

L-R: Trina Vecchiolla, Clinical Education Specialist, Organizational Development; Forrest Fortier, Director, Organizational Development; Rick Groom, Vice President of Human Resources and Operations; Debbi Lewis, Organizational Development Specialist, Organizational Development



The Healthy Glow of Learning

A renewed learning culture at Sisters of Charity Providence Hospitals is central to addressing performance gaps and supporting quality service.

In the volatile business of healthcare, hospitals must adapt and change to survive—a familiar tenet to Sisters of Charity Providence Hospitals in Columbia, South Carolina. In the last 15 years, the system has shifted its status from not-for-profit to for-profit, and back again, undergoing several leadership changes as a result. As for training, that function didn't even exist formally when the latest era dawned.

The 70-year-old organization merged with another corporation in a 50 percent partnership in 1995, and then ended the relationship seven years ago. New leadership quickly restarted a moribund training program that mostly overlooked the development of managers and other staff positions. "There was almost no learning culture here," says Forrest Marie Fortier, director of organizational development. There is now.

Fortier heads a seven-member organizational development and staff training team that has turned the ship around. It's one of three training-related teams in the health system.

Her department supports a straightforward strategic plan—to become an employer of choice and to provide service and operational excellence. A top priority is developing leaders within the management ranks of the 304-bed, two-hospital organization. So a training specialist was hired, a management training program was launched, and performance metrics were defined so that results could be measured.

The first program, Leading Edge, was implemented in March 2007 to address performance gaps within middle management. A curriculum was designed around performance and financial management, identifying and recruiting top talent, and change management.

Training sessions provided by two senior team members produced such positive feedback that the program was extended to include frontline supervisors, followed by other leadership training programs for succession planning.

Areas were targeted for selection based on the middle manager's performance gap. The training used different methods to reach the desired outcomes, but integrated into each program was a set of team building activities and a performance review of the organization. Formal processes were implemented to hold leaders accountable to the performance of their area.

The principal goals included increased earnings before interest, depreciation, and amortization (EBIDA), and improvement of employee and

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–Forrest Marie Fortier
Director of Organizational
Development, Sisters of Charity
Providence Hospitals

patient satisfaction. Each was met during the first year and continues to improve, says the hospital.

For example, manager feedback was a behavior change that received close attention. To obtain this information, questions were added to employee electronic training surveys to determine if leadership behavior was changing in the workplace.

“There was an increase in feedback by leaders from 62.50 to 73.45 on a four-point Likert scale,” says Fortier. Based on such feedback, the training was extended during 2008 to include frontline supervisors. Other leadership training programs were implemented for succession planning.

Next came an initiative to improve patient care from competent to excellent. With the approval of top management, the department invested in a clinical simulations training program that would mimic real patient experiences in a practice environment. Five practice patient rooms were constructed, each containing lifelike patient simulators. Each of the lifelike mannequins has realistic anatomy and clinical functionality.

Employees can work alone or within groups during the medically accurate simulations and improve their patient care and problem-solving skills. An instructor provides a time for reflection and debriefing to help the employee learn through the process.

The high-tech simulators were an instant hit with clinical staffers as well as other employees, including dietitians and environmental services, says Fortier. All can practice correct procedures on “patients” who can cough, vomit, and mimic other bodily functions as well as voice medical needs, she says.

Fortier applauds the use of sophisticated simulators in the hospital setting. “Nurses are compassionate people and are taught to be competent in their skills,” she says.

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Not only have the realistic work environments improved patient care, but employee satisfaction has soared while the turnover rate among nurses has dropped to 8.3 percent, which is below the national average.

The effects of its many efforts are borne out not only in employee satisfaction surveys, but also in retention. In 2005, for example, the retention of first-year nurses was 78.2 percent, while the retention rate for new graduates was an unimpressive 60 percent.

Then came activities such as standardization of orientation, which has dramatically increased the success of employee onboarding. By 2007, the retention rate of new nurses had increased to 86.1 percent, while the new grad retention rate had soared to 94 percent, well above the national average.

Meanwhile, other training initiatives include a just-in-time “call ED” system that allows employees to immediately contact an expert instructor by dialing a single phone number. The paging system is especially valuable in the two-hospital facility since 48 percent of newly hired nurses have just graduated, and a virtual mentoring capability will soon be added, Fortier says. **T+D**



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