This is the new Vizient

- Country's largest health care performance improvement company
- Experts with insights and connections and purchasing power that accelerate performance for members
- Combination of VHA, University HealthSystem Consortium, Novation, MedAssets Spend and Clinical Resource Management and Sg2
2010 Institute of Medicine report on the Future of Nursing

This report is really about the future of health care in our country. It points out that nurses are going to have a critical role in that future especially in producing safe, quality care and coverage for all patients in our health care system.

Donna E. Shalala, Ph.D, Chair of the Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing Institute of Medicine (IOM)
Institute of Medicine
Recommendation 3

Implement nurse residency programs. State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses’ completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

• Health care organizations that offer nurse residency programs and foundations should evaluate the effectiveness of the residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes.
What is the Vizient/AACN Nurse Residency Program™?

- Evidence-based program focuses on leadership, patient outcomes and professional role
- The program results in decreased turnover, better use effective decision-making skills, enhanced clinical nursing leadership and improved incorporation of research-based evidence into practice
What is unique about the Vizient/AACN Nurse Residency Program™

Our program has become the gold standard. It is well published and recognized by the IOM, Magnet, and the Joint Commission*

We are the only nurse residency program to be adopted as a state model (Hawaii, Maryland, Pennsylvania)

Demonstrated consistently positive results since the initial project demonstration in 2002

What else makes us different?

• One-year residency curriculum
• Requires an academic partner
• Designed as monthly seminar sessions, the residency experience is a complement to nursing orientation and specialty training, but with a different focus
• Can be customized to hospitals, systems, other care delivery settings

2019 Magnet Application Manual

• Organizations will be required to demonstrate how they effectively transition nurses within their practice setting.

• Organizations seeking Magnet Recognition will have two options in meeting this new criterion

Option 1 – Providing evidence of a nationally accredited transition to practice program.

or

Option 2 – Select 3 areas of transition (new graduate nurse, newly hired experienced nurse, nurse transferring, APRN, or nurse manager) and describe how the organization meets the six elements of a transition to practice program.

• Source: ANCC PTAP, refer to ANCC Magnet Manual
Curriculum crosswalks

CCNE Standards Practice Crosswalk
Nurse Residency Program

NRP-ANCC Crosswalk
Vizient Nurse Residency Program

<table>
<thead>
<tr>
<th>Vizient/AACN Nurse Residency Program: NRP</th>
<th>Learning Objectives Vizient/ AACN NRP Curriculum (Updated 2015)</th>
<th>2016 ANCC Accreditation Standards</th>
</tr>
</thead>
</table>
| Leadership: Patient care delivery, resource management and delegation | 1. Apply leadership skills and decision-making abilities in the provision of high-quality evidence-based nursing care and healthcare team coordination, as well as in the facilitation of oversight and accountability for care delivery. | PO 20: A list and brief description of quality outcome measures used to evaluate the program, including target benchmarks. Submit one or more quality outcome measures from at least two of the following categories.  
- Clinical skills  
  - Clinical decision making ability of the resident/fellow  
  - Clinical proficiency  
DD 0: The curriculum includes content that supports the ability of a resident/fellow to  
- Provide patient centered care  
PBL 10: The program teaches residents/fellows how to manage role transition  
PBL 11: The program teaches residents/fellows time management |
| 2. Develop a plan in collaboration with the patient and the healthcare team that takes into consideration the needs of the patient and family and revises the plan based on an ongoing evaluation of patient outcomes. | 3. Establish priorities of care based on assessment of information in collaboration with the healthcare team. | |
| 3. Delegate prioriti output | | |
# Program development

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
</table>
| **Future** | Continued research to establish the ROI  
Continued growth  
Enhancements to resident survey process  
NRP curriculum revisions |
| 2016 | 95 new organizations join NRP  
Pennsylvania adopts NRP and joins as a state collaborative (Pennsylvania Action Coalition)  
Ambulatory materials added to the curriculum |
| 2013 | New evaluation tools/dashboards  
Maryland adopts NRP and joins as a state collaborative (Maryland Organization of Nurse Executives) |
| 2012 | 10 year celebrations  
Conclusion of multi-site study |
| 2011 | Hawaii adopts NRP and becomes the first to implement a state collaborative |
| 2010 | IOM Report on the Future of Nursing |
| 2008 | NRP made available to hospitals nationally outside of University HealthSystem Consortium membership |
| 2002 | NRP begins demonstration project and multi-site research study |
| 1999 | University HealthSystem Consortium and AACN partner to address the nursing shortage |
Development of the Nurse Residency Model
Program model

Curriculum focus on professional practice

Mandatory participation of new grad hires

Participation in an evidence-based practice project

Interactive with experts in the organization

Support development of professional portfolio or plan

Requirement for an academic partnership

Evaluation and benchmarking
Program structure
Nurse Residency Program structure

Smaller groups → Cohort group → Smaller groups
Nurse Residency Program structure

• **What is it?:** Cohort group attend seminars together. Smaller groups meet during a breakout period, with their facilitator, during the seminar for a clinical reflection period.

• **What is required?**
  – Designated facilitators to coach a small group of residents throughout the residency program.
  – Subject matter experts from the health system engage in delivery of seminar content.

• **Why?**
  – Allows the residents to learn together,
  – Provides an opportunity for residents to de-brief in smaller, more intimate groups, thus forming a strong support group.
Establish an advisory board

- **Purpose:** Raise the level of importance of the nurse residency program in the organization and provides oversight for program guidelines and implementation

**Who should it include?**

- Chief Nursing Officer
- College Dean
- Physician champion
- Selected unit managers and/or directors
- Clinical educators
- Content experts
- Residents, former residents
- College faculty
- Resident facilitators
- Human resources and recruiters
- Staff nurses and/ or preceptors
Supporting roles
Supporting roles

- Academic partner
- CNO
- Content expert
- Coordinator
- Facilitator
- Preceptor
- Unit nurse manager
- Resident
Curriculum
Curricular threads: Application is the key

- Critical thinking and clinical reasoning
- Patient safety leadership
- Interprofessional communication
- Evidence-based practice
- Patient and family centered care
- Professional progression
Curriculum and program emphasis

- Quality outcomes
- Leadership
- Professional role

Evidence-based practice project
Where does the curriculum key content and competencies come from?
Evidence-based practice project
Power of the evidence-based practice project (March 2017)

Influencing nursing practice and policy – podium presentations

• Identification of Human Trafficking in the ED
• Sanctifying Sadness: Examining a moment of Silence to Honor ICU Patients’s Deaths
• Does a Rapid Alert Phone Intervention Reduce Falls among Cardiac-Monitored Patients on a Neuroscience Unit?

Influencing nursing practice and policy - poster presentations

• First place: Reducing the Incidence of Clostridium Difficile Infections
• Second place: Diversional Activities for Hospitalized Dementia Patients
• Third place: Efficacy of Exercise on Patients Suffering from Mental Illness
Organizational impact
Benefits as reported by program participants

- Retention
- Commitment
- Confidence
- Skill
- Clinical leadership
- Professionalism
- Interprofessional team building
- Evidence-based practice
Retention is a signature outcome

<table>
<thead>
<tr>
<th>Year</th>
<th>Retention percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>96.1</td>
</tr>
<tr>
<td>2011</td>
<td>94.6</td>
</tr>
<tr>
<td>2012</td>
<td>94.3</td>
</tr>
<tr>
<td>2013</td>
<td>95.1</td>
</tr>
<tr>
<td>2014</td>
<td>95.8</td>
</tr>
<tr>
<td>2015</td>
<td>94.6</td>
</tr>
<tr>
<td>2016</td>
<td>93.3</td>
</tr>
</tbody>
</table>

National average for nurse retention in the first year is 73% - 80%
Residency program evaluation and reporting
## Evaluation and benchmarking tools

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Outcomes</th>
<th>Timing</th>
</tr>
</thead>
</table>
| Casey Fink Graduate Nurse Experience Survey | • Stress  
• Support  
• Organizing and prioritizing  
• Communication/leadership  
• Professional satisfaction | • Program start (within 10 weeks)  
• 6 months  
• 12 months  
• 24 months (optional)  
• 36 months (optional) |
| Resident Progression Survey         | • Autonomy  
• Collaboration  
• Unit engagement  
• Unit leadership  
• Satisfaction and commitment  
• Patient safety  
• Advocacy | • Program start (within 10 weeks)  
• 6 months  
• 12 months |
| End of Program Evaluation           | • Feedback re: preceptors, facilitators, sessions | • 12 months |
| Post-Residency Survey               | • Including career progression | • 24 months  
• 36 months |
NRP Dashboards

• The NRP dashboards are designed to provide comprehensive summary, benchmarking and detailed data for your nurse residency program in a format that is easy to navigate and share within your organization.

• These dashboards correspond to the survey tools that evaluate your residency program and new graduate nurse progress.

• The NRP dashboards deliver in one tool the quantitative and qualitative measures that comprise the NRP evaluation framework.
### Casey Fink Survey

**Definitions & How to Review**

Visible: **All** or **Better** **Worse** than benchmark

**Program Date:**

**Benchmark:** Mean of Hospitals in my system

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Stress</th>
<th>Support</th>
<th>Organizing Prioritizing</th>
<th>Communication Leadership</th>
<th>Professional Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><img src="chart1" alt="Overall Chart" /></td>
<td><img src="chart2" alt="Stress Chart" /></td>
<td><img src="chart3" alt="Support Chart" /></td>
<td><img src="chart4" alt="Organizing Prioritizing Chart" /></td>
<td><img src="chart5" alt="Communication Leadership Chart" /></td>
<td><img src="chart6" alt="Professional Satisfaction Chart" /></td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td><img src="chart7" alt="Female Overall Chart" /></td>
<td><img src="chart8" alt="Female Stress Chart" /></td>
<td><img src="chart9" alt="Female Support Chart" /></td>
<td><img src="chart10" alt="Female Organizing Prioritizing Chart" /></td>
<td><img src="chart11" alt="Female Communication Leadership Chart" /></td>
<td><img src="chart12" alt="Female Professional Satisfaction Chart" /></td>
</tr>
</tbody>
</table>

**Table:**

<table>
<thead>
<tr>
<th></th>
<th>Initial</th>
<th>6 Month</th>
<th>12 Month</th>
<th>24 Month</th>
<th>36 Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>545 (545)</td>
<td>430 (430)</td>
<td>450 (450)</td>
<td>21 (79)</td>
<td>16 (3.53)</td>
</tr>
<tr>
<td>mean</td>
<td>3.11 (3.11)</td>
<td>3.00 (3.09)</td>
<td>3.25 (3.25)</td>
<td>3.38 (3.39)</td>
<td>0.4 (0.38)</td>
</tr>
<tr>
<td>std. Dev.</td>
<td>0.32 (0.32)</td>
<td>0.36 (0.35)</td>
<td>0.37 (0.37)</td>
<td>0.4 (0.38)</td>
<td>0.4 (0.4)</td>
</tr>
</tbody>
</table>

**View overall dashboard data, or drill down into survey categories**
Understand unique challenges experienced by new graduate RN's
Incorporate survey findings into seminar

Casey-Fink Experience Survey - Skills

Resident case studies
- Alcoholic Patient
- Asthma
- Changing Patient Condition
- Chronic Dialysis
- Closed Head Injury
- Code Blue
- Heart Failure
- Patient with Chest Pain
- Patient with Diabetic Ketoacidosis
- Patient with Hypotension
- Patient with Sepsis
- Rule Out Pneumonia
- Trauma

Resident simulations
- Acute Stroke
- Hypoglycemic Patient
- Hypovolemic Patient
- Stroke Simulation

Facilitator simulations
- Acute Stroke
- Hypoglycemic Patient
- Hypovolemic Patient
- Stroke simulation
Gain insight into challenges experienced by your new graduate RNs

Casey-Fink Experience Survey - Transition

Definitions & How to Review

Program Date

Benchmark: Mean of All NRP Participants

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>Actions Taken</th>
<th>Most Satisfying</th>
<th>Least Satisfying</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of difficulties, as transition from the &quot;student&quot; role to the &quot;RN&quot; role</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Role expectations (e.g. autonomy, clinical performance, integrating into team)
- Lack of confidence (e.g. MD communication, delegation, knowledge deficits)
- Workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, acuity)
- Fear of doing harm (e.g. medication error, inadequate intervention)
- Orientation (e.g. technology, preceptor relationships, information overload, support)

40% of nurse grads struggle with workload at 6 months, compared to 30% of peers
Annual analysis

• Available after one year of participation

• **Benchmarking report** – used to enhance the ability of NRP sites to benchmark their results against others in the program

• **Outcomes report** – examines the impact of the program on its graduates and to some extent, the impact of the program on the institution

• **Site report** – information about your site including resident demographics, retention analysis, and survey responses

• Optional regional/system reports
NRP program support

- One-day new site orientation
- Monthly conference calls
- Annual conference
- NRP Meeting Place
- Listserv
- Bi-annual newsletter
- Organizational partners
- NRP staff support
- Monthly NRP Dashboard training
- Monthly NRP Database training
NRP staff contacts

**Jayne Willingham**
Senior Director
Jayne.Willingham@vizientinc.com
(255) 372-6423

**Molly Hall**
Trainer
Molly.Hall@vizientinc.com
(312) 775-4200

**Silvia Stade**
Administrative Specialist
Silvia.Stade@vizientinc.com
(312) 775-4538

**Katie Davis**
Director, Nursing Leadership
Katie.davis@vizientinc.com
(312) 775-4280

**Megan Buckley**
Senior Member Support Specialist
Megan.buckley@vizientinc.com
(312) 775-4202
Contact Jayne Willingham at jayne.willingham@vizientinc.com for more information.