

Addressing the Workforce Shortage!

Support to Become a Patient Care Tech



Northeast Georgia Health System

Purpose

Northeast Georgia Health System (NGHS) implemented the requirement of a Certified Nurse Aide (CNA) certification for all Patient Care Technicians (PCTs) a few years ago. Although better for quality patient care, this requirement resulted in a workforce deficit regarding PCTs. The 12-month rolling turnover rate for the role was 40% in May 2022.

To create a career pipeline for those individuals interested in building a career in healthcare, a PCT Advancement Program was developed. NGHS collaborated with Lanier Technical College and North Georgia Technical College to offer an 8-week, accelerated Nurse Aide program.

Practice Implications

The impact to our health system has been profound. We have been able to provide individuals with little to no clinical background an opportunity to launch a career in the healthcare field. This career pathway is available for individuals both inside and outside of our organization.



Methods

Work:

Participants in the PCT Advancement Program are full time employees with the healthcare organization. They are paid 40 hours/week. The expectation is that 32 of those hours each week will be spent attending class, studying, and practicing skills. Each participant is scheduled for one 8-hour shift each week in one of our acute care units. Because they have not yet obtained their CNA certification, participants are paired with a PCT to experience more hands-on practice with the skills they are learning in school. These shifts help fill a staffing need and allow the students to experience a variety of units and patient populations.

Expenses:

During the program, the cost of all tuition/fees, books, and supplies are covered by our foundation. Everything the students need to be successful is provided to them at no cost, including the certification exam after completion of the Nurse Aide course.

Contract:

Upon completion of the Nurse Aide course and passing the national nurse aide exam, participants agree to remain in a full-time position with NGHS for at least two years. We allow them to fill a PCT or a Unit Assistant (UA) role. The UA is a hybrid role that provides patient care in addition to some unit secretary duties. It also requires a CNA certification.

Results

The PCT Advancement Program began in May 2022. Since that time, 5 cohorts of students have participated in the program (for a total of 97 students). Of the 97 participants to date, 64 have successfully completed the nurse aide program and passed the national certification exam. There are 15 students in the current cohort (began classes August 2023).

18 participants were removed from the school program, either voluntarily or involuntarily, so their employment with NGHS was also terminated.

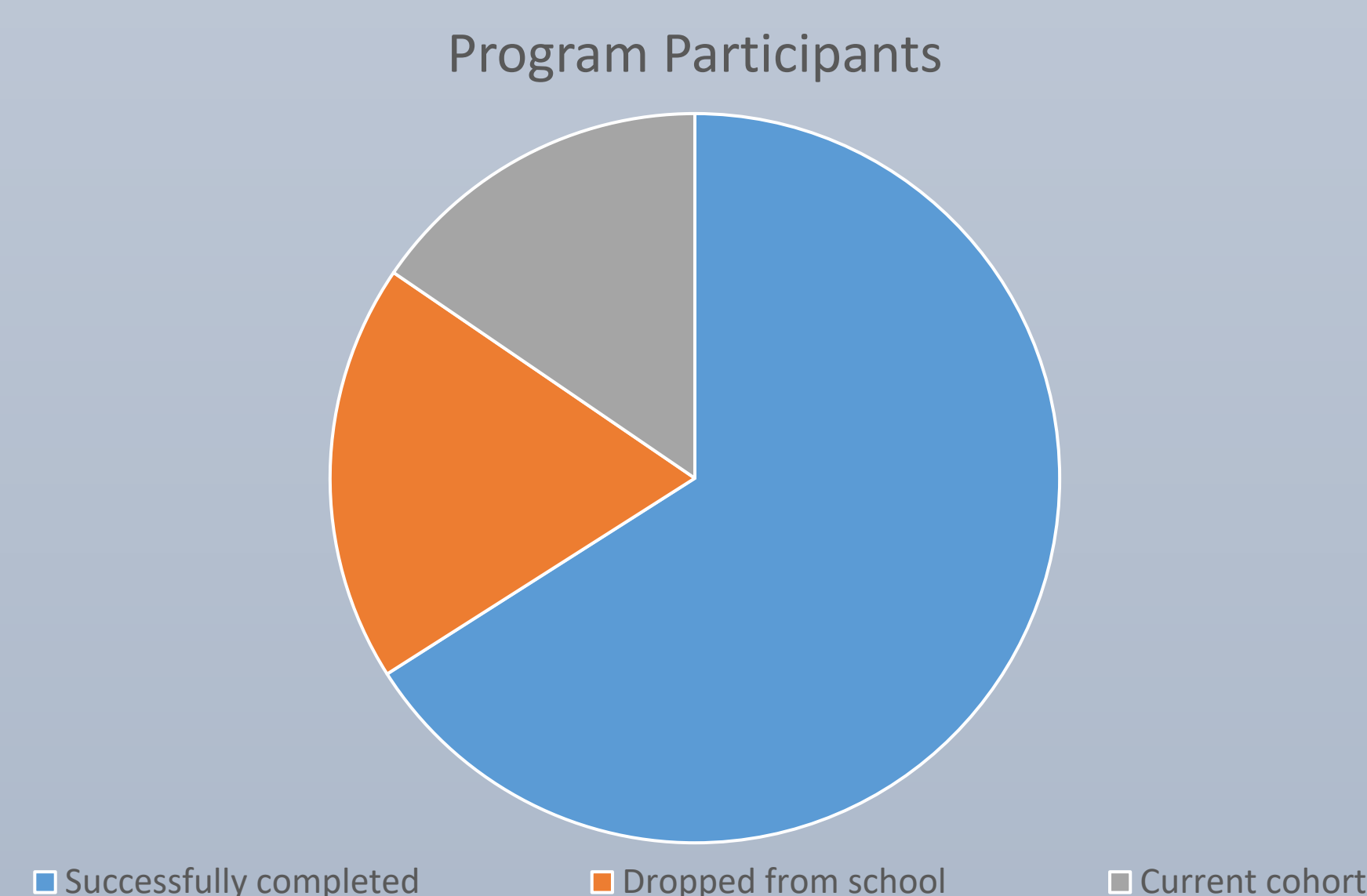
Reasons students were removed from the school programs:

- Multiple unsuccessful attempts at skills check-offs (schools offer 3 attempts with remediation)
- Excessive absences from class or clinical hours

100% of the students who completed the program in 2022 were retained as employees at 6 months and 1 year. Three of the program participants are now enrolled in nursing school programs.

Retention is tracked at 6 months, 1, 2, 3 and 5 years.

As of July 2023, the 12-month rolling turnover rate for PCTs with NGHS is at 23.3%-- a significant improvement from May 2022.



Lessons Learned

We have learned to be very clear during the interview and hiring process about the program expectations, specifically related to attendance and time commitment for success in the class.

Our interview process began as a telephone interview but now we hold in-person interviews with one of the coordinators. This face-to-face interaction allows us to evaluate the candidates' punctuality, personal appearance, and professionalism. We are better able to identify characteristics that align with our organizational core values.



References

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- Weston, M. J. (2022). Strategic planning for a very different nursing workforce. *Nurse Leader*. 20(2), 152-160.

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