Managing people

Keeping the staffing pipeline open with tighter OR education budgets

The tough economy has meant leaner budgets and fewer OR staff vacancies to fill. But OR leaders know they still face staffing challenges in the years ahead. Eventually, nurses who have been asking for more hours will start to retire. ORs need to keep the pipeline open for new candidates, even as educational resources are vulnerable to budget cuts.

In an informal survey at the Managing Today’s OR Suite Conference in October 2009 in Las Vegas, half of OR leaders from community hospitals said the economic downturn had affected their perioperative education program. Only 20% of those from teaching hospitals said they had been affected.

A few respondents from community hospitals said their periop educator position had been eliminated or cut back or other educational resources had been reduced. Among other effects were less frequent internships for new nurses, less hiring of inexperienced nurses, or even freezes in all educational funding.

Being resourceful

Perioperative nursing leaders are used to being resourceful in growing their own new staff. Little OR nursing is taught in nursing schools. The economy has caused leaders to be even more creative. Among strategies are applying for workforce development grants, making use of online learning, and fine-tuning the candidate selection process to identify those most likely to adapt to the OR.

In the survey, three-fourths said they hire new graduate nurses, rare 10 years ago.

AORN’s Periop 101 course, a core curriculum for nurses new to the OR, is aiding preparation of new nursing staff (www.aorn.org). For survey participants, 52% from teaching hospitals and 45% from community hospitals said they use Periop 101.

In interviews with OR Manager, perioperative managers and directors talked about how they are meeting the educational challenges.

Cross-training extends expertise

At Mercy Regional Health Center in Manhattan, Kansas, home of Kansas State University and near Fort Riley, a major military base, the staff for the 6-OR department turns over frequently. The department has no perioperative educator; the position was absorbed by the hospital’s education department after the previous educator left.

“We are constantly training and educating,” says Rhonda Howell, RN, BSN, coordinator for the OR, postanesthesia care unit (PACU), endoscopy, and outpatient surgery. Most of the responsibility falls to her, the sterile processing coordinator, and the experienced staff, she says.
Howell relies on AORN’s Periop 101 course for new OR staff, almost all of whom have at least some OR experience. She has hired only one new graduate.

Cross-training is a major strategy for stretching the staff’s expertise. PACU nurses are cross-trained for preoperative care and endoscopy, and preop nurses assist in the PACU. The cross-training not only provides staffing flexibility; Howell also tells the staff that the more roles they can perform, the less likely they are to be sent home early when the surgical volume is low.

Making the case for education

Today’s complex practice standards and patient safety initiatives make ongoing staff education imperative.

How has your OR’s periop education program been affected by the economic downturn?

N = 83

<table>
<thead>
<tr>
<th></th>
<th>Teaching hospitals (n = 25)</th>
<th>Community hospitals (n = 58)</th>
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</thead>
<tbody>
<tr>
<td>Educator position eliminated</td>
<td>0</td>
<td>3</td>
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<tr>
<td>Educator’s hours reduced</td>
<td>0</td>
<td>8</td>
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<tr>
<td>Periop education cut back (eg, AORN Periop 101)</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Periop clinical experience cut back (eg, internships)</td>
<td>2</td>
<td>4</td>
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<tr>
<td>No effect</td>
<td>20</td>
<td>29</td>
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<tr>
<td>Other effect (eg, educator covering multiple departments, reduced funds for outside meetings)</td>
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<td>12</td>
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</table>

Preparing new graduate nurses

Hire new graduate nurses N = 85

Teaching hospitals

Community hospitals

Yes 76%

Yes 73%
## Department educational requirements

Number of staff needing education and severity of topic

<table>
<thead>
<tr>
<th>Education needed</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
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<tbody>
<tr>
<td>Joint Commission process/ safety goals</td>
<td>90/1; 40/2; 90/3</td>
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<tr>
<td>New equipment</td>
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<td>Housewide policy</td>
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<td>Departmental policy</td>
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<td>Annual competency evaluation</td>
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<tr>
<td>CPR, ACLS, etc</td>
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<td>Core measure</td>
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<tr>
<td>Core measure monthly information</td>
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<tr>
<td>Education regarding variances</td>
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<td>Education following physician issues</td>
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<tr>
<td>Education following staff issues</td>
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<tr>
<td>Vendor education</td>
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<tr>
<td>Vendor equipment process checks</td>
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<td>Routine process risk assessments</td>
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<tr>
<td>Monthly literature</td>
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<tr>
<td>Educational opportunities for staff</td>
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<tr>
<td>Monthly meeting education</td>
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<tr>
<td>Monthly patient volume</td>
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<tr>
<td>Monthly staffing statistics</td>
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<tr>
<td>Other opportunities</td>
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Severity refers to the urgency of the need for education:
1 = immediate; 2 = urgent, 3 = routine.

*Source: Suzanne Stonikinis, RN, BSW, CRNFA, CNOR. Reprinted with permission.*
“The amount of education required is enormous. There is so much—core measures, patient safety,” says Suzanne Stonikinis, RN, BSW, CRNFA, CNOR, director of surgical services for the 8 ORs and related departments at Albemarle Hospital in Elizabeth City, North Carolina.

When she met with the hospital’s director of education to discuss her request for a full-time perioperative educator, she went armed with data showing how much education is required (see sidebar for sample). To drive the point home, she took along the thick standards manuals from AORN, the Association for the Advancement of Medical Instrumentation, and the American Society of PeriAnesthesia Nurses.

She now has a full-time educator.

“It warrants a full-time person when you determine the education needs. The regulations are different for each area or surgical services,” she says.

In a dilemma for managers, having a clinical educator position can affect the department’s productivity statistics because the educator is not regularly assigned to surgical cases. One solution, she suggests, is to assign the educator FTE to the hospital’s education department. But she cautions that managers have to be vigilant to make sure most of the educator’s time is devoted to surgical services.

**Internship lures nurses**

A perioperative internship helps lure new nurses from local nursing schools to Centracare/St Cloud Hospital in St Cloud, Minnesota, which has 18 ORs. The community has 2 baccalaureate nursing programs, and about 6 schools from the area rely on the hospital for students’ clinical experiences.

The internship, which has been for 12 weeks between the junior and senior years, was trimmed to 10 weeks in 2009 with the recession.

Having the internship “has been a win-win. We get to see the students as interns, and they get experience with an RN preceptor,” says Darin Prescott, RN, BSN, BC, CNOR, CASC.

As the department’s sole perioperative educator, he covers orientation for new nursing and medical personnel as well as staff education for surgery, anesthesia, and sterile processing.

The biggest educational challenges? “I would say the fast turnaround for patient safety initiatives and meeting the needs of a large staff with various hours, as well as our anesthesia and surgeon partners,” Prescott says.

**Stretching resources**

Among ways he’s found to meet needs and stretch resources:

- AORN Periop 101 for newly hired nurses.
- Online education that the staff can complete during down time, with pre- and posttests to document learning. The education department works with the staff to develop the modules. This engages the staff in the education of their peers. Other online education sources are AORN, Ciné-Med, HealthStream, and ORLive.
- Short 5- to 10-minute education modules developed by the hospital’s Surgical Care Improvement Project (SCIP) committee. SCIP is a national project to reduce surgical complications.
- Enlisting experienced staff to share their expertise as preceptors; clinical experts; and members of the practice, research, and education committees.

As a quick aid for updating physicians, short slide shows are displayed on a video screen mounted outside the locker room. “We focus on patient
safety initiatives and keep them simple with a maximum of 8 slides,” Prescott says.

An educational continuum

For the 24-OR department at Flowers Hospital in Dothan, Alabama, Karen Wortmann, RN, PhD, director of surgical services, has 3 educators: 2 RNs and a certified surgical technologist (CST). Their hours were cut from 40 to 32 hours a week because of the economy.

A big believer in education, Wortmann has been using Periop 101 for 10 years. She’s also fostered an educational continuum in which a high school graduate can be prepared as a CST in the hospital’s own accredited surgical technology program, continue on to a 2-year RN program at the local community college, and then on to a 4-year BSN program. Three CSTs are currently in nursing school, and 5 RNs are pursuing their BSNs.

“Our surgical technology program is a great value to the community, with the tuition at only $2,000. It’s also a benefit because we get to pick the cream of the graduates,” Wortmann says.

Newly hired nurses without OR experience start on the afternoon shift, working from 12 noon to 8:30 pm where they learn to circulate and then work nights for a year.

“When they come to the day shift, we teach them to scrub,” Wortmann says. “All of our RNs on days can scrub and circulate, which makes our scheduling easier.”

Wortmann considers part of her job to be an advocate with the hospital administration for a strong perioperative education program.

“Administrators and CFOs tend to see education as nonproductive time,” she says. “In the OR, you can have people in orientation for 4 to 6 months. But those you don’t educate, you lose,” she adds, because staff who aren’t thoroughly prepared are likely to get discouraged and leave. Replacements aren’t easy to find and are expensive to orient.

Investment pays off

Wortmann says she reminds senior executives that the “OR makes money for the hospital, and we need good people and equipment for the OR to make money.”

She argues that the investment in education pays off because it helps the staff develop a strong knowledge base in perioperative nursing and professional standards.

“We believe in teaching the right things, and the surgeons know the difference,” she says.

Wortmann says she’s concerned that if organizations don’t invest sufficiently in education, the knowledge base will erode, affecting the quality and safety of care.

“The knowledge base gives you the rationale for your practice, and that also gives you guts,” she adds. Personnel with a solid educational foundation are more likely to have the confidence to advocate for good practice, she says, and are more likely to speak up if they see a situation that could place a patient at risk."
Ups and downs of the nursing workforce
Trends traced by Peter Buerhaus, RN, PhD, FAAN, at the Managing Today’s OR Suite Conference in October 2009.

Ups
Some good news about the RN labor supply:

▲ The recession has contributed to easing or even ending the RN shortage in many parts of the country, as nurses have delayed retirement, returned to the workforce, and worked more hours.
  • In 2007-2008, RN employment in hospitals increased by a stunning 18%.
  • Most of the increase in recent years is by RNs over age 50.
▲ Nurses are getting a little younger. Young people age 23 to 25 are coming into the workforce in higher numbers. “This is a very powerful new trend that we have to sustain and nourish,” Buerhaus says.
▲ Growth in the supply of nurses has improved.
▲ The hospital work environment has improved. RN job satisfaction has increased. There is higher satisfaction with nursing as a career.
▲ The public connects nursing with patient safety.


Downs
Issues that need attention:

▼ The relief will be temporary. A shortfall of about 260,000 RNs is expected by 2025. This is less than earlier estimates but will be more than twice as large as any shortage since the mid-1960s.
▼ Nursing faculty shortage. “This is a national resource and a national issue. We need a national investment in this critical resource,” Buerhaus says. “It is good for health care, and it is good for jobs. There is a solution—double their salaries.”
▼ Ergonomic challenges: The physical stresses of nursing could mean earlier retirement for some.
▼ Increase in nurses reporting verbal and physical violence, most of it from patients.
▼ More demand for care if health care reform expands insurance coverage.
▼ Nurses have not seen improvement in the opportunity to influence decisions in the workplace: 17% rate their influence as excellent or very good.
▼ Physician-nurse relations have seen little change, with 38% rating them as excellent or very good.
▼ The majority of nurses think that tying hospital performance to reimbursement will mean more work for them. A smaller percentage think these regulations will lead to added respect, higher pay, or and improvement in status. RNs also believe they will be blamed if adverse events occur.