

**HHC Health and Home Care's
"Home Health Nurse Intern-Preceptor Program"
Funded in full under HRSA Grant D64HP03095
Final Report October 15, 2008**

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1. Introduction

This Final Report is a summary of the Home Health Nurse Intern Program, operated by HHC Health and Home Care, and funded under HRSA Grant # D64HP03095, for the period July 2004 through June 2007, and was then extended through June 2008 by HRSA through a no-cost extension. HHC Health and Home Care is the home health division of the New York City Health and Hospitals Corporation, the City's public provider of hospital and health care services to New Yorkers. We provide high quality, compassionate home care to New Yorkers in the boroughs of the Bronx, Manhattan, and Queens, regardless of ability to pay. The patients we serve have multifaceted health and social problems and are referred to us after a serious medical episode, often after a hospitalization. Our patients frequently have acute and chronic disease processes occurring simultaneously and we provide skilled nursing, rehabilitation and social services to assist them to manage their diseases safely at home, and to avoid re-hospitalization.

In December 2003 we responded to a Request for Proposals from the federal Health Resources Service Administration (HRSA), Bureau of Health Professions, for funding of a Home Health Nurse Intern Program under its Nurse Education, Practice, and Retention (NEPR) program. The purpose of the Intern program is to train new home health nurses, who would then provide homecare to our agency's patients. We have found that an obstacle to providing excellent patient service is our lack of full-time home health nurses. This is an outgrowth of the national nursing shortage, which has been amply documented in a report commissioned by the HRSA Bureau of Health Professions, and available on their website.¹ The report shows that the current lack of sufficient nursing personnel will only worsen in the future, nationally and in New York State, where the supply of nurses is currently 91% of the demand, and will shrink to 79% by 2015. Health & Home Care, like other agencies, has trouble recruiting and retaining nurses. For the past

¹ <http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/behindshortage.htm>

few years, in our own agency, full-time nurses have accounted for less than half of our nursing staff, despite vacancies which could be filled with appropriate candidates. A majority of the nurses who serve our patients work on a per visit basis, whether hired directly by us, or working through vendor agencies. Full-time staff nurses, paid as full time salaried employees, have a greater investment in the agency, leading to more continuity for our patients, since they have more paid time to coordinate, meet with their managers and others, and participate in agency mandated conferences and in-services. We have found that patient outcomes are better in those boroughs with higher proportions of full-time nurses.

For these reasons, we needed to find new ways to increase our proportion of full-time nurses. In 2002, Shiela Kinatukara, a student in Hunter College's joint degree program earning an MSN/MPH, who had years of home care experience as a baccalaureate-prepared Registered Nurse, did her field placement with us. She developed a project model for a Home Health Nurse Intern program. When HRSA made funding available, we used this program model as a basis for the proposal. HRSA informed us in August 1994 that our proposal was among those selected for funding, and that we would be awarded \$1.3 million over a three-year period. Through a no-cost extension, the grant's term was later extended to four years.

This report recounts the program's accomplishments, obstacles, and lessons we have learned along the way. Although the term of the grant has now expired, we are continuing to implement the program, and have gained valuable experience from the obstacles we have overcome. The program's excellent personalized curriculum and staff development model has led to high-quality field-based nursing education. We hope to share this experience with others considering such a program through this narrative.

2. Initial Program Proposal

The initial proposal was to hire 18 nursing baccalaureate graduates without home health experience over a 3-year period, in 3 classes of 6 nurses each, and then train each class over a 7-month period to become home health nurses as they transitioned from the classroom to the field. Each class would be trained and supervised by two highly qualified Nurse Preceptors to be hired under the grant. At the end of Year 3, we would have 18 new staff nurses in our agency. As we proceeded in our program implementation, we found that some adaptations of the initial proposal became necessary.

3. Program Goals

Over the course of the program, with HRSA's concurrence, we have modified some details of the program's goals and objectives, while maintaining its initial scope. The goals and sub-objectives listed below are the most current ones. Because the proposal's initial start date was July 2004, and we only received funding notification in August 2004, timelines for these goals were modified with HRSA's concurrence through a dialogue that began with an August 2004 teleconference and concluded with their November 2004 acceptance of revisions. The other major modification allowed us to recruit experienced general practice nurses in addition to nursing school graduate students, due to the widespread reluctance on the part of nursing graduates and their instructors to try homecare without first having had hospital experience.

Below are the program goals and objectives, with the currently applicable modifications. See the "Note" below each Goal for further discussions of any modifications.

Goal # Objective #	Description	Target Completion Date Per 8/19/05 Teleconference
1		September '05 or sooner
1a	To recruit preceptor-mentor nurses	August '04 – September '05
1b	To hire preceptor-mentor nurses	(1) hired 3/05 (1) to be hired 9/05 <i>Preceptors were actually hired 1/05, 3/05, 8/05, and 10/05.</i>
1c	To train preceptor-mentor nurses	By November '05

Note:

- **Preceptors were actually hired 1/05, 3/05, 8/05, and 10/05 due to Preceptor resignations.**

Goal # Objective #	Description	Target Completion Date Per 8/19/05 Teleconference
2	To develop Intern training program	See sub-objectives # 2a – 2b
2a	To develop outline for Intern training program	Completed December 2003
2b	To refine teaching curriculum and materials in the two months prior to Intern training classes for both Intern and preceptor curricula	By June '05

Note:

- **Curriculum is continually revised from class to class.**

Goal # Objective #	Description	Target Completion Date Revised per 8/19/05 HRSA Teleconference
3	To recruit and hire (18) baccalaureate or master's prepared registered nurses for internship in three groups of (6) over the three years of project,	See sub-objectives # 3a – 3c
3a	To develop and distribute recruitment materials, advertising, develop website, and contact nursing school directors to schedule recruitment seminars	August '04 – December '07
3b	To recruit three groups of (6) Intern nurses	(1) September '04 – May '05 (2) June '05 – October '05 (3) November '05 – June '06 (4) July '06 – January '07
3c	To hire these Intern nurses	(1) May '05 (2) October '05 (3) June '06 (4) January '07
3d	To achieve a culturally competent workforce through increasing the proportion of bilingual (Spanish-speaking) Intern nurses over our current level of 7.41%, to at least 30%, utilizing culturally competent recruitment materials and presentations	Achieve objective through training in Spanish language and cultural competency, starting with Group 2, if objectives cannot be met by recruitment.

Notes:

- **Interns were hired for classes beginning 6/05, 10/05, 4/06, 2/07, 12/07, and 4/08.**
- **HHC Health and Homecare's website is online at <http://www.homecarenyc.org>.**

Goal # Objective #	Description	Target Completion Date Per 8/19/05 Teleconference
4	To train (18) Intern nurses in three groups of (6) Intern nurses over the course of this project	See sub-objectives # 4a – 4b
4a	Training will be conducted and completed during the periods	(1) 6/05 – 12/05: 2 Interns (2) 11/05 – 6/06: 6 Interns (3) 7/06 – 1/07: 6 Interns (4) 2/07 – 8/07: 6 Interns (5) 12-07: 3 Interns (6) 4-08: 3 Interns
4b	By the completion of training, each Intern will be able to conduct (6) home health visits per day, while maintaining a high quality level of patient care.	See 4a for timeframes

Notes:

- See note under Objective 3 for actual dates of training classes
- Spanish classes were given during May to June 2006.

Goal # Objective #	Description	Target Completion Date Per 8/19/05 Teleconference
5	To retain nurses trained in Intern program, reducing annual turnover rate for this group to the regional average of 15.36% (from the current agency turnover rate for RNs of 21%).	See sub-objectives #5a-5b
5a	Administer and analyze semi-annual employee satisfaction surveys for Interns and other nursing staff	Every six months starting April '05
5b	Hold annual joint nursing educational conference and Intern graduate recognition ceremony	Per discussion with HRSA Program Officer in 2006, open house was held 10/25/06. See Year 4 for discussion of this strategy for retention.

Note:

- Retention history and strategies are discussed under "Program History" and "Lessons Learned" sections.

Goal # Objective #	Description	Target Completion Date Per 8/19/05 Teleconference
6	To evaluate the program	See sub-objectives #6a – 6b
6a	Establish Intern Program Continuous Quality Improvement working group, to meet quarterly, with the goal of developing quality improvement measures for this program.	Starting April '05
6b	Establish Intern Program Educational Advisory Group, composed of representatives of the supporting nursing schools.	Starting July '04

Note:

- See Year 4 for discussion
- Note: Educational Advisory Group has been established and met several times.
- The group of Interns has been too small to establish statistically meaningful Quality Improvement project, but we have maintained anecdotal information that has been useful in program improvement.

Goal # Objective #	Description	Target Completion Date Per 8/19/05 Teleconference
7	To disseminate information about this program	See sub-objectives
7a	Publish an "Interim Report", to be posted on website, and printed for distribution to nursing school directors.	By end of September 2006
7b	Publish "Final Report", to be posted on website, and printed for distribution to nursing school directors.	By end of September 2007 Revised dates due to 12-month no-cost extension: This report is in fulfillment of Objective 7b
7c	Deliver at least one presentation or poster session per year to a professional organization to publicize the Intern program.	By end of June 2005
7d	Hold an open house during Year 2 and Year 3 to publicize the Intern program to professionals in nursing and home health.	By end of June '06 and June '07

Notes:

- **Educational Advisory Group has been established and met several times. Although size of Intern groups has been too small to establish meaningful Quality Improvement project, we have established useful quality program improvement techniques through enhanced communication and proactive problem-solving techniques. See Year 4.**
- **We have held several open houses.**

4. Reporting and Oversight

Reports

Throughout the course of this project, we have provided regular reporting and obtained program guidance from two HRSA offices, the Division of Nursing, Bureau of Health Professions (for programmatic matters) and the Division of Grants Management (for budgetary matters).

For program and fiscal matters, we have submitted the required annual report to the Comprehensive Performance Management System and Uniform Progress Report (CPMS/UPR) system for program/fiscal activities on a calendar-year basis. For fiscal matters only, we have submitted quarterly 1) Reports of Expenditures through HHC's Grants Management Office, with attached documentation, for their use in drawing down funds from the Department of Health and Human Service's Payment Management System, 2) a Financial Status Report (FSR) that summarizes all expenses on a Program Year basis (From July through June), and 3) the CPMS/UPR summary of program and financial activities submitted annually online to HRSA.

For program matters, we submitted monthly program reports from October 2005 through April 2007 to HRSA's Division of Nursing, Bureau of Health Professions and Grants Management Office. These reports discuss program activities in great detail, both in a general narrative and in a table that related program activities to each goal.

If required between reporting deadlines, we have contacted the Division of Nursing, Bureau of Health Professions by email and telephone to promptly report any untoward events.

Site Visits and Teleconferences

On August 19, 2005, we held a teleconference with HRSA's Division of Nursing, Bureau of Health Professions and Division of Grants Management to conduct a detailed review of program and budgetary progress and concerns. As a result of this teleconference, HRSA agreed to carry over our unspent balance of Year 1 funds to Year 2. This teleconference led to the monthly program reporting and revision of goals described above, and enhanced the mutually supportive problem-solving relationship between HRSA and our agency.

During the week of November 28, 2005, a team from HRSA's Office of Performance Review visited our offices for a week-long field visit. They reviewed program materials and interviewed Interns, Preceptors, and managers. This was followed by a day-long session with our Deputy Executive Director, Program Director, and Grants Manager, to develop "Performance Improvement Options" that might assist in future recruitment of Interns and Preceptors. We have incorporated some of these ideas into our recruitment of Interns. At the site visit team's exit conference, the lead reviewer for our program stated her opinion that our Home Health Nurse Intern Program should be used as a national model for similar programs.

On March 27-28, 2006, Claudia Brown and Michele Richardson of the Division of Nursing, Bureau of Health Professions traveled to our offices for a site visit. They reviewed program progress based upon our written supporting materials and interviews with the Project Director, Preceptors, Current Intern, Past Interns plus the group of four Interns that were to start the

following week, and a member of the Educational Advisory Group. Some interviews were in-person, and some via conference call. The visit concluded with a conference call involving our agency's program and fiscal managers, and HRSA's Division of Grants Management. This visit was preceded by a teleconference on February 21, 2006. On September 21, 2006, a follow up conference call was held between Claudia Brown and Michele Richardson in which they spoke individually and confidentially with Interns and Preceptors, to continue to monitor and assess program activities and progress.

The above reports and field visits helped to strengthen HRSA's understanding of our program and our strategies to achieve successful outcomes, and to reinforce their commitment to the support of this program.

5. Program History

Year 1 (July 2004 through June 2005)

In August 2004, HRSA notified us that we were selected for funding, and we began program planning activities. Between August and November, with HRSA's concurrence, we updated the timelines for program objectives (since the program year in the initial proposal was to have begun in July), and expanded the scope of recruitment to include experienced general practice nurses along with nursing students. In November 2004 we convened the Intern Educational Advisory Group (comprised of several nursing school deans and faculty) to discuss the curriculum and recruitment strategies and began to develop curriculum detail.

The Director of Clinical Education, who had been hired July 2004 and planned to take on the role of Project Director, resigned in December. Our Director of Employee Development remained in the role of Project Director as designated on the proposal.

Intern Group #1 (January through December 2005): In late 2004 we began recruitment for Preceptors and Interns. By January 2005, we had hired our first Preceptor and identified 5 Interns

to be hired. By March, our website <http://www.homecarenyc.org> (to be used as a recruitment tool) was under development, we had hired our second preceptor, and the full curriculum was ready for use. Our first class of 5 Interns was scheduled to begin training late that month, well in advance of our May deadline, when the first Preceptor unexpectedly resigned on short notice citing family concerns and a long commute. Since the second Preceptor had only been hired for one week at the time of this resignation, we were forced to postpone the Intern training start date, to give the remaining Preceptor time to prepare for instruction as we hired a replacement Preceptor. We asked the five candidates to wait, if possible, and offered to hire them if they had already left their prior positions until the program was to begin in June. One was able to wait and one had already left her position and was hired to work within one of our hospitals, shadowing a nurse who identifies cases for home care and refers them to us for services. In May, we hired Joan Altman as Director of Nursing for Clinical Education, replacing the previous director who had resigned in January. Ms. Altman assumed Home Health Nurse Intern Program Director's responsibilities, and continues supervision of clinical and administrative aspects of this program.

On June 6, 2005 training of the first Intern class began with the two remaining Interns working under one Preceptor. Both Interns successfully completed their classroom training and did well throughout the summer, demonstrating their community health assessment skills in a presentation that they gave at a recognition ceremony in honor of their completion of classroom work.

Another Preceptor (#3) was hired in August, and within two weeks the prior Preceptor (#2) resigned. Preceptor #3 continued working with the two Interns.

In September, one Intern reported a medical condition with her back which she felt was related to problems carrying the nursing bag, and which made it necessary to take a medical leave of absence. In December, one month from graduation, the second Intern reported she was unable to make field visits due to pain resulting from an injury; she reported she had fallen in a patient's

home in October, with no symptoms. She went on disability, and soon thereafter requested to be transferred back to her former position at an HHC hospital, where her job does not have the physical requirements of a home care nurse.

Each of the Nurse Interns was interviewed several times to identify the reasons for attrition, and both insisted they were happy with the program. They stated repeatedly that they liked home care and wished they could do it, but found it too physically demanding. We learned from this experience that, to maximize the success of the candidates we hire, the pre-hiring screening process must stress the job's physical demands and discourage applicants who assume that home care is an easier job than hospital nursing.

Year 2 (July 2005 through June 2006)

Fiscal Carryover: Because of the startup obstacles in Year 1, a large portion of the grant budget remained unspent by the end of June 2004 (the end of the grant's first year) and HRSA allowed us to carry that amount forward to Year 2 of the grant.

Intern Group #2 (October 2005 through July 2006): During the late summer and fall of 2005, we recruited a new class of Interns and a Preceptor. We identified five good Intern candidates, and they began work in November 2005. We identified a good Preceptor candidate (#4), who began work in October 2005 alongside the Preceptor who was already there.

Of the five new Nurse Interns, one was an experienced RN and four were new graduates. By February of 2006, only one remained. Of the four who left: (1) had not yet passed the NCLEX "Board" examination, and was hired on the condition that she successfully do so. We kept her on for two months to give her the opportunity to prepare for and re-take the examination. At the time she was supposed to take the test, she emailed us stating she wasn't ready, and did not return to work. The other (3) stated reasons including stress, the transit strike and family issues. Each of them met with our Program Director and our Executive Director to try to identify the more specific causes for their resignations, but they continued to cite the above reasons. One Intern continued,

graduating in July 2006 to work as a full-time staff nurse in the agency.

Transitional Period Intern (January through February 2006): In January 2006, we assembled the remaining Interns with all of the clinical managers in all three boroughs to brainstorm about what we could do to change our outcomes. The discussion was helpful, but not much concrete information was ascertained.

In February 2006, we met with our Educational Advisory Council consisting of nursing deans and faculty throughout the NYC metropolitan area for input. These experts in nursing education reported that this lack of commitment and "stick to it" value was something they were experiencing with the students in nursing school. They reviewed our curriculum, gave some input, but basically advised us to move forward and recruit a new group. The group observed that, from their experience, many students are not academically prepared for nursing school and so advised us to screen for basic academic abilities, regardless of the fact that these were nurses who had graduated from nursing school.

Year 3 (July 2006 through June 2007)

Intern Group #3 (April through November 2006): For recruitment of Intern Group #3, we changed our strategy. On interview, we gave the applicants a test which consisted of a case study with questions regarding what actions they would take regarding this patient described. This allowed us to identify applicants who could read and think critically and write coherently, as well as assessing their clinical decision making abilities. We found that the prior groups of Interns lacked some of these basic skills which led to frustration regarding being able to do the work.

One valuable addition to our curriculum was our Spanish-language education module for home health nurses, developed in response to program objective 3a, "To achieve a culturally competent workforce through increasing the proportion of bilingual (Spanish-speaking) Intern nurses over our current level of 7.41%, to at least 30%, utilizing culturally competent recruitment

materials and presentations.” Although the initial intent of this objective was to meet this communication need (40% of our patients are Hispanic) through recruitment of Spanish-speaking nurses, we found in our recruitment that there was a shortage of Spanish-speaking nurses applying for this program. As an alternate solution, we obtained HRSA’s approval to provide Spanish-language training, focusing on the home health nurse visit. We contracted with Amy Trommer, a specialist in educational development, and Rosana Wong, a Spanish instructor, to develop and deliver a course of Spanish for use in the home health visit. One hundred hours of training were delivered during May-June 2006. The curriculum and instructional materials remain available for our use in future training.

We identified four good candidates, and they began training in April 2006 with two Preceptors. However, by November, all four left. One went on long-term disability and others resigned due to health problems, family concerns, or frustrations with the obstacles and time demands that are required in home care.

Intern Group #4 (Beginning November 2006 and February 2007): Recruitment for this class utilized a variety of media. In early October 2006, we sent a direct mail piece to over 19,000 nurses in the Bronx and surrounding areas. We held a Recruitment Fair at Lincoln Hospital on October 25, 2006, and attended the large job fairs sponsored by Nursing Spectrum and Advance for Nurses and are also advertising in both of those publications. Hiring was conducted using revised screening criteria based upon our prior experiences, leading to hiring a total of 7 Interns for this class, including one starting November 2006 and 6 starting February 2007. Of this group, two completed initial training; one was on staff over a year before resigning while second still works on our staff as home health nurse.

Curriculum Revision Years 1, 2, and 3: Based upon our training experiences in Years 1, 2, and 3, we continually made adjustments in the balance between classroom instruction and field supervision, in response to feedback from Interns and Preceptors. The first class had 7

weeks of classroom instruction before Interns began in the field, at which point classroom instruction ceased. Interns gave feedback that the time period in the class was too long, and it was decided that earlier exposure to the field would be useful in the Intern learning process. We also adjusted the curriculum to reflect this balance during Class 2 and Class 3.

Year 4 Program Review and Revision (July 2007 through June 2008)

No-Cost Extension: Towards the end of Year 3, we asked HRSA for a 12-month no-cost extension through June 2008, as allowed in our Notice of Grant Award, for the purpose of allowing us more time to work towards achieving program goals. This request was granted.

Program Review and Assessment: During the spring and summer of 2007 we conducted a comprehensive program review and assessment again, because we believed in the program yet our outcomes were poor. This led to another revision of the Program Plan. Recruitment was changed to integrate the Team Manager from the beginning, including review of resumes and interviewing candidates. In addition, communication between the Preceptor and Team Manager was enhanced so that once the Team Manager owned the process as well as the Preceptor and the Intern was supported in a more comprehensive and sustaining manner. In addition, to support this process, the overall program was changed to a one-year Intern program divided into three phases: Phase I – Months 1-3; Phase II – Months 4-6; Phase III – Months 7-12.

PHASE I (Mo 1-3): Nurse-Intern works closely with Preceptor, receiving classroom/individual instruction and experience in the field.

Expectations for Interns

- Month 1: Should be able to:
 - (1) Obtain appropriate clinical information for the visit,
 - (2) Make an independent home visit,
 - (3) Follow up on problems identified during a visit and document coordination.If goals not achieved, Preceptors meets with the Director of Clinical Education and ADN to develop intervention to assist intern to meet goals within a specified time period.
- Month 2: Should be able to
 - (1) Read and understand Referral, Plan of Care and Discharge Summary if applicable,
 - (2) Prepare patient for visit,

- (3) Understand information on medications, insurance, physician, and hospitalizations,
- (4) Perform SOC OASIS assessment, and complete documentation,
- (5) Coordinate requests for services and place services, involving appropriate clerical and clinical staff
- (6) Recertify, transfer, or discharge patients if caseload permits.

If goals not achieved, the Preceptors meets with Director of Clinical Education and ADN to develop intervention to help Intern meet goals within specified time period.

- Month 3: Transition to Team. Intern reports to ADN daily and meet with her minimally twice per week to discuss cases and to obtain support and instruction in the management of the caseload. A performance appraisal, and field supervisory visit, and skills checklist is completed and given to ADN by Preceptor. Final transitional meeting is held to discuss Intern's strengths and needs. Preceptors remain available for consult as needed. Interns should be able to:
 - (1) Manage small caseload of 5-7 patients depending on the Intern, averaging 2-3 visits/day
 - (2) Do 1-2 OASIS/week (SOC and Recertification).

PHASE II: (Mo 4-6): Nurse-Intern transitions fully to nursing and works with the Assistant Director of Nursing (ADN) and Mentor (who may also be the ADN). At successful completion of Phase II, Intern graduates and works as Staff Nurse or Head Nurse, depending on educational level. Communication between Preceptors, Clinical Teams, ADN, Borough Director and Director of Clinical Education supports the nurses' transition.

Expectations for Interns

The Intern is fully integrated into the Clinical Team and the Mentor for the intern is no longer the Preceptor, but rather the ADN or a nurse identified to be a Mentor. Under their supervision, Intern will

- (1) Continue to develop organizational skills,
- (2) Continue to document accurately and submit timely paperwork.
- (3) Meet with Mentor 2-3 times/week to discuss patient management, problem solving and discharge planning,
- (4) Meet with ADN and Mentor together weekly to discuss progress, in person or by telephone,
- (5) Increase caseload,
- (6) Develop skills via in-service and consultation with Wound Care Nurse.

PHASE III. (Mo 7-12): Meetings with the ADN continue, at least weekly, to review caseload issues and update ADN on status of patients. Productivity expectations will not be the same as for experienced nurse, and greater support will be provided. Mentorship will come to an end at the end of month 6; but Mentor will continue to support as a colleague.

Expectations for Interns

Nurse demonstrates competence in managing and coordinating a caseload of 15- 20 patients/week by the end of Year 1 with a productivity of 4 visits/day. If the Nurse becomes overwhelmed or dissatisfied, ADN will meet with Nurse to problem-solve. ADN will contact Borough Director and Director of Clinical Education if problems emerge. Director of Clinical Education meets with Intern every 4-8 weeks to check-in regarding progress and comfort level with work.

In addition, because of our commitment to meet the goals and objectives of the grant, we felt a pressure to hire. This forced us to take candidates that we weren't completely sure were committed and/or able to succeed. Currently we begin a group, which may be very small, based on interviews of candidates that we all believe will succeed. If we don't have candidates that meet those criteria, then we don't start a group.

Intern Group #5 (Beginning December 2007): Three Interns began training under the above revised educational plan and changed criteria for hiring. As of mid-October 2008, two have completed Phase I and II of the program and are well into Phase III. They will finish the Intern Program in December of 2008. They are providing high quality home health nursing services to our patients, report high levels of satisfaction and their Team Managers also report satisfaction with the quality of their work.

Intern Group #6 (Beginning April 2008): Three Interns began training under the above revised educational plan. As of mid-October 2008, two have completed the Phase I and Phase II of training and are delivering home health nursing services. They also report high levels of satisfaction with their work and their managers are also highly satisfied with their work. These Interns were trained by one Preceptor instead of two, due to the resignation of the second Preceptor in April 2008. Under the new plan described above, training has been progressing satisfactorily only one Preceptor. Consequently, we do not anticipate re-hiring a second Preceptor, and will instead continue future training with this new approach.

Recruitment and Retention

Although retention has been our greatest obstacle, we have made improvements in that area. Throughout the program we have brainstormed in various groups, read the literature and made revisions to the program to impact retention. We have made Intern retention our highest priority, and are currently seeing some success. We expect that future groups should experience even better retention rates. We constantly work towards improving these outcomes in our ongoing supervision of current Interns, through close monitoring and resolution of employee satisfaction concerns. For the reporting period 7/07-6/08, our retention is 66%: four out of six nurses hired during this period are currently working and report high levels of satisfaction. In addition, their managers report high levels of satisfaction with their work. Previous retention strategies (recognition and graduation events, satisfactions surveys, and other morale-building activities) were evaluated and found not to be useful without other supports. Based on input of managers who were involved over the first three years of the program, we determined a need to further emphasize the involvement of Team Managers, since their buy-in is an essential element to training and retention. Toward the end of Year 3, we began to further integrate the Team Manager into the hiring process, to review resumes and participate in interviewing of candidates. The Borough Director, who supervises the Team Managers, determines the team assignment of the new Intern, which encourages the professional mentoring relationship between the Intern and the Team Manager and connection between the Intern and other nurses on the team.

Applicant Screening: Successful retention is tied to a recruitment process that eliminates likely non-completers and hires those with the most likelihood of graduating and remaining in our employment. Over the course of the project, we have modified our recruitment processes to increase the pool of qualified applicants and identify successful candidates, to maximize later employee retention.

- We have found that casting as wide a net as possible can attract candidates with interesting and unexpected backgrounds, who are motivated to complete the course.

- Besides notifying nursing schools, we have found targeted hiring fairs to be effective. In addition, we receive calls regularly from viewers of our website, www.homecarenyc.org, which has a section that highlights the Nurse-Intern Program.
- All applicants must, in their early job screening, complete a written case study test, to assess their clinical judgment, critical thinking, and communication and writing abilities. They also perform a skills lab, which shows us their ability to perform a physical assessment and think critically in a clinical situation.
- We have learned to eliminate candidates who believe that home health nursing is easier than hospital duty, or who want to do this work part-time while holding down another job. In telephone pre-screening and subsequent personal interviews, the interviewers stress the mental and physical difficulty of this position, and provide the candidate with ample illustration of the hardships involved in the daily life of a home health nurse. In the personal interview, applicants are shown a fully-stocked nursing bag to help them understand the physical demands of the job on a daily basis.
- Even after this pre-screening, when job references and been checked and we are likely to make a job offer to the candidate, other members of our team, which may include the Director of Social Work, the Executive Director and Deputy Executive Director have conducted final screening interviews, and then all managers involved in the hiring process meet with Human Resources to review the file and make a final hiring decision.
- To enhance retention, we are constantly monitoring employee satisfaction to identify areas for program improvement.
- Our website - <http://www.homecarenyc.org> – has become a valuable method of recruiting as well as communicating with health professionals and providing staff development through professional updates and links to educational resources, and is continually updated. Spanish training for Interns was provided in a prior reporting period.

Employee Satisfaction: Each of the interns in Groups 5 and 6 reports a very high level of satisfaction in their work, and their Team Managers also report a very high level of satisfaction with the Interns' work. With this small group of people, the human connection has more of an impact than satisfaction surveys. The Program Director and Preceptor check in with Interns regularly after Phase I to ensure problems are addressed quickly and Interns' professional needs are being met. In coordination with Team Manger, we are able to identify problems before they occur.

Employee Recognition Events: Over the 4 years, we have determined that neither conferences nor recognition ceremonies impact retention, which is a main goal of this grant and this funding. In the grant's first two years, we held ceremonies including all staff to recognize Interns and praise their accomplishments. We found that these events had little or no impact on retention. As we are becoming successful in retention, we have found the key to retention to be

the connection between the Intern and Preceptor, Team Manager and team nurses. Collaboration and teamwork on the micro level have impacted satisfaction and retention. For this reason, we have put our energies into fostering this process instead of presenting conferences and having large ceremonies.

Quality Improvement: Because recruitment of Intern classes occurred on a smaller scale than initially planned, it was not practical to conduct formal Program Continuous Quality Improvement Projects with an "N" of 2 or 3. The Educational Advisory group met during Years 1 and 2 of the grant, and although they did not formally meet during this reporting period, members of the group were informally consulted during our process of revising the training program. We have collected much anecdotal data which has been helpful in the process of improving our program. By paying close attention to issues as they develop, collaborating with representatives from within and outside of HHC who are dealing with retention and reading current literature, and consulting with members of our Educational Advisory Group, we have obtained valuable information to impact the outcomes of our program.

5. Conclusions

Project Overview: This project has had many challenges which we ultimately have overcome. Internal supports, increased collaboration, different recruitment and screening activities, all enumerated above, have improved our outcomes and this has become a successful program which has impacted our staffing patterns in positive ways.

Over the course of the grant, we recruited and trained 23 Nurse Interns. While we exceeded our goal of recruiting and training 18 Interns, we have faced ongoing challenges in retention. The average duration of an Intern's employment in our agency after training has been 22 months. However, through stringent screening, communication/planning across units, and proactive problem solving, we have established marked improvements in staff retention, which we anticipate will continue.

Project Impact: This project has impacted agency culture by improving collaboration between the Clinical Resource Center and the Service Delivery Teams, which has had an overall positive impact. In addition, the collaboration has led to the retention of 5 full time staff nurses in our acute care program, the Certified Home Health Agency, and in our Manhattan program, this is a 400% increase in the numbers of full time nurses. Going forward, new nurses benefit from the guidance and support of the Nurse Interns who succeeded previously. We believe this will impact recruitment and retention even more going forward.

Prospects for Continuing the Project and/or Replicating This Project Elsewhere: This project is continuing. Our ongoing need for nurses, coupled with the current success of the program, makes this an attractive program. Our current perspective is that when we identify excellent candidates, we place them into a small group for training with our new system of a one year, three-phase program.

While agencies are unique, and it might be difficult to generalize our experiences to other settings interested in replicating such a program, we anticipate that there are many large urban home health agencies that do share our experiences in providing services. In the interest of assisting the HRSA Bureau of Health Professions in its work of furthering nursing education, we would be happy to share our ideas on planning and managing an Intern program for home health nurses, or our educational materials, with other agencies who are interested in establishing such a program.

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