Standardizing Nursing Orientation in a Multi-hospital Health System

Tammy Wade MSN, RN, Adrienne Watson MSN, RN-BC, and Nikki Willis MSN, RN-BC
Overview

- History
- Journey from there to where we are going
- How we are getting there
- Next steps
Reflection

“Almost every advance in art, cooking, agriculture, engineering, marketing, politics, education and design occurred when someone challenged the rules and tried another approach.”

Roger von Oech
▪ Founded in 1890 by Sisters of St. Joseph of Peace

▪ Based in Vancouver, Washington

▪ Not-for-profit Catholic health system offering care to communities in Washington, Oregon and Alaska

▪ Approximately 17,000 caregivers

▪ Multi-specialty medical group with more than 900 physicians and providers

▪ 10 medical centers
Our Mission
We carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain, and suffering, and treating each person in a loving and caring way.

Our Vision
Every person receives safe, compassionate care; every time, every touch.

Our Core Values
- Respect
- Stewardship
- Collaboration
- Social Justice
PeaceHealth Networks of Care

**Northwest network**
- PeaceHealth St. Joseph Medical Center
  Bellingham, Washington
- PeaceHealth Peace Island Medical Center
  Friday Harbor, Washington
- PeaceHealth United General Medical Center
  Sedro-Woolley, Washington
- PeaceHealth Ketchikan Medical Center
  Ketchikan, Alaska

**Oregon network**
- PeaceHealth Sacred Heart Medical Center at RiverBend
  Springfield, Oregon
- PeaceHealth Sacred Heart Medical Center, University District
  Eugene, Oregon
- PeaceHealth Cottage Grove Community Medical Center
  Cottage Grove, Oregon
- PeaceHealth Peace Harbor Medical Center
  Florence, Oregon

**Columbia network**
- PeaceHealth St. John Medical Center
  Longview, Washington
- PeaceHealth Southwest Medical Center
  Vancouver, Washington

- PeaceHealth Medical Group locations
Where we were

- About Clinical Education
  - Previous infrastructure
  - Variation in orientation
  - Evolution to aligning with Nursing Professional Development: Scope and Standards of Practice
100% Perfect Care, Zero Harm

In fulfillment of our shared Mission, we will work together at every level to achieve our priorities in clinical excellence – raising the bar to achieve 100% perfect patient care, zero harm always, every touch, every time.
Governance Structure

- Clinical Education Leadership Team (CELT)
- System Clinical Education Resource Team (SCERT)
- Nursing Residency Program (NRP3)
- Nursing Professional Development Specialist (NPD3)
- Mini-SCERT- Specialty grouping
Call to Action

- Standardize orientation
  - Develop a platform to support orientation across three states
- Elevate nursing professional practice
- Promote culture of safety
- Build from Nursing Professional Development: Scope and Standards of Practice
PeaceHealth Orientation Model

- **Patient Population Specific (example: Ortho)**
  - Content developed by mini-SCERT’s and unit-based Clinical Educators
  - Builds on General Nursing Care and Specialty-specific Competencies

- **Nursing Specialty (example: Adult Acute Care)**
  - Content developed by mini-SCERT’s
  - Builds on the General Nursing Care Competencies

- **General Nursing Care Competencies (for All RNs)**
  - Content developed by Clinical Education Leadership Team (CELT)
  - Competency categories based on a variety of published references (QSEN, COPA, Donna Wright)

- **Patient Services Orientation (PSO) and Role-Specific Orientation (RSO)**
  - Content delivered by Clinical Education
  - Clinical modules completed in MyLearning

- **New Caregiver Orientation (NCO) and Onboarding**
  - Delivered by Learning & Development
  - Modules completed in My Learning
  - Roadmap completed by Manager
Layering

Unit-specific orientation to augment standardized and specialty-specific orientation and competencies: developed by Clinical Educator and delivered by Preceptor

Standardized role-specific orientation orientation for RNs (RSO) developed by CELT and delivered in each network

Patient population-specific orientation to augment standardized, specialty- and unit-specific orientation and competencies: developed by Clinical Educator and delivered by Preceptor

Specialty-specific orientation to augment standardized orientation and competencies: developed by mini-SCERT and delivered in each network
Mini-SCERT

- Council work
  - Standardize competencies
  - Create Competency-Based Orientation (checklists)
  - Design Competency Paths
  - Define Weekly/shift Goals/milestones
  - Define RN Orientation Handoff requirements
Orientation Week: ___________________________ Date: ___________________________

Caregiver (print): ________________________ Preceptor (print/initials): ______________ / ____________

Instructions: Orientee: Briefly give examples for each section from your patient care experiences this orientation week.

Preceptor: Comment on development and examples provided by your orientee. Rate on a scale of 1-5, with 1 begin “does not do” and 5 being “does consistently,” the orientee's frequency at performing the competencies.

Assessment

Examples: Completes a correct assessment, recognizes changes in patient condition, develops plan of care collaboratively with patient and family, gives patient-centered care

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<tr>
<th>Orientee’s Example</th>
<th>Preceptors Feedback</th>
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<td>Self-Assessment of Competency Key</td>
<td>Evaluation Method Key</td>
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<td><strong>1</strong> No knowledge/no experience</td>
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<td><strong>3</strong> Limited knowledge/limited experience with procedure, equipment, or care topic and used frequently in the past 6 months</td>
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<td><strong>4</strong> Somewhat knowledgeable/somewhat experienced with procedure, equipment, or care topic and used frequently in the past 6 months</td>
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<td><strong>5</strong> Very knowledgeable/very experienced with procedure, equipment, or care topic and used frequently in the past 6 months</td>
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## Scoring: Preceptor Evaluation

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<th>Rating</th>
<th>Description</th>
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<td>5</td>
<td><strong>Independent</strong> Safe, accurate, efficient, and coordinated in skills, procedures, and organization of work with infrequent expenditure of excess energy</td>
<td>Without supporting cues</td>
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<td><strong>Proficient</strong> Safe, accurate, efficient, and coordinated skills, procedures, and organization of work; some expenditure of excess energy; utilizes resources</td>
<td>Seeks occasional supportive cues from resource personnel</td>
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<td><strong>Caregiver must be at least level 4 or 5 to validate</strong></td>
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<td><strong>Moderate Assistance</strong> Safe and accurate most of the time; able to demonstrate skills, procedures, and organized work, however, prolonged time and/or excess energy is required</td>
<td>Periodic verbal cues with occasional demonstrations required</td>
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<td><strong>Marginal</strong> Safe with supervision; unable to demonstrate skills, procedures, and organized work; prolonged time and/or expenditure of excess energy in completing activities</td>
<td>Consistently relies on verbal cues and frequent demonstrations</td>
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<td><strong>Dependent</strong> Unsafe; unable to demonstrate skills, procedures, or organized work; lacks confidence, coordination, and/or efficiency</td>
<td>Exclusively relies on verbal cues and demonstration</td>
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Example:

**Neurological Management**

Behaviors: Assesses, documents, and describes treatment for patients at risk for and/or having safety concerns (physical, nutritional, and metabolic): altered neurologic function, CVA/TIA, dysreflexia, headache, hypo/hyperglycemia, neuromuscular diseases, pain management, seizures

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Getting there

- Gathering, building, moving
- Updates and iterations
- Documentation
- Partnerships
  - Nurse Residency Program
  - Learning Management System Team
My Learning Competency Paths

- **Visual system**
  - Caregivers can easily see all competencies
  - Competencies
    - Comprised of modules (classes, online, skills assessments)
Competency Paths

- RN General Nursing Care (all nurses)
- RN Acute Care
  - Ortho
  - Neuro
  - Behavioral Health
  - Oncology
  - Surgical
  - Telemetry
  - Rehab
  - Progressive Care
- RN Surgical Services
  - Short Stay
  - Recovery Room/PACU
  - Intraoperative
  - Endo

- RN Critical Care
  - RN ICU
    - Population/Facility
  - RN ED
    - Population/Facility
    - Triage
- RN WCS
  - Labor and Delivery
  - Postpartum
  - Labor Triage
  - Newborn
  - NICU/SCN
  - Pediatrics
- CNA/PTS/Techs
Plan Do Check Act

- Small test of change
  - ICUs
  - Oncology
- Pilot
  - 1 hospital
Lessons Learned

**Successes**
- Increased collaboration
- Role development
- Regulatory readiness
- Mentoring
- Preceptor development
- Ongoing focus of achieving excellence
- Emphasis on transition to practice

**Lessons**
- Love of checklists
- Engaging stakeholders
- Change management
  - Pause for reflection
  - Emotions
  - Letting go
- Shared mental model
- Celebration
Next Steps

- Desired state
  - Competency Pathways
  - Transition to Practice programs
  - Elevating partnerships (manager, preceptor, educator, etc.)
  - Ongoing professional development
Competency Path Timeline

**March**
- 4: Submit Roadmap
  - Mini-SCERTS finalize the plan and submit to CELT for review RNs

**April**
- 1: Collaborative Partnerships
  - Educators work with mini-SCERTS and Unit Managers to design roadmaps - RNs and UAPs
- 8: CELT Roadmap Review
  - CELT to review Roadmaps and delegate content build as appropriate
- 15: Preceptor Focus Groups
  - NRPs will hold preceptor focus groups

**May**
- 6: Forums
  - Forums with preceptors and managers
- 13: Preceptor Workbook
  - NRPs to create Preceptor workbook

**June**
- 3: Mini-SCERTS build content
  - Mini-SCERTs build the content to support their roadmaps
- 10: User Acceptance Testing
  - Test Roadmaps in My Learning with end users
- 17: Countdown
  - Final rounding and prep for go-live
- 24: Submit Roadmap
  - Mini-SCERTS finalize the plan and submit to CELT for review RNs
All that we do now must be done in a sacred manner and in celebration.
For we are the ones we have been waiting for.

- Margaret J. Wheatley