Implementation of an Advanced Practice Provider Orientation at an Academic Medical Center: Lessons Learned

Lynn Motz, MSN, CRNP, ACNP-BC
Critical Care Nurse Practitioner
Assistant Director of Advanced Practice
Penn State Hershey Medical Center, Hershey, PA

This is Penn State Hershey Medical Center

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>551</td>
</tr>
<tr>
<td>Total Admissions</td>
<td>29,140</td>
</tr>
<tr>
<td>Total Outpatient Visits</td>
<td>960,831</td>
</tr>
<tr>
<td>ED Visits</td>
<td>66,983</td>
</tr>
<tr>
<td>Births</td>
<td>1,913</td>
</tr>
<tr>
<td>Surgical Procedures</td>
<td>29,375</td>
</tr>
</tbody>
</table>
Learning Objectives

- Review the importance of advanced practice orientation
- Discuss the process of developing an advanced practice orientation model
- Recognize goals and benefits of new employee onboarding
- Discuss lessons learned

PSHMC Advanced Practice (N=315)

- 137, 43%
- 128, 41%
- 38, 12%
- 9, 3%
- 3, 1%

Open positions: 17

Changing Healthcare Paradigm

- Aging population
- Physician shortage
- Healthcare reform

(Boston Associates, 2014; OBAMACAREFACTS website, 2015; Orman, Velaf, & Magun, 2016)
National Focus on Advanced Practice Orientation

- NPs and PAs supplement and cover gaps in current healthcare system
- Difficult to recruit and retain adequate numbers
- Transitioning into new role and organization is challenging and stressful
- Few organizations have a formal advanced practice provider (APP) orientation

The AP Orientation Task Force

- Used the Shared Governance Structure
  - Advanced Practice Clinician Council
  - Appointed task force leader
  - Partnered with Nursing Education and Professional Development
- Established an interdisciplinary team
  - NPs and PAs
  - Inpatient and outpatient

Development of Advanced Practice Orientation

- Reviewed the evidence
- Assessed existing Advanced Practice Orientation process
- Conducted survey 2011-2012
- Identified gaps and lack of consistent structure
PSHMC Orientation

- Human Resources Orientation
  - General HR/Organizational
- Nursing Orientation
  - NEPD/Nursing Specific
- Physician & Resident Orientation
  - MSO/Physician & Resident Specific
- AP Orientation
  - Individual Departments

Advanced Practice Role

- CRNP
- CRNA
- CNS
- CNM
- PA

45% Response Rate

Length of Orientation

- <1 month
- 1-3 months
- 4-6 months
- Other

4, 4%, 6, 6%, 17, 21%, 38, 47%, 22, 27%, 4, 5%, 47, 49%
Satisfaction with Orientation

- Very satisfied: 7%
- Somewhat satisfied: 12%
- Not satisfied: 38%
- No answer: 45%

Stress Level During Orientation

- Not stressed: 21%
- Somewhat stressed: 20%
- Very stressed: 55%

Survey Themes

- Wide variation in Orientation
- Inconsistent Evaluation patterns
- Variable Preceptor assignment
- Inconsistent use of Checklists
- Disorganized or difficult to find Policies/Protocols
- Other
Summary of Findings

- Lack of existing orientation structure
- Evidence supports a well designed orientation:
  - Improves time to productivity
  - Reduces stress and frustration
  - Increases APP satisfaction
  - Improves retention

Recommendation for Change

- Develop a model for AP Orientation
  - Identify stakeholders
  - Identify resources
  - Identify challenges
  - Develop implementation plan

“All this would be great – a dream but great”

- Anonymous PSHMC Advanced Practice Clinician
Stakeholders

- Organizational Leadership
- Departmental Leadership
- APCC
- Human Resources
- IT
- Medical Staff Office
- Advanced Practice Providers

Resources

- Human Resources
  - APC recruiter
  - NEO
- Department of Nursing
  - NEPD liaison
  - Nursing Orientation
- Medical Staff Office
  - Physician Orientation
  - Simulation Center

Challenges to AP Orientation

- Need for dedicated staff
- Multiple APP entry levels
  - New vs experienced
  - Internal vs external
- Starting on ‘off-weeks’
- Various EMR requirements
Orientation Defined

A process, not an event

A formal, systematic process of introducing employees to their jobs, co-workers and the organization by providing information and resources needed to function comfortably & effectively in the organization

New Employee Orientation Defined

New employee orientation (NEO) is mandated and designed by Human Resources. NEO introduces the employee to the organization and provides general information about benefits, organizational history, mission, vision, and values.

Onboarding Defined

To bring someone onboard

Accelerated, strategic process used for introduction and assimilation of the new employee into organization and their role

- Standardized onboarding programs decrease time-to-productivity, increase satisfaction, and improve retention rates
PSHMC AP Orientation Model

- Department
  - Non-core
  - Core
  - Onboarding

AP Orientation Schedule

- Onboarding
  - Day 1 & 2: New Employee Orientation (Q 2 weeks)
  - Day 3, 4, & 5: Advanced Practice Orientation (Q 4 weeks)

- Department
  - Week 2: Department Specific Orientation (~ 12 weeks)

Onboarding

- 2 days of general NEO
  - Mission, vision, values
  - Required HR paperwork
  - Benefits
  - Organizational access
  - Employee health
  - Campus tour
**Onboarding**

**Informational sessions**
Comprehensive, broad introduction
- AP structure
- Safety
- Quality
- Resources
- Hands-on clinical system training
- Socialization to the organizational culture

**Day 3, 4, & 5**
Advanced Practice Orientation
(Q 4 weeks)

**Department Orientation**

**Clinical (Job-specific):**
- Core competency
  - Unique abilities and area of expertise
- Non-core competency
  - Special skill specific to an area of advanced practice

**Department Specific Orientation**
(≈ 12 weeks)

**Onboarding**
- Assigned preceptor
- Standardized checklists
  - Onboarding checklist
  - Clinical checklist
- Simulation
  - Safe environment
  - Encourages skill assimilation
- Evaluation

6 months to 1 year to be fully operational - based on role and individual
Onboarding

- Welcome the new employee
- Provide essential information
- Socialize employee to organizational culture
- Build relationships
- Create a positive 1st impression

On-Boarding

- Focus on initial needs of the new APC:
  - Complete agreements and paperwork.
  - Obtain credentialing and privileging.
  - Gain access to computer and organizational resources.
  - Learn the hospital system.

APC Growth at PSHMC
Onboarding Totals (N=130)

<table>
<thead>
<tr>
<th>Year</th>
<th>Physician Assistant</th>
<th>Nurse Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>2014</td>
<td>28</td>
<td>11</td>
</tr>
<tr>
<td>2015</td>
<td>31</td>
<td>20</td>
</tr>
</tbody>
</table>

Onboarding Evaluation

- Onboarding provided a broad overview of AP and is applicable to my role at PSHMC
  - Somewhat to strongly agree
- Satisfied with 1st week of orientation
  - Somewhat to strongly agree
- Topics requested with more detail
  - Additional and specific EMR training
  - Leadership opportunities

Onboarding Evaluation

- “Great networking opportunity…”
- “I found orientation week to be very informative…”
- “I really appreciate the helpfulness and excitement the presenters had…”
- “Try on coats during orientation…don’t have to wait…”
- “…orientation would have been much more helpful before I actually started working.”
- “Separate group for inpatient vs outpatient…”
Follow-Up Survey Results

- **Orientation of less than 1 month**
  - 43% (2014-2015)
  - 47% (2011-2012)

- **Stress Level**
  - Very/Somewhat
    - 83% (2014-2015)
    - 79% (2011-2012)
  - Not Stressed
    - 17% (2014-2015)
    - 21% (2011-2012)

Follow-Up Survey Results

- **Satisfaction with Orientation**
  - Very/Somewhat
    - 67% (2014-2015)
    - 52% (2011-2012)
  - Not Satisfied
    - 11% (2014-2015)
    - 36% (2011-2012)

- **Checklist Provided**
  - 79% (2014-2015)
  - 15% (2011-2012)

Survey Themes

- Department *Orientation* continues to need more standardization
- Inconsistent *Evaluation* patterns exist
- *Preceptor* assignment could be better
- Use of *Checklists* needs to be more consistent
APP Attrition

- Attrition is expensive
  - Direct costs: recruitment and start-up
  - Indirect costs: investment in development, value of knowledge and experience, loss of productivity
- A new employee may decide whether to stay or start looking for new job within the first 10 days of hire

(Adams, 2013; Robb, 2012)

PSHMC APP Attrition

Lessons Learned

1. Onboarding increases satisfaction and retention
2. An orientation program tailored to specific needs/role
3. Identify a preceptor
4. Consistency is an important feature of orientation
5. Sustainability requires dedicated resources and staff
Next Steps

- Share results with stakeholders
- Work with individual departments to establish more consistent job-specific orientation
  - Assist in development of department specific checklist
- Establish AP preceptor program

Acknowledgements

- Department of Nursing
  - CNO – Sherry Kwater
- Department of NEPD
  - Liaison – Dr. Pam Meinert
- Advanced Practice Clinician Council
  - Robin Kingston, CRNP
  - Lori Cox, CRNP
  - Brooke Soulier, CNS

Questions?

Lynn Motz, MSN, CRNP, ACNP-BC
Critical Care Nurse Practitioner

Penn State Milton S. Hershey Medical Center
Hershey, PA

lmotz@hmc.psu.edu