



Growing with the Float - Redesigning the Residency program



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BACKGROUND

- A Decline of bedside nurse tenure has created:
 - Knowledge gaps in precepting & patient care
 - Staffing and orientation challenges
- Historically required 2 years of experience for new hires
- Orientation was fragmented by specialty and prolonged
- Limited experience nurse applicants for vacancies
- Reduced tenured workforce with 147 vacancies in FY21
- Anticipated ICU expansions and addition of a second facility with 96 FTE deficit
- 100+ Contract labor utilization

Purpose: Expanded new hire cohorts to include graduate RNs and increase applicant pool.

METHODS

Gap analysis identified keys areas of focus:

Eliminate Redundancy

- Shift from department-specific competencies to acuity level competency.
- Developed a high accountability roadmap and competency checklist with defined goals.
- Review content of service line education to eliminate redundancy

| DMMC-Pedi Float Pool Critical Care Competencies | | | | | | | | | |
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Pediatric Education

Increase Pediatric specialty classes with expanded simulation opportunities.

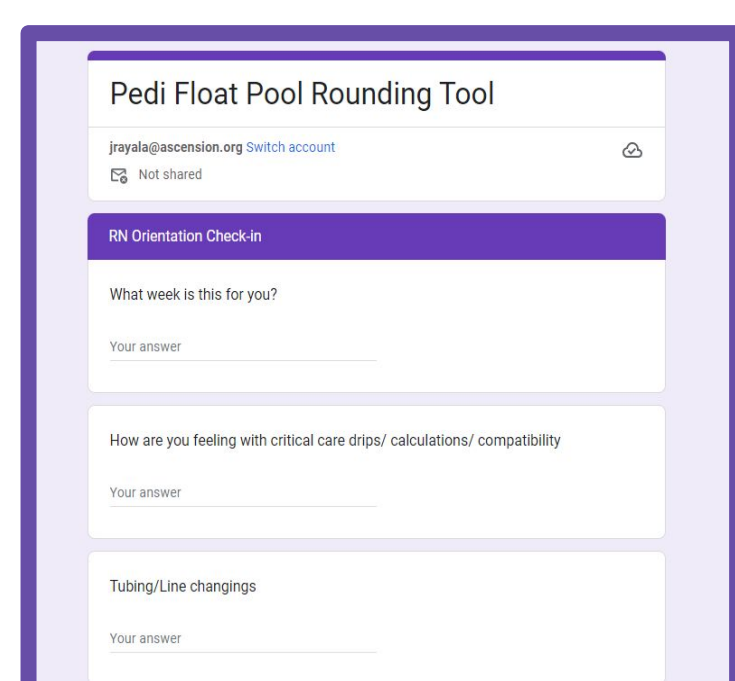
- 2 General Pediatric Specialty Classes with Skills Bootcamp
- ED Trauma Day
 - Trauma Day, Triage
 - Medication dosing weight and compounding
 - Cast and Splint
- Pediatric Neurology
 - Neurosurgical, EVD, Seizure Management
- ICU Skills Bootcamp
 - Cardiovascular ICU defect and surgical intervention, Neonatal ICU, Pediatric ICU

Preceptors

- Workforce unable to support precepting volume.
- Preceptor availability variable among units.
- Collaboration with stakeholders
 - Multidisciplinary teams
 - Educators
 - Preceptors

Communication

- Daily Rounding⁵
 - Charge nurse
 - Unit Leadership
- Bi-weekly orientation check-ins^{2,4}
 - Review competency roadmap
 - Assess barriers and/or practice concerns
 - Feedback included independent and group discussions with Orientee and Preceptor
- Quarterly check-ins following orientation



Implementation

July 2021 - Initial Cohort

4 new graduate RNs

Initial Metric:

- Successful orientation throughout 5 acute care units within first year of practice.
- First year Retention goal of 60%^{3,4}

Limitations:

- Float pool preceptors pulled to support Critical care staffing needs, shifted to unit based Preceptors for consistency.
- Extended orientation process of 30 weeks with acute and critical care combined. Restructured to two phase model.

Phase 1

Acute Care Orientation

13- 15 weeks

Phase 2

Critical Care & ED Orientation

15- 18 weeks

Initial Start

Independent Acute Care Practice

~8-10 months

Completed Orientation

Phase 1

Acute Care Orientation

- Preceptors - unit based
- 13~15 weeks
- 2 weeks (6 shifts) per unit
 - Surgical/Trauma
 - Respiratory
 - Inpatient Rehab
 - Hematology/Oncology
 - Neuro-Epilepsy Monitoring Unit
- Bi-weekly check-ins with leadership

Phase 2

Critical Care and ED Orientation

- Preceptors - combination of unit based and float pool
- 15 ~ 18 weeks
- 4 to 6 weeks per unit
 - Neonatal ICU ~ 4wk
 - Pediatric ICU~ 6wk
 - Cardiac ICU ~ 6 wk
 - Emergency Department ~ 4
- Bi-weekly check-ins with leadership

Mentorship Program¹

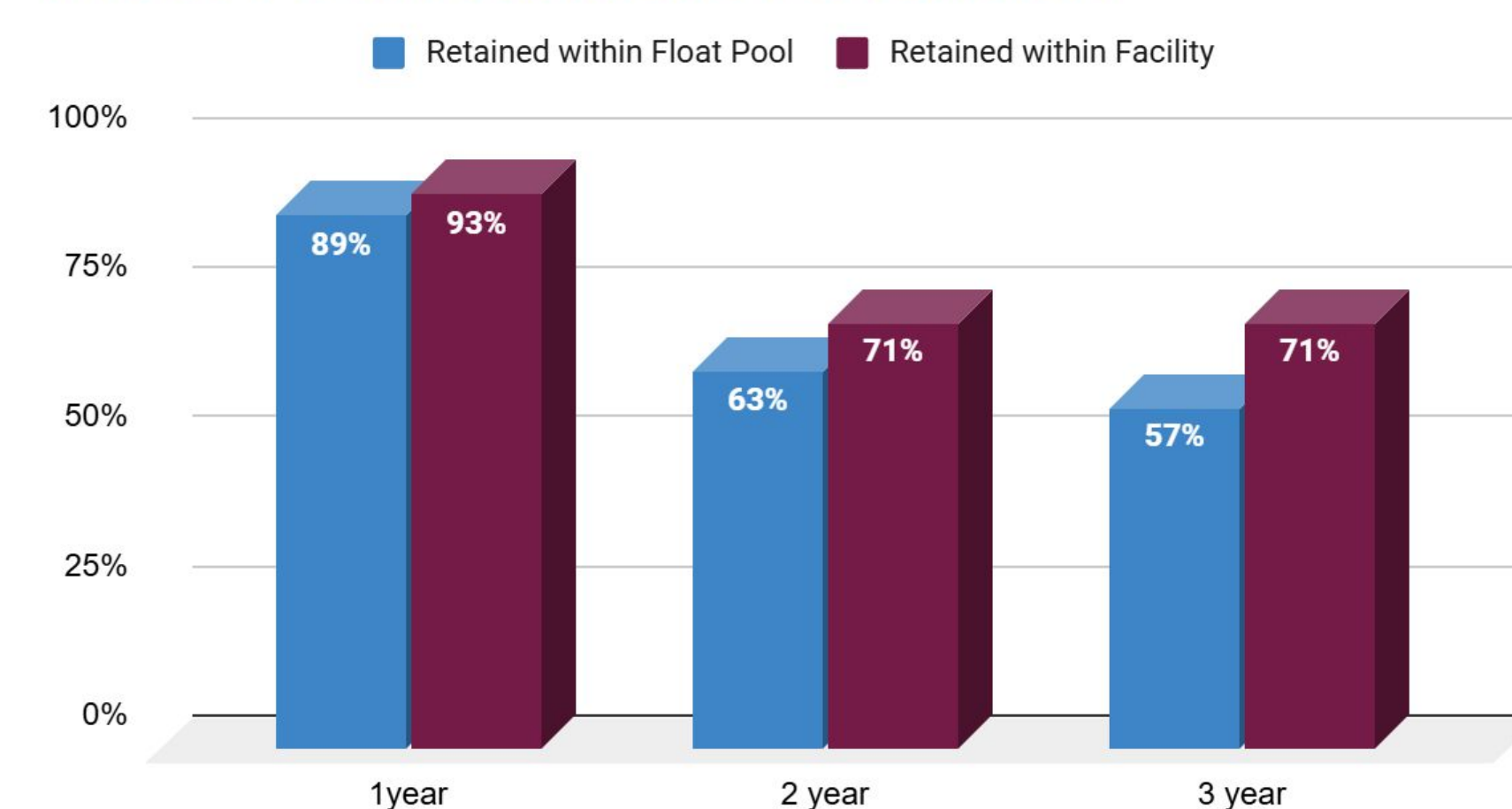
- 12 month mentorship program
- Pair Float Pool Nurse resident with experience float pool nurse mentor
- Mentor training included Preceptor, Resiliency and Provider/Associate Care Team training modules and classes.
- Mentor pair meet monthly to provide support throughout orientation transition phases, with targeted discussion topics, advocacy and escalation of concerns.
- Mentors encouraged participation in unit activities to build community within the float pool.

Recognizing Champions

- Feedback from orientee used to identify outstanding preceptors. The Friends of Float Pool Award was created to recognize Unit Based Preceptors for their support of Float Pool Residents.

RESULTS

Float Pool Resident Retention



12 cohorts averaging 2-4 residents per cohort

- Increased from 30 to 63 RNs
- Standardized Float Pool competencies across service lines
- FY 23 - 33 RNs completed Critical Care Orientation
- RN Turn over dropped from 30% to 5%

Multidisciplinary Approach

The success of the program would not have been possible without the support and collaboration of service line leadership and bedside staff.

- Engage talent acquisition for recruitment of applicants.
- Collaboration across departments for preceptor utilization.
- Diverse communication strategies were crucial for engagement.
- Regular feedback conversations helped tailor orientation to individual needs.
- Recognizing champions who embraced the model.

CONCLUSIONS

The implementation of the Float Pool residency program has expanded the applicant pool to rebuild a dedicated flexible workforce who are often utilized as resources by their peers due to the multispecialty foundation. The first year retention data reflects the sustainability to grow with the float pool.

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