

Pioneer Employer Hospitals: Investing in Frontline Workers

Case study: Good Samaritan Hospital Medical Center

Good Samaritan Hospital

Located one block from the beach on the south shore of Long Island, New York, Good Samaritan Hospital Medical Center is a nonprofit hospital and member of Catholic Health Services. It is a large regional hospital with 437 licensed hospital beds, plus an additional 100 licensed nursing home beds. It currently has a staff of 4,282 (3,159 FTEs). Serving the residents of Long Island since 1959, Good Samaritan has received a number of accolades, including Magnet® designation from the American Nurses Credentialing Center, which indicates high-quality nursing practices and is awarded to only 6% of U.S. hospitals. Good Samaritan has also received the Gold Seal of Approval™ from the Joint Commission. In 2009, it became affiliated with Mount Sinai Hospital and the Mount Sinai School of Medicine.

How it all got started

In 2002, Good Samaritan was experiencing a major nursing shortage, with no relief in sight. At its peak, in 2005, the registered nurse (RN) vacancy rate in some areas of the hospital was more than 15%. There was no long-term strategy in place to address this shortage, and the hospital was forced to hire expensive international nurses. Another challenge the facility faced was that its staff was disproportionately comprised of LPNs, but many of the tasks needed were outside the scope of what LPNs were legally permitted to perform. As LPNs were being phased out of acute care in New York by evolving regulations, the role of LPNs at Good Samaritan changed as well.

Under the leadership of Chief Nursing Officer Pat Hogan, Good Samaritan focused on addressing these workforce challenges. Hogan began by conducting a series of meetings with nursing staff to discuss their future roles in the organization. Good Samaritan chose to offer further education to LPNs and advance them to RNs by providing innovative support for education and career development. Hogan experienced some initial resistance, but was able to convince increasing numbers of nursing assistants and LPNs to enter RN programs over time.

With employee and leadership buy-in within the hospital, Hogan joined local networks seeking solutions to the nursing crisis. Through one of these networks, she approached the leadership at Suffolk County Community College, which sought to expand its capacity, and from there a new collaboration between education and clinical practice emerged.

How it works

Faced with a nursing shortage and recognizing a dearth of capacity for nursing students in local programs, Good Samaritan partnered with nearby Suffolk County Community College (SCCC). In 2005, Good Samaritan committed to providing \$1.7 million from its hospital operating budget to enable SCCC to expand its nursing program. This expansion included both an increase in faculty and a teaching facility (a local school was renovated to serve this purpose). With this capital, SCCC was able to increase its yearly pool of graduates by nearly 50%, dedicating 30 seats for Good Samaritan employees. Some of the new faculty at SCCC were Good Samaritan employees, allowing Good Samaritan nurses with master's degrees to engage in teaching without leaving the practice of nursing¹.

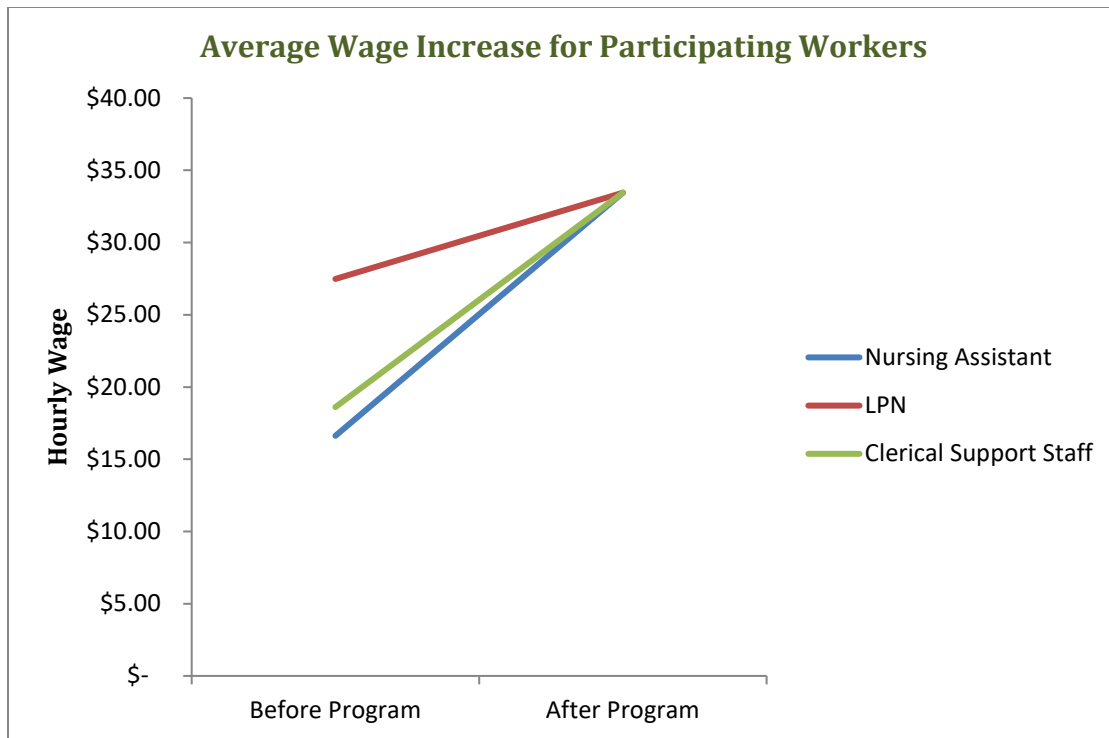
Nursing Program Quick Facts	
Admitted to program	142
Graduated (to date)	114 (80%)
Promoted into RN positions	85 (60%)

Note: Last cohort of graduates was May 2011, and data collection for case study was June 2011; therefore, placement for most recent cohort of graduates in process at the time of data collection.

Participating Good Samaritan staff typically occupied nursing assistant, LPN or clerical support positions when they enrolled in the program. Good Samaritan selected employees for the SCCC program, and students had to meet the school's admissions criteria such as prerequisites and GPA. Employees could use the hospital's tuition reimbursement funds (\$3,500 per academic year for full-time employees) to access prerequisite courses. Marie Hambel, program coordinator, also provided guidance regarding the requirements and how best to fulfill them.

Representatives of Good Samaritan interviewed potential participants and incorporated additional selection criteria to determine capacity for success such as whether a candidate had "fire in the belly," said Hambel. "I interviewed, and I can tell you [candidates] could have a 3.2 GPA but tremendous compassion...and so it was definitely a wonderful opportunity to give those people a chance who might never have had that chance otherwise," she explained.

¹ These nurses applied for their positions independently.



Once student-employees began their coursework, the program coordinator provided ongoing encouragement and support. Program participants had several obligations they had to meet; although tuition was prepaid by Good Samaritan for eligible employees, participants had to pass the courses or repay the tuition. Buying books and paying other fees were the employees' responsibility. Their work performance was monitored, and they were expected to engage with support from the Good Samaritan team and to participate in programs offering training in job placement skills. At the conclusion of the program, student-employees were contractually bound to continue with Good Samaritan for a minimum of four years.

Critical Success Factors

In 2011, this program was discontinued due to low nursing vacancy rates and lack of available RN positions to accommodate program graduates. Prior to its discontinuation, however, the program was instrumental in reversing local nursing shortages and establishing a culture of education in the hospital. In addition, successful graduates received meaningful wage increases upon completion (22% - 101%, depending on the starting position). There are many factors at Good Samaritan that made this program work. The following list outlines the main contributions to program success.

Culture of Loyalty

Multiple interview respondents described the importance of loyalty, and it was clear that this was (and is) part of the Good Samaritan culture. Employees enrolled in the program were very loyal to Good Samaritan, and many planned to work there beyond the contractual four-year commitment. As one noted, “I’m very happy where I am; my loyalty is with Good Sam. I am where I am today because of Good Sam.” Hogan describes the opportunity to increase loyalty and pride in the community as a key selling point in the program.

Team Environment

There are open lines of communication between the staff and managers, and also among members of each cohort. This rapport is part of a general team-oriented approach to work. Multiple managers referred to the importance of the cohorts being close. This also facilitates closer relationships between managers and their direct-reports, allowing them to be more responsive to employee needs in such an intensive program.

Worker Spotlight

Nick Petrella started off as a nursing assistant and housekeeper at Good Samaritan hospital in 2006. He heard about the RN program from a family member who also worked at the hospital. After talking it over with several co-workers, Nick decided to apply. Nick worked two jobs while he completed the program. He was able to maintain these commitments in large part due to the flexible scheduling and support provided by his managers. Nick is now a registered nurse in the emergency department. After only 2 ½ years as an RN, Nick has already taken on leadership responsibilities by serving as a preceptor for students on the unit. Nick reports that he is “not stopping at four years” (the service commitment required by the program) and that he “love[s] this hospital. I’ll be here 20 years, 30 years easy.” His future plans include pursuing further education for either nurse practitioner or in nursing informatics.

Ongoing Support for Career Development

The mentoring of program participants was a priority for Good Samaritan management. Individual students were matched with preceptors, some of whom were former program participants themselves. This gave students a link between the principles they were learning in class and the practice they were beginning at Good Samaritan, while also

reinforcing an organizational culture of education and development. Upon graduation, participants begin a nine-month residency program.

Tuition Advancement

Participants in this program were responsible for books and fees. However, with the option of advance payment on their tuition, they were able to avoid going out-of-pocket for more expensive fees. This allowed staff with limited resources—including older students with families—to participate.

Self-Scheduling

Good Samaritan used a self-scheduling system, in which employees stated the hours they wanted to work, with input from management to ensure the balance of needs was met (for example, ensuring that a shift was not entirely covered by newer staff). Such flexibility was very valuable for students trying to balance competing demands from work and school.

Benefits for Part-Time Workers

Although premium benefits are available to full-time staff, Good Samaritan also offers benefits to part-time employees. Health benefits are prorated for part-time workers, with the minimal threshold for benefits at .4 FTE. This enabled participants to reduce their work hours and still maintain medical benefits, which is helpful for an intensive degree program such as nursing.

Recognition

At an annual ceremony, program graduates have been recognized. These ceremonies provided an opportunity to communicate to participants and other workers that successful completion was a major accomplishment and an important event for the organization.

Leadership Involvement

The CNO held monthly leadership meetings, and these meetings became tools for the regular dissemination of information about the program. This increased program visibility and awareness, reinforcing the notion that the program had support from hospital leadership.

Return on Investment

Over the course of the six years that the nursing program ran, Good Samaritan invested \$2,292,389 from the hospital operating budget into it and served 142 participants, for an average investment of \$16,143 per participant. While this price tag may appear high, when balanced against the quality of care costs of inadequate staffing, turnover costs, recruitment costs of non-community dwelling nurses and onboarding costs, it is a sound investment. Considering that ninety-two percent (105) of individuals who graduate from the RN program are still employed at the hospital, key informants agreed that the investment has been worthwhile. The most salient returns on this investment include:

**Decreased
Nursing
Vacancy Rates**

In 2005, when the program was initiated, Good Samaritan reported an RN vacancy rate of 10.7%; by 2010 it had dropped to 5.04%. While some of this reduction is likely attributable to the economic recession, the RN training program has had a strong and clear impact on reducing nursing vacancies at the hospital.

Staff Cohesion

Cohorts who went through these classes often grew quite close, a relationship that one respondent described as a sort of “surrogate family.” Marilyn Fiasconaro, Chief Learning Officer, noted, “They have a tight group...they’ve grown to be friends. It’s a great process. They’re all from these classes and they bond.” This increases loyalty to the team and to the institution, an asset to the organization, as noted above.

**Stronger
Integration of
Education and
Practice**

The relationship between Good Samaritan and SCCC grew stronger during this collaboration, allowing Good Samaritan to help shape the college’s nursing program. SCCC graduates were now more committed to the hospital and educated in a way that was aligned with hospital needs and standards of practice.

**Increased
Employee
Engagement**

Multiple people described increased confidence among program participants and cited this as a benefit of the program. As noted by Dori Betchel, supervisor: “You see people grow. People definitely grow not only in their professional life but also I think it translates into their personal lives...They become more outspoken and participatory in the community. So you see people blossom.”

**Community
Development**

No longer investing in the expensive recruitment of international nurses, Good Samaritan now relies more on nurses from the communities it serves. This has saved Good Samaritan money (recruitment costs = \$15,000/per foreign nurse) and further increased its connection to the community. As Pat Hogan noted, this program “has allowed our community, whose hospital this is, to have the opportunity to advance their education and be loyal to our institution.”

Molding the Ideal Worker

The ability to “grow your own” also offered advantages in recruitment, as noted by Tracey Bennardo, supervisor: “You have the ability to screen and handpick the best of who you have, helping them to develop and become the nursing staff you need them to be and also helping them achieve the potential they have. By doing that, you can guarantee staff and bedside care.”

Organizational Commitment

Several participants of the RN program reported that they intended to remain employed at the hospital long after their 4-year commitments expired. For example, Susan Tromp (an external applicant who currently works as a critical care nurse in the ICU) said, “I plan to continue to stay. I’m not here because I had to commit. I’m here because I want to be here.”

Next Steps

There are no plans to continue the program at this point in time. The hospital is still working to place members of its last cohorts into RN positions, and experiencing some difficulty. This is in part due to the remarkable success of the program and similar programs run by other area facilities; there is a substantial pool of qualified nurses now in the area seeking employment. However, there is also a demand issue; with tough economic times, there are fewer vacancies to fill. Good Samaritan has had to release some program graduates from their four-year commitment, as currently there are simply no jobs in which to place them. Without the extra support from local hospitals, it is likely that SCCC will have to revert to a smaller nursing program, which may help equalize the situation and give program graduates a greater chance at finding the RN jobs they are now qualified to perform.

Despite the discontinuation of this program, the facility remains committed to educating and developing its workforce. Mentoring and residency programs will remain in place, and a sizeable formal structure of support for nursing development will continue. Should the facility experience shortages again in the future as the economic situation stabilizes, it has developed a proven program that leadership can return to as they address the situation.

“My advice is to assume that there is going to be a much more severe crisis [of nursing shortages]. Don’t wait for that to happen. Make sure people are getting the kind of critical experience they need, identify where your areas are, and do what I call evidence-based management.” – Pat Hogan, Chief Nursing Officer