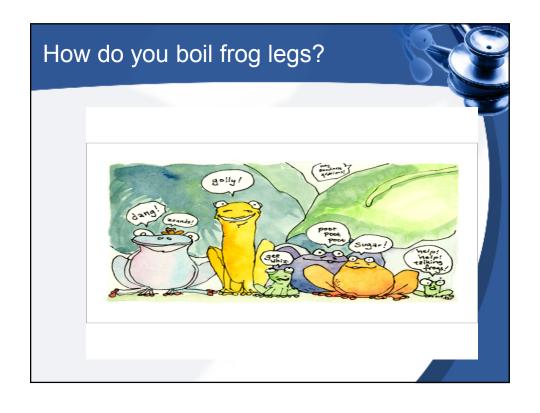




# NDNQI Question

 I received an orientation that adequately prepared me for my current position.

National Database of Nursing Quality Indicators ®			
2008 RN Survey Report With 2008 Comparison Data			
Table 3.3  Average of All Comparison Units in All Comparison Hospitals  Unit Orientation and Hospital Recommendation			
		·	
	Mean Unit Score		
	Orientation Adequate		
	1 = strongly disagree, 6 = strongly agree		
Average of All Comparison Units in All Comparison Hospitals			
Average of All Units In			
Your Hospital	4.58		
	Mean Unit Score		
	Orientation Adequate		
	1 = strongly disagree, 6 = strongly agree		
National Comparative Information - All Hospitals			
Mean	4.73		
S.D.	0.46		
10th Percentile	4.13		
25th Percentile	4.47		
50th Percentile (median)	4.78		
75th Percentile	5.04		
90th Percentile	5.25		
# of Units²	10,077		



# **Orientation Task Force Formation**

- NDNQI Question: Adequate Orientation
- CNO held focus groups
- CNO requested volunteers and with directors chose candidates
- Group formed and utilized the GE change process
- CNO met with the task force and spelled out our mission and guidelines

### **Orientation Task Force**

Sue Schuelke RN

• Denise Callies RN

Mary Ellen Hook RN

Marilyn Harger RN

Sherrie Young RN

Erin Karner RN

Dain Weise RN

Joni Wallman RN

Michelle Broman RN

Missy Underwood RN

Lisa Rickers RN

Education

**Director Surgical** 

Clinical Nurse Specialist

**Short Stay** 

Perinatal

Progressive

**PACU** 

Orthopedics

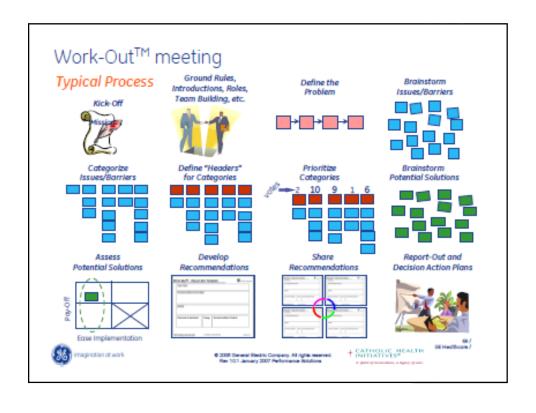
Med/Onc

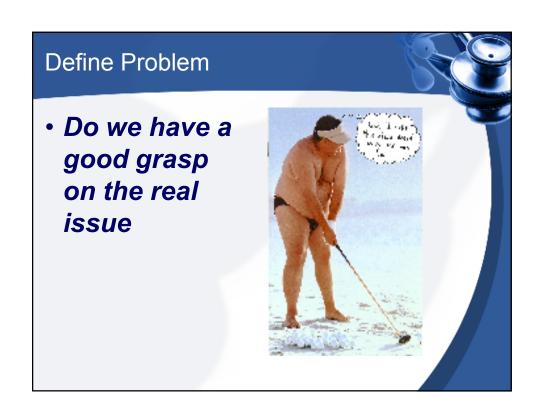
Education

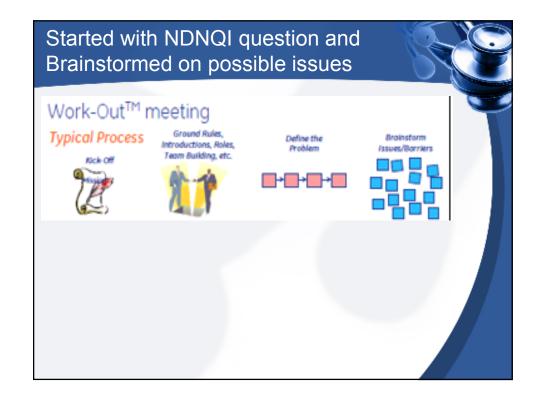
**Human Resources** 

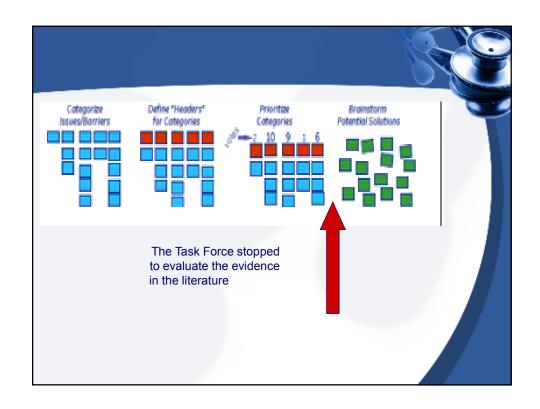
# Task Force Guidelines

- · Changes must be evidence based
- Budget Neutral









### **Research Summary**

- Three components that are essential to retention: mentors, preceptors and transition program (length of programs varied) (Salt, Cummings, & Profetto-Mcgrath 2008; Williams, Sims, Burkhead, & Ward 2002; Halfer 2007)
- Data collection revealed dip in confidence, competency and satisfaction @ 6 month (Williams, Goode, Kresk, Bednash, & Lynn)
- Simulation enhanced learning and provided exposure to high risk situations in a safe environment. Increased confidence competency and readiness (Beyea, von Reyn, & Slattery 2007; Ackerman Kenny, & Walker 2007)

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# Research Summary continued

- Residency program improved retention, critical thinking, professional development and job stress (Salt, Cummings, & Profetto-Mcgrath 2008; Williams, Goode, Kresk, Bednash, & Lynn 2007; Herdrich & Lindsay; Krugman, Bretschneider, Horn, Krsek, Moutafis, & Smith 2007; Williams, Sims, Burkhead, & Ward 2002, Poynton, Madden, Bowers, Keefe & Peery 2007)
- Improved preceptor preparation and selection increased satisfaction, retention, decreased med error rate and overtime (Cavanaugh & Huse 2004; Horn 2003, Beeccroft, Nernandez, & Reid 2008;)
- Increased satisfaction and retention utilizing mentor programs (Horn 2003: Persaud 2008; Halfer 2008; Wagner and Seymour 2007)

### **Regulatory Information**

- There is increasing evidence that a formal, structured transition program after graduation from nursing school protects the public (NCSBN Transition Initiatives 2007)
- NCSBN is studying the feasibility of a standardized national transition program.
- Joint Commission has found that a lack of orientation and training is a major root cause of sentinel events in hospitals and has recommended that structured post graduate training programs be developed

# Structure Elements in the Literature

- Simple to Complex
- Staged Clinicals
- Celebrations
- Curriculum focused on Professional Development

#### Hour Distribution Comparison Current Orientation Program Hours Purposed Residency Program New Associate Orientation 16 New Associate Orientation 12 New Nurse Orientation 32 12 First Week New Nurse Orientation PBDS Assessment 5 Second Week New Nurse Orientation PBDS Reassessment Third Week New Nurse Orientation Critical Thinking Course Monthly meetings for 8 months will go to Education Services for 4 hours Nursing Quarterly Orientation PBDS Reassessment **Total Didactic** 72 hours **Total Didactic** 72 hours

# **Key Curriculum Components**

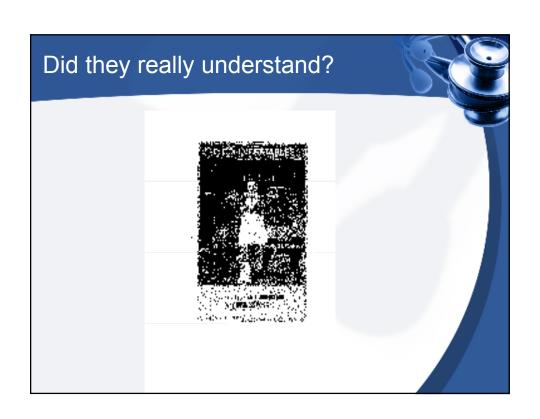
- Meet Regulatory Bodies
- Socialization into Culture
- Support Group
- Critical Thinking
- Feedback
- Preceptor and Mentor Programs

### **Professional Focus**

- Health System, Information Management, Safety, Clinical/Functional
- Leadership, Evidence-based patient outcomes, Professional Role
- Leadership, Patient Outcomes, Professional Role
- Familiarization, Unit Education,
   Documentation, unit competency, positive
   work environment, customer service,
   teamwork, delegation, prioritization

# Stakeholders

- Presented to CNO
- Presented to Nursing Directors
- Presented to Preceptors and mentors



### **Key Components**

- Commitment to attend classroom to receive commitment bonus
- Director commitment to schedule around monthly Thursday class
- Staged Focused Clinical with written and verbal feedback.
- Simulation and Specialty involvement of clinical educators in scenarios for new nurse preparation. New Graduates would not be starting in orientation every session.

# Why was the change successful

- · Staff identified the problem
- · Staff identified the solution
- Stakeholders were informed and expectations clarified
- Leadership initiated and supported the change.

# How are we measuring success? Retention

- Satisfaction
- Casey-Fink<sub>®</sub> Survey
- Mentor, Preceptor, & Orientation Questionnaires
- NDNQI Data

