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.

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 Dom, BSN, RN, CCRN
- Dennis Zwilling, RN, CCRN
- Jessica Thoma, MSN, RN-BC
- Janelle Dorn, BSN, RN, CCRN
- Kristen Miller, BSN, RN, CCRN
- Jody Blais, RN
- Melissa George, BSN, RN
- Kirsten Skillings, MA, APRN, CCRN-K, CCNS
- Jayna Theis, BSN, RN
- Jayna Theis, BSN, RN
- Kersten Skillings, MA, APRN, CCRN-K, CCNS
- Janelle Dorn, BSN, RN, CCRN
- Brittany McCulloch, BSN, RN
- Kristin Miller, BSN, RN, CCRN
- Lori Potter, RN, CCRN
- Dennis Zwilling, RN, CCRN
- Angela Vandenbosch, BSN, RN
- Melissa George, BSN, RN
- Sarah St. John, BSN, RN
- Jessica Thoma, MSN, RN-BC
- Mary Dobis, BSN, RN
- John Dom, BSN, RN, CCRN
- Melissa George, BSN, RN

**Act**
- “Day one” with Educator prior to first bedside shift will include:
  - Unit tour
  - 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) With preceptor, new hire cares for 1 critically ill (Level III) or 2 stable patients (Level II) during this phase.
  - Phase II (3-7 weeks) Admission, bedside procedures, and transfers are introduced when graduates have gained confidences with a regular routine.
  - Phase III (7-12 weeks) CCU orientation class (4 hour) IABP class (3 hour) Targeted Temperature class (2 hour) Ultrafiltration validation Pacemaker validation

**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 the new orientation were the hours spent on the floor, way finding, classes, input from preceptor(s) and Educator on strengthens and areas for improvement.
  - We continue to make adjustments to our process based on evaluation trends.

**Level I - Part I**
- STEMI/CP
- Heart Failure
- Temp Pacer
- Hep, Nitro gtt
- Cardizem, Amiodarone, Esmolol gtt

**Level I - Part II**
- Stable vent
- Art Lines
- Propofol
- Precedex
- Dopamine/Levophed

**Level II**
- TAVR/Mitradip
- VAD
- Pulmonary Artery monitoring
- EKOS

**Level III**
- IABP
- Ultrafiltration
- Targeted Temperature management

**Level IV**
- IABP validation
- Targeted Temperature class
- Impella

**Level V**
- Pacemaker validation
- IABP class
- St. Cloud Hospital, St. Cloud, Minnesota

**References**