

# Frontline Nurse-Driven Interventions to Assess and Address Unit-Specific Training Needs in the Cardiac Intensive Care Unit

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## BACKGROUND

### Hospital Relocation /Unit Expansion = Increased Pressure on CICU Nurses:

- After move to MB, increase in beds from 8 to 12; currently at 18 with expansion to Annex in Adult ICU
- High acuity with new surgeons; at full capacity
- Increase in staff by ~60% (from 42 career RNs with 4 travelers to 65 career RNs with 6 travelers)
- Increased percentage includes travelers & new grads
- Continuous orientations for various skill levels
- An average of minus 3-5 nurses per shift

### Expectations and Challenges Facing Frontline Nurses:

- Implement orders, policies and workflows received from institution, unit management, physicians and specialists.
- Updates on order and workflow iterations not disseminated in an efficient and timely manner.
- Word-of-mouth and inconsistent updates lead to practice deviation, inconsistency, staff frustration, and risk to patients.

### Actionable Resources to Aid Training:

- CICU Professional Development Council (PDC) supports assessing and addressing needs of frontline nurses
- CICU and PICU staff helped develop prototype cloud-based just-in-time training support app (UCSF-backed Elemeno Health, Oakland, CA)

## Project Goals

**Current State:** Feedback from orientees, travelers, staff and preceptors revealed gaps in continuing education needs, and discrepancies regarding specific practices, processes, workflows, and iteration.

**Objective:** Facilitate proficient orientation of new nurses to an acute high intensity population in CICU

### Target State:

- Comprehensive orientation tailored to each new hire group
- Training individualized by feedback and metrics
- Ongoing support and use of resources including just-in-time microlearning support for anytime staff access or reference
- Effective communication between management and staff
- Empowered, supported and autonomous frontline nurses
- Reduce practice deviation, inconsistency, staff frustration, and risk to patients

## Project Plan and Interventions

### Unit Based Training/ Mentoring Program Implemented to Enhance Orientation

#### Pre-Orientation:

- CICU Professional Development Council to lead new hire Unit-based program
- Customize training to the needs of each hire group
- Welcoming profiles to introduce new hires to nursing staff
- Thorough review/competency checklists of new experienced hires and travelers

#### During Orientation:

- Standardized tours and observational experiences in OR and Cath Lab
- Feedback and tracking tools for preceptors
- Skills-development days for new grads to enhance their orientation (hands-on teaching from experienced nurses with best practices, followed by hands-on practice by new hires)

#### Ongoing Support and Resources:

- Guided monthly support group as long as needed
- Bridged communication between management and staff
- Train & sustain: Used actionable just-in-time microlearning support app for on-demand staff access/reference for anytime learning reinforcement (on shift, on break, in transit, at home)
- Just-in-time learning individualized with videos covering unit specific procedures and updates prioritized by staff requested learning needs

## Project Evaluation & Impact

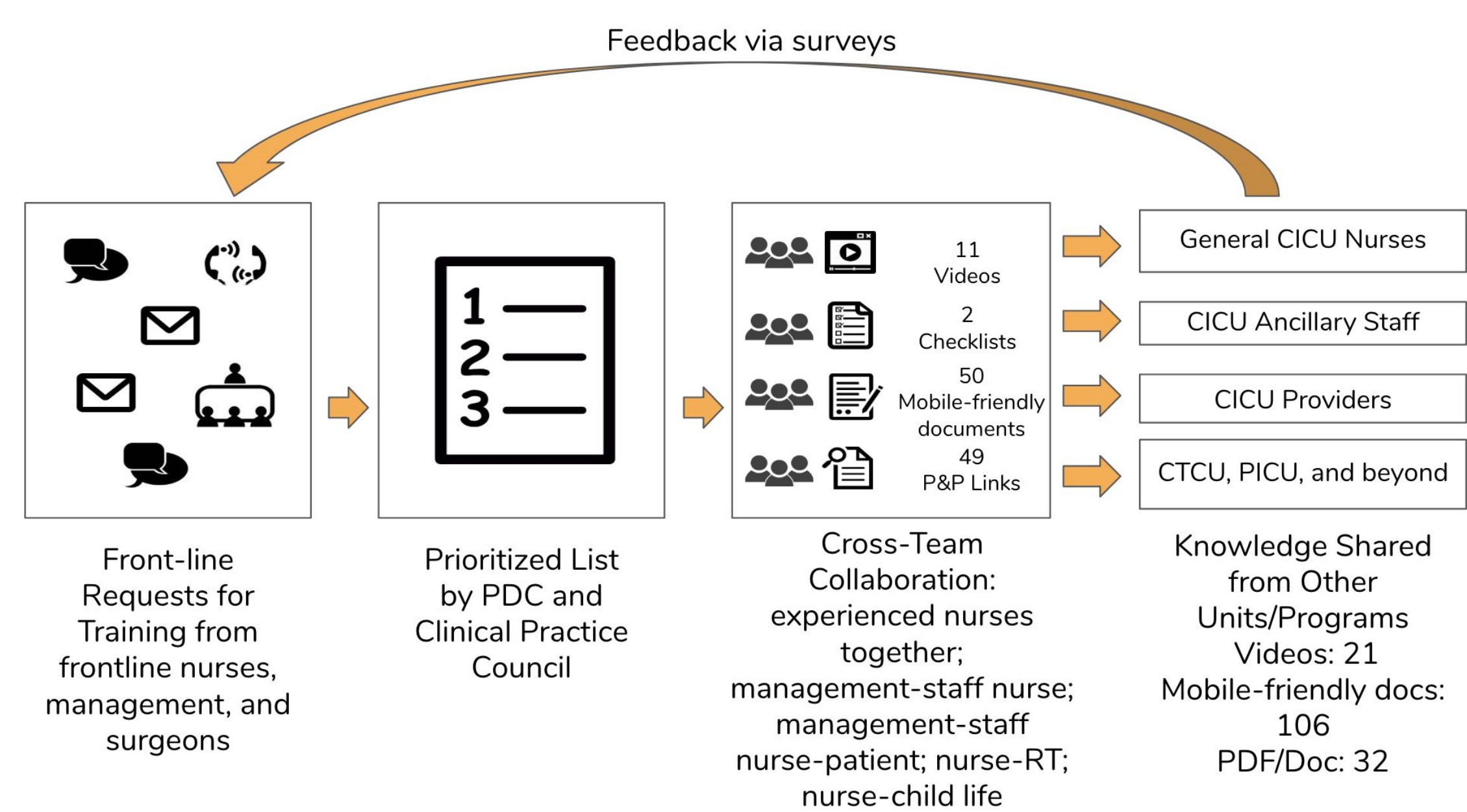
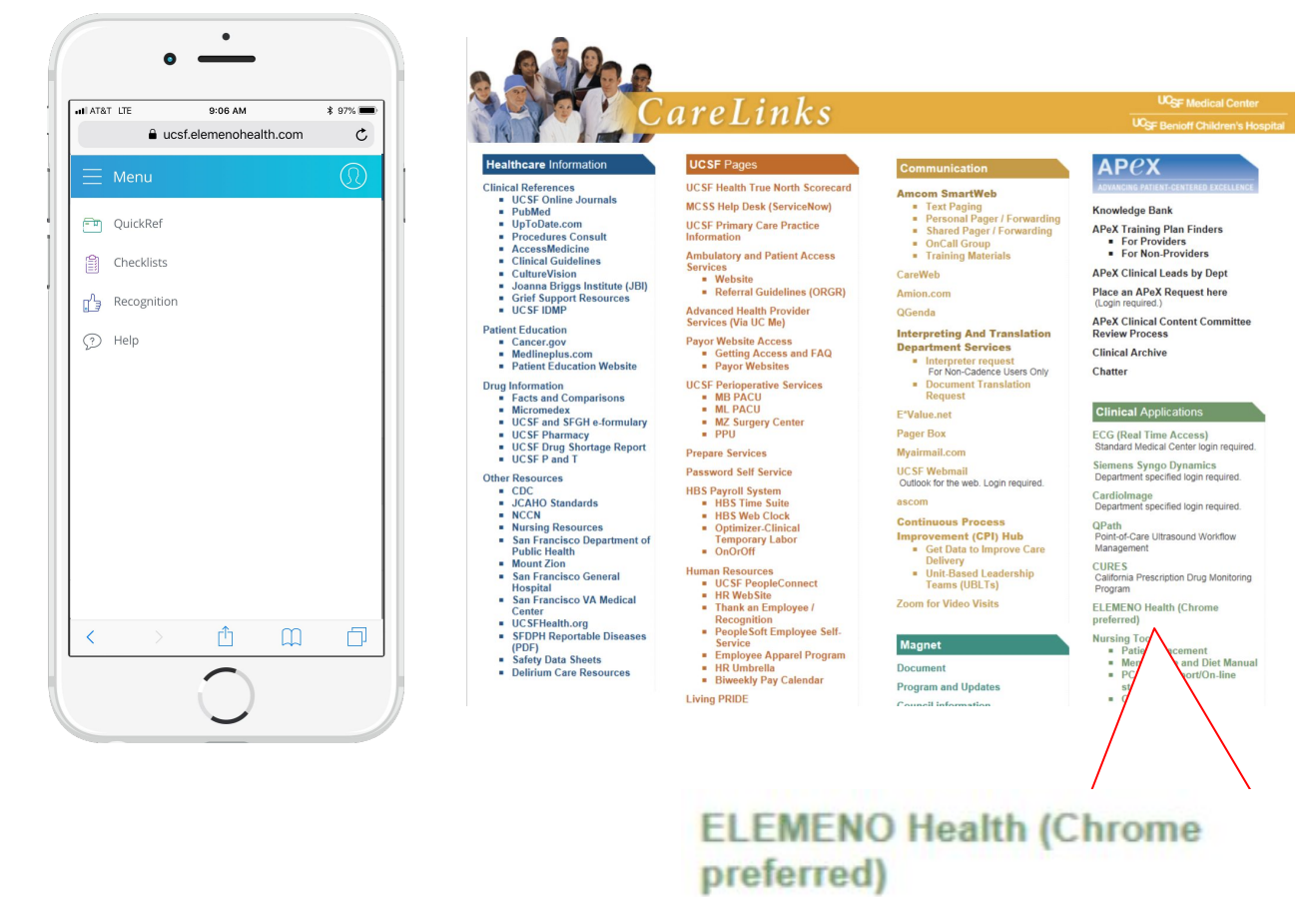
# new grad orientation cycles completed: 4

# new hires trained (since move): 39

# travelers trained: 22

# surveys completed at end of orientation:

- 22 total
- 15 out of 15 new grad surveys
- 8 experienced new hire surveys



## Next Steps, Dissemination & Lessons Learned

### Next Steps

- Develop unit based training/mentoring for experienced new hires
- Developing quarterly support group for all new hires
- Formally expand just-in-time support to full unit team: nurses, ancillaries, physicians

### Dissemination

- Consider expansion of this approach to other units
- ◆ Support Professional Development Council for frontline staff in other units
- ◆ Empower staff to identify unit specific needs and create solutions
- ◆ Scale content through cloud to be available on-demand, around the clock
- ◆ Share unit-expertise between units
- ◆ Scale specific microlearning expertise across affiliates (already started with BCHO ICU)

### Lessons Learned

- Addressing learning and practice gaps is most effective when identified collaboratively between frontline staff, providers, specialists and management
- Staff appreciates sharing expertise with peers
- Readily accessible training empowers staff and helps reduce practice deviation