

## **Oaklawn Hospital Nurse Retention Program**

### ***Program Goals:***

A recent challenge for Oaklawn Hospital has been the loss of a significant number of employers and jobs in Marshall. Over the last few years Marshall has lost approximately 2000 jobs. As a result of this, many people moved away in the pursuit of jobs and fewer people have moved into town. This has decreased our pool of potential employees in the area at a time when we are growing. Therefore it is imperative that we retain the nurses we hire, who often drive significant distances to work here. At the same time we believe retention in and of itself is not enough. We want nurses to be excited about their practice, invested in the continued pursuit of excellence and very satisfied with their work. Our goal was to produce this level of commitment and high morale in a short time frame and sustain it indefinitely.

### ***Program Design and Implementation:***

The overall strategy for maintaining and improving retention and satisfaction has been our journey to work to achieve Magnet status. Magnet is a designation of excellence in nursing by the American Nurses Credentialing Center. There are four hospitals in Michigan with this designation and 293 total recognized organizations across the United States at this time. Currently we are in the stage of completing our document for submission and we expect a site visit in late summer of 2009. While we are excited about the possibility of being selected for the designation, the real benefit is in the journey itself. The decision to commit to the journey was based, initially at least, on the vision of the Chief Nursing Officer. She was aware of what a Magnet process and immersion could provide to our organization. As she planned and shared her vision with the whole nursing team there developed cohesion, a shared commitment and an evolving synergy that continues to unfold and transform our organization.

While there are many steps and strategies that exceed the scope of this paper to explain, there are a few that are very key and therefore important to highlight in our work to improve retention and satisfaction.

Perhaps the most important of these is our Shared Leadership Structure. We have evolved from the traditional top down management structure to a place where the clinicians are empowered to determine what they want to change in managing and improving patient care. They then work to get it done with management available to facilitate and smooth the way as needed. The work occurs in Unit Based Councils, where nurses chosen by their peers are responsible for evaluating their practice and for using evidence based practice to make improvements. This is a work in progress, with some units farther advanced than others in their autonomy, pace of progress and smoothness of functionality. The rapidity with which the staff nurses have demonstrated their leadership, teamwork and ability to shepherd change processes along has been remarkable. In a matter of months we developed the structure itself (with a staff nurse at the helm), began the councils, moved from the Chief Nursing Officer chairing the structure to a staff

nurse chairing, rolled out the councils, and implemented many staff nurse driven changes across multiple nursing departments.

The ability of the direct care providers to know what needs to happen, to develop the systems solutions and make it all come together is amazing to witness in action. For example, our Critical Care Unit has shifted to having bedside report, and developed a primary care nursing model that greatly enriches our ability to provide Relationship Based Care. They are doing this without the direct involvement of the manager in the committee work. Nurses and patients are highly satisfied with these changes in practice.

The interest and excitement among the nursing body as a whole is tangible. A recent example will illustrate the degree of buy-in. An e-mail went out to staff nurses to see if there was any interest in attending an evening seminar in Kalamazoo on Appreciative Inquiry and Relationship Based Care (RBC) that was occurring about two weeks hence. Thirty nurses ended up participating based on that one e-mail and they represented every nursing unit in the organization. The organizers of the event, who have been working on RBC in their community for the past several years were overwhelmed by the response and now would like to hold some future meetings here in our community. The nurses who attended were very enthusiastic about what they learned and used that energy to initiate further nurse driven changes in practice to benefit patients. An ability to become actively involved, to see your ideas for improvements come to fruition is an enormous satisfier.

Since starting the Magnet journey we have implemented the Professional Ladder program for RN's. This is a way for Oaklawn to reward our nurses for clinical excellence, leadership, committee work, continuing education, professional development, research activities, community involvement, and quality improvement initiatives. Nurses may earn bonuses of \$2000 for level 2, \$4000 for level 3 and \$6000 for level 4 annually. Our first year, 2007, 58 nurses completed the program. For 2008, we have 102 nurses signed up for the program. This helps to insure Oaklawn retains a very talented and quality nursing staff. While nurses obviously enjoy the money and that is often the initial motivator, they speak most eagerly about the opportunities they have experienced in getting involved in quality work groups, performing community service and getting involved in nursing research. Nurses are drawn to an environment that promotes autonomy, excellence and high standards.

Retention begins the moment a nurse comes to work here. In 2007, Oaklawn updated its preceptor program for new nurses in response to feedback that improvements could be made. A structured program is now in place. Preceptors are volunteers who are approved by their supervisor based on their match with the skills needed for teaching. They receive eight hours of training that focuses on principles of adult learning, coaching principles and other tools for developing and supporting orientees. Orientees are followed closely and encouraged to give feedback as to where they feel they need more training.

Beginning in 2008 we committed to spending time with each new hires after their first two to three months on the job. During this meeting with either the Chief Nursing

Officer or one of the two Assistant Chief Nursing Officers, staff can address any concerns they may have and give feedback on how their employment experience is going to date. We gain an “in the trenches” viewpoint and build rapport and engagement early on by making this investment.

We also developed a new “on-boarding” program that provides sustained education and social support for new graduates over the first year of their practice. As a result of the ongoing feedback from these new graduates we were able to gain administrative support for the costs associated with greatly decreasing their nurse to patient ratio to 2:1 as they developed necessary skills.

Retention is also highly influenced by nurses having the resources they need to provide the level of quality patient care that they believe is crucial. One of the key resources is enough nurses. We made a commitment to decrease our nurse to patient ratios beginning in mid 2007 and as result we made mid year budget adjustments. This was hugely satisfying for nurses in our medical-surgical and critical care units where the additional staff were hired.

Oaklawn Hospital budgets for and grants a number of nursing scholarships. We have had several employees in other departments become nurses utilizing scholarships, and there is a strong commitment to flexible scheduling options to accommodate schoolwork. In addition, we greatly liberalized our tuition reimbursement policy recently. Nurses can receive up to \$2,000 per year to cover the costs of completing a BSN or MSN. There is no limit on the number of nurses covered under this policy. We also provide for continuing education for nurses and other staff by careful planning and budgeting. Staff take turns attending national conferences and virtually everyone can attend regional conferences. As an example, October 15<sup>th</sup> through 19<sup>th</sup>, four staff nurses from our in-patient psychiatric department will attend their specialty organizations national conference in Minneapolis. We also pay for certification and re-certification of nurses in their specialty areas.

Another retention tool is our flexible scheduling. We offer 8, 10 and 12 hour shifts on various units. Some units do self-scheduling. We also have the Baylor plan, which allows some nurses to work 24 hours on the weekends and get paid for 36 hours with full benefits. We found that nurses were anxious to leave some units that worked every other weekend to go to other units that had more favorable schedules and we wanted to make schedules that were attractive regardless of where nurses worked. Since inception of the Baylor plan for weekend coverage, the Med/Surg unit nurses only work every third weekend. This helps with nurse retention on Med/Surg, an area that is traditionally higher in turnover.

An important tool for recruitment is competitive pay and benefits. There are several other hospitals and nursing homes within a 30-mile radius and we need to be certain that our wages are competitive with all of these agencies. Oaklawn’s Human Resources department completes a survey every fall on area pay and benefits and recommends

adjustments as needed. Our goal is to be at least in the 75% percentile compared with our area competitors.

Oaklawn Hospital owns a fitness center called Oaklawn Life Improvement Center (OLIC). Oaklawn promotes health and wellness for its employees by offering a free membership to hospital employees and their families. This facility offers many services including a full service workout area complete with exercise machines, free weights, Olympic sized pools, whirlpools, and gym area. A personal trainer is available to provide individual health assessments and will assist the individual develop a personal exercise routine. Childcare is also available to assist families with small children. We wholeheartedly believe that we must take care of ourselves as care providers in order to be able to care for our patients.

Perhaps the most difficult aspect to convey is our culture. There is a strong identity by employees with Oaklawn Hospital. We see each other as the "Oaklawn Family". We are small enough that our employees are very supportive of each other, of the hospital, and of administration. As testimony to this, we can point to the large number of employees who contribute to annual hospital giving campaigns, sustained participation in the many social events the hospital sponsors by a large percentage of hospital employees, in the very high patient satisfaction scores and in the verbal and written comments of the Joint Commission surveyors who made several references to the strength of our culture and its positive influence in their June 2008 survey.

#### ***Assessment and Outcomes:***

For year to date in 2008, we have experienced 2.5% turnover among RN's at our hospital. We have 182 RN's on staff. The national average for turnover of RN's is 12% based on NDNQI. This is evidence of retention of nurses.

In recent years we have been participating in the National Database of Nursing Quality Indicators (NDNQI) survey on nurse satisfaction. For 2007 we had a 60.69 score on the "satisfied with my job" question. A score of greater than 60 = "high satisfaction." While we were thrilled to exceed the national averages we are determined not to rest on our laurels. The detailed feedback from this confidential survey is used to develop unit specific action plans as well as to develop strategies across the nursing departments to improve nurse job satisfaction. The 2007 data was used as a basis for the many improvements detailed in the program design description.

Our last NDNQI survey also indicated an experienced workforce with 11% of our nurses in practice 2-5 years and 58% in practice more than 10 years. Having an experienced workforce is also evidence of retention.

Additionally, as referenced above, we have highly positive patient satisfaction surveys sustained over several years in all departments, and we received commendation from the Joint Commission based on the interactions that they had with staff nurses.

### *Sustainability:*

For this year, 2008, the Nurse Satisfaction data was collected over a two-week period that ended in late September, just a few days ago. Within the next several weeks we will have the data back into our hospital from the NDNQI. At that point we will begin developing action plans with the staff to work on further improvements that they are interested in securing. A very encouraging sign is that 91% of all nurses completed the survey this year, much above our prior years and the national averages. We should have a very complete picture of nurse satisfaction and ample data to plan for an even more promising future.

The organizations commitment to the Magnet journey is demonstrated by the increasing resources being devoted to the many aspects involved. This includes for our 2009 budget an increase in (so called) non productive hours budgeted for staff to participate in Unit Based Councils and other standing committees, increased budgets for tuition reimbursement, continuing education, Professional Ladder and multiple other categories.

There is also recognition of the benefits that have extended beyond the nursing department and beginning steps to replicate the success in nursing to other clinical and non-clinical areas. As an example, other disciplines are being pulled into Unit Based Councils to strengthen interdisciplinary teamwork. Other departments are planning to replicate these shared leadership structures in their departments.

We can see the fruits of our labors and the positive effects on the entire organization. This creates a buoyancy and buy-in which becomes self-sustaining. We have had a proud, successful, but very traditional culture here at Oaklawn Hospital. That has been enriched and transformed into a culture that can experience sustained improvements from within the staff nurse ranks.