



Interview With Melissa Rackmil, MBA, BSN, RN

Roxane Spitzer, PhD, RN, MBA, FAAN

Melissa Rackmil, MBA, BSN, RN, is Vice President of Patient Care, and Chief Nursing Officer at St James Hospital – University of Rochester Medical Center, in Hornell, New York, since 2018.

RS: Melissa, as a chief nursing officer of a rural hospital, you face many different challenges than the larger institutions. What is the number 1 issue you face?

MR: Recruitment and retention. Although, this is no longer only a rural hospital issue. We are a very small rural community hospital. We have an emergency room, med-surg unit, and operating rooms. We do not have any additional inpatient specialties such as OB [obstetrics], psych, intensive care unit (ICU), etc. When nurses are looking to grow in the field or explore other nursing specialties, they will go elsewhere to be able to do so.

RS: What steps have you taken to remedy this?

MR: We have expanded on our tuition assistance program along with paying for nurses to receive funding for advancement certifications (i.e., wound care, infection prevention, critical care RN, etc). Additionally, to supplement our staffing and support our patients and RNs, we have implemented our Triad Staffing Model, bringing in licensed practical nurses (LPNs) to the acute care area again, orienting them to work to the top of their scope of licensure.

RS: What stakeholders have been involved?

MR: Board of directors, all senior leadership, providers, nursing leadership, and nursing staff.

RS: What assistance has been provided from the larger system that your hospital is part of?

MR: As far as the Triad Staffing Model, I wrote an article, and it was published in the August edition of *Nurse Leader* magazine. I worked with another nurse leader at the larger Strong Memorial Hospital at the University of Rochester Medical Center to develop the model that my coauthor, Wendy Allen-Thompson, already began using in her observation unit areas. Wendy and I shared ideas back and forth about the

model and how to optimize the use of the licensed practical nurse by following our scope of practice guidelines put in place by New York State. It is nice to identify an idea or thought, then to reach out and have the larger organization identify a subject matter expert to work through innovative solutions with you.

RS: What if anything would you do or have done differently in addressing this challenge?

MR: I started working on the Triad Staffing Model prior to the pandemic. However, I wish I could've seen what no one saw coming, which was the expedition of the nursing shortage. I feel I could've gotten ahead of this sooner.

Our hospital is a small rural community hospital as mentioned before; we are expanding our service to the community each and every day. We have just opened a brand-new hospital built in March of 2020 (just before the pandemic hit our area) with all new equipment and beds, along with moving to the eRecord system (along with some of our affiliates) in March of 2022. We developed shared governance opportunities with our staff—some around recruitment and retention. We will continue to brainstorm with our staff. We have a wonderful organization; because it is so small, it's truly like a family. We realized during the pandemic, more than ever, how much each and every team member, from administration to environmental services, will jump in and help, have each other's backs at any time when needed, when we're all tired. That hopefully means more to our team than anything else ever could.

RS: What wisdom would you like to share with our readers?

MR: Rural community hospitals are no longer the only hospitals with the concern from a recruitment standpoint, I think all hospitals are united on the fact that this is a growing concern. As nurse leaders, we need to be innovative, creative, and think outside of the box while continuing to enhance the quality of care delivery, safety, patient and family and staff satisfaction. We need to continue to share our ideas and our out-of-the-box thinking to be successful in health care overall, nation and worldwide, to provide the best possible patient outcomes.

RS: Melissa, sharing your thoughts and action are very meaningful to our readers. You are so right, issues are potentially even more difficult in a small rural hospital. However, your approach shows how one can use the attributes (like 1 big family) to overcome the negatives and focusing on the positive and creative. Thank you for your time.

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