

Building and Maintaining a Clinical Resource Nurse Role to Meet the Demands of Our Growing Unit



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Children's National Health System



Background

- The national nursing shortage is expected to reach a 20% deficit by 2020
- With a scarcity of experienced nurses, many critical care areas utilize novice nurses to meet staffing needs
- Our Cardiac Intensive Care Unit (CICU) experienced a 34% increase in average daily census FY12 to FY14, requiring rapid onboarding of nursing staff
- From 2012 to 2014 the number of CICU nurses with less than two years of experience grew from 28% to nearly 53%
- We sought to develop a new model to safely transition novice CICU nurses from orientation to independent practice while continuing to develop experienced staff

Intervention

- The Clinical Resource Nurse (CRN) role was established with two major goals:**
 - 1) Provide clinical support and formal mentorship for nurses completing orientation and transitioning to independent practice
 - 2) Retain experienced nurses by elevating those who have demonstrated excellent clinical practice and disseminating their expertise during clinical shifts
- CRNs are staffed out of a patient assignment with the intent of providing real-time bedside clinical support to staff, focusing on novice staff
- The 4 focus areas of the CRN Role are**
 - Clinical Excellence
 - Mentorship
 - Leadership
 - Professional Development

CRN Expectations

Eligibility to self-select for CICU CRN role

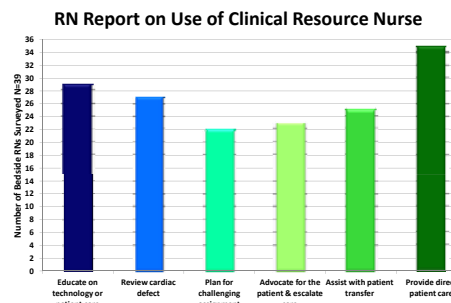
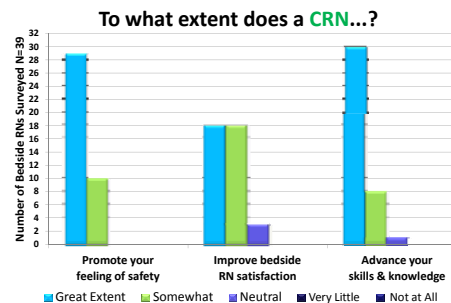
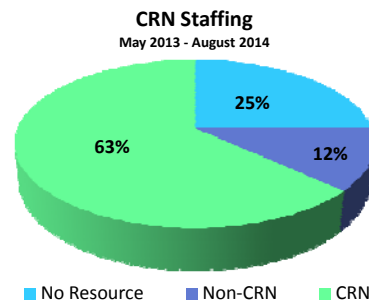
- Greater than 3 years CICU experience
- Strong communication and collaboration skills
- Attendance at monthly CRN training focusing on role expectations and integration, advanced clinical concepts, and formal mentor training

As of October 2014 we have 22 CRNs with an average of 9.6 years of experience

Methods

- Nurses hired July 2011-July 2014 and the CRNs were surveyed to assess the impact of this new model
- 93% response rate from hired staff since 2011 (N=39)
- 90% response rate from CRN group (N=19)
- Staffing records were reviewed retrospectively to assess frequency of CRN staffing and whether a dedicated CRN vs. a non-CRN was utilized in the resource role

Results



Discussion

- The CRN staffing model provides 24/7 clinical support in our high acuity 26-bed unit, without the distraction of administrative duties, making the CRN role distinct from the charge nurse or unit-based educator role
- The CRN facilitates positive peer-to-peer interaction, role models safe practice, and provides formal mentorship with the goal of integrating and supporting new staff
- More than 50% of new staff surveyed indicated that the CRN role promotes a feeling of safety, improves bedside RN satisfaction, and advances clinical skills and knowledge to a great extent
- 100% of CRNs surveyed report that the role impacts their professional development & 63% of CRNs report that the role contributes to increased nursing retention
- 23 new formal mentoring relationships exist
- Though the role was successfully staffed for 63% of shifts May 2013 to August 2014, consistently staffing a CRN when the unit is busy and assignments are heavy remains challenging

Future Goals

- Additional analysis of CRN role impact on nurse retention and safe clinical practice
- Expansion of the formal mentoring program
- CRN driven quality improvement initiatives
- Expansion of the small group bedside education conferences

Conclusion

- This role leverages the talent we have available by efficiently disseminating expertise, strengthens novice nurse practice, and provides the CRNs a pathway to undertake the challenges of clinical leadership
- Challenges include:
 - Staffing availability
 - CRN practice variation

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