Building employee retention and engagement through workforce empowerment

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Medical Center Campus
Barnes-Jewish Hospital
Barnes-Jewish College of Nursing
St. Louis Children’s Hospital
Rehabilitation Institute of St. Louis
Washington University School of Medicine

20,000 employees on campus
World Class Facilities

Center for Advanced Medicine

- Siteman Cancer Center, the only NCI designated comprehensive cancer center within 240 miles of St. Louis.
- Siteman is one of 20 National Comprehensive Cancer Network members, an alliance of the world’s leading cancer centers.
U.S. News & World Reports
BJH Ranked # 9 in 2009

• 17th consecutive year on Honor Roll
• Ranked in 15 individual specialties

- Cancer - 24
- Digestive Disorders - 15
- Ear, Nose & Throat - 10
- Endocrinology - 11
- Gynecology - 31
- Geriatrics - 22
- Heart & Heart Surgery - 12
- Kidney Disease - 8
- Neurology & Neurosurgery - 8
- Ophthalmology - 14
- Orthopedics - 11
- Psychiatry - 14
- Respiratory Disorders - 9
- Rheumatology - 18
- Urology - 21
Barnes-Jewish Hospital
2008 Statistics

- Licensed adult beds - 1,223*
- Staffed adult beds - 1,074
- Nursery Bassinets - 50
  - Employees - 9,317
  - Physicians - 1,832
- Interns and fellows - 831
- Inpatient admissions - 53,831
- Emergency department visits - 81,895
- Outpatient surgeries - 18,270
- Inpatient surgeries - 18,157

* As of March, 2009
World Class Recognition: Magnet Designation

- Highest award for nursing excellence.
- First adult hospital in Missouri to receive Magnet designation.
- Rigorous application process and standards showcase the talents of Barnes-Jewish nurses.
Rewind- 2003

- Staff nurse turnover: 18%
- Staff nurse vacancy: 20%
- Use of agency house-wide
- New CNE/VP of Patient Care Services
- Designated Magnet October 2003
- New model of care on the horizon
- New Position: Chief Retention Officer
Challenge

Reduce staff nurse vacancy and turnover by developing a comprehensive retention program to improve staff nurse engagement.
Shared governance

- Placing decision making in the hands of the professionals who do the work.
- Modest concept in place at BJH since 1999 (Clinical Practice Council).
- Expanded structure in 2004 to include a governing council and Retention Committee.
- Representative from each patient care area on council/committee.
New Model of Care
2004

Implemented a new Professional Practice Model in the Inpatient areas

- “Triad” leadership led by Clinical Nurse Manager
  - Lead Charge Nurse- Care traffic controller, rounds
  - Advance Practice Nurse- education, rounds
  - Case manager- facilitate transfer/discharge to next level of care

- Team works collaboratively to facilitate throughput
New Model of Care

- Model is now “Best Practice” throughout BJC System
- Improved communication between Patient Placement Center and floor leadership (one point of contact)
- Manages LOS to targets
The BJH PNDP recognizes and rewards nurses for professional development and organizational commitment through validation of practice level and professional contributions.

- Compensation, PNDP badge & pin.
- New hires eligible to apply at one year.
- Applications accepted March 14 or October 1 of each year.
Three levels of recognition

- Increasing requirements for each level
- Rewards for professional contributions:
  - Academic credit
  - Professional publications/presentations
  - National nursing certifications
  - Preceptor/mentoring
  - Leadership
  - Advanced clinical skills above and beyond department requirements
  - Community service
  - Advanced degree
Requirements

- Contact hours above and beyond department requirement
- Acceptable performance appraisal
- Submit one exemplar for each level
- Exemplar: Memorable and meaningful clinical situation where you made a difference.
- Interview with PNDP committee
Program Effects

- Program resulted in improved benefits for staff nurses and other professionals
  - Professional Certification cost reimbursement
  - Enhanced tuition assist for non-critical degrees (e.g., MBA)
  - On-line RN-BSN program for BJH sage nurses (5 years BJH tenure or more) at no cost- complete in 14 months.
2007 RN Satisfaction - Summary Report for BJH

RN Practice Environment and Job Satisfaction

Legend: Scores shown are T-Scores: >60 = high satisfaction; 40-60 = moderate satisfaction, <40 = low satisfaction.

- 2005
- Upper Confidence Limit
- Lower Confidence Limit
- Other Comparison Hospitals
- BJH
Process

Review NDNQI RN-RN Interactions Survey questions (answer with strongly agree/agree/tend to agree/disagree/strongly disagree)

- Nursing personnel pitch in and help each other when things get in a rush
- It is hard for new nurses to feel “at home” on the unit
- There is a good deal of teamwork among nursing personnel.
- They are satisfied with the interactions among the staff
- Nursing personnel are not as friendly and outgoing as they would like.
- The nurses on our unit support each other.
Process

Brainstorm issues which lead to ↓ RN to RN interactions

– Insufficient orientation
– Lack of knowledge re: another department’s work
– Inadequate patient report
– Unhealthy/dysfunctional interpersonal relationships
Priorities

Teamwork/Working Relationships: Improve the quality of interactions within individual departments to accomplish team and BJH goals.

Explore orientation process including fellowships/internships and preceptor development for opportunities to improve the development of positive and healthy interactions.

Standardize unit-based patient care communication
Action Plan

Teamwork/Working Relationships: Improve the quality of interactions within individual departments to accomplish team and BJH goals.

– Lateral Violence education for all RNs.
– “Walk a mile in my shoes” shadowing program between nursing units
– Provide training on diversity and cultural competency (in process- B. Battle- Lead).
– Develop “expected behaviors” of staff and determine how this information will be shared and monitored (tri-fold lateral violence scripted phrases card).
Lateral Violence Education

- One hour presentations, approximately 5-6 per month, October-May.
- Develop on-line competency
- Positive Employee Relations Champion (PERC) to sustain healthy relationships
- Tri-fold card with scripted phrases in response to LV comments or behaviors.
“Walk a mile in my shoes” shadowing program

Goal

– To improve RN satisfaction through improved RN to RN interactions.

This will be accomplished through shadow experiences of Lead Charge Nurses (LCN I and II, or those designated in the charge nurse position) in “sending” and “receiving” areas.

The end result will be improved interdepartmental relations and communication which will achieve the intended goal.
Explore orientation process including fellowships/internships and preceptor development for opportunities to improve the development of positive and healthy interactions.

- UHC Residency program developed by CPE
- “Pulled (reassigned) RN orientation sheet” individualized for each patient care area.
Pulled (reassigned) Orientation Sheet

- One-page information sheet for each patient care area with “have-to-know” and “nice-to-know” information including assigned “buddy” and codes for supply areas.

- Template for development will be located on the Nursing Intranet webpage under “RN to RN Interactions Task Force.”
Action Plan (cont’d)

- Standardize unit-based patient care communication.
  - Implemented bedside shift report.
  - Regular team “huddles” at change of shift for all areas to begin with rollout of COMPASS
What else?

- Task force will continue to meet to complete implementation of activities
- Will evaluate each activity for value, sustainment.
- Report back to PCL + shared governance regularly
BJH Staff Nurse Turnover

- BJH Staff Nurse Turnover
- UHC hospitals (13.73%-2007)
- Missouri, 2008 (MHA)
- St. Louis Metro 2008 (MHA)
### 2008 Your Opinion Our Future Survey

**BARNES-JEWISH HOSPITAL (5630)**

vs. **BARNES-JEWISH HOSPITAL 2007 (5645)**

<table>
<thead>
<tr>
<th>Categories Ranked By Difference</th>
<th>Favorable Scores</th>
<th>Differences From Benchmark</th>
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Red / Green Difference Bars are statistically significant
We’re moving the chains!

BJH NDNQI RN Satisfaction Survey
Percent change in T-Scores 2005-2009

Percent change

0.00% 1.00% 2.00% 3.00% 4.00% 5.00% 6.00% 7.00% 8.00% 9.00% 10.00%

- T-score Average: 8.58%
- Job Enjoyment Scale: 8.21%
- Satisfied with my Job: 4.42%

Criterion

Series 1