# Staff Retention and Engagement: Strategies for Success

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## Speaker bio



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Joyce provides comprehensive services to healthcare systems, hospitals, and clinics in the Midwest. She has more than 20 years of experience in the healthcare industry working in clinical practice, hospital administration, law, and consulting.

Joyce's extensive clinical leadership includes experience as director of nursing in tertiary and pediatric facilities. In these roles, she led the development of quality programs, delivery of care models, and clinical care paths, including creation of data collection systems. In addition to her healthcare background and expertise, Joyce's legal experience includes insurance defense, criminal defense, and healthcare law.

Joyce is a graduate of Indiana University with a bachelor of science degree in nursing and a master of science degree in nursing administration. Joyce earned her juris doctorate from Indiana University–Indianapolis. She is a member of the Indiana Bar, Ohio Bar, American Society for Health Care Risk Management, the American Association of Nurse Attorneys, and the Ohio Society for Healthcare Risk Management. She is also a certified professional in healthcare risk management.

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## Objectives

At the conclusion of this program, participants should be able to:

- Discuss the scope of the problem and impact of staff disengagement and retention in healthcare

- Identify key factors in staff turnover in healthcare

- Review the business case for addressing staff engagement and retention

- Consider strategies to improve engagement and retention in your organization or practice

- Identify measures success for your organization and data elements needed

# Disengagement, Burnout and Turnover:
# The Scope of the Problem

4

## Historically

- Burnout has been a long term problem in healthcare –
  - Characterized as a high degree of emotional exhaustion and depersonalization (i.e., cynicism) and a low sense of personal accomplishment at work.
  - Workplace phenomenon, not an individual diagnosis
  - Requires organizational solutions and responses
- Prior to COVID-19, just over half of healthcare providers reported burnout symptoms
- COVID increased levels of burnout and staff turnover
- Post-COVID higher levels of burn-out continue related to:
  - 44% of HCW are somewhat likely or very likely to look for a new job
  - Staffing shortages
  - Cost-cutting measures
  - Delayed healthcare services now causing increase in demand
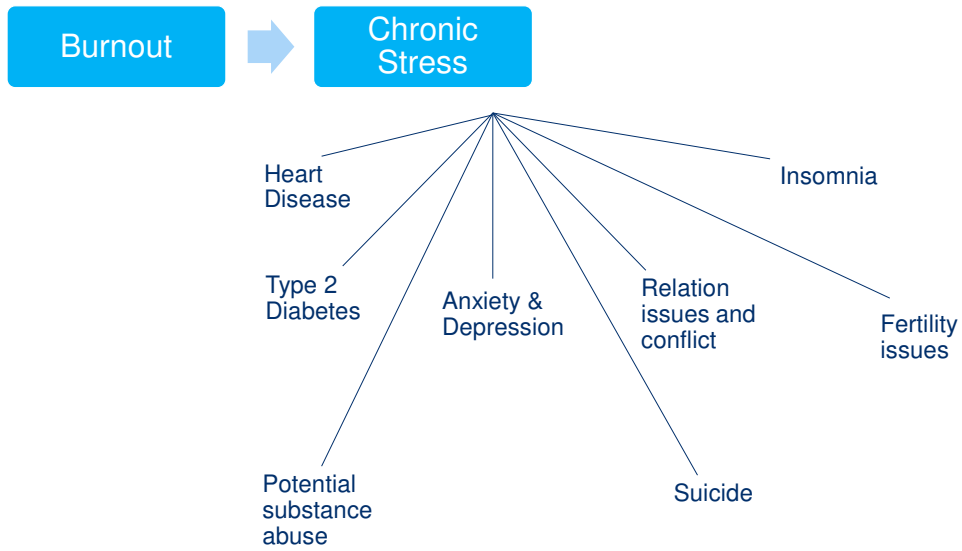  - DEI issues with younger healthcare workers

5

## The impact on patients

- Increased patient safety events
  - Higher rates of hospital acquired pressure ulcers
- Increased medication errors
- Increased hospital acquired infections (HAI)
- Decreased patient satisfaction
- Increased morbidity/mortality
- Increased hospital re-admissions
- Decreased communication

## Potential impact on healthcare workers



Burnout → Chronic Stress

Heart Disease

Insomnia

Type 2 Diabetes

Anxiety & Depression

Relation issues and conflict

Fertility issues

Potential substance abuse

Suicide

8

## Workplace violence

- A factor in burnout, staff dissatisfaction and disengagement
  - Violence against healthcare staff is under-reported
  - 25% of nurses report being physically abused by patients or families
  - 50% of nurses report verbal abuse or workplace bullying
  - Estimated that WPV is a factor in 17% of nurses leaving their job every year
- Post COVID
  - Harassment reports have doubled
  - Decrease in management trust
  - Increase in belief there is insufficient staff

# The Business Case for Staff Engagement and Retention Initiatives

9

## Organizational impact

- Financial
  - ✓ Reduced bed availability
  - ✓ Reduction in appointments, delays in patient scheduling
  - ✓ Reduced or eliminated services
  - ✓ Delayed implementation of new services or expansion of current services
  - ✓ Use of contract/temp staff, recruitment/retention bonuses
- Decreased staff morale
- Reputational issues
- Patient incidents/safety events
- Patient complaints
- Inability to recruit and retain staff

## The financial impact of turnover by the numbers

- Increased by 6.4% last year and is approx. 22-26% (2022)
- Cost of turnover increased 13.5% last year
- Average cost of turnover of 1 RN averages $40,200- $64,500
- Vacancy rates in excess of 10%
- Recruiting time frame averages 3 months
- Each percentage decrease in RN turnover will save a hospital $380,600
- Eliminating 20 travel RNs can save a hospital an average of **$3,140,000**
- Hospital contract labor are an average of 500% more than pre-pandemic levels
- Hospital labor expenses per patient are up over 19% vs. pre-pandemic level
- Average turnover in long-term care averages 29% with licensed staff at 39% and CNAs at over 50%
- Decreased operating margins (down an average of 37% for 2022)

## Quality outcomes impact

- Increase in hospital acquired pressure ulcers (HAPU) ($94,000-$222,000) average
- Increased patient falls and patient falls with injury
- Increased mortality
- Increased readmissions
- Decreased patient satisfaction
- Long-term care:
  - Increase in pressure ulcers
  - Urinary tract infections
  - Increased hospitalizations
  - Increased mortality
  - Increased falls

## Business case example 1

- Hospital A has 17 operating rooms, one of which is dedicated for cardiovascular/open heart (OH)
- There are 27 RN travelers staffing all operating suites, all RN positions (9) in the CV suite are currently staffed with 100% travelers including 2 traveling surgery techs
  - RN Cost - $157,000 x 27 = **$4,239,000**
  - Surgery tech - $50,000 x 2 = **$100,000**
  - RN turnover (last 12 months) $40,200 x 22 = **$884,400**
- Does not include OR tech turnover costs
- Surgical site infections increased by 14 from prior year
  (ave. cost $10,443 to $25,546) = **$146,202 - $357,644**
- Average increase in the LOS over the last year by 1.1 day
- Volume decrease due to staffing issues

*What should be the action plan?*

13

## Business case example 2

- A large multi-specialty practice has difficulty staffing one of it's PCP offices with providers APPs and medical assistants. Typically, there is a scribe assigned to one of the PCPs but they must be pulled to staff rooms.
- Lost physician revenue - $990,034
- Recruitment costs - $61,200
- Decreased physician productivity due to loss of scribe
- Vaccine error from new staff member
- Patient complaints from lack of same day appointments and appointment bookings over a month out

*What should be the action plan?*

**Foundational Elements and Strategies to Improve Engagement and Retention**
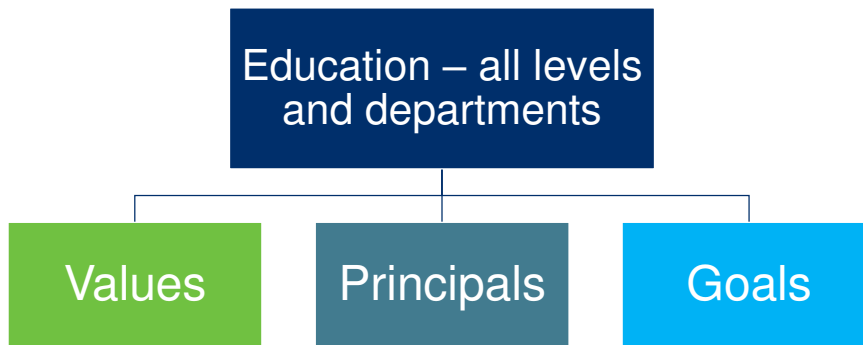
## Know your culture

- Committee comprised of:
  - Senior leadership
  - HR
  - Managers
  - Front-line staff
  Goals:
  - Evaluating employee engagement
  - Developing and measuring goals
  - Identifying strategies, recommending interventions and programs for improvement
- Employee engagement surveys (all staff/providers/leaders)
- AHRQ Culture of Patient Safety Surveys
  - https://www.ahrq.gov/sops/surveys/hospital/index.html
  - https://www.ahrq.gov/sops/surveys/medical-office/index.html
  - https://www.ahrq.gov/sops/surveys/nursing-home/index.html
- Slice and dice to determine the most impactful opportunities for success
- Focus groups

**Develop your leadership team**

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        │  Education – all levels   │
        │     and departments       │
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## Create a Culture of Engagement (leadership in action)

- Make engagement a priority – including governing boards/partners
- Leadership in action
  - Not just walking rounds
  - Encourage transparency and negative feedback
- Provide leadership training and support, identify those leaders with individual needs
- Collaborate
- Focused surveys to define the extent, sources and conditions impacting engagement
- Communicate, communicate, communicate- all levels, across disciplines
- Address outlier providers, leaders, staff

18

19

## Create a Culture of Engagement

- Prioritize staff and patient safety
- Invest in staff
  - Orientation
  - Education
  - Training/certification
- Design robust communication channels
  - Front line
  - Staff meetings
  - Boards
  - E-communications
- Participation in process changes
- Shared governance/shared decision making
- Team training

## Provide positive feedback and recognition

| Leadership Training | Achievement/recognition programs | Clinical ladders |
|---|---|---|
| Rewards | Team training | |

## Focus strategy: address workplace violence

- Rigorous program
- WPV assessment
  - ASHRM https://www.ashrm.org/resources/workplace_violence
  - Public Services Health and Safety Association
    https://workplace-violence.ca/tools/workplace-violence-risk-assessment-wvrat/
- Policy and procedures
  - Definitions
  - Responses/response team
  - Incident reporting
    - Categories
- WPV committee
  - Evaluate incidents
  - Identify opportunities/recommend interventions
  - Provide support
- Aggression assessments

**Developing Goals and Measures of Success**

## Engagement data

- Employee satisfaction index (ESI)
- Quality-Work Competence Questionnaire
- Gallup Q
- Organizational Commitment Questionnaire (OCQ)

## Quality data

- AHRQ Culture of Patient Safety Surveys
- Patient satisfaction surveys
- Safety Attitudes Questionnaire
- Medication errors
- Pressure ulcers
- Falls

24

**Retention data**

Turnover Rate | Absenteeism

## Summary

Employee engagement and retention should be a priority for organizations and practices requiring active leadership and commitment to improvement

Healthcare staff burnout and turnover continue to significantly negatively impact healthcare operations, quality and services

Staff engagement and turnover are multi-factorial and require ongoing evaluation and feedback on several dimensions to identify factors and opportunities for improvement

Staff engagement, staffing and retention significantly impact patient infection rates, morbidity, mortality, satisfaction and other quality indicators and should be including in goal setting.

Addressing engagement and retention require leadership accountability for implementing actionable interventions, improvements and goals.

## MedPro Group resources

- Is Your Culture Psychology Safe?
  - https://www.medpro.com/psychological-safety-culture-healthcare
- Your Young are No Longer on the Menu: Having Zero Tolerance for Workplace Incivility and Nurse Bullying
  - https://www.medpro.com/zero-tolerance-workplace-incivility-nurse-bullying

More resources are available at www.medpro.com/dynamic-risk-tools.

27

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