Lehigh Valley Hospital had a problem. “We were losing experienced people,” says Tammy Straub, RN, MSN, CNOR, CRNP, administrator of preoperative services, Lehigh Valley Hospital (LVH) and Health Network, which has 988 beds, in Allentown, Pennsylvania.

“Turnover was high, and people were leaving even before orientation was complete,” adds Hope Johnson, RN, MSN, CNOR, patient care specialist/internship coordinator at LVH-Cedar Crest, the largest of LVH’s 3 hospital locations, which has 23 ORs. “The flags went up, the whistles went off, and we knew we had to make changes.”

Straub started an initiative to examine every aspect of staff retention. The results of the overhaul were impressive: a vacancy rate that plummeted from 12% in 2007 to 1.3% in 2008.

One change was a complete revision in orientation for orientees, who include experienced OR nurses. The OR also has an internship program for new graduate nurses and nurses without OR experience.

OR managers who want to improve their orientation programs can learn from LVH and Union Hospital of Cecil County in Elkton, Maryland, which also has a revised program.

“Orientation is part of our overall commitment to service excellence,” says Donna Hale, RN, MS, director of surgical and endoscopy services at Union Hospital, which has 130 beds, 7 ORs, and an annual surgery patient volume of 7,600. “We send a message to current staff that it’s important to orient staff well, and each department has a service plan that includes orientation and retention.” The message seems to be getting through—Hale had no open positions at the time she was interviewed for this article.

Managers to the forefront

One big change at LVH was that front-line managers went from little involvement in interviewing and orientation to active involvement.

“I’ve relinquished responsibility for interviewing potential staff,” says Straub. Instead, front-line specialty managers and OR staff conduct interviews and make hiring decisions. Straub reviews the decision but only gets involved if there is a red flag.

Managers work closely with the staff educator and new staff member. “Managers meet weekly with new people to follow up and see how they are doing,” says Straub. “They look at the case mix the new nurse has had so far and look at next week’s schedule to make assignments. It’s being more proactive than reactive.” Managers can also change assignments in real time on the day of surgery to get nurses the experience they need.

Education resources

Both LVH and Union Hospital have preceptor training programs. Participants learn how to work with different types of learners, how to give feedback, and how to conduct an evaluation. The organizational development department at LVH also runs facilitator workshops, which include how to problem solve, deal with conflict, and facilitate groups.

Preceptors at Union Hospital receive a lump-sum monetary reward each year if the staff they precepted are retained, attend a special reception given annually, meet
quarterly, and have frequent interaction with the chief nursing officer and other upper management.

Both hospitals tailor orientation to meet the needs of the individual nurse.

“The preceptor and manager plan out orientation from the beginning,” says Hale. The 2 follow recommendations from the organization’s education department to develop the competency-based orientation. Through planned “shared days,” staff spend time in other departments that are part of the surgical care continuum, such as the postanesthesia care unit or sterile processing department. Hales says the staff’s understanding of how other departments contribute to the patient’s experience helps Union Hospital meet its service excellence goals.

Planned orientation plays to the employee’s strengths.

“It’s good to allow them to have some independence when possible so they can feel part of the team,” says Margaret Souder, RN, staff nurse at Union Hospital. “It also builds their self-esteem.”

**Roll out the welcome**

The first few days are the hardest for orientees. To ease the transition, staff at Union Hospital make a welcome bag for all new employees, including nurses, surgical technologists (STs), and support staff.

“It’s unique to each person,” says Souder. “We’re all (staff and managers) involved in the interviewing process, so we find out their hobbies and background.”

Candidates also spend time observing in the OR before being hired, so they have a better grasp of what the environment is like. By the time the person is hired, employees are ready with pens, bookmarks, and other items for the welcome bag.

Welcome signs for new staff are posted, too, and Hale and Souder plan to create profiles for new employees as they do for new physicians, which will be posted along with a photo of the employee.

LVH has developed the volunteer Perioperative Pals program to support new staff (sidebar, p 19). Each orientee also receives a binder that includes helpful information such as key phone numbers, maps of the OR, policies, and his or her schedule.

**When the road gets rough**

Constant communication helps new staff feel valued. “Communication is the best thing,” says Johnson. “People want to know they are valued when they are new. The more you can recognize them the better. Managers need to be constantly telling people how they are doing.”

Each day the preceptor completes an evaluation form and returns it to Johnson or another OR educator. The educator reviews the form and then sends it to the orientee’s manager for review. Completed forms are placed in the employee’s file.

There is one evaluation form for scrubbing and another for circulating. “The form is the same, but what the preceptor is looking for is different depending on the role,” says Johnson. For example, some components of critical thinking needed for the circulator role vary from what’s needed for the scrub role.

What happens when the news from the evaluation isn’t good? Johnson says to identify and target problems early. When she hears a negative report, she first observes the orientee herself.

“Different preceptors and teams have different expectations,” says Johnson. “We have a tendency to forget how it was when we started.” She checks to see if orientees lack needed skills or if they don’t have enough self-confidence. “It’s important to be open and honest with them (orientees) because 9 times out of 10 they know they aren’t doing well.”

Johnson then develops an action plan for improvement, which is reviewed by the orientee’s manager. The plan has specific goals and timelines. If no improvement occurs, LVH tries to place the employee in a different role in the system so time and money invested to date are put to good use.

Hale also stresses the need for careful assessment of problems. “When someone is not performing up to their potential, we look at the data,” she says. For example, perhaps an ST scrubbed for a certain type of case twice and simply needs more expe-
rience. Coaching sessions are used, too, for staff with performance issues. Preceptors spend extra time with orientees as needed, and, if necessary, recommend extending orientation. Managers must approve extensions.

“We give people every opportunity to succeed,” says Hale.

Don’t rest on your laurels

All new employees at Union Hospital meet with the CEO during the first 90 days to provide confidential feedback about how the orientation experience has been. This information is used to improve the program.

“Last year we heard we weren’t as friendly as we should be so we worked on that this year,” says Hale.

Straub says orientation has to remain on the front burner with frequent assessments of how it’s working. “You can’t be afraid of change,” she says. “Remember that even if something is working now, it might not work in 5 years,” Johnson adds.

“Keep evaluating the process.”

—Cynthia Saver, RN, MS

Cynthia Saver is a freelance writer in Columbia, Maryland.

Perioperative Pals

Any new nurse appreciates support from staff, so it’s not surprising that one of the biggest success stories at Lehigh Valley Hospital is Perioperative Pals (PPs).

This volunteer program focuses on mentorship—not preceptorship. Johnson explains the difference: “Preceptors educate nurses for the cases; a mentor is someone you can bounce ideas off of. New nurses might have a different preceptor every day, but the mentor provides consistency.” PPs may attend preceptor training, but aren’t required to do so.

The program’s goal is to recruit and retain new staff, including nurses and surgical technologists (STs). Volunteers, who must have worked in the OR for 6 months, sign a contract stating they will follow the guidelines for PPs and will give 2 weeks notice if they want to resign from the program. Responsibilities include mentoring “without prejudice,” one-on-one chats with the orientee, troubleshooting concerns, and listening.

PPs serve throughout orientation, which lasts about 12 weeks, depending on the specialty and the nurse’s experience. New employees are matched to “pals” with similar background when possible. For example, STs are matched with STs.

PPs also mentor nurses who graduate from LVH’s intern program, which lasts 6 months and includes both didactic and clinical components.

“Creative people love this program,” says Johnson. Welcome strategies have included putting positive notes on orientees’ lockers, giving birthday cards, and providing welcome baskets. One PP gave her orientee a card with a 100 helpful hints to survive in the OR and added items such as a pen and bandage scissors. Another PP stocked a toy physician’s bag with fun items designed to help the orientee work with different surgeons; for example, earplugs for a talkative surgeon.