



PeaceHealth

The Spirit of Health



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

Columbia network

PeaceHealth St. John Medical Center
Longview, Washington

PeaceHealth Southwest Medical Center
Vancouver, Washington

Oregon network

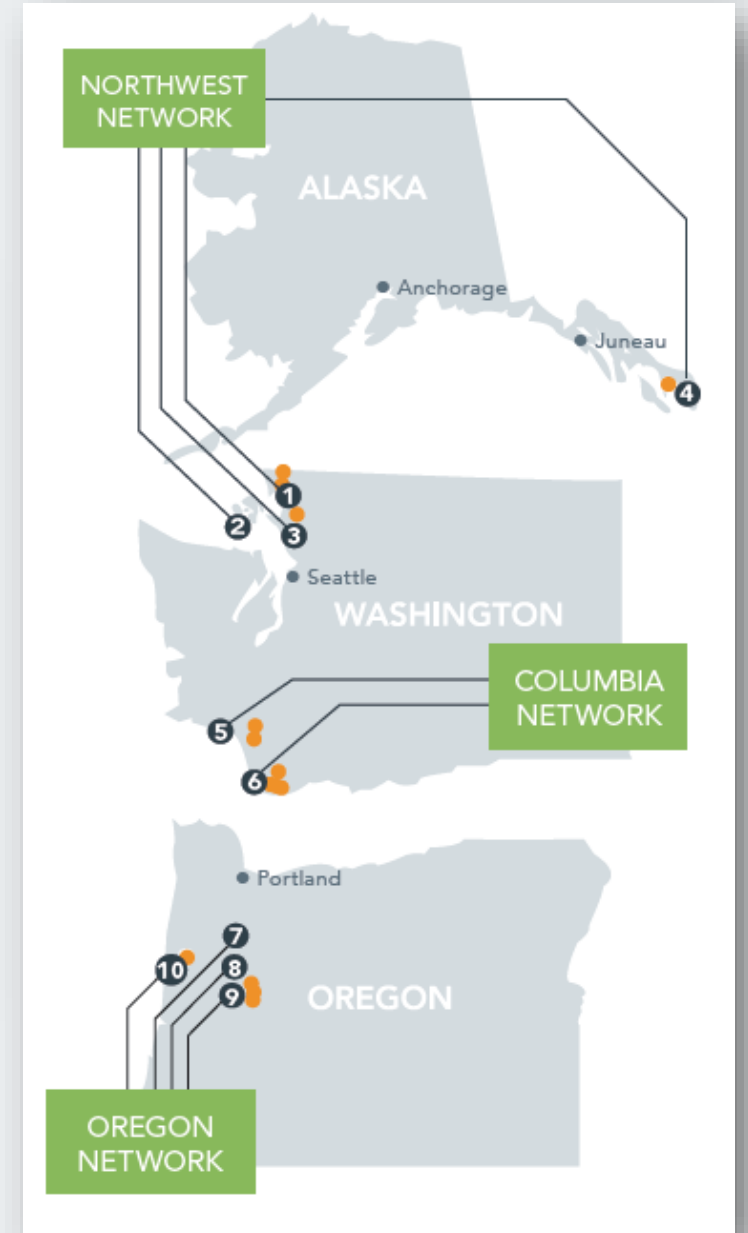
PeaceHealth Sacred Heart Medical Center at RiverBend
Springfield, Oregon

**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

● 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.

Our Clinical Excellence Imperative
Redefining Possible for PeaceHealth





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



If you can imagine it, you can achieve it.

~ William Arthur Ward

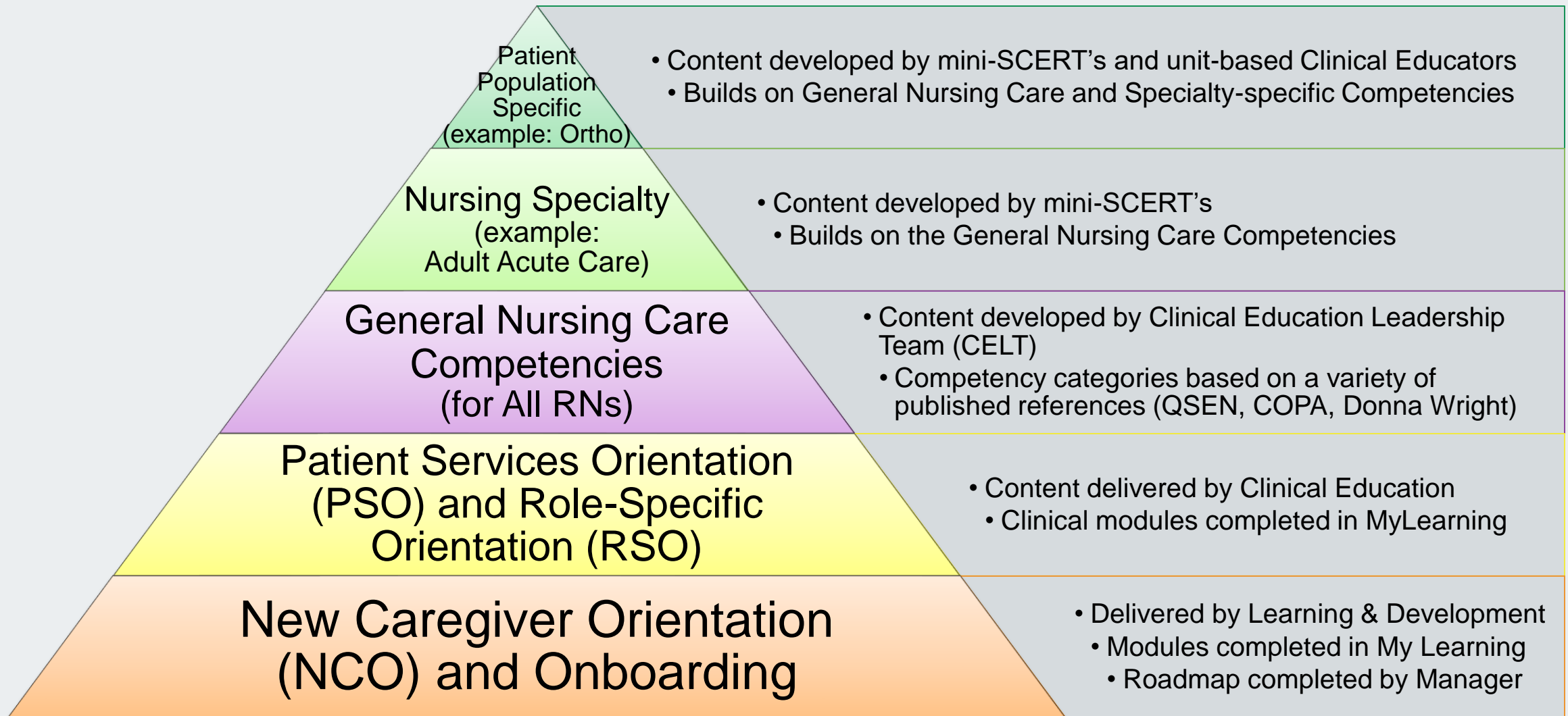


Call to Action

- 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

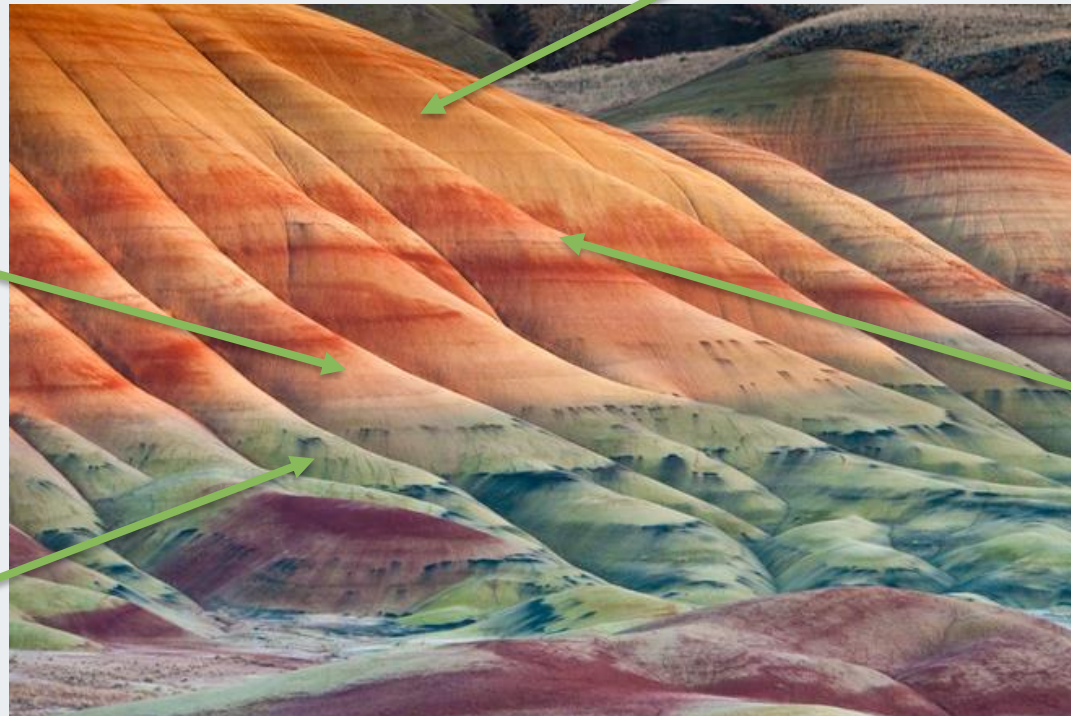




Layering

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

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



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

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



Weekly Progression Tool

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

Orientee’s Example	Preceptors Feedback						
	Rating	1	2	3	4	5	Initials

Scoring: Caregiver Self-Assessment

Self-Assessment of Competency Key		Evaluation Method Key	
1	No knowledge/no experience	D	Return Demonstration - Simulated
2	Limited knowledge/no hands-on experience	O	Observation - Clinical Setting
3	Limited knowledge/limited experience with procedure, equipment, or care topic and used frequently in the past 6 months	V	Verbalized content, resources, protocol, procedure- no acceptable for competency of some skill
4	Somewhat knowledgeable/somewhat experienced with procedure, equipment, or care topic and used frequently in the past 6 months	T	Test assigned by preceptor, educator, manager
5	Very knowledgeable/very experienced with procedure, equipment, or care topic and used frequently in the past 6 months		

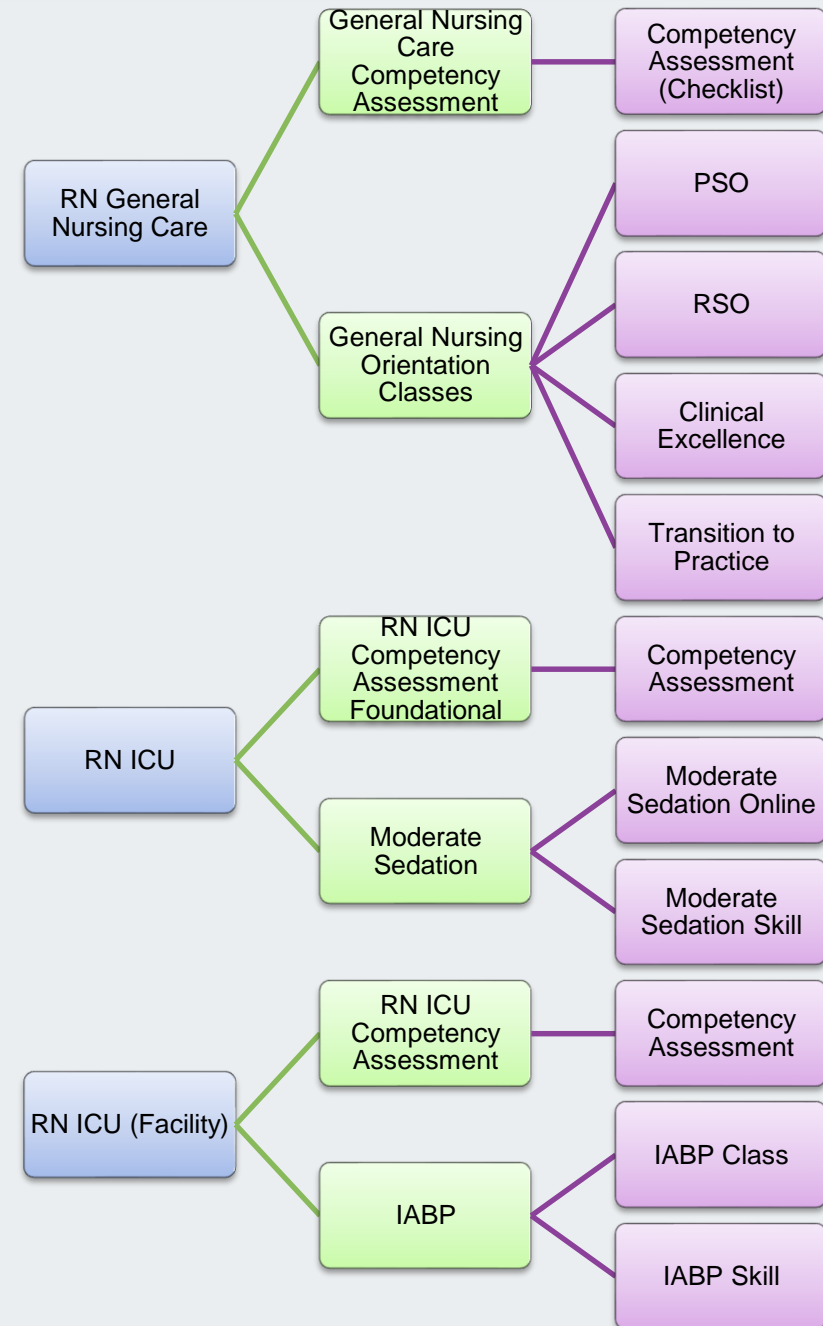
Scoring: Preceptor Evaluation

Rating		Description	Cues Needed
5	Independent	Safe, accurate, efficient, and coordinated in skills, procedures, and organization of work with infrequent expenditure of excess energy	Without supporting cues
4	Proficient	Safe, accurate, efficient, and coordinated skills, procedures, and organization of work; some expenditure of excess energy; utilizes resources	Seeks occasional supportive cues from resource personnel
Caregiver must be at least level 4 or 5 to validate			
3	Moderate Assistance	Safe and accurate most of the time; able to demonstrate skills, procedures, and organized work, however, prolonged time and/or excess energy is required	Periodic verbal cues with occasional demonstrations required
2	Marginal	Safe with supervision; unable to demonstrate skills, procedures, and organized work; prolonged time and/or expenditure of excess energy in completing activities	Consistently relies on verbal cues and frequent demonstrations
1	Dependent	Unsafe; unable to demonstrate skills, procedures, or organized work; lacks confidence, coordination, and/or efficiency	Exclusively relies on verbal cues and demonstration
X	Not observed		



Getting there

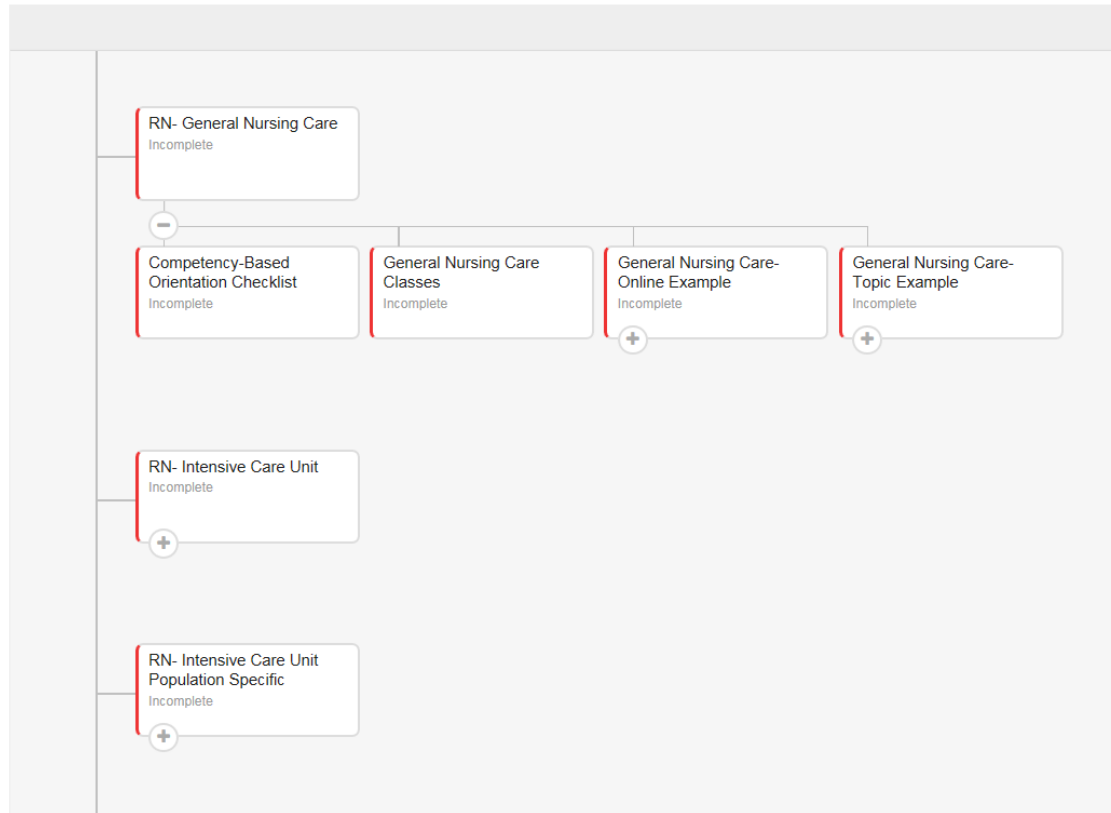
- Gathering, building, moving
- Updates and iterations
- Documentation
- Partnerships
 - Nurse Residency Program
 - Learning Management System Team



My Learning Competency Paths

Learning Path

The learning path provides a graphical representation of learning items currently assigned to you via training plans or as a part of your job profiles. Moving over and further available actions.



- 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

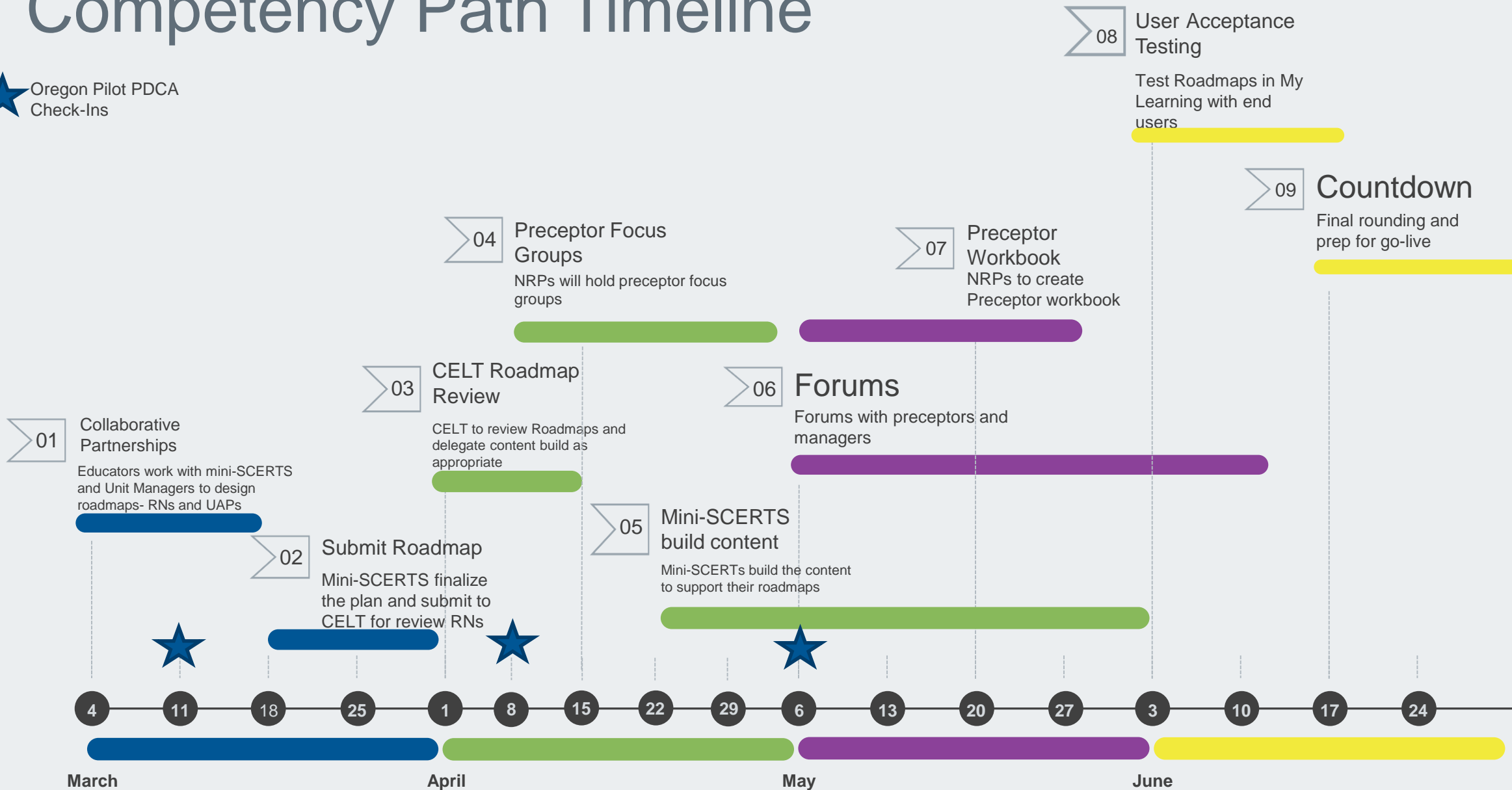
- Desired state
 - Competency Pathways
 - Transition to Practice programs
 - Elevating partnerships (manager, preceptor, educator, etc.)
 - Ongoing professional development





Competency Path Timeline

 Oregon Pilot PDCA Check-Ins



*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

