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Development of an Advanced Practice Provider Onboarding Structure

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Abstract

Advanced practice providers, also referred to as nurse practitioners and physician assistants, are increasingly being employed to function in a variety of healthcare settings. As organizations grow their advanced practice provider staff, they must develop a distinct advanced practice provider orientation and onboarding program. Finding the right staff is only half the battle; if you do not orient and onboard staff properly the will not stay (National Systems Contractors Associations [NSCA], 2017). Administrators, certainly directors of advanced practice providers, are pursuing unique and dynamic ways to facilitate credentialing, privileging, orientation and onboarding of these individuals. The director for advanced practice nursing and allied health professionals, also the doctorate of nursing practice (DNP) project lead, reviewed the current onboarding process, performed a literature review of onboarding best practices, developed an onboarding structure for newly hired APPs, and evaluated the structure at project completion. Assigning preceptors/mentors, establishing an orientation/onboarding timeline, developing and implementing competency tools, and illuminating Joint Commission standards allowed a healthcare organization in Northern California to hire advanced practice providers that improved provider productivity and increase patient access to care. Anonymous electronic surveys helped identifying areas for enhancement as well as those that were currently successful before and after execution. Having a dedicated team and process was the key to successful acculturation and retention of advanced practice providers within the organization.

Keywords: advanced practice providers, nurse practitioners, physician assistants, orientation, and onboarding

Introduction

Problem Description

Advanced practice providers (APPs) are highly sought after health care providers licensed and board certified to care for patients in a variety of settings. If a newly hired APP is dissatisfied with the orientation and onboarding process, there is a high likelihood of that individual leaving the organization. Given the financial implications around recruitment, hiring, orientation and onboarding, organizations must take onboarding seriously. When organizations take the time and effort to invest in their employees, the employee becomes vested in the organization and a high performing provider (Toth, 2014).

Nurse practitioners (NPs) and physician assistants (PAs) are employed by a community healthcare system to work in the ambulatory clinics, hospitals or both. The healthcare system is a not-for-profit organization in Northern California with two hospitals, an ambulatory surgery center and multiple clinics. The hospitals provide a range of services, including medical, surgical, oncology, cardiac, trauma, and vascular. The clinic settings provide primary and specialty care to the county and surrounding areas. As the healthcare system expanded the services it provided to the community, the organization also identified the need to expand the number of APPs to support these services. Family nurse practitioners are the main group employed in the ambulatory setting, while several PAs and NPs function in the clinics and hospital. Acute care nurse practitioners are the main group hired to work only in the hospital setting. As the number of APPs in the organization grew a need, along with an opportunity to improve the recruitment, orientation and onboarding functions, was identified.

All APPs hired by the organization undergo an organizational mandatory new employee orientation and then a provider specific orientation process. Historically, after attending the

mandatory organization's orientation, the APP specific orientation process has been two-days in length. There was not a protracted onboarding structure established for these APPs. In 2016, the director of advanced practice nursing and allied health professionals identified gaps in the orientation process and lack of an onboarding structure for APPs. Physicians, APPs, nurses and other multi-disciplinary staff have also identified variances in the orientation for new APPs. A few variations were: delays from acceptance of job offer to actual start date, brevity of orientation, and no formalized structure to guide the APP through orientation and onboarding. Even though the variations led to new APPs struggling with documentation, billing and assimilating within the organization, few sought employment elsewhere.

The delays surrounding the pre-hire process were also identified by the physician recruitment department, who assist the ambulatory team in hiring APPs. Once the job offer has been accepted, the APP goes through the hiring process with human resources and a separate credentialing and privileging process through the medical staff department. In the past, a new provider's start date was often fraught with delays for several reasons: verification of board certification, incomplete credentialing paperwork, and clearance by employee health. The physician recruitment department developed a checklist for pre-hire elements to decrease delays and assist in new providers starting on the established start date. With the success of the new process and the collaboration between the DNP project lead and the physician recruitment team, the pre-hire checklist was included in the development of an onboarding structure.

The main area of focus for the project was improving the onboarding process for newly hired APPs hired into the hospital setting. The existing orientation comprised a two-day introduction to the job and organization. Obtaining an identification badge, a dictation number, meeting different department heads, and attending the first day organization orientation are

activities that occur on day one. Day two activities include: hospital tour, work location tour, professional photo, electronic health record training, and coding/billing training. After the two-day orientation process, the APP is expected to function at full capability. However, this two-day process did not always establish a preceptor, an onboarding timeline, review the Focused Professional Practice Evaluation (FPPE) process, evaluate competency with the electronic medical record, or identify mentor to guide the new employee through assimilation into the organization.

Informal conversations occurred with some of the management and APP staff about the existing orientation, which confirmed the areas for improvement. The director of advanced practice nursing and allied health professionals developed a survey to better understand the issues around APP orientation and onboarding. The survey was sent to APP staff hired between 2010 to 2016. Questions gained insight into the APPs work experience, length and satisfaction with the current orientation process, assignment of a mentor/preceptor, and level of confidence initially and end of their orientation. Stakeholders who supported the survey process included the chief nursing officer, chief medical officer, learning and leadership, physician recruitment and medical staff office. The survey results were collected and analyzed to see if there is a correlation between length of orientation and confidence level at the completion of orientation.

With the information gathered from informal observations and survey results, the director of advanced practice nursing and allied health professionals obtained approval to implement an evidence-based process improvement project to develop an APP orientation and onboarding structure. The project sought to address the identified problems by reviewing the organizations current APP orientation and onboarding process, conduct a literature review, develop and pilot a new structure, and conclude with an assessment of the new structure.

Available Knowledge

A PICOT question was developed to guide the search for supporting evidence: Will advanced practice providers (P) who undergo a structured orientation and onboarding (I), as opposed to those APPs who did not undergo a structured process (C), demonstrate improved role confidence (O) from May 01, 2017 to December 31, 2017 (T)? A comprehensive literature search of CINAHL Complete, Cochrane Database of Systematic Reviews, PubMed, and Scopus was conducted utilizing keywords in the PICOT questions. English language articles and information from government agencies from 2003 to 2017 were included for consideration. No level 1 through 3 types of randomized control trials were identified from the search. Articles were given an overall quality rating following the John Hopkins Nursing Evidence-Based Practice tool (Dang & Dearholt, 2017).

Historically, orientation has been a brief process that introduces the employee to their role. Onboarding differs by introducing the employee to the organization over a prolonged period. Over the years, organizations have realized the more they invest in an employee from the beginning, the more productive and longer the employment. Research has shown that if an employee has a positive connection with their supervisor, the likelihood of job sustainment is greater (Hillman, 2010). Essentially, onboarding begins before the recruitment process starts. In reality it begins during the writing of the job description. The hiring manager should have a good idea of what type of individual they are seeking when the job description is being created (Hillman, 2010). Therefore, an organization should seek individuals that best match the mission and vision. During the interview process both the potential employee and organization can begin to decide if they are a good fit for each other. Phone screening can be a good start, but once on site, the potential employee should be allowed to see their working environment and the people

they will work with (Hillman, 2010). Once a candidate has been selected, an onboarding structure must be in place, so the person can succeed within the organization.

Evidence for how best to onboard APPs is readily available when discussing nurse practitioners compared to physician assistants. Of the articles reviewed only two discussed orientation and onboarding for both nurse practitioners and physician assistants, while the other articles discussed nurse practitioners and physician assistants separately. The aim of the project was to be inclusive of NPs and PAs as a group, however, no PAs were hired during the project timeline.

Dillon, Dolansky, Casey and Kelley (2016) described acute care nurse practitioners "role development and successful transition linked to mastering the 5 elements described in the literature, which include the development of self-confidence, patient safety, organizational support, professional satisfaction, and effective communication/leadership" (p.174). Elements in this DNP project seek to assess confidence, assure the new APP is supported in their orientation and onboarding process, and receives excellent communication amongst all team members, including senior leadership. The first APP hired under the DNP project onboarding structure will be an acute care nurse practitioner.

Nurse practitioners and physician assistants hired into the hospital medicine group at Mayo Clinic spend somewhere between 6 – 12 weeks in orientation. The hospital medicine division developed a structure for orientation based on the Society of Hospital Medicine core competencies. Since the implementation, they have had 37 APPs successfully complete the orientation program (Spychalla, Heathman. Pearson, Herber & Newman, 2014). After going through the new course, the APPs were seen as holding a robust clinical skill set along with a

profound comprehension of hospital medicine. The addition of the APPs to the hospitalist program also allows for continuity of care that other provider models do not possess.

The Vanderbilt University Medical Center (VUMC) developed a robust orientation for nurse practitioners divided into three parts. The first part is a week-long hospital orientation, that focuses mainly on benefits, pay, and basic organizational information. Second, the NPs undergo an introduction to the critical care environment, which is one week in length. This process includes didactic learning about billing, topics encountered in the critical care arena, with hands-on skills used in the critical care. Finally, the Vanderbilt process focus is the unit orientation, which is 90 days in length. The time can be modified based on an evaluation tool used by both the NP and the preceptors (Kapu, Thomson-Smith, & Jones, 2012). Productivity, non-billing productivity, and quality measures are a few ways they monitor the success of the program. Vanderbilt also utilizes Joint Commission standards to evaluate the NPs working within the hospital. It is a continuous process of evaluating the NPs based on a provider model. The NPs have grown to be leaders within the Vanderbilt system. At DNP project completion, VUMC employed over 1000 APPs.

To promote initial and ongoing quality and safety the Joint Commission developed the Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) tools to guide medical staff. "OPPE is a screening tool to evaluate all practitioners who have been granted privileges and to identify those clinicians who might be delivering an unacceptable quality of care. It is important to emphasize that OPPE is not designed to identify clinicians who are delivering good or excellent care. Therefore, the criteria used for OPPE may also identify some clinicians who have no quality of care issues (i.e., identification of situations that turn out to be false positives). As with all screening tests, a positive finding must be

followed up with a more specific diagnostic test, one that should have high specificity for poor care. FPPE is the follow up process to determine the validity of any positives (whether true or false) found through OPPE" (The Joint Commission, 2013). All providers working in the organization undergo an initial FPPE process and medical staff office personnel track OPPE quality metrics.

Woolforde described an orientation process for nurse practitioners that incorporated the use of simulation. North Shore-Long Island Jewish (NSLIJ) Health System developed a five-part process for onboarding the NPs within the organization. The tools were: a welcome packet, introduction to simulation video, hands-on practice session, orientation education team and a performance evaluation instrument for simulation scenario (Woolforde, 2012). After the first year NSLIJ had over 80 participants in the program compared just over 30 the previous year. Reaction to the program found the NPs valued the new process and considered themselves "better prepared for practice" (Woolforde, 2012, p. 34).

Polansky (2011) discussed the educational and learning needs of physician assistants, "though many PAs reported having an orientation period, most PAs said that this orientation was not well adapted to their unique learning needs" (p. 43). Physician assistants should be immediately paired with their supervising physician. They can also have other APPs serve as preceptors. The results of the study revealed PAs had a solid foundation after graduating but needed continuous support during their career. Also, the author found the best person to support the PA is the supervising physician. Organizations should not only focus on orientation and onboarding, but continuing education as well.

Nurse practitioners at Children's Hospital of Philadelphia felt disconnected to nursing-related events because of their reporting structure, which varied at the unit level. The NPs

reported to different medical division chiefs, nursing directors, and NP leads. The director of nursing for the cardiac center sat down with the NPs to discuss the orientation process. Based on the findings from an investigatory look into their current orientation process, the team developed a collective, organized, evidence-based approach to the new process. The team then surveyed the NPs and found five key elements to successful orientation: identification of an APN preceptor, orientation coordinator more involved with orientee, work on internal APN group cohesion, formally assess new APN experience and skills, and structure the program even further (Goldschmidt, Rust, Torowicz, & Kolb, 2011).

Toth (2014) established seven ways to assist in getting APPs properly onboarded. By having these guidelines in place, the APP would have a smaller learning curve, more appointments on their schedule, and would be a financial asset to the organization in a shorter period of time. The seven ways are: 1) survey private payers for their non-physician practitioner (NPP) reimbursement and billing guidelines; 2) schedule the NPP to work one-on-one with the physician(s) several weeks to several months, depending on the NPP's experience; 3) develop and document patient scheduling protocols for staff; 4) load appointment parameters into the computer's appointment schedule; 5) direct the manager or billing office to train the NPP on coding and documentation rules; 6) develop a marketing and communication plan to announce the NPP as a new member of the clinical team; and 7) include professional membership to your national specialty society in the NPP's compensation agreement.

Burns, Beauchesne, Ryan-Krause, and Sawin (2006) wrote about how to master the preceptor role. Despite the focus on teaching nurse practitioner students, several key points can be applied to the newly graduated NP in their first position. Modeling, case presentations, and direct questioning are a few strategies that can assist a newly graduated NP assimilate to

practicing NP. One strategy that Burns et al. (2006) found beneficial is “good pre-planning”, such as preceptor awareness of NP student’s clinical start date, adjusting patient appointments, space for documentation, and how to access medical records (p.178). Despite the article being published in 2006 and aimed at the NP student, the key strategies can also be applied to both newly graduated NPs as well as newly hired experienced NPs, based on previous work experience.

In the Midwest, several small rural hospitals had difficulty recruiting and funding hospitalist physician coverage. Butcher (2017) describes the development of a hospitalist NP model to provide care to patients. The chief executive officer (CEO) at Rusk County Memorial Hospital in Ladysmith, Wisconsin said “without the creation of our hospital medicine program”, run by NPs, “it is unlikely our hospital could have survived”. Hospitals using this model of care have seen a decrease in readmission rates, while seeing an increase in patient satisfaction and outcomes. The key strategy for a successful NP hospitalist program is to have mechanisms in place to assure adequate preparation for the role, meaning “it’s a nine-month onboarding, not two weeks” (Butcher, 2017, p. 25).

The University of Maryland Medical Center (UMMC) had already developed a centralized APP leadership structure and employed 250 NPs but realized that ongoing success of the NPs functioning in the ICU hinged on key strategic planning for new roles and training programs (Simone, McComiskey, & Anderson, 2016). The authors conducted a needs assessment and found the model of care needed to be defined, along with the nurse practitioner role, and plan implementation strategies. Orientation tailored for the novice NP was proven beneficial, a theme seen in other articles. Competency-based assessment tools, which include knowledge, systems, communication, professionalism, procedural skills, performance improvement, and

include proposed learning methods are key to the successful transition into a high performing NP (Simone et al., 2016).

A quality improvement project by Wilkson, Ellis and Bondmass (2015) designed to implement online education, utilized the Summarize Narrow Analyze Probe Plan Select (SNAPPS) technique for clinical case presentation in primary care settings. The SNAPPS technique is a student-centered model for case presentations, which has repeatedly shown promotion of students increased clinical reasoning and preceptor feedback (Wilkson, Ellis & Bondmass, 2015). Despite a low survey response rate, the students reported using the SNAPPS tool over 60% of the time to deliver case presentations, along with a 90% excellent or good overall rating of the program (Wilkson et al., 2015). This technique could also assist the newly graduated NPs to gather information for the history and physical, narrow the differential diagnosis, analyze the reason for the differentials' and prepare for presentation to the preceptor. Refer to Appendix A for a summary of evidence table.

Rationale

Dr. Avedis Donabedian is still believed to be the father of quality for healthcare. Right before his death he was quoted as saying "The secret of quality, I wish to believe, is love: love of one's profession, love of one's fellow man, and love of God" (Donabedian, 2003, p.138). The three key principles in his framework are structure, process and outcomes.

The quality of care model guided the implementation process by lending direction on how to look at a structure, what processes needed to be executed and what outcomes were measured. The structure focused on how best to orient and onboard newly hired APPs to their role when functioning in the hospital and the design of the OneNote© tool.

A software platform was chosen over a paper-based product for ease of use and sharing with an APPs preceptor, mentor, and/or manager. The vision was to replace the paper competency binder with an electronic format that was easily adaptable to the individual needs of APPs. OneNote© software platform, which is a Microsoft© program, was chosen since it is already used by the organization. The OneNote© tool was developed as a guide for the new APP along with their preceptor and/or mentor during the onboarding process. Use of the platform incurred no additional financial expenses. To optimize use of the guide, OneNote© software can also be downloaded to a cellular or tablet device as an application. Due to the portability of the software, if a preceptor or mentor cannot be physically present, the platform allows the APP and their preceptor to meet virtually to discuss the progression of orientation and onboarding.

The process was multi-faceted. The first step was the survey of the APPs working in the hospital, who were hired between 2010 and 2016, about their orientation and onboarding experience to elicit areas for process improvement. Second was to develop the OneNote© document to guide the new APP and their preceptor and/or mentor through the onboarding process. Third was to survey the newly hired APPs after completion of their orientation and onboarding and then compare the scores with the previously hired APPs to evaluate the new structure. The outcomes measured were: increase in length of orientation; increased satisfaction in the orientation and onboarding process amongst newly hired APPs; and increased confidence levels in the APPs hired after 2017 versus APPs hired before December 31, 2016. The survey questions regarding confidence levels were also sent to the preceptors and supervising physicians for the newly hired APPs. The responses helped identify areas for future modifications to the orientation and onboarding process.

Specific Aims

The primary aims for the Doctor of Nursing practice (DNP) project were to review the current onboarding process, perform a literature review regarding onboarding best practices, develop an onboarding structure for newly hired APPs, and evaluate the new structure.

The goal of the project was: develop a structured orientation and onboarding process for newly hired nurse practitioners (NPs) and physician assistants (PAs) who will function in the hospital. The assessment included a review of the current orientation and onboarding state and the future state with key stakeholders: chief nursing officer (CNO), chief medical officer (CMO), human resources, and director of physician recruitment. The interventions were to distinguish between orientation and onboarding, develop on-line survey regarding the orientation and onboarding process, administer the survey to current and newly hired APPs functioning in the hospital at set intervals, re-evaluate the orientation process, and develop a structured onboarding process for newly hired APPs, who will function in the hospital. Orientation continued to incorporate new employee orientation required by the organization. Training on documentation in the electronic health record, billing and coding was also part of the orientation. The onboarding process included: identification of a primary preceptor; a four to six-week orientation to the role with the preceptor; and concluded with an evaluation of readiness by the newly hired APP, preceptor and supervising physicians.

To ensure project success, these outcomes were created: establish unique metrics that aligned with both orientation and onboarding, i.e. pre-hire deadlines, identification of primary preceptor, phased skill completion based on experience, etc.; improve coordination between human resources hiring and medical staff office credentialing to reduce time to first day of employment; and an improvement in onboarding confidence ratings, based on a Likert scale.

There was no formalized onboarding structure for advanced practice providers who function within the hospital. The intervention embedded in this DNP project, developed a foundation for onboarding nurse practitioners that worked in the hospital. When deployed to work in the hospital, both NPs were assigned a preceptor to assure their success within NorthBay Healthcare. An individualized orientation timeline was also established for each NP based on their experience. The assigned preceptor was given the responsibility to adjust the timeline as needed based on progression in the onboarding process.

Methods

Context

Between 2015 and 2016, the director for advanced practice nursing and allied health practitioners identified issues with the onboarding process for APPs. Conversations between the director and the manager of learning and leadership began in early 2016 and identified a need for a more structure approach to orientation and onboarding for the growing numbers of APPs. The manager for learning and leadership also felt the orientation and onboarding project could be placed on a software platform. The project aims were discussed with key stakeholders identified as the chief nursing officer (CNO), chief medical officer (CMO), human resources, director of physician/provider recruitment, and the director of the medical staff office. All stakeholders agreed there was an opportunity to improve APP orientation and onboarding lending support to the project. See Appendix B for the letter of support for the project from the Chief Nursing Officer.

The healthcare systems orientation process has evolved for APPs. Several years ago, nurse practitioners sat through the same orientation as the nursing staff. This turned out to be a dissatisfier for most, so the process changed. The nurse practitioners attended mandatory

organizational orientation but were no longer required to attend the nursing orientation. Also, a few years ago, NorthBay did not employ many physician assistants, so with the increased use of PAs, the orientation process had to change for this group as well. Now the APPs working in the ambulatory division undergo a similar orientation to that of the physicians. Until this project was initiated APPs working in the hospital underwent a two-day physician-based orientation process with no designated preceptor.

For APPs working in the hospital setting, the turnover rate has not increased, however the complaints about the lack of a formalized orientation process have been voiced. Advanced practice providers working in the hospital before 2016 were not always assigned a preceptor. The orientation for those APPs was different for each individual. Once the less than five-day orientation was completed, the APP was asked to perform their job at full capacity. Despite level of expertise, each new APP should be assigned, at minimum, a preceptor to help navigate the new system. Most published reports divide APPs into either nurse practitioner or physician assistant. This project brought those two professions under one role, that of advanced practice provider; however, there were no PAs hired to work in the hospital during the project timeline.

Interventions

Historically the orientation and onboarding for APPs has not only varied but has been indistinct despite attempts at standardizing elements based on role rather than service line. Nurse practitioners traditionally underwent the same orientation as nursing staff, not a process unique to the role of provider. Physician assistants underwent a process similar to physicians; however, the supervising physician (SP) did not fully understand their role in the onboarding of the PA. The intention of the project was to develop an orientation and onboarding structure that would apply to both NPs and PAs and the unique roles they fill.

After anecdotal conversations about the inconsistencies in APP orientation and onboarding, a GAP analysis was performed (Appendix C). The analysis revealed several items to be addressed during the project: pre-hire deadlines, minimize disruptions causing delays in start date, lack of primary preceptor, pre-start analysis of skill competency, and lack of confidence with work tasks at completion of onboarding. Gaps were addressed prior to and during project implementation. A few components of the pre-hire deadline checklist were, verification of licensure and board certification, enrollment in health plans, and identification of space needs. Pre-hire deadlines were addressed by the department of provider recruitment for only one of the NPs during the project timeline; however, it was physician-based and not tailored to a NP working in the ICU environment. The DNP project lead altered the excel file to address APPs working in the hospital setting, which can be used for APPs hired in the future. Anecdotally, the process for credentialing decreased from 90 days to 30 days during the project. This may be related to the work history of the experienced NP (90 days), who was hired at the beginning of the project, versus the newly graduated NP (30 days). Verification of the newly graduated NPs clinical experienced had to be verified, which can be compared to the work experience of the other NP. Primary preceptors were assigned prior to the NPs start. The analysis of pre-start procedure skill competency was not addressed during this project. Post implementation survey results indicate an increase in post orientation and onboarding confidence with daily tasks.

Milestones to ensure timely completion of the project have been placed into a GANNT chart (Appendix D). Endorsement from the organizations senior leaders, by way of meetings with the CNO, CMO, and other senior leaders, was obtained after describing the process and how it applied to newly hired APPs working in the hospital. The senior leaders agreed this

project would only be implemented for those APPs functioning in the hospital. The CNO and CMO were also involved with approving the questions asked in all the surveys. Survey results were evaluated at the end of the survey timeline via Qualtrics© web-based platform. Unfortunately, the OneNote© tool had low usage between the two NPs. Focused professional practice evaluations (FPPE) are required by Joint Commission for providers functioning in the hospital. Length of orientation for the two NPs was decided based on their work experience, with flexibility to extend if the primary preceptor felt it was prudent.

Current state strengths, weaknesses, opportunities and threats (SWOT) were analyzed at the outset of the project (Appendix E). Support from the CNO, CMO and the medical staff, along with numerous healthcare organizations also undertaking similar projects with orientation and onboarding of APPs, were identified as strengths. Wavering support from ambulatory partners was a weakness at the start of the project and continued through completion. Structured orientation processes are documented for NP students; however, construction of a rigorous orientation and onboarding for APPs is being developed, which left the APP preceptors without evidence-based tools assessment, feedback and support. A threat identified at the beginning of the project was a consultant company providing recommendations for improving physician onboarding. Disruption to the DNP project could have come from similar suggestions like identification of a preceptor, established orientation timeframe, etc. However, the recommendations from the company helped to revise the pre-hire deadline checklist file which helps assure timely completion of tasks to minimize disruptions and decrease time from offer to actual start date. The company made no recommendations that disrupted the DNP project, but added the pre-hire checklist. The opportunities remain unchanged, a strong orientation and onboarding program for APPs will increase recruitment, retention, and job satisfaction.

Pre-planning for budgetary considerations were: option one (1) was to continue with the current two-day orientation and onboarding process. The first day is an orientation to the organization, followed by an organizational created one-day orientation to the electronic health record, billing and coding, and the clinic/hospital site. At the completion of the two-day orientation, the APP is expected to function at full capacity. Option two (2) was to wait for the provider orientation consultant to complete their analysis and render opinions on course of action. Option three (3) was the proposed solution to implement the process developed by the director of advanced practice nursing and allied health practitioners. The orientation and onboarding timeframe was individualized based on the APPs experience, mandatory assignment of a preceptor, use of the OneNote© software program, and compliance with the FPPE process.

It costs the organization $1844.00 to bring on an APP. This cost does not include the annual salary of $161,700.00. If the APP is not satisfied with the organization and terminates employment before 90 days, that could be a $49,754.00 loss to the organization (Sredl & Peng, 2010). If this occurs regularly, one APP per quarter creates a $199,016.00 loss to the organization each year. The development of the new onboarding structure would cost around $5000.00 to build. The cost included the time to develop the OneNote© tool, the survey, administer the survey twice and tabulate the results, and any modifications needed to complete the new onboarding structure. The development of the OneNote© tool took approximately 30 hours to create and revise, along with another 70 hours to create, revise, administer and review the three survey results. The new employee orientation to the organization will remain the same as this is mandatory for all staff. There will be no change to the cost for the human resources function. There was a reduction in time to credentialing noted for the two NP hired during the project timeframe leading to a decrease in cost to the department.

The first APP hired under this model was an acute care nurse practitioner (ACNP) functioning in the Intensive Care Unit (ICU). Due to federal regulations around billing for critical care services, which is time based, care provided by an ACNP cannot be shared with a physician in the same group (Grider, 2018). Therefore, based on scheduled hours or full time equivalent (FTE), the ICU NP could charge $147,000.00 annually for critical care services provided. If the ACNP is satisfied with the organization's orientation and onboarding process, with the saved recruitment and retention fees, the organization could see a possible $324,946.00 return on investment (ROI). See Appendix F for project budget.

Maintaining adequate communication with project stakeholders was part of the success of the project. Feedback from the committee chair and members, CNO, CMO, medical staff office staff, and the manager of learning and leadership was essential to meet deadlines, adjust interventions, and timely completion of project. Electronic communication was the main tool used, along with face-to-face conversations with the CNO, CMO and medical office staff due to the DNP project lead work environment. As the project neared completion, the manager of learning and leadership retired. No project delays occurred related to communication (Appendix G).

Study of the Interventions

To ensure success of the project, a survey was developed using Qualtrics©, an electronic survey tool utilized in collaboration with the University of San Francisco. Survey questions assessed years of work experience and confidence level regarding daily provider level tasks before orientation and at completion; it also included questions about length of orientation and assignment of a primary preceptor. At the end of the survey was a free text box was included to allow participants the opportunity to voice opinions regarding their individual experiences.

APPs hired between 2010 and 2016 were given the initial survey to find out what could be improved. Once the new process was implemented the two newly hired APPs were given the survey near or at the end of the orientation and onboarding. The results were compared to the previously hired APPs to ascertain if the project succeeded, or what improvements can be made for future APPs. A modification of the original survey was sent to the primary preceptors and supervising physicians to reveal a distinct viewpoint regarding the new process.

Measures

At the outset of the project the project lead executed an electronic survey, utilizing the Qualtrics© platform, of the APPs hired between 2010 and 2016. Survey questions were developed to be non-specific to the NP or PA role, rather apply to the general APP role. Non-descript questions were developed in-order to assure the anonymity of the respondent since the number of APPs surveyed was small. With the assistance of the medical staff office, eight APPs hired between 2010 and 2016 and working in the hospital were identified. The same survey questions were sent to the newly hired NPs after they completed the new onboarding structure, both NPs completed the survey. The survey was then modified and sent to the preceptors and/or supervising physicians. To minimize survey fatigue, the survey was only sent post implementation versus being sent pre and post. This survey was sent often to garner enough responses to gain sufficient insight into the process from the preceptor's perspective.

There is no validated tool to guide APP preceptors assigned to help newly hired APPs assimilate to their new role. Several of the key strategies noted above in the knowledge section where complied to support the preceptors involved in the project. Permission was sought and obtained by the project lead, to modify and utilize a tool designed by the APP leaders at Vanderbilt in 2012. The tool (Appendix H) included a pre-hire checklist, which could be

removed with the addition of the newly developed pre-hire checklist by the physician/provider recruitment department. Guidelines for evaluation of the newly hired APP were customized to align with the healthcare systems standards and combine both NP and PA practice standards. Note the evaluations should take place before completing the 90-day probationary period, six-month and twelve-month timeframe. Educating all team members on use of a beginner to expert provider scale is essential if the APPs director/manager has no clinical healthcare background. The supervising physician contributes, but they too would need education if no APP is involved in the evaluation to serve as the clinical expert.

Definitions for the rankings are listed, with free text boxes for both the APP and preceptor. Timeframes for completion are set for two, six and twelve-month intervals to assess the progression of the new APP. Due to timing of revisions and permission, the tool was only used for the newly graduated NP. Due to misunderstanding of novice to expert healthcare provider ranking definitions, the tool was not accepted by the director/manager; therefore, only input from supervising physicians was considered for timing of completion of orientation despite concerns from the primary preceptor. The tool should be reconsidered for use in the future when orientating and onboarding APPs to the organization since it was designed to be specific for APP practice evaluation.

Having an electronic platform to maintain orientation and onboarding standards, the newly hired NPs and their NP preceptors were shown the OneNote© tool (Appendix I). Since training with billing, coding and the electronic health record was a seen as a dissatisfier in the survey, having resources related to those elements into the OneNote© tool was imperative. The OneNote© tool was designed to be universal for any APP hired to work within the hospital. Based on specialty, experience, and comfort level with the electronic format, the platform can be

customized to the individual APP. Orientation schedule, important contact information, EHR documentation tools, and FPPE paperwork are some of the items included in the tool and can be adjusted by the APPs manager or director. The tool saw a low usage during the DNP project; however, both NPs now utilize the tool when attempting to locate FPPE paperwork and documentation tools. Of note, the electronic health record education for providers was modified as part of a LEAN© initiative. It separated training for clinic(s) setting and hospital setting into different sessions and now includes follow up training three months after the provider has started.

Analysis

Results from the survey sent to the APPs hired between 2010 to 2016 were reviewed by the DNP project lead and used to validate the informal gaps identified in the historical orientation and onboarding process. Confirmation of minimal orientation time, lack of a preceptor/mentor, and level of confidence with daily provider activities helped establish the new orientation and onboarding structure. Free-text answers also confirmed lack of a specific process for APPs. At the completion of the orientation and onboarding, the newly hired NPs took the same survey.

The results of the two APP surveys were compared by the project lead. A quantitative analysis revealed both newly hired NPs had similar years (less than 2) pre and post survey; assigned a preceptor and mentor; and felt the length of orientation was enough versus the pre-implementation group where only 50% had a preceptor and mentor and felt the length of orientation was enough. However, the level of confidence prior to starting the orientation and onboarding was similar to the previously hired APP group. Analysis for statistical significance was not completed due to the small size of both groups.

Preceptors and/or supervising physicians were sent a blinded email to complete a survey when the newly hired APPs completed the new process. The CNO and CMO reviewed the preceptor/supervising physician survey and agreed with the instructions and questions. Despite instructions on how to complete survey, the response rate and survey completion was low, four. A few preceptors felt they did not spend enough time with the NP, therefore chose not to complete the survey. Results from the preceptor/supervising physician survey were analyzed separately and identified no significant issues with the new process.

Ethical Considerations

Approval from the University of San Francisco indicating this project is not human subjects research can be found in Appendix J. The co-lead for the organization's IRB committee was contacted and shown the USF non-research form. Approval from the co-lead of the IRB occurred after the USF non-research determination form was reviewed.

The Jesuit values of the University of San Francisco were applied during the entire program. The in-person teaching intensives validated learning which occurred not only on a cognitive level, but also inspired the group to grow as nursing executives. Students in the executive leadership DNP program developed a unique community unto itself, and the professional and personal relationships that arose will continue well beyond program completion. Classmates who traveled from not only different states but countries too, see no boundaries, but connections that will forever be unbreakable.

As the profession seen as the most honest, nursing must honor its code of ethics. "The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy", is provision seven from the guide book on ethics for nurses (Fowler, 2015, pg. 113). The project

brought standardization to the orientation and onboarding of APPs utilizing an evidence-based approach.

All nurses must advocate for the profession through research, implementation at the bedside, expert lectures, continuing education, and health policy. The University of San Francisco and the Executive Leadership Doctorate of Nursing Practice program is an avenue to nursing executive to advance the profession. Nursing leaders at all levels must continuously seek to not only improve care of patients but healthcare providers as well.

Results

After reviewing and identifying areas for improvement in the pre-implementation orientation and onboarding process, the literature review was performed to gather evidence-based data to guide the DNP project. Data gathered from the literature review was used to help develop the survey questions. The pre-implementation survey was sent via blinded email; of the eight APPs sent the survey, six responded. See Appendix K for the results from the initial pre-implementation survey. Themes that emerged from the survey prior to project implementation where: length of orientation; no identified preceptor/mentor; lack of sufficient training with billing, coding, the electronic health record; and not being aware of Focused Professional Practice Evaluations (FPPE) standards. These themes, with the data collected from the literature reviewed, were used to assist in the customization of the new structure for orientation and onboarding for newly hired hospital-based APPs. Both NPs involved in the project were assigned a preceptor prior to the start date, the director of advanced practice nursing and allied health professionals served as the mentor for both NPs, this was based on years of NP experience and years of service at the organization. Second was to establish a unique onboarding timeline based on prior work experience; therefore, a four-week onboarding program was set for the ICU

NP based on prior work experience and minimum eight-week onboarding program was set for the cardiology NP, who had recently graduated. Realistic expectations must be set before hire for the actual time need based on previous APP experience.

Several new and reoccurring themes emerged when the two NPs and their preceptors completed the surveys at the end of orientation, refer to Appendix L & M for details of the results. When a new APP is hired, having protected time to shadow the assigned preceptor is a strong indicator in the successful transition from newly hired to fully functioning APP. Due to gaps in communication, the ICU NP was given three patients to care for on the first day of employment. Regardless of prior experience held by the NP hired to work in the ICU, onboarding into an organization must be well planned and structured. This experience was altered for the second NP, who was given two weeks with the preceptor without having to care for patients. Having time to shadow the preceptor without a patient assignment was identified as a satisfier moving forward with future orientation and onboarding.

Preceptors and newly hired NPs were educated to the use of the OneNote© tool. Continued conversations occurred to remind the preceptors and orientees of using the tool, however, at the end of the project the use was low. Responses from face-to-face conversations occurred, and emails, about the low usage of the tool were: overwhelmed with transition into practice, forgot to use it even though it was full of useful information (R. Parker, personal communication, March 4, 2018) and it was not easily located in the computer to use regularly (N. Martens-Mendoza, personal communication, March 5, 2018). The OneNote© will continue to be provided to APPs as a resource during orientation.

The APP evaluation tool the tool was revised to not only apply to NP competency but applicable to physician assistants as well. Due to timing of project start and ICU NP start date,

the evaluation tool was not utilized with the ICU NP; however, the tool was used in the probationary period assessment for the newly graduated cardiology NP. The evaluation findings were reviewed with the new graduate NP who understood the preceptor ratings as an indication of a new NP graduate transitioning into practice, rather than a personal reflection. The APP preceptor or mentor should use the evaluation tool as a clinical practice guide for the new APP and non-clinical staff during the first few weeks of orientation and onboarding.

To maintain compliance with Joint Commission FPPE and OPPE requirements, the project lead worked with the medical staff office to develop a new process for distributing the FPPE packet not only to the APP, but the manager and preceptor when the APP completed the credentialing process. In the past, delays occurred in an APP transitioning from provisional to full APP staff when the required FPPE documents were not completed within six months of hire. Now that the director/manager and supervising physician are aware of the requirement, the time from provisional to full staff has decreased to less than six months.

When the confidence levels were compared between the two groups, the newly hired NPs had higher levels of confidence about awareness of the FPPE process; however, the level of confidence was unchanged for the other domains when compared to the previously hired APPs. A thorough evaluation was not conducted, but by incidental observation, completion of the FPPE process was decreased when compared to prior APPs working in the hospital. Results from the survey around education for billing and coding practices, and documentation in the electronic health record were unchanged and could be possible areas for focus of future quality improvements projects.

Discussion

Summary

During the project timeframe, May 2017 to December 2017, two NPs were hired, one to the Intensive Care Unit (ICU) and one to work with the cardiology service line in the hospital. The NP hired to work in the ICU had approximately six months of previous ICU experience at a nearby hospital with similar service lines. The NP hired to work with the cardiology service line was a new acute care nurse practitioner (ACNP) graduate and both NPs were board certified. Of note, the NP hired to work in the ICU is a direct report to the director of advanced practice nursing and allied health professionals versus the cardiology NP who reports to the ambulatory cardiology clinic director/manager.

Since there were no PAs hired into the hospital setting between May 2017 and December 2017, the project lead sought the assistance of the CMO, who had a discussion with two PAs, one hired in 2016 and one hired before 2010. The CMO shared some concerns brought forward by the PAs, some were the same as what was identified in the survey, the one unique concern identified by both was the confusion around being hired by the human resources department and a direct employee of the hospital, while also being credentialed through the medical staff office and the duplication of several initial and ongoing federal and state mandated duties. At time of project completion, the two-fold process is not likely to change in the next few years.

After attending several APP specific lectures at the Society of Critical Care Medicine annual conference in 2018, the word structure was mentioned often related to APP orientation, onboarding, residency and fellowship. Moving forward after project completion, the modified evaluation tool from Vanderbilt should be adopted by the organization. Valuing APPs as unique providers should be a priority and maintaining the process of placing APPs into either a nursing or physician-based orientation will continue to be a dissatisfier.

The project succeeded in developing a model for ongoing APP orientation and onboarding guidelines. All APPs should be assigned a preceptor and a mentor prior to start date; a timeline for being under the guidance of a preceptor must be established with the employees experience in mind; the revised competency tool must guide the orientation and onboarding process and make corrections earlier in the process; and highlighting the FPPE at the beginning of employment so as not to delay transition from provisional to staff. The one aim not fully accomplished and an opportunity for a future doctorate project is the development of a unique quality outcome measure tool for APPs. In an era with a watchful eye on healthcare, having APPs associated with quality outcomes and decreasing costs is important to the financial success of healthcare organizations (Liego, Loomis, Leuven, & Dragoo, 2014).

Interpretation

As noted in the section describing the available knowledge, having an evidence-based structured orientation and onboarding program for APPs is essential for job satisfaction, retention and recruitment. The project had a positive impact on the two NPs hired during the project timeframe. In comparison, it would be interesting to survey the NP hired after the project was completed and did not undergo a structured orientation and onboarding process, to identify more areas for improvement in the orientation and onboarding of APPs. Based on emails from APP specific list-serves, multiple healthcare organizations are realizing their current processes are ineffective; therefore, conducting a multi-site research study to validate new competency tools and structures could be a future endeavor.

Limitations

Project limitations included lack of authentic buy-in from all stakeholders, inadequate understanding of the APP evaluation tool, the APP survey sample size (n=6), and insufficient

APP preceptor resources. Despite various discussions with senior leaders, the project was not fully supported by all stakeholders touched by the project. For future projects, a formal contractual agreement may assist with successful versus fragmented implementation. When the process started, clinic director/manager felt the new graduate NP did not need more than four to eight weeks due to previous registered nursing (RN) experience. During the DNP project it became apparent that the actual time the new graduate NP needed to become successful in transitioning from RN to NP was approximately six to nine months. Lack of full execution of the tool, and possible threat to future successful implementation, is deduced to be the lack of clinical knowledge the around ranking definitions. Misperceptions by non-clinical administrators was related to the ranking number, one (novice) through four (expert), rather than understanding of the definition that correlated with the number.

Also, project leads must negotiate time away from clinical practice to complete project tasks, such as data collection, analysis and dissemination. Not having an APP specific preceptor resource was another limitation. A literature review was conducted prior to the project kick-off, but no resources were found. There are multiple resources for preceptors of APP students, but no resources to help guide preceptors for actively practicing APPs newly hired into an organization. Physicians have no material for precepting APPs, and it must be said APPs are not medical students, residents or fellows.

Conclusions

Orientation and onboarding of APPs continues to be an opportunity for growth with the increased utilization of APPs in all healthcare arenas. Healthcare organizations have seen a rapid growth in the number of APPs hired to work in multiple services lines and with that an opportunity to develop a unique structure for orientation and onboarding. Using a pre-hire

checklist has proven successful to reduce the time from offer to actual start date; however, use of tool to assess clinical competency once in the role, has yet to be adopted widely. Using the tool to assess the newly graduated NP was not accepted by non-clinical staff; however, was seen positively by the preceptor to help guide growth in the NP role. Also, being aware of the required FPPE process early on helped achieve transition from provisional APP to full APP at the earliest time applicable versus being delayed by six months. The project was effective in showcasing the unique attributes APPs bring to healthcare organizations and to capitalize on their qualities, a distinct orientation and onboarding structure for APPs is essential.

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Appendix A

Summary of Evidence Table

Citation: Author(s), Date of Publication & Title	Conceptual Frame-work	Design Method	Sample & Setting	Major variables studied and their definitions	Study Findings	Strength of Evidence I - V	Quality of Evidence A – C
Dillon, D., L., Dolansky, M., A., Casey, K., & Kelley, C. (2016). Factors related to successful transition into practice for acute care nurse practitioners.	Schumacher and Meleis situational role transition	Descriptive, correlational-comparative	Convenience 34 ACNPs, social media site	Demographic information; Skills/procedures performance (30 items); subscales related to successful transition (comfort/confidence, patient safety, professional satisfaction, job retention); subscales related to community resources (organizational support and communication /leadership); and subscales related to personal	Demonstration of mastery of skills and behaviors needed to manage new situations and environment; Organizational support, communication and leadership during transition	II	B

				resources (stressors and prior work experience as a nurse in the ICU/ED)			
Goldschmidt, K., Rust, D., Torowicz, D., & Kolb, S. (2011). Onboarding advanced practice nurses: Development of an orientation program in a cardiac center.	None identified	Collaborative, systematic, evidence – based role implementation by Bryant - Lukosius	Cardiac Center at Children's hospital in Philadelphia	Educational needs assessment, Individualized orientation program, development of an orientation manual, skills checklist, biweekly meetings, electronic survey	Identification of an APN preceptor, orientation coordinator, internal APN group cohesion, formal assessment of APN experience and skills, and ongoing program structure enhancements	II	B
Hillman, J. (2010). Planning for employee onboarding: Finding ways to increase new employee success and long-term retention.	None identified	None identified	University of Houston example	None identified	None identified	V	C

Kapu, A., N., Thomson-Smith, C., & Jones, P. (2012). NPs in the ICU: The Vanderbilt initiative.	None identified	None identified	Vanderbilt University - Nashville	Evolution of NPs in critical care	Infrastructure support, work life balance, advocating for compensation, and options for research, education, and professional growth	IV	A
Polansky, M. (2011). Strategies for workplace learning used by entry-level physician assistants.	Workplace learning	Cross-sectional	University of Texas, MD Anderson Cancer Center & University of Illinois, Chicago	65 question instrument using multiple choice or rating scale format via SurveyMonkey,	Support for strong foundation of PA education, identification learning needs, identify gaps in clinical competency, learning opportunities, and importance of support from supervising physician	II	B
Spychalla, M., T., Heathman, J., H., Pearson, K., A., Herber, A., J., & Newman, J., S. (2014). Nurse practitioners and physician	None identified	None identified	Division of Hospital Internal Medicine (HIM) at the Mayo Clinic in Rochester, MN	Structured approach to the orientation of newly hired NPs and PAs	Daily performance feedback	IV	B

assistants: Preparing new providers for hospital medicine at the Mayo Clinic.							
Toth, C. (2014). Seven surefire ways to start a nonphysician practitioner off right.	None identified	None identified	None identified	None identified	None identified	V	C
Woolforde, L. (2012). Onboarding nurse practitioners: A healthcare system approach to interprofessional education.	None identified	None identified	North Shore – Long Island Jewish Health System	Interprofessional orientation model (RNs, NPs, and PAs), use of simulation, welcome packet, orientation education team, performance evaluation instrument	Respondents felt better prepared for practice, improve department-based competencies	II	B
Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin. K. (2006). Mastering the preceptor role:	Adult learning	None identified	None identified	Preparation and planning, teaching strategy options, evaluation; Developmental levels; Working	None identified	IV	B

Challenges of clinical teaching.				with difficult students; Implementing corrective plan; Learning disabilities			
Butcher, L. (2017). Need a hospitalist? Call a Nurse!	None identified	None identified	Rusk County Memorial Hospital in Ladysmith, Wisconsin.	Inability to recruit or afford physician hospitalists. Compliance with state and federal regulations for NP scope of practice issues. Assessment of NPs capabilities and use of onboarding process that corresponds to their level of preparation.	Use of a combination of NPs and telemedicine support, NPs on nights and weekends, Three NPs working 24/7 with 7 days on then 7 days off	IV	B
Simone, S., McComiskey, C., A., & Brooke, A. (2016). Integrating Nurse Practitioners into intensive care units.	None identified	None identified	University of Maryland Medical Center (UMMC)	Strategic planning for new roles, two training programs, and other strategies.	Determining FTEs, role design, care delivery model, training curriculum, competency-based orientation, length of	III	A

					orientation 12-26 weeks, postgraduate fellowship program, and evaluation and feedback.		
Wilkinson, M., Ellis, K., K., Knestrick, J., & Bondmass, M. (2015). Online clinical education training for preceptors: A pilot QI project.	None identified	Quality Improvement project. Pre-post design for preceptors and post design for students.	Private urban university with an on-line FNP program	Participation, knowledge regarding the One-Minute Preceptor (OMP) model, frequency of integration of the OMP model into clinical teaching, comfort in clinical teaching skills, and program satisfaction. Results collected via a survey.	18 total preceptors completed all aspects of the innovation. Preceptors expressed high levels of satisfaction with the innovation, 94.79% rating the program excellent or good. 47 students completed the survey. Unfortunately, only 2 students' preceptors completed the entire study; therefore, the authors were unable to correlate an	II	B

					assessment of the Summarize Narrow Analyze Probe Plan Select (SNAPPS) technique integrated into the OMP model.		

Appendix B

Letter of Support from Chief Nursing Officer

February 15, 2017

University of San Francisco
School of Nursing and Health Professionals
2130 Fulton Street
San Francisco, CA 94117-5555

To Whom It May Concern:

I am writing to acknowledge support for Amy B. Ziegler in completion of her evidence-based quality improvement DNP project, Development of an Advanced Practice Provider Onboarding Process, in partial fulfillment of her Doctor of Nursing Practice degree in the Executive

Leadership program at the University of San Francisco. The Vice President, Chief Nursing Officer will have an opportunity to review any manuscripts that identify [redacted] submitted for publication prior to submission.

This letter also verifies that the [redacted] has a memorandum of understanding with the School of Nursing and Health Professions at the University of San Francisco for student clinical course work that is supervised by USF faculty.

Sincerely,

Traci Duncan, DNP, RN, NEA-BC
Vice President, Chief Nursing Officer

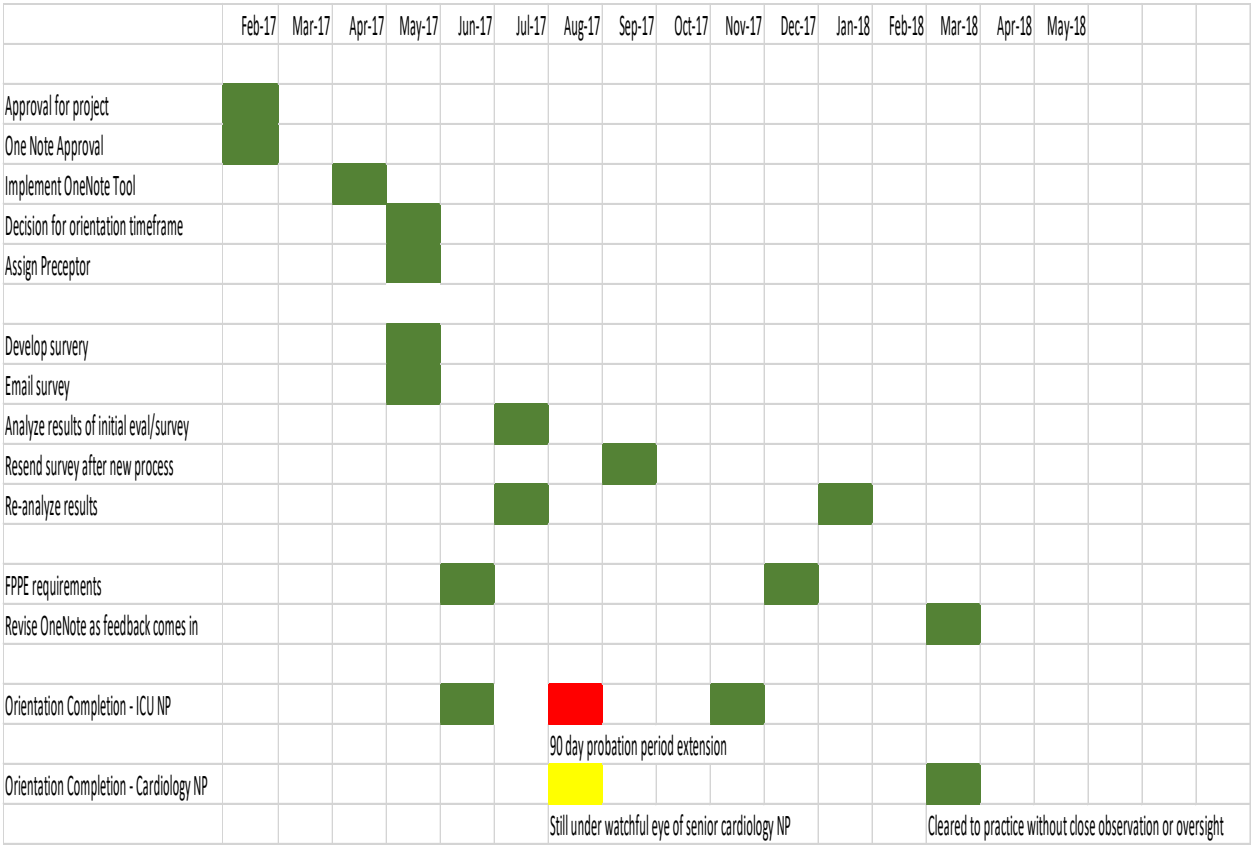
Appendix C

Gap analysis of APP orientation and onboarding process

Outcomes	**Current State**	**Future State**	**Gap Identification**	**Gap Description**	**Factors**	**Remedial Actions**
Pre-hire deadlines	Physician specific	Modify for APPs	Yes	APPs are unique providers	APPs are the same as physicians	Modify checklist to be APP specific
Reduce time to first day	Not monitored	90 days for experienced NP 45 days or less for newly graduated NP	Yes	Delays in medical staff documentation leading to prolonged time from offer acceptance to actual start date	Multiple references needed, must be different that those provided to human resources New APP unaware of importance of notification of references	Inform newly hired APP of process, have them communicate with references frequently
Identify primary preceptor	Default to supervising physician (SP)	Established prior to start as either SP or APP	Yes	Preceptors help new employees assimilate into organizations	Assumptions that SPs would know the role	Identify preceptor as soon as possible, provide preceptor with tools
Skill completion	Focused Professional Practice Evaluation (FPPE) process	Combine competency and FPPE process	Yes	FPPE which is met or not met versus competency assessment based on standardized procedures	FPPE is required by Joint Commission Competency is based on NP or PA training and certification	Utilize Neonatal Nurse Practitioner (NNP) competency tool and modify
Improve onboarding confidence	Poor to Good	Average to Excellent	Yes	New structure will improve confidence in practice sooner	New process	Continually evaluate and modify

Appendix D

GNATT chart with critical DNP project milestones



Appendix E

SWOT analysis of pre-implementation state

Strengths • Support from Chief Nursing Officer, Chief Medical Officer, Medical Staff Office • Multiple healthcare organizations documenting the importance of a structured approach	**Weakness** • Vulnerable support from ambulatory partners • Lack of level 1 or 2 research studies for APP orientation and onboarding
Opportunities • Increase retention • Increase recruitment • Increase job satisfaction	**Threats** • Similar project by physician recruitment department

Appendix F

APP orientation and onboarding proposed project budget

	Comment	Budget
RETURN ON INVESTMENT		
Retention costs.	Refer to Cost Avoidance table for detailed description	$ 324,946 **
Total return on investment		**$ 324,946**
EXPENSES		
Salaries and Wages		
Salary	Nurse Practitioner, Specialty	$ 161,700
Pre-hire paperwork	Human Resources	$ 100
Credentialing	Medical Staff Office	$ 500
New Employee Orientation (1 day)	NP salary	$ 622
1 day of orientation	NP salary	$ 622 (1.0 FTE)
Subtotal		**$ 163,544**
Project Expense		
Develop one note	Director, APNs & AHPs time	$ 2,000
Survey and analysis	Director, APNs & AHPs time	$ 3,000
Subtotal project expense		**$ 5,000**
Post implementation		
Pre-hire paperwork	Human resources	$ 100
Credentialing	Medical Staff Office	$ 300
New Employee Orientation (1 day)	NP Salary	$ 622
4 weeks of orientation per NP	NP salary	$ 12,400
Subtotal post implementation		**$ 13,422**
Total cost of project		$ **181,966**
Total projected ROI		$ 324,946
Less cost of project		$ 181,966
TOTAL PROJECTED RETURN ON INVESTMENT		**$ 142,980**

Return on Investment		
Competency Assessment	If management decides to term employee before 90 days	$ 111,946
Provider (NP) charges annually	Initial & Subsequent visits, Consultations, H & P, Discharge summary	$ 147,000
Retention	No need for new NP Orientation fees	$ 42,000
Increase recruitment	**No** recruiter fee	$ 24,000
Total Cost Savings		**$ 324,946**

Appendix G

DNP project responsibility/communication matrix

Stakeholder	**Document**	**Format**	**Due Date**
Committee chair	DNP project updates Prospectus Manuscript Final paper	Email	8/17 & 12/17 4/17 4/17 3/18
Committee members	DNP project updates Prospectus Manuscript Final paper	Email	8/17 & 12/17 4/17 4/17 4/18
Chief nursing officer	Surveys Prospectus Manuscript Final paper	Email with link to surveys Email	3/17 4/17 4/17 5/18
Chief medical officer	Surveys Prospectus Final paper	Email with link to surveys Email	3/17 4/17 5/18
Medical staff office	Project plan	Email In-person discussion	4/17 As needed
Manager of learning and leadership	Prospectus	Email	Retired from position

Appendix H

Revised orientation and onboarding tool from Vanderbilt with the inclusion of Physician Assistant guidelines

Nurse Practitioner/Physician Assistant Onboarding Checklist

Name of Allied Health Provider: _____

Specialty: _____

First day of employment: _____

	Date Completed
Complete Allied Health Practitioner application (will need to provide items below):	
1. Current Nurse Practitioner Board Certification (in appropriate field of practice)	
2. California State License Card, RN and NP	
3. California Nurse Practitioner Furnishing Number/License	
4. DEA Certificate, if NPF available or within 6 months of hire	
5. Current Certification by the National Commission on Certification of Physician Assistants	
6. California License as a Physician Assistant	
7. UPIN/NPI & PECOS number	
8. Current BLS and ACLS (as appropriate for specialty)	
9. Current Curriculum Vitae (CV)	
10. Review Bylaws, Rules and Regulations	
11. Review the BRN rules regarding Nurse Practitioners (if applicable)	
12. Review the California Code of Regulations regarding Physician Assistants (if applicable)	
13. Review AHP Policies and Procedures	
14. Delegation of Services Agreement	
15. NP Statement of Approval and Agreement (1 Inpatient and 1 Outpatient (if applicable))	
Sign Job Description	
Obtain ID Card	
Obtain clearance through employee health	
Complete employment paperwork via Human Resources (HR)	

Attend New Employee Orientation	
Attend Medical Group and Hospital Orientation, to include:	
1. Cerner Training	
2. Familiarize with Mission and Vision	
3. Customer Service Training	
4. Obtain Dictation Packet	
5. Review Patient Safety and Hospital Policies	
6. Medicare and Medical Applications	
7. Insurance Credentialing	
8. Review Billing and Coding	
Complete Day One Department Specific Orientation	
Complete HIPPA and Corporate Compliance Training	
Obtain Access/Key to office/department	
Familiarize self with Cisco phone system, set up voicemail and cell phone (if needed)	
Set Up Desk top computer/Familiarize self with on-line resources	
Review Employee Handbook	
Familiarize self with Kronos and Gold cards	
Complete Learning Needs Assessment	
Complete System Briefings and Campus Tours Worksheet	
Meet with your mentor(s) **Name of Preceptor: _____**	
Meet with Mentor/Manager or Supervising Physician re: Performance Review at 3, 6 & 12 months	
Locate and become familiar with Strategic Plan	
Locate and become familiar with the Administrative Manual (TJC, Service-Specific)	
Locate Safety Manual and Safety Records	
Locate and become familiar with Department Based Training Records	
Identify clinical leaders and administrators	

Sign Commitment to My Co-Workers	

Part 2 of Onboarding– Competency Evaluation

This document is for direction on how to evaluate an Allied Health Practitioner

Instructions: This evaluation tool is used to facilitate performance standards during orientation. The hiring director or manager will generate this evaluation and forward it to the AHP and preceptor. The AHP and preceptor will complete the appraisals at the 2 month, 6 month and 1 year anniversary.

Definition of Rankings

N/A: Not applicable or insufficient experience for evaluation
(1): Novice skill level: Consistently requires significant assistance, supervision or remediation to perform task satisfactorily
(2): Beginner skill level: Performs tasks with basic skill and with modest amount of assistance or supervision
(3): Proficient skill level: Performs tasks with skill and is able to interpret findings with nominal assistance or supervision, exceeds in many areas – top 20%
(4): Expert skill level: Performs with competence and skill, interprets with consistently accurate judgment, does not require assistance or supervision, superior in every way – top 10%

Name of AHP being evaluated: _____ Date: _____

Upon receipt of the completed evaluation, the mentor or designee will make an assessment of the mentee based on the same list. Document a ranking by each skill then document an overall ranking in the comment section.	Mentor Comments: Please provide examples that demonstrate the overall ranking. At each evaluation the mentee and mentor must sign that the list has been reviewed.	
Professionalism	***Self-Appraisal*** **1 2 3 4** **NA**	**Preceptor Rating** **1 2 3 4** **NA**

1. Provides cultural, age, gender and disability appropriate care. 2. Provides direct care management and treatment within the scope of the Nurse Practitioner or Physician Assistant role. 3. Provides optimal care through multidisciplinary collaboration. 4. Provides clear verbal/written reports of changes in patient's condition to all appropriate healthcare team members.	**Mentee's comments**	**Mentor's comments**
Patient Care	***Self-Appraisal*** **1 2 3 4** **NA**	**Preceptor Rating** **1 2 3 4** **NA**
1. Demonstrates basic knowledge of anatomy, physiology and pathology in assessment and plan of care. 2. Obtains a complete health history. 3. Completes physical examination of the patient in a comprehensive and timely manner. 4. Recognizes important variables from the history and includes them in the plan of care. 5. Reports abnormal findings in a timely manner and documents in the electronic medical record. 6. Documentation contains the assessment and comprehensive plan of care. 7. Prioritizes problems appropriately and incorporates the assessment in the plan of care. 8. Identifies risks and benefits of procedural interventions and lists pertinent clinical indicators for the procedure.		
Medical/Clinical Knowledge	***Self-Appraisal*** **1 2 3 4** **NA**	**Preceptor Rating** **1 2 3 4** **NA**
1. Demonstrates a basic understanding of normal and abnormal values. 2. Exhibits ability to identify common abnormalities and diseases, describes pathophysiology and matches symptoms to disease process.		

3. Evaluates medication therapy. Demonstrates knowledge of commonly used medications. 4. Demonstrates the ability to make independent judgments when developing the plan of care. 5. Responds rapidly and appropriately to immediate problems or signs of clinical deterioration. 6. Identifies specific potential and actual problems based on knowledge of pathophysiology.		
System Based Practice	***Self-Appraisal*** **1 2 3 4** **NA**	**Preceptor Rating** **1 2 3 4** **NA**
1. Manages an appropriate caseload and completes work in clinical time allotted. 2. Demonstrates self-reliance by attempting to find answers independently. 3. Takes responsibility for expanding knowledge base and experiences. 4. Discusses new treatment options and research, demonstrating a basic knowledge of research design, measurement techniques' and statistical methods. 5. Aware of quality improvement initiatives and applies to clinical practice.		
Interpersonal and Communication Skills	***Self-Appraisal*** **1 2 3 4** **NA**	**Preceptor Rating** **1 2 3 4** **NA**
1. Communicates verbally with clarity and attention to detail. 2. Brings appropriate questions to mentor. 3. Accepts guidance and constructive criticism in a professional manner, recognizing the need for help. 4. Develops relationships with multidisciplinary team members promoting mutual respect and trust.		
Practice Based Learning	***Self-Appraisal***	**Preceptor Rating**

	1 2 3 4 NA	1 2 3 4 NA
1. Applies evidence-based practice to clinical decisions. 2. Initiates appropriate power plans in a timely manner. 3. Nursing communication orders are utilized appropriately and are clear and concise. 4. Takes responsibility for correcting knowledge deficits, using multiple resources to answer questions and augment team members' knowledge. 5. Takes responsibility for finding opportunities to work on skill requirements. 6. Demonstrates awareness of own strengths, identifies areas of growth in developing the AHP role, and progresses toward goal. 7. Demonstrates modeling of the NP/PA role and is beginning to establish credibility.		

Reference: Vanderbilt University, 2012 Advanced Practice Provider Orientation Guide
American Academy of Physician Assistants, Physician Assistant Competency Measures, 2014

Allied Health Practitioner: _____ Date: _____

2 Month Evaluation	
Areas of Strength:	
Opportunities for Growth:	
Specific Goals:	
AHP signature	Date:
Preceptor signature	Date:

Appendix I

OneNote© tabs and contents

Section (tab title)	Page title	Page Contents
Orientation	1st day orientation	Dates completed
	Service Line	Service line manager
	Key phone numbers	
	Physician(s) contact information	Cellphones and emails
	Resume	Most recent
	Job description	Most recent
	License	Current state and previous states
	Certifications	Expiration dates
	DEA	Expiration dates
	Continuing Education	Broken down by categories
Onboarding	Office location/number	Building name and number, office staff names
	Office phone number	Key desk numbers
	Cellphone number (hospital provided)	Or pager
	Preceptor information	Cellphone, emails
	Mentor information	Cellphone, emails
	Questions for physician	Log with Q&As
	Questions for office staff	Log with Q&As
Electronic Health Record	Training dates	With completion
	Frequently used order sets	Names or numbers
	Encounter templates	Frequently used
	Billing and coding quick tips	
	Frequently used CPT codes	
Medical staff office	Credentialing	Initial date and future (Yearly or Biannually)
	Privileging	Current skills and any additional
	Procedure log	Track encounters for re-credentialing
Accolades	Organization	Awards given by the organization
	Community	

Appendix J

DNP Statement of Non-Research Determination Form

Student Name: Amy B. Ziegler

Title of Project:

Development of an onboarding structure for advanced practice providers

Brief Description of Project:

A) Aim Statement: By March of 2018 there will be a structured orientation and onboarding process for newly hired nurse practitioners (NPs) and physician assistants (PAS) who will function in the hospital.

B) Description of Intervention:

1. Review current state and future state with key stakeholders: CNO, Human Resources, Director of Physician Contracts, and Physician Recruitment Coordinator.
2. Distinguish between orientation and onboarding.
3. Develop on-line survey regarding the orientation and onboarding process. Administer to current and newly hired APPs functioning in the hospital at set intervals.
4. Re-evaluate orientation process and develop a structured onboarding process for newly hired APPs, who will function in the hospital.

C) How will this intervention change practice?

Currently there is no formalized onboarding structure for advanced practice providers who function within the hospital. This intervention will develop a foundation for onboarding both nurse practitioners and physician assistants that work in the hospital.

D) Outcome measurements:

1. Establish unique metrics that align with both orientation and onboarding, i.e. pre-hire deadlines, identification of primary preceptor, phased skill completion based on experience, etc.
2. Improve coordination between Human Resources hiring and Medical Staff Office credentialing to reduce time to first day of employment.
3. Improvement in onboarding satisfaction, based on Likert scale scoring.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:
(http ://answers.hhs.gov/ohrp/categories/1569)

X This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

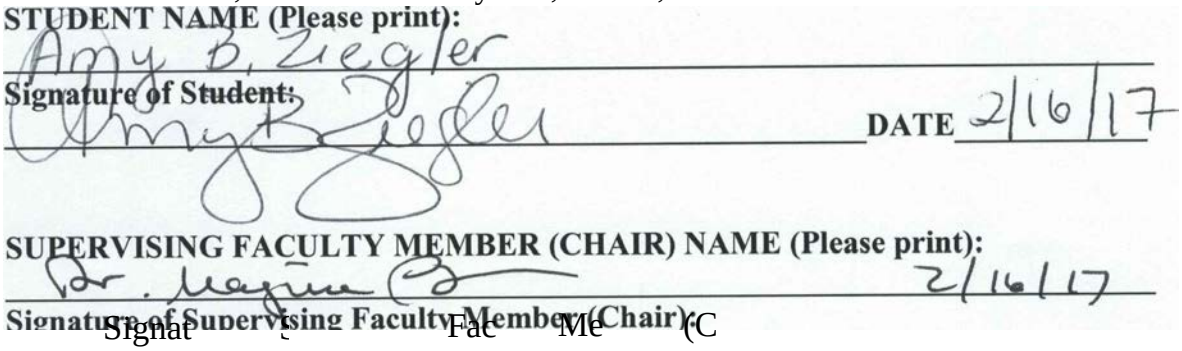
EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST * Instructions: Answer YES or NO to each of the following statements:

Project Title:	YES	NO
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	x	

The specific aim is to improve performance on a specific service or program and is a part of usual care. ALL participants will receive standard of care.	X	
The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or untested methods or new untested standards.	x	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.	x	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an a agreement with USF SONHP.	x	
The project has NO funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	x	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., not a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	x	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: "This project was undertaken as an Evidence based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board. "	x	

ANSWER KEY: If the answer to ALL of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. IRB review is not required. Keep a copy of this checklist in your files. If the answer to ANY of these questions is NO, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.



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Appendix K

Results from pre-implementation survey (n = 6)

	Less than 2 years	**2-5 years**	**5-10 years**	**10- 15 years**	**More than 15 years**
How many years of NP/PA experience did you have before entering your current role?	3 (50%)	3 (50%)			
Currently how many years of NP/PA experience do you have? What was the length of your orientation?	1 (16.6%)	2 (33.3%)	3 (50%)		
	Less than 1 months	**1-2 mo.**	**3 mo.**	**4-6 mo.**	**Over 6 mo.**
What was the length of your orientation?	4 (66.6%)	0	1 (16.6%)	1 (16.6%)	
	Yes	**No**			
Did you feel that was enough time?	3 (50%)	3 (50%)			
Where you assigned a preceptor?	2 (33.3%)	4 (66.6%)			
Where you assigned at mentor?	3 (50%)	3 (50%)			

Rate you level of confidence when you **STARTED**	**Excellent**	**Good**	**Average**	**Poor**	**Terrible**
Documentation in Cerner (EHR)		5 (83.3%)		1 (16.6%)	
Prioritizing diagnosis codes		2 (33.3%)	2 (33.3%)	2 (33.3%)	
Appropriate documentation for billing and coding			2 (33.3%)	4 (66.6%)	

Awareness of required Focused Professional Practice Evaluations (FPPE) from the Medical Staff Office			3 (50%)	3 (50%)	
Locating NP or PA related policies or standardized procedures		2 (33.3%)	2 (33.3%)	2 (33.3%)	
Rate your **CURRENT** level of confidence	Excellent	Good	Average	Poor	Terrible
Documentation in Cerner (EHR)	2 (33.3%)	3 (50%)	1 (16.6%)		
Prioritizing diagnosis codes		5 (83.3%)	1 (16.6%)		
Appropriate documentation for billing and coding		4(66.6%)	2 (33.3%)		
Awareness of required Focused Professional Practice Evaluations (FPPE) from the Medical Staff Office	1 (16.6%)		3 (50%)	1 (16.6%)	
Locating NP or PA related policies or standardized procedures	1 (16.6%)	2 (33.3%)	2 (33.3%)	1 (16.6%)	

Respondents were given a free text box to comment on their perception of their orientation

Please comment on your experience with the orientation process:

In all of my advanced practice provider roles (3) I never received any orientation other than hospital orientation and 1 one hour provider class for Cerner.
Minimal.
I really feel like I had plenty of time orienting with my preceptor (about 5 months). This was a new field of work for me and I needed to learn a lot of new material. By the time I was nearing the end of my orientation, I felt confident that I could enter any patient situation and have a decent outcome.
I was the second NP hired in the hospital. There was not a process in place, it was created according to what I felt or saw what I needed. I worked only with an MD. There are still areas in documentation by Cerner that would we need to learn. Billing was just started this year, and it is a hit and miss. I believe that more structure needs to be in place and support for new NP's to entre our system.
The orientation process was not obvious and lacked specificity.

Appendix L

Survey results from the two newly hired NPs at completion of their orientation

Survey results from the two newly hired NPs at completion of their orientation	**Less than 2 years**	**2-5 years**	**5-10 years**	**10- 15 years**	**More than 15 years**
How many years of NP/PA experience did you have before entering your current role?	2 (100%)				
Currently how many years of NP/PA experience do you have? What was the length of your orientation?	2 (100%)				
	Less than 1 months	**1-2 mo.**	**3 mo.**	**4-6 mo.**	**Over 6 mo.**
What was the length of your orientation?	1 (50%)			1 (50%)	
	Yes	**No**			
Did you feel that was enough time?	2 (100%)				
Where you assigned a preceptor?	2 (100%)				
Where you assigned at mentor?	2 (100%)				

Rate you level of confidence when you **STARTED**	**Excellent**	**Good**	**Average**	**Poor**	**Terrible**
Documentation in Cerner (EHR)			1 (50%)	1 (50%)	
Prioritizing diagnosis codes			1 (50%)	1 (50%)	
Appropriate documentation for billing and coding			1 (50%)	1 (50%)	
Awareness of required Focused Professional Practice Evaluations (FPPE) from the Medical Staff Office			2 (100%)		
Locating NP or PA related policies or standardized procedures			2 (100%)		

Rate your **CURRENT** level of confidence	**Excellent**	**Good**	**Average**	**Poor**	**Terrible**
Documentation in Cerner (EHR)			2 (100%)		
Prioritizing diagnosis codes			2 (100%)		
Appropriate documentation for billing and coding		1 (50%)	1 (50%)		
Awareness of required Focused Professional Practice Evaluations (FPPE) from the Medical Staff Office		2 (100%)			
Locating NP or PA related policies or standardized procedures		1 (50%)	1 (50%)		

Respondents were given a free text box to comment on their perception of the orientation

Please comment on your experience with the orientation process:

I have no complaints about my orientation. My preceptor/mentor is very attentive to what I am doing and provides regular feedback so I can improve.

I feel more time could have been spent helping me build templates for documentation in Cerner and understanding things such as power plans and building power plans for ordering medications.

Appendix M

Survey results from preceptors/supervising physicians

	Yes	**No**			
Was the new Advanced Practice Provider (NP or PA) provided orientation/onboarding that lasted longer than 2 days?	3 (75%)	1 (25%)			
Was the length of orientation appropriate for amount of experience?	4 (100%)				
Was the new APP given a NP or PA as a preceptor?	4 (100%)				
If there was not a NP or PA as the preceptor, was the supervising physician the preceptor?	3 (75%)	1 (25%)			
	Excellent	**Good**	**Average**	**Poor**	**Terrible**
For the following questions please rate the Competency level for the new APP					
1. Documentation in the Electronic Health Record	1 (25%)	3 (75%)			
2. Prioritizing diagnosis codes		2 66.6%)	1 (33.3%)		
3. Appropriate documentation for coding and billing	2 (50%)	2 (50%)			
4. Awareness of required FPPE from the Medical Staff Office	1 (33.3%)	2 (66.6%)			

Respondents were given a free text box to comment on their perception of the orientation

Please feel free to add your own comments regarding the orientation/onboarding process:

I did not directly observe her in all areas asked to comment on above. She was precepted by NP. Overall I felt the time for orientation was adequate, especially for someone with prior ICU experience.