

## **EP11EO – Nursing Retention Activities**

### **BACKGROUND/PROBLEM**

For this source of evidence, we will discuss clinical nurses' participation in nursing retention activities and the **impact on turnover for new graduate nurses GNs**. Nationally, nearly 27% of new nurses leave their positions within the first year. The estimated cost of turnover is \$88,000 per nurse. For every 1% increase in turnover, the estimated institutional cost is \$300,000 (Goode, Lynn, McElroy, Bednash & Murray, 2013). In 2011, our graduate nurse (GN) retention was 86.8% (i.e. turnover was 13.2%). Although better than the national average, we had opportunity for improvement in the turnover rate for our GNs; and, it was a priority focus since it was higher than our overall nurse turnover rate and included the greatest number of nurses compared to any specific nurse specialty or clinical area.

### **GOAL STATEMENT(S)**

**Improve the graduate nurse retention rate through implementation of a Nurse Residency Program (NRP)**

### **DESCRIPTION OF THE INTERVENTION/INITIATIVE/ACTIVITIE(S)**

**Our clinical nurses were and continue to be active participants in our University Health Systems Consortium/American Association of Colleges of Nursing (UHC/AACN) Nurse Residency Program™ (NRP) for GNs.** An initial action as we developed our NRP in 2013 was formation of a Nurse Residency Advisory Board. Clinical nurses have been included as Board members from the onset. We are especially excited to welcome to the Board in 2015 a clinical nurse who completed our NRP! Excerpts of the Advisory Board Charter are:

- Purpose: Accountable for decisions and actions that relate to Nurse Residency Programs, as defined by The Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine
  
- Functions
  - Explore models of nurse residency programs to be implemented within Lehigh Valley Health Network.
  - Provide input and participate in decisions regarding the curriculum.
  - Provide input and participate in decisions associated with redesign of the current preceptor program to meet the requirements of the residency program.
  - Participate in decisions associated with implementation of the new Nurse Residency Program.
  - Establish a collaborative working relationship with the Nurse Residency Specialist.
  - Participate in establishing and analyzing outcome metrics to determine impact of the Nurse Residency Program.

- o Participate in ongoing evaluation of the Nurse Residency Program and in decisions for improvements.

**Clinical nurses also impact retention of our GNs in the NRP by serving as clinical preceptors.** Though we utilized clinical nurses as preceptors to orient GNs for many years, the role of the preceptor within the NRP is heightened and enhanced to ensure that residents transition into the profession in an organized and efficient manner. Criteria and role definition for the preceptor now are consistent with recommendations of the UHC/AACN Nurse Residency Program.

**Another role in the NRP that clinical nurses fulfill is as a Resident Facilitator.**

These individuals:

- facilitate discussion on seminar days;
- establish an interpersonal relationship with the nurse resident that conveys investment in the resident’s success and development;
- work with the nurse resident, program coordinator and the clinical unit leadership to identify the resident’s learning needs and available resources
- give the resident feedback on performance and progress;
- help the resident make use of feedback and self-assessment to evaluate his or her progress toward established goals;
- encourage and teach critical thinking skills; and,
- model and facilitate professional nursing practice, patient safety, and use/evaluation of information resources and research.

Persons serving in the Facilitator role attend a “Facilitator Development Program” to provide the knowledge and skills needed to assist the nurse residents in meeting the goals of the Residency Program. Also, monthly meetings of facilitators are held to share ideas and best practices for continuous improvement of the Nurse Residency Program.

Recently, **our Night Shift Council, composed of clinical nurses who work night shift, committed to becoming involved with the NRP.** They are developing resource materials for residents who will work night shift, sharing such things as healthy habits for nutrition, sleep and exercise. Council members will also participate in an NRP seminar to share their special expertise regarding effective transition to the night shift.

**PARTICIPANTS**

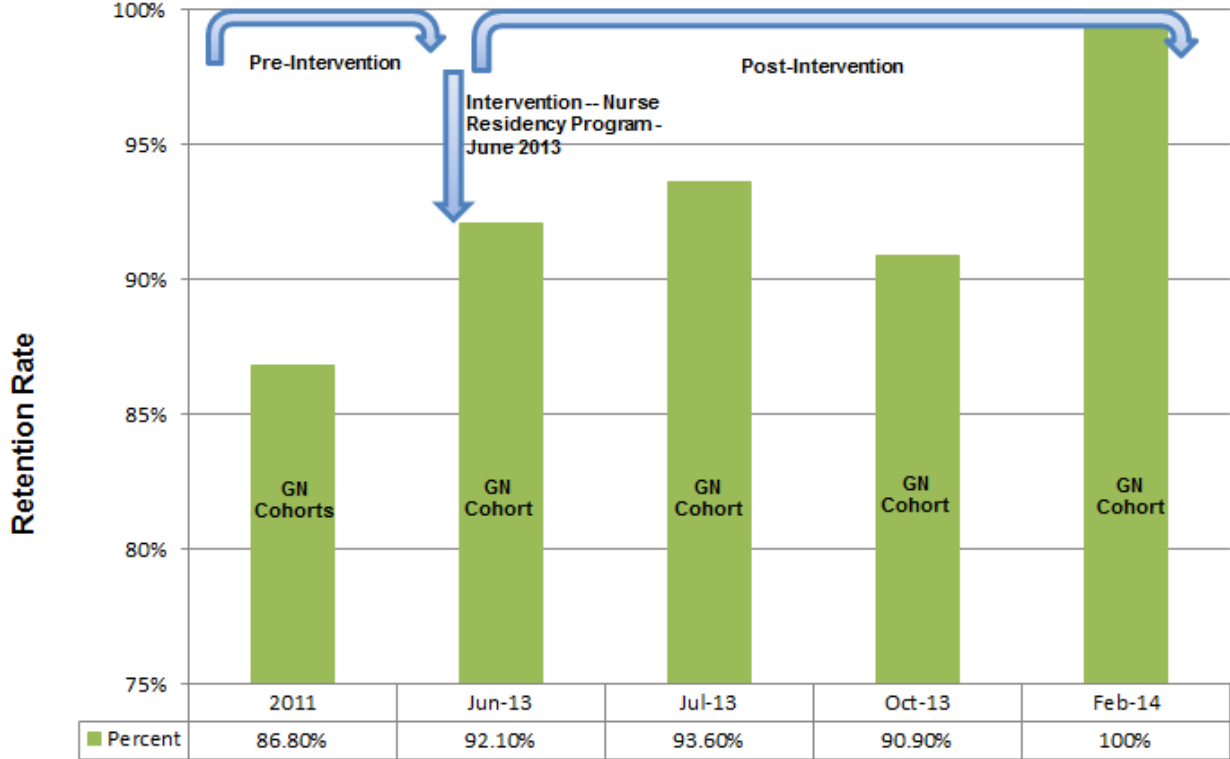
<b>Nurse Residency Advisory Board</b>			
<b>Name</b>	<b>Discipline</b>	<b>Title</b>	<b>Department</b>
Tricia Bernecker, RN	Nursing	Academic Partner	DeSales University
Nicholas Blankenberg, RN	Nursing	Clinical Nurse	7T
Denise Bodish, RN	Nursing	Patient Care Coordinator	Behavioral Health
Peggy Borton, RN	Nursing	Clinical Nurse	Emergency Department, LVH-M

Mindy Brosious, RN	Nursing	Patient Care Specialist	Burn Center
Cynthia Cappel, RN	Nursing	Director, Clinical Education	Division of Education
Elizabeth Carey, RN	Nursing	Clinical Nurse	6C
Carolyn Davidson, RN	Nursing	Administrator	Patient Care Services
Denise Davis-Maludy, RN	Nursing	Director	ICU
Janine DeLucca, RN	Nursing	Education Nurse Specialist	Division of Education
Nancy Dirico, RN	Nursing	Director	TSU
Mary Filiciotto, RN	Nursing	Nurse Interviewer	Nurse Staffing Office
Rita Grillo, RN	Nursing	Patient Care Specialist	Home Health Services
Sean Heintz, RN	Nursing	Clinical Nurse	TTU
Patricia Hoak, RN	Nursing	Nursing Excellence Specialist	Center of Professional Excellence
Meg Hunsicker	Human Resources	Recruitment Specialist	Human Resources
Patricia Karo, RN	Nursing	Nurse Residency Specialist	Division of Education
Sylvia Lee, RN	Nursing	Clinical Resource Specialist	Patient Care Services
Ann Marie Matus, RN	Nursing	Clinical Nurse	5K, LVH-CC
Lori Reiner, RN	Nursing	Clinical Resource Specialist	Patient Care Services
Jill Rothermel, RN	Nursing	Patient Care Specialist	OR, LVH-CC
Sandra Sabbatini, RN	Nursing	Patient Care Specialist	ED, LVH-17
Maeann Pasquale, RN	Nursing	Academic Partner	Cedar Crest College
Judith Pfeiffer, RN	Nursing	Director	MBU
Donna Wegner, RN	Nursing	Clinical Nurse	5T

### **OUTCOMES**

**The goal to improve the graduate nurse retention rate through implementation of a NRP was met.** (Retention is defined as “employed at one (1) year post-hire.”) All Nurse Resident cohorts since NRP inception exceeded the baseline rate of 86.8%. We are especially excited that all GNs in the February 2014 cohort (n=16) were employed at 1 year post-hire (February 2015), for a 100% retention (i.e. zero [0] turnover) rate!

### Graduate Nurse Retention Rate \*



\* Employed at one (1) year post-hire