

## Retaining experienced nurses

### *Strategies to keep nurses injury-free and at the bedside*

The Robert Wood Johnson Foundation (RWJF) is the nation's largest foundation devoted to improving health and healthcare, and one of its main focus areas is nursing. To reduce the effects of the country's increasing nursing shortage and improve the quality of patient care, RWJF identified a need to encourage experienced nurses to remain at the bedside, where their knowledge and leadership can be harnessed to deliver high-quality patient care and to train the next generation of nurses.

RWJF's program—Wisdom at Work: Retaining Experienced Nurses—was created to study how hospitals around the country are keeping nurses satisfied and on staff for the long haul. The foundation selected 13 facilities, nine of which are ANCC Magnet Recognition Program® recipients, to participate in the program. Each facility was awarded approximately \$75,000 toward the 18-month research project.

"We need to take advantage of the knowledge that experienced nurses have accumulated through their years in practice, and to identify changes that will encourage more nurses to stay in their jobs," says **Nancy Fishman**, research and evaluation senior program officer at RWJF.

The hospitals that are identifying changes to keep experienced nurses at the bedside and injury-free include three Magnet-designated facilities, which will share their final results with RWJF in the summer of 2008, but are already experiencing success.

### **Centra Health**

Centra Health, located in Lynchburg, VA, identified an employee satisfaction issue resulting from the practice of pulling nurses from their home units to fill in for vacant shifts on different, unfamiliar units where nurses felt they did not have the necessary skills.

"Our nurses were frustrated because they would begin work outside of their home unit and have great difficulty knowing who could help them, who the patient clientele was, and what the doctors' needs were," says **Patty Bumgarner, RN, BSN, CCRN**, director of critical care at Centra Health.

To successfully make a change, Centra Health created a task force of unit managers and staff members to find strategies that would help units solve their staffing issues without needing to pull from other units. The group decided to implement closed staffing.

The task force met with nurse managers at other units who had closed staffing in place—such as the post-anesthesia care unit (PACU)—for their knowledge and strategies.

To promote nurse autonomy, the facility gave nurses the responsibility of determining their own strategies to fully staff their home units to keep nurses at the bedside when a nurse within the unit was absent.

Bumgarner reports that the new policy has positively affected the hospital. "Nurses and physicians are more satisfied, and so are the patients because they have the same nurse working with them all the time," says Bumgarner.

Centra Health is using the RWJF grant to document the process and implementation of closed staffing so RWJF can share the strategies and success with other hospitals.

It is also creating a tool kit that details how it implemented closed staffing and leadership tips for unit managers who want to do the same.

Bumgarner says the kit demonstrates Force of Magnetism 9: Autonomy by encouraging nurses to find the methods that work best for staffing their own units without pulling from other units.

Since closed staffing has been in effect, Bumgarner says she has seen the increase of nurse satisfaction have a positive effect on open positions.

"Our vacancy rate was 18% when we first started closed staffing, and now we are down to 8% or 9%," says Bumgarner. She suggests that facilities that want to replicate closed staffing follow these steps:

1. Help staff members understand why keeping nurses at the bedside is important for both the nurse and the patient.
2. Create a task force of unit managers and staff members who would like to help make this change. Also add nurse managers who already have a closed unit, such as the PACU and the cardiovascular recovery unit, who can provide tips on creative scheduling.
3. Make sure you have a consensus with unit managers and staff members on the development of closed staffing before you begin.
4. Work with staff members to decide how each unit will meet the needs of the census.
5. Schedule frequent meetings with house supervisors and nurse managers to answer questions and/or concerns.
6. Determine a start date.
7. Have unit managers submit schedules at core staffing meetings to evaluate progress.

### **St. Joseph's Hospital**

St. Joseph's Hospital—the only hospital in Atlanta to earn Magnet Recognition®—also wanted to improve staff satisfaction, but this facility turned its attention to keeping nurses injury-free when lifting and moving patients.

Before being awarded the grant from RWJF, St. Joseph's already had a basic minimal lift program in place, but the grant allowed it to expand and enhance the program

through conducting research and using better materials. According to **Diana Meeks-Sjostrom, PhD, RN, MSN, FNP-C, ONC**, director for nursing excellence, St. Joseph's Hospital is striving for a greater focus on staff and patient safety as it continues expanding the minimal lift program from the grant.

St. Joseph's Hospital is using some of the grant funds for the following:

- Providing incentives to encourage nurses to participate in minimal lift program studies
- Creating education materials for implementing unit-based meetings to start minimal lift programs on individual units
- Encouraging hospitalwide participation in minimal lift program activities and educational materials
- Developing videotaped minimal-lift training modules for hospital employees, and creating other projects that are focused on decreasing patient movement-related injuries to nurses and caregivers

"Efforts resulting from the RWJF grant will assist in nurse retention, satisfaction, and recruitment [as well as] benefit our patients, their families, and the community by providing the highest quality, compassionate care," says **Stephanie Lopuszynski, RN, BSN, BS**, research nurse and admission nurse.

### **Vanderbilt University Medical Center**

Vanderbilt University Medical Center, located in Nashville, also saw a need to keep nurses injury-free when lifting or moving patients. Vanderbilt began a minimal lift program in April 2006 because of the hospital's focus on patient and staff safety, according to **Sabrina Downs, RN, MSN, MBA**, director of Magnet Recognition. "Our minimal lift program is an excellent example of an institutional program that directly benefits direct care nurses and patients," she says. She adds that the program improves safety and nurse satisfaction. Vanderbilt modeled its minimal lift program after tools that were developed by the Tampa VA hospital. These tools include:

- Safe patient-handling training for all nurses and care partners
- Up-to-date equipment that handles a variety of patient-handling tasks
- Ongoing competency assessment for the minimal lift program
- Problem-solving procedures and patient assessments to incorporate proper equipment use

Vanderbilt monitors the outcome of the minimal lift program through assessment of the following four key indicators: evaluation of nurse injury rates; monitoring worker's compensation costs; tracking staff member satisfaction; and tracking staff member turnover and performance.

"To date, we have seen a reduction of over 55% in the number of injuries related to patient handling," says Downs. "The minimal lift program contributes to a safe environment for nurses and patients at Vanderbilt University Medical Center."

*Source: HCPPro's Advisor to the ANCC Magnet Recognition Program®, May 2007, HCPPro, Inc.*