

MDHHS Office of Nursing Safety and Workforce Planning Transition to Practice

2020 Evaluation Report

By the
Michigan Public Health Institute

Project Period: 10/1/2019 to 9/30/2020



Program Description

Transition to Practice (TTP) is an initiative implemented by the MDHHS Office of Nursing Safety and Workforce Planning (ONP) in collaboration with MPHI, to increase the retention and safe practice of newly licensed nurses or nurses transitioning to a new area of care in all nursing practice settings. The Michigan online support for TTP consists of free, self-paced training courses designed for newly hired nurses and nurses transitioning to a new care setting. Participants successfully completing each of the training modules and evaluation are eligible to receive free CEUs. Each training module requires approximately one to two hours to complete and focuses on applying critical thinking skills in a variety of care settings.

The program is comprised of three online training modules: Communication in Healthcare, Safety in Healthcare, and Evidence-Based Practice, with content developed by the MDHHS-ONP in collaboration with experienced Michigan nurses who have expertise in the respective topic areas with editorial support from the Michigan Professional Nursing Development (MIPND) Steering Committee. The steering committee consists of nurse administrators working in acute, long term and community-based care settings and includes representation from nursing academia, practice, and policy. Training topics were selected based on focus groups conducted with geographically representative nursing administrators and trainers from long term, acute, and community-based care settings in Michigan.

A logic model has been developed in collaboration with the MDHHS-ONP and can be found in Appendix 1.

Module 1: Communication in Healthcare

The Communication in Healthcare course describes the importance of effective communication in healthcare settings and provides critical thinking exercises that allow nurses to practice applying a variety of communication techniques, including:

- Situation, Background, Assessment, Recommendation (SBAR);
- Open Ended Questions, Affirmations, Reflections, Summaries (OARS);
- Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®); and
- Describe, Express, Specify, Consequences (DESC).

Effective communication is imperative in healthcare as nurses interact with patients as well as members of the interdisciplinary care team. Ineffective communication can negatively impact patient safety and care, as well as complicate care transitions. The goal of the Communication in Health Care module is to improve patient outcomes and safety, as well as enhance patient satisfaction.

The Communication in Healthcare module, which is approved until November 29, 2020, allows individuals to receive 1.8 contact hours towards CEU. CEUs will be renewed for the module through the Ohio Nurse Association.

Module 2: Safety in Healthcare

The Safety in Healthcare course describes the importance of safe patient care, offers strategies for engaging patients and families in care processes, and provides critical thinking exercises that allow nurses to practice identifying examples of adverse situations, human factors

associated with errors, and safe team practices. In 1999, the Institute of Medicine (IOM) report “To Err is Human” was a turning point in the patient safety movement, and the healthcare industry has been working to improve the safety of care delivered ever since. Healthcare providers must work to create a culture of safety by collaborating as effective members of the patient care team, being cognizant of safety roadblocks, and recognizing red flags and warning signs of potential adverse patient safety events. In this module, nurses learn about strategies for creating effective teams and are provided the opportunity to identify safety roadblocks, red flags, and warning signs in the healthcare environment.

The Safety in Healthcare module, which is approved until November 29, 2020, allows individuals to receive 1.6 contact hours towards CEU. CEUs will be renewed for the module through the Ohio Nurse Association.

Module 3: Evidence-Based Practice

The Evidence-Based Practice course describes the importance of evidence-based practice (EBP), offers strategies for applying EBP, and provides critical thinking exercises for nurses to practice finding sources of evidence within their practice setting, identifying facilitators and barriers to EBP implementation and applying EBP to clinical scenarios. “Evidence-based practice (EBP) is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients” (Sackett et al., 1996). This involves combining information from three sources: 1) knowledge from one’s clinical expertise, 2) the patient’s values and preferences, and 3) research evidence. EBP can improve quality, reduce variation in practice, and engage patients in decision-making, resolve problems, promote effective nursing interventions, and achieve excellence in nursing practice. The goal of the Evidence-Based Practice module is to increase the number of nurses who actively engage in EBP, adopt a life-long learning approach to practice, and seek to understand new nursing practice through evidence identification, adoption, and integration.

The Evidence-Based Practice Module, which is approved until November 5, 2021, allows individuals to receive 1.8 contact hours towards CEU. CEUs will be renewed through the Ohio Nurse Association.

Evaluation Questions

The evaluation design and methodology described within this plan will answer the following questions:

1. In what ways do organizations utilize the TTP training modules?
2. How many organizations implemented the TTP training modules for their staff?
 - How many newly licensed nurses within an organization completed the modules? Which modules were completed?
 - How many nurses transitioning to a new healthcare organization or work area within an organization completed the modules? Which modules were completed?
 - How many nurses not new or transitioning to a new setting completed the modules? Which modules were completed?
3. Why do some organizations decide not to utilize the TTP training modules?
4. How do organizations become aware of the TTP training modules?
 - What types of outreach are effective for increasing awareness and utilization of the TTP training modules?

5. How appropriate is the content and format of the TTP modules for new or transitioning nurses?
6. After completing TTP modules, do participants improve on the following outcomes:
 - Communication self-efficacy with providers, patients, and families?
 - Knowledge of TTP content including communication methods, strategies to improve patient safety, and evidenced-base practices?
 - Confidence to resolve issues?

Data Collection & Evaluation Methods

The evaluation team, in collaboration with MDHHS-ONP, developed an online survey to be distributed to nurse leaders via email. The survey was implemented from May 19 to June 30, 2020 and included nursing leadership representing health care delivery organizations across the state. The survey was modelled after the formative survey conducted in FY2019, with an updated distribution list including additional nurse leaders. Respondents familiar with the online modules were asked about their implementation of the program elements. Individuals who were not familiar with the online modules, responded to questions about their intentions to preview module materials for potential inclusion in their training for new/transitioning nurses. A steering committee of nursing stakeholders was convened to provide input into finalization of the survey materials based upon their review of the results of the formative survey and confirm identification of appropriate survey respondents. Additionally, the steering committee provided support for raising awareness of the transition to practice modules and associated survey as well as marketing the TTP modules to healthcare organizations.

The evaluation utilizes incorporated data provided by module users. These data were used to determine how many individuals and organizations have participated in the modules. User participation was examined and summarized with respect to nurse type (new nurse vs. transitioning nurse), license type, care setting, and whether the training was required by an employer.

This evaluation assessed short-term outcomes among module participants using a retrospective post-test design. The sampling frame included new and transitioning nurses participating in TTP modules. Participants were asked to take a short survey after completing each module. As seen in TTP's logic model, the following short-term outcomes were measured:

- Communication self-efficacy with providers, patients, and families;
- Knowledge of TTP content including communication methods, strategies to improve patient safety, and evidenced-base practices; and
- Confidence to resolve issues.

Results

Respondent Characteristics

A total of 49 participants completed the Nurse Leader Survey. Of those who completed the survey, 45% (n=22) were from long-term care settings, 25% (n=12) were employed in public health departments, 18% (n=9) were employed in community care settings, and the remaining participants were employed in combination care and acute care settings (see Table 1). There

was a total of 156 respondents in the FY2019 nurse leader survey (included for reference in Table 1).

Table 1. Organizational Settings – Nurse Leader Survey

	2019 (N=156)		2020 (N=49)	
	N	%	N	%
Long-term Care	53	34%	22	45%
Public Health	18	12%	12	25%
Community	32	21%	9	18%
Acute Care	10	6%	4	8%
Combination	16	10%	2	4%
Corrections	9	6%	NA	NA
Mental Health	8	5%	NA	NA
Other	10	6%	NA	NA

Survey participants were asked their role within their organization. More than half (55%, n=27) of survey participants were their organizations' director of nursing, assistant director or nursing, or chief nursing executive. Twenty-seven percent (n=13) of the participants reported their role as a charge nurse, unit manager, or nurse supervisor (see Table 2). Other survey participants included consultants, family nurse practitioner, and infection prevention. There was a similar breakdown of types of respondents in the 2019 nurse leader survey.

Table 2. Role within Organization

	2019 (N=153)		2020 (N=49)	
	N	%	N	%
Director of Nursing/Assistant Director of Nursing/Chief Nursing Executive	75	49%	27	55%
Charge Nurse/Unit Manager/Nurse Supervisor	31	20%	13	27%
Other	34	22%	7	14%
<ul style="list-style-type: none"> • Consultant (n=3) • Family nurse practitioner • Infection Preventionist 				
Nursing Coordinator	9	6%	3	6%
Nurse Educator	13	8%	2	4%

Awareness of TTP Modules

In 2019, 23% (n=34) of survey respondents were aware of the TTP modules. In 2020, awareness remained relatively the same (22%, n=11) (see Table 3). There were 16 respondents who took the survey both in 2019 and 2020. Of those, four increased awareness from 2019 to 2020. Interestingly, three respondents switched from being aware in 2019 to responding no awareness in 2020.

Table 3. Awareness of TTP modules

	2019 (N=149)		2020 (N=49)	
	N	%	N	%
Yes	34	23%	11	22%
No	115	77%	38	78%

Intent to preview the TTP modules decreased slightly from 2019 to 2020. About 84% (n=122) of survey respondents reported intention to preview the TTP modules. In 2020, survey respondents were asked which modules they intended to preview. An average of 75% of survey respondents reported intending to preview the module topics (see Table 4).

Table 4. Intent to preview TTP modules

	Yes		No	
	N	%	N	%
2019 (N=146)				
Intent to preview TTP Modules	122	84%	24	16%
2020 (N=38)				
Communication in Healthcare	28	74%	10	26%
Safety in Healthcare	28	74%	10	26%
Evidence-Based Practice	29	76%	9	24%

Survey respondents were asked how they heard about TTP modules. About half of survey respondents (55%, n=6) reported that they heard about TTP modules through a nurse organization membership email listserv (see Table 5).

Table 5. How respondents hear about the TTP modules (N=11)

Communication Method	N	%
Nurse organization membership email listserv	6	55%
Nurse organization membership newsletter	3	27%
Nurse organizations' social media, e.g. Facebook, Twitter	2	18%
Other (please specify)	2	18%
Other social media alert	--	--
Employer	--	--

Obstacles to Utilization of the TTP Training Modules

About half (46%, n=11) of survey respondents in 2019 reported not having the capacity to implement the TTP modules as the reason for not previewing them. In 2020, we asked about reasons for not previewing each specific module topic. Forty-four percent (n=4) of survey respondents reported already having an effective safety in healthcare program in place. About half of the respondents reported other reasons for not previewing Communication in Healthcare and Evidence-Based Practice. Some of those reasons included needing more time to review the topics. Additionally, staff are individually responsible for obtaining continuing education units (see Table 6).

Table 6. Reasons for not previewing TTP Modules

	Organization already has effective programs in place.		Organization does not have capacity to implement these training programs currently.		Previewed module and are still considering implementation.		Other (please specify)	
	N	%	N	%	N	%	N	%
2019								
TTP Modules	6	25%	11	46%	1	4%	6	25%
2020								
Communication in Healthcare (N=10)	3	30%	2	20%	--	--	5	50%
Safety in Healthcare (N=9)	4	44%	2	22%	--	--	3	33%
Evidence-Based Practice (N=8)	1	13%	2	25%	1	13%	4	50%

Other reasons for not previewing modules:

- CEU is on staff's own accord. We would encourage our staff to utilize this site for sure, but it won't be a part of our agency training mandates.
- I need to review.
- In time, not today.
- Need time to review them.

Organizational Utilization of TTP Training Modules

In 2019, only one organization who responded to the survey implemented the Safety in Healthcare TTP module as an optional training for their nursing staff. In 2020, again only one survey respondent reported implementing all three TTP modules for their nursing staff. The modules were required for newly licensed nursing staff and optional training for newly hired, experienced nursing staff.

User Data

Forty percent (n=29) of the TTP participants who completed at least one module required by their employer reported employment at acute care settings. Other TTP participants who were required to complete the TTP modules were employed at long-term care settings 16% (n=12) while 7% (n=5) of TTP participants were employed at community-based care settings (see Table 7).

The date of CEU submission and module completion was used to determine how many users completed modules during the COVID-19 pandemic (see Table 8). There were two acute care users, three long-term care users and seven other users who completed the modules as required by their employer during the COVID-19 pandemic (between March and July 2020). For comparison, during the same time period in 2019, two acute care users, five long-term care users, and one other user completed the modules as required by their employer.

Table 7. Care settings by employer requirement among those completing modules

	Yes		No	
	#	%	#	%
Acute Care	29	40%	109	34%
<i>Critical Access Hospital</i>	10	34%	25	23%
<i>Community Hospital</i>	17	59%	77	71%
<i>Long-term Acute Care Hospital</i>	1	3%	1	1%
<i>Other</i>	1	3%	6	6%
Community-based Care	5	7%	17	5%
<i>Home health</i>	--	--	2	12%
<i>Hospice</i>	--	--	--	--
<i>Public health</i>	4	80%	8	47%
<i>Other</i>	1	20%	7	41%
Long-term Care	12	16%	26	8%
<i>Nursing home</i>	3	25%	19	73%
<i>Rehabilitation</i>	5	42%	4	15%
<i>Sub-acute care</i>	2	17%	3	12%
<i>Other</i>	2	17%	--	--
None of the Above	27	37%	168	53%

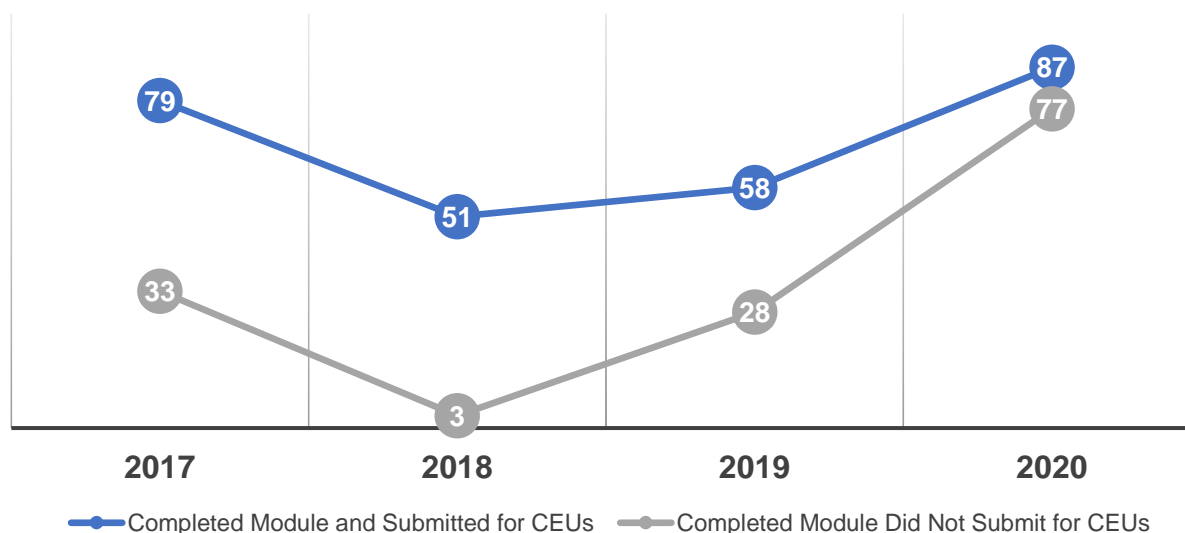
Table 8. Required module completion during March to July 2019 versus March to July 2020 (COVID-19)

	March to July 2019		March to July 2020	
	#	%	#	%
Acute Care	2	25%	2	17%
Community-based Care	0	--	0	--
Long-term Care	5	63%	3	25%
None of the Above	1	13%	7	58%

Implementation and Staff Utilization of TTP Training Modules

Users who completed at least one module are reported by fiscal year (through July 2020) for those who did and did not submit for CEUs (see Figure A). Over all the years, there are more users submitting for CEUs than not submitting. In 2018, there was the fewest number of overall module completions with an increase in module completions each of the following years. Additionally, there were about twice as many users completing modules during the COVID-19 pandemic compared to users completing the modules pre-pandemic in 2020.

Figure A. Number of users completing modules by year



How many newly licensed nurses within an organization completed the modules? Which modules were completed?

A total of 35 newly licensed nurses have completed the TTP modules. While 51% (n=18) of the newly licensed nurses completing TTP modules did not specify their care settings, 31% (n=11) of newly licensed nurses completing TTP were employed in acute care settings (see Table 9). Eighty-four percent (n=21) of newly licensed nurses completed Module 1, 64% (n=16) of them completed Module 2, and 24% (n=6) of newly licensed nurses completed Module 3 (see Table 11). There were 14 newly licensed nurses who completed the modules from 2019 to 2020, with a similar distribution across each of the care settings. A total of eight newly licensed nurses completed modules during COVID-19 (see Table 10).

How many nurses transitioning to a new healthcare organization or work area within an organization completed the modules? Which modules were completed?

Twenty-four nurses who transitioned to a new employment setting completed the TTP modules. About 33% (n=8) of those nurses were employed at acute care settings (see Table 9). The majority (85%, n=17) of transitioning nurses completed Module 1, 60% (n=12) of them completed Module 2, and 30% (n=6) transitioning nurses completed Module 3 (see Table 11). There were six nurses who transitioned to a new setting who completed the modules from 2019 to 2020, with a few more nurses from long-term care. Only two newly transitioned nurses completed modules during COVID-19 (see Table 10).

How many nurses not new or transitioning to a new setting completed the modules? Which modules were completed?

There have been a substantial number of students who have completed all three TTP modules. Out of 111 total students who have completed the module for CEUs, 98% (n=109) of them completed Module 1, 95% (n=105) completed Module 2, and 91% (n=101) completed Module 3. A total of 111 users who did not identify as a new nurse, transitioning nurse, or student

completed at least one module for CEUs. Of these users, 86% (n=96) completed Module 1, 41% (n=46) completed Module 2, and 7% (n=8) completed Module 3 (see Table 11). The number of students increased substantially from 2019 (n = 42) to 2020 (n = 182), while there were an additional 19 users who didn't identify with any of the nurse types from 2019 to 2020. A total of 99 nursing students completed the modules during COVID-19, approximately one-third (32%, n = 32) in acute care (see Table 10). For comparison, during the same five-month period in 2019, a total of 17 students completed the modules. ONP and MPHI staff attempted to reach faculty at the two universities completing the modules to understand how faculty became aware of the modules and how they are using them as part of their instruction. Unfortunately, we were unsuccessful getting in touch with any instructors who could provide feedback while they are on vacation during the summer months.

Table 9. Care setting by nurse type among those completing modules (cumulative since creation of modules)

	New Nurse (n=35)		Transitioning Employment (n=24)		Student (n=182)		None of these (n=145)	
	#	%	#	%	#	%	#	%
Acute Care	11	31%	8	33%	61	34%	57	39%
<i>Critical Access Hospital</i>	3	27%	3	38%	17	28%	12	21%
<i>Community Hospital</i>	7	64%	4	50%	40	66%	42	74%
<i>Long-term Acute Care Hospital</i>	0	--	1	13%	0	--	1	2%
<i>Other</i>	1	9%	0	--	4	7%	2	4%
Community-based Care	2	6%	6	25%	2	1%	11	8%
<i>Home Health</i>	0	--	0	--	1	50%	1	9%
<i>Hospice</i>	0	--	0	--	0	--	0	--
<i>Public Health</i>	2	100%	4	67%	1	50%	5	45%
<i>Other</i>	0	--	2	33%	0	--	5	45%
Long-term Care	4	11%	5	21%	13	7%	13	9%
<i>Nursing Home</i>	3	75%	2	40%	8	62%	7	54%
<i>Rehabilitation</i>	0	--	3	60%	3	23%	3	23%
<i>Sub-acute Care</i>	1	25%	0	--	1	8%	2	15%
<i>Other</i>	0	--	0	--	1	8%	1	8%
None of the Above	18	51%	5	21%	106	58%	64	44%

Table 10. Care setting by nurse type among those completing modules during COVID-19

	New Nurse (n=8)		Transitioning Employment (n=2)		Student (n=99)	
	#	%	#	%	#	%
Acute Care	2	25%	0	--	32	32%
Community-based Care	0	--	0	--	0	--
Long-term Care	2	25%	2	100%	4	4%
None of the Above	4	50%	0	--	63	64%

Table 11. Nurse Type by Module CEU Submission and Completion

	New Nurse (n=25)		Transitioning Employment (n=20)		Student (n=111)		Neither (n=111)	
	#	%	#	%	#	%	#	%
Module 1: Communication in Healthcare	21	84%	17	85%	109	98%	96	86%
Module 2: Safety in Healthcare	16	64%	12	60%	105	95%	46	41%
Module 3: Evidence-Based Practice	6	24%	6	30%	101	91%	8	7%

As in previous years, there were numerous users who complete the modules but did not submit for CEUs. Most of those users did not report a nurse licensure type, which is likely due to the fact the majority of those not submitting for CEUs were students (see Table 12 and 13).

Table 12. Nurse Type by Module CEU Submission and Completion

	Communication in Healthcare				Safety in Healthcare				Evidence-Based Practice			
	Submitted for CEUs (n=249)		Did not Submit for CEUS (n=115)		Submitted for CEUs (n=182)		Did not Submit for CEUs (n=101)		Submitted for CEUs (n=124)		Did not Submit for CEUs (n=76)	
	#	%	#	%	#	%	#	%	#	%	#	%
New Nurse	21	8%	8	7%	16	9%	5	5%	6	5%	1	1%
Transitioning Employment	17	7%	5	4%	12	7%	2	2%	6	5%	0	--
Nurse Manager	1	0.4%	1	1%	0	--	1	1%	0	--	1	1%
Nurse Trainer/ Preceptor	3	1%	0	--	2	1%	0	--	2	2%	0	--
Faculty	2	1%	0	--	1	1%	0	--	1	1%	0	--
Student	109	44%	64	56%	105	58%	76	75%	101	81%	64	84%
Neither	96	39%	37	32%	46	25%	17	17%	8	6%	10	13%

Table 13. Nurse Licensure by Module CEU Submission & Completion

	Communication in Healthcare				Safety in Healthcare				Evidence-Based Practice			
	Submitted for CEUs (n=249)		Did not Submit for CEUs (n=115)		Submitted for CEUs (n=182)		Did not Submit for CEUs (n=101)		Submitted for CEUs (n=124)		Did not Submit for CEUs (n=76)	
	#	%	#	%	#	%	#	%	#	%	#	%
RN	101	41%	41	36%	63	35%	18	18%	27	22%	14	18%
LPN	20	8%	5	4%	16	9%	3	3%	15	12%	0	--
APRN	0	--	1	1%	1	1%	0	--	0	--	0	--
Other	128	51%	68	59%	102	56%	80	79%	82	66%	62	82%

TTP Training Modules Outcome Measures

Survey questions were added after completion of each module to assess self-efficacy, knowledge, and confidence among participants. TTP users had to complete this survey to receive their CEUs. The survey was implemented in May 2019. Since then, the majority of TTP users were students; therefore, most respondents reflected in the following outcome measures are students. Unfortunately, without completing key informant interviews with faculty or students, we are unable to provide more insight into how and why students are completing the modules.

Communication in Healthcare

Questions related to confidence and comfort measured users' self-efficacy in communicating with providers, patients, and families. Overall, the majority (95%-96%) of respondents agreed or strongly agreed to statements measuring communication self-efficacy (see Table 14).

Table 14. Communication self-efficacy with providers, patients, and families

	Strongly Disagree	Disagree	Agree	Strongly Agree	Average Rating	Response Count
I feel more confident communicating with non-nursing providers.	2% (n=3)	3% (n=5)	60% (n=87)	35% (n=51)	3.27	146
I feel more at ease asking for help from other RNs on the unit.	2% (n=3)	3% (n=5)	59% (n=85)	35% (n=51)	3.28	144
I feel more comfortable communicating with patients.	1% (n=2)	3% (n=5)	59% (n=85)	36% (n=52)	3.30	144

	Strongly Disagree	Disagree	Agree	Strongly Agree	Average Rating	Response Count
I feel more comfortable communicating with my patients' families.	1% (n=2)	3% (n=5)	60% (n=86)	35% (n=51)	3.29	144
I am more confident in my ability to recognize when to apply communication techniques such as SBAR, OARS, TeamSTEPPS®, or DESC.	1% (n=2)	3% (n=5)	53% (n=78)	42% (n=61)	3.39	146

Overall, most (58-74%) user respondents reported being very confident in their ability to apply the four different communication methods covered in Module 1. On a 4-point Likert scale, respondents on average rated their confidence in applying communication methods between 3.53 and 3.72 (see Table 15).

Table 15. Confidence applying communication methods

	Not at all confident	A little confident	Somewhat confident	Very confident	Average Rating	Response Count
SBAR (Situation, Background, Assessment, & Recommendation)	1% (n=1)	1% (n=1)	24% (n=35)	74% (n=107)	3.72	144
OARS (Open Questions, Affirmations, Reflective Listening, & Summarizing)	1% (n=1)	1% (n=2)	36% (n=52)	62% (n=90)	3.59	145
TeamSTEPPS (Communication, Leadership, Situational Monitoring, & Mutual Support)	1% (n=1)	3% (n=4)	38% (n=55)	59% (n=85)	3.54	145
DESC (Describe, Explain, State, & Consequences)	1% (n=2)	2% (n=3)	38% (n=55)	58% (n=84)	3.53	144

Safety in Healthcare

User respondents were asked the degree to which they agree to statements measuring their knowledge and confidence of safety practices. Overall, nearly all respondents (95%-96%) agreed or strongly agreed with each statement. On a 4-point Likert scale, respondents on

average rated their knowledge and confidence to apply strategies to improve patient safety between 3.26 and 3.30 (see Table 16).

Table 16. Knowledge and confidence to apply strategies to improve patient safety

	Strongly Disagree	Disagree	Agree	Strongly Agree	Average Rating	Response Count
I feel more capable to utilize PDSAs (Plan, Do, Study, Act) as a quality improvement tool.	1% (n=2)	3% (n=4)	63% (n=94)	33% (n=49)	3.28	149
I feel more confident identifying actual or potential safety risks to my patients.	1% (n=2)	3% (n=4)	60% (n=90)	36% (n=53)	3.30	149
I can better identify risk(s) for an adverse event.	2% (n=3)	3% (n=4)	62% (n=92)	34% (n=50)	3.27	149
I am more comfortable following the steps involved for medication reconciliation.	2% (n=3)	3% (n=5)	62% (n=92)	33% (n=49)	3.26	149
I can more effectively sustain patient and family partnerships.	2% (n=3)	3% (n=5)	60% (n=89)	35% (n=52)	3.28	149
I am more confident in my ability to participate in safe team practices to create a culture of safety.	2% (n=3)	3% (n=4)	62% (n=92)	34% (n=50)	3.27	149
I am more confident in my ability to recognize behaviors and human factors associated with errors.	2% (n=3)	3% (n=4)	61% (n=91)	34% (n=51)	3.28	149

Evidence-Based Practice

User respondents were asked the degree to which they agree to statements measuring their knowledge and confidence to apply evidence-based practices. Overall, most respondents (94%-95%) agreed or strongly agreed with each statement. On a 4-point Likert scale, respondents on average rated their knowledge and confidence to apply evidence-based practices between 3.22 and 3.27 (see Table 17).

Table 17. Knowledge and confidence to apply evidence-based practices

	Strongly Disagree	Disagree	Agree	Strongly Agree	Average Rating	Response Count
I am better able to access evidence-based resources in my clinical practice setting.	3% (n=4)	3% (n=4)	64% (n=88)	30% (n=42)	3.22	138
I am better able to apply evidence-based practices in my clinical setting.	2% (n=3)	4% (n=5)	64% (n=87)	31% (n=42)	3.23	137
I am more likely to encourage the use of evidence to drive practices, policies, and procedures.	2% (n=3)	4% (n=5)	63% (n=86)	31% (n=43)	3.23	137
I am better able to identify what evidence-based practices are in use within my clinical setting.	2% (n=3)	4% (n=6)	60% (n=83)	33% (n=46)	3.25	138
I am better able to identify barriers implementing evidence-based practices in my clinical setting.	2% (n=3)	4% (n=5)	61% (n=84)	33% (n=45)	3.25	137
I am better able to identify facilitators for implementing evidence-based practices in my clinical setting.	2% (n=3)	4% (n=5)	61% (n=84)	33% (n=46)	3.25	138
I feel more confident in my ability to engage patients and families in the application of evidence-based care.	1% (n=2)	4% (n=5)	62% (n=85)	33% (n=46)	3.27	138

User Module Survey Data - Satisfaction

Results from the course satisfaction evaluation surveys showed that a majority of TTP participants were on average very or extremely satisfied with the module course objectives. Course objectives were specific to each module topic. Seventy percent (n=254) of users were very or extremely satisfied with Module 1, and 62% (n=97) of Module 2 users were very or

extremely satisfied. More than half (53%, n=106) of Module 3 users were less than very satisfied (see Table 18).

Table 18. Satisfaction with Module Course Objectives

	Less than Very Satisfied	Very or Extremely Satisfied	Mean Satisfaction (Scale 1-5)
Module 1: Communication in Healthcare (n=362)	30% (n=108)	70% (n=254)	4.01
Module 2: Safety in Healthcare (n=280)	38% (n=107)	62% (n=173)	3.84
Module 3: Evidence-based Practices (n=202)	53% (n=106)	47% (n=96)	3.58

Seven questions measured overall satisfaction with module content and format and included items such as ease of understanding, usefulness, and visual appeal. Overall, the majority (87%-90%) of users agreed or strongly agreed with the statements (Table 19).

Table 19. Overall Satisfaction with Module Content and Format

	Disagree or Strongly Disagree	Agree or Strongly Agree	Mean Satisfaction (Scale 1-4)
Module 1: Communication in Healthcare (n=362)	13% (n=48)	87% (n=314)	3.20
Module 2: Safety in Healthcare (n=280)	10% (n=27)	90% (n=253)	3.22
Module 3: Evidence-based Practices (n=202)	10% (n=21)	90% (n=181)	3.09

TTP participants provided qualitative responses on how they would apply information from the modules in their work settings. Most participants who completed the Communication in Healthcare module said they would use what they learned to communicate effectively with their coworkers and when working in teams. Many participants who completed the Safety in Healthcare module found that medication reconciliation was the most applicable information they gained from the module as well as how human factors contribute to adverse events. Participants who completed the Evidence-Based Practice module reported that they would research and evaluate evidence best-practice to help develop patient treatment plans.

Most participants reported that the videos, quizzes, and format and organization of the modules were the best features of the modules. Many participants reported that the loading time between slides needed to be reduced. Communication in Healthcare users felt that the module could be shorter and broken up into multiple topics.

Summary

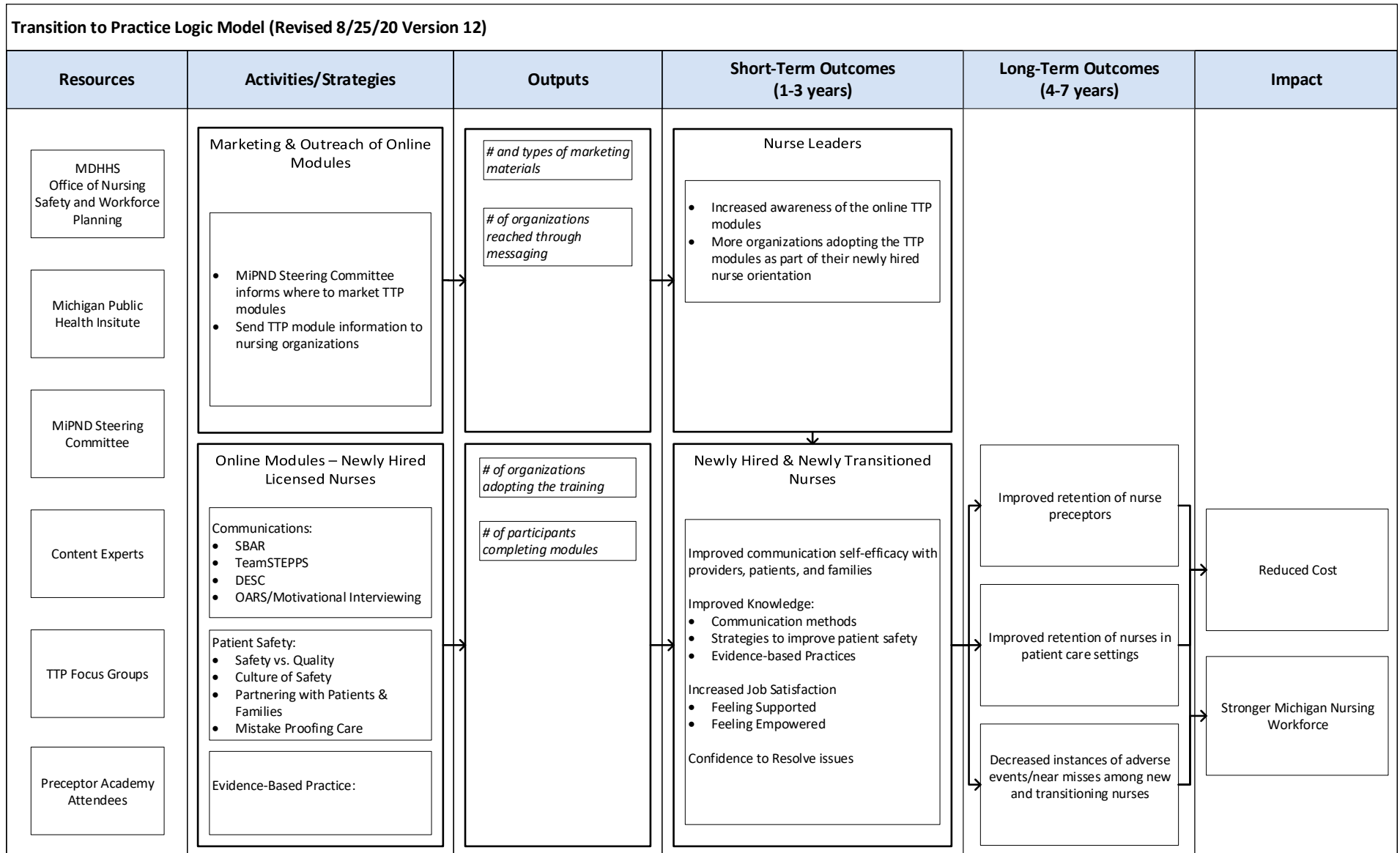
TTP module use and implementation remains low in organizations. In 2019 and 2020, it was found that only one organization out of all those surveyed implemented the modules in some form. Additionally, less than a quarter of organizations surveyed were aware of the TTP modules. Many of the reasons for not implementing the TTP modules were due to lack of time and capacity to review the content or organizations already had an existing transition to practice program in place. It is worth noting the survey was administered from May to June 2020 when many healthcare professionals were dealing with the COVID-19 pandemic. This may have influenced the low response to the survey, nurse leader respondents lacking the time to review or begin implementation of the modules, as well as increased usage of the modules during COVID-19.

A notable number of students are completing the TTP modules. More than a hundred additional students completed at least one module since 2019. Of the users completing at least one module, only 9% were new nurses, 6% of completing users were transitioning employment, 47% were students, and 38% were none of these nurse types. It is possible that the COVID-19 pandemic was related to the significant increase in student module completion. Further information gathering is needed from nursing programs to understand the increased use of modules by students.

Awareness of the modules continues to be low among healthcare organization which contributes to the lack of implementation and likely low response rates of surveys to assess organizational module use. Survey administration during COVID-19 was also likely related to the low response rate this year, given nurses were in high-demand.

Module users generally find the content applicable and gain confidence and knowledge in the topics covered. Users most often appreciate that the modules were online and able to be completed at their own pace. Improvements in the slide progression may help to reach more nurses through different learning modalities.

Appendix 1. Transition to Practice Logic Model



Appendix 2. Nurse Leader Survey

Introduction

This survey is being conducted by the Michigan Department of Health and Human Services, Office of Nursing Safety and Workforce Planning (MDHHS-ONP) to increase awareness of available transition to practice resources and learn more about how the Transition to Practice online learning modules (TTP modules) held at www.MiNurse.org are being utilized. The information you provide will be kept confidential; the identity of individuals responding to the survey will only be shared with the MDHHS-ONP and their evaluation team at the Michigan Public Health Institute. Completion of this survey is voluntary. However, your feedback is very important to us and your participation is encouraged and appreciated. If you have any questions as you complete this survey, please contact hrennake@mphi.org for assistance. Thank you for taking part in this effort!

Organization Information

1. Which of the following best describes the care setting of your organization? **R**
 - a. Acute care
 - b. Long-term care
 - c. Community care
 - d. Public health
 - e. Combination
 - f. Other (please specify)
2. What is your role within your organization? (*select all that apply*) **R**
 - a. Director of Nursing/Assistant Director of Nursing/Chief Nursing Executive
 - b. Nurse Educator
 - c. Staff Development
 - d. Charge Nurse/Unit Manager/Nurse Supervisor
 - e. Nursing Coordinator
 - f. Other (please specify)

Transitions to Practice Training

3. Are you aware of the Transition to Practice online learning modules housed at www.MiNurse.org? **R**
 - a. Yes
 - b. No – skip to Q8
4. How did you hear about the TTP modules housed at www.MiNurse.org? (*select all that apply*)
 - a. Nurse organization membership newsletter
 - b. Nurse organization membership email listserv
 - c. Nurse organizations' social media, e.g. Facebook, Twitter
 - d. Current employer
 - e. Other social media alert
 - f. Other (please specify)
5. Has your organization implemented any of the TTP modules housed at www.MiNurse.org? **R**

	Yes	No (skip to Q7)	I don't know/I am unsure (skip to Q8)
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Communication in Healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety in Healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence-Based Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How have the TTP modules been implemented at your organization for each type of nursing staff (For each module that is implemented in Q5)? **R**

	Required Training	Optional Training	I don't know/I am unsure
<u>All</u> nursing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Newly licensed</u> nursing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Newly hired, experienced</u> nursing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please explain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(all responses – skip to Q10)

7. Please describe your reason(s) for not implementing the TTP modules held at www.MiNurse.org. skip to End
[Text Box]

Intention to Preview/Implement TTP Modules

8. The minurse.org website offers free training modules for new nurses in communication, safety, and evidence-based practice with associated continuing education hours available upon successful completion of the modules. Do you intend to preview any of these training modules for potential inclusion in your training for new and/or transitioning nursing? **R**

	Yes	No
Communication in Healthcare	<input type="radio"/>	<input type="radio"/>
Safety in Healthcare	<input type="radio"/>	<input type="radio"/>
Evidence-Based Practice	<input type="radio"/>	<input type="radio"/>

9. [Display for each 'no' response in Q8] Why won't you preview the [Topic Name] module? (*select all that apply*)
- My organization already has effective [Topic Name] programs in place.
 - My organization does not have capacity to implement these training programs currently.
 - We have previewed them and are still considering implementation.
 - Other—please specify
- All responses - Skip to End

Organizational Outcomes since Implementing TTP [Ask if implemented TTP]

The following questions ask about change in nurse retention, errors and near misses since implementation of the modules.

[Overall practice nurse retention]

10. Since implementing the TTP modules, how much has your practice-wide nurse retention changed? **R**
- Much better than before
 - Moderately better than before
 - Slightly better than before
 - About the same
 - Slightly worse than before
 - Moderately worse than before
 - Much worse than before
 - I don't know/I am unsure

[New/transitioning nurse retention]

11. Since implementing the TTP modules, how much has your newly licensed nurse retention changed? **R**
- Much better than before
 - Moderately better than before
 - Slightly better than before
 - About the same
 - Slightly worse than before
 - Moderately worse than before
 - Much worse than before
 - I don't know/I am unsure

12. Since implementing the TTP modules, how much has your newly hired, experienced nurse retention changed? **R**
- Much better than before
 - Moderately better than before
 - Slightly better than before
 - About the same
 - Slightly worse than before
 - Moderately worse than before
 - Much worse than before
 - I don't know/I am unsure

[Preceptor nurse retention]

13. Since implementing the TTP modules, how much has your preceptor nurse retention changed? **R**
- Much better than before
 - Moderately better than before
 - Slightly better than before
 - About the same

- e. Slightly worse than before
- f. Moderately worse than before
- g. Much worse than before
- h. I don't know/I am unsure

[Overall practice adverse events/near misses]

14. Since implementing the TTP modules, how much has your nurse errors and/or near misses changed in your overall practice? **R**
- a. Much better than before
 - b. Moderately better than before
 - c. Slightly better than before
 - d. About the same
 - e. Slightly worse than before
 - f. Moderately worse than before
 - g. Much worse than before
 - h. I don't know/I am unsure

[New/transitioning nurse adverse events/near misses]

15. Since implementing the TTP modules, how much has your nurse errors and/or near misses changed among newly licensed nurses? **R**
- a. Much better than before
 - b. Moderately better than before
 - c. Slightly better than before
 - d. About the same
 - e. Slightly worse than before
 - f. Moderately worse than before
 - g. Much worse than before
 - h. I don't know/I am unsure
16. Since implementing the TTP modules, how much has your nurse errors and/or near misses changed among newly hired, experienced nurses? **R**
- a. Much better than before
 - b. Moderately better than before
 - c. Slightly better than before
 - d. About the same
 - e. Slightly worse than before
 - f. Moderately worse than before
 - g. Much worse than before
 - h. I don't know/I am unsure
17. Would you be comfortable with MPHI reaching out to you with any clarifications or follow-up questions?
- a. Yes
 - b. No