

SPN 35th Annual Conference: Imagine the Possibilities

Predicting and Hiring for Attrition, A Best Practice for Recruitment and Retention for Pediatric Nurse Leaders

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Attrition Webinar On Demand



Background:

In the year ending 2023, pediatric nurse turnover was 13.3%, the average time to fill a nurse vacancy was 86 days and hospitals incurred a cost of \$56,227 for each nurse who left (NSI Nursing Solutions, 2024).

To ensure adequate staffing levels at the unit level, it is crucial to enhance recruitment and retention efforts. Increasing staffing levels has proven to be an effective strategy for reducing nurse turnover (Peng, Ding, & Chandrasekaran, 2023).

Staffing shortages are linked to greater burnout among pediatric nurses and poorer work outcomes, including nurse retention, overall well-being, interest in career changes, patient safety, and patient-family satisfaction (Buckley et al. 2020).

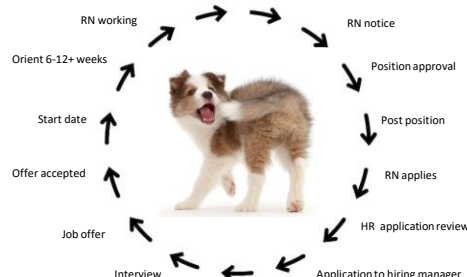
RN supply and demand difficulties are continuing:

- 71% hospitals increasing RN workforce
- RN supply dropped 200,000 in 2021
- Percent of RN's working in hospitals:
 - * 57% ~ an all-time low
- On average 65,000 qualified applicants turned away from nursing schools annually 2018-2023
- Number passing NCLEX has been flat 2019-2022

Imagine the possibilities: improved staffing, recruitment and retention:

- RN terminations, transfers and promotions create chaos with staffing and schedules
- Better staffing leads to improved retention
- 3-6 months+ to replace each lost RN
- Attrition is predictable
 - * Predictable by unit
 - * Varies one unit to another
 - * Roll-up across units to demonstrate house-wide impact
- Hiring for attrition improves staffing and does NOT negatively impact budget
- Include inter-department transfers & promotions ~ Often overlooked, 30% or more of replacement FTE's
 - * Med-surg RN transfer to ICU
 - * ICU RN transfer to ED
 - * RN promoted to assistant nurse manager

The Dog Chasing Their Tail



Stop chasing your tail.
Hire in advance of position vacancies.
It's predictable.

Predicting and hiring for RN attrition, a 5-step process:

1. Terminations by nursing unit
2. Transfers and promotions by nursing unit
3. Historical data by month, prior 12 months
4. Calculation
5. Recruitment/replacement recommendation

Unit 5 RN FTE Attrition												
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Nursing Unit 5	4	5	6	7	8	9	10	11	12	1	2	3
Terms/resignations	-	-	0.8	0.6	1.6	-	0.6	0.9	-	-	-	0.9
Transfers	1.8	-	-	0.6	-	-	-	0.8	-	-	0.9	-
Total FTE	1.8	-	0.8	1.2	1.6	-	0.6	1.7	-	-	0.9	0.9

The calculation for predicted attrition:

$(5.4 + 4.1)/12 \times 3 = 2.4$ RN FTE's
 predicted replacement next quarter

Post 2.4 FTE's now for next 3 months:

- 0.9 RN FTE
- 0.9 RN FTE
- 0.6 RN FTE

Begin recruitment, hire and orient

Improves staffing, maintains patient ratios, reduces OT/premium pay

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Housewide approach

- Performed quarterly
- Individually account for terminations, transfers and promotions by unit over the prior 12 months (steps 1-3)
- Calculate the predicted RN FTE attrition (step 4)
- Post positions and begin recruitment and hiring (step 5)

Example:

Attrition by FTE												
Month	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Unit 1	0.8	1.0	-	-	0.9	2.1	1.0	3.1	2.4	0.8	1.8	0.9
Unit 2	0.8	1.5	0.8	2.0	0.6	1.2	-	1.8	0.8	0.9	-	1.5
Unit 3	-	0.9	1.5	0.8	0.9	2.1	-	1.8	0.8	0.9	-	0.9
Unit 4	1.2	1.2	0.8	-	1.2	1.7	0.8	0.1	0.8	1.2	-	0.8
Unit 5	1.8	0.8	-	0.8	1.2	1.8	-	0.8	1.7	-	-	0.9
Unit 6	-	-	0.9	-	2.0	0.8	0.8	-	1.4	-	-	1.7
Unit 7	2.4	-	0.8	2.0	-	-	-	1.5	2.2	2.4	1.2	0.8
Unit 8	1.8	-	-	0.5	-	-	-	-	-	-	1.8	0.5
Unit 9	-	-	-	0.8	-	-	-	-	1.3	-	-	0.8
Unit 10	-	-	-	0.5	-	0.1	1.4	-	-	0.9	-	0.1
Total (month)	12.4	10.4	12.0	14.0	17.2	16.8	16.0	20.2	22.6	8.5	6.8	11.5

99.8 RN FTE (term/transfer/promo)

Predicted attrition next three mos:
 $99.8/12 \times 3 = 25$ RN FTE

The safeguard ~ What if we don't have the predicted attrition and end up overhired?

- How often has that occurred?
- No worries, take one quarter off, catch up on attrition, and re-evaluate

References:

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