Enhancing Retention for Patient Care Assistants: Effective Strategies to Implement to Reduce Turnover

Tiffany Omann-Bidinger
St. Cloud Hospital, CentraCare Health, omann-bidingert@centracare.com

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Enhancing Retention for Patient Care Assistants: Effective Strategies to Implement to Reduce Turnover
Tiffany Omann-Bidinger BSN, RN
Neuroscience/Spine Unit Director

Purpose Statement
Develop and implement a hospital-wide, evidenced-based recruitment and retention program to reduce turnover rates for Patient Care Assistants (PCAs).

Synthesis of Evidence
There is limited research on the recruitment and retention of Patient Care Assistants (PCAs) in the acute care hospital setting. The majority of evidence was level C and D. Themes that emerged included:
• Create Certified Nursing Assistants (CNAs) empowerment work teams
  o Strengthen work teams by initiating culture-shaping programs
• Develop an on-boarding program
  o Include 30-60-90 day interview with hiring manager
• Support a standardized and comprehensive Mentorship Program
  o Develop a formalized program for peer mentoring and support
• Develop a certified preceptor program
• Address inadequate wages and lack of benefits

Evidence-Based Practice Changes

Strategy One: PCA Retention-Focused Survey
• PCAs completed a retention survey.
  o Questions focused on orientation/training, skill utilization, personal sense of accomplishment, supplies/equipment, working relationships, schedule, and reasons to stay and/or leave St. Cloud Hospital (SCH).

Strategy Two: PCA Focused Brainstorming Sessions
• PCAs attended a brainstorming focus group.
  o Discussion points included floating, quality patient care, teamwork, recognition, respect, communication, consistency with supply locations, routines and expectations.

Strategy Three: PCA 30-60-90 Day Check-Ins
• Hiring manager met with PCAs at 30, 60, and 90 days intervals.
  • Questionnaire was developed for hiring managers to gather qualitative feedback.

Strategy Four: PCA Retention Reward for 10 Years of Service
• To recognize employee commitment and loyalty to the department, PCAs with 10 years of service were exempted from floating.

Strategy Five: Termination Codes and Reasons
• Created termination coding expectations for managers.
  • Improved data abstraction related to reason for voluntary termination and turnover.

Strategy Six: Interdepartmental Float Guidelines
• Created interdepartmental floating expectations which aligned with SCH Our Best Begins with Me culture framework for accountability.
  • Improved floating experience which positively impacted teamwork, patient care delivery, and effective communication.

Strategy Seven: PCA Partner Program
• Developed 12-month peer-to-peer mentoring program to foster skills and professional development.
  • Program connected newly hired PCAs with a more senior PCA, which fostered a culture of learning and allowed PCAs to adapt quickly to the healthcare environment.

Pre/Post Measures
Implementation of evidence-based practice changes and strategies greatly improved overall retention rate for PCAs, reducing turnover by 11.22%.

References

Team Members
Tiffany Omann-Bidinger BSN, RN
Kirsten Skilling MA, APRN, CCRN-K, CCNS
Tanya Mazzone MSN, RN, CNML
Aileen Roshi BSN, RN
Emily Zempel BSN, RN, BC
Patty McNary PVR, SHRM-CP
Jenny Krippner PCA
Lynette Hess PCA
Chris Thayer PCA
Anthony Fruth PCA

omann-bidinger@centracare.com