

Nurse Residency at Nebraska Medicine

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Nebraska Medicine is the Most Esteemed Academic Health System in Nebraska

- Committed to advancing quality health care, Nebraska Medicine represents the clinical integration of The Nebraska Medical Center (the state's largest and highest-rated hospital), Bellevue Medical Center and UNMC Physicians
 - **Nebraska Medicine – Nebraska Medical Center:** 621 bed acute care facility located in Omaha, providing tertiary and quaternary health services
 - **Nebraska Medicine – Bellevue:** 55 bed, acute care hospital located in Sarpy County
 - **Nebraska Medicine Clinics:** more than 500 doctors in 50 specialties and sub-specialties in more than 160 locations
- 7,300 employees
- 27,981 discharges
- 426,923 outpatient visits
- 77,544 ER visits



Nursing at Nebraska Medicine

Calendar year 2015

- Total Nursing hires (Inpt Staff Nurses, Clinic Nurses and Leads): 732
- Internal Transfers: 355
- New Hires: 377
- New Graduates: 211

2015#1 Black	61
2015 #2 Teal	118
2015 #3 Peachy	32

UNMC College of Nursing
Clarkson College
2015- 2016 School year

	Fall 2015	Spring 2016	Summer 2016
Preceptorships	21	106	37
Clinical Rotation/Experiences	50	26	24
CSI (DEU) 1 CSI takes 2 students	11	19	0

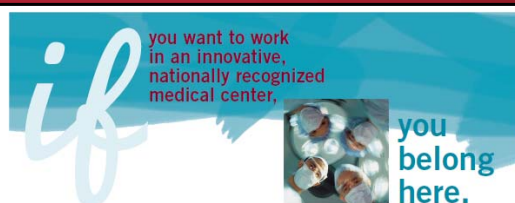
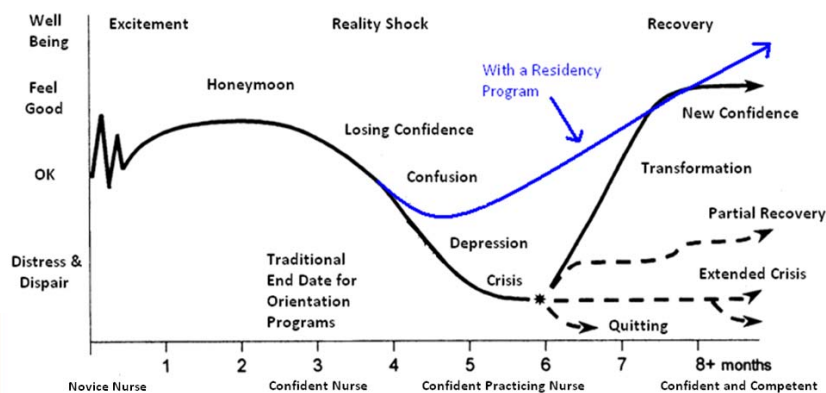


History of NR program

- Home grown Nurse Residency/Orientation program 1999-2009
 - 13 weeks
 - Mix of orientation, general classes, & specialty classes
- Workout to improve the program and process 2008
 - Joined the Vizient/AACN Nurse Residency Program
 - First Cohort launched November 2009
 - Creation of Nursing Orientation Days 1, 2, & 3
 - Academic Partners are UNMC and Clarkson College



New Grad Transition



The Nurse Residency Program

at Nebraska Medicine

A transition-to-practice program for the new graduate nurse throughout the first year in your professional role.

As a newly hired nurse with Nebraska Medicine, you will participate in a nationally-recognized Nurse Residency Program. This evidence-based program is designed to support the nurses' journey. This is accomplished through a variety of interactive presentations, small group activities and hands-on experiences led by clinical experts within the organization and our academic partners.

Frequently Asked Questions

Who participates in the Nurse Residency Program?

Our Nurse Residency Program is a one year program designed for all new graduate nurses to facilitate the transition to your professional role in a stimulating, fast-paced health care environment. We are a leading academic medical center and our nursing staff treats complex cases and provides specialized care not offered at other local facilities.

What is included in the program?

Our program provides a wealth of educational opportunities. Key threads throughout the program include critical thinking, patient safety and nursing role, leadership, communication, research-based practice and professional development. Each session also includes "Take from the Lecture". Nurse residents are able to share experiences and feelings with other new graduates to develop camaraderie and support within your cohort group and the organization. There is also an opportunity to explore and complete an evidence-based project.

When did the Nurse Residency Program begin?

We have offered an internal program since 1993 and adopted the UNIC/MCN Nurse Residency Program® curriculum in 2008.

What is the commitment?

This is a one-year program that overlays on any nursing or specialty orientation. Each monthly session is approximately four hours in length. This is part of your work schedule and is paid time.

How often is the program offered?

Nurse residency is offered three times throughout the year to coincide with graduation dates. There is no maximum number of residents in each class. You will receive more information and a schedule during orientation.

How do I apply?

Because all new graduate nurses are automatically entered into the residency program, you will be enrolled upon hire. Apply for a staff nurse position by clicking NebraskaMed.com and following the normal application process. If you have questions about this process, contact the Nebraska Medicine Human Resources Department at 402-555-3211.

How can I learn more about the UNIC program?

Additional information regarding the UNIC/MCN Nurse Residency Program™ is located at <https://www.unic.edu/16307.htm>.



Policy Statements

Purpose – Transition new graduate nurses into competent professionals in an environment that fosters life-long learning and the highest quality of care and service.

- Offered 3 times per year to coincide with graduation dates
 - March (for December graduates)
 - August (for May graduates)
 - November (for August graduates)
- Licensure is required prior to the start of the program
- Meet monthly for 4 hours; reduced to 3 hours (2014) after 6 months
- Transfer policy (HR 37): Cannot transfer until after completion of Nurse Residency or from manager approval
- Nurse Residency is a required part of your work schedule. Ill calls/no shows will be subject to policy (HR01 Attendance). You are expected to attend the next offering of any missed sessions.



Curriculum

UHC | AACN
Nurse
Residency
Program™

Nurse Residency Program
2015 #2 Teal Schedule
August 2015 -> July 2016



Month	Date/Time	Place	Topic(s)
1	Tuesday August 18, 2015 0800-1200	Storz 1-4	Welcome/ Icebreaker / Overview of the NR Program Stress Management and Self Care Introduction to Program Outcomes Data Collection Tales from the Bedside/Cohort Groups
2	Monday September 28, 2015 0800-1200	Storz 1-4	Organization of Data/Shift Report (Leadership) Resource Management/Communication (Leadership) Small Groups Tales from the Bedside
3	Monday October 26, 2015 0800-1200	Storz 1-4	Managing the Delivery of Care (Leadership) Patient Safety – Med Administration (Patient Outcomes) **Time subject to change based on skills group needs**
4	Monday November 23, 2015 0800-1200	Storz 1-4	Evidence based Practice (Professional Role) -professionalism -research report critique -evidence based practice in action -determining issue/projects for final projects
5	Monday December 21, 2015 0800-1200	Storz 1-4	Prevention (Patient Outcomes) Patient/Family Teaching (Patient Outcomes) Small Groups/ Tales from the Bedside/Project time
6	Friday January 22, 2016 0800-1200	Storz 1-4	Nurse Sensitive Patient Outcome- Management of the Changing Patient Condition (Patient Outcomes) Small Groups/ Tales from the Bedside/Project time Legal perspective/Nurse Sensitive Patient Outcome – Fall
7	Monday February 1, 2016 0800-1130	Storz 1-4	Nurse Sensitive Patient Outcome- Infection Control (PI Outcomes) Self-Care Express In-service Mix It up Group Chat Program Outcomes Data (6 months)



Curriculum

8	Monday March 14, 2016 0800-1100	Storz 1-4	Tales from the Bedside End of Life Care (Professional Role) Pain from a patients perspective (Patient Outcomes) Small Groups/ Tales from the Bedside/Project time
9	Monday April 11, 2016 0800-1100	Storz 1-4	Cultural Competence in the Nursing Care Environment (Professional Role) Ethical Decision Making (Professional Role) Small Groups/ Tales from the Bedside/Project time
10	Monday May 9, 2016 0800-1100	Storz 1-4	Professional Development (Professional Role) -goal setting and evaluation -professional organization -certification Small Groups/ Tales from the Bedside/Project time
11	Monday June 6, 2016 0800-1100	Storz 1-4	Tales from the Bedside Project Work Time!
12	Monday July 18, 2016 0800-1100	Storz 1-8	Program Improvement Feedback Program Outcomes Data (12 months) Presentation of Final Projects **CELEBRATION**



Key Threads

- Critical Thinking
- Patient safety-minimizing risk
- Leadership
- Communication
- Research based practice
- Professional development



Data Collection

2013 Outcomes Report 9

Table 4. Skills identified by residents as ones they are uncomfortable performing at each data collection period.

Skills in order of frequency selected	Start	Mid	End
Code/emergency response	1	1	1
Blood product administration/transfusion	2	8	13
Chest tube care (placement, pleurovac)	3	2	2
Vent care/management	4	3	3
Blood draw/venipuncture	5	7	7
Intravenous (IV) starts	6	6	6
MD communication	7	16	19
Central line care (dressing change, blood draws, discontinuing)	8	10	12
Death/Dying/End of Life Care	9	4	4
Prioritization/Time Management	10	14	17
Tracheostomy care	11	5	5
Assessment skills	12	12	11
Charting/documentation	13	18	15
Bladder catheter insertion/cirrigation	14	9	8
EKG/ECG/Telemetry care	15	11	9
Intravenous (IV) medication administration/pumps/PCAs	16	20	20
Medication administration	17	21	21
Unit specific skills	18	15	14
Patients/family communication and teaching	19	19	18
Nasogastric tube management	20	17	16
Wound care/dressing change/wound vac	21	13	10

The residents also had an opportunity to add a fourth skill to the "uncomfortable list." At the start of the program residents identified a wider variety of additional skills (e.g., chemotherapy administration, "passing" instruments, dealing with buzzers, setting up sterile fields, sedation, which were fewer in number at the midpoint and all but missing at the program end. These items have been changed in 2012 and should begin to be seen in the next report — residents will indicate the degree to which these skills are issues rather than having to select three from the list. The hope is that this change will give a greater refinement to what is learned at both the site and NRP level as we move forward.

The following chart (Figure 2) represents these same results in a method which should be easier to quickly examine, with colored bars representing the ranking of each skill at each data collection period.

- The Casey-Fink Graduate Nurse Experience Survey
- Resident Progression
- Program Evaluation
- Post Residency Progression Survey (2 & 3 years post)



Evidence Based Projects

- Quality Focus/Going for the Gold
- Project time built in (start month 4)
- Pass off if applicable
- Resources available
- Abstract

Organizational Nursing Quality Priority: Reducing Hospital Acquired Pressure Ulcers		
Objective: Under the direction of the unit Quality Triad, ensure consistency in nursing care delivery of standardized, evidence-based, best practices aimed at reducing the incidence of hospital-acquired pressure ulcers.		
Project Activity:	Timeline:	
1. Identify unit resources to assist with project: <ul style="list-style-type: none"> o Nurse Quality Champion (QC) o Nurse Residency representative(s) o Unit Nurse Educator(s) o Associate Nurse Manager (ANM) o Nurse Manager o Unit staff meeting schedule dates/times for 2013 o Unit Performance Improvement and/or Quality Triad team representative(s) and schedule of 2013 meeting times/dates** o UBC representative(s) and schedule of 2013 meeting times/dates** o Skin and Wound nurse assigned to unit 	Feb 11 -18, 2013 **Residency groups are encouraged to "conquer and divide" and each attend one of the unit based meetings so that everyone is not trying to attend them all each month.	
2. Create pressure ulcer resources notebook in which to store all information collected during project.		
1. Identify baseline data with unit partners - Quality Champion has access to all data 2. Review last 2 quarters of unit-based skin survey findings 3. Review current unit-based NQNOI pressure ulcer results with benchmark comparisons 4. Review current UHC report on hospital discharges with pressure ulcer present at discharge, not present on admit 5. Identify unit processes of ulcer prevention to identify gaps in best practice, if any. <ul style="list-style-type: none"> a. Compile list of unit-identified barriers to ulcer prevention interventions - present to unit team 	Feb 11-25, 2013	
1. Identify best practices in pressure ulcer prevention with unit partners 2. Review current nursing policy on pressure ulcer prevention 3. Review current Plans of Care "Pressure Ulcer" and "Pressure Ulcer, Risk of" 4. Review evidence-based resources identifying best practices for ulcer prevention not only of nursing practice guidelines Purposful Hourly Rounding How to engage staff in maintaining consistency with interventions	Feb 26-March 15, 2013	
1. partners with implementing evidence based practices in ulcer prevention unit resources to engage staff and ensure consistency with implementation actions in pressure ulcer prevention Assist with re-engaging staff in the conduct of Purposful Hourly Rounding 1 educating unit staff on best practices for pressure ulcer reduction found in policy and practice guidelines Attend monthly UBC, staff, PI and/or Quality Triad meetings to report on progress and sustain project efforts** Work with unit educators to post education re: hourly rounding, pressure ulcer prevention interventions	March 1-July 1, 2013	
1. Review evidence-based resources identifying best practices for ulcer prevention not only of nursing practice guidelines Purposful Hourly Rounding How to engage staff in maintaining consistency with interventions 1 partners with implementing evidence based practices in ulcer prevention unit resources to engage staff and ensure consistency with implementation actions in pressure ulcer prevention Assist with re-engaging staff in the conduct of Purposful Hourly Rounding 1 educating unit staff on best practices for pressure ulcer reduction found in policy and practice guidelines Attend monthly UBC, staff, PI and/or Quality Triad meetings to report on progress and sustain project efforts** Work with unit educators to post education re: hourly rounding, pressure ulcer prevention interventions	March 1-Aug 1, 2013	
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All hands on deck...

Unit Acquired Pressure Ulcer Prevention

<ul style="list-style-type: none"> 9 units 25 RNs 	<ul style="list-style-type: none"> 3 units 7 RNs 	<ul style="list-style-type: none"> 1 unit 3 RNs 	<ul style="list-style-type: none"> 2 units 5 RNs 	<ul style="list-style-type: none"> 4 units 10 RNs
Cohort 1 Feb – July '13	Cohort 2 Aug '13 – Jan '14	Cohort 3 Jan – June '14	Cohort 4 Apr – Sept '14	Cohort 5 June '14-Jan '15

Results:

Cohort 1

- 51 UAPU in 4 surveys pre- and 27 UAPU in 4 surveys post-projects = **47.1% reduction!**

Cohort 2

- 16 UAPU in 4 surveys pre- and 3 UAPU in 4 surveys post-projects = **81.2% reduction!**

Cohort 3

- 10 UAPU in 4 surveys pre- and 2 UAPU in 4 surveys post-projects = **80% reduction!**

Cohort 4

- 7 UAPU in 4 surveys pre- and 5 UAPU in 4 surveys post-projects = **28.5% reduction!**

Cohort 5

- 2 UAPU in 4 surveys pre- and 2 UAPU in 4 surveys post-projects = **0% reduction**



Nebraska Medicine
SERIOUS MEDICAL. EXTRAORDINARY CARE.

HOME PHONE DIRECTORY EMPLOYEES RESOURCES NURSING DEPARTMENTS

Links
Nursing Home
About Nursing
Nursing Leadership
Optimizing
Mission / Vision / Values
Shared Governance

Resources
Drug Information
Patient Education
Policies & Procedures
Nutrition & Room Service
Other Reference Materials
Professional Resources
Nursing Positions
Available
MD / Department
Nurse
APRN

Nursing
Nurse Residency Evidence Based Practice Projects
About nurse residency EBP projects
Links to Video Presentations - Napsa Surge
2016
July

- 6 Hour - IS
- 6H - CLABSI
- 7 Level Tied Abstracted Resident
- 7 Top - HAPTA
- APNU Nurse Satisfaction
- BMC 2 Fall Prevention
- BMC 2014
- Burn ICU Protocol Abstract
- CPNU - Alarm Fatigue
- CPNU - Hepatitis
- CPNU - SCD Abstract with Edits
- CPNU - CLABSI
- ED 2015 - Skin Prep 2015
- ED - Pupil Patients
- ED - Wipe 1-Wet
- Falls - 201



Outcomes



Dashboard



Monday, January 11, 2016 Welcome Eric

Logout

Nebraska Medicine – Nebraska Medical ▼

Nurse Residency Program

Casey Fink Survey - Skills

Casey Fink Survey - Skills

Definitions & How to Review

Visible: All or Better or Worse than benchmark



Hire/Program Date

2014 ▼

Benchmark: Mean of All NRP Participants

Settings



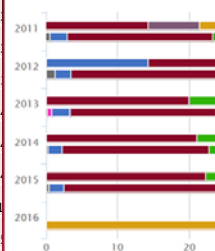
Outcomes Measurement

- Resident demographics
- **Retention**
- Casey-Fink: Baseline, 6 months, 11 months
- **NRP Progression: Baseline, 6 months, 11 months**
- Residency Program Evaluation
- **Post NRP Progression**
- 2 and 3 year post program surveys



Retention Reason

Cohort
2011
2012
2013
2014
2015
2016
2017
2018
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2020
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2050



2015#1 Black Cohort group

Start 3/11/15= 61, End 2/15/16=at 48 (78.6% retention)

1. 8/28/15- want clinic hours
2. 6/8/15- not progressing on orientation and he moved on
3. 1/4/16- moving back to NC, homesick
4. 9/16/15- wants a 9-5 job
5. 10/2/15- Termed by floor
6. 12/11/15- wants day hours and a different pt population
7. 7/15/15- not progressing on orientation, not a good fit for both
8. in 2015- moving out of state
9. 12/31/15- going to Childrens, no weekends no holidays
10. 11/5/15- done with 12 hour shifts
11. 11/9/15- Military retire
12. 5/5/15- moving out of state
13. 7/14/15- moving out of state with BF
- (14. One left 7Lied month 10/11 and went to the wound clinic but is finishing program)

2016#3 Maroon



