

Memorial Regional Hospital

Emergency Department Nurse

Recruitment and Retention Strategies

“Grow Your Own”

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Simply the Best!



Learning Objectives

1. Understand the benefits of hiring and training graduate nurses or non-critical care nurses to function in the emergency department.
2. Better understanding of the key elements necessary to make graduate nurses or non-critical care nurses successful in the emergency department.
3. Have the ability to perform a cost-benefit analysis in support of sponsoring this type of recruitment/retention program.

Who We Are:

- Level 1 Trauma
- Tertiary Care Center
- 72,000 adult ED visits per year
- 30% admission rate
- Baker Act Receiving Facility
- Interventional Cath Lab/Open heart program
- Neuro-interventional lab/JCAHO Approved Stroke Program
- Sickle Cell Day Hospital
- Cancer Center

Where We Started.....

- October 2003 – 17 Full- time RN openings (20% Vacancy Rate)
- 20% of nursing staff were per-diem
- Recruiting efforts:
 - Not enough nurses out there...
 - Competitive hiring environment – 14 hospitals in the county.
 - Complex ED which scared people
 - Estimated nursing vacancy rate for critical care nurses in Florida was 17% in 2002

Even When We Got ‘em, We Couldn’t Keep ‘em

- Common reasons for leaving –
 - “Work too hard”
 - “Not enough training”
 - “Nurses eat their young”
 - “Want day shift”
 - “Not enough support”

What We Did....

- Cried
- Begged
- Pleaded
- Promised anything we could think of.....



Untapped Resources

- Memorial Healthcare System currently had a scholarship program in place for new nursing graduates
 - Called the “605” program (just a cost center)
 - Open to new graduates
 - In the “605” cost center for 6 months (not charged against unit budgets)
 - Overall funding for “605” program came from nursing education budget for existing scholarship program supported by MHS.

We Took a Fresh Look.....

- Obtained administrative support to place current staff from tele, med-surg, out-patient areas in the “605” cost center to provide intensive training in emergency nursing.
- Staff could come from within the facility, a sister facility, outside our healthcare system from our nursing scholarship program.
- Considered new grads with some clinical background.
- Some nursing units were hesitant to encourage participation – not wanting to lose their talented staff.

How We Choose Who Went Into The Program:



- Application or transfer request.
- Initial interview with department director.
- Panel interview with peers.
- Focus on behavioral questions vs. clinical knowledge *‘Hire for Attitude, Train for Skill.’*

Program Components....

- Entered into consortium w/two other hospitals/healthcare systems and local community college to teach critical care skills to nurses wanting to enter ICU or Emergency Nursing (pre-existing for ECCO course; expanded to include ED nursing).
- No formal agreement exist.
- All classes taught at local community college.
- Each facility provided its own clinical experience for its students.
- Subject matter experts from ICU and ED facilitated teaching.
- Obtained funding from State of Florida for matching fees aimed at continuing critical care education for nurses for the didactic component.

What Does the Consortium Consist Of ?



- 64 hours of basic arrhythmia training
- 108 hour AACN/ECCO course – split computer self study and didactic lecture
- 80 hour Intro to ED course
- Simulation/learning labs
- Total of 380 Hours classroom instruction.
- Each facility participating in consortium can send nurses; space equally allocated.
- Staff can take the basic arrhythmia/ECCO without ED course for ICU/CCU nurses.

Cost of Program

Course Fees \$ 810.00

Salary/wages \$ 26,000.00

Sign-on bonus \$ 5,000.00

Preceptor bonus \$ 500.00

\$ 31,810.00 per student cost to
MHS



Additional Program Cost

Staff teaching \$1080.00 per group

Referral fees \$5000.00 per outside referral*

(*recruitment bonus/not utilized in all cases)

Cost of Turnover

- American Organization of Nurse Executives gives a conservative estimate of:
 - \$42,000.00 per Med-surg Nurse
 - \$64,000.00 per Specialty Nurse



What Happens After Class Ends...

- 432 hours (roughly 3 months) clinical preceptorship in addition to classroom time.
 - 1st two weeks w/clinical specialist learning it “the right way”
 - 360 remaining hours 1:1 w/preceptor



Class Composition:

- Initially started w/4-5 in each group of “605’ers”
- 75:25 mix of med-surg/tele nurses and new nursing graduates
- 75% internal candidates



Results at Three Years



- 4 FT RN openings at present (all newly approved positions)
- 31 Program graduates
- YTD RN Turnover of 5.73%
- Only two “605’ers” unable to complete the full program
 - 1 RN “not a good fit”
 - 1 RN sent to telemetry for 1 year and has recently returned to the ED

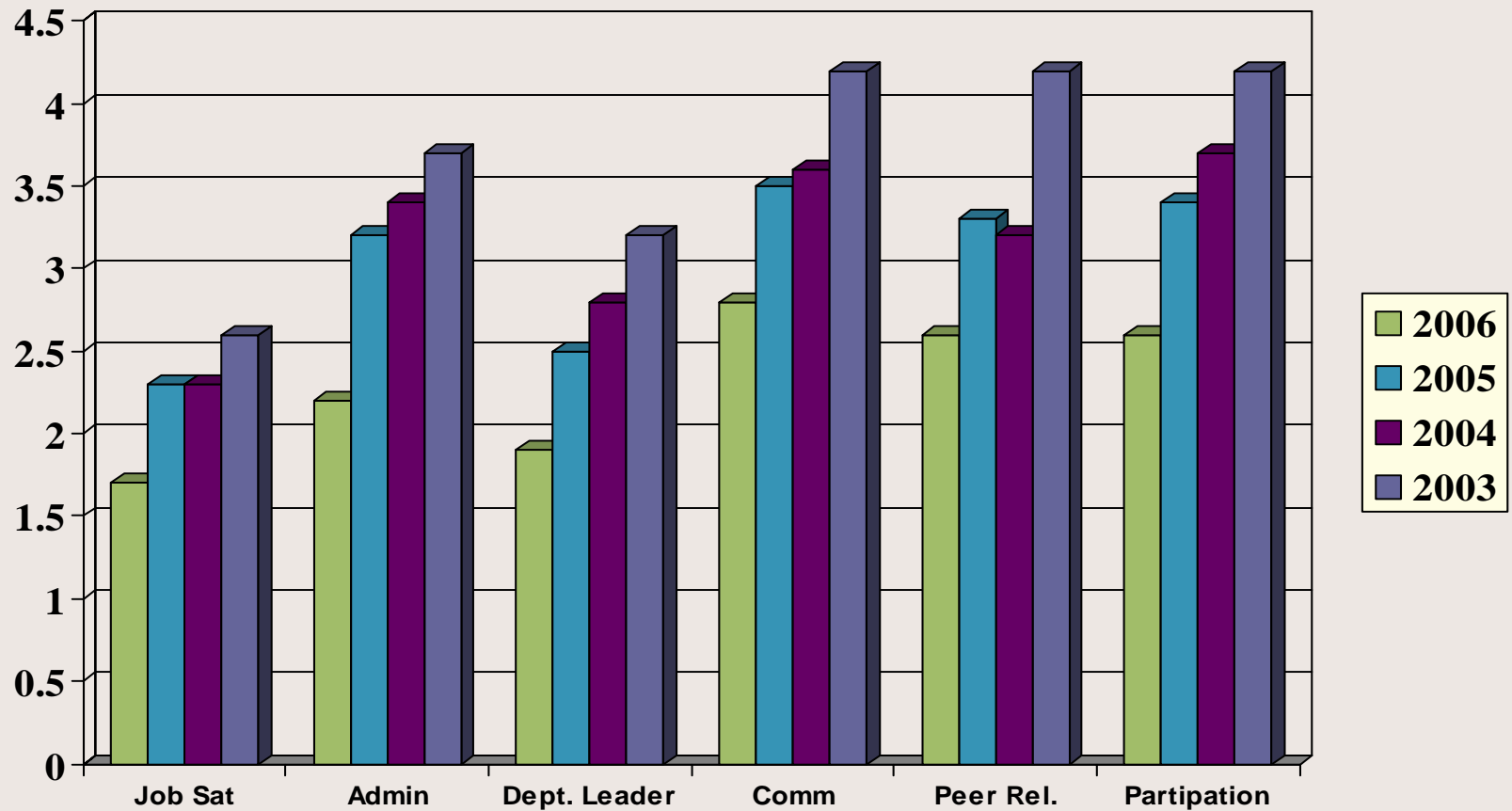
Unforeseen Benefits:

- Groups come out of program with existing peer/support group
- More experienced staff vested in success of new staff after 1:1 preceptorship
- Better skilled new employees
- Waiting list for program
- Overall staff and physicians more satisfied due to improved staffing; knowledge base of nurses coming out of program.

Employee Satisfaction Survey

1-6 Scale

Lower is Better!



Next Steps

- ED Charge Nurse Program
 - 24 of 30 program graduates have completed or are enrolled.
 - 25% of program graduates perform charge role on regular basis.
- CEN Review Course
 - 12 of 30 have completed course or are enrolled for upcoming course.
 - 3 have passed CEN exam.
- Preceptor Course
 - 4 program graduates completing preceptor course to mentor new grads.
- New 605'ers
 - Have limited program to 4 grads per year/2 per course.

A spiral-bound notebook with a textured, light brown cover. The spiral binding is on the left side. The word "Questions ?" is written in a black serif font in the center of the cover.

Questions ?