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Investing in the Float Pool: A Cost Effective Alternative for Staffing Shortages

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Abstract

Inpatient facilities have historically utilized contract nurses as a short-term solution to staffing shortages. Research suggests that utilizing the float pool provides a cost-effective alternative that has the potential to save the organization millions of dollars per year. This project aims to explore the financial impact of the float pool by increasing the volume of nurses by 50% within six months, individualizing the onboarding process to fit the needs of this complex department, and initiating a shared decision making model for identifying and implementing change. The overarching goal of this project is to provide a cost-saving alternative to staffing shortages, while taking the appropriate steps to improve staff satisfaction, engagement, and retention. Since the project was implemented, the number of float pool nurses has increased by 51%, retention rates have increased from 66% to 96%, and data from the post-orientation survey show 90% of new float pool staff felt adequately prepared to independently care for patients on specialized units within their floating cluster. The study concludes that increasing the number of float pool nurses is a cost efficient strategy to meet staffing needs, but for optimal results, this strategy should also include concurrent steps to support staff engagement and retention rates. Further research is indicated to evaluate the long-term impact of float pool utilization as an alternative to staffing shortages.

Keywords: float pool, float nurses, float, staffing shortages, staffing alternatives

Investing in the Float Pool: A Cost Effective Alternative for Staffing Shortages

Float pools were historically designed to provide key staffing solutions and clinical expertise within the inpatient setting. Float pool nurses typically possess advanced clinical knowledge, a broad nursing background, and the ability to competently care for a variety of disease processes (Hermann & Davidson, 2012). The float pool at Keck Medical Center of USC (KMC) currently consists of twenty-one nurses, forty-five nursing assistants, and fifteen monitor technicians. Expansion of the float pool is a critical component of this project; upon completion, it is estimated that the float pool will have approximately thirty-five nurses with the intent to continue expanding as indicated by staffing needs, overtime hours, and use of contract nurses. Although experienced nurses are traditionally selected to fill the role of a float pool nurse, Jones et al. (2017), describes hiring new graduate nurses into the float pool as a proactive alternative to meeting staffing needs given the number of new nurses unable to find a nursing position within one year post graduation. While new graduate nurses in the float pool is innovative and will most likely be adapted within the float pool at KMC in the near future, this project will focus solely on the recruitment of experienced nurses as it works to increase volume and staffing support at KMC. Essential characteristics for the hiring manager to identify when looking to hire additional nurses for the float pool are flexibility, resourcefulness, independence, adaptability, and positivity (Overman, Hauver, McKay, & Aucoin, 2014; Shinnars, Alejandro, Frigillana, Desmond, & LaVigne, 2016).

Clinical Leadership Theme

The clinical leadership theme for this project stems from the Clinical Nurse Leader (CNL) curriculum element, *Nursing Leadership*. This leadership competency states that the CNL assumes a leadership role of an interprofessional team with a focus on the delivery of patient

centered care and the evaluation of quality and cost-effectiveness within an organization. This framework will be modeled throughout the duration of the project by evaluating current onboarding practices, performing a literature search to identify best practices, applying the shared decision-making model, decreasing costs related to staffing shortages, and most importantly, improving the quality of care provided to the patients.

Statement of the Problem

Upon performing the microsystem assessment within the float pool at KMC, multiple issues were identified. One of the most obvious issues was the amount of money being spent on overtime, contract nurses, and extra shift bonuses as a result of being unable to meet the staffing needs of the nursing units. Between January and June of 2017, approximately \$5.8 million was attributed to overtime and extra shift bonuses while \$15 million was spent on contract nurses. The cost of continued staffing shortages at KMC has reached over \$20 million dollars within a brief six-month timeframe.

The next issue that surfaced was the lack of standardization for onboarding and orientation practices upon hiring new nurses for inpatient units. Exploration into existing practice revealed that nursing staff hired within the last year had highly variable onboarding experiences that ranged from two to six shifts of on-unit orientation, included only a few of the units they were expected to float to, and was paired with a non-float pool preceptor assigned by the unit selected for orientation. Nurses hired within this time frame reported feeling anxious and ill prepared to float to the all of the nursing units within their floating cluster.

Turnover is another costly issue that was uncovered during the microsystem assessment. The calculated turnover rate for the float pool was 33% in 2016. Additionally, upon reviewing the National Database of Nursing Quality Indicators (NDNQI) survey results from 2016, it was

revealed that 54% of float pool nurses felt they were not involved in the decisions made about their work and 45% of nurses felt they did not receive adequate recognition for a job well done. Data from the NDNQI survey clearly indicates areas for improvement that affect work satisfaction, staff engagement and retention within the float pool at KMC.

Addressing the issues identified during the microsystem assessment is imperative in order to fulfill the purpose for which the float pool was created – a support system designed to meet the anticipated and unanticipated staffing needs within an inpatient setting. Rainess, Archer, Hofmann, and Nottingham (2015) further describe the float pool concept as a unique staffing option that is capable of addressing staff absences due to planned vacation time, maternity leave, leave of absences, turnover, and fluctuations in the number of patients and acuity levels within the organization. Addressing the multiple issues identified during the microsystem assessment is imperative if hospital administrators want to minimize staffing shortages, increase cost efficiency, and utilize the float pool to its fullest potential. According to Good and Bishop (2011), in order for hospitals to ensure safe staffing in a steadily changing acute-care environment, a high functioning float pool is an economic necessity.

Project overview

This project aims to increase the level of support the float pool staff provide to KMC through an increased number of competent, engaged nurses capable of provide exceptional patient care with the intent to achieve excellent patient outcomes. Objectives for this project include (1) providing a long-term staffing solution to current staffing shortages by increasing the number of nurses in the float pool at KMC by 50% within six months, (2) decreasing overall organizational costs by \$1 million dollars through reduction of contract labor utilization, overtime, and extra shift bonuses, (3) standardizing the onboarding process utilizing evidenced

based practice to fit the complex needs of new float pool nurses (including assigning a preceptor from the float pool versus a unit-specific preceptor), (4) validating and compiling data collected from each department to includes current orientation practices and specific skills and competencies required to safely care for each units specific patient populations (5) applying the shared decision making model by initiating a float pool specific shared governance committee, and (6) increasing staff recognition by awarding a peer-appointed “employee of the month” and increasing the frequency of staff recognition for a job well done.

The global aim of this project is to improve specific dynamics within the float pool in order to provide a cost-efficient alternative to staffing shortages at KMC. The global aim relates to the specific aim in that it encompasses the vital role the float pool plays in counteracting costs that threaten the organizations financial wellbeing while providing competent patient care across multiple specialties. By adding additional float pool nurses, improving current onboarding and education practices, and introducing the shared decision making model, we expect to (1) provide a long-term solution to staffing shortages, (2) decrease overall costs through reduced utilization of contract nurses, (3) increase work satisfaction, engagement and retention rates amongst float pool staff, and (4) provide an orientation program that provides a comprehensive approach to float pool specific competencies, education, and preceptorship that fosters the ability to provide excellent patient care and improve quality outcomes across all inpatient units within the organization.

Rationale

Dziyba-Ellis (2006) highlights the importance of identifying strategies to solve staffing issues by drawing a parallel between inadequate staffing levels and poor patient outcomes. Research by Trepanier, Early, Ulrich, and Cherry (2012) further substantiates this concept by

also identifying correlating factors between short staffed units, increased overtime worked by existing staff nurses, and subsequent burnout leading to an increase in turnover rates and their likelihood of negatively impacting patient care. Poor quality outcomes is an additional side effect of staffing shortages that aids and abets the already high cost currently incurred by the organization. The best way to combat these issues on all fronts is to provide the vital manpower needed to meet the staffing needs of the organization through float pool utilization (Rainess et al., 2015). Research by Hermann and Davidson (2012) suggests that in order for a float pool of nurses to provide adequate support hospital wide, it must be organized in a manner that recognizes the importance of nurse competency, has adequate training and education programs, and promotes patient safety.

A needs assessment was conducted by evaluating NDNQI and Press Ganey survey results, calculating costs associated with short-staffed units, collection of turnover and retention data, evaluation of current orientation practices, and calculation of the number of float pool nurses needed to meet the staffing needs at KMC. According to the Press Ganey survey provided to nurses in August 2016, 70% of nurses (hospital-wide) feel they do not have the adequate number of staff on their unit to provide safe patient care. Within the last month, 25 additional contract nurses were employed to temporarily meet the staffing needs of the hospital further driving up the costs. Despite the need to hire additional staff nurses, 75% of unit managers report the inability to post new positions due to having met the maximum number of nurses allowed per finance department calculations. With the cost for short-term staffing solutions approaching \$20 million dollars since January, incurring the first-year cost of \$163,420 (per nurse) to increase the level of staffing support provided by the float pool will likely provide a more proactive and cost effective approach to solving staffing shortages.

Unfortunately, inadequate staffing levels are not only costly, but they can also lead to decreased retention rates amongst staff as a result of burnout and lack of engagement. According to Shinnars et al. (2016), work satisfaction is an important predictor of a nurse's intention to remain in his or her current positions. One of the changes that will take effect upon hiring float pool nurses is to assign new float pool staff to an experienced float pool preceptor instead of asking the individual units to assign a preceptor. Shinnars et al. (2016) found that pairing new float pool nurses with preceptors from within the float pool increased retention rates from 62% to 98% within the first year of hire.

Another method to increase staff retention and engagement is implementing a shared decision-making model and shared governance committee specific to the float pool. A study conducted by Rainess et al. (2015) confirms the importance of shared governance in the float pool by providing evidence of increased certification rates, clinical ladder advancement, feelings of empowerment, and significant increase in nursing satisfaction scores as measured by NDNQI following implementation. This project is committed to providing a solution to current staffing issues in a strategic way that meets the needs of each individual unit, increases nursing satisfaction, and most importantly, improves the quality of care for the patient.

Methodology

Initially, process mapping and creation of a fishbone diagram were completed to evaluate the current state of staffing levels and factors leading to the problems identified. Then, a failure mode error analysis (FMEA) was utilized to identify potential failures, or complications that might come with project implementation. Once it was clear that additional float pool staff were needed to meet the staffing needs of KMC, a review of current onboarding and orientation practices was completed in anticipation for an influx of new float pool nurses. The orientation

and onboarding practices were found to be inconsistent and outdated; therefore, a literature review was indicated to uncover evidenced based practices related to onboarding and on-unit orientation for newly hired nurses in the float pool setting as well as reveal any best practices for addressing staffing shortages. The literature review was conducted utilizing CINAHL, PUBMED, and Google databases and used the following terms interchangeably: *floating, float, nurse, short-staffed, staffing, turnover, float pool, orientation, onboarding, supplemental nurse, contract nurse, and overtime*. The initial search yielded 75 articles, 12 of which were found to be relevant to this project. Additionally, data was collected from each unit to include unit-specific orientation and educational tools. Once assembled, the unit-specific tools will be evaluated for relevance and compiled into a comprehensive guide for new and experienced float pool nurses.

Next, a cost analysis was completed utilizing budget reports from Kronos (a time keeping application utilized by KMC) to evaluate overtime hours and number of extra shift bonuses paid over the last year. The cost of contract workers was also calculated utilizing information from Kronos and reports provided by the payroll department. Additionally, steps were taken to review current engagement scores utilizing the results from the NDNQI survey from August 2016. Turnover rates were also calculated and recorded as a baseline metric.

The change theory guiding this project is Lewin's Change Model. There are three vital steps in Lewin's Change theory: unfreezing, change, and freezing. This change theory fits this project as it involves a psychological and dynamic process that includes "unlearning behaviors without the loss of ego identity and a relearning process that attempts to restructure thoughts, perceptions, feelings, and attitudes" (Harris, Roussel, & Thomas, 2018, p. 32).

The goals of this project will have been met if overtime and contract labor related costs substantially decrease due to an increased number of float pool staff within the organization

(thus, meeting the needs of the units that were previously short staffed), turnover rates decrease, and job satisfaction (as evidenced by annual NDNQI survey) levels reach above benchmark. If the project is executed as proposed, it is predicted that all goals will be achieved.

Data Source/Literature Review

Results from data synthesis and the literature review support the goal and objectives of this project. Boamah, Read, and Laschinger (2016) suggest a link between staffing shortages, burnout and an increased nurse turnover. Researchers described their methodology as a time-lagged study that involved 406 nurses completing two surveys between 2012 and 2014. Descriptive analysis was conducted in SPSS to analyze survey results. Findings confirmed a strong relationship between creating and sustaining empowering work environments to an increased level of job satisfaction, reduced burnout, and improved quality of patient care amongst newly hired nurses. This study confirms the importance for unit leaders to understand the needs of new staff members in order to create an empowering environment that provides nurses with access to unit-specific information, support, resources and opportunities for growth in order to promote work satisfaction, competent care, and an environment that fosters excellence in patient care.

Dzuiba-Ellis (2006) set out to investigate current claims that having an adequate number of float pool staff increases costs efficiency. A literature review was conducted with the intent to identify supporting data of float pool utilization as a solution to staff shortages and cost savings. The article concluded that in order for float pool nurses to be effective, they must have adequate resources, orientation, and leadership. Researchers also found that onboarding and education were key when hiring float pool nurses given patient acuity levels, required competencies and

unit-specific skill sets. This must be taken into consideration when creating a detailed education plan that covers numerous acute care units with multiple specialties.

A PICO search statement was utilized for the literature search and included the following elements:

P (Problem): Decreased cost efficiency related to short staffing, increased turnover amongst float pool staff, and inconsistent orientation practices

I (Intervention): Increase number of float pool staff, implement shared governance model and staff recognition techniques, and introduce evidenced based onboarding practices

C (Comparison): Utilize contract nurses and existing staff bonus incentives and subsequent overtime as a solution to staffing shortages

O (Outcomes): Cost efficient staffing solution through float pool support, increased work satisfaction and retention, and competent, patient centered care provided by float pool nurses.

Timeline

In early May of 2017, a needs assessment was completed and involved a literature search, cost calculation and budget report retrieval, calculation of turnover rates for 2016, SWOT analysis (Appendix B), and review of onboarding and orientation practices. In mid-May, data was presented to hospital administrators to obtain approval for additional nursing positions within the float pool. This was approved. Positions were posted and interviews and hiring commenced by the end of May and are ongoing. Float pool staff were informed of the opportunity to precept new float pool nurses and six of them signed up for the monthly preceptor course offered in early June. Competencies and unit-specific orientation practices were compiled and relevance of all material was evaluated. The first float pool shared governance council is

planned for late August and those interested in becoming members are encouraged to attend. Evaluation of all interventions will commence in September 2017 and will continue through June of 2018 when one-year post intervention has been reached.

Expected Results

There are multiple expected outcomes following the implementation of this project. The first expected outcome is a marked decrease in overtime, extra shift bonuses, and contract worker usage as a result of increasing the number of float pool nurses. This outcome will be measured by evaluating the cost of overtime and contract nurse usage utilizing the same budget reports generated by Kronos and payroll prior to the intervention. The second expected outcome is an improved level of competency and confidence upon completion of the comprehensive, evidenced based on-unit orientation. This outcome will be measured utilizing a post-orientation survey (Appendix F) and real-time feedback elicited throughout and following the orientation period. The third expectation would be an increase in staff engagement and retention as a result of implementing the shared decision making model, shifting to float pool specific preceptors, increasing staff recognition, and decreased level of burnout related to staffing shortages. This will be measured through future NDNQI survey results and calculation of turnover rates at three months, six months, and one year post-intervention.

Nursing Relevance

Large academic healthcare organizations like KMC have historically utilized contract nurses and traveling nurses as a short-term strategy to combat the effects of being short staffed. This temporary remedy can become an unforeseen financial burden if underlying causes for staffing shortages are not addressed. This project suggests that investing in the float pool provides a cost-saving alternative to staffing shortages if concurrent measures are taken to

improve staff satisfaction, engagement, and retention. The potential amount of money that could be saved is paramount given the decreasing level of government reimbursement to hospitals providing highly specialized care and the resources required to maintain quality patient outcomes. Having an adequate amount of nurses to safely care for patients who require competent, quality, and in most cases, highly specialized care is a basic necessity that must be met for organizations to maintain the quality outcomes and cost efficiency required to continue to keep their doors open to the community. Utilizing the float pool as a solution to these specific needs is relevant not only to nursing outcomes within a microsystem, but can also make a positive impact on the healthcare organization as a whole.

Summary Report

This CNL Internship project aims to explore the financial impact of the float pool by increasing the volume of nurses by 50% within six months, individualizing the onboarding process to fit the needs of this complex department, and initiating a shared decision making model for identifying and implementing change. The setting where the project takes place is Keck Medical Center at University of Southern California (KMC), a 401-bed academic medical center that provides critical and non-critical care to patients within the community. The hospital is comprised of nine specialty intensive care units, ten telemetry and step down capable units, an inpatient rehab facility, and multiple outpatient clinics on campus as well as scattered throughout the community.

The methods used to implement the project included process mapping and creation of a fishbone diagram to breakdown the steps leading to the root of the staffing shortages, a failure mode error analysis (FMEA) to identify and eliminate potential failures or consequences prior to the start of the project, a literature review utilizing the PICO search strategy to identify best

practices and evidence relevant to the aim of the project, a stakeholder analysis, a cost analysis that provided data for the pre- and post- cost of staffing shortage strategies, a SWOT analysis, and a post-orientation survey was provided to newly hired nurses to measure the impact of changes made to the onboarding process. The methods outlined above revealed a \$20 million dollar expense related to contract labor and overtime over the past six months due to staffing shortages on the inpatient units at KMC. Further data revealed that while increasing the number of float pool nurses has the potential to decrease the costs related to contract labor and overtime, investing in the float pool in areas such as staff satisfaction, engagement, and retention must be a priority in order to serve the purposes of this project. Materials used during the project included a post-orientation survey that was sent out via SurveyMonkey.com (Appendix F) to all newly hired float pool nurses, this survey revealed that 98% felt confident to independently care for patients on multiple, specialized units following the updates made to the on-unit orientation for float pool staff.

The project concluded that increasing the number of nurses in the float pool has cost-saving implications through decreasing utilization of contract labor and travel nurses. Increasing the float pool volume alone will potentially save the hospital nearly \$900,000 dollars over just five months. While decreasing costs related to contract labor and overtime is imperative, this study concludes that retention of float pool nurses is paramount to the overall success of the project objectives. Nursing turnover is quite costly and has the potential to swiftly negate any previous cost saving efforts, therefore, the cost-saving strategy of eliminating contract labor and overtime by replacing them with float pool staff nurses can only be successful if coupled with investing in the float pool staff by providing an orientation and onboarding program designed to meet the complex needs of new float pool nurses, taking appropriate steps to encourage staff

engagement, and adapting the shared decision making model with the intent to foster a positive working environment where turnover rates are low. The results of this project demonstrate the impact of investing in the float pool financially, professionally, and personally with an increase in retention rates from 66% to 96% since the shared decision-making model and new orientation processes were implemented. Further data will be synthesized and evaluated following staff completion of the NDNQI survey in the fall of 2017; the survey results will show staff satisfaction, engagement levels, and the likelihood of voluntary turnover within the unit, perception of adequate staffing levels, and opinions on leadership (Montalvo, 2007). This data will prove to be quite valuable in measuring the impact of this project when comparing the data from both surveys.

The five factors influencing sustainability include modification of the program, having a champion, fit with the organization's mission/practice, perceived benefits of the staff/clients, and support from stakeholders. The mission at KMC is "we strive to transform the art and science of nursing and stand united with our multidisciplinary colleagues to deliver excellent patient care. We commit to personal excellence and personal responsibility for patient outcomes." Part of the project aim is to include refining the orientation and onboarding process for those hired into the float pool based on evidence based practice. This aligns with the organization in that it transforms the art and science of nursing with emphasis on decreasing the turnover rates and increasing retention rates.

The second factor of sustainability this project holds is the support from stakeholders. The Director of Nursing and Chief Nursing Officer have been in full support of the changes included in the project. This is a large part of the sustainability plan as without this the project would be unable to move forward with increasing the number of nurses in the float pool,

individualizing the orientation plan for each nurse, and implementing a shared governance model so that float pool nurses have a voice on the decisions being made that impact their work.

The final sustainability factor included in this project is the perceived benefit to the staff. Since implementation, there has been very positive feedback from current and newly hired float pool staff. The nurses seem engaged and empowered to have a voice in the changes that are occurring (through shared governance and precepting their own staff) and there is high hope that the retention rates and engagement levels will continue to increase over the next few months.

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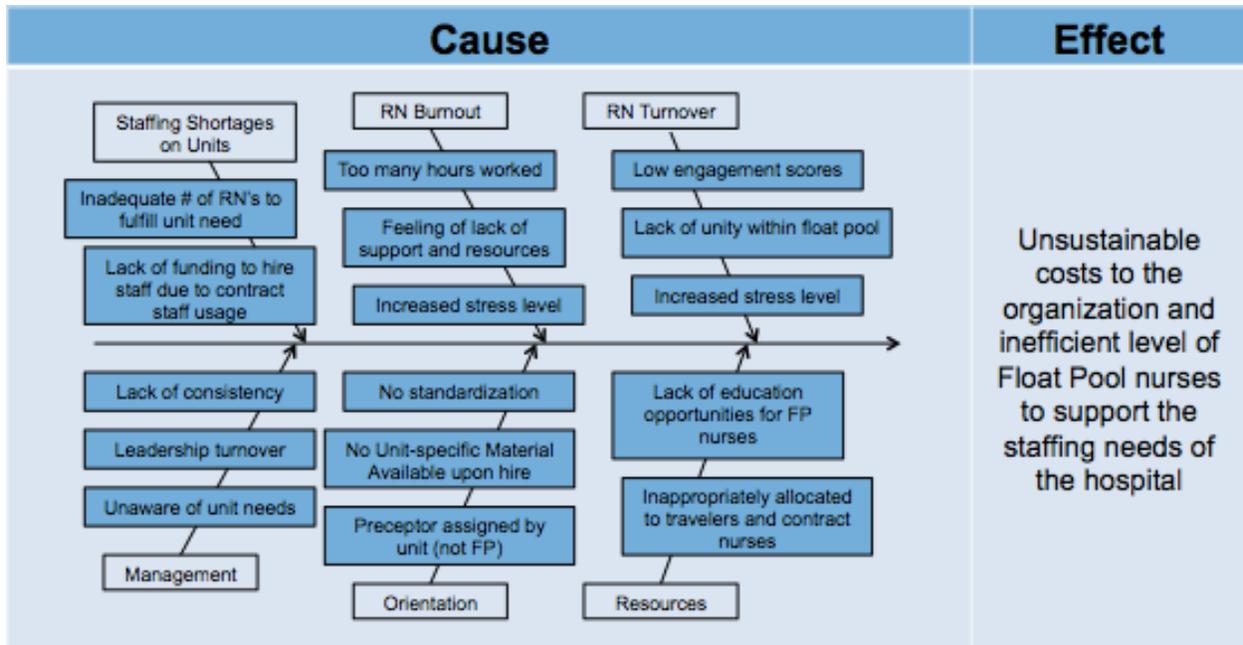
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Appendix A

Root cause analysis (fishbone diagram)



Appendix B

SWOT Analysis

<p><i>Strengths</i></p> <ul style="list-style-type: none"> ✓ Resolves staffing shortages ✓ Improves cost efficiency ✓ Existing Float Pool model within organization ✓ Improves retention rates of Float Pool RN's ✓ Encourages decision making at the staff RN level ✓ Refines onboarding and orientation process for new Float Pool RN's 	<p><i>Weaknesses</i></p> <ul style="list-style-type: none"> ✓ Staffing department lacks formal manager and is inconsistent with staffing practices related to Float Pool RN placement ✓ Inconsistent orientation practices amongst all units ✓ Units have varying education materials that have not been updated to reflect current practice ✓ Sustaining the gains
<p><i>Opportunities</i></p> <ul style="list-style-type: none"> ✓ Specialized units are hesitant to allow float pool nurse attendance to unit-specific education opportunities ✓ Compiling up to date practices and procedures for each unit to provide to new float pool nurses ✓ Providing education to all units in regards to recognizing contract nurses versus float pool nurses and encouraging camaraderie amongst unit and float pool staff 	<p><i>Threats</i></p> <ul style="list-style-type: none"> ✓ Recent pause in hiring due to financial constraints ✓ Budget concerns within hospital ✓ Request by Administration to decrease orientation days ✓ Current perception of RN's in the float pool not having a "home" unit ✓ Out of date education and orientation materials found on multiple units providing an area for improvement outside of the scope of this project

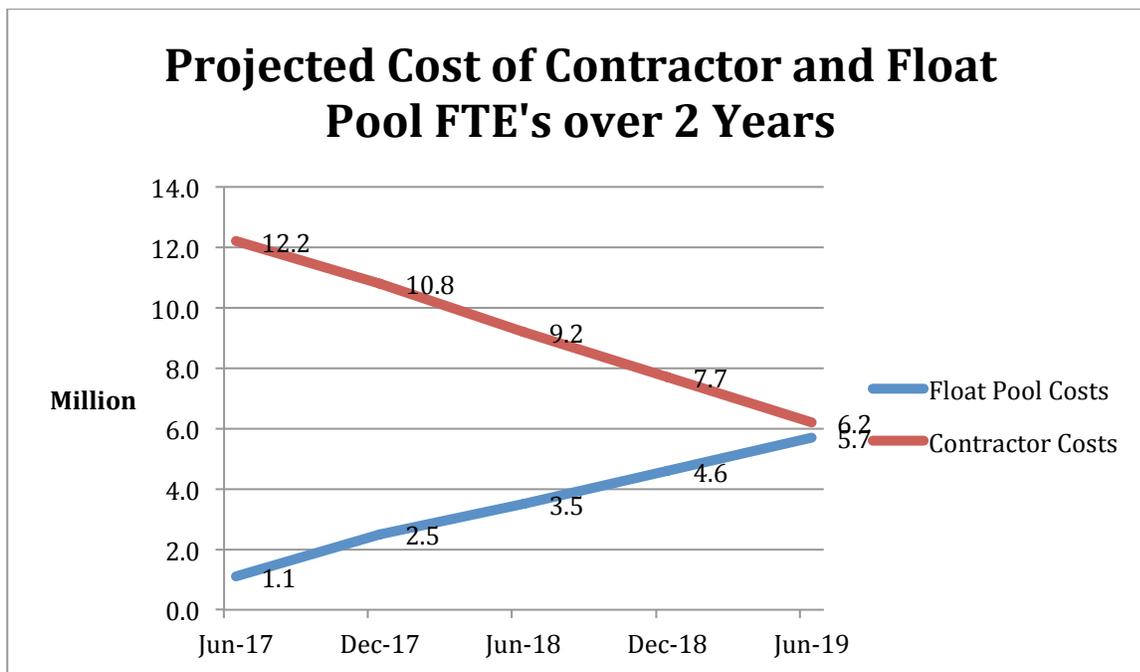
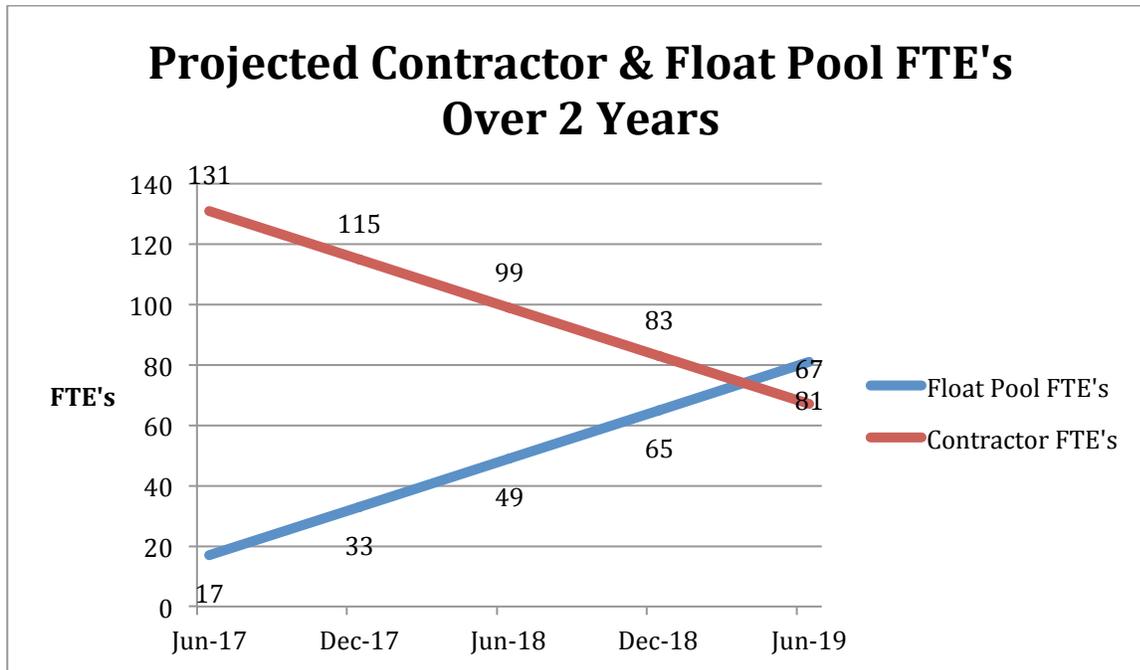
Appendix C

Stakeholder Analysis

Patients	Float Pool Nurses	Nursing Units	Keck Hospital of USC
<ul style="list-style-type: none"> • Higher quality of care • Better outcomes • Highly competent float pool nurses • Decrease in length of stay due to quality of care 	<ul style="list-style-type: none"> • Increased level of support by new manager • Opportunity to learn new skills and competencies • Ability to earn clinical ladder points by precepting new staff • Evidenced based orientation plan specific to float pool needs • New education standards in place to address changes in practice at the organizational level 	<ul style="list-style-type: none"> • Decrease in days unit is short staffed • Decrease in nurse burnout related to overtime worked due to shortages • Unit-specific budget less impacted by overtime 	<ul style="list-style-type: none"> • Decreased number of days unit is short-staffed • Decreased costs related to overtime, extra shift bonuses, and contract worker usage

Appendix D

Projected Cost Analysis



Appendix E

PDSA and Timeline



Appendix F

Post-Orientation Survey

Float Pool Post-Orientation Evaluation Survey

1. Do you feel adequately prepared to work independently following the orientation period?
 - Yes
 - Somewhat
 - No

If your answer is 'somewhat' or 'no', please explain:

2. Did you receive an on-unit orientation for all of the units within your floating region?
 - Yes
 - No

If you selected 'no', which units were missing from your orientation? Do you feel this should be a required component for float pool orientation?

3. What are your thoughts on being assigned to a float pool preceptor vs. a unit-specific preceptor?

4. Do you feel you were adequately paired with your preceptor(s)? Why or why not?
 - Yes
 - No

If your answer 'no', please explain:

5. My preceptor provided me with regular, constructive feedback about areas needing improvement and areas of strength
 - Yes
 - No

If your answer 'no', please explain:

6. Do you have any constructive feedback for your preceptor(s)? What did they do well? What could have they done more of? What should they have done less of?

7. Are there any ways your manager could have better supported you during your orientation?

8. Describe any barriers you encountered during the onboarding and/or orientation process.

9. What recommendations do you have to improve the orientation process for new float pool staff?

10. Please rate your overall onboarding experience on a scale of 1 to 10:

1	2	3	4	5	6	7	8	9	10
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