

# Hiring The Best New Graduate into a Hospital RN Residency Program:

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## Impact on Retention and Cost Savings

***Lynne A. Hillman, RN, BScN, BEd, MEd***



**DMC**  
Children's Hospital  
of Michigan

Just for them.

# Objectives

- Describe the essential elements of a transitions program for new graduate nurses in a children's hospital with emphasis on a new hiring process.
- Describe the evidence that demonstrates the effectiveness (positive impact) of a new graduate nurse transitions program.



# Background

- High turnover among new graduates
- Various orientation for each unit
- Various levels of foundation knowledge of pediatrics
- Unstructured hiring process
- Various levels of preceptor participation



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# Literature Review

- Transition from new graduate nurse to professional nurse can be challenging.
- 50% leave their first position within the first year (Winfield, Melo, Myrick, 2009)
- Nursing turnover is costly (Kovner, Greene, Brewer, Fairchild 2009)

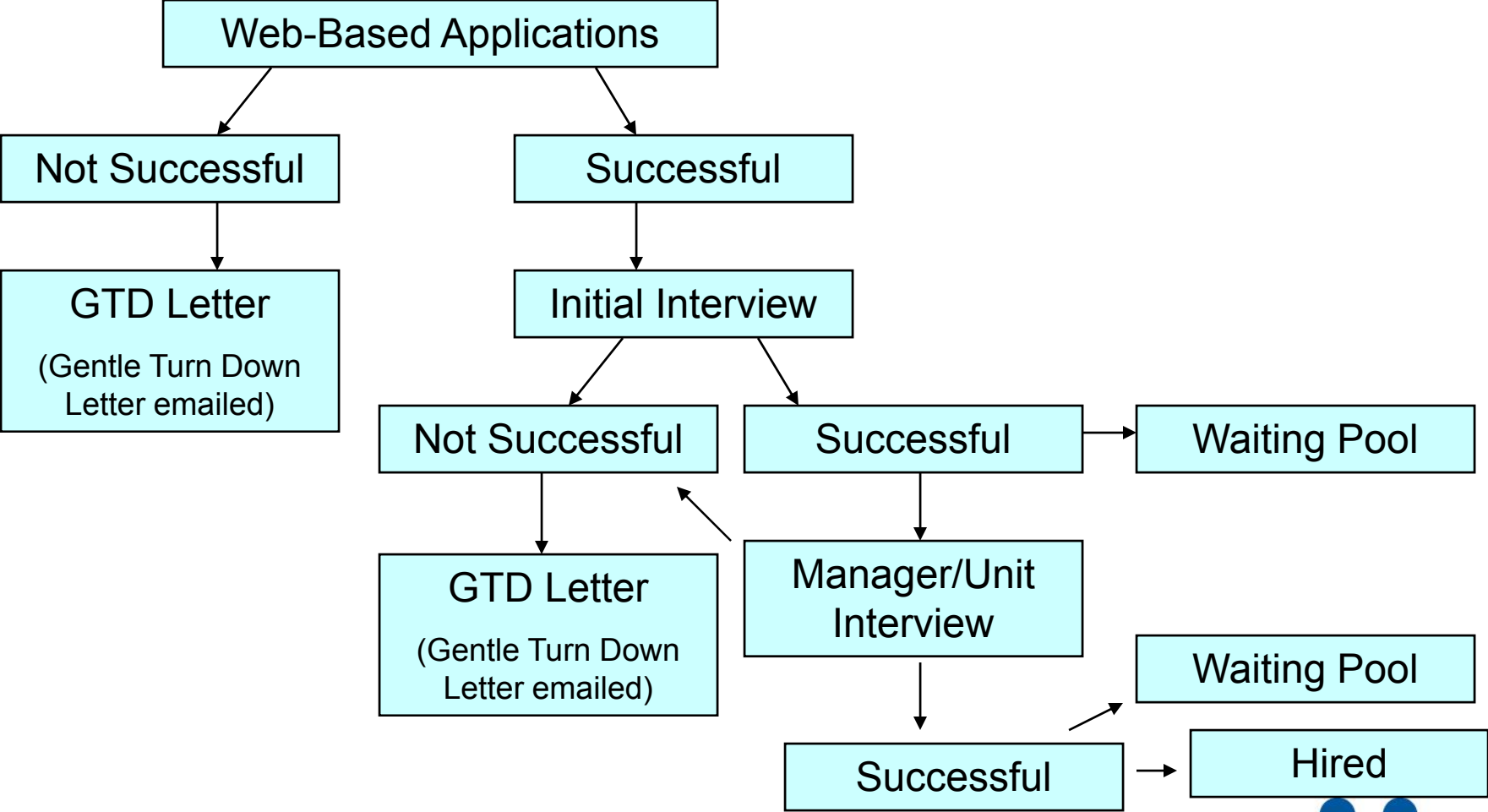


# Literature continued

- Creating an interview process consisting of both structured & unstructured elements – produces positive results
- Ask life-experience questions demanding life-experience answers (Olmstead, 2007)
- Performance-based interviewing (Weber, 2004)
- More selective in choosing the right candidate to fill an open position & raise the bar of performance expectations for all applicants (Hader, 2009)



# Employment Process



# The Application

- Sets the tone of the organization
- Communicates early expectations of applicants/GNs
- Creates a professional environment



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# Web-Based Application

- Web site – [www.dmc.org](http://www.dmc.org)
  - Program description
  - Testimony
  - Application Requirements & Deadlines
  - Interview Timeline
  - Link to Unit Descriptions
  - Link to CHM Vision/Mission



# Application Requirements

- 2 letters of reference – pediatric clinical instructor
- Resume
- Unofficial transcript
- 2 top units of choice
- Essay – describing why they want to work at CHM & how applicant aligns with CHM's philosophy & values/mission
- RN License before start of program



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# The Interview



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# Interviewing for Excellence

- Workshop – Introductions
  - Rationale
  - Objectives
  - Effective Selection
  - Interviewing
  - Rating
  - Legal



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# Initial Interview

- RN & Parent/Family Team
- Standardized Customer Service Interview Questions & Rating Scale
- Set Up of rooms
- Question/Answer Time
- Tour (unstructured interview)



# Manager/Unit Interview

- Management/Unit team
- Standardized questions
- Rating scale
- Select/non-select

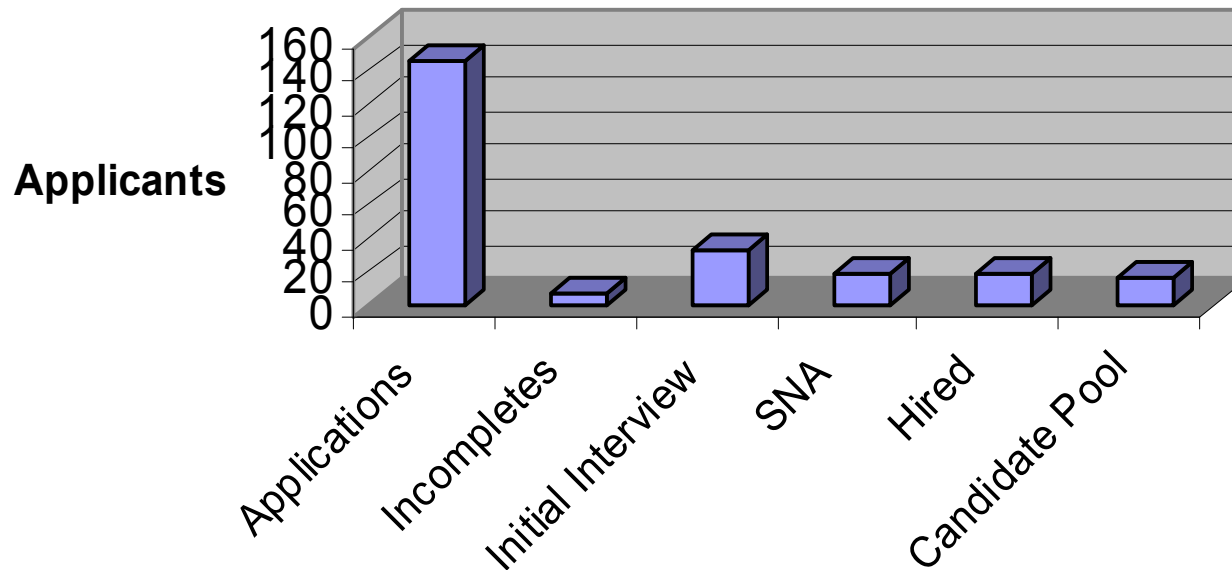


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# Data

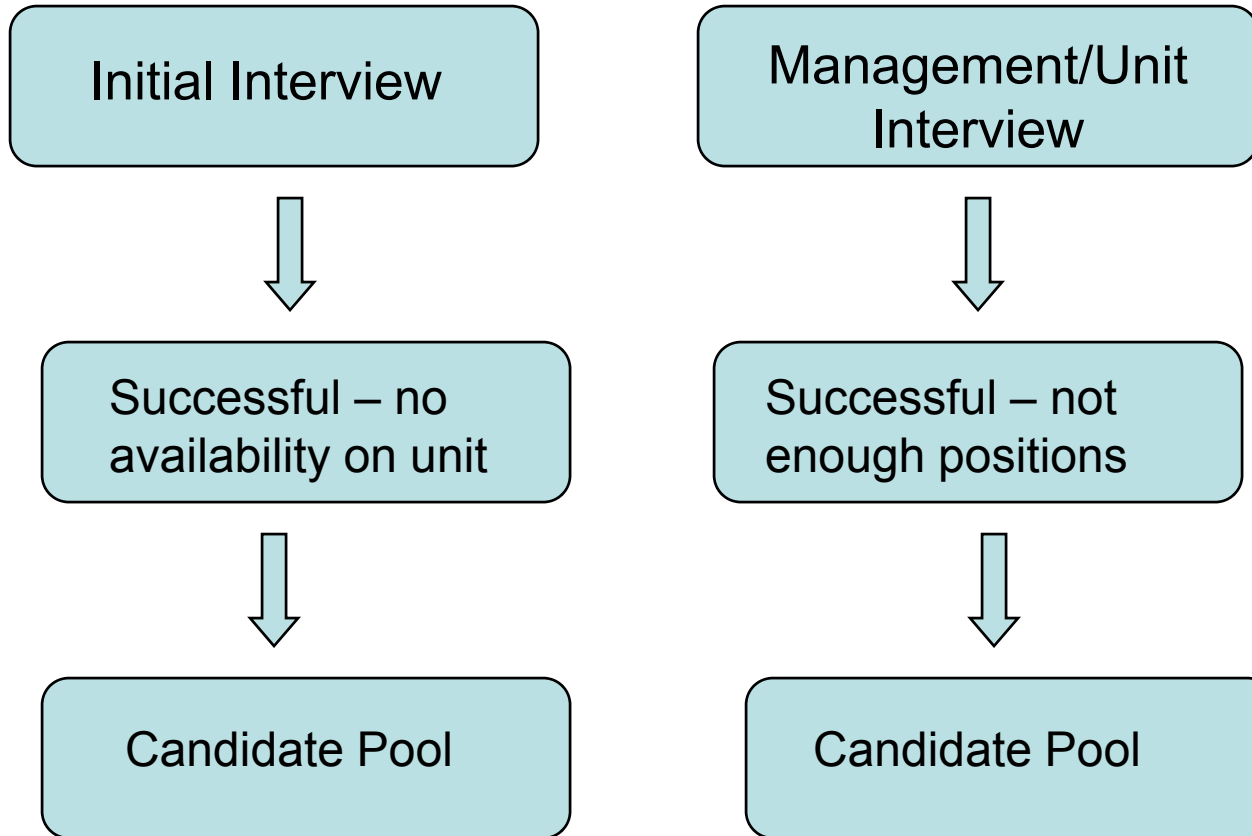
## Hiring July 2010 Data



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# Successful Candidate Pool



	Hired	Completed	Employed	Retention	When did people leave?
June '05	59	43	28	65%	12-15mos=43% 21-36mos=42%
Jan '06	10	8	4	50%	9-13mos
June '06	61	56	32	57%	6-12mos=62% 14-17mos=19%
Jan '07	9	8	3	38%	10-11mos=40% 12-20mos=60%
June '07	48	42	31	74%	13-18mos=60% 22-25mos=30%
Jan '08	23	23	16	70%	6-8mos
July '08	25	23	20	87%	14mos
Oct. '08	7	7	7	100%	
Feb '09	13	12	12	100%	
July '09	25	25	25	100%	
Oct. '09	4	4	4	100%	



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# Important Dates

- CHM Transitions RN Residency Began July '08
- Customer Service Interviews – Feb '09
- Incorporate Patient/family Interviews – July '09



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# Testimonies

## Testimonies from RN Residents

- “My residency program so far has been wonderful. My preceptors I have worked with have gone out of their way to make sure I am comfortable and gain confidence in my role as a nurse.”
- “Residency program is very good. Preceptors are extremely helpful. I have full confidence that my nervousness and anxiety will go away soon with practice and guidance from them.”
- “CHM is the best, the Transitions Residency Program is great.”

## Testimony from staff/managers

- “The residents seem to be ready to take on added responsibilities earlier.”
- “Seem to be more prepared to meet normal day to day challenges, and have a better understanding of the patients’ condition and needs. It’s definitely an easier transition into the RN role!”



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# Results

## A successful Hiring Process

- Dramatic change in our hiring process has taken place.
- Managers posted positions throughout the year
- Interviewed from a small pool of nurses
- Lack of coordination among managers-Multiple interviews over multiple days with multiple managers

## Introducing professionalism & hospital's mission & values

- Raising the bar
- Communicating what kind of nurse we are looking for
- More involvement in hiring process



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# Results Continued

## Benchmarking data

- Use of surveys and tracking tools to assist in gathering data
- Several methods used
- Published surveys, class evaluations, focus group feedback, one year post residency meeting

## Continual Process Improvement Aspects

- Giving a voice to the Residents in shaping the program
- Giving the unit's an opportunity for growth & success

## Development of a preceptor program

- Preceptor Subcommittee developed
- Workshops and Appreciation Dinner developed



# Results Continued

## Unified hospital orientation for GNs

- Units have similar strategies for orientation
- Able to look at the data – see what areas consistently achieve high results & learn from their successes
- Evidence based program

## Professional, confident, competent Novice Nurses

- Past residents are now in advanced roles:
  - Charge nurses, Advanced Practice Nurses, Preceptors,
  - Nurse Educators, Speakers – Content Experts

## Retention Results

- 2 years prior to implementation of residency program = 50%
- Average for the 4.5 years since implementation = 72.5%



# Results

Cost Savings



# Great Fit!



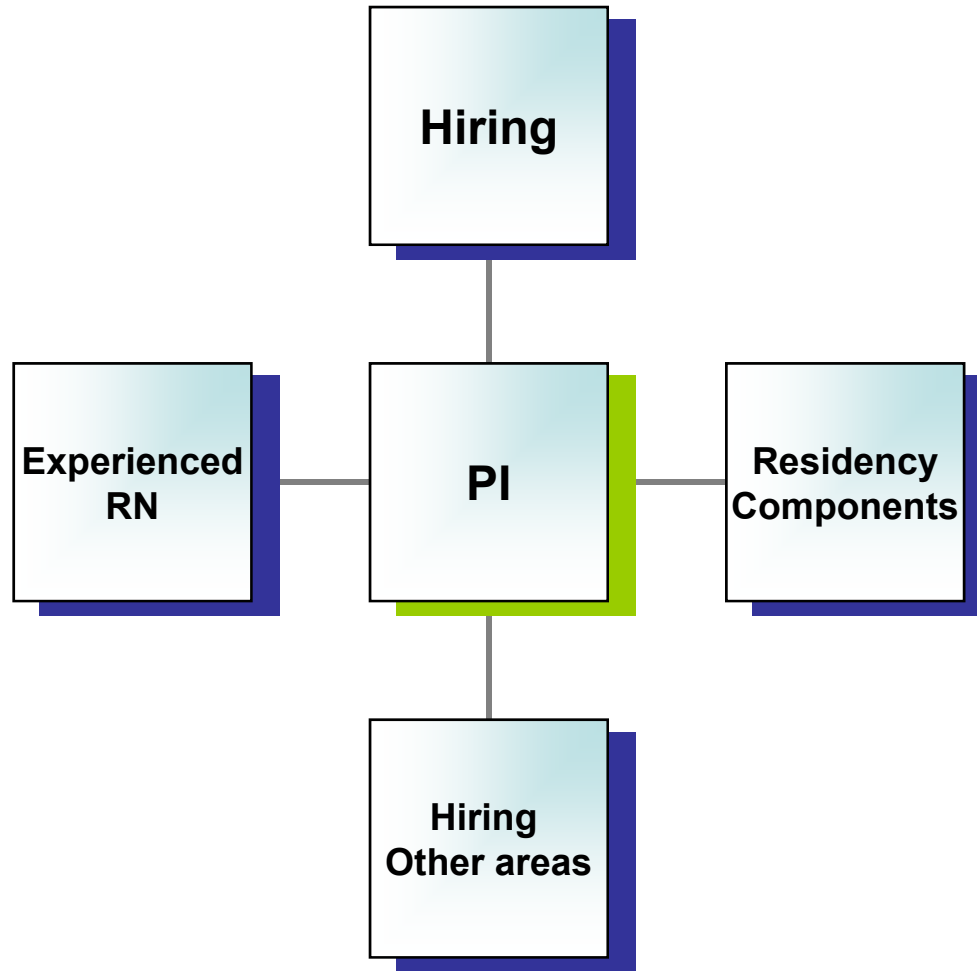
Competent/Confident



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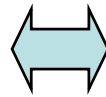
# Where Do We Go From Here?



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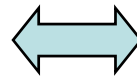


# Residency Components



- Content
- Speaker Evaluations
- Preceptor Program
- Volunteer Experiences
- PI Project
- Professional Development Circles
- Evaluations/Survey
- Simulation Lab





- Web Site
- Evaluate process
- Evaluate questions/scoring
- Continue Workshops
- Expand into other areas





# 5 Year Celebration CHM RN Residency

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