



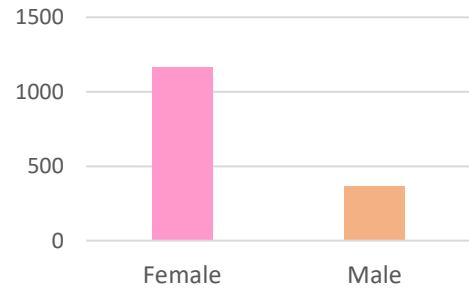
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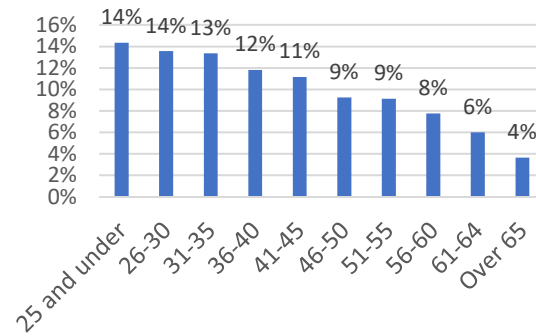
**MEDICAL CENTER**

Innovation:  
Developing and  
Preparing  
Healthcare Workers

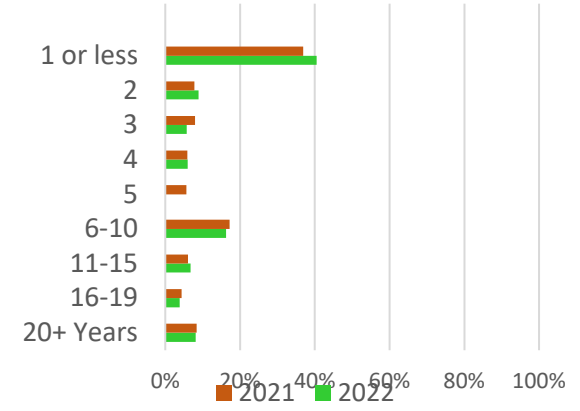
## Employee Gender



## Employees by Age



## Employee Tenure



# Employee Turnover

## 2022

- Overall Turnover 19.87%
- Clinical Turnover 14.38%
- Non-Clinical Turnover 17.86%
- RN Turnover 12.32%

## 2021

- Overall Turnover 16.54%
- Clinical Turnover 18.04%
- Non-Clinical Turnover 13.42%
- RN Turnover 15.33%

### RN Turnover

2022	12.32 %
2021	15.33%
2020	9.89 %
2019	7.72 %
2018	10.09 %

National RN Turnover Average 22%

### First Year Turnover

2022= 32%

2021= 37%

# Pathway Designation

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- Submitted Document February 2020
- Surveyed end of June, 2020
- Designation call August, 2020
- Surveyed 351 nurses
  - Participation Rate 84%
  - Positive responses- 86-97% on each item



# Culture Disrupted

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No travel required for travel pay- locally available; limited restrictions.



Increased competition for talent.



Agency Use- minimal; one circulator and one in long term care



Direct care staff “No agency”; even refusing state offered no cost RN



Premium pay, crisis pay, in-house agreements



Nurse externs graduating but not passing boards- “extender” care model or NA role



Retention for new and tenured challenged; charge role vacant; preceptorships haphazard;



# Culture recovery and rehabilitation

- Residency program – based on leadership and nurse resident feedback, added additional skills training.
- Education team increased mock codes in Med/Surg
- Interprofessional seminar expanded according to realized need, focused on communication
- Extended orientation
  - moved externs to unit based as soon as decision made and started exclusively shadowing in home unit
  - planned for a 12-16 week orientation on Med/Surg rather than 10
- NCLEX prep support
  - Apps and in-person reviews provided
  - Grad nurse compensation intact until 2 NCLEX failures
- In-house nursing assistant and medical assistant training programs





# Retention

- Salary plan competitive
- Rewards & Recognition- in-person, social media, handwritten letters, gift cards, emails
- Professional Development- onsite certification support; leadership development
- Enhanced learning for newer nurses- in person versus online
- Shadowing experiences for new hires “find your spot” mentality
- Balloons for Boards, Puppies!, Homecoming Week, Paint & Sips, TikTok challenges, Resident Rendezvous
- Equipment to support- Hercules, Turn assist beds, LUCAS, Sara Steady, etc.



# Partners in Education



- Expanded number of clinical partners
  - Advisory board participation
  - Student outreach/ recruitment
  - Expanded reach outside our immediate area
- Clinical partnerships
  - Maximizing clinical site availability- creative scheduling
  - Offering preceptorships
  - Financial support for faculty positions
  - Equipment for training provided
  - Event presence and support throughout program years



# Pipeline

- Dual enrollment program to create Licensed Practical Nurses- high school to LPN
- HOSA support in high school
- Scholarship availability to support education pursuit
- Apprenticeship programs for nurses
- Nurse extern program expanded to include practical nursing
- Expanding our recruitment reach- virtual and in person
- Open house for nurses & nurse externs



# Ongoing issues with potential nurses

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Mastering the NCLEX



Program completion



Acceptance into program



Non-preference for med surg nursing or night shifts by graduate nurses



Increased hiring of LPN's adds additional burdens to new RN's



Overall lack of confidence in new nurses

# Future

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- Create pathways for aspiring healthcare workers
- Education/ Simulation center
- Hospital based, clinical based nursing programs, partnering for didactic work- compensated
- Care models-OUT OF THE BOX
- Top of license practicing
- Faculty- explore what must be taught by nurses
- Staff sharing- clinical instruction and direct care job share

