Splash zone rollout decreases CLABSI rates in high acuity ICU

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ONRQC Presentation
April 14, 2025

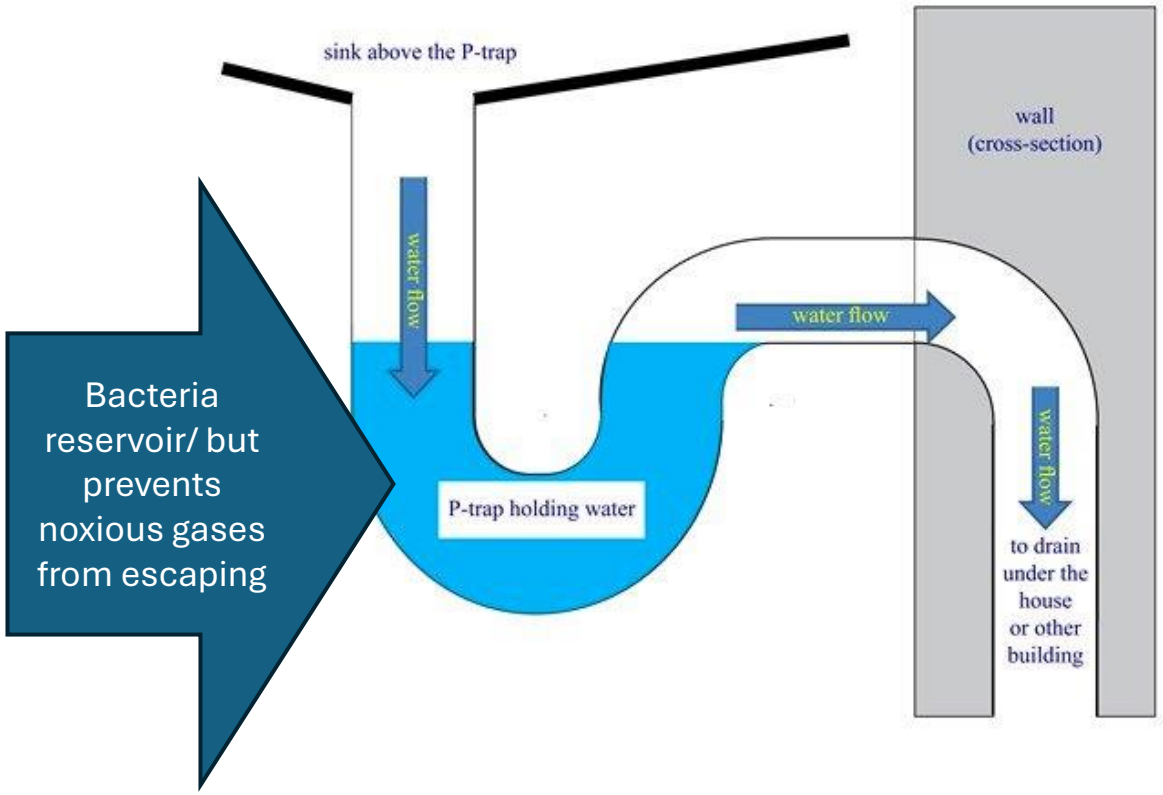
Objectives

- Initial concern and project rollout
- What is a splash zone?
- Connection to CLABSIs
- Offer strategies to minimize risk
- Successes and pain points

What started it all?

- In 2019, an OHSU oncology unit had an outbreak of resistant Pseudomonas bacteremia
- VERY high risk of mortality
- After much investigation it was deemed this was coming from the hospital environment related to water
  - Several interventions were done- ice machine replaced, faucet aerators removed, strengthened the CLABSI bundle etc.
  - Yet did not change the outbreak issue
  - ***Suspected source were the drains based on literature***

What is the Splash Zone?



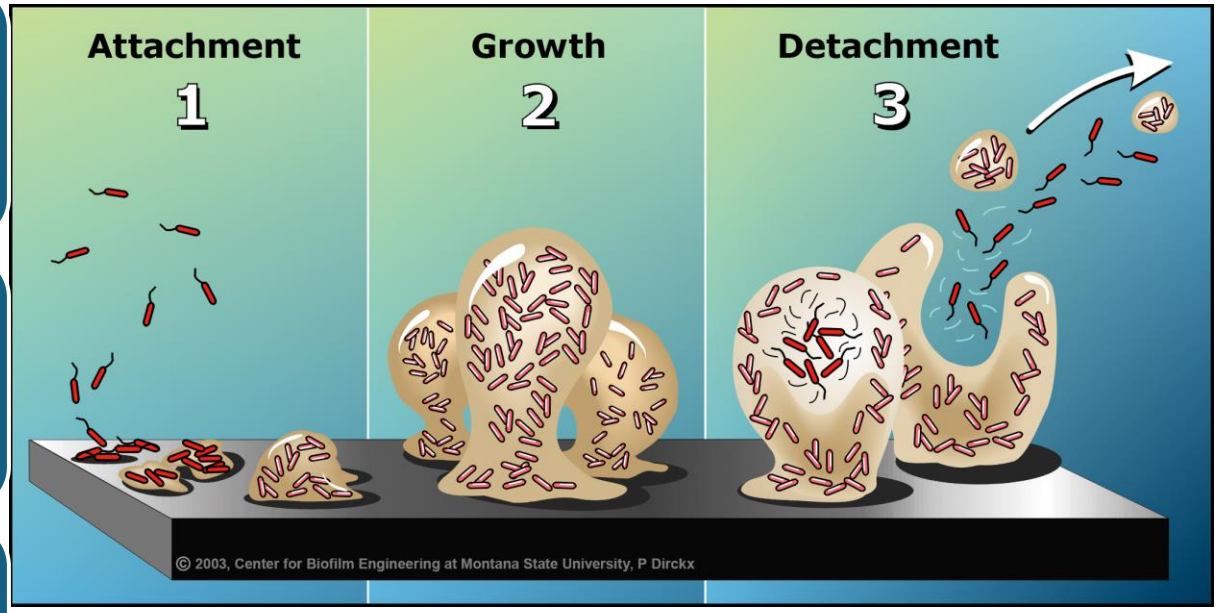
With mixing of patient biomatter & medications, antibiotic-resistant bacteria can grow & persist creating biofilm

Biofilms

Matrix of cells adhering to a surface

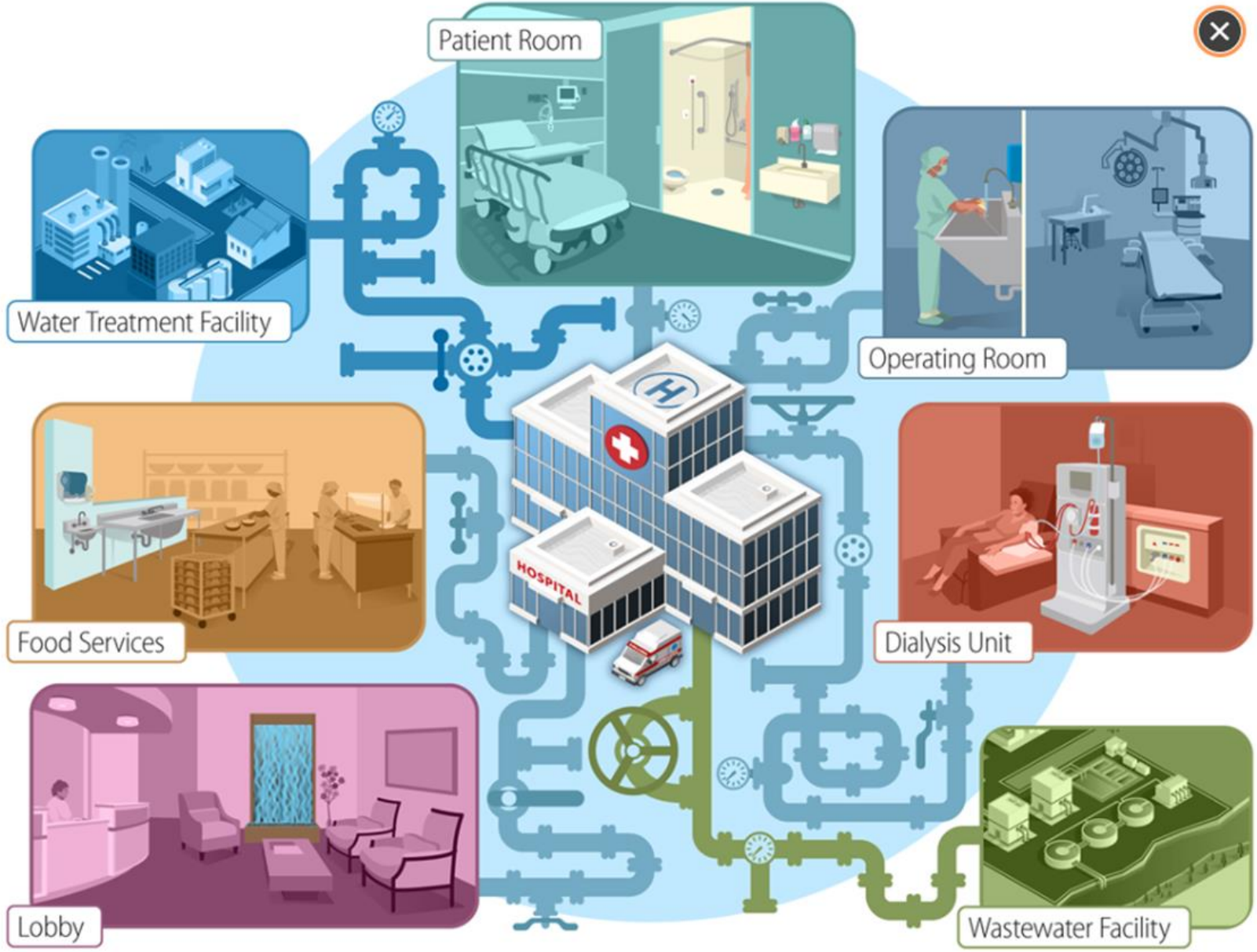
Can occur in plumbing (hot or cold), indwelling devices, IV lines, cooling tanks, sinks, aerators, shower heads and more.

Can break off to form new colonies elsewhere in the water system



CDC- Considerations for Reducing Risk: Water in Healthcare Facilities

- Avoid placement of patient care items or personal items on counters next to sinks.
- Handwashing sinks should be close by & accessible
- Preparing medications: avoid storing med or preparing meds near sinks unless barriers are in place to prevent splashing

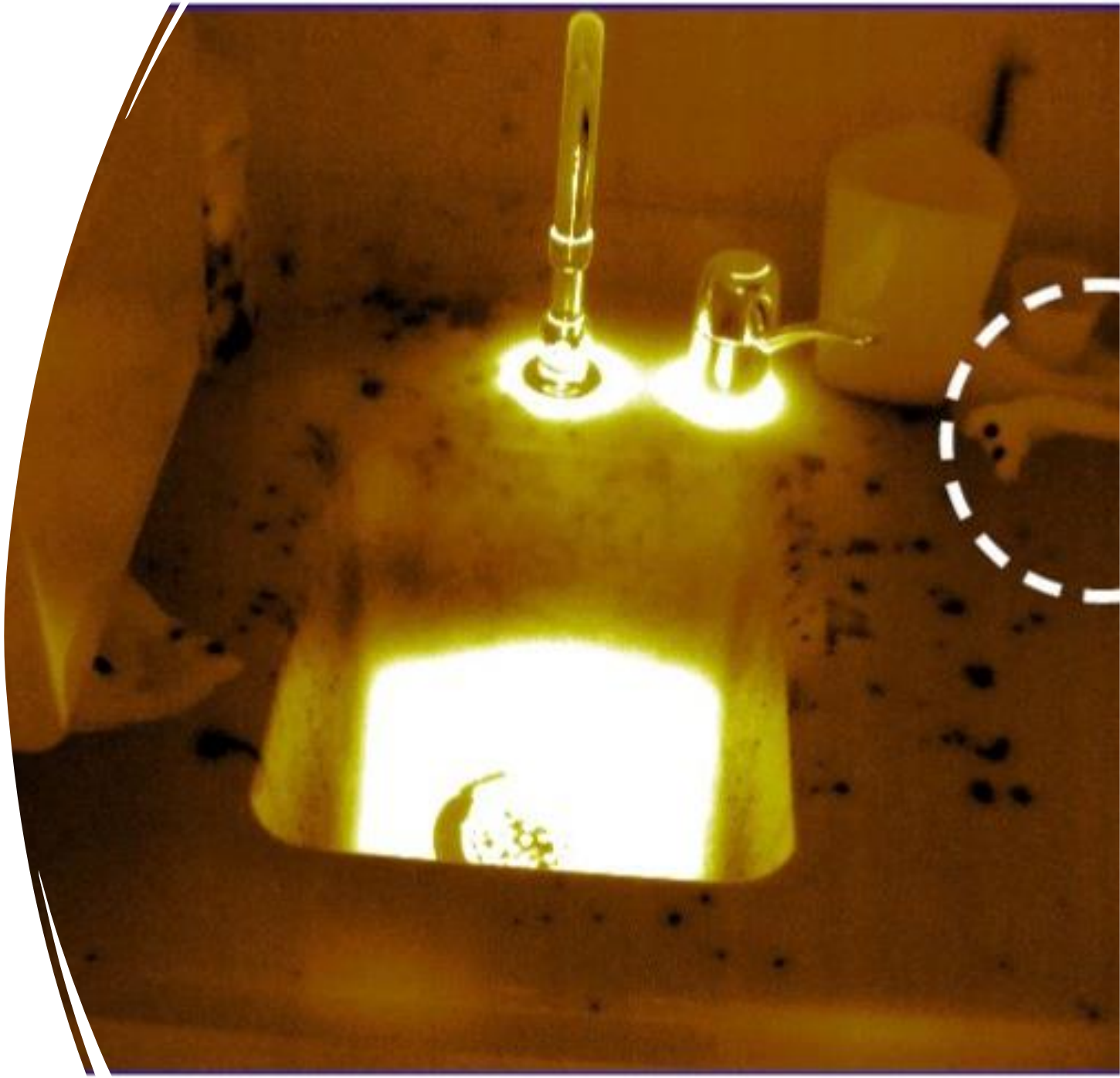


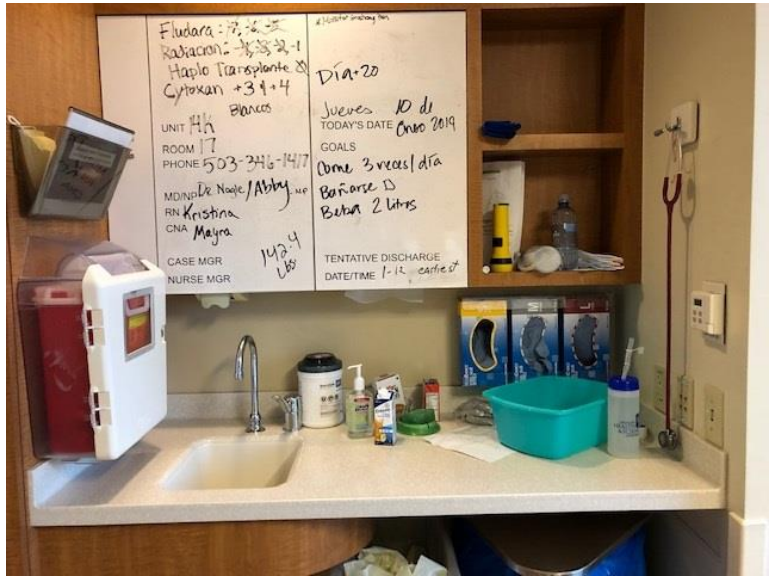
Are you healthy? Not to worry…

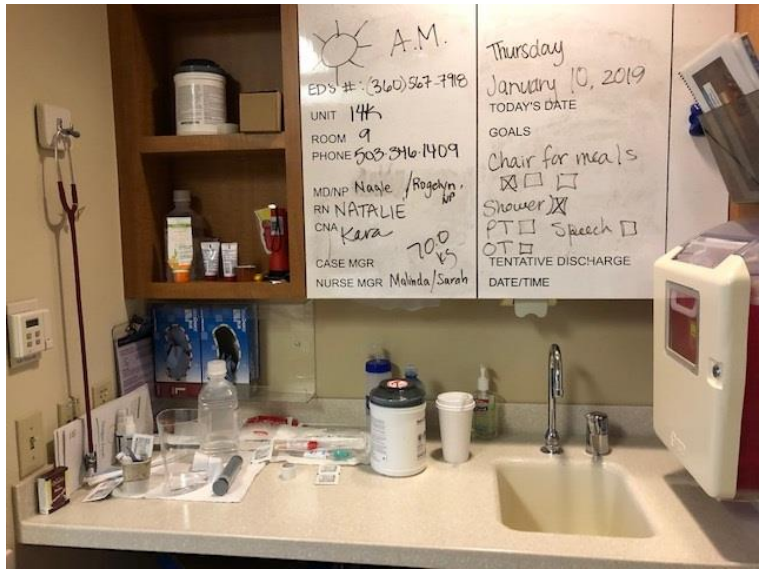
- For typical household uses such as washing, bathing, drinking and food preparation, these microbes rarely pose a serious health risk.
- Yet in healthcare settings, the way we use water can be different & patients are more susceptible to infections

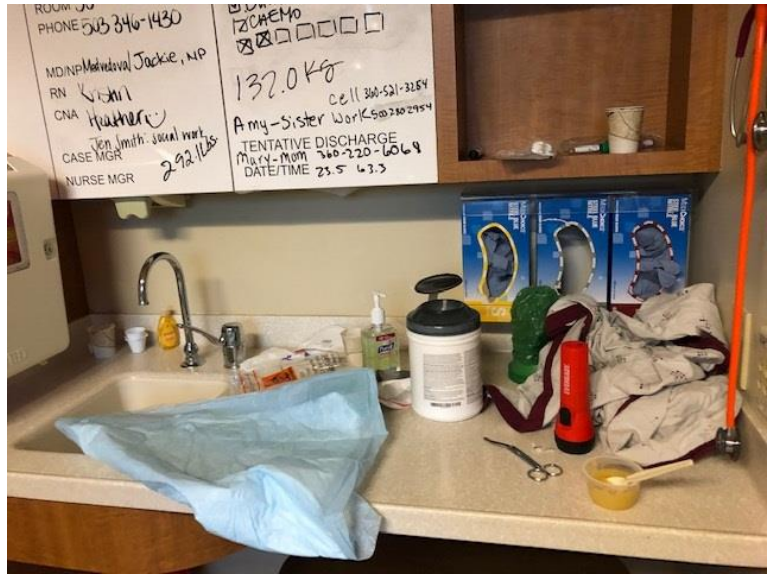
Splash zone and patient risk

- The area around any sink or toilet that could be potentially contaminated by wastewater that sprays up or out of the drain when used.
- 3-foot length comes from most heavy droplets (splash from sinks) fall by 3 feet
- It is not so much the faucet- IT IS THE DRAIN (Lewis et al., 2018)




Fludara
Radiacion
Haplo Transplante
Cytoxan +3 +4
Blancos
UNIT 14K
ROOM 17
PHONE 503-346-1417
MD/NP Dr Nagle / Abby NP
RN Kristina
CNA Mayra
CASE MGR
NURSE MGR
Día+20
Jueves 10 de Octubre 2019
TODAY'S DATE
GOALS
Comer 3 veces/día
Beber 2 litros
TENTATIVE DISCHARGE
DATE/TIME


A.M.
EDS #: (360) 567-7918
UNIT 14K
ROOM 9
PHONE 503.346.1409
MD/NP Nagle / Rogelyn, NP
RN NATALIE
CNA Kara
CASE MGR
NURSE MGR Malinda/Sarah
Thursday
January 10, 2019
TODAY'S DATE
GOALS
Chair for meals
Shower
PT Speech
OT
TENTATIVE DISCHARGE
DATE/TIME


PHONE 503 346-1430
MD/NP Medieval Jackie, NP
RN Kristi
CNA Heather
Jen Smith - social work
CASE MGR
NURSE MGR
CHEMO
132.0 kg
Cell 360-521-3284
Amy-Sister Work 503 780 2954
TENTATIVE DISCHARGE
Mary-Mom 360-220-6064
DATE/TIME 23.5 63.3


SATURDAY

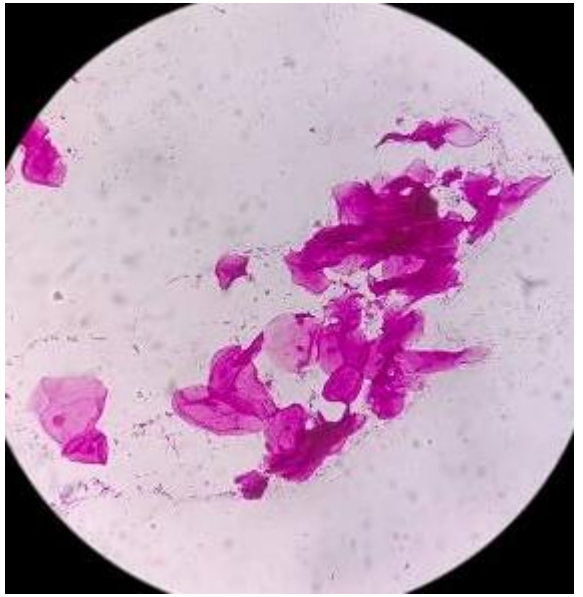
Opportunistic Pathogens in Plumbing -CDC

Gram negative bacteria

- *Pseudomonas aeruginosa*
- *Pseudomonas putida-P. fluorescens*
- *Burkholderia cepcia* complex *(B. cepacia, B. cenocepacia*, at least 8 other genomospecies)
- *Cupriavidus (Ralstonia) pauculus*
- *Herbaspirillium*
- *Methylobacterium* spp
- *Ralstonia pickettii, Ralstonia mannitolilytica*
- *Sphingomonas paucimobilis, Sphingomonas mucosissima*, other *Sphingomonas* spp
- *Stenotrophomonas maltophilia*
- *Acinetobacter baumannii*, complex *A. calcoaceticus*
- *Alcaligenes xylosoxidans, A. faecalis*
- *Aeromonas hydrophila, Aeromonas* spp
- *Elizabethkingia anophelis, E. meningosepticum*
- *Legionella pneumophila*

Non-fecal coliforms

- *Enterobacter cloacae*
- *Klebsiella* spp
- *Pantoae aggloerans*
- *Rahnella aquatilis*
- *Serratia liquifaciens, Serratia marcescens*



Opportunistic Pathogens in Plumbing

Nontuberculous mycobacteria (NTM or Environmental Mycobacteria

- *Mycobacterium. abscessus clade (M. abscessus, M. bolettii, M. massiliense)*
- *M. chelonae*
- *M. mucogenicum clade (M. mucogenicum, M. phociacum)*
- *M. fortuitum clade (M. fortuitum, M. cosmeticum, mageritiense, M. porcinum, M. septicum)*
- *M. immunogenum*
- *M. smegmatis clade (M. goodii, M. wolinskyi)*
- *M. aurum*
- *M. simiae*
- *M. avium complex (M. avium, M. intracellulare, M. chimaera, M avium ss hominissuis, M. columbiense)*
- *M. scrofulacuemA. calcoaceticus*
- *M parascrofulaceum*
- *M. xenopi*
- *M. arupense*
- *M. kansasii*
- *M. haemophilum*
- *M. nonchromogenicum clade (M. nonchromogenicum, M. triviale, M. terrae)*
- *M. gordonae* (only among patients with severe immune deficiency)

Other bacteria/actinomyces

- *Microbacterium* spp
- *Tsukamurella* spp
- *Rhodococcus equi, Rhodococcus* spp
- *Gordonae* spp

Fungi

- Yeasts (eg. *Candida parapsilosis, C. tropicalis*)
- *Aspergillus fumigatus, A. niger*
- *Fusarium* spp
- *Exophiala* spp

A large quality improvement project started

- Oncology unit leadership collaborated with Infection prevention, Infectious Disease, Environmental Services, nursing, Provider leadership, Facilities, & Nursing
  - Created a ‘sink hygiene bundle’
  - Literature reviews done; CDC contacted.
  - Lean Model used
    - MESSES board used and led by Charge RNs
    - Large RN collaboration on workflows

Sink hygiene bundle – interventions

- Remove all patient care/hygiene items from the “splash zone”
  - Alternative staging sites -- new workstations if needed
  - Alteration of the physical environment
    - Glove boxes, IV bags/tubing, oral care supplies, wound care supplies, stethoscopes, and flashlights.
- Patient/visitor/staff member education re: avoiding the “splash zone”
- Limit use of sinks (for example -- not for priming IV lines, disposing of biologic waste, no sink water for face washcloths etc.)

More interventions…

- Facilities to offset faucet from drain and assess flow
  - Goal: water should not flow directly into the drain causing splash
- Patients should NOT be using tap water for any oral care, including tooth brushing.
  - Not be performed at the sinks.
  - Use kitchen **filtered** water and a kidney basins were be used then discarded.
- Environmental Services (EVS) trained on room cleans – to include cleaning the faucet taps FIRST with a clean washcloth then the sink basin

Check It Out!

What was found?

- With effort and reiterations, the Oncology unit had less patients colonized with pseudomonas!

Infection Control & Hospital Epidemiology (2024), **45**, 847–855
doi:10.1017/ice.2023.288

SHEA

Original Article

The impact of an intervention to reduce dispersal from wastewater drain sites on carbapenem-resistant *Pseudomonas aeruginosa* colonization and bloodstream infection on a hematopoietic cell transplant and hematologic malignancy unit

Lauren Fontana DO[1], Morgan Hakki MD[2], Egon A. Ozer MD, PhD[3,4], Amy Laird PhD[5] and Lynne Strasfeld MD[2,6]

Practice Leader saw a need to update practices/align with oncology unit

Not just immunocompromised at risk

Any incision site

-NSICU moved practice to not use tap water near incisions or above mid chest for EVD & crani patients

Open wounds

Central lines

Connection between splash zone & CLABSIs

Multidrug resistant bacteria are linked to mortality of several ICU populations including immunosuppressed (Fontana et al., 2024).

#1 MOST IMPORTANT CONCERN

Many of these patients have central lines	Central lines= risk of CLABSIs

Impacts:

Staffing	Operations	Finances	Public image

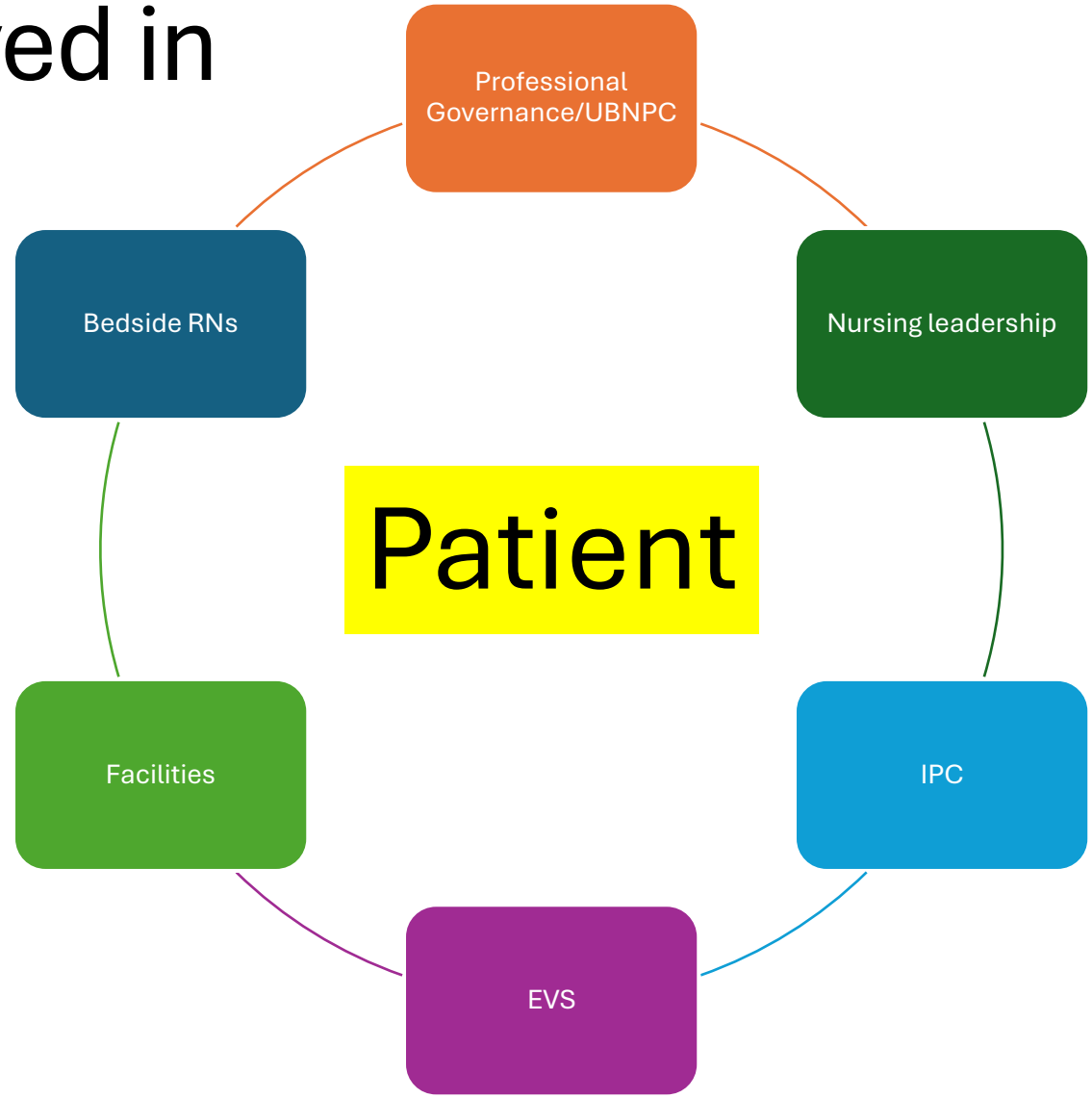
Average CLABSI rate FROM 2018-2022 in the MICU was 1.32 per 1000 central line days.

Cost of CLABSIs

- Internal audit done for 2019-2020 pulling Diagnosis-Related Group (DRG), actual cost of care, and length of stays (in and out of ICU) for those with CLABSI and without.
- # of cases in 2019-2020: 29
- Direct cost WITH infection $152,239
- Direct cost WITHOUT infection $42,133

Average cost per case $110,107

Areas involved in this change



Preparation for rollout: 2020-2023

Fall of 2020 went to UBNPC to start the conversation with bedside champions/leaders

Coordinated with stakeholders

Followed workflow/protocols established from original pilot

Virtual education on the why?

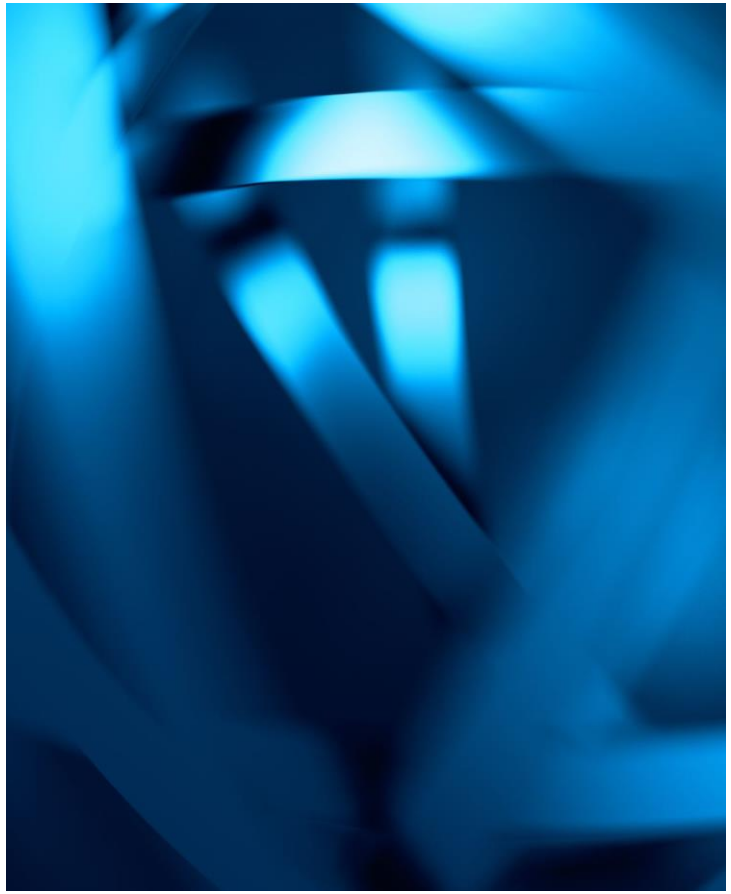
- Collaborated with MICU RNs, Oncology Practice Leader, IPC, & Infectious Disease provider

Discussed what we could do at that time (what was in our control)

- Rolled out the sink hygiene bundle concepts

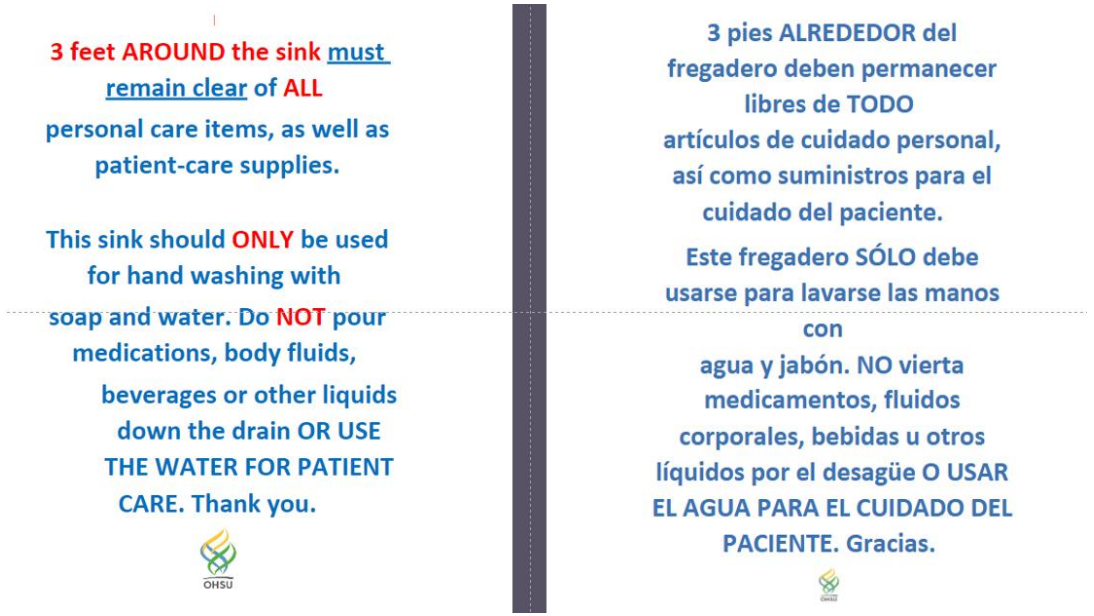
Address questions and concerns

Used PDSA model & the Daily Management Systems board to highlight changes (Formal rollout date January 2023)



In our control at roll out

- Splash Zone signs at bedside (English & Spanish)
- Implemented the Sink Hygiene bundle
  - Filtered water
  - Limited sink use
  - Moved all items out of splash zone
  - No sink washcloths, toothbrushing at sink
- Facilities evaluated water flow and offset faucets
- Covered sinks in medication room and kitchen
- Trained EVS on practices
- Embedded Splash zone education into onboarding education for new hires



Long term adaptations- occurred summer of 2024

- Moved gloves from supply cart & splash zone for more workable space
- Removed hooks from above sinks
- Delineated a line on the wall for where the splash zone ends

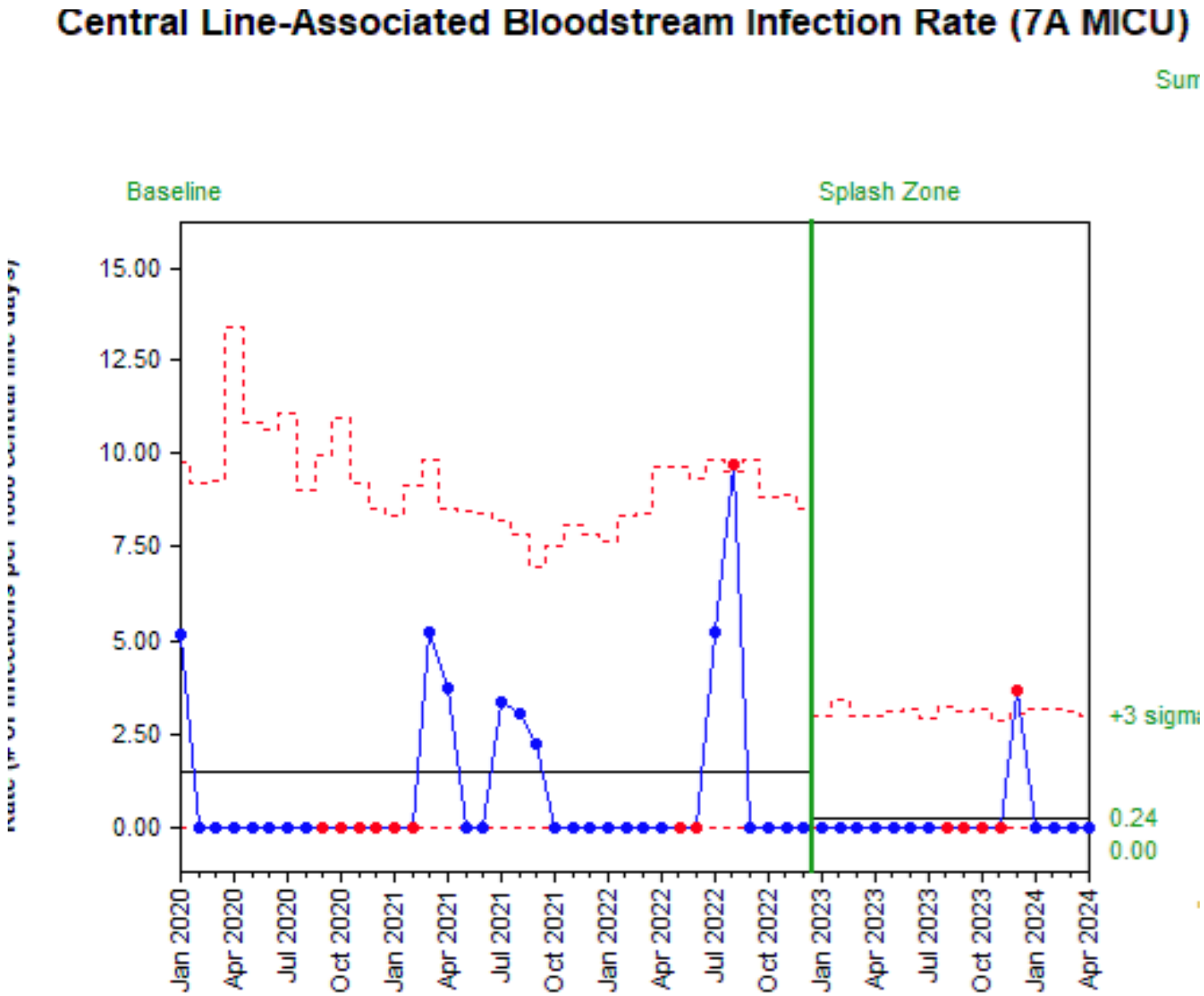

No patient items
No patient care items

Pain Points?

- **Yes!**
  - Connecting the why to workflows
    - Need RN accountability and buy-in
  - What was working/needed a process
    - How do you get a warm washcloth for a patient's face?
    - Adjusting to filtered water for tube feeds & complying with IPC recommendations
    - More workable space
  - Continuing educating families, all staff members & consulting teams, float RNs
    - Not dumping sodas down drain
    - Or leaving items in the splash zone when done with them
- All areas workspaces look different

Data

- Prior to implementation, the average CLABSI rate was 1.32 per 1000 central line days.
- Post-intervention rates dropped to 0.24 per 1000 central line days.



In conclusion

Positive results have caught the attention of hospital executives

Goal is to expand across the organization

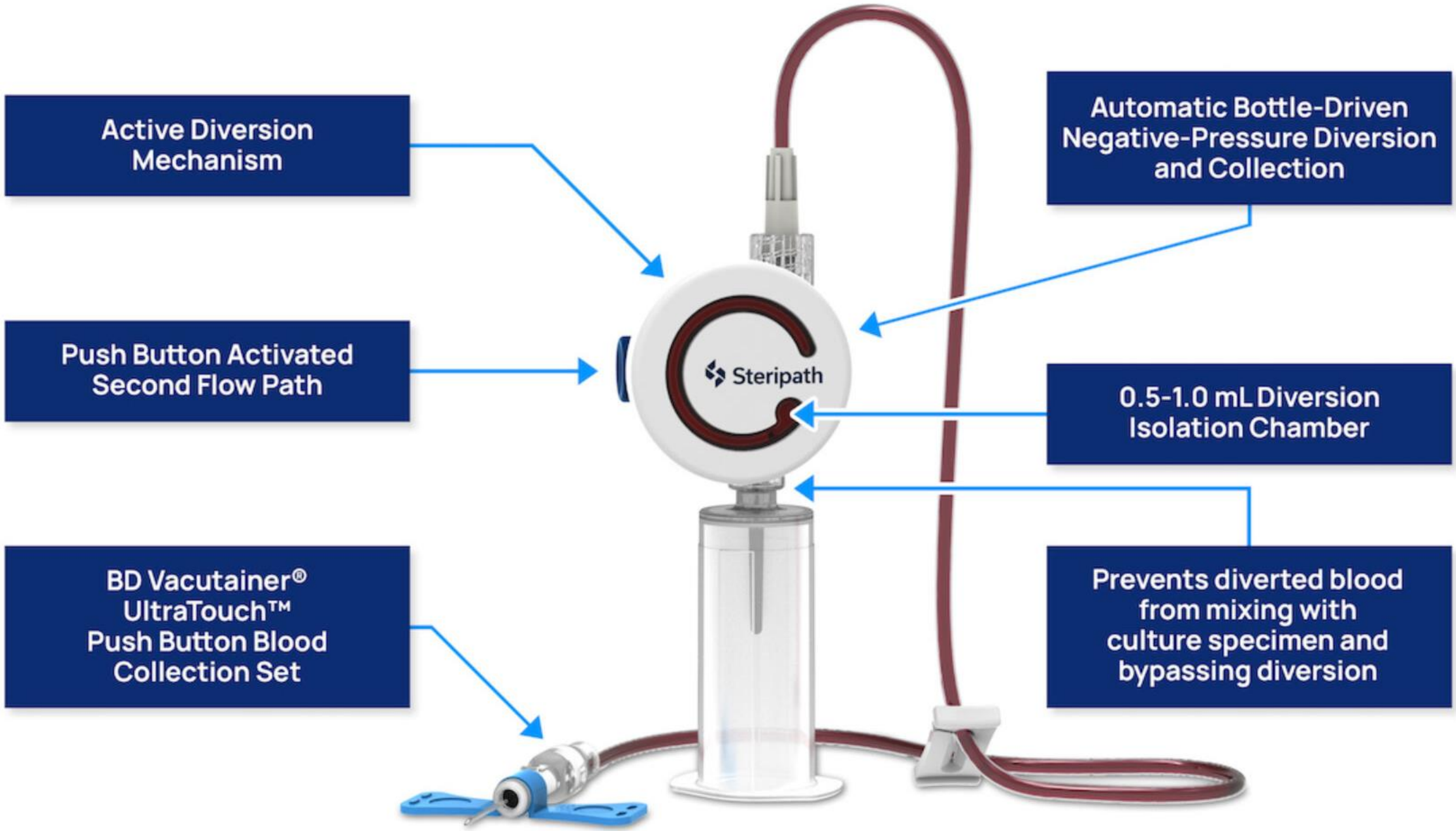
Vista Pavillion had splash zone in mind during construction!

References

- *Considerations for reducing risk: water in healthcare facilities*. (2024, April 8). Healthcare-Associated Infections (HAIs). https://www.cdc.gov/healthcare-associated-infections/php/toolkit/water-management.html
- Fontana, L., Hakki, M., Ozer, E. A., Laird, A., & Strasfeld, L. (2024). The impact of an intervention to reduce dispersal from wastewater drain sites on carbapenem-resistant Pseudomonas aeruginosa colonization and bloodstream infection on a hematopoietic cell transplant and hematologic malignancy unit. *Infection Control and Hospital Epidemiology*, 1–9. https://doi.org/10.1017/ice.2023.288
- Lewis, S. S., Smith, B. A., Sickbert-Bennett, E. E., & Weber, D. J. (2018). Water as a source for colonization and infection with multidrug-resistant pathogens: Focus on sinks. *Infection Control and Hospital Epidemiology*, *39*(12), 1463–1466. https://doi.org/10.1017/ice.2018.273

Use of a Diversion Device to Decrease Blood Culture Contamination

Christina Lee RN, BSN
Jamie Twyman RN, BSN


Active Diversion Mechanism
Push Button Activated Second Flow Path
BD Vacutainer® UltraTouch™ Push Button Blood Collection Set
Automatic Bottle-Driven Negative-Pressure Diversion and Collection
0.5-1.0 mL Diversion Isolation Chamber
Prevents diverted blood from mixing with culture specimen and bypassing diversion
Steripath

Steripath.Micro

Initial Specimen Diversion Device®

Clinical Results

Table of Data

MMT Name
Portland VA Medical Center

Department
All

Collection Start Date
4/1/2024 to 8/31/2024
and Null values

MMT Name	Department	Department Baseline Numbero..	Department Baseline BCx Rate	Collection Start Date	Collection End Date	Total Draws	Total Contaminants	Blended Rate	Total Steripath Draws	Total Steripath Contaminants	Steripath Rate	Total Non-Steripath Draws	Total Non-Steripath Contamina..	Non-Steripath Rate	Projected FP at Baseline BCx Rate	False Positives Avoided	Cost Savings	False Positives Avoided at 100% Steripat..	Cost Savings (100%)
Portland VA Medical Center	ED	3,000	3.30%	4/1/2024	4/30/2024	226	2	0.88%	158	0	0.00%	68	2	2.94%	7	5	$22,716	7	$31,040
				5/1/2024	5/30/2024	214	0	0.00%	142	0	0.00%	72	0	0.00%	7	7	$29,392	7	$29,392
				6/1/2024	6/30/2024	208	1	0.48%	91	0	0.00%	117	1	0.85%	7	6	$24,406	7	$28,568
				7/1/2024	7/31/2024	231	4	1.73%	178	1	0.56%	53	3	5.66%	8	4	$15,079	6	$26,326
				8/1/2024	8/31/2024	210	1	0.48%	153	0	0.00%	57	1	1.75%	7	6	$24,681	7	$28,843

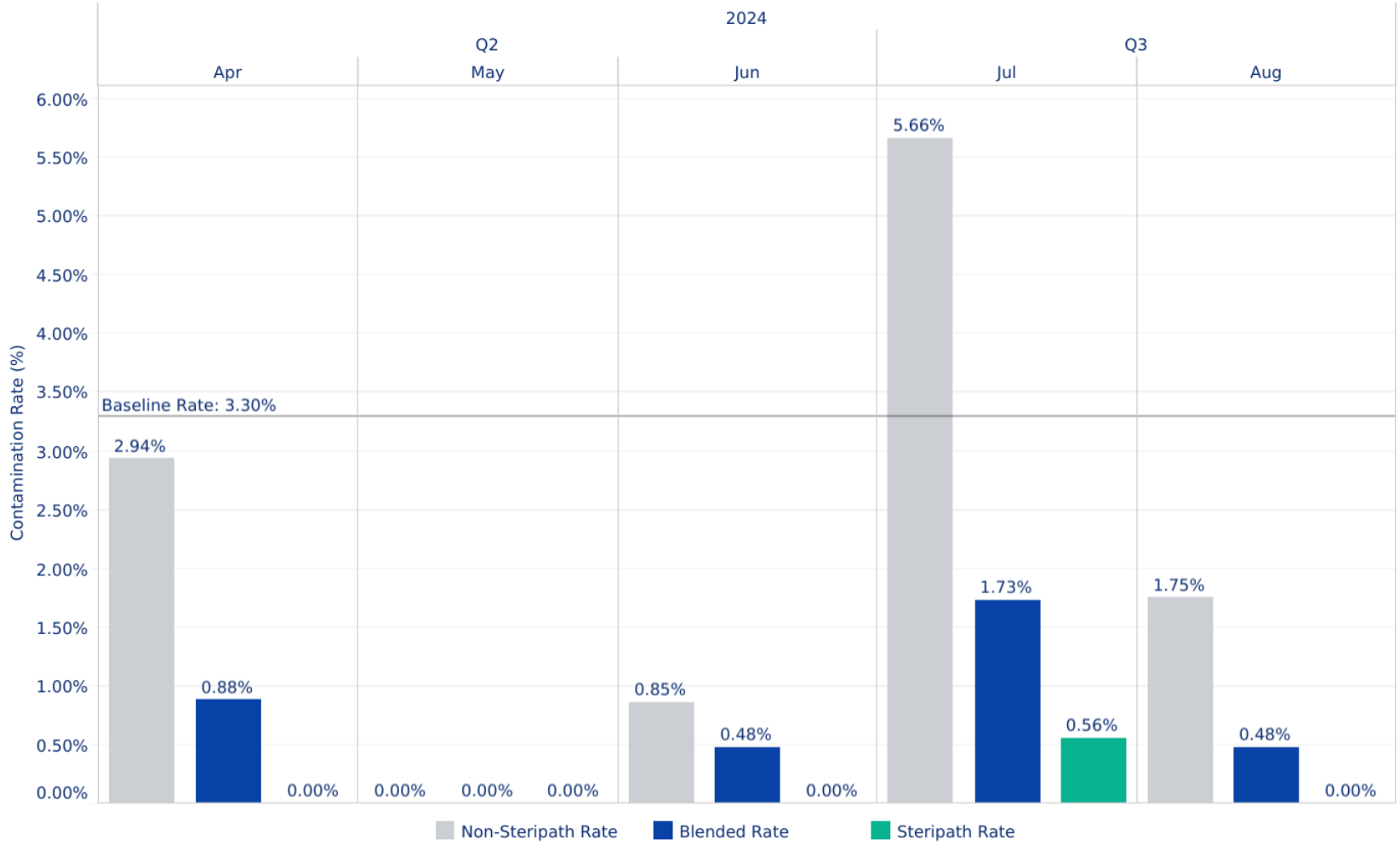
Blood Culture Contamination Rates

Reduction in Contamination Rate since Steripath Implementation

MMT Name
Portland VA Medical Center

Department
All

Collection Start Date
4/1/2024 to 8/31/2024
and Null values



Pre-Steripath Baseline Rate

3.30%

Non-Steripath Rate

1.91%

Non-Steripath Rate Change from Baseline

-42.20%

Blended Rate

0.73%

Blended Rate Change from Baseline

-77.74%

Steripath Rate

0.14%

Steripath Rate Change from Baseline

-95.80%

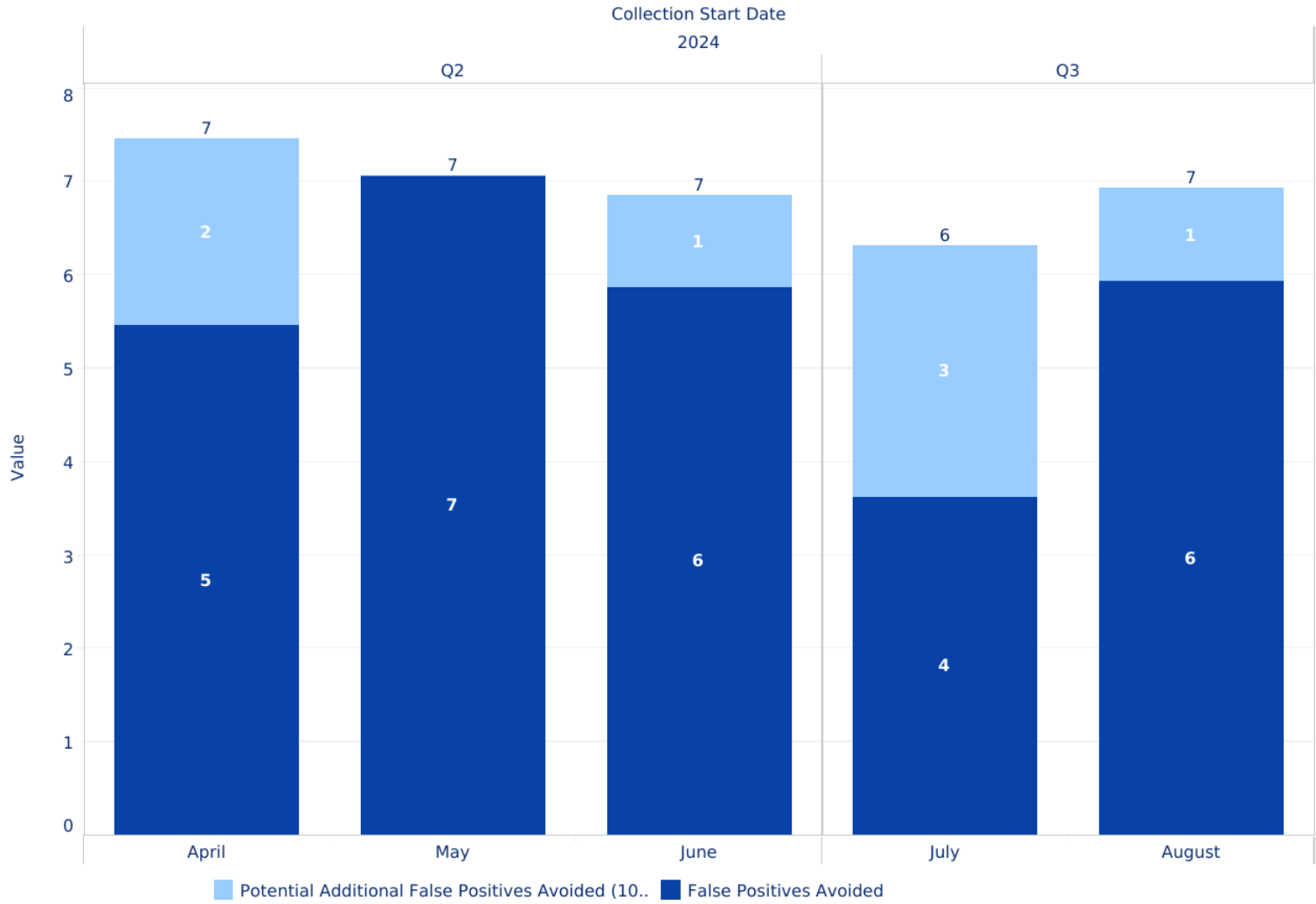
Patient Impact

False Positives (FP) Avoided since Steripath Implementation

MMT Name
Portland VA Medical Center

Department
All

Collection Start Date
4/1/2024 to 8/31/2024
and Null values



Projected # of False Positives at Baseline Rate(s)

36

False Positives Avoided Post-Steripath

28

Reduction in False Positives Post-Steripath

78%

Potential Additional False Positives Avoided with Steripath at 100% Utilization

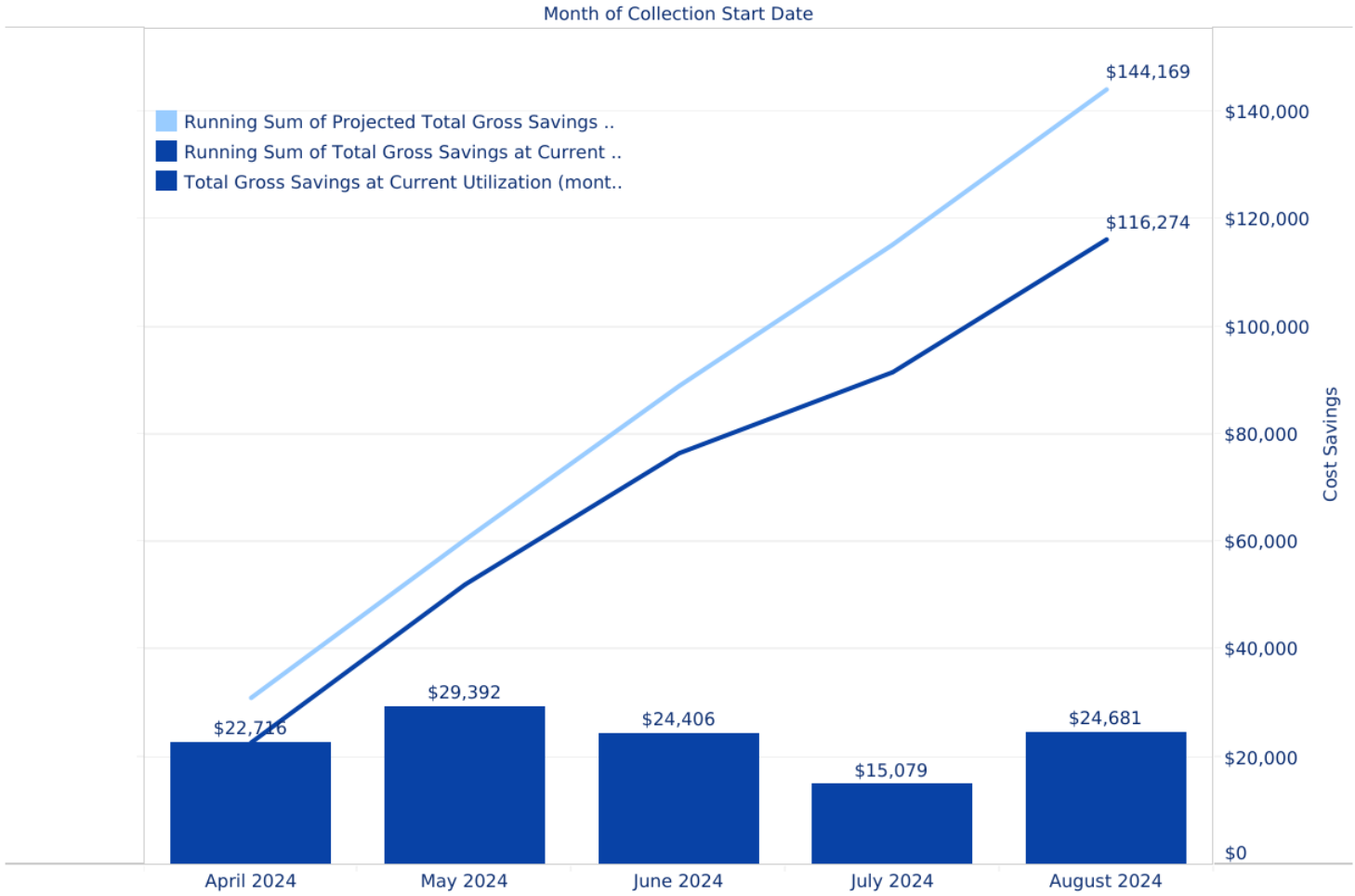
7

Potential Reduction in False Positives with Steripath at 100% Utilization

96%

Financial Impact

Cost Savings due to False Positives Avoided



MMT Name
Portland VA Medical Center

Department
All

Collection Start Date
4/1/2024 to 8/31/2024
and Null values

Total Gross Savings at Current Utilization

$116,274

Total Steripath Spend

$15,278

Total Net Savings

$100,996

Cost per False Posi..

$4,162

Projected Total Gross Savings at 100% Utilization

$144,169

Total Steripath Spend (100%)

$23,043

Total Net Savings (100%)

$121,125

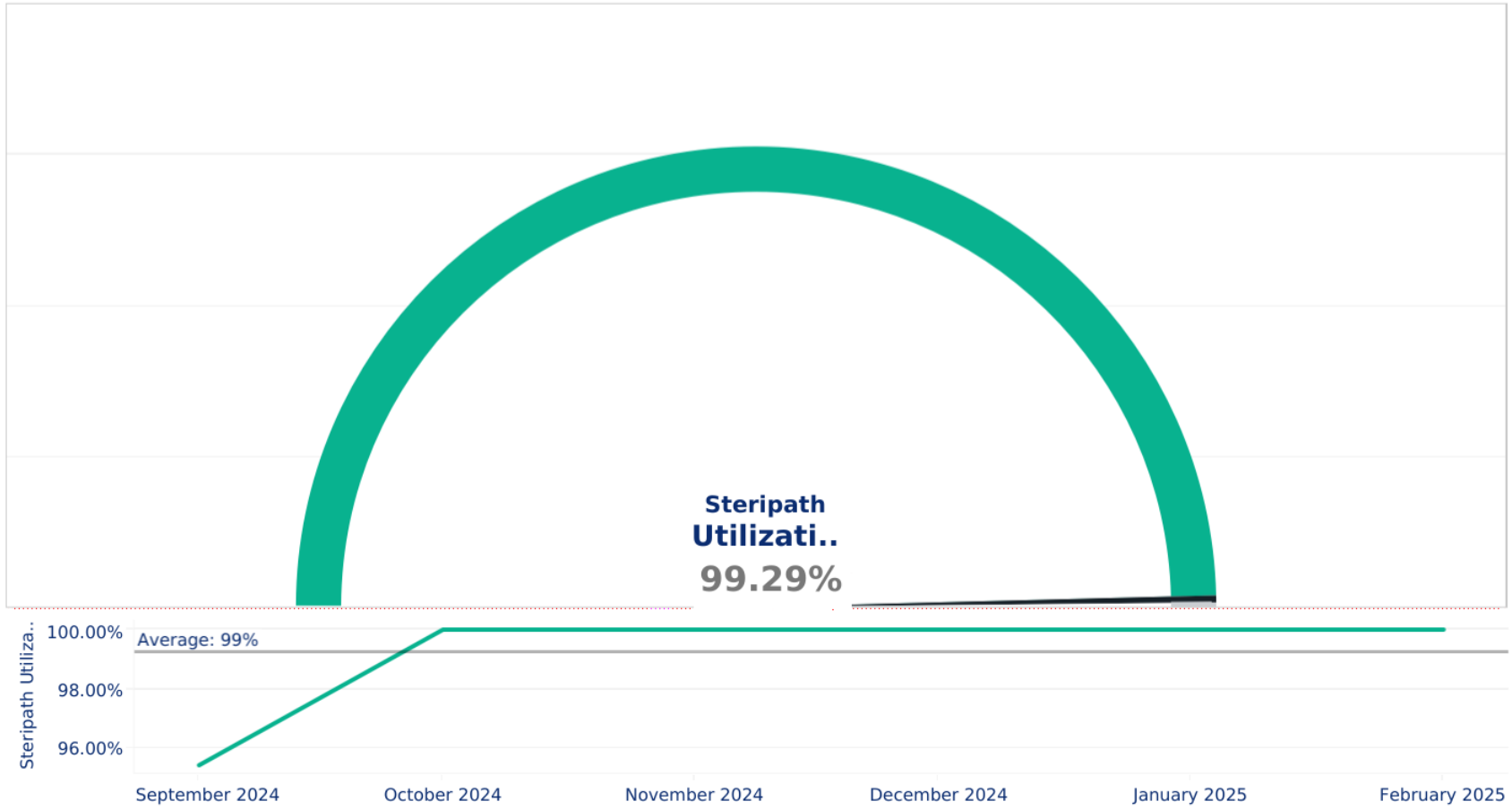
Steripath Utilization

How often is Steripath being used?

MMT Name
Portland VA Medical Center

Department
ED

Collection Start Date
9/1/2024 to 2/1/2025



Steripath

1,407

Non-Steripath

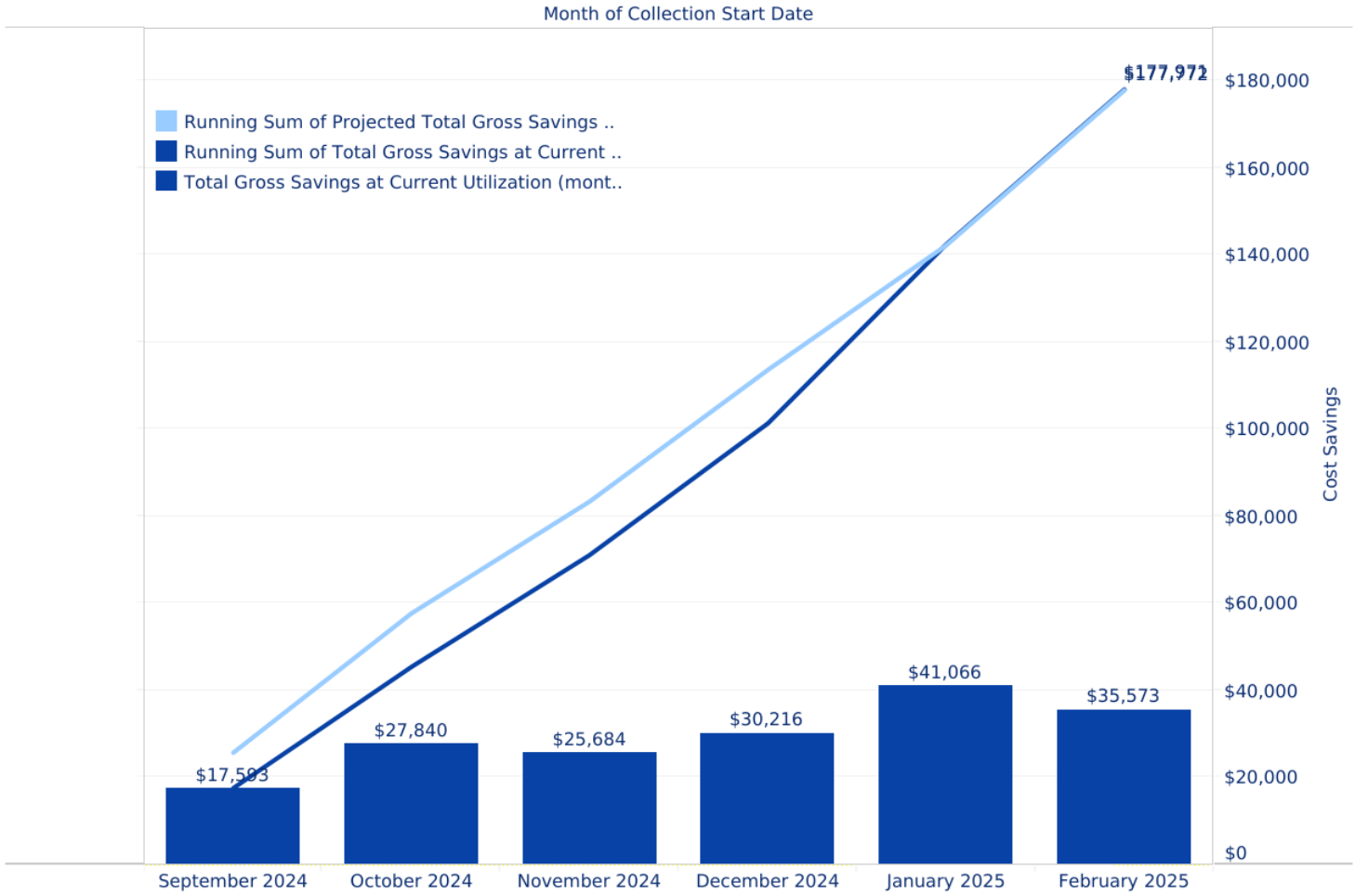
10

Total Draws

1,417

Financial Impact

Cost Savings due to False Positives Avoided



MMT Name
Portland VA Medical Center

Department
ED

Collection Start Date
9/1/2024 to 2/1/2025

Total Gross Savings at Current Utilization

$177,971

Total Steripath Spend

$29,772

Total Net Savings

$148,199

Cost per False Posi..

$4,162

Projected Total Gross Savings at 100% Utilization

$177,772

Total Steripath Spend (100%)

$29,984

Total Net Savings (100%)

$147,788

SteriPath Blood Culture Diversion Device and Culture Contamination Rates in the Emergency Department

Christina Lee RN, Jamie J. Twyman RN, BSN
VA Portland Health Care System, Portland OR

U.S. Department of Veterans Affairs
Veterans Health Administration
VA Portland Health Care System

VA PORTLAND HEALTH CARE SYSTEM
MAGNET HOSPITAL for NURSING EXCELLENCE
MAGNET RECOGNIZED
KEEPING THE PROMISE

Introduction

Emergency Departments (ED) consistently report elevated blood culture contamination rates as compared to other departments (Sacchetti et al., 2022). As of August 2024, more than 60% of VA facilities reported contamination rates above the American Hospital Association (AHA) recommended benchmark of 1% (Power BI, 2024). Culture contamination can lead to increase hospital length of stay, facility cost, and is a significant contributing factor to patient mortality (CDC, 2024).

Objectives

To decrease and maintain blood culture contamination rates in the Emergency Department below the AHA 1% benchmark using SteriPath Micro blood culture diversion devices for IV and Venipuncture sites and to utilize SteriPath Micro for 80% or more of culture specimen collections.

Methods

Pilot process for culture collection with SteriPath Micro developed using American Hospital Association and Magnolia Medical Technologies recommendations. Emergency Department nursing staff educated on SteriPath Micro collection and pilot process. Unique staff identification numbers randomly assigned to all staff to allow for education and remediation on all contaminated specimens. Collaboration with Microbiology Lab staff for tracking of SteriPath usage. Blood culture specimens tracked for both traditional and Steripath collection methods from May 2024 through August 2024. All contaminated specimens followed up with 1:1 nurse remediation education for identified staff of contaminated culture.

Results

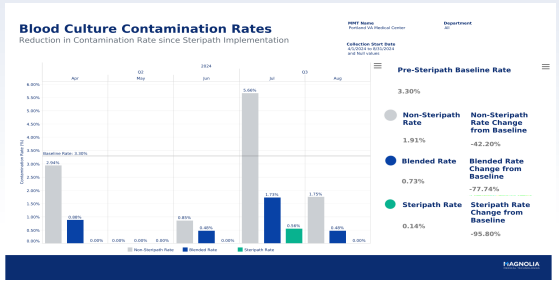
A total of 653 Blood Cultures were drawn in the ED, from 5/1-7/31/ 2024, the VA Portland **decreased BCC rate by 95.8%** since SteriPath was implemented, resulting in an **average combined BCC rate of 0.73 %,** with a **SteriPath rate of 0.14 %.** During this period, the VA has **saved 28 patients** from misdiagnosis and patient harm due to false positive results. With the cost of SteriPath included, VA Portland ED has **saved the Portland VA Medical Center $121,125** over 4 months.

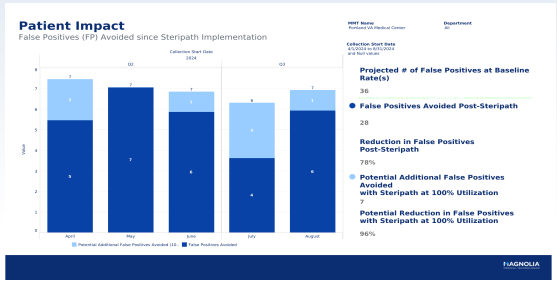
Discussion

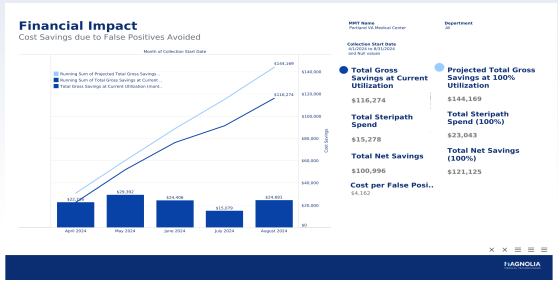
Contamination rates, patient safety, and cost savings could be further improved by increased utilization of SteriPath Micro within the ED and by adopting standardization of use throughout the facility.

Conclusions

Use of the SteriPath Micro blood culture diversion device is an effective tool to decrease blood culture contamination in the Emergency Department to levels well below the 1% national benchmark.







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Acknowledgements

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This project was reviewed by the VA Portland Health Care System Research and Development Service and it was determined to not be research. No further research approvals were required.

The contents of this presentation do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.

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April 14, 2025

Nursing Workflow Refresh: Reducing Falls and Improving Patient Care Efficiency

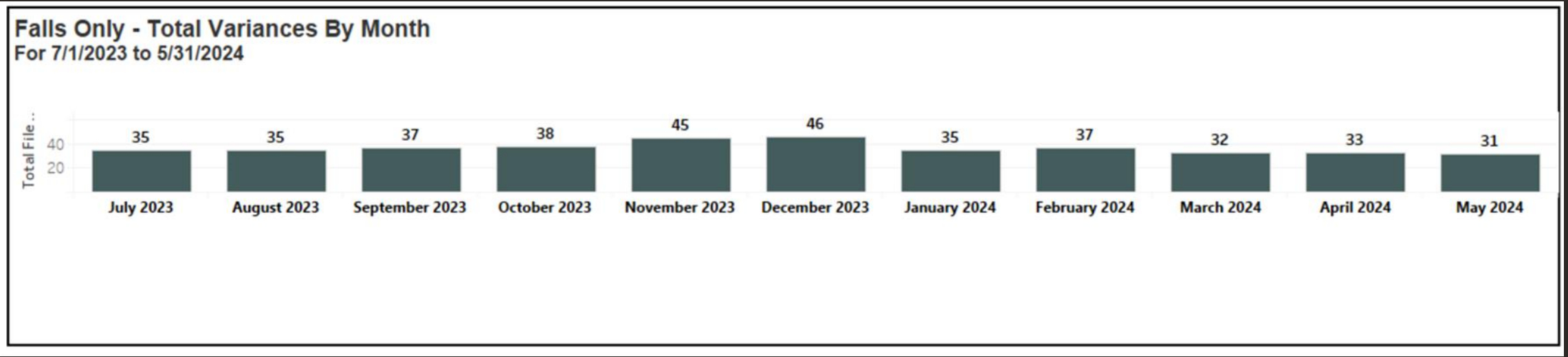
Alex Ogren, Evelyn Schill, Karla Theer, Kevin Richey

About PeaceHealth Southwest Medical Center

- Founded in 1858 by Sister Joseph of the Sacred Heart, PeaceHealth Southwest is the Pacific Northwest's first hospital.
- Located in Vancouver, WA
- Total Licensed Beds: 450
- Average Daily Census: 279
- Caregivers: 3,901

Situation:

- We observed a high occurrence of patient falls on our medical-surgical units—296 falls in FY24.
- This placed PHSW in the 90th percentile for patient falls nationwide per NDNQI data.
- In May 2024, a sub-committee was formed to develop interventions based on hourly rounding.

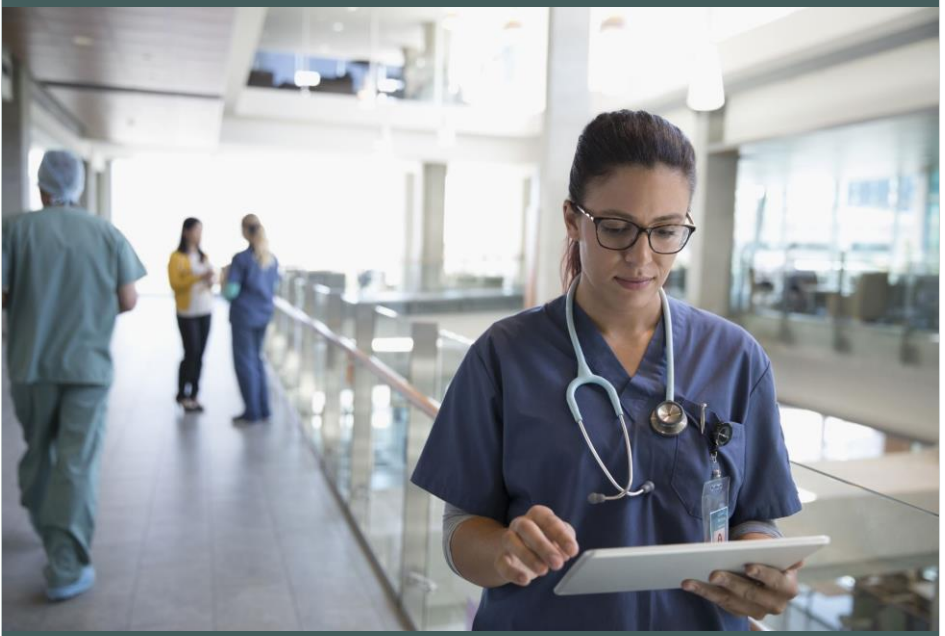


Background:

The initial intervention was a refresh of purposeful interval rounding. For this, the group utilized learnings from multiple sources:

- **Nurse Manager Immersion Week:** For one week, all nurse managers shadowed different disciplines on their units.
- **Time Studies:** Bedside nurses were shadowed during their shifts to learn their current workflow and barriers to completing tasks.
- **Referencing Best Practice:** What were other units and hospitals already doing that has been proven to work?

Part of a larger issue...



PeaceHealth

"Human error is like an iceberg. The part above the water represents the active failures, but the larger part beneath the surface represents the latent conditions that contribute to those failures."

– James Reason

Assessment:

- **Shifts are disorganized**. The start of shift has many delays, including considerable time printing documents and receiving report.
- **Lack of communication and collaboration between disciplines.** CNAs are receiving report from other CNAs instead of nurses.
- **Long gaps of time are occurring between each patient rounding,** both due to a lack of coordination between staff members and nursing having an inefficient workflow.

Our iceberg is deep.

Rather than focus on purposeful rounding alone, the subcommittee expanded the scope of the refresh to reflect the underlying issues.

A multi-phase refresh was developed in alignment with PHSW's Back-to-Basics focus.

PeaceHealth

Recommendation:

- Working through all elements of the shift, refresh standard work and set expectations for a typical workday.
- Optimize outdated workflows.
- Train staff on scope of practice and delegation.
- Be consistent throughout all med-surg units in training and tracking of metrics.

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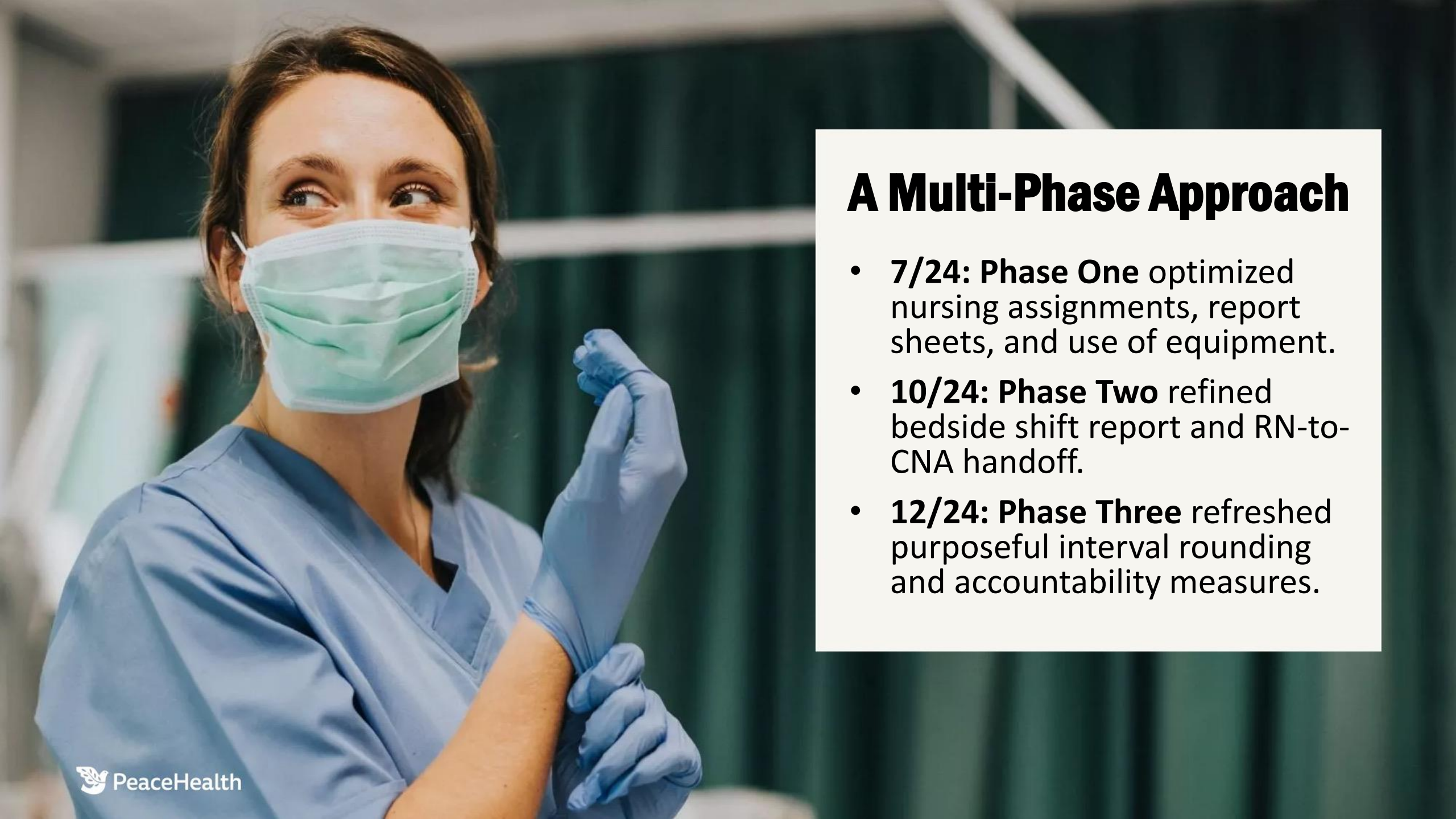

A Multi-Phase Approach

- **7/24: Phase One** optimized nursing assignments, report sheets, and use of equipment.
- **10/24: Phase Two** refined bedside shift report and RN-to-CNA handoff.
- **12/24: Phase Three** refreshed purposeful interval rounding and accountability measures.

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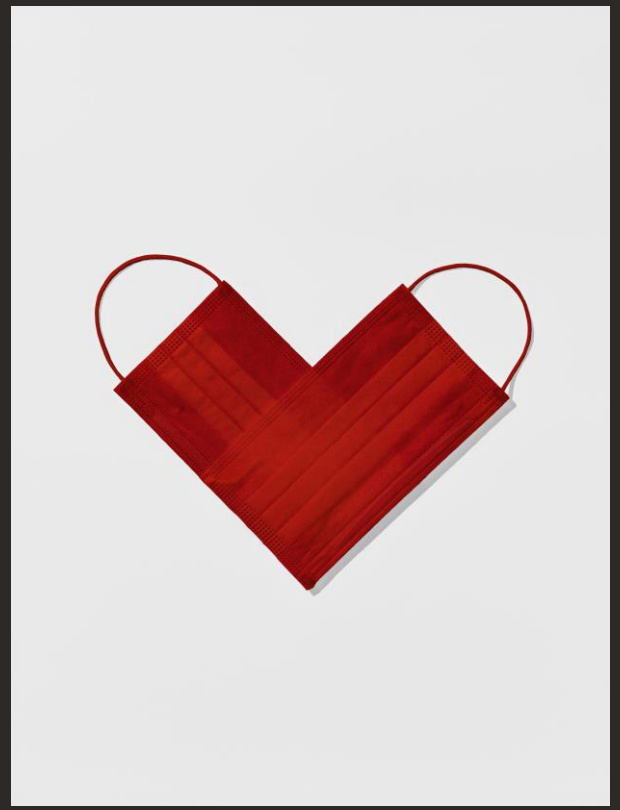
Support for Caregivers and Leaders:

Training and Development:

- Manager Lunch and Learns
- Training Documents and Tip Sheets
- Staff and Charge Meetings
- Mandatory Reads

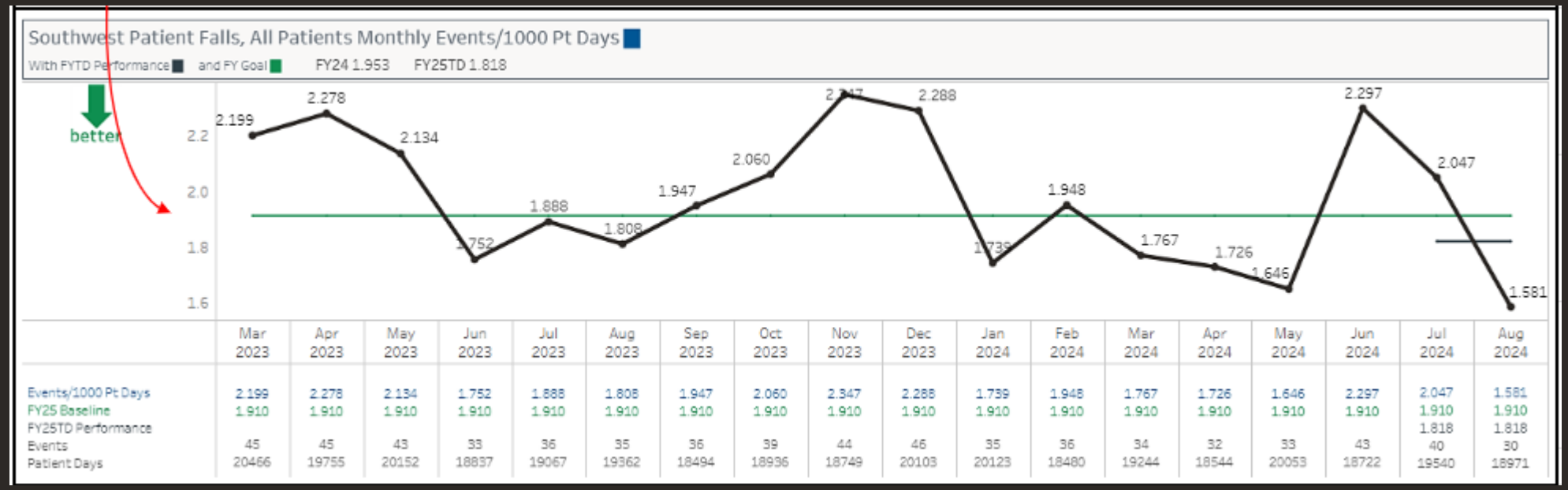
Caregiver Engagement:

- Multiple surveys to gain feedback from nursing and other disciplines.
- Immersion experience for RNs with full patient care assignment to learn CNA roles.
- Newsletter with project summary and survey results
- Roadshow Presentation



Review of Progress:

- Phase One launched July 16th, 2024. Falls in June were 2.297 per 1000 patient days.
- PHSW's fall rate decreased to 1.581 per patient days and sustained at or better than the 75th percentile per NDNQI.
- Staff feedback highlighted enhanced efficiency and stronger collaboration.



	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024
Events/1000 Pt Days	2.199	2.278	2.134	1.752	1.888	1.808	1.947	2.060	2.347	2.288	1.739	1.948	1.767	1.726	1.646	2.297	2.047	1.581
FY25 Baseline	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910	1.910
FY25TD Performance																	1.818	1.818
Events	45	45	43	33	36	35	36	39	44	46	35	36	34	32	33	43	40	30
Patient Days	20466	19755	20152	18837	19067	19362	18494	18936	18749	20103	20123	18480	19244	18544	20053	18722	19540	18971

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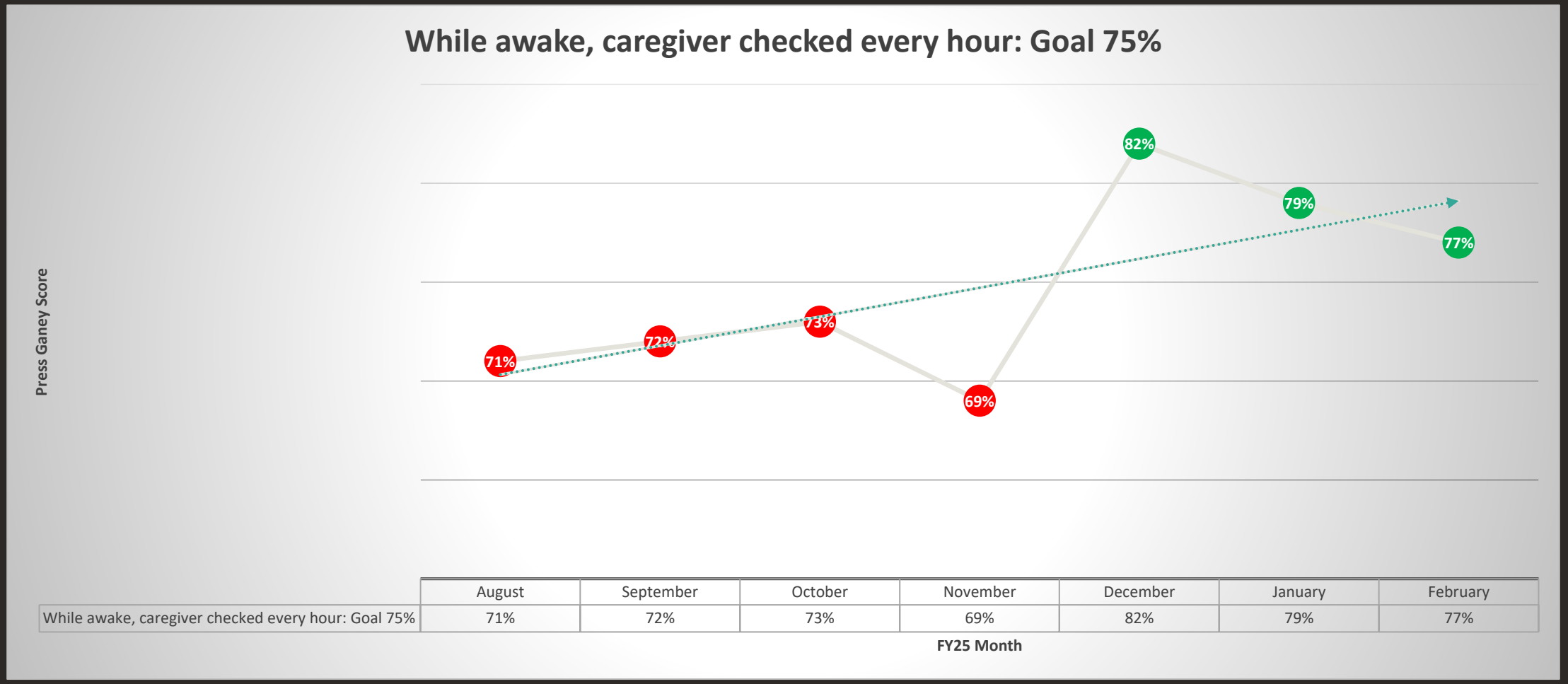
Press Ganey Scores Improved:



	August	September	October	November	December	January	February
While awake, caregiver checked every hour: Goal 75%	71%	72%	73%	69%	82%	79%	77%

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Key Learnings

- Allow leaders to have access to all materials beforehand and allow an opportunity to ask questions before training staff.
- Have materials ready for leaders to share, including email templates, training documents, and accountability tools.
- Offer a way for front-line caregivers to give feedback to refine the process and make improvements.
- Verify process changes through direct observations.

Questions or comments?

Using an Evidence-Based Tiered Orientation Model for Ambulatory Staff Across a Regional Healthcare System

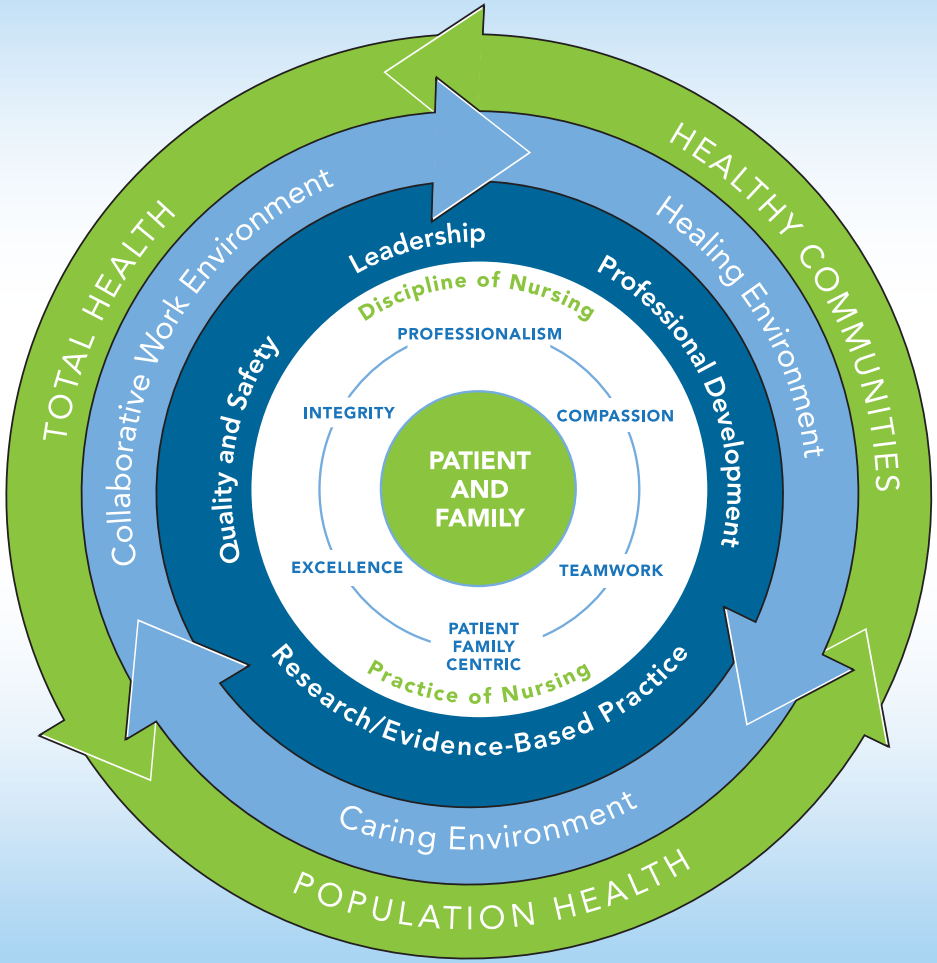
De Ann Parsell MSN, RN

Ky Lee Gibson MBA, BSN, RN

Brandy Plemmons BS, LSSGB

Stevannie Pass BSN, RN

April 14, 2025



BACKGROUND & PURPOSE

BACKGROUND & PURPOSE

Culture of Excellence

33 Medical Offices
40 Departments
Eugene-Longview

RN-905
LPN-324
MA-875

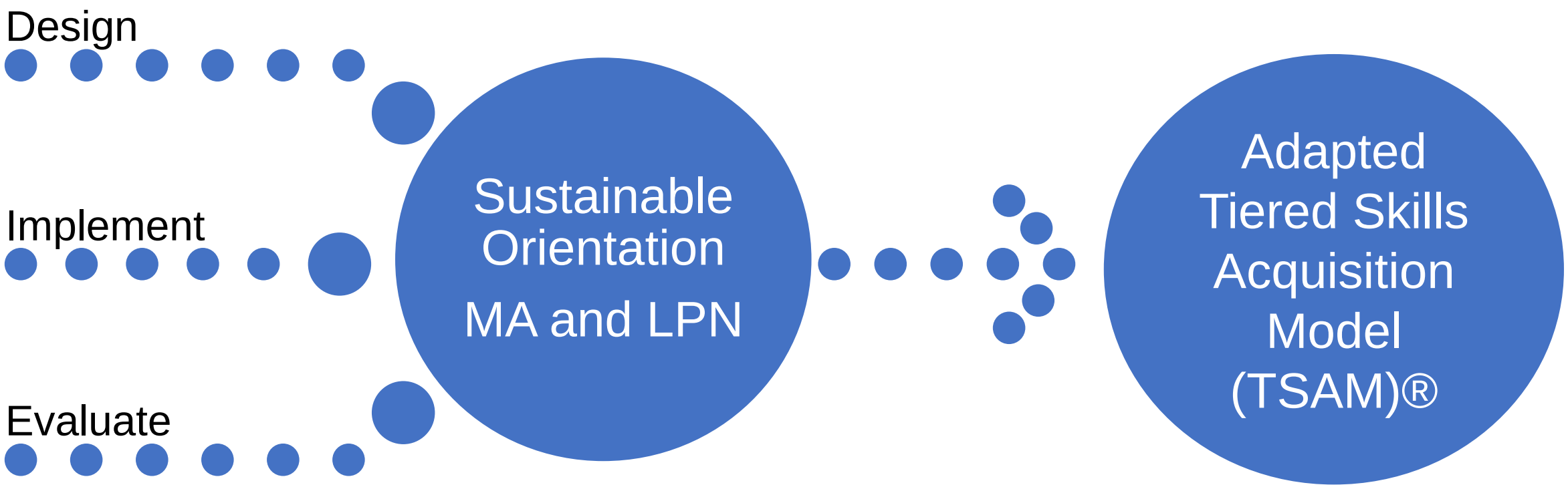
Manager/Department Variability

Inconsistent Patient Care/Tools

Preceptor/Validator Overload

High Voluntary Turnover Rates

BACKGROUND & PURPOSE




TOTAL HEALTH
HEALTHY COMMUNITIES
Collaborative Work Environment
Healing Environment
Leadership
Quality and Safety
Professional Development
Research/Evidence-Based Practice
Caring Environment
POPULATION HEALTH
Discipline of Nursing
PROFESSIONALISM
INTEGRITY
COMPASSION
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TEAMWORK
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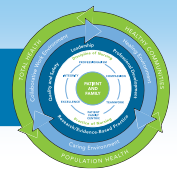
Practice of Nursing

STRATEGIES

STRATEGIES

Stakeholders

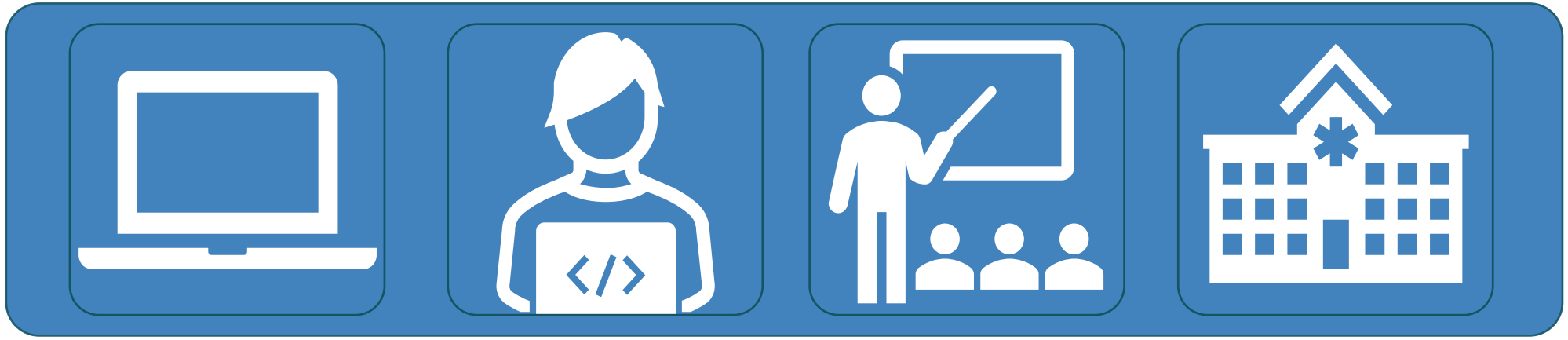
A Culture of Excellence



Department	Role	Responsibilities
Ambulatory Care	Senior Leadership	• Sponsorship
Ambulatory Care Service Line	Service Line Leads	• Alignment of MA/LPN onboarding process and scheduling
Ambulatory	Clinic Managers RN/LPN/MA Team Leads Preceptors Validators	• Ensuring appropriate time given for online learning and classes is given • Ensure learning is being completed via Tiered Orientation approach
Union Representatives	SEIU Steward	• Ensuring contract agreement is met
Ambulatory Nursing & Optimization Professional Development Consultant	Trainers	• Orientation workbooks were re-created • Visit Management, Immunization, Tier 2, and Tier 3 class creation and maintenance

STRATEGIES

Revised Classes & Modes of Learning



Web-Based Training

Revised

Standardized

Streamlined

Virtual Classes

Visit Management

Immunization

KPHC

In-Person Classes

Orientation Skills Lab

→

Tier 2 & 3 Skills Labs

Clinic Experience

Welcome

Workbook

Learning Plan

STRATEGIES

A Culture of Excellence

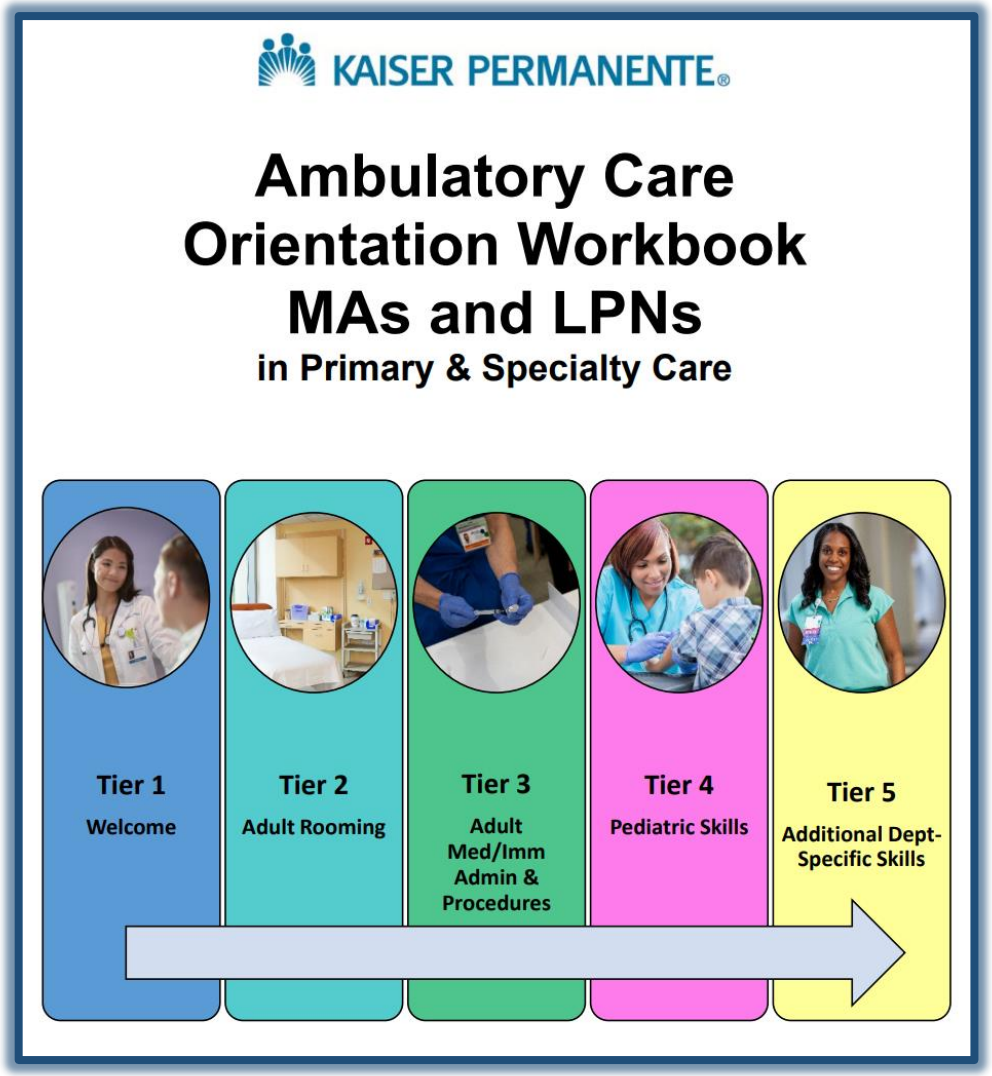
Tiered Approach & Orientation Timeline

Each orientee may require more or less time in any one tier due to their previous experience and individual learning needs.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9-12
Tier 1: Welcome to KPNW & Department								
	Tier 2: Simple Adult Rooming							
		Tier 3: Adult Medication Administration & Procedures						
				Tier 4: Pediatric Rooming & Procedures				
						Tier 5: Additional Skills Tier 5 Addendum		
								Independence

Tier 4 can be done at any point to meet department/operational needs

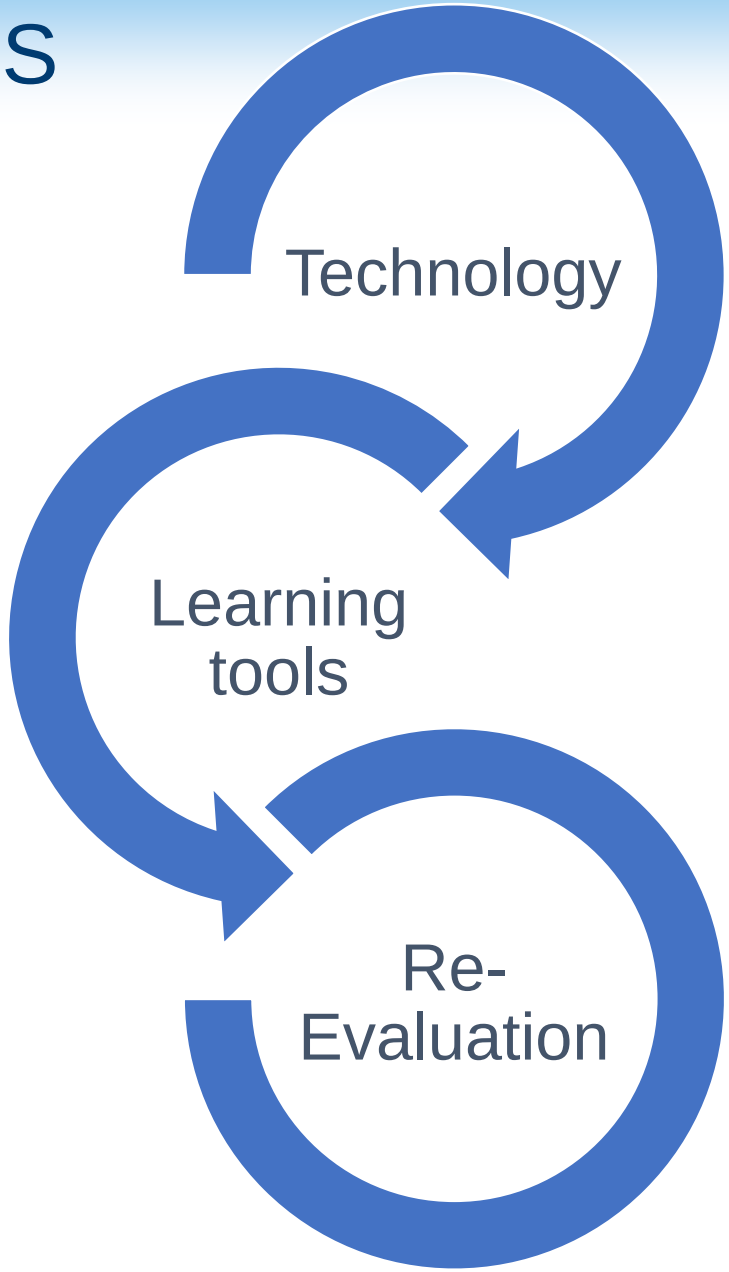
STRATEGIES



MA/LPN Orientation Workbook

- Updated format
- More user friendly
- 8 pages (down from 20+)
- Base book
- Tier 5 Addendum
- Copy of the workbook sent in the *New Hire email*
- Posted on the Ambulatory Nursing SharePoint

STRATEGIES



- Utilization of pre-existing platform
- Standardization

- Lippincott > Dynamic Health

- Timing allotted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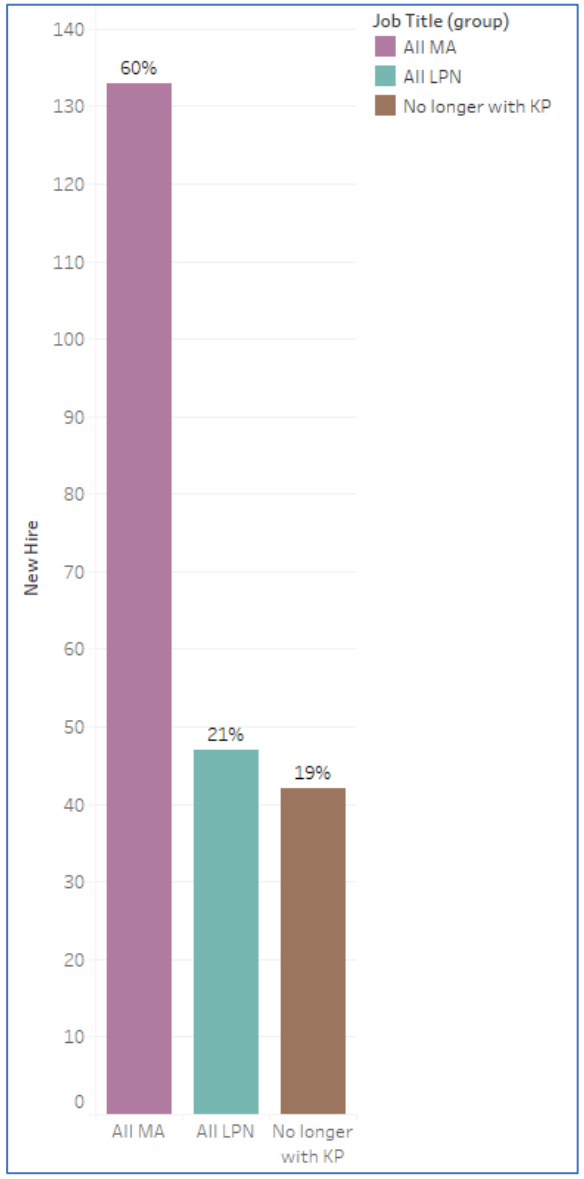
RESULTS

RESULTS



2024 Attendees

1-year Voluntary Termination Turnover Rate (% of employees hired who voluntarily terminated within the first year)

Role	January rate	December rate
MA	30.4%	17.3% ▼
LPN	42.4%	46.4% ▲

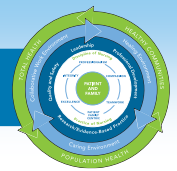
Standardization of Assigned Courses

Example Foundational Course	2023 New Hires Completed	2024 New Hires Completed
Assisting with Sterile Procedure	25	211
Medication Administration – Intramuscular	15	205
Medication Administration – Subcutaneous	9	202

RESULTS

30 & 60-day Manager Evaluations

A Culture of Excellence



Survey Question	30-day Manager Average Score	60-day Manager Average Score
Has the Tiered Orientation structure **reduced the training effort on department validators?** (1-did not reduce, 2-partially reduced, 3-notably reduced)	**2.14**	**2.15**
Are your new hires able to **room patients independently?** (1-none, 2-some, 3-most, 4-all)	**3.41**	**3.72**
Are your new hires **progressing** through orientation as expected? (1-not progressing, 2-partially progressing, 3-progressing as expected)	**2.85**	**2.92**
Please rate the **overall satisfaction** with the ANO Tiered Orientation process. (1-dissatisfied to 5-very satisfied)	**3.92**	**4.31**

RESULTS

Tier 2 & Tier 3 New Hire Eval

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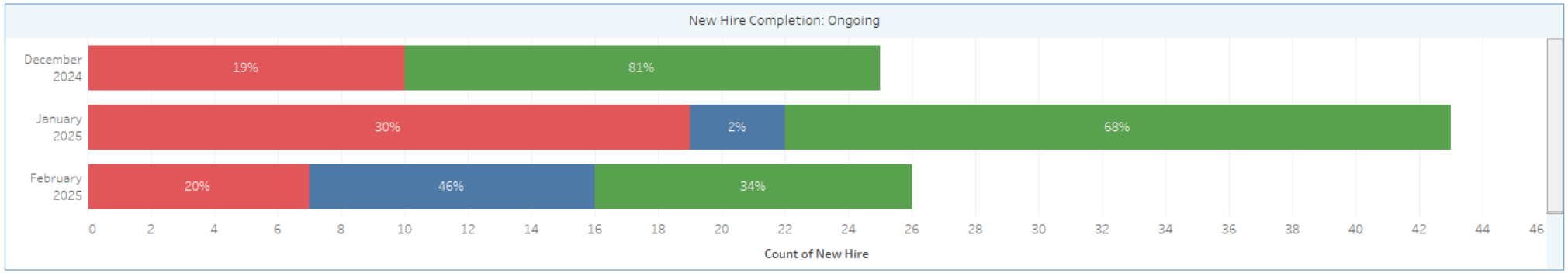
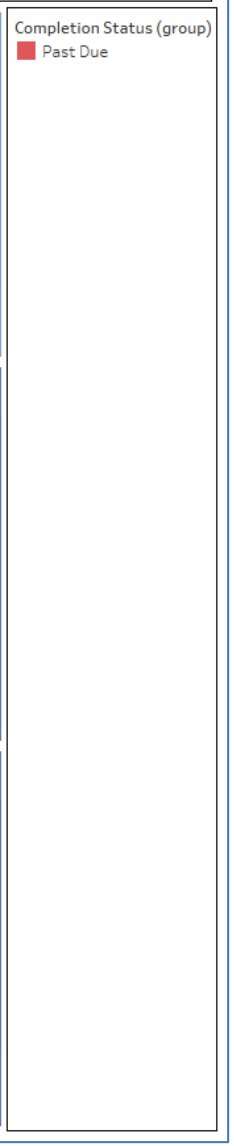
Survey Question	Tier 2 Average Score	Tier 3 Average Score
Instructors were **knowledgeable and well prepared.** (1-I disagree with statement, 2-neutral, 3-I agree with statement)	**2.95**	**2.97**
The **classroom environment** was conducive to learning. (1-I disagree with statement, 2-neutral, 3-I agree with statement)	**2.93**	**2.96**
Please rate the **overall satisfaction** with class. (1-dissatisfied to 5-very satisfied)	**4.87**	**4.90**

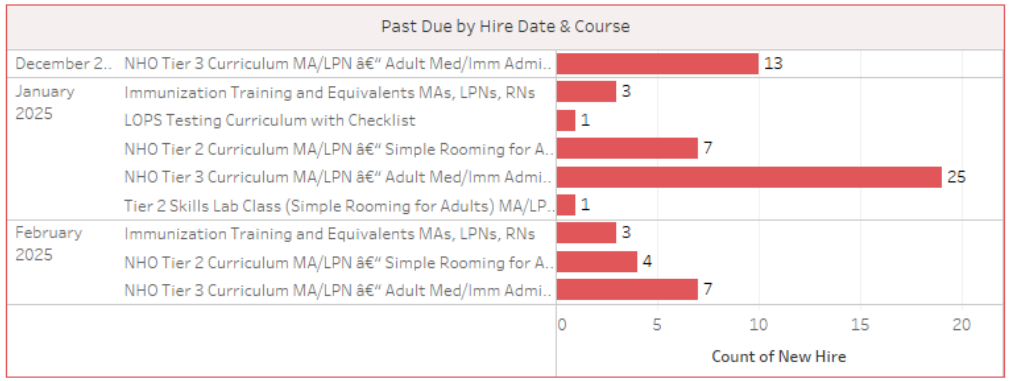
RESULTS

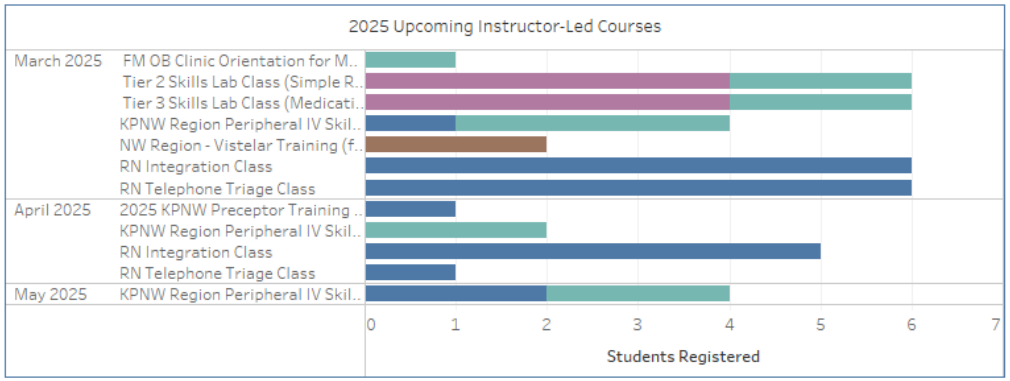
A Culture of Excellence

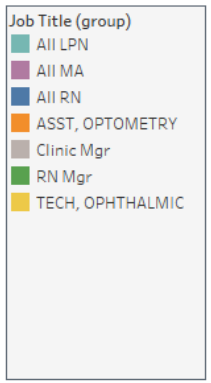
ANO New Hire Data: Updated 3/5/25

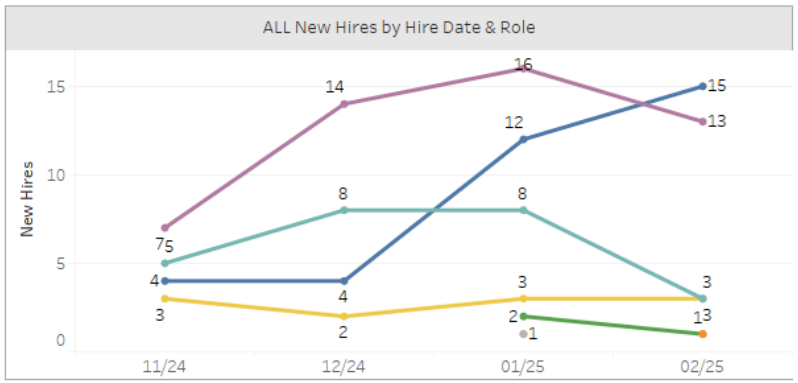


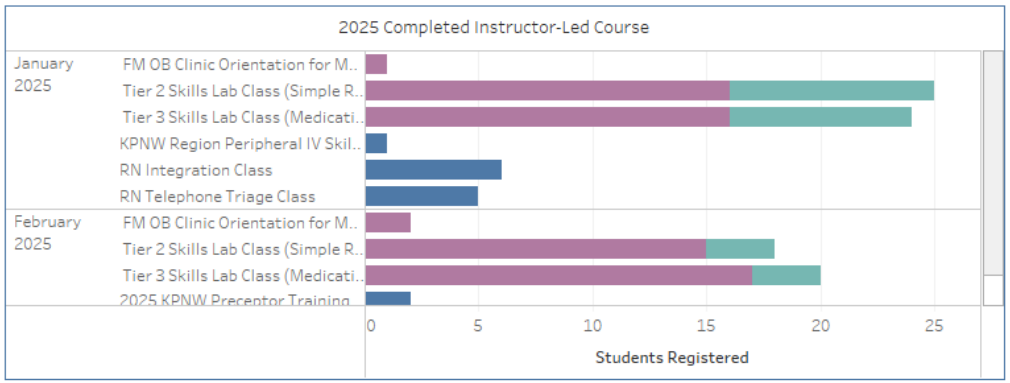










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FINDINGS

FINDINGS

The Tiered Orientation approach met what we were striving to achieve.

Increase skill competency from simple to complex

Flexibility to meet the learner's needs

Minimal cost

Future State

Meaningful Orientation MA & LPN

- We will continue to check and adjust to provide meaningful orientation

Registered Nurse & Team Lead

- We look forward to implementing a similar model for our RN and RN Team Lead orientations

Technology Advancements

- Engagement
- Articulate

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QUESTIONS?