
HOSPITAL BEST PRACTICES IN NURSE RECRUITMENT AND RETENTION



OFFICE OF INSPECTOR GENERAL
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THIS REPORT

Entitled, "Hospital Best Practices in Nurse Recruitment and Retention," this inspection was conducted to describe techniques used by hospitals to attract and retain nurses.

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TABLE OF CONTENTS

OVERVIEW	i
BRAUNER PSYCHIATRIC HOSPITAL..... Atlanta, Georgia	1
EVANSTON HOSPITAL	3
Evanston, Illinois	
HERMANN HOSPITAL.....	4
Houston, Texas	
INGHAM MEDICAL CENTER.....	6
Lansing, Michigan	
KAISER-PERMANENTE HOSPITAL SYSTEM	8
Northern California	
CRAWFORD W. LONG HOSPITAL.....	10
Atlanta, Georgia	
METHODIST HOSPITAL	12
Gary, Indiana	
NEW ENGLAND MEDICAL CENTER	14
Boston, Massachusetts	
ORLANDO GENERAL HOSPITAL.....	16
Orlando, Florida	
MEDICAL CENTER AT PRINCETON.....	17
Princeton, New Jersey	
ST. LUKE'S EPISCOPAL HOSPITAL.....	20
Houston, Texas	
SEQUOIA HOSPITAL.....	22
Menlo Park, California	
WASHINGTON HOSPITAL CENTER	24
Washington, D.C.	

OVERVIEW

PURPOSE

The purposes of this inspection were to (1) describe techniques used by hospitals to attract and retain nurses, and (2) determine the extent to which nurses participate in hospital decision making through representation on hospital governing bodies and key committees. This report presents our findings on hospital nurse recruitment and retention techniques. Findings on nurse participation in decision making are contained in a separate report.

BACKGROUND

Nurse Retention Problems

Even though the supply of registered nurses (RNs) is at an all time high of 2 million, hospitals are experiencing the most severe RN shortage in recent history. Eighty percent of RNs are working, and of these 68 percent are employed in hospitals. Hospitals need more nurses because sicker patients require highly sophisticated care. At the same time, more nurses are choosing to work in other health care settings. According to American Hospital Association (AHA) surveys, hospital RN vacancies more than doubled from 4.4 percent in 1983 to 11.3 percent by December 1987.

Many factors contribute to the current nursing shortage. They include salary compression and limited advancement opportunities, changing work schedules, frustration in caring for sicker patients and shorter stays, lack of recognition and respect, lack of autonomy in making patient care decisions and fewer students opting for nursing careers.

HHS Nursing Commission

In December 1987, Health and Human Services (HHS) Secretary Otis Bowen appointed a special Commission to study the nurse shortage and provide him with a report and corrective action plan. The Secretary's Commission on Nursing is headed by Carolyn K. Davis, PhD, former Administrator of the Health Care Financing Administration. This inspection was initiated at the Commission's request.

METHODOLOGY

We asked State Nurses Associations in nine States around the country to identify hospitals which had developed strategies to recruit and retain nurses. Eleven hospitals were selected based on their recommendations. Two additional hospitals were identified during our earlier telephone survey. Between June and September 1988, we visited 13 hospitals in 9 States and the District of Columbia to obtain information about recruitment and retention strategies. The hospitals ranged in size from 89 to over 800 beds. As it turned out, all were in urban areas.

and most had achieved substantial reductions in their nurse turnover and vacancy rates since implementing their strategies. We also identified elements that these hospitals had in common.

Earlier this year, during a telephone survey for the another inspection, we also took the time to ask chief executive officers (CEOs) and chief nursing officers (CNOs) at a nationwide random sample of 93 urban and rural hospitals what they were doing to deal with the nurse shortage. We wanted to gain additional perspective on the strategies and techniques used by hospitals to recruit and retain nurses.

FINDINGS

The best practices hospitals visited share common elements which may account for the success of their nurse recruitment and retention strategies. These elements include:

- ***Management commitment to nursing and nurses.***
 - Strong support from the chief executive officer and governing body.
 - Nursing department commitment to the intrinsic value of nursing.

- ***Strong nursing leadership.***
 - Strategic planning.
 - Commitment to patient care.
 - Decentralized decision making.
 - Nurses involved in decision making.
 - Problem identification and solution.
 - Commitment to education.
 - Employee recognition.

- ***Competitive salaries and benefits.***

The opinions of CEOs and CNOs contacted in our telephone survey parallel these findings. Higher pay, increased recruitment efforts and educational benefits were the techniques cited most frequently. Urban hospitals also mentioned a variety of other approaches, including flexitime, greater autonomy in patient care, affiliation with nursing schools, increasing nurse membership on committees and improving relations between medical and nursing staffs. The provision of child care services was generally limited to large urban hospitals.

This report highlights a few of the best practices seen during our hospital visits and provides contacts for readers who would like more information on particular techniques or approaches. The hospitals are presented in alphabetical order.

BRAUNER PSYCHIATRIC INSTITUTE

Smyrna, Georgia

Background: Founded in 1910, Brauner Psychiatric Institute was the first psychiatric hospital in Georgia. Today it is one of three psychiatric facilities in the for-profit Brauner Hospital System, occupying 32 acres in a campuslike setting northwest of Atlanta. Brauner offers inpatient and outpatient psychiatric and substance abuse treatment programs for adolescents and adults. Its 89-bed inpatient acute psychiatric care facility also provides State certified educational services for adolescents.

Twenty-one percent of Brauner's nurses have baccalaureate degrees and 10 percent are masters prepared. The nurse turnover rate, 12 percent in 1986, decreased to 5 percent for the first 6 months of 1988. During the same period, the vacancy rate dropped from 15 to 2 percent. The CNO credits this improvement to Brauner's system of decentralized nursing management.

Decentralized Management: Brauner's nursing department is headed by an Associate Administrator who has decentralized management to the unit level. The CNO's management philosophy is summarized in Brauner's current nursing brochure:

Nurses are valued members of our progressive multidisciplinary team and their ideas, independent judgment and accountability are encouraged and rewarded in a professional atmosphere of mutual trust and participatory management.

Staff RNs manage nursing units, serve on multidisciplinary committees (quality assurance, safety, planning), and co-lead patient councils. Nurses are encouraged to excel and to be creative. In the words of the CNO, "there is always a positive performance expectation."

Nursing Council: Although she represents nursing on the hospital's executive management team, and regularly attends meetings of the Board of Trustees and key committees, the CNO recognized that there was no nurse representation at the Brauner Hospital System corporate level. She established a Nursing Council to discuss nursing issues system-wide and make presentations to corporate management. The Council has been positively viewed at the corporate level and enhances the pro-nursing environment throughout the hospital system.

Management Disney Style: Four years ago, the CNO hired management consultants from the Disney Corporation to train staff in participatory management techniques. The theme which has evolved from this training is that each employee can make an important contribution to the success of the criebe the atmosphere at Brauner as a "caring, supportive family," to which "each of us contribute daily." This attitude also applies to operational concerns, such as staffing, patients' progress and interpersonal relationships.

Brauner's Employee of the Month program recognizes employees who embody the caring and supportive philosophy which now permeates the nursing department. Rewards include a Mickey Mouse watch, a cash gift, picture publication in the employee newsletter and private parking for one month.

Nursing staff also enjoy yearly outings and seasonal softball games, in which all hospital staff are invited to take part. Brauner makes their swimming pool available for use by staff and their families, and sponsors a Grand Slam Tennis Tournament for employees.

Hugs Not Drugs: In conjunction with the Atlanta Hawks, Brauner has established a pro-education anti-drug campaign called "Hugs Not Drugs." Now in its second year, the program includes recorded "rap" messages by members of the professional basketball team.

The anti-drug message is brought to local schools by a multidisciplinary team with financial support from hospital administration. Employees view this program as a positive example of the collegial atmosphere at Brauner. In the words of a staff nurse, "it's all of us working together that makes Brauner a hospital to be proud of."

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EVANSTON HOSPITAL

Evanston, Illinois

Background: With 450 beds, Evanston Hospital is part of a two-hospital system in suburban Chicago affiliated with Northwestern University School of Medicine. Last year, nurse recruitment included about 60 percent experienced nurses, with the remainder being new graduates. Half of the nursing staff have diplomas or associate degrees, 43 percent have baccalaureate degrees and 7 percent are masters prepared. The hospital has a total of 664 budgeted staff RN positions.

Peer Review: Several years ago, nursing administration saw a need to revise the performance review system. The problem was that supervisors were not able to observe all staff behavior and were relying on second hand data to evaluate performance. They established a peer review system that is now used throughout the hospital.

Staff responsibility is the basis for the peer review system: all staff review and are reviewed by their peers. Each person is reviewed by two reviewers -- one chosen by the head nurse and one chosen by the person being reviewed. One reviewer is at the same level as the reviewee, while the second is on a special management administrative career track. The reviewee meets with the reviewers before meeting with the head nurse, who retains decision authority on promotions and pay raises. The head nurse also facilitates the entire process by providing guidance to reviewers and advising them on how to discuss issues with the reviewee.

Marketing To High School Students: The local high school offers a health care course in which students rotate through different areas of health care delivery, including nursing services at Evanston. While at the hospital, students are supervised by a unit preceptor.

Nursing staff have also initiated a program to educate high school counsellors about the profession.

Continuing Education: While the hospital provides no paid educational leave, scholarships of \$2,000 per year for 2 years are available to cover related expenses such as travel and babysitting.

Contact for more information

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HERMANN HOSPITAL

Houston, Texas

Background: Established in 1925, Hermann Hospital is nonprofit, nonsectarian, and receives no tax support. With 908 licensed and 550 staffed beds, it is located in Houston's Texas Medical Center complex. Hermann is the primary teaching facility for the University of Texas Medical School. Nursing services are decentralized with three line directors reporting to the CNO and 38 nursing units operated by 32 nurse managers.

Fifty-five percent of the nursing staff have associate degrees, 10 percent are diploma graduates, 30 percent have baccalaureate degrees and 5 percent are masters prepared. Hermann has 944 budgeted RN staff nurse positions, and a stable vacancy rate of 10 percent. Present nurse-patient ratios in critical care are 1:2 with medical surgical units ranging from 1:5 to 1:8.

Matching Patient Census to the Nurse Resource: Earlier this year the CNO became acutely aware that there were not enough staff nurses to provide quality care to all patients admitted to the hospital. She informed the hospital's other executive officers and the Board that short staffing combined with increasing patient acuity can reduce quality of care, cause job dissatisfaction and stress, and lead to burnout. She recommended that the number of beds be matched to the available nursing staff.

The Board agreed to match the patient acuity to existing nurse resources. In the words of the CNO, "this change enables us to manage the work environment instead of the environment managing us."

The nursing staff were positive about this Board level policy change, as it provided them with tangible evidence that nursing issues are important. The change was seen as a significant step toward improving the work environment and a measurable demonstration of the hospital's commitment to quality patient care.

Research Staff Position: Hermann performs medical research for a wide range of external clients, including other area hospitals, the University of Texas and the U.S. Public Health Service, as well as internally for staff physicians and the nursing department. In an effort to coordinate research, the hospital established a research position filled by a doctoral prepared nurse researcher.

The nurse researcher reviews the proposed protocol with the affected nurse manager, who assesses clinical safety, patient rights issues, staffing requirements and the unit's ability to monitor the studies. A nursing protocol is developed and nursing orders are written. Nurse managers provide in-service education prior to initiation. Staff feedback is solicited throughout the process, particularly on feasibility and quality assurance. Staff believe that the review process enables them to control and manage their work environment, as well as providing an opportunity for collaborative interaction with a multidisciplinary team.

Flexibility through Job Sharing: Hermann encourages job flexibility. One type of flexible scheduling is job sharing, where two nurses share one full-time position. The nurses divide their hours, salary, and benefits in accordance with their personal and professional needs. This option is available to new graduates as well as to experienced nurses.

Professional Practice Unit: In an effort to address problems associated with "floating" between different units, a professional practice program which does not allow floating has been piloted successfully in the Pediatric Critical Care Unit. The entire nursing staff have agreed to rotate "on call" duty on their time off to ensure adequate staffing 24 hours a day, 7 days a week. Nurses are salaried and the number of hours worked is dependent on patient census and acuity.

Performance Plus Program: Performance Plus is an individualized orientation program for RNs and LVNs. It begins with an assessment of a new employee's clinical, technical, interpersonal and decision making skills. Masters prepared clinical instructors then design individualized programs using a simulated clinical laboratory along with self-learning packets, tapes/videos and slide presentations.

The program is mandatory for new employees, and is also made available to experienced staff who wish to acquire, update or practice both fundamental and sophisticated nursing skills. The CNO believes this program has streamlined the orientation program while enhancing the professional competency of staff.

Contact for more information:

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INGHAM MEDICAL CENTER

Lansing, Michigan

Background: Ingham Medical Center is a non-profit hospital in Lansing, Michigan. Although it is self supporting, members of the governing body are selected by the county.

Ingham is budgeted for 365 RNs. About 35 percent have bachelors degrees and 3 percent are masters prepared. The RN to patient ratio varies from 1:1 in intensive care to 1:4 in medical surgical units. Ingham's RN vacancy and turnover rates have remained stable at 6 percent and 15-18 percent for the past 3 years. One reason for this may be the hospital's proximity to Michigan State University (MSU), as nurses married to MSU students tend to remain employed until their spouses complete their studies.

The current CNO came to Ingham about 10 years ago as Vice President for Nursing. One of eight Vice Presidents, she also serves on the Executive Committee.

The CNO's management philosophy is based on enhancing the professionalism of nurses through greater management responsibility. Each major unit is headed by a patient care manager (PCM) who has hiring and firing authority, and is responsible for preparing and presenting the unit budget to the governing body. Consistent with the CNO's philosophy, the PCM's are encouraged to regard themselves as leaders rather than as supervisors of the professional nursing staff.

Enhanced Professionalism through Management Responsibility: Ingham's overall strategy has involved the adoption of a series of methods to enhance staff nurses' responsibility in hospital decision making.

- **Committee Participation:** Initiated a decade ago, RNs now represent their colleagues on the hospital's professional practice, quality assurance, infection control, risk management and ethics/professional standards committees.
- **Enhanced Staff Nurse Responsibility:** This practice involves the relationship between staff nurses and associate nursing administrators (ANAs). Each RN on every shift is responsible to a primary ANA for planning patient care whether or not that ANA works the same shift as the RN. Since no charge nurses are on duty during the evening and night shifts, each RN is personally responsible for the patient's care within the plan she has developed with her ANA.

The CNO has also worked on eliminating the "8-hour mentality." Rather, RNs are expected to render the necessary care in the necessary time. This means not only that no overtime is paid but also that the nurse is not expected to be there a full 8 hours if the patient care does not require 8 hours. The focus is strictly professional: on the patient rather than on the clock.

Nurses are also responsible for decisions on such matters as capital equipment for patient care. They are expected to reach consensus on the most cost efficient and patient effective equipment purchases, and to make recommendations to hospital management.

- *Yearly Step Increases:* Ingham recently expanded the seven-step floor nurse career progression to nine steps. For advancement to the ninth step, RNs must demonstrate a high level of accomplishment in such activities as:
 - collaboration with other health professionals to benefit the patient;
 - service on hospital committees;
 - participation in professional organizations; and
 - contributing to the development of unit goals.

Development of these additional steps is expected not only to deal with the problem of wage and advancement compression for staff nurses but also to foster greater professionalism. A nurse at Step Nine can earn more than a supervisor and be considered for management positions even without prior formal management experience.

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KAISER - PERMANENTE HOSPITAL SYSTEM

Northern California

Background: The Kaiser Foundation Health Plan started during World War II to provide health care for Kaiser-Permanente's California employees. The system is divided geographically and the northern regional office monitors 14 medical centers and 26 clinics throughout northern California.

The system employs approximately 6,000 staff nurses in the northern area. Most of the hospitals are long-established community facilities and four are teaching hospitals. The RN vacancy rate for the first quarter of 1988 was 5.4 percent, down from the 1987 rate of 7.1 percent. Turnover stood at 7 percent in 1987.

Kaiser has piloted a variety of programs in hospitals throughout the system.

Boosting Nursing School Enrollment: In a cooperative effort with the University of San Francisco (USF), associate degree nurses can receive BSN degrees by completing a specially tailored 15-month program. Tuition for this program is one-third less than the regular rate because Kaiser staff serve as instructors and Kaiser provides the classroom. The program is structured to enable nurses to continue working while attending classes 2 days per week. Students complete the clinical work in their own hospitals. They are expected to work in a Kaiser facility at least 1 year before acceptance to the program.

Joint Practice Committees: The Kaiser Hospital in Sacramento, California has initiated several joint practice committees to give physicians and nurses an opportunity to "tackle issues together." Committees on pediatrics, obstetrics, intensive care, diabetes, hospice and medicine/surgery meet monthly to discuss problems and issues in a collegial environment. While most physician members are volunteers, nurses are selected by peers. Nurse committee participation is also included in the training budget. As expressed by the CNO, "money spent to involve nurses is money well spent."

Paired Care: The Sacramento facility is piloting a paired care model on one medical/surgical unit of the day shift. The hospital has paired summer intern nursing students who have completed a semester of clinical training with three RNs to assist in rendering bedside care. The RNs review and assess the interns' basic nursing skills.

Reduced Layers of Management: In the Sacramento facility, seven clinical coordinators (equivalent to head nurses), along with a few assistant clinical coordinators for intensive care and the night shift, are the only management layer between the CNO and staff RNs. The CNO arrives at the hospital by 6:30 a.m. daily, primarily to be accessible to the night staff. She maintains high visibility by making rounds of several units each day and rotates services throughout the week. During orientation for new staff, the CNO emphasizes her open door policy so the nurses will realize she is always accessible. The CNO feels that "staff nurses

have a lot of autonomy. They have to make some good decisions...and should not be afraid to call the physicians directly when necessary."

Forgivable Loan Program: In a new program similar to the Federal Health Professions Nursing Loans of the 1960s, students can apply for loans after completing half of their nursing training. After graduation, students work at Kaiser for a specified number of years.

Most new hospital programs are developed by multidisciplinary teams of physicians, nurses, human resources staff and administrators. These working groups have existed in the Kaiser regional setting for years to "advise, lobby and negotiate" for improvements in health care delivery and maintaining good staff.

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CRAWFORD W. LONG HOSPITAL

Atlanta, Georgia

Background: The Crawford W. Long (CWL) Hospital of Emory University is a 503-bed acute care facility located in Atlanta, Georgia. Over 75 percent of its nursing staff have RN or BSN degrees. Operating at increasing levels of capacity since 1986, the 1987 vacancy rate was 6.6 percent and the turnover rate was 8.5 percent. These statistics have improved steadily since 1976 when the RN turnover rate was 85 percent.

In an effort to identify factors contributing to the unacceptable level of turnover, the CNO conducted three surveys:

- Telephone interviews with nurses who had resigned. Half of the respondents identified inadequate orientation and supervision as their main reason for leaving.
- Current nursing staff were asked why they stayed at CWL. Seventy-eight percent were primarily interested in patient care and patient focused issues.
- Current staff were asked to identify the job factors they considered most important. Patient care was the number one response, followed by adequate staffing and congenial working relationships.

Analysis clearly indicated that nurses were focused on patient care and their concerns were related to bedside nursing. However, the only opportunities for career advancement required leaving direct patient care.

As a result of the surveys, CWL adopted a primary nursing practice model, improved orientation programs, implemented a preceptorship program, and established a 16-member career ladder task force. The task force conducted 2 years of research into other available programs, interviewed staff on all shifts, and assessed available resources before recommending a course of action. The CNO served as a consultant to the task force.

Two-Track Career Ladder: In 1980, CWL piloted the Nursing Career Advancement Program. The following year, a dual-track, five-level career ladder was implemented. It provides for career advancement in both patient care and administration.

Every nurse was expected to apply for a career ladder position. One inducement was that no salaries would be reduced and nearly 300 received salaries increases. The task force remained active during the transition from a system which promoted away from bedside nursing care to one where promotions were based on behavioral competence in either clinical or managerial areas. They provided workshops and interacted with employees as needed to aid the transition.

years experience. The continuity of care provided by RNs and nurse practitioners is credited with creating an environment which is conducive to staff retention.

Another element of this career ladder is that advanced degrees are not required to progress through the five steps. However, the hospital does provide scholarships for nurses wishing to pursue advanced degrees.

The CNO credits the career ladder with retention of a highly skilled nursing staff with an average tenure of 5 to 7 years, able to provide quality care to acutely ill patients within today's cost-containment environment. The CWL employs no nurse recruiter; positions are filled by employees' recommendations or responses to local advertising.

The nursing department's dedication to patient care is further demonstrated by their inverted organizational chart which features the patient and family at the very top.

Neonatal Nurse Practitioner Program: Eight years ago, CWL pioneered the neonatal perinatal nurse practitioner program in the State of Georgia, to provide 24-hour coverage in a high risk service area. The relationship among staff nurses on this unit is both collaborative and collegial. There are no RN vacancies, and the average staff RN has at least 5 years experience. The continuity of care provided by RNs and nurse practitioners is credited with creating an environment which is conducive to staff retention.

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METHODIST HOSPITAL

Gary, Indiana

Background: Methodist Hospital is a 600+ bed two-hospital system with campuses in Gary and Merrillville, Indiana. It sponsors a family practice residency program and serves as a teaching/training site for nursing, dietary, physical therapy, pharmacy, and social work. Methodist is affiliated with Indiana University Northwest in the areas of nursing school extern program, clinical elective courses, and nursing research. Eighty percent of the nursing staff have diplomas or associate degrees, 19 percent have baccalaureates and 1 percent are masters prepared.

Five nurse clinical levels employed at this hospital are based on skill, merit, special projects and participation in educational and research activities. Pay scales are tied to clinical level rather than to formal education. Methodist has 691 budgeted staff nurse positions. Vacancy and turnover rates for the first half of 1988 were 8.7 percent and 15 percent.

Collaboration with Local University: To maintain a continuing supply of well-educated nurses, Methodist has entered into a variety of collaborative ventures with the Indiana University Nursing School.

- **Student Extern Program:** Established in 1975, the hospital's program of hiring student externs has been so successful that last year, 80 percent of their senior externs were hired into permanent positions. The program has now been expanded to bring students into the hospital at an even earlier stage of their education.

- Level I externs, new nursing students with no course work completed, are hired to support professional staff for a few hours of non-patient care duties. The objective is to provide early exposure to the hospital philosophy and culture.

- Level II externs, students with at least one semester of course work, are assigned "bed and breakfast" duties, such as feeding patients.

- Level III externs, in their final year of nursing studies, provide some direct patient care under RN supervision.

- **Work-Study Clinical Electives:** A joint work-study clinical elective course provides students experience in hard-to-recruit areas such as the operating room and neurological units. The hospital pays tuition and provides a small stipend. Students work with clinical preceptors and are taught by staff nurse experts. Due to the extremely positive response, this clinical elective program may be expanded to the neonatal, medical/surgical and oncology units.

- ***Project Overlap:*** This is a joint project, now in the planning stages, aimed at recruiting bright high school students into nursing. High school students will have an opportunity to take university level science courses, earning both high school and college credit for their course work.

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NEW ENGLAND MEDICAL CENTER

Boston, Massachusetts

Background: A 469-bed acute care facility in Boston, Massachusetts, the New England Medical Center serves as a diagnostic and referral center for multiple medical and surgical specialties and is the primary teaching facility for Tufts University School of Medicine. The Center is known for specific expertise in cardiology, cardiac-thoracic surgery, oncology, orthopedics and neonatology. With an RN complement of just over 600, the nurse vacancy rate was zero during 1986 and 1987 and stands at 4 percent for the first 9 months of 1988. This year's RN turnover rate is 12 percent.

Nursing Case Management: The Nursing Case Management advanced professional practice model was implemented 2 years ago, and is credited with attracting nurses to the Medical Center. The approach is more than a nursing model; it is also a philosophy of nursing and patient care.

Nursing case management is the application of traditional management skills at the individual level by the primary care giver to achieve positive outcomes economically and efficiently within a specific period of time. Fundamental to this system is the belief that the case management role is best filled by the clinician who relates directly to the patient and family. Care is provided by a formal nursing group practice, and is coordinated by the nurse case manager in collaboration with the physician.

Development of the nursing case management model involved a complete reexamination of the nursing role in the hospital setting. Hospital management recognized that nurses were no longer satisfied to function in the shadow of the medical profession and that they wanted to participate in decisions on patient care and the restructuring of delivery systems. They felt that responding to the current nurse shortage required a reformulation of the nurse role and that recruitment and retention strategies would fall short if this was not done.

As a professional practice model, nursing case management acknowledges nurses' valuable and unique contribution as collaborative members of the health care team. It also responds to many of the complex issues facing administrators, managers, and clinicians as they develop strategies to achieve quality care in a cost effective manner.

Managed care requires a skilled clinician/manager who is committed to both the patient and the institution. Nurses have traditionally not been skilled in management, nor have they been given the information, tools or authority to manage care beyond their own shifts. The case manager is the primary nurse responsible for developing individual patient care outcomes. The case manager is accountable for meeting those outcomes within (1) an appropriate length of stay, (2) limited resources and (3) established standards.

Case managers use standardized plans of care that have been jointly developed by nursing and medicine for given medical case types. The plans are highly detailed and provide an explicit standard by which to continuously monitor patient progress. Case managers also use abbreviated versions of case management plans known as critical pathways. The critical pathway shows the key incidents, e.g., tests, treatments, discharge planning, that must occur in a timely fashion to achieve an appropriate length of stay.

According to the CNO, nursing case management has elevated nursing to a position of authority within the institution, while clearly defining and translating into actual practice the profession's goals of collaboration and accountability.

Initial data suggest that this model has: (1) promoted nurses' professional development and satisfaction, (2) met or reduced length of stay timelines, (3) achieved expected clinical outcomes, (4) promoted collaborative practice, coordinated care and continuity of care, and (5) utilized appropriate or reduced resources.

In an effort to share this model as widely as possible, Medical Center staff consult with hospitals throughout the U.S. and in England, publish a quarterly newsletter entitled, "Definition--The Center for Nursing Case Management," hold workshops and author publications.

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ORLANDO GENERAL HOSPITAL

Orlando, Florida

Background: Orlando General Hospital is a not-for-profit community hospital with 197 licensed beds. It employs about 180 RNs, of whom 20 percent work on a part-time basis. Last year, the overall turnover rate for nurses throughout the hospital was about 18 percent.

The hospital's obstetrics and gynecology (OB/GYN) unit faced a particularly serious problem. Many OB/GYN nurses were resigning out of frustration from being "floated" to other units where they felt inexperienced and inadequate. Money appeared to be only a temporary motivator. Recruitment of new OB/GYN nurse specialists was proving difficult, and the use of expensive private agency nurses was increasing. In an attempt to address this problem, the obstetrics nurses researched and established a professional practice unit.

Professional Practice Unit (PPU): Based on the concepts of autonomy and self-governance in the nursing unit, the PPU operates as a completely separate entity. Each nurse is personally responsible for the type and quality of care given and the success and productivity of the unit as a whole. Nurses make decisions on care, scheduling and budget.

Key elements of the PPU include the following:

- **Self-scheduling:** Staff schedule their own work hours using guidelines determined by majority vote. Flexible 4-day, 10-hour shifts provide optimal coverage. Shifts vary from traditional schedules by starting hourly between 5:00 and 8:00 a.m., 1:00 and 3:00 p.m., and 8:00 and 10:00 p.m.
- **Salaried Staff:** Nurses receive no overtime or "on call" pay. The unit estimates annual savings of \$100,000 by eliminating pool and agency nurses and overtime pay, while increasing nurse salaries.
- **Decision by Committee:** Committees known as "quality circles" make decisions on unit operations: education, peer review, budget, quality assurance, staffing and scheduling. Each circle consists of three to five nurses who rotate between committees every 2 months. Every nurse participates, some in two circles simultaneously.
- **Regular Staff Meetings:** Nurses are required to attend at least one of the two staff meetings held every month. Three to five nurses also participate in the monthly physicians' meeting. Communication between nurses and physicians has improved since this practice started.
- **Self Performance Appraisals:** Nurses evaluate their own performance and their self assessments are reviewed by peers.

THE MEDICAL CENTER AT PRINCETON

Princeton, New Jersey

Background: The Medical Center at Princeton (MCP) is a 440-bed complex located in Princeton, New Jersey. The acute care facility has 270 beds, the skilled nursing rehabilitation unit has 90 beds, and the psychiatric unit has 80 beds.

When the present CNO assumed her position in 1980, the nurse turnover and vacancy rates were 38 percent and 18 percent respectively. After soliciting staff feedback and analyzing the situation, she sought and received Board approval of her pro-nursing philosophy, and for several significant actions:

- improved nursing salary and benefits structure;
- decentralized nursing management;
- establishment of clinical career ladders;
- implementation of a closed unit staffing system;
- creation of a hospital-based nursing pool; and
- adoption of a patient centered care model.

The success of these measures was reflected in the 1982 vacancy and turnover rates of 15 and 2 percent. These rates remained stable until January 1987, when competing facilities began offering large salary increases, bonus packages and bounties to attract area nurses. Many MCP nurses accepted positions at these hospitals. The remainder found themselves working double shifts, too many weekends and floating to units with insufficient personnel. Turnover rose to 27 percent and the vacancy rate reached 19 percent in 1987.

Importance of Board Support: The CNO's first step was to seek Board approval for a 20 percent across the board salary increase for nurses, to be granted in three steps throughout the year in order to maintain parity. Many board members are CEOs from neighboring Fortune 500 companies. Their business expertise enabled them to recognize that they "can't run the hospital without nurses." They approved the salary increase.

New Ways to Deliver Patient Care: The CNO also sought staff input on the reasons for their dissatisfaction. Three areas were identified: schedules, salary/benefits and nursing/non-nursing functions. As a result of recommendations made by subcommittees established to address these concerns, a number of actions have been taken:

- *Creative Work Schedules* - A weekend premium pay pilot program has been instituted which has allowed staff more weekends off.
- *Salary/Benefit* - Staff have received two raises and an increase in base salaries.
- *Nursing/Non-Nursing Functions*: Within the primary nursing model, nurses identified all functions they were performing, and then distinguished between those which must be performed by an RN and those which could be delegated. This exercise led to a complete rethinking and analysis of delivering care economically without sacrificing quality.

The result was a new care model which clearly identifies patient care functions and the responsible staff person. Tasks were incorporated into job descriptions and inservice orientation was provided. Professional nursing staff are no longer being substituted for support personnel whose positions had been eliminated to cut costs.

The CNO remains committed to "nursing being able to provide complete, high-quality care -- making the system revolve around the caregivers, not the caregivers around the system." The Board's continuing support for nursing has been recognized throughout the hospital, and has been influential in improving nurse-physician relationships. The pro-nursing environment coupled with these specific changes have already had a positive impact. During the first half of 1988, both turnover and vacancies dropped to 12 percent.

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ST. LUKE'S EPISCOPAL HOSPITAL

Houston, Texas

Background: St. Luke's Episcopal Hospital is a private, not-for-profit, acute care facility located in the Texas Medical Center complex in Houston. Recognized as one of 10 major surgical centers in the world, it performs 12,000 surgical cases per year. With 949 licensed beds, St. Luke's provides care in 40 medical specialties.

When the current CNO came to St. Luke's in 1985, the RN turnover and vacancy rates stood at 66 and 28 percent. The CNO saw this crisis as an opportunity for change. A self-described listener and facilitator, she has fostered an environment that is "focused on solving problems." Both staff and patients are seen as problem identifiers and problem solvers. Their opinions are continually sought through an ongoing survey process initiated by the CNO.

The CNO's credibility with staff, peers and upper management has been built on swift implementation of recommended changes. She challenges staff not to overstudy a problem, but to determine what needs to be done, test a solution and, if it fails, try again. The success of this technique has been borne out by dramatic drops in nurse turnover and vacancy rates to 6 percent and 8 percent for the first half of 1988. It was also from this proactive environment that nurses were selected to staff St. Luke's "Super Unit."

Super Unit: The Super Unit is a 47-bed medical-surgical unit where solutions to problems are piloted. All staff identify problems. A resident management engineer investigates issues and quantifies possible solutions. Every step includes input from unit staff. Two current projects are highlighted below:

- **Installation of Additional Telephones:** With most of their time spent at the bedside, nurses found that they often missed calls from physicians because of the time needed to reach the nurses' station. Installation of extra telephones half-way down the halls has resulted in a 50 percent improvement in the number of calls completed.
- **Patient Care Area Pharmacist:** When staff nurses reported they were spending too much time performing pharmaceutical functions, a pharmacist was assigned to the unit. The resident pharmacist has proven to be a valuable resource to physicians, nurses and patients, and nurses' time has been freed up for nursing tasks. In the words of the pharmacy director, "we are no longer just a voice at the other end of the phone."

Community Outreach Program: This program began in April 1987 when a nurse asked for help in making a health presentation at her child's school. By June 1988, the program had made 62 visits to schools and health fairs and contacted over 20,000 children and adults on 263 health topics. It has involved multidisciplinary teams of nurses and other staff from St. Luke's laboratory, dietary and pharmacy departments, as well as professionals from other institutions.

Shared Governance: The theme of St. Luke's shared governance is nurses' accountability and responsibility for patient care. It is based on "promoting professional nursing from the bottom." St. Luke's adopted its three-tiered model of shared governance 2 years ago.

- **Unit Council:** Consisting of unit staff nurses, it deals with all issues affecting the unit, e.g., hiring, budgets, scheduling, peer review. Unit councils are fully operational.
- **Clinical Area Council:** Still in the planning phase, its responsibilities cover an entire clinical specialty.
- **Staff Nurse Council:** This hospital-wide body includes representatives from all unit councils and is co-chaired by an elected staff nurse and the CNO. It addresses problems involving more than one clinical area. All clinical task forces and committees report to it.

Nursing Support Services: Initially created to help nurses deal with changes in the nursing department, the NSS is a confidential service of professional and personal support for bedside nurses. Aid is provided in an environment where any job related or personal concern can be discussed.

- On the professional side, the NSS clinical nurse specialists consult on pain management, bereavement counseling and other clinical specialties, as well as providing in-service education specifically tailored to the unit's staff needs.
- On the personal side, NSS offers career counseling, support groups, negotiation skills and substance abuse programs.

In the words of the CNO, NSS "acknowledges that nursing is difficult and affirms its importance to the organization."

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SEQUOIA HOSPITAL
Redwood City, California

Background: Built in 1950, Sequoia Hospital is 438-bed not-for-profit acute-care facility located in Redwood City, California. Over the past 2 years, extensive renovations have been completed in the labor and delivery areas, birthing rooms and extended nursery areas. Due to increased births in the area, the hospital added a level 2 nursery to care for babies with medical problems. A short stay admission unit is under construction. The hospital is known for its cardiovascular department and provides a variety of specialty services including coronary bypass surgery, coronary research and invasive cardiac procedures, sleep disorders treatment and extended care.

In June 1988, budgeted RN positions totalled 534, over twice the number needed in 1981. Half of the nursing staff have associate degrees, 40 percent have baccalaureate degrees and 10 percent are diploma nurses. All clinical specialists and some unit managers are masters prepared.

During 1980-81, the RN turnover was 16 percent. Today it is less than 3 percent. The RN vacancy rate for the first 6 months of 1988 was 6 percent and the average length of RN employment now stands at 9.5 years. The RN to patient ratio varies from 1:1 for the intensive care and cardiac care units to 1:6 for the medical/surgical unit.

The CNO is an Associate Administrator, who believes that "nursing has a very strong presence in senior management at Sequoia." She stressed that many changes in the hospital are possible because "we have an administrator who is a real supporter of nursing."

Nurse Internship Program: The hospital has had an active recruitment committee since 1980. One of its most successful programs is the nurse internship program which began in early 1987. It is geared toward senior nursing students from several area nursing schools who have at least 1 year of clinical training. Students complete a summer orientation and work part time during the school year. Since Sequoia nurses have a reputation in the community of treating patients well, students are very receptive to the program and many accept permanent employment after graduation.

Because the interns are already familiar with the hospital when hired into permanent positions, their orientation costs are lower than for other new graduates and the time required to become fully productive employees is reduced. The intern program is designed for 15 to 20 students and is funded through the regular hospital budget. As expressed by the CNO, it has been "extremely successful."

Hospital Nursing Committees: Sequoia has three nursing committees which are highly visible throughout the hospital.

- *Council on Nursing Practice* (formerly the Procedures Committee): This group of 15 to 20 nurses from all clinical specialties update policies, procedures and protocols. The committee works so well that revision of the nursing procedures manual will be completed 1 year earlier than its original deadline.
- *Nursing Quality Assurance Council*: This is a group of staff nurses, with clinical specialists as advisors, who develop standards of practice. They conduct a mock JCAHO inspection and inform managers of possible violations that should be corrected before the actual review. They also write a "Staying Ready for JCAHO" column for the hospital's monthly nursing newsletter.
- *Nursing Excellence Committee*: This committee reviews issues and problems identified by nursing staff and develops proposed strategies and solutions. Issues addressed to date include (1) accessibility of administrative and nursing managers, (2) marketing the hospital in the community and (3) the handling of non-nursing tasks.

Adopt-A-School Program: Several years ago, Sequoia "adopted" an area middle school. During National Nurses Week, nurses visit the school and meet with students. To expand the contact beyond the health care professions, hospital accounting staff meet with math students to discuss careers in accounting. The students produce crafts for patients and provide the entertainment for the annual employee appreciation dinner during the holidays. The hospital has also started a junior nurses' club at the school and plans are underway to conduct student tours of the hospital.

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WASHINGTON HOSPITAL CENTER

Washington, D.C

Background: Washington Hospital Center (WHC) is an inner city teaching facility, which serves as both a trauma center and a regional health care provider. Upon completion of a new addition, bed capacity will total 871. The WHC is the "flagship" facility of the Medlantic Health Care Group.

The WHC employs five RNs for every auxiliary staff person. The RN vacancy rate for the first quarter of 1988 was 7 percent in an area where the average is 18 percent. Over half of the nursing staff have bachelors degrees and about 10 percent are masters prepared. Nurse patient ratios vary from 1:1.2 in intensive care to 1:5 on the medical/surgical units.

In 1978, WHC nurses went on strike for 31 days to protest wages and working conditions. In March 1982, major strategic downsizing occurred wherein 13 top level executive positions were deleted from the hospital's organizational structure. The Department was reorganized and the executive team trimmed to six. It was in this crisis environment that the present CNO accepted the challenge "to establish a dynamic nursing division -- one that respects, recognizes and underscores the value of professional nursing practice."

The Team Approach to Everything: The reorganized executive team set about turning around a nursing department with a "poor self-image." Using an approach where no one team member, including the CNO, was overly visible, they completely restructured the nursing department. Policy and procedure formats were modified, committees were restructured to include staff nurses, communication lines were opened, a professional practice model was implemented, and a nursing management information system was established. In addition, the nursing focus was shifted to a business approach to health care delivery, and the nursing philosophy was revised.

The WHC Nursing Philosophy: The executive team believes that the nursing philosophy "must say what you believe in." It is the underlying basis for all activities which are targeted toward "always reaching beyond the expected" level of performance and fostering excellence in nursing practice. The philosophy, reprinted below, is displayed prominently on all desks and work areas in the nursing department.

Nursing at the Washington Hospital Center is

Distinction in clinical nursing practice through working with each patient and family to maintain or restore the optimum level of health or to face death with dignity.

Distinction in nursing research and education through advancing and supporting the acquisition of knowledge.

Distinction in nursing administration through leadership within an atmosphere of collaboration, creativity and positive regard.

Nursing Product Line: The product line was developed to recognize WHC's clinical nursing expertise and foster nursing's image as a business. All nursing staff were asked for information on existing nursing products or those under development. Four marketable product areas were identified: operations management, consultant services, educational seminars and publications.

After developing products in each of these areas, WHC formally introduced its product line in October 1986 at the annual meeting of the American Organization of Nurse Executives. Two WHC products are highlighted below.

- **Nursing Connections:** "Nursing Connections" may be one of WHC's most innovative and ambitious projects. It is the first scholarly nursing journal published by an acute care facility in the country. The journal promotes collaboration between nurses in a variety of practice settings and bridges the gap between education and practice. Articles are written by nurses, business professionals, lawyers and others interested in contributing to the practice of nursing.
- **Team Teaching:** Area universities asked the CNO to teach nursing administration courses at the senior masters level. She accepted on the condition that she be allowed to involve a 17-member multidisciplinary team to teach each course. She believes that, "everyone brings strengths and expertise to the effort." A collaborative environment allows "everyone to be recognized."

Last year, product line activities raised a substantial amount for the nursing budget. The successful marketing and delivery of the product line demonstrates an ability to blend business with nursing while enhancing professional growth, recognizing nursing as a leader in the health care delivery system, and creating an environment conducive to recruiting and retaining qualified and highly committed staff.

Nursing Fellowship: Early in 1989, the first post graduate nursing fellowship in health systems management will begin with the Harvard School of Public Health.

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