The Yellow Brick Road to Success: An Intensive and Focused Orientation Program Skyrockets Retention & Nurse Satisfaction

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About Hahnemann University Hospital

• Hahnemann University Hospital (HUH) is a 496-bed academic medical center
• Located at Broad & Vine Streets in Philadelphia, PA
• Tertiary care institution specializing in: cardiac services, heart failure and transplantation; OB/GYN; orthopedics; medical; surgical; radiation oncology; bone marrow transplantation; renal dialysis; kidney/pancreas/liver transplants.
• Philadelphia’s first level I Trauma Center
• First Air Medical Program – University MedEvac
• Affiliated with Drexel University College of Medicine

Awards & Designations

Ranked the #3 hospital in the Philadelphia metro area and #5 in Pennsylvania.

“V” Hospital Safety Score,
The Leapfrog Group, 2013
Mission: Lifeline Silver Performance Achievement Award,
American Heart Association, 2012
FACT Accreditation,
Bone Marrow Transplantation
Introduction

• 17NT is a fast paced Interventional Cardiology Unit with high acuity and the capacity of caring for 53 patients.

• The patients that present to the floor have had extensive procedures including heart catheterizations, open-heart surgery, and implantation and explantation of pacemakers and defibrillators.

• The high acuity accounts for the need for the bedside clinician to be readily prepared to handle the patient presentations of the inner city Philadelphia population.

Purpose

• An educational initiative was introduced through the vehicle of shared governance to reduce novice RN Turnover and increase the knowledge, competence, and accountability of the bedside clinician on the Interventional Cardiology Unit.

Significance

• In a high volume patient care environment challenges are placed on nursing to increase the number of patient admissions, transfers, and discharges in a timely manner, presenting significant challenges to the novice RN.

• Educational preparation prior to the acute patient setting does not always incorporate the practical needs required to manage patient clinical presentations and patient flow.
Previous Unit Orientation Process

• Lacked organizational system and guidance.

• Deficient with obtaining weekly goals that were presented during orientation.

• There was no consistent process in determining if an orientee was progressing with orientation due to lack of feedback from peers.

• Lack of consistent preceptors during orientation was a key dissatisfier for novice nurses.

Orientation Survey

• RN’s who recently completed orientation were surveyed of how well they were prepared to come off of orientation.
  • The RNs were asked if they had consistent preceptors?
  • What skills they lacked coming off orientation and how these skills can help benefit them?
  • How supported they felt during orientation and what could help them manage patient presentations?
  • How prepared they felt coming off orientation?
  • If they could change anything about the orientation what would it be?

Results of Survey

• The majority had specific concerns related to their educational readiness to manage patients without the clinical support of the preceptor.

• Many nurses felt that they were not capable of caring for the high acuity of patients because they did not see particular patient presentations during orientation.
Strategy and Implementation

- The Unit educator in collaboration with the bedside clinicians developed an innovative and informative orientation process that includes:
  - Consistent primary and secondary preceptors
  - Weekly meetings with Unit Nurse Educator
  - Specific didactic skills required to manage patient presentations
  - Peer evaluation of orientees’ progress
  - Classroom and hands on educational sessions.

Orientation Adequate

1= poor, 2 = fair, 3 = good, 4 = excellent

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<td>National Average</td>
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Perceived Quality of Care

1= poor, 2 = fair, 3 = good, 4 = excellent

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Percentage of Nurses Remaining at the Organization

Interventional Cardiology RN Retention Post Transformed Orientation

Implications for Practice

- Our intensive and focused nursing orientation model can be implemented at any organization through a shared governance vehicle and bedside clinician input, drive, and application, support by leadership.
- A thorough and concentrated orientation met the needs of the novice nurse by enhancing their clinical quality and critical thinking skills and providing confidence, ultimately improving quality of care, nurse satisfaction and RN Retention.
- NT revamping of their orientation process has proved extremely successful results for patients, staff, and the organization. The nurses are able to assess, plan, and implement care for their patients in a timely manner and anticipate any changes in patient status.
- A key aspect with any implementation of change is: Can the change sustain the accountability, quality, perception of care and job enjoyment?
References

