Turnover rates plummet with Patient Care Intern training program

Nurse turnover is a problem that affects the performance and profitability of every health care organization. The cost of a nurse leaving a facility is roughly twice that nurse's annual salary while a replacement is sought and orientation is completed. In addition, patient care may be compromised because the temporary staff who fill in the gaps lack the continuity and knowledge of the experienced nurse.

Studies have shown that a fairly high percentage of RNs change jobs early in their careers; in one study, 30% of new RNs left their positions in the first year after graduation and 57% left in their second year of practice.

During the mid- to late 2000s, employee turnover rates at IU [Indiana University] Health University Hospital were very high. This trend not only was costly but also affected staff performance and morale. Why were they leaving, and how could the problem be fixed?

It took time and effort, but an overhaul of the existing training model led to adoption of the Patient Care Intern (PCI) program in the perioperative setting. IU Health University Hospital has 23 operating rooms. The day surgery area, the OR, the post-anesthesia care unit (PACU), and the interventional radiology area all participate in the PCI program. Since program implementation, turnover has dropped to less than 4%—far less than the national average of about 10%.

The old model

The high vacancy rate at IU Health University Hospital coincided with the use of a 9-month, time-based training program that served as an internship in the OR. New nurses were trained in each surgical service line and were considered trained upon completion of the program.

Nurses coming into the program with a fairly high level of competency found the orientation period too long, and those with a lower level of competency felt insecure after just 9 months of training. Morale on the unit was poor, and it was hard to retain staff. The turnover rate added to the already high cost of training.

When the program was reviewed, other flaws were revealed:

• There were too many variations among preceptors, many of whom were not trained and did not understand their role.
• The time-based program did not allow participants to move on to the next stage based on demonstrated competencies.
• Candidates selected for training were mostly new graduates from nursing programs with little to no prior exposure to the OR.

Nursing interns often left the hospital during or immediately after their training to take positions in ORs with other hospitals. Exit interviews with a nurse retention specialist revealed that some nurses lacked a sense of belonging to the unit; they felt excluded by existing cliques. And there was no program in place to help new nurses assimilate into the unit culture or to mentor them through the onboarding process.
Recommendations
After the program review was completed, recommendations were developed:
• Conduct behavioral interviews and select applicants based on attitudes.
• Select students pursuing a bachelor’s degree.
• Change training and orientation to a competency-based model.
• Create written goals for interns and review weekly.
• Conduct preceptorship workshops with identified preceptors.
• Orient new staff in the patient care advocate role.
• Rotate interns through other perioperative areas to enhance their training.
• Establish a unit-based mentoring program to pair new, novice staff with volunteer expert staff.

PCI implementation
Students from area nursing schools who apply for the PCI program are first peer reviewed, and then they shadow an RN and a student nurse. During this time, candidates are assessed in terms of whether they seem compassionate and committed enough to go through the program. Candidates are not required to be licensed, but they must have completed 1 semester of clinical work before entering the program.

Once selected, the PCIs receive a modest salary and are matched with a preceptor who monitors their performance. PCIs learn the duties of scrub and circulating nurses, although their exposure to the scrub role is not as extensive as their training in the circulator role.

Staff interested in precepting the PCIs are trained on adult learning principles, delivering appropriate feedback, and other teaching principles. They are then assessed as preceptors and selected by management. Assessment of the preceptors is ongoing, and the PCIs are required to complete written preceptor evaluations.

To ensure that they remain focused on school, most PCIs work just 1 or 2 full days per week while school is in session and usually 3 days per week during the summer. The PCI is a supplemental position rather than a full-time position, but because PCIs are hired as much as 2 years before graduation, by the time they are licensed, they have a nearly complete orientation to the role of the OR nurse.

Program benefits
Competency-based models have proven to be the most effective for evaluating knowledge, skill, ability, and behavior in the clinical setting. Each PCI receives individual training, with more or less time spent as needed on a given skill or knowledge area.

The PCI program costs about half of what it would cost to train a licensed nurse. The focus on individual progression makes students and preceptors more engaged and less frustrated compared with the time-based training model.

Being employed as nursing students gives the PCIs exposure to the OR, the unit staff, and the culture. PCIs and their leaders engage in a trial run to assess the potential for a good long-term fit. PCIs who want to stay in the OR after graduation and seem to be a good fit are interviewed and offered nursing positions. For PCIs not retained by the OR, efforts are made to place them elsewhere in the organization.

Thirty-four percent of IU Health University Hospital OR’s current staff nurses have come through the PCI program, and about 70% of the PCIs brought in over the past 2 years have accepted nursing positions on the unit. Staff morale and the work environment of the unit have steadily improved, based on employee survey scores, and the costs associated with training and turnover have been dramatically reduced.

The hospital’s OR has employed 16 PCIs scheduled to graduate between May
2013 and May 2014. The goal is to employ and train 4 to 6 PCIs for each graduation date (May, August, and December) annually.

In addition, a relatively new nurse created a mentoring program that pairs each new nurse with an experienced expert nurse of their choice. Mentees and mentors have lunch together and participate in committees and events. The program has helped to improve new nurse assimilation into the unit culture.

Opportunity to expand
This success of the PCI program in the perioperative setting—including the pre-procedure area, ORs, PACU, and interventional radiology areas—suggests it could be applied to other areas in the IU Health system. Success would be measured by the ability of other IU Health hospitals’ perioperative services to hire and train the PCIs to assume vacant positions in their departments and to have a pipeline for replacing nurses as positions are vacated.

Expanding this program could improve the quality of patient care while decreasing staff turnover and vacancy rates.

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References
AORN position statements. www.aorn.org/Clinical_Practice/Position_Statements/Position_Statements.aspx#axzz20hICLdkh