A Community Hospital's Approach for Bridging Novice Nurses into Clinical Practice

Presented by:

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Introduction/Background

- 2010 – The Institute of Medicine Future In Nursing Report called for standardizations in Nurse Residency Programs

- 2015 – Reaffirmed

- The U.S. Department of Health and Human Resources – Health Resources and Services Administration (HRSA) predicted a 21% growth in residency programs by 2015.

Introduction/Background
A National Problem

- First-year turn-over rates for new nurses remains relatively high, ranging from 17%-22% (Spiva et. al. 2013), and can be as high as 40-60% (Harrison, 2014).

- Staff turn-over brings heighten awareness to
  - Harm
  - Unintended patient outcomes tied to lack of staff retention such as mortality
  - RN Satisfaction
  - Medication errors
  - Hospital acquired infections.

- Costs associated with replacing one registered nurse range from $82,000 to $88,000 (Jones, 2008).

Implementation of a clinical transition or residency program can decrease these turn-over rates to 10% or less (Harrison, 2014).

Introduction/Background
Our Problem

- 350-bed rural community hospital

- Located in Upstate NY

- On-boarded over 70 ADN prepared newly licensed RNs (NLRNs) during 2016 calendar year primarily from a local community college

- Education Team
  - Consisting of house-wide 3 Clinical Educators
  - Over-sight from Director of Nursing Excellence and Magnet Program

Previous Program: "GN Sessions"

- The classes previously offered to GNs for clinical transition:
  - Weekly
  - 1-3pm
  - Low attendance

Previous Program: "GN Sessions"

- Lack of monitoring; attendance, evaluation, satisfaction
- Lack of communication
- Lack of Buy-In/Support from Nursing Leadership and Preceptors
- Lack of Evidence-Based content

- Lack of a cohort
- Lack of support
- Large Turn-Over

Objective

Step #1

Reformatting of "GN Sessions"

- Evidence-Based Curriculum
- Improved Communication
- Application of Adult Learning Theories
- Holistic program to support transition to practice

Objective

Reformatting of "GN Sessions"

- New name – **Bridge to Practice Series**

- **WHO:**
  - For RNs and GNs with <u>less than one year</u> of clinical experience
  - Greater capture of participants with a learning need for a structured clinical transition program

The Bridge to Practice Series

- **When:**
  - New times
  - Biweekly
  - 7:30am-11:30am (accommodating to 12 hour shifts)

- **Length of program:**
  - 6 months in length
  - Revolving Sessions
  - Planned Graduations

The Bridge to Practice Series
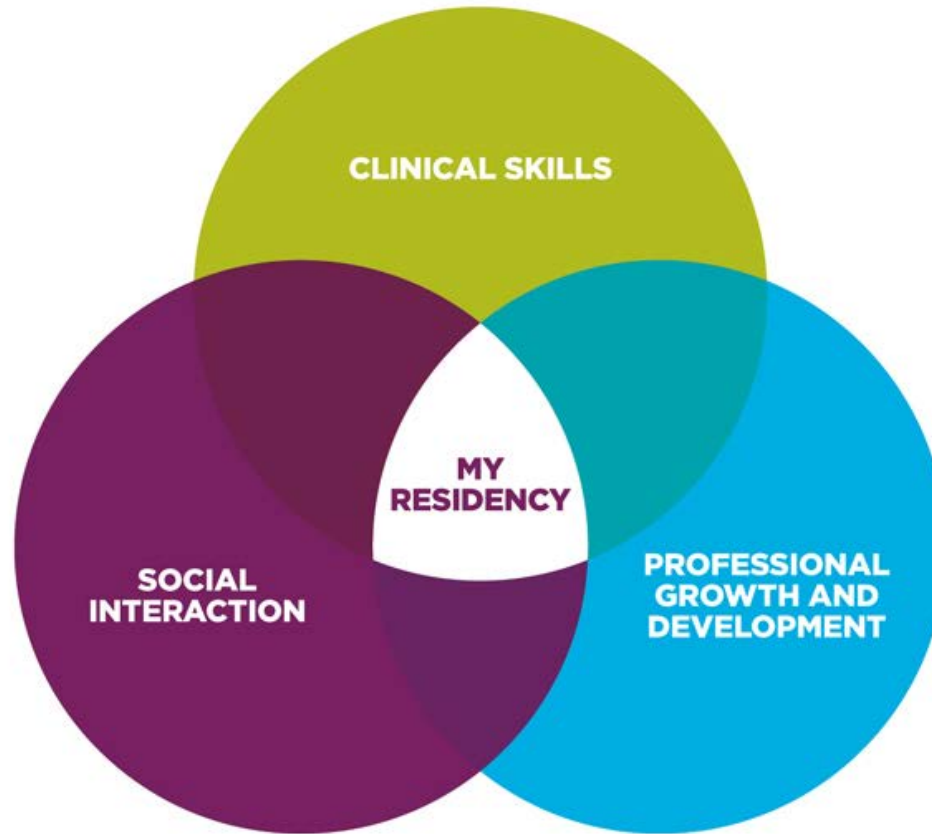
The Bridge to Practice Series

Program Goals

1. Provide educational support in the transition from entry-level clinical nurse to competent, professional nurse who provides safe, quality patient care.

2. Introduce application of evidence-based practice in the clinical setting.

3. Develop clinical decision-making skills related to nursing practice.

4. Foster the development of professional growth for nurses with less than one year of clinical experience towards an individualized career plan that promotes a life-long commitment to learning.

Gaps in Curriculum

Analysis of the Commission of Collegiate Nursing Education's (CCNE) Standards for Accreditation of Entry-to-Practice Nurse Residency Programs identified gaps in the GN Session content:

- Delegation
- Communication
- Business and Finances in Healthcare
- Comfort Care/Ethical Principles
- Research & Evidence-based Practice

Adult Learning Principles

- Adult learners have more life experiences to relate learning to

- Adult learners thrive off of autonomy and relevance of the content rather than the content itself

- Learning within a community

- Multi-modality learning

- Adult learners often require rationale to the learning opposed to learning empty content (Curran, 2014).
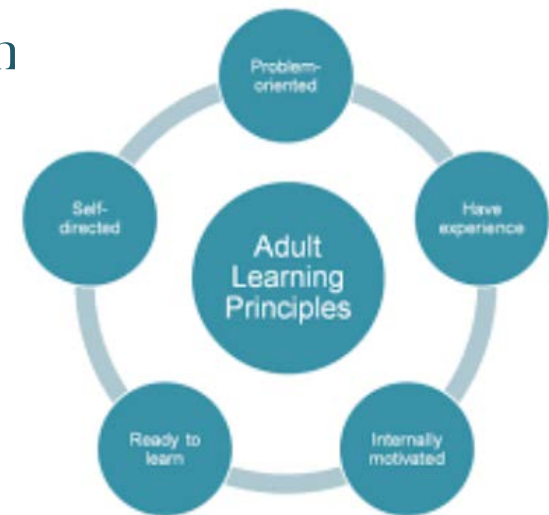
Multi-modality Learning

Provider Discussion Panel

Multi-modality Learning

Case Study

- A case study was built featuring "Tom Bridge" and threaded within all of the clinical topic presentations.

- "Tom" required a great deal of collaboration and coordination among the presenters.

Meet Tom Bridge
Male 58 y/o
DOB 2/14/59
Full Code

Allergies: Morphine, Lisinopril

Medical History:
- DM I, Neuropathy, retinopathy, Heart Failure, +MRSA, Cirrhosis, Obesity , COPD

Social History:
- ETOH, Smoker ½ ppd x42years
- He lives alone in an apartment, receives Medicare, DSS/SSI benefits.

Admission Diagnosis
- Altered mental status, syncope, s/p fall at home

Tom Bridge

Home Medications:
- Lopressor 25mg PO BID
- Lasix 20mg PO every M-W-F
- Potassium 20mEq PO daily
- Simvastatin 40mg PO at bedtime
- Gabapentin 300mg PO TID
- Insulin Pump –Humalog
- Advair 250 mcg/50mcg Inhalation Daily
- Albuterol/Atrovent MDI BID and prn

Lab Values:
- Hgb AIC – 12.3
- Serum Glucose – 255
- BUN – 50
- Creatinine - 1.4
- WBC – 14
- ETOH Level – 300 mg/dL

EMR Training Integration

Documentation

Informatics

Bedside Shift Report received on Tom Bridge:
- Alert and Oriented x 4, Pt stated he was tired, c/o abdominal cramping
- Dark tarry stools x 4 overnight, last void 150 ml prior to midnight, 2+ Bilateral LE pitting edema
- AM Results:
  - Hgb/Hct 8.5/24 (Decrease from previous values of 10/30.2)
  - VS: Temp 99.6, BP 99/55, HR 95, RR 18 (Baseline VS: BP 110's/60's, HR 60's, RR 12-16)

A Celebration for Tom

R.I.P.
TOM BRIDGE

Infection Control

Integumentary Management

Tom has:
- Expressive aphasia with difficulties communicating
- Significant weakness, 2 assist to transfer
- Limited time out of bed
- Unable to reposition independently
- Incontinent urine and stool
- Poor nutritional intake; rarely completing a meal and not taking supplements. His albumin is 2.2

Calculate Tom's Braden Score

Integumentary Management

Tom has:

- Expressive aphasia with difficulties communicating
- Significant weakness, 2 assist to transfer
- Limited time out of bed
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- Incontinent urine and stool
- Poor nutritional intake; rarely completing a meal and not taking supplements . His albumin is 2.2

Calculate Tom's Braden Score

Tom

Assess and Identify the Skin Injury

Injury 1

What questions do you ask to determine the etiology behind this wound??

Injury 2

What treatment would you recommend?

Injury 3

The Bridge to Practice Series

•Development and integration of scheduling processes

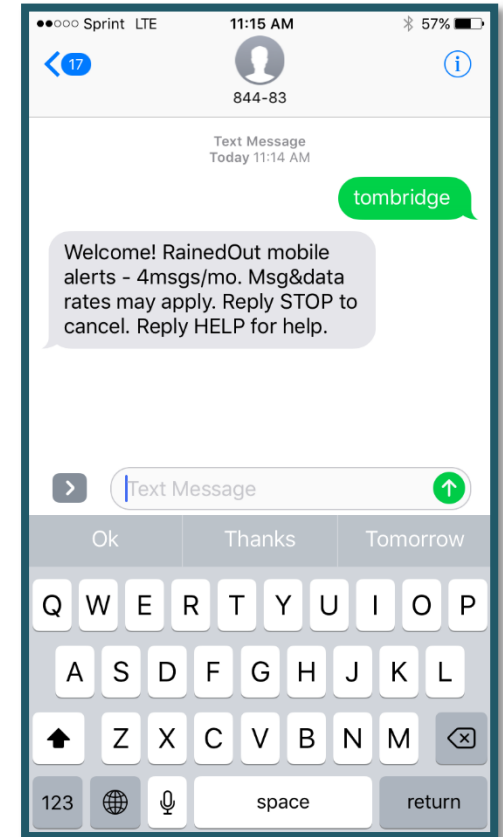•Utilization of innovative technology

Organizational Structure
Communication

Methods for communication:

- Text message alerts for Bridge to Practice Series
  - Email
- Introduced in monthly in Clinical Orientation
  - Participant roster
  - Schedule Provided
  - 1st Completion of Experience Survey

Organizational Structure
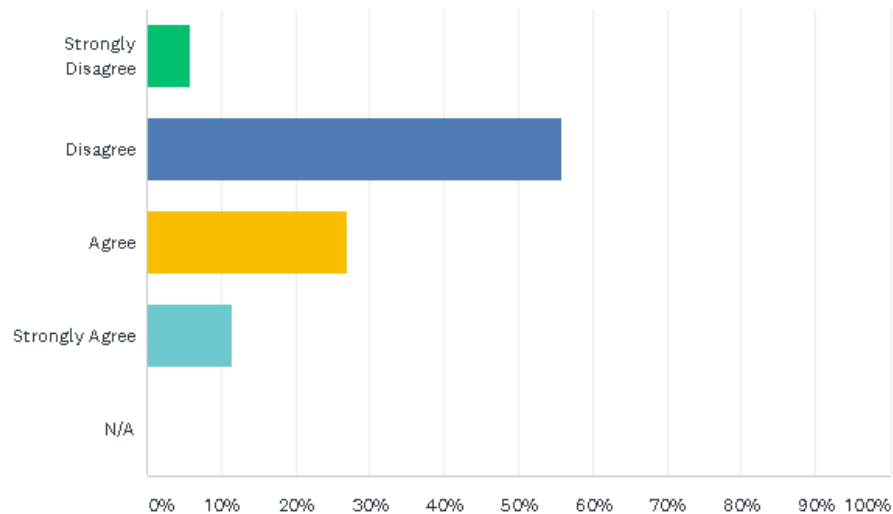## Communication

Program Schedule:

- Multi-disciplinary
- Revolving Sessions
- 6 month schedule

Evaluation Methods – Casey Fink Experience Survey Before

I am comfortable knowing what to do for a dying patient.

Answered: 52   Skipped: 0

ANSWER CHOICES	RESPONSES	
▾ Strongly Disagree	5.77%	3
▾ Disagree	55.77%	29
▾ Agree	26.92%	14
▾ Strongly Agree	11.54%	6
▾ N/A	0.00%	0

Evaluation Methods – Casey Fink Experience Survey After

I am comfortable knowing what to do for a dying patient.

Answered: 15   Skipped: 0
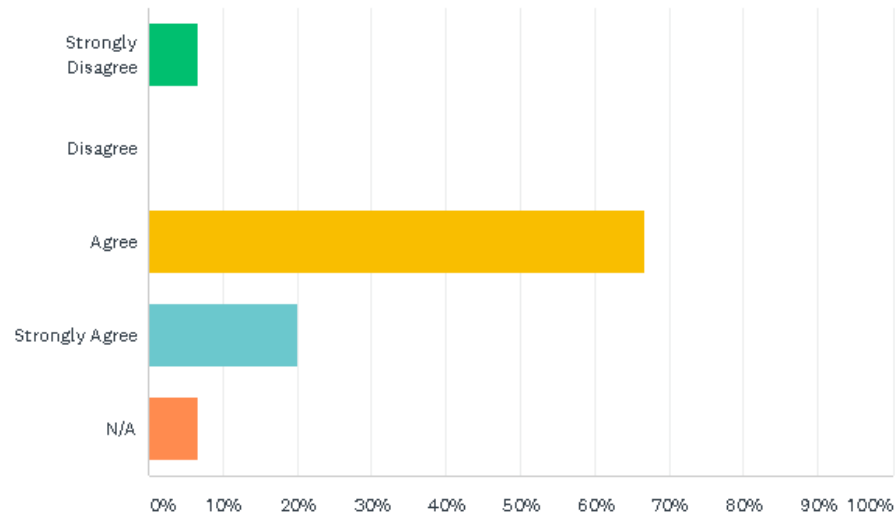
ANSWER CHOICES	RESPONSES	
Strongly Disagree	6.67%	1
Disagree	0.00%	0
Agree	66.67%	10
Strongly Agree	20.00%	3
N/A	6.67%	1

Evaluation Methods – Casey Fink Experience Survey After

I feel prepared to complete my job responsibilities.

Answered: 15   Skipped: 0
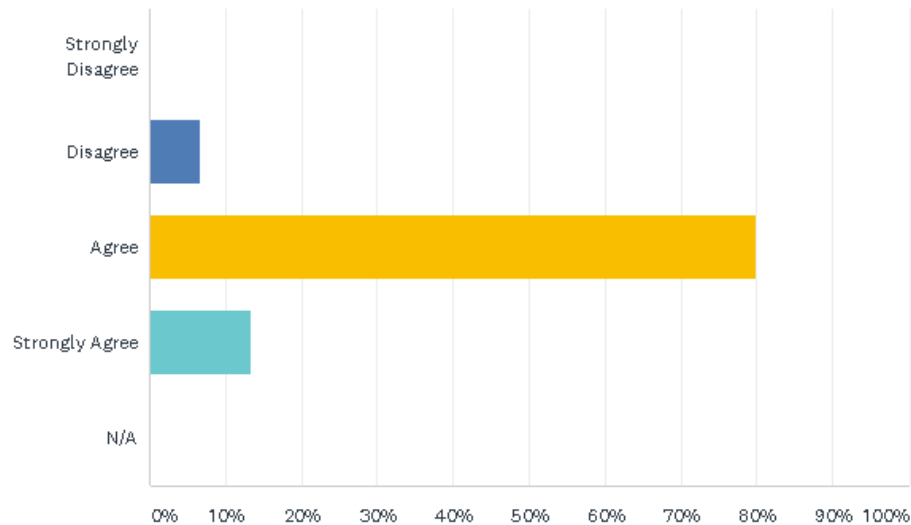
ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Disagree	6.67%	1
Agree	80.00%	12
Strongly Agree	13.33%	2

Evaluation Methods – Casey Fink Experience Survey After

I am satisfied with my chosen nursing specialty.

Answered: 15   Skipped: 0
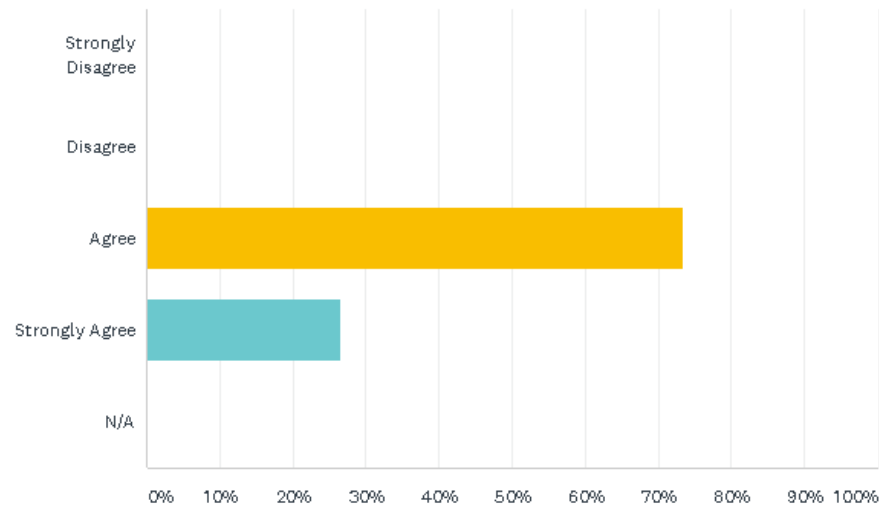
ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Disagree	0.00%	0
Agree	73.33%	11
Strongly Agree	26.67%	4
N/A	0.00%	0

Continual Efforts for Improvement

Analysis of Formative Session Evaluations

- Utilizing a 1-4 Likert scale, the 1st BTP Series averaged **3.59** score for all sessions.

Would you recommend the Bridge the Practice Series to a friend or fellow nursing student?

	Yes (32)	No (4)

Would you choose to work in a hospital that offers a clinical transition program such as the Bridge to Practice Series over a hospital that does not offer this educational opportunity?

	Yes (31)	No (5)

What do the BTP graduates have to say?

Continual Efforts for Improvement

Advisory Board

- A biannual Advisory Board was organized
    - Program Overview
    - Analysis of Evaluations
    - Suggestions for improvement
    - Future plan for the program

Conclusion

Program Successes

- The inaugural year demonstrated 93% attendance to all sessions by participants.

- Organizational Buy-in:
    - The coordination and implementation of "Tom Bridge" into the curriculum has truly brought spirit to the program, and organization.
    - Everyone is always asking, "What happens to Tom today?"

Conclusion

Program Successes

- Retention
    - Our first year demonstrated a 94.4% retention rate for BTP graduates within the organization.

A Small Team with a Big Impact

References

Billings, D. M., Halstead, J. A. (2012). Teaching in Nursing: A Guide for Faculty.

Cochran, C. (2017). Effectiveness and Best Practice of Nurse Residency Programs: A Literature Review. *MEDSURG Nursing*, 26(1), 53-63.

Crimlisk, J. T. (2017). Nurse Residency Program Designed for a Large Cohort of New Graduate Nurses: Implementation and

      Outcomes. *MEDSURG Nursing*, *26*(2), 83-104.

Curran, M. K. (2014). Examination of the Teaching Styles of the Nursing Professional Development Specialist, Part I: Best Practices in Adult

      Learning Theory, Curriculum Development, and Knowledge Transfer. *The Journal of Continuing Education in Nursing*, 45(5), 233-40.

Fink, R., Krugman, M., Casey, K., & Goode, C. (2008). The graduate nurse experience qualitative residency program outcomes. Journal of

      Nursing Administration, 38(7), 341-348.

Green, M., Warren, J., Perkins, S. (2017). Transforming Nursing Organizations Through Implementation of Nurse Residency Programs.

      Journal for Nurses in Professional Development; 32(5), 267-268.

Goode, C., Lynn, M., & McElroy, D. (2013). Lessons learned from 10 years of research on a post-baccalaureate nurse residency program.

      Journal of Nursing Administration; 43(2), 73-79.

Harrison, D., Ledbetter, C. (2014). Nurse Residency Programs: Outcome Comparisons to Best Practices. A Journal for Nurses In Professional

      Development; 30(2), 76-82.

Institute of Medicine. (2011). *The Future of Nursing: Focus on Education*. Retrieved from

      http://iom.nationalacademies.org/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health/Report-Brief-

      Education.aspx

References

Jones, C. B. (2008). Revisiting Nursing Turnover Costs: Adjusting for inflation. Journal of Nursing Administration; 38 (1): 8-11.

Legg, T., Adelman, D., Mueller, D., & Levitt, C. (2009). Constructivist strategies in online distance education in nursing. *Journal Of Nursing Education*, *48*(2), 64-69.

McPhee, K. (2016). Demonstrating High-Quality Outcomes in Nurse Residency Programs. A Journal Nurses In Professional Development; 32(1), 51-52.

O'Banion, T. & Wilson, C. (2010). Focus on Learning: The Core Mission of Higher Education. League for Innovation. Retrieved from http://www.jsu.edu/redballoon/docs/1O_Banion-Focus_on_Learning_Final.pdf

Phillips, B. N., Turnbull, B.J., & He, F. X. (2015). Assessing the readiness for self-directed learning within the non-traditional nursing cohort. Nursing Education Today, 35el-e7.

Spiva, L., Har, P. L., Pruner, L., Johnson, D., Martin, K., Brakovich, B., McVay, F., Mendoza, S. (2013). American Journal of Nursing; 113 (11), 24-32.

The U.S. Department of Health and Human Resources – Health Resources and Services Administration (HRSA, 2014). The Future of the Nursing Workforce: National- and State-Level Projections, 2012-2025. Retrieved from https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingprojections.pdf

World Health Institute. (2010). *World Health Institute*. Retrieved Febuary 9, 2015, from Framework for Action on Interprofessional Education & Collaborative Practice: http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf?ua=1