EP10: Describe and demonstrate how nurses develop, implement, and evaluate action plans related to unit-based staff recruitment and retention.

Staff recruitment and retention at Riverside Medical Center is measured and evaluated from two primary sources: turnover data and employee satisfaction results. Fundamentally, our philosophy is to recruit and retain the very best nurses and we most easily can accomplish that by focusing on nurse satisfaction and the satisfaction of other employees they work with. Word of mouth nurse recruitment is valuable to our organization like other organizations; nurses share their work experiences professionally and recruit others to join the Riverside family when they are satisfied. Shared governance has been part of developing action plans for nurse satisfaction for well over a decade in our organization and has been integral to implementation of action plans to address recruitment and retention.

Turnover is captured by the Human Resources Department and exit interviews are encouraged for nurses and all employees. Together, turnover data and employee satisfaction data give us information to identify what is working well and what we need to improve in support of retention of our nurses.

Structure: Measuring Nurse Satisfaction

For many years Riverside Medical Center has conducted Employee Opinion Surveys every year to two years. Nursing Administration finds them to be very valuable in assessing and engage professional nurses and improve nursing retention. Surveys also have provided us with feedback on employees’ commitment to the organization. In fact, we have found them so valuable that the Senior Management Team has approved that the Employee Opinion Survey be conducted annually from 2010 forward in support of retention of our employees. The Employee Opinion Surveys help identify areas in the organization where employees are not engaged in their jobs, thus allowing us to make the necessary improvements or changes needed to fully engage our nurses and enhance the work environment where they choose to practice.

Process for Improving Nurse Satisfaction

The employee opinion survey is administered by the Human Resources, Education and Magnet Department and we actually administer two surveys: an employee engagement survey that looks at our entire workforce’s perceptions which is broken down by department/unit, job roles, years of services and our NDNQI PES survey. In both instances, we have conducted each of these surveys 2-3 times between 2007 and 2009. The surveys are anonymous and results are tabulated and compared to both prior survey’s results and the comparative database for that particular survey instrument. The
numerical data is considered for trends along with analysis, on the full employee opinion survey, of comments. Together, the comments and quantitative data depict trends and patterns by unit or area. A presentation of this analysis is prepared by the survey administrator with the approval of the Education/HR department (or developed by the Education Dept. if an internal survey). This presentation is shared first with the senior executive team followed by the entire leadership team (directors) and organizational trends are shared and guidance provided on how to share the results with employees. In turn, the nursing leaders review the survey results with their staff and together, leaders and direct care nurses collaboratively develop action plans based on the individual unit results which are then reported back to their Vice President who then, on our most recent survey, submits the action plan to the Vice President of Human Resources. This plan is then in effect for that year or time period between employee opinion surveys (and may have items added to it if appropriate) and is evaluated for its impact on nurse engagement during the subsequent employee opinion survey. Below are several examples of the process and outcomes for various units’ action plans in support of recruitment and retention.

**Outcomes: 2 Med/ Surg**

When the new director was hired mid-2008, staff interviews, staffing grids, nurse to patient ratios and employee satisfaction surveys revealed a stressful work environment that could greatly affect nurse retention. 2Medical/surgical’s data from these sources identified several key aspects of a healthy work environment for improvement that included: staff recognition, effective safe staffing, fair and equitable schedules, and real-time communication. A new leadership team was put in place.

The first goal of the new manage was to work on the top 3 concerns the staff had identified. She used previous employee satisfaction surveys to look for key “wins” and scores that were high priority and scored low. She identified staff morale, unit staffing ratios, communication, and fair leadership as a jumping off point.

The RN Manager and the Unit Based Council with the help of Director of Educational Services, worked on a project to increase staff morale on the unit and put together a small employee opinion survey. Once the survey was completed by staff, it reinforced the importance of appreciation between team members. Thus, the first implementation was the "High Five" board described in SE 14. This board is used by staff members to recognize other staff members from all departments for a great job.

The RN Manager and her nurses also implemented the Employee of the Month for RN and CAN based upon employee suggestions for increased employee appreciation and recognition of extra effort and good work-and to help improve patient satisfaction. This initiative began in October, 2009. Winners are chosen by comments from patient's
during leader rounding, Connection Cards (see SE 14) received by the manager from the patient's or families of patient's, or any staff member of Riverside regarding the staff members of 2nd Med-Surg, and if staff members are mentioned during discharge call backs.

The outcomes to date have been positive. There has been an increase in the amount of Director and Senior Leader rounding on the unit, and the Director schedules to eat lunch in the unit several times a month. The unit newsletter, 'Med-Surg Minutes', was started as a way to increase information to the staff members on this unit. A Clinical Nurse Specialist, developed education work stations and/or independent study handouts for the staff members based on information received in the survey about what the staff felt they needed more information/education on. i.e. chest tubes, wound care, pleurex catheters, and Interventional Radiology procedures specific to the population on 2nd.

To improve communication, the Team Leader pens a newsletter named the “Med-Surg Minutes.” These minutes are distributed with the paycheck distribution every two weeks. If there is an important news item, a memo is distributed and shared with staff at change of shift and huddles on the unit. Huddles are defined as a brief update on the unit during the shift and were implemented to improve the nurses’ feeling well-informed and involved in hospital affairs.

As part of the UBC action plan, the day team leader sends a weekly email to the weekend staff. The information serves to keep weekend staff informed of things that occurred during the week (education opportunities, census, etc.) to help improve communication with the weekenders. Staff has stated that they appreciate the information and feel well informed.

As a leadership team and with the input and support of Palliative Medical, the clinical staff, the staffing grids and acuity model addresses a lower patient ratio for patients that have comfort measures under Palliative Care, Hospice and Chemo patients. The recommendations were compared to national benchmarks using best practice models.

The 2 med/surg unit, under a shared governance model, started their own chemo council. The unit nurses looked at policies and procedures and made revisions that reflect the Oncology Nursing Society guidelines and recommendations. The unit based council then collaborated with Pharmacy to update the Oncology medication library to improve the accuracy and safety of oncology medications given to patients on the unit. We developed the chemotherapy administration documentation flow sheet. We have improved our communication with the Cancer Treatment Center. We had 15 nurses attend 3 Chemotherapy and Biotherapy classes in the last year. The unit staff feel connected and a part of a progressive care unit, decreasing the likelihood of seeking
more challenging professional environments and augmenting nurse retention. During the 2008-2009 performance appraisals, staff were encouraged to take a more active role on our unit. This year we switched up the UBC members and changed what nurses would attend the acuity meetings—with more nurses volunteering to participate than we had spots for on the committees—which we feel demonstrates that value of these practices in support of employee engagement and retention.

**Outcomes: OB Department**

The OB Department focused on keeping staff informed and appreciation with the results as follows broken down by item:

**Communication-keeping staff informed**

1. Construction update posted weekly in books in each area.
2. Baby Briefs will be posted every other week to keep staff informed of hospital updates and unit updates.
3. Director rounding on staff on off shifts and weekends
4. Unit Meetings will be held every other month.
5. UBC is working on orientation booklets for new team members that will be used as a resource after orientation is complete.
6. Meet with management team monthly to keep them up to date and make sure the same message is being delivered to the staff.

**Staff Appreciation**

1. Recognize staff in Baby Briefs, feedback from patient satisfaction scores
2. Send Thank You notes to staff at home
3. Thank staff for jobs well done and acknowledge staff when busy and unit worked as a team
4. Respond to staff issues/concerns in a timely manner. Always follow through on staff concerns and acknowledge that their input is valuable.
5. Work with unit based council to develop bulletin board for staff recognition.

**Outcomes: 4th Med/Peds**

The 4Med-Peds Department focused on appreciation with the results as follows:

**Communication-keeping staff informed**

1. Footnotes to keep staff updated on hospital and unit events/changes biweekly
2. Monthly unit staff meetings will be held with Director, Manager and Team Leader. Staff will do monthly in service for the entire unit and will rotate this amongst the group.
3. Director rounding on off shifts and weekends to keep staff informed
4. Manager and Team Leader rounding daily on staff members on both shifts

**Outcomes: Peri-Operative areas**

“Connection” will be the key to improving employee satisfaction/opinion scores within the perioperative departments. The staff have communicated to the Director that they want to be more connected by the following:

- **Connect** staff within periop services: Conducting perioperative team meetings four times a year. This will be held in place of the individual department unit meetings. The focus will be connecting with each other for the common goal of delivering excellent service to our customers, including each other.
- All staff will be expected to be on Outlook to improve communication which was completed by the end of 2008.
- **Connect** with employees of the organization: Each quarter the perioperative team will nominate one member of the organization (outside of the periop departments) to recognize for great service or act of kindness.
- **Connect** with management: Provide an ongoing united front from the periop management team-share our vision, our goals, and make expectations very clear.
- **Connect** staff with patients-use patients and their stories to bring employees back to why they are here and what differences they have made for pts. A pt story will be a feature of unit meetings.

**Outcomes: 3 Ortho/Neuro**

An action item from the 2009 Employee Satisfaction Survey indicated that weekend and night shift wanted to be more connected, and feel more informed and a part of changes being made. The goal to hire an afternoon Team Leader was achieved. The afternoon team leader would provide the offshift with a connection and structure that the day shift already had in place.

Since the newest team leader has been added, informal interviews with staff have been positive about their satisfaction. The staff state that they are feeling more connected, supported and organized during the PM shift. The staff has expressed that they no longer have to “work the desk.” The day and pm team leaders are forming a cohesive group which lends itself to better communication between the two shifts. The team
leaders and manager meet weekly to bring issues to the table for resolution as well as to continue moving forward on unit specific goals.

The recognition of staff remains a challenge and is one we continue to work on. The leadership thank-you cards continue to be sent to staff's homes and a recognition board is visible on the unit.

One of the goals of 2010 was to hold regular CNA meetings and this is being accomplished as of May 2010. The shared governance model is used when acting on the key initiatives, holding each other accountable for follow through, and self scheduling. The team has also been involved in the hiring decisions of new team members. This has improved their work and team spirit as well as the collaboration of nurses and CNAs.

Retention is not an issue on the 3O/N unit over the past 5 years. Turnover has been largely related to life changes.

**Outcomes: Cardiac Cath Lab (CCL)**

The Cardiac Cath Lab employs 15 personnel. The Cath Lab treated 1,850 patients in 2008 and 1,967 patients in 2009. In 2008 the nursing turnover rate was 8.3% (2.8 FTEs), an overall turnover rate of 15.8%. This turnover rate for 2008 was based on 14.59 budgeted FTEs. Some of the turnover was not necessarily a negative to the overall impact of the unit, but created a void in daily operations. This was a very good opportunity to hire the right people and provide a comprehensive orientation and continuing education program.

A survey by nurses and physicians in the cath lab provided the template for an action plan to improve or increase:

- productivity
- care delivery
- quality
- efficiency
- patient outcomes
- employee satisfaction/retention
- communication
In order to meet these goals for the CCL education, the CCL manager met with the APN and clinical nurse educator of the ICUs to discuss education goals and structure, content based on the needs of the staff, current best practice and procedures of all interventional procedures in the cath lab. A list of topics was agreed upon and a schedule was developed. The topics are offered twice a year, to ensure all staff have the opportunity to attend. Staff participation is encouraged as well as the manager providing a role model for employees. To date, subjects have included Intra-aortic Balloon Pumps and Chest Tubes, STEMI review, Right Heart Catheterization and Hemodynamics, and Mock Code 33. In 2009 the nursing turnover rate was 0% with an overall turnover rate of 6.1% based on 16.25 FTEs, as reported by HR.

The staff and physician both identified communication as a key component to a healthy work environment. The staff expressed that communication both in the unit and between the nursing units and the CCL had many opportunities for improvement.

In the unit, positive communication is fostered by a communication book, quarterly meetings, and a white board, and Outlook email for the staff. Staff are expected to keep up-to-date with entries in the communication book and sign their initials, indicating they have read and understood the entries.

A white board was purchased with the express purpose of providing an avenue for staff to communicate their “Thanks” to their coworkers. Staff is encouraged to write positive little notes to each other when they want to recognize a coworker. This board is hung in an area where it is visible to staff and physicians alike. The manager also utilizes the Outlook email system for communication of pertinent information to staff and all are aware and encouraged to check their accounts routinely.

Communication between the units and cath lab has been a very real and different challenge. The EMR within the hospital does not readily provide a seamless SBAR report off when patients leave and enter the unit. The ED record is not available to the Cath lab, and the floor EMR also has some limitations for a staff to readily access the patient’s record. The hand-off communication between units and procedure areas has been identified and is currently being addressed in a larger committee. The metrics used to formulate the charter and identify goals was the result of a safety survey from the Agency for Healthcare Research and Quality (AHRQ) in 2009. This committee will oversee the many different ways we hand-off communication at Riverside Medical Center. The committee will offer the findings to the Nursing Practice Council and individual unit based councils so they may make recommendations and changes as necessary.
Structure: Organizational Action Plan to Improve Retention Still Used Today

In 2002 the Nursing leadership of Riverside Medical Center identified a growing trend in turnover of nursing staff. The turnover rate for graduate nurses was particularly high and grew to 50% in 2002. Of those remaining nurses by the close of 2003, 80% of the grads from that hire had sought opportunities outside of Riverside. These sobering facts became the impetus to fiercely self evaluate the process and structure of the new nurse experience in the Riverside community and we compared the current on boarding program at Riverside Medical Center with best practices in with organizations with low turnover and demonstrated job satisfaction.

Riverside chose to examine current processes and compare with best practice research from the Health Care Advisory Board and the H*Works Nurse Recruitment and Retention Initiative. The overall goal was to reduce and sustain Riverside Medical Center’s turnover rate below the national nurse turnover rate which was at 21%, according to the Advisory Board.

The Nursing units at Riverside Medical Center each have their own unique retention and recruitment challenge. To closely examine the needs of each unit, a pre-work assessment with focus groups and exit interviews was conducted to examine current structures and processes and to obtain more tailored information on possible opportunities for improvement based upon direct care nurses’ perceptions.

Examining the information gleaned from the pre-work assessment and focus groups, three committees, described below, were formed to research and recommend changes that would impact the recruitment and retention of both experienced and particularly new grad nurses: The Recruitment Team, the Onboarding and Orientation Team and the Chief Retention Officer Team. Each of these teams included nursing staff from each nursing unit. The staff members brought both general inpatient unit issues as well as key issues unique to that specific unit. All agreed that ICU issues and orientation needs are very different that the floor orientation needs. Some units had experienced less of a turnover than other units.

The Recruitment Team was led by Human Resources included nursing staff from all nursing unit specialty areas with a focus on decreasing the time to hire from the current state. The Onboarding and Orientation Team was led by the Education Department with clinical nurse specialists, nursing leaders and direct care nurses to examine orientation and preceptorship of new nurses, The Chief Retention Officer team was led by the then ED Nursing Director and populated with nursing directors and managers to examine the role and responsibilities of nursing leaders in retaining new nurses at Riverside.
Each unit culture is unique both in turnover and the ability to attract and recruit nurses. While each unit is distinctive in needs and opportunities, the overall structure of the action plans needed to align the strategies and implementation with the work of the three internal committees. The overall structure for nurse recruitment and retention today relies on the adherence to processes put in place from the three committees, including preceptor tools, orientation checklists, evaluation tools, 360 feedback and annual competency days.

**Standardization of Unit Orientation Evaluations (Orientation Checklist)**

With the preceptor selection guide for choosing preceptors, a definition of the expectations of a preceptor and an evaluation tool to capture feedback on the preceptors’ performance developed, the Onboarding and Orientation Team also agreed it was important to revise documents for orientation to provide a more consistent flow to unit orientation and to facilitate discussion on areas of opportunity for the preceptor and the new nurse.

A nurse educator met with each nursing manager and clinical nurse specialist to develop and agree upon specific orientation checklist criteria based upon the patient population cared for in each unit for what were performance expectations for each day and week of orientation and then, established criteria at points in the orientation process where orientation could be accelerated for perhaps an experienced nurse, allowing for tailoring of the orientation to the new nurse’s needs to be competent on the unit. These orientation checklists are reviewed every two years and in 2008 were modified to incorporate nursing practice standards from professional organizations. The checklists were also revised to be specific on:

- number of patients assigned for each week of orientation, building to a transition to a full assignment while still with a preceptor;
- physical assessment criteria; and,
- breakdown on documentation requirements for each week of orientation.

The rationale for this type of delineation of orientation was prompted by the desire on the part of Riverside Medical Center to assist the new grad nurse in feeling like a success at the end of the day and then building on that confidence for the next shift rather than being overwhelmed with new information and skill sets. In addition, this tool served to respect the knowledge of an experienced nurse as well in allowing for acceleration of orientation based upon the new grad or new experienced nurse’s level of performance.
**Additional Evaluation Tool Used to Support the Orientation Checklist**

Another layer of performance evaluation was added in equipping the preceptor with tools to calculate the development of critical thinking during orientation specific to the new grad nurse. The rationale for this was that prior to this structure, it was not unusual for a preceptor to sign off a new grad nurse’s checklist but be overheard sharing concerns about how the new grad nurse wasn’t ready to come off orientation and move to the next level. This tool provided a structured approach for evaluating a new nurse’s competency from the preceptor’s perspective. This tool is the algorithm for assessing the new grad’s ability to manage time, prioritize care, develop communication skills with physicians, peers, patient, families and ancillary departments; provide a structured format to discuss and reflect on positive feedback and skills needs in future planning. The format provides a written record of the discussion to share with the clinical nurse specials, education department liaison and the nurse managers.

**PBDS Assessment Implemented to Individualize Orientation to Nurses’ Developmental Needs**

Another initiative adopted at Riverside Medical Center in order to support effective transition of new grad and experienced nurses into the work environment was the purchase of the Performance Based Development System (PBDS). The system became an integral part of the nurse orientation process.

Performance Based Development System (PBDS) was created by Dr. Dorothy del Bueno of performance management services. It is a customized competency assessment process that uses a variety of methods to address the following three areas of competence: critical thinking, interpersonal communication skills, and technical skills. A nurse’s individual responses are compared to criteria and performance standards developed by Riverside Medical Center and are also customized to the patient population cared for on the unit to which the new nurse will be working.

PBDS’s assessment is administered to all nurses hired to all Riverside nursing units during their first week of orientation and the results shared with them, their manager and preceptor by the Onboarding Coordinator to help develop an individualized orientation plan for the new nurse based on the learning needs gleaned from the assessment results.

During the assessment’s critical thinking exercises, various video scenarios depicting common clinical situations and complications appropriate to the unit they were hired to are presented. The Nurse is asked to:

- Assess the situation as if it was your own patient in that situation. What would you do?
• Nurses are asked to define the problem, offer a solution and its rationale, as well as prioritize its need for nursing interventions and actions to be taken in response to the scenario.

Upon completion of the entire assessment which generally takes four hours but sometimes as long 6 hours, it is rated by a PBDS rater who compares the nurse’s answers to model answers that were developed and validated by nurses at the facility. Core to the PBDS program, this rating system is not a trivial process and is not used to penalize staff members. The results are shared with the new nurse and action plans developed to give the new grad nurse experience in those identified areas of need with her preceptor’s guidance. Upon occasion, the new grad nurse is reassessed at the rater’s direction at the end of orientation to evaluate the effectiveness of the on-the-job training. If there continue to be areas where the new grad may need to gain experience, the Onboarding Coordinator and nurse manager will assist in coordinating additional training or clinical experiences in support of retention of the best possible nurses for our patients. If the nurse is unable to meet the care or performance demands of that particular unit, we will seek to transfer those good nurses we wish to retain to another unit at Riverside where the pace or patient population needs may be a better fit. This internal transfer strategy has helped us to retain nurses who are successful where prior to this facilitation by HR and the Onboarding Coordinator, the nurse might not have been retained.

**Preceptor Selection Criteria**

As part of retention and an effective onboarding process designed to retain our nurses, we identified we needed to work on how new nurses were precepted. The Committee first identified the requirements a preceptor would need for a new grad nurse versus an experienced nurse in terms of cultivating critical thinking and developing clinical competence. As a result of an examination of the literature, research from the Advisory Board and internal focus group data, preceptor selection criteria were established and those characteristics and qualities identified are still used as a foundation for preceptor selection remain in use in 2010.

The specific criteria of the ideal preceptor included but is not limited to the ability to be a role model and mentor to the new hire in time management, physician communication, assessment skills and problem solving with disease management for that unit, compliance with documentation policies, excellent customer service skills and acceptable performance appraisal reviews. The ideal preceptor displayed time management and prioritization, excellent physician communication, problem solving, and positive customer service. The preceptor criteria also require that the nurse’s performance appraisals are free from recommendations for improvement.
From these criteria, a breakdown in the responsibilities for the preceptor was identified and given parameters that could be measured. In addition to adherence to preceptor responsibility criteria, the new grad nurse was also given the opportunity to evaluate his / her preceptor based upon those criteria at the end of her orientation. This was an avenue for preceptor accountability and the new hire felt a sense of shared ownership for their orientation as well. With the beginning of this initiative, the new grad was restricted to 1 or 2 preceptors to lend continuity of training. Previously, a new grad nurse may have up to 7-9 different preceptors during their orientation probationary period (first 90 days). Multiple training styles became a point of confusion and frustration for new grads as they attempted to sift through mounds of new information and develop appropriate nursing practice standards. This practice did not foster ownership and was a dissatisfier for new grads thus contributing to the high turnover rates.

Preceptorship and effective onboarding depends upon the collaboration and commitment of the manager, team leader, preceptor, education representative and of course, the new grad nurse to the process of evaluating development of critical thinking skills and effectively transitioning a new grad nurse into the work environment.

**Outcomes: Summary of Effectiveness of Transitioning New Grad Nurses into Work Environment**

From 2002 to 2008, we evaluated on an internal survey, how well our new grad nurses felt supported by preceptors, leaders and other key roles. On the survey, nurses were asked to rate on a Likert scale with 1 being very unsupported and 5 being very supported how supported they felt by the Riverside job roles delineated. This data, as shown below, compares each year following our pre-retention initiative implementation on how effective we were at changing perceptions of our new grad nurses to support retention. We attribute the positive improvements as shown for all nurses hired by year as indicative of the efficacy of our onboarding, orientation and preceptorship processes.
Recruitment and Retention of Nurses: Structure and Process of the Riverside Student Nurse Intern Program

Riverside has considered a variety of ways to improve our recruitment process, many of which were described in SE 6 and SE 8. We have increased the number of nursing students in the pipeline and provided nursing faculty to support increased students. We have remained active at recruitment fairs and planned an annual FUN new grad nurse recruitment event with a theme, food, and even a song and dance routine about Riverside nursing presented by our nursing leaders at each event. In 2005, we implemented standardized shadowing and peer interviewing processes within the organization, adopted in some departments in support of recruitment and retention.

And, we also created a Student Nurse Internship. The Student Nurse Intern program is a model which has existed at Riverside since 1986. In the late 1980's Riverside Medical Center adopted a program called SNA’s (Senior Nursing Assistant’s). The premise was born out of a desire to give senior nursing students an opportunity to grow skill sets in a controlled yet real environment. The students were being hired into a unit and ‘trained’ on RN tasks (minus medication administration) under the supervision of a direct care RN mentor. Today, that program has been renamed “the Student Nurse Intern” with similar goals and objectives. This hands on, bedside training gives the Student Nurse Intern the first hand experience of seeing the nurse assess patient problems, utilize critical thinking skills and manage total care of the patient. Through the
years the program has evolved related to several factors driven by the profession, the market and the need.

During the years of the program existence and development, nursing students in their senior year apply for consideration for Student Nurse Interns through Human Resources and the selection process mirrors that of all other Riverside employees including interviews with nursing unit managers. When final applicants are selected, the nursing student “intern” is matched with a unit of their preference or specific interest. They receive special training from the Educational Services and Clinical Nurse Specialists and are given various experiences over the summer, exposing them to day to day, real world, nursing care in the acute care setting--as well as the culture of Riverside.

Just a few of the examples of those nursing-related experiences include: observation in OR, Recovery Room, Cardiac Cath Lab, rounding with IV Team, Wound / Ostomy nurses, Special Procedures Lab and Interventional Radiology. Of those that participated in the Student Nurse Intern program in 2009, 67% chose to remain at Riverside Medical Center. The Riverside employed RN’s that were once Student Nurse Interns have shared that their experience as a Student Nurse Intern gave them a greater understanding and skills for their senior year of nurses training as well as an advantage as a new grad RN. To quote a student intern (now a RN in Critical Care), “the experience I received as a Student Nurse Intern gave me a great basis for time management, prioritization and confidence to call on team members of all disciplines for help with patient situations as a new grad RN.”

Since the program’s inception, an RN, Onboarding Coordinator in the Education Department remained the Student Nurse Intern coordinator well after their hire date, keeping in close contact through the summer. She also keeps in contact and meets with the staff assigned to the Student Nurse Intern in order to facilitate a fluid process of learning and feedback. The win/win for Riverside is not only getting an opportunity to recruit and grow our own talent, but also the opportunity for the Student Nurse Interns, during winter and spring breaks, to return to their floors and function as a C. N. A. This program, designed by HR, Education, direct care nurses and nursing leaders has proven effective in recruiting and retaining future nurses (while still students) at Riverside.

**Outcomes: 2ICU Recruitment and Retention Plan**

New RN candidates in the 2ICU complete a 4 hour shadowing session pre-hire in order to peer interview and allow the applicant to observe or shadow a potential RN peer to evaluate if the role is the right fit for him/her. After the shadow, peer feedback is given regarding both fit and potential skill match to the unit culture and dynamics, as well as critical thinking exercises. This feedback, along with the summary of the unit manager
and the HR interview, allows a final decision to be made and an offer extended to the candidate.

The new candidate is then introduced to the Onboarding process and orientation course of action. Education Staff follow-up with regular meetings as well as 360 review with the clinical nurse specialist. The orientee is also introduced to the AACN’s Essentials of Critical Care Orientation (ECCO) practice standards to support his/her development and retention.

**Outcomes: 5 ICU Recruitment and Retention Plan**

Despite the efforts to support employee satisfaction, 5 ICU had seen an increase in their turnover from 2007-2009. The manager knew retention would be increased by improving the work environment of the staff nurses. The manager worked with the nurses to develop an action plan. Monthly meetings were set up with 5ICU nurses and staff from departments with whom 5 ICU has frequent interactions with in order to foster a more collaborative working relationship. 5 ICU worked closely with the 2ICU manager and nurses to develop common solutions to problems that are inherent to both ICUs. 5Tele and 5ICU Unit Based Councils are currently working together to improve patient hand off between units. Another opportunity identified by the staff nurses was communication. 5ICU implemented a bi-monthly newsletter which provides information to all staff on the unit. The nurses are also required to attend the State of Riverside townhall meetings so they are kept informed about global Riverside information. The manager uses the newsletter to recognize nurses who have done something extremely special. In 2009, VP of Nursing and the Director of Nursing, met with a select group of 5 ICU staff to discuss any concerns they had with their work environment. One issue that was identified was the need for further education. One of the weekend night nurses who has a high competency in open heart surgery, agreed to change her schedule and work the night shift during the week in order to further develop the entire night staff CVOR expertise as requested by the staff.

Staff nurses were also made aware of the free CEU opportunities for Riverside staff and directions were provided of how to access PEARLS and MC Strategies which are both nursing education software programs provided by the Education Dept.

Finally, staff also identified recent hires were not necessarily a 'good fit' for the unit and requested to interview the candidates for their unit. Nursing staff now conduct peer interviews for any potential candidates.

**Other Actions Taken as a Result of Nurse Feedback and to improve recruitment and retention**
In addition to the initiatives described above, less structured initiatives that have supported improvement of work-life balance of the professional nurse deserves a brief summary. Riverside Medical Center has a long standing history committed to the professional practice of nursing and as a result, has over time, demonstrated sensitivity to the nurses’ opinions and needs when addressing work-life balance through creative scheduling and staffing. Some examples of the flexibility to nurses’ needs and unit based solutions that greatly contribute to the retention and recruitment of nurses include:

- the unique shift times of 5am and 5pm
- Weekend Program
- Call Back Pay
- Self scheduling
- The Nursing Excellence Fund for continuing education.
- Nurses working per Diem in the Community Health Centers.

**Outcomes: Results of these Actions Upon Nurse Retention and Recruitment**

Based upon the actions taken as described above, our turnover rate looks quite different for nurses than it did in 2001. Specifically, new grad turnover/experienced nurse turnover is has been between 82% and 92% over the last three years, as shown in the graph below:

![New Graduate Nursing Retention 2 Years Post-Hire](image-url)
Our RN recruitment/open position data is another indication of nurses’ desire to gain employment at Riverside Medical Center. For the 2010 new grad recruitment “season” we currently have over 134 applications from graduating nurses and only 7 to 8 openings in the hospital. Overall, for openings for RN direct-care positions in the hospital (excluding new grad openings) we currently (as of mid-May, 2010) have 5 to 6 openings. There are over 200 RN applications on file in our Human Resources department for the entire health care system, including new grad grads. Certainly, with the economic recession, we are filling fewer positions than in previous years because 1) nurses, like many others in the workforce, are not changing jobs, and 2) we are seeing lower inpatient volumes. However, the recruitment data are good indications that Riverside Medical Center is an employer of choice for RNs in the surrounding area.

We also use NDNQI RN Survey data on Job Enjoyment as an indicator of overall satisfaction, which has an impact on retention. According to NDNQI (2009, p.13), job enjoyment is the “measure of the degree to which people like their work.” Riverside aggregate scores exceeded the national mean for all NDNQI hospitals in 2008 and 2009. In 2008, the Riverside score indicated nurses were moderately satisfied (T-scores between 40 and 60) with their jobs, with a score of 56.98 compared to a national mean of 55.56. In 2009, Riverside not only exceeded the national mean, but also rose to another category: high satisfaction (T-score exceeding 60), as shown in the graph below.

![NDNQI Job Enjoyment Scale T-Scores, 2008 & 2009](image)
These data points reflect that the structures and processes created by the collaboration of HR, Education, Direct Care Nurses, CNS, and Nursing Leaders at Riverside have resulted in the ease of recruitment for nurses today and retention of the right nurses—and also, these results were demonstrated BEFORE the national recession. Thus, we cannot attribute the desire for job security as the only reason Riverside nurses stay at Riverside; instead, we attribute the results to the efficacy and consistency of our recruitment and retention practices.

Reference