

# Stabilizing ICU Orientation: Using 360° Engagement to Improve Site Efficiency within a System-Wide Critical Care Nurse Fellowship Program

Angeli Lagasca MA BSN RN CCRN, Maria Buquicchio MSN RN PCCN CCRN-K, Elizabeth Mendes MSN RN AGPCNP-C, Barbara Callahan MS ANP - BC GCNS – BC  
With support from Sandra Lindsay MS MBA RN CCRN NE-BC and the Critical Care Nursing Leadership Teams of Long Island Jewish Medical Center

## Background

Since 2005, Northwell Health hospitals, including Long Island Jewish Medical Center (LIJMC), have hired non-experienced Critical Care RNs through the Critical Care Nurse Fellowship Program (CCNFP). System-wide, CCNFP has increased retention of ICU RNs. ICU nursing retention rates correlate with better patient outcomes (DeVoe et al., 2015).

**At LIJMC, CCNFP is the transition-to-practice (TTP) model for new Critical Care RNs hired for high-acuity areas: SICU, CTICU, MICU, CCU and PACU.**



## Problem and Objectives

**At LIJMC, duration of CCNFP was 22 weeks:**  
10 weeks of Phase 1 (focus: clinical knowledge)  
12 weeks of Phase 2 (focus: clinical skills)  
The model requires considerable expenditure, including: financial cost, time and resources.

**Problem:** Of Critical Care Nurse Fellows (CCNFs) hired July through October 2016, **75%** successfully completed transition-to-practice in 22 weeks or less. **44%** were retained in critical care for at least one year from date of hire. These metrics did not demonstrate high quality outcomes i.e. return on investment.

**Objective:** LIJMC's CCNFP Team aimed to target program development and design to improve quality and efficiency:

- Decreased average **length of orientation**
- Increased rate of successful CCNF **TTP within 22 weeks**
- Increase in **retention rate** one year from date of hire

## References

DeVoe, B., Friedman, I., Gallo, K. (2015). Strategy in action: A program for nurse retention. In K. Gallo & L. G. Smith (Eds.), *Building a culture of patient safety through simulation: An interprofessional learning model* (155-162). New York, NY: Springer.

## Interventions

Feedback was collected from all levels of the CCNFP LIJMC team. This feedback was analyzed and applied to site-based process improvement.

### SELECTION

#### CURRENT SELECTION PROCESS

Panel interview including ICU management, inconsistent representation from key stakeholders including management from unit of hire and nurse educators.

**Feedback: Orientees are sometimes unsuccessful because they are not a good fit for the unit of hire, division, and/or Fellowship orientation model.**

#### SELECTION PROCESS MODIFICATION

**Facilitate program leadership and organizational enculturation:**

- Each interview is attended by all stakeholders: Nursing Ed., Nursing Management, staff.
- All stakeholders must agree on acceptance of a CCNFP candidate.

### DIDACTIC

#### CURRENT DIDACTIC PROCESS

Two 8 hour days of didactic per week: A&P review, site-specific policy & procedure.

**Feedback: Didactic is often redundant, and more time could be spent learning at the bedside; Didactic could be an opportunity for staff, including recent CCNFs, to present case studies and concepts.**

#### DIDACTIC PROCESS MODIFICATION

**Enhance practice-based learning; Support nursing professional development and organizational enculturation:**

- One 8 hour day of didactic per week. Didactic revised to minimize redundancy.
- Discussion focus: clinical debrief applied to learning objectives, site-specific policy and procedure, nursing competencies, practice guidelines.
- Staff, including recent CCNFs, invited to present during CCNFP Phase 1 as clinical experts.

### CLINICAL

#### CURRENT CLINICAL PROCESS

One 8 hour day of precepted clinical experience per week for first 10 weeks of orientation (includes entirety of Phase 1). Clinical Milestones provided in Phase 2.

**Feedback: Clinical experience in Phase 1 is too limited: majority of learning objectives are met at the bedside, and when 12 hour shifts begin.**

#### CLINICAL PROCESS MODIFICATION

**Maximize practice-based learning; Establish preceptor role in program leadership and organizational enculturation:**

- Two 8 hour days per week for first 8 weeks of orientation, or end of scheduled pay period.
- Thirteen 12 hour days per month beginning Phase 1.
- Clinical Milestones provided beginning Phase 1.

### DURATION

#### CURRENT DURATION

22 weeks total for all CCNFs.

**Feedback: Insufficient ROI. Not necessary for RNs with experience, prolongs self-evaluation and critical decision-making for those struggling to meet objectives.**

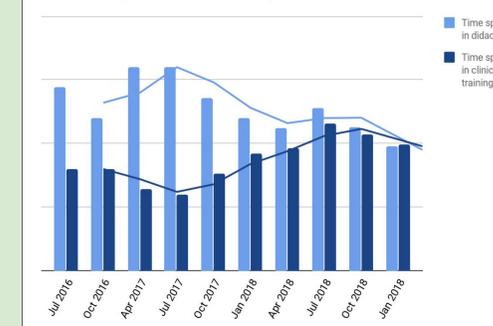
#### DURATION MODIFICATION

**Facilitate program leadership from all stakeholders:**

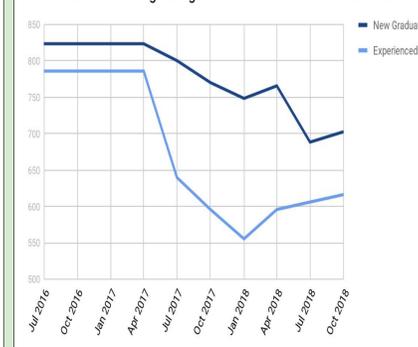
- 16 weeks total for telemetry experienced CCNFs, 20 weeks total for new graduate CCNFs.
- Weekly progress notes discussed with CCNFs and communicated with unit management.
- Weekly progress notes utilized to individualize CCNFP duration as needed.

## Outcomes and Implications

CCNFP LIJMC Site Orientation Phase 1 Time Allocation in Hours 2016-2018 (New Graduates Only)



CCNFP LIJMC Average Length of Orientation in Hours 2016-2018



CCNFP LIJMC Measures of Effectiveness (Completion and Retention Rates)



### OUTCOMES SUMMARY:

- INCREASE** in CCNF hours spent at bedside in clinical orientation (practice-based learning)
- DECREASE** in CCNF and educator hours spent in didactic
- DECREASE** in average hours required to complete CCNFP by both new graduates and experienced RNs
- INCREASE** in rate of CCNF completion of orientation within 22 weeks
- INCREASE** in retention of CCNFs one year from date of hire

Average hours for a new graduate RN to complete CCNFP were **reduced by over 16%**. For experienced RNs, time was **reduced by close to 30%**. Quality outcomes improved, including rate of successful completion in 22 weeks or less (**100%** in '18 and '19), and rate of retention 1 year from date of hire (**94%** in '17 and **100%** in '18).

Methods actively promoted program leadership, organizational enculturation, and engagement in program development and design. Outcomes suggest that transition-to-practice can be improved utilizing 360° feedback from key stakeholders at all levels of the team.