

Transition to Practice (TTP)

Department of Aging and Disability
Services

Quality Monitoring Program

June 2015

“Newly graduated nurses... have neither the practice expertise nor the confidence to navigate what has become a highly dynamic and intense clinical environment burdened by escalating levels of patient acuity and nursing workload....”

Why is a TTP program needed?

The Problem	The Impact
<p>The Problem: New nurses care for sicker patients in increasingly complex health settings.</p>	<p>The Impact: New nurses report more negative safety practices and errors than experienced nurses.</p>
<p>The Problem: New nurses feel increased stress levels.</p>	<p>The Impact: Stress is a risk factor for patient safety and practice errors.</p>
<p>The Problem: Approximately 25% of new nurses leave a position within their first year of practice.</p>	<p>The Impact: Increased turnover negatively influences patient safety and health care outcomes</p>

1ST STEP: ORIENTATION

Orientation

- ❖ Orientation of new staff is the most important part of the education framework.
- ❖ New employees should be oriented to the work environment; the current staff; residents if possible; facility policies, rules and regulations; employee expectations; and the expectations of their job.
- ❖ Orientation is also a time where an employer can help the employee feel like they belong within the organization since adjusting to a new position can sometimes be challenging.

Orientation

- ❖ Orientation materials should include the following:
 - Organizational literature
 - Organizational chart
 - Map of the building
 - Schedule of training events
 - Current job description
 - Employee handbook
 - Policies and rules
 - Job expectations
- ❖ Orientation is also the time when a mentor can be assigned to the new employee

Orientation

❖ Orientation should be a fun and welcoming way to bring new employees on board. Ways to incorporate fun into the orientation training include:

- A welcome lunch
- Incorporate different learning styles
- Non-technical skills training
- New employee support

Orientation

- ❖ Education during an orientation period is important as it helps to stabilize staffing by:
 - Investing in employees, which they appreciate
 - Assisting staff in improving their skills and job performance
 - Improving the work environment
 - Improving staff confidence and morale

- ❖ Benefit to the employees.

Orientation

- ❖ After the initial orientation, employers should:
 - Elicit feedback
 - Probe new and current staff
 - Complete an orientation checklist

- ❖ At the end of 90 days, there should be an evaluation completed

NEW EMPLOYEE ORIENTATION CHECKLIST

Employee's Name:	SSA#:
Job Title:	Date of Hire:

The information checked below has been given or explained to the employee by the Personnel Department or a manager/supervisor.

New Hire Orientation Checklist

COMPENSATION AND BENEFITS	
Time sheet/card	Performance Evaluations
Payroll Procedures	Promotions
Insurance Program Booklet	Transfers
Pension Plan Booklet	Vacations
Educational Assistance	Holidays
Credit Union	Absences/Tardiness
Stock Purchase Plan	Jury Duty
Savings Bond Plan	Leaves of Absence
Sick Benefits—Limitations, etc.	Maternity Leave/FMLA Leave
GENERAL	
Mission Statement	Ethics Statement
Employee Handbook/Labor	Introduction to Security Guards
Agreement/Rules Booklet	Transportation
Disciplinary Procedures	Parking Facilities
Dress Code/Safety Requirements	Safety Booklet
Complaints, Discrimination	First Aid/Reporting Injuries
Grievance Procedures	Bulletin Board/Company Newsletter
Proprietary Information	Voluntary Resignation Notice
Agreement	I.D. Card

90-day Evaluation

NAME: _____ DEPARTMENT: _____

STAFF PERFORMANCE APPRAISAL

90 Day Review

SUPERVISOR: Very carefully analyze employee performance in each work factor area indicated. Be certain you rate each factor separately, based solely on the performance of the preceding 90 days. (I.e. because a person was habitually tardy, that person should not be penalized on quality of work, although it could explain quantity.) Keep in mind that the concept behind performance planning and progress evaluation is that the supervisor and each employee should discuss jointly what work is being done in relation to departmental goals, and how well that work is being done.

1. Organizational Skills: Plans, prioritizes and completes work in a timely manner.

- Meets expectations
- Does not meet expectations

2. Working Relationships: Maintains professional relationships with residents, staff, and family members. Understands and recognizes cultural differences

- Meets expectations
- Does not meet expectations

3. Accountability: Carries out instructions and job duties in a dependable and reliable manner.

- Meets expectations
- Does not meet expectations

4. Judgment: Analyzes and solves problems and makes good decisions.

- Meets expectations
- Does not meet expectations

5. Attendance: Consider the number of absences, times arriving tardy, length of lunch periods and number and length of breaks

- Outstanding record of attendance and punctuality
- Rarely absent or late
- Some problems with attendance, punctuality or misuse of time
- Has serious problem with attendance, punctuality or abuse of time

A. Overall appraisal: After considering all factors, indicate on the scale the description which most accurately characterizes your overall appraisal of this individual.

- Consistently surpasses job requirements
- Performs with minimum supervision and direction
- Generally meets established work
- Requires excessive supervision and attention
- Fails to meet job requirements

Explanation:

Major strengths include:

Describe staff member's outstanding accomplishment(s):

Recommendations for continuing development and improvement: (Include developmental activities the employee should undertake to prepare himself/herself for future assignments and responsibilities.)

List and comment on any courses or training the employee has taken to improve Skills, abilities, and/or job knowledge within the past year. Staff member's comments: For me to improve my work performance or qualifications for promotion, I feel I need: (e.g., skill training, "hands on" experience, closer supervision, college courses, etc.)

B. This evaluation has been discussed with me by my immediate supervisor.

Employee's Signature

Supervisor's Signature

Date

Date

2ND STEP: CORE COMPETENCIES

Competencies

❖ Competencies are the **observable** and **measurable** set of:

➤ Knowledge

➤ Skills

➤ Abilities

necessary to perform the job
effectively

Competencies

- ❖ It is recommended that an evaluation of one's nursing skills be done upon hire of a new graduate nurse or when a newly hired nurse is coming from a different care area.
- ❖ Evaluations can take many forms:
 - Skill check-off
 - Clinical Competency Examination
 - Peer Observation

Examples of Competencies: Manager of Care

❖ Registered Nurse (RN):

➤ Bachelors Degree:

- Develops and implements a plan of care and evaluates resident outcomes using theory, evidence based practice and interdisciplinary resources
- Facilitates interdisciplinary services to ensure desired outcomes in residents and families
- Uses interdisciplinary resources to develop, implement, and evaluate comprehensive teaching plans to meet the learning needs of residents and families

➤ Associates Degree:

- Develops and implements a plan of care using theory and evaluates patient outcomes.
- Uses goal-directed therapeutic communication techniques effectively with individuals and families.
- Works with the resident and interdisciplinary team to establish priorities and manage care to achieve desired outcomes
- Develops, implements, and evaluates teaching plans for residents and families
- Participates in the implementation of evidence-based practice

Examples of Competencies: Manager of Care

❖ Licensed Vocational Nurse (LVN):

- Under the direction of the RN, uses an established plan of care to meet basic health needs
- Establishes and participates in therapeutic relationships
- Organizes and manages care for assigned residents while working with the family and interdisciplinary team
- Identifies and actively addresses issues related to protection of residents
- Implements health teaching for residents with identified needs using established teaching plans.

❖ Certified Nursing Assistant (CNA):

- Under the direction of the licensed nurse, follows directions according to established plans of care
- Reports and records data using appropriate terminology and demonstrates caring behavior
- Completes assignments in an organized manner while contributing to team functioning
- Report client knowledge needs and provides basic instruction as directed

Examples of Competencies: Provider of Care

❖ RN:

➤ Associates Degree:

- Manages client care delivery and delegates/assigns care to peers, LVNs and CNAs. Coordinates human and material resources for residents and families.
- Uses appropriate communication strategies to effect positive outcomes for individuals and groups.
- Participates in the development and revision of standards of care.
- Develops, evaluates and modifies teaching plans based on individual learning outcomes for clients and health care personnel.

➤ Bachelors Degree:

- Assumes an influential role in planning, organizing, and monitoring the effective use of resources within the health care setting.
- Interacts with interdisciplinary teams to manage the continuum of care for residents and families
- Participates in the interdisciplinary management of resident/organizational evaluative process.
- Designs and evaluates instructional programs that meet learning needs in residents and families.

Examples of Competencies: Provider of Care

❖ LVN:

- Prioritizes care for own residents and assigns tasks to CNAs
- Participates in group process to promote the provision of nursing care.
- Participates with the interdisciplinary team to plan and implement resident care.
- Identifies and responds to client situations that require instruction.

❖ CNA:

- Organizes care for assigned residents
- Effectively interacts with interdisciplinary healthcare team
- Demonstrates efficient use of time, equipment, and supplies in managing own assignments
- Reinforces organizational policies related to safety and health

Examples of Competencies: Member of Profession

❖ RN:

➤ Associates Degree:

- Makes decisions and takes actions that are consistent with the standard of registered nursing practice, established policies, procedures, and licensing laws
- Communicates RN scope of practice and practice standards to residents and others

➤ Bachelor's Degree:

- Assumes a leadership role in the implementation of professional standards in nursing practice
- Assumes leadership role in professional activities
- Communicated and differentiates levels of nursing practice

Examples of Competencies: Member of Profession

❖ LVNs:

- Makes decisions and takes actions that are consistent with the standard of practical nursing practice, established policies, procedures, and licensing laws.
- Demonstrates ethical/legal behavior consistent with practical nurse standards of practice.
- Interacts with health care colleagues to promote legal and ethical practice.
- Communicates LVN scope of practice to residents and others.

❖ CNAs:

- Demonstrates ethical and responsible behavior as a member of the nursing team and consistent with regulation.
- Demonstrates caring behavior and projects a positive image.
- Performs within a defined role and accepts delegation and supervision.
- Explains nurse assistant care to residents and others.

3RD STEP: TEAMWORK

Teamwork

- ❖ Teamwork is truly all around us
 - Individuals across the world are safer in health care delivery systems where teamwork principles are practiced on a daily basis.
 - Example: reduction in pressure ulcers, error reduction, increase in positive attitudes, and reduction in turnover, just to name a few.
- ❖ What is Teamwork?
 - Team-based care is the provision of services to individuals, families, and the Nursing facility community by at least two providers who work collaboratively with residents and their caregivers – to the extent preferred by each resident – to accomplish shared goals within and across settings to achieve coordinated, high-quality care.

❖ What is Teamwork?

- Working interdependently
- Coordination of tasks
- Free exchange of information
- Dynamic interaction
- Working toward common goals

Promoting Teamwork

- ❖ Training and Development
- ❖ Flexible and collaborative management
- ❖ Consistent, appreciative feedback

Who are the Members of the Team

- ❖ Resident
- ❖ Core Team
- ❖ Contingency Team
- ❖ Coordinating Team
- ❖ Ancillary & Support Services
- ❖ Administration

High Performing Teams

- ❖ High-performing teams have some common traits:
 - Members can anticipate each other's needs
 - Have clear roles and responsibilities
 - Have a clear, valued, and shared vision
 - Strong team leadership
 - Engage in regular discipline of feedback
 - Develop a strong sense of collective trust, team identity, and confidence
 - Create mechanisms to cooperate, coordinate, and generate ongoing collaboration
 - Manage and optimize performance outcomes

Outcomes of Teamwork

- ❖ Improve resident outcomes
- ❖ Reduce clinical errors
- ❖ Increase resident satisfaction
- ❖ Increase staff satisfaction
- ❖ Reduce staff turnover
- ❖ Reduce resident and family grievances and complaints

Influencing the outcomes of Teamwork

❖ Consider these principles and skills to influence teamwork outcomes:

- Control yourself
- Listen first
- Don't preach about what is wrong
- Don't whisper behind closed doors
- Redirect
- Conceptualize
- Explore
- Feedback

Barriers to Effective Teamwork

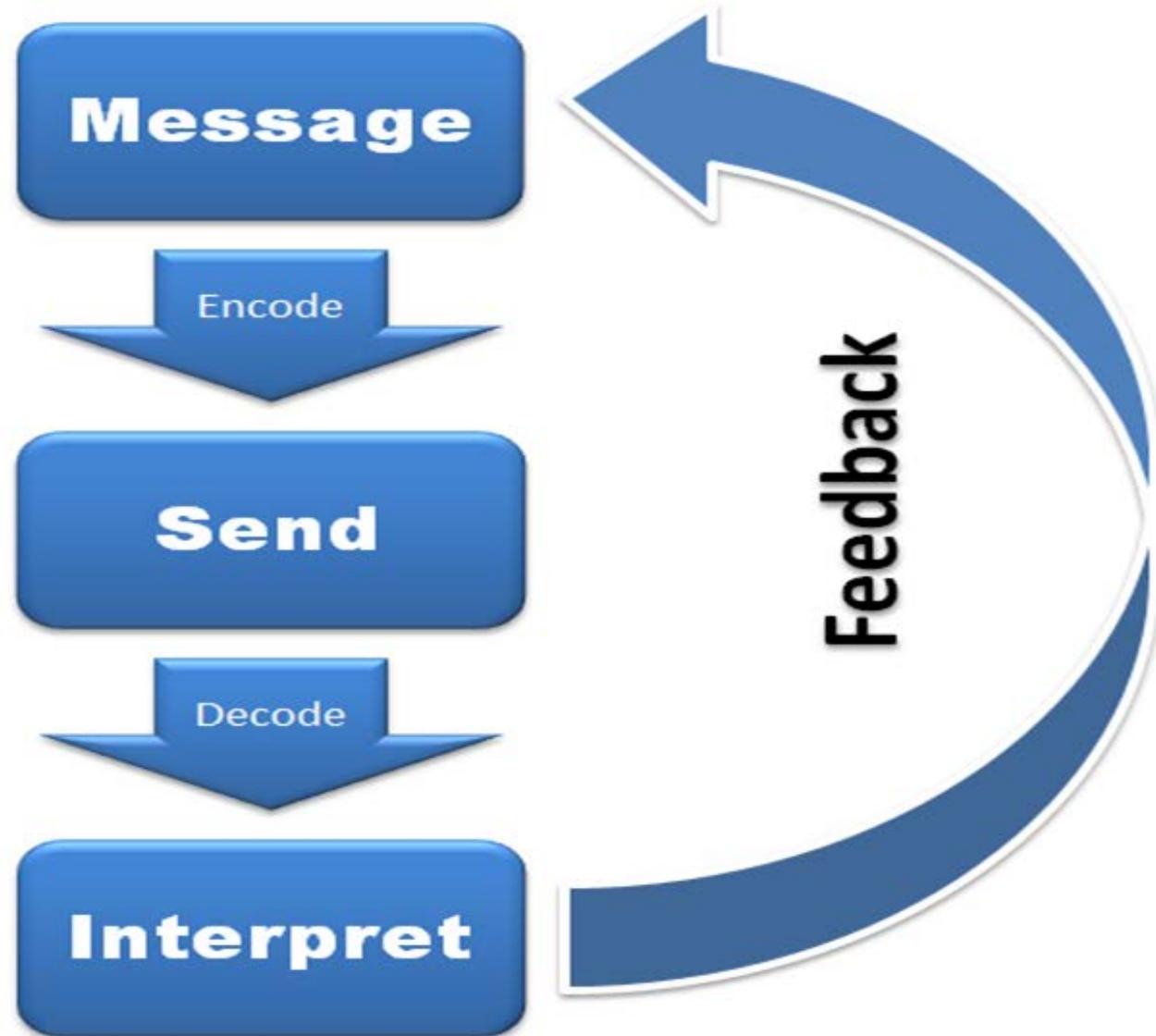
- ❖ There are many barriers to effective teamwork:
 - Inconsistency in team membership
 - Lack of time
 - Lack of information sharing
 - Hierarchy
 - Defensiveness
 - Varying communication styles
 - Conflict
 - Workload
 - Lack of role clarity

4TH STEP: COMMUNICATION WITH THE HEALTHCARE TEAM

Communication is the response you get from the message you sent regardless of its intent.

-Author Unknown

Effective Communication Cycle



Communication

- ❖ Communication is the lifeline of a well-functioning team
- ❖ Important component of the team process
- ❖ Communication skills interplay directly with leadership, situation monitoring, and mutual support
- ❖ It is also important to recognize the resident as part of the team and be aware that clinical and nonclinical people have an important role in affecting the care of the resident

Communicating for Success

❖ Emotional Intelligence

➤ Consists of 4 attributes:

- Self-awareness
- Self-management
- Social awareness
- Relationship management

❖ 5 Strategies to build Emotional Intelligence:

- Rapidly reduce stress in the moment
- Beat relationship stress with emotional awareness
- Use nonverbal communication
- Use humor and play to deal with challenges
- Resolve conflict positively

Methods of Communicating with the Healthcare Team

❖ SBAR

- Situation
- Background
- Assessment
- Recommendation

❖ Call-Outs

❖ Check-Backs

❖ Handoffs

- I PASS the BATON

SBAR

https://www.youtube.com/watch?v=zDOARcgH_Ew

Call-Outs

<https://www.youtube.com/watch?v=cz4Y9MAgkml>

Check-Backs

https://www.youtube.com/watch?v=dt3j_LXB76M

Handoffs

<https://www.youtube.com/watch?v=BXUYalA1nmU>

Communication Challenges

“The single biggest problem in communication is the illusion that it has taken place”

- George Bernard Shaw

Communication Challenges

- ❖ Some of the challenges that may exist in communication are:
 - Language barriers
 - Distractions
 - Physical proximity
 - Personalities
 - Workload
 - Varying communication styles
 - Conflict
 - Verification of information
 - Shift changes
- ❖ Knowing the challenges that your staff face with regards to communication is the first step in overcoming the challenges.

5TH STEP: SCOPE OF PRACTICE LVN vs. RN

Scope of Nursing Practice

- ❖ Chapter 301 of the Texas Occupations Code (TOC)
 - Nursing Practice Act (NPA) Section 301.002 (5), Definitions
 - Nursing Practice Act (NPA) Section 301.353, Supervision of Vocational Nurse

- ❖ Texas Administrative Code (TAC) Title 22, Part 11, Chapter 217, Rule §217.11: Standards of Nursing Practice
 1. Standards applicable to all nurses
 2. Standards specific to Vocational Nurses
 3. Standards specific to Registered Nurses

- ❖ BON Position Statements
 - https://www.bon.texas.gov/practice_bon_position_statements.asp
 - 15.27: The Licensed Vocational Nurse Scope of Practice
 - 15.25: The Registered Nurse Scope of Practice

Scope of Practice

Vocational Nurse

- ❖ Provide safe, compassionate, and **focused** nursing care to assigned patients with **predictable** health care needs.
- ❖ Examples of duties include:
 - Monitor patients' health – such as checking their blood pressure
 - Discuss health care with patients and listen to their concerns
 - Report patients' status to registered nurses and doctors
 - Keep records on patients' health
 - Experienced licensed practical and licensed vocational nurses oversee and direct other LVNs and unlicensed medical staff

Registered Nurse

- ❖ Provide safe, compassionate, and **comprehensive** nursing care to patients and the families with **complex** health care needs
- ❖ Examples of duties include:
 - Set up plans for patients' care or contribute to existing plans
 - Observe patients and record the observations
 - Consult with doctors and other healthcare professionals
 - Help perform diagnostic tests and analyze results
 - Teach patients and their families how to manage their illnesses or injuries

Scope Creep

- ❖ The gradual broadening of the scope of function of a nurse beyond the traditional boundaries.
- ❖ Follow these steps to determine if you are participating in scope creep
 - Step One: Is the act consistent with the Texas NPA?
 - Step Two: Is the activity appropriately authorized by a valid order when necessary, and in accordance with current policies and procedures?
 - Step Three: Is the act supported by positive and conclusive data from nursing literature, nursing research, and/or research from a health related field (such as evidence based practice standards)?
 - Step Four: Do you personally possess current clinical competence to perform the task safely from knowledge acquired in a basic nursing education program, post-basic program, or continuing education program?
 - Step Five: Is the performance of the act within the accepted “standard of care” which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience?
 - Step Six: Are you prepared to accept the consequences of your actions?

6TH STEP: RNs ROLE AND DELEGATION

❖ The role of the RN in the facility is:

- Direct and supervise care delivered by other nursing personnel
- Oversee each resident's overall health and medical histories
- Ensure the best, individualized care possible
- Advocate for the residents
- Provide education
- Coordinate care
- Interpret resident information and make critical decisions about needed actions
- Quality improvement

RN Delegation

- ❖ Delegation is a skill that maximizes the available resources in the interest of resident care.

- ❖ Should be based on the RN's judgement concerning a resident's condition, the competence of all members of the team, and the degree of supervision required

- ❖ Five Rights of Delegation:
 - Right Task
 - Right Circumstance
 - Right Person
 - Right Direction/Communication
 - Right Supervision

Right Task

Director of Nursing

- ❖ Appropriate activities for consideration in delegation decisions are identified in Unlicensed Assistive Person (UAP) job description/role delineation
- ❖ Organizational policies, procedures and standards describe expectations of and limits to activities

Assistant Director of Nursing/Unit Nurse

- ❖ Appropriate delegation activities are identified for specific clients (s)
- ❖ Appropriate activities are identified for specific UAP.

Right Circumstances

Director of Nursing

- ❖ Assess the health status of the client community, analyze the data and identify collective nursing care needs, priorities, and necessary resources
- ❖ Provide appropriate staffing and skill mix, identify clear lines of authority and reporting, and provide sufficient equipment and supplies to meet the collective nursing care needs
- ❖ Provide appropriate preparation in management techniques to deliver and delegate care

Assistant Director of Nursing/Unit Nurse

- ❖ Assess health status of individual client (s), analyze the data and identify client specific goals and nursing care needs
- ❖ Match the complexity of the activity with the UAP competency and with the level of supervision available
- ❖ Provide for appropriate monitoring and guiding for the combination of client, activity, and personnel

Right Person

Director of Nursing

- ❖ Establish organizational standards consistent with applicable law and rules which identify educational and training requirements and competency measurements of nurses and UAP
- ❖ Incorporate competency standards into institutional policies; assess nurse and UAP performance; perform evaluations based upon standards; and take steps to remedy failure to meet standards, including reporting nurses who fail to meet standards to BON

Assistant Director of Nursing/Unit Nurse

- ❖ Instruct and/or assess, verify and identify the UAP's competency on an individual and client specific basis
- ❖ Implement own professional development activities based on assessed needs; assess UAP performance; perform evaluations of UAP based upon standards; and take steps to remedy failure to meet standards

Right Direction/Communication

Director of Nursing

- ❖ Communicate acceptable activities, UAP competencies and qualifications, and the supervision plan through a description of a nursing service delivery model, standards of care, role descriptions and policies/procedures

Assistant Director of Nursing/Unit Nurse

- ❖ Communicate delegation decision on a client specific and UAP-specific basis. The detail and method vary with the specific circumstances
- ❖ Situation specific communication includes:
 - Specific data to be collected and method and timelines for reporting
 - Specific activities to be performed and resident specific instructions and limitations, and
 - The expected results or potential complications and timelines for communicating such information

Right Supervision/Evaluation

Director of Nursing

- ❖ Assure adequate human resources, including sufficient time, to provide for sufficient supervision to assure that nursing care is adequate and meets the needs of the client
- ❖ Identify the licensed nurses responsible to provide supervision by position, title, role delineation
- ❖ Evaluate outcomes of client community and use information to develop quality assurance and to contribute to risk management plans

Assistant Director of Nursing/Unit Nurse

- ❖ Supervise performance of specific nursing activities or assign supervision to other license nurses
- ❖ Provide directions and clear expectations of how the activity is to be performed:
 - Monitor performance
 - Obtain and provide feedback
 - Intervene if necessary, and
 - Ensure proper documentation
- ❖ Evaluate the entire delegation process:
 - Evaluate the resident, and
 - Evaluate the performance of the activity

RN Delegation

❖ Four guidelines for effective delegation:

- Delegation requires RNs to make decisions based on patient needs, complexity of the work, competency of the individual accepting the delegation, and the time that the work is done.
- Delegation requires that timely information regarding the individual patient be shared, defines specific expectations, clarifies any adaptation of the work in the context of the individual patient situation, and provides needed guidance and support by the RN.
- Ultimate accountability for process and outcomes of care – even those he or she has delegated - is retained by the RN.
- RNs make assignments and the care provider accepts responsibility, authority, and accountability for the work assigned.

Delegation Don'ts



RN Tasks

Prohibited from Delegation

- ⊘ Assessment
- ⊘ Formulation of a nursing care plan
- ⊘ Implementation of parts of the nursing care plan
- ⊘ Responsibility and accountability of health education
- ⊘ Dose calculation
- ⊘ Injectable medications (except insulin)
- ⊘ Medications via a non-permanent tube
- ⊘ Verbal and telephone orders
- ⊘ Initial dose

It's the law – 22 TAC § 225.12

7TH STEP: PERSON-CENTERED CARE

Person-Centered Care

- ❖ Person-centered care promotes:
 - Choice
 - Purpose
 - Meaning
- ❖ Residents are supported in achieving the level of physical, mental, and psychosocial well-being that is individually practicable
- ❖ Honors the importance of keeping the resident at the center of the care planning and decision-making process.
- ❖ Care plans are living documents that change as the resident's needs change
- ❖ Staff actively listen and observe in order to adapt to each resident's needs regardless of cognitive abilities.

Comparison of Traditional Care versus Person-Centered Care

Clinical (traditional) Approach

- ❖ Focus on diagnosis, disability, deficit, as identified through formal assessments
- ❖ Professionals make major decisions about treatment
- ❖ The person is a client of the service system and treatment is given in service settings
- ❖ Defines the pre-requisite skills needed to move to a less restrictive service setting
- ❖ Services are impersonal, staff are interchangeable
- ❖ Focus on quality of treatment as defined by regulations and professional standards

Person-Centered Approach

- ❖ Focus on the person and their individual capacities and interests. Disability is one of the characteristics, not a defining one
- ❖ The person and their support network make decisions, seeking advice when needed
- ❖ The person is a citizen and is supported to participate in community life with fellow citizens
- ❖ Assume inclusion, and provide necessary support
- ❖ Individual relationships with service workers are recognized and respected
- ❖ Focus on quality of life as defined by the person

Person-Centered Care

❖ Principles of Person-Centered Care

- Getting to know the patient or client as a person
- Sharing of power and responsibility
- Accessibility and flexibility
- Coordination and integration
- Environments

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