <p>Assess the efficiency of the above-described workflows and make changes accordingly.</p> <p>Implement quality improvement (QI) measures concordant with the opioid-prescribing guideline (i.e., self-assessment questionnaire).</p>	<p>Value the use of the CDCs self-assessment questionnaire in improving prescribing practices.</p> <p>Promote adherence to an opioid guideline to ensure quality care delivery among team members.</p> <p>Be accountable for the quality of care rendered as determined by quality measures and patient feedback.</p> <p>Appreciate that patients will be more likely to change behaviors based on outcomes associated</p>

	<p>Analyze how practices that are non-adherent and adherent to opioid guidelines differ in terms of quality and outcomes.</p> <p>Analyze why non-adherence occurs despite widely available, quality prescribing guidelines (i.e., time constraints).</p>	<p>Use the self-assessment questionnaire to identify quality care gaps and improve prescribing practices.</p> <p>Use the opioid guideline recommendations and implement them in daily practice.</p> <p>Use quality reporting and patient feedback to drive quality improvement of care practices.</p>	<p>with a quality care guideline.</p>
<p>Safety</p>	<p>Analyze the aspects of an opioid guideline that promote a culture of safety.</p> <p>Identify specific care practices outlined by an opioid guideline that promote safety of patients, clinicians, families, and the community.</p> <p>Identify contributors to non-adherence to</p>	<p>Implement an opioid guideline, based on nationally accepted standards of care, to assess the benefits and harms of opioid use, reduce inappropriate opioid usage, avoid overprescribing, and reduce the number of opioid-related deaths.</p> <p>Work with the care team to refine opioid-</p>	<p>Commit to the promotion of opioid guidelines as a standard of care.</p> <p>Appreciate the room for human error in the setting of non-adherence to an opioid guideline.</p> <p>Commit to and promote reporting errors that occur in the setting of non-adherence to an opioid guideline</p>

	<p>an opioid guideline that can result in risks to patient safety (e.g., workarounds).</p> <p>Identify how adherence to an opioid guideline establishes accountability and allows for remediation in the event of a breach in patient safety.</p>	<p>treatment goals for patients with identified safety risks on opioid treatment.</p> <p>Outline the role of each care-team member to avoid safety issues stemming from working out of scope.</p>	<p>among care-team members.</p>
Informatics	<p>Evaluate the benefits and limitations of EHRs in facilitating adherence to the opioid guideline.</p> <p>Familiarize yourself with the regulatory requirements for opioid prescribing.</p>	<p>Utilize available performance-improvement tools in the EHR (e.g., embedded PMP database, data prescribing reports, opioid education on AVS) to prescribe and monitor opioid treatment in accordance with an opioid guideline.</p> <p>Communicate the benefits of utilizing universal EHR among care-team members to facilitate communication surrounding the</p>	<p>Value the functions of EHRs in streamlining the opioid guideline implementation and patient communication.</p> <p>Understand the varying attitudes and abilities related to information technology use by patients and care-team members.</p>

	<p>Understand the ways in which EHRs can assist in engaging the patient and promoting transparency and adherence to opioid agreements.</p>	<p>opioid treatment plan and agreement.</p> <p>Assist in training care-team members in familiarizing themselves with the EHR functions essential to the success of an opioid guideline.</p> <p>Educate patients on available EHR functions to facilitate communication and promote adherence to opioid agreements.</p>	
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