

MDHHS Office of Nursing Safety and Workforce Planning Transition to Practice

2022 Summary Report

By the
Michigan Public Health Institute

Project Period: 10/1/2021 to 9/30/2022



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, 2022, 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, 2022, 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, 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, 2023, allows individuals to receive 1.4 contact hours towards CEU. CEUs will be renewed through the Ohio Nurse Association.

Results

User Data

Table 1. Care settings by employer requirement among those completing modules

	Yes		No	
	#	%	#	%
Acute Care	66	28%	269	30%
<i>Critical Access Hospital</i>	13	20%	78	29%
<i>Community Hospital</i>	37	56%	176	65%
<i>Long-term Acute Care Hospital</i>	6	9%	7	3%
<i>Other</i>	10	15%	8	3%
Community-based Care	5	2%	25	3%
<i>Home health</i>	--	--	4	16%
<i>Hospice</i>	--	--	1	4%

	Yes		No	
	#	%	#	%
Public health	4	80%	11	44%
Other	1	20%	9	36%
Long-term Care	48	21%	51	6%
Nursing home	9	19%	34	67%
Rehabilitation	13	27%	10	20%
Sub-acute care	23	48%	4	8%
Other	3	16%	3	6%
None of the Above	115	49%	547	61%

Implementation and Staff Utilization of TTP Training Modules

Users who completed at least one module are reported by fiscal year (through July 2022) 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 (n = 51) and the highest number of module completions in 2021 (n = 379).

Figure A. Number of users completing modules by year

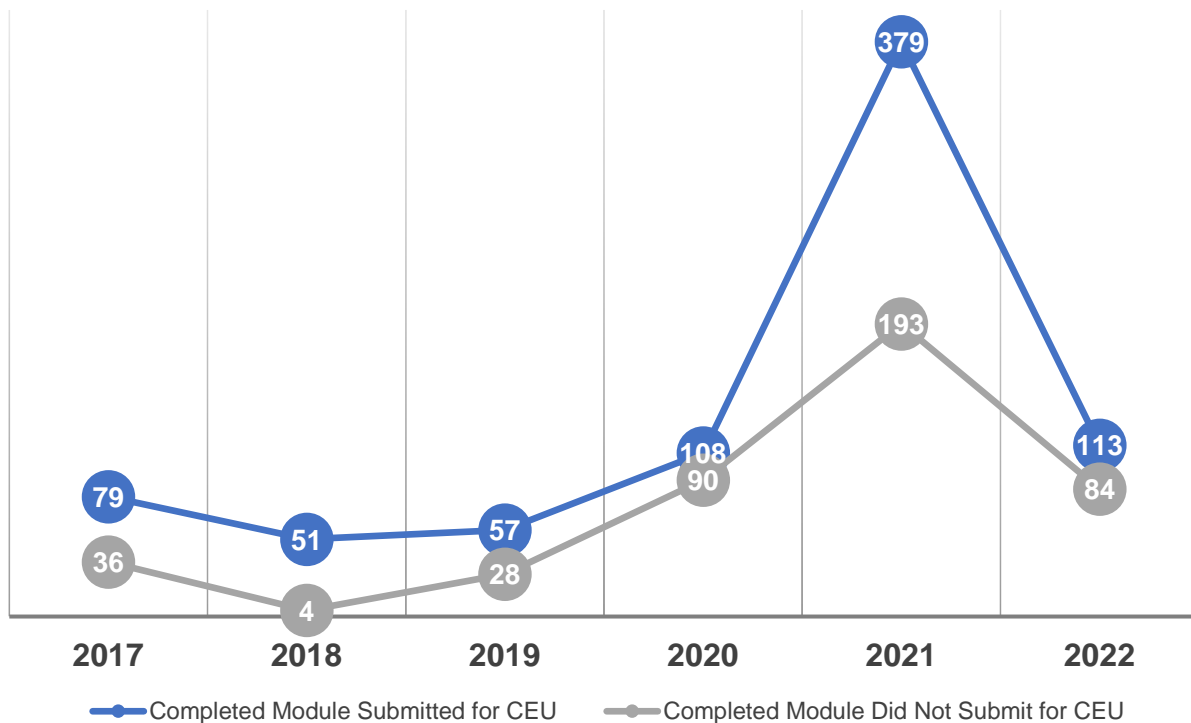


Table 2. Care setting by nurse type among those completing modules (cumulative since creation of modules)

	New Nurse (n=101)		Transitioning Employment (n=31)		Student (n=837)		None of these (n=147)	
	#	%	#	%	#	%	#	%
Acute Care	33	33%	10	32%	233	28%	58	39%
<i>Critical Access Hospital</i>	8	24%	3	30%	68	29%	12	21%
<i>Community Hospital</i>	13	39%	4	40%	152	65%	43	74%
<i>Long-term Acute Care Hospital</i>	4	12%	2	20%	6	3%	1	2%
<i>Other</i>	8	24%	1	10%	7	3%	2	3%
Community-based Care	3	3%	6	19%	8	1%	12	8%
<i>Home Health</i>	0	--	0	--	3	38%	1	8%
<i>Hospice</i>	1	33%	0	--	0	--	0	--
<i>Public Health</i>	2	67%	4	67%	3	38%	6	50%
<i>Other</i>	0	--	2	33%	2	25%	5	42%
Long-term Care	39	39%	7	23%	37	4%	12	8%
<i>Nursing Home</i>	6	15%	2	29%	25	68%	7	58%
<i>Rehabilitation</i>	9	23%	4	57%	7	19%	3	25%
<i>Sub-acute Care</i>	22	56%	1	14%	1	3%	2	17%
<i>Other</i>	2	5%	0	--	4	11%	0	--
None of the Above	26	26%	8	26%	559	67%	65	44%

Table 3. Nurse Type by Module CEU Submission and Completion

	New Nurse (n=80)		Transitioning Employment (n=27)		Student (n=544)		Neither (n=113)	
	#	%	#	%	#	%	#	%
Module 1: Communication in Healthcare	62	78%	22	81%	396	73%	97	86%
Module 2: Safety in Healthcare	60	75%	19	70%	422	78%	48	42%
Module 3: Evidence-Based Practice	42	53%	10	37%	501	92%	10	9%

Table 4. Nurse Type by Module CEU Submission and Completion

	Communication in Healthcare				Safety in Healthcare				Evidence-Based Practice			
	Submitted for CEUs (n=584)		Did not Submit for CEUS (n=352)		Submitted for CEUs (n=554)		Did not Submit for CEUs (n=349)		Submitted for CEUs (n=568)		Did not Submit for CEUs (n=334)	
	#	%	#	%	#	%	#	%	#	%	#	%
New Nurse	62	11%	21	6%	60	11%	17	5%	42	7%	12	4%
Transitioning Employment	22	4%	5	1%	19	3%	2	1%	10	2%	0	--
Nurse Manager	1	0%	1	0%	0	--	1	0%	0	--	1	0%
Nurse Trainer/Preceptor	3	1%	1	0%	3	1%	0	--	2	0%	1	0%
Faculty	3	1%	0	--	2	0%	0	--	3	1%	0	--
Student	396	68%	287	82%	422	76%	312	89%	501	88%	310	93%
Neither	97	17%	37	11%	48	9%	17	5%	10	2%	10	3%

Table 5. Nurse Licensure by Module CEU Submission & Completion

	Communication in Healthcare				Safety in Healthcare				Evidence-Based Practice			
	Submitted for CEUs (n=584)		Did not Submit for CEUs (n=352)		Submitted for CEUs (n=554)		Did not Submit for CEUs (n=349)		Submitted for CEUs (n=568)		Did not Submit for CEUs (n=334)	
	#	%	#	%	#	%	#	%	#	%	#	%
RN	189	32%	87	25%	160	29%	64	18%	123	22%	58	17%
LPN	25	4%	5	1%	22	4%	3	1%	18	3%	0	--
APRN	0	--	1	0%	1	0%	0	--	1	0%	0	--
Other	370	63%	259	74%	371	67%	282	81%	426	75%	276	83%

TTP Training Modules Outcome Measures

Communication in Healthcare

Table 6. Communication self-efficacy with providers, patients, and families

	Strongly Disagree	Disagree	Agree	Strongly Agree	Average Rating (Scale 1-4)	Response Count
I feel more confident communicating with non-nursing providers.	3% (n=19)	2% (n=13)	61% (n=421)	35% (n=241)	3.27	694
I feel more at ease asking for help from other RNs on the unit.	3% (n=18)	2% (n=16)	61% (n=419)	34% (n=238)	3.27	691
I feel more comfortable communicating with patients.	2% (n=17)	2% (n=15)	61% (n=425)	34% (n=235)	3.27	692
I feel more comfortable communicating with my patients' families.	2% (n=16)	2% (n=17)	62% (n=429)	33% (n=230)	3.26	692
I am more confident in my ability to recognize when to apply communication techniques such as SBAR, OARS, TeamSTEPPS®, or DESC.	2% (n=16)	2% (n=13)	59% (n=407)	37% (n=257)	3.31	693

Table 7. Confidence applying communication methods

	Not at all confident	A little confident	Somewhat confident	Very confident	Average Rating (Scale 1-4)	Response Count
SBAR (Situation, Background, Assessment, & Recommendation)	1% (n=4)	1% (n=9)	37% (n=254)	61% (n=424)	3.59	691
OARS (Open Questions, Affirmations, Reflective Listening, & Summarizing)	1% (n=4)	2% (n=17)	44% (n=308)	53% (n=364)	3.49	693

	Not at all confident	A little confident	Somewhat confident	Very confident	Average Rating (Scale 1-4)	Response Count
TeamSTEPPS (Communication, Leadership, Situational Monitoring, & Mutual Support)	1% (n=4)	3% (n=22)	46% (n=316)	51% (n=351)	3.46	693
DESC (Describe, Explain, State, & Consequences)	1% (n=7)	3% (n=20)	45% (n=308)	52% (n=357)	3.47	692

Safety in Healthcare

Table 8. Knowledge and confidence to apply strategies to improve patient safety

	Strongly Disagree	Disagree	Agree	Strongly Agree	Average Rating (Scale 1-4)	Response Count
I feel more capable to utilize PDSAs (Plan, Do, Study, Act) as a quality improvement tool.	3% (n=21)	2% (n=16)	64% (n=469)	31% (n=224)	3.23	730
I feel more confident identifying actual or potential safety risks to my patients.	3% (n=21)	2% (n=12)	62% (n=451)	34% (n=248)	3.27	732
I can better identify risk(s) for an adverse event.	3% (n=22)	2% (n=14)	61% (n=450)	34% (n=246)	3.26	732
I am more comfortable following the steps involved for medication reconciliation.	3% (n=22)	2% (n=14)	63% (n=463)	32% (n=231)	3.24	730
I can more effectively sustain patient and family partnerships.	3% (n=22)	2% (n=15)	62% (n=456)	33% (n=238)	3.24	731
I am more confident in my ability to participate in safe team practices to create a culture of safety.	3% (n=22)	2% (n=12)	64% (n=464)	32% (n=232)	3.24	730

	Strongly Disagree	Disagree	Agree	Strongly Agree	Average Rating (Scale 1-4)	Response Count
I am more confident in my ability to recognize behaviors and human factors associated with errors.	3% (n=22)	2% (n=13)	63% (n=460)	24% (n=235)	3.24	730

Evidence-Based Practice

Table 9. Knowledge and confidence to apply evidence-based practices

	Strongly Disagree	Disagree	Agree	Strongly Agree	Average Rating (Scale 1-4)	Response Count
I am better able to access evidence-based resources in my clinical practice setting.	2% (n=17)	2% (n=14)	62% (n=497)	35% (n=379)	3.29	807
I am better able to apply evidence-based practices in my clinical setting.	2% (n=18)	2% (n=14)	62% (n=497)	34% (n=278)	3.28	807
I am more likely to encourage the use of evidence to drive practices, policies, and procedures.	2% (n=17)	2% (n=14)	61% (n=491)	35% (n=286)	3.29	808
I am better able to identify what evidence-based practices are in use within my clinical setting.	2% (n=17)	2% (n=17)	61% (n=491)	35% (n=282)	3.29	807
I am better able to identify barriers implementing evidence-based practices in my clinical setting.	2% (n=16)	2% (n=15)	60% (n=489)	36% (n=289)	3.30	809
I am better able to identify facilitators for implementing evidence-based practices in my clinical setting.	2% (n=17)	2% (n=14)	61% (n=492)	35% (n=285)	3.29	808

	Strongly Disagree	Disagree	Agree	Strongly Agree	Average Rating (Scale 1-4)	Response Count
I feel more confident in my ability to engage patients and families in the application of evidence-based care.	2% (n=16)	2% (n=14)	60% (n=488)	36% (n=290)	3.30	808

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. Sixty percent (n=558) of users were very or extremely satisfied with Module 1, and 55% (n=464) of Module 2 users were very or extremely satisfied. Over half (54%, n=481) of Module 3 users were less than very satisfied (see Table 10).

Table 10. Satisfaction with Module Course Objectives

	Less than Very Satisfied	Very or Extremely Satisfied	Mean Satisfaction (Scale 1-5)
Module 1: Communication in Healthcare (n=925)	40% (n=367)	60% (n=558)	3.80
Module 2: Safety in Healthcare (n=875)	47% (n=411)	53% (n=464)	3.64
Module 3: Evidence-based Practices (n=893)	54% (n=481)	46% (n=412)	3.57

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 (88%-90%) of users agreed or strongly agreed with the statements (Table 11).

Table 11. 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=925)	12% (n=108)	88% (n=817)	3.12
Module 2: Safety in Healthcare (n=875)	10% (n=89)	90% (n=786)	3.10
Module 3: Evidence-based Practices (n=893)	11% (n=96)	89% (n=797)	3.09

Appendix 1. Transition to Practice Logic Model

