

**Advancing and Standardizing New Nurse Graduate Education: Implementing a Statewide Nurse Residency Collaborative (C726)**

**2015 ANCC National Magnet Conference®  
Wednesday, October 7, 2:30 to 3:30 PM**

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**CONFLICT**  
THE UNGOVERNABLE FORCE



**STANDARD ISSUE**  
82-87

We have no conflicts of interest to declare!!

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**Objectives**

- › Describe the process used to develop a statewide collaborative for nurse residencies
- › List the challenges and benefits of a statewide implementation of nurse residencies
- › Analyze the process steps used in the Maryland Collaborative and consider their use in other states
- › Discuss outcome data about implementation of the statewide initiative
- › Discuss future directions

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## Background

- Maryland Regional Action Coalition formed in 2011
- Established subcommittee on *Implementing Nurse Residencies in Maryland*
  - Goal – Implement Nurse Residencies in acute care hospitals throughout Maryland
    - Standardized, validated program
    - Standardized metrics for outcome measurement

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## Background Cont..

- Positive impacts of Nurse Residency Program (NRP)
  - Eases transition for new graduates
  - Increases confidence levels (Olson–stiki et al., 2012)
  - Enhances critical thinking and clinical decision making skills (Al–Dossary et al., 2014)
  - Reduces turnover rates and thereby increases new graduate retention rates (Trepener et al., 2012, Manzano 2014 and Goode et al., 2013)
- Major cost savings!!

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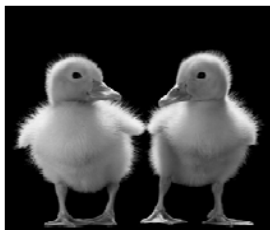
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## Background Cont..

- Standardization of Nurse Residency Programs is needed (Anderson 2012 and Olson–Stiki, 2012)




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## Nurse Residency Model

- Structure
  - Engaged state-wide stakeholders including academicians, hospital nursing leaders and non-nursing leaders
  - State-wide NRP collaborative formed under the auspices of the Maryland Organization of Nurse Executives (MONE)




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## Nurse Residency Model cont...

- Process
  - Adopted the University of HealthSystem Consortium (UHC) and the American Association of Colleges of Nursing (AACN) residency program
  - Contract with UHC developed and signed by MONE
    - Initially 15 hospitals agreed to join
  - Coordinator selected to manage the program

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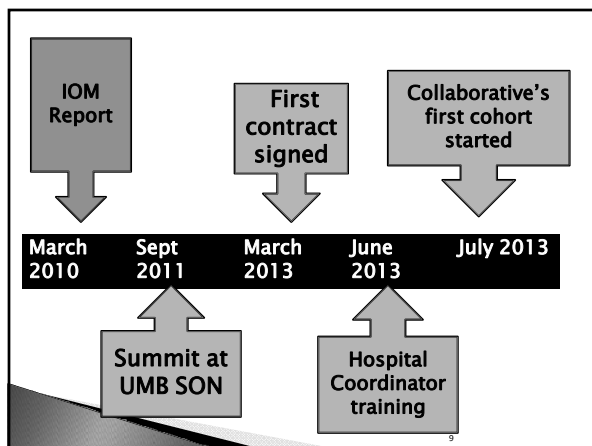
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Anne Arundel Medical Center  
 Baltimore Washington Medical Center  
 Calvert Memorial Hospital  
 Franklin Square Medical Center  
 Greater Baltimore Medical Center  
 Holy Cross Hospital  
 Johns Hopkins Bayview Medical Center  
 Johns Hopkins Hospital  
 Laurel Hospital  
 Mercy Medical Center  
 Meritus Medical Center  
 Northwest Hospital  
 Prince Georges  
 Shady Grove Adventist  
 St Agnes Hospital  
 Suburban Hospital  
 Union Hospital  
 University of Maryland Medical Center  
 University of Maryland Midtown  
 Washington Adventist Hospital

**20/49  
hospitals**

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### Benefits of NRP Collaborative

- Access to a standardized curriculum and training materials, as well as inclusion in a national database
- Monthly Collaborative meetings (online and face-to-face) led by Coordinator to share best practices
- Supports Regional Action Coalition & state-wide hospital funding by Health Services Cost Review Commission



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### Funding for NRP Collaborative

- Funds apportioned through the Health Services Cost Review Commission (HSCRC) via the Nurse Support Program 1 (NSP 1) Grant
  - HSCRC: Independent MD state agency responsible for setting and regulating hospital rates for all payers
  - NSP 1: Hospital grant to increase the number of bedside nurses
    - Most recent 5-year renewal began in FY 2014

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## NRP Collaborative Outcome Evaluation

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## NRP Outcome Evaluation

- NRP and program cohort metrics collected by HSCRC to evaluate outcomes
- Information gained will be used to support continued statewide funding and expansion of nurse residency programs

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## Specific Aim

- To evaluate statewide program effectiveness of implementation of the standardized NRP program through the examination of pre and post outcome data including
  - nurse resident outcomes,
  - retention rates,
  - program costs,
  - and other associated metrics

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## Study Design

- IRB Exempt
- Non-experimental, descriptive, cross-sectional, survey design
  - Baseline data collected via an online survey from all hospitals in the state about their NRP
  - Annual reporting of data to HSCRC
  - UHC/AACN NRP data collection

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## Sampling Frame and Procedures

- 49 acute care hospitals in MD invited to participate
- MONE group list, hospital websites and other Maryland hospital organization websites used to locate hospitals to participate in the survey
- A self-administered Web questionnaire was sent to each participant at the 49 hospitals
- HSCRC encouraged participation

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## Data Analysis

- Data analyzed using SPSS 22.0.
- Descriptive statistics, Pearson r correlations, and non-parametric statistics used to analyze categorical and ordinal data
- Significance level of p-value <0.05 used for all comparisons

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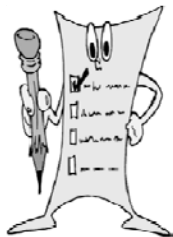
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## Results–Demographics

- ▶ 78% acute care hospitals competed the survey  
(N = 38/49)




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## Types of Hospitals (n=38)

Characteristics	N	Frequency
Urban	17	(44.7)
Suburban	15	(39.5)
Rural	6	(15.8)
Teaching	20	(52.6)
Non Teaching	15	(39.5)
Missing	3	(52.6)
Academic	6	(15.8)
Community	30	(78.9)
Missing	2	(5.3)
Government Affiliated	1	(3)
Non Government	37	(97)
Multisystem	26	(68.4)
Non Multisystem	10	(26.3)
Missing	2	(5.3)

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## Magnet Recognition

Status	Hospitals (n = 38)	
No plan to pursue Magnet/ Pathway Designation	15	(39.5)
On the journey to Magnet/ Pathway Designation	15	(39.5)
Magnet/ Pathway Designated Facility	8	(21)

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## Relation between Nurse Residency Programs and Use of NSP Grant Funds

Fiscal Year	Nurse Residency Program				NSP Grant Funds			
	Offered		Not Offered		Used		Not Used	
2012	19	(50)	15	(39.5)	14	(36)	5	(13)
2013	21	(55)	13	(34)	18	(47)	14	(37)
2014	31	(81)	6	(16)	24	(63)	8	(21)

## Nurse Residency Programs

- No difference in new RN retention rate for hospitals offering NRP's compared to those not, for any of the 3 FYs
- Being a member of a collaborative in FY 2014 increased the likelihood of involuntary termination (Fischer's Exact=13.92,  $p < .001$ )

## Statewide New Graduate Hire and Retention Data

Measure	Fiscal Year		
	2012	2013	2014
Total Number of New Graduates Hired	1547	1420	1317
Total Number Left Within 1 year	131 (8.5)	142 (10)	114 (8.7)
Left Voluntarily	95 (6.1)	99 (6.9)	68 (5.2)
Left Involuntarily	22 (1.4)	45 (3.2)	40 (3)



## Nurse Retention by Maryland NRP Collaborative for FY 2012–2014

Status	Hired	Fiscal Year 2012	
		Left Voluntarily	Left Involuntarily
Member	1170	69 (81%)	14 (9%)
Not a member	377	35 (81%)	8 (9%)
Status	Hired	Fiscal Year 2013	
		Left Voluntarily	Left Involuntarily
Member	1103	68 (64%)	39 (36%)
Not a member	317	31 (10%)	6 (2%)
Status	Hired	Fiscal Year 2014	
		Left Voluntarily	Left Involuntarily
Member	968	44 (59%)	31 (41%)
Not a member	349	24 (7%)	9 (3%)

*Note: frequency of termination is frequency of involuntary versus voluntary termination of persons leaving within one-year*

## Nurse Retention by Nurse Residency Offered for FY 2012–2014

Status	Hired	Fiscal Year 2012	
		Left Voluntarily	Left Involuntarily
Residency Offered	1144	62(83%)	13(17%)
No Residency Offered	403	33(79%)	9(21%)
Status	Hired	Fiscal Year 2013	
		Left Voluntarily	Left Involuntarily
Residency Offered	1040	74(69%)	33(31%)
No Residency Offered	374	22(65%)	12(35%)
Status	Hired	Fiscal Year 2014	
		Left Voluntarily	Left Involuntarily
Residency Offered	1183	59(61%)	38(39%)
No Residency Offered	134	9(82%)	2(18%)

*Note: frequency of termination is frequency of involuntary versus voluntary termination of persons leaving within one-year*

## First Year Data – Calendar Year 2014

Number of New Graduates:  
1002

- CNL (MS): 4%
- Accel BSN: 14%
- BSN: 56%
- AD: 25%

Units of Hire :

- Adult critical care: 27.4%
- Telemetry: 9.4%
- General Medical: 8.7%
- Emergency Dept: 8.1%
- Mixed Med/Surg: 7.4%

## Terminations – Reasons

Unsatisfactory performance	33.3%
Unhappy with job/facility	31%
Locating out of area	21.4%




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## Discussion

- › Contractual agreements influence 1 year retention rates–need to monitor employment for greater than 1 year
- › Influence of health care economy on job availability
- › Employers raising hiring standards for new graduate hires

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## Implementation Challenges

- › Hospitals with homegrown programs resistant to change
- › Variability in NRP cohort sizes– too large or too small prove to be problematic
- › Shift of RN employment to outpatient or other settings (i.e., public health, schools)
- › Sustainability of the Maryland NRP Collaborative

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## Future Directions

- Offering of college credit for NRP
  - ADN, BSN, and MS
- NRP Model among smaller hospitals (sharing of resources)
- Model for New Graduate Residencies in non-acute care settings
- Two tier RN licensure




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## Contact Information

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