

Re-Engineering CVI OR On-Boarding

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Beth Israel Deaconess Medical Center Boston

Introduction/Problem

In 2016 the CVI OR at Beth Israel Deaconess Medical Center in Boston cared for 3500 cardiac surgical, thoracic, vascular, endovascular and interventional pulmonology patients yet had a 30% RN vacancy rate. An assessment of the on-boarding process was conducted and we validated the voiced concerns that the process was outdated, not learner sensitive, difficult to quantify and lacked the ability to be nimble. To address the challenges the CVI OR Nursing Director in partnership with her two Associate Chief Nurses and the Clinical Manager of Perioperative Education redesigned and re-invigorated the on-boarding processes. Subsequently an aggressive and highly successful recruitment campaign was launched.

Aim/Goal

1. Recruit a Unit-based Educator for the CVI OR. (FTE = 1.0)
2. Implement a hiring-to-fit recruitment campaign.
3. Redefine orientation matrix based on experience.
4. Address preceptor preparation, burden and recognition by introducing preceptor incentives.
5. Create a hand off/gap assessment tool to ensure continued learning.
6. **Create an Individualized Orientation Plan**

The Team

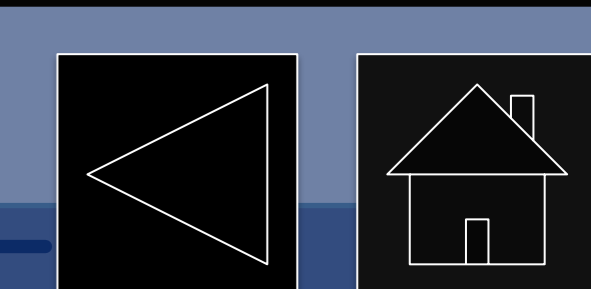
- CVI Operating Room Leadership
- Perioperative Leadership
- Perioperative Education Team
- Clinical Nurse Preceptors

The Interventions

Innovating Orientation to Meet the Needs of the Institution & The Workforce			
	Experienced – Expedited	Experienced	Perioperative Nurse Entry Program (PNEP)
Orientation Goal	Orientation is targeted to on-board the individual to maximize an identified strength: <ul style="list-style-type: none"> • Service-line experts • CST with BIDMC clinical student experience 	Experienced staff requiring general orientation <ul style="list-style-type: none"> • RN or CST with less than 2 yrs. experience • RN or CST targeted to service line with no prior experience in the area 	New Graduate or Clinical Nurse with no OR Experience <ul style="list-style-type: none"> • BSN required • Perioperative Senior Practicum preferred for new graduates • Program is targeted to provide didactic knowledge and clinical experience (circulating & scrub) • Utilizes AORN <u>Periop 101™</u>
Duration	RN – 8 to 10 weeks CST – 8 to 10 weeks	All - 12 weeks	26 weeks
Matrix	<ul style="list-style-type: none"> • 2 weeks – core area • 1.5 weeks – 2 alternate areas with focus on off-shift & weekend cases • 4 weeks in specialty area 	<ul style="list-style-type: none"> • 3 weeks each area • 3 weeks in targeted area 	<ul style="list-style-type: none"> • 6 weeks didactic • Service line intensive clinical experience <ul style="list-style-type: none"> ○ 6 weeks thoracic/IP ○ 6 weeks cardiac circulating ○ 6 weeks vascular/endovascular ○ 2 weeks addressing gaps
Other	<ul style="list-style-type: none"> • Concept is to build on prior knowledge • Decision to target is needed on hire or by week three • Incentives for preceptors 	<ul style="list-style-type: none"> • Concept is to build on prior knowledge • Decision to target is needed no later than week nine or sooner • Incentives for preceptors 	<ul style="list-style-type: none"> • Concept is to prepare the new nurse to practice independently • At end of program Gap Analysis used to hand-off to CVI OR Educator • Incentives for preceptors

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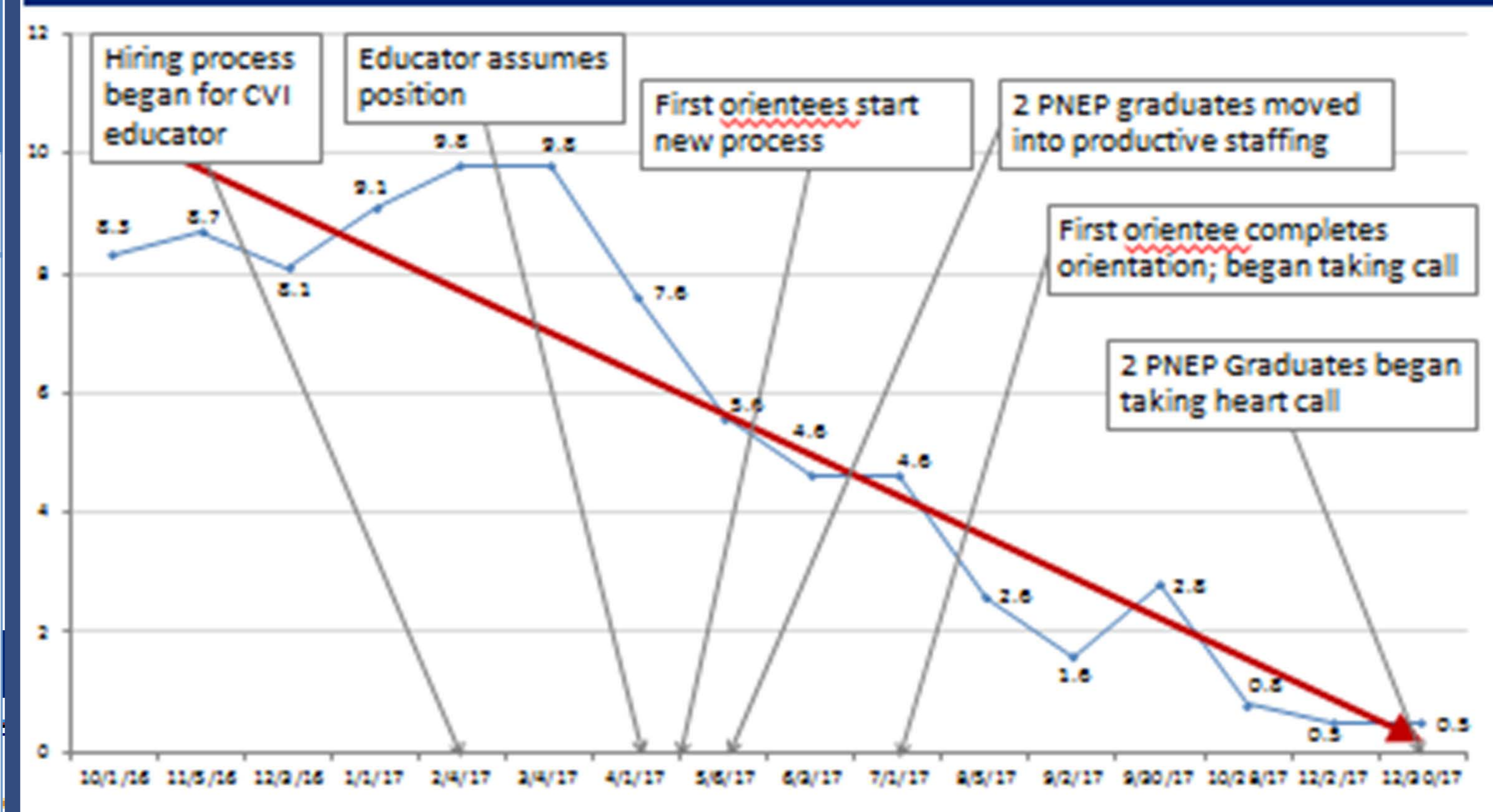
Progress to Date

Sample CVI OR Hand-off Gap Analysis

The Gap Analysis Template is used by the Unit-Educator to hand-off the orientee at the conclusion of orientation. It is designed as simple tool to summarize experience, identify issues and to acknowledge continued learning needs.

Brief Background and Summary of Orientation	Administrative Needs	Learning Needs for CVI
<p>Experienced RN with 2-years' experience as school nurse. She entered the Perioperative Nurse Entry Program (PNEP) in the fall. She RN did very well in the didactic phase of the program transitioning to service line orientation without issues. She demonstrated improvement continually, works hard to safely care for her patients and is eager to learn.</p> <p>Experience summary:</p> <ul style="list-style-type: none"> • Circulates basic cardiac, vascular, thoracic and IP. • Scrubs basic vascular, thoracic and IP. • Competent at and advance beginner level in all of the services except endovascular. • Can appropriately and safely care for a patient through the perioperative process. 	<p>Completed:</p> <p>Administrative discussion with Clinical Advisor related to call, vacation and time responsibilities.</p> <p>Needs:</p> <p>Buddy Call to be scheduled</p>	<p>What she can do:</p> <ul style="list-style-type: none"> • Able to circulate basic cardiac cases independently • Able to scrub and circulate basic thoracic, IP and vascular cases. <p>Advanced Learning Needs are:</p> <ul style="list-style-type: none"> • Double scrub and circulate in endovascular cases • Orienting to robotic cases (modules, skills-checks and experiences) • Circulate more complex cardiac cases. <p>Other Needs:</p> <ul style="list-style-type: none"> • Shadow in West Main OR • Distant – scrub cardiac • Distant – Orient to some like cases in the Main OR

CVI RN Vacancies FY 17 - FY 18



Lessons Learned

- Staff member leaves basic orientation with documented skills and identified knowledge gaps for advanced orientation
- Timeframe to onboard experienced staff ready to take call reduced from several months to 10 weeks
- By combining new onboarding with our Periop nurse entry program graduates, the operational vacancy rate has been reduced to less than 2%