C713
A Nurse Executive Fellowship for the Development of Future Nursing Leaders
2015 ANCC National Magnet Conference
October 7, 11:30am–12:30pm
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Learning Objective
Identify challenges posed by the evolving role of nursing in the current health care landscape and strategies that can be used to meet these challenges.
Nurse Executive Fellowship Overview

IDEA/VISION
Potential Partners / Request for Proposal
Program Development
Implementation

14-month Fellowship Components

– 10 core classes
– Formal 360 and DiSC assessments with Individual Leadership Development Plan
– Mentor Program
– Capstone Project

<table>
<thead>
<tr>
<th>Session</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Communication Styles / DiSC, Professional Appearance</td>
</tr>
<tr>
<td>2</td>
<td>Executive Presence / Taking the Stage</td>
</tr>
<tr>
<td>3</td>
<td>Leading from the Center: Values-Centered Leadership</td>
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<tr>
<td>4</td>
<td>Speed of Trust: Influence across the Organization</td>
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<tr>
<td>5</td>
<td>Health Care Business Acumen (2-day course)</td>
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<tr>
<td>6</td>
<td>Problem Solving and Decision Making</td>
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<tr>
<td>7</td>
<td>Leading and Sustaining Change</td>
</tr>
<tr>
<td>8</td>
<td>Scholarship: Evidence-based Practice, Research, Data Resources, Publications, Podium/Poster Presentations</td>
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<tr>
<td>9</td>
<td>Negotiations</td>
</tr>
<tr>
<td>10</td>
<td>Strategic Thinking/ Strategic Planning</td>
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ONBOARDING
Advanced Practice Registered Nurses: Something we need to do

Issue
• BSWH - North Texas: No formal onboarding process for newly-employed APRNs.
• Newly-employed APRNs feel isolated, lost and frustrated.
• ”I am not sure I want to stay.”

Background
• Since the 1960s, APRNs have been utilized as alternative providers to meet the demands of an escalating healthcare resource deficit (Vocari-Christensen, 2014)
• Institute of Medicine Report: The Future of Medicine - APRNs are highly valued and an integral part of the health care system.
Contributing Factors to Engagement and Retention

- Onboarding in an unstructured manner may result in the APRN feeling “lost” and can affect productivity and retention (Woolforde, Nurse Leader, 2012)

- APRN roles require a supportive orientation to advance practice, promote full utilization, create environments that support role development and provide ongoing evaluation (Bryant-Lukosius, et al, Nursing and Health Care Management and Policy, 2004)

Current State of Affairs

- Over 275 BSWH-North Texas nurses are currently enrolled in various APRN programs
- $158K in scholarship funds (2011-2014): 36 recipients, 9 placed
- Average of $40,000-50,000 spent for tuition reimbursement (2011-2014)
- APRN cost of vacancy: $65,000 - $145,000 (Sredl & Peng, 2010)

Exit Interview Survey 8/2013- 7/2014

[Graph showing survey results]
SMART Goal

By May 2015, a newly created APRN onboarding process will increase APRN retention by 10% from 88.6% in FY2014.

Takeaways from Gap Analysis: Opportunities for Change

- Survey results n = 24
- Summary of 5 of 22 questions –
  - Satisfied with Onboarding
  - General Nursing Orientation
  - Manager
  - Future APRN Residency Program
  - Formal Mentoring Program
  - Barriers
### Gap Analysis

<table>
<thead>
<tr>
<th></th>
<th>Hired Prior to August 2014 (n=23)</th>
<th>Hired After August 2014 (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you satisfied with your onboarding?</td>
<td>31% Yes 69% No</td>
<td>50% Yes 50% No</td>
</tr>
<tr>
<td>Did you attend general Nursing Orientation at your facility?</td>
<td>94% Yes 6% No</td>
<td>75% Yes 25% No</td>
</tr>
<tr>
<td>Of the APRNs who attended, did you find general nursing orientation helpful?</td>
<td>37% Yes 63% No</td>
<td>29% Yes 71% No</td>
</tr>
<tr>
<td>Do you feel there is a need for a residency program and a formal mentoring program?</td>
<td>75% Yes 25% No</td>
<td>100% Yes 0% No</td>
</tr>
</tbody>
</table>

### Barriers

- Before employment
- After employment

### Survey Recommendations

- “More streamlined and formal mentorship.”
- “More structured and more time for orientation.”
- “CNO education on APRN functions.”
- “Start credentialing sooner.”
- “Medical staff office assist with NP paperwork such as DPS/DEA.”
- “NP should orient with medical staff, not nursing, as our duties are more in line with the medical staff. This will also help with relationship building.”
Survey Recommendations (cont)

• “Brief orientation for APRNs regarding credentialing.”
• “Info regarding Baylor’s protocol for delegated authority.”
• “Baylor’s document for obtaining physician’s consent to see their patients and being and alternate supervising physician when the supervising MD is out.”
• “Assigning a current NP in the service line the position is applied to would be beneficial. If it’s a brand new service line, follow the surgeon more to get an idea of what goes on rather than being in the hospital with limited direction.”

Qualitative Thematic Results from APRN interviews

• Fear
• Mentoring
• Structure
• Frustration
• Security

Opportunities from Gap Analysis

Inconsistent practices/processes within BSWH-North Texas regarding:
• Recruitment
• Onboarding
• Credentialing
• Performance Evaluations
• Barriers to full-scope APRN practice
Proposed Plan of Change

- APRN Recruitment - Human Resources
- Interview
- Candidate hired
- New Employee Orientation - Irving
- Establish Mentor relationship (Mentorship)
- Site-specific Onboarding
- Didactic component (Skills, Competencies, Knowledge)
- Checklist completion
- Ongoing mentoring and APRN networking at 30, 60, 90 day evaluation
- Employee satisfaction
- Goal development
- Retention of satisfied APRN

Proposed Flow

Process Measures

- **Knowledge**: Welcome - Introduction - Presentation with 5-item tool to measure knowledge
- **Skill**: Completion of Checklist Activities
- **Behaviors**: Competency tool (8 sections)
- **Evaluation**: 30, 60, 90 day evaluation (14 questions)
Process Measures

- **Knowledge**: 62% of participants rated introduction/presentation as meeting their needs “completely”

- **Skill**: 100% completion of onboarding checklist

Process Measures

- **Behaviors**: (1 of 4 sections)
  - NP/CNS systematically assesses patient’s health status and develops plan of care.
  - NP/CNS demonstrates competency in admission and initial management of patient.
  - NP/CNS develops individual plan of care for patient.
  - NP/CNS evaluates patient’s response to the plan of care.
  - NP/CNS demonstrates proficiency in technical skills.
  - NP/CNS communicates data that reflects patient’s status.
  - NP/CNS demonstrates responsibility for own practice.
  - NP/CNS shows leadership in APRN role.

- **Scoring**: 1=Poor  2=Novice  3=Proficient  4=Advanced

APRN Job Satisfaction Survey

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do your opinions about work matter to your coworkers?</td>
<td>75%</td>
</tr>
<tr>
<td>How realistic are the expectations of your supervisor?</td>
<td>87%</td>
</tr>
<tr>
<td>How often do the tasks assigned to you by your supervisor help you grow professionally?</td>
<td>100%</td>
</tr>
<tr>
<td>How many opportunities do you have to get promoted where you work?</td>
<td>25%</td>
</tr>
<tr>
<td>How meaningful is your work?</td>
<td>100%</td>
</tr>
<tr>
<td>How challenging is your job?</td>
<td>100%</td>
</tr>
<tr>
<td>In a typical week, how often do you feel stressed at work?</td>
<td>25%</td>
</tr>
<tr>
<td>How well are you paid for the work you do?</td>
<td>50%</td>
</tr>
<tr>
<td>Do you like your employer, neither like nor dislike them, or dislike them?</td>
<td>100%</td>
</tr>
<tr>
<td>How likely are you to look for another job outside the company?</td>
<td>100%</td>
</tr>
</tbody>
</table>

n=8
### Level of Success

<table>
<thead>
<tr>
<th>% Staff Retained</th>
<th>Turnover</th>
<th>Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15 Retention Rate (includes May data)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Turnover Retention %**
  - 0%
  - 20%
  - 40%
  - 60%
  - 80%

- **Staff Retained**
  - 28
  - 8

### Financial Analysis

- FY2014 Cost Avoidance of $65-$145,000 x 2 = $130,000-$290,000 (based on 2 APRNs who left within first year of employment)

### My Personal Leadership Skill Development

- Development and growth of Business Acumen
- Negotiation
- Recognition of opportunities for improvement
- Trust
- Mentoring
- Lead by example
- Collaboration
- Listening
- Problem-solving
Lessons Learned

• Flexibility
• Needs assessment
• Collaboration

Future Steps to Hardwire APRN Onboarding

• Director
• APRN advancement strategies
• Financial growth and implications
• Culture change
• Integration/collaboration

Acknowledgements

• Nancy Vish, PhD, RN, FACHE
• Remy Tolentino, MSN, RN, NEA-BC
• Susan Houston, PhD, RN, FAAN, NEA-BC
• Advanced Practice Registered Nurses
Cost Effective, Evidence-based Practice: Impact on IV Therapy Practices

Identified Issues
• Inconsistent intravenous (IV) practices, including variations in IV supplies and clinical practice.
• Two different types of IV connectors:
  – Differing flush techniques
  – FDA alert
  – Centers for Disease Control and Infusion Nurses Society national recommendations / standards
  – Incorrect flushing poses risk of clotting and possibly CLABSI
• Central Venous Access Devices (CVAD) Policy
• Perceived increase in peripherally-inserted, central venous catheters (PICC)
  – Ensure PICCs are placed according to criteria

Data Analysis / Trends: Connectors and Tubing

<table>
<thead>
<tr>
<th>Volume of CLC 2000 Connectors</th>
<th>Total Cost Primary IV Tubing + Connectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-12</td>
<td>Jul-12</td>
</tr>
<tr>
<td>Aug-12</td>
<td>Aug-12</td>
</tr>
<tr>
<td>Sep-12</td>
<td>Sep-12</td>
</tr>
<tr>
<td>Oct-12</td>
<td>Oct-12</td>
</tr>
<tr>
<td>2628</td>
<td>$125,000</td>
</tr>
<tr>
<td>2640</td>
<td>$125,000</td>
</tr>
<tr>
<td>2655</td>
<td>$125,000</td>
</tr>
<tr>
<td>2679</td>
<td>$125,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Days</th>
<th>Jul-12</th>
<th>Aug-12</th>
<th>Sep-12</th>
<th>Oct-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1529</td>
<td>15477</td>
<td>16576</td>
<td>16729</td>
<td></td>
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Images from: www.icumed.com
Goals

By July 2013, implement practice changes related to IV therapy and supplies:

- Reduce spending on tubing / connectors by 10% by:
  - Implementing more cost effective connectors
  - Revising relevant nursing policies to extend IV tubing change time from 72 to 96 hours

- Reduce PICC placement by 10% by:
  - Reinforcing PICC order set / justification criteria
  - Ongoing inpatient data tracking and analysis
  - Monitor VIR PICC insertions
Implementation Plan

• Connectors and tubing
  – Explore new connector product options
  – Update & implement policy and procedure
  – Educate and inform stakeholders
  – Implement new products

• PICC
  – Monitor / coach for indicated PICC use
  – Monitor for early discontinuations
  – Participate in revision of PICC criteria if indicated

Evaluation Plan

• Financial impact of IV connector change
  – Tissue plasminogen activator (tPA) charges pre- vs. post- connector change
  – Determine impact on CLABSI
• Potential impact of extending time frame for connector and tubing changes
• Appropriateness of PICC insertions
  – Total PICC insertions
  – PICC dwell time less than 7 days

Interventions

• August 2012
  – Identified baseline data re: products, use and costs
  – Identified connector options
• September 2012
  – Veted evidence and recommendations with stakeholders
• October 2012
  – Began addressing PICC insertions in daily nursing quality meeting (insertion criteria / verified indications met)
• December 2012
  – Implemented neutral connectors
• August 2013
  – Communicated and implemented revised IV therapy policies and procedures
RESULTS

IV Connector Cost* / Each

*Excludes NICU
Communication Plan

PICC Insertions /Month

Number of Insertions

- IV Team
- VIR

25% decrease
PICC Dwell Time

- < 1 day
- 1 to 3 days
- 4 to 7 days
- > 7 days

Note: Data not available for all PICC insertions

tPA Usage

Potential Impact on Adult CLABSI
**Project Outcomes & Level of Success**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Level of Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce spending on tubing / connectors by 10% by:</td>
<td>Connectors changed with positive financial impact</td>
</tr>
<tr>
<td>• more cost effective connectors</td>
<td>Policy implementation underway; anticipate 32% cost reduction for primary tubing</td>
</tr>
<tr>
<td>• extended IV tubing change time from 72 to 96 hours</td>
<td></td>
</tr>
<tr>
<td>Reduce PICC placement by 10% by:</td>
<td>Reduced PICC insertion by 25% from August 2012 to June 2013</td>
</tr>
<tr>
<td>• reinforcing PICC order set / justification criteria</td>
<td></td>
</tr>
<tr>
<td>• improve data tracking and analysis</td>
<td></td>
</tr>
<tr>
<td>• monitor VRI PICC insertions</td>
<td></td>
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</tbody>
</table>

**Supplementary Benefits**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost Savings</th>
<th>Annualized</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Connectors - MicroClave $0.30 less than CLC 2000</td>
<td>$3,612 (over 5 months)</td>
<td>$8,670</td>
</tr>
<tr>
<td>IV Tubing* - Projected (does not include obs)</td>
<td>$82,459</td>
<td>$82,459</td>
</tr>
<tr>
<td>PICC Reduction - Savings is based on volume difference between two time periods and original cost projection</td>
<td>$51,698</td>
<td>$155,095</td>
</tr>
</tbody>
</table>

**Financial Impact**

**Additional Considerations**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost Savings</th>
<th>Cost Avoidance</th>
<th>Annualized</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI Reduction - 6 fewer CLABSI over 5 months at $33,387 each</td>
<td>$115,722</td>
<td>$277,733</td>
<td></td>
</tr>
<tr>
<td>tPA Reduction - Cost per dose of tPA $102.78</td>
<td>$31,965</td>
<td>$63,929</td>
<td></td>
</tr>
<tr>
<td>Nursing Time Saved with Tubing - 5 minutes X 3 times avoided tubing c</td>
<td>$28,116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Time Saved - 15 minutes X 139</td>
<td>n/a</td>
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**Total Annualized Financial Impact**

$616,002
Sustainability

• Recommend periodic nursing quality audits, include adherence to expected IV practice
• PICC criteria continues to evolve
• Line days tracked in EHR
• Infection Control provides each unit with central line utilization rates

Leadership Skills Applied

• Negotiation
• Problem-Solving and Decision-Making
• Financial Analysis
  – Charges vs. revenue
  – Cost-benefit analysis
• Trust
  – Getting data
  – Influencing others

Lessons Learned

• Timelines need to be flexible
• Data source variation
• Big picture vs. bigger picture
  – Unintended consequence → radiology product trial
• Successful product transition possible without inservices
  – Education versus information
• Limit scope of projects within fellowship
Project Team

- Co-Team Leaders:
  - Sonya Flanders, MSN, RN, ACNS-BC, CCRN
  - Kathleen Shuey, MS, RN, ACNS-BC, AOCN
- Executive Sponsor:
  - Claudia Wilder, DNP, RN, NEA-BC, Chief Nursing Officer
- Consulting Members:
  - Infection Control Registered Nurses / Medical Director
  - Staff Nurse Advisory Council
  - Advanced Practice Registered Nurse Council
  - Medical Director of Anesthesia
  - Director of Supply Chain Management
  - Emergency Department

Summary/Outcomes

1. Four cohorts with 82 "graduates"
2. 100% achievement of Individual Development Plan objectives, confirmed by one-up manager
3. ROI: Over $1mil on average per cohort from capstone projects
4. Networking, relationship-building and collaboration

Summary/Outcomes

5. % Promotion: over 30%
6. % Increase in scope of responsibilities for those without formal promotion: over 20%
Speaker Contact Information

- Remy Tolentino, MSN, RN, NEA-BC: RemyT@BaylorHealth.edu
- Marygrace Hernandez-Leveille, PhD, RN: Marygrace.Leveille@baylorhealth.edu
- Sonya Flanders, MSN, RN, ACNS-BC, CCRN: sonyaf@BaylorHealth.edu