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

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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.

Act

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

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/Levodopa |

Formal meeting with Educator, preceptor(s) and new hire half way through orientation.

Evaluation

• Orientation evaluations pre-implementation indicated the following trends:
  • Keep preceptors to a minimum.
  • Define clinical orientation expectations
  • Spread classes throughout the week.
  • 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 strengths and area for improvement.
  • We continue to make adjustments to our process based on evaluation trends.

Team Members
Heather Blais, RN
Lisa Dobis, BSN, RN
Janel Dom, BSN, RN, CCRN
Melissa George, BSN, RN
Teresa Jahn, MSN, APRN, CNCC, CCRN
Brittany McCullogh, BSN, RN
Kristin Miller, BSN, RN, CCRN
Lori Potter, RN, CCRN
Kirsten Skillingas, MA, APRN, CCRN-K, CCNS
Jayna Theis, BSN, RN
Jessica Thoma, MSN, RN-BN
Dennis Zillig, RN, CCRN

References