





The Long Term Care Nurse Staffing Study (LTCNSS) assesses nurse staffing and related issues in the long term care setting. In 2015, approximately 27% of licensed vocational nurses (LVNs) and 3% of registered nurses (RNs) in Texas worked in the nursing home/extended care setting. Long term care facilities may also employ certified nurse aides (CNAs), certified medication aides (CMAs), and advanced practice registered nurses (APRNs). During the spring of 2016, the TCNWS administered the LTCNSS to 1,202 Texas nursing facilities. A total of 439 facilities participated, for a final response rate of 36.5%.

Institute of Medicine's *The Future of Nursing* ¹

In 2011, the Institute of Medicine (IOM) published *The Future of Nursing: Leading Change, Advancing Health*. This report recommended a series of concrete policy and administrative changes that would allow the American healthcare professions to deal with our country's healthcare workforce needs. As a means of partially addressing the country's shortage of highly-qualified practicing nurses, the IOM report notes exceptionally high turnover rates among first-year nurses. It recommends that employers of newly licensed RNs seek to ease the transition by implementing transition to practice (residency) programs. Such programs have thus far proven economically prudent

with returns on investment as high as 884%, while also leading to increased first-year nurse satisfaction and improved quality of patient care.

The Texas Center for Nursing Workforce Studies included several questions regarding transition to practice programs into the 2016 LTCNSS. These programs may include extended orientations, prolonged preceptorships, and formal residency programs. The 2016 data responses will establish a baseline for tracking future progress toward the IOM's recommendation among long term care employers.

¹Institute of Medicine, Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). The future of nursing: Leading change, advancing health. Retrieved from The National Academies Press website: http://books.nap.edu/openbook.php?record_id=12956.nap.edu/openbook.php?record_id=12956

Transition to Practice Programs in Texas

29.8% of 439 survey respondents reported using at least one of the methods listed in Table 1 as a transition to practice program for all nursing staff.

Description of Transition to Practice Programs

The 131 facilities that had a transition to practice program in place were asked what kind of programs they utilized out of 4 options: internship/fellowship/residency, orientation, mentoring or preceptorship program, and other. Facilities could select multiple transition to practice program types.

■ The most commonly used transition to practice program method was orientation, with over 80% of the 131 programs reported as this type.

■ 18.3% of facilities used internship/fellowship/residency as a method. For a point of comparison, 65.2% of hospitals in Texas utilize some combination of internships, fellowships, and residencies as a transition to practice program.

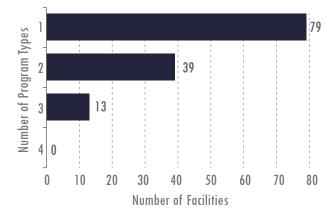
Table 1. Transition to practice programs used by responding facilities

	# of respondents	% of respondents
Orientation	112	85.5%
Mentoring/Preceptorship	58	44.3%
Internship/fellowship/residency	24	18.3%
Other	3	2.3%

39.7% of the 131 facilities with a transition to practice program reported using more than one method listed in Table 1. Figure 1 shows the number of program types the 131 facilities reported.

- Approximately 60.3% of 131 programs reported utilizing only one type of transition to practice program.
- No facilities reported using all 4 of the transition to practice program types.
- 13 facilities reported using 3 different transition to practice methods.

Figure 1. Number of program types used by facilities



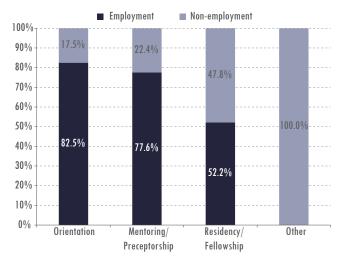
Traits of Transition to Practice Programs in Texas

Employment Vs. Non-Employment Models

As part of understanding facilities' transition to practice programs, each was asked whether their program paid transitioning nurses (the employment model) or whether their program was unpaid (the non-employment model), perhaps through participation with a nursing school or as an individual internship (Figure 2).

Orientation (96 of 124 facilities) and mentoring (28 of 124 facilities) were largely reported as being employment model programs. 6.4% and 5.7% of facilities reported having an non-employment model for orientation and mentoring transition to practice programs, respectively.

Figure 2. Transition to practice program type by employment model type

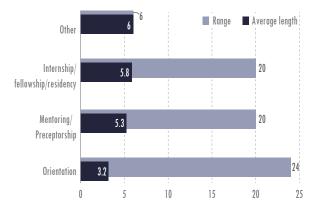


Length of Transition to Practice (in weeks)

■ Internship/fellowship/residency had an average duration of 5.8 weeks (Figure 3).

- Orientation programs had the shortest average length (3.2 weeks).
- Most program lengths varied widely from facility to facility. For example, orientations ranged from a week to 24 weeks.

Figure 3. Average length and range in weeks of transition to practice programs by program type



Reported Benefits of Transition to Practice Programs

Facilities provided the number of new nursing graduates that participated in each program type during the last fiscal year. The 131 facilities reported a total number of 362 graduates in each of the following transition to practice programs:

- 56 new nursing graduates for internship/fellowship/residency
- 196 new nursing graduates for orientation
- 98 new nursing graduates for mentoring
- 12 new nursing graduates for other



Table 2. Reported outcomes of transition to practice programs for first year nurses

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Improved clinical competence in resident/ patient care	72	55.0%
Improved decision making abilities	68	51.9%
Improved communication with physicians, other staff, and residents	56	42.7%
Improved organization and prioritizing skills in clinical practice	37	28.2%
Increased number of new graduates applying	17	13.0%
Decreased turnover during first year of employment	16	12.2%
Other	9	6.9%
Improved ability to incorporate research based evidence in clinical practice	1	0.8%

Survey respondents could also select up to three outcomes resulting from transition to practice programs. Table 2 summarizes those results, with improvements in clinical competence, clinical decision-making, and communication topping the list, each reported by almost half of the 131 respondents with any transition to practice program.

Table 3 lists the number of graduates by each transition to practice program type. A total of 362 new nursing graduates participated in the various transition to practice programs presented below.

Table 3. Number of graduates by transition to practice program type

Program type	Number of facilities	Number of graduates
Orientation	71	196
Mentoring/preceptorship	30	98
Internship/fellowship/residency	19	56
Other	2	12

Conclusion and Recommendations

Conclusion

The 2016 LTCNSS reported that 131 out of the 439 responding agencies used at least one transition to practice program. Most facilities used an orientation type transition to practice program. While some programs reported using more than one type of transition to practice model, most programs reported only using one type.

As far as traits of the transition to practice program in long term care facilities, most programs reported using an employment model in all types with the exception of facilities that reported using other as a program type. The length in weeks varied from program to program with some programs requiring as many as 24 weeks to complete the program. Orientation programs had the shortest average number of weeks (3.2 weeks). There were a total of 362 nursing graduates who participated in transition to practice programs, and the top benefits of transition to practice programs included improvements in clinical competence, clinical decision-making, and communication.

TCNWS Advisory Committee Recommendations

Evaluate transition to practice programs (orientation and training) and continuing education programs.

Only 29.8% of respondents reported using a transition to practice program for newly licensed staff, with orientation being the most commonly used method. Facilities should develop and evaluate training and continuing education programs to ensure they are meeting facility goals of staff development, resident care, and quality outcomes.