A Community Hospital’s Approach for Bridging Novice Nurses into Clinical Practice

Presented by:

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Introduction/Background

• 2010 – The Institute of Medicine Future In Nursing Report called for standardizations in Nurse Residency Programs

• 2015 – Reaffirmed

• The U.S. Department of Health and Human Resources – Health Resources and Services Administration (HRSA) predicted a 21% growth in residency programs by 2015.
Introduction/Background
A National Problem

• First-year turn-over rates for new nurses remains relatively high, ranging from 17%-22% (Spiva et. al. 2013), and can be as high as 40-60% (Harrison, 2014).

• Staff turn-over brings heighten awareness to
  • Harm
  • Unintended patient outcomes tied to lack of staff retention such as mortality
  • RN Satisfaction
  • Medication errors
  • Hospital acquired infections.

• Costs associated with replacing one registered nurse range from $82,000 to $88,000 (Jones, 2008).
Implementation of a clinical transition or residency program can decrease these turn-over rates to 10% or less (Harrison, 2014).
Introduction/Background

Our Problem

- 350-bed rural community hospital
- Located in Upstate NY
- On-boarded over 70 ADN prepared newly licensed RNs (NLRNs) during 2016 calendar year primarily from a local community college
- Education Team
  - Consisting of house-wide 3 Clinical Educators
  - Over-sight from Director of Nursing Excellence and Magnet Program
Previous Program: “GN Sessions”

• The classes previously offered to GNs for clinical transition:
  • Weekly
  • 1-3pm
  • Low attendance
Previous Program: “GN Sessions”

- Lack of monitoring; attendance, evaluation, satisfaction
- Lack of communication
- Lack of Buy-In/Support from Nursing Leadership and Preceptors
- Lack of Evidence-Based content

- Lack of a cohort
- Lack of support
- Large Turn-Over
Objective

Step #1
Reformatting of “GN Sessions”

• Evidence-Based Curriculum
• Improved Communication
• Application of Adult Learning Theories
• Holistic program to support transition to practice
Objective

Reformatting of “GN Sessions”

• New name – **Bridge to Practice Series**

• **WHO:**
  • For RNs and GNs with *less than one year* of clinical experience
  • Greater capture of participants with a learning need for a structured clinical transition program
The Bridge to Practice Series

- **When:**
  - New times
  - Biweekly
  - 7:30am-11:30am (accommodating to 12 hour shifts)

- **Length of program:**
  - 6 months in length
  - Revolving Sessions
  - Planned Graduations
The Bridge to Practice Series

Program Goals

1. Provide educational support in the transition from entry-level clinical nurse to competent, professional nurse who provides safe, quality patient care.

2. Introduce application of evidence-based practice in the clinical setting.

3. Develop clinical decision-making skills related to nursing practice.

4. Foster the development of professional growth for nurses with less than one year of clinical experience towards an individualized career plan that promotes a life-long commitment to learning.
Gaps in Curriculum

Analysis of the Commission of Collegiate Nursing Education’s (CCNE) Standards for Accreditation of Entry-to-Practice Nurse Residency Programs identified gaps in the GN Session content:

- Delegation
- Communication
- Business and Finances in Healthcare
- Comfort Care/Ethical Principles
- Research & Evidence-based Practice
Adult Learning operates under the premise of principals that adult learners have more life experiences to relate learning to, adult learners thrive off of autonomy and relevance of the content rather than the content itself, and adult learners often require rationale to the learning opposed to learning empty content (Curran, 2014).

**Adult Learning Principles**

- Adult learners have more life experiences to relate learning to
- Adult learners thrive off of autonomy and relevance of the content rather than the content itself
- Learning within a community
- Multi-modality learning
- Adult learners often require rationale to the learning opposed to learning empty content (Curran, 2014).
Adult Learning operates under the premise that adult learners have more life experiences to relate learning to, adult learners thrive off of autonomy and relevance of the content rather than the content itself, and adult learners often require rationale to the learning opposed to learning empty content (Curran, 2014).
Multi-modality Learning
Case Study

• A case study was built featuring “Tom Bridge” and threaded within all of the clinical topic presentations.

• “Tom” required a great deal of collaboration and coordination among the presenters.
Meet Tom Bridge
Male 58 y/o
DOB 2/14/59
Full Code

Allergies: Morphine, Lisinopril

Medical History:
• DM I, Neuropathy, retinopathy, Heart Failure, +MRSA, Cirrhosis, Obesity, COPD

Social History:
• ETOH, Smoker ½ ppd x42 years
• He lives alone in an apartment, receives Medicare, DSS/SSI benefits.

Admission Diagnosis
• Altered mental status, syncope, s/p fall at home
**Tom Bridge**

**Home Medications:**
- Lopressor 25mg PO BID
- Lasix 20mg PO every M-W-F
- Potassium 20mEq PO daily
- Simvastatin 40mg PO at bedtime
- Gabapentin 300mg PO TID
- Insulin Pump – Humalog
- Advair 250 mcg/50mcg Inhalation Daily
- Albuterol/Atrovent MDI BID and prn

**Lab Values:**
- Hgb AIC – 12.3
- Serum Glucose – 255
- BUN – 50
- Creatinine – 1.4
- WBC – 14
- ETOH Level – 300 mg/dL
EMR Training Integration
Adult Learning operates under the premise that adult learners have more life experiences to relate learning to, adult learners thrive off of autonomy and relevance of the content rather than the content itself, and adult learners often require rationale to the learning opposed to learning empty content (Curran, 2014).
Integumentary Management

Tom has:
- Expressive aphasia with difficulties communicating
- Significant weakness, 2 assist to transfer
- Limited time out of bed
- Unable to reposition independently
- Incontinent urine and stool
- Poor nutritional intake; rarely completing a meal and not taking supplements. His albumin is 2.2

*Calculate Tom’s Braden Score*
Assess and Identify the Skin Injury

Injury 1

What questions do you ask to determine the etiology behind this wound??

Injury 2

What treatment would you recommend?

Injury 3
The Bridge to Practice Series

- Development and integration of scheduling processes
- Utilization of innovative technology
Organizational Structure
Communication

Methods for communication:
• Text message alerts for Bridge to Practice Series
  o Email
• Introduced in monthly in Clinical Orientation
  o Participant roster
  o Schedule Provided
  o 1\textsuperscript{st} Completion of Experience Survey
Program Schedule:

- Multi-disciplinary
- Revolving Sessions
- 6 month schedule

### Organizational Structure

**Communication**

![Program Schedule Table]

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
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<td>Falls</td>
<td>- Quadriceps - Associated</td>
<td>L. Parker</td>
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<td>- “Contracted” Assignment</td>
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Evaluation Methods – Casey Fink Experience Survey

Before

I am comfortable knowing what to do for a dying patient.

Answered: 52   Skipped: 0

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Evaluation Methods – Casey Fink Experience Survey

After

I am comfortable knowing what to do for a dying patient.

Answered: 15  Skipped: 0

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I feel prepared to complete my job responsibilities.

Answered: 18  Skipped: 0

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Evaluation Methods – Casey Fink Experience Survey

After

I am satisfied with my chosen nursing specialty.

Answered: 15   Skipped: 0

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<th>ANSWER CHOICES</th>
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Continual Efforts for Improvement

Analysis of Formative Session Evaluations

- Utilizing a 1-4 Likert scale, the 1st BTP Series averaged 3.59 score for all sessions.

Would you recommend the Bridge the Practice Series to a friend or fellow nursing student?

Yes (32)  No (4)

Would you choose to work in a hospital that offers a clinical transition program such as the Bridge to Practice Series over a hospital that does not offer this educational opportunity?

Yes (31)  No (5)
Continual Efforts for Improvement

Advisory Board

- A biannual Advisory Board was organized
  - Program Overview
  - Analysis of Evaluations
  - Suggestions for improvement
  - Future plan for the program
Conclusion

Program Successes

• The inaugural year demonstrated 93% attendance to all sessions by participants.

• Organizational Buy-in:
  • The coordination and implementation of “Tom Bridge” into the curriculum has truly brought spirit to the program, and organization.
  • Everyone is always asking, ”What happens to Tom today?”
Program Successes

- Retention
  - Our first year demonstrated a 94.4% retention rate for BTP graduates within the organization.
A Small Team with a Big Impact

Bridge To Practice 2017
References


References


