

Developing the Advanced Practice Recruitment Strategy at an Academic Medical Center: *The APRN Pipeline*

Maria T. Brilliant, RN, MA, MSN, Kimberly S. Glassman, RN, PhD, and Robert Press, MD, PhD

The Institute of Medicine's (IOM) recommendation to remove barriers to practice and enable advanced practice registered nurses (APRNs) and registered nurses (RNs) to practice to the full extent of their education and training¹ expanded the use of advanced practice nurses in the country. The more restrictive Accreditation Council for Graduate Medical Education (ACGME) and Residency Review Committee (RRC) requirements on residency training and work hours increased the hiring of APRNs to fill the void created by a reduction in GME trainees.² Finally, the Affordable Care Act created additional demand for more providers to meet the needs of the newly insured population, particularly in primary care.³



The creation of the APRN pipeline is a creative approach to solve the multilayered problems of recruitment, credentialing, on-boarding, and orientation of APRNs, particularly those who are just beginning to practice as an APRN. Our goal was to become proactive in rapidly filling the APRN positions in the clinical services as they become available. The inability to recruit enough APRNs at the pace we want to hire places a burden on our clinical services already impacted by a reduction in GME trainees. The growth in both inpatient and ambulatory services created a mismatch in the number of available, competent

APRNs and the number of vacant positions. The reluctance of clinical sites to take new graduate APRNs because of the time it takes to orient them to the positions compounded the recruitment challenges.

MAJOR CHALLENGES WITH RECRUITMENT, ORIENTATION, AND ON-BOARDING

In our experience, the review of more than 20 resumes yields about 3 to 5 viable candidates for 1 nurse practitioner (NP) position. Based on the interview results, the outcome

could be no candidates, depending on the specialty. The administrative cost significantly increases if the *right candidate* is not identified. The cost of search firms to fill a vacancy ranges from 20% to 30% of the annual base salary and is typically incurred in hard-to-recruit areas such as oncology, neurosciences, transplant, neonatology, and cardiothoracic surgery. Our average time to fill an APRN position is 62 days from the posting date and approximately 86 days from posting to start date. From start date to full productivity (measured as the time it takes for an NP to take a reasonable patient caseload without supervision) may range from 3 to 6 months for a novice nurse practitioner. This adds up to approximately 6 to 9 months of waiting time from the time an APRN need is identified to full productivity. For a clinical service stressed with reduced provider resources, this waiting period had the potential to negatively impact patient care.

The APRN pipeline program was designed to address these challenges and meet the pressing needs of the medical center. By taking advantage of the collaborative relationships between the New York University (NYU) College of Nursing (NYUCN) and NYU Langone Medical Center (NYULMC); the generous tuition benefit provided by NYULMC to all RNs, with the majority of the students in the college of nursing who are already practicing RNs at NYULMC, we believed we could successfully launch an innovative program.

The proposed APRN Pipeline program was presented to our university colleagues and hospital senior leadership. The program proposal quickly gained support, especially from the vice dean of clinical affairs as well as the vice dean of human resources. The anticipation that through this pipeline, the APRN positions in ambulatory care and other clinical areas could be filled quickly sent messages of operational adeptness and efficiency.

GOALS OF THE APRN PIPELINE PROGRAM

1. Shorten the timeline for the recruitment, orientation, and on-boarding processes
2. Provide exposure to the NYULMC work environment and culture through direct placement in clinical areas requiring nurse practitioners
3. Develop prospective APRN hire's interest in targeted specialty areas
4. Allow easier entry into practice of new grad APRNs
5. Retain employed RNs who completed the NP program
6. Reduce the costs of recruitment and on-boarding

FRAMEWORK

APRN students are placed in clinical rotations through the collaborative efforts of the advanced practice nursing program, the nursing education department, and the college of nursing.

APRN students in different levels of clinical rotations are strategically placed in clinical settings with certain considerations: readiness of the clinical area or office setting to train

an APRN; APRN student's interest in the specialty area; and potential for a future APRN position available. Here, they are exposed to the role of an APRN at NYULMC.

The pipeline allows the APRN to orient to the clinical setting with the ability to practice how to use the existing electronic health record. Students on clinical rotations at the medical centers' sites and physician offices are granted student access to the patient's electronic record. All their entries are cosigned by the assigned NP or physician preceptor.

Upon completion of the program, the APRN students are invited to an open house to learn about all the available APRN positions and express their interests to apply. The new APRNs are then either matched to the vacancy in their previously trained clinical areas, or to other similar areas. The open house is highly attended by our new APRN graduates. They get to ask questions, and clarify credentialing requirements and other pertinent practice information.

Multiple APRN positions may be available in some clinical areas as a result of newly added or recently created APRN services. With multiple applicants and potential candidates present at the open house, a special meeting is set up with the chief of clinical service. During this meeting, the physician chief of service gives a brief description of the service, including its structure, the types of patients the NPs will have, the support system provided, and the qualities of the desired APRNs. This has been one of the most enjoyable and widely accepted elements of APRN recruitment. This exploratory process allows APRN candidates to know more about the position and some of the people with whom they will be working. Meeting potential candidates face to face and allowing question and answer sessions yield the most immediate, highly desirable candidates in larger numbers. Open houses often have a higher yield for employers when the right candidates and participants are present in the room. The APRN pipeline facilitates this dynamic approach by identifying in advance the target audiences for the open house. For example, acute care NP students placed in their clinical rotations in the hospital were sent direct invitations to the open house. Inviting those who have the right profile for the job yielded a more successful match of APRNs to available positions.

HOSPITAL, NURSING, FACULTY, AND, PHYSICIAN COLLABORATION

It takes a collaborative approach to solve complex problems. The success of the program lies in jointly identifying problems and finding possible solutions. Engagement is crucial to get cooperation. One advantage is the strong collaboration that already exists between our hospital and the college of nursing. Gaining the support of our physician faculty through the leadership of the vice dean of clinical affairs and our senior nursing leaders has been foundational to a well-supported structure. The elements fundamental to a successful pipeline program were established. The program proposal was presented with highlights on the gains and challenges for each supporting participant. The hospital gets to meet the needs of its patients in a timely fashion, reduce

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