Massachusetts Department of Higher Education
Nursing Education Re-Design Grant Program
Final Project Implementation Report

Submitted by:
Simmons College School of Nursing and Health Sciences
AND
The Visiting Nurse Association of Boston

October 31, 2013
Executive Summary

The Home Care Nurse Residency Program, a joint effort between Simmons College School of Nursing and Health Sciences and the Visiting Nurse Association of Boston (VNAB), funded in 2012, was designed to support new nurses as they transition from student to competent professional with clinical leadership skills, ability to manage complex patient needs safely and effectively according to the evidence, and increased understanding of their professional role. Additionally, it offered experienced home care nurses new opportunities to increase knowledge, skills and confidence in advanced home care practice, and in adult learning and clinical teaching so that they may be more effective preceptors with newly graduated nurses.

Specific objectives of the grant included:

1. To provide newly graduated registered nurses support and experiences to become competent home care nurses;
2. To provide current VNAB nurses opportunities to increase their skills in clinical teaching and to become preceptors for Residency Nurses;
3. To provide resources for other academic-service partnerships to use to replicate this model for their own home care settings; and,
4. To attain CCNE accreditation by 2015.

Following an intensive recruitment and application process, five Residency Nurses who were recent graduates of the Simmons College Nursing Program, began their orientation and preceptorship in February 2013. The program concluded in August 2013 as planned. Key activities that addressed program objectives included:

- The development and implementation of a 16 hour clinical teaching course to prepare the four VNAB preceptors for the Residency Nurses;
- The development and implementation of a Nurse Residency curriculum. Learning objectives and the curriculum were designed to meet standards for Nurse Residency Programs as delineated by the Commission on Collegiate Nursing Education (CCNE).

Upon completion of the program in August 2013, we completed a thorough evaluation of the specific objectives of the Nurse Residency Program (Objectives 1-3). Residency nurses (N= 4), Preceptors (N=2), and Nurse Managers (N=6) (66% response rate) responded to a survey that included a series of open and closed ended questions that were aligned with programmatic objectives (Appendix A). Survey data as well as notes from focus
groups, learning circles, support sessions, joint visits, and manager feedback were analyzed using descriptive statistics and content analysis and revealed that the program was successful in meeting programmatic objectives (#1-2). This report summarizes these findings as well as progress made toward additional project objectives (#3-4). The program was highly evaluated by all key stakeholders: Nurse Residents, Preceptors and Nurse Managers. It is clear that many aspects of the program should be retained. Further, there are opportunities for improvement, which if implemented, may result in further positive outcomes. The best indicators of success of this program include:

- All of the Residency Nurses successfully completed orientation and their probationary periods by August 2, 2013. All were at full productivity by July 19th. All were graduated off 100% chart review (review of the quality of 100% of their documentation by mid August. (This is a measure of the quality of their documentation and by proxy the quality of their care. The speed with which they were graduated off this review is exceptional; most newly hired nurses stay on 100% review for at least 6 months following the end of their probationary period.)
- All of the Residency Nurses remain employees with the VNAB. All were offered full time positions at the VNAB. Three out of the five accepted the offer; the other two have chosen to remain in Per Visit positions
- The VNAB has been approached the Home Health Care Alliance of Massachusetts and by three home care agencies for consultation on development and implementation of our Residency Nurse Model.
- The VNAB and its new sister Agency VNA Care Network are currently recruiting a new cohort of preceptors and New Nurse Residents for 2014.

Research Findings to Date

This section reports on achievement of grant proposal objectives 1 and 2. Findings related to objectives 3 and 4 are reported in subsequent sections.

Objective # 1- To provide newly graduated registered nurses support and experiences to become competent home care nurses. A rigorous and intensive recruitment and application process was collaboratively designed by the grant partners. Five Residency nurses were hired and began the residency program in February 2013. The Residency Program had the following objectives. At the completion of the program, Residency Nurses will:

1. Attain leadership in planning, delivering and coordinating patient care;
2. Become skilled in the safe management of patient care to achieve quality outcomes; and
3. Develop knowledge, skill and confidence in the professional role of the home care nurse.
Qualitative and survey data from residency nurses, preceptors, and managers were analyzed to answer the following question: *To what degree is participation in the Residency Program associated with changes in newly graduated nurses: leadership in planning, delivering and coordinating patient care; skill in the safe management of patient care; and professional role as a home care nurse?* (Appendix A).

**Leadership in planning, delivering and coordinating patient care**

Successful nurses rely heavily on their strong leadership skills. Review of VNAB Orientation Checklists (Appendix B) and VNAB Joint Visit Tools (Appendix C) showed that all five Resident Nurses demonstrated competence in VNAB Standards or Practice.

The Residency Nurses described experiences where their leadership in planning or coordinating patient care improved the outcome for the patient. In one case, the Resident’s timely intervention led to a patient receiving critical support services: “I visited an elderly patient several times who had heart failure, hypertension and confusion. He was on multiple medications, including a sedative, and demonstrated a great deal of confusion regarding his meds. He was not able to articulate the schedules or purposes of his meds, and it appeared that he was frequently missing or doubling doses. He lived independently and had no assistance other than the visiting nurses. After consulting with the patient's case manager, I placed a phone call to Elders at Risk and referred the patient for an evaluation. The patient now has several other services in place to support him with transportation to doctor's appointments, homemaking and med reminders.”

Manager feedback throughout the program indicated that Resident Nurses were providing patient care consistent with or surpassing VNAB standards of care. One manager shared the following with a Resident, “I audited Mr. R’s chart and was extremely impressed with your thorough and pertinent …assessments, teaching and care.” Another manager shared the following message with the Residency Program Project manager, “Just wanted to let you know that I think the Resident Nurses are wonderful. They are bright, articulate and eager to learn. … Not only is their clinical documentation really good, but they translate their OASIS assessments into plans of care.”

Over the course of the program, all Residents became more confident in their ability to assess patients and make care recommendations. As one Resident reported, “I was very nervous about working so independently as a home care nurse when I began the residency program, but my confidence has improved enormously throughout the residency. I have handled some difficult situations during visits, such as having to call ambulances or dealing with extremely complex patients, and I have been able to handle these situations successfully.” Another Residency Nurse noted, “I am relying on my own assessment skills now, I have [gained] trust in my assessment
skills. Another added, “[I am] learning to prioritize, to focus on safety and what is the most important aspect of the visit.” And yet another, “I am moving towards a practice less focused on perfection and learning to learn from mistakes.”

Whether it was as straightforward as untangling oxygen tubing or coordinating with a surgeon to obtain a urine culture and start antibiotics, the Residents’ interventions had a significant impact on assisting patients remain safe in their homes, manage their illnesses and health care needs safely and more effectively, and learn actions to take when/if symptoms of health deterioration occurred.

**Skill in the safe management of patient care**

Review of VNAB Orientation Checklists and Joint Visit tools revealed that all Residents demonstrated safe skill performance, complete documentation of patient assessments and the care delivered, and effective communication with all members of the health care team. The Resident Nurses and their managers are aware that they still need support when performing high risk, low frequency skills such as caring for nephrostomy tubes and Intervention Radiology drains and some wound care procedures that are rarely seen in home care. Plans are in place for this additional support, utilizing the VNAB Wound Care Nurses.

All of the nurse residents indicated their understanding of what it means to provide safe care in the home had changed. Three of the four residents indicated that their understanding of what it means to provide safe care in the home changed significantly. Throughout their field experience, the Resident Nurses developed a solid understanding of what it means to provide safe care to patients in their homes. As one Resident stated, “To me, practicing safe nursing care in the home requires exceptional judgment and critical thinking, which I think I have developed greatly over the past six months. To practice safely, we must recognize and report emergent situations and worsening symptoms, which can sometimes be very insidious. I think home care nurses must also be especially diligent about hand hygiene and infection control in order to practice safely.”

**Develop Knowledge, Skill and Confidence in Professional role as a home care nurse**

All of the nurse residents indicated their understanding of the role of the home care nurse had changed. Three of the four residents indicated that their understanding had changed significantly.

Many patients and families struggle with fully understanding the role of a home care nurse, until they personally experience home care. This is to be expected and it is a sentiment shared by the Residents. Through the practice of home health, Residents developed a practical understanding of their roles. Helping patients to stay safely in their homes, to care for themselves upon discharge, carrying out all facets of the nursing process in the home and ensuring communication among care providers are some of the key learnings.
Several of the Residency Nurses spoke of learning to cope with the suffering they witnessed in home care and their sense of futility when they could resolve suffering for patients quickly or completely. As they gained understanding in the role of the home care nurse, they began to adjust their expectations, recognizing that change and relief of suffering is a slow, hard and complicated process. Among the comments they shared over the course of the program were: “I [expected] the medical piece [in my role as a home care nurse]; I sometimes feel like a social worker” and “[Sometimes, you] feel useless, like you didn’t do anything helpful…you see living situations—smells, unclean homes—you can’t channel positive energy to patients—you can’t make patients safe—it’s difficult to leave patients at the end of the visit.” The process of coping with what a home care nurse witnesses and responding to it in measured ways is a career long process, but the residents demonstrated and voiced progress, as one shared, “I am less quick to judge now. You don’t know why people are in those situations.” And another shared, “It’s hard not being able to fix everything, but [I am] coming to terms with being able to change one little thing is success.”

Objective # 2 - To provide current VNAB nurses opportunities to increase their skills in clinical teaching and to become preceptors for Residency Nurses

As described in the Interim Report to DHE we recruited and prepared seven current VNAB nurses to be preceptors for newly graduated nurses entering home care as their first work experience. This involved developing and implementing a Preceptor Development Curriculum that all preceptors and managers completed. The Residency Program had the following objectives for nurses who took on the role of Preceptor:

1. To increase their knowledge, skill and confidence in
2. Clinical Teaching and Adult Learning
3. Chronic Illness Management
4. Cultural Awareness
5. Palliative and Hospice Care
6. Team Work and Collaboration

Data from feedback from preceptors, and their managers were analyzed to answer the following question: To what degree is participation in the Residency Program associated with changes in precepting nurses’: knowledge, skill and confidence in clinical teaching and adult learning; chronic illness management; cultural awareness; palliative and hospice care; and team work and collaboration?

Knowledge

In working with Residency Nurses, preceptors noted an improvement in their abilities to work within a team and collaborate with others. Likewise, all preceptors noted a significant improvement in their Adult
Learning and Clinical Teaching skills. Improved knowledge in Chronic Illness Management, Cultural Awareness and Hospice and Palliative care was more variable. This may be due to the significant experience home care nurses have in the Chronic Illness Management and Cultural Awareness aspects of their practice. Further, exposure to Hospice and Palliative Care may not have been substantial during this period.

One preceptor commented, “I am better able to see the whole picture of a patient’s care working alongside a Resident.” Another commented, “I needed re-energizing and to step back and observe [new] nurses who can think critically and not just do things by rote.” Additional evidence of preceptors’ growth was the comment, “I have increased energy, increased enthusiasm, I am thinking more. The learning is mutual. There is an increased focus on using technology. I’m revitalized.” And still a fourth Preceptor commented, “I am again seeing the increased value of reading and looking at policies.”

The nurse managers also evaluated the preceptors’ knowledge gain in each of the areas above. In all areas, with the exception of Hospice and Palliative Care, the nurse managers rated the preceptors’ knowledge gain higher than the preceptors rated themselves. One manager noted, “Preceptors on all teams look at the Policies and Procedures and are engaged in advancing their practice and implementing best practices.”

**Skill**

In terms of skill development, preceptors again experienced an improvement in their ability to work within a team and collaborate with others, across the board. Improved knowledge in all other areas was variable with preceptors either “agreeing” or remaining “neutral”.

Once again, the nurse managers appeared more generous in their evaluation of skill development – managers rated skill development in each area as higher than the preceptors rated themselves. One exception is Team Work and Collaboration, where preceptors and managers saw an equal improvement. “I see nurses on all teams "re-energized" by the nurse residents. All nursing staff have gone out of their way to help out the residents, answer questions and do whatever they can to ensure the success of these residents.”

**Confidence**

In evaluating whether preceptors developed increased confidence in each of these areas, both the preceptors and nurse managers indicated the most significant improvement in Adult Learning and Teaching followed closely by Team Work and Collaboration. Comments from Preceptors over the course of the program support this finding: “I have grown as a teacher;” “Explaining and teaching refines my understanding of the
home care nurse role;” and “I’ve become more patient-centered. I’m doing a lot more teaching, but sometimes patients don’t want to learn what I have to teach. You have to work on learning what the patient’s goals are.” Consistent with their evaluation of the preceptors’ improvement in knowledge and skills, nurse managers noted more improvement in the areas of Cultural Awareness and Chronic Illness Management than did the preceptors.

**Changes Implemented; Plans for Sustainability; Ongoing Project Dissemination; and Opportunities for Scale up and Replication**

**Objective # 3 - To provide resources for other academic-service partnerships to use to replicate this model for their own home care settings.** The following activities meeting this objective have taken place or are planned:

1. All of the curricular materials and program resources have been organized into a Tool Kit. The Tool Kit includes materials used in recruitment of nurses to the program, curricular materials for the Preceptor Development course, Preceptor/Preceptee competency checklists, and the 5 Beyond Orientation Self-Learning modules developed specifically for this Residency program.

2. We are currently working on how to make the Tool Kit available to interested Agencies. We are collaborating with the Home Care Alliance of Massachusetts [http://www.hhcam.org/](http://www.hhcam.org/) to share program model with other Home Health Care agencies. We have presented the model twice through Home Care alliance sponsored “CEO Round Tables:”
   - September 13, 2013 in Northampton, Massachusetts with 15 CEOs or senior leaders of Home Health Agencies in attendance
   - September 24, 2013 in Braintree, Massachusetts with 35 CEOs or senior leaders of Home Health Agencies in attendance

See Appendix D for the Power Point slides used in this presentation. The Home Care Alliance is currently surveying those who attended these round tables about options for dissemination of the program at their agencies and in their region.

3. The VNAB is currently recruiting a second cohort of new nurses for a Residency Program to begin in January or February 2014. VNAB Clinical Managers have chosen to defer hiring experienced nurses at present, preferring to wait to hire newly graduated nurses for January or February start dates. The VNAB’s sister Agency, VNA Care Network (VNACN) which provides home care services in the central part of the state) is committed to offering a Residency Program for new nurses potentially starting in September of 2014.

4. Simmons College School of Nursing and Health Sciences, the VNAB and VNACN collaborated this past summer to write a proposal to replicate this Residency Model with new Physical Therapists interested in
starting their careers in the home and community setting. We submitted a proposal for a planning grant to the Commonwealth Corporation, under the Health Care Workforce Transformation Fund on October 1st.

5. A graduate student from Simmons College School of Management, who is a nurse, will be conducting an analysis of costs for the program and building the business case for a New Nurse Residency program as an independent study, starting in January 2014.

Objective # 4 - To attain CCNE accreditation by 2015. We are on target for applying for a CCNE accreditation site visit in 2015.

Barriers Encountered and Addressed and Changes to be Considered

Very few barriers proved to be insurmountable and suggested improvements to the program were very broad in scope. These suggestions were made by managers and VNA leadership and include:

1. Recruitment

The primary barrier to sustaining and growing the New Nurse Residency program at the VNAB is recruiting current nurses to be Preceptors. Precepting has a long history of being seen as extra work without extra resources. The experiences of current Preceptors counter that perspective, and the VNAB is working to disseminate that experience and recruit additional preceptors. Our goal is to develop 4-6 new preceptors in 2013 in preparation for 2014.

2. Financial

We have yet to develop the business case for the Residency Program, and will do this in the first half of 2014. Without a cost analysis of the program the only clearly visible cost data are increased costs of putting preceptors through a Preceptor Development program and the salary costs of Resident Nurses completing a 6 month orientation. In order to make a stronger case for continuing and expanding this program, we need to look at how much income the Resident Nurses generate as an offset to their orientation costs, what the true cost of precepting a new nurse is, and what other costs might be reduced by the program (overall salary costs, costs per visit, recruitment costs, turn over costs, etc) before determining the financial viability of the program.

3. Tension Between the Learning Needs of Residents and the Staffing Needs of the Agency

There was tension and conflict between the learning needs of the residents and the staffing needs of the Agency. This tension was perhaps greater in this program than with the onboarding of more experienced nurses because we structured the program so that the learning needs of the Residents would not be compromised because of staffing shortages on the teams. Team managers and current VNAB nurses were vocal in their resistance to this. Current VNAB nurses were heard to say, “What good are these new grads to us, they can’t make visits for a long time?” Team managers were perhaps more tactful in their comments, but were similarly frustrated that they
were not able to use the Resident Nurses to fill gaps in staffing earlier on in their orientation. Comments from Managers in the evaluation survey, such as “Keep school assignments and presentations in the first 2/3rds of the program,” “[Need] flexibility related to team needs” and “How do we ensure that the residents are given the time to devote to their learning as they are up and running and the summer vacation coverage seems more important than resident learning?” speak to this tension. We will try to bring in some of the new cohort of Nurse Residents for 2014 in January to help alleviate the increased demands for staff due to summer vacations starting in July.

**Recommendations for DHE**

As we anticipate health care reform and that fact that health care delivery will predominantly be in the community, more requests for proposals that provide funding for opportunities to advance nurses and nursing across the continuum of care are essential.

**Summary**

The Nurse Residency program was successful in meeting the objectives for both the Nurse Residents and the Preceptors. The program was highly evaluated by all key stakeholders: Nurse Residents, Preceptors and Nurse Managers. It is clear that many aspects of the program should be retained. Further, there are opportunities for improvement, which if implemented, may result in further positive outcomes.