Exemplary Professional Practice: Staffing Scheduling and Budgeting Processes

EP11EOa  Nurses participate in recruitment and retention assessment and planning activities.

EP11EOa: Provide one example, with supporting evidence, of clinical nurses’ participation in nursing recruitment activities and the impact on vacancy rates.

Background/Problems(s)
In 2013, Partners HealthCare (Partners) embarked on a five-year project to implement an enterprise-wide electronic health record (EHR), kicking off the Partners eCare (eCare) initiative with the goal of ensuring “one patient, one record, one Team, one Partners statement”. Epic, Inc. was selected as the EHR system. As a member of Partners, Massachusetts General Hospital (MGH) was slated to implement eCare on April 2, 2016. Preparations for this significant implementation began years in advance and the MGH Department of Nursing (DON) was at the forefront of this planning.

Upon recognizing that such an implementation would be optimized by utilizing existing clinical staff to serve in the necessary teaching and subject matter expert roles (as Credentialed Trainers and Super Users), it also became apparent that supplemental staffing would be needed to backfill both the direct care clinical nurses as they completed mandatory eCare training and the subject matter experts. eCare training was scheduled from January 2016 until April 2, 2016 and as such, backfill was required for the three months leading up to eCare go-live as well as for the one month after for two groups of clinical nurses:
1. Clinical nurses on the unit as they attended mandatory eCare training classes
2. Clinical nurses who were serving as Credentialed Trainers and SuperUsers; these clinical nurses would be fully dedicated to supporting the eCare preparation and implementation for the three months leading up to go-live as well as for the month after (until May 1st, 2016).

In March 2015, Jeanette Ives Erickson, RN, DNP, NEA-BC, FAAN, Senior Vice President for Patient Care and Chief Nurse convened a working group of Patient Care Services (PCS) leadership to develop a strategy to address the eCare backfill challenge. Three potential solutions were considered:
1. Hire outside agency staff
2. Utilize the existing pool of staff
3. Establish a clinical nurse residency program for Registered Nurse New Graduates (RN New Grads) and simultaneously offer experienced RNs on general care units (experienced general care RNs) the opportunity to work in the critical care areas via an internal cross-training program (internal cross-training program).

In April 2015, Ives Erickson proposed to the working group that the establishment of an MGH eCare nurse residency (eCare residency) together with the internal cross-training
program for the experienced general care RNs was the best strategic approach for the following reasons:

- An eCare residency and cross-training program would provide an internal pipeline of candidates to fill vacant RN positions that resulted from both normal attrition and budget additions.
- There was an abundance of RN New Grads in the Greater Boston area looking for jobs; for example, in the 2014 calendar year, MGH received over 500 RN New Grad applications for an average 100 vacant RN FTE positions.
- An eCare residency and internal cross-training program was in line with MGH Nursing & Patient Care Services’ Professional Practice Model described in OOD 8, specifically regarding professional development and a commitment to life-long learning. The units’ clinical nurses participate in recruitment activities through their preceptor work with the RN New Grads and the experienced general care RNs.
- Utilizing RN New Grads and internal clinical nurses was a more cost-effective way than hiring agency RNs to support the eCare implementation.
- Utilizing unit staff, alone, would not cover the estimated required hours of needed backfill.
- MGH had proven success in implementing residency programs as demonstrated by previous Critical Care Residency Programs which brought RN New Graduates into 6-month nurse training programs for specialty areas.

A key impact of the eCare residency and cross-training program would be that it would solidify clinical nurse involvement in nursing recruitment activities as the programs would follow the existing model of nurse preceptorship. As preceptors and members of their unit’s staff, they would also have input into future hiring decisions.

**Goal Statement(s)**
The goal of this recruitment initiative (MGH eCare residency program and internal cross-training program) was to decrease the Nursing & Patient Care Services’ clinical nursing vacancy rate to less than 3% post-eCare implementation.

**Key Intervention(s)/Initiative(s)/Activity(ies)**
After determining that the MGH eCare residency and internal cross-training program for experienced general care RNs was the best approach, the MGH proceeded to hire 338 RN New Grads, referred to as “eCare Nurse Residents”, in three main cohorts between June 15, 2015 and December 9, 2015, with the largest cohort (213) being hired in September 2015. These eCare Nurse Residents were hired as temporary employees, having the potential of being hired into permanent positions after completion of their residency. Similarly, 49 experienced general care RNs interested in gaining experience in critical care transferred into areas including Intensive Care Units, Post Acute Recovery Area and the Operating Room in September 2016. These 338 eCare Nurse Residents and 49 experienced general care RNs were hired across almost 60 units and were all precepted by clinical nurses in their practice area.
Across the units, the eCare Nurse Residents and the experienced general care RNs were able to take full patient assignments at the end of their on-boarding periods which varied by practice area, and thus, serve as backfill as the unit clinical nurses attended eCare training or in time for the eCare go-live on April 2, 2016.

In parallel to the eCare implementation, the MGH 2016 Fiscal Year began October 1, 2015 and the MGH DON had received additional RN full time equivalents (FTEs) as part of the budget process. Knowing that the goal of the eCare residency and internal cross-training program was to create a pipeline of qualified clinical nurses who could fill vacant RN positions while also serving to backfill the unit clinical nurses in advance of implementation, units that received new RN budget FTEs kept most of these positions open, intending to fill them with eCare Nurse Residents and experienced general care RNs after the residency programs ended. As such, the intervention time period lasted the entire length of the residency across all cohorts, from June 2015 through April 2016.

In essence, the duration of the nursing recruitment activities lasted the length of the entire residency and internal cross-training program as the clinical nurses serving as preceptors provided essential feedback to unit leadership on the competencies of these eCare Nurse Residents and the experienced general care RNs. By way of example, the clinical nurses on the Gynecology/Oncology Unit (Phillips House 21) played a key role in the recruitment activities of the eCare Nurse Residents. Phillips House 21 hired six eCare Nurse Residents and assigned 2-3 preceptors to each so that they could gain exposure across all work shifts. The preceptors and the unit Nursing Director, Adele Keeley, RN, BSN, NE-BC, met with the eCare Nurse Residents on a regular basis throughout the duration of the residency in an effort to provide additional support to the eCare Nurse Residents; this approach helped to ensure a sense of teamwork amongst the eCare Nurse Residents. The clinical nurse preceptors additionally provided Keeley with feedback on the performance of the eCare Nurse Residents throughout the months of the residency; this preceptor involvement and feedback to Keeley resulted in Keeley hiring all six of the eCare Nurse Residents into permanent positions at the end of the residency program.

A second example of clinical nurses’ involvement in the recruitment activities of the eCare Nurse Residents was from General Medicine Unit (White 10). Nursing Director of White 10, Jennifer Mills-Tamasi, RN, MSN, NE-BC, hired nine eCare Nurse Residents across the three main cohorts. While one eCare Nurse Resident left after only two weeks, the remaining eight eCare Nurse Residents completed the residency program. Similar to how Phillips House 21 handled their preceptorship, Mills assigned multiple clinical nurse preceptors to each eCare Nurse Resident in order for them to gain exposure working with various clinical nurses and across shifts. Mills further assigned clinical nurses to serve as primary and secondary preceptors to each eCare Nurse Resident; these preceptors served as the key points of contact for the eCare Nurse Residents and obtained feedback from all the preceptors. Throughout the residency program, Mills met with the primary and secondary preceptors and the eCare Nurse Residents every two weeks to touch base about the training and field any concerns that were raised. Furthermore, it was the feedback from the primary and secondary
preceptors on White 10 that resulted in seven eCare Nurse Residents being hired into permanent positions on White 10 at the end of the residency and one eCare Nurse Resident being hired onto another unit, General Medicine Unit (Bigelow 9).

Participants: eCare nurse residency/internal cross-training program workgroup

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<th>Title</th>
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Outcome(s)
Nursing leadership on the units and in the practice areas utilized the feedback from the clinical nurse preceptors to assist Nursing Directors in the decision-making process of determining placement options for the eCare Nurse Residents and the experienced general care RNs. Of the 338 eCare residents, 270 were permanently hired into positions and of the 49 experienced general care RNs, 40 were permanently hired into specialty positions.
The accompanying graph illustrates that the eCare Nurse residency and internal cross-training program successfully reduced the clinical nurse vacancy rates, as a result of clinical nurse involvement in recruitment activities. The graph depicts the pre-intervention period as January-May 2015, where the average vacancy rate was 5.3%, the intervention period as June 2015-April 2016 (the residency programs) where the average vacancy rate was 8.2% and the post-intervention period as May-September 2016 where the average vacancy rate was 2.0%, exceeding the stated goal of reducing the RN vacancy rate to <3%.