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Implementing a Nursing Professional Model to Improve Staff Nurse Engagement and Teamwork

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Abstract

Problem: Several studies have examined the role of the nurse and reveal that job-related stress, defined as an overload of high acuity patients, physical and emotional demands of the job, and lack of autonomy, may impact engagement and teamwork (Garrosa et al., 2010). Evidence suggests a direct correlation between high levels of staff engagement and teamwork improves quality outcomes for the organization. Therefore, it is imperative that we measure staff engagement and teamwork on our nursing units to ensure that quality indicators are met and that as an organization we provide safe patient care.

Context: The purpose of this Doctor of Nursing Program (DNP) evidence-based change of practice project was to apply the elements of a professional practice model on a 48-bed medical-surgical-telemetry unit at a medium sized (225 licensed beds) tertiary medical center to measure the effect on nurse engagement and teamwork. The main stakeholders in this project were nursing administration, the unit management team, and staff nurses working on the interventional unit. The unit was chosen due to several indicators: decline in staff morale, lack of perceived teamwork amongst the staff, and the exodus of key staff members due to the demands of the role.

Interventions: Using a pre-test, post-test design, nursing staff on the telemetry unit were enculturated with a professional practice model (known as the Voice of Nursing [VON]) along with its six core values and defined lean principles. Interventions consisted of a workshop, post workshop meetings, development of a visual board, and enhancement of an existing unit-based team known as Creating Lasting Change (CLC) to drive change on the unit.

Measures: Measures chosen to study the intervention's processes and outcomes targeted: a) nurse knowledge regarding the VON professional practice model, b) staff engagement, c) intent

to stay with the organization, d) culture of teamwork, and e) improvement in the quality metric of patient falls.

Results: The findings after implementing a professional practice model compared to pre-study findings are as follows:

- Nurses had a clearer understanding of the professional practice model (increased by 33%)
- Improved engagement on the interventional unit (improved by 4%)
- Intent to stay within the organization (increased by 11%)
- An improved culture of teamwork (improved by 9%)
- Decreased falls from a total of 4 to zero during the last three months of the project (June-August 2018)

Conclusion: The purpose of implementing and enculturating the elements of a professional practice model demonstrated the intent to get to the hearts and minds of nurses and create an environment in which nurses are engaged, and a culture of teamwork exists. An engaged work force helps encapsulate a safe, efficient, and effective environment for not only the nurse but for their patients.

Keywords: nurse*, nurse engagement, staff engagement, lean*, lean six sigma, Toyota production system, empowerment, patient satisfaction, improvement, professional practice, practice model, relationship-based care, and quality improvement.

Section II: Introduction

Staff engagement has recently emerged as an important topic of interest, particularly as it relates to employee performance and organizational management. Engagement is defined as a worker's commitment to the organization where they are happily involved in work, energized, have an experience of belonging, and where one takes pride in work relationships (Garrosa, Moreno-Jimenez, & Rodriguez-Carvajal, 2010). Growing evidence suggests a direct correlation between staff engagement and improved outcomes for the organization as measured by: quality indicators, patient satisfaction, staff turnover, and staff productivity (Bargagliotti, 2012; Laschinger & Leiter, 2006; Press Ganey, 2013; Simpson, 2009).

Problem description

Hospital settings are currently seeing more patients with high acuity, rapid implementation of advanced technologies, an increase in workplace violence, and budget constraints. Collectively and individually these factors are associated with job-related stress. These job-related stressors along with the emotional labor of the job (nurse outwardly appears proficient, but the work is taxing physically and emotionally) are such, that nurses believe they are not valued, which leads to a disengaged culture of teamwork among nursing staff and lack of motivation within the work environment (Bargagliotti, 2012). The lack of an engaged workforce and ineffective teams can result in higher medical errors, ineffective communication skills, the inability to resolve conflicts, and the ineptitude to support colleagues in critical situations (Clancy & Tornberg, 2007; Kalisch, Weaver, & Salas, 2009). With an increased emphasis on patient safety, healthcare organizations are now looking at the importance of engagement and teamwork to improve safety (Gristwood, 2004).

Press Ganey Associates (2013), a company that measures patient experience, performance analytics, and acts as an advisor for healthcare organizations, provides numbers indicating that for every 100 nurses, fifteen are considered disengaged; meaning, these nurses lack commitment or are dissatisfied with their work. When analyzing costs, a disengaged nurse costs the organization $22,200 in lost revenue due to lack of productivity (Schaufenbuel, 2013). When multiplied across a large health system that hires between 10, 000 – 15,000 nurses annually, an organization could be looking at a potential loss of up to $50 million yearly (Dempsey & Reilly, 2016). Additionally, nurse disengagement is linked to lower rates of nurse retention, another important national issue (Simpson, 2009). On average, the national turnover rate for nurses is 16.4%, with the average cost of turnover per nurse ranging from $36,000 to $57,000 (Dempsey & Reilly 2016). Press Ganey's staff engagement data, further suggests that nurses who are not in direct patient care roles are more engaged compared with their direct patient care colleagues. This is disheartening, as front-line staff play a key role in patient satisfaction and quality, a constant focus for hospitals throughout the United States. It is imperative that we examine staff engagement and develop systems to ensure that staff are engaged and empowered to make changes in their work environment.

What is already known

Although individual factors for nurses, such as personality, the right fit, and congruence, all play a part in work engagement, it is the organization and what it offers the employee that most impacts overall staff engagement (Laschinger & Fingegan, 2005; Simpson, 2009). Harter, Schmidt, and Hayes (2002) further outlined required elements needed for commitment to occur at the workplace, including clearly defined expectations, accessibility to basic equipment, a

feeling of belonging, making personal contributions to the facility they work in, and the possibility of career growth.

Bargagliotti (2012) states that the more knowledge we have regarding nurse engagement, the more we will learn about creating healthcare safe environments that provide exemplary patient care. Several studies have demonstrated that nurse engagement can be increased by improving teamwork (Garrosa, Moren-Jimenez, Rodriguez-Munoz, & Rodrigues-Carvajal 2010; Laschinger & Leiter 2006).

Teamwork is described as a number of people with a focused goal who help and support each other (Rasmussen & Jeppensen 2006). Moreover, teamwork impacts engagement (Kalisch, Curley, & Stefanov 2007) and promotes a perception of healthiness, increases the commitment to the organization, and lowers turnover rates (Rasmussen & Jeppensen 2006). Teamwork is also linked to an increase of job satisfaction (Amos, Hu, & Henrick, 2005: Cummings, 2013; Gifford, Zammuto, & Goodman, 2002; Rafferty, Ball, & Aiken, 2001), improved quality of care (Wheelan, Burchill, & Tilin, 2003), and increased patient satisfaction (Kalish et al., 2007).

Further studies on teamwork within healthcare have shown advancement in quality improvement processes and a direct link between patient and staff satisfaction (Meterko, Mohr, & Young, 2004). The importance of teams is also highlighted in a report from the Joint Commission (2005), and the Institute of Medicine (IOM) (2012), which states that interdisciplinary teams' function as a major asset to ensure patient safety

Available knowledge and a focused PICOT question

By ensuring that nurses' function within a professional practice model, an organization needs to provide an environment that focuses on five important areas. These five areas include: (a) promoting quality nursing, (b) empowering decision-making, (c) identifying areas of nursing

excellence, and (d) providing nursing staff the ability to gain new skills, which ultimately leads to staff engagement and strong teamwork within the organization (Laschinger & Finegan, 2005).

The PICOT question that drove this search for evidence was designed to determine if staff nurses at a tertiary medical center (P) by implementing a professional practice model with lean management principles (I), compared with current standard practices (C), can make an impact on staff engagement, staff empowerment, and develop a sense of a nurse community(O) within six months of an intervention (T). The end goal would be to lead ongoing change to facilitate engagement and empowerment with front line staff whilst aspiring to create a deep culture change within the organization.

Sources and literature search process. The PICOT question guided a systematic search using the following key words *nurse*, nurse engagement, staff engagement, lean*, lean six sigma, Toyota production system, empowerment, patient satisfaction, improvement, professional practice, practice model, relationship-based care,* and *quality improvement*. Cochrane, CINAHL, PubMed, and Evidence-Based Journal databases, as well as textbooks were queried. The initial search yielded over 5,750 articles. Key words were truncated, duplicate articles were eliminated, and a concentration of evidence related to answering the PICOT question reduced the output to approximately 250 articles.

Articles for inclusion addressed nurse empowerment and engagement with a professional practice model and lean as an additional methodology. An article was excluded if it only addressed performance improvement or retention, concentrated on professions other than nursing, and if engagement or empowerment was not the focus. After application of the inclusion and exclusion criteria, there was a yield of 53 articles of which five were selected that best addressed the PICOT question.

Studies in this review were critically appraised by the Johns Hopkins Research Evidence Appraisal Tool or the Non-Research Evidence Appraisal Tool (Dearholt & Dang, 2012). Each of the five articles selected were evaluated for their strength of evidence (level and quality), weaknesses, and rating scale. The selected articles demonstrated evidence between level II and level III and the overall quality averaged a B. A summary of each article is outlined in the evaluation table (Appendix A), and characteristics, variables, and outcome measures are collated in the evidence synthesis table (Appendix B). Studies ranged from predictive non-experimental designs, to systematic reviews, mixed methods study, and a national cross-sectional study.

Teamwork and engagement. Kalisch, Curley, and Stefanov (2007) conducted a study using an intervention to improve staff engagement and teamwork on an inpatient unit of a hospital. The study took place at a community hospital on a medical oncology unit. The sample of individuals was comprised of 55 staff members, made up of registered nurses, licensed vocational nurses, nursing assistants, and clerical staff.

Focus groups were conducted and staff were interviewed to solicit their input about teamwork in their department, and barriers and gaps in education regarding teamwork. Key stakeholders were also interviewed in a focus group format, including several physicians who admitted patients to the unit where the intervention was taking place as well as patients discharged from the unit. The researchers used N-Vivo qualitative data analysis software to analyze the qualitative data to comply a report, of which there was a 97% return rate from staff. This report was then shared in several feedback sessions with the staff in the form of compelling stories and meaningful quotes from staff, physicians, and patients. This method not only allowed for transparency, but also set the stage for a sense of urgency that change needed to occur. After each focus group, staff were asked if they wanted to work on a project to improve teamwork.

Each group reiterated their commitment to improve teamwork and to design a project aimed at improvement (Kalisch et al., 2007).

The intervention initially started with staff developing their mission, vision, and goals for the unit. Teamwork training was provided, and staff were involved in projects that improved teamwork, such as placing importance on staff relationships between registered nurses (RN's) and nursing assistants (CNAs), overhauling the change-of-shift report, and ensuring that each member communicated with at least five to six other members on the unit regarding changes that were being developed. Rapid testing or plan, do study, act (PDSA) quality improvement model was used for the implementation (Kalisch et al., 2007).

The unit's management team oversaw systematic reinforcement to ensure that communication was occurring, staff was upholding the team's new behaviors, and projects identified by the staff were moving forward. Metrics for the intervention included: an assessment on the quality of teamwork, patient satisfaction, staff turnover and vacancy rates, nursing quality care, and a nurse sensitive quality metric of patient falls per 1,000 patient days. Teamwork ratings from staff were collected from confidential interviews and patient satisfaction was assessed using the Professional Research Consultants Patient Satisfaction Survey Tool (Inguanzo, 2005) used by many hospitals throughout the United States (Kalisch et al., 2007).

Post-implementation, Kalisch et al. (2007) reported there was improvement in teamwork as evidenced by patient satisfaction scores for nurse promptness in responding to call lights (32% to 49%); improved staff turnover rates from 13.14 to 8.05 ($p = .003$), and a drop in unit vacancy rates from 6.14 to 5.23 ($p=.0000$); nurse quality of care increased from 46% to 56%; and fall rates dropped from 7.73 per 1,000, patient days to 2.99 ($t = 3.98$, $p < .001$). Limitations related

to a small sample size and the need to repeat the study with other nursing teams in different settings (Kalisch et al., 2007).

Engagement and relations to a professional practice model. Keyko et al. (2016) conducted a systematic review focused on nurses' work engagement and its relationship to a professional practice model. Over 3621 abstracts and titles were reviewed along with 113 manuscripts for outcomes of work engagement. The authors used eight electronic databases, a rigorous quality assessment, an analysis to help classify categories and themes, and data extration. The review included 18 studies grouped into outcomes or influences effecting engagement. Themes that emerged included: care, performance, personal, and professional outcomes.

Consequently, Keyko et al. (2016) adjusted the job demands-resources (JD-R) model and produced the nursing job demands-resources (NJD-R) model for increasing work engagement in a professional nursing practice. Results demonstrated engagement in a professional practice environment significantly heightened performance in nursing practice and increased a sense of personal ownership. Work engagement helped to increase the desired outcome and decrease negative results for the health care organization and the nurse. Keyko et al. further discovered that access to professional resources, a deep interest in nursing, and ethical responsibility, which are all elements of a professional practice model, helped to influence work engagement.

Limitations of the review were pointed out by the authors. These limitations include the inclusion of acute care nurses which narrowed the population as it did not include all types of registered nurses, studies were not eliminated based on quality, and it was noted there was a potential bias related to self-reported data (Keyko et al., 2016).

Engagement and improved health outcomes. Laschinger and Finegan (2005) used

Kanter's (1977) theory of organizational empowerment to guide their predictive, non-experimental study, examining the relationship of engagement to health outcomes for staff nurses. The authors tested Kanter's theory that linked structural empowerment (information, opportunity, resources, formal and informal power and support) to areas of work life (value congruence, fairness, reward, control, workload and community) in order to determine work engagement or levels of burnout, which ultimately effects physical and mental health.

Laschinger and Finegan (2005) employed a mailed questionnaire followed by a reminder letter and a second questionnaire, which was mailed to a random sample of approximately five hundred nurses in Ontario, Canada. The mailed questionnaire consisted of five scales to measure significant variables that impacted the workplace. All items were evaluated on a Likert-type scale. The scales consisted of the: (a) Work Effectiveness Questionnaire -II (CWEQ-II), (b) Six Areas of Work Life (Maslach & Leiter's, 1997), (c) Work Overload Scale (Decker & Barling, 1995), (d) Pressure Management Indicator (Williams & Cooper, 1998), and (e) Burnout Inventory General Survey (Maslach, Jackson, & Leiter, 1996). There was a 57% return rate (n = 285).

Overall, the nurses who completed the survey reported that the environment they worked in to be only somewhat empowering. The study further described a discrepancy in the areas of workload, community, and reward. Nurses reported feeling most engaged and empowered if they had oversight of their work and if their own personal values fit the values of their hospital. The researchers reported that 44.7% (n = 285) of the nurses indicated a high burnout factor (Laschinger & Finegan, 2005).

Laschinger and Finegan (2005) concluded that there was a direct correlation between empowerment and certain elements of life at work that helps to trigger work engagement. The

study supported Kanter's theory as a guide for nurse leaders to create an environment that encourages and supports employees' access to information, provide appropriate resources to enhance engagement, and achieve the team's goals for work.

The limitations of Laschinger and Finegan's (2205) study included engagement occurring from another underlying variable, such as nurses already optimistic before answering the survey, collecting the data in an inconsistent method, and failure to use the initial Maslach and Letier (1997) instrument to measure six areas of work life as initially intended. The authors called for their study to be repeated with the original instrument to validate their findings (Laschinger & Fingegan, 2005).

Empowered work environment. Kramer et al. (2008) used a mixed method study with interviews, observations of the participants, and an empowerment tool called the Conditions of Work Effectiveness Questionnaire- II (CWEQII) to identify certain elements that advocate control over one's nursing practice (CNP). CNP is often defined by those nurses who work in a magnet environment as open communication and collaborative decision-making on critical issues (such as standards, polices, and equipment) which impacts the profession of nursing, practice, and quality of patient care (Kramer et al., 2008).

In Kramer et al. (2008) study, approximately 3,000 nurses filled out the Essentials of Magnetism (EOM) instrument, which quantifies eight components identified by magnet hospitals to measure CNP. Additionally, nurse leaders and physicians were interviewed from clinical areas highly involved in magnet implementation. There was a comprehensive analysis of interviews and observations. Staff nurses using the CWEQII tool reported only moderately empowered environments. However, the authors found that with a combined self-governance structure and an empowered work environment, nurses reported higher control over their nursing

practice and high engagement. To clearly promote control over nursing practice and the use of a structure, such as shared governance, requires complete culture change over time, intense commitment from leadership, and resources (Kramer et al., 2008). Limitations of this study included gaps in knowledge in defining nurse engagement, thus further research was needed on nurse work engagement.

Teamwork culture and patient satisfaction. Meterko, Mohr, and Young (2004) conducted a study on teamwork culture and patient satisfaction with their care in the hospital. The study sample was composed of 125 Veterans Health Administration (VHA) hospitals where data concerning teamwork culture and patient satisfaction was collected.

Teamwork culture was assessed using Zammuto and Krakower's (1991) Cultural Questionnaire, a validated tool used in several studies (Shortell et al., 1995; Gifford, Zammuto, & Goodman, 2002; Strasser et al., 2002). This culture measure is the foundation of a theoretical model that assesses: teamwork (emphasis on collaboration amongst staff), entrepreneurial (innovation and risk taking), bureaucratic (chain of command and policy), and rational (looking at completing tasks). The questionnaire consists of five questions with a focus on a) organizational life, b) facility character, c) leadership style, d) bonding with the organization, f) strategy, and g) reward systems. This questionnaire uses a 100-point scale and asks participants to distribute points amongst each of the descriptions of the four segments of the culture questionnaire. The questionnaire was mailed to approximately 150 staff from each VHA facility in the study and was based on a random stratified sampling methodology. Approximately, 16,405 staff were surveyed with a return rate of 52%.

The study by Meterko et al. (2004) revealed similar finding to other studies of health systems that have used Zammuto and Krakower's (1991) Cultural Questionnaire for data

collection. The data for the patient satisfaction scores was obtained from the VHA database. A multivariate regression analysis of the data revealed improved relations between teamwork and patient satisfaction for an in-patient health facility. Meterko et al. advise healthcare facilities to invest in developing a culture that emphasizes teamwork to improve patient satisfaction and de-emphasize the elements of bureaucracy, which are not essential to ensure quality and efficiency related to quality care.

Meterko et al. (2004) noted the limitations of their study as concerns over generalizability as it was conducted at a public healthcare delivery system. There was also potential bias from employees who completed questionnaires and might have been more willing to assign points to teamwork culture, compared with those who did not respond. The study was also limited as it only considered one measure of performance which was patient satisfaction. The authors acknowledged that perhaps other measures of performance such as clinical outcomes should have been considered. One final limitation was noted regarding the cross-sectional analysis that was done. A longitudinal design on culture change and performance might have been more valuable in revealing changes over time

Rationale

The conceptual framework that helped guide this project with the aim to improve nurse engagement had three components:

a) A professional practice model—The Voice of Nursing (VON) that fits the desired work and goals of the target organization.

b) Koloroutis' (2004) relationship-based care model (RBC) to help staff nurses connect to patients and find purpose in their work.

c) Felton's (2007) change theory to help enculturate the work. Each of these components will be described.

Professional practice model. This DNP project implemented an existing nursing professional practice model known as the VON (Kaiser Permanente, 2013), which is comprised of six core nursing values: professionalism, patient centric care, empathy, teamwork, compassion and integrity. These core values help strategize the vision of the organization. VON is depicted in a pictorial, with explanations of the values (Appendix C).

Evidence indicates that a model can provide a guide to increase a health care professional's engagement (Afsar-Manesh, Lonowski, & Namawar, 2016). Staff nurses working under an established professional practice model can better promote the discipline of nursing. A model helps standardize nursing practice, provides guidance, and elevates nurses to function beyond tasks in a theory driven practice. This engagement sets the stage for true patient centric care (Glassman, 2016).

The model itself is usually depicted in a representational model and outlines values, such as patient and family centric, teamwork, integrity, and professionalism. Working under a professional practice model with the opportunity to work in this environment enhances staff engagement, ultimately leading to strong quality and patient safety indicators (Albanese, Aaby, & Platchek 2014).

Koloroutis' relationship-based care (RBC) model. Koloroutis' (2004) relationship-based care (RBC) model was the nursing framework used in this DNP project for the implementation of VON. The model has adopted Koloroutis' three key relationships that influence culture: 1) relationship with self, 2) relationships with team members, and 3) relationships with patients and families. These relationships are interdependent and the ultimate

relationship with patients and families is dependent on the nurse's healthy relationship with self as well as with the team in which s/he is working.

Koloroutis (2017) recent research further explains that when people are stressed and stretched beyond their means, the culture of the organization is also stretched and stressed. However, if an individual finds diverse ways to take care of themselves while caring for others, this promotes an organization that creates a caring culture.

Change theory. To help enculturate the work environment, change theory is useful. For this DNP project, Felgen's (2007) change theory was used. The theory is composed of four essential elements: inspiration, infrastructure, education, and evaluation, referred to as I2E2 (Appendix D). The theory helps to inspire culture change within an organization and engage key stakeholders to establish a structure to lead the work. This formula has shown to help with designing, implementing, and sustaining cultural change (Felgen, 2007).

Inspiration helps create staff's aspiration, vision, and energy to allow for their talents and contributions to bring the change forward. This inspiration includes focusing on caring that allows for communicating the vision "for change core to core and heart to heart" (Felgen, 2007, p. 47).

Infrastructure allows for the ability to bring about the change successfully and the ability to create a new vision with systems and practices that already exist. Infrastructure helps to establish a strategic plan and enables staff to focus on a central vision for change.

The education element of the formula helps to assess the staff's current knowledge and enables the organization to determine what educational offering needs to exist to advance the vision for change (Felgen, 2007). Education helps staff gain the ability to engage in the change.

The evaluation component of the formula assesses how successful inspiration, infrastructure, and education are implemented in setting the organization's new vision for change. It enables staff to see evidence of progress, how effectiveness is measured, and the need for continuous improvement towards the vision that was set (Felgen, 2007).

Specific Aim

The specific aim was to implement a professional practice model to improve nurse engagement and teamwork, as evidenced by:

a) Increased nurse knowledge regarding a professional practice model (VON) by 10% from baseline
b) Improved staff engagement as measured by *People Pulse* engagement index by 2% from baseline
c) Improved culture of teamwork as measured by Zammuto and Kroakower's (1991) *Cultural Questionnaire* by 10% from baselin
d) Decrease nurse sensitive quality metric of patient falls per 1,000 patient days from five to zero by August 30, 2018.

Section III: Methods

Context

It is imperative that we examine staff engagement and then use what we learn to develop and implement systems to ensure that staff feel engaged and empowered to make changes in their work environment. To do this, the author's current organization is building one strategic goal to unite nursing and align its 50,000 nurses with one vision by implementing a professional practice model and a set of nursing values (Kaiser Permanente, 2013). The goal is to expand the role and influence of nursing over the next five years and lead the way to create inter-

professional care teams that are patient and family centric with standardized practice and in which evidence-based practices direct care. When nursing shares a common vision and values from a framework of a professional practice model, there is an increase in satisfaction for the nurse within the work environment, improved nurse communication, retention of nurses, improvement in quality outcomes and a decrease in costs (Turkel, 2004).

The key stakeholders for this DNP project included the staff on the interventional unit (divided into Unit A and Unit B), the nurse leaders of the unit, and the chief nurse executive that oversees patient care services within the organization. The readiness to embark on the journey of nurse engagement and increase the essence of teamwork on the unit has been favorable and both management and senior leadership were very supportive of the intervention. The chief nurse executive and the senior vice president were excited about the possibilities this project could entail and provided their support as primary sponsors for this change of practice project

Was the team open to change? The unit had an established quality committee, known as Creating Lasting Change (CLC). It was established in 2014, after the entire medical center attended a conference with Tim Porter-O'Grady and read his work on self-governing councils (Porter-O'Grady, 2003). However, this council had now become stagnant. Certain quality issues were increasing such as fall rates, there was low moral on the unit, and a lack of engagement was prevalent. The team itself acknowledged they needed a refresher to advance the committee with further education and develop strategic projects that aligned with the goals of the organization.

Why was this unit identified? The unit was chosen because of several indicators: a) staff morale had declined, b) lack of perceived teamwork amongst the staff, and c) the unit had an engaged manager who was willing and ready to implement a change to improve quality

outcomes and foster teamwork. A project outline was developed to provide a framework and to present to the team at their team meeting (Appendix E).

Interventions

The purpose of implementing and enculturating the elements of a professional practice model was intended to get to the emotional principles and the very soul of nurses at the medical center. This was done to create an environment in which nurses felt engaged, and in which a culture of teamwork could be developed.

Gap analysis. Prior to the medical center's implementation of a professional practice model, a gap analysis using a regional template was completed by the Chief Nurse Executive and the author to provide baseline data to determine how the medical center scored as related to elements of cultural change, and readiness to implement a practice model (Appendix F). A follow-up analysis was completed at the end of the project.

Current state. The project was conducted on a 48-bed medical-surgical-telemetry unit (split into 24 beds per side known as unit A and unit B) at a medium sized (225 licensed beds) tertiary medical center. The unit provided the ability for all healthcare providers to receive the same evidence-based interventions. The interventional unit consisted of a total of 150 registered nurses, ten patient care technicians (previously known as nursing assistants), one nurse manager, one department secretary, and six assistant nurse managers. The unit consists of three 8-hour shifts ranging from 0645-1515, 1445- 2315, and 2245-0715. The unit's CLC previously worked on several improvement initiatives that centered on quality outcomes, safety, and care experience. The staff was aware of performance improvement methodology and was familiar with the elements of small test of change or PDSAs. Staff was also well attuned to the knowledge that the team needed to become a more robust council, to create a professional

governing council, and to embed the six core values to drive and lead professional practice on the unit.

Work breakdown structure. The work breakdown structure focused on providing a framework for developing the interventions, implementations, and evaluations of the professional practice model using Felgen's (2007) change theory I2E2 (Appendix G). The major components of the work or functions were sub-divided into four main categories (level two). The major concepts helped drive change at all levels (management and staff) in which the intervention took place. Level three outlined the various initiatives for each element of Felgen's (2007) theory.

Under "inspiration," the tasks were designed to help the nurse see the benefits of the change and how it outweighed the risk of upsetting the current system's status quo. The tasks ranged from understanding the current state, hence the cultural assessment, to visually posting inspirational messages on the nursing unit. To set flame to the nurse's passion, nursing workshops titled "See Me as A Person" based on the theoretical framework of Kaloroutis' (2004) RBC were taught to all registered nurses on the intervention unit as well as organization wide by facilitators trained in the content. Nursing staff were further exposed to the six components of the professional practice model in the form of a nursing fair put on by the CLC team, which reinforced the elements of the six core values in the form of "stations" that each staff member was required to attend (Appendix H).

Under "infrastructure," tasks were designed to organize the various roles, practices, standards of practice, and processes. Felgen (2007) uses the concept of "infrastructure" to help advance the realization of the vision for change. The tasks stemmed from regional consultants observing and helping to aid in the implementation of a professional practice model to

formulating and organizing an existing committee to become a Nursing Evidence Based Committee (NEBP) to concentrate on evidence-based practices to further align the infrastructure.

For "education," 75 staff of the medical center originally attended a three-day workshop to enculturate the work of what a professional practice model meant and to understand the elements that drive the model towards professional practice. During the workshop elements of lean such as: visual board management, readiness, collecting data, and interpretation of data, (Albanese, Aaby, & Platcheck, 2016), were provided by the organization's performance improvement director to provide staff quality data so they could prioritize projects or initiatives for the unit to work on. Continuation of the initial education was incorporated into the on-boarding process for new hires, and reinforcement for the rest of the staff was sustained during huddles and visually by the visual boards.

Gantt chart. The tasks, as outlined in a Gantt chart (Appendix I), were applied over a period of six months: The intervention started in January 2018 with a data completion date of August 31, 2018. If the data showed an improvement in the concepts outlined in the aim statement, the plan as requested by senior leadership would be to disseminate the project to other nursing units within the medical center.

The workshop. Nursing staff of the interventional unit, including nurse leaders, attended a one-day workshop and were introduced to the concepts of the professional practice model and how to weave the six core nursing values into their existing nursing practice (Appendix J). The workshop started with a visioning exercise to help staff reflect on why they entered nursing. The organization's journey of incorporating lean methodology was outlined with the introduction of the "Lean House" (a pictorial that outlines the strategy of the organization) and how staff's role fits into the organization's strategy. Quality data, such as the unit's fall data, patient satisfaction

scores, and harm index, was discussed so that staff had a basic understanding of their unit metrics. A strengths, weaknesses, opportunities and threats (SWOT) analysis was also completed.

SWOT. In developing a market analysis, the SWOT was used to identify priorities that aligned with the values and the overall mission of the healthcare facility and provided clarity for where the unit team (CLC) would focus its energy. By completing the SWOT analysis, the unit team laid the framework to prioritize its action plan moving forward (Appendix K).

Unit base team – creating lasting change (CLC). The original CLC team, which was composed of volunteers, engaged new membership who wanted to drive change on their unit. The team used the learnings from the SWOT analysis to ensure that the unit continued to work on the gaps identified. The CLC team also underwent education in performance improvement, facilitation, understanding, and interpreting data and leadership skills two weeks after the initial one-day workshop.

Visual board. The implementation of the unit visual board (Appendix L) helped to display data, which aided in creating ownership for the CLC members, who used the board to post minutes, action plans, and project completion. The visual board also helped to create transparency and empowerment not only for the CLC members, but also for the unit, which further motivated the unit staff when data was improving on certain quality metrics, such as falls or patient satisfaction.

Study of the Intervention

The CLC team identified “quick wins” from the SWOT analysis to use rapid testing and implementation of ideas. This activity alone helped to build cohesiveness amongst the team and

promoted engagement. The CLC teams were divided into subgroups aligned with the vision of the organization that had begun its lean journey and was aligning their values and mission to the "house of lean." The house consists of three main pillars: quality, care experience, and safety. A CLC lead was nominated for each pillar and staff was then assigned to pillar sub-teams according to their interest (Appendix M). The CLC teams met monthly with the manager of the unit. The author helped to facilitate and provide coaching and mentoring to drive the team towards alignment of the overall organization strategic goals and move the group towards empowerment and independence.

Data in the forefront. To help keep data in the forefront and to provide staff with the meaning of the metrics' and its importance for patient centric and quality efficient care, huddles were used as a format to impart this information. These metrics were not only discussed in daily huddles to drive practice but were made visual by the lean board, which helped develop two-way communication with management and staff and enhanced engagement and the concept of team (Appendix N).

Communication plan. Leadership also received an outline of the proposed communication plan (Appendix O) to help support the change and drive sustainability. The gap analysis was repeated half way through the intervention to determine if the intervention itself was on the right track (Appendix P). This measurement continues every six months and is presented to regional offices to ensure that the project continues to sustain and if further aid is needed from regional consultants.

Budget and cost/benefit analysis/ROI. A cost benefit analysis was used to compare the financial costs with the benefits of the project's implementation (Appendix Q). Significant cost for the program centered around labor costs for training. An estimate of the cost for 150 nurses

(which included additional staff from other units) with a base salary of $75/hour (excluding benefits) to attend the initial eight-hour workshop totaled $90,000. For the six nurse leaders with an average salary of $85/hour to attend the training totaled $4,760. Costs also included the two-hour monthly meetings for the ten staff core members who make up the CLC. In kind donations are also included in the cost analysis included room rentals, and the salary for the project lead (author).

The project lead, in addition to a regular full-time role, took on additional responsibility to oversee the council, and to educate and work with the team to implement the intervention. Although the organization pays the salary of the project lead whether or not the project was implemented, it is noteworthy that if a lead was hired it would be estimated to an equivalent of a 0.2 FTE position to manage the project. The workshop was provided at no additional cost by the organization's regional team. Materials and room rental for the educational venue was estimated at $8,000. The budget was projected over three years to determine the intervention's effectiveness.

Financial outcomes. Financial outcomes for the organization (over a three-year time period) were three-fold. These outcomes centered on a) cost reduction associated with a reduction in nurse turnover, b) increase reimbursement associated with improved HCAHPS scores, specifically in the element of nurse communication, and c) decrease cost associated with reductions in the number of patient falls.

Reduce nurse turnover and intent to stay. Nurse turnover is not a desirable outcome for healthcare employers. It is expensive, disrupts nursing care, threatens quality of care and patient safety (Bargagliotti, 2012). According to Dempsey and Reilly (2016), turnover rates for a bedside RN range from 8.8% to 37.0%, with a nationwide average of RN turnover rate at

16.4%. The average cost for turnover ranges from $36,000 to $57,000 per nurse (Dempsey & Reilly, 2016).

To replace an experienced RN, including orientation, on-boarding, and training, averages $62,000 (Kurnat-Thomas, Ganger Peterson, & Channell, 2017). This cost can have a huge impact on a medical center's profit margin, with a potential loss of $5.2 million to $8.1 million annually (NSI Nursing Solutions Inc, 2018). Implementing the professional practice model with facets of professional development, on-boarding appropriately with a defined orientation plan and mentoring can reduce turnover within the organization (Amos, Hu, & Henrick, 2005; Cummings, 2013; Gifford, Zammuto, & Goodman, 2002; Rafferty, Ball, & Aiken 2001).

Decrease fall rates. Average costs for a hospitalized fall injury is over $30,000 (Florence et al., 2018), but this does not consider the effects these injuries may have on an individual, such as lost time from work, loss of income, increase hospital length of staym short-term or long-term disability, or death (Florence et al).

Measures

Measures chosen to study outcomes and the processes of the intervention were in the areas of a) nurse knowledge regarding a professional practice model VON, b) staff engagement c) culture of teamwork, and d) improvement in the quality metric of patient falls.

Voice of Nursing (VON). VON knowledge was analyzed using a 20-item survey developed by the organization's regional office. The 20 questions on the survey range from what a professional practice model is, to the vision and values of the organization. Only ten questions that specifically targeted knowledge on a professional practice model were collated and analyzed for this project to determine if there was an increase understanding in the meaning of a professional practice.

The survey was validated by the organization's research department and has been used with several other medical centers within Northern and Southern California hospitals that belong to the same health system. The staff were given a pre-survey before the workshop via SurveyMonkey with a return rate of over 78%. A post survey was implemented six months after the intervention by leaving the survey on the unit for staff to fill out or handed out by student interns and collected later in the shift, with a return rate of 62%.

Staff engagement. Staff engagement and intent to stay on the unit was analyzed by a staff engagement survey tool *People Pulse* (Tower Watson, 2013). The survey was validated by the organization and has been used annually by regional offices of the health system for the past ten years. The People Pulse survey is provided on a SurveyMonkey platform for staff to complete while on duty during downtime at any computer on the unit. The entire *People Pulse* survey consists of 87 questions on a 5-point scale that ranges from "strongly agree" to "strongly disagree." The categories of the questionnaire included: (a) elements of working for the organization, (b) having the right resources, (c) behavior, (d) how staff feel about being involved, (e) the unit culture, (f) improvements on the unit, and (g) vison, goals and leadership. Only data for questions that pertained to the "engagement" category were abstracted pre and post intervention for this project. The survey had previously been distributed three months prior to the intervention, so results provided a baseline of the unit's culture and was re-administered three months later as a mid-way point for this project with permission from the organization. Normally this survey is only conducted annually

Teamwork culture. To evaluate teamwork culture, staff was asked to complete both pre and post intervention the *Cultural Questionnaire* (Zammuto and Kroakower, 1991), a tool that had been validated in previous studies (Gifford, Zammuto, & Goodman, 2004; Strasser et al.,

2002). This culture measure is based on a theoretical model that assesses: teamwork (emphasis on collaboration amongst staff), entrepreneurial (innovation and risk-taking), bureaucratic (chain of command and policy), and rational (completing tasks). Each question relates to the type of organization where the individual would most like to work. Each item contains four descriptions of organizations and is measured by distributing 100 points among the four descriptors being assessed by the individual filling it out (Appendix R).

Organization A is likened to a "personal" place, which almost feels like an extended family environment. The manager is warm and caring and seeks to develop the full potential of the employee, by acting as their mentor or guide. The cohesiveness of the organization is shown by loyalty by the employee, commitment to the organization, in which morale is high, and a reward system looks at treating every employee fairly and equally amongst the team.

Organization B encourages employees to be innovative and take risks. The organization is committed to innovation, emphasizes its readiness to accept and to meet new challenges and rewards are provided to those with the most innovative ideas or act.

Organization C is described as an environment that is formal, structured, enforces rules, and in which employees follow established policies and procedures. Importance is geared towards smooth operations, stability, and the reward system is based on rank and seniority.

Organization D is completely opposite to Organization A. The only concern is to get the job done: as such, managers help the employee in fulfilling the organization's goals and objectives, with an emphasis on tasks, competitiveness, and measuring goals. Rewards are given to those individuals who either provide leadership or have contributed to attaining the goals

Quality metrics: Falls. The reason for selecting falls as the nurse sensitive metric was that there was an increase of falls on the interventional unit. Falls are measured by patient falls

per 1,000 patient days. Pre-intervention, the average days between falls on the unit increased from 5.79 to 11.56. Over the course of these months, the unit has documented 15 falls without major injury and five falls with injury. Data were collected via the medical record, risk reports, and observations.

Analysis

Voice of Nursing (VON). Post intervention, the same survey as outlined earlier in the pre-intervention stage was distributed to the nurses on the interventional unit to determine if there had been an increase in the nurse's knowledge base in the understanding of VON and how it could provide meaning to their nursing practice. The post-survey was distributed during regular "skills days," which occurred in July, and was completed anonymously, with a return rate of 89%.

Added evidence of truly understanding one's professional practice and the empowerment of one's practice will be determined by the effectiveness of the CLC professional governance team for years to come. Analysis of how many projects will be implemented and how issues will be resolved by the group as they relate to quality improvement projects will provide clarity of effective teamwork.

Staff engagement. Post intervention, a mid-point *People Pulse* survey was distributed to staff via SurveyMonkey to determine if questions related to engagement and teamwork improved compared with data collected prior to the intervention. Questions analyzed were: (a) I have a good understanding of how my job contributes to achieving our goals, b) organization does a good job providing information on how well we are performing to meet our goals, c) I have a good understanding of my goals, d) I would recommend the organization to a close friend as a good place to work, e) prefer to stay with the organization even if a similar job was available

elsewhere, and f) I am proud to work for this organization (Tower Watson 2013). Return rate for this survey was 81%.

To seek further evidence of engagement, staff were allotted time to discuss their ideas for improvement in staff meetings and huddles. These ideas captured by a "concept sheet" were filtered to the CLC team and action plans were documented on A3's, a tool used in lean methodology to visualize the thinking or the "behind the scene actions" in problem solving an issue. By using an A3 it helps the team focus and prioritize the project or intervention being implemented. This one-page report has been adapted by the organization and the tool helps to outline and document the strategy behind several projects, such as delirium and sepsis (Appendix S).

Teamwork culture. Staff were asked to complete the Cultural Questionnaire (Zammuto & Kroakower's, 1991) pre and post-intervention to determine if the culture of teamwork had improved. This questionnaire was left on the unit and staff had the opportunity to volunteer to take the survey before, during, or after work. Surveys were left in a blank envelope and a second envelope stayed on the unit so that at any time staff could complete the survey and return it to the envelope anonymously. Student interns also helped disseminate the survey to encourage staff to fill it out. A 65% pre-intervention return rate and a 68% post-intervention return rate was achieved.

Quality metric: Falls. To create the fall database, a program called Midas+ Statit piMD, referred to as Statit(©) was used to analyze the fall data for this project as well as create run charts for visual presentation. Statit is a web-based application with the capability of collating data and displaying the dataset in a user-friendly scorecard or dashboards based on Statistical Process Control (SPC) charts. Thus, the data is actionable, informing the team if there is

anything statistically significant happening in the process. The organization has used this performance management tool for more than 15 years and it interfaces with the current Epic-ADT system (the organization's electronic medical record).

Unit A had a lot of variability in their fall data but stabilized in June 2018; Unit B had a reasonably flat rate for their fall data with one fall in June 2018. The CLC team took ownership of the problem in March 2018 and implemented a performance improvement project which included looking at the causes of delirium. The staff found that if they could recognize delirium early using an assessment tool (known as the confusion assessment method [CAM], and implement the appropriate precautions, fall rates dramatically decreased.

Quality analysts, along with the performance improvement advisors (staff who are trained in lean principles, performance improvement methodology, and statistical analysis), helped to interpret data as well as coach and mentor the CLC team. Data were posted on the visual boards, so staff continued to stay informed of the unit goals, metrics, and improvements.

Ethical Considerations

The basis and fundamentals of nursing lies in ethics and the element of professional nursing practice is at its core. The VON work provides access to the American Nurses Association (ANA) (2010) Scope and Standard of Practice and Interpretive Code of Ethics (2015) to aid the individual nurse to build competence in this area and knowledge in ethical reasoning and decision-making. For many, exposure to ethics probably occurred during nursing school, but once out in practice, it is rarely discussed. The workshop touched on aspects of *The Nursing Scope and Standards of Practice* (ANA, 2010) to provide knowledge about a professional nursing practice. This helps reinforces ethical standards and helps to make nurses more accountable for their practice. Nurses are lifelong learners and are responsible for

individual practice competencies to ensure quality care is bounded by this code of ethics (ANA, 2010). The interventions in VON's implementation promotes individual responsibility to the code of ethics.

This project aligns with the Jesuit values of exploring, engaging, and improving the communities in which we serve (USF Values, 2017). The major conduit for this DNP project is to help support humanistic ideology, uphold human dignity for the individual, and spiritually look at the whole person. By studying staff engagement to help establish effective teams will enable nurses to hold the essence of respect for one another, provide compassionate care, uphold their professional practice and maintain responsibility. These elements align with the vision, mission and values of Jesuit teaching and USF values

To ensure IRB approval was not required, the author submitted the DNP statement of non-research determination form to her DNP Committee for approval (Appendix T), wrote to the regional health system board of trustees to assure them that this was not a research project but rather a performance improvement project and gained support from local leadership (Appendix T).

Section IV: Results

Process Measures and Outcomes

Voice of Nursing (VON). The goal of this project was to determine if staff on the interventional unit would gain knowledge in the elements of a professional practice model known as VON and how its six core values influenced their practice. Although there were 20 questions that ranged from clinical practice, to knowledge of professional practice, only 10 questions were selected to provide an understanding of what a professional practice means and

its influence on one's practice. Pre and post-intervention percentages are provided, and the following are highlights of the findings:

- Nurses had a 10% increase in the question "have you seen or been exposed to a professional practice model and its vision and values" post intervention.
- There was a 33% increase by nurses to the question that asked what a professional practice meant to them.
- The importance of having a professional practice model increased by 5% and the importance of having a vision and understanding the organization values increased by 7%. (Appendix U).

Staff engagement. The pre-intervention return rate was 86% in January 2018, while the return rate in July 2018 was 72% post-intervention. Staff engagement from pre to post-intervention improved in all the categories of the engagement section of the *People Pulse* (Appendix V).

- "I have a good understanding of how my job contributes to achieving our goals" increased by 3%.
- "The organization does a good job providing information on how well we are performing to meet our goals" improved by 11%.
- I have a good understanding of my goals improved by 15%.
- Recommend organization to a close friend as a good place to work increased to 13%.
- Prefer to stay with the organization even if a similar job was available elsewhere increased to 11%.
- I am proud to work for this organization improved by 7%.

Team culture. Staff were asked to fill out the Zammuto and Kroakower (1991) Organization Culture questionnaire. Each of the questions contained four descriptors of organizations, and staff were asked to distribute evenly 100 points among the four descriptions, they felt their current organization was like. The scores were then totaled and divided by five to achieve a profile score (Appendix W).

Comparing pre and post- intervention scores, there was a 13% increase in staff believing their organization was more like organization A. This was a place that was more personal where mangers were warm and caring; the organization was loyal; the organization emphasized high cohesion; and rewards were distributed equally amongst its members.

There was a 5% increase for those staff who felt the organization was more like organization B, which characterized a dynamic and entrepreneurial-ship environment, managers were seen as risk-takers, the organization's cohesion was built on commitment to innovation, emphasis was on growth and acquiring new resources, and rewards were based on individual initiatives.

Staff who felt the organization was like organization C showed a 12% decrease from pre to post-intervention. Staff felt that this organization's character was more structured and more formal, managers were rule-enforcers, the organization cohesion was in formal rules and policies, emphasis was on permanence and stability, and rewards were based on rank.

Organization D received a 6% decrease in response rate from the staff. This organization's character was based on production orientation: mangers were seen as coordinators and coaches, cohesion was likened to tasks and goals, emphasis was on competitive actions and achievements, and rewards were based on achievement of the objectives

Quality metric: Falls. Falls on the unit were problematic prior to 2017, so a performance improvement initiative to reduce fall rates was started in early 2015. This initiative caused a significant shift in the decline of fall rates, but there were issues on the unit to sustain the gains. With the reinvigoration of the CLC team, the quality arm of the CLC group undertook ownership of the fall issue. From recent data, although there were three falls during the intervention time frame, the unit has sustained no falls for the past two months within the intervention time frame (Appendix X).

Unintended consequences. The facility has a Nursing Quality Forum (NQF) comprised of key union leaders who represent each unit. This group was against the idea of a unit-based team, stating that it was not part of their union partnership to be engaged with staff that were non-nursing such as nursing assistants and unit clerks. However, the CLC team continued to meet and thrive in the work they were accomplishing. The team was resolving issues and had moved several high impact quality initiatives forward, such as sepsis and the successful implementation of the delirium protocol. The team was empowered to drive change and had support not only from other staff, but also from management and the senior leadership.

Section V: Discussion

Summary

Expediting the role and influence of nursing over the next five years and enhancing inter-professional care teams that embody patient and family centric values as standardized practice is the goal for many healthcare systems in the United States. When nursing with an organization values a professional practice model, it is more likely that nurses will be: a) satisfied with their

work environment, b) enjoy increased communication, c) improve retention of nurses within the organization, d) improve quality outcomes, and e) decrease costs (Turkel, 2004). The project's aim was to implement a professional practice model to improve nurse engagement and teamwork. Indicators of success were articulated as an increase in knowledge of VON by 10% and the project's intervention helped exceed this target. Staff engagement also increased beyond the 2% cited in the aim.

Key findings and lessons learned. Staff ownership of issues and the ability to resolve them helped motivate staff and develop cohesiveness. Key findings and lessons learned include:

- When staff are focused and know the goal and objectives for the reason "why" behind certain initiatives, staff can define the role they play in moving certain metrics forward.
- Other staff visiting or floating onto the unit have noted anecdotally how engaged the unit is, that morale is high, and that each person on the unit can articulate the metrics of quality, safety, and care experience data, and teamwork is effective.
- Several nurses on the unit have returned to school or have started their education path towards national certifications.
- One major lesson learned was the difficulty in explaining the cultural questionnaire. This took several meetings with staff before an understanding was achieved

What contributed to the success. The successful implementation of the project stemmed from senior leadership support, an engaged manager who wanted change on the unit, and staff who were willing to look at themselves and decided that they could definitely do better to improve patient centric care and provide effective quality care on their unit.

Dissemination plan. The nurses on the interventional unit became and remain more engaged in their work. A strategic plan is underway to disseminate the knowledge learnt to other medical surgical units in the facility as well as the ICU. Unit CLSs have formed and have started to meet. For support and mentorship, the author along with the adult service line director met with each team until the group was comfortable and could continue the elements of a professional governance council.

Concentration on engaging new nurse hires started in June 2018. The on-boarding process of new hires has incorporated a comprehensive network of mentorship and coaching. Education in the organization's professional practice model for nurses is taught on the first day of orientation. The performance improvement leader attends and provides knowledge on quality improvement initiatives in the medical facility and encourages new hires to join the unit CLC teams. The educators further enhance and empower new hires by providing information on professional development opportunities for career enhancement, provide encouragement for the individual to commit to the goals of the organization, and provide strategies for life-long learning. For nurses already in the organization, offering high quality educational offerings, certification classes, and continuing education are all elements that engage and motivate the nurse to stay within the organization.

Implications for advanced nursing practice. Nurses who are engaged often feel loyal and dedicated to the organization and help to create an environment that is safe, efficient, and effective (Kalisch et al., 2007). Implementing a professional practice allows for transparency of data and decision-making, thus guiding staff to make the right decisions that lead to effective quality and safe patient care. Implementing such a model creates an opportunity for nurses to become influential leaders in our health system.

Interpretations

When interpreting the outcome of this DNP project, the data collected post intervention is aligned with current evidence, which indicates a direct correlation between levels of staff engagement and teamwork on quality outcomes. These outcomes include: quality indicators, patient satisfaction, staff turnover (or intent to stay), and staff productivity (Bargagliotti, 2012; Press Ganey, 2013; Simpson, 2009). Since the project commenced, there has been little variation in the unit's falls data and the unit has sustained zero falls from July to August 2018. Staff are also more productive as evidenced by the number of initiatives led by the CLC team.

Staff are more engaged, with improved teamwork on the unit as noted by an increase in scores on engagement questions on *People Pulse.* This result aligns with several studies that have demonstrated that levels of nurse engagement increase teamwork (Garrosa, et al., 2010; Laschinger & Leiter 2006). Laschinger and Finegan (2005) further note that when nurses report feeling more engaged and empowered and have oversight of their work, they feel their personal values fit the values of the hospital in which they work. When the CLC team took ownership of their unit and started to drive results towards the organization's strategic vision, the unit became more cohesive. The unit has been selected as a pilot site for two major initiatives: sepsis and delirium. The unit is in the midst of this work and their interventions have started to see an improvement in both of these projects to the point that the medical center will disseminate the project to other units.

The CLC team also took note of the research done by Kalisch, Curley, and Stefanov et al (2007) and summarized as a best practice the redesign of their change of shift report and ensured that each member of the CLC team communicated to at least five to eight members in their immediate circle on the unit regarding any changes developed or the progress of any initiatives.

This method of providing communication manages to touch every member on the unit. The team also receives feedback from these individuals, so everyone's input is heard, which provides further "buy-in" leading to less resistance if a change is happening or going to occur. To clearly promote control over nursing practice, and to use a structure, such as shared governance, requires complete culture change over time, intense commitment from leadership, and resources (Kramer et al., 2008).

This DNP project had senior executive support and the ability to allocate resources in the form of a project lead (as part of their normal work routine) to drive the process. In addition, the intervention unit had the ability to staff up during the monthly CLC meetings to allow the release of CLC members to attend the meetings (f they were working during that time). Other members who were not on duty would come in on their day off and be paid for committee time.

Limitations

Limitations or potential barriers with data collection ranged from: staff not having enough time to complete the survey, staff willingness to complete the questionnaires or response bias, a time lag in being able to access quality metrics, and limited sponsorship from leadership if other priorities superseded. To mitigate these barriers, the project's focus addressed the business plan of the unit each month during the "business review" sessions with senior leadership monthly. To continue engaging leadership and to help sponsor and support the CLC teams, constant communication and updated reports of improved quality initiatives were discussed weekly and leadership was asked to come to at least one huddle weekly.

Encouragement to fill out the survey was sometimes time-consuming and hard when patient care census was high, and staff were busy. To rectify this situation, CLC members encouraged their peers to take the survey by providing a small incentive in the form of a candy

bar. As staff started seeing the visual board, and the introduction of the concept sheets, they realized their input was truly valued.

As the CLC's started to meet, there was an ongoing labor dispute concerning the councils and the fear of bringing in "magnet." The California Nursing Union appeared disgruntled that these teams were meeting. However, the staff sitting on these councils, despite objection from their labor representatives, continued to meet and improve quality issues and remove challenges and barriers on their unit. No further action as of August 2018 from our labor partners has proceeded.

Conclusions

The purpose of implementing and enculturating the elements of a professional practice model was intended to reach the soul of each nurse at the medical center and create an environment in which nurses are engaged and a culture of teamwork exists. VON allows for transparency of data, staff to be able to make the right choices in providing effective quality and safe patient care and creates the greatest opportunity for nurses to become influential leaders in our health system.

Staff nurses working under an established professional practice model promote the discipline of nursing. Nursing is the protector, promotor, and optimizer of health, is the preventer of injury and illness, alleviates suffering through appropriate treatment, and is an advocate in the care of patients, families, and communities (American Nurses Association, 2010). One way to change what is not working today is to drive improvement actively through a professional practice model. Incorporating certain elements of lean principles provides a framework for meaningful quality nursing practice. The concepts on their own have demonstrated how to increase engagement among participating healthcare professionals, with strong evidence to

indicate that VON can provide a guide. Further research is needed in leveraging both the concept of a professional practice model and lean principles.

Nurses themselves must become the conduit for change, embrace the uncertainties, and become drivers of their own professional practice. Working in an environment that enhances teamwork, with an engaged workforce, will help to reduce errors, improve quality outcomes, and provide a healing atmosphere for true patient and family centric care.

Section VI Other Information

Funding

No additional sources of funding were established during the implementation and management of the proposed DNP project. Funding was already in place to sponsor the CLCs' meeting time, as it was already built into the unit budget. Financial support for the workshop was previously allocated through training dollars that each employee receives annually.

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Section VIII: Appendices

Appendix A: Review of Evidence Table (1 of 5)

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Kalisch, Curley, and Stefanov (2007). An intervention to enhance nursing staff teamwork and engagement	Systematic review	Confidential Interviews –. Focus group Teamwork training Creative problem solving, PDSA/Coaching	41-bed medical oncology unit in community hospital. 55 staff members, 32 RN's, 2 licensed practical nurses, and 15 Certified NA's.	Teamwork and engagement of nurses	Fall rate -per 1000 patient days Patient satisfaction Staff assessment of teamwork Staff vacancy Turnover rates	T test Structured questions Data analyzed by % of responses	a) Fall rate dropped from 7.73 to 2.99 per 1000 days. (t= 3.98, P<.001). b) Patient satisfaction – promptness in responding to call 32% to 49% post intervention, communication 36.7% to 48% and overall quality from 46% to 52%. c) Teamwork- 84% said improved. d) Turnover 13.14 to 8.05	**Strengths:** Involved front line staff for decision making and planning intervention. Study showed evidence in improving variables of Fall, turnover rate, patient satisfaction, teamwork. **Limitations:** Major emphasis on patient satisfaction – N = small, data collected from outside company – defined measures of teamwork and staff turnover **Critical Appraisal Tool & Rating** John Hopkins Research Evidence Appraisal Tool Level III, Quality A

Appendix A: Review of Evidence Table (2 of 5)

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Keyko, Cummings, Yong, and Wong (2016). Work engagement in professional practice: A systematic review	Systematic Review	3621 titles 113 manuscripts Abstracts reviewed. Used quality assessment, analysis and data extraction	Independent variables	Work engagement	Eight electronic databases and a rigorous quality assessment data extraction and analysis to compare each study. (CINAHL, MEDLINE, SCOPUS, PsycINFO, Web of Science, PROQUEST, EMBASE)	18 studies grouped into outcomes of work engagement , 77 influencing factors placed into 6 themes. Adopted job demand resource model (JD-R) model for work engagement	Work engagement in a nursing practice environment increased performance related to outcomes and a sense of personal ownership. Professional and personal resources used. Interest in nursing and ethical responsibility – as indicated in a nursing professional model influenced work engagement.	**Strengths:** Personal and professional resources. **Limitations:** Studies that centered on work engagement – no meta-analysis completed, Potential for bias as studies were self-reported. **Critical Appraisal Tool & Ratings**: John Hopkins Research Evidence Appraisal Tool Level III, Quality B

Appendix A Review of Evidence Table (3 of 5)

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Kramer et al. (2008). Structures and practices enabling staff nurses to control practice.	Non-experimental descriptive design and strategic sampling	Interviews/Observations to identify elements heightened control over nursing practice (CNP).	3,000 nurses undertook EOM (Essentials of Magnetism) - 446 nurse managers, physicians, CNO's interviewed.	CNP - Control over one's nursing practice. Used empowerment amongst nurses. Productive work environment	EOM CWEQII Expert interviews	Open ended questions used. Data analyzed using % of responses CWEQII and CNP ratings	CNP score – 75.89 compared with national magnet facilities – 71.63. CNP in non-magnet facilities – 63.35 87% completed EOM High empowerment scores on the CWEQII 23 – 30 – indicates high scores	**Strengths:** Study shows evidence of moderate empowerment in work settings and higher control leading to satisfaction. **Limitations:** Specific outcomes could not be mentioned by HCP in high magnet like units. No leadership supports. Sample size to increase. **Critical Appraisal Tool & Rating** John Hopkins Research Evidence Appraisal Tool Level III, Quality A

Appendix A: Review of Evidence Table (4 of 5)

Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Laschinger and Finegan (2005). Empowering nurses for work engagement and health in hospital settings	Theoretical model – relationship among structural empowerment	Predictive, non-experimental design. Random sample Examining relationship between nursing work conditions and staff nurse mental and physical health.	500 nurses working in urban teaching hospitals across province of Ontario.	Structural empowerment applied to six areas of work life – considered necessary for work engagement and prevention of burnout – variables included: structural empowerment, areas of work life, engagement, burnout, and physical and mental health	Likert scale used to range from 0.72 to 0.97 Structural equation modeling techniques. Fit index (chi). Williams and Cooper's Pressure Management indicator (PMI) Cronbach alphas - scales were 0.75 an 0.80. Emotional exhaustion scale Maslach burnout inventory scale	55% return rate. Structural equation modeling techniques – AMOS statistical package, within SPSS-PC. SEM – measurement error	Empowerment impacts on six areas of workloads Positive on control of their work and fit with personal values and organization. Reported moderate burnout, 44.7% in high burnout category. Reported fewer physical symptoms	**Strengths:** Six areas of work life consistent with Maslach and Leiter's theory and supports Kanter's theory of empowerment. **Limitations:** Not possible to make strong cause and effect of empowerment. Possible that relationship between empowerment and work engagement are result of underlying dispositions – not studied. Study should be replicated according to researchers. **Critical Appraisal Tool & Rating** John Hopkins Research Evidence Appraisal Tool Level III, Quality B

Appendix A: Review of Evidence Table (5 of 5)

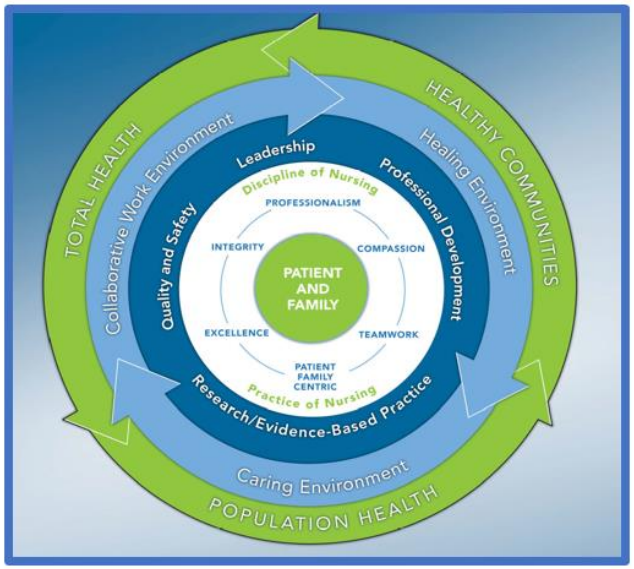
Citation	Conceptual Framework	Design/ Method	Sample/ Setting	Variables Studied and Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth to Practice
Meterko, Mohr, and Young (2004). Teamwork culture and patient satisfaction in hospitals	Theoretical model – two dimensions characterizing relationship between organization and environment.	Cultural questionnaire (Zammuto & Krakower, 1991). Stratified random sampling	125 VHA hospitals, with over 750, 000 inpatients stay an over 46 million outpatient visits a year.	Each hospital culture was assessed relative to four dimensions: Teamwork, entrepreneurial, bureaucratic and rational	Cultural questionnaire, with distribution of 100 points amongst the five questions asked.	Multivariate regression analysis. 16,405 surveyed, 52% return rate. Relationship between teamwork culture and patient satisfaction P value Cronbach's alpha coefficient of internal consistency	Healthcare organizations strive to develop a culture emphasizing teamwork and de-emphasizing aspects of bureaucracy not essential for quality care. Four types of culture, bureaucratic received most points = 44.1, rational = 23.7, teamwork = 18.6, entrepreneurial 13.2.	**Strengths:** Study shows teamwork culture had significant better inpatient satisfaction scores than hospitals who did not **Limitations:** Conducted study in VHA – public health facility. Bias on behalf of the employee Inability to discern nature of causal linkage between culture and patient satisfaction. Sample size to increase. **Critical Appraisal Tool & Rating** John Hopkins Research Evidence Appraisal Tool Level II, Quality B

Appendix B: Evidence Synthesis Table

Studies	Kalisch, Curley, & Stefanov (2007)	Keyko, Cummings, Yong, & Wong (2016)	Kramer et al., (2008)	Laschinger & Finegan (2005)	Meterko, Mohr, & Young (2004)
Interventions					
Organization Empowerment	X	X	X	X	X
Job satisfaction	X		X	x	x
Staff Engagement	X	X	X	X	X
Professional Practice		X	x	x	
Teamwork	x		x	x	x
Environment/Culture	x				x
Patient Satisfaction					x

Appendix C

VON and the Six Values



Permission to use: Kaiser Permanente, 2013

Values of VON – Nursing Professional Practice Model

Professionalism

Compassion

Integrity

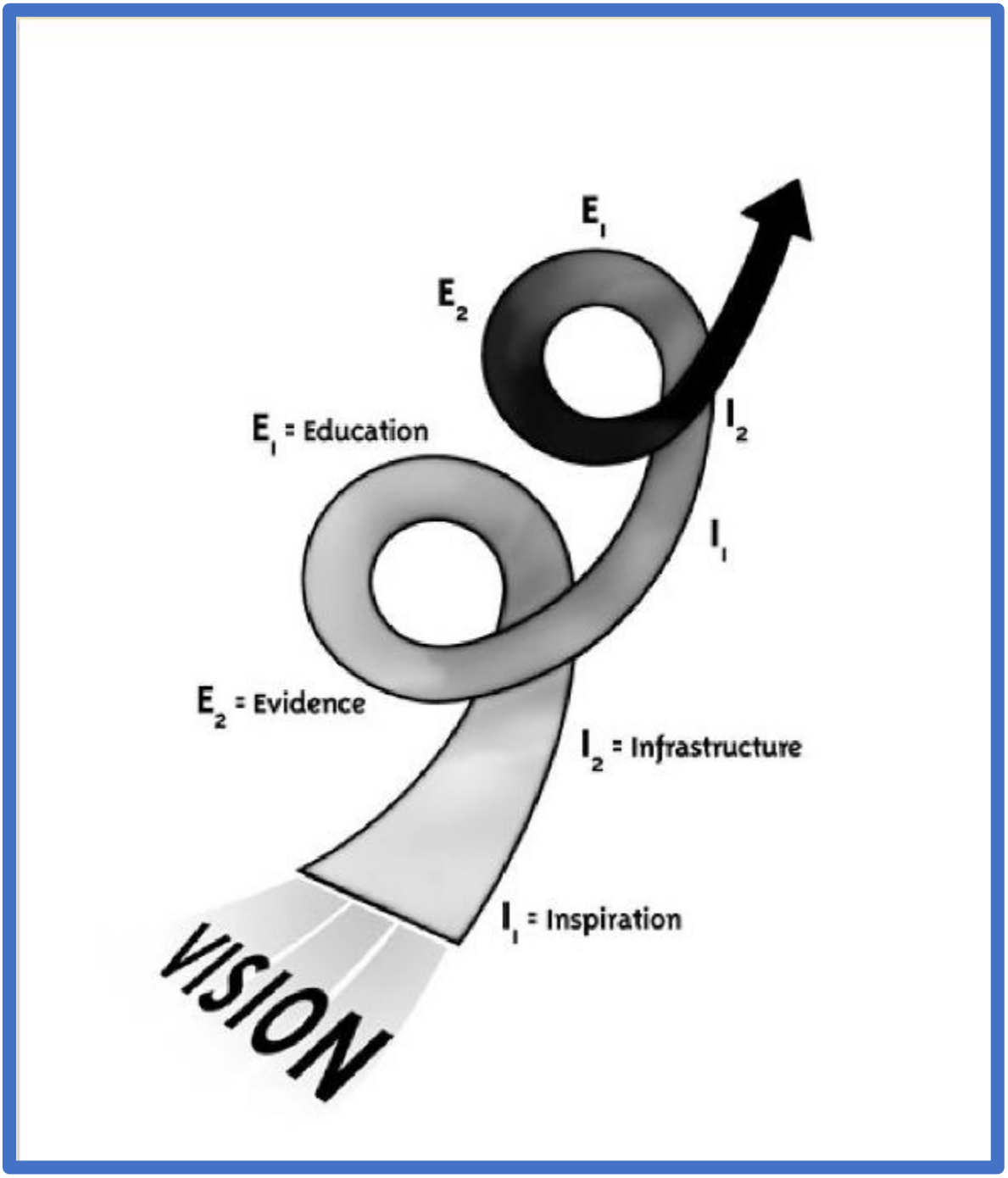
Teamwork

Excellence

Patient Family Centric

Appendix D

Felgen's (2007) Change Theory: I2E2



Appendix E

Outline of DNP Project

Project purpose	The purpose of this DNP project is to determine if the implementation and enculturation of a professional practice model, known as the Voice of Nursing (VON) will lead to improvements in staff engagement, teamwork, and quality nurse sensitive metrics.
Population	Medium sized tertiary medical center with bed capacity of 215 licensed beds.
Group receiving intervention	One in-patient Medical/Surgical/Telemetry unit at a medium size tertiary medical center. Staffed with: 150 RN's, 11 Nursing Aids, 6 Assistant Nurse Managers 1 Manager
Sources of data	Staff engagement index VON survey Teamwork culture survey Nurse sensitive indicators – quality metrics: Falls,
Criteria for inclusion	All staff working regardless of full-time equivalent status on intervention unit
Exclusion criteria	1.Staff who float into the unit 2.Physicians
Time frame	6 months starting January 2018

Appendix F

Gap Analysis Pre-Intervention (1 of 2)

Rating Index Descriptors - Instructions: After each item below note the corresponding rating index number in the specified rating index column			Enculturation Score
0	○	Activity has not started / **no evidence** this element is in development	0%
1	◔	Activity has started and some content available / **we intend** to make a change in behavior, practice, and/or process	25%
2	◑	Progress in fulfilling element is evident / we are **implementing** a change in behavior, practice an/or process	50%
3	◕	Element is nearly operational / we have **evidence of change** in behavior, practice and/or process	75%
4	●	Element is fully operational / **data shows a change** in outcome measures	100%

Rating Index Instructions: Use either the drop down box or input numbers, 0, 1, 2, 3, or 4 in rating index. Once the number is input the appropriate harvey ball will appear next to each item. In addition, the enculturation score will automatically populate.

Do not input in this column

Performance Objectives	Rating Index		Comments/Gaps	Recommended Actions	Responsibility	Enculturation Score
1. Inspiration						**36%**
1.1 Champion(s) create a powerful story 1.1.1 Has your story been socialized	1	◔				25%
1.2 Socialize Professional Practice Model, Vision, and Values with senior Kaiser Permanente executives, medical directors and others	1	◔				25%
1.3 Socialize Professional Practice Model, Vision, and Values with inpatient management	2	◑				50%
1.4 Socialize Professional Practice Model, Vision, and Values with ambulatory management	1	◔				25%
1.5 Socialize Professional Practice Model, Vision, and Values with continuum of care management	1	◔				25%
1.6 Professional Practice Model, Vision and Values socialized with nursing leaders to frontline staff 1.61 Develop a shared vision for the Voice of Nursing at site	2	◑				50%
1.7 Nurse recognition: 1.7.1 Daisy Award 1.7.2 National Nursing Pin Recognition Program 1.7.3 National Nursing Recognition Program (Extraordinary Nurse Award) 1.7.4 Other recognitions and awards	2	◑				50%
2. Infrastructure						**34%**
2.1 Establish local planning oversight, committee(s), and/or council(s) to align, integrate and standardize the Kaiser Permanente Nursing Professional Practice Model, Vision, and Values into current work. 2.1.1 Create shared decision making model. Inform how work will be communicated with one another.	2	◑				50%
2.2 Nurse leaders informed and have accessed the Voice of Nursing Toolkit on the Nursing Pathways website - http://kpnursing.org	2	◑				50%
2.3 Develop councils to implement professional practice strategy, such as: 2.3.1 Research & Evidence Based Practice 2.3.2 Quality Service & Safety 2.3.3 Professional Development 2.3.4 Leadership 2.3.5 Governance Council 2.3.6 Charters reflect ANA Standards 2.3.7 Other:	2	◑				50%
2.4 Interview process to include alignment of new hire values and the Kaiser Permanente nursing values	0	○				0%
2.5 The Kaiser Permanente Nursing Professional Practice Model is embedded into nursing standards, systems, policies, and practices. 2.5.1 ANA Scope and Standards of Practice & Code of Ethic for Nurses	1	◔				25%
2.6 Inpatient requirements: Current practices compliant with established processes in all units/departments *(Inpatient is to answer, Ambulatory/Continuum of Care are not to answer)* 2.6.1 Nurse Communication 2.6.2 NKE+ 2.6.3 Hourly Rounding 2.6.4 Leadership Rounding	2	◑				50%
2.7 Develop standards of practice for top 10 diagnosis at site/region.	1	◔				25%
2.8 Identify opportunities which improves quality and safety.	2	◑				50%
2.9 Communication plan completed: 2.91 Communication goals 2.92 Communication strategies 2.93 Audiences 2.94 Key stakeholders 2.95 Key messages 2.96 Measurement 2.97 Timeline	1	◔				25%
2.10 Communication messaging includes: 2.10.1 Region/site commitment to the Voice of Nursing program 2.10.1.1 Professional Practice Model, Vision, and Values 2.10.2 Defines performance expectations 2.10.3 Defines desired outcomes 2.10.4 Aligns and integrates with region/site current work/goals 2.10.5 Clear and comprehensive plan to accelerate understanding and buy-in	1	◔				25%
2.11 Stakeholder groups have been addressed - ***Check all that apply*** ☑ 2.11.1 Executive groups ☐ 2.11.2 Clinical leaders ☑ 2.11.3 Nursing staff ☐ 2.11.4 Labor ☐ 2.11.5 Ancillary Services ☑ 2.11.6 Patient and families ☐ 2.11.7 New hires ☐ 2.11.8 Physician groups 2.11.9 Determine who else to bring into the conversation	1	◔				25%

Appendix F

Gap Analysis Pre-Intervention (2 of 2)

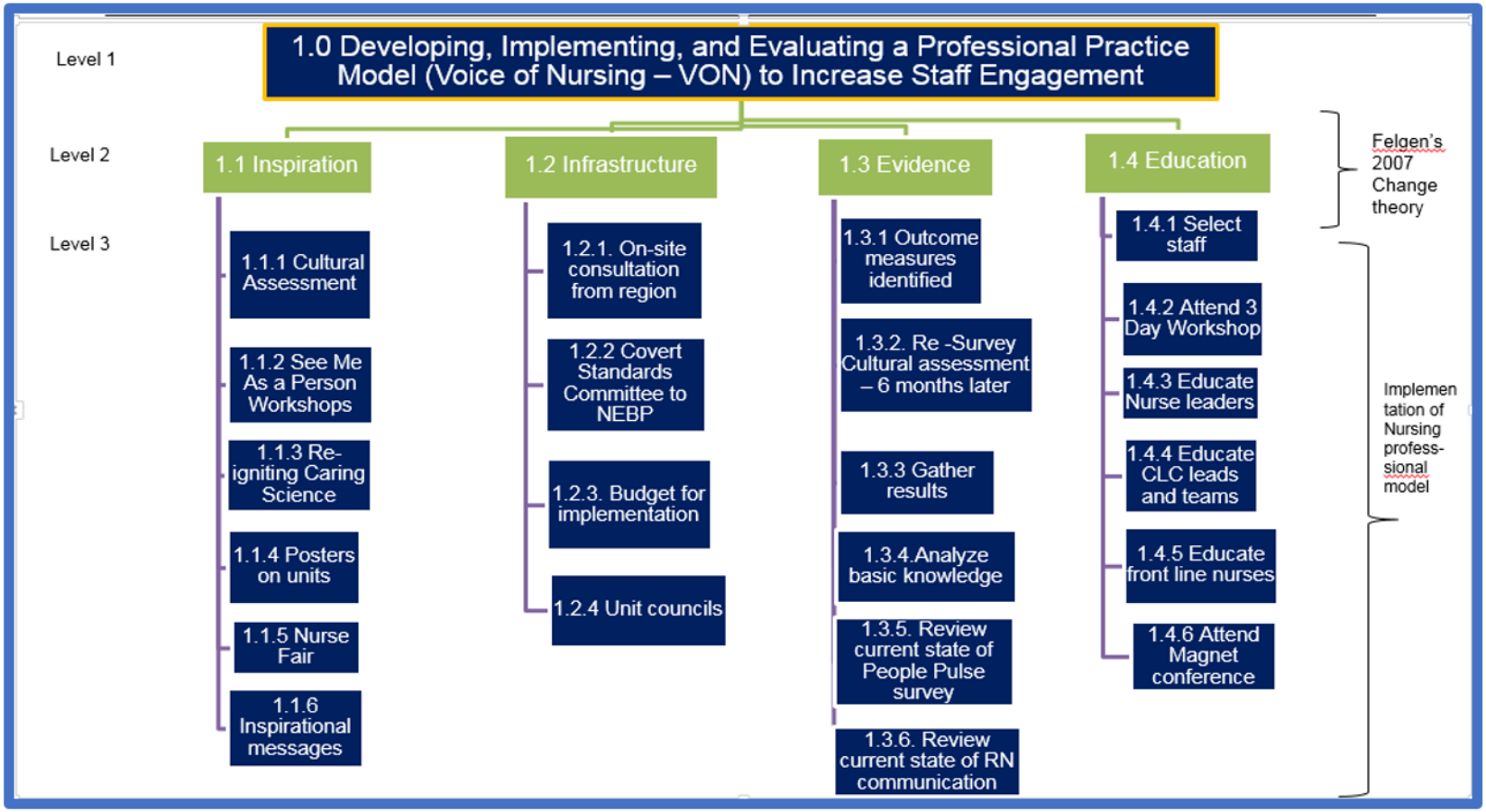
3. Education						20%
3.1 Professional development/education strategy includes: 3.1.1 Needs assessment 3.1.2 Training objectives 3.1.3 Competency 3.1.4 Outcomes assessment 3.1.5 Continued quality improvement 3.1.6 Update/revision schedule	1					25%
3.2 Evidence of staff awareness of the Professional Practice Model, Vision and Values and can articulate how it informs clinical practice	1					25%
3.3 Professional development tools incorporated to support, nurses learning about the Professional Practice Model, Visions, and Values	1					25%
3.4 Utilize e-learning Professional Nursing Practice: On KP Learn or HealthStream - (NNPPC "Must Have") 3.4.1 Site using Professional Nursing Practice on KP Learn and/or HealthStream *Located on Nursing Pathways under Nursing Strategy/ VON Toolkit* *http://kpnursing.org/*	1					25%
3.5 National Nursing Orientation (NNPPC "Must-Have") Outcome: Track utilization of Orientation to the Nursing Vision, Values, & Professional Practice Model: Facilitators Guide 3.5.1 Region/site track National Nursing Orientation *Located on Nursing Pathways under Nursing Strategy/ VON Toolkit* *http://kpnursing.org/*	0					0%

4. Evaluation and Evidence *Instructions for Evaluation and Evidence: **NNPPC ("Must Have's")*** *Inpatient is to complete sections 4.1 to 4.10* *Ambulatory/Continuum of Care are to complete sections 4.1-4.3 and 4.10* *National Nursing Professional Practice Council will track NNPPC "Must Have's"*						30%
4.1 Complete Pre and Post Survey to measure Professional Practice knowledge NNPPC ("Must Have") *Outcome: Complete pre and post survey and compare results* 4.1.1 Pre-Survey completed-enter month/year in comments/gaps section 4.1.2 Post-Survey completed-enter month/year in comments/gaps section 4.1.2.1 Briefly summarize strengths, opportunities and next steps 4.1.2.2 Encouraged to document gaps and to create action plan *Located on Nursing Pathways under Nursing Strategy/ VON Toolkit* *http://kpnursing.org/*	1					25%
4.2 Measure Nurse Engagement with a National Data Base to support professional practice locally NNPPC ("Must Have") *Outcome: Complete Nurse Work Environment Survey* 4.2.1 Enter month/year nurse work environment survey completed in comments/gaps section 4.2.2.1 Briefly summarize strengths, opportunities and next steps 4.2.2.2 Encouraged to document gaps and to create action plan	1					25%
4.3 Track Nurse Recognition Programs NNPPC ("Must Have") *Outcome: Track nurse recognition programs: Daisy Award, National Nursing Pin, Extraordinary Nurse Award* 4.3.1 Track Nursing pins and awards distributed to nurses annually. *National Nursing Pin & Extraordinary Nurse Awards can be located on Nursing Pathways under Nursing Strategy/VON Toolkit* *http://kpnursing.org/*	1					25%
4.6 Falls Moderate to Severe Injury (NNPPC "Must Have") **Inpatient is to answer goal --Ambulatory/Continuum of Care are not to answer** *Outcome: Decrease Falls Moderate to Severe Injury from baseline score. Baseline score is score at time of Voice of Nursing Strategy Planning Meeting* 4.6.1 Enter Falls (1) baseline score and (2) current state score under comments/gaps 4.6.2 Report recommended action steps, if score has not changed or has increased 4.6.3 If score decreased, briefly note actions that caused a decrease	2		**Falls Baseline =** **Dec = 11** **Jan = 14** **Feb = 9** **Mar = 5** **Apr = 3**			50%
4.10 Action Plan/Timeline (Enculturation Process) 4.10.1 Complete GAP Analysis every 6 months (Jan - July) and forward to NPCS. 4.10.2 Complete VON Site Visit 4.10.3 Incorporate GAPs into action plan and forward updated action plan to NPCS. Action plan should be updated at least annually and forward to NPCS.	1					25%

Region/Site Average for This Timeperiod	Inpt	AMB / Con Care	OVERALL ENCULTURATION SCORE	31%
	#REF!	1		

Appendix G

Work Breakdown Structure

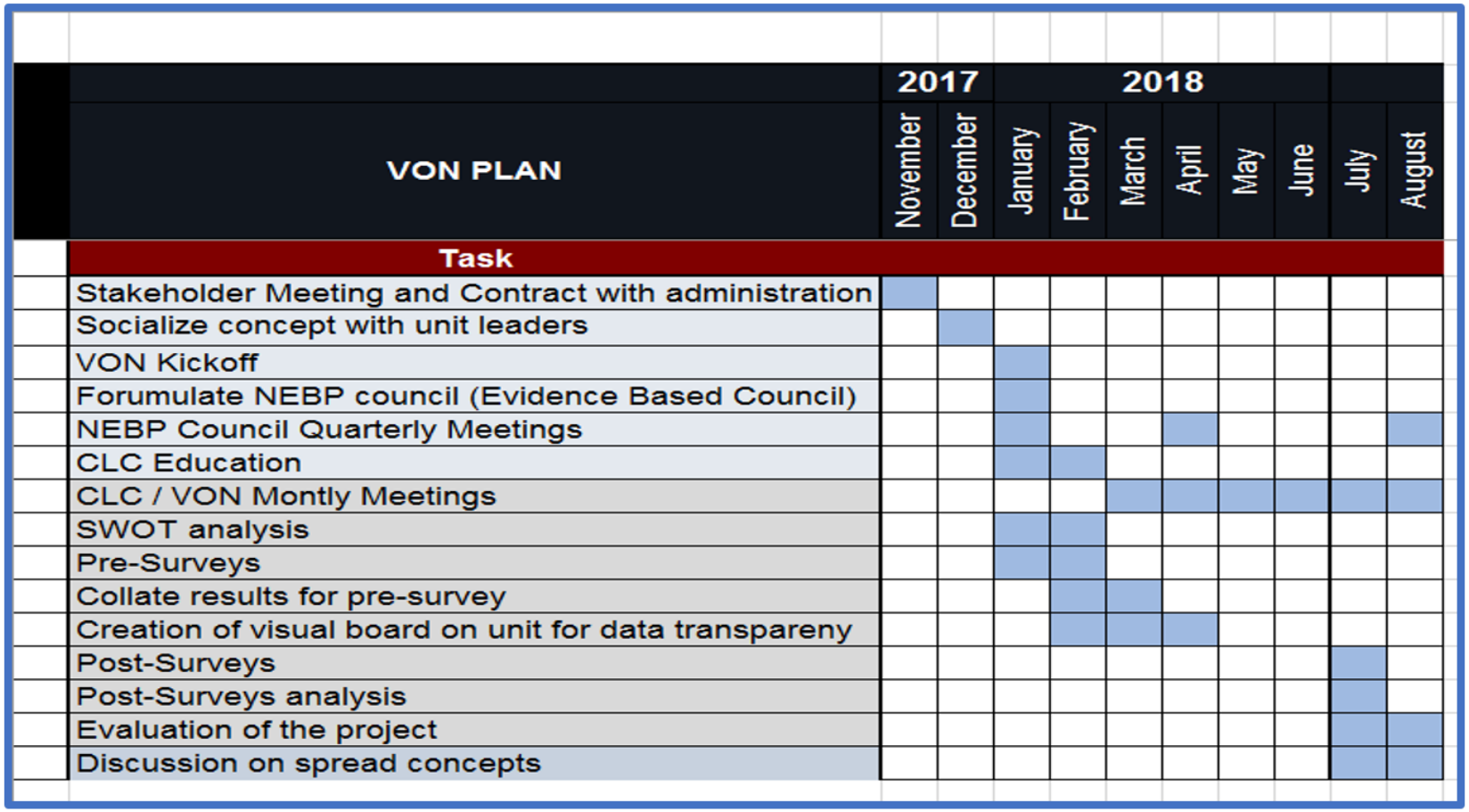


Appendix H

Introducing VON: Nursing Fair

Appendix I

Gnatt Chart: Voice of Nursing Implementation



VON PLAN	2017		2018							
	November	December	January	February	March	April	May	June	July	August
Task										
Stakeholder Meeting and Contract with administration										
Socialize concept with unit leaders										
VON Kickoff										
Forumulate NEBP council (Evidence Based Council)										
NEBP Council Quarterly Meetings										
CLC Education										
CLC / VON Montly Meetings										
SWOT analysis										
Pre-Surveys										
Collate results for pre-survey										
Creation of visual board on unit for data transpareny										
Post-Surveys										
Post-Surveys analysis										
Evaluation of the project										
Discussion on spread concepts										

Appendix J

VON Workshop

The "Novices"

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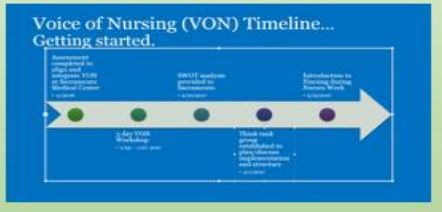
Gertrude Tiangco, BSN, RN
Brandie Cherry, BHA, RN
Northern California/Sacramento Medical Center

PURPOSE/GOAL

Implement Voice of Nursing 1.0 at the Sacramento Medical Center by January 2017, and complete Phase I of the action plan by June, 2017.

PROGRAM DESCRIPTION

- NPCS consultant worked collaboratively with CNE and team members in developing strategy plan to support, leverage, and accelerate the Voice of Nursing .
- Nurse Leader selected as main lead for each element of the I2E2 "Leading Lasting Change" Framework.
- SWOT analysis developed at workshop, to guide the work.



I2E2 Groups

METRICS

- **HCAHPS**
  RN Communication
  Overall Star rating
- **People Pulse**:
  Staff Engagement.
- Survey Monkey
  Increase knowledge base on Professional Practice Model

PHASE I STRATEGY

- ✓ Analyze SWOT
- ✓ Survey monkey sent to all staff
- ✓ Create/enhance existing committees such as NQF, PPC, Standards Committee
- ✓ Created driver diagram
- ✓ Introduction to VON for all nurses during Nurses Week – Fair planned
- ✓ Healthstream module/skills days
- ✓ Ensure VON brand on all letter-heads for PCS meetings
- ✓ Visual board/Lean implementation in conjunction with VON to research staff engagement
- ✓ Posters on all units
- ✓ Revamp recognition – developed Patient Family Advisory Award, Daisy award committee to add staff, investigate VON Pin

PHASE II

- ✓ Continue to develop internal structure
- ✓ "Quick wins" from SWOT
- ✓ New employee orientation
- ✓ Skills Lab/further education for staff

Appendix K

SWOT Analysis - FRAMEWORK (1 of 4)

Strengths	Weaknesses
• What are "your" strengths? • How can we best use and capitalize on each strength?	• What areas need improvement (or should be avoided)? • What would remove or overcome this weakness?
Opportunities	**Threat**
• What opportunities exist and how can we best benefit from each?	• What stands in the way of "your" success? • What can be done to mitigate each threat? • Can a threat become an opportunity?

Appendix K

Results of the SWOT (2 of 4)

Strengths	Weaknesses
Technology • Healthconnect • Money for technology • Ability to collect and analyze data • Integrations • Resources • Access/Collaborative in care – many things done in location • We are big in the valley • Have a great amount of data that can be analyzed for improvement • Multi-system – "never reinvent wheel" • There is some standardization (i.e. KPHC) • Services offered **Values** • Trending upward for quality care standards • Desire to be the best to provide great care • Excellent reputation in the community • We have a goal • We are survivalist • Quality focus • Positive attitude towards change • Loyalty • Teamwork • Relationships • Communication • Resilient • Commitment • Collaboration • Determination to succeed • We are an institute who provides best care and we are improving day by day **Traits** • Speed efficiency • Adapting quickly • Compassion • Responsiveness • Communication between management • Located in rich medically academic environment • One KP **People** • People seek out Kaiser as an employer • Hardworking floor nursing and staff • Good people • Highly effective team/people • Experienced RNs – many with decades of experience • Everyone wants to achieve the same goal • Caring professional	**Education** • Lack of standardization • Lack of knowledge in certain areas • Standardize work for all units • More education to employees • Higher education – no incentives • Standardize education to all involve staff in patient care **Data** • Healthconnect • Data not used well • EPIC/Healthconnect: ability to make change **Space** • Space to accommodate our growing population • Poor service scores • Space • No all service specialties offered at site • Structure of hospital – leaks wear and tear – staff and patient hazard • Limited space **Time** • Lack of time at bedside • Everything is a priority • Speed and efficiency • Redundancy of work • Too many people responsible for same task – leads to overall decrease in accountability **Communication** • Communication • Lack of communication between leaders and staff • Lack of consistency • Slow and unclear • Dissemination of new information (policies, new practices) • Poor policies • Not discussing errors, keeping things hidden • Listening skills • Memo driven **Equipment** • Prepared for surgical patient needs beds • Lack of new updated/old equipment/not enough • Equipment functional and current technology • Poor equipment and building infrastructure • Old facility **People** • Unhappy staff • Staff/management turnovers • "Kaiser way" not always the best way

Appendix K

Results of the SWOT (3 of 4)

• Dedicated & qualified staff • Dedicated staff and leaders • Talented staff and leaders • We have the manpower to do the job "great people" • Low employee turn over • Variety of culture/experience • Diversity of staff and Sacramento population • Competent multidisciplinary licensed staff • Diversity in experience and perspectives • Multidiscipline collaboration • Strong neuro basis • Management prompt response for a need • Integrated system	• Manager turnover disruptive to staff • Support leaders turnover with new initiatives "new ideas" **Culture** • Sustainability • Change of day mentality • Union before patients • Use of technology • Resist and "change" will go away • Avoid working in silos • Poor collaboration among department in hospital • Reactive we need to be more proactive • We work in silos • Divided: KP vs TPMG • Reactive swirl • Reactive vs proactive • Lack of cohesion • Too many initiatives introduced at the same time • Focusing on the goal so much you forget needs of others (patients/staff) • Task oriented • Too many priorities/projects • Fear
Opportunities	**Threats**
Informal/Formal Leadership • Upper leadership needs to be more visible • More evidence driven including management practices • Relationship • Great potential-excellent staff and resources are already in place • Happy managers • Learn from one another and be open to new ideas • New leadership focused on improvement in nursing practice • High management turnover **Communication** • Communicate HCAHPS to staff • Communication on different levels • Authentic listening • Opportunities to learn from each other • Increased communication: staff, members, between staff • Ongoing and consistent communication and transparency • Consistency • Improved communication and cooperation from departments **Professional Self/Staff Development** • Education to achieve goals • Encouragement and recognition to professional practice • Awareness about education access	**Relationships** • Assumptions/Ourselves/Others • Interpersonal relationships • Poor attitude • Closed minds • Communication between staff and management is extremely guarded – shuts down • Lateral violence **Logistics** • Healthconnect • Any internal process that fails a patient • Size of the organization and standardization across region • Structural building space • Old systems • Rework • Competition addressing – to late ahead of curve • Limited space • Labor partnership/practices • Practices not synch • There is a target on our back **External Support** • Lack of community resources • Limited resources • Decrease Ownership **Finance** • Sustainability • Cost of care • ACA

Appendix K

Results of the SWOT (4 of 4)

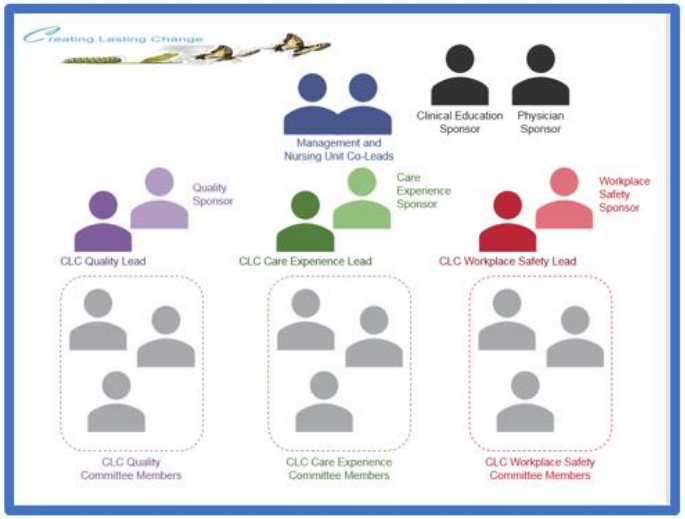
• Utilize educators....not solely for practice changes but research • Accountability • Proper orientation • Proactive • We know have away to increase education through nurse plus academy • Utilize individual strengths **Resource** • We have resources • Need working equipment • Need updated new beds • Upgrade of systems (i.e time) **Relationships/Integration** • To be One KP it will start from top to bottom • Labor & Management collaboration • Integration of systems • More effectively addressing our diversity • Need cardiac surgery • We can learn from other KP locations mistakes – One KP • Building relationships: dept→dept/KFH→TPMG/mgmt.-->labor • People who work in Sac building better relationships/partners • Develop team • Less reactive to issues • Identify clear goals and focus • Improve team work • Slow down • Allow leaders to lead at the lowest level	• Slow to change • Reactiveness • Financial lack of tools necessary • Patient's choice to attend another facility • Competing priorities • "Bad" reviews unhappy/unsatisfied patients **Collaboration Partnership** • Region vs local control • Union obstacles • CNA LMP relationships **People** • Burn out • Time • Traveler on boarding not the same as regular staff • Inconsistency on our practice and communication • Respect for my time • Too many chickens • Poor attendance • Some ideas are unrealistic hinders the realization of true problem • Retention • Rapid on going turnover • Aging workforce • Increased census • Fewer tasks • Poor attendance

Appendix L

Visual Board

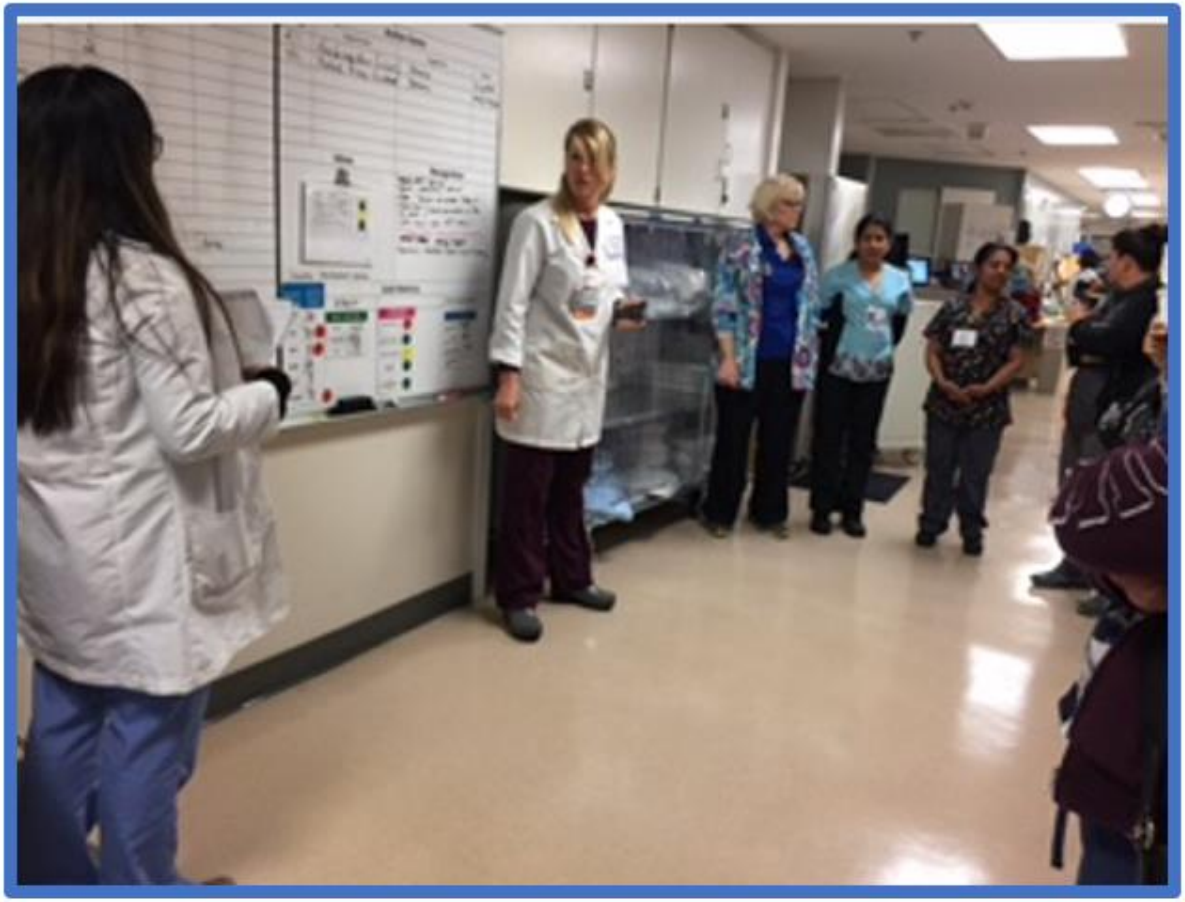
Appendix M

House of LEAN – and CLC Structure



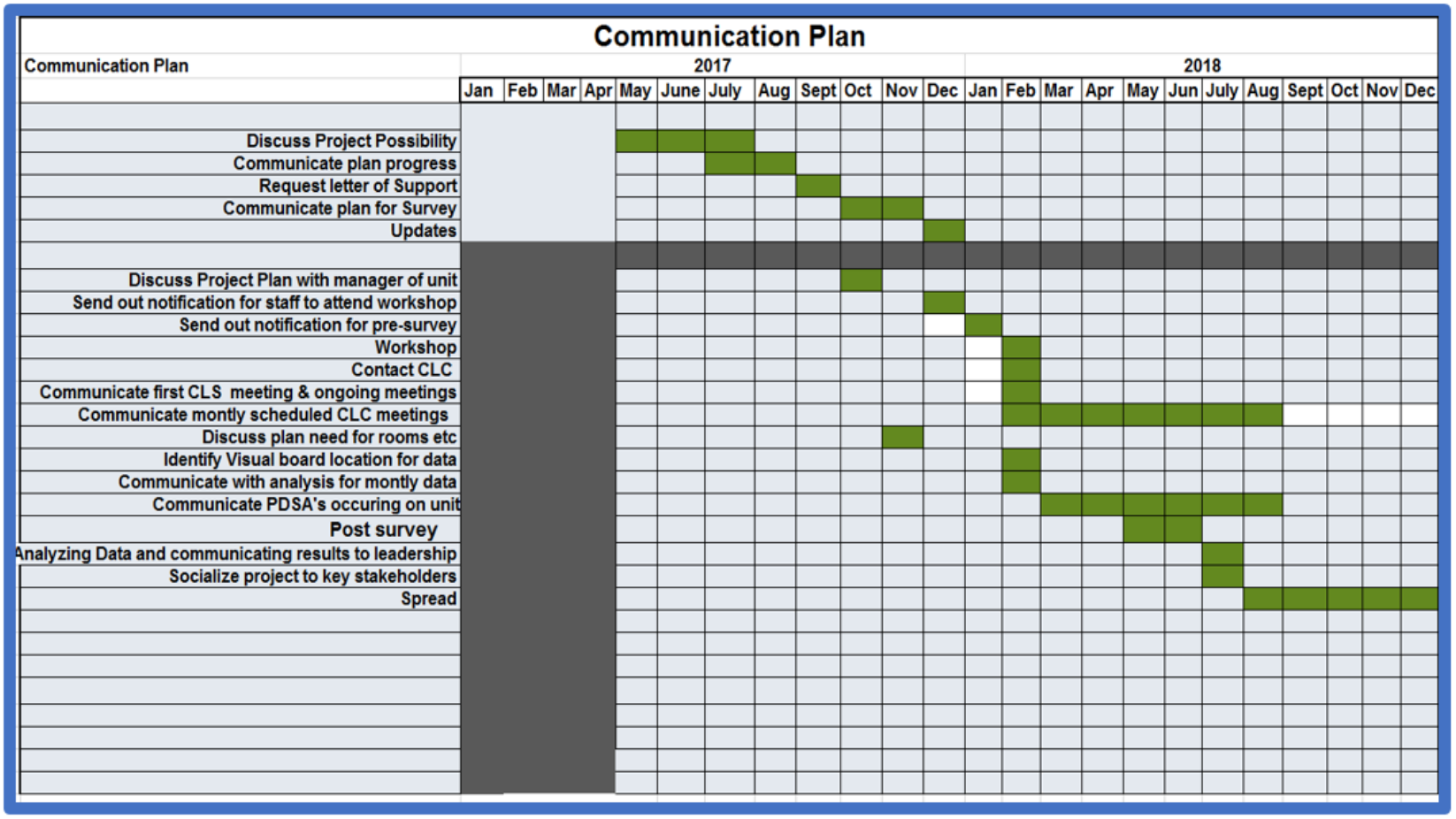
Appendix N

Huddle Time



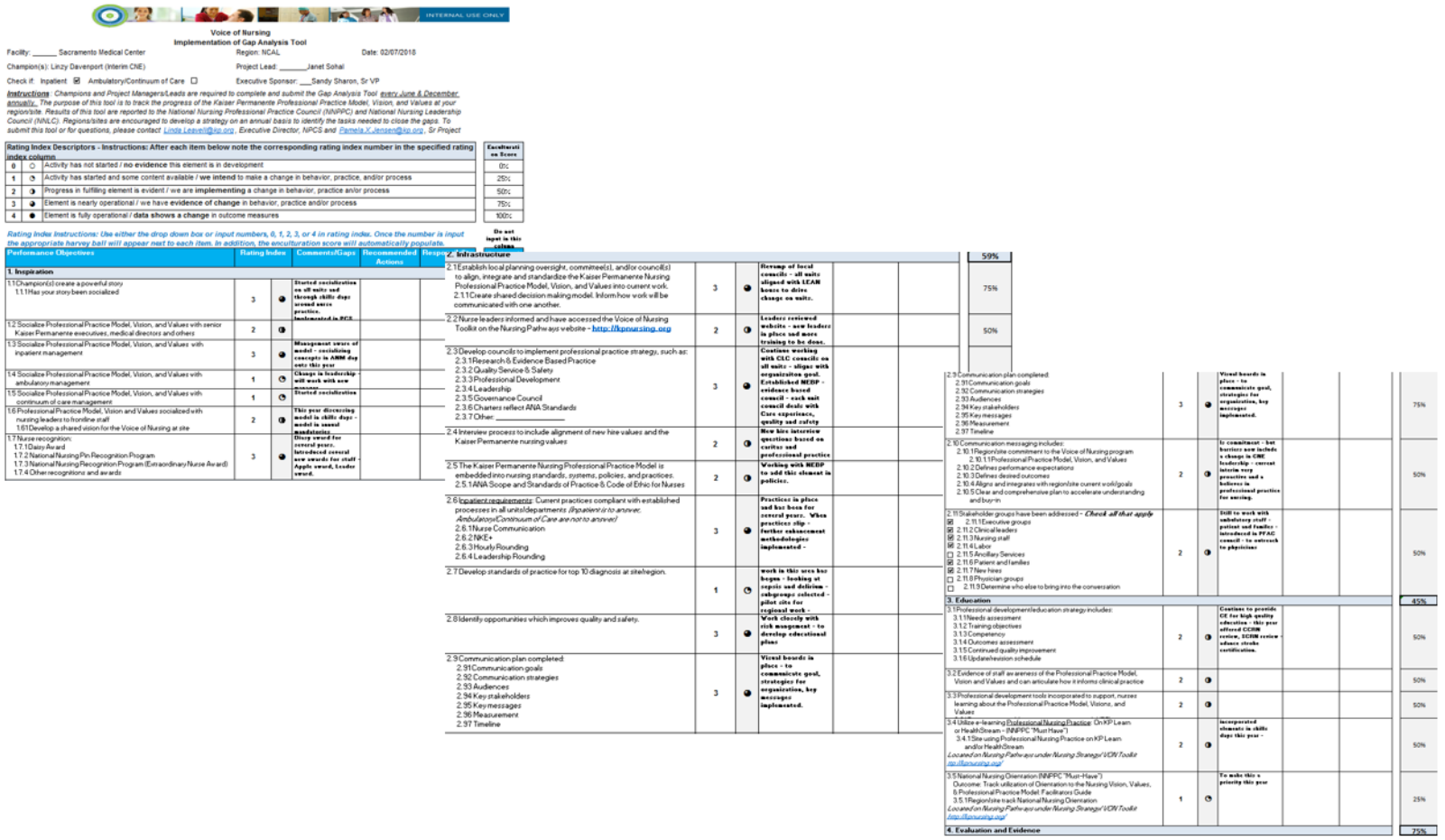
Appendix O

Communication Plan



Appendix P

Second Gap Analysis – Mid -way



INTERNAL USE ONLY

Voice of Nursing
Implementation of Gap Analysis Tool

Facility: _____ Sacramento Medical Center Region: NCAL Date: 02/07/2018

Champion(s): Linzy Davenport (Interim CNE) Project Lead: _____Janet Sohal

Check if: Inpatient ☑ Ambulatory/Continuum of Care ☐ Executive Sponsor: ___Sandy Sharon, Sr VP

Instructions *Champions and Project Managers/Leads are required to complete and submit the Gap Analysis Tool every June & December, annually: The purpose of this tool is to track the progress of the Kaiser Permanente Professional Practice Model, Vision, and Values at your region/site. Results of this tool are reported to the National Nursing Professional Practice Council (NNPPC) and National Nursing Leadership Council (NNLC). Regions/sites are encouraged to develop a strategy on an annual basis to identify the tasks needed to close the gaps. To submit this tool or for questions, please contact Linda.Leavell@kp.org, Executive Director, NPCS and Pamela.V.Jensen@kp.org, Sr Project*

Rating Index Descriptors - Instructions: After each item below note the corresponding rating index number in the specified rating index column			Enculturation Score
0	○	Activity has not started / **no evidence** this element is in development	0%
1	◔	Activity has started and some content available / **we intend** to make a change in behavior, practice, and/or process	25%
2	◑	Progress in fulfilling element is evident / we are **implementing** a change in behavior, practice and/or process	50%
3	◕	Element is nearly operational / we have **evidence of change** in behavior, practice and/or process	75%
4	●	Element is fully operational / **data shows a change** in outcome measures	100%

Rating Index Instructions: Use either the drop down box or input numbers, 0, 1, 2, 3, or 4 in rating index. Once the number is input the appropriate harvey ball will appear next to each item. In addition, the enculturation score will automatically populate.

Do not input in this column

Performance Objectives	Rating Index		Comments/Gaps	Recommended Actions	Responsible			
1. Inspiration								
1.1 Champion(s) create a powerful story 1.1.1 Has your story been socialized	3	◕	Started socialization on all units and through skills days around entire practice. Implemented in PCE.					
1.2 Socialize Professional Practice Model, Vision, and Values with senior Kaiser Permanente executives, medical directors and others	2	◑						
1.3 Socialize Professional Practice Model, Vision, and Values with inpatient management	3	◕	Management aware of model - socializing concepts in ANM day outs this year					
1.4 Socialize Professional Practice Model, Vision, and Values with ambulatory management	1	◔	Change in leadership - will work with new manager					
1.5 Socialize Professional Practice Model, Vision, and Values with continuum of care management	1	◔	Started socialization					
1.6 Professional Practice Model, Vision and Values socialized with nursing leaders to frontline staff 1.61 Develop a shared vision for the Voice of Nursing at site	2	◑	This year discussing model in skills days - model is unsed mandatories					
1.7 Nurse recognition: 1.7.1 Daisy Award 1.7.2 National Nursing Pin Recognition Program 1.7.3 National Nursing Recognition Program (Extraordinary Nurse Award) 1.7.4 Other recognitions and awards	3	◕	Discy award for several years. Introduced unusual awe awards for staff - Apple award, Leader award.					
2. Infrastructure								59%
2.1 Establish local planning oversight, commitee(s), and/or council(s) to align, integrate and standardize the Kaiser Permanente Nursing Professional Practice Model, Vision, and Values into current work. 2.1.1 Create shared decision making model. Inform how work will be communicated with one another.	3	◕	Revamp of local councils - all units aligned with LEAN bones to drive change on units.					75%
2.2 Nurse leaders informed and have accessed the Voice of Nursing Toolkit on the Nursing Pathways website - http://kpnursing.org	2	◑	Leaders reviewed website - new leaders in place and more training to be done.					50%
2.3 Develop councils to implement professional practice strategy, such as: 2.3.1 Research & Evidence Based Practice 2.3.2 Quality/Service & Safety 2.3.3 Professional Development 2.3.4 Leadership 2.3.5 Governance Council 2.3.6 Charters reflect ANA Standards 2.3.7 Other: _____	3	◕	Continue working with CLC councils on all units - aligns with organization goal. Established NEBP - evidence based council - each unit council deals with Care experience, quality and safety					
2.4 Interview process to include alignment of new hire values and the Kaiser Permanente nursing values	2	◑	New hire interview questions based on caritas and professional practice					
2.5 The Kaiser Permanente Nursing Professional Practice Model is embedded into nursing standards, systems, policies, and practices: 2.5.1 ANA Scope and Standards of Practice & Code of Ethic for Nurses	2	◑	Working with NEBP to add this element in policies.					
2.6 Inpatient requirements: Current practices compliant with established processes in all units/departments *(Inpatient or to answer. Ambulatory/Continuum of Care are not to answer)* 2.6.1 Nurse Communication 2.6.2 NKE+ 2.6.3 Hourly Rounding 2.6.4 Leadership Rounding	3	◕	Practices in place and has been for several years. When practices slip - further enhancement methodologies implemented -					
2.7 Develop standards of practice for top 10 diagnosis at site/region.	1	◔	work in this area has begun - looking at sepsis and delirium - subgroups selected - pilot site for regional work -					
2.8 Identify opportunities which improves quality and safety.	3	◕	Work closely with risk management - to develop educational plans					
2.9 Communication plan completed: 2.91 Communication goals 2.92 Communication strategies 2.93 Audiences 2.94 Key stakeholders 2.95 Key messages 2.96 Measurement 2.97 Timeline	3	◕	Visual boards in place - to communicate goal, strategies for organization, key messages implemented.					75%
2.10 Communication messaging includes: 2.10.1 Region/site commitment to the Voice of Nursing program 2.10.1.1 Professional Practice Model, Vision, and Values 2.10.2 Defines performance expectations 2.10.3 Defines desired outcomes 2.10.4 *Aligns and integrates with region/site current work/goals* 2.10.5 Clear and comprehensive plan to accelerate understanding and buy-in	2	◑	Is commitment - but barriers now include a change in CNE leadership - current interim very proactive and a believer in professional practice for nursing.					50%
2.11 Stakeholder groups have been addressed - ***Check all that apply*** ☑ 2.11.1 Executive groups ☑ 2.11.2 Clinical leaders ☑ 2.11.3 Nursing staff ☑ 2.11.4 Labor ☐ 2.11.5 Ancillary Services ☑ 2.11.6 Patient and Families ☑ 2.11.7 New hires ☐ 2.11.8 Physician groups ☐ 2.11.9 Determine who else to bring into the conversation	2	◑	Still to work with ambulatory staff - patient and families - introduced in PFAC council - to outreach to physicians					50%
3. Education								45%
3.1 Professional development/education strategy includes: 3.1.1 Needs assessment 3.1.2 Training objectives 3.1.3 Competency 3.1.4 Outcomes assessment 3.1.5 Continued quality improvement 3.1.6 Update/revision schedule	2	◑	Continue to provide CE for high quality education - this year offered CCRN review, SCRN review - educe stroke certification.					50%
3.2 Evidence of staff awareness of the Professional Practice Model, Vision and Values and can articulate how it informs clinical practice	2	◑						50%
3.3 Professional development tools incorporated to support, nurses learning about the Professional Practice Model, Visions, and Values	2	◑						50%
3.4 Utilize e-learning Professional Nursing Practice: On KP Learn or HealthStream - (NNPPC "Must Have") 3.4.1 Site using Professional Nursing Practice on KP Learn and/or HealthStream *Located on Nursing Pathways under Nursing Strategy/ VON Toolkit*	2	◑	incorporated elements in skills days this year -					50%
3.5 National Nursing Orientation (NNPPC "Must-Have") Outcome: Track utilization of Orientation to the Nursing Vision, Values, & Professional Practice Model: Facilitators Guide 3.5.1 Region/site track National Nursing Orientation *Located on Nursing Pathways under Nursing Strategy/ VON Toolkit*	1	◔	To make this a priority this year					25%
4. Evaluation and Evidence								75%

Appendix Q

Budget Plan (1 of 3)

Type of Expense	Cost
Lead (.2 of an FTE for six months)	$15,360 (does not include benefits etc.)
CNO Time (20 hours)	$1,800
Nurse Manager and Assistant Nurse Managers	$25,600
Training (three Program Office Consultants)	$4,320 (in kind)
Region consultant	$1,440 (in kind)
Materials and supplies	$2,000
Food/water for workshop	$2,000
Pre-and post-Survey analysis	$3,500
Staff Nurse training based on $75/hour – total nurses = 100 – for 8-hour workshop	$600,000
Monthly Meetings – two hours for CLC members – for six months	$10,000
Total	$634,660 + ($5,760 in kind)
Average Cost for 1 Nurse Turnover	$36,000 to $57,000 (Ref: Dempsey & Reilly, 2016)

Appendix Q

Budget Plan – Training Budget (2 of 3)

Type of Expense	Cost		
Training	**Year 1**	**Year 2 (to include 2 units)**	**Year 3 (to include 4 units)**
Project Lead (.2 of an FTE)	$0	$0	$0
Nurse Manager and Assistant Nurse training (six participants at $85/hr x 8-hour training)	$4,080	$0	$0
Training (three Program Office Consultants)	$4,320 (in kind)	$0 (will be done with local lead)	$0 (will be done with local lead)
RNs (150 RNs at $75/hr x 8-hour training)	$90,000	$180,000	$540,000
Region consultant	$1,440 (in kind)	$0	$0
Materials/supplies/Venue	$8,000	$0 (training brought in-house)	$0
Food/water for workshop	$2,000	$1,000	$1,000
Pre and post survey analysis	$3,500	$0	$0
Monthly Meetings – two hours for CLC members – (10 RNs on Core Committee)	$18,000	$36,000	$72,000
Total Yearly Cost:	**$126,260 + ($5,760 in kind)**	**$217,000**	**$613,000**

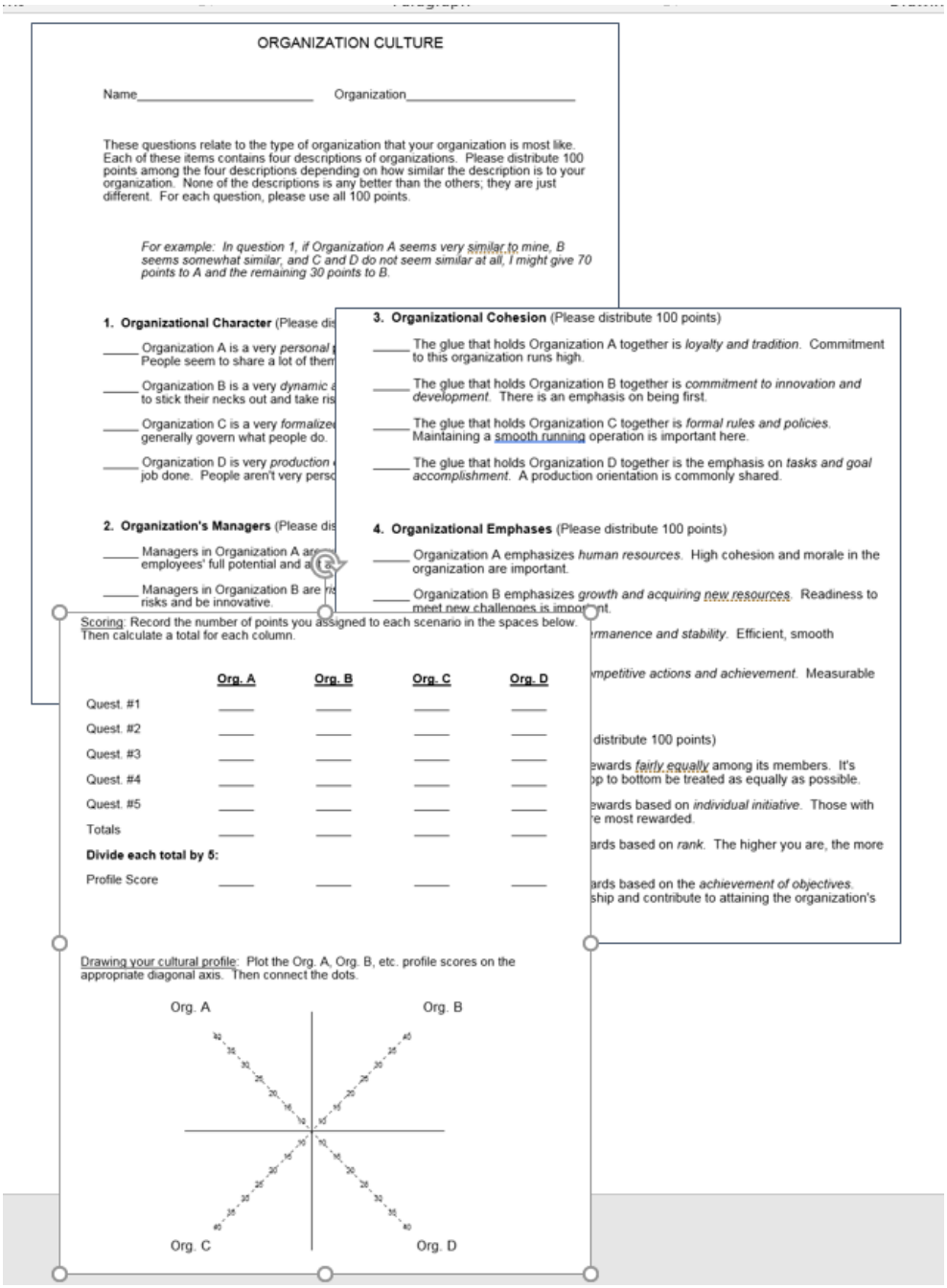
Appendix Q (3 of 3)

Return on Investment

	Year 1	Year 2	Year 3
RN Turnover (based on Dempsey & Reilly, 2016) $36,000 - $57,000 annually (average = $45,500 per nurse)	$45,500	$45,500	$45,500
Based on av turnover rate (based on 8.8 – 37% = 22%. Staff = 500 in the facility – decreasing 5% each year)	110 nurses = $5,005,000	85 nurses = $3,867,500	60 nurses = $2,730,000
Number of RNs = 500 approx.			
Projected Savings	$0	$682,500	$1,137,500
Quality Metrics			
Cost per fall = $30,000 (Current status = 11 falls per year) Reduce by five falls per year)	$330,000	$180,000	$30,000
Projected Savings	$0	$150,000	$150,000
Projected Total Savings in Year 2 and 3	$0	$832,500	$1,287,500
HCAHPS reimbursement Goal = Increase # of patients that scores the medical center at 3 stars			
Est: 40,000 patients are Medicare – 60% return survey (24,000), 50% (12,000) gives us 3 stars. Based on 1.5% reimbursement from CMS	Based on 1.5% reimbursement per patient = (total amount x 1.5%) x (12,000)	Increase # of patients returning survey = 55% (total amount x1.5%) x (13,000)	Increase # of patients returning survey = 60% (total amount x 1.5%) x (14,000)

Appendix R

Zammuto and Krakower (1991) Engagement Questionnaire



ORGANIZATION CULTURE

Name_____ Organization_____

These questions relate to the type of organization that your organization is most like. Each of these items contains four descriptions of organizations. Please distribute 100 points among the four descriptions depending on how similar the description is to your organization. None of the descriptions is any better than the others; they are just different. For each question, please use all 100 points.

For example: In question 1, if Organization A seems very similar to mine, B seems somewhat similar, and C and D do not seem similar at all, I might give 70 points to A and the remaining 30 points to B.

1. Organizational Character (Please di

_____ Organization A is a very *personal* People seem to share a lot of them

_____ Organization B is a very *dynamic* to stick their necks out and take ris

_____ Organization C is a very *formalize* generally govern what people do.

_____ Organization D is very *production* job done. People aren't very pers

2. Organization's Managers (Please di

_____ Managers in Organization A are employees' full potential and a

_____ Managers in Organization B are ri risks and be innovative.

3. Organizational Cohesion (Please distribute 100 points)

_____ The glue that holds Organization A together is *loyalty and tradition*. Commitment to this organization runs high.

_____ The glue that holds Organization B together is *commitment to innovation and development*. There is an emphasis on being first.

_____ The glue that holds Organization C together is *formal rules and policies*. Maintaining a smooth running operation is important here.

_____ The glue that holds Organization D together is the emphasis on *tasks and goal accomplishment*. A production orientation is commonly shared.

4. Organizational Emphases (Please distribute 100 points)

_____ Organization A emphasizes *human resources*. High cohesion and morale in the organization are important.

_____ Organization B emphasizes *growth and acquiring new resources*. Readiness to meet new challenges is impor nt.

Scoring: Record the number of points you assigned to each scenario in the spaces below. Then calculate a total for each column.

	Org. A	Org. B	Org. C	Org. D
Quest. #1	____	____	____	____
Quest. #2	____	____	____	____
Quest. #3	____	____	____	____
Quest. #4	____	____	____	____
Quest. #5	____	____	____	____
Totals	____	____	____	____
Divide each total by 5:				
Profile Score	____	____	____	____

Drawing your cultural profile: Plot the Org. A, Org. B, etc. profile scores on the appropriate diagonal axis. Then connect the dots.

Permission granted by Professors Zammutoa & Krokowar via Linkin (2018)

Appendix S

A3 Sepsis

Title: **Sepsis 2.0**
Date: **July, 2018**
Current Date: **August 1, 2018**

Team Lead: **Neena Khullar**
Consultants: **Michael Tijerina, Janet Sohal**
Sponsors: **Linzy Davenport, Dr. Russell, Esperanza Chavez**

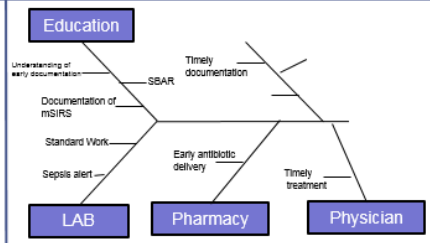
1. Reasons for Action

Problem: Declining patient satisfaction scores

Aim: Improve patient satisfaction and provide input to KP from a patient perspective lens

Scope:

4. Gap Analysis



7. Completion Plan

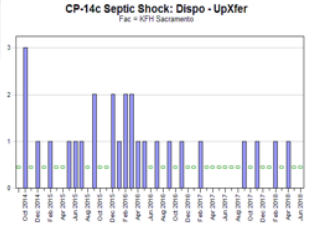
	Who	When
Daily mSIRS documentation audit	Neena	7/17/18
Complete education plan to all 5 W staff	Sepsis Champion	7/20/18
Badge cards	Michael T	7/21/18
Dot phrase revised and completed	Michael	7/22/18'
Regional data pull for sepsis 2.0 nursing documentation	REGIONAL TEAM	7/30/18
Regional data pull for sepsis 2.0 provider note	Regional team	7/30/18

2. Initial State

5. Solution Approach:

Education	• Communicate the "why" for Sepsis 2.0 • Educate elements of sepsis 2.0 • Engage staff and physician champions • Develop plan for early documentation and relevance • Define roles for each HCP
mSIRS	• Validate mSIRS tool • Provide feedback to regional team for update on tool
Lab	• Define standard work for sepsis • Define sepsis alert for team and roles
Pharmacy	• Define time for early antibiotic stewardship
Physician	• SBAR between Nurse and physician • Define early treatment plan

8. Confirmed State



July 17' to current
4 patients up transfer to ICU

3. Target State

Outcome Goal:

Process:

6. Experiments

Experiment	Status	Outcome
Sepsis Kickoff	Complete	adapt
Education to staff	Complete	
Job Instruction for teaching sepsis to Sepsis Champions	Complete	Adapt
Review sepsis in huddles	In Progress	
Kata board for ongoing experiments	In Progress	
Validate mSIRs tool	In Progress	
Badge cards revised	Complete	Adopt
Dot phrase revised	Complete	Adopt

9. Insights

QUALITY | **CARE EXPERIENCE** | **SAFETY**

Appendix T

DNP Statement of Non-Research Determination Form

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

DNP Statement of Non-Research Determination Form

Student Name: Lakhbir (Janet) Sohal

Title of Project:

Implementing a Nursing Professional Practice Model to improve Staff Engagement and Teamwork.

Brief Description of Project:

There is growing evidence to suggest there is a direct correlation between levels of staff engagement and teamwork on quality outcomes for the organization. These outcomes include: quality indicators, patient satisfaction, staff turnover, and staff productivity (Bargagliotti, 2012; Laschinger & Leiter, 2006; Press Ganey, 2013; Simpson, 2009). Several studies have reviewed the role of the nurse and reveal that job-related stressors, such as work overload, physical and emotional demands of the job, and lack of autonomy, may impact engagement and teamwork (Garrosa et al., 2010). This project will implement an existing nursing professional model, known as the "Voice of Nursing" (VON) (made up of six core nursing values: Professionalism, Patient Centric Care, Empathy, Teamwork, Compassion and Integrity), at a local medical center on two specific medical surgical units to determine if increased levels of engagement and teamwork will lead to improvements in quality metrics, patient satisfaction, and staff's intent to stay within the organization.
The implementation will involve:

a) Participants to complete a pre and post survey measuring outcomes (specific outcome measurements listed below)
b) Participants to attend a workshop that outlines the professional practice model
c) Develop a unit council to drive quality outcomes on the unit
d) Develop a method to visually show data and updates of potential projects formulated by the unit council
e) Implement each core nursing value as outlined by the unit council to drive practice change on the unit

Ensuring that nurses function within a professional practice model allows for a healthcare environment that focuses on quality nursing, empowerment in decision making, identification of areas in nursing excellence, and provides nurses the ability to gain new skills, ultimately leading to staff engagement and increased cohesion amongst the team,

thereby creating an improvement in nursing teamwork (Laschinger, Heather, & Finegan, 2005).

Scope of Project:
The purpose of this project is to determine if the interventions can impact:

a) Nurse engagement,
b) Nursing teamwork,
c) Improving ONE nurse sensitive quality metric,
d) Improving patient satisfaction relating to nurse communication, and
e) Improving nursing staff's intent to stay on the unit or within the organization.

A) Aim Statement:

To implement a professional practice model to improve nurse engagement and teamwork which may lead to:

a) Decrease in one nurse sensitive quality metric - falls by 50%

b) Increase patient satisfaction nurse communication indicators from a 2.3-star value to 3.0

c) Nurse's intent to stay on the unit or within the organization as indicated by 80% of the staff indicating this on the survey

by June 31, 2018,

B) Description of Intervention:

The steps of the intervention are outlined below and will apply to two selected medical-surgical-telemetry units, over a period of six months. The intervention is planned to start in January 2018. Once the DNP Project is completed, the plan is to disseminate the intervention to other units within the hospital. The steps include:

a) **A Workshop:** Nursing staff will attend a one-day workshop to introduce them to the concepts of the professional practice model and to learn the six nursing values and how they weave into their existing nursing practice. During the workshop a SWOT analysis (strengths, weaknesses, opportunities and threats) will be done to determine the elements in which focus needs to be concentrated and to provide data to the team surrounding their fall data. The SWOT and fall data will be analyzed and will provide a focus for when the team meets again to prioritize the work and to help drive improvement.
b) **First post workshop meeting:** The team will identify "quick wins" from the SWOT analysis and fall data to use rapid testing and implementation of ideas. This activity will help to promote engagement. Staff will be divided into four groups, based on Felgen's (2007) change theory I2E2 (inspiration infrastructure, evidence and education), to enculturate the work at the unit level.
c) **Visual board:** A visual display to create transparency and ownership to be posted on the unit with elements of what the team will be working on as well as

fall data. These metrics will be discussed in daily huddles to drive practice and develop concept of team.

d) **Unit base team:** A self-governing team will be developed – composed of volunteers who want to drive change on their unit. The team will take the learnings from the post workshop to continue to oversee the work on the SWOT analysis and fall data to ensure that the unit continues to work on the gaps identified. The unit base team will also undergo education in performance improvement, facilitation, understanding and interpreting the data, and leadership skills.

C) How will this intervention change practice?

The implementation of a professional nursing practice model is intended to address the "hearts and minds" (Kaiser Permanente, 2014) of nurses at the medical center. The model is designed to align and unite all nurses under one nursing vison throughout the organization. The goal of this project will also align and help staff understand their relationship with the medical center's strategic vision of "the house," a lean principle which guides everything we do for the ultimate alignment and goal of patient centric care.

D) Outcome measurements:

Pre and post intervention surveys:
The nursing staff will undergo a pre and post intervention assessment to determine their knowledge of a professional practice model, perceptions of teamwork on the unit, and staff engagement levels.

1. Knowledge of a professional practice model will be assessed using an existing pre and post survey developed by the organization's regional offices known as "The Voice of Nursing." Post intervention the expectation would be to see an increase in knowledge base compared with pre-survey.

2. Staff engagement and intent to stay on the unit will be measured by a staff engagement tool known as *People Pulse* (Tower Watson, 2012).

3. To evaluate the effectiveness of teamwork, staff will be asked to complete Zammuto and Krakower (1991) "Culture Questionnaire" a tool validated in previous studies (Gifford, Zammuto, & Goodman, 2004; Strasser et al., 2002). The culture measure is based on a theoretical model that assesses: teamwork (emphasis on collaboration amongst staff), entrepreneurial (innovation and risk-taking), bureaucratic (chain of command and policies), and rational (emphasis on completing tasks and production).

4. Quality Metric: Falls has shown to be an increase on the selected units, hence the reason for selecting this nurse sensitive metric. Data is collected monthly by the organization's regional offices via a program called Statit.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

X This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

☐This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**X**	
The specific aim is to improve performance on a specific service or program and **is a part of usual care**. ALL participants will receive standard of care.	**X**	
The project is **NOT** designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does **NOT** follow a protocol that overrides clinical decision-making.	**X**	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does **NOT** develop paradigms or untested methods or new untested standards.	**X**	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does **NOT** seek to test an intervention that is beyond current science and experience.	**X**	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	**X**	
The project has **NO** funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	**X**	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., **not** a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	**X**	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: *"This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board."*	**X**	

ANSWER KEY: If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research. **IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

*Adapted with permission of Elizabeth L. Hohmann, MD, Director, and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

STUDENT NAME (Please print):
_____Lakhbir Sohal _____
Signature of Student: _*Lakhbir Sohal*_ _____DATE__September 6, 2017_____

SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):

Robin Buccheri, PhD, RN, FAAN, Professor

Signature of Supervising Faculty Member (Chair):

*Robin Buccheri*_____ **DATE: 9/11/17**

Appendix T: Letter of Support

KAISER PERMANENTE®

Kaiser Foundation Hospitals

RE: Letter of Support for DNP Project

September 21, 2017

To Whom It May Concern:

This is a letter of support for Lakhbir (Janet) Sohal, to implement her DNP Comprehensive Project, "Implementing a Nursing Professional Practice Model to Improve Staff Engagement and Teamwork" at Kaiser Permanente Sacramento Medical Center

Sandy Sharon 9/21/2017

Sandy Sharon, RN, MBA, Date

Sr Vice President/Area Manager

Susan F Sherman 9/25/2017

Susan F Sherman, RN, MBA, CENP Date

Chief Nursing Executive (CNE)

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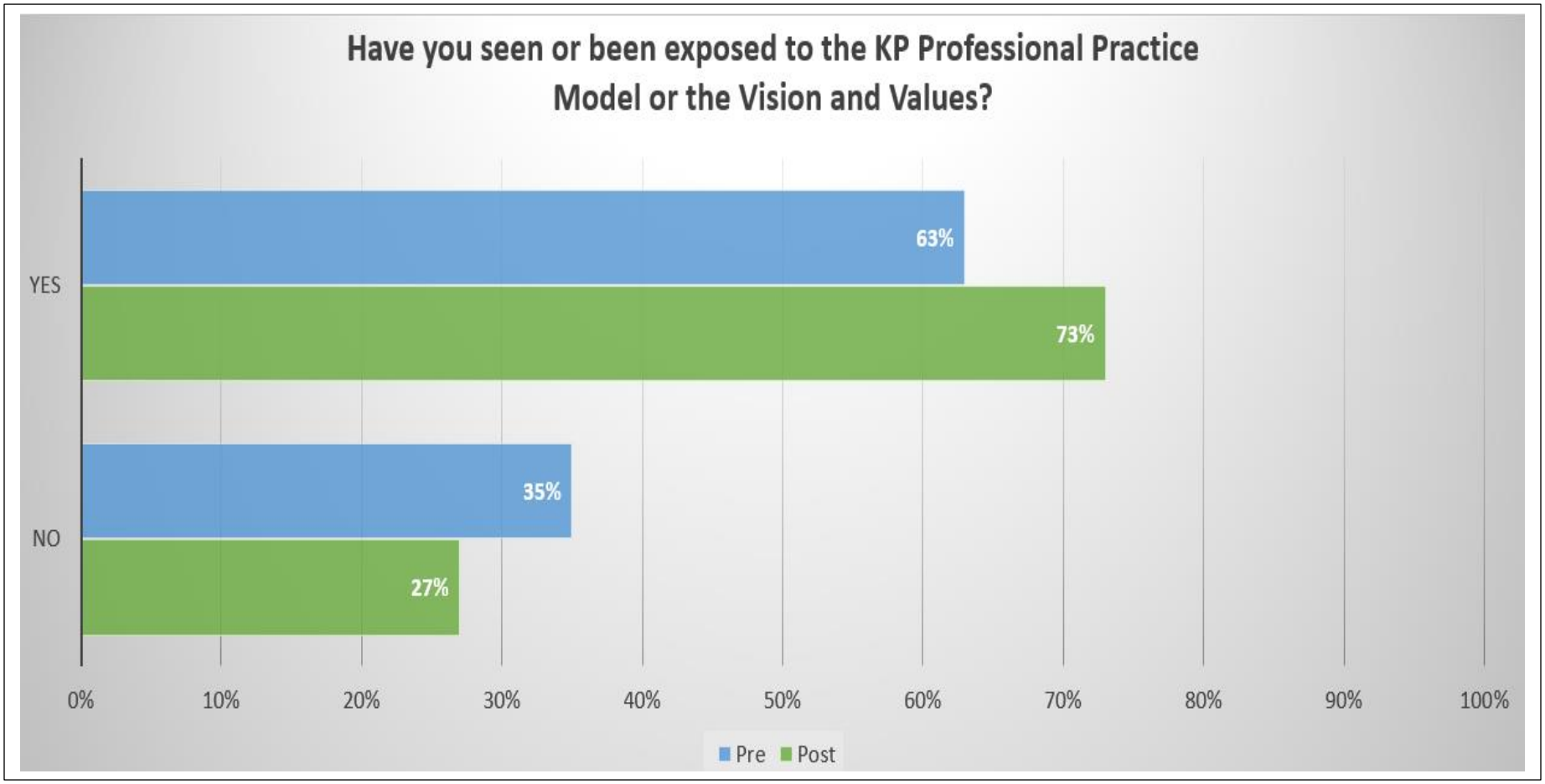
08329-003 (REV. 5-03)

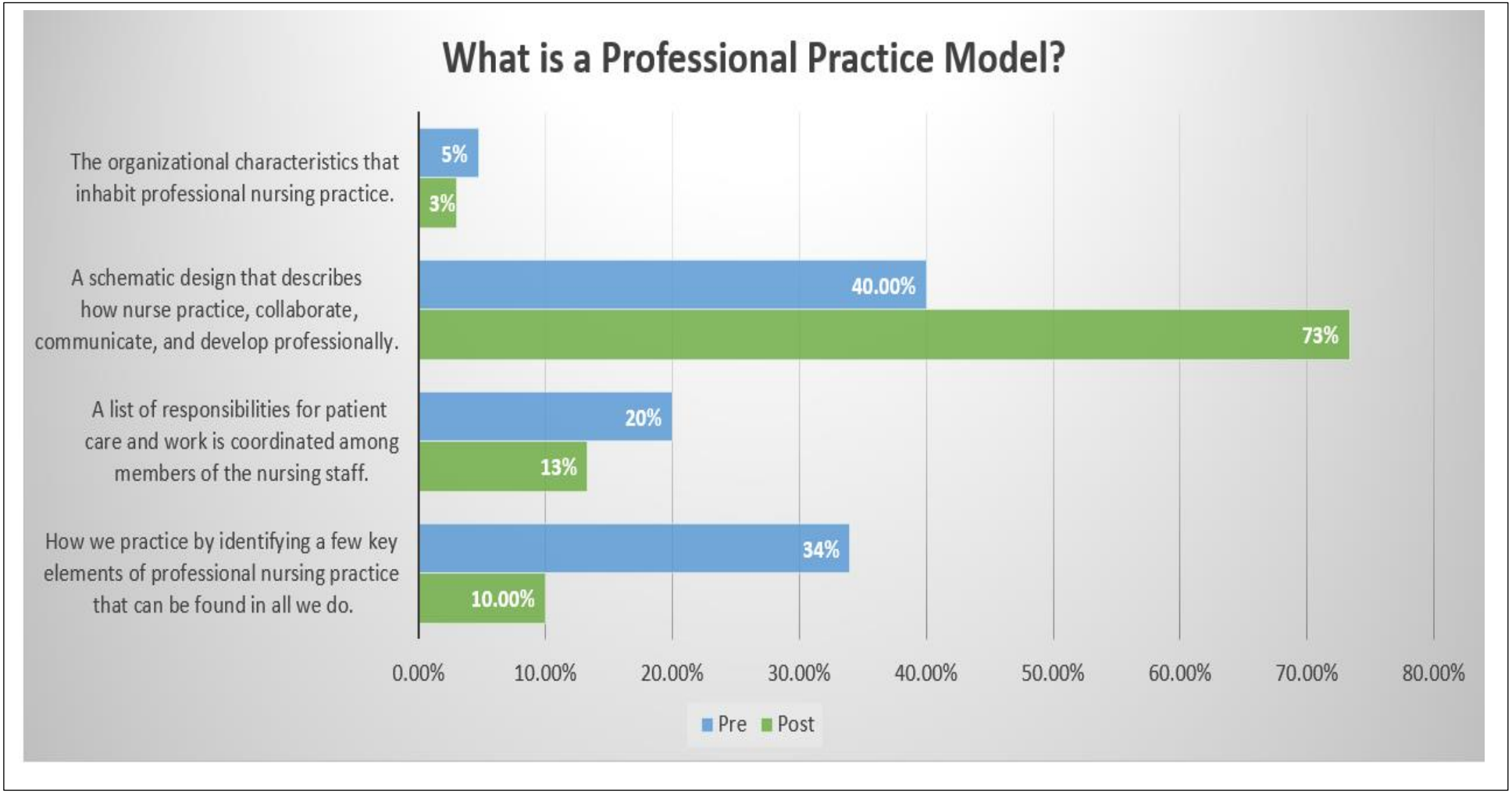
Appendix U

VON Survey Results (1 of 5)



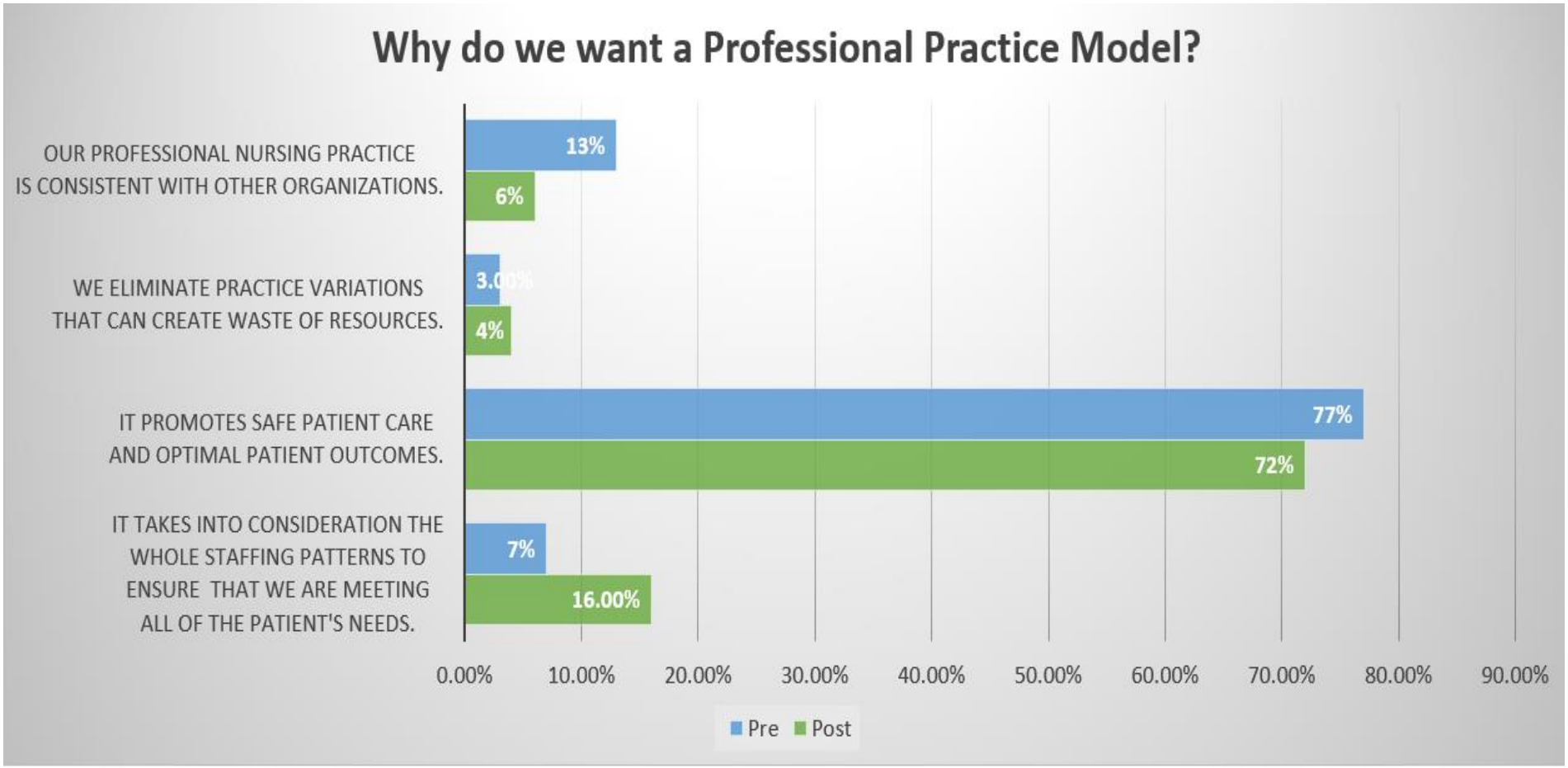
Appendix U

VON Survey Results (2 of 5)



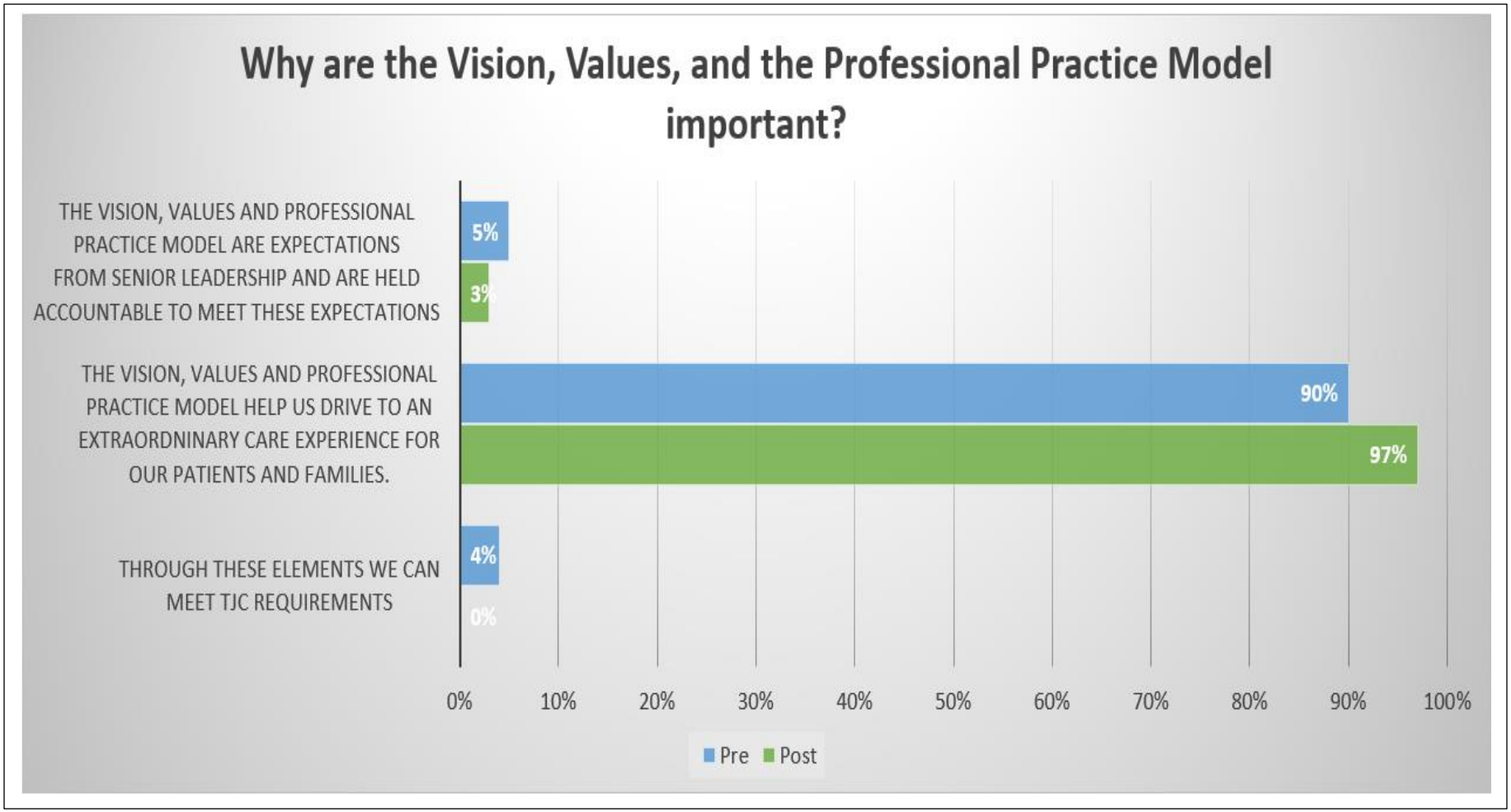
Appendix U

VON Survey Results (3 of 5)



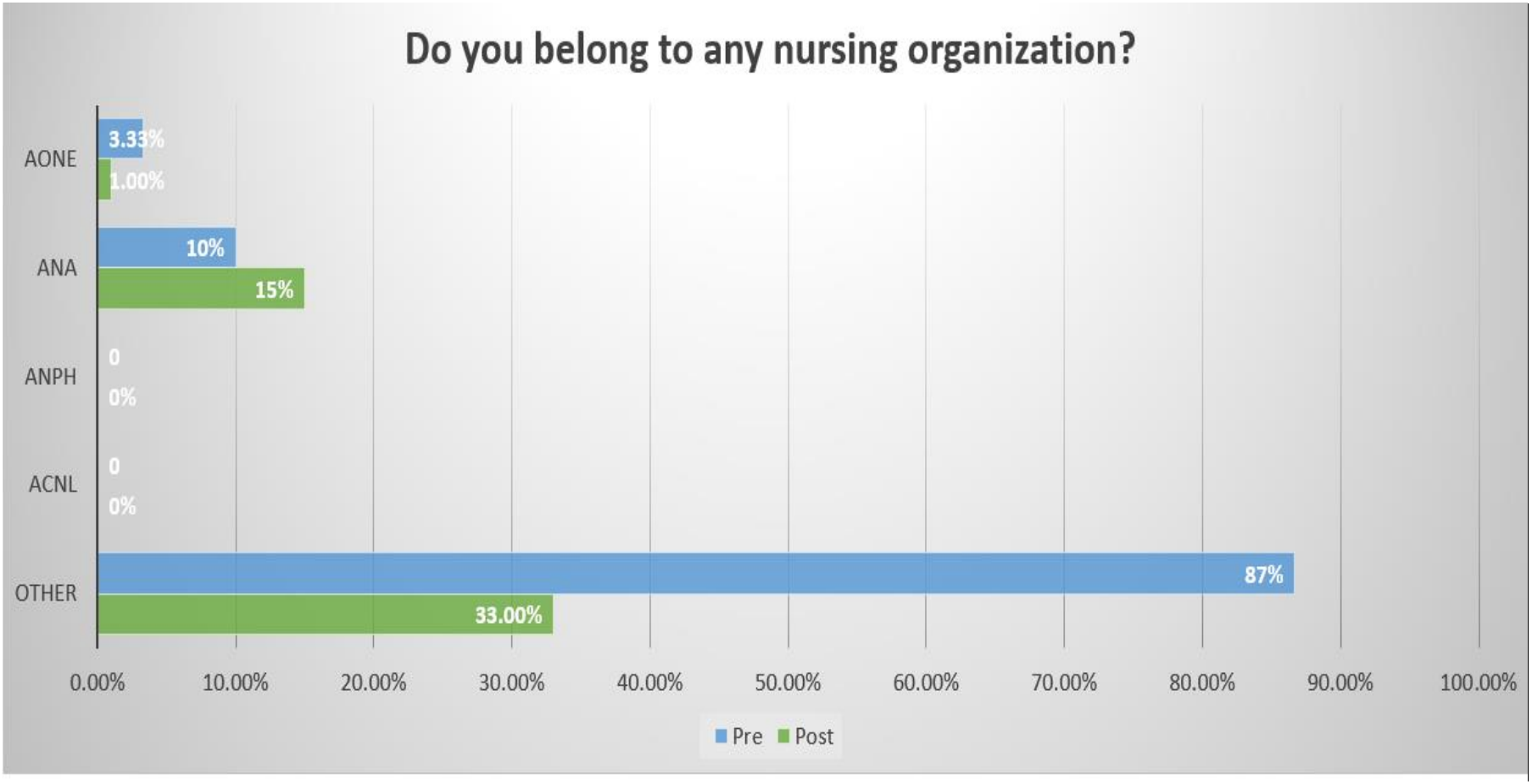
Appendix U

VON Survey (4 of 5)



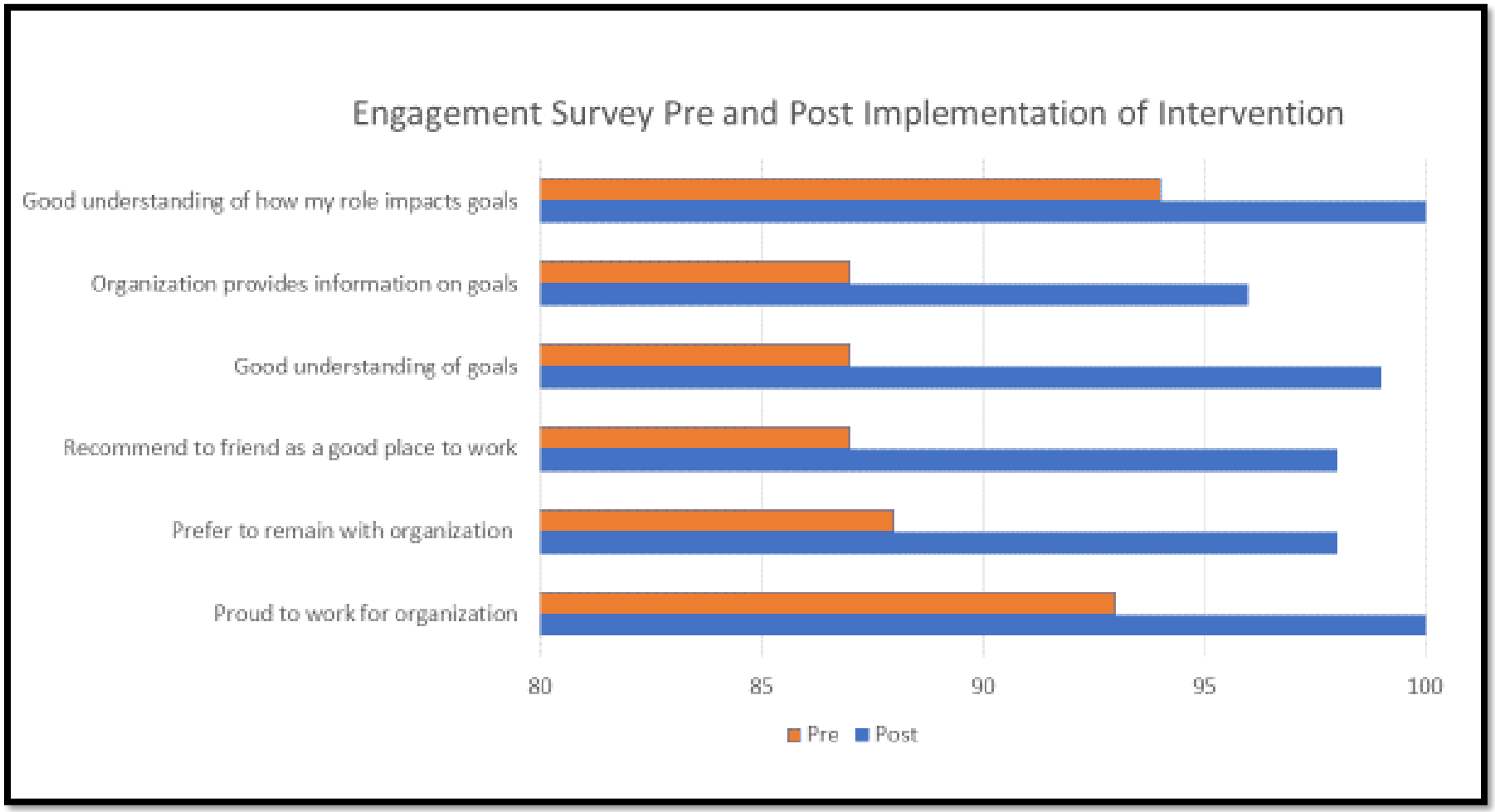
Appendix U

VON Survey (5 of 5)



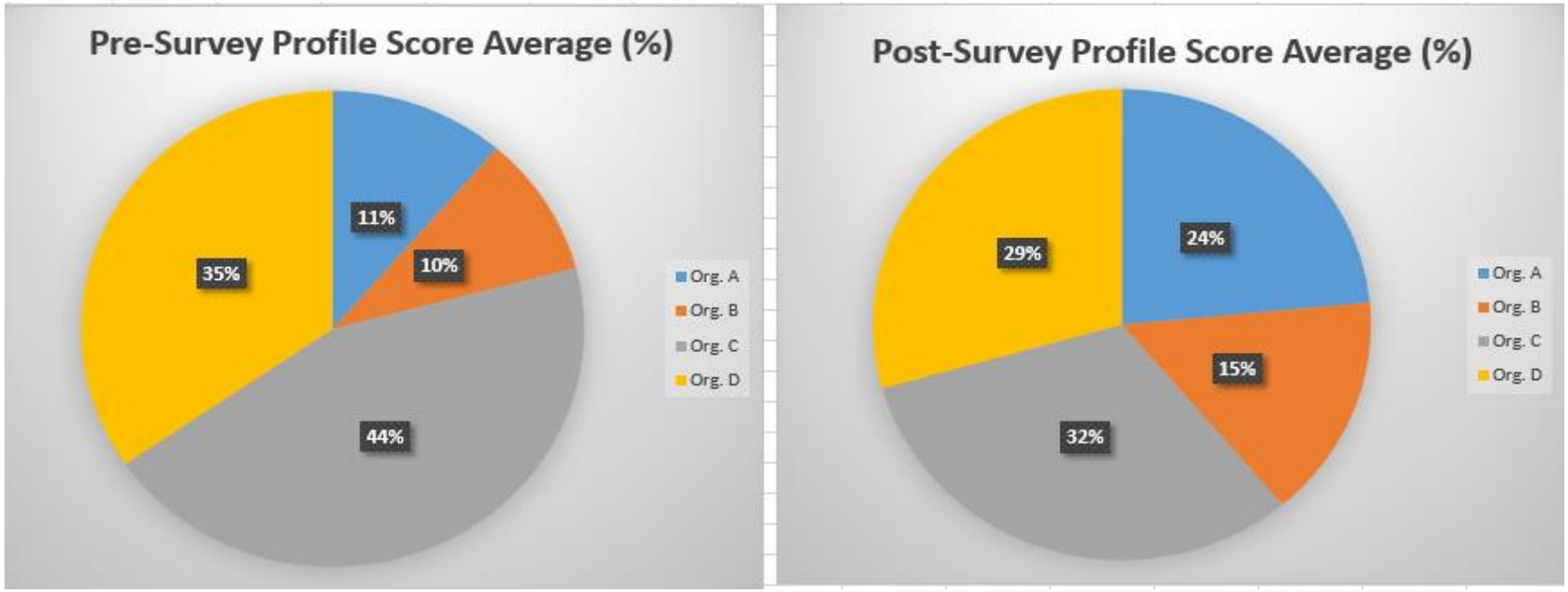
Appendix V

People Pulse Survey



Appendix W

Teamwork Culture: Zammuto and Krakower Cultural Questionnaire



Organization A is likened to a "personal" place, the manager is warm and caring and seeks to develop the full potential of the employee, by acting as their mentor or guide. The cohesiveness of the organization is shown by loyalty by the employee, commitment to the organization, morale is high, and a reward system looks at treating every employee fairly and equally.

Organization B encourages employees to be innovative and take risks. The organization is committed to innovation, emphasizes its readiness to accept and to meet new challenges and rewards are provided to those with the most innovative ideas or act.

Organization C is described as an environment that is formal, structured, enforces rules, employees follow established policies and procedures. Importance is geared towards smooth operations, stability, and the reward system is based on rank and seniority.

Organization D is completely opposite to Organization A. The only concern is to get the job done: as such, managers help the employee in fulfilling the organization's goals and objectives, with an emphasis on tasks, competitiveness, and measuring goals. Rewards are given to those individuals who either provide leadership or have contributed to attaining the goals

Appendix X

Fall Results