New Nurse Retention

Efforts at ICAHN and Impact of Nurse Residency

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Franklin Hospital

Efforts at ICAHN

- Partnered with Marquette University on a 3 year HRSA grant
- Piloted a Nurse Residency Program and Preceptor Training
- Year 2 expanded to southern Illinois
- Sustainable partnerships with McKendree University, Rend Lake College, and AHEC
What is SOAR-RN?

Supporting On-Boarding And Retention of Rural Nurses

- A nurse residency program to ease new nurses’ transition into rural hospital settings to promote their retention and ability to deliver quality care
- Partners: Marquette University, ICAHN, Ministry Health (WI), Rural Connection (ID)

Program Components

- Nurse Residency Program
- Preceptor Training
- Clinical Professional Development Coach
Nurse Residency Program

- Newly Licensed Registered Nurses (NLRN) meet once a month for skill building, professional development, and support through the first year.
- ICAHN piloted in two locations. This is the first nurse residency program for rural.

Best Practices in Formal New Graduate Transition Programs

- A table comparing the various programs:
  - Length of programs
  - Program components
  - Outcomes
Nurse Residency Structure

- Introduction
- Time Management, Stress Management and Delegation
- Respiratory, Cardiovascular, Failure to Rescue
- Team Building and Conflict Resolution
- Neurologic Assessment and Pain Management
- Elderly and End of Life Care
- GU/GI Problems, Integumentary and Infection
- Metabolic and Hematological
- Health Literacy and Patient Advocacy
- Mental Health
- Quality and Risk Management, Legal Issues, Care Transitions
- Evidence-based Project and Evaluation

Participant Evaluation

- “I absolutely loved this program. It was so nice to meet so many people who understand what I am going through and who are so invested in me and truly want to see me succeed.”
- “I approach my practice very differently now then when I started. I am very aware of how to utilize my resources and how different rural care is compared to when I trained in urban areas.”
- “Working in a small hospital, I know more than half my patients on a personal level. This program has helped me to understand how important my role is not only to my patients, but to the whole community.”
- “When you work in a rural hospital, you may be the only new hire and feel somewhat isolated. Being a resident in SOAR, I was able to meet other new nurses in my situation and share my stories with them. It was awesome.”
- “I truly feel like a rural nurse specialist. I went to school in a big city, but rural care is very different than what I learned in my urban clinicals. Had I not had this program, I would have not been nearly as successful in my transition to RN.”
Preceptor Training

• Socializing new nurses
• Understanding personality differences
• Understanding generational differences
• Providing Feedback
• Developing Critical Thinking
• Communication and conflict resolution

• A two day face-to-face training
• On-line training materials
• ICAHN is working on an allied health model

Clinical Professional Development Coach

• 7-hour workshop
• Workshop topics:
  • Building an authentic relationship
  • Creating a professional development plan
  • Active listening, reflection, and motivational interviewing
  • Forwarding action and evaluation
• Post-workshop follow-up
• Three meetings with PDCs → sustainability

sustainability
Mitigating Turnover Factors

• Positive role transition experience mitigates factors causing turnover
• For NLRNs Residency Program
  – Increases job satisfaction
  – Decreases job stress
  – Builds clinical competency
  – Bolsters confidence
  – Enhances autonomy
  – Diminishes isolation

What is turnover like in your facility?

“...the costs of nurse turnover far outweigh its benefits, and that the benefits of nurse retention far exceed its costs.”

The Cost of Training

- Orientation costs for newly licensed registered nurses (NLRN) are estimated to be between $39,000 and $65,000.
- The process of training and orienting NLRNs takes time, costs money, and consumes capacity by requiring current staff members to conduct training and serve as preceptors.


- Recruitment of RNs is expensive for any facility. A recent study by Jones, CB, The Cost of Nurse Turnover, Part 2, Journal of Nursing Administration, 35(1), 41-49, estimated a total cost of between $62,100 and $67,100 to replace a single RN. When vacancy rates reach high single or double digits, the cost to the facility is significant and its likely impact on other resources such as workload, overtime, nurse replacements, etc. will be significant.
- Every new nurse retained saves an organization $40,000 or more.

Retention of New Nurses

- New graduate nurse (NGN) turnover rates of roughly 30% in the first year of practice and as much as 57% in the second year. At a cost of $82,000 or more per nurse, NGN attrition is costly in economic and professional terms—and can negatively impact patient-care quality.


Cost of Turnover

<table>
<thead>
<tr>
<th>Turnover Rate</th>
<th>Estimated Cost To replace 1 RN</th>
<th>Total Cost of Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$62,100</td>
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</table>
Cost Savings

Before Interventions

- Of 100 nurses, an estimated 40 left
  - Turnover = 40%

- Replacement costs of an estimated $55,000/ nurse
- 40 x $55k = $2.2 million

After Intervention

- Of 100 nurses only 5 left
  - Turnover = 5%

- Replacement costs of an estimated $55,000/ nurse
- 5 x $55k = $275,000

IMPACT OF NURSE RESIDENCY PROGRAM IN ILLINOIS
<table>
<thead>
<tr>
<th>Cohort Name</th>
<th>Starting # of NR</th>
<th>Ending # of NR</th>
<th>% of Graduated NR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central 1 CAH OSF</td>
<td>36 16 19</td>
<td>30 13 17</td>
<td>83.3% 81.2% 89.5%</td>
</tr>
<tr>
<td>Central 2</td>
<td>38</td>
<td>Ending July 15 Anticipate 27</td>
<td>71.1%</td>
</tr>
<tr>
<td>Southern 1</td>
<td>10</td>
<td>Ending July 1 Anticipate 7</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

**Nurse Residency Organizational Retention**

<table>
<thead>
<tr>
<th>Cohort Name</th>
<th>Cohort Start Date</th>
<th># of Graduated Nurses from Program</th>
<th>Retention Rate (As of May 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central 1 CAH OSF</td>
<td>August 2012</td>
<td>30 13 17</td>
<td>66.6% 76.9% 64.7%</td>
</tr>
<tr>
<td>Central 2</td>
<td>August 2013</td>
<td>27 in July</td>
<td>64.7%</td>
</tr>
<tr>
<td>Southern 1</td>
<td>September 2013</td>
<td>7 in July</td>
<td>64.7%</td>
</tr>
</tbody>
</table>
Attrition

Nurses in the rural hospitals, overall experienced a significant retention rate at almost the two year mark. By May of 2014, only 1 nurse resident who graduated from the program had left the facility or system completely. One was in the rural health clinic setting and the other took a position within another OSF hospital.

For collective reasons nurses left:
• 12 nurse residents took other jobs
• 2 nurses were terminated
• 4 nurses are still within the facility or system, but moved to another department, a hospital clinic system or another system hospital
• 2 nurses went to PRN status within their facilities
What are the challenges to participating?

Costs

• Program costs
  – Wisconsin’s model is an initial rate and decreases for second nurse resident
• ICAHN is committed to continuing to offer the service, but we need input from the CAHs
WNRP Return on Investment

• Cost of transition program for 10 nurses = cost of replacing 1 nurse; Reducing turnover by 1 nurse → program cost neutral
• Average turnover = 30 – 40% → replacement costs of $195,000 to $260,000
  – http://www.aacn.nche.edu/leading-initiatives/education-resources/nrp-tool-kit

Through ICAHN, CAHs can share the cost to offer a residency program.

Stakeholders Perception of Impact

• Expanded internal and external resources
• Enhanced recruitment and retention
• Promoting best-practice and delivery of quality care
• Building capacity in nurses across the organization
• Personal growth of project participants
Integrating Technology

• 7 face-to-face sessions, including a full day of simulation
• 5 conducted over Zoom
• Using a secure platform to chat and post assignments

What are your thoughts?

Moving the Nurse Residency Program Forward

• Commitment from organizations
  – Gather support from area hospitals
  – Need 18-20 Nurses in the cohort
  – Attendance required
• Assistance with technology days. Nurses will spend half day with a specific goal to report to the group, then participate in a Zoom cloud meeting for reflective thinking and curriculum material for the remainder of the training day.
• Cover non-productive salary and travel per your organizations policies
What do you need to commit?

ICAHN Nurse Residency Program Cost

<table>
<thead>
<tr>
<th></th>
<th>Per Resident</th>
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<tbody>
<tr>
<td>Non productive salary - 12 days</td>
<td></td>
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<tr>
<td>Fringe Benefits - 12 days</td>
<td></td>
</tr>
<tr>
<td>Travel Expenses to Mt. Vernon 7 times (simulation location has not been determined)</td>
<td></td>
</tr>
<tr>
<td>Registration costs</td>
<td>$1,800</td>
</tr>
<tr>
<td>Technology use for 5 days (Space, Utilities, Zoom free, Moodle free, webcam capabilities)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Facility Cost Per RN 1st 5 months</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>New Nurse Salary</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td></td>
</tr>
<tr>
<td>Non-productive Salary</td>
<td></td>
</tr>
<tr>
<td>Marketing for RN Position</td>
<td></td>
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<tr>
<td>(average based on length of time to typically fill positions)</td>
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</tr>
<tr>
<td>HR Staff</td>
<td></td>
</tr>
<tr>
<td>Orientation costs</td>
<td></td>
</tr>
<tr>
<td>Preceptor cost</td>
<td></td>
</tr>
<tr>
<td>Nurse educator salary</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous cost related to RN hire</td>
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**TOTAL Investment**

<table>
<thead>
<tr>
<th>Initial Investment</th>
<th>First Year Investment</th>
<th>ROI</th>
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**Value-Added ROI**

- Improved patient safety
- Enhance awareness of evidence-based practice
- Demonstration of organizational commitment
- Enhance clinical judgment
- Enhanced clinical skills