

2018

Overcoming New Hire Obstacles with an Individualized RN Orientation in the Critical Care Area

Heather D. Blais

St. Cloud Hospital, CentraCare Health, blaish@centracare.com

Melissa M. George

St. Cloud Hospital, CentraCare Health, melissa.george@centracare.com

Jessica M. Thoma

St. Cloud Hospital, CentraCare Health, thomaj@centracare.com

Follow this and additional works at: https://digitalcommons.centracare.com/nursing_posters



Part of the [Other Nursing Commons](#)

Recommended Citation

Blais, Heather D.; George, Melissa M.; and Thoma, Jessica M., "Overcoming New Hire Obstacles with an Individualized RN Orientation in the Critical Care Area" (2018). *Nursing Posters*. 98.

https://digitalcommons.centracare.com/nursing_posters/98

This Book is brought to you for free and open access by the Posters and Scholarly Works at DigitalCommons@CentraCare Health. It has been accepted for inclusion in Nursing Posters by an authorized administrator of DigitalCommons@CentraCare Health. For more information, please contact schlepers@centracare.com.



Overcoming New Hire Obstacles with an Individualized RN Orientation in the Critical Care Area

Heather Blais, RN, Melissa George, BSN, RN & Jessica Thoma, MSN, RN
St. Cloud Hospital, St. Cloud, Minnesota



Purpose

To improve RN new hire orientation in the Cardiac Care Unit (CCU). Research reveals we tend to assign two patients to a new hire too early. They may not be able to safely care for two acutely ill patients, causing both the new hire and preceptor to become frustrated.

Do

- Developed a committee to evaluate current orientation process and discuss areas of improvement. Committee members included staff with 9 months to over 15 years of CCU experience.
- Devised a plan for new approach to RN orientation.
- Determined a start date for implementation of new orientation plan.
- Created a competency grid for charge nurses to utilize when making assignments. Grid indicates if the RN has completed education to care for specific patient populations.

Team Members

- Heather Blais, RN
- Lisa Dobis, BSN, RN
- Janel Dorn, BSN, RN, CCRN
- Melissa George, BSN, RN
- Teresa Jahn, MSN, APRN, CCNS, CCRN
- Brittany McCullough, BSN, RN
- Kristin Miller, BSN, RN, CCRN
- Lori Potter, RN, CCRN
- Kirsten Skillings, MA, APRN, CCRN-K, CCNS
- Jayna Theis, BSN, RN
- Jessica Thoma, MSN, RN-BC
- Dennis Zwilling, RN, CCRN

Thomaj@centracare.com

Act

- “Day one” with Educator prior to first bedside shift will include
 - Unit/room tour
 - Going through orientation binder/expectations of orientation
 - Setting up EPIC with Cardiac Flow sheets, lab results, order sets, etc.
 - Meet and greet with other disciplines
 - Hands on time with bedside monitor, IV pumps and other unit specific equipment
- Will not orient on weekends, a combination of 8 & 12 hour precepted shifts.
- Orientation divided into 3 phases:

Phase I (1-2 weeks)	Phase II (3-7 weeks)	Phase III (7-12 weeks)
Works with Educator on unit	With preceptor, new hire cares for 1 critically ill (Level III+) or 2 stable patients (Level I-II) during this phase.	Care for 2 patients under supervision of preceptor (Levels I-IV).
Responsibility for care of 1 Level 1 patient; care is divided into primary & secondary roles. New hires experience both roles.	Admissions, bedside procedures, and transfers are introduced when graduates have gained confidences with a regular routine.	CCU orientation class (4 hour) IABP class (3 hour) Targeted Temperature class (2 hour) Ultrafiltration validation Pacemaker validation
This allows new hires to learn half of the patient's needs without feeling overwhelmed.	Vent/Respiratory/Delirium class (4 hour) week 3 or 4. Hemodynamic/medication class (8 hour) week 5 or 6.	End of orientation meeting with new hire, Educator, Core Charge, preceptor(s) and/or Director of Inpatient Cardiology.
	Formal meeting with Educator, preceptor(s) and new hire half way through orientation.	

Level I - Part I	Level I - Part II	Level II	Level III	Level IV	Level V
STEMI/CP	Stable vent	TAVR/Mitraclip	IABP	Targeted Temperature Management	Impella
Heart Failure	Art Lines	VAD	Ultrafiltration		
Temp Pacer	Propofol	Pulmonary Artery monitoring			
Hep, Nitro gtt	Precedex	EKOS			
Cardizem, Amiodarone, Esmolol gtt	Dopamine/Levophed				

Evaluation

- Orientation evaluations pre-implementation indicated the following trends:
 - Keep preceptors to a minimum.
 - Define clinical orientation expectations
 - Spread classes throughout orientation
 - Limit each class to 8 hours
- Post implementation orientation evaluation shows:
 - Overwhelming support
 - Positive and honest with education
 - Explained protocols and policies very well
 - More Consistency with Preceptors would be helpful.
 - Most beneficial parts of orientation were the hours spent on the floor, way finding, classes, input from preceptor(s) and Educator on strengthens and area for improvement.
- We continue to make adjustments to our process based on evaluation trends.

References

Duchscher, J. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *The Journal of Continuing Education in Nursing*, 39(10), 441-450.

Flynn, M. & McKeown, M. (2009). Nurse staffing levels revisited: a consideration of key issues in nurse staffing levels and skill mix. *Journal of Nursing Management*, 17, 759-766. doi:10.1111/j.1365-2834.2009.01023

Proulx, D. & Bourcier, B. (2008). Graduate nurses in the intensive care unit: An orientation model. *Critical Care Nurse*, 28(4), 44-52.

Rischbieth, A. (2006). Matching nurse skill with patient acuity in the intensive care units: A risk management mandate. *Journal of Nursing Management*, 14, 297-404.

Ulrich, B. (2012). *Mastering precepting: A nurses' handbook for success*. Indianapolis, IN: Sigma Theta Tau International.

Wright, D. (2015). *Competency assessment field guide: A real world guide for implementation and application*. Minneapolis, MN: Donna Wright