



# STAFFING INNOVATIONS: REIMAGINING NURSING SUPPORT ROLE TRAINING

With a 70% retention rate

Case Study at [uhealth](#)

## EXECUTIVE SUMMARY

### PROBLEM

Health systems need innovative solutions to neutralize the growing healthcare staffing crisis, cultivate a diverse and proficient workforce, and maintain top-tier patient care.

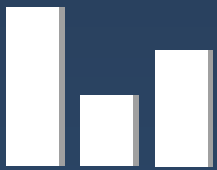
### THE STUDY

290 Learners completed the new Patient Care Assistant (PCA) program using Amplifire's new Workforce Growth and Development Library as part of UCHHealth's new blended learning model. The goal was to see if learners could successfully complete the PCA program in less time with better learning outcomes, leading to time and cost savings and a higher retention rate to remedy staffing challenges.

### TRAINING OUTCOMES

- 70% New hire retention rate for those who complete the program
- 50% Reduction in time spent in learning preparation
- Decrease of 14.6% in systemwide burden by open nursing assistant positions

# BY THE NUMBERS



The nationwide nursing shortage, by the numbers:

- National nursing gap for direct care RNs is projected to be between 200k-400k by 2025<sup>3</sup>.
- The rate of RN turnover in the United States ticked up over the past five years, growing from 17 percent in 2017 to 26 percent by 2021<sup>4</sup>.

## PROBLEM

The effects of delayed care by staffing shortage limitations<sup>1</sup> have the potential to be devastating for patients and health systems. Although the clinical workforce was the number-one overall concern for hospital CEOs in 2021<sup>2</sup>, the national nursing staffing crisis shows no sign of slowing down, as there are not enough graduating nurses to meet the insurmountable 400,000-person gap<sup>3</sup>. Care models that disproportionately rely on registered nurses (RNs) are no longer sustainable.

The addition of assistive personnel is a way to alleviate the nursing workload burden. However, the traditional classroom setting lacks the many resources and robust learner analytics to achieve the learning personalization necessary to support incoming staff with little to no healthcare experience.

This problem requires health systems to get innovative by reimagining clinical education and developing new care delivery models to reduce workload burden.

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1. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a4.htm>

2. <https://www.beckershospitalreview.com/hospital-management-administration/hospital-ceos-no-1-concern-is-staffing-for-1st-time-in-17-years.html>

3. <https://www.mckinsey.com/industries/healthcare/our-insights/assessing-the-lingering-impact-of-covid-19-on-the-nursing-workforce>

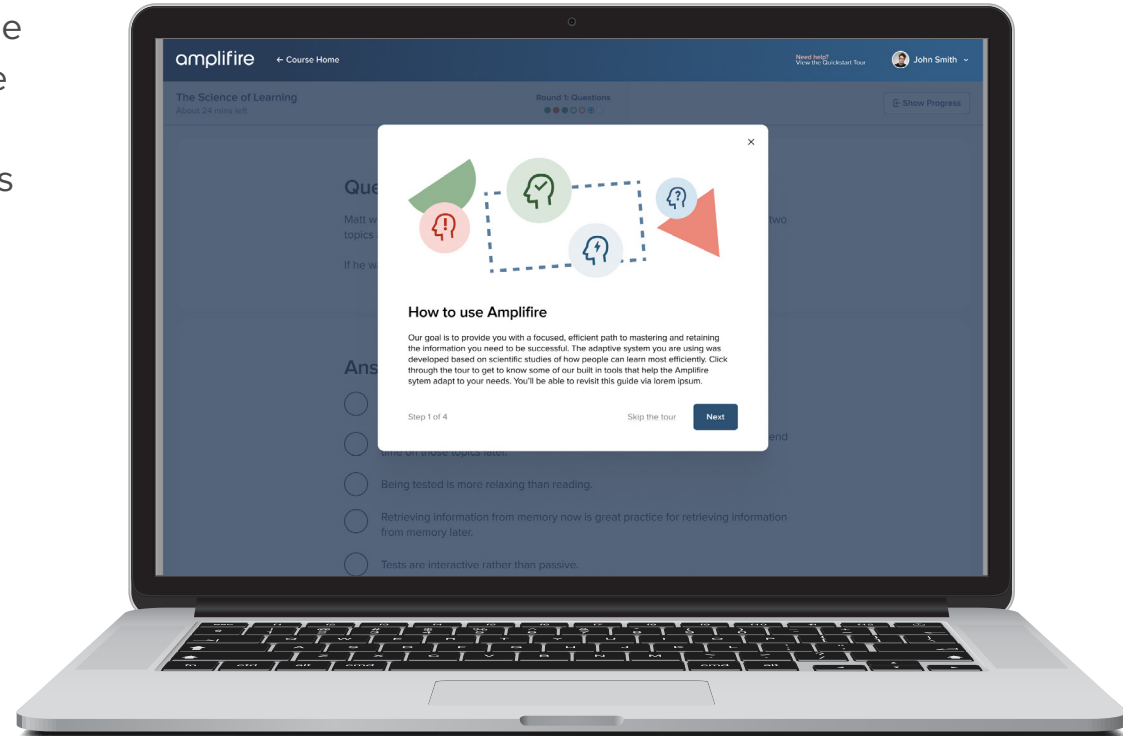
4. <https://www.mckinsey.com/industries/healthcare/our-insights/surveyed-nurses-consider-leaving-direct-patient-care-at-elevated-rates>

## STUDY DESIGN

UCHealth's training strategy was to develop a hybrid internal training program for nursing support roles that prepares a diverse cohort of learners with little to no experience with relevant skills training to meet the specific needs of their patient population. To provide assistive personnel trainees with the support they need to succeed in a high-demand profession in less time, learning and development leaders incorporate adaptive online learning into their blended learning programs to achieve effective training.

Their learning goal is to improve the lives of employees and patients with an inclusive learning experience that meets learners where they are and helps them grow in their health careers.

In the first year of implementation, 290 nursing assistants took an Amplifire course, co-developed with subject matter experts at UCHealth, called the PCA Skills Curriculum. This course consists of five modules adapted from the Workforce Growth and Development Library.



## ONLINE LEARNING IN ACTION

UHealth developed proven, results-focused online learning modules to use as a learning check between virtual learning preparation and on-the-job training with hands-on skills labs and skills practice shifts. Amplifire's adaptive platform catered to the diverse needs of the learner population, with trainees coming to hands-on training better prepared to practice what they had learned, according to program leadership.

Learner analytics collected during the Amplifire segment of training were then used to inform instructor-led training, which optimized practice sessions and improved interpersonal relationships.

Strong retention rate, time and cost savings, and course proficiency are indicators of Amplifire's success within the PCA program.

## PCA Program Outline

### Weeks 1-4

- Virtual learning modules
- Amplifire knowledge check
- Weekly hands-on skills class
- Weekly precepted clinical shift(s)

### Weeks 5-6

- Precepted orientation shifts on Unit
- Complete competency validations
- Simulation-demonstrate skill integration
- Prepare to work independently

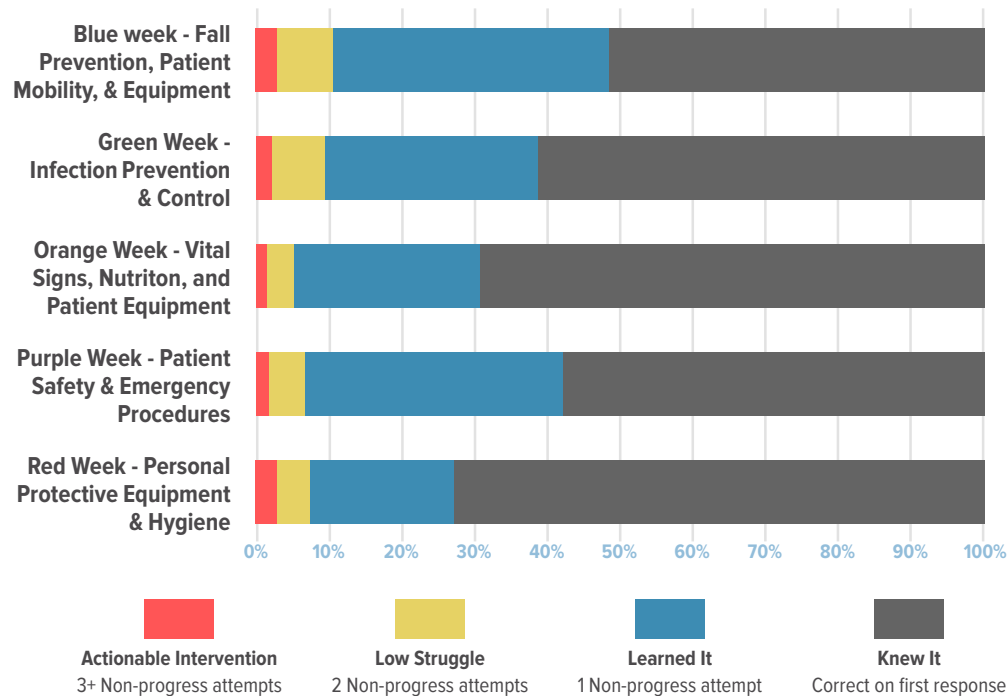
### Independent Practice

- Same scope of practice as CNA
- Begin precepting after 6 months
- Continued support from Program Coordinator
- Mentorship for career advancement

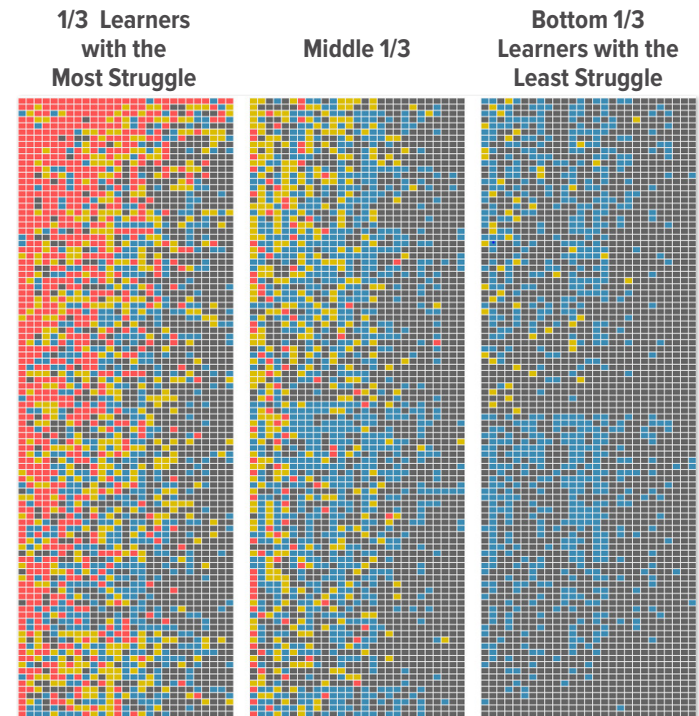
## HEAT MAP

To matriculate to on-the-job training with hands-on skills labs and skills practice shifts, learners must achieve 100% mastery in the Amplifire course.

For learners with little to no previous healthcare experience, struggle data was a valuable tool for instructors to intervene with at-the-elbow support or to inform in-person training.



Learner data can identify struggle by topic down to each question, which gives instructors insight as to where to focus in-person learning.



Instructors and leaders can also see into each individual's learning journey, down to the question, to tailor instruction for a personalized learning experience.

“Learners are now able to speak to what they’ve learned and the ‘why’ behind the way we do things. They didn’t see learning as stressful, they see it as a way to grow in their career.”

— Judy Davidson,  
MSN, BSN, SCRN, Nursing Support  
Program Coordinator, UCHHealth

## RESULT 1

### 70% New hire retention rate

In 2021, the average hospital lost \$7.1 million to higher turnover rates<sup>1</sup>. To avoid turnover — which, for hospital new hires with less than a year of service averages 62.5%, according to the 2023 NSI National Health Care Retention & RN Staffing Report<sup>2</sup> — UCHHealth knew they needed to change the status quo.

Amplifire’s adaptive platform personalizes the learning experience to meet individual learner needs, values their current knowledge, and allows for 1:1 coaching with real-time adaptations of learning content. Through personalized learning, instructors noticed trainees came to class more prepared and engaged.

## RESULT 2

### Learning prep time cut in half

Amplifire was used in learning prep sessions designed to prime students’ minds with the information they need for hands-on learning. Compared to the legacy solution, instructors found that with Amplifire, learning was more efficient and effective.

Before Amplifire, the average pre-learning time during training was about four hours. With Amplifire, pre-learning could be completed in half the time. For 290 trainees, that is the difference of 2,320 hours.

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1. <https://www.beckershospitalreview.com/finance/hospitals-average-100-percent-staff-turnover-every-5-years-heres-what-that-costs.html>

2. [https://www.nsinursingsolutions.com/Documents/Library/NSI\\_National\\_Health\\_Care\\_Retention\\_Report.pdf](https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf)

“ We saw impact immediately... We were able to pull subject matter experts together, partner with Amplifire, and create interactive modules with real patient scenarios that our staff can work through interactively. ”

— JoAnn DeMonte,  
MSN, RN, NPD-BC, NEA-BC and  
VP of Professional Development &  
Practice, UCHealth

## RESULT 3

### 14.6% Decrease in number of open nursing assistant positions and system wide burden

A top priority for health systems is to alleviate the workload burden created by staffing shortages. Workload burden is not just an organizational stressor — it can also be a matter of life and death when it comes to patient care.

For UCHealth, the number of open nursing positions decreased following PCA program implementation with the addition of Amplifire.

## LOOKING FORWARD

The PCA program leadership uses Amplifire data to inform professional placement and career growth pathways for learners, consistent with their own passions and aspirations. As part of a new benefits program, UCHealth recently partnered with Regis University’s BSN program to create a pathway for nursing assistants interested in becoming RNs to have access to free nursing degree education. Now, the majority of individuals in the BSN benefit program have matriculated through the PCA program. “That’s a major win,” said Judy Davidson, Nursing Support Program Coordinator, UCHealth.



## ABOUT AMPLIFIRE

Empirical data shows that caregivers in every healthcare organization possess knowledge gaps, doubts, and medical misconceptions. The Amplifire learning platform tackles these issues using discoveries from cognitive science and algorithms that adapt evidence-based content to the needs of each individual caregiver.

Healthcare organizations embrace Amplifire as a change management tool that transforms training from a rote activity, where administrators can only hope for results, into a strategic activity that delivers measurably better outcomes. Popular course libraries include:

- Infection Prevention
- EHR Training
- Obstetrics
- Workplace Violence
- Workplace Development

With more than three billion learner interactions, Amplifire continues to harness scientific research, advanced analytic techniques, and artificial intelligence. Learners experience a faster, more engaging path to proficiency so they can attain their highest potential.



“ *Amplifire is a tool that more accurately, completely, and rapidly loads complex clinical knowledge into expert minds. It gives us not only the ability to transmit knowledge, but the ability to measure how well we transmitted it and how well it stuck.* ”

— **Brent James, MD**

Clinical Professor at the Clinical Excellence Research Center at Stanford University

