COFFEE CHAT UNTIL 8:30AM

Kathryn Armas, BSN, RN, PCCN

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

WELCOME TO THE SUMMER 2024 PA-AC NRP COLLABORATIVE MEETING

In Case You Missed It: Vizient National Conference, the PA Version

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

WELCOME FROM YOUR CHAIR

Liz Holbert, MSN, RN

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

AGENDA

Time	Title	Presenter
8:30am-8:40am	Welcome	Liz Holbert
8:40am-9:10am	Journey Towards Reaccreditation	Thomas Jefferson University Hospital
9:10am-9:40am	Transition: It's Not Just for New Grads	Penn Medicine
9:40am-9:50am	Break	
9:50am-10:05am	Reanimate Reflections	UPMC
10:05am-10:35am	Addressing Absenteeism: Two Programs Stories	Penn State Hershey Medical Center
10:35am-11:05am	Rapid Fire: Coordinator Poster Presentations	Geisinger Medical Center UPMC Penn Medicine
11:05am-11:50	Rapid Fire: Resident EBP Project Presentations	Leigh High Valley Health Main Line Health Lankenau Jefferson Health Penn Medicine Jefferson Health
11:50am-12:00noon	Closing	Amy Ricords

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

STATEMENT

The National Nurse Lead Care Consortium and the Pennsylvania Action Coalition are collaborating to provide nursing continuing professional development (NCPD) contact hours for the educational activity entitled “In Case You Missed It: Vizient National Conference, the PA Version.”

Nurses completing the entire activity and the evaluation tool may be awarded a maximum of 3.0 NCPD contact hours. The National Nurse Lead Care Consortium is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation. None of the planning committee or speakers have anything to disclose.

Journey Towards Reaccreditation

Deborah Gardiner MSN, RN CCCTM
Thomas Jefferson Hospital, Philadelphia Pennsylvania

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Disclosure information

Absence of Relevant Financial Relationships

The following planners, faculty, and others in control of educational content have no relevant financial relationships with ineligible companies: Deborah Gardiner MSN,RN CCCTM

Learning objectives

1. Describe the steps of CCNE accreditation.

2. Demonstrate how utilizing the Vizient CCNE Checklist and Vizient resources can assist in successful reaccreditation.

6-8 cohorts per year

Academic Medical Center

735 active beds

Program started: 2007
Accredited: 2018

Jefferson Health

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Coordinator tenure: 2 years

All new to practice nurses hired at TJUH/Magee are enrolled in NRP

Nurse residents hired per year:

2022: 403
2023: 297

Facilitator to NR ratio

1:5

CCNE On-Site Evaluation for Reaccreditation:

Sept 2023

Poll

- How many of you are thinking about initial accreditation?
- Is your program already accredited?
- How many of you are currently in the accreditation or reaccreditation process.
- Please rate your stress related to the accreditation process on a 4 point scale: 1=lowest and 4=highest

Timeline for Site Survey September 20-22, 2023

Role of the NRP Coordinator for Reaccreditation

- Author(s) of Self-Study Document
- Organizer
- Event Planner
- Team Coordinator
- Welcoming Committee
- Local Expert
- Timekeeper

Photo used with permission

Self-Study Document- Uncovering the Mystery

Assemble Your Writing Team- Who, What, When, Where?

Healthcare Organization Overview

4 Standards/Key Elements:

- Standard I :Program Quality: Program Delivery
- Standard II: Program Quality: Institutional Commitment and Resources
- Standard III: Program Quality: Curriculum
- Standard IV: Program Effectiveness: Assessment and Achievement of Program Outcomes

Table of Contents: Tables, Abbreviations, Appendices

Virtual Resource Room

Self-Study Document

Tips for this document:	
	75 pages of narrative
	Minimum font size of 10
	Table of contents for the main document, tables & appendices
	An abbreviations list
	Concise introduction of the nurse residency program(s) and the Healthcare Organization Overview
	Tables, where appropriate (e.g., program faculty qualifications and teaching responsibilities, resident enrollment data, curricular requirements)

Self-Study Document-What needs to be included

Reference the following supporting documents in the self-study document and in the virtual resource room:

- current faculty CVs
- institutional reports
- presentations
- meeting minutes
- examples of resident work
- copies of resident, alumni, or other constituent survey instruments
- summaries/analyses of survey responses

Pre-Arrival Logistics for the Team-3-6 months prior

Hotel/Business Center

Work space and business center (if possible).

Reserve individual rooms for each evaluator

Provide each evaluator with hotel information, including confirmation number.

Transportation

Provide team with guidance on transportation to and from airport/hotel/institution.

On-Site Evaluation Fee

Pay evaluation fee to CCNE based on number of individuals assigned to team. CCNE sends the invoice 2-3 months prior to the evaluation.

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Agenda for the Visit

The program has primary responsibility for preparing the agenda for the on-site evaluation.

- one-hour blocks
- reserve time on the agenda for occasional breaks for the team
- allow time for transport between campuses, clinical sites and/or teaching sites
- time for the team to review the materials without disruption
- meet with the NRP Coordinator/administrator at the end of each day to discuss any questions the team may have or to respond to requests for additional materials
- reserve last day of the evaluation for the team to conclude its review of materials in the virtual resource room, seek clarification from program representatives or constituents, finalize the accreditation report, and prepare for the exit interview.

Example of the Agenda

CCNE encourages the program to involve the team leader in the review/ finalization of the agenda.

The finalized agenda, along with the complete self-study document (including appendices) and the PIF, should be uploaded to the CCNE Online six weeks prior to the evaluation.

Day 1 Wednesday, September 20, 2023			
Time	**Activity**	**Location**	**Attendees**
8:15 am	Jefferson Security escort arrival at hotel- meet CCNE evaluators outside of the hotel and transport to commuter services Transportation: 2 Black SUVs	Hotel: Sofitel Philadelphia at Rittenhouse Square Address: 120 S 17th St, Philadelphia, PA 19103 Commuter Services: 1100 Walnut Street	Jefferson Security/CCNE evaluators
8:30 am -8:45 am	IDs at Commuter Services- to meet Deborah Gardiner Security to escort via transportation to 833 Chestnut Street after IDs obtained	Commuter Services: 1100 Walnut Street	Deborah Gardiner/Security/CCNE evaluators
9:00 am -9:30 am	Overview of Site Visit Q & A Overview of Resource Room	833 Chestnut St, Suite 920 Conference room 3- Locked Resource Room	Deborah Gardiner Jeanette Palermo
9:30 am-9:45 am	Break and Travel		

9:45 am-10:15 am	Welcome/Meet with TJUH and JCN Executive Leadership	2210H	List of Attendees
10:15 am -10:35 am	Meet with Chief Nursing Officer	2210H	CNO
10:35 am - 10:45 am	Break and Travel		
10:45 am -11:15 am	Meet with NRP Facilitators	833 Chestnut St, Suite 920 Classroom	Clinical Reflection Facilitators: List attendees
11:15 am -12:15 pm	Option 1 Tour of hospital TJUH Gibbon Tour	5 West- Cardiac meet with residents	Deborah Gardiner Resident Guide
	Option 2 Meet with JCN Leadership	2210H	Dean APP Faculty
12:30 pm -1:30 pm	Lunch Provided	Resource room- Conference Room 3	CCNE evaluators
1:30 pm -2:15 pm	Meet with NRP Faculty	833 Chestnut St, Class I	List of Faculty
2:15 pm - 2:30 pm	Break		
2:30 pm– 3:30 pm	Tour physical resources on campus	Jeff Stat, Scott Library, Hamilton Building (Simulation lab) and Jefferson Alumni Hall classroom space.	Deborah Gardiner
3:30 pm -4:30 pm	Option 1 Meet with Advisory Committee	2210H	Advisory Committee Members
	Option 2 Watch the recorded simulation session	Classroom	Watch the Recorded Session
4:30 pm - 5:00 pm	Wrap up Q & A	Resource room	Deborah Gardiner

Physical Resources

Tour of the program’s physical facilities: Classrooms, simulation labs, library

If there are no opportunities for the team to observe residents in class, the program should provide the team a video or opportunity to observe an online class for each program under review.

Six Weeks Prior to the On-Site Evaluation

- Upload Documents to CCNE Community page
- Self-study document (including any appendices)
- Program Information Form
- Agenda
- Verification that the program afforded its communities of interest the opportunity to submit third-party comments to CCNE

Six Weeks Prior to the On-Site Evaluation

Inform CCNE and the team if other regulatory agencies will be present during the on-site evaluation.

Ask the team leader if any team members require a hard copy of the self-study document and appendices, and send any hard copies requested.

Prep Participants for CCNE Evaluation by the Team-1 month prior

Month Before-Prep Select Members:

Residents:
- Danielle
- Lisa
- Kelly
- Megan

Key Stakeholders-Senior Leadership

Advisory Board

Nurse Managers

Facilitators

Preceptors

EBP Presentation

Recruiters

Academic Practice Partners

Unit Tours

Key Stakeholder Meetings

The program should provide tent cards for each member of the evaluation team.

Provides the team with a list of meeting participants' names, titles, and affiliations, if known in advance.

Prior to the Team's Arrival-Meet with Lead Evaluator

- Ask the team leader preparatory questions
- Are there any changes requested to the agenda?
  - Does the team have sufficient time to review documentation in the virtual resource room and meet in executive session?
- Will team members bring their own computers, or will the program need to provide equipment on site?
- Do any team members have dietary restrictions or require other accommodations?
- Emergency Contact Information-cell phone

Prior to the Team's Arrival (1 week)

Provide the team with necessary technology information

Grant team members access to the virtual resource room 7 days before the evaluation

For any meetings occurring in a virtual format, provide the team with information about the platform being used for these meetings.

On-Site Evaluation Arrangements

- Team Room
- Reserve a private, secure room for the team to conduct its work. Provide team with key or passcode
- Ensure access to internet, printer, outlets, IT support and office supplies
- Assign a team member to be available to greet meeting participants and set up virtual meeting

On-Site Evaluation Arrangements

Suggested Amenities

Hotel with a restaurant on site or dining options within walking distance. Provide a list of restaurants near the hotel

Refreshments (e.g., fruit, granola bars, hot/cold caffeinated and caffeine-free beverages)

Lunch on the last day of the on-site evaluation should be a working lunch limited to the team. It would be helpful if lunch is brought into the dedicated room where the team is working

Welcoming the Team!

Hello Team,

Welcome to Philadelphia.

Hope that the team's travel experience went well.

John reader will be your EP Agent escorting you from the hotel to the Commuter Service Department to get your IDs. John will be escorting you in a Black Suburban/Expedition. He will arrive at the hotel by 8:15 am. I will meet the team in front of the Commuter Services Department and assist you in getting your IDs.

Have a great evening. I look forward to seeing you in the morning. Deb

Deborah A. Gardiner MSN, RN, CCCTM
Nurse Residency Coordinator
Nursing Professional Development Specialist
Department of Nursing
Nurse Leader of the RISE Program
Thomas Jefferson University Hospital
Office 5-7974
Cell 856.261.5781

Closing Meeting

It is expected that all members of the Evaluation Team and the Chief Nursing Officer participate in the final meeting along with key stakeholders

Final meeting to review Compliance with Standards

Team Report

6 weeks after site survey-report from evaluators

Opportunity to make any corrections/edits to your program and clarify any misconceptions

CNO submit in writing on CCNE community page

Lessons learned

Be proud and believe in your program

Be organized- CCNE checklists to organize your workflow

Be honest and transparent

Be available

Allow the pages of your document to come to life during your on-site evaluation of your NRP

CCNE Resources for Accreditation:

Checklist for Program Officials Planning an On-Site Evaluation:

Checklist-of-Key-Steps-in-Planning-the-On-Site-Evaluation.pdf

General Advice for Hosting a CCNE On-Site Visit:

https://www.aacnnursing.org/Portals/0/PDFs/CCNE/advice.pdf

Poll

After this presentation, please rate your stress related to CCNE reaccreditation 1- lowest and 4- highest

Did you find this presentation helpful to the CCNE accreditation process?

Let’s work together

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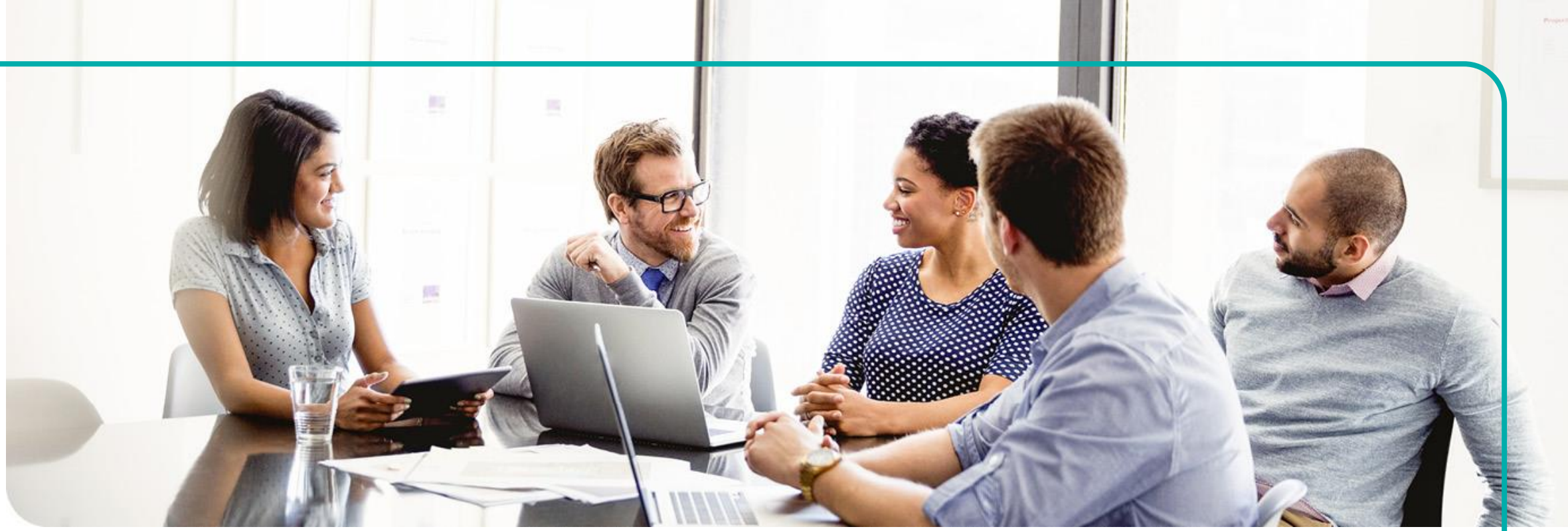
Add presenter’s names and email addresses



Transitions, It’s Not Just for New Grads

Caylee Wolf, MSN, RN, CCRN
Elise Turnbach, MSN, RN, CEN
Bianca Innaurato, MSN, RN
Penn Medicine

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Disclosure information

Absence of Relevant Financial Relationships

The following planners, faculty, and others in control of educational content have no relevant financial relationships with ineligible companies: Bianca Innaurato, Elise Turnbach & Caylee Wolf

Learning objectives

- Describe two considerations when transitioning between coordinators on a Nurse Residency Program team.
- List three strategies for orienting a new coordinator to an established Nurse Residency Program.

7
Cohorts per year

Large, Academic Health System
- 7 entities across two states

Organization classification

3,600
Licensed beds

22 Years
Program age

Penn Medicine

≤6 years
Coordinator tenure

- Medical/Surgical
- Oncology
- Critical Care
- Emergency Department
- Behavioral Health
- Women's Health
- Intensive Care Nursery
- Perioperative Services
- Pediatrics

Care areas included in NRP

~800
Nurse residents hired per year

1:65
Facilitator to NR ratio

CCNE
Accredited

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A Growing Footprint

Penn Medicine is powered by a talented and dedicated workforce, all committed to our mission of providing the best care of patients across 27 counties in Pennsylvania and New Jersey. We're proud to offer options for patients no matter where they live.

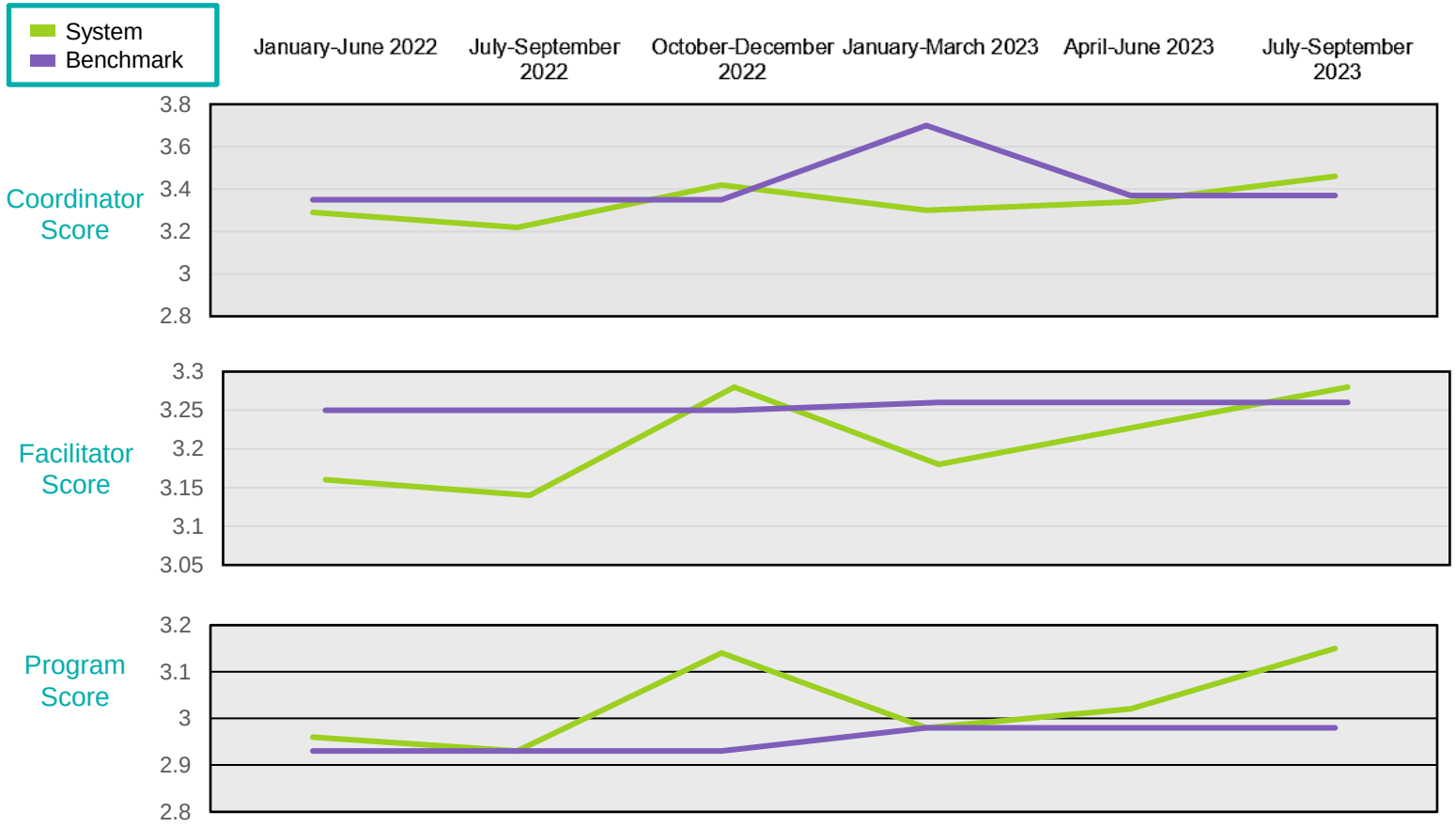
Background

Winter 2022	Spring 2023	Summer 2023	Fall 2023	Winter 2023
Director Transition	Discussion of Potential Coordinator Transitions	Two Coordinator Transitions	One Coordinator Transition	One Coordinator Transition

- Previous transitions were rare and singular
- Historically, orientation was supported by an experienced coordinator group
- Relied on a robust initial orientation to program with program director and experienced coordinator mentorship

Nurse Residency Program Coordinator Orientation Results

Vizient/AACN ™ Program Evaluation Scores: System to Benchmark Comparison by Quarter



Resident Program Evaluation Feedback:

"The part of the residency program I liked the least: feeling disconnected from facilitators and peers, possibly due to the online format and **transition in NRP leaders**, and possibly due to the rapidly changing work culture in the nursing profession at this time."

"I did not like how we **changed leadership** of our program multiple times- it was confusing on who to email etc."

*Scores and feedback have been retrieved utilizing the Vizient/AACN™ Nurse Residency Program Dashboard. When applicable, results have compared institutional data to the benchmark average.

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Innovative Orientation Strategies

- **Foundational Trainings**
  - Vizient Trainings and Conference
  - Internal Resource Training
  - 1:1 Orientation with Program Director
- **Focused Sessions**
  - Monthly Meetings and Pre-Huddles
  - Annual System Strategy Meeting
  - Ethics Workgroup
- **Peer Mentorship**
  - Leverage Seasoned Coordinators and Transitions
  - Cohort Experiences when Possible
  - Teambuilding and Norm Setting
- **Quick Wins**
  - Facilitating Tales from the Bedside
  - Leading During Seminar
  - Owning a Project
- **Recognition**
  - Within the Team
  - Within the Entity
  - Within the NRP Program

The Coordinator Experience

Social Activities

Teambuilding

Networking

Professional Development

Dedicated Coordinator Huddles

Mentorship

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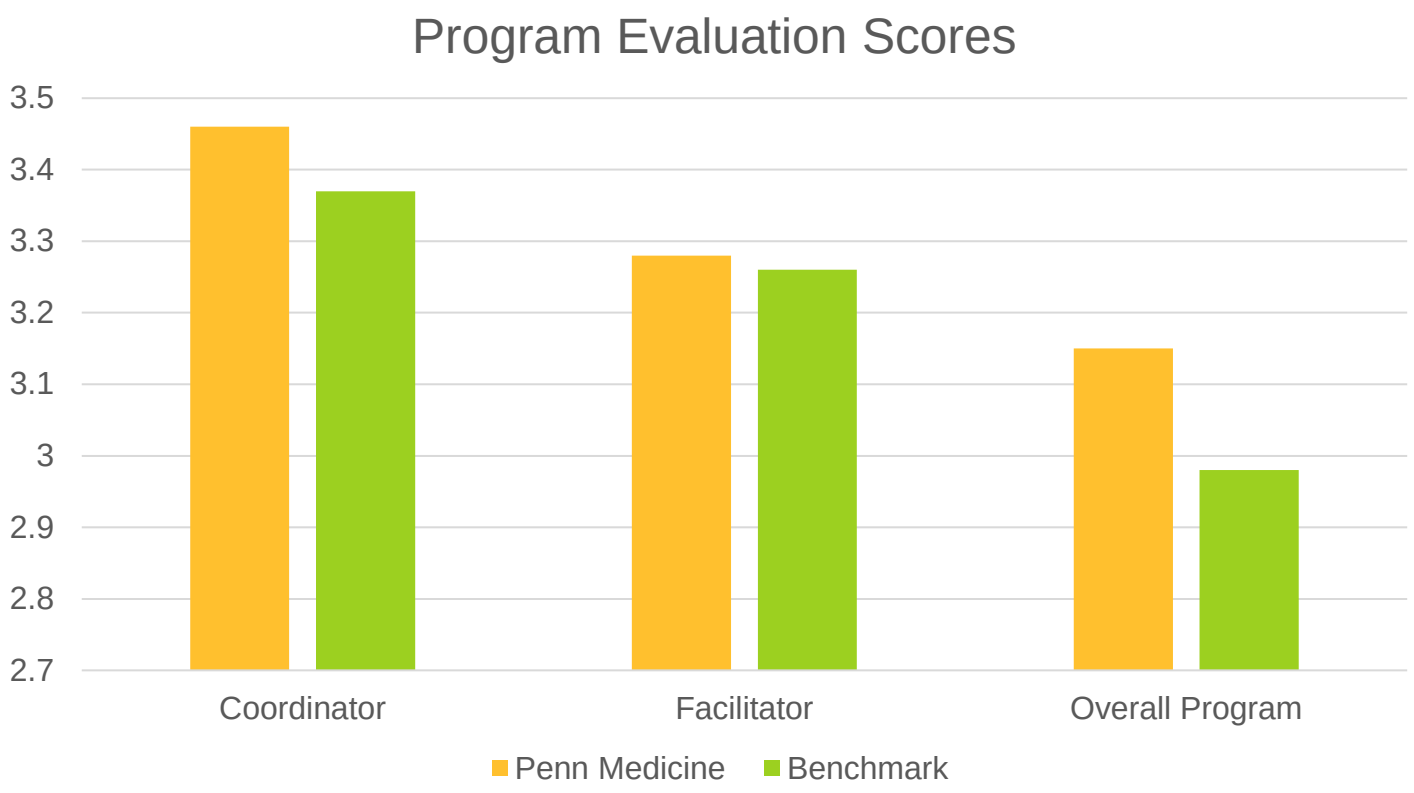
Program Outcomes



#5 Nurse Residency Program in the Nation reported by Becker's Clinical Leadership and Nurse.org

Criteria Included:

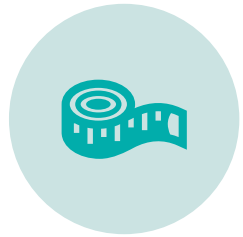
- *U.S. News and World Report*'s annual hospital rankings
- U.S. Department of Labor information
- American Nurses Credentialing Center recognitions

Future application- Lessons Learned/Take Homes

ADVOCATE FOR OVERLAPPING TRANSITION WHEN POSSIBLE

ANTICIPATE CHALLENGES AND OPPORTUNITY GAPS

SET NEW TEAM NORMS, OPPORTUNITIES FOR TEAM BUILDING



ORIENTATION IS NOT "ONE SIZE FITS ALL"

TAKE CUES FROM YOUR TEAM AND MODIFY AS NECESSARY

References

Black, C., Adams, V., Crawford, K., & Setter, R. (2021). Facilitator-in-training program: Transitioning bedside nurses to nurse residency leaders. *Journal for Nurses in Professional Development*, *37*(4), 228-230.

Cochran, C. (2017). Effectiveness and best practice of nurse residency programs: A literature review. *Medsurg Nursing*, *26*(1), 53.

Nursing Solutions, Inc. (2023). 2023 NSI national health care retention & RN staffing report. https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf

Let’s work together

Caylee Wolf, MSN, RN, CCRN- Caylee.Wolf@pennmedicine.upenn.edu
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STRETCH BREAK

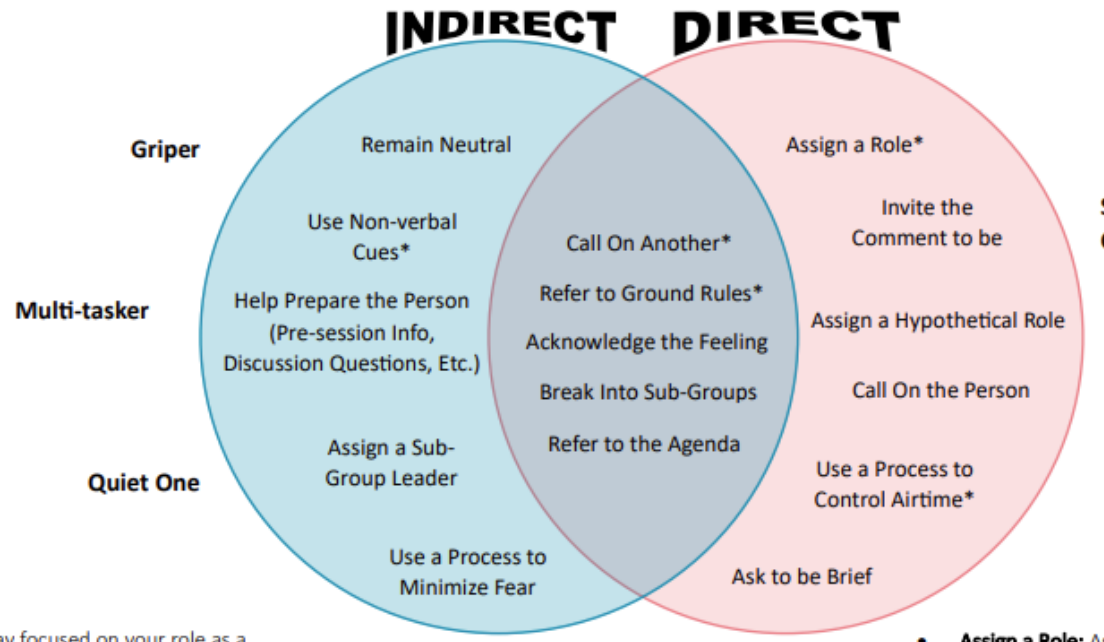
Take 10!

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

UPMC
LIFE CHANGING MEDICINE

Reanimate Reflections

Amy Popp, BSN, RN, OCN
Delancy Zeller, MSN, RN, NPD-BC
Nurse Residency Coordinators
UPMC Harrisburg, Community, West Shore, & Lititz



- **Remain Neutral:** Stay focused on your role as a neutral facilitator, do not join the griping.
- **Use Non-Verbal Cues:** Move closer to the person while still addressing the audience, make eye contact, direct your attention to another part of the room, avoid eye contact to discourage engagement.
- **Help Prepare the Person:** Use pre-session assignments, such as articles or discussion questions, to give quiet ones the opportunity to review and process information before having to contribute to the group.
- **Assign a Sub-Group Leader:** Ask the quiet one to serve as facilitator for a subgroup task or discussion.
- **Use a Process to Minimize Fear:** Use partner or triad discussion s to minimize the fear of talking in front of a group.

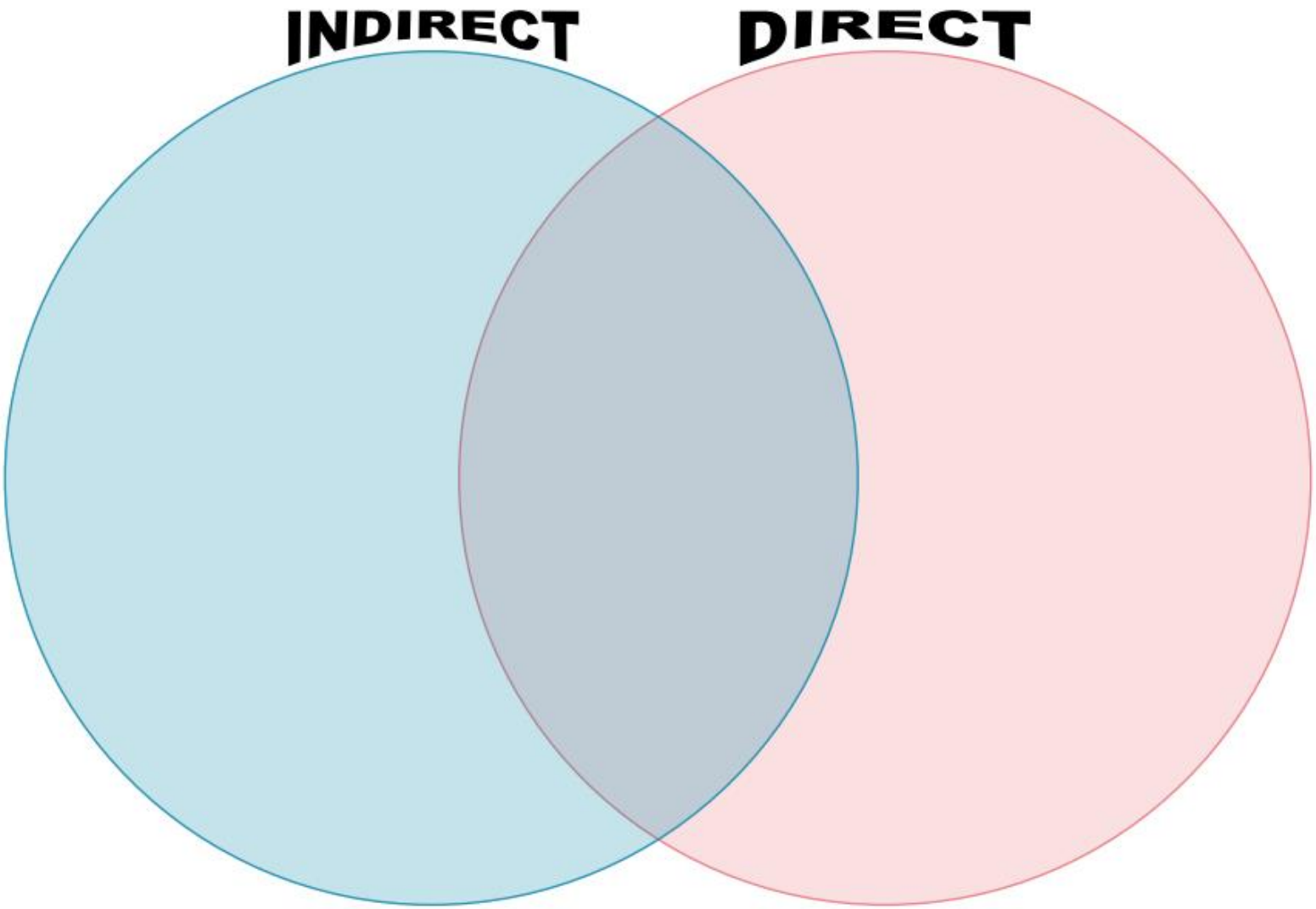
- **Call On Another:** By name, invite someone else to contribute.
- **Refer to Ground Rules**: "We agreed to stay focused on the task and have balanced participation. I sense some of you are being distracted. May I ask for your full attention so we can benefit from your thoughts and ideas on the same issue we are discussing?"
- **Acknowledge the Feeling, Then Re-focus**: Say something like, "It sounds like you are really frustrated. I empathize with you; it must be hard. I'd like to see if we can come up with ideas that can make the situation better. What thoughts do you, or others have, on how to improve the situation?"
- **Break into Sub-groups:** Spontaneously break into subgroups. Count off to assign group and separate the talkers.
- **Refer to the Agenda:** "We still have quite a bit to cover today. Why don't we table this conversation until next time, when perhaps we can brainstorm some solutions to the problem? In the meantime, I'd like us to switch our attention to…."

- **Assign a Role:** Ask a person to take on a role such as scribe or timekeeper, which can limit opportunity to do other things.
- **Invite the Comment to be Shared:** "It looks like Jane has something to say about this topic. Jane, would you please share your comments with the rest of us?"
- **Assign a Hypothetical Role:** Introduce a hypothetical situation related to your comments and assign this person a role.
- **Call on the Person:** By name, invite someone to contribute on the topics you know they have expertise, or to help clarify a point.
- **Use a Process to Control Airtime (timer):** "Each person will have 1 min to talk." OR "Let's each take a few minutes to reflect on this question, then we will go round robin to hear what everyone has to say."
- **Ask to be Brief:** Before the next comment, say, "Because of time constraints I am going to ask you to tell me in 30 seconds or less."

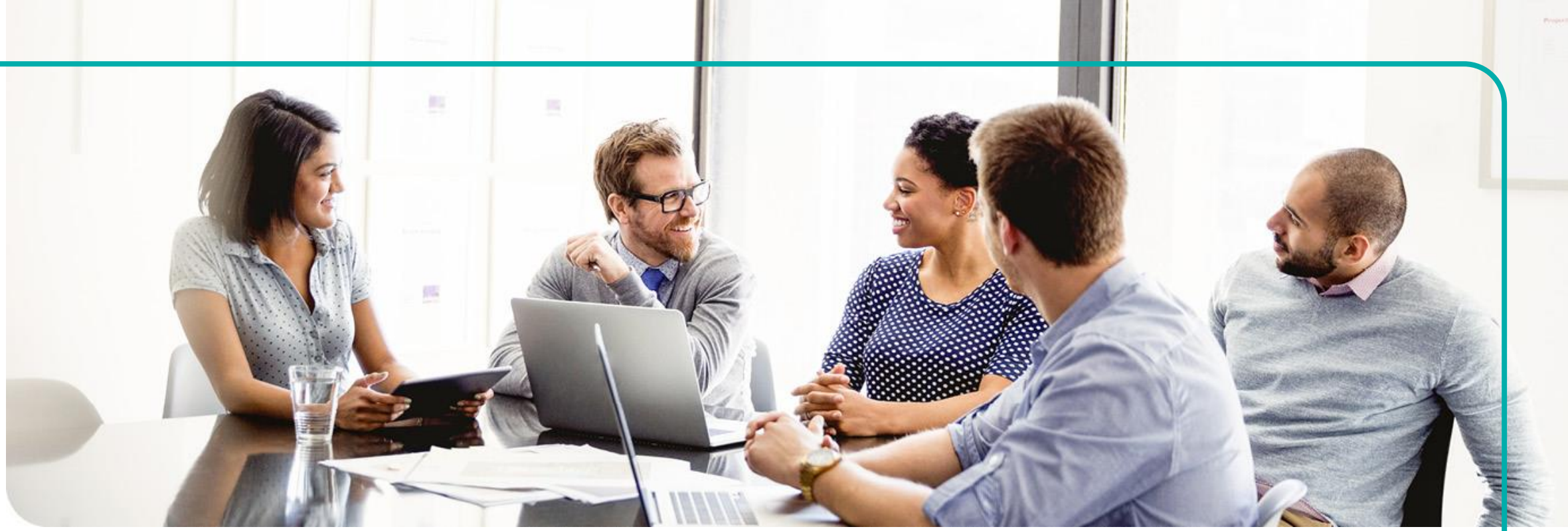
*These suggested approaches crossover multiple behavior types

Vizient Inc. (n.d.). Facilitation Skills: Managing group dynamics.

What behaviors do you feel like your facilitators navigate frequently?



Which technique/s do you find yourself using the most and what new approaches do you think you could take back to implement?



Addressing Absenteeism: Two Programs Stories

Lois J. Book, EdD, MS, BSN, NPD-BC & Liz Holbert, MSN, RN
Tampa General Hospital &
Penn State Health Milton S. Hershey Medical Center

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Disclosure Information

Absence of Relevant Financial Relationships

The following planners, faculty, and others in control of educational content have no relevant financial relationships with ineligible companies: Lois J. Book and & Liz Holbert.

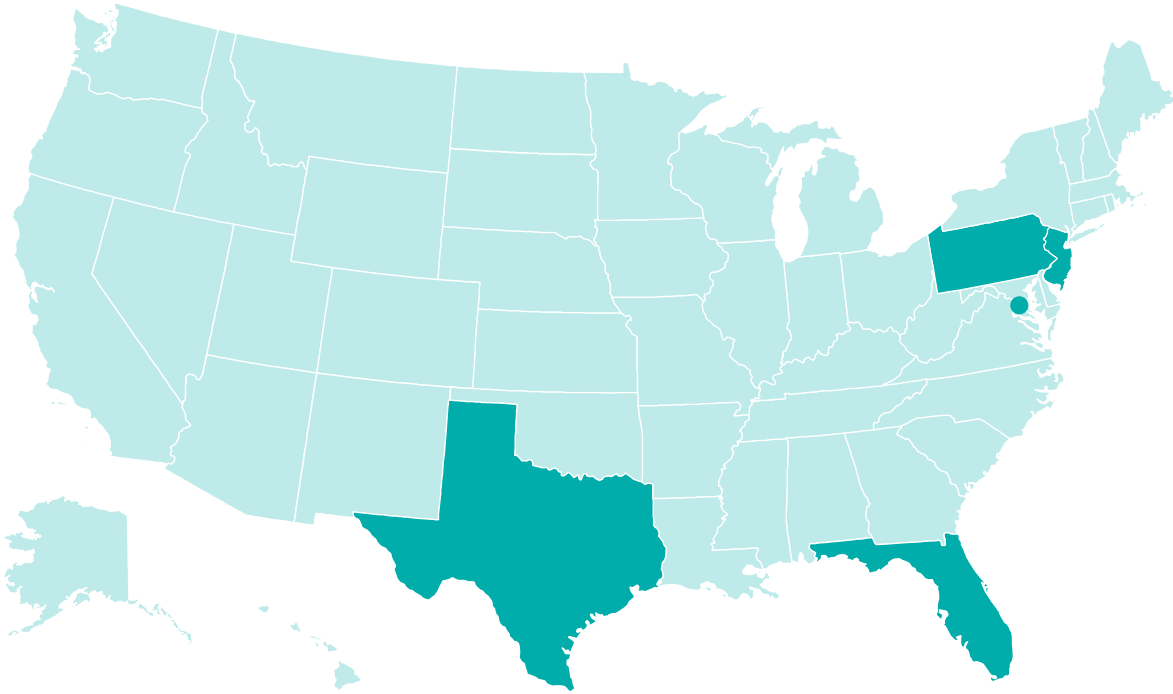
Learning Objectives

Describe two different residency program policies regarding program attendance.

Review and revise attendance policy in your organization.

Coordinator Connections

- **Lois Book**
  - Tampa General Hospital- FL
- **Leslie Beck**
  - Jefferson Health- PA
- **Liz Holbert**
  - Penn State Health Milton S. Hershey Medical Center- PA
- **Bridget O'Regan**
  - MedStar Georgetown University Hospital- Washington DC
- **Deven Barriault**
  - UTMB- TX
- **Maria Tourbroukji**
  - Englewood Health- NJ



Tampa General Hospital

Cohorts per year
5 – 6

Urban, Academic Medical Center
4 time Magnet designated facility-
2024 application being reviewed

1,035 Licensed beds; 2 Free standing ER, 1 surgery center; Critical Access hospital

Vizient Program for 10 years

Permission granted

Care areas included in NRP
Multiple ICUs – including neuro, cardiac, vascular, burn, trauma, surgical
Transplant 4th in nation in Volume
Cardiac, Cardiac Tele
Oncology, Bone Marrow transplant
Women's and Children's
Adult, Pedi, and Trauma ER
Med-Surg
Surgical Division

2 Site Coordinators
Marjorie Escobio and Lois Book – Both with Program 10 years

Typically hire 300 New RN per year-
2023 hired 466-
Participation in NRP requirement of employment

1:10 – 12
Facilitator to NR ratio

PTAP accredited X 2 -
2024 reaccreditation year

20th Program
PTAP accredited,
2nd in state of FL

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Cohorts per year: 5

Organization classification: Academic Medical Center

Licensed beds: 610

Program age: 14 years

Permission granted

Coordinator tenure: 6.5 years

Care areas included in NRP:

- Adult Acute Care
- Adult Critical Care
- Children's Hospital & Women's & Babies Center
- Emergency Services
- Operative Services

Nurse residents hired per year: average 200

Facilitator to NR ratio: 8:1

NRP accomplishment: CCNE Accreditation

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Factors Impacting Attendance

- Illness
- Leadership support
- Life events
- Ongoing nursing shortage
- Planned time off
- Scheduling
- Staffing

Pre-interventions

Recruitment

Application question

Commitment agreement

Orientation to Nurse Residency

Interventions

- Make-up plan
- Policy
- Critical staffing
- Cohort realignment

Tampa General - Make-Up Plan

Expectation is attendance at all cohort meetings – But to allow for unanticipated reasons can not come to class (sickness, accidents, car trouble, family issues, more than 20 minutes tardy)

Policy says you can miss 2:12 sessions (8 hrs/48 total similar to call off on unit)

- **If miss a third session, moved to later cohort**
  - To be actively involved in EBP project work with new group
  - To have mentoring, support from new group and facilitator
- **All Absences require self directed learning assignment on topics covered be completed in 30 days**
  - Exception- if approved FMLA or military call up, assigned learning held until able to work again.
- **Absence 1 and 2 – email reminding of expectations sent to resident and manager**
  - Absence 3 – notification to resident and manager of new cohort date and time

*Revised Policy pending approval

PSHMC- Make-Up Plan & Policy

Nurse resident misses seminar.

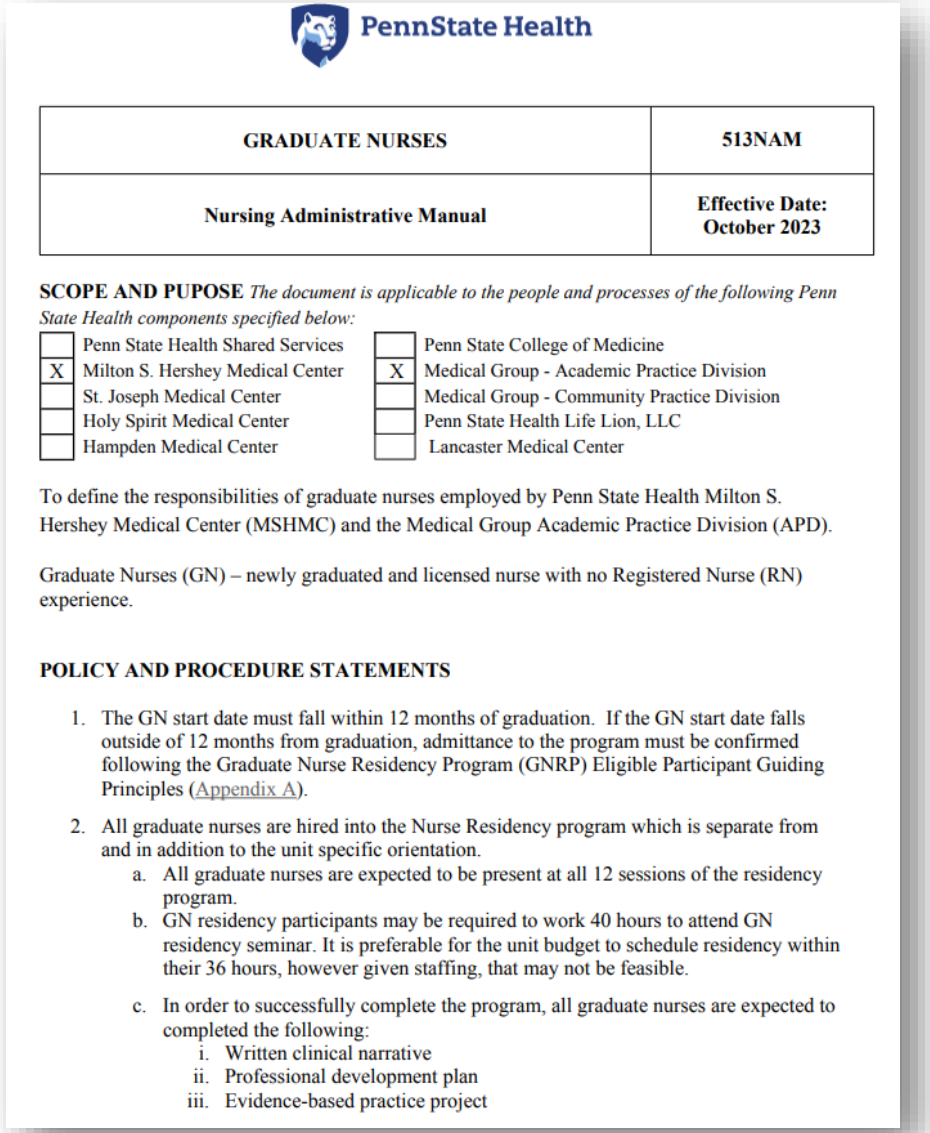
Partner with unit leadership team to be scheduled for the next time seminar is offered.

Nurse resident will be delayed in program completion until all 12 seminars have been completed.

Failure to attend make-up seminar is escalated to leadership team for appropriate action.

PSHMC Policy

- Defines responsibilities.
- Provides a standard.
- Documents residency program response to critical staffing.



PennState Health

GRADUATE NURSES	513NAM
Nursing Administrative Manual	Effective Date: October 2023

SCOPE AND PUPOSE *The document is applicable to the people and processes of the following Penn State Health components specified below:*

[ ]	Penn State Health Shared Services	[ ]	Penn State College of Medicine
[X]	Milton S. Hershey Medical Center	[X]	Medical Group - Academic Practice Division
[ ]	St. Joseph Medical Center	[ ]	Medical Group - Community Practice Division
[ ]	Holy Spirit Medical Center	[ ]	Penn State Health Life Lion, LLC
[ ]	Hampden Medical Center	[ ]	Lancaster Medical Center

To define the responsibilities of graduate nurses employed by Penn State Health Milton S. Hershey Medical Center (MSHMC) and the Medical Group Academic Practice Division (APD).

Graduate Nurses (GN) – newly graduated and licensed nurse with no Registered Nurse (RN) experience.

POLICY AND PROCEDURE STATEMENTS

1. The GN start date must fall within 12 months of graduation. If the GN start date falls outside of 12 months from graduation, admittance to the program must be confirmed following the Graduate Nurse Residency Program (GNRP) Eligible Participant Guiding Principles (Appendix A).
2. All graduate nurses are hired into the Nurse Residency program which is separate from and in addition to the unit specific orientation.
   a. All graduate nurses are expected to be present at all 12 sessions of the residency program.
   b. GN residency participants may be required to work 40 hours to attend GN residency seminar. It is preferable for the unit budget to schedule residency within their 36 hours, however given staffing, that may not be feasible.
   c. In order to successfully complete the program, all graduate nurses are expected to completed the following:
      i. Written clinical narrative
      ii. Professional development plan
      iii. Evidence-based practice project

(Permission granted. Penn State Health Milton S. Hershey Medical Center, n.d.)

vizient.

PSHMC Critical Staffing Plan

Tampa General Critical Staffing

Manager identifies critical staffing need

Manager notifies Residency office prior to cohort meeting time of status of Critical staffing

Manager notifies resident to report to hospital at start of shift rather than residency meeting room.

Absence not counted in Resident's 2 allowed absences. Make-up content assigned to cover content missed.

Tampa Cohort Realignment

On the third absence the NR is moved forward to another cohort.

Assigned a new small group and facilitator.

Moved to a new EBP project team.

Future application

Creative partnerships with nursing leadership, human resources, and NRP team.

NRP orientation for new managers.

NRP Advisory Board/Committee.

Let’s work together

Lois Book lbook@tgh.org

Liz Holbert eholbert@pennstatehealth.psu.edu

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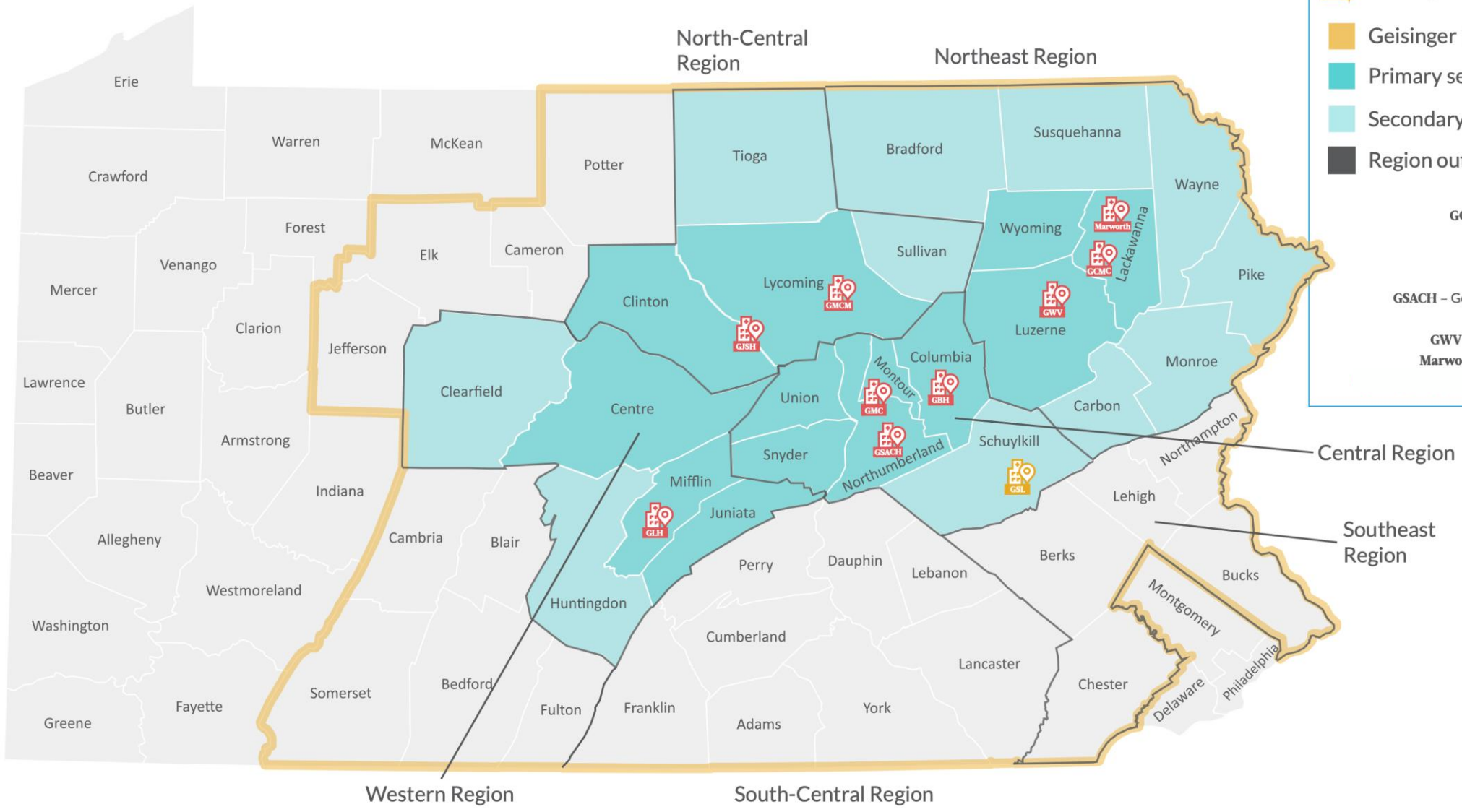
Policy Palooza

Anita Baldoni MSN, RN, NPD-BC
Jennifer Heard BSN, RN

Geisinger

Geisinger service area



Region and service area map key

- Geisinger inpatient facility
- Geisinger affiliated hospital
- Geisinger Health Plan service area
- Primary service area
- Secondary service area
- Region outline

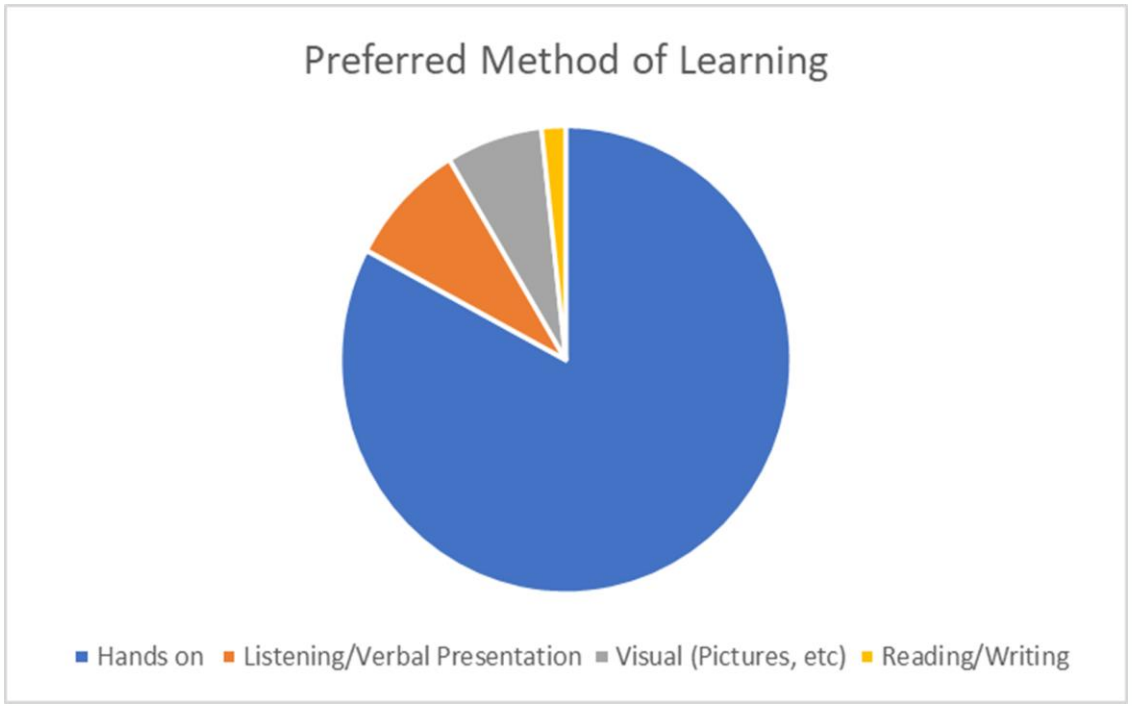
GBH – Geisinger Bloomsburg Hospital
GCMC – Geisinger Community Medical Center
GJSH – Geisinger Jersey Shore Hospital
GLH – Geisinger Lewistown Hospital
GMC – Geisinger Medical Center
GSACH – Geisinger Shamokin Area Community Hospital
GSL – Geisinger St. Luke's
GWV – Geisinger Wyoming Valley Medical Center
Marworth – Geisinger Marworth Treatment Center
GMCM – Geisinger Medical Center Muncy

Geisinger

Making better health easy

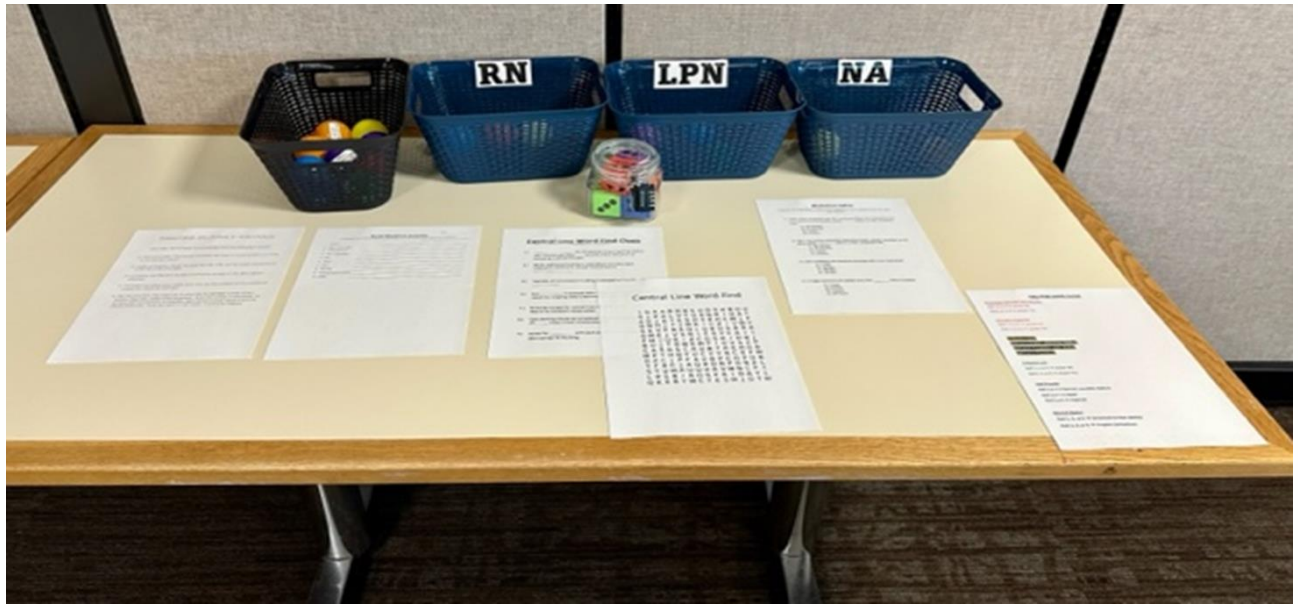
Determining a Need

- Learning needs assessment
- Post session evaluation
- Casey Fink Data
- Generational (Gen Z majority)
- What can we do to engage our nurses?



Items needed

- Plastic balls
- Bins
- Small dice
- Combination lock
- Instruction papers
- Lockable jar



Game structure

Initial:

Have game supplies available for groups at different tables

Separate into small groups 4-5 nurses per team

Read instructions

NRP Coordinator to check answers for each section for them to move to next activity

Station 1

Name:_____

Nurse Residency Scramble

Unscramble the following words to reveal things you have experienced during nurse residency!

Created on TheTeachersCorner.net Scramble Maker

1. emonrt _____
2. lilaccni efnocertlsi _____
3. nuciocnotimma _____
4. imte nmtgnaeaem _____
5. asbi _____
6. ihctes _____
7. glela _____
8. ewenslls _____
9. ienecvde seabd eictpcar _____
10. ydiiflet _____

Station 2

Station 3

Central Line Word Find Clues

1.) _____ ____ _____ for 15 seconds using a twisting motion with friction and allow ____ seconds of dry time prior to accessing a central line port.

2.) Which method of flushing is used before and after each medication delivery or at least every 8 hours? _____

3.) Typically, all continuous IV tubing is changed on Tuesday and _____.

4.) Line _____ is assessed daily by the medical team and the reason for ongoing need is documented in the EMR.

5.) Dressing changes for central lines are done every _____ days or as needed if visibly soiled.

6.) Daily bathing should be completed followed by treatment with 2% _____ wipes unless contraindicated.

7.) Assess for _____ with each access of the CVAD using a 10ml syringe for flushing.

Central Line Word Find

I G X A B O B E U O S H B D U
S J P A L V T U X N R I O A F
A U J A T E S H S E H E W J F
Q N H J T J M R I C Z I V W Y
S E V E N E Q L U E U S B R X
G M E J V S N I E S Y F A I I
P M I U R I Z C G S H I D N J
B U J T B W K M Y I G V S Z P
C A S G S C R U B T H E H U B
M P Y H Q Y U C Y Y N C E F M
D Z C J P F A U B P C H P D B
T F B C J A Q B O N P G N Z L
S T U M H U U H R V W N C F I
L P S B I R O S F R I D A Y L
Q K X R Y W C T E S M J O T W

Station 4

Medication Safety

(Use the corresponding numbers from questions 1-4 to unlock the jar for your next station)

1.) Time critical scheduled meds (Ex: meds prescribed more frequently than every 4 hours) must be given within _____ before or after scheduled time.
   1.) 30 minutes
   2.) 45 minutes
   3.) 1 hour
   4.) 2 hours

2.) Non- time critical scheduled medications (daily, weekly, monthly) can be given within _____ before or after scheduled time.
   1.) 30 minutes
   2.) 45 minutes
   3.) 1 hour
   4.) 2 hours

3.) Each multidose vial should be discarded after how many days?
   1.) 7 days
   2.) 14 days
   3.) 28 days
   4.) 30 days

4.) IV bags cannot be pre-spiked more than _____ before hanging.
   1.) 1 hour
   2.) 2 hours
   3.) 4 hours
   4.) 24 hours

Station 5

FALL RISK GAME GUIDE

Physiologic Fall in the last 6 Months
Roll 1,3, or 5→ answer No
Roll 2, 4, or 6 → answer Yes

Secondary Diagnosis
Roll 1, 3, or 5 → answer No
Roll 2, 4, or 6 → answer Yes

Ambulatory Aide
Roll 1 or 2 → None, wheelchair, bedrest
Roll 3 or 4 → Crutches, Cane, Walker
Roll 5 or 6 → Furniture

IV/Saline Lock
Roll 1, 3, or 5 → answer No
Roll 2, 4, or 6 → answer Yes

Gait/Transfer
Roll 1 or 2 → Normal, Immobile, Bedrest
Roll 3 or 4 → Weak
Roll 5 or 6 → Impaired

Mental Status
Roll 1, 3, or 5 → Oriented to Own Ability
Roll 2, 4, or 6 → Forgets Limitations

Feedback

"I really enjoyed Policy Palooza! You made learning policies fun!"

"It was great to get up and interact with everyone!"

"Please have more interactive activities like this!"

"I learned a lot and had fun doing it!"

Questions?

Thank you!

Geisinger

UPMC | NURSING

Standardizing Nurse Residency Within a Large Health System

Presenter: Lisa Sheehan, MSN, RN, VA-BC

Standardizing Nurse Residency within a large health system

UPMC
LIFE CHANGING MEDICINE

Problem Statement

The UPMC Nurse Residency Program (NRP) was recently transformed in conjunction with the UPMC Chief Nurse Executive to an 80% standardized curriculum. The UPMC Wolff Center Education team, comprised of nurse educators with quality improvement experience, was engaged to facilitate the transition. NRP coordinator(s) from each site were tasked with submitting agendas, presentations, and activities from each seminar of their 12-month NRP programs.

Project Intent

Systemwide curriculum standardization focused on reducing new nurse turnover.

Reviewed NRP evaluations completed by graduate nurses to guide curriculum refinement and increase nurse satisfaction within the program.

Curriculum Redesign & Coordinator Group

Methodology

- A Rapid Improvement Event (RIE) was held in April 2023 with representation from all UPMC hospitals, including coordinators, executive support, and the UPMC Wolff Center Education team.
- During this session, the redesigned content and activities for each seminar were reviewed by four independent groups of coordinators proposing curriculum changes that were voted on by the collective group for acceptance or elimination.
- Approved curriculum changes were implemented by the Wolff team then presented for review and approval by the collective UPMC NRP coordinator group.
- Once finalized, each session's contents were housed in a central location for coordinator access.

Representation from:
90% of UPMC hospitals, executive support, and Wolff Center at four tables
Reviewed and voted on topics to include in new curriculum.

Results

- Shortened the NRP length from 12 months to 10 months.
- Eliminated clinical content to make the program broadly applicable to multiple nursing specialties.
- Implemented a 12-month wellness check-in.
- Adjusted EBP initiative requirements.
- Created self-paced modules for standardized make-up work.
- Standardized evaluations to appraise results as a system.

Conclusions

All session evaluations have met 90% or higher approval by residents, indicating the curriculum is meeting their needs.

Multiple residents have been retained because of the monthly wellness check-in process that monitors a perceived risk of leaving metric.

References

Reducing Door to CT Time for Stroke Patients

Dakoha Zelinsky, ADN, RN

Lehigh Valley Health Network

vizient®

Cohorts per year=7

Five –time Magnet® designated academic community medical center

13 campuses

1,700+ licensed beds

Program age=10 years

Lehigh Valley Health Network

Your health deserves a partner.

Coordinator tenure= 1st year in role

Care areas included in NRP:

- Medical-Surgical
- Behavioral Health
- Emergency Department (adult & pediatric)
- Women & Children's
- Oncology
- Rehabilitation
- Perioperative Services
- Ambulatory Care Services
- Critical & Progressive Care

Nurse residents hired per year=418

Facilitator to NR ratio= 1 to 10

ANCC Practice Transition Accredited Program® with Distinction 2018 & 2021

Presentation Objectives:

1. Describe the importance of reducing time from suspected stroke symptoms to diagnostic imaging

2. List two ways to reduce time from door to CT

Nurse Residency Journey

July 2022-Start Nurse Residency

Evidence-Based Practice Project September 2022

Background

- **January 2023:**
  - Average door to CT scan time was 34.4 minutes for stroke alerts in the emergency department waiting room
  - Exceeded the national stroke patient door to CT average time of 25 minutes (Reznek, 2017).

Evidence

"Stroke is a potentially serious condition commonly diagnosed in the ED. Time to diagnosis can be crucial to maximizing outcome in a majority of ischemic stroke cases amenable to thrombolytic therapy." (Bonadio, Beck & Mueller 2020)

"National guidelines call for door-to-imaging time (DIT) within 25 minutes for suspected acute stroke patients." (Reznek, et al., 2017)

"Delays in recognition and management of stroke in hospitalized patients lead to worse outcomes." (Droegemueller, et al., 2020)

PICO Question

P

- Emergency department stroke alerts in the waiting room

I

- Stroke alert equipment placed in close proximity to CT

C

- Stroke alert equipment located in areas outside of imaging area

O

- Reduce time to CT scan

Implementation / Methods

February 2023:

- Literature review conducted supporting prompt CT imaging for suspected stroke patients
- Nurse residents assembled equipment near diagnostic testing area:
  - Stroke stretcher
  - Glucometer
  - IV equipment
  - Vital sign monitors

Photo credit LVHN 2023

Implementation / Methods

Stroke Narrator Form

Report from EMS or RN: _____

_____

_____

Last Known Well (Date & Time): _____

Patient's Symptoms: _____

When symptoms started (Date & Time): _____

Time Stroke Alert is called: _____ Neurologist: _____

Allergies: _____

Patient's Weight: _____ Blood Glucose: _____

Vitals (q15 minutes)

Time:		Pain:		
BP:	HR:	RR:	SpO2:	Temp:
Time:		Pain:		
BP:	HR:	RR:	SpO2:	Temp:
Time:		Pain:		
BP:	HR:	RR:	SpO2:	Temp:
Time:		Pain:		
BP:	HR:	RR:	SpO2:	Temp:

NIH Stroke Scale

Level of Consciousness (Answers questions & Performs tasks):

Visual (Best Gaze):

Facial Palsy:

Motor Arm - R:

Motor Arm - L:

Motor Leg - R:

Motor Leg - L:

Limb Ataxia:

Aphasic (Best Language):

Dysarthria:

Extinction & inattention:

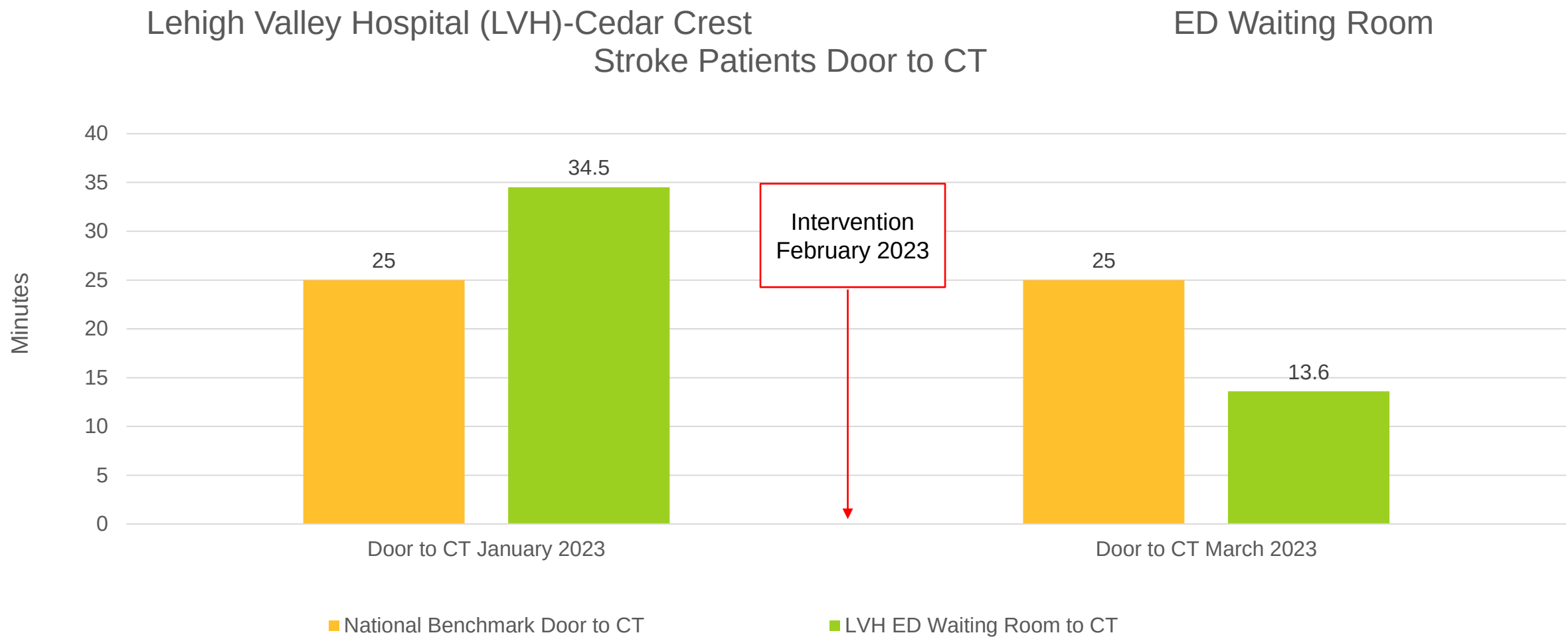
NIH Total: _____

February 2023:

- Paper stroke narrator form was created to assist the nurse with documenting when away from the computer

Credit LVHN 2023

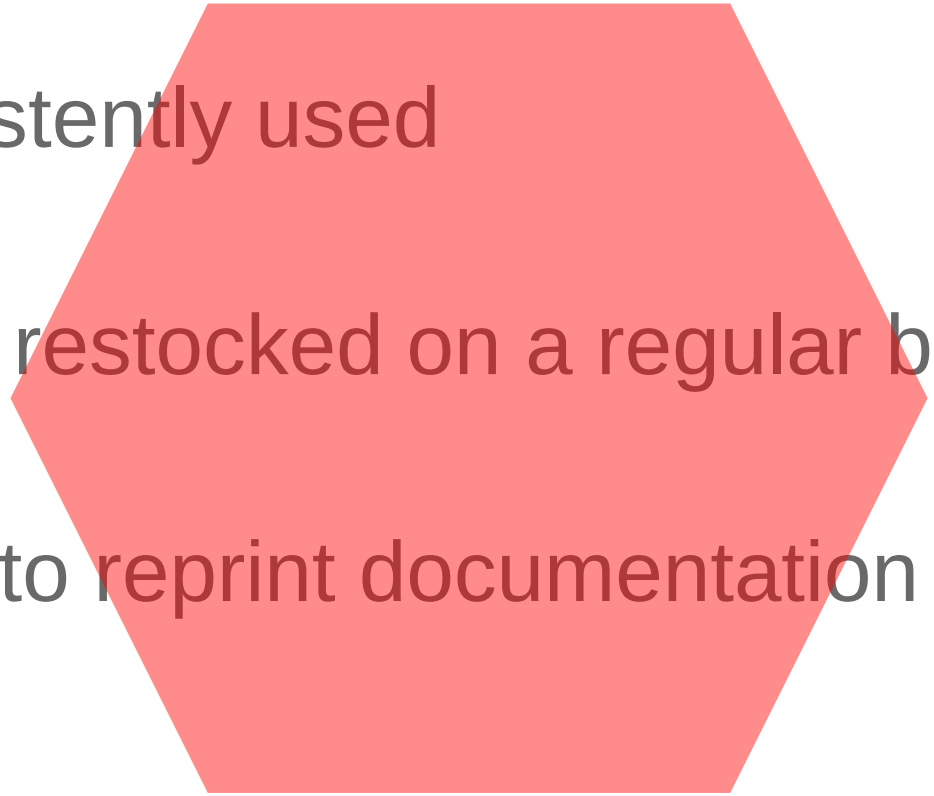
Outcomes



LVHN. (2024). *ED Waiting Room Stroke Patients Door to CT. Unpublished* internal organizational document.

Barriers

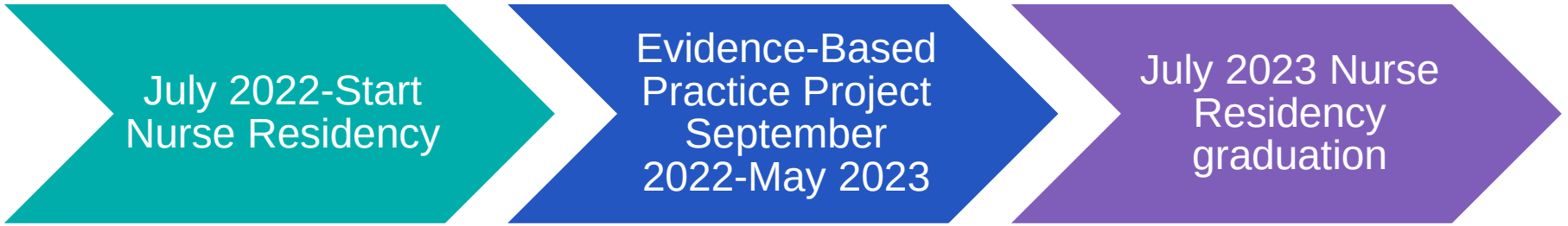
- Cart is not consistently used
- Supplies are not restocked on a regular basis
- No point person to reprint documentation forms



Future Direction

- Work with unit leadership to identify champions to:
  - Encourage use of the cart
  - Maintain supplies in the cart
  - Print documentation forms

Nurse Residency Journey



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Let’s work together

Dakoha Zelinksy

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Main Line Health®

Supply Chain: Lean Principle Effects on Nursing Productivity

Lauren Blemings, BSN, RN & Emily Carroll, BSN, RN & Michelle Deodati, BSN, RN

Main Line Health® Well ahead®

Supply Chain: Lean Principle Effects on Nursing Productivity

Lauren Blemings, BSN, RN, Emily Carroll, BSN, RN & Michelle Deodati, BSN, RN
Lankenau Medical Center

Purpose

- Among nurses from the surgical/trauma step down unit (STSDU), how will the introduction of supply chain Lean management principles, in comparison to current state, affect nursing productivity?

Background

- Productivity can be impacted due to gaps in the stocking of medication supply rooms
  - IV fluids, heparin needles, nonfiltered blunt needles, secondary tubing, and flushes were common items not regularly available
- On average, it requires 88 steps from one medication room to the other
  - It takes an average of 90 seconds to walk from medication room to medication room to look for supplies
    - This is time away from patient care
    - It also adds to nurse frustration
- A survey of common items not stocked included reports of 5% dextrose in 0.45%, normal saline with 20 mEq of potassium, and Lactated Ringers as the most common IV fluids unavailable.
  - The most commonly reported times for inadequate stocking were Friday nights to Monday mornings.

Example of an empty Lactated Ringers bin on a Sunday morning at 0400

Example of empty normal saline and secondary tubing bins on a Sunday at 1600

Review of Literature

- Lean management derived from Toyota Production System principles in the 1950's (Rutman et al., 2015).
- Based off Henry Ford's moving assembly lines (Rutman et al., 2015).
- Implementation of Lean improves quality, safety, and efficiency of nursing-focused care (Magalhães et al., 2016).
- Lack of resources in healthcare institutions lowers morale of staff, therefore leading to worker burnout and decreased productivity (Muchetu, 2018).

Methods

- Survey of RNs on STSDU and independent time analysis of time spent gathering supplies.
- 32 STSDU patients commonly prescribed intravenous infusions and deep vein thrombus prevention supplies were analyzed.
- Measured the distance in steps from medication room to medication room.
- Timed how long it took RNs to get proper items for pt care when not available.
- Met with director of supply chain to recommend using Lean management principles, including:
  - Increase in par of unit's most popular fluids, decrease in supply stock of less popular IV fluids
  - Reorganized space and decrease product waste of items used infrequently
  - Added storage bin of unfiltered blunt needles
  - Increased size of the storage bin of heparin needles and increased par
- Unit education regarding implementation of project
- Post LEAN implementation reanalysis using steps equating to time

Results

- Pre-implementation: average of two additional roundtrips to opposite medication rooms per patient for proper supplies
- Post-implementation (4-week observation): 0 trips to other medication room for supplies= **100% improvement**

	1 nurse	1 nurse on day shift in a 3-day work week	10 nurses per day shift	10 nurses in 3-day work week	10 nurses per shift x 365 days on ONE shift (Days)
Two 90 second trips per patient per 12-hour shift x 4 patients (2x90x4= 720 sec.)	12 minutes per shift away from patients	36 minutes per week away from patients	120 minutes (2 hours) per shift per unit away from patients	360 minutes (6 hours) per work week away from patients	730 HOURS away from patients

Non-productive cost of looking for supplies, calculated annually, at average RN hourly rate of $49/hr, is $1,529 per nurse.

Additional Results Information

- Since implementing the Lean project on medication room supplies, supply stock has increased therefore decreasing the need to walk to another medication room, resulting in increased direct patient care time.
- Only evaluated steps and time per patient on day shift.
- Did not take into account any admission a nurse would have, increasing the number of patients in a shift.
- Results limited to only medication room supplies, did not take into account other necessary supplies across unit in supply rooms.
- Calculations only took into account a small number of items that the STSDU nurses identified as frequently unavailable.
- Director of Supply Chain provided his personal number to be called if project items were not in stock during project rollout.

Implications for Nursing Practice

- Early identification of gaps in supplies has the potential to improve:
  - Patient care
    - Nurses will have more time to spend with patients
  - Nursing satisfaction
  - Cost savings to the hospital system

Next Steps

- Consider applying same method to assess all shifts
- Additional units can survey most used stock & work with central supply to implement Lean principles
- Each nursing unit across the system should rollout Lean implementation to achieve:
  - Increased time with patients
  - Increased nurse productivity
  - Supply chain management productivity
  - Decrease in supply stock waste
  - Cost saving across hospital system

Acknowledgments

- Joyce Foresman-Capuzzi, DNP, RN, CEN, NPD-BC, CCRN, FAEN
- Jessica Nardi, Nurse Manager, MSN, RN, CCRN
- Jessica Ellmaker, BSN, RN-BC and Deborah Tagland, MSN, MHA, BSN, CCRN
- Jeffrey Wright, Director of Supply Chain Management at Lankenau Medical Center

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Main Line Health®

Background

- Productivity is down due to gaps in stocking of medication rooms
  - IV Fluids, heparin needles, nonfiltered blunt needles, secondary tubing, flushes are common items not available
- It is 88 steps from one medication room to the other
  - It takes an average of 90 seconds to walk from one medication room to the other medication room to look for and obtain supplies
    - This is time away from patient care
    - Adds to nurses' frustration
- Survey of common items not stocked
  - Heparin needles, nonfiltered blunt needles, and 5% dextrose in 0.45% normal saline with 20 mEq of potassium, 5% dextrose in 0.45% normal saline, and lactated ringers are the most common IV fluids unavailable.

Purpose

- On the surgical/trauma step down unit (STSDU) how will the use of LEAN management principles in supply stock impact nursing productivity time and subsequent cost in comparison to current state over the span of three months?

This is an example of an empty lactated ringers bin on a Sunday morning at 0400. Additionally, an example of an empty normal saline bin and secondary tubing on a Sunday at 1600.

Review of Literature

- Definition of Lean Management
  - an integrated sociotechnical system whose main objective is to eliminate waste by concurrently reducing or minimizing supplier, customer, and internal variability
- Lean management is derived from a Toyota production system principle during the 1950's, which was originally based off Henry Ford's moving assembly lines (Rutman, et al., 2015).
- Implementation of LEAN improves quality, safety, and efficiency of nursing focused care (Magalhães, et al., 2016).
- Lack of resources in healthcare institutions lowers morale of staff therefore leading to workers burnout and decreased productivity (Muchelu, 2018).

Methods- Pre-Intervention

- Survey of unit nurses to assess low stock items and nonproductive time
- Measure and time the steps from front to back medication room
- Independent analysis on most common IVF ordered for patient population

Methods- Intervention

- Met with LMC manager of supply chain management, Jeffrey Wright
- Unit education regarding implementation of the project

Methods- Post Implementation

- Post LEAN implementation reanalysis using steps equating to time
- Resulted in
  - An increase in par of unit's most popular fluids, a decrease in supply stock of less popular IV fluids
  - Reorganized space and decrease product waste of items used infrequently
  - Added storage bin of unfiltered blunt needles
  - Increased size of the storage bin of heparin needles and increased the par

Results

- 100% improvement of nurses obtaining supplies from the first medication room they went to

Results

	1 Nurse	1 Nurse on day shift in a 3-day work week	10 nurses per each day shift	10 nurses in 3-day work week	10 nurses per shift x365 days during one day shift
Two 90 second trips per patient per 12 hour shift x 4 patients	12 minutes per shift away from patients	36 minutes away from patients	120 minutes (2 hours) per week away from patients	360 minutes (3 hours) per week away from patients	730 hours away from patients
Average hourly nursing rate= $49	$9.80	$29.4	$98	294	$35,770

Additional Results Information

- Since implementing the LEAN project on medication room supplies, supply stock has increased therefore decreasing the need to walk to another medication room, resulting in increased patient care time
- Limitations
  - Only evaluated steps and time per patient on day shift
  - Did not take into account any admission a nurse would have, increasing the number of patients a nurse would have during the shift
  - Did not take into account other necessary supplies across unit in supply room etc.
  - Calculations only take into account items nurses identified as frequently unavailable

Implications for Nursing Practice

- Early identification of gaps in supplies has the potential to improve
  - Patient Care
  - Nursing Satisfaction
- Cost saving to healthcare system

Next Steps

- Research only looked at day shift (0700-1900)
  - Consider applying research methods to assess all shifts
- Each unit can survey most used stock items and apply research methods and individually work with central supply to implement LEAN management throughout hospital

- Each unit across the hospital system can implement LEAN therefore leading to
  - Increased time with patients
  - Increased nursing productivity
  - Supply chain management productivity
  - Decrease in supply stock wastes
  - Cost savings across the hospital

Acknowledgements

- Joyce Foresman-Capuzzi, DNP, RN, CEN, NPD-BC, CCRN, FAEN,
- Jessica Nardi, Nurse Manager, MSN, RN, CCRN
- Joanna Dixon, MSN, RN, NPD-BC, CEN
- Jessica Ellmaker, BSN, RN-BC
- Deborah Tagland, MSN, MHA, BSN, CCRN-k
- Jeffrey Wright, Director of Supply Chain Management at Lankenau Hospital

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Main Line Health®

Thank you!

PALLIATIVE CARE IN THE ICU

By: Lauren DeSanctis BSN, RN, CCRN
Cohort 16 Nurse Residency

Jefferson

PICO Question

- **P**: For nurses in the MICU and SICU
- **I**: how does an in-unit palliative care training program on palliative care (PC)
- **O**: affect nurses' attitude and knowledge of palliative care and initiation of palliative care consults

- **Goal**: Increase the number and timeliness of PC consults initiation in ICU patients.

Review of Literature

- Utilization of palliative care services in the ICU is limited
  - On average consults occurred on the 9th hospital day, despite evidence that earlier PC interventions are more effective.
- PC interventions have shown to reduce ICU admissions, length of stay, and resource utilization.
- Only 10% of patients at high risk of dying had a PC consult.
- Late or missed PC initiations were attributed to a lack of proper screening tools, staff training, and poor attitudes regarding palliative care.
- Nurses spend the most time with patients, which places them in the best position to identify PC needs.
- It is theorized that structured education improves nurses' knowledge and attitude towards PC which therefore may increase the amount and timeliness of consults

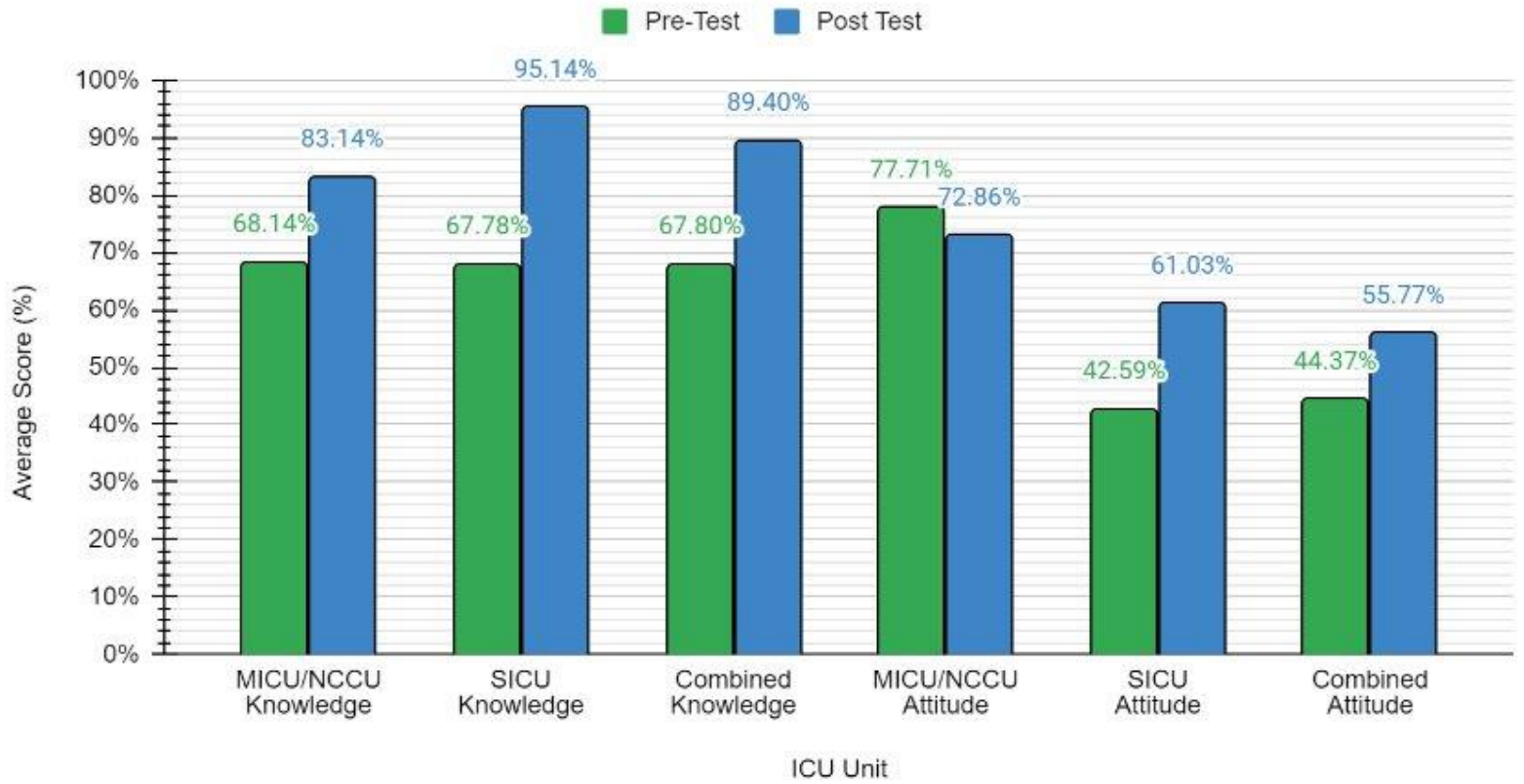
Methods

- Utilized the End-of-Life Nursing Education Consortium (ELNEC)'s educational curriculum and information from Einstein's PC team to create a structured and comprehensive training session.
  - 20-minute in-unit training was provided to staff nurses in the form of a PowerPoint.
  - Overview of PC vs comfort care, symptom management, communication strategies, and institutional process.
- The Palliative Care Quiz for Nurses (PCQN) questionnaire was utilized to measure knowledge.
- Thanatophobia Scale (TS) was utilized to measure attitudes.
  - Both evidence-based assessments were provided before and after the education session.
- A brochure was developed and provided with key take-away points to staff.

Results

- The number of PC consults across both units increased.
- MICU and SICU nurses' knowledge and attitudes toward PC showed an overall improvement.
  - MICU showed an increase in knowledge by 15.00%, SICU by 27.36% and a combined improvement of 21.60%.
  - Attitudes showed an improvement in MICU by 3.35%, SICU by 18.45%, and overall improvement of 11.40%.
- The categories of questions on the PCQN that demonstrated the most improvement was physiological questions, (increased by 32%) medications, (increased by 29.3%) and goals of care (increased by 26%).

Pre- and Post-Test Scores of Nurses Knowledge and Attitudes on Palliative Care



Key Take Aways

- Palliative care consults should be placed **within 24-48 hours** of admission!
  - Build a trusting relationship with the family prior to discussion on code status, palliative extubation, etc.
- Benefits of palliative care:
  - Therapeutic relationship with family
  - Address goals of care in timely manner
  - Offer pain management options
  - Improve quality of life for the patient and family
- **Best** phrase to initiate conversation with families per palliative team: "What do you think your loved one would want?"
- A patient can still have aggressive care with a DNR status on palliative care.

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Penn Medicine
Nurse Residency Program

It Takes A Village:

Interdisciplinary Delirium Prevention in Post-op Patients

KC Miller BSN, RN, Raquisha Lambright BSN, RN, Bianca Innaurato MSN, RN, Caylee Wolf MSN, RN, CCRN

WHAT WE LEARNED

Nurses can drive **interdisciplinary delirium prevention** in patients by initiating **non-pharmacologic prevention strategies** and communicating with covering providers using the **CAM Assessment**.

OBJECTIVE

Establish an interdisciplinary taskforce to identify delirium prevalence via CAM Assessment, pilot evidence-based delirium prevention, and trend impact of implemented interventions.

BACKGROUND

- Delirium is underdiagnosed with a high prevalence in patients with major surgeries and 65+.[1,2]
- Delirium increases length of stay, cost of care, and is associated with functional/cognitive decline.[1]
- CAM Assessment is a specific and valid tool for evaluating delirium.[2]

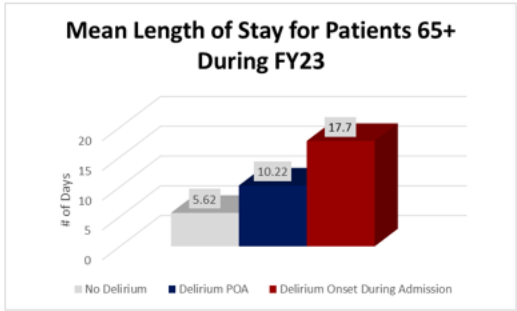
METHODS

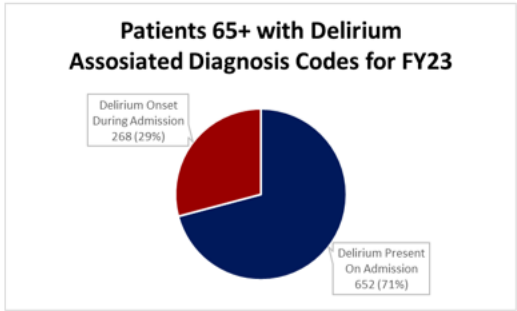
- Literature review guided by PICO Question: *In post-op total joint patients, how does staff education and use of CAM tool compared to no education or screening affect length of stay.*
- Rollout staff education and q-shift CAM Assessment documentation on two medical-surgical floors.
- Pre-data collected through EPIC report of inpatients 65 years and older through FY23. Pre-CAM prevalence measured at 11.2% using delirium-associated diagnosis codes.
- Preliminary analysis showed significantly higher rates of mortality and increased length of stay for patients with delirium ICD code.

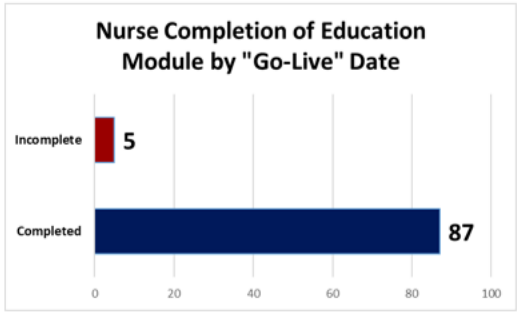
ACKNOWLEDGMENTS

Mark Simone, Staci Pietrafesa, Lisa Triantos, Jenna Prinzing, Jodi Cheeks, Carolyn Grant, and The PPMC Interdisciplinary Delirium Taskforce.

DATA







RESULTS

- Taskforce recognized by administration with representation from several disciplines. Meets monthly.
- 95% completion of education module before CAM 'go-live' date.
- Q-shift CAM Assessment rolled out for pilot units.
- 7 Nurses designated 'Delirium Champions' received additional training from CAM expert to facilitate rollout.

CONCLUSION & NEXT STEPS

- Analyze staff compliance of q-shift CAM Assessment.
- Establish accurate delirium prevalence with q-shift CAM Assessment implemented.
- Analyze length of stay in relation to CAM score.
- Continue interdisciplinary approach of trialing evidence-based prevention strategies.
- Expand education and prevention strategies to all medical-surgical floors in hospital.

REFERENCES AND RESOURCES

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Ongoing Progress

- Continued involvement of future Nurse Residents

  The Interdisciplinary Delirium Prevention Taskforce plans to keep a close relationship with the Nurse Residency Program at Penn Presbyterian Medical Center to encourage future residents to explore projects regarding delirium.

- Streamlined Delirium charting in EPIC *(Dahsboard, BPA)*
- Improving CAM Screening reliability
- Launching Delirium Activity Cart
- Music Therapy Project
- Caregiver education materials
- Expanding Pilot program
- Use of Artificial Intelligence

CLOSING

Amy H. Ricords, MEd, BSN, RN, NPD-BC
PA-AC Director of Nursing Professional Advancement

PENNSYLVANIA ACTION COALITION
A healthy PA through nursing

EVALUATIONS

1

Complete your evaluation before **Friday, June 28, 2024**. You must submit an evaluation for NCPD contact hours.

2

Please provide any comments/quarterly content topic ideas!

3

Evaluation link will be emailed this afternoon.

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PLEASE VISIT THE PA-NRC MEMBER LOG-IN PAGE FOR ADDITIONAL RESOURCES

- Scan QR code or go to https://www.paactioncoalition.org/member-login.html
- Past meeting recordings and slides
- Please check to see if you have an account on the page and review the section, “PA-NRC Members.” If you have an account, please review the contact information listed under your hospital system.
- **If you have any updates to your information, or if you don’t have access, please contact Zaharaa Davood at zadavood@phmc.org.**

PENNSYLVANIA ACTION COALITION
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MARK YOUR CALENDARS!

Save The Date
for our
In-Person Fall Meeting!

Friday, October 18th
9:30am – 2:00pm
in Hershey, PA!

PENNSYLVANIA ACTION COALITION
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THANK YOU!

Speakers
Steering Committee
To our members and your commitment to making Nurse Residency AWESOME!

PENNSYLVANIA ACTION COALITION
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THANK YOU!

Committee Role	2023-2024 Term
Chair	Elizabeth Holbert (Penn State Hershey Medical Center)
Co-Chair	Deborah Gardiner (Thomas Jefferson)
Past Chair	Vacant
Director Member	Lindsey Ford (Geisinger Medical)
Coordinator Member- West Region	Amy Popp/Delancy Zeller (UPMC of Central PA)
Coordinator Member- East Region	Christina Piroso (CHOP)
Coordinator Member- Central Region	Katy Armas (Tower Health)
New to Vizient Member	Lisa Sheehan (UPMC)
Networking Lead	Joanne McGugan (Jefferson Health, Northeast)
Academic Partner	Brianna Blackburn (Penn State College of Nursing)

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CLINICAL FACULTY AND PRECEPTOR ACADEMY (CFPA)

Geisinger School of Nursing and the PA-AC is working to address nursing faculty and instructor shortages

- Leveraging new and/or existing nurse educators and forward-facing staff nurses to participate as skilled clinical faculty and/or preceptors
- CFPA 101 program, a self-guided training program

How can nurse residency programs be involved?

- The CFPA 101 program will be widely available October 2024 to HHS Region 3 (DE, MD, PA, VA, WV, and Washington, D.C.)
- NRPs could use it during month 11 of residency to prep residents to be preceptors, continued professional development

Stay tuned: More details will be shared as they become available!

CONNECT WITH THE PA-AC!

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A healthy PA through nursing

HOW CAN WE SUPPORT YOU?

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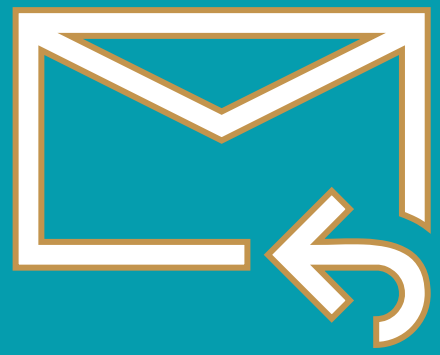

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