RETAINING EFFECTIVE STAFF

EFFECTIVELY RETAINING STAFF

RN/MD TURNOVER

PLEASE DON'T GO

MICHAEL L BECKER MD FACEP FAAEM
ERMED SC
RECOVERING MEDICAL DIRECTOR

Michael L Becker MD FACEP

ACTORS OF THE HEALTHCARE MATRIX

You are not the one.

What is your admission percentage?   What is your patient per hour?

What is your compliance with hand washing?   Sepsis bundle compliance?

How many physicians per day?   Physician turnover?

How many nurses per day?   Nurse turnover?

AGENDA

What is a knowledge and manual worker?

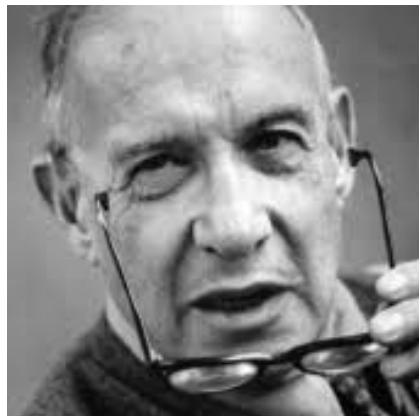**Which category do nurses and physicians fall in?**

Physician Retention
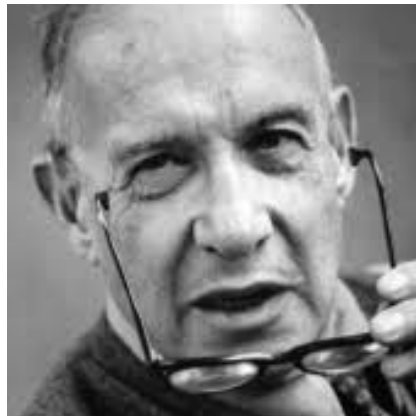
- Personal Stories
- Some Data

Nurse Retention

- Data and Scope of Problem
- Solutions and Discussion Points

Who cares?

1.5-2x FTE to replace a knowledge worker
Peter Drucker

$36,000 - $54,000 per RN
Becker's Hospital Review

Studor Group $50,000-$500,000 to
replace an emergency physician

WHAT IS A KNOWLEDGE WORKER?

Manual Work 14% of work in developed countries

- Work programs the user
- Think assembly line worker (car arrives at work station)
- Farmer planting seeds

Knowledge worker

- What is your task?
- What should it be?
- What should you be expected to contribute?
- What hampers you in doing your task and should be eliminated?
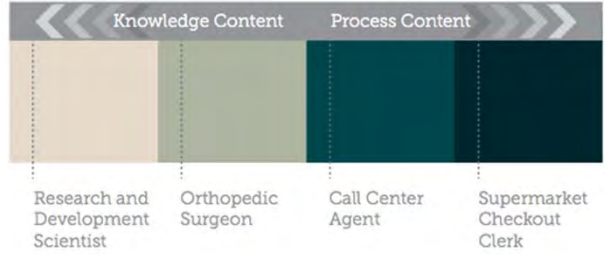
WHAT IS A KNOWLEDGE WORKER?

Contribute

- Ideas
- Energy
- Cognitive resources to the organization.

Critical to success of organization

The Knowledge Worker Spectrum

Knowledge Content   Process Content

Research and Development Scientist | Orthopedic Surgeon | Call Center Agent | Supermarket Checkout Clerk

EMERGENCY PROVIDERS UNRESPONSIVE PATIENT

Manual Work

- Work programs the user
- Patient arrives in ED
- Oxygen, IV, Monitor

Knowledge worker

- What is your task?
  - Review Paperwork, start CPR, honor DNR bracelet, sew laceration in room next door
- What should it be?
  - RN, MD, tech, family roles
- What should you be expected to contribute?
- What hampers you in doing your task and should be eliminated?
  - Disruptive family, lack of supplies and equipment, RN staff

MANUAL WORK SUCCESS

Knowledge Worker Success?
86% of jobs in developed countries

THERE IS NO SPOON

Social Cohesion

- Shared liking or team attraction that includes bonds of friendship, caring, closeness, and enjoyment of each other's company.

Perceived Supervisory Support

- Lead not managed

Information Sharing and Transactive Memory

- Thinking Collectively as a team
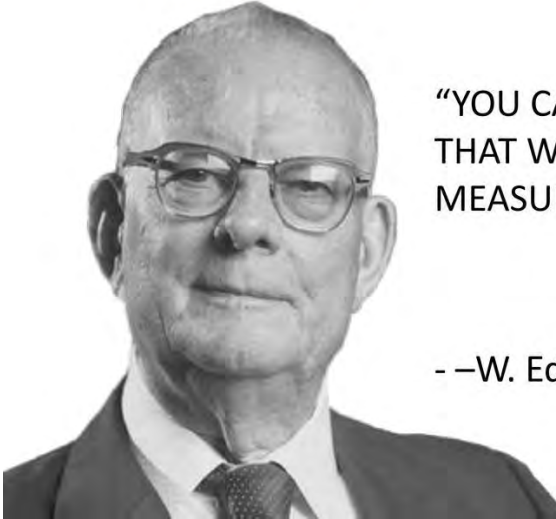
Vision and Goal Clarity

External Communication

Trust

MEASURE UP

Medicare.gov | **Hospital Compare**
The Official U.S. Government Site for Medicare

PRESS GANEY®

The Problem

"YOU CAN'T MANAGE THAT WHICH YOU DON'T MEASURE"

- –W. Edwards Deming

4

TRANSPARENT MONTHLY REPORTS

Patients per hour

Charges per hour

Charges per patient

Critical Care percentage

Admission Ratio

Length of Stay

Chart Deficiencies

LOTS OF THINGS TO MEASURE

Chest Pain/AMI Indicators

- ASA on Admission
- Average Door to Cath Lab Time Average
- EKG to Cath Lab Time
- Best Time Average Door to EKG Time

Stroke Indicators

- Door to Needle Time (tpa) Goal is < 60 Min
- Lab: Order to Lab Result $\leq$ 45 Min
- Acute Strokes: Door to CT Scan $\leq$ 20 Minutes
- NIHSS in ED
- Dysphagia Screen
- tPA Considered (Acute Only)
- Acute Strokes: Door to CT Results $\leq$ 45 Minutes
- Neuro Checks Complete: All Strokes
- CTA Checklist Complete:

Informed Consent for Blood

Conscious Sedation

- Physician Compliant
- Nursing Compliant

Transfers to ICU within 24 hours

Patients Returning within 48 Hours

- Total Pts Seen for Month Total /Pts returning within 48 hours
- ED- Inpatient Obs Rate return Rate Admitted
- DC Status Left AMA LAT

SCIP Data SCD's on

Trauma Documentation Complete

HAI

- Central Lines inserted by physician
- CAUTI's from catheters inserted in ED

PNE Indicators

- Pre-Printed Order Use
- Percent Ant $\leq$ 6 hrs
- Avg Time to Antibiotic Best Time

Transfer Documentation

Admission Percentage by Provider

CT Scan for abdominal Pain by Provider

DO YOUR MEASURES MAKE EMPLOYEES MAD? OR MOTIVATE THEM?

Mike McDonald
Gallup.com

Can't manage what you cannot measure.
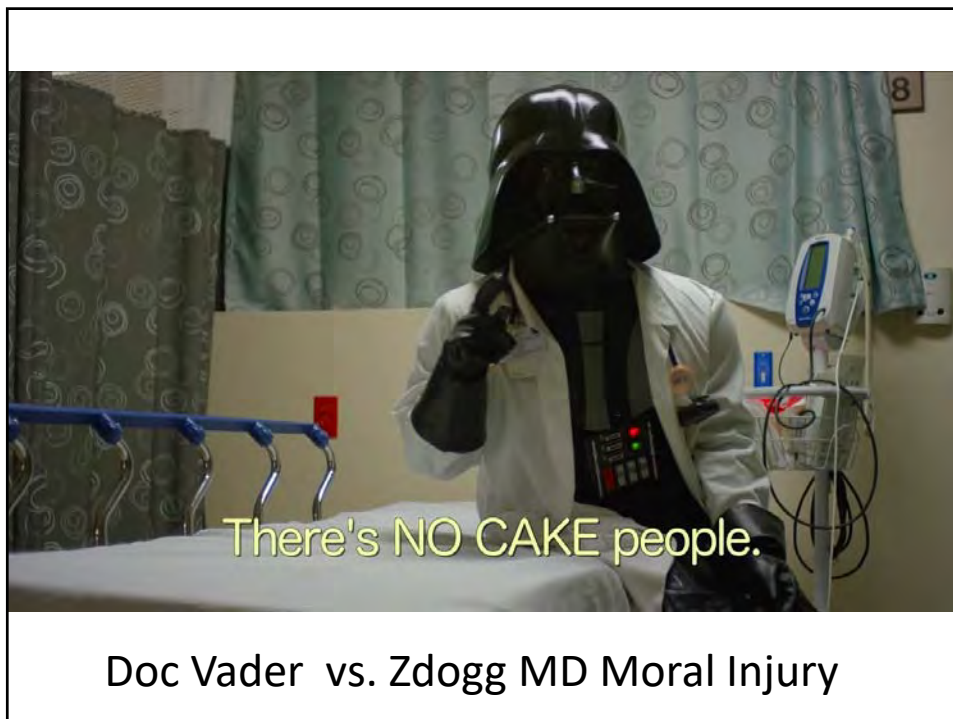
- Edward Demming PhD
- PDSA Cycle

Measurement can be dehumanizing

Measurement itself is not dehumanizing

- Employees want measurement

Employees whose manager holds them accountable are 2.5x more likely to be engaged.

Employees who feel adequately recognized are half as likely as those who don't to say they'll quit in the next year.

Doc Vader vs. Zdogg MD Moral Injury

DIFFERENT STROKES FOR DIFFERENT FOLKS

Manual Worker

- Work programs the user
- Think assembly line worker
- How many landspeeders made

Knowledge Worker

- What is your task?
- What should it be and what is the contribution?
- What hampers you in doing your task and should be eliminated?
- Abstract Rewards
  - Leadership Support
  - Vision and Goals
  - Communication

PHYSICIAN TURNOVER

Turnover Rates **TOP 3** Industries:
- **20.2%** Hospitality
- **13.3%** Banking
- **13,0%** Healthcare
- 53.5% Others
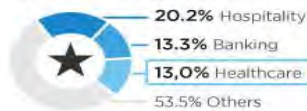
6th annual Physician Retention Survey Cejka Search and the American Medical Group Association

2013 total turnover was 6.8%, compared to 5.9% in 2009 and 6.5% in 2011 (all physicians)

Mid-level turnover 11.5%

West J Emerg Medicine 2013

- 15.8% left their hospital

Remember up to x2 to replace a knowledge worker

Ghazala Sharieff, MD, MBA, FACEP; LesleyAnn D. Carlson, RN, MSN.
Hiring and Retention - Transforming the Workforce. EDDA 2 Dallas, Tx. 2014.

199th pick overall
6th Round

40 yard dash in 5.28 s

Third Slowest Since 2000

Talent x Engagement x Tenure = High Performance

PHYSICIAN RETENTION: LESSONS FROM BAYLOR

Draft for cultural fit

- Behavioral-event questions focusing on difficult situations were added to the interview process to gauge how a candidate's personality and attitudes would fit

BEHAVIORAL

Describe a process in which it was difficult to get the job done?

- What gets in the way of your task?

Describe a time in which you had to work with a culturally diverse patient? What did you have to do different? What did you learn?

- What are you expected to contribute?

Tell me about a hectic day? What did you do first?

- What is the task?

A BODY IS NOT NECESSARILY BETTER THAN NO BODY!

One negative person can change the culture of an entire group

"They ridicule the efforts of individuals and organizations that are working hard under incredibly difficult circumstances"

"The best predictor of future behavior is past behavior"

Do you really want Drew Hensen?

MODELS OF EMPLOYMENT

Employee (Contract group or Hospital)

Independent Contractor (Contract Group)

Democratic Group

Overlap exists

Generalizations

WHAT IS A GOOD ORGANIZATION?

Leadership on the Line
Linsky and Heifitz
- Elephants in the room are named
- Responsibility for the organization is shared
- Independent judgment is expected
- Leadership capacity is developed
- Reflection and continuous learning are institutionalized

BEHAVIORAL INTERVIEWING

Competencies related to Service Excellence   Relationships

Human Resources Development

Teaming

Initiative

Flexibility

Communication Skills

https://www.baylor.edu/nursing/doc.php/183057.p

PHYSICIAN RETENTION: LESSONS FROM BAYLOR

**Build leadership**

List of Expectations

Provide opportunities for the physician to influence and be involved in the work environment

Hold the entire team accountable for effective on-boarding of new physicians

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ERMED is…

- In Milwaukee, Wisconsin
- 46 physician partners
- 26 Physician Assistants
- One administrative assistant

Physician Retention ERMED
46 Physicians

ERMED De-partners
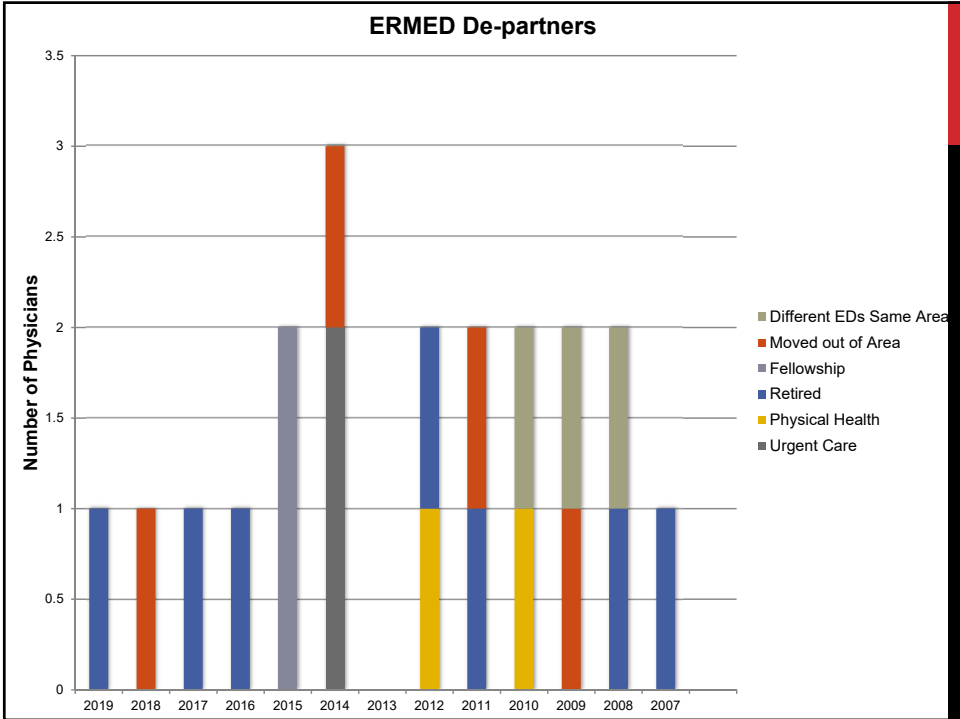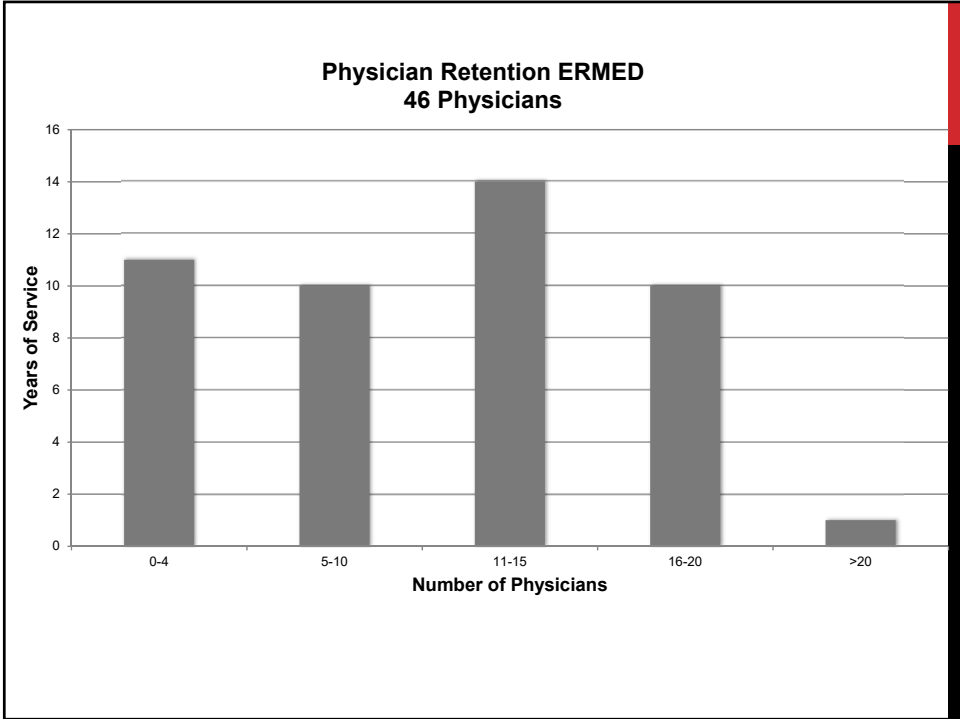
GALLUP.COM

Do you measure *everything*?

Can your employees directly influence the work you're measuring?

- Dispo to Depart
- Door to Doctor or Door to Room
- Sepsis Metrics

**Does what you measure focus on the individual's *greatest* abilities and contributions?**

- One provider's strength is another's weakness

Are your discussions about metrics future-focused and goal oriented?

Do metrics come up in your discussions often?

Do your measurements tell a story?

- Not the whole story though
- Leadership
- Citizenship
- Teaching
- Procedures

The W. EDWARDS Deming Institute
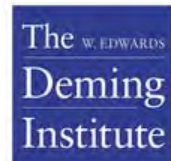
W. Edwards Deming

It is wrong to suppose that if you can't measure it, you can't manage it – a costly myth.

source: quotes.deming.org/10147

Healthcare **IT** News

By **Chip Means** (/author/chip-means) | March 30, 2009 | 03:11 PM

	All Groups	Male	Female
Voluntary separation	73%	67%	85%
Termination	14%	16%	11%
Retirement	11%	15%	4%
Death	2%	2%	0%

Among those who voluntarily resigned, the top reason given was "poor cultural fit" (50%) while "relocated to be closer to family" (32%) and "seeking higher compensation" (26%) were among the other top reasons.

WHAT MOTIVATES PHYSICIAN?

Respect
- Don't Micromanage
- Ranges for productivity and LOS

Control
- Over Career (flight doctor, team doctors)
- Autonomy

Money
- Can be less if you have #1 and #2

DE-PARTNERS
1/YEAR
2.2%

2018
- 19 years of service retired

2017
- Retirement after 15+ years of service

2016
- 20 Years of service "retired"

2015
- Palliative Care Fellowship after 10 years practice
- Sports Med Fellowship after 10 years practice

2014
- Urgent care x 2 (both 20+ years of practice)
- One physician moved abroad (20 years of practice)

2012
- Retired x 2 one with health problems (both 15-20 years practice)

2010
- Retired Health Problems (20 years practice)
- Moved out of state (10 years practice)

2007
- One Physician Retired

Other
- 3 physicians moved to other local Eds
- One retired
- One moved out of state

William Edwards Deming (October 14, 1900 – December 20, 1993) was an American engineer, statistician, professor, author, lecturer, and management consultant. Educated initially as an electrical engineer and later specializing in mathematical physics, he helped develop the sampling techniques still used by the U.S. Department of the Census and the Bureau of Labor Statistics. In his book, *The New Economics for Industry, Government, and Education*,[1] Deming championed the work of Walter Shewhart, including statistical process control, operational definitions, and what Deming called the "Shewhart Cycle"[2] which had evolved into Plan-Do-Study-Act (PDSA). This was in response to the growing popularity of PDCA, which Deming viewed as tampering with the meaning of Shewhart's original work.[3] Deming is best known for his work in Japan after WWII, particularly his work with the leaders of Japanese industry. That work began in July and August 1950, in Tokyo and at the Hakone Convention Center[4], when Deming delivered speeches on what he called "Statistical Product Quality Administration". Many in Japan credit Deming as one of the inspirations for what has become known as the Japanese post-war economic miracle of 1950 to 1960, when Japan rose from the ashes of war on the road to becoming the second-largest economy in the world through processes partially influenced by the ideas Deming taught:[5]
Better design of products to improve service
Higher level of uniform product quality
Improvement of product testing in the workplace and in research centers
Greater sales through side [global] markets
Deming is best known in the United States for his 14 Points (*Out of the Crisis*, by W. Edwards Deming, preface) and his system of thought he called the "System of Profound Knowledge". The system includes four components or "lenses" through which to view the world simultaneously:
Appreciating a system
Understanding variation
Psychology
Epistemology, the theory of knowledge[6]
Deming made a significant contribution to Japan's reputation for innovative, high-quality products, and for its economic power. He is regarded as having had more impact on Japanese manufacturing and business than any other individual not of Japanese heritage. Despite being honored in Japan in 1951 with the establishment of the Deming Prize, he was only just beginning to win widespread recognition in the U.S. at the time of his death in 1993.[7] President Ronald Reagan awarded him the National Medal of Technology in 1987. The following year, the National Academy of Sciences gave Deming the Distinguished Career in Science award.

AAEM CERTIFICATE OF WORKPLACE FAIRNESS

Due Process

Provide the detail of professional charges and collections.

Full Partnership not exceeding 3 years (definitions)

Distribution of income and charges transparent.

Details of our governance process.

No Contractual Covenants

Physicians, or physician-extenders make all clinical decisions in our practice.

Physicians have a primary fiduciary responsibility to their patients, not to a corporate entity or shareholders.

DECISION MAKING

☐ **Emergency Medicine Practice**
  ☐ Limited information
  ☐ Limited Time
  ☐ Sometimes Binary
    ■ Don't just stand there do nothing
    ■ Admit/Discharge
  ☐ Worst Case Scenario
☐ **Job Decision Making**
  ☐ More Information
  ☐ More Time
  ☐ Best Case Scenario

CHOOSING A RESIDENCY

☐ **Widen**
  ◻ Should I choose ER yes/no?
  ◻ What residency should I choose?
  ◻ What should I do with my medical school training?
☐ **Reality Test Assumptions**
  ◻ Do a rotation.
☐ **Attain Distance**
  ◻ Talk to ER residents/attending/other specialties
  ◻ Talk to your family
  ◻ Talk to patients
  ◻ 10/10/10
☐ **Prepare to be wrong**
  ◻ Fellowship
  ◻ Administration
  ◻ Set a tripwire

CHOOSING A JOB

☐ **Widen**
  ◘ Should I take a job at St. Best Hospital?
  ◘ Stay in MKE?
  ◘ What type of group?
☐ **Reality Test Assumptions**
  ◘ Rotation
  ◘ Shadow
☐ **Attain Distance**
  ◘ Talk to as many people as possible
☐ **Prepare to be wrong**
  ◘ What if this job in rural Idaho doesn't work out
  ◘ Tripwire

WHAT DO YOU WANT?

Ownership?

Punch a clock?

Part time?

CONTRACT PITFALLS

Non-compete vs. non-interference

Malpractice Tail Coverage

Life in Emergistan: Another Stupid Clause in the Contract Edwin Leap

Due Process

QUESTIONS

Who is the first person the patient encounters?

Who discharges the patient?

Who gives the medication?

Who spends the most time at bedside?

How many years does it take for the entire ED nursing staff to turnover?

- 5 years
- What if you work at multiple EDs?

Infographic: What's the cost of nurse turnover?   https://www.beckershospitalreview.com/human-capital-and-risk/...

National Health Care Retention and RN Staffing Report

REGION	TOTAL TURNOVER	FULL/PART TIME TURNOVER
North East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	17.8% (-0.6%)	16.6% (+0.1%)
North Central – (IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)	16.8% (+1.1%)	14.8% (+0.7%)
South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	18.4% (+1.9%)	16.2% (+1.2%)
South Central – (AR, AZ, CO, LA, NM, OK, TX & UT)	19.1% (+0.7%)	17.9% (-0.4%)
West – (AK, CA, HI, NV, OR & WA)	16.5% (+0.6%)	14.0% (+0.2%)
OWNERSHIP		
For-Profit – Acute Care	18.0% (-3.4%)	15.8% (-4.1%)
Non-Government/Non-Profit – Acute Care	18.3% (+2.3%)	16.7% (+1.9%)
Government – Acute Care	19.0% (+1.8%)	16.0% (+3.5%)
BED SIZE		
<200 Beds	16.8% (+1.1%)	14.5% (+0.9%)
200-349 Beds	17.0% (+1.2%)	15.4% (+1.5%)
350-500 Beds	19.5% (+0.7%)	17.2% (+0.8%)
>500 Beds	18.4% (+2.4%)	16.5% (+1.6%)
NATIONAL AVERAGE	18.2% (+2.0%)	16.3% (+1.5%)

23.8% of all new hires leave in a year
53.3% of departures < 2 years

RN TURNOVER BY SPECIALTY

Specialty	2016	2017
Women's Health	14.2%	13.3%
Surgical Services	12.8%	13.6%
Pediatrics	13.3%	14.3%
Behavior Health	17.4%	14.7%
Critical Care	16.7%	16.4%
Telemetry	16.7%	16.8%
Med/Surg	16.3%	18.8%
Step Down	16.6%	19.9%
Emergency	19.1%	20.2%
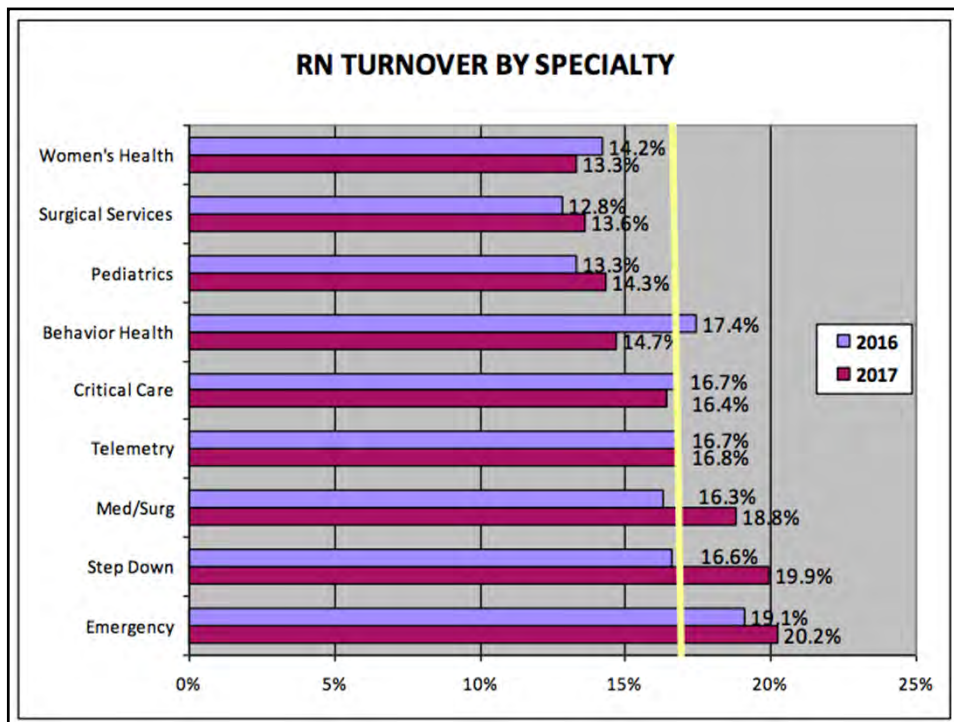
3 "WHICH NURSING SPECIALTIES HAVE THE HIGHEST TURNOVER?" MODERNNURSE.COM

26.5 % Behavioral Health

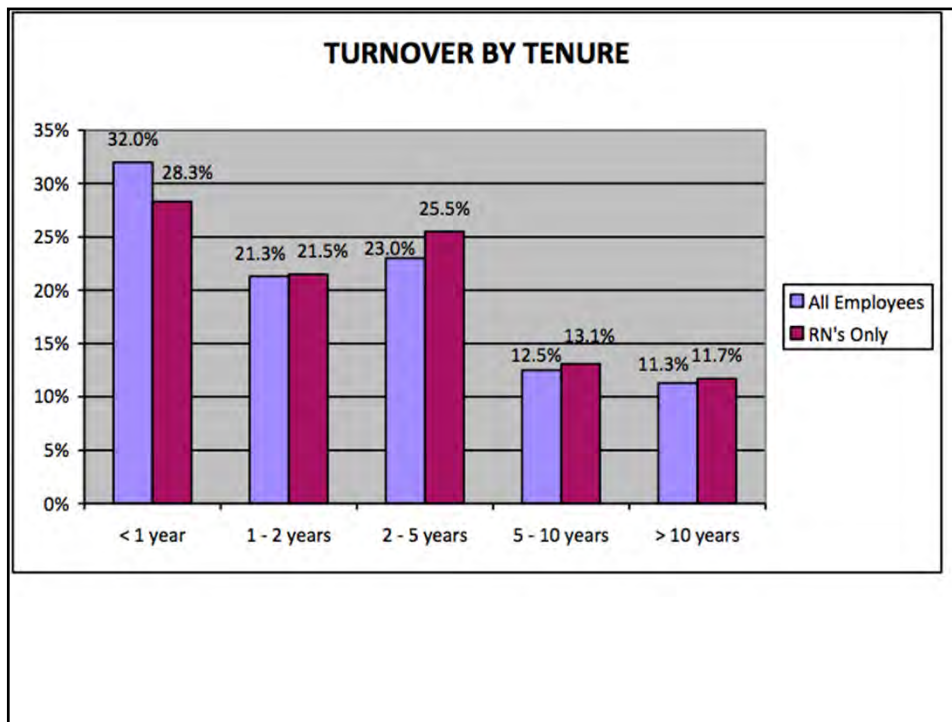**21.1% Emergency Medicine**

20% Med Surg Nursing

55% of nurses plan to retire between 2011 and 2020

TURNOVER BY TENURE

Bar chart showing turnover by tenure for All Employees and RN's Only:
- < 1 year: 32.0% (All Employees), 28.3% (RN's Only)
- 1 - 2 years: 21.3% (All Employees), 21.5% (RN's Only)
- 2 - 5 years: 23.0% (All Employees), 25.5% (RN's Only)
- 5 - 10 years: 12.5% (All Employees), 13.1% (RN's Only)
- > 10 years: 11.3% (All Employees), 11.7% (RN's Only)


BENNER 1984

TABLE 1:   Theoretical Framework: Benner Model of Novice to Expert (Based on the Dreyfus Model of Skill Acquisition)

Stage	Name	Years in the Field	Characteristics
1	Novice	Undergraduate nursing school	No or very little experience; experience and context free; usually rule bound; focus on skill development; task oriented
2	Advanced beginner	Beginning of this stage, 1 to 6 months	Starts to intuitively recognize context based on limited experience; much uncertainty in practice; beginning pattern recognition; marginally acceptable performance
3	Competent	2 to 3 years	Overwhelmed with information because of difficulty in assigning degree of relevance; tries to develop heuristics to deal with information overload; lacks flexibility
4	Proficient	3 to 4 years	Guided by maxims; plans intuitive care; sees the whole and the long term; assesses nuances
5	Expert	5 years or more	Thinking no longer linear; intuitive clinical grasp; deep understanding of the whole picture; early identification and management of a negative trajectory

SOURCE: Benner (1984).

Time to recruit an *experienced* RN

RN RECRUITMENT DIFFICULTY INDEX IN DAYS
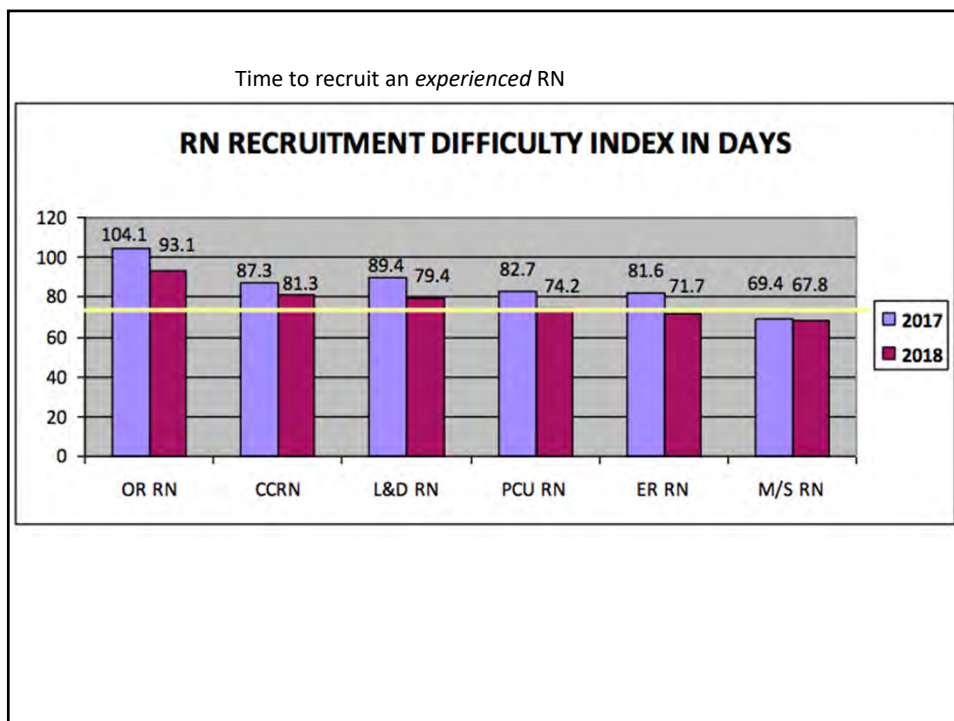
THE IMPACT OF NURSE TURNOVER ON PATIENT, NURSE, AND SYSTEM OUTCOMES: A PILOT STUDY AND FOCUS FOR A MULTICENTER INTERNATIONAL STUDY

Skill mix, patient-to-nurse ratios, and years of related experience decrease morbidity and mortality are influenced by

- (Aiken, Clarke, & Sloane, 2002; Aiken, Sloane, & Sochalski, 1998; Aiken et al., 1994; Blegen, Goode, & Reed, 1998; Dimick, Swoboda, Pronovost, & Lipsett, 2001; Lichtig, Knauf, & Milholland, 1999; McGillis Hall et al., 2002; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002; O'Brien-Pallas et al., 2002; O'Brien-Pallas, Thomson, et al., 2004; Robertson & Hassan, 1999; Tourangeau, Giovannetti, Tu, & Wood, 2002; Unruh, 2003; Whitman, Kim, Davidson, Wolf, & Wang, 2002

Decrease in falls and pressure ulcers

Linda O'Brien-Pallas, PhD, RN et al.
 POLICY, POLITICS, & NURSING PRACTICE / August 2006

EXAMINING THE IMPENDING GAP IN CLINICAL NURSING EXPERTISE

TABLE 2: Studies Linking Decreased Mortality Rates With Higher Level of RN Education

Study	Hospitals N	Patients N	Outcome
Aiken, Clarke, Cheung, Sloane, and Silber (2003)	168	232,342	For every 10% increase in the proportion of RNs with BSN or higher degrees, mortality and failure to rescue fell by 5%.
Estabrooks, Midodzi, Cummings, Ricker, and Giovannetti (2005)	49	18,142	Higher proportion of RNs with BSN degree associated with lower 30-day patient mortality.
Tourangeau et al. (2006)	75	46,993	10% increase in proportion of RNs with a BSN associated with nine one thousandths fewer patient deaths.

NOTE: RN = registered nurse; BSN = bachelor's of science in nursing.

Orsolini-Hain, Malone *Policy, Politics, & Nursing Practice Vol. 8 No. 3, August 200*

HOW DID I GET HERE?

Elephants in the Room

- HFH Graduate
- Sepsis (LIFE Campaign)
- Critical Care

Leadership Capacity

- Quality Officer
- Associate Medical Director
- ACEP EDDA Course
- Medical Director
- Clinical Practice
    - Identifying other opportunities to improve care for patients
    - WI ACEP Board Member
    - Reflection

Continuous Learning

- CME, teaching, metrics

PHYSICIAN OPPORTUNITIES/ENGAGEMENT

Elephants

- Contrarians welcome

Responsibility for the organization is shared

- Partners/Shared Governance
- Hiring Decisions

Independent judgment is expected

PHYSICIAN OPPORTUNITIES/ENGAGMENT

Leadership capacity is developed

- Formal leadership within the group structure
- Medical Staff President, Quality Officers, HER
- Flight Physician, Team Doctor USA Hockey, Cycling in Medicine, Kayak Instructor, Hockey Instructor
- Need a Good Flexible Schedule for this

Reflection and continuous learning are institutionalized

- QRC Team with input from many physicians
- Shared Metrics and individual metrics

TALENT WALKS: WHY YOUR BEST TALENT IS LEAVING

Ben Wigert
Gallup.com

Voluntary Turnover Rate Per Group

National Financial Services Provider

HIGH TALENT
Engaged — 6%
Not Engaged — **10%**

LOW TALENT
Engaged — 5%
Not Engaged — 11%

Regional Healthcare Provider

HIGH TALENT
Engaged — 11%
Not Engaged — **14%**

LOW TALENT
Engaged — 9%
Not Engaged — 14%
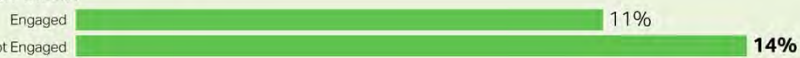
GALLUP

WHAT DO NURSES WANT?

New Nurses– to be taught

Experienced Nurses– to be respected

Flexible Schedule

INTERVENTIONS TO REDUCE ADULT NURSING TURNOVER: A SYSTEMATIC REVIEW

Cochrane Review 1900-2017

7 Studies

Orientation

Mentorship

Leadership

Clinical Practice Sabbatical

Halter, M. *The Open Nursing Journal,* **2017,** *11,* **108-123**

EXPERIENCED NURSE RETENTION STRATEGIES WHAT CAN BE LEARNED FROM TOP-PERFORMING ORGANIZATIONS

We Believe Bon Secours Is a Place to Work for Life formalizes a culture of honoring age and experience here where more than 40% of new RN hires are 40 years or older

- Mentorship
- Flexible Schedule

Colleen A. Hirschkorn, MPA, RN. JONA Volume 40, Number 11, pp 463-467

MONONGALIA GENERAL HOSPITAL IN MORGANTOWN, WEST VIRGINIA

Achieving local recognition as a community hospital with a culture valuing and empowering nursing

Involving experienced nurses in designing a new state-of-the-art patient tower

- Ergonomic Designs
- Staff input in patient care and staff wellness

Using advanced technology to leverage nursing skills

Aligning compensation and benefits to support RN retention.

SCRIPPS HEALTH SAN DIEGO, CALIFORNIA

40% of Scripps staff will be older than 50 years by 2012

Training in Critical-to-fill clinical positions

Gain sharing paid out more than $7.8 million to more than 9,300 employees in 2007

In-home care for family members

Phased retirement

MITRE CORPORATION

Reserves at the Ready

Recently retired technical staff as members of a reserve workforce

- Less cost to system
- Organizational Knowledge
- Mentorship
- Surge Capacity

Wisdom at Work

The Importance of the Older and Experienced Nurse in the Workplace

Figure 1: Suggested Creative and Innovative Roles for the Aging Nurse

Nursing Roles	Brief Description
Chief On-Boarding Officer	• Assists newer nurses when they join the hospital staff • Helps younger nurses sharpen their problem-solving skills and assists with the integration and transition into the culture • Assists in shaping the organizational culture of junior-senior nurse mentoring
Best-Practice Coach	• Examines the qualitative data • Determines how best to utilize the information • Coaches younger nurses or clinicians to achieve a higher level of clinical performance
Technology Facilitator	• Assists in the development of methods for effectively incorporating the technology into practice
Team Builder	• Coaches younger nurses and physicians, and sets up corrective processes and approaches • Teaches nurses to master the skills needed to serve as team coaches or facilitators
Senior Consultant/ Cost-Benefit Analyst	• Acquires the skills necessary to use new technologies and provides an assessment of the technology from a systems perspective • Determines the return on investment or performs cost-benefit analysis • Determines how to incorporate patient satisfaction data or medical utilization data into practice
Preceptor/Mentor	• Integrates new nurses into the organization and into the practice setting within the organization • Assists in the transition from theory to practice and from novice to expert nurse
Community Liaison	• Serves in a quasi-public-relations or community-action role
Research Assistant	• Participates regularly in "think tank" discussions with multidisciplinary team members for health care delivery issues • Conducts research to assess the needs of older nurses
Relief Nurse	• Performs "limited assignment" of patient care duties for nursing staff during their absence (e.g., during lunch and breaks), which would accommodate the scheduling needs of the older nurse
Safety Officer	• Conducts patient safety assessments and recommends preventive patient care delivery practices
Staff Development	• Addresses the professional development issues of the nursing staff
Communicator	• Serves as the communicator and integrator of cultures for patients/families and staff. There is less ethnic and cultural diversity among the nursing profession than among physicians (i.e., African-American and Latino groups are underrepresented in nursing, and Asian–Pacific Islander and Caucasian groups are overrepresented).
Patient Educator and Family Advocate	• Educates patients/families/caregivers • Facilitates more in-depth education, freeing other nurses for other patient-care responsibilities • Helps patients/families to negotiate the health care delivery system along a continuum of care
Quality Coach	• Uses data for evidence-based patient-care practices to improve patient care

Bleich MR. Robert Wood Johnson Foundation June 1, 2006

SUMMARY

Robust Hiring Practices

- Behavioral Based Questions
- Align with Organization structure and goals

Engagement

- Mentorship
- Education
- Measured Measurement

Replacing

- Predict needs (pregnancy)
- Time it takes to hire

MR SMITH(S)

Why can physician leaders work clinically, but RN leaders cannot?

Why is ED turnover expected -- 30% in six months

Who are the RN mentors, triage nurses and team leaders if the staff turns over every 5 years?

Leaving for quality, safety, and middle management roles

Exit Interviews

NP track-- this is good

- **Red Pill**
- Harsh Knowledge
- Desperate Freedom
- Brutal Truth of Reality

- **Blue Pill**
- Luxurious security
- Tranquil Happiness
- Blissful Ignorance

Blue Pill

- Splash Guards
- Hemoccult developer on lockdown
- Merit Badges medicine
- ACO/Bundled Care

- No coffee at computer
- Spies to check if you wash hands
- Sitters for psych patients

Red Pill

- Staffing to averages=understaffed half the time
- 1/5 nurse friends leaving every year
- Safe patient care is at risk
- Harsh Knowledge, brutal reality

You are the one.

- Name the Elephant in the Room
  - What is the departmental turnover?
  - RN Retention Survey
- Responsibility for the organization is shared
  - Shared Governance
- Build Leadership without loosing leaders.
  - Dual Roles (admin and clinical)
- Independent Judgment is expected
  - Use metrics wisely, but still use them
  - Treat nurses like the knowledge workers they are
- Reflection and continuous learning are institutionalized
  - Exit Interviews
  - Adopt Best Practices

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