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Going with the Flow: Retaining Float Pool Nurses with Stay Conversations

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Abstract

Background: Since the COVID pandemic began affecting the nation in 2020, MedStar Franklin Square Medical Center (MFSMC) has been affected by its aftermath. 2021, became the year of the great resignation for nurses across the country. During this time MFSMC float pool nurses were not immune to the current climate of healthcare. As many nurses were having childcare issues, difficulty working standard 12-hour shifts, and experiencing burnout, the Float Pool Nurse Manager identified the potential risk of losing these skilled nurses. At MFSMC the Float Pool Department has two types of groups: one group consists of full-time benefited staff that are floated for their pre-schedule shifts daily by the house nursing supervisor; the other type is non-benefited that must maintain competency in two care areas (ICU, IMC, Med/surg, etc). The Second type of nurses create their schedules as needed based on the unit needs. By having these two types of float pools MFSMC has adapted to varying staffing needs.

Objectives: At MedStar Franklin Square Medical Center (MFSMC) the Float Pool was designed to fill the nursing needs, or 'holes', of the hospital due to vacancy, call outs, or volume fluctuations in different departments.

Methods: With support from the Senior Director of Nursing, the Float Pool Nurse Manager was able to find new care areas for these float pool nurses, retaining these nurses in the organization. Collaboration with unit Nurse Managers and department leaders allowed the Float Pool Nurse Manager to have a better understanding of their needs and required skill set. By having personal 'stay conversations' with staff the Float Pool Nurse Manager was able to expand the skills of nurses in the float pool and retain them within the organization. During these conversations the Float Pool Nurse Manager identified the area of need for the associate, the associate's current skill set, and where the associate wanted to learn a new skill or an area of interest. Linking these three together allowed for nurses to remain within the organization and helped fill needs in other departments.

Results: These 'stay conversations' led to new assignments, including but not limited to, a surgical nurse being redeployed to occupation health, telemetry nurses redeployed to the COVID call center, an emergency department nurse floated to the endoscopy unit, and a telemetry nurse floated to the inpatient wound department.