

**PA NURSE RESIDENCY COLLABORATIVE
5TH ANNUAL EDUCATIONAL**

SUMMIT

**You Can Have It All:
Your Nurse Residency Program
Return on Investment**

**September 28, 2023 from 7 AM - 10:30 AM
Harrisburg Hilton**

WELCOME FROM THE CHAIR

Liz Holbert, MSN, RN

The National Nurse-Led Care Consortium is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity has been accredited for **2.75** contact hours of continuing nursing professional development.

Please make sure that you checked-in; if not, please see Jilian Bohn, Zaharaa Davood, or Namaijah Faison.

To receive contact hours, you must fill out the evaluation, which will only be sent to checked-in attendees.

AGENDA

6:30 AM - 7:00 AM

- Registration Opens
- Breakfast & Networking

7:00 AM - 7:10 AM

- Welcome and About the Pennsylvania Action Coalition

7:10 AM - 8:20 AM

- Retention: A Signature Return on Investment

8:20 AM - 8:55 AM

- Examples of Nurse Residency Coordinator Work: Making a Difference to the Institution

8:55 AM - 9:10 AM

- Networking Break

9:10 AM - 9:55 AM

- Return on Investment: The Evidence Based Practice Project

9:55 AM - 10:25 AM

- Examples of EBP: Making it Work for You

10:25 AM - 10:30 AM

- Closing

WELCOME FROM THE PA ACTION COALITION

Jennifer (Horn) Gimbel, MBA

PA Action Coalition Director

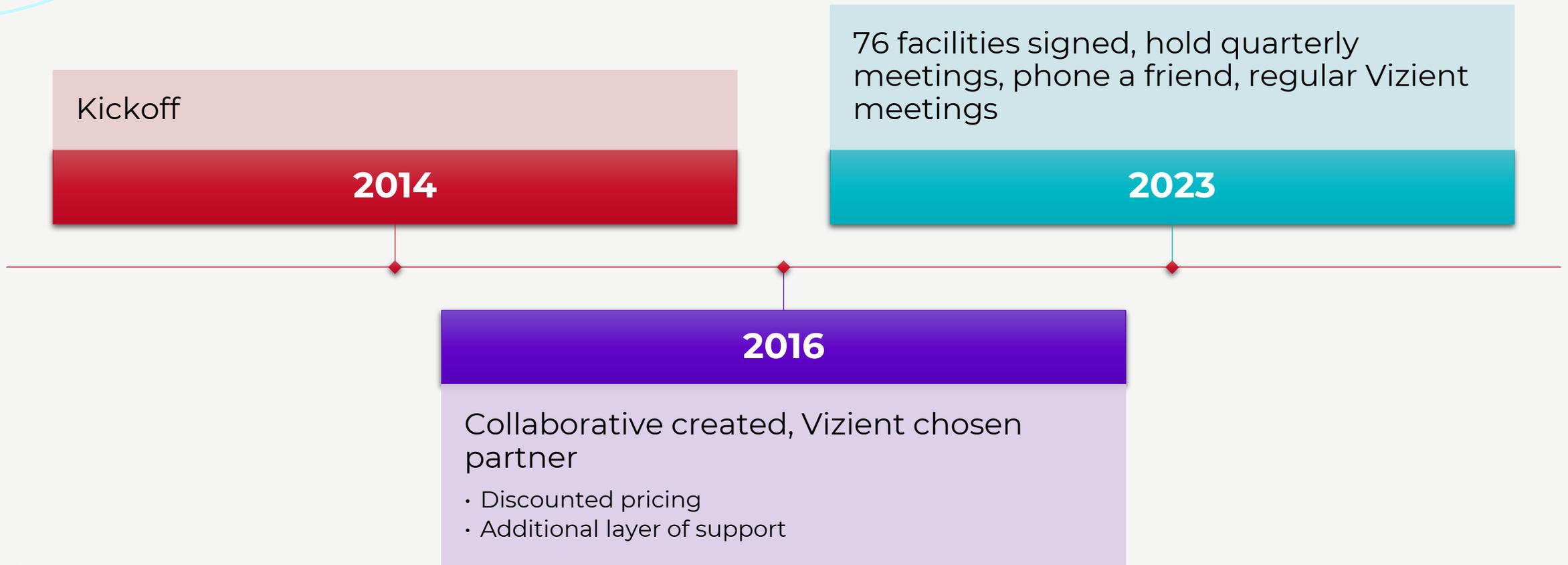
WHO IS THE PA ACTION COALITION?

- **2011 IOM (now NAM) Report *The Future of Nursing: Leading Change, Advancing Health***
- **Future of Nursing: Campaign for Action**
 - Partnership of the RWJF, AARP, AARP Foundation to implement recommendations
 - State-wide Action Coalitions formed in all 51 states and D.C.
- **PA Action Coalition**
 - Established in 2011 to guide the implementation of the IOM report recommendations in PA
 - Moved to the National Nurse-Led Care Consortium in 2014
- **Houses Nursing Workforce Center for PA**

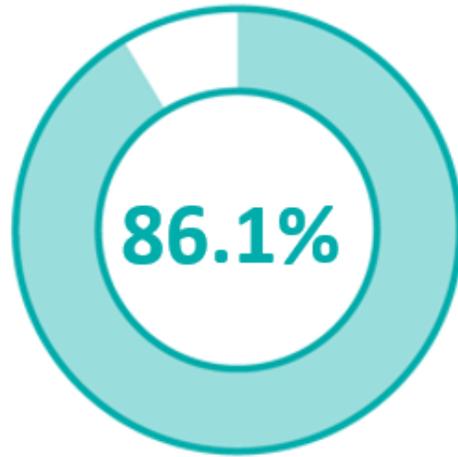
RESIDENCY PROVIDES A CONTINUING OPPORTUNITY TO APPLY IMPORTANT KNOWLEDGE FOR THE PURPOSE OF REMAINING A SAFE AND COMPETENT PROVIDER IN A CONTINUOUS LEARNING ENVIRONMENT.”

Recommendation #3: Implement
Nurse Residency Programs

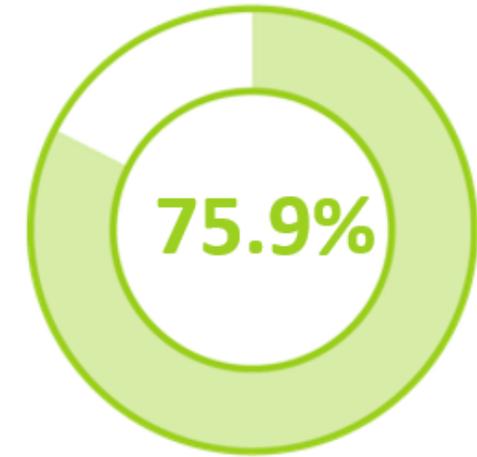
PA-AC NURSE RESIDENCY COLLABORATIVE TIMELINE



RETENTION RATES



Vizient/AACN Nurse Residency Program™



National benchmark¹

NSI Nursing Solutions Incorporated (2021). 2021 National Health Care Retention & RN Staffing Report. Accessed at: https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

TRENDS IN PA



THE IMPACT OF THE NRP IN PA

	2019	2020	2021
RNs hired at participating PA-NRC hospitals	3,870	3,684	4,697
Turnover rate for RNs at participating PA-NRC hospitals	10%	16%	16%
Cost avoidance with the national average turnover rate of 24% and national turnover costs of \$88,000 per nurse to PA-NRC turnover rate	\$47.7 million	\$25.9 million	\$33.1 million

HOW DOES PA COMPARE?

Participating Hospitals

PA-NRC:
75 of 156 acute care hospitals
in PA (48%) as of September
2023

National Vizient NRP:
661 (June 2022) of 6,129 (May
2023) total hospitals in the U.S.
in 2022 (11%) have purchased
the NRP



ROI: Really Owning It!

Meg Ingram, MSN, RN
Lead Programmatic Advisor
Nurse Residency Program

vizient[®]

Objectives

1. **Identify strategy for nurse residency program, including 2 priority interventions.**
2. **Outline key points for an elevator speech highlighting your NRP Strategy.**

Return on Investment

What is your investment?

How do you know if you're getting a return on YOUR investment?

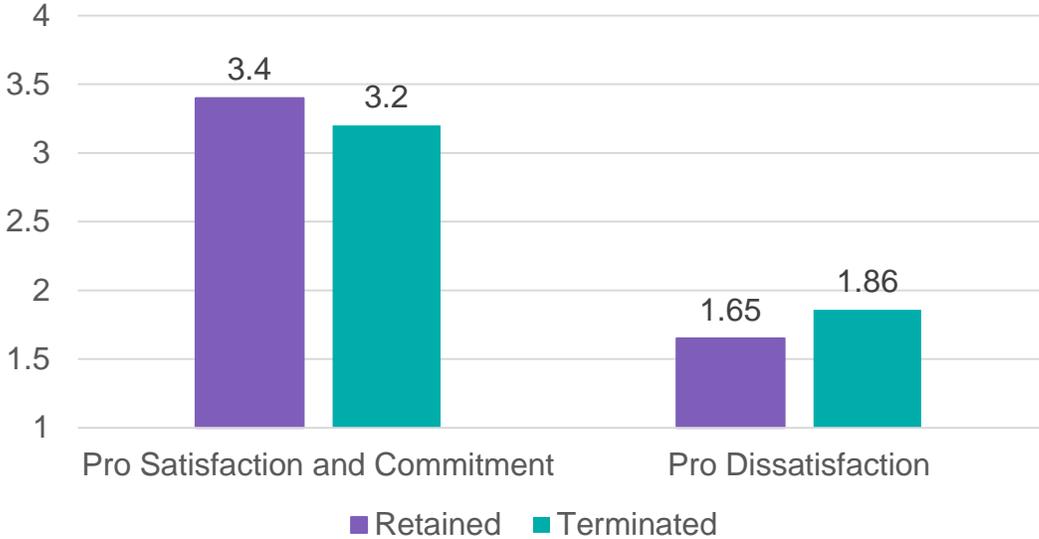
What is that return on your investment?



Residents, they're just like us!

- In the Casey-Fink surveys, residents who leave the organization:

- Report statistically significant lower scores in the “support” category
- Report statistically significant lower scores in the “professional satisfaction” category



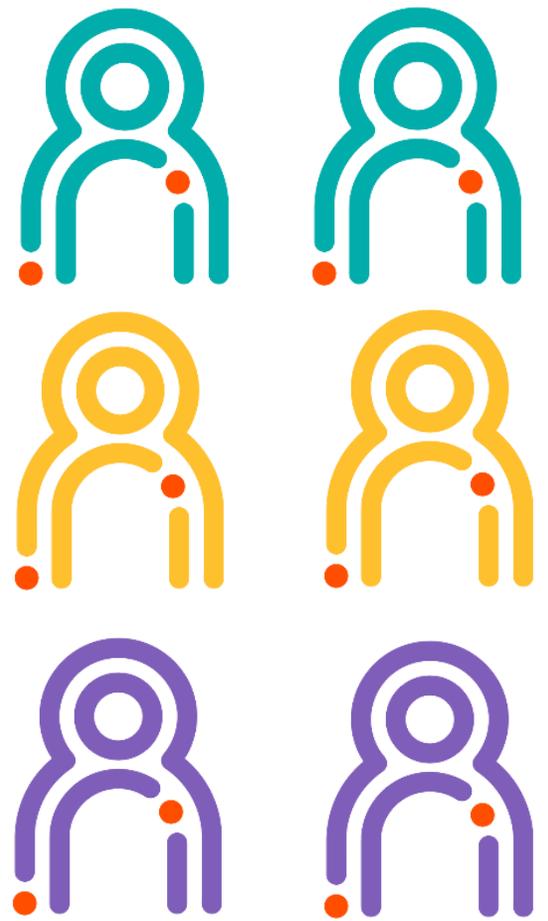
- In progression surveys

- Report statistically significant lower scores in “satisfaction and commitment”
- Report statistically significant higher scores in “dissatisfaction”

Lynn, M.A. (2022). Vizient/AACN Nurse Residency Program™ Outcomes Report. Vizient, Inc. https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/secured/solutions/clinical/report_2022outcomes.pdf



OR



Do you have a formal strategy for your program?



Yes or no?

The role of a **Nurse Residency Program Coordinator** can be highly demanding and dynamic, requiring a combination of:

- leadership
- strategic thinking
- adaptability
- effective communication

Successful **Nurse Residency Program Coordinators** are often those who can balance these responsibilities while staying focused on the long-term vision and mission of the organization.

Actually....

The role of a **Chief Executive Officer (CEO)** can be highly demanding and dynamic, requiring a combination of:

- leadership
- strategic thinking
- adaptability
- effective communication

Successful **CEOs** are often those who can balance these responsibilities while staying focused on the long-term vision and mission of the organization.

Who're they gonna call?



Poll!

You have a new nurse manager who is unfamiliar with nurse residency programs. They are inheriting a unit that is very understaffed and planning to hire a lot of new graduates. They are worried about sending their new graduates off the unit to seminar since they are short staffed and don't understand why the NRP is so important.

How do you handle this?

- a. Email them that this is a requirement of all new graduates and an organizational initiative and their nurse residents have to come.**
- b. Meet with the manager to orient them to the program, address concerns and answer any questions.**
- c. Do nothing and tell your boss or CNO that this person is unsupportive.**

Poll!

You have a new nurse manager who is unfamiliar with nurse residency programs. They are inheriting a unit that is very understaffed and planning to hire a lot of new graduates. They are worried about sending their new graduates off the unit to seminar since they are short staffed and don't understand why the NRP is so important.

How do you handle this?

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- c. Do nothing and tell your boss or CNO that this person is unsupportive.

**Take a minute to have
this conversation at
your tables.**



How did you do?

Did you include a “why?”

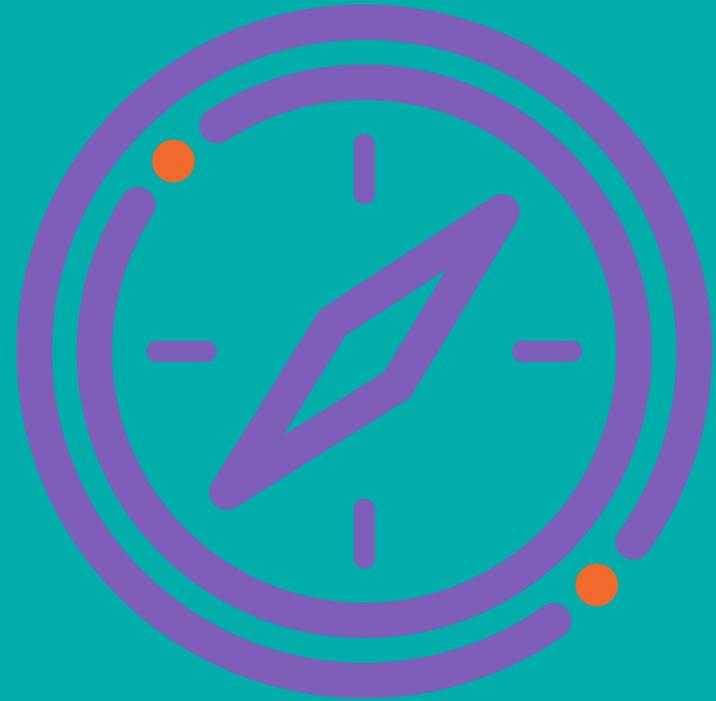
Did you discuss your strategy or program goals?

Did you use any program data?

Did you brag on your program?

Did you find yourself getting defensive at all?

Strategy



Structure to guide your vision

Structure- helps clarify what you want to achieve and outlines the steps to get there

Prioritization- tasks/resources (keeps you from spreading yourself too thin)

Adaptation- b/c of the framework it provides

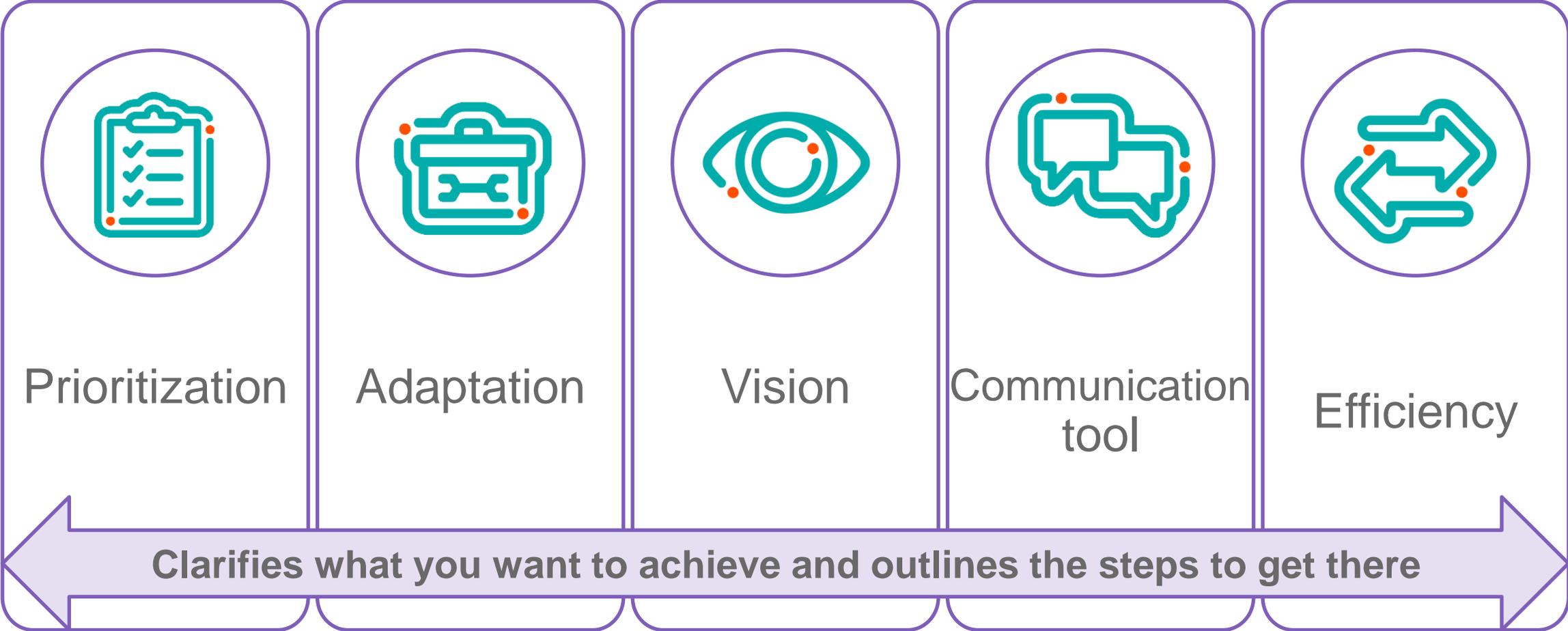
Long term vision

Communication tool- helps convey plans and goals to stakeholders

Efficiency- not wasting time/resources on something that isn't contributing to your goal

Innovation- explore new approaches to challenges

Structure to guide your vision

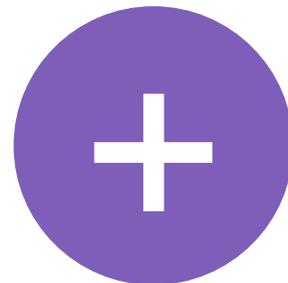


#1: What is your purpose

Focuses on the why behind the program



Highlights positive contributions of the program



Inspirational and aspirational



Purpose statement
To be the region's leader in supporting new graduate nurses through their transition from nursing student to professional nurse

What is your purpose statement?



#2: Analyze your current state



STRENGTHS

- What do you do well?
- What do residents like about the program?
- What's unique about your program?
- What are you proud of?
- What is your competitive advantage?

GREAT STATE MEDICAL CENTER

- Offer 5 cohorts a year so nurse residents don't have to wait more than 12 weeks to get into NRP
- 1 hour of clinical reflection time each month, facilitated by a mentor
- Perspectives experience 350 graduates from the program to date

#2: Analyze your current state



WEAKNESSES

Where can you improve?
What are residents not loving?
Where are you lacking in knowledge?
Resources?

GREAT STATE MEDICAL CENTER

- Lack of connection with residents
- Not enough engagement in seminars
- Would like to know more about digital resources to organize myself, rather than relying on paper
- Inconsistent advisory board meetings
- Not confident in reporting program data and insights
- Low organization and prioritization scores on Casey Fink

#2: Analyze your current state



OPPORTUNITIES

What have you seen that you would like to add to your program?

Who could you partner with to strengthen your program?

GREAT STATE MEDICAL CENTER

- Met the leader of our performance improvement team and they were high energy and could help with implementation of EBP work?
- Better relationship with schools of nursing
- Align our NRP with others in the system

#2: Analyze your current state



THREATS

What challenges might affect the program?
What barriers might prevent you from success?
Anything new coming that makes you uneasy?

GREAT STATE MEDICAL CENTER

- Losing education space next year
- New program starting in the department that has increased the workload

Key NRP success elements

Committed nursing leadership support and engagement

Required participation in monthly seminars (approx. 4 hours)

NRP coordinator at each site and system level who is engaged with Viziont

Facilitators for clinical reflections

Partners to support EBP initiative

Active, engaged advisory board with academic partner involvement

NRP data management and utilization

Dedicated plan for staffing challenges

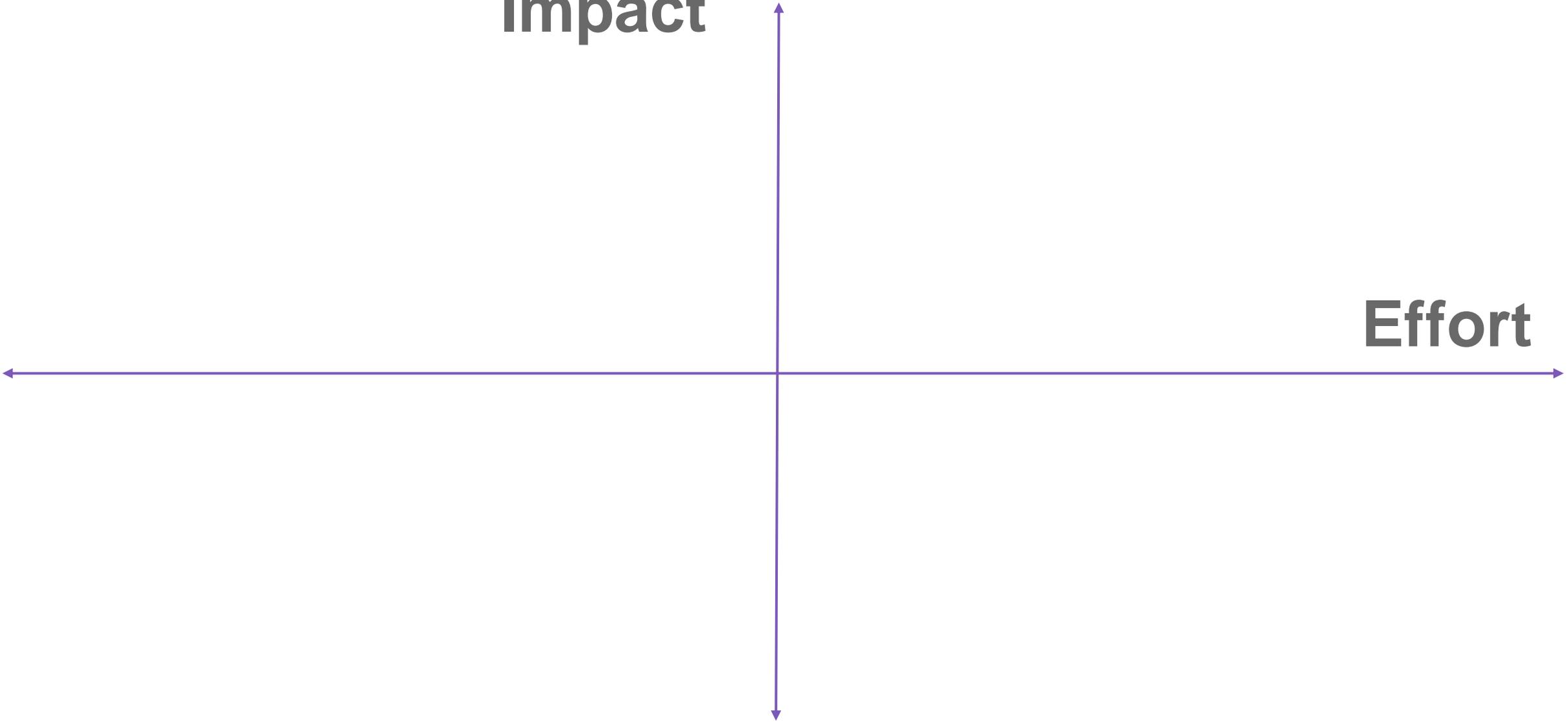
#3: Identify priorities

List all of the things you want to do in your program. Literally anything that comes to mind, big or small, whether it's feasible or not. Refer to your weakness and opportunities list.

1. Enforcing attendance with an NRP policy
2. Rounding on residents on the units
3. Add more engagement to seminars
4. Be involved with the interview teams for new graduates
5. Partner with schools of nursing
6. Involve the PI team in EBP implementation
7. Improve organization and prioritization seminar
8. Align with system programs

Impact

Effort



Impact

**Low effort,
high impact**

**High effort,
high impact**

Effort

**Low effort,
low impact**

**High effort,
low impact**

Impact

1

Low effort,
high impact

2

High effort,
high impact

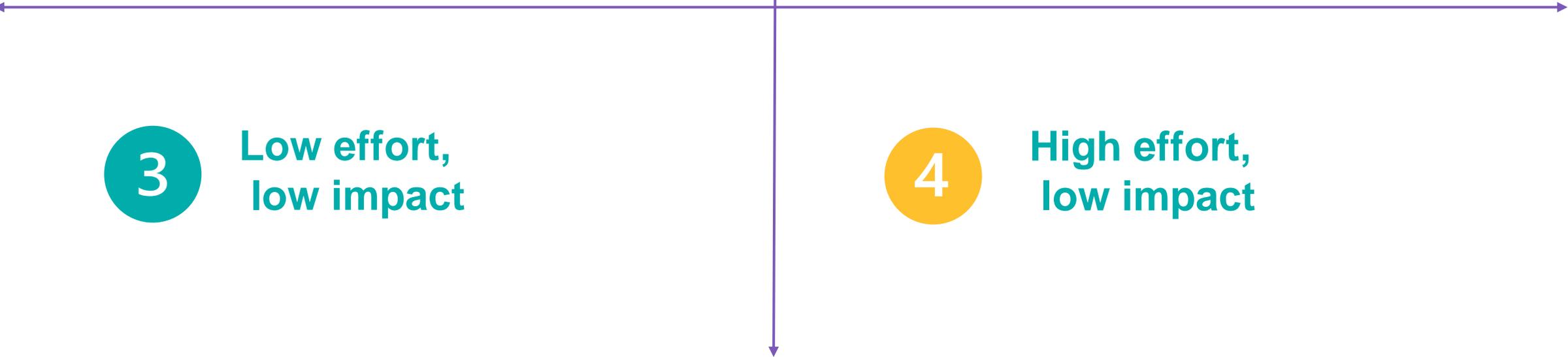
3

Low effort,
low impact

4

High effort,
low impact

Effort



To-do list

List all of the things you want to do in your program. Literally anything that comes to mind, big or small, whether it's feasible or not. Refer to your weakness and opportunities list.

1. Enforcing attendance with an NRP policy
2. Rounding on residents on the units
3. Add more engagement to seminars
4. Be involved with the interview teams for new graduates
5. Partner with schools of nursing
6. Involve the PI team in EBP implementation
7. Improve organization and prioritization seminar
8. Align with system programs

Impact

Attendance

PI team &
EBP

Seminar
engagement

Organization/
Prioritization

Align with
system

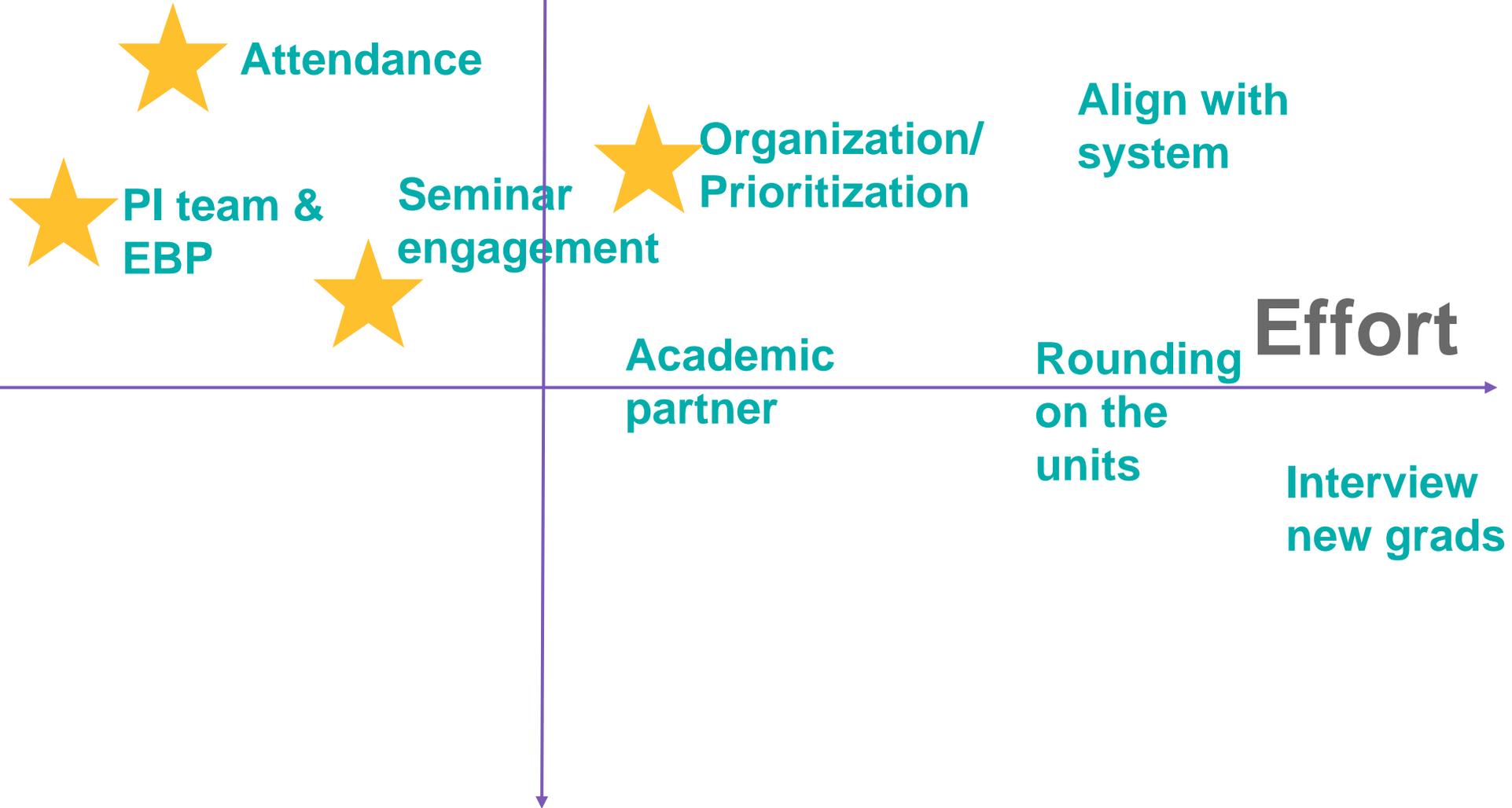
Rounding
on the
units

Effort

Academic
partner

Interview
new grads

Impact



At your tables, share one of your priority items. How do other people address this topic? What resources are used?





#4: Implementation planning

Break it down into specific action steps

Assign responsibilities if needed

Set timelines

Establish metrics to measure progress- how will you be able to check the box?

Regularly track and evaluate your implementation

#5: Adaptability and contingency planning

If it's a priority that you've identified, that means it's important enough to see through.



A good strategy not only plans for the present, but also considers future challenges.

- Identify potential risks and challenges that could get in the way of successful implementation.
- Develop a contingency plan and mitigation strategies to address these.
- This allows you to adapt while still pursuing long-term objectives.

#6: Finish strong!



Review strategy periodically to assess its effectiveness and relevance.



Involve others- ask for feedback!



Acknowledge and celebrate achievements and milestones



Learn from failures

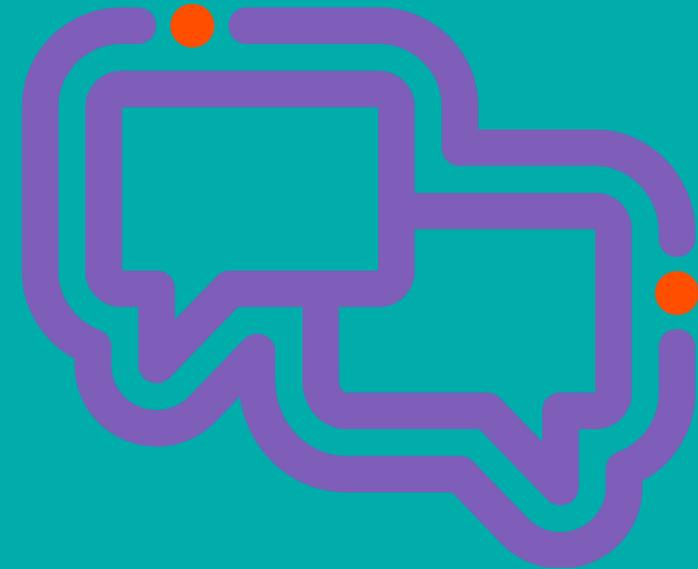


Use your resources!!

12 month roadmap



Elevator speech

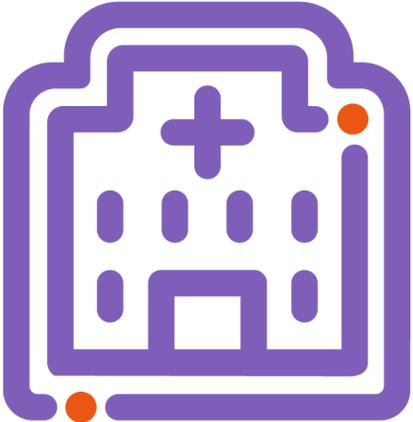


Elevator speech template

1. Problem statement
2. Solution (include your mission statement/purpose)
3. History of NRP in your organization
4. Competitive advantage (program strengths!)
5. Strategic focus for the year
6. Program benefit and ROI
7. Proof

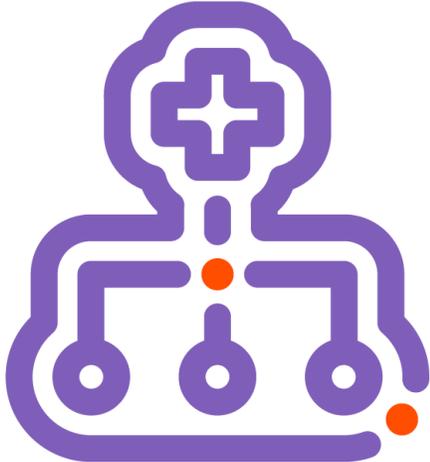
Program benefit

Program benefit focuses on the number of nurses that you prevented leaving the organization based on the national retention average.



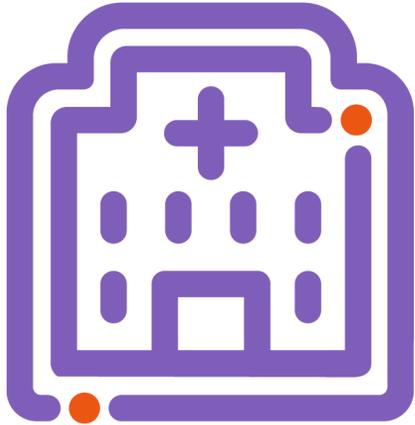
Great State Medical Center's annual retention: 80%

10%



National average of new graduate nurse retention: 70%

Program benefit



Great State Medical Center's annual retention: 80%, which is 10% higher than the national average



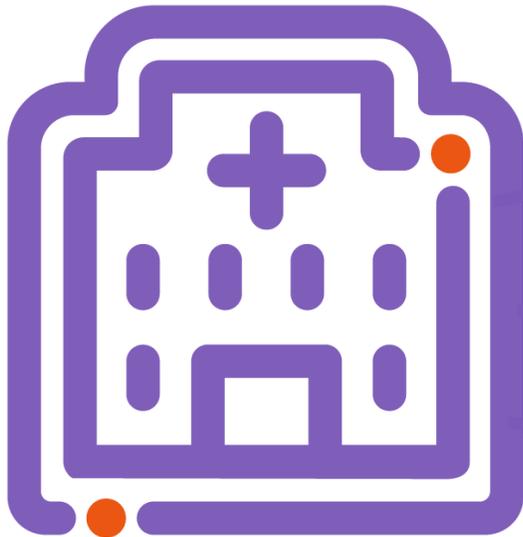
Great State Medical Center hired 100 nurses last year with an average salary of \$60,000/year.



10% of 100 = 10 nurses
10 nurses x \$60,000=
\$600,000

Return on Investment

Return on investment takes into account the organization's investment. How much you pay for the program, the cost for nurse residents to participate in the program, and program costs.



Purchase Price:
\$50,000/year

100 nurse residents x 48 hours x \$30/hour
= Resident cost to participate: **\$14,400**

Purchase price + Resident cost = Program Cost:
\$64,400

Calculating return on investment

Program benefit \$600,000
– Program cost: \$64,400

= \$535,600

ROI Calculator

Vizient/AACN Nurse Residency Program™ Return on Investment Cost Savings Calculator				
	1. Total # of new graduate RNs left organization (X)	2. Total # of new graduate RNs hired within year (Y)	3. Calculate potential turnover $Y \times .328^* = Z$	4. Turnover Averted
Hire Year	X	Y	Z	Z-X
2017	25	167	47	22
2018	19	124	34	15
2019			0	
2020			0	
2021	16	146	48	32

	5. $A = X \times \$88,000^{**}$	6. $B = Z \times \$88,000$	7. Benefit = B - A (Program Benefit)
Hire Year	A	B	Benefit
2017	\$ 2,200,000.00	\$ 4,158,968.00	\$ 1,958,968.00
2018			
2019			
2020	\$ 1,672,000.00	\$ 3,022,624.00	\$ 1,350,624.00
2021	\$ 1,408,000.00	\$ 4,214,144.00	\$ 2,806,144.00

	8. C = Purchase Price (Enter your Organization's Vizient NRP Fee)	9. D = Resident Cost to Participate in NRP (Total program hours x new graduate RN hourly rate x number of residents which is Y)	10. C+ D = Program Costs (Program Costs are an estimate & do not include NRP Coordinator or Facilitator costs)
Hire Year	C	D	Costs
2017	\$ -	\$ 228,456.00	\$ 228,456.00
2018			
2019			
2020	\$ -	\$ 169,632.00	\$ 169,632.00
2021	\$ -	\$ 199,728.00	\$ 199,728.00

NRP Website > Surveys and Evaluation > Program Evaluation

[ROI Calculator Overview Video Guide](#)

Elevator speech

Problem statement: Nursing school preparation is variable and gaps exist between academia and practice, worsening now since the pandemic. Our organization was hit especially hard as nurses were deciding to move closer to home and take jobs with better schedules to care for families.

Solution: Nurse residency programs were created for new graduates transitioning to practice. Back in 2010, the Future of Nursing Report included in their recommendations and there's literature supporting 12 month programs ever since.

The purpose of our program is to successfully support new graduate nurses through their transition from nursing student to professional nurse. We focus on developing the professional nursing role alongside their skills and bedside preparation.

Elevator speech

History: We've had a program since 2020, and have since graduated 300 nurses. We started the program because retention rates were around 60%. We use a vendor, Vizient, Inc., that provides updated evidence based curriculum, data tracking and benchmarking, and networking with 700+ orgs.

Competitive advantage: We hire from every school in the area, include simulation, 12 month support, clinical reflection groups, escape rooms, diverse clinical perspectives, we have an advisory board that drives decision making about the program, and a partnership with our local schools of nursing.

Strategic focus: Strategy-wise, our short term goals include working with the performance improvement team on EBP initiatives and implementing a policy with attendance requirements. Longer term, we are focused on improving organization and prioritization skills and adding more engagement and autonomy into our seminars.

Elevator speech

Program benefits and ROI: Last year the return on investment for our program was \$535,600 in avoided terminations. Our most frequent termination reason is leaving to get a job with a better schedule.

Proof: We typically report out data quarterly at nursing leadership meetings. Our support scores are consistently above the benchmark, correlating to our current retention rate of 84%. The current national average is 67.2%.

With all we know about supporting new nurses, attendance and support are so important. The residency program addresses more than just didactic information, but provides peer support and a safe space to these nurses.

Consider your target audience



Objectives

1. **Identify strategy for nurse residency program, including 2 priority interventions.**
2. **Outline key points for an elevator speech highlighting your NRP Strategy.**

Questions?

Let's work together

vizient®

meg.ingram@vizientinc.com

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EXAMPLES OF NURSE RESIDENCY COORDINATOR WORK: MAKING A DIFFERENCE TO THE INSTITUTION

Benefits of a Transition to Practice Program for Respiratory Therapy Graduates

Geisinger

Anita Baldoni MSN, RN, NPD-BC

Nora Scotch, BS, RRT

Concept Development

- RT Graduates in 2020 and 2021 participated in clinical rotations that were significantly different/limited due to COVID-19 pandemic.
- Respiratory Therapist shortage/Retention issues
- Current orientation practices were adequate, but needed something more for these graduates. Clinical application AND professional development gap identified.

What are other disciplines doing?

“Transition to Practice” (Residency) Program

Discussion with Nurse Residency Coordinator:

- Several cohorts of nurse residents between 2 campuses
- Sessions- once a month for 4hrs for an entire year.
- Management support is key to producing successful graduates of a residency program
- Have goals for program participation
- Utilizing electronic surveys (Microsoft Forms) to collect data

RT TTP Goals and Guidelines

Goals:

- Retain respiratory therapists
- Decrease Turnover
- Provide learning support for first year of practice while promoting professional growth and development.

Enrollment criteria:

- New RT graduate with <1yr of experience
- Orientation completion

Quarterly 4 hour sessions for 1 year with agenda and objectives. Use of electronic surveys post sessions to allow participants to have input into future sessions (and cohorts).

4 domains:

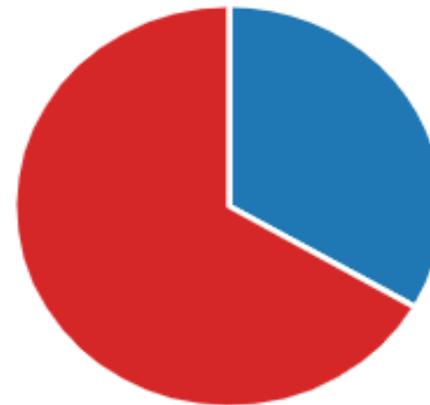
- Professional Development
- Adult Critical Care
- Collaborative Simulation
- Neo/Peds

Pre-participation Data

- PILOT cohort of 3 (Start date: January 2022)
- Participants identified “Skills/Knowledge” as their biggest challenge post orientation

What one item would you identify as being your biggest challenge at work AFTER your orientation was complete?

● Expectations	1
● Workload	0
● Confidence	0
● Skill/Knowledge	2
● Other	0



Collaborative Learning

Nurse Residency cohorts and Respiratory Therapy cohort participated in various sessions together:

-Mega Code Simulations

-Pertinent Guest Speakers



Lessons Learned

- Ask preceptors AND managers for input and feedback!
 - Mandatory attendance and participation. Incorporated into professional development goals and annual performance review.
 - Survey participants frequently to prepare for next cohort
 - Interactive sessions to promote engagement: limiting PowerPoint presentations, bring equipment for simulation, use case studies, encourage discussion, incorporating games and group activities.
 - Altering agenda to meet the current needs of our RTs. Identified in post session survey:
4. Please provide at least one topic for a future session

3 Responses

ID ↑	Name	Responses
1		Neonatal intubations and requirements
2		X-ray stuff
3		Pediatrics, infants and neonates

4. Please provide at least ONE topic for a future session

3 Responses

ID ↑	Name	Responses
1		protocols
2		Neonatal simulation
3		baby vent troubleshooting

**Pilot program consisted of 3 new RT's.
Collaborative graduation in December 2022.**

Pilot Feedback

- At the completion of session 4 the pilot cohort was surveyed.
- Utilizing feedback to tailor the program for the next cohort
 - Consider frequency of sessions: quarterly vs monthly vs ?? (impact to schedule: short-term loss/long-term gain)
 - Consider length of each session: is 4 hours enough?
 - Consider topic: suggestions

2023 Cohort Plan

- **Feedback from 2022 Cohort:**
 - Continue with quarterly sessions for 1 year.
 - 4 hour sessions are adequate
 - Participants asked for Neo/Peds Review sooner in the program (Preferred to see that review as quarter 1 or quarter 2 session).
 - Participants asked for “professional logistics” session later in the program. For example, licensing and CEU requirements were not needed immediately post graduation.
- **2023 Cohort:**
 - Neo/Peds review changed from Session 4 to Session 3. (plan to move to Session 2 for 2024 cohort.)
 - Licensing/CEU requirements discussions held for Session 4.
 - Post-program survey planned for November (instead of December) to better allow for impact to 2024 cohort

References:

Clark KM (2018 May). Interprofessional Education: Making Our Way Out of the Silos. *Respiratory Care*. 63(5):637-639.

Gresham-Anderson, J. & Helton, P. (2021). Undergraduate Health Science Education during a Pandemic: Perceptions and Experiences of Respiratory Care Students. *Respiratory Care Education Annual: Volume 30, Fall 2021*, 38-46.

Is a residency right for you? AARC. (n.d.). Retrieved June 13, 2022, from <https://www.aarc.org/aarc-membership/aarc-membership-benefits/professional-development/cn20-is-a-residency-right-for-you/>

Lin YP, Chan LYC, Chan EY. 2020 Jan. Interprofessional collaboration during medical emergencies among doctors, nurses, and respiratory therapists in the intensive care unit: A phenomenological study protocol. *Journal of Advanced Nursing*. 76(1):373-379.

Sutor, A. & Painter, J. (2020). Nurse residency programs: providing organizational value. *Delaware Journal of Public Health*: 6(1): 58-61.



NURSE RESIDENCY

Reflections: Individual Support Session

Diane Murphy MSN, RN, NPD-BC, PCCN-K,

Karen Wilf MSN RN, PCCN

Hospital of the University of Pennsylvania - Nurse Residency Coordinators

September 28, 2023



WHAT WE LEARNED

We learned that by providing nurse residents the opportunity for individualized support and learning, we can not only impact their success, but also our organization's retention rates.

Background

- As the COVID pandemic and "mass resignation" continues to impact healthcare, the demand for qualified nurses remains at an unprecedented high
- We are one hospital in a large academic health system that serves the greater Philadelphia and New Jersey area
- Our system Nurse Residency program (NRP):
 - offers 8 seminars throughout the year
 - includes seminars focused on skills and clinical emergencies
- In 2019, prior to COVID, we hired 162 nurses
- In 2022, 365 nurses were hired for a 125% increase from pre-pandemic participation
- Our NRP team has been charged with what to do when our nurse residents struggle to progress
- We focused on the concept of individualized learning

Individualized Skills Sessions

- Each session starts with a review of resident's individual needs
- "A Perfect Day In The Life" activity
 - allows the nurse to reflect and provides insight for optimal time management and delegation skills
- "Worst Case Scenario" activity
 - critical thinking activity which allows the nurse to reflect and develop an understanding of the big picture.
- Hands on skills / simulation individualized to resident needs
- SBAR and closed-loop communication activity
- Giving and receiving feedback role play activity
- Stress management strategies discussion (including a list of organizational resources)

Conclusion

- Hospital retention rate for new to practice nurses in 2022 is 95%
- If these 36 nurses were not identified and supported
 - Retention rate potential: 88%
 - National retention data for residency is 86%
- Retaining nurses at the bedside is crucial

Institutional response

- Organizational and leadership support
- Stakeholder buy-in
- The professional development department facilitates additional skills sessions for Nurse Residents
 - Modeled after the individualized learning approach offered in NRP

Consultation Process

- Resident identification as an educational need:
 - Leadership identifies struggling residents
 - Nurse Residents can self identify
- Session Format:
 - 4-5 hours of paid time with 2 NRP coordinators to 1 nurse resident to ensure quality and validity
 - Though a confidentiality agreement is made with the resident, a summary report of skills is sent to leadership

Feedback from Leadership

"She has made a lot of improvements over the past week or two and we feel she is safe to come off orientation."

"His confidence and skills have progressed in leaps and bounds"

"I was speaking to Jane Doe today and I could CLEARLY hear her voice She looked happy!!! She even advocated for herself - Changing the time for our meeting. Which she wouldn't have done before - It was so noticeable! Her preceptor told me that she has noticed increased confidence and a louder voice and it has made such a difference. Again, THANK YOU all so much! You really stepped in and bridged the gap!"

QR code and References

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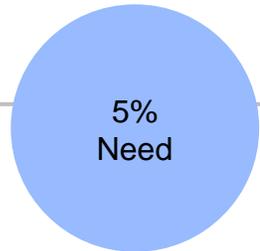
Vizient/AACN Nurse Residency Program. (n.d.) Nurse Residency Surveys. Vizient Inc. <https://www.vizient.com/what-we-do/operations-and-quality/vizient-aacn-nurse-residencyprogram>



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Karen.wilf@penmedicine.upenn.edu

Early Career Outcome Trends

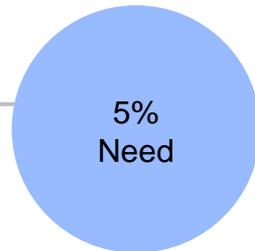
Covid Virtual
Schooling
Starts



Spring
2020

Nursing Student

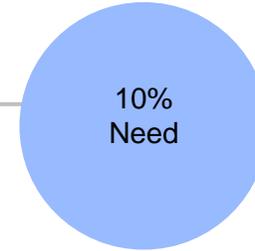
Covid Virtual
Schooling
Continues



Spring
2021

Nursing Student

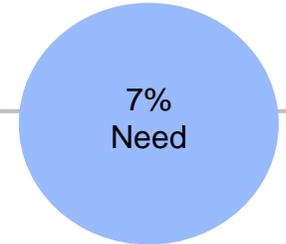
Beginning of
Live In Person
Learning



Spring
2022

Early Career

Return to In
Person
Learning



Spring
2023

Early Career

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<https://www.cdc.gov/museum/timeline/covid19.html#Early-2022>

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[https://doi.org/10.1016/s2155-8256\(23\)00041-8](https://doi.org/10.1016/s2155-8256(23)00041-8)

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<https://www.nsinursingsolutions.com/Documents/Library/NSI National Health Care Retention Report.pdf>



Penn Medicine

UPMC Hamot

Road Trip to the Museum: Igniting Essential Skills

Jan Zillman MSN, RN

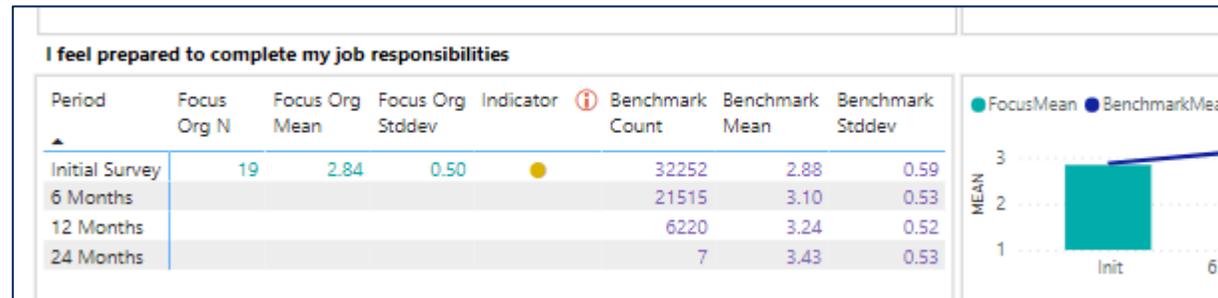
Introduction/Background

- Graduate Nurses (GN's) enter practice with low levels of confidence and competence related to essential skills:
 - effective observation,
 - communication and
 - critical thinking
- Impacts their ability to manage patient care safely & independently (Ortiz, 2016)
- Impacts job satisfaction & retention
- IOM Report and recommendations
- My Nurse Residency Program established in 2017



Topic

- Surveys confirm lack of confidence



- **PICOT:** Does the utilization of Visual Thinking Strategies (VTS) in our established My Nurse Residency Program, compared to our current process, foster further development of essential skills and promote patient safety



Literature review: VTS

- Creative and interactive method of teaching
- Utilizes the complexities of art
- Enhances: a tolerance for ambiguity, teamwork, effective communication, observation, attention to detail, problem-solving skills and empathetic care (Mitzova-Vladinov et al., 2020)
- Helps learners to recognize their implicit biases (Collier et al., 2022)



Identify, Develop, and Retain
Transformational Leaders



UPMC Hamot

Methods

- Formally incorporated VTS into our MNR
- Prep session meeting at the Erie Art museum
- “Stories of Migration”: focus session to enhance critical thinking and “Patient Centered Care”
- Two cohorts attended four-hour sessions; sample size=30
- Reflection exercise: identify a correlation between the art and clinical practice

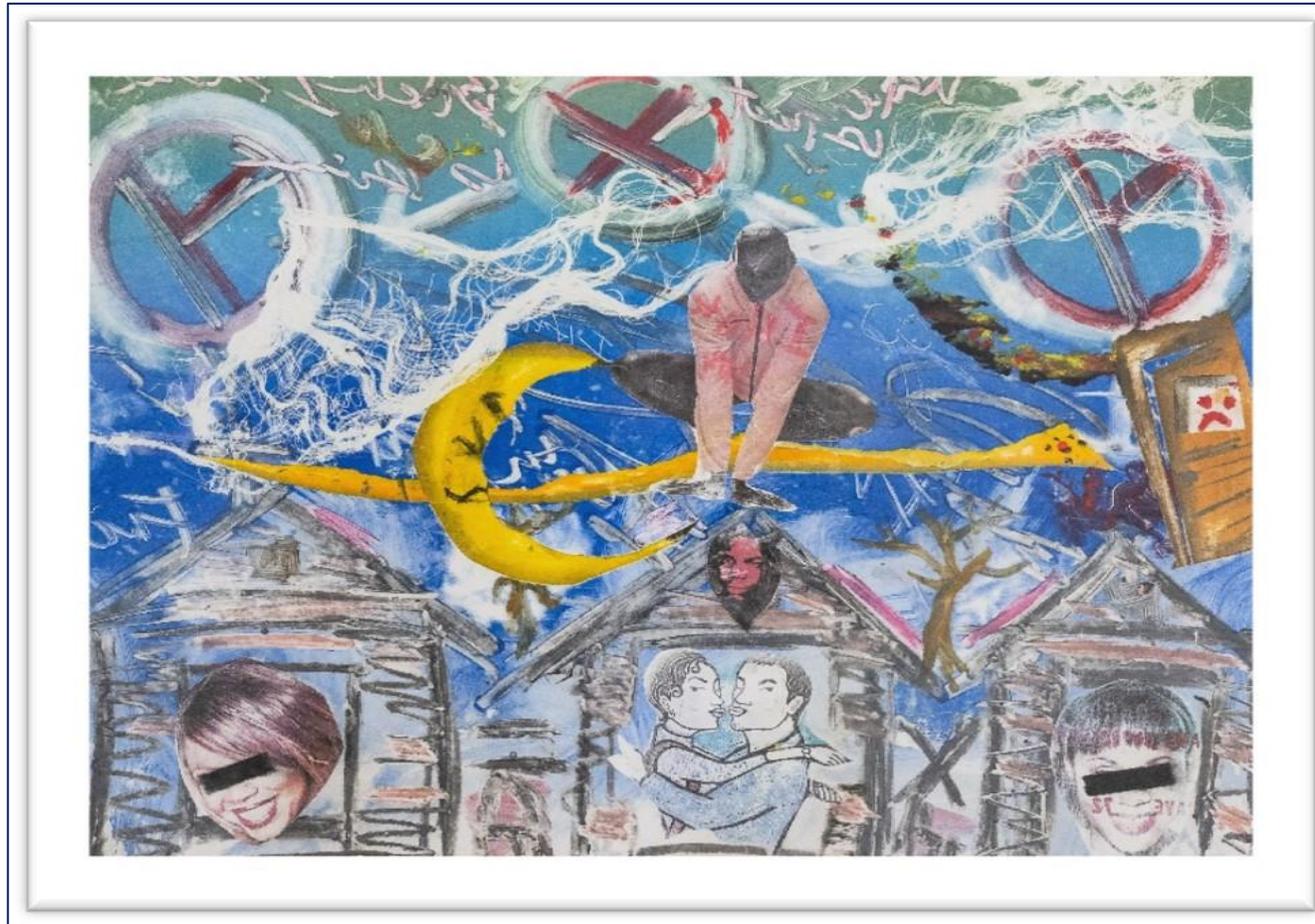


Identify, Develop, and Retain
Transformational Leaders



UPMC Hamot

Lovers Equation = X by Gary Bibb



Identify, Develop, and Retain
Transformational Leaders



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Out of Many – Stories of Migration by Nate Guidry



Identify, Develop, and Retain
Transformational Leaders



UPMC Hamot

Reception by Ivory Fu



Identify, Develop, and Retain
Transformational Leaders



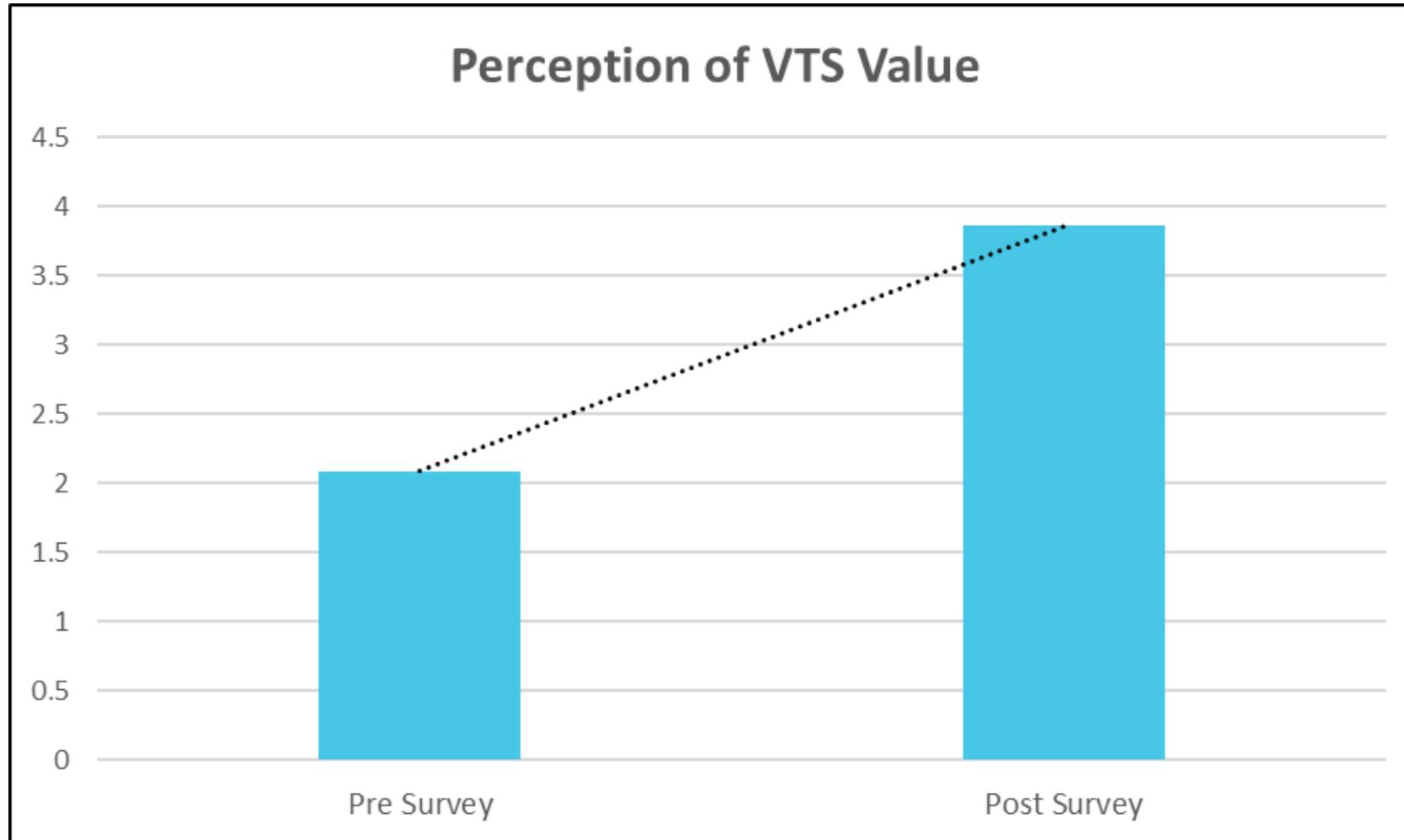
UPMC Hamot

Overall themes

- “This exercise was relaxing. I will visit the museum in the future as part of my self-care routine”
- “This was a safe place to express my opinion without being judged”
- “Allowed for collaboration and communication. I heard perspectives of my peers and gained knowledge”
- “Taught me to take my blinders down; to think outside the box. Not everything you see is what it seems like”
- “This taught me to stop, think, act and reflect”



Results



Identify, Develop, and Retain
Transformational Leaders



UPMC Hamot

Conclusion & Next Steps

- Innovative teaching method
- Fosters creativity and engagement in the MNR
- Session results support research on VTS regarding the enhancement of graduate nurses' confidence and competence related to essential skills, such as effective observation, communication, and critical thinking.

- Continue “Road Trip” for all future cohorts
- Incorporate “wellness”
- Quantitative study



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- Ortiz, J. (2016). New graduate nurses' experiences about lack of professional confidence. *Nurse Education in Practice*, 19, 19–24. <https://doi.org/10.1016/j.nepr.2016.04.001>





Implementation of Resiliency Activities in a Nurse Residency Program to Reduce Turnover

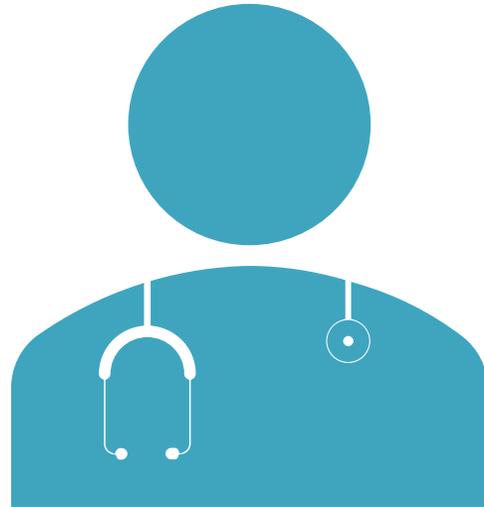
Kerry Maier, DNP, RN, NE-BC

Description and Scope of the Problem

- Local problem
 - High turnover of nurses within one year of practice

Turnover by Year			
Year	GNs Hired	GNs Resigned	Percent Turnover Residents
2017	15	8	53
2018	23	20	87
2019	12	4	33
2020	29	17	59
2021	7	2	29
2022	11	2	18
Total	97	53	47
Median	16	9	56

PICO Question



P: Graduate nurses

I: Nurse resilience program

C: No resilience program

O: Increased satisfaction in stress management and decrease in graduate nurse turnover in the first year of practice

Clinical question: Does a graduate nurse resilience program decrease stress levels and turnover?

Gap Analysis

Best Practice Strategies	Current Practice at UPMC Horizon and Jameson	Barriers & Implementation Strategies
Stress management techniques for graduate nurses	<ul style="list-style-type: none">• No current program exists• All GNs scheduled to go to nurse residency but the focus is on professional development	<ul style="list-style-type: none">• Staffing challenges requiring GNs to miss residency• GNs attending all residency sessions-will be prescheduled in ShiftSelect• Seek approval of nursing leadership

Specific Aims

Add resilience education to the nurse residency program to:

1. Decrease GN turnover in nurse residents during their first-year of practice
2. Decrease stress level in GNs as measured by the Casey-Fink Graduate Nurse Experience Survey

Casey-Fink Survey Question

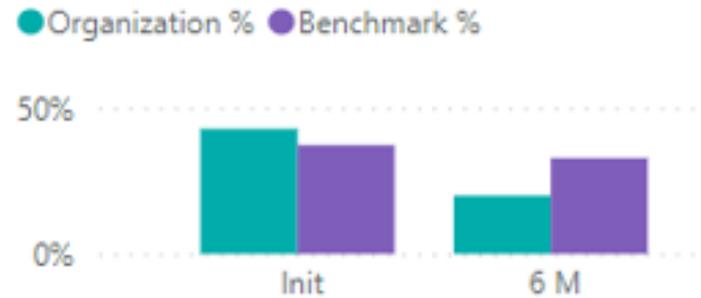
24. I am experiencing stress in my personal life.
- STRONGLY DISAGREE**
DISAGREE
AGREE
STRONGLY AGREE
-
25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)
- a. Finances
 - b. Child care
 - c. Student loans
 - d. Living situation
 - e. Personal relationships
 - f. Job performance
 - g. Other _____

I am experiencing stress in my personal life. (Lower Score is Better)

Stress - Mean



Job performance



Causes of Work Stress



Methods: Interventions

Educational Sessions

Topic	Didactic Content	Activity
Journaling	<ul style="list-style-type: none"> • Transition shock • Health benefits journaling 	<ul style="list-style-type: none"> • Review journaling book <ul style="list-style-type: none"> ○ Strengths ○ Weaknesses ○ Professional development ○ Situational challenges
Gratitude	<ul style="list-style-type: none"> • What it means to be grateful • Health benefits of practicing gratitude 	<ul style="list-style-type: none"> • Gratitude jars • Thank you notes
Work-life Balance	<ul style="list-style-type: none"> • Switch-on/switch-off method of stress reduction 	<ul style="list-style-type: none"> • Discuss techniques for switch-on/switch off • Let-it-go box
Self-care	<ul style="list-style-type: none"> • Employer provided wellness program • Health coach • Aromatherapy 	<ul style="list-style-type: none"> • Guided stretching exercises • Creating of aroma therapy balls

Project Goal #2 Results

Decrease GN stress levels

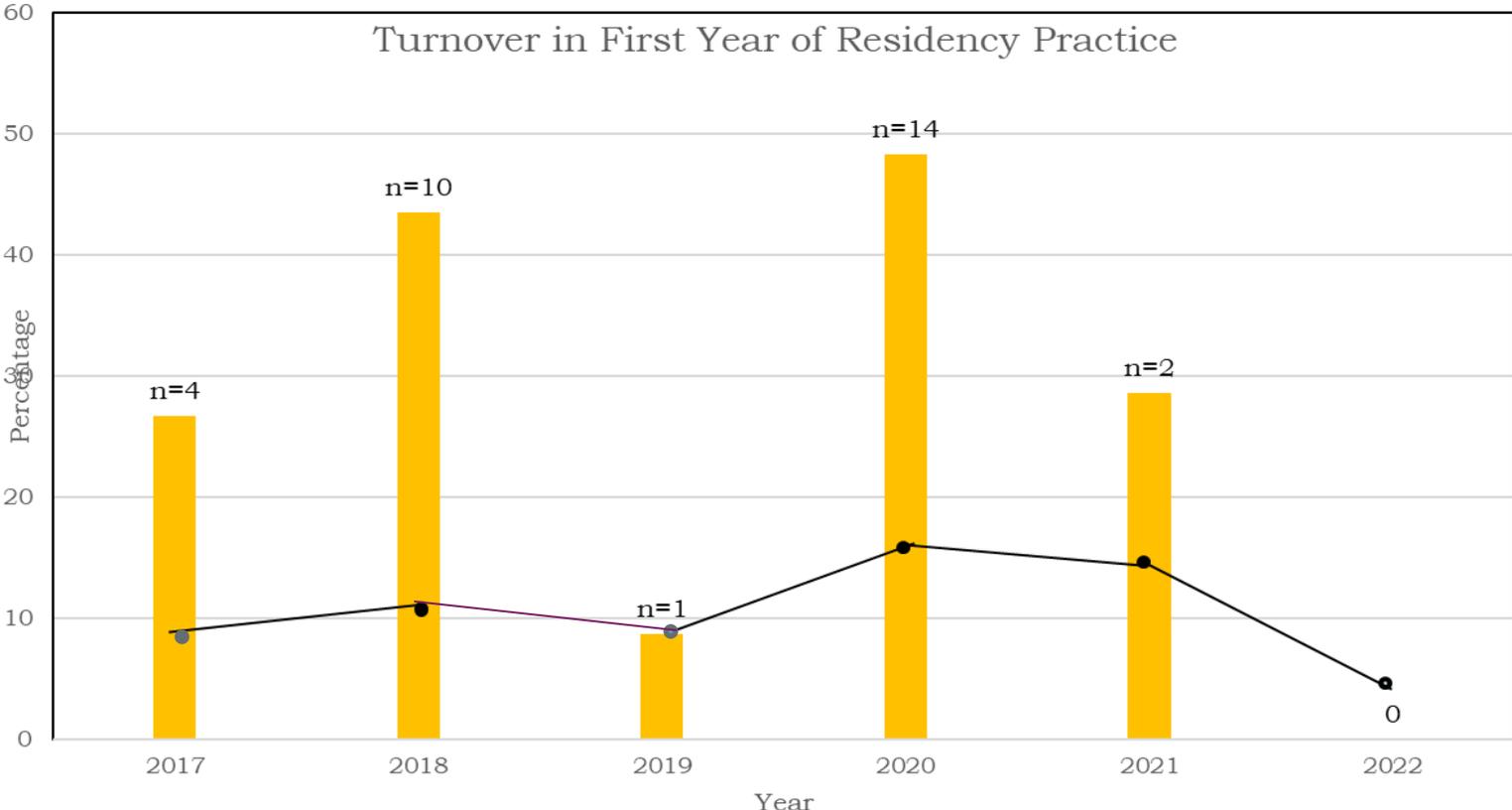
Casey Fink Graduate Nurse Experience Survey: Stress Level



- Casey Fink Graduate Nurse Experience Survey: Stress level Initial
- Casey Fink Graduate Nurse Experience Survey: Stress level 6 months
- Casey Fink Graduate Nurse Experience Survey: Stress level 12 months

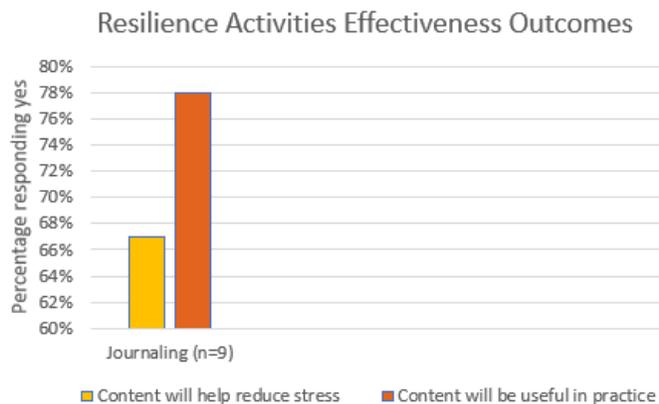
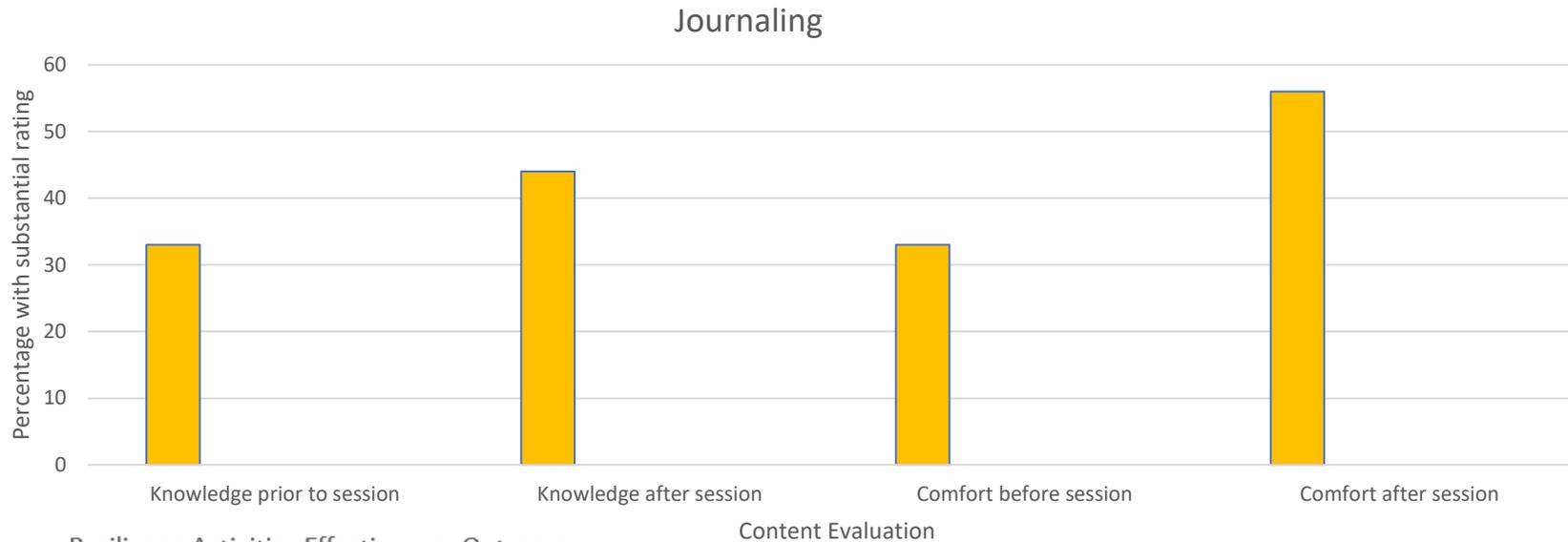
Project Goal # 1 Results

Decrease GN Turnover in the First Year of Residency Practice



Project implemented April 2022

Results Journaling Session



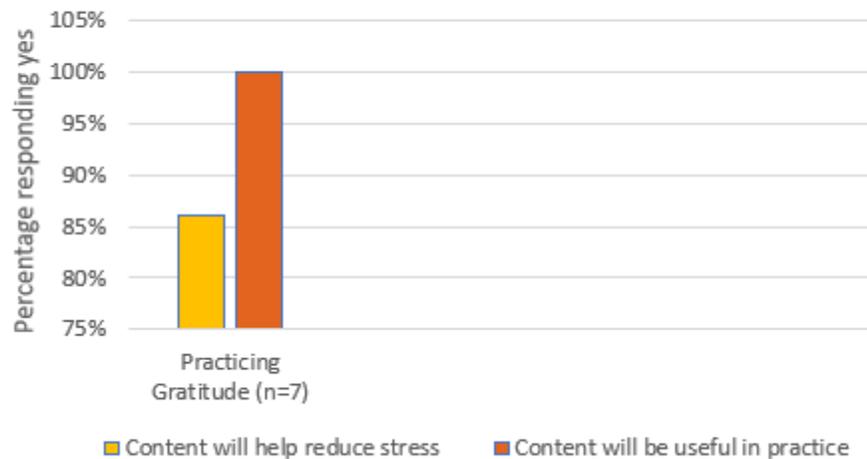
Journaling Book	
Likely or Very Likely to Use	89%

Journaling Health Benefits	
Able to Identify Health Benefits	67%

Results Gratitude Session



Resilience Activities Effectiveness Outcomes

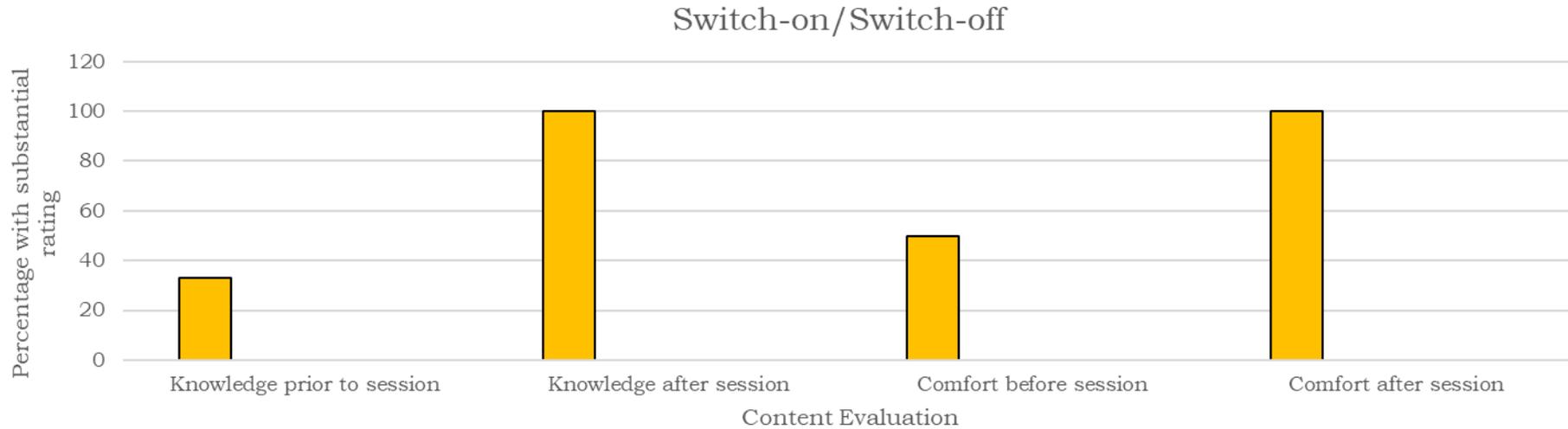


Likely or Very Likely to Use	
Gratitude Jar	57%
Thank You Notes	86%

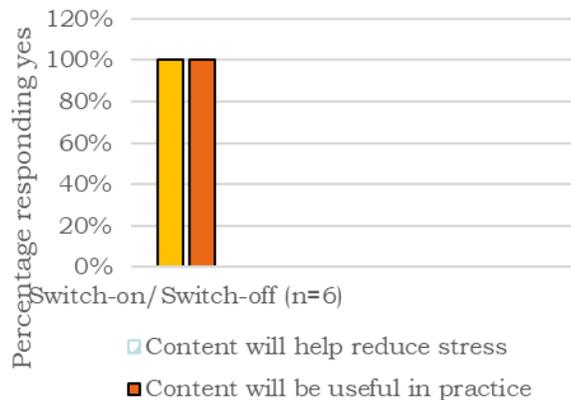
Practicing Gratitude Health Benefits	
Able to Identify Health Benefits	100%

Results

Work-Life Balance

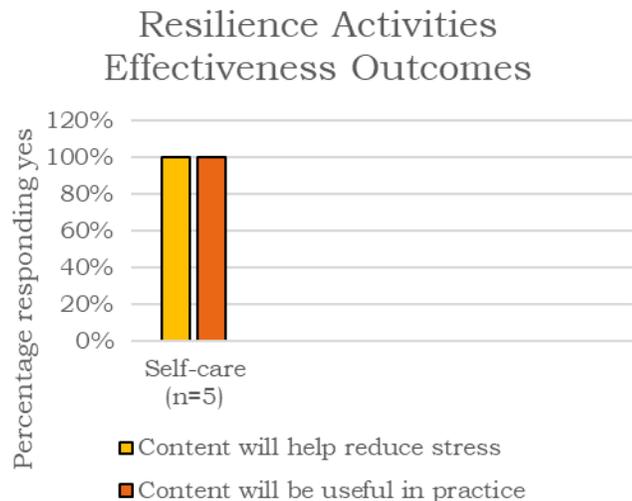
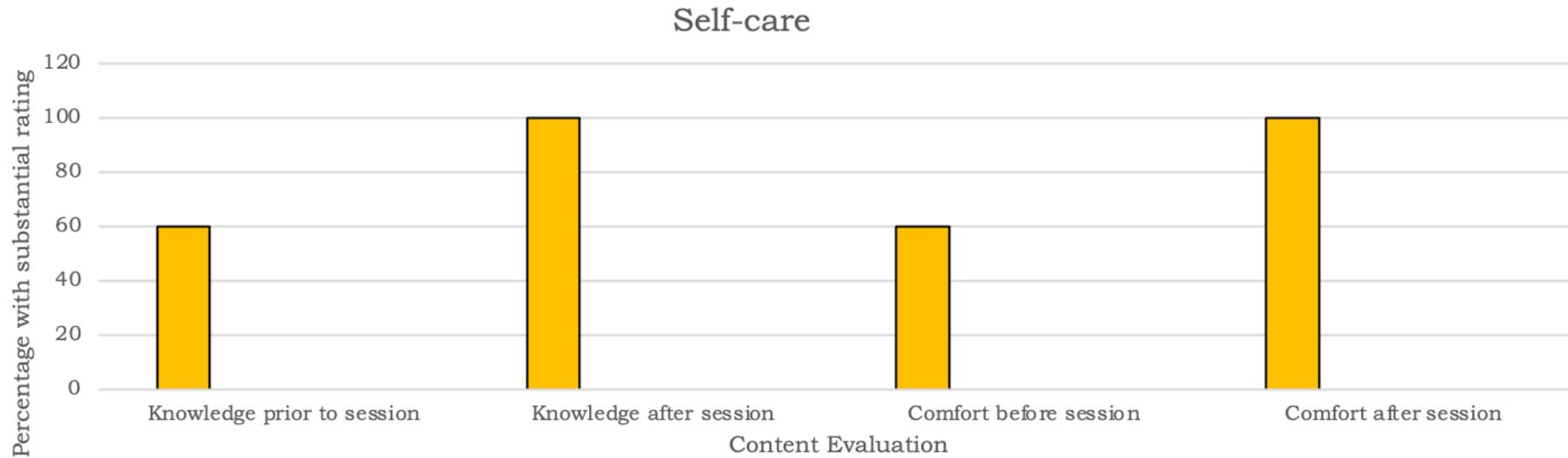


Resilience Activities Effectiveness Outcomes



Likely or Very Likely to Use		Switch-on/Switch-off Health Benefits	
Let-it-go box	100%	Able to Identify Health Benefits	100%

Results Self-Care



Likely or Very Likely to Use	
Wellness Resources	100%
Stretching	100%
Aromatherapy	80%

Self-care Health Benefits	
Able to Identify Health Benefits	100%

Discussion: Summary

- New nurses benefit from the following strategies:
 - Resiliency programs during a nurse residency program
 - A toolkit of options on how to deal with stress in their work
 - Journaling
 - Practicing gratitude
 - Switch-on/switch-off method
 - Self-care

Discussion: Interpretation Cost/Benefit Analysis

Cost Benefits Analysis			
Creating a nurse resiliency program		Costs	Notes
Costs			
	Staff costs (one year)	\$6,940	Director, 4 educators
	Resident costs (one year)	\$11,664.00	9 residents
	Journaling supplies (one	\$80.00	books
	Gratitude supplies (one	\$133.00	
	Self-care supplies (one year)	\$60.00	
	Turn on/turn off supplies (one year)	\$20.00	
	Total Setup Costs	\$11,957.00	
Benefits			
	Decrease graduate nurse turnover in the first year	\$46,100.00	This is for one nurse
	Decreasing graduate nurse stress at work		
	Backfilling vacancy with one agency/travel nurse	\$249,600.00	this represents using one travel/agency nurse over the course of a year to backfill a
	Total Benefit Per Nurse (while using travel nurses)		\$295,700.00
	Total Benefit Per Nurse (without travel nurse factor)		\$34,143.00

Project Discussion Summary

- Nursing turnover continues to be a national problem but putting the right resources in place can help to decrease that and cut costs
- Nurse residency programs are underutilized in supporting graduate nurses
 - Organizations need to be cognizant of what is occurring in their hospital
 - GN concerns can be tracked via nurse residency
 - Increase in nurse residency programs with resilience activities built into them needed nationally

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UPMC | NURSING

Through the Eyes of our Elders: Health Literacy

Delancy Zeller, MSN, RN, NPD-BC

Amy Popp, BSN, RN, OCN

Amy Popp, BSN, RN, OCN & Delancy Zeller, MSN, RN, NPD-BC
UPMC of Central Pennsylvania

Problem Statement

- The 2020-2030 Future of Nursing Report by the National Academy of Medicine included health literacy as a social determinant of health
- Nurses are positioned to have conversations with patients related to health maintenance, identify health literacy challenges and assist patients in navigating barriers
- Teach-back and health literacy assessment techniques are discussed in Nurse Residency Programs (NRP)
- Material related to these topics were previously taught through didactic methods with PowerPoint slides
- This led to poor class evaluations, no change in understanding of the nurse's role in health literacy and its affect on readmission rates

Project Intent

- Improve engagement for NGNs in the NRP session related to health literacy and teach-back
- Improve evaluation data for this NRP session related to understanding of nurse's role in health literacy and its affect on readmission rates

Methodology

- Review of literature related to adult learning and engagement strategies
- The World Health Organization (WHO) highlighted that health care systems are too focused on acute situations and should pivot their focus to be age friendly, specifically referencing the elderly
- Evidence-based teaching strategies of gaming, discussion, and problem-based learning were used to present the material and encourage critical thinking
- Residents wear special cataract or glaucoma glasses and kitchen gloves to decrease dexterity and sort pills into medication organizers



The nurse resident gets a glimpse of what this population faces when trying to accomplish simple tasks like sorting medications or reading an After Visit Discharge Summary from a hospital or doctor visit.

Results

- Minor improvements were seen in evaluations related to class objectives
- The greatest change was in level of engagement. NGNs are no longer on their phones, nodding off, or remaining silent when questioned
- There is now laughter, meaningful conversation related to evidence-based interventions, genuine interest in improving their education and assessment of the patient's health literacy
- NGNs are more prepared to navigate hurdles they may encounter with their patients during care or at discharge

Conclusions

- Changes to delivery style, without changing the content delivered, can have a large impact on the receptiveness of nurses to the material being presented
- Utilizing interactive teaching strategies and tying content directly to the NGN's practice has increased engagement and empowered NGNs to identify opportunities to improve patient outcomes

Q&A

15 MINUTE NETWORKING BREAK

UPMC | NURSING

Return on Investment: The Evidence-Based Practice Project

Robin George, BSN, RN
Manager, Staff Education
UPMC of Central Pa

Objectives

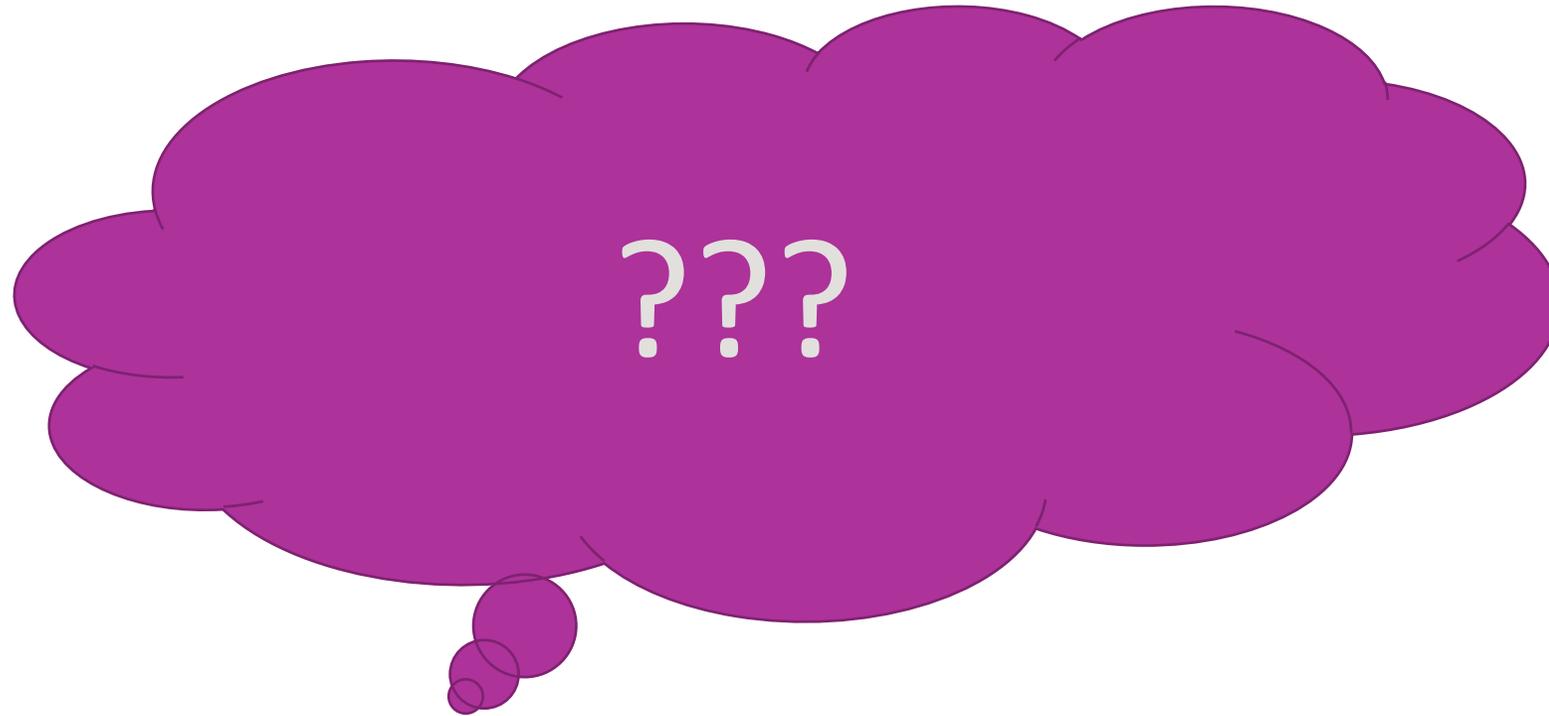
- The attendee will be able to discuss why it is important for nurses to participate in EBP
- The attendee will be able to identify why it is necessary to build an EBP culture
- The attendee will be able to provide examples of return on investment in EBP

What is EBP

“Conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values and circumstances to guide health care decisions”

(LoBiondo-Wood & Haber, 2018, p. 384)

Why is EBP important



Code of Ethics

Provision 3 -
Protects safety

Provision 4 -
Provide
optimal care

Provision 5 –
Competence &
Professional
Growth

Provision 7 -
Advance the
profession

Pathways and Magnet

Positive practice environment

Safety and Quality

Elevate patient care

Nurses implement new knowledge

Outcomes

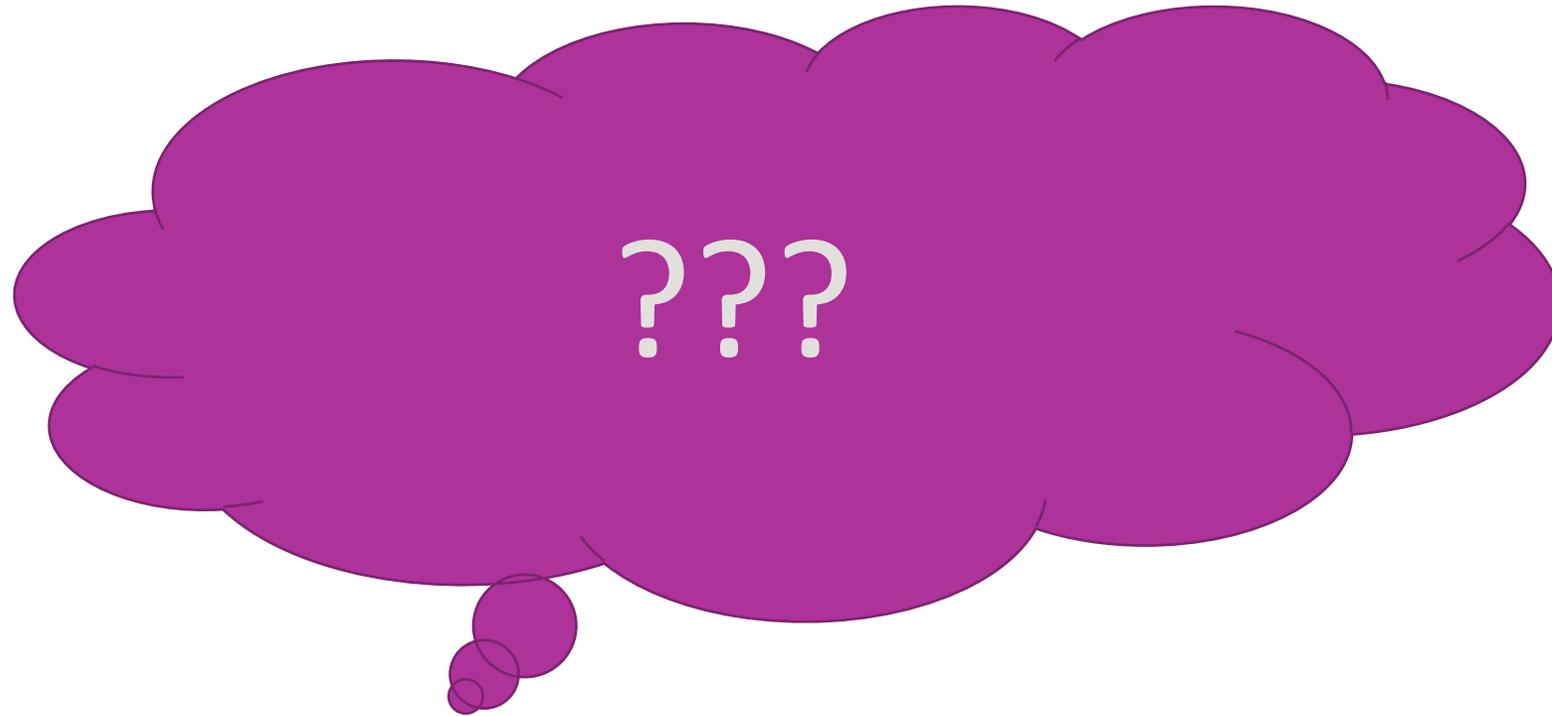


**Nurse
Satisfaction**

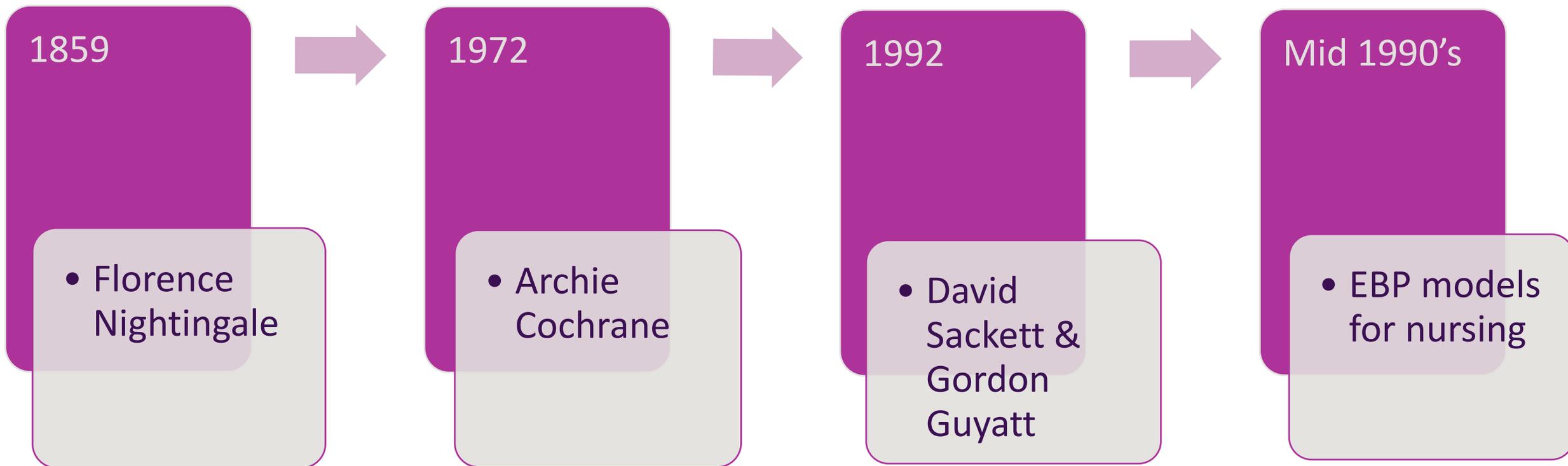
**Patient
Outcomes**

Finances

How Old Is EBP?



A Little History



Where Are We Today

How many of you are:

- 100% confident in your EBP skills?
- 100% confident your staff nurses utilize EBP?
- 100% confident your nurse leaders utilize EBP?
- 100% confident your hospital has the infrastructure to support EBP?
- 100% certain EBP is a high priority?

What Does the Literature Say

Staff nurses are not confident in EBP skills



Nurses with a Master's degree are not confident in EBP skills



CNOs are not confident in EBP skills



CNOs list quality and safety as a top priority, but not EBP

Why the Gap?

- Culture
- Infrastructure
- Finance
- Education
- Collaboration
- Communication
- Workload/Time

Why Do We Care About the Gap?

Nurse
Satisfaction

Patient
Outcomes

Finances

We Need Nurses to Stay

Nursing shortage is not new

Lost 100,000 RNs during COVID

25% of RNs are planning to leave/retire in 5 years

Projected shortage of 78,610 full-time RNs by 2025

Nurse Satisfaction

- EBP beliefs => significant positive predictor of job satisfaction
- EBP beliefs => strong indicator of EBP implementation
- Increasing budget for EBP => decreased nurse turnover
- EBP knowledge, culture, beliefs, & mentoring => job satisfaction
- EBP culture and mentoring => correlate to intent to stay
- EBP education => group cohesion

Job Embeddedness



**Influences on
nurse intent to
stay**



**Encompasses
environment and
community**



**Three attributes:
Fit
Links
Sacrifice**

Patient Outcomes

- Scoping review:
 - 89% of outcomes improved due to use of EBP
 - 94% positive ROI with use of EBP

Finances

- Average cost of onboarding a new nurse = \$52,350
- Average cost of
 - Fall - \$6,694
 - CLABSI - \$48,108
 - CAUTI - \$13,793
 - HAPI - \$14,506
 - SSI - \$28,219
 - C-diff - \$17,260

Return on Investment



Evaluation of an investment



Divide net profit by investment cost

Example

Individualized Mentor/Support Sessions

- 13 nurses intending to leave the system were retained
- Nurse Residency Coordinator time 10 hours per nurse
- Hourly rate \$40
- Coordinator time = $\$40 * 10 * 13 = \$5,200$
- Turnover cost saved = $13 * \$52,350 = \$680,550$
- ROI = $\$680,550 / \$5,200 = 131\%$

Example

Meal tray delivery time and Hypoglycemia

- 3 nurses spent 12 hours each
- $\$35/\text{hr} * 3 \text{ nurses} * 12 \text{ hours} = \1260 investment
- 80 events December (baseline), 32 in May and 21 in June
- 48 less in May and 59 less in June
- Ave cost per event \$394
- $\text{ROI} = (48 * \$349)/\$1260 = 15\%$ in May
- $\text{ROI} = (59 * \$348)/\$1260 = 18\%$ in June

How Do We Change the EBP Culture

- Make a financial case
- Invest in education
- Train a group of mentors
- Invest in resources
- Include EBP in job descriptions
- Provide time for EBP
- Measure the change

(Bianchi et al., 2018; Jun et al., 2020; Li et al., 2018; Taylor et al., 2016)

Evidence-Based Practice
is a way of practicing...an
ongoing process owned
by all, not a time-limited
activity taken on by the
few.

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Thank you!



EXAMPLES OF EBP: MAKING IT WORK FOR YOU

Anxiety Reduction Through Music

*PA Nurse Residency Collaborative's
5th Annual Education Summit
September 28, 2023*

Jennifer Gorant, BSN, RN
Clinical Nurse
Behavioral Health Unit, LVHN



A COMPLETE HEALTH NETWORK



LVH-Cedar Crest



LVH-Muhlenberg



LVH-17th Street



LVH-Hazleton



LVH-Pocono



Lehigh Valley Reilly Children's Hospital



LVH-Schuylkill E. Norwegian Street



LVH-Schuylkill S. Jackson Street



LVHN-Tilghman



LVHN-Highland Avenue



LVH-Carbon



LVH-Dickson City



LVH-Hecktown Oaks



LVHN ExpressCARE



Health Centers



Lehigh Valley Physician Group



Objectives

- The learner will be able to:
 1. List three key strategies utilized to implement music therapy sessions
 2. Describe the benefit of utilizing a therapeutic music intervention

Nurse Residency

- Practice Transition Accreditation Program
 - (PTAP):
 - Sets standards for nurses new to practice
 - Uses evidence-based criteria (ANCC, 2023)

Background

- Psychiatric patients can experience anxiety, depression or display aggressive or self-harm behaviors
- Music based interventions can provide varied benefits for psychiatric patients in an acute care setting (Volpe et al., 2018)

Evidence

- Exposing patients diagnosed with psychosis or mood disorders to relaxing music has shown positive results among patients in acute care settings (Volpe et al., 2018).
- Verbal and nonverbal rating scales were used to assess patient anxiety before & after music therapy (Volpe et al., 2018, Schroeder et al., 2018, Bensimon et al., 2018).
- Study outcomes revealed a significant reduction of stress levels, agitation, depression, and an increase in overall calmness with no adverse side effects after rating & observing patients post-music sessions (Volpe et al., 2018, Schroeder et al., 2018, Bensimon et al., 2018).

PICO Question

P - Psychiatric patients on an acute behavioral health unit

I - Music therapy sessions

C - No music therapy sessions

O - Patients' anxiety levels

Implementation / Methods

- ***March – May 2023:***
 - Music groups provided by RNs in an acute care behavioral health setting
 - 3 cohorts
 - n= 31 patients

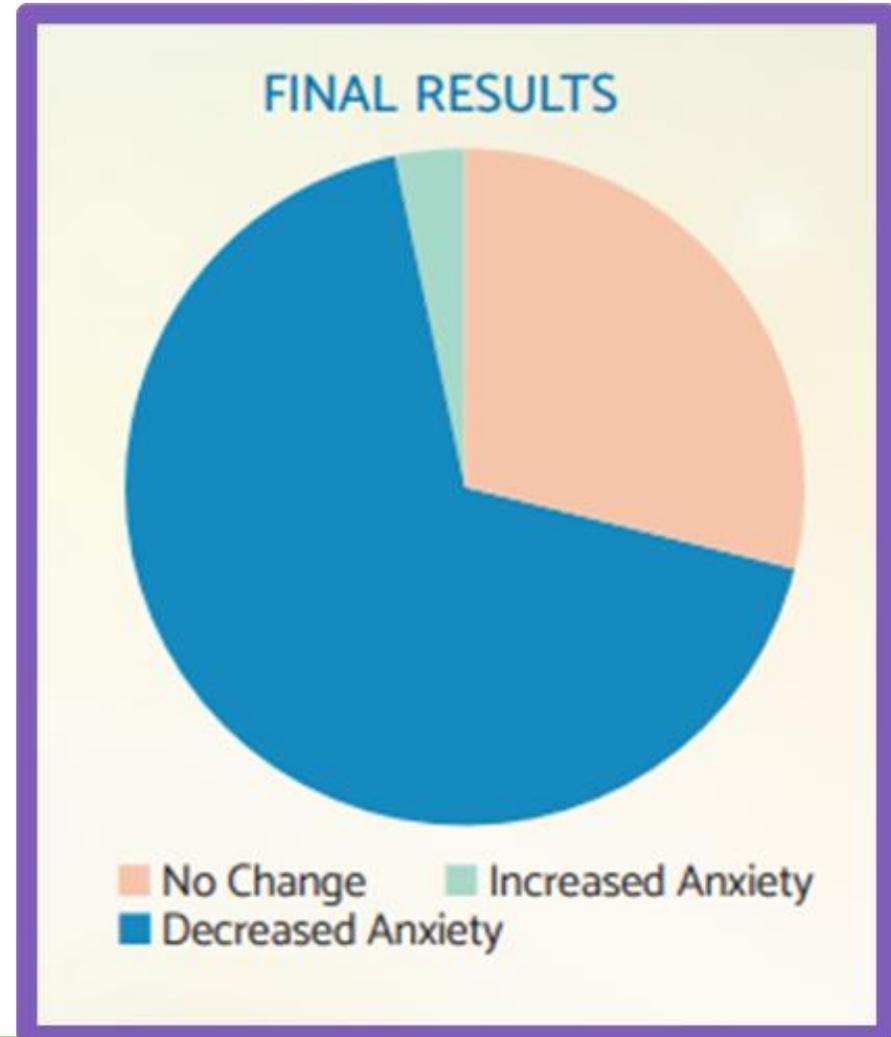
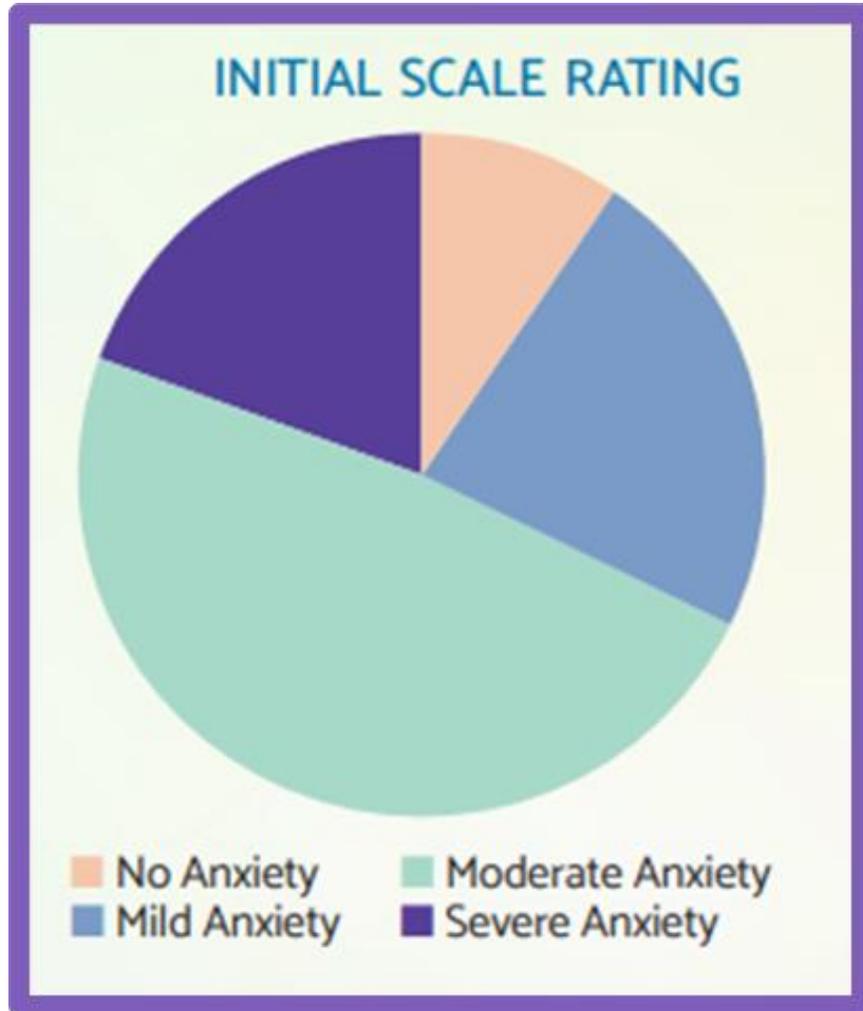


Implementation / Methods



- Patients completed questionnaire pre & post music therapy to determine anxiety level
- Music genre chosen by group consensus

Outcomes



Results

- Patients sang, danced, & discussed music with the nurse
- Most patients noted reduced anxiety levels
- Post intervention, patients expressed interest in having additional music therapy sessions

Gains

- All patients participated and were engaged in the sessions
- Patients formally reported a reduction in anxiety
- Staff informally reported a reduction of their own anxiety

Barriers

- Staff availability:
 - RN needs to be available to facilitate the session

Future Direction

- Outcome data presented to behavioral health leadership team
- Continued structured therapeutic music groups are being considered in the therapeutic care regimen

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THE POWER OF THERAPY IN A BOTTLE:

Improving Perceived Stress with Aromatherapy

*PA Nurse Residency Collaborative's 5th Annual
Education Summit
September 28, 2023*

Lauren Hoch, ADN, RN
Clinical Nurse
Pediatric Unit
Lehigh Valley Health Network



Your health deserves a partner.

A COMPLETE HEALTH NETWORK



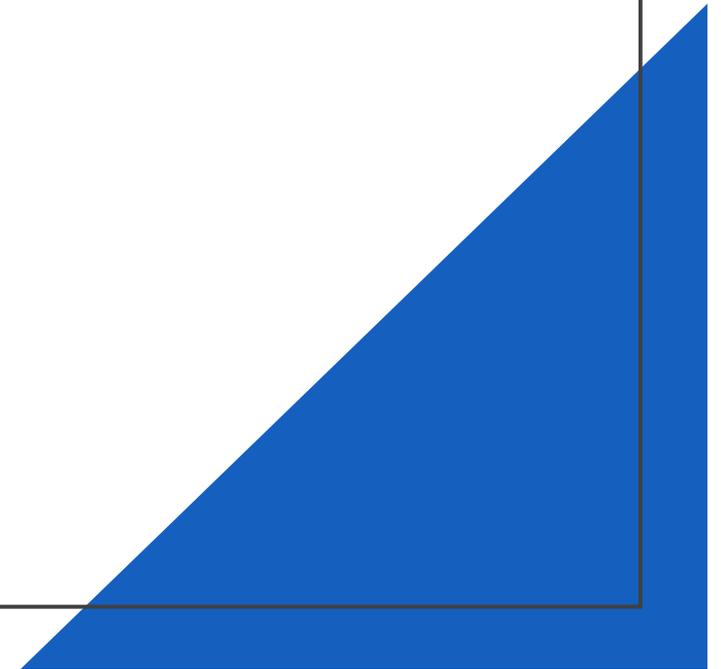
WHO WE ARE

LEHIGH VALLEY HEALTH NETWORK

13 HOSPITAL CAMPUSES
5 INSTITUTES
1 CHILDREN'S HOSPITAL
300+ PRACTICE LOCATIONS
9 COMMUNITY CLINICS
28 HEALTH CENTERS
20 EXPRESSCARE LOCATIONS
2 CHILDREN'S EXPRESSCARE LOCATIONS
55 REHABILITATION LOCATIONS
80+ TESTING AND IMAGING LOCATIONS
20,300+ EMPLOYEES
1,600+ PHYSICIANS
850+ ADVANCED PRACTICE CLINICIANS
3,700+ REGISTERED NURSES
72,800 ACUTE ADMISSIONS
235,500 ED VISITS
1,700+ LICENSED BEDS
5-TIME MAGNET® HOSPITAL

BACKGROUND

- Work-related stress and burnout can increase turnover leading to workforce shortages
- Holistic interventions, like aromatherapy, often aid in anxiety/stress reduction



EVIDENCE

INSTRUCTIONS:
The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by placing an "X" over the circle representing HOW OFTEN you felt or thought a certain way.

	Never 0	Almost Never 1	Sometimes 2	Fairly Often 3	Very Often 4
1. In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3. In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. In the last month, how often have you been angered because of things that were outside your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

version: 08/04/2022
PSS 1 of 1

- Perceived stress scale (PSS-14, PSS-10, PSS-4) are among the most widely used measures of stress in multiple studies and research since creation in 1983²
- Evidence reveals over 60% of hospital RNs report perceived occupational stress
- Due to side effects of drugs, there is a growing tendency towards nonpharmacological methods of stress reduction:
 - Advantages: Cost effective, ease of administration, no chemical side effects³
- Studies report aromatherapy with lavender lowered nurses' occupational stress in as little as four weeks⁴

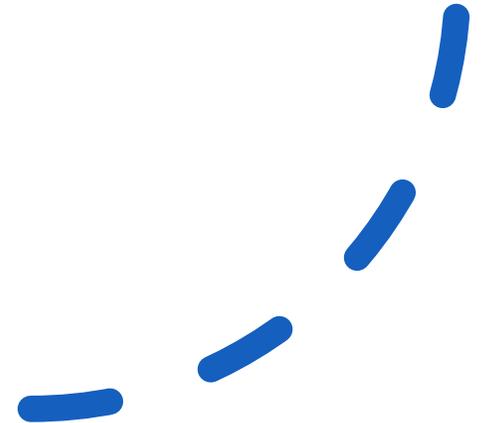
PICO

P: Clinical and non-clinical health care employees on an inpatient pediatric unit

I: Aromatherapy

C: No aromatherapy

O: Decrease in perceived occupational stress



METHODS

COLLABORATE

NETWORK LEADERS:

- VP Chief Nursing Officer Quality/Health Care Research
- Director Library services
- Patient education department

Permission secured PSS use from author Dr. Sheldon Cohen

DESIGN

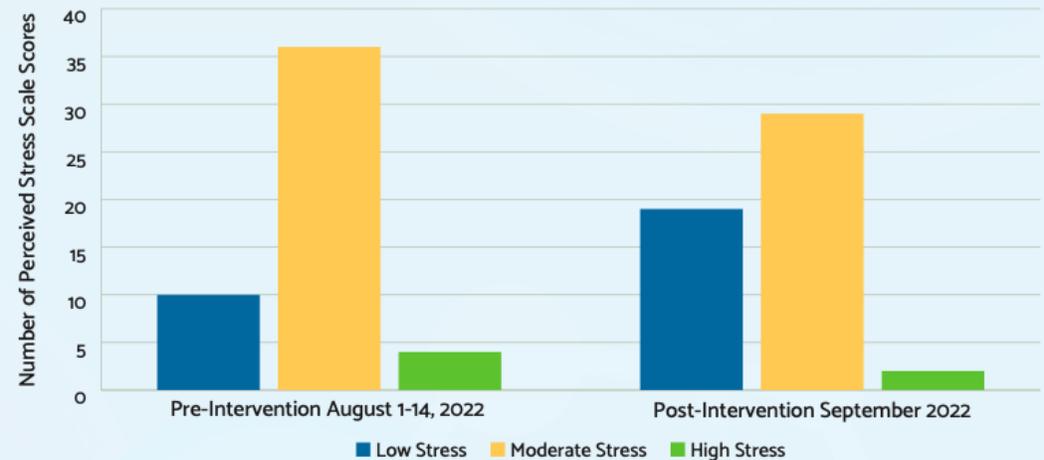
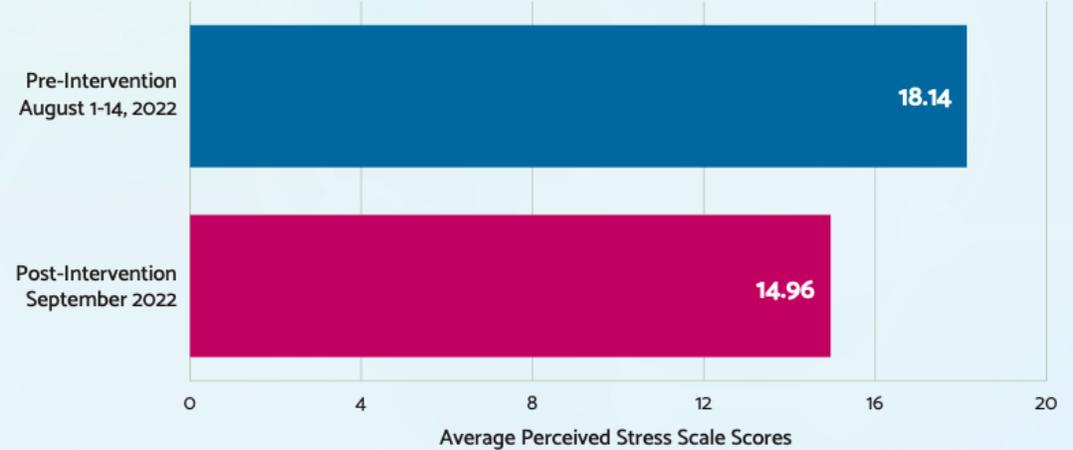
Convenience sample; n=50 employees on the inpatient pediatric unit

- **Pre-intervention August 1-14, 2022:** PSS scale administered and scored
- **Intervention August 15-31, 2022:** Provided staff with aromatherapy inhaler
- **Post-Intervention September 2022:** PSS scale administered and scored

OUTCOMES

- Increase in number of low range stress scores post aromatherapy
- Decrease in moderate to high range stress scores

PERCEIVED STRESS SCALE SCORES PEDIATRIC UNIT LEHIGH VALLEY HOSPITAL



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Say What? Improving Nurse Communication with Patients

Kylee Miller BSN, RN
Thomas Jefferson University Hospital

Background/PICOT

Background:

- According to the U.S. Census Bureau data for 2018, a record 67.3 million U.S. residents spoke a language other than English at home (Zeigler & Camarota, 2019).

Problem:

- There are many available language interpretation and translation services available through Thomas Jefferson University Hospital (TJUH), however, there are few nurses who are aware of them.
- Nurses on our unit face challenges communicating with non-English speaking patients.

PICOT: For nurses taking care of non-English speaking patients (P), what is the effect of providing education regarding language interpretation and translation services (I) on nurses' ability to provide optimal patient care (O)?

Literature Review/Levels of Evidence

Literature Review:

- Implementation of multilingual flashcards with pictures of common items, actions, and feelings is helpful in bridging communication barriers between residents and staff (Dent et al, 2017).
- Care coordination with language services was found to be extremely vital in patients who do not proficiently communicate using the English language resulting in worse health outcomes, reduced access to health information, and decreased satisfaction with care (Diamond et al., 2019).
- Identified language barriers as the main obstacle to providing safe and appropriate care to patients with limited proficiency in the English language (Granhagan Jungner et al, 2019).
- Remote simultaneous services improved patient outcomes and helped the patient/provider understand the experience (Hornberger et al 1996).
- A pilot study of a communication intervention for non-English speaking patients with cancer in which audio-recording medical consultations and provision of cancer information sheets increased patients' recall and understanding (Lipson-Smith, 2016).

Level of Evidence (Johns Hopkins Model)

Methods

Databases Searched: PubMed, OVID, CINHAL, Google Scholar

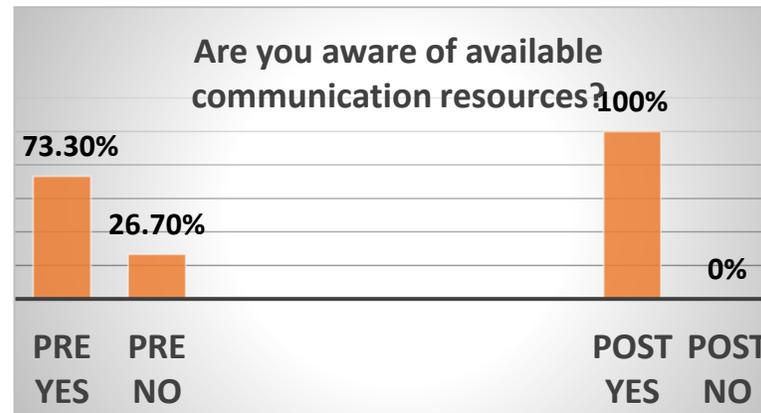
Keywords: "language barrier," "non-English speaking patient," "interpretation" & "nurses"

Implementations Process:

- Pre/post electronic survey administered to assess knowledge of organizational translation tools and comfort utilizing the tools with non-English speaking patients.
- Pre/post survey sent out to all nurses (N=30) in a medical-surgical trauma unit.
- Created an educational flyer That provided a list of available tools/technology available for translation/ language barriers.

Results

A total of 15 nurses completed the pre/post survey and reviewed the educational intervention.



After the educational intervention, all nurses surveyed were aware of the availability of communication resources.

Comfortable in Communicating non-English Speaking Patients?



Post-educational intervention 100% of nurses surveyed felt more comfortable communicating with their non-English speaking patients.

Next Steps

- The educational flyer is posted in the breakroom for nurses to reference.
- Take the project to the Shared Government-Professional Development council to share knowledge gained with unit council representatives.
- RNs are encouraged to use the translator resource at TJUH that best suits the needs of the individual patient at hand.

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LANGUAGE INTERPRETATION SERVICES @ TJUH



CyraCom Phone Service

24-hour interpretation service. Call 1 (800) 481-3293
Account # is 501012882 and PIN # is 2112.

TIP: If you have an interpreter ID# from a past call, you can attempt to see if the same interpreter is available.



In-Person Interpreters

Chinese Health Information Center (CHIC) is located in Suite 1830 (1st floor of Gibbon). Offers in-person interpretation services by appointment. Call 5-8282 for scheduling. Office hours: 8:30 AM - 5:00 PM M-TH



Non-Verbal Communication Handouts

Allows patients to point at universal clip art pictures that depict common needs, like "hot" or "drink," for clearer communication.



Additional Resources

Contact Patient Services (5-7777) for in-person interpreters of other languages and further assistance.

Kayla Mercado, Gianna Oldrati,
Kylee Miller and Dylan Lauser



Q&A

CLOSING REMARKS

Zaharaa Davood, MPH | Senior Project Manager

Jilian Bohn, MPH | Public Health Project Coordinator

SUMMIT EVALUATION



You must complete the evaluation to receive the 2.75 contact hours of continuing nursing professional development.

Please make sure that you checked-in, evaluation link will only be emailed to checked-in attendees.



Complete your evaluation before Thursday, October 12, 2023.



Please provide any comments/quarterly content topic ideas!



Evaluation link will be emailed to you.



QR code is also available to use.

UPCOMING PA-NRC MEETINGS

Winter Quarterly Meeting	January 26, 2024: 8:30am – 12:00pm
Vizient National Conference	March 4, 2024 – March 7, 2024
Spring Quarterly Meeting	April 19, 2024: 8:30am – 12:00pm
Summer Quarterly Meeting	June 14, 2024: 8:30am – 12:00pm
Fall Summit	TBD

WHAT'S COMING!

In an upcoming three-part webinar series, Meg Ingram, MSN, RN, of Vizient, Inc., she will provide an in-depth discussion on Return on Investment.

- Dates to be determined

Each 1-hour session will build on the previous session's content and will be recorded for asynchronous viewing.

NCPD contact hours will be offered for those who attend the live webinar.

More information will be forthcoming, stay tuned for email updates!

WHAT'S COMING!

PA-NRC Formal Needs Assessment

- How the PA-NRC can improve and support members
- Will be distributed to PA-NRC members by email at the end of October

Liz Holbert, BSN, RN (Chair) Nurse Residency Coordinator at Penn State Health

Deborah Gardiner, MSN, RN, CCCTM (Co-Chair) Nurse Residency Coordinator and Nursing Professional Development Specialist at Thomas Jefferson University Hospital

Tiffany L. Conlin, MSN, RN, CMSRN, NPD-BC (Past Chair) Advanced Clinical Ed. Specialist at UPMC

Lindsey Ford, DNP, RN, NPD-BC (Director Member) Director of Nursing Education & Magnet at Geisinger Wyoming Valley Medical Center

Amy Popp, BSN, RN, OCN (Coordinator Member – West Region) Nurse Educator and Nurse Residency Coordinator at UPMC of Central PA

Delancy Zeller, MSN, RN, NPD-BC (Coordinator Member – West Region) Adv. Clinical Education Specialist and Nurse Residency Coordinator at UPMC of Central PA

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**THANK YOU TO THE
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GROUP PHOTO

Meet at 10:35am on the
2nd floor stairs, just to the
left of the elevators.

**PA NURSE RESIDENCY COLLABORATIVE
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SUMMIT

**You Can Have It All:
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**September 28, 2023 from 7 AM - 10:30 AM
Harrisburg Hilton**