

**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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- Baylor Health Care System and Scott & White Healthcare merged in 2013.
- Largest not-for-profit health care system in Texas.
- 46 hospitals with 5,253 licensed beds.
- More than 800 patient care sites with 5.3 million patient encounters annually.
- More than 35,000 employees.



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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.

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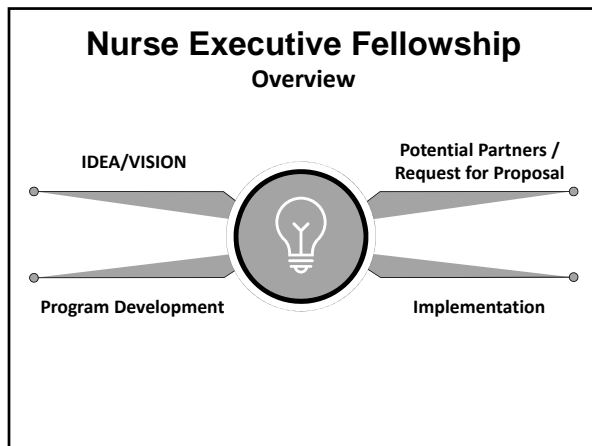
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### 14-month Fellowship Components

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

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Session	Courses
1	Communication Styles / DiSC; Professional Appearance
2	Executive Presence / Taking the Stage
3	Leading from the Center: Values-Centered Leadership
4	Speed of Trust: Influence across the Organization
5	Health Care Business Acumen (2-day course)
6	Problem Solving and Decision Making
7	Leading and Sustaining Change
8	Scholarship: Evidence-based Practice, Research, Data Resources, Publications, Podium/Poster Presentations
9	Negotiations
10	Strategic Thinking/ Strategic Planning

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**ONBOARDING**  
**Advanced Practice Registered Nurses:**  
**Something we need to do**

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**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.”

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**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.

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## 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)

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## 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)

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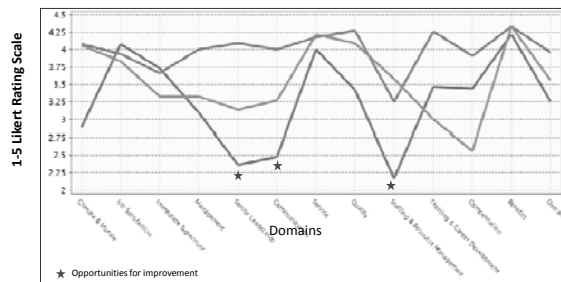
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## Exit Interview Survey 8/2013- 7/2014



NURSE PRACTITIONER -  
NURSE PRACTITIONER -  
NURSE PRACTITIONER -

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## Gap Analysis

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

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## Barriers

- Before employment
- After employment

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## 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."

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### 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 an 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."

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### Qualitative Thematic Results from APRN interviews

- Fear
- Mentoring
- Structure
- Frustration
- Security

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### Opportunities from Gap Analysis

Inconsistent practices/processes within BSWH-North Texas regarding:

- Recruitment
- Onboarding
- Credentialing
- Performance Evaluations
- Barriers to full-scope APRN practice

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## 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

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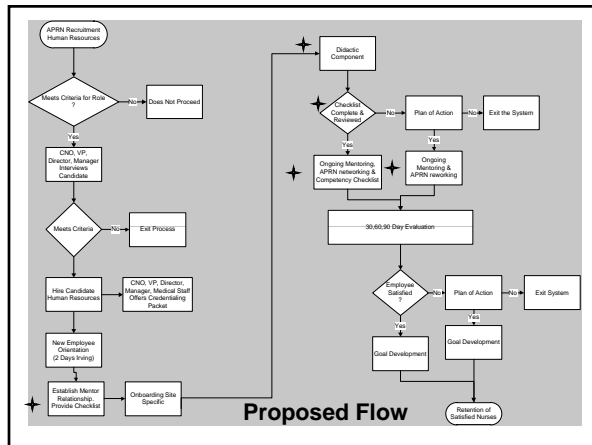
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## Process Measures

- **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)

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## Process Measures

- **Knowledge:** 62% of participants rated introduction/presentation as meeting their needs “completely”
- **Skill:** 100% completion of onboarding checklist

n = 8

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## Process Measures

- **Behaviors:** (1 of 8 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

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## APRN Job Satisfaction Survey

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

n = 8

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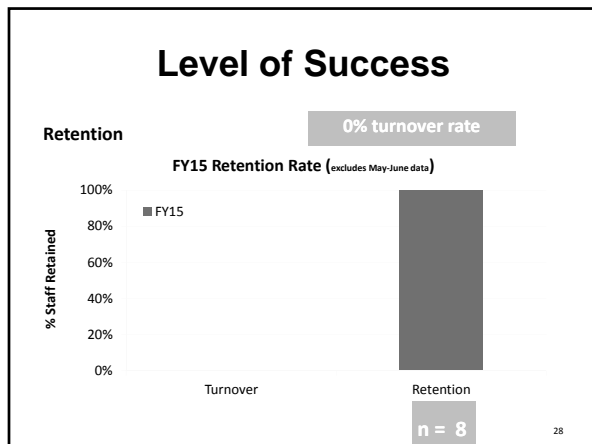
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### Financial Analysis

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

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### 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

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## Lessons Learned

- Flexibility
- Needs assessment
- Collaboration

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## Future Steps to Hardwire APRN Onboarding

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

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## Acknowledgements

- Nancy Vish, PhD, RN, FACHE
- Remy Tolentino, MSN, RN, NEA-BC
- Susan Houston, PhD, RN, FAAN, NEA-BC
- Advanced Practice Registered Nurses

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## Cost Effective, Evidence-based Practice: Impact on IV Therapy Practices

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## 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

Images from: www.icumed.com

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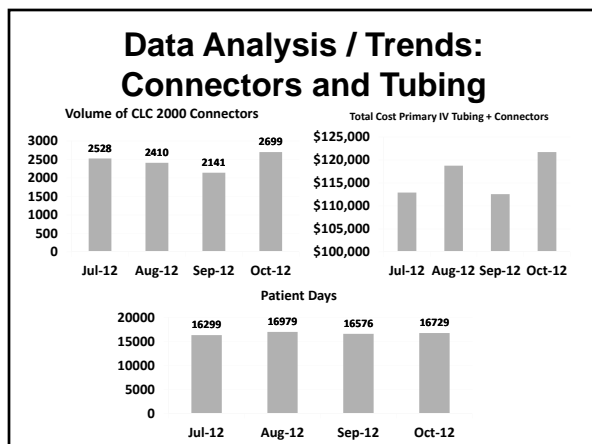
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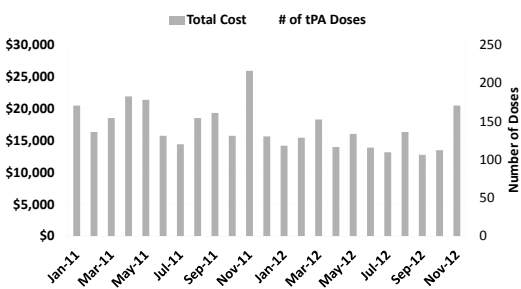
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### Data Analysis / Trends: tPA




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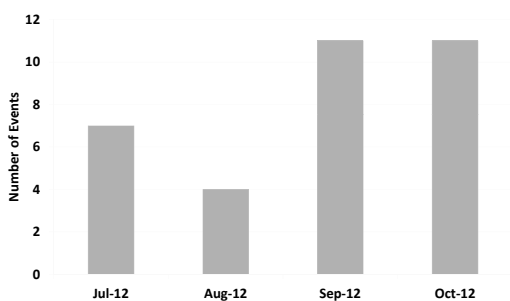
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### Data Analysis / Trends: Adult CLABSI Events




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### 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




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## 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

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## 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

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## Interventions

- August 2012
  - Identified baseline data re: products, use and costs
  - Identified connector options
- September 2012
  - Vetted 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

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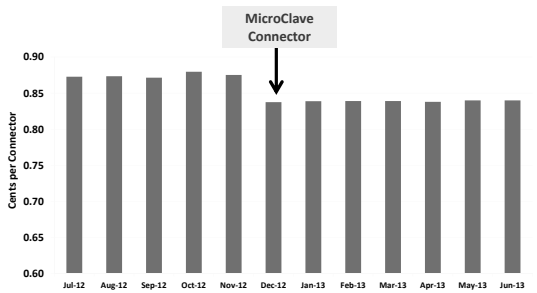
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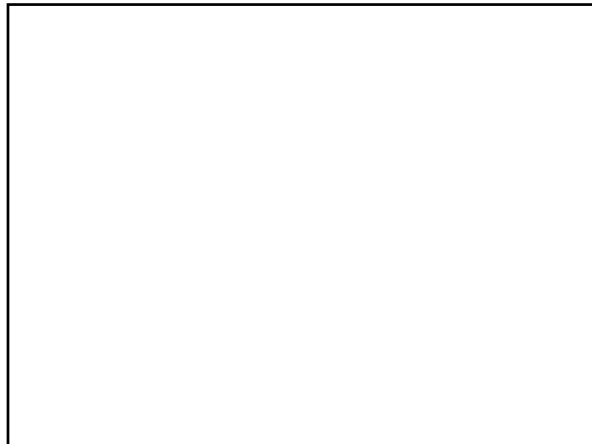
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## RESULTS

### IV Connector Cost\* / Each



\*Excludes NICU




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## Communication Plan

**Attention Please!**

Effective December 3<sup>rd</sup>, 2012  
IV connectors across BUMC will be gradual with  
**MicroClave® Clear**

**Adaptions:**

- Check visualization before connecting when flushing
- No special flushing technique required
- Clear solution system

**What You Need to Do**

- SCRUB THE HUB with a sterile 70% alcohol wipe for at least 15 seconds and allow to dry before accessing the connector
- Continue usual policy for accessing / changing / flushing

**Nursing Practice Change Alert**

**Change:** Effective December 3<sup>rd</sup>, 2012, all IV connectors across BUMC will be gradual with MicroClave® Clear. This change is being implemented to ensure the highest quality of care for our patients.

**Impact:** This change will affect all IV lines in use across BUMC. Nurses will need to be aware of this change and ensure that the correct connector is used.

**Plan:** The plan is to implement this change by December 3<sup>rd</sup>, 2012. All IV lines will be changed to MicroClave® Clear by this date.

**Follow-up:** The follow-up will be to ensure that all IV lines are changed to MicroClave® Clear by the deadline.

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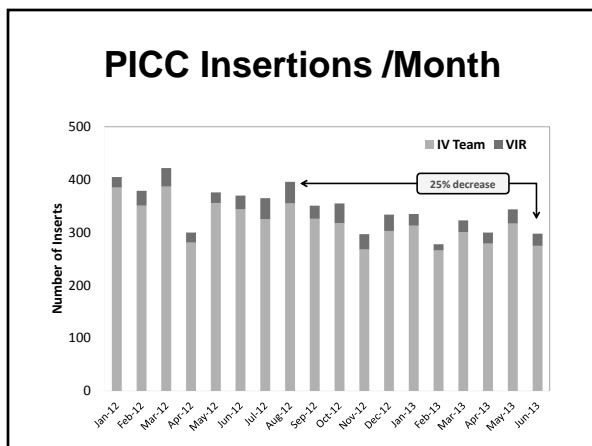
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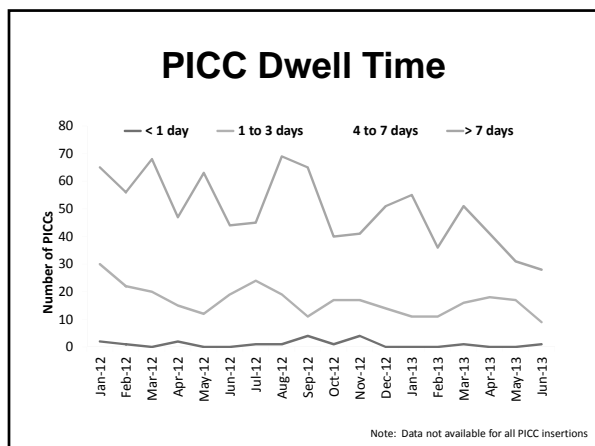
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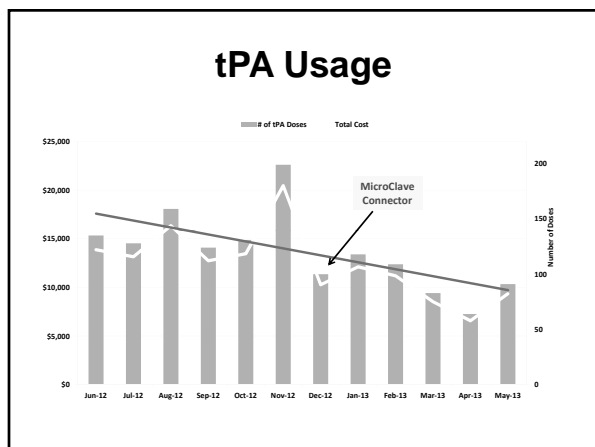
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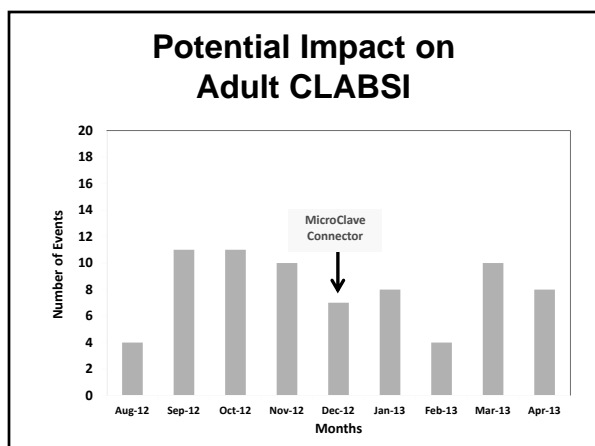
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## Project Outcomes & Level of Success

Goal	Level of Success
Reduce spending on tubing / connectors by 10% by: <ul style="list-style-type: none"> <li>more cost effective connectors</li> <li>extend IV tubing change time from 72 to 96 hours</li> </ul>	Connectors changed with positive financial impact  Policy implementation underway; anticipate 32% cost reduction for primary tubing
Reduce PICC placement by 10% by: <ul style="list-style-type: none"> <li>reinforcing PICC order set / justification criteria</li> <li>inpatient data tracking and analysis</li> <li>monitor VIR PICC insertions</li> </ul>	Reduced PICC insertion by 25% from August 2012 to June 2013
Supplementary Benefits	
Determine impact on tPA cost pre- vs. post-connector change	tPA cost decreased post-connector change
Determine impact on CLABSI post-connector change	6 fewer CLABSI in 5 months post-connector change

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## Financial Impact

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

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## Financial Impact Additional Considerations

Item	Cost Savings	Cost Avoidance	Annualized
CLABSI Reduction - 6 fewer CLABSI over 5 months at \$19,287 each		\$115,722	\$277,733
tPA Reduction - Cost per dose of tPA \$102.78	\$31,965		\$63,929
Nursing Time Saved with Tubing - 5 minutes X chair avoided tubing change		\$38,116	\$28,116
Education Time: - 15 minutes X 176			n/a

**Total Annualized  
Financial Impact  
\$616,002**

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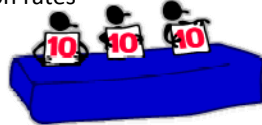
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## Sustainability

- 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



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## Leadership Skills Applied

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




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## 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

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## 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

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## 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

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## Summary/Outcomes

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

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## Speaker Contact Information

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