Nurses Initiating Change: Engaging Nurses in Development of Unit Orientation Pathways and Processes at an Inpatient Psychiatric Hospital

Objectives
- Outline literature supporting the importance of excellent orientation programs to increase nurse retention, staff morale and confidence
- Explain mutual empowerment strategies using shared governance that promote nurse driven orientation pathway development.
- Summarize the results of a pilot program championed by nursing that supports the implementation of unit specific processes and pathways.

Presenters
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Disclosures
The presenters have no financial, grant funding, commercial, professional or personal conflicts of interest.

About Us - VUMC
- Not-for-profit Academic Medical Center with 137 year history in Nashville (Middle Tennessee)
  - Vanderbilt University Hospital
  - Monroe Carell Jr. Children’s Hospital at Vanderbilt
  - Vanderbilt Psychiatric Hospital
  - The Vanderbilt Clinics
- 1000 beds combined
- Middle Tennessee’s only Magnet designated organization
  - Second designation received April 2012

About Us – Vanderbilt Psychiatric Hospital
- 88 Bed Inpatient Program – Child/Adolescent; Young Adult, Adult & Geriatrics
- Partial Hospital Program – Adult and Adolescent
- 7 bed Psychiatric Assessment Service
- ECT & TMS Suite
- 3000+ Admission per year
- 130 FTEs Nursing Staff – 75 FTEs Registered Nurses & 55 FTEs Mental Health Specialists
Shared Governance Support

- Concerns brought to Professional Practice Board
- Workgroup to generate Foundation
- Literature Review on Best Practices
- Brought to Unit Boards

Onboarding Impact

The first 30 days of a new job are so critical to retention that inadequate orientation programs can result in a different type of “burnout” where nurses leave a position before they have even acclimated to it.

The evidence-based orientation program can better prepare staff nurses to provide quality and safe care to patients.”

Challenges Identified

- Robust General Hospital Orientation yet...
  - Inconsistent unit-based orientation processes
  - Lack of consolidated resources
  - Need for unit-specific individualization and hospital wide standard processes
  - Increased Turn-over

Onboarding Processes and Checklists

“When developing an effective orientation program, an organization should prepare in advance by creating a comprehensive checklist as well as develop a complete on-boarding process and timeline.”

(Gresch, 2009).

Onboarding Effect on Turnover

An effective onboarding process prepares the nurse with a foundation for success in the organization.

Nationwide Turnover:
- RNs: 15-36% per year
- New Graduates: 35-55% per year

Average cost of turnover of RN is approximately $36,000 - $48,000. (NSI Nursing Solutions, 2013)

Results in RN turnover:
- Diminished continuity of care
- Decreased productivity
- Increased risk for patients
- Decreased staff morale

LITERATURE REVIEW

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LITERATURE REVIEW
Leader Engagement

- Support From:
  - Senior Leadership
  - Manager Champion
  - Educator
  - Clinical Staff Leaders

- Budgetary impact
  - Expense of project development time
  - Funding for manuals
  - Increased onboarding time

Manager Mentoring

- Professional Development Opportunity for Staff Nurse Advancement
- Engaging Staff Nursing in Achieving Overall Organizational Goals

Lack of Structure

- “I was taken off orientation early due to short staffing.”
- “Orientation lacked structure or clear direction.”
- “No clear goals to accomplish each shift or each week.”

Insufficient Orientation Materials

- “There were no helpful checklists or unit specific materials.”
- “It didn’t feel like orientation because it felt like I was just supposed to know. I felt stupid for asking my preceptor any questions.”

Nurse-Driven Development

- Survey to gather qualitative feedback
  - Engagement of staff identifying areas of growth
Inconsistent Preceptor Education

“My preceptor wasn’t the most helpful”

“My preceptor had no idea she was supposed to train me.”

Manual Development

• Formatted and reviewed with leadership
  – Interdisciplinary input (i.e. ECT specialists, Quality Team, Labor and Delivery, etc)
• Dedicated time allotted with nursing education
• Week-by-week guidelines
• Disclaimer of material subject to change
  – Heavy focus on clinical judgment

Nurse-Driven Development

• Meetings with peer staff to develop unit specific materials
  – Focus Groups
  – One-on-one information gathering
  – Leadership review and feedback

Tools for Evaluation

• Self-Assessment Pre-Orientation Questionnaire
• Checklists
  – General Checklist
  – Clinical Checklist
  – Skills Checklist
• Preceptor acknowledgement of skill observation and demonstration

Nurse-Driven Development

• Education for preceptors
  – Medical Center preceptor workshops catered to psychiatric hospital

Implementation: Engaging Leadership

• Need for leadership support in piloting
• Brought to Clinical Staff Leader weekly meeting
• Involvement of Staff Scheduler
• Utilized in process of “90 Day Evaluation”
• Shared governance importance
Implementation: Engaging Staff Preceptors

- Leadership role in identifying strong preceptors
- “Preceptor Treasures” course tailored to behavioral health
  - Mindfulness of manual content
- Evaluation tools from course
- Mirrored structure of “Orientation Pathway Template” from VUMC

Availability of Resources

Did you receive materials and/or checklists from your unit to guide your orientation?

Pre-Post Survey
- 90 Day Evaluation of Orientation Processes
- 14 questions, combination type
- Questions concerned:
  - orientation time & adequacy
  - perception of preparation & readiness
  - preceptor experience
  - Resources

Post-Implementation Results

- Pre-Post Survey
  - 90 Day Evaluation of Orientation Processes
- 14 questions, combination type
- Questions concerned:
  - orientation time & adequacy
  - perception of preparation & readiness
  - preceptor experience
  - Resources

Preceptor Experience

What was your Experience of an Assigned Preceptor?

Demographics

Pre-data
- 48 respondents
  - 58% RN, 42% Support roles
- All units participated

Post-data
- 40 respondents
  - 40% RN, 60% Support roles
- All units & Admissions participated

Perception of Peers

My Peers were willing to teach.
Ability to Perform Independently
Describe how well orientation prepared you to perform your job independently

Overcoming Obstacles
- Initial staff engagement
- Staff nurse(s) time off unit for project
- Incomplete preceptor education
- Staffing challenges related to increased orientation time
- Distinctly different needs in each area
- Turnover

From the Staff...
- "I felt that the orientation process was great. I felt prepared to be independent on the floor and confident to venture off on my own."
- "The unit orientation manual provided much needed information!"
- "The orientation manual was really helpful in explaining the role that is expected of me on my unit."
- "I was impressed and comforted by the acceptance and support that I felt from my peers."

Plans for the future...
- Evaluation data to guide continual manual improvement
- Preceptor education requirement
- Leadership promotion of mutual accountability
- Electronic manual
- Multi-stage roll-out (unit specificity)
- Need in Psychiatric Assessment Services department
- Collaboration with P&S staff nurses, quality team, leadership

Limitations
- Staff engagement in preceptor training
- Float pool/PRN staff
- Knowledge deficit in new Psychiatric Assessment Services not addressed by manual
- Consistent use of checklists

References
- [Photographs of Vanderbilt]. Personal property of VUMC, Retrieved from Vanderbilt Flickr account & VUMC Photo Archives.
- Other royalty-free images retrieved from https://morguefile.com/search/morguefile
Questions?