Why ECCO?

Essentials of Critical Care Orientation

Designed by critical care nurses for critical care nurses

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Designed by Critical Care Nurses for Critical Care Nurses

Critical care units are increasingly required to spend more time onboarding new staff. The cost to replace a registered nurse is estimated to be as high as $64,000.¹ This cost continues to increase annually due to rising hourly wages and the cost of benefits for employers. As a result, recruitment and retention are an important focus.

As the largest specialty nursing organization in the world, the American Association of Critical-Care Nurses (AACN) fosters nursing excellence by creating standard-setting educational resources designed by critical care nurses for critical care nurses.

AACN offers the award-winning Essentials of Critical Care Orientation

We use ECCO because we are a small regional facility with a small ICU patient population, without a clinical nurse specialist and with limited learning opportunities for orienting nurses for SCU and cross training our med-surg staff to the SCU.

– Sara Morris, Allina Health System

(ECCO) to help onboard progressive and critical care nurses. ECCO provides the latest evidence-based nursing knowledge and best practices for nurses working with acutely and/or critically ill patients. Since its creation, ECCO has been used at more than 1,100 facilities, helping to create competency in critical care nursing.

ECCO ensures that nurses new to critical care receive the most relevant orientation through a comprehensive didactic learning experience. This course uses an interactive web-based platform consistent with the actual practice environment.
The course is applicable to any critical and progressive care environment and addresses the clinical knowledge needs of both intensive care and progressive care nurses.

ECCO’s progressive care unit (PCU) track offers specific clinical content that nurses new to progressive care need. AACN listened to ECCO customers throughout the country, and ECCO incorporates feedback and improvements recommended by the progressive and critical care community.

“What I liked best about the ECCO program...is that it allows for flexibility and independent learning.”

– Mark Christmas
One Site Manager’s ECCO Journey

“We started using ECCO because the process of managing our home-grown critical care course was overwhelming and inefficient. The logistics of scheduling the course when it was needed and arranging the speakers to present content were challenging. Also, it was expensive and time-consuming to maintain our home-grown critical care course, compounded by repeating the process several times a year for multiple units with varying hiring patterns. It seemed like we could never offer the class at a time that was optimal for all new hires. After a cost analysis, we selected ECCO as an alternative. ECCO was more efficient, and we knew all students were getting the same evidence-based content. Our original critical care course was supplemented with case studies. We noted, after the students started ECCO, the case study answers improved. We were able to reduce the amount of classroom time. However, it is critical to use a blended method combining some face-to-face time with computer learning. It was favorable to the hospital to offer ECCO, because we saved money and didn’t have to maintain or update the course.”

*Kristine Peterson – Former Site Manager*

It is not cost-effective for me to put together a home-grown course for one-to-two nurses who are orienting to ICU. ECCO materials are guaranteed to be evidence-based, which is convenience at my fingertips.

– Amy Nugent, Canton-Potsdam Hospital
Experience the ECCO Advantage

Timesaving and Cost-Effective

- Over 1,100 facilities have licensed ECCO since its initial launch in 2002.
- Over 100,000 nurses have taken the course.
- Didactic content is taught through ECCO, which allows for more time on blended learning application and simulation opportunities.
- Online-based courses offer flexibility and convenience for individuals or cohorts. Computer-based training is an effective approach to assess knowledge-based competency and critical thinking skills.
- Provides a favorable return on investment (ROI) for online versus face-to-face didactic learning. A “home-grown” version requires many educator hours to develop, deliver and update. Preparation for instructor-led training sessions is estimated to be 28 hours for one hour of classroom time.²

- 83% of unit leaders saw an increase in new nurses’ ability to recognize stability changes in their acutely or critically ill patients after the nurses completed ECCO.
- After ECCO, 73% of nurses rate their knowledge of evidence-based information and/or best practices as substantial or very substantial.
- After ECCO, 72% of nurses rate their confidence in applying the concepts as substantial or very substantial.

With ECCO, I know that all the new staff have the same foundational information. It helps tailor our simulation experiences, which we coordinate with their progression through the modules. It also helped to decrease the time spent in the classroom from 24 hours to 16 hours, because we do not have to include basic critical care knowledge.

– Joan L. Scherrer, Abbott Northwestern Hospital

• ECCO is applicable for nurses new to progressive or critical care or experienced nurses in other areas who wish to shift to critical care.

• Rich illustration and animation, click-to-view topics and interactive exercises are used throughout the course.

• An implementation guide helps educators incorporate critical thinking, hands-on clinical training and blended learning into their orientation programs. Educators can tailor learning to the specific needs of the learner and lesson plans.

• A variety of reports are available through robust management tools.

• A self-assessment tool identifies the most important orientation content that units need.

• Implementation scenarios help educators determine a course of action best suited to meet specific orientation needs and goals.