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Mentor-based Orientation Program

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Abstract

The intention of this quality improvement project is to improve the process of staff development in a 16-bed, acute rehabilitation unit by implementing a mentor-based orientation program. Rehabilitation nursing is a specialty that requires knowledge of the rehab philosophy and milieu. The lack of a rehab-specific educational component of the orientation process causes the new nurses anxiety and dissatisfaction which negatively impacts nurse retention. The project aims to improve the confidence and competence of new nurses, decrease nurse turnover rate, and increase nurse retention by providing a rehab-specific, orientation class. The M*i*Rehab booklet and a PowerPoint presentation were developed as methods of educational delivery by the interdisciplinary team. A pre- and post-orientation class Likert-scale survey measuring confidence and competence was given to eight new nurses. One month after the orientation class, another Likert-scale survey was given to the new nurses and four mentors to determine if the support of a mentor during the orientation process was favorable. Results showed that the educational component of the mentor-based orientation program improved the new nurse's confidence and competence in their rehab knowledge and skills. Nurse satisfaction, patient satisfaction, and nurse turnover rate can be measured after the full implementation of the mentor-based orientation program.

Keywords: orientation, mentor, competence, nurse retention

Mentor-based Orientation Program

Clinical Leadership Theme

Staff development is the clinical leadership theme of this quality improvement project. According to the Association of Rehabilitation Nurses (ARN; 2016), "Staff development assists new nurses to apply theory to practice and to maintain and enhance competency" (p. 1). Staff development of new nurses in a microsystem enables the transition from novice nurses to confident and competent nurses. Nurses' well-being affects the delivery of safe, quality patient care. When nurses feel dissatisfied and incompetent, they leave their workplace.

Quality, safety, and evidence-based practice (EBP) are the cornerstones of clinical nurse leader (CNL) practice (Harris, Roussel, & Thomas, 2014). The CNL plays a key role in coordinating and collaborating with the interdisciplinary team to plan, implement, and evaluate an improvement initiative (Stavrianopoulos, 2012; AACN, 2013). Clinical nurse leaders are well positioned to be role models within the microsystem for evidence-based practice, thereby influencing the quality and outcomes of care. (Harris, Roussel, & Thomas, 2014). The use of EBP by the CNL is an essential skill. The CNL will be able to lead the implementation of the mentor-based orientation program through the competency of initiating practice change based on best available evidence that results in favorable organizational, financial, quality, and safety outcomes (Stavrianopoulos, 2012; AACN, 2013). A mentor-based orientation program is an evidence-based approach that enhances new employee's confidence and competence to deliver patient-centered care, increase staff satisfaction and nurse retention, and reduce turnover and subsequent employee replacement costs (Sandau & Halm, 2010; Fisher, 2015). The mentors, interdisciplinary team, and management in an acute rehabilitation unit (ARU) will acknowledge

and embrace this change strategy by their support of implementation of this mentor-based orientation program.

Statement of the Problem

Acute Rehabilitation Unit has the second highest nurse turnover rate at Santa Rosa Memorial Hospital (SRMH). Among 25 nurses, only 13 of them have worked in ARU for 3 years or more. According to Renter et al. (2014), nurse replacement in a hospital costs approximately $64,000. According to Chiu et al. (2009), a high nurse turnover rate can negatively affect the ability of a microsystem to meet patient needs and deliver safe, quality care. Nursing turnover increases direct labor costs including recruiting, selection, and training of personnel. In addition, it also increases indirect labor costs reflected in the negative influence that turnover has on the cohesiveness of the work unit, increased burden for the remaining workers, decreased job satisfaction, and reduced quality of patient care (Chiu et al., 2009). Retaining nurses within a healthcare organization is a challenge for hospital administrators. To promote nurse retention and decrease nurse turnover, healthcare organizations need to understand factors that influence nurses' job satisfaction and feelings about their work setting and focus attention on developing and implementing strategies that foster retention (Bugajski et al., 2017; Hayburst et al., 2005). To achieve these goals, a CNL has an essential role in developing and implementing an evidence-based quality improvement project within the organization's microsystem.

Project Overview

The clinical microsystem success characteristic that this improvement project aligns with is staff focus. The staff focus success characteristic is described as "The microsystem does selective hiring of the right kind of people, integrates new staff into culture and work roles, and

aligns daily work roles within training competencies. Staff have high expectations for performance, continuing education, professional growth, and networking" (Nelson, Batalden, & Godfrey, 2007, p.22). The staff focus success characteristic is valuable when hiring, orienting, and retaining staff as well as when providing continuing education and incentives for staff. The `stakeholders within ARU have the incentive to create change as they are committed to helping each other build a systematic and healthy work environment.

The global aim of this project is to improve the process of staff development in ARU by developing the educational component of a mentor-based orientation program. According to Krugman (2011), nursing orientation programs provide an opportunity for new nurses to become acclimated with the institution's structure, standards, culture, and work expectations. An effective nursing orientation program considers the hospital and the needs of the nurses in the process. Effective orientation programs ensure that new nurses learn and synthesize information for application in the clinical setting, specifically concerning patient safety and nursing practice. To enhance employee's confidence, competency, and retention, it is essential for an institution to have an effective orientation program that leads to nurses successfully taking care of their patients (Park & Jones, 2010). According to Sandau & Halm (2010), nurse mentors can improve orientation programs. Mentors are instrumental in grooming new nurses to be confident and competent, by counseling, teaching, coaching, and supporting nurses. Mentors contribute to the personal growth and career development of the mentee through role-modeling of behaviors and attitudes, offering guidance, and providing social support (LaFleur and White, 2010). The implementation of a mentor-based orientation program aims to improve the confidence and competence of new nurses working in ARU by November 17, 2017. This specific aim closely

relates with the stated global aim because staff development of new nurses in a microsystem enables or allows for the transition from novice nurses to confident and competent nurses.

A long-term goal of implementation of a mentor-based orientation program is to decrease nurse turn over and increase nurse retention by November 2018. According to Edwards et al. (2015), mentor-based orientation programs assist in the retention of new nurses. A structured and supported mentorship has been demonstrated to improve nurse retention.

Rationale

An informal trend analysis performed during the microsystem needs assessment led me to initiate this project. In one of the leadership meetings, the unit was reported to have the second highest nurse turnover rate in the hospital. Among the 25 nurses, only 13 of them have worked in ARU for three years or more. A fishbone diagram (Appendix A) shed light on causes of high nurse turnover rate in the unit. A high nurse turnover rate can negatively affect the ability of a microsystem to meet patient needs and provide quality care. Many of the nurses in ARU articulated that during their orientation period, they felt overwhelmed, confused, and lost. They verbalized the need for a more organized, well-planned orientation program. Orientation programs provide an opportunity for new nurses to become acclimated with the organization's structure, standards, culture, and work expectations (Krugman, 2011). Orientation programs also enhance the nurse's confidence, competency, and retention (Park & Jones, 2010).

Currently, ARU only follows the standard hospital-based orientation. New nurses are sent to their respective units of hire after a week of mandatory hospital orientation. They are oriented for three to five weeks on the floor depending on their nursing experience with different preceptors every shift. Rehabilitation nursing is a specialty that requires knowledge of the rehab philosophy and milieu. The lack of a rehab-specific educational component of the orientation

process causes new nurses anxiety and dissatisfaction. When nurses feel dissatisfied with

their job, they are more inclined to leave the unit. Staff satisfaction is essential in a workplace

because it influences commitment, work longevity, staff retention, productivity, and adequacy of

care (Galletta et al., 2016). Orientation programs must include evidence-based practice changes

and therefore, need to be constantly updated and improved. Mentors have been shown to

prepare new nurses to be competent and confident as well as improve an orientation

programs' effectiveness (Sandau & Halm, 2010). Implementation of the mentor-based

orientation program for new nurses in ARU has the potential to increase staff satisfaction,

nurse retention, and ultimately increase patient satisfaction. A SWOT analysis is outlined in

Table 1 (Appendix B).

Based on estimates, the total cost of developing the educational component of the

mentor-based orientation program is $9,105.00 for the first year and $4,552.50 for the

second year. The cost includes the preparation and presentation time of the therapists and

nurses, participation of the mentors, and attendance of 8 nurses hired within the past two

years. The preparation time of the therapists and nurses will be lesser for the second year

since the education materials are developed during the first year. The estimated cost of

developing this project is outlined in Table 2 (Appendix C).

The cost to hire and train one RN is approximately $64,000 (Renter et al., 2014).

In the fiscal years 2016 and 2017, 24% of 25 nurses left ARU costing the hospital

$384,000.00 for each year to replace them. The reduction of turnover by 50%, which is

$192,000.00, minus the projected $9,105.00 cost of this project, results in a cost savings

of $182,895.00 for the first year. The estimated cost of this project for the second year is

$4,552.50 which will result in savings of $187,447.50. The cost of nurse turnover in

ARU for the last two fiscal years is outlined in Table 3 (Appendix D).

Overall, the benefits of developing an educational component of the mentor-based

orientation program are greater than the costs; a cost benefit analysis shows that the program will

be highly beneficial to the hospital. This intervention will improve new nurses' confidence and

competence. The lack of an evidence-based orientation program for ARU nurses negatively

impacts nurse retention in the microsystem. The implementation of a mentor-based

orientation program for nurses will benefit the hospital, new employees, current staff, and

ultimately the patients. It can potentially increase staff and patient satisfaction, nurse

retention, patient and staff satisfaction, improve Hospital Consumer Assessment of Healthcare

Providers and Systems (HCAHPS) scores, improve patient safety, reduce nurse turnover, reduce

direct and indirect labor costs, and significantly reduce overall cost of the organization.

Methodology

The main purpose of this project is to improve the confidence and competence of new

nurses working in ARU by November 10, 2017. Informal trend data showed that ARU nurses

felt overwhelmed, confused, lost, and dissatisfied during their orientation period. The nurses did

not feel confident, competent, and supported after their orientation period ended. Nurses tend to

leave the unit when they are dissatisfied with their job. According to Fisher (2015), "…retention

begins at orientation" (p. 21). The development of an evidence-based orientation program for

new employees has the potential to increase staff satisfaction and nurse retention. A mentor-

based orientation program is an evidence-based approach that enhances new employee's

confidence and competence to deliver patient-centered care, increase staff satisfaction and nurse

retention, and reduce turnover and employee replacement costs (Sandau & Halm, 2010; Fisher, 2015).

According to Finkelman (2016), change is "…something that occurs that makes a difference…" (p. 70). The stakeholders within ARU have the incentive to create change as they are committed to helping each other in building a systematic and healthy work environment. Improving the workplace requires staff to be involved and innovations to be maintained. The CNL will utilize Lewin's (1947) force-field model of change in this improvement project. The three stages of Lewin's theory include unfreezing stage, moving stage, and refreezing stage (Appendix E). During the unfreezing stage, status quo is examined and the driving force for change is increased. During the moving stage, actions are taken, changes are made, and people are involved. During the refreezing stage, changes are made permanent, new processes are established, and desired outcomes are rewarded. The success of this project relies on a careful planning and collaboration among ARU stakeholders.

The recommended action plan includes presenting the proposed mentor-based rehab orientation program and it's benefits to the nurse manager and stakeholders for approval, identifying new nurses who have worked in ARU less than 2 years, distributing the "M*i*Rehab" booklet (Appendix F), assigning a mentor to each new nurse, holding an educational rehab orientation class, conducting a survey before, immediately following, and one month after the orientation class. A committee which includes the RN mentors and representatives of the interdisciplinary team will be formed in developing the rehab-specific educational component of the mentor-based orientation program to ensure that stakeholders are included in the planning and implementation. During the 8-hour orientation class, each representative of the interdisciplinary team will present their specific roles, milieu and philosophy of rehab. Mentors

of the new nurses will be present at the orientation class. The mentor-based orientation program for new nurses will be introduced and presented during ARU staff meeting, shared governance, and via email. For accessibility and sustainability of this intervention, the educational information developed by the interdisciplinary team will be stored in the computer shared drive of the hospital. Due to the constant changes in health care, the educational information stored in the shared drive can be easily revised and updated to reflect current practice.

According to Sullivan & Artino Jr. (2013), Likert-type scales are commonly used in end-of-rotation trainee feedback, faculty evaluations of trainees, and assessment of performance after an educational intervention. A confidence and competence survey using a Likert scale will be given to new nurses before and after (Appendix G) the educational rehab orientation class. This will serve as an initial outcome measure to determine if the educational component of the orientation program improved their confidence and competence. An increase in feelings of confidence and competence from pre-class to post-class surveys, indicates that the orientation class is effective. One month after the orientation class, another survey using a Likert scale will be given to new nurses (Appendix H) and mentors (Appendix I) to determine if the support of a mentor during the orientation process is favorable. A favorable survey result means that the support of a mentor is effective. Three months post intervention, nurse satisfaction will be measured through the annual employee engagement survey of the hospital. Six months post-intervention, patient satisfaction will be measured. Since nurse satisfaction is related to patient satisfaction, the HCAHPS survey can be used as an outcome measure for patient satisfaction. According to the Centers of Medicare and Medicaid Services (CMS; 2014), HCAHPS is "…a national, standardized, publicly reported survey of patients' perspectives hospital care" (p. 1).

Twelve months post intervention, the nurse retention rate will be measured. An increased nurse retention rate means that the implementation of a mentor-based orientation program is effective.

The three stages of Lewin's theory improved the structure for this change project Lewin's (Finkelman, 2016). In the unfreezing stage, it was uncovered that the orientation process in ARU follows the standard hospital-based orientation for new nurses. Rehabilitation nursing is a specialty that requires knowledge of the rehab milieu. The informal trend data revealed the cause of ARU's high turnover rate. ARU nurses, during and after their orientation period, felt unconfident, incompetent, unsupported, and dissatisfied. The lack of rehab-specific educational component of the orientation process causes the new nurses anxiety and dissatisfaction. Nurses leave the unit when they feel dissatisfied with their job. The outcome of data was the driving force to initiate a change. The attempt to improve the orientation process highlights the moving stage in Lewin's theory. The development of the educational component of a mentor-based orientation program was the change made to improve the orientation process. ARU management, interdisciplinary team, and mentors were involved in the planning and implementation of this change project. Sustaining and updating this improvement defines the freezing stage of the theory. The educational information developed by the interdisciplinary team is stored in the computer shared drive of the hospital for easy accessibility.

Data Source/Literature Review

ARU is a 16-bed unit consisting of a patient population categorized by impairment groups, such as stroke, brain injury, spinal cord injury, amputation, major trauma, and neurological, orthopedic, and cardiac conditions. The core professionals in ARU include a program director, nurse manager, therapy manager, medical director, admissions liaison, registered nurses, certified nursing assistants, physical therapists, occupational therapists, and

speech-language pathologists. Interdisciplinary team collaboration is imperative in a microsystem. It creates a sense of trust, fosters a culture of safety, and improves quality of care (Finkelman, 2016). The ARU interdisciplinary team members work together in sharing their expertise, knowledge, and skills to deliver quality and safe patient-centered care. Commitment is a valuable element in a work environment (Prakash, 2010). According to Galleta et al. (2016), staff satisfaction is essential as it influences commitment, work longevity, staff retention, productivity, and quality of care in a workplace.

New nurses in ARU will be provided with the educational component of the mentor-based orientation program. As compared to having a standard hospital-based orientation process with no mentors, provision of the educational orientation class and mentors to new nurses will improve nurses' confidence and competence by November 17, 2017.

Research shows that a specific orientation program is essential as it enhances the transition of novice nurse through learning experiences, teaching, coaching, mentoring, and leadership building, and improved communication. Specific orientation programs promote the confidence and competency levels of new nurses in providing patient care, thereby increasing nurse retention.

According to Renter et al. (2014) and Twigg & McCullough (2013), nurse leaders are instrumental in creating healthy work environments and can influence nurse satisfaction. Creating healthy practice environments enhances nurse retention and facilitates quality patient care. Managers and administrators can assess and manage their practice environments using a validated tool to guide and evaluate interventions.

An article by Sandau & Halm (2010) notes that orientees are expected to demonstrate competence in basic unit-specific skills at the end of the orientation. The article notes that causes

of high stress and difficulty transitioning from student to professional roles include lack of confidence in skill performance, deficits in critical thinking/clinical knowledge, relationships with peers and preceptors, struggles with dependence on others, frustrations related to the work environment, priority setting, and communication with physicians. This article suggests that preceptors are key to the orientation of both new graduate nurses and experienced nurses, and the contribution of preceptors to successful outcomes of orientees and organizations should not be underestimated.

An integrative review explored mentor-mentee relationships and benefits from the perspective of the mentor rather than that of the mentee (LaFleur and White, 2010). The article suggests that personal attributes, professional skills and abilities, and communication skills were three themes associated with the qualities of mentors. The article also discusses the barriers to nurse mentoring, such as difficulties developing relationships and lack of time, while the benefits of being a nurse mentor include positive impacts on person or practice, personal satisfaction, professional success, and organizational and professional contributions.

The four search engines that were used for this literature are CINAHL, OVID, Fusion, & Google Scholar. This literature review outlines research collected about orientation, mentor, competence, confidence, nurse retention, nurse turnover, and job satisfaction.

Timeline

This project was started in January 2017 during a microsystem assessment and is projected to be fully implemented by the second week of November. In March, an informal survey was conducted with all the nurses in the unit to determine the cause of high nurse turnover. The informal trend data led me to initiate this improvement project. In June, I identified 8 new nurses who will participate in this project. I also identified mentors who are

experienced and who have previously attended a mentor class offered by the hospital. The proposed project was presented to the nurse manager in August and to the stakeholders in September for buy-in and approval. The "M*i*Rehab" booklet was developed and was distributed to the new nurses during the orientation class. "M*i*Rehab" is an orientation tool for new nurses to use to better understand rehab philosophy & milieu as well as the interdisciplinary overview in ARU. The 8-hour orientation class was held on October 20th attended by the eight new nurses and four mentors. During the 8-hour orientation class, each representatives of the interdisciplinary team presented their respective overview of rehab. A quarterly timeline of this project is outlined (Appendix J).

A confidence and competence survey were conducted before the orientation class and immediately following the orientation class. Another survey was conducted one month after the orientation class for mentors and mentees. The educational information developed by the interdisciplinary team was stored in the shared drive of the hospital for easy access. This will be sustained, and revised and updated according to the current practice.

On January 19, 2018, three months post intervention, nurse satisfaction will be measured through the annual employee engagement survey of the hospital. On April 20, 2018, six months post-intervention, patient satisfaction will be measured. On October 19, 2018, twelve months post intervention, nurse retention rate will be measured.

Expected Results

This project is expected to attain the primary goal of improving the confidence and competence of the new nurses in ARU. The involvement of the interdisciplinary team with this project will greatly contribute to achieve this goal. According to Ginter (2014) and Hemmingway & Morrissey (2013), high-reliability organizations promote teamwork that is

beneficial for improving staff satisfaction and patient safety. Collaboration among the interdisciplinary team within a microsystem is key to developing an effective and successful initiative. The implementation of a mentored-based orientation program for new nurses is expected to improve nurses' confidence and competence by November 17, 2017. The development of the "M*i*Rehab" booklet is another initiative in this program. "M*i*Rehab" is a reference tool for new nurses to better understand the interdisciplinary rehabilitation program. In addition, it is expected that this project will increase nurse satisfaction and nurse retention after its full implementation.

Nursing Relevance

Rehabilitation nursing is a specialized branch of the nursing profession that requires knowledge of the rehab philosophy and milieu. It is imperative for acute rehab units to adequately support their new nurses to grow and develop knowledge and skills by providing mentor driven, rehab-specific education. Nurses care about their ability to have an impact and deliver quality patient care. The provision of mentors and educational will facilitate nurses acquiring this ability.

The implementation of a mentor-based orientation program has enormous potential in enhancing staff development and empowering new nurses to achieve their professional goals, as well as building a great relationship with their mentors. As previously discussed, orientation programs enhance nurse's confidence, competence, and retention (Park & Jones, 2010).

In addition, high-reliability microsystems promote teamwork. Teamwork is essential for a successful attempt to change nursing practice within a microsystem (Hemmingway & Morrissey, 2013). A CNL is in the best position to communicate and collaborate with the interdisciplinary team in this effort (AACN, 2007). The implementation of this project is a joint

effort of the CNL and interdisciplinary team within the microsystem which is key to an effective initiative.

Summary Report

The implementation of the quality improvement project "Mentor-based Orientation Program" aims to improve the confidence and competence of new rehab nurses by November 17, 2017. This project intends to improve the process of staff development by developing the educational component of the orientation process. The site for the clinical nurse leader project is in a 16-bed acute rehabilitation unit at SRMH, a 278-bed, Level II Trauma Center community hospital located in Santa Rosa, California. The actual population for the project are eight new nurses who have worked in ARU less than two years. Four experienced rehab nurses were chosen to be mentors. Each mentor was assigned to two new nurses during the orientation program. To facilitate this project, Kurt Lewin's (1974) Change Theory was utilized. Lewin's three-stage model of change improved the framework of this CNL project. During the unfreezing stage, through data analysis from rehab nurses, the lack of rehab-specific educational component of the orientation process is shown to cause anxiety and dissatisfaction in new nurses, negatively impacting nurse retention. Next, during the change stage, the CNL develops a mentor-based orientation program to improve new nurses' confidence and competence. During the refreezing stage, the evaluation results of survey establishes change in the orientation process. The M*i*Rehab booklet (Appendix F) and a PowerPoint presentation developed by the ARU interdisciplinary team were used as methods of educational delivery during the orientation class. There were no changes made from the prospectus. The baseline data collected revealed lack of confidence and competence for half of the new nurses with their rehab knowledge and skills. The delivery of safe, quality patient care is compromised when nurses' feel dissatisfied

and incompetent. To support new nurses, it is essential to develop and implement an evidence-based mentoring and educational program in order for them to feel confident and competent to deliver safe, quality patient-centered care.

The initial evaluation happened before and after the orientation class on October 20, 2017. A pre- and post-orientation class Likert-scale survey (Appendix G) measuring confidence and competence was given to eight new nurses to determine whether the educational component of the orientation program improved their confidence and competence. Before the class, 12% strongly agreed, 50% agreed, 25% felt neutral, and 13% disagreed that they felt confident when answering their patient's and/or family's questions about rehab (Appendix K). After the class, 38% strongly agreed and 62% agreed that they feel confident when answering their patient's and/or family's questions about rehab (Appendix K). Before the class, 12% strongly agreed, 50% agreed, 13% felt neutral, and 25% disagreed that they feel more confident with their skills and knowledge to provide the necessary care for patients in ARU from admission to discharge (Appendix L). After the class, 63% strongly agreed and 37% agreed that they feel more confident with their skills and knowledge to provide the necessary care for patients in ARU from admission to discharge (Appendix L). Before the class, 12% strongly agreed, 38% agreed, 37% felt neutral, and 13% disagreed that they felt confident in their knowledge and skills to safely care for patients with dysphagia (Appendix M). After the class, 63% strongly agreed and 37% agreed that they feel more confident their knowledge and skills to safely care for patients with dysphagia (Appendix M). Before the class, 50% agreed, 13% felt neutral, and 37% disagreed that they felt confident in their knowledge and skills to identify the equipment needs of their patients (Appendix N). After the class, 50% strongly agreed and 50% agreed that they feel more confident in their knowledge and skills to identify the equipment needs of their patients

(Appendix N). Before the class, 50% agreed, 25% felt neutral, and 25% disagreed that they felt confident in their knowledge and skills to provide all aspects of patient-centered rehab nursing care (Appendix O). After the class, 38% strongly agreed and 62% agreed that they feel more confident in their knowledge and skills to provide all aspects of patient-centered rehab nursing care (Appendix O). The increase in feelings of confidence and competence from pre-class to post-class surveys indicated that the orientation class was effective.

The second evaluation happened on November 17, 2017, one month after the orientation class. A Likert-scale survey was given to the new nurses (Appendix H) and mentors (Appendix I) to determine whether the support of a mentor during the orientation process was favorable. One-month post-orientation class, 88% of the mentees strongly agreed and 12% agreed that their mentor had a positive impact on their confidence and competence as a nurse in ARU (Appendix P). Additionally, 75% of mentors strongly agreed and 25% agree that they have supported their mentees to improve their confidence and competence (Appendix Q). The favorable survey result showed that the support of a mentor during the orientation process is effective.

As projected, the educational component of a mentor-based orientation program enhances staff development, improves the confidence and competence of new nurses, and builds a mutually beneficial relationship with mentors. Mentors improve the confidence and competence of new nurses by counseling, teaching, coaching, and offering support. In addition, the involvement of the interdisciplinary team during the orientation class contributes to the new nurses' confidence in their knowledge and skills to provide all aspects of patient-centered rehab nursing care. As the mentor-based orientation program continues to progress, nurse satisfaction, patient satisfaction, and nurse turnover rate will be measured.

For sustainability of this projected, it is recommended to (1) train more qualified, experienced rehab nurses as mentors, (2) ensure that the educational information developed by the interdisciplinary team is easily accessible by all rehab nurses, and (3) continue to revise and update the program's educational information to reflect current nursing practice.

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Appendix A

Fishbone Diagram
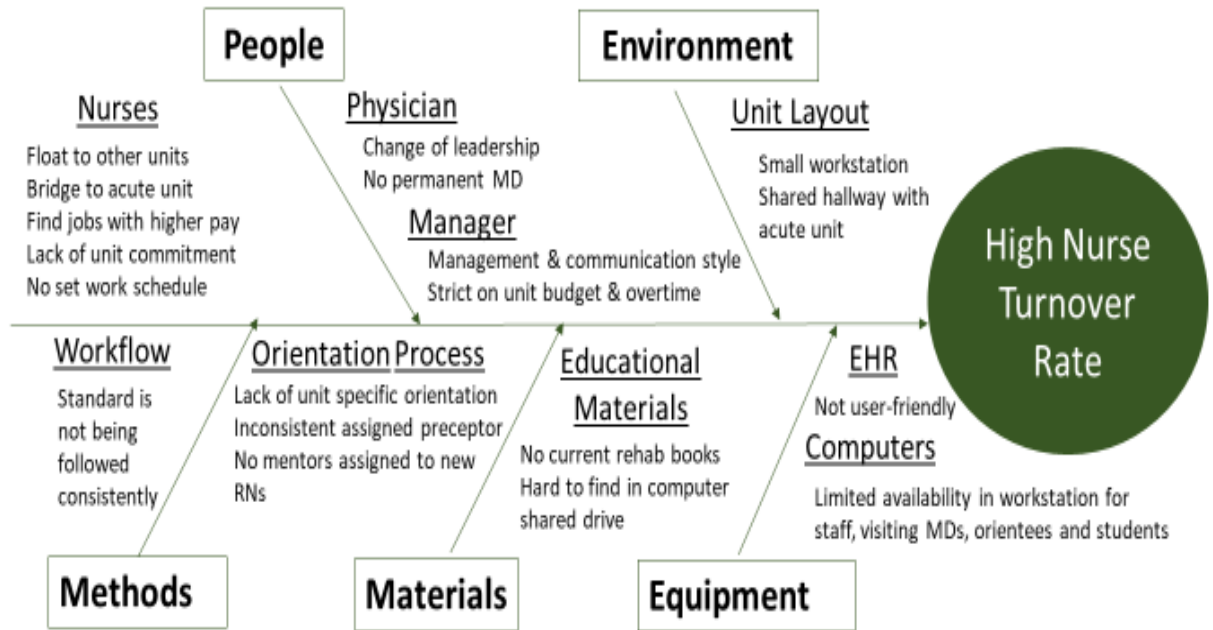
Appendix B

Table 1

SWOT Analysis of Mentor-based Orientation Program

Appendix C

Table 2

Estimated Cost of Project

| Item	2017	2018
Expenses		
3 Therapists (PT, OT, ST)		
Preparation and presentation time based on a $65/hour salary rate.	$585	$ 292.50
4 Nurses		
Preparation and presentation time based on a $65/hour salary rate.	$780	$390
4 Mentors		*2 mentors*
8-hour orientation class based on a $65/hour salary rate.	$2,080	1,040
8 New Nurses		*4 New Nurses*
8-hour orientation class based on a $65/hour salary rate.	$4,160	$1,690
Orientation Education Materials	$1,000	$500
Office Supplies	$500	$250
Total Cost	$9,105	$4,552.50

Appendix D

Table 3

Cost of Nurse Turnover in Acute Rehabilitation Unit (ARU)

Fiscal Year	No. of ARU	No. of Nurses who left	Turnover (%)	Cost of Replacement	Annual Cost of Turnover
2016	25	6	24%	$64,000.00	$384,000.00
2017	25	6	24%	$64,000.00	384,000.00

Appendix E

Lewin's (1974) Three Stages of Change Theory
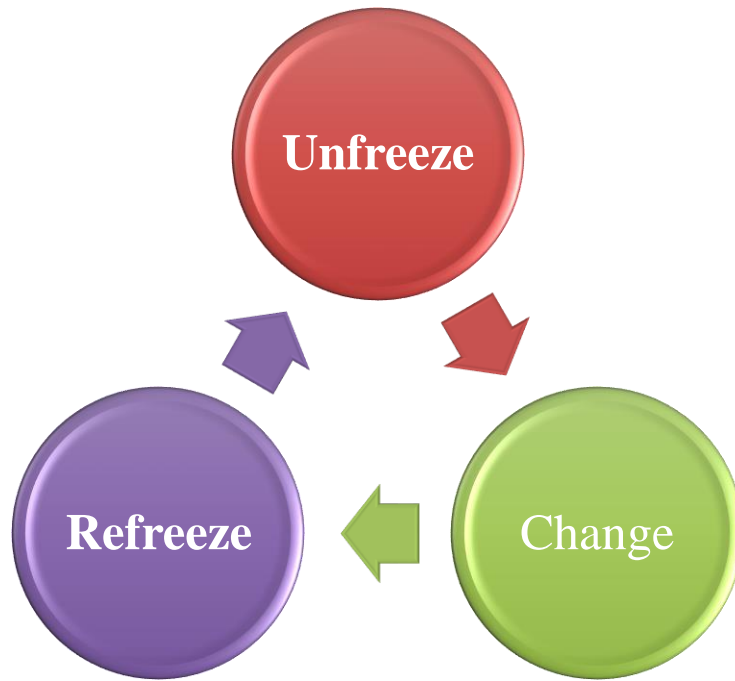
Appendix F

M*i*Rehab

Santa Rosa Memorial Hospital
Acute Rehabilitation Unit

My Initial Road to Excellence: The Highlights of ARU Orientation Binder

M*i*Rehab

Rehabilitation works best when patients, their families and health care providers work together as a team.

St.JosephHealth ✚

Petaluma Valley • Santa Rosa Memorial

Sacred Encounters
Perfect Care
Healthiest Communities

Photo Credit: Hetul Kothari, India

Appendix G

Sample of Pre- and Post-Orientation Survey

Please circle a number on how much you agree or disagree with each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am confident when answering my patient's and/or their family's questions about rehab.	1	2	3	4	5
2. I have confidence that I have the skills and knowledge to provide the necessary care for patients in the ARU from admission to discharge.	1	2	3	4	5
3. I have confidence in my knowledge and skills to safely provide care for patients with dysphagia.	1	2	3	4	5
4. I have confidence in my knowledge and skills to identify the equipment needs of my patients.	1	2	3	4	5
5. I have confidence in my knowledge and skills to provide all aspects of patient-centered rehab nursing care.	1	2	3	4	5

10/2017

Appendix H

Sample of One-Month Post-Intervention Survey for Mentees

Please circle a number on how much you agree or disagree with each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am comfortable communicating my needs with my mentor.	1	2	3	4	5
2. My mentor provides me encouragement and constructive feedback.	1	2	3	4	5
3. I have felt supported by my mentor during my orientation period.	1	2	3	4	5
4. My mentor helped me prepare to meet the nursing roles and responsibilities expected of me.	1	2	3	4	5
5. Having a mentor/mentee relationship has had a positive affect on my confidence and competence as a nurse in the ARU.	1	2	3	4	5

10/2017

Appendix I

Sample of One-month Post-Intervention Survey for Mentors

Please circle a number on how much you agree or disagree with each statement:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I have employed strategies to improve communication with my mentees.	1	2	3	4	5
2. I provide feedback to my mentees that is constructive and helps to support the mentee as they work to improve their skills and knowledge.	1	2	3	4	5
3. Coaching and supporting the mentees during their orientation period has increased their self-confidence and work competence.	1	2	3	4	5
4. I have made a positive impact on my mentee's ability to meet the job responsibilities and requirements of the ARU.	1	2	3	4	5
5. I have established a relationship with my mentees based on trust to improve their confidence and competence.	1	2	3	4	5

10/2017

Appendix J

Gantt Chart of Projected Timeline

Activities	2017				2018			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Microsystem Assessment	■							
Informal Survey	■							
Identification of Improvement Project	■							
Research Literature	■	■	■	■				
Identification of Mentors		■						
Presentation of Project to Nurse Manager		■						
Presentation of Project to Stakeholders			■					
Presentation of Project to Staff			■					
Development of M*i*Rehab			■					
Pre-class Survey				■				
Distribution of M*i*Rehab				■				
Orientation Class				■				
Post-class Survey				■				
One-month Post-class Survey of Mentors				■				
One-month Post-class Survey of Mentees				■				
Nurse Satisfaction Survey					■			
Patient Satisfaction Survey						■		
Nurse Retention Rate								■

Appendix K

Pre- and Post-Orientation Class Survey of New Nurses

1. I am confident when answering my patient's and/or their family's questions about
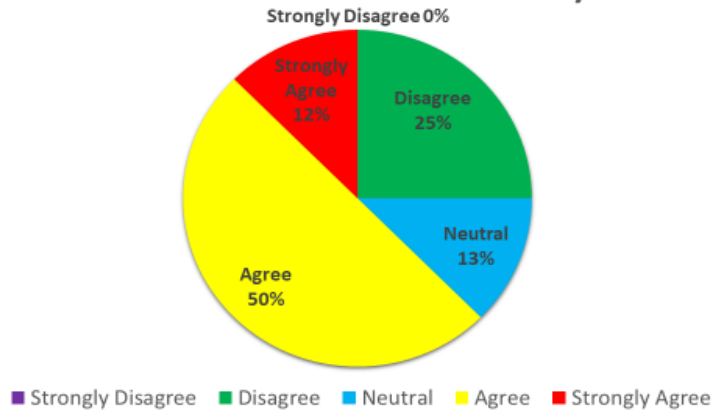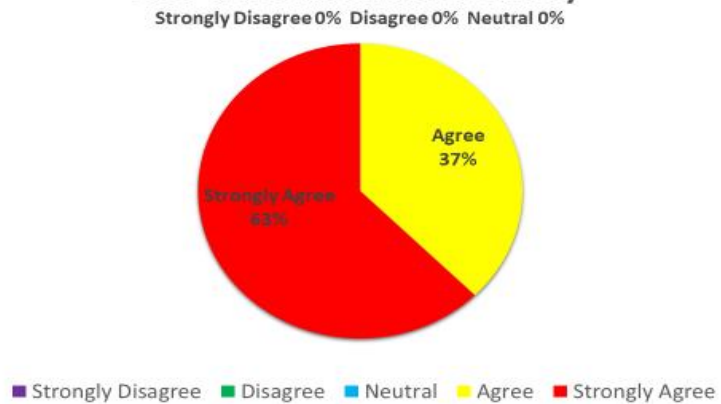
rehab.

Pre-orientation Class Survey
Strongly Disagree 0%

Strongly Agree 12%
Disagree 13%
Neutral 25%
Agree 50%

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Post-orientation Class Survey
Strongly Disagree 0% Disagree 0% Neutral 0%

Strongly Agree 38%
Agree 62%

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree
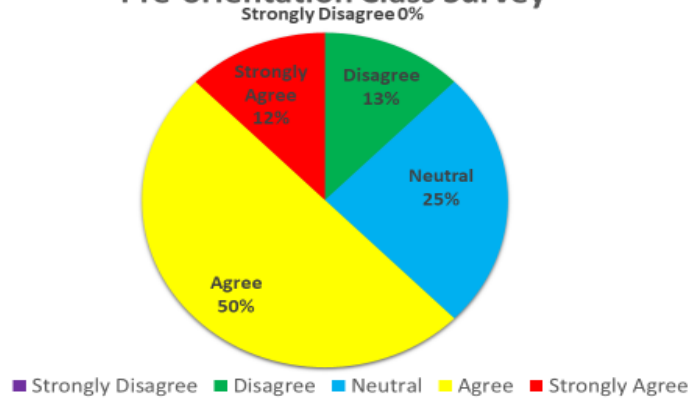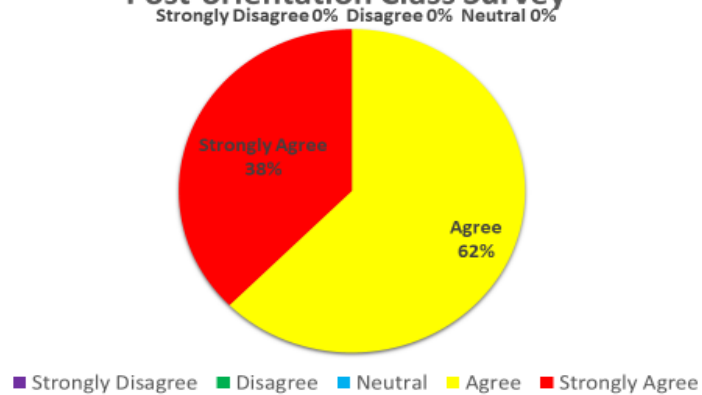
Appendix L

Pre- and Post-Orientation Class Survey of New Nurses

2. I have confidence that I have the skills and knowledge to provide the necessary care

for patients in the ARU from admission to discharge.

Appendix M

Pre- and Post-Orientation Class Survey of New Nurses

3. I have confidence in my knowledge and skills to safely provide care for patients with
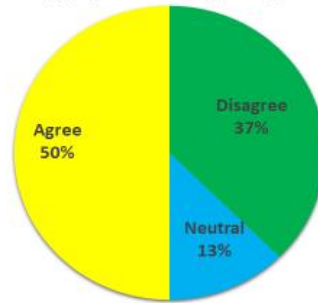
   dysphagia.

Pre-orientation Class Survey
Strongly Disagree 0%

- Strongly Agree 12%
- Disagree 13%
- Agree 37%
- Neutral 38%

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Post-orientation Class Survey
Strongly Disagree 0% Disagree 0% Neutral 0%

- Strongly Agree 63%
- Agree 37%
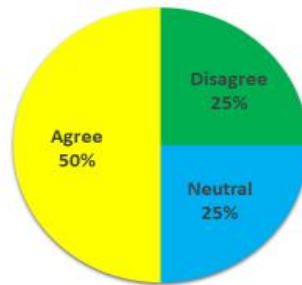
■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree
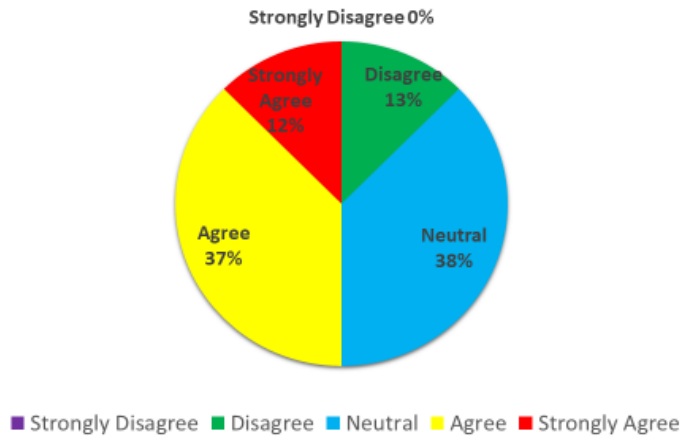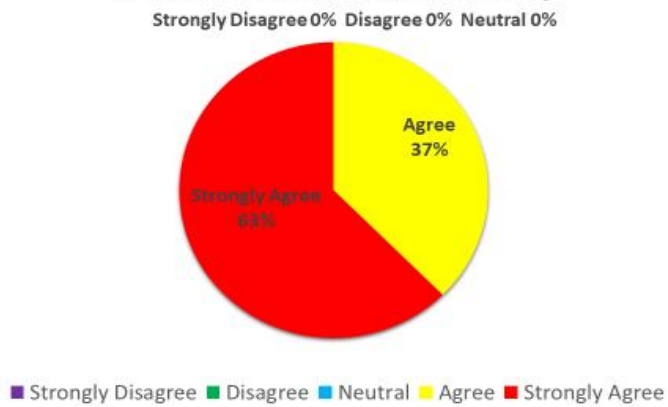
Appendix N

Pre- and Post-Orientation Class Survey of New Nurses

4. I have confidence in my knowledge and skills to identify the equipment needs of my

patients.

Pre-orientation Class Survey

Strongly Agree 0% Strongly Disagree 0%

Disagree 37%

Neutral 13%

Agree 50%

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Post-orientation Class Survey

Strongly Disagree 0% Disagree 0% Neutral 0%

Strongly Agree 50%

Agree 50%

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Appendix O

Pre- and Post-Orientation Class Survey of New Nurses

5. I have confidence in my knowledge and skills to provide all aspects of patient-

centered rehab nursing care.

Appendix P

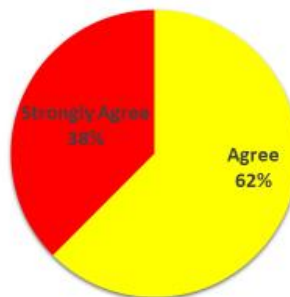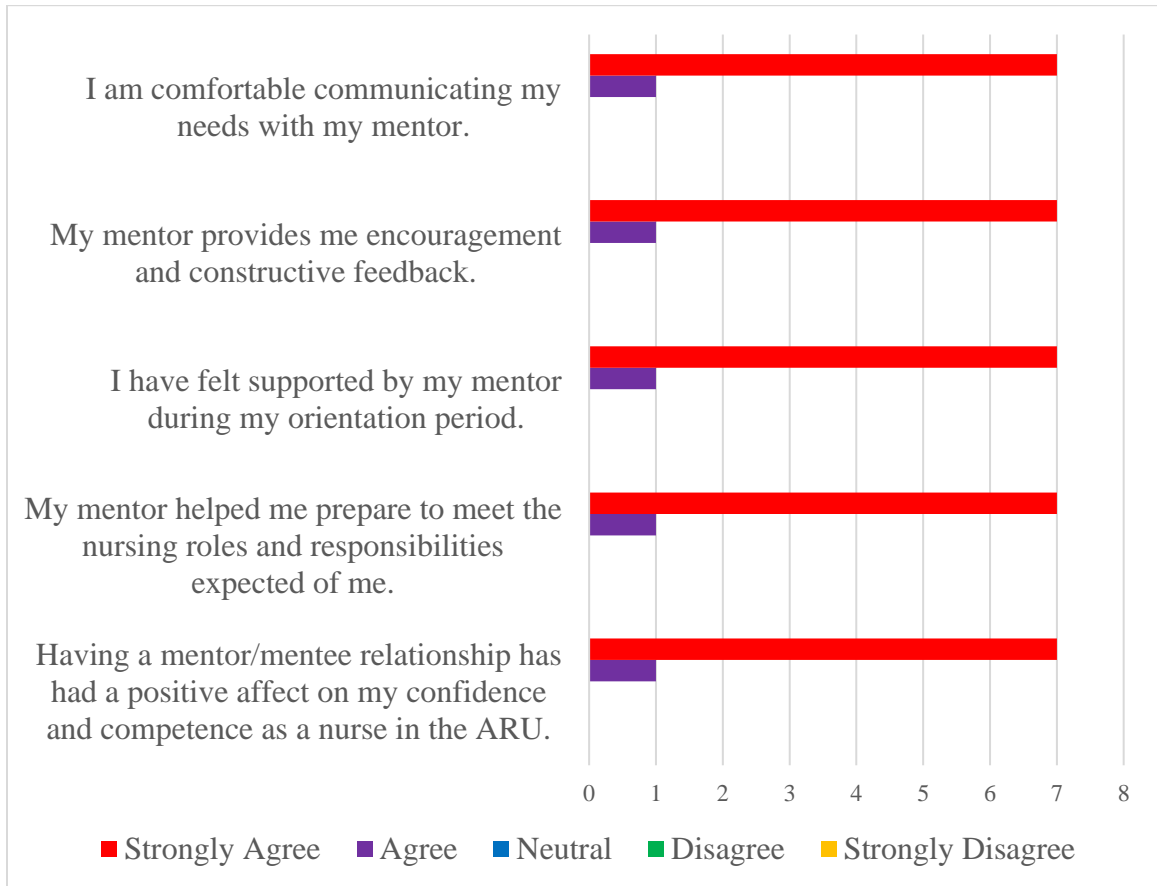One Month Post-Orientation Class Survey of Mentees

Appendix Q

One Month Post-Orientation Class Survey of Mentors