Strategies to Improve Resource Availability for New Graduate Nurses in a Critical Care Setting

Natasha Stankiewicz  
*Maine Medical Center*

Jonathan Archibald  
*Maine Medical Center*

Shawn Taylor  
*Maine Medical Center*

Deborah Jackson  
*Maine Medical Center*

Bonnie Boivin  
*Maine Medical Center*

Follow this and additional works at: https://knowledgeconnection.mainehealth.org/opex

Part of the Critical Care Nursing Commons, Curriculum and Instruction Commons, Educational Leadership Commons, Educational Methods Commons, Higher Education and Teaching Commons, Interprofessional Education Commons, and the Nursing Administration Commons

**Recommended Citation**

Stankiewicz, Natasha; Archibald, Jonathan; Taylor, Shawn; Jackson, Deborah; Boivin, Bonnie; SCU 2; SCU 3; SCU 4; Endoscopy; RADCU; Parker, Mark; Nayak, Suneela; Tzyik, Stephen; Hanselman, Ruth; and Sparks, Amy, "Strategies to Improve Resource Availability for New Graduate Nurses in a Critical Care Setting" (2018). *Operational Excellence*. 13.  
https://knowledgeconnection.mainehealth.org/opex/13

This Article is brought to you for free and open access by MaineHealth Knowledge Connection. It has been accepted for inclusion in Operational Excellence by an authorized administrator of MaineHealth Knowledge Connection. For more information, please contact mckeld1@mmc.org.
Authors
Natasha Stankiewicz, Jonathan Archibald, Shawn Taylor, Deborah Jackson, Bonnie Boivin, SCU 2, SCU 3, SCU 4, Endoscopy, RADCU, Mark Parker, Suneela Nayak, Stephen Tyzik, Ruth Hanselman, and Amy Sparks
**Problem/Impact Statement:**

Due to a changing employment arena, healthcare organizations are hiring more new graduate RNs into acute care units. MMC’s usual process is to put new hires into night shift. Historically, night shifts have less resource availability. These combined factors left staff feeling unsupported; patient care could be compromised when less support is available to those in the beginning of their careers.

**Scope:**

The 1600 RN role was developed to provide critical care resources and support to medical-surgical nursing units between the hours of 1900 and 0730. During these times, there are historically less resources available; the intent is to provide support, encouragement, and education to the night shift RNs and improve overall patient care, outcomes, and satisfaction.

**Goals/Objectives:**

As healthcare professionals, we practice in a holistic fashion—partnering with the patient, family, physicians, and other healthcare providers to deliver the highest quality patient care across the continuum. 1600 RN project goals are to promote collaboration and provide resources to meet patient and staff needs during unpredictable staffing needs, fluctuations in patient census, acuity, and volume.

**Baseline Metrics/Current State:**

**AHRQ Hospital Survey on Patient Safety Culture – 2016**

<table>
<thead>
<tr>
<th>SCU</th>
<th>IR</th>
<th>MMC</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>18%</td>
<td>54%</td>
<td>62%</td>
</tr>
<tr>
<td>72%</td>
<td>45%</td>
<td>63%</td>
<td>72%</td>
</tr>
<tr>
<td>90%</td>
<td>77%</td>
<td>79%</td>
<td>84%</td>
</tr>
<tr>
<td>60%</td>
<td>55%</td>
<td>62%</td>
<td>63%</td>
</tr>
<tr>
<td>76%</td>
<td>45%</td>
<td>78%</td>
<td>81%</td>
</tr>
<tr>
<td>41%</td>
<td>32%</td>
<td>44%</td>
<td>52%</td>
</tr>
<tr>
<td>72%</td>
<td>41%</td>
<td>58%</td>
<td>63%</td>
</tr>
</tbody>
</table>

**Root Cause Analysis:**

- MMC RN Experience – Workforce Data
  - <1 year: 17% 22%
  - 1-5 years: 21% 28%
  - # years working in profession/specialty: 7 23

**Countermeasures**

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Completion Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create Role on 1600 RN</td>
<td>Amy, Sandy, Natasha</td>
<td>Dec-17</td>
<td>Complete</td>
</tr>
<tr>
<td>Define Initial Expectations</td>
<td>Project team</td>
<td>Jun-18</td>
<td>Complete</td>
</tr>
<tr>
<td>Discuss NIR Component</td>
<td>Natasha, Roger</td>
<td>Jun-18</td>
<td>Complete</td>
</tr>
<tr>
<td>Continue to Solicit Interest</td>
<td>Project team</td>
<td>Jul-18</td>
<td>Complete &amp; Ongoing</td>
</tr>
<tr>
<td>Transfer Budgeted FTEs</td>
<td>PCS, IR, SCU</td>
<td>Jul-18</td>
<td>Complete &amp; Ongoing</td>
</tr>
<tr>
<td>Begin IR orientation</td>
<td>Natasha, Roger</td>
<td>Jun-18</td>
<td>Complete &amp; Ongoing</td>
</tr>
<tr>
<td>Moderate sedation and Radiation Safety Education</td>
<td>Natasha, Roger, Alana, Amy, Lindsey</td>
<td>Aug-18</td>
<td>Complete &amp; Ongoing</td>
</tr>
<tr>
<td>NIR Orientation Completed</td>
<td>Natasha, Roger, Project Team, 1600 RNs</td>
<td>Aug-18</td>
<td>Complete &amp; Ongoing</td>
</tr>
<tr>
<td>100% 1600 RN Coverage on Nights</td>
<td>Project team &amp; 1600 RNs</td>
<td>Sep-18</td>
<td>Complete</td>
</tr>
</tbody>
</table>

**Outcomes**

**Improvements:**

- April into May SCU went 38 nights straight with a 1600 RN.
- In May, SCU had 5 shifts which were not able to support the 1600 role; 4 shifts were due high acuity (e.g. ECMO, high acuity, burns).
- May had 80.6% 1600 coverage, which is up from our lowest month of February at 50%.

**Next Steps**

- Plans to standardize, sustain, spread
- Letter of intent for interested RNs
- Interview and shadow experience
- Track resource data, outcomes, support provided to units

**Expectations for the 1600 Role:**

Excellent communication and collaborative skills
Skilled leadership abilities and desire
Enjoys teaching others in a non-punitive manner
Non-reactive with errors/differing opinions
Excellent prioritization and critical thinking skills
Consistently approaches others in an open, calm, respectful, and kind manner
Familiarity with MMC and resources available
Accountability
Strong conflict management and de-escalation skills
Open to taking on new responsibilities within this role

Core Values will be upheld at all times
Positive, problem-solving attitude; innovative