Non-magnet Hospital and Retention Efforts

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Task Force on the North Carolina Nursing Workforce
March 26, 2003, Cary, NC

New Hanover Health Network
Wilmington, North Carolina
Retention Efforts

- Work Climate Task Force and Nursing Congress, 1999
  
  WCTF: Multi-disciplinary task team chartered to make recommendations to improve internal work climate

  Nursing Congress: Nursing representatives meeting quarterly to address nursing practice and satisfaction issues

  Focus was to share responsibility for retention throughout the network.
Recruitment & Retention Committee

- November, 1999, made up of nursing and HR representatives.
- Mission – To recruit and retain qualified clinical staff throughout the network.
- Ideas to enhance recruitment process were shared with Human Resources.
- Developed action list to enhance retention strategies.
Recruitment & Retention Committee

- January 2001 – Committee expanded to include other clinical departments.
- Recommended addition of three holidays at time and $\frac{1}{2}$. Recommendation approved and adopted.
- January 2002, became the Retention & Recognition Committee, including representatives from all departments.
RN Mentor Program
New RN Graduate Turnover at New Hanover Network

- 1999-2000: 34%
- 2000-2001: 8%
- 2001-2002: 7.5%
8S Partnership

- Modeled after the RN mentor program
- Welcomes all new staff members, including transfers, by providing a partner on the unit
- August 2002 turnover rate was 21%
- March 2003 turnover rate was 0%
Partnership Programs
In separate studies, JCAHO & AHA recommend that hospitals adopt Magnet characteristics to help ease the workforce shortage
JCAHO & AHA
Focus for the Future

■ JCAHO
  Quality of nursing leadership
  Organizational structure
  Personnel policies & programs
  Professional models of care
  Level of autonomy

■ AHA
  Embrace characteristics of the Magnet hospital program and incorporate those standards into work innovations
  Explore clinical care models that emphasize continuity of care & the improvement of quality outcomes
  Modify work redesign & environments to retain older nurses
NHRMC Highlights

- Level of autonomy
  Nursing Congress

- Organizational structure
  Adult Health Service Line
Existing Opportunities for NHHN

- Improve use of support staff
- Create a stronger team environment
- Clarify role delineation of existing staff
- Support staff involvement in practice changes in order to create a more autonomous practice environment
- Improve the planning, coordination & documentation of practice changes
Existing Opportunities for NHHN

- Consistently apply standards of care, practice and performance
- Develop nursing research initiatives
- Improve opportunities for RN undergraduate and graduate education
- Create a cohesive nursing leadership presence
- Improve patient outcomes
- Improve retention of professional staff
Process to Influence Change

- Ensure involvement of staff in practice decisions
- Reorient nursing governance structure
- Adopt a proven methodology to achieve established goal:

Magnet Designation for Excellence in Nursing
Established NHHN Nursing Community’s Goal

Using national benchmarks and the selection of best practices, be the health care facility of choice for the community, the staff and the physicians.
The nurses are permitted and expected to exercise independent judgment.

Autonomy is viewed as self-determination in practicing according to professional nursing standards.

Interdisciplinary decision making is essential.
Established Structure
Nursing Congress

- Charters for each Council
- By-laws
- Defined membership
- Strategies to get to meeting
- Paid meeting time
- Budget hours for officers
- Meeting methodology
- Public Affairs inclusion
Strategic Initiatives
Nursing Congress

- Re-define Nursing philosophy and re-engage staff
- Achievement of Magnet designation
- Evidence-based practice as a common language
- Internal and external communication
- Enhanced retention
RN Turnover Rates

Estimated cost for the turnover of a med/surg RN

$42,000

Estimated cost for the turnover of a specialty RN

$64,000

Advisory Board 2000
NHHN RN Turnover Rate

2000 2001 2002 YTD 2003

Turnover Rate
NHRMC Traveler Cost

Average hourly salary for Traveler, inclusive of housing
$54.00

Average hourly NHRMC RN salary, inclusive of benefit package
$32.00
NHRMC Traveler FTE

- 2001: 100 FTE
- 2002: 80 FTE
- YTD 2003: 60 FTE
Nursing has taken on ownership for:
Retention
Evidence-based practice
Clinical accountability
Magnet journey
Adult Health Division

Decentralized departmental structures allow for a sense of control over the immediate work environment and strong nursing involvement in the committee structure across departments.
**Adult Health Division Goals**

- Recognition of medical surgical nursing as a specialty
- Standardization through replication of best practices Create an environment that attracts, retains and recognizes staff
- Provide education to meet both the novice and expert staffs’ needs
- Re-design the model of care delivery
Strategies for Recruitment of Staff

- Marketing
  - Recruitment posters
  - Brochures
  - Information fact sheets
  - Web site
  - Internship Program

- 109 New employees were hired and oriented since 2/02
  - RN 60%
  - NA 40%
Strategies for Retention of Staff

- Welcome/orientation notebooks
- Preceptors
- Mentors
- Newsletters
- Unit Practice Councils
Strategies for Recognition of Staff

- Continuous celebrations
  - Nurse’s Day - May
  - Nursing Assistant Day - June
  - Unit Clerk Day – August
  - Med-Surg Nurses Day – November
  - AHD anniversary & accomplishments

- Great 100 Nurse Recognition
- NCNA District Nurses Banquet
- Employee of the Quarter
- Employee “spotlights”
Re-design Delivery of Care Model

- Strengthened unit-based PI with NCNQ results
- Budgeted skill mix change to increase CNAII and RN positions
- Implementation of daily patient care conferences and long stay rounds
- Increased accessibility of patient care equipment to improve
  Mobility of patient
  Staff safety
- Successful implementation of electronic charting
- Increased collaboration with members of the health care team
Adult Health Service Line Retention Model

- Planned and individualized orientation
  - Structure
  - Building relationships
- Environment to develop clinically as a member of the team
  - Care partner
  - Novice to expert continuum
- Annual celebration recognizing first anniversaries
  - Social connection and support
Adult Health Service Line
Retention Model

- Selecting the right applicant
  - Core interview questions
  - Team on staff interviewers
- Positive learning experience
  - Assigned preceptor
  - Follow-up contact
  - Pre-scheduled conferences with new employee
- Feeling of inclusion
  - Buddy program for social connection to the unit
  - Welcome letter
  - Personal plan
COMPLETE YOUR EDUCATION
THEN COME WITH ME
I LEAD TO WORLD WIDE OPPORTUNITY.


3. Magnet Nursing Services Recognition Program, American Nurses Credentialing Center web site, www.ana.org


5. National Database of Nursing Quality Indicators, Midwest Research Institute, www.mriresearch.org


7. The Magnet Recognition Program Health Care Organization Instruction and Application Process, Washington, DC, American Nurses Credentialing Center 2002/