



The Long Term Care Nurse Staffing Study (LTCNSS) assesses nurse staffing and related issues in the long term care setting. In 2016, approximately 26% 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 2017, the TCNWS administered the LTCNSS to 1,213 Texas nursing facilities. A total of 439 facilities participated, for a final response rate of 36.2%.

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 2017 LTCNSS. These programs may include nurse residency, nurse fellowship, student nurse internship/externship, and mentorship/preceptorship. The 2017 data responses will establish a baseline for tracking future progress toward the IOM's recommendation among long term care employers.

In addition to newly licensed RNs, the 2017 LTCNSS added options for LVNs, RNs, and APRNs, nursing students, and experienced nurses participating in transition to practice programs.

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

89 of 439 (20.3%) survey respondents reported using at least one type of transition to practice program for all nursing staff.

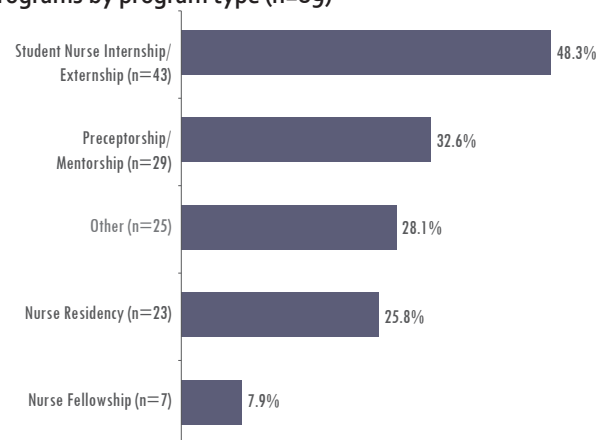
Description of Transition to Practice Programs

The 89 facilities that had a transition to practice program in place were asked what kind of programs they utilized out of 5 options: nurse residency, nurse fellowship, student nurse internship/externship, mentorship/preceptorship, and other. Facilities could select multiple transition to practice program types. The results are shown in Figure 1.

- The most commonly used transition to practice program type was student nurse internship/externship. 43 of the 89 (48.3%) facilities reported using this type of program.
- 29 of 89 (32.6%) of facilities used mentorship/preceptorship programs. As a point of comparison,

170 out of 248 (68.5%) hospitals in Texas utilized mentorship/preceptorship programs.

Figure 1. Percentage of facilities with transition to practice programs by program type (n=89)

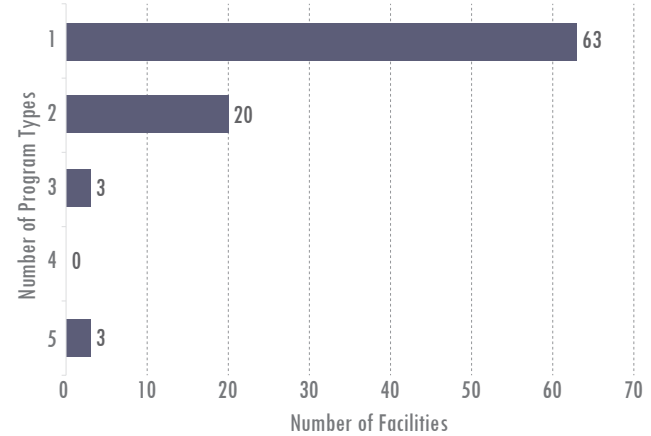


Note: Facilities could select more than 1 type of transition to practice program.

26 of the 89 (29.3%) facilities with a transition to practice program reported using more than one program type. Figure 2 shows the number of program types the 89 facilities reported.

- 63 of the 89 (70.8%) facilities reported utilizing only one type of transition to practice program.
- 3 of the 89 (3.4%) facilities reported using all 5 of the transition to practice program types.
- 20 of the 89 (22.5%) facilities reported using 2 different transition to practice methods.

Figure 2. Number of program types used by facilities



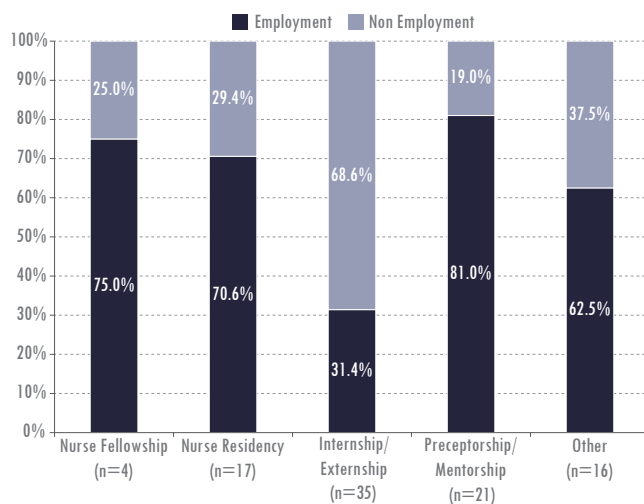
Traits of Transition to Practice Programs in Texas

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 3).

- Most transition to program types were employment models with the exception of student internship/externship. 24 out of 35 (68.6%) of facilities reported their internship/externship was a non-employment model.

Figure 3. Transition to practice program type by employment model type



Type of Nurses Eligible for Transition to Practice

Tables 1 thru 3 show the types of nurses who were eligible for transition to practice programs.

- Among most program types, VNs were the most common eligible nurse type. In 2017, RNs were the most common eligible nurse in hospital transition to practice programs.
- As seen in Tables 2 and 3, the most reported program type for both newly licensed and experienced nurses was mentorship/preceptorship.

Table 1. Student nurses eligible for transition to practice programs, by program type

Nurse Type	Transition to Practice Program Type		
	Student Nurse Internship/ Externship	Other	
VN Students	n	34	9
	%	79.1%	36.0%
RN Students	n	17	8
	%	39.5%	32.0%

Table 2. Newly licensed nurses eligible for transition to practice programs

Nurse Type	Transition to Practice Program Type			
	Nurse Residency	Mentorship/Preceptorship	Other	
Newly Licensed VNs	n	17	23	12
	%	73.9%	79.3%	48.0%
Newly Licensed RNs	n	13	16	12
	%	56.5%	55.2%	48.0%

Table 3. Experienced nurses eligible for transition to practice programs

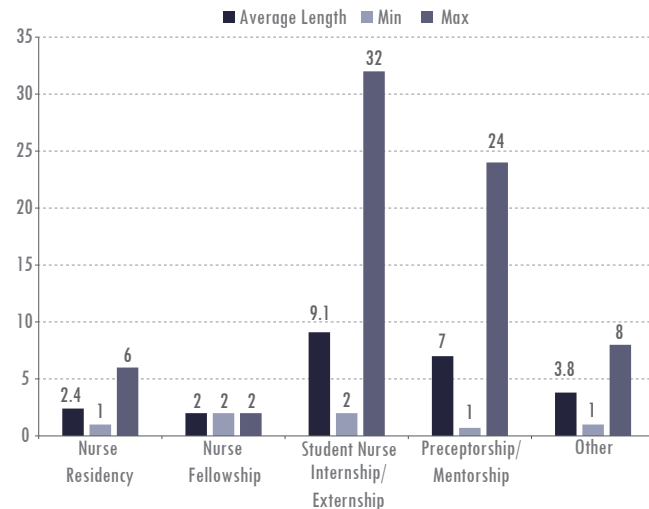
Nurse Type		Transition to Practice Program Type		
		Nurse Fellowship	Mentorship/Preceptorship	Other
Experienced VNs	n	4	14	6
	%	57.1%	48.3%	24.0%
Experienced RNs	n	4	12	6
	%	57.1%	41.4%	24.0%

Note: n= number of facilities responding that nurse types were eligible for the transition to practice program; % = the percent of facilities offering each transition to practice program type who responded that nurse types were eligible for the transition to practice program. Only program types that had nurses were included in the table.

Length of Transition to Practice (in weeks)

- Internship/externship had an average duration of 9.1 weeks (Figure 3).
- Nurse fellowship programs had the shortest average length (2 weeks).
- Preceptorship/Mentorship had range of 24 weeks and an average duration of 7 weeks.

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



Number of Participants

Table 4 reports the number of students who participated in each transition to practice program type during the last fiscal year.

- Student nurse internship/externship programs had more participants than any other transition to practice program during the last fiscal year.

Table 4. Number of participants in transition to practice programs

Transition to Practice Program Type	n	Number of Students
Nurse Residency	12	65
Nurse Fellowship	2	5
Internship/Externship	25	473
Preceptorship/Mentorship	15	36
Other	5	11

Note: n = number of respondents who reported participants.

Reported Outcomes of Transition to Practice Programs

Survey respondents could also select up to three outcomes resulting from transition to practice programs. Only 61 of the 89 (68.5%) programs who indicated having a transition to practice program answered this question, Table 5 summarizes those results.

- Improvements in clinical competence, clinical decision-making, and communication with physicians and other staff were the top 3 most reported outcomes of transition to practice programs.

Table 5. Reported outcomes of transition to practice programs (n=61)

Reported Outcome	n	%
Increased number of new graduates applying	8	13.1%
Decreased turnover during first year of employment	11	18.0%
Improved clinical decision making abilities	33	54.1%
Improved clinical competence in resident/patient care	33	54.1%
Improved communication with physicians, other staff, and residents	26	42.6%
Improved organization and prioritizing skills in clinical practice	17	27.9%
Improved ability to incorporate research based evidence in clinical practice	2	3.3%
Other	11	18.0%



Conclusion and Recommendations

Conclusion

The 2017 LTCNSS reported that 89 out of the 439 (20.3%) responding agencies used at least one transition to practice program. 35 respondents used an internship/externship type transition to practice program, and 68.6% of these programs used an unemployment model. 21 programs used a preceptorship/mentorship transition to practice model with 81.0% of these programs using an employment model. 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 internship/externship transition to practice programs. The length in weeks varied from program to program with some programs requiring as many as 32 weeks to complete the program. Nurse fellowships programs had the shortest average number of weeks (2 weeks).

VNs were the most common eligible nurses for long-term care transition to practice programs. Facilities reported 473 students who participated in an internship/externship, which was the most among transition to practice program types. The top benefits of transition to practice programs included improvements in clinical competence, clinical decision-making, and communication with physicians and others.

TCNWS Advisory Committee Recommendations

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

Only 20.3% 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.