Background

- Implementation of an evidence-based (EB) transition to practice (TTP) program has been shown to improve retention of new graduate nurses in the hospital setting (Spector et al., 2015).
- In an effort to standardize content and quality of TTP programs, the Providence St. Joseph Health (PSJH) Clinical Academy collaborated with nurse educators and leaders across the system to develop new program curricula, which integrate the eleven EB best practice elements of a TTP program.
- It was the responsibility of representatives from each member hospital to implement the TTP curricula locally.
- Providence Regional Medical Center in Everett, WA (PRMCE) successfully integrated the new curricula by reformatting and building upon the hospital’s existing TTP program.
- The new TTP program at PRMCE expanded to offer enhanced residency options for new graduates, fellowship opportunities for experienced nurses wanting to move into an area of specialty practice, and preceptor education for nurses involved in the training of residents and fellows.

Purpose

- Reduction of new graduate nurse turnover through successful implementation of a collaboratively developed TTP curriculum which integrates the eleven EB best practice elements of a TTP program.

Integration of the 11 Evidence- based “Best Practice” Elements of a TTP Program

<table>
<thead>
<tr>
<th>General Nursing Orientation</th>
<th>Clinical Orientation Precepted Clinical Hours + Clinical Simulations</th>
<th>Core Fundamentals Professional Development</th>
<th>Preceptor Prep Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation to the organization as a whole</td>
<td>Support through first 12-months of practice</td>
<td>Trained preceptors</td>
<td>Opportunities for feedback and reflection</td>
</tr>
<tr>
<td>Education: Communication and Teamwork</td>
<td>Education: Patient-centered care</td>
<td>Education: Informatics</td>
<td>Education: Patient Safety</td>
</tr>
<tr>
<td>Education: Patient Safety</td>
<td>Education: Clinical Reasoning</td>
<td>Education: Evidence-based practice</td>
<td>Education: Quality improvement</td>
</tr>
</tbody>
</table>

Synthesis of Evidence

- Health care organizations should implement nurse residency programs and evaluate their effectiveness in improving nurse retention (Institute of Medicine 2011).

- Orientation to the organization
  - Educational curriculum focusing on:
    - Patient-centered care
    - Communication and teamwork
    - Evidence-based practice
    - Quality improvement
    - Informatics
    - Patient Safety
    - Clinical Reasoning

- 12-months of support for TTP
- Preceptor Training

- Randomized, controlled study of 105 hospitals demonstrated statistically significant lower 12-month voluntary new-graduate nurse turnover rates for hospitals using a TTP that incorporates at least 6 of the NCSBN identified 11 EB ‘best practice’ elements (12.4-17.3%) versus those with limited programs (25%) (Spector et al. 2015).
- 10-year longitudinal study by Goode, Lynn, McElroy, Bednash, and Murray (2013) of hospitals utilizing the University Health Consortium/ American Association of Colleges of Nursing nurse residency curriculum, which incorporates the core content areas of leadership, patient safety and outcomes, and the professional nursing role, found consistent improvement in nurse resident retention (88% in 2002, 90.3% in 2007, 94.6% in 2012).

Implementation

- June – November 2016: New clinical orientation curriculums, all of which have simulation incorporated, deployed for critical care, emergency department, labor and delivery, medical/surgical, perioperative, post-partum, and telemetry nurse residents.
- August 2016: New preceptor training implemented with enhanced focus on Benner’s (1982) levels of clinical competence, principles of adult learning, teaching approaches, and the role of the nurse preceptor.
- January 2017: Core Fundamentals classes focusing on nursing professional development deployed for all new-graduate nurses transitioning into practice.
- Measuring our impact:
  - Pre-implementation: 165 residents over a 12-month period; 6% turnover within 1 year of hire
  - Post-implementation: 98 residents over a 12-month period; 5% turnover to date
  - Additional time is needed for monitoring turnover data for cohorts hired post-implementation.
  - Reevaluation of turnover will occur in December 2017 and June 2018.

Acknowledgements

We would like to acknowledge our colleagues in the Providence St. Joseph Health Nursing Institute’s Clinical Academy for their collaboration and support throughout local implementation.

References


Contact Information: William Parrish | William.parrish@providence.org | 425-404-5086