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# Nursing Leadership Beyond 2020: A Succession Plan

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## Abstract

**Background:** The impending exit of the aging nursing workforce, especially nurse leaders, poses a great concern to healthcare executives. Organizations must take action to lessen the impact of nurse leader turnover.

**Interventions:** The author developed a mentoring plan and a curriculum for leader development, based on the Essentials of Nurse Manager Orientation adopted from the American Organization for Nursing Leadership (AONL) and American Association of Critical Care Nurses (AACN), for assistant nurse managers (ANM) who are new to the role. The curriculum was implemented for two cohorts of nurse leaders within the first two years of their hire date. Each participant was assigned a mentor, who they met with regularly and served as a resource.

**Measures:** The AONL/AACN *Nurse Manager Inventory Tool* self-assessment of competency and a 23-question demographic and satisfaction survey were completed by the participants before and after the learning development and mentoring sessions.

**Results:** The participants reported a mean raw score improvement of 1.20, a 59% improvement, for all competency areas of the *Nurse Manager Inventory Tool* four to six months after the first learning session and mentoring activity. The results showed an increase in the ANM satisfaction with the on-boarding process from a 6.3 to a 6.7 score and an increase in overall ANM satisfaction with their jobs from 6.4 to a 6.5 score on a 7-point Likert scale.

**Conclusion:** Succession planning is a deliberate strategy taken by organizations to develop the workforce to ensure smooth transition and stability in leadership to support the frontline staff in ensuring safe and quality patient care.


*Keywords:* succession plan, leader development, nursing shortage, satisfaction

Table of Contents

Abstract …… 2

Section II: Introduction ……..,…… 5-12

Problem Description ..…….. 6

Available Knowledge ……. 7

Rationale ….…… 10

Specific Aims ……..……. 12

Section III: Methods ……..……...……. 12-19

Context …… 12

Interventions ……..…….……..... 13

Study of Interventions ...……..…… 17

Measures ……...……..……... 18

Analysis ……..……..... 19

Ethical Considerations ……..…….. 19

Section IV: Results ……..……....……. 20

Section V: Discussion ……..……..……... 22-24

Summary ……..…….. 21

Interpretation ……..……..... 22

Limitations ……..……..... 23

Conclusion ……..……... 24

Section VI: References ……..……..... 25

Section VII: Appendices ……..…… 28-72

Evidence Evaluation Table ……. 28

Evidence Synthesis ……. 40

Statement of Non-Research Determination Form …….. 41

KP Research Determination Office Decision Letter …….. 44

Letter of Support from Organization …….. 45

Gap Analysis ……..….. 46

Gantt Chart …….. 47

Work Breakdown Structure ……..….. 48

Responsibility/Communication Matrix ……..…..... 49

SWOT Analysis ……..……..….. 50

ROI: Cost/Benefit Analysis ...……..….. 51

Budget ……..……..……..….. 53

CQI Method ….……..……..….. 54

Data Collection Tools …..…..……..….. 55-63

ANM Leader Development Learning Sessions Course Curriculum …… 64

Results …….. 68

Benner's Novice to Expert Theory …….. 70

Kolb's Experiential Learning Cycle …… 71

Professional Practice Model …… 72

## Section II: Introduction

According to the Bureau of Labor Statistics (2018), registered nurses are one of the largest groups of healthcare workers, and they are projected to grow at least 15 percent by 2026; and that there will be an average of 204,000 nurse job openings per year over the next few years as a result of the continued exit of the workforce by baby boomers. Furthermore, a survey of over 1,500 nurse leaders representing geographical areas in the United States was conducted by Nursing Management and revealed that more than 50% of nurse leaders would retire in 2020 (Hader, 2010). The issue of the nursing shortage is imminent, and healthcare organizations are looking at measures to retain experienced staff, attract and recruit new nurses, and develop nurse leaders.

The Institute of Medicine's (IOM) report entitled *The Future of Nursing: Leading Change, Advancing Health,* called for nurses to be prepared to lead in various areas of healthcare such as academia, hospitals, communities, professional organizations, and government offices (Institute of Medicine, 2011). Assistant nurse managers (ANMs) are closer to the bedside and have round-the-clock responsibility for the unit to manage patient flow, ensure resources are available to the staff, and guarantee the quality and safety of patient care. It is important to develop the skills of the ANM to improve their confidence and ability to influence the professional practice environment, which in turn positively affect staff engagement (Ducharme, Bernhardt, Padula, & Adams, 2017). The role of ANMs is important in fulfilling the IOM's recommendation for nurses to lead and improve patient care as they influence care improvements, empower staff in making decisions, and create a positive work environment.

The healthcare executives must take the necessary steps to shape the workforce and ensure there is a process for continuous learning and development of staff, so they are ready to

take on leadership roles or advance to the next level of leadership position. Succession planning and leader development are business strategies that have been proven to positively affect outcomes (Titzer, Shirey, & Hauck, 2014). The proposed interventions include having a structured on-boarding for ANMs, mentoring activities, and regular boluses of didactic classes that are based on different themes such as quality, finance, care experience, and human resources and labor relations. The outcomes to be measured are ANM satisfaction and retention in a leadership role within the organization.

**Problem Description**

A tertiary medical center in the East Bay Northern California experienced a high turnover rate of managers and ANMs, ranging from 40% to 75% from 2016 to 2018. The causes of voluntary departure by the management team ranged from personal to professional reasons such as geographical relocation, return to the bedside as frontline staff, transfer to another department, not a good fit, dissatisfaction, or retirement. The reasons related to job dissatisfaction were influenced by workload, lack of mentoring and connection with supervisor and other leaders, work and life imbalance, and multiple competing demands while frequently being pulled into direct care staffing.

Some of the factors that contributed to the turnover of nurse managers and ANMs are ambiguity with role expectations, lack of stability in senior leadership resulting in a work environment with a decreased sense of senior leader support and consistency, and lack of training and development opportunities. The ANMs did not feel empowered and supported by immediate supervisors and senior leaders, thus did not see the importance of their role in improving patient care. These reasons are similar to the experiences of other facilities in the same health system, with an average turnover rate of about 40% for ANM positions.

## Available Knowledge

A search for evidence-based literature was conducted from June to August 2018 to answer this PICOT question: in ANMs at a tertiary medical center, how does succession planning with a structured on-boarding and professional development plan compared to a lack of defined training affect ANM satisfaction, knowledge, and skills within six months of implementation? The databases explored were CINAHL, Cochrane, Joanna Briggs Institute Library, PubMed, and SCOPUS. The following keywords were used to search the databases: *succession plan, succession planning, leader development, mentoring, and manager retention.* All of the articles were appraised using Johns Hopkins *Research Evidence Appraisal Tool* (Dearholt & Dang, 2018).

**Leader Development.** A secondary analysis of data from the Canadian nursing leadership study written by Laschinger, Wong, Grau, Read, and Stam (2011) provided validation on the importance of organizational support and empowerment through professional development and senior leader support on the satisfaction of ANMs. Senior nurse leader practices have an indirect positive effect on the ANMs' perceived organizational support most likely due to the infrequency of their interactions and the presence of another level of leadership between them. At the same time, there is a direct positive relationship with a middle manager's perception of organizational support due to a more immediate collaboration with senior leaders in developing departmental or service-line goals and initiatives. The analysis emphasized the role that senior leaders play in inspiring and empowering first-line managers and middle managers, which improve job satisfaction and retention.

Fennimore and Wolf (2011) developed and implemented a leadership development program for middle managers, which consisted of real-time conversations with colleagues and

nurse leaders. The course curriculum included face-to-face lectures and discussions, self-assessment of skills and knowledge, and assignments. The authors reported an improved competency assessment based on the American Organization for Nursing Leadership (AONL) / American Association of Critical Care Nurses' (AACN) *Nurse Manager Inventory Tool* and a decreased turnover rate in staff nurses.

A systematic review of thirteen studies described the significant effect of organizational factors on nurse manager retention, which include support for lifelong learning, respect for employees, value for excellence, and professional development (Brown et al., 2013). An organization's commitment to the development of its nurse leaders starts from investing in adequate orientation and training for the manager, especially those who were recently promoted from a frontline staff role. It is imperative to understand the learning needs of new managers to better support them and provide the training necessary that will set them up for success, leading to increased manager satisfaction and retention.

Wilmoth and Shapiro (2014) proposed a model framework for the training of nurses as leaders following that of the military's approach to leadership development that is appropriate for each level of authority: direct level, organizational, and strategic. The direct level authority is considered the first-line manager, with frontline staff as direct reports. The organizational level manager is considered the middle manager, while the strategic leaders are directors and those who hold executive positions. It is important to provide continuous learning opportunities with a focus on the level of leadership so that knowledge and skills are re-enforced and expanded in preparation for future roles.

**Leader Development and Mentoring.** An exploratory, descriptive study conducted by Cziraki, Mickey, Peachey, Baxter, and Flaherty (2014) highlighted the importance of a defined

orientation program, continuous professional growth through education, leader support, and presence of a mentor or resource person to the success of ANMs in their roles. The supervisors provide clear expectations of the role responsibilities and support the new managers. The mentors serve as coaches and are available to the ANMs to answer their questions as they learn the role and become familiar with their job responsibilities. The mentors also help develop the ANMs professionally through 1:1 conversations, situational simulations, discussions, and feedback.

A large academic health system in the southeastern United States implemented a quality improvement project to target high functioning staff nurses and team leaders as participants for the structured leadership development program (Ramseur, Fuchs, Edwards, & Humphreys, 2018). The program is similar to that of other organizations and consisted of online learning modules utilizing the Essentials of Nurse Manager Orientation (ENMO) adopted from the AONL/AACN, optional monthly sessions, and mentoring activities. The development program resulted in increased satisfaction and increased staff interest in advancing education and career.

**Succession Planning.** A systematic review of literature revealed the importance of identifying and selecting high potential leaders and having a methodical succession planning strategy on successful role transition, manager satisfaction and retention, and establishing an outcomes and evaluation method to determine achievements and further areas of opportunity (Titzer, Phillips, Tooley, Hall, & Shirey, 2013). Having a structured approach to leader development is an essential step in shaping the future. Healthcare organizations must have a healthy pool of new leaders who are ready to step in and provide strategic direction in light of the nursing shortage.

Titzer, Shirey, and Hauck (2014) developed and implemented a nurse manager succession plan utilizing Benner's theory of *novice to expert* as a framework (Appendix R). The succession plan included a curriculum that combined online modules, monthly workshops, and mentoring activities that incorporated experiential learning. All of the 11 participants in the succession planning program reported an increase in their perception of management skills and increased confidence in taking on or advancing in a leadership role.

A commentary by Phillips, Evans, Tooley, and Shirey (2018) provided a cost-benefit analysis based on an exemplar for a succession planning model implemented at a Midwestern US hospital. The succession planning model involved a mentoring program and workshops focused on leadership and management competencies, which supported cost savings related to a decreased turnover and reduction in recruitment costs. The initial investment is worth the time and resources to realize the benefits down the line with the development of a bigger pool of qualified staff who are ready to step into leadership roles.

Evidence shows the importance of succession planning with a clear plan for professional development and continuous learning for ANMs. Having a structure for succession planning and leader development will prepare organizations to respond to the issue of the nursing shortage and be resilient in tough times by training ANMs so they can support the frontline staff and be competent in leading performance improvement initiatives. Succession planning will aid in the smooth transition of new ANMs as seasoned managers exit the organization.

**Rationale**

Benner's *novice to expert* theory paired with Kolb's *experiential learning* theory were used as frameworks to guide the leader development program for the ANMs. Both theories

provided direction for the author to ensure appropriate teaching methods and succession planning strategies were chosen to maximize the adult learning experience.

Patricia Benner's theory of *Novice to Expert* explains how nurses develop skills and competencies throughout time from the synthesis of educational knowledge and experiential learning (Petiprin, 2016). Benner's stages of competence are novice, advanced beginner, competent, proficient, and expert. The application of Benner's theory has been found useful in clinical nursing practice, as well as nursing education and research. Its application has also been explored in other areas such as leadership development. Benner's theory describes the characteristics of each stage and having a better understanding of how a nurse moves through the stages of development can be helpful in determining teaching strategies to maximize learning. As a new ANM learns the management role and responsibilities, Benner's theory of progression can guide the direct supervisor and mentor on needed training and experiential learning that will be most beneficial to the ANM in the leader development program.

Kolb defined learning as "the process whereby knowledge is created through the transformation of experience; knowledge results from the combination of grasping and transforming experience" (1984, p. 41). There are four stages of experiential learning as defined by Kolb: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Appendix S). Adult learners assimilate new knowledge and skills as they experience them and understand the results of actions they have taken. The mentors can facilitate experiential learning for the new ANMs during the on-boarding process and first year of hire as ANM using Kolb's theory as a basis. Each ANM participant will go through the four stages of Kolb's theory as they learn the role on-the-job with the guidance of their preceptor and direct supervisor, observe their mentors and other leaders in the department and organization,

think and discuss actions and problem-solving with their mentors, and through actual performance of the ANM role.

### Specific Aims

The previous practice for on-boarding new ANMs was not consistent and was disorganized. The ANMs were often sent to the departments to function on their own without adequate training. They were trained on the job and expected to be independent shortly after orientation. The purpose of this project was to expand the ANMs' knowledge and skills of common management principles using the AONL/AACN *Nurse Manager Inventory Tool,* and to examine the retention and satisfaction of ANMs before and after the implementation of a structured training, mentoring, and continuous leader development program. The AONL/AACN *Nurse Manager Inventory Tool* has been used by multiple organizations to teach key skills to new leaders and help them be successful in the new role.

## Section III: Methods

The target population for the proposed project were all ANMs under the patient care services department at a tertiary medical center. The departments consist of inpatient adult services, perinatal department, and perioperative department. ANMs who have been hired into their position within the last two years were included. Interim or traveler ANMs on a temporary contract were excluded. The participants were recruited using nonprobability sampling method, specifically convenience sampling.

### Context

The major key stakeholders, who also function as the sponsor for the project, are the senior leaders and chief executives in the facility. They acknowledge the problem of high ANM turnover and support a well-defined succession plan and leader development. The chief

executives count on the frontline leaders to run the day-to-day operations and ensure safe and quality patient care. The implementation of the project is a sound approach to groom new leaders, manage the growing patient population, and sustain high standards for performance for the medical center.

The high turnover rate of ANMs in the facility affected its quality and safety performance and its ability to sustain positive results. The facility was struggling with its workplace safety and patient satisfaction results in 2018, both of which were significantly decreased from their 2017 performance. Although improvements were seen in the quality of care such as the reduction in hospital-acquired conditions, the processes were not hardwired and performance was variable.

Additional stakeholders for the project include the project manager, director for organizational development, ANMs, managers, educators, all patient care services directors and other senior leaders who served as mentors to the new ANMs, and facility leaders who interacted with the ANMs and served as subject matter experts during the face-to-face training sessions.

## Interventions

The author identified the DNP project on succession planning and leader development in May 2018 and began literature search and review for the topic in June 2018. At the same time, the author reviewed the organization's professional practice model (PPM) and assessed the ANMs' and staff's knowledge of the PPM and its role in daily operations. The author met with the director of learning and development to examine the current state of ANM on-boarding and other leader development classes available in the service area and completed a gap analysis.

**Gap Analysis.** The gap analysis showed that the previous practice for bringing a new leader on-board was variable, unstructured, and lacking a method to evaluate progress. There

was a one-day manager orientation offered by the learning and development department. The training provided an introduction to the organization and a very high-level overview of the role and responsibility of a manager. There were sporadic trainings that new leaders signed up for, and these were not necessarily geared towards an ANM who is new to the management role. The identified gaps include the lack of structure to help new ANMs make a connection between the educational activity and actual practice. The success of one's on-boarding was largely dependent on the motivation and diligence of the adult learner.

The interventions to address the identified gaps included a structured on-boarding and orientation program for ANMs within the first two years of their hire, beginning with the regional nurse leader orientation program, which is a 3-day mandatory didactic classroom session for all new nurse leaders. The regional learning sessions focused on financial management with an introduction to finance reports used in the organization, performance management focusing on quality and safety initiatives of the hospital, and people skills including human resource management and promotion of exceptional patient care experience. It was followed by four days of scheduled local training sessions that were 3-4 weeks apart. The curriculum for the local training sessions was developed by the author and focused on the organization's four pillars of people, finance, service, and quality, and it is blended with topics from the AONL/AACN ENMO (Appendix P). The first cohort of participants began attending the local learning sessions in February 2019 and completed at the end of May 2019. The topics were presented by the author and leaders from the hospital's quality and safety department, human resources, employee health and safety, continuum, and care experience. The participants were also asked to complete the AONL/AACN ENMO learning modules online.

In addition to the training sessions, each new ANM was paired up with a seasoned leader at the director level or above. The seasoned leader served as a mentor to the new ANM and will continue to serve as the go-to person for any questions or other needs of the ANM for the first year. There were regular meetings scheduled between the participant and mentor to discuss progress and goals, to complete set assignments based on the curriculum and learning module topic, and to answer any questions that the ANM may have.

**SWOT Analysis.** Succession planning is known to be an effective business strategy, which executives put in place to develop internal staff and prepare them to take on leadership roles as needed. The expanded pool of qualified leaders will lead to stability in leadership to support a positive and professional work environment, leading to successful outcomes. A weakness of this strategy is the restriction of entry of new talent into the organization, thus also limiting fresh ideas and innovations. Furthermore, leader development takes time, resources, and commitment from both the participants and mentors for the process to have a successful outcome. Some of the opportunities of succession planning and development are the possibility of obtaining outside funding and sponsorship for the program and utilizing technology such as virtual reality as an instructional adjunct to the leaders' experiential learning. At the end of the training sessions for leader development, there is a possibility of losing trained leaders to competitors for better incentives.

**Communication Plan.** The author was responsible for communicating the succession plan and leader development program to the key stakeholders including the sponsors, human resources and the director for learning and development, the clinical education department, and the participants. The phases of the project were reviewed and communicated to all parties, with clear information on progress and next steps (Appendix I).

**Budget Return on Investment.** The return on investment (ROI, Appendix K) quantifies the value that a project brings by calculating the ratio of dollars earned or gained divided by the dollars spent on the project (Waxman, 2018). The succession planning and leadership development project expenses include the base salary of an ANM plus 20% for benefits, cost of an interim ANM based on rates provided by the organization's contracted agency, 50% productivity loss for the ANM while on orientation and six months after, time spent by the managers in hiring and interviewing candidates, training materials (as applicable), logistical costs for the face-to-face training sessions, and backfill hours while the ANM attends development classes and mentoring activities. Other indirect costs that come with ANM turnover include the negative outcomes of inpatient care.

The implementation of the leader development program with mentoring activities will result in a positive ROI beginning in year two, which is the year after implementation and on-boarding of new ANMs. The additional expenses are the cost of the ENMO online module at $525 per student, food, and venue for the face-to-face training sessions, training hours for the ANM so they are backfilled for the shift, and the mentoring hours for 4 hours every month for at least six months upon on-boarding of a new ANM. The revenue is based on cost avoidance primarily related to an assumption of a 50% reduction in ANM turnover from the current rate of 55% to 27% for the first year and another 50% reduction to a 13% turnover rate for the following year. The cost of ANM turnover is estimated at 125% of the current ANM salary (Beecroft, Kunzman, & Krozek, 2001). The patient outcomes are assumed to also have a 50% reduction in hospital-acquired condition (HAC) occurrences except for falls, with an assumed 30% reduction. The program yields a 1.15 ROI for the first year after program implementation and 2.9 for the year after. ROI = $ 2,123,020/$1,839,313 = 1.15.

**Cost-Benefit Analysis.** The outcomes of the leader development program have an indirect effect on patient outcomes, specifically the prevention of HACs. To calculate the benefits of the program, the author used the results of the meta-analysis conducted by the Agency for Healthcare Research and Quality to assign an estimated cost for each HAC occurrence, ranging from $7,000 per occurrence of falls to $47,000 per occurrence of hospital-acquired pneumonia (AHRQ, 2017). An assumed 30% reduction in falls and 50% reduction in all other HAC occurrences will result in a cost-avoidance of $2.1 million at the end of 2020, one year after the implementation of the project.

## Study of the Interventions

The AONL/AACN *Nurse Manager Inventory Tool* is a self-assessment tool comprised of three domains: the science of managing the business, the art of leading the people, and the leader within – creating the leader in oneself. The tool was completed by the ANMs before and after the learning sessions, and the ANMs were asked to discuss their assessments with their direct supervisors and assigned mentors to assist them in putting together a professional development plan.

The targeted outcomes for the project are increased satisfaction of ANMs and improved knowledge and skills of management principles and the organization's four pillars after implementing the structured on-boarding and leadership development plan. The overall satisfaction rate of the assistant managers, as well as their satisfaction with the onboarding structure, orientation, and professional development plan, were measured using a seven-point Likert scale in the author-created survey questionnaire. The pre and post-intervention results from the survey and the AONL/AACN self-assessment *Nurse Manager Inventory Tool* were compared to determine the impact of the intervention.

**Measures**

The project author created a 23-question electronic survey to assess the satisfaction rate of ANMs, using a 7-point Likert scale. The survey also contains questions to obtain demographic data, ANM familiarity with the organization's PPM and role expectations, ANM perception of the work environment, development opportunities, and feedback on current on-boarding and orientation practices and topics for future training sessions. The AONL/AACN *Nurse Manager Inventory Tool* self-assessment of competency was also completed by the participants before and after the learning development and mentoring sessions.

The surveys were administered twice: first to assess baseline information prior to the interventions and then again after the interventions. The primary data collected in the survey included nominal demographic data: gender and highest educational degree; interval data of years with the organization and years in an assistant manager position in the organization and another organization; and ordinal data describing the ANM's self-assessment of competency and satisfaction rate.

Baseline data from the medical center's HR database showed a 40%-75% ANM turnover over a period of two years from 2016 to 2018. The reasons for ANM turnover included dissatisfaction with the workload and onboarding process and lack of clarity of the job expectations. The ANM satisfaction rate with the on-boarding and orientation had an average score of 6.3 on a scale of 1-7, with seven signifying the highest rate of satisfaction. The ANM participants also reported a baseline mean score of 1.84, 2.24, and 2.13 for the three nurse manager learning domains of science - managing the business, art – leading the people, and leader within – creating the leader in yourself, respectively, from the AONL/AACN *Nurse Manager Inventory Tool*.

**Analysis**

The survey was collected anonymously and electronically via the Qualtrics website, and the responses to the AONL/AACN *Nurse Manager Inventory Tool* were handwritten by the participants. The results were imported to an Excel spreadsheet for ease of analysis, entered into STATA software, and the results were analyzed to compare the pre and post-intervention results. The satisfaction questions have a five-point and seven-point Likert scale to assess the ANMs' satisfaction rates. The pre and post-intervention data did not have identification numbers, thus were not paired to preserve anonymity of participants and their responses. The mean results for the satisfaction survey and each section of the inventory tool were compared between the pre and post-intervention results.

In addition to the tools completed to gather quantitative data, the participants provided feedback after each learning session and gave input on what will be most helpful in their learning plan. There was also a career planning session at the end of the classes to assist the ANMs establish a path for their career progression. The mentoring activities have shown great benefit from the perspective of both the participants and the mentors, as new skills are learned and as new leaders shadow experienced directors.

**Ethical Considerations**

The author completed the National Institutes of Health's web-based training course on "Protecting Human Research Participants" and sent the project proposal to the setting's Research Determination Office for review and evaluation (Appendix D). The ANMs participated in the training sessions as part of their on-boarding to the leadership role. The pre and post surveys and self-assessment were completed anonymously. The activities and sessions with the mentors

were geared towards the application of learnings from the classes, and the meeting times were mutually agreed upon to not impose additional burden on either the mentor or mentee.

This project on succession planning and leadership development ties well with the Jesuit value of tending to the whole person and commitment to excellence. Caring for the whole person encompasses intellectual development through didactic and experiential learning, promoting personal and professional growth. Nurses have the duty to maintain one's own competence in the work setting and improve the conditions of the work environment to promote safe and quality patient care. There is a commitment to continuous learning and advancing the nursing profession through application of evidence-based practice. The ANMs will be equipped with new knowledge and skills to support the frontline staff and create a collaborative work setting.

## Section IV: Results

The curriculum (Appendix P) guided the topics for the face-to-face learning sessions, and the class schedule was modified a few times due to speaker availability and additional time needed per topic based on questions from participants. There were a couple of sessions that the start time had to be delayed because of ANM scheduling and backfill issues. One ANM from the second cohort had a pre-approved paid time off during one of the learning sessions, and she was given the materials and presentations from the face-to-face session. The ANM was asked to review the content, together with the assigned AACN/AONL ENMO electronic learning module, and go over it with the assigned mentor.

The clinical educator group observed most of the one-on-one sessions and reviewed the curriculum for future classes and sustainment. The curriculum was modified to include current updates and pertinent topics related to the health system's patient acuity system and its impact to

financial measures such as hours per patient day. The content for the finance section and acuity evolved over time as regional and local refinements were made to the acuity tool.

Two cohorts consisting of a total of ten ANMs and one nurse manager participated in the leader development program. The second cohort of participants for this DNP project included one nurse manager who was just recently hired and is new to the organization. The demographics for the two cohorts indicated that 82% had been working for the organization for over five years, 54% had been in the ANM role only for 1-2 years, 18% had a master's degree, and 82% had a bachelor's degree.

The main outcome of the project was an improvement of the ANM's knowledge and skills of nurse manager principles based on the AONL/AACN *Nurse Manager Inventory Tool*, which was completed as a self-assessment by the ANMs before and after the learning sessions and mentoring activities. The participants reported a mean raw score improvement of 1.20, a 59% improvement, for all competency areas four to six months after the first learning session and mentoring activity. There was a 64% increase in the science domain of managing the business, a 50% increase in the art of leading the people, and a 57% increase in the domain of creating the leader within.

Another outcome of the project was an increased satisfaction rate of ANMs after implementing the structured on-boarding and professional development plan. The overall satisfaction rate of the assistant managers, as well as their satisfaction with the on-boarding structure, orientation, and professional development plan, were measured using a seven-point Likert scale in the survey questionnaire. The results showed an increase in the ANM satisfaction with the on-boarding process from a 6.3 to a 6.7 score and an increase in overall ANM satisfaction with their jobs from 6.4 to a 6.5 score on the 7-point Likert scale.

## Section V: Discussion

### Summary

The project's aim to expand the ANMs' knowledge and skills of common management principles using the AONL/AACN *Nurse Manager Inventory Tool* was achieved within 4-6 months of implementation of the learning development and mentoring sessions. The ANMs also expressed an increased satisfaction with the newly implemented on-boarding and orientation program. The ANMs articulated the benefits of the learning and mentoring sessions such as having a better understanding of financials and being more comfortable with the performance improvement process and tools used to drive improvement.

A key finding of the project is the importance of a structured on-boarding and learning plan for new leaders and its impact on ANM satisfaction. The ANMs and manager who participated in the learning and mentoring sessions have also developed a collaborative relationship with members of their cohorts as they learned from each other's experiences. As the new leaders learned the basic principles of nursing management, they were eager to apply learnings to practice and became comfortable and proactive especially with finance management and labor relations.

The findings of the project will be shared with the health system's professional and development cross-regional sub-group as an adjunct to a regionally developed on-boarding program. Local facilities will be able to cater the learnings to facility-specific information while using the curriculum and online modules from the AONL/AACN ENMO.

An advanced nursing practice's role either as a manager, educator, or executive leader is vital in the success of a robust on-boarding and leadership development program. Having an effective and stable leadership is essential in the sustainment of positive patient outcomes.

**Interpretation**

The project's results are consistent with Fennimore's and Wolf's (2011) findings of improved manager competency and improved nurses' turnover rate after implementation of a leadership development program. Cziraki, Mickey, Peachey, Baxter, and Flaherty (2014) stated the importance of mentoring during the orientation process as a factor that attracts frontline managers in their roles. Lastly, a structured leadership development program implemented at an academic facility in the southeastern US resulted in increased staff satisfaction and increased interest in advancing their career roles.

The participants stated that the project improved their understanding of management skills and performance improvement tools that helped with the staff engagement and involvement in unit initiatives. Several department councils were formed and developed, with a focus on improving patient experience, which resulted in the medical center exceeding its Hospital Consumers Assessment of Healthcare Providers and Systems (HCAHPS) target score.

The previous practice of leader on-boarding led to ANM dissatisfaction and increased turnover rate resulting in inconsistent practice and unfavorable results. The opportunity costs if the project was not started include ANM training and replacement costs, and penalties for poor performance in quality of patient care resulting in HAC. The investment in ANM development will benefit the organization by providing leadership stability and consistency to drive performance.

**Limitations**

Time commitment by the ANMs and speakers were major factors that contributed to the success of the program. The training sessions were offered about a month apart, and the ANMs were pulled off their regular workday to attend classes and mentoring sessions. The schedule

was carefully planned to minimize disruptions and ensure appropriate backfill coverage. Some barriers that came up during the program implementation were an unplanned outage of peer ANMs who were covering the shift for participants, and the inadvertent labor union picketing activity resulting in a modification of the learning session.

The participants of the project only represent one medical center that is a part of a large health system in Northern California. Every medical center has its unique set of cultures that may also have an influence in the professional practice environment and in how each assistant manager is groomed for a progressive leadership role. The ANM's direct supervisor can also influence one's satisfaction in the role and perception of support from leaders. Succession planning with a structured on-boarding and development plan is only one intervention that may positively affect an ANM's satisfaction.

**Conclusion**

The intentional development of ANMs will yield positive results such as improved quality of care and increased satisfaction and worker engagement. A skillful and confident leader can guide the team to participate in performance improvement activities and empower staff to make sound clinical decisions while functioning at one's maximum potential. One of the more long-term effects of succession planning and leader development is the stability in leadership structure of the organization by creating a pool of qualified talents. In order to sustain the project and results, the training sessions and mentoring must be built into the system and support from the learning and development department will be essential.

The ANM role is the first step to management from being a frontline staff. It is important to have a strong foundation and solid training to equip them with the skills and knowledge to be successful and satisfied in their roles, and to ensure a primed pipeline for the next leadership

level. It is crucial for an organization to invest in a succession plan to develop leaders and be ready to face the staffing challenges of the future while ensuring safe and high-quality care for patients.

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Appendix A - Evidence Evaluation Table

| Citation | Conceptual Framework | Design / Method | Sample / Setting | Major Variables Studied & Their Definitions | Measurement | Data Analysis | Findings | Appraisal: Worth to Practice; Level / Quality |
|---|---|---|---|---|---|---|---|---|
| Brown, P., Fraser, K., Wong, C., Muise, M., & Cummings, G. (2013) | None mentioned | Systematic Review | 2449 citations, 159 titles and abstracts screened for a second time, 18 articles for full review<br><br>Studies published between 1990 and 2008<br><br>Various settings: acute care hospitals; community vs academic hospital(s) in USA, Canada, Sweden, | Dependent variable: nurse manager's intent to stay or leave<br><br>Independent variables: organizational factors, personal factors affecting a manager's intent to stay or leave | Various measures as used in each study: Price and Mueller assessment of variables<br>-Nurse job satisfaction scale<br>-Self-report standardized measures<br>-Allen organizational commitment scale<br>-McDonald & Ganz value taxonomy<br>-Employee attitude survey | Content analysis was done for all data<br><br>Scorings were done: Likert scale used, interval scores, dichotomous (yes/no), separate scores for each variable | Perception of significant positive organizational culture correlates with commitment and intent to stay<br><br>Senior leadership style has a positive correlation, transformational style is preferred<br><br>Level of trust in employer and job satisfaction of nurse managers explained 47% | <u>Strengths:</u><br>The review included both quantitative and qualitative designs<br>The quantitative studies included multi-center settings for better generalizability of results<br><br><u>Limitations</u><br>Reporting structure of participants was confusing due to various titles used |

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| | | | England, Australia | | - organizational commitment questionnaire & intent to stay | | of variance in intent to stay<br>Feedback and support: when managers feel valued and supported, they have a higher intent to stay | "Nurse manager" was not well defined<br>Critical Appraisal Tool and Rating:<br>Johns Hopkins Nursing EBP Research Evidence Appraisal Tool<br>Level of Evidence- III, B |
| Cziraki, K., McKey, C., Peachey, G., Baxter, P., & Flaherty, B. (2014) | None mentioned | Exploratory descriptive qualitative method | Setting: large, regional healthcare organization with five sites. Two sites participated in the study<br>Sampling: purposive sampling was used to | Dependent variable: attraction and retention of first line manager in the role<br>Independent variable: opportunities and organizational support, personal | Audio recordings of the interviews, N-Vivo 7.0 was used to organize the data according to the manual, 11 interviews | Template organizing style described by Crabtree and Miller (1999), themes and connection among data were identified | There is a discrepancy between the factors that attract and retain first line managers in their role, mentorship is important, and there are numerous challenges encountered by | Strengths:<br>Significant findings about what factors attract and retain managers in their roles. A new theme evolved, which is the pride and passion for the role as |

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| | | | select information rich cases; criterion sampling was used to select participants. 11 nurse managers from two sites of the health system participated | support / resources, workload and scope, rewards | | | the first line nurse managers. | retention reason<br><br><u>Limitations</u><br>First line managers from only two sites participated; Convenience sampling was used; the researcher's past relationship with the participants may have influenced how they responded to questions<br><br><u>Critical Appraisal Tool and Rating:</u> Johns Hopkins Nursing EBP Research |

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| | | | | | | | | Evidence Appraisal Tool<br>Level of Evidence-III, B |
| Ducharme, M. P., Bernhardt, J. M., Padula, C. A., & Adams, J. M. (2017) | Adams Influence Model (AIM) | Non-experimental method of prediction | Convenience sample: clinical nurses and nurse leaders in one Magnet hospital | Dependent / criterion variable: Engagement<br><br>Independent / predictor variable: *LIPPES* subscales including<br>1) collegial administrative approach<br>2) internal strategy and resolve<br>3) authority<br>4) access to resources<br>5) leadership expectations of staff<br>6) status | Engagement in professional practice was measured by *Essentials of Magnetism II* (EOMII)<br><br>Predictor variables measured by the *Leadership Influence over Professional Practice Environment Scale* (LIPPES) | Data from REDCap database software exported to SAS version 9.4<br><br>*Initial coding of *EOMII* scored by Health Science Research Associates<br><br>All hypotheses tested in context of general linear models (PROC | Hypothesis was supported that the higher the leader's perceived influence, the higher is the nurse's work engagement in professional practice<br><br>- Nurse leader's perception of authority and access to resources positively impacted nurse's assessment of quality care<br><br>- Statistically significant | <u>Strengths</u>: The only study that examined perceived influence and its effect on professional practice environment & engagement<br><br><u>Limitations</u>: Convenience sampling was used in only one Magnet hospital; varying level of leader participants (managers and directors) |

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| | | | | | | GLIMMIX) An α of 0.05 for all models was chosen | finding (P < .0001) suggesting quality patient care when there is healthy professional practice environment | with different perceptions of influence<br><br><u>Critical Appraisal Tool and Rating:</u><br>Johns Hopkins Nursing EBP Research Evidence Appraisal Tool<br>Level of Evidence-III, B |
| Fennimore, L. & Wolf, G. (2011) | Nurse Manager Leadership Collabora-tive Learning Domain (AONL, AACN, AORN) | Project – pilot leadership development program | Setting: fully integrated academic health center with 20 hospitals and healthcare facilities<br><br>Sample: 25 nurse | Dependent variable: self - perception of competency, nurse turnover<br><br>Independent variable: leadership development program / training sessions | Nurse Manager Inventory Tool | Pre-course and post-course scores for key competency areas were taken; group means were compared for all 15 | There was an average score improvement of 0.68 for all competency areas 6 months following the completion of the course<br><br>Average increase of 26.7% in the | <u>Strengths:</u><br>The pilot program offered evidence-based leadership content ; the program was customized to the need of the |

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| | | | managers participated in the pilot program | | | competency areas | domain of the science of managing people, an increase of 20.9% in the art of leading people, and an increase of 27.0% in creating the leader within. | healthcare system<br><br><u>Limitations:</u><br>Minimal opportunity to measure longitudinal effect; no clinical quality outcomes measured<br><br><u>Critical Appraisal Tool and Rating:</u><br>Johns Hopkins Nursing EBP Non-Research Evidence Appraisal Tool<br>Level of Evidence – V, B |

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| Laschinger, H., Wong, C., Grau, A., Read, E., & Stam, L. (2011) | Kouzes and Posner five leadership practices model | Secondary analysis of data using non-experimental predictive mailed survey design | Setting: the original study setting included 28 academic health centers and 38 community hospitals in 10 Canadian provinces<br><br>Sample: final sample of 231 middle managers and 788 first line managers | Dependent variable: perceived organizational support, manager intention to leave, structural empowerment<br><br>Independent variable: senior nurse leader behavior / transformational leadership | Leadership Practices Inventory<br><br>Conditions of Work Effectiveness Questionnaire<br><br>Perceived Organizational Support survey<br><br>International Survey of Hospital Staffing and Organization of Patient Outcomes | Statistical Program for Social Sciences (Version 19.0 for Windows 2010; SPSS Inc: Armonk, NY, USA) was used.<br><br>Hypothesized model was tested using path analysis within the AMOS structural equation modelling software program<br><br>Chi square and incremental fit indices | Leadership practices of senior nurse leaders have significant direct and indirect effects on perceived organizational support (POS) in middle managers, but have only an indirect effect on first line managers' POS mediated through structural empowerment | <u>Strengths:</u><br>first study on nurse managers to include leadership practices, structural empowerment, POS, perceived care quality and intent to leave<br><br><u>Limitations:</u><br>Cross-sectional data was used, self-reported data, non-response bias may be present since survey was voluntary<br><br><u>Critical Appraisal Tool and Rating:</u><br>Johns |

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| | | | | | | | | Hopkins Nursing EBP Research Evidence Appraisal Tool Level of Evidence- III, B |
| Ramseur, P., Fuchs, M., Edwards, P., & Humphreys, J. (2018) | Nurse Manager Learning Framework | Quality improvement project | Setting: large academic health system in the southeastern United States (The Health System), which includes several hospitals and nursing school within a university environment | Dependent variables: perceived level of competency; level of satisfaction<br><br>Independent variable: leadership development program | Nurse Manager Inventory Tool<br><br>4-point satisfaction scale | The median of each subscale for the competency assessment was computed and then compared from pre-intervention to post-intervention using Wilcoxon signed rank tests | The participants reported a significant increase in their perceived level of competence to manage the business, lead the people, and internalize leadership values and belief post intervention | <u>Strengths:</u> Utilized a web-based modular approach together with face-to-face mentoring sessions<br><br><u>Limitations:</u> Participation in the program may have been limited due to lack of clarity in enrollment process; was only conducted in |

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| | | | Sample: target participants are clinical nurses 3 and 4, and team leads.<br><br>40 total participants | | | | | one health system<br><br><u>Critical Appraisal Tool and Rating:</u><br>Johns Hopkins Nursing EBP Non-Research Evidence Appraisal Tool<br>Level of Evidence- V, B |
| Titzer, J., Phillips, T., Tooley, S., Hall, N., & Shirey, M. (2013) | Nurse Manager Learning Domain framework | Synthesis of evidence | Setting: various settings for the different studies, including two international studies<br><br>156 articles were evaluated using | Dependent variable: patient safety, staff satisfaction<br><br>Independent variable: succession planning | Leadership Practices Inventory<br><br>Nurse Manager Skill Inventory Tool | Each article was assigned a score according to study focus, research design, sample and outcomes | The four common themes to succession planning literature are: current succession planning practice, common elements, outcomes and | <u>Strengths:</u><br>Numerous literature on succession planning and its elements<br><br><u>Limitations:</u><br>Limited data on evidence containing information on financial |

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| | | | inclusion and exclusion criteria; with 13 articles that met the criteria | | | | evaluation methods, and barriers to implementation | evaluation of succession planning<br><br><u>Critical Appraisal Tool and Rating:</u><br>Johns Hopkins Nursing EBP Research Evidence Appraisal Tool<br>Level of Evidence – III, B |
| Titzer, J., Shirey, M., & Hauck, S. (2014) | Benner's Novice to Expert Theory | Quasi – experimental one group pretest/post-test design | Setting: a Magnet-designated, 480-bed acute care hospital located in Southwestern Indiana | Dependent variable: perception of competency<br><br>Independent variable: nurse manager | Leadership Practices Inventory<br><br>Nurse Manager Skill Inventory Tool (NMSI) | Data analysis was done using Statistical Package for the Social Sciences (SPSS) version 19 | Results from the NMSI data analysis indicated that the participants' post program NMSI perception of self- | <u>Strengths:</u><br>Study outlined the six stages of implementation, with a complete guide for reference<br><br><u>Limitations:</u> |

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| | | | Sample: application submission was open to all staff nurses with management aspirations but not currently holding formal leadership positions | succession program | | Changes between the pre-program and post-program scores on the LPI and NMSI were evaluated using the Wilcoxon signed rank test | competency was statistically significantly increased on 54 of the 81 statements | Small sample size in one hospital, use of self-reported data<br><br><u>Critical Appraisal Tool and Rating:</u><br>Johns Hopkins Nursing EBP Research Evidence Appraisal Tool<br>Level of Evidence – II, B |
| Wilmoth, M., & Shapiro, S. (2014). | Military's Leadership Development Program | Review of framework | Setting and Sample: not applicable | Variables: not applicable, article is a review of framework | not applicable, article is a review of framework | not applicable, article is a review of framework | A program similar to that of the military is recommended to ensure correct level of development for nurse leaders. The | <u>Strengths:</u><br>Includes information on a possible framework for leader development |

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| | | | | | | | intentional development of nurses as leaders must begin early and be a continuous process | Critical Appraisal Tool and Rating: Johns Hopkins Nursing EBP Non-Research Evidence Appraisal Tool Level of Evidence – V, B |
| | | | | | | | | |

# Appendix B – Evidence Synthesis

| Author & Year | Brown, P., Fraser, K., Wong, C., Muise, M., & Cummings, G. (2013) | Cziraki, K., McKey, C., Peachey, G., Baxter, P., & Flaherty, B. (2014) | Ducharme, M. P., Bernhardt, J. M., Padula, C. A., & Adams, J. M. (2017) | Fennimore, L. & Wolf, G. (2011) | Laschinger, H., Wong, C., Grau, A., Read, E., & Stam, L. (2011) | Ramseur, P., Fuchs, M., Edwards, P., & Humphreys, J. (2018) | Titzer, J., Phillips, T., Tooley, S., Hall, N., & Shirey, M. (2013) | Titzer, J., Shirey, M., & Hauck, S. (2014) | Wilmoth, M., & Shapiro, S. (2014). |
|---|---|---|---|---|---|---|---|---|---|
| **Intervention** | | | | | | | | | |
| organizational support/resources | X | X | X | | X | | X | | |
| personal support/resources | X | X | | | | | X | | |
| senior nurse leader behavior | X | | | | X | | | | |
| structured leadership development program | | | | X | | X | X | X | X |
| succession planning | X | X | | X | | X | X | X | |
| mentoring | X | X | | | X | X | X | X | X |
| **Outcome** | | | | | | | | | |
| satisfaction | X | X | X | X | X | X | X | X | X |
| retention/intention to stay | X | | | X | | | X | X | |

Appendix C - Statement of Non-Research Determination Form

**DNP Statement of Non-Research Determination Form**

**Student Name:__Janet G. Jule_____**

**Title of Project:** Succession Planning: Leader Development

**Brief Description of Project:**

**A) Aim Statement:** To examine the retention and satisfaction rates of assistant nurse managers before and after the implementation of a structured training and continuous leader development.

**B) Description of Intervention:** Implementation of a structured on-boarding and orientation program for new assistant manager (ANM), which starts with the regional 3-day leader didactic classroom sessions. The training will be completed within the first 6 months of hire, and followed by local training sessions 30-60 days after. A refresher education will be provided a year later. The local training sessions will have speakers from the hospital's quality and safety department, human resources, finance, and care experience. There will also be a focus on the enculturation of the organization's nursing professional practice model, which will be delivered by the chief nurse executive and champions.

In addition to the training sessions, each new ANM will be paired up with a seasoned leader at the director level or above. The seasoned leader will serve as a mentor to the new ANM and will serve as the primary resource for questions or other needs. The chief nurse executive will also have regularly set meeting times with the new ANM for the first twelve months after hire.

**C) How will this intervention change practice?**

Every new ANM will go through a structured orientation program, introducing them to the organization and their first leadership role. This will help build a foundation for the new ANM as they get acclimated to being a leader and learning their responsibilities. The enculturation of the nursing professional practice model will help empower the ANMs in their role, enhance their ability to influence and advocate for resources, be authentic in their interactions with staff and other members of the team, and play an active role in the development of their own staff members. As ANMs have a clearer understanding of their roles and how they affect an organization's performance metrics and staff engagement, they will have a higher satisfaction and have a better connection with their purpose.

**D) Outcome measurements:** The main outcome of the project is an increased satisfaction and retention of ANMs after implementing the structured on-boarding and

professional development plan. Other outcomes to consider may include increased staff engagement and improved service and quality indicators such as HCAHPS scores, fall rates, and hospital acquired pressure injury rates.

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)

☐ 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:**

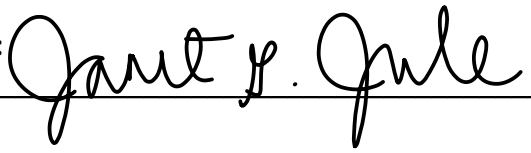
| **Project Title: Succession Planning: Leader Development** | **YES** | **NO** |
|---|---|---|
| The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes. | **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): Janet G. Jule**

**Signature of Student:**  **DATE 8/10/18**

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

**KT Waxman**

**Signature of Supervising Faculty Member (Chair):**

**DATE**

Appendix D – KP Research Determination Office Decision Letter

Kaiser Foundation Research Institute

Kaiser Permanente
Research
Transforming the future of health

December 5, 2018

**Subject:** RDO KPNC 18 - 146
**Title:** Succession Planning: Leader Development

Dear Ms. Jule:

As a Research Determination Official (RDO) for the Kaiser Permanente Northern California region, I have reviewed the documents submitted for the above referenced project. The project does not meet the regulatory definition of research involving human subjects as noted here:

[ ] Not Research

The activity does not meet the regulatory definition of research at 45 CFR 46.102(d):

Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

[X] Not Human Subject

The activity does not meet the regulatory definition of human subjects at 45 CFR 46.102(f):

Human subject means a living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual, or (2) identifiable private information.

Therefore, the project is not required to be reviewed by a KP Institutional Review Board (IRB). This determination is based on the information provided. If the scope or nature of the project changes in a manner that could impact this review, please resubmit for a new determination. Also, you are responsible for keeping a copy of this determination letter in your project files as it may be necessary to demonstrate that your project was properly reviewed.

Provide this approval letter to the Physician in Charge (PIC), your Area Manager, and Chief of Service, to determine whether additional approvals are needed.

Sincerely,

*Eric Garcia*

Eric Garcia
National Research Compliance Officer
Director, National Compliance in Research Support Program
Kaiser Foundation Research Institute
1800 Harrison, Suite 1600
Oakland CA 94612
Eric.F.Garcia@kp.org
Phone (510) 625 - 2397

Appendix E - Letter of Support

KAISER PERMANENTE

Kaiser Permanente Medical Center

September 14, 2018

Colleen McKeown, MHROD, RN
Sr Vice President and Area Manager
Kaiser Permanente Diablo Service Area

University of San Francisco
School of Nursing and Health Profession
2130 Fulton St
San Francisco, CA 94117

To Whom It May Concern:

I am writing a letter of support for Janet Jule, ELDNP candidate at University of San Francisco CA, and her project proposal. Mrs. Jule is one of my direct reports in the service area and holds a valuable position and role as the Chief Nurse Executive in the development of our nurse leaders.

Mrs. Jule's proposed project to implement a structured succession plan and leader development program will help the medical center and the organization to be well positioned to achieve strong and consistent outcomes. Her approach will support the organization's strategic plan to perform, grow, and lead.

Sincerely,

Colleen McKeown

Colleen McKeown, MHROD, RN
Sr Vice President and Area Manager
Diablo Service Area

4501 Sand Creek Road
Antioch, CA 94531-8687
(925) 813-6500

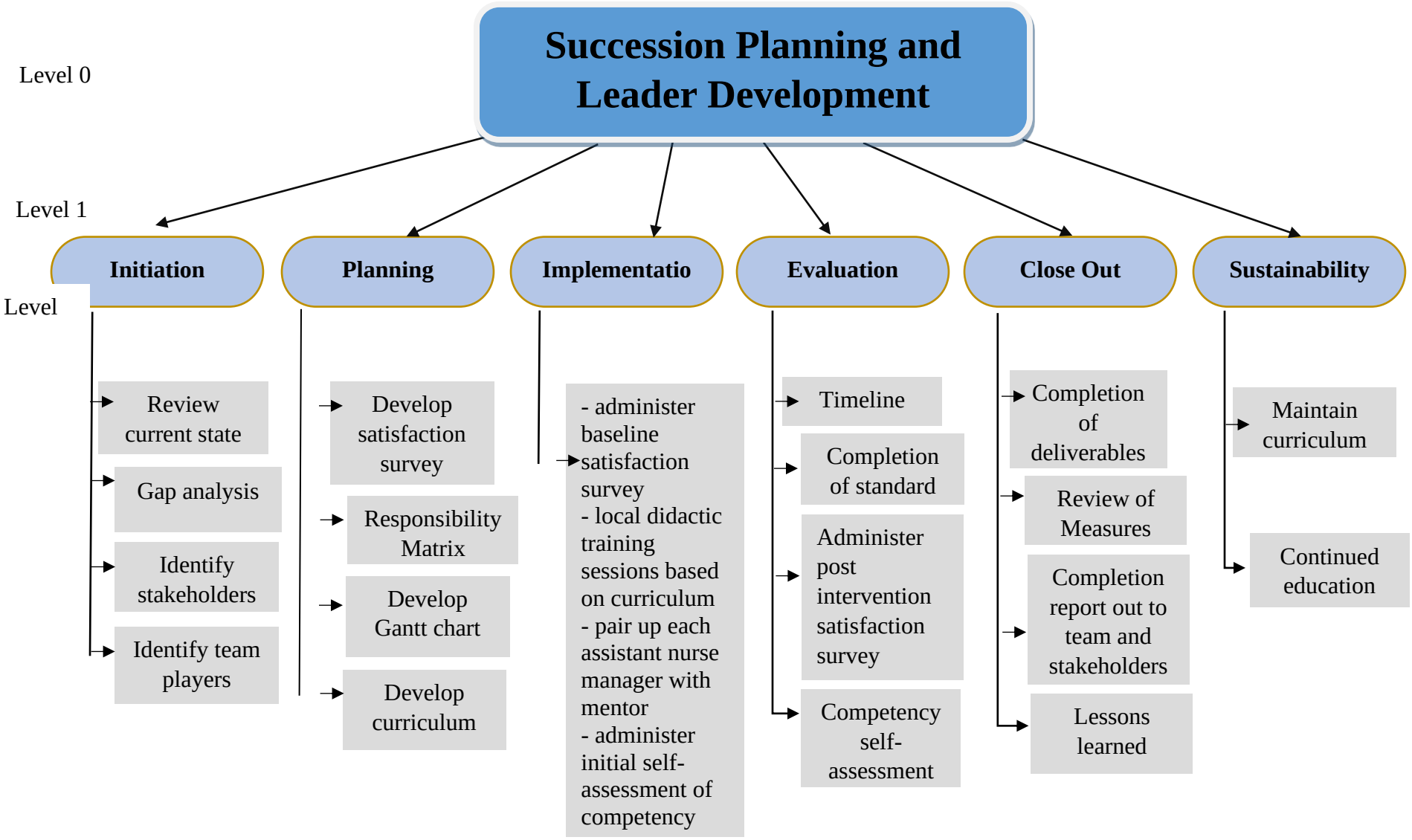
Appendix F - Gap Analysis

| Activity | Current State | Ideal State | Identified Gap |
|---|---|---|---|
| On-boarding | • one day manager orientation class<br>• unit orientation with another ANM | • 3-day regional didactic classes<br>• Local training sessions focusing on the four pillars of people, finance, service, and quality | • Unstructured on-boarding |
| Ongoing education | • General management classes offered through learning and development | • Introduction to management classes geared for ANMs to be taken at 180-270-360 day marks | • Introductory classes as ongoing education |
| Coaching | • New ANM paired up with another ANM as buddy | • New ANM will be paired up with a director level or above<br>• Mentoring sessions/meetings for the first year as ANM<br>• CNE to have regular touch base meetings with new ANM for the first six months | • Coaching sessions with seasoned leaders |
| Evaluation of progress | • Supervisor feedback during performance evaluation | • Supervisor and mentor feedback during orientation (first 30 days)<br>• Ongoing regular feedback from mentor for the first year<br>• Self-assessment using the AONL tool | • Practice reflection and evaluation |

Appendix G - Gantt Chart

| ELDNP QUALIFYING PROJECT KEY DATES AND OTHER EVENTS | 2018 | | | | | | | | | | | | 2019 | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Jan-18 | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 | Nov-19 | Dec-19 |
| Literature Review on succession planning, leader development, and framework | | | | | | | | | | | | | | | | | | | | | | | | |
| Excel refresh training on pivot tables | | | | | | | | | | | | | | | | | | | | | | | | |
| Qualtrics training | | | | | | | | | | | | | | | | | | | | | | | | |
| Online refresh training on data management | | | | | | | | | | | | | | | | | | | | | | | | |
| Build survey in qualtrics | | | | | | | | | | | | | | | | | | | | | | | | |
| Gap analysis: professional practice model | | | | | | | | | | | | | | | | | | | | | | | | |
| Review current process of succession planning and leader development | | | | | | | | | | | | | | | | | | | | | | | | |
| Completion of online module "Protecting Human Subject Research" | | | | | | | | | | | | | | | | | | | | | | | | |
| **Qualifying Project - Fall 2018** | | | | | | | | | | | | | | | | | | | | | | | | |
| Submit manuscript | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete prospectus | | | | | | | | | | | | | | | | | | | | | | | | |
| Develop mentoring proposal | | | | | | | | | | | | | | | | | | | | | | | | |
| Develop curriculum for local leader training | | | | | | | | | | | | | | | | | | | | | | | | |
| Develop plan for leader development and training | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Implementation - Spring/Summer 2019** | | | | | | | | | | | | | | | | | | | | | | | | |
| Administer pre-intervention survey | | | | | | | | | | | | | | | | | | | | | | | | |
| Launch leader training classes | | | | | | | | | | | | | | | | | | | | | | | | |
| Mentoring: Pair up assistant managers with senior leader | | | | | | | | | | | | | | | | | | | | | | | | |
| Assistant managers complete the assigned training | | | | | | | | | | | | | | | | | | | | | | | | |
| **Post Implementation - Fall 2019** | | | | | | | | | | | | | | | | | | | | | | | | |
| Administer post implementation survey | | | | | | | | | | | | | | | | | | | | | | | | |
| Gather and analyze results | | | | | | | | | | | | | | | | | | | | | | | | |
| Write final project | | | | | | | | | | | | | | | | | | | | | | | | |

Appendix H - Work Breakdown Structure



Appendix I - Responsibility and Communication Matrix

| | **Project Manager (DNP Candidate)** | **Sponsors (C-suite / Senior Leaders)** | **Human Resources / Director of Learning** | **Education Department** | **Subjects / Participants** |
|---|---|---|---|---|---|
| Initiation | C | I, R, A | C, I | I | I |
| Planning | C | I | C, I | I | I |
| Implementation | C | I | C | R | I |
| Evaluation | C | I | I | I | I, R |
| Close Out | C | I | I | I | I |
| Sustainability | C | I, R, A | C, I | C, I | I |

*Legend:

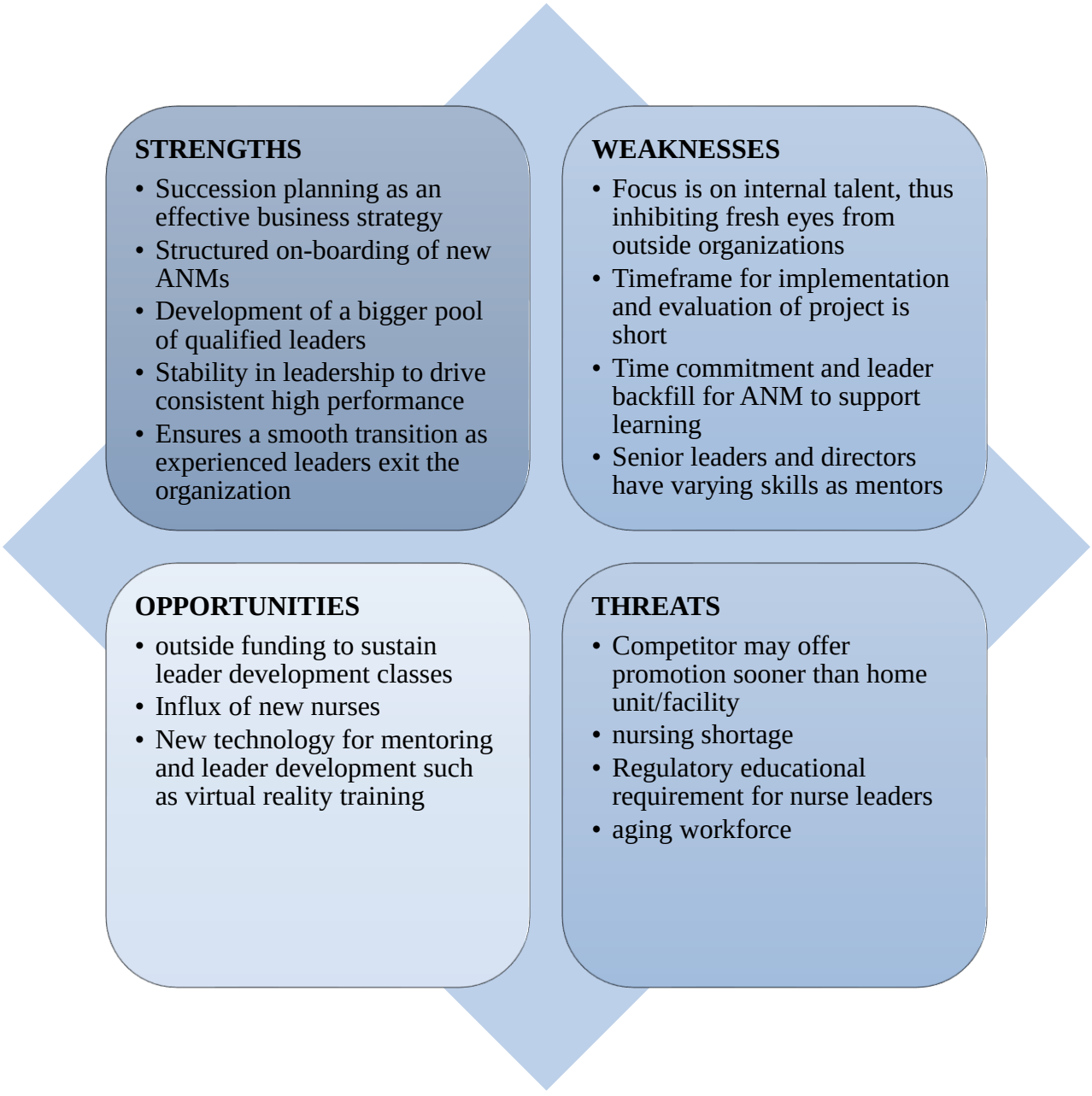
A – Approve

C- Create

I – Inform

R - Review

Appendix J – SWOT Analysis



# Appendix K – Cost Benefit Analysis (Return on Investment)

ROI = 1.15 at Year 2 following ANM on-boarding and development and 2.9 at Year 3

| | Year 1 of ANM On-boarding | | | | | | | | | | | | | Year 2 | Year 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Type of Cost/EXPENSE** | **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month 5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** | **Month 11** | **Month 12** | **TOTAL** | | |
| Productivity lost at 50% of salary during recruitment process (4 months) using baseline salary with benefits at $209,664 x 13 ANMs | $113,568 | $113,568 | $113,568 | $113,568 | | | | | | | | | $454,272 | $227,136 | $104,832 |
| Interim ANM cost at $1556/day x 13 occurrences | $438,269 | $438,269 | $438,269 | $438,269 | | | | | | | | | $1,753,076 | $876,538 | $404,556 |
| Opportunity costs assumed by manager to conduct interviews (6hrs x 3 mgrs at $94/hr) x 13 occurrences (then 6.5, 3) | | | | $21,996 | | | | | | | | | $21,996 | $10,998 | $5,076 |
| New ANM loss of productivity at 50% x2 months during orientation and 6 months after, using baseline salary with benefits at $209,664 x 13 occurrences (then 6.5, 3) | | | | | $113,568 | $113,568 | $113,568 | $113,568 | $113,568 | $113,568 | $113,568 | $113,568 | $908,544 | $56,784 | $26,208 |
| Cost of ENMO Module x 13 participants at $525 each | | | | | $6,825 | | | | | | | | $6,825 | $3,413 | $1,575 |
| Cost of food/venue for the classes and graduation | | | | | $1,600 | | | | | | | | $1,600 | | |
| training and mentoring hrs $ | | | | | $13,104 | $13,104 | $13,104 | $13,104 | $13,104 | $4,368 | | | $69,888 | $34,944 | $16,128 |
| Cost of CAUTI at $14000/case* using baseline performance | | $14,000 | | | $14,000 | | | $14,000 | | $14,000 | | | $56,000 | $28,000 | $28,000 |
| Cost of Falls at $7000/case* using baseline performance | $43,167 | $43,167 | $43,167 | $43,167 | $43,167 | $43,167 | $43,167 | $43,167 | $43,167 | $43,167 | $43,167 | $43,167 | $518,004 | $364,000 | $259,000 |
| Cost of HAPI at $14500/case* using baseline performance | $14,500 | | $14,500 | | $14,500 | | $14,500 | | $14,500 | | $14,500 | | $87,000 | $43,500 | $43,500 |
| Cost of HAP at $47000/case* using baseline performance | $47,000 | | $47,000 | | $47,000 | | $47,000 | | | $47,000 | | | $235,000 | $117,500 | $117,500 |
| Cost of CDI at $17000/case* using baseline performance | $17,000 | $17,000 | $17,000 | $17,000 | $17,000 | $17,000 | | $17,000 | $17,000 | $17,000 | | | $153,000 | $76,500 | $76,500 |
| **TOTAL** | $673,504 | $626,004 | $673,504 | $634,000 | $270,764 | $186,839 | $231,339 | $200,839 | $201,339 | $239,103 | $171,235 | $156,735 | **$4,265,205** | **$1,839,313** | **$1,082,875** |

*Cost of Hospital-acquired condition from AHRQ data

**Assumptions based on total ANM of 24, with baseline 55% turnover rate, and reduction to 27% turnover for year 2, 13% for year 3

| | | | | | | | | | | | | | | Year 2 | Year 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Year 1 of ANM On-boarding | | | | | | | | | | | | | | |
| **Cost Avoidance/REVENUE** | **Month 1** | **Month 2** | **Month 3** | **Month 4** | **Month 5** | **Month 6** | **Month 7** | **Month 8** | **Month 9** | **Month 10** | **Month 11** | **Month 12** | **TOTAL** | | |
| 50% CAUTI reduction at $14000/case*; baseline of 4 prior yr | | | | | | | | | | | | $14,000 | $14,000 | $28,000 | $28,000 |
| 30% Falls reduction at $7000/case*; baseline of 74 prior yr | | | | | | | | | | | | $21,000 | $21,000 | $154,000 | $259,000 |
| 50% HAPI reduction at $14500/case*; baseline of 6 prior yr | | | | | | | | | | | | $14,500 | $14,500 | $43,500 | $43,500 |
| 50% HAP reduction at $47000/case*; baseline of 5 prior yr | | | | | | | | | | | | 47,000 | $47,000 | $117,500 | $117,500 |
| 50% CDI reduction at $17000/case*; baseline of 9 prior yr | | | | | | | | | | | | $17,000 | $17,000 | $76,500 | $76,500 |
| ANM turnover at a cost of 125% salary (multiply by occurrences) | | | | | | | | | | | | | | $1,703,520 | $2,620,800 |
| | | | | | | | | | | | | **TOTAL** | **$113,500** | **$2,123,020** | **$3,145,300** |

*Cost of Hospital-acquired condition from AHRQ data

**Assumptions based on total ANM of 24, with baseline 55% turnover rate, and reduction to 27% turnover for year 2, 13% for year 3

***Assumptions are based on HAC reduction of 50% on year 2 and year 3, except for falls which is a 30% reduction

****ANM turnover cost at 125% (Beecroft, Kunzman, & Krozek, 2001)

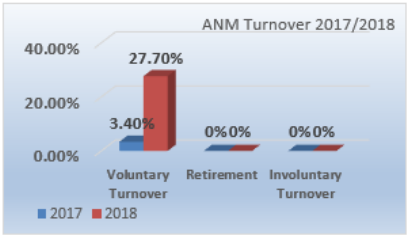
| | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| **ROI** (cost avoidance/cost and expenses) | 0.02661 | 1.15 | 2.90 |

Appendix L - Budget

| Component | Description | Estimated $ Cost |
|---|---|---|
| Training time | 40 hours training time<br>11 total participants upon launch<br>11 backfills | $85 (avg salary/hr) x 40 x 22<br>= $74,800 |
| Mentor time | 20 hrs during sessions<br><br>Additional 2hr sessions (24 hrs in 6 months) | $100 (avg salary/hr) x 20 x 11 = $22,000<br>$100 x 24 x 6 = $14,400 |
| Essentials of Manager Orientation HealthStream Module | HealthStream electronic module x 11 participants | $525 x 11 = $5,775 |
| Food and venue | Snacks and lunch during training<br>Off-site venue for last day of training | $250<br>$2,500 |
| Software | Software rental | $250 |
| TOTAL Cost | | $119,975 |

# Appendix M – CQI/PDSA Method

CQI: A3

<table>
<tr>
<td><u>Box 1: Reason For Action</u><br><br>PROBLEM STATEMENT: The organization does not have a structured process for on-boarding new ANMs nor is there a formal succession planning with leader development plan.<br><br>Aim/Goal: To develop a curriculum for leader development and mentoring plan for the ANMs by December 8, 2018. The curriculum and learning sessions will be put into action for a cohort of ANMs within the first two years of their hire date as an ANM by February 25, 2019.<br><br>Scope: On-boarding of ANM will start within the first 60 days of hire and mentoring will continue for the first year.</td>
<td><u>Box 4 Gap Analysis / Root Cause</u><br><br>• Inconsistent on-boarding process<br>• No method of evaluation<br>• lack of structure to help new ANMs make a connection between the educational activity and actual practice</td>
<td><u>Box 7: Completion Plan</u><br><br>▪ obtain agreement from experienced leaders to become mentors and understand expectations by January 31, 2019<br>▪ Launch first training session by February/March 2019<br>▪ Four sessions scheduled a month apart<br>▪ Last session as career development/planning day by September 30, 2019</td>
</tr>
<tr>
<td><u>Box 2: Current State</u><br>Average turnover rate of NM/ANMs combined in NCAL region is at about 25%<br>Turnover rate of ANMs in this facility reached a high of 60% between 2016-2018<br> 
</td>
<td><u>Box 5: Solution Approach</u><br><br>▪ structured on-boarding for new ANM starting with 3-day regional didactic learning<br>▪ Local facility 4-session training<br>▪ Mentoring activities with director level or above<br>▪ Self-assessment before and after the training sessions</td>
<td><u>Box 8: Confirmed State</u><br><br>ANM satisfaction rates pre and post intervention<br>Self-assessment scores pre and post intervention</td>
</tr>
<tr>
<td><u>Box 3: Target State</u><br><br>▪ Increased satisfaction by ANMs post intervention<br>▪ Improved self-assessment of knowledge and competency based on Nurse Manager Inventory Toolkit<br>▪ Decreased turnover rate, increased ANM retention</td>
<td><u>Box 6: Rapid Experiments</u><br><br>▪ Training sessions<br>▪ Scenario/problem-solving at the end of each session for ANM to work with mentor</td>
<td><u>Box 9: Insights</u></td>
</tr>
</table>

Appendix N - Qualtrics Survey

**Leadership Development and Satisfaction**

Q1
Dear PCS Leader:
I am conducting an assessment of Antioch Medical Center's Patient Care Services middle management satisfaction and the current on-boarding and development structure. I would like your feedback on what influences your job satisfaction and intent to stay in a leadership position. Your responses will remain anonymous.
Please take a few minutes to answer the survey questions below and help shape the development and progress of our future nurse leaders.

Thank you!
Janet G. Jule, MSN RN, NEA-BC
Chief Nurse Executive

Q2 What is your gender?

- Male (1)
- Female (2)

Q3 What is your highest degree of education earned?

- Diploma (1)
- Associate's Degree (2)
- BSN (3)
- ADN with Bachelor's degree in another field (4)
- Graduate degree (5)
- Doctoral degree (6)

Q4
How long have you been working for Kaiser Permanente?

- 0-2 years (1)
- 3-5 years (2)
- 6-10 years (3)
- 11-15 years (4)
- 16-20 years (5)
- > 20 years (6)

Q5
How long have you been in your position as an Assistant Manager?

- 0-2 years (1)
- 3-5 years (2)
- 6-10 years (3)
- 11-15 years (4)
- 16-20 years (5)
- > 20 years (6)
- Other (write additional years as Assistant Manager in another organization) (7)

_____

Q6 I am familiar with Kaiser's Nursing Professional Practice Model and Vision (KP nurses advance the art and science of nursing in a patient-centered healing environment through our professional practice and leadership.)

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q7
Nursing controls its own practice in my department.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q8 The nursing staff, including myself, are encouraged to make decisions based on own professional judgement.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

**Block: Leadership**

Q9 I feel supported by leadership.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q10 I receive regular feedback from my supervisor on my performance.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

---

Q11 I receive adequate recognition from my supervisor(s) for my accomplishments.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q12 My supervisor(s) is immediately available to answer my questions or assist me in decision-making as needed.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q13 I am familiar with my job description

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

---

Q14 I received clear expectations of my job responsibilities when I started in my role.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q15 I received adequate orientation and training before I was expected to be on my own.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q16 I receive continuous opportunity to learn my job responsibilities and progress in a leadership role.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q17 I am given opportunities for professional development (i.e. continuing education, training, conferences etc...)

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q18 If given a choice, how would you like to receive overall introduction and orientation to the organization and to your roles/responsibilities? (select all that applies)

- Classroom/didactic training after 30 days of hire (1)
- Classroom/didactic training after 90 days of hire (2)
- Regional leader 3-day didactic training program only (3)
- Local leader 2-day on-boarding specific to AMC processes, priorities, and introduction to local leaders (4)
- Diablo Star Leadership Program (5)
- 30-60-90 day check in with direct supervisor, director, and CNE (6)
- 180-day check in with direct supervisor, director, and CNE (7)

- 1-yr check in with direct supervisor, director, and CNE (8)
- pair up with a buddy ANM during orientation period (9)
- continue to pair up with a buddy ANM for up to 180 days after hire and orientation (10)
- Other: (11) _____

Q19 What topics would you like to see as part of the local on-boarding training? (select all that applies)

- Kaiser Professional Practice Model (1)
- Kaiser Voice of Nursing (2)
- Quality improvement priorities (3)
- Workplace safety (4)
- HR and LR (labor relations) topics (5)
- Finance overview: budget and productivity (6)
- Risk reporting and event management (7)
- Escalation process (8)
- Just culture (9)
- Patient acuity system (10)
- Diablo GPS/Improvement System (11)
- Other: (12) _____

Q20 How satisfied were you in how you received orientation and on-boarding for your position?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)

*Display This Question:*
*If How satisfied were you in how you received orientation and on-boarding for your position? = Neither satisfied nor dissatisfied*
*And How satisfied were you in how you received orientation and on-boarding for your position? = Slightly dissatisfied*
*And How satisfied were you in how you received orientation and on-boarding for your position? = Moderately dissatisfied*
*And How satisfied were you in how you received orientation and on-boarding for your position? = Extremely dissatisfied*

Q21 What could have been done differently to improve your satisfaction with the on-boarding experience?

_____

_____

Q22 How satisfied are you in your current position?

- Extremely satisfied (1)
- Moderately satisfied (2)
- Slightly satisfied (3)
- Neither satisfied nor dissatisfied (4)
- Slightly dissatisfied (5)
- Moderately dissatisfied (6)
- Extremely dissatisfied (7)

Q23 What influences your satisfaction in your current position?

- I have clear expectations of my job responsibility (1)
- I receive regular feedback and recognition from my supervisor (2)
- I feel supported by my supervisor and leaders (3)
- I am given opportunities for professional development (training, conferences, education etc...) (4)
- Other: (5) _____

Appendix O - AONL/AACN Nurse Manager Inventory Tool

# THE SCIENCE

## Managing the Business

NOVICE EXPERIENCE/SKILL | COMPETENT EXPERIENCE/SKILL | EXPERT PRACTICE

### I. FINANCIAL MANAGEMENT

1. **Understanding of health care economics and health care public policy as it applies to the delivery of patient care** – includes reimbursement, Medicare, Medicaid, managed care, third party providers, challenges to the current health care policies, key legislative initiatives at local, state, and national level
2. **Unit-/department-based budgeting** – includes development methodologies, report formats, analysis rules, how to read a report, balance sheets, and cost report interpretation
   - Creating a budget
   - Monitoring a budget
   - Analyzing a budget
   - Reporting on budget variance
   - Revenue forecasting
   - Expense forecasting
   - Interpreting financial information
3. **Concepts of capital budgeting** – includes financial definitions for capital categories, depreciation, justification and return on investment (ROI) and return on asset (ROA)
   - Cost-benefit analysis (e.g. new program assessment, purchase versus lease options)

### II. HUMAN RESOURCE MANAGEMENT

1. **Recruitment techniques** – includes an understanding of institution's recruitment strategies and initiatives, various alternatives, competition, marketing of facility/unit/department
2. **Interviewing techniques** – includes individual and team interviewing, skills and techniques, and "key success criteria" interviewing programs
3. **Labor laws pertaining to hiring** – includes state scope of practice laws and federal and state human resource (HR) laws, such as family medical leave
4. **Hiring policies and procedures from the facility HR department**
   - Identification of key skills and attributes for each role
   - Ability to implement changes in roles based on changing department and health care environment needs
5. **Orientation of new employees** – includes development and implementation of appropriate plans for each employee




NOVICE EXPERIENCE/SKILL | COMPETENT EXPERIENCE/SKILL | EXPERT PRACTICE

### III. PERFORMANCE IMPROVEMENT

1. **Knowledge of performance improvement tools** – includes Continuous Quality Improvement (CQI), Total Quality Management (TQM), Six Sigma, Balanced Scorecards, or whatever model is used to measure quality and outcomes in the facility; also includes quality improvement tools such as pareto charting, control charts, workflow charting, and process charting
2. **Patient safety** – includes sentinel event monitoring and reporting, root cause analysis, The Joint Commission requirements, incident reporting, medication safety policy and procedures
3. **Workplace safety** – includes knowledge of regulatory requirements (Department of Public Health, The Joint Commission, OSHA, etc.)
4. **Promoting intradepartmental/interdepartmental communication**

### IV. FOUNDATIONAL THINKING SKILLS

1. **Systems thinking knowledge as an approach to analysis and decision-making**
2. **Complex adaptive systems definitions and applications**
3. **Understanding organization behaviors** – includes planning, organizing, and leading; also includes four skills essential in influencing nursing practice: self-awareness, dialogue, conflict resolution, and navigating change
4. **Decision making skills** – includes use of data-driven decision-making profiles and models
5. **Problem solving skills** – includes defined models for problem solving

### V. TECHNOLOGY

1. **Basic computer skills** – includes word processing and data management, Internet/email, skills to access information as it applies to facility information systems
2. **Information technology** – includes an understanding of the effect of information technology (IT) on patient care and delivery systems to reduce work load (i.e. bar coding, processing patient charges, understanding of master and patient billing, computerized physician order entry (CPOE), staff scheduling program)
   - Knowledge of the patient medical record utilized in the institution
   - Knowledge of the supply/medication management systems utilized in the institution
   - Ability to integrate technology into patient care processes
   - Using information systems to support business decisions

# THE SCIENCE

## Managing the Business

| | NOVICE EXPERIENCE/SKILL | COMPETENT EXPERIENCE/SKILL | EXPERT PRACTICE |
|---|---|---|---|
| **VI. STRATEGIC MANAGEMENT** | | | |
| 1. **Project management** – includes understanding roles, timelines, milestones, and resource utilization; ability to develop or participate in the development of a project plan | | | |
| 2. **Business development** – includes knowing the content of a business plan | | | |
| 3. **Business plan development** – includes the ability to create a business plan for specific projects | | | |
| 4. **Presentation skills** | | | |
| • Written – includes reports, program descriptions, evaluations, and correspondence | | | |
| • Oral – includes educational presentations, project presentations, media, and meetings skills | | | |
| 5. **Persuasion skills** – includes influencing/selling skills | | | |
| 6. **Developing strategic plans** – includes various methodologies for strategic planning, such as scenario planning and environmental scanning | | | |
| 7. **Developing operational plans** – includes annual tactics that support and move the unit/department to accomplish a strategic plan | | | |
| **VII. APPROPRIATE CLINICAL PRACTICE KNOWLEDGE** (determined by specific role and institution) | | | |
| 1. Each role and institution has expectations regarding the clinical knowledge and skill required of the role. These expectations should be established for the specific individual based on organizational requirements. | | | |




# THE ART

## Leading the People

| | NOVICE EXPERIENCE/SKILL | COMPETENT EXPERIENCE/SKILL | EXPERT PRACTICE |
|---|---|---|---|
| **I. HUMAN RESOURCE LEADERSHIP SKILLS** | | | |
| 1. **Performance management** – includes staff annual evaluation, goal setting, continual performance development, "crucial conversations," corrective action and disciplinary processes, and termination | | | |
| 2. **Staff development** – includes staff education/needs assessment, education programming, and competency assessment (recommendations and development) | | | |
| 3. **Succession planning** – includes developing leadership capacity of staff | | | |
| 4. **Coaching and guiding skills** – includes demonstrating behaviors and role modeling | | | |
| 5. **Mentoring** – includes modeling behaviors of leadership and developing staff as mentors | | | |
| **II. RELATIONSHIP MANAGEMENT AND INFLUENCING BEHAVIORS** | | | |
| 1. **Communication skills** – includes active listening, feedback, inquiry, and validation | | | |
| 2. **Emotional IQ** – includes how well you know yourself and how you relate effectively with your environment | | | |
| 3. **Self awareness** – understanding one's values, beliefs, and attitudes and how they affect your responses and behaviors | | | |
| 4. **Effective use of dialogue** – understanding and practicing the process to encourage the free flow of ideas within groups to discover insights and lead to shared meaning | | | |
| 5. **Team dynamics** – understanding the functions of group process; ability to facilitate effective groups, both for nursing and intradisciplinary/multidisciplinary groups | | | |
| 6. **Collaborative practice** – the presence of trust, respect, and good communication among colleagues; how well is this developed and supported? | | | |
| 7. **Conflict management** – understanding the process to work through opposing views in order to reach a common goal; and skill in conflict resolution | | | |
| 8. **Negotiation** – using conflict resolution techniques to maintain collaboration: isolate the facts, ask clarifying questions, reach common ground, and interpret what is said verbally and with body language; includes the use of "crucial conversations" | | | |
| 9. **Mediation** – use of a neutral party to help reach resolution; skill in functioning as a mediator | | | |

# THE ART

## Leading the People

| | NOVICE EXPERIENCE/SKILL | COMPETENT EXPERIENCE/SKILL | EXPERT PRACTICE |
|---|---|---|---|
| **III. DIVERSITY** | | | |
| 1. **Cultural competence** – includes understanding the components of cultural competence as they apply to the workforce | | | |
| 2. **Social justice** – includes maintaining an environment of fairness and processes to support it | | | |
| 3. **Generational diversity** – ability to capitalize on differences to foster highly effective work groups | | | |
| **IV. SHARED DECISION-MAKING** | | | |
| 1. Includes understanding the structure and processes of shared governance | | | |
| 2. Implementation of shared decision-making structures and processes on the unit | | | |




# THE LEADER WITHIN

## Creating the Leader in Yourself

| | NOVICE EXPERIENCE/SKILL | COMPETENT EXPERIENCE/SKILL | EXPERT PRACTICE |
|---|---|---|---|
| **I. PERSONAL AND PROFESSIONAL ACCOUNTABILITY** | | | |
| 1. **Personal growth and development** – includes education advancement, continuing education, career planning, and annual self-assessment and action plans | | | |
| 2. **Ethical behavior and practice** – includes practice that supports nursing standards and scopes of practice | | | |
| 3. **Professional association involvement** – includes membership and involvement in an appropriate professional association that facilitates networking and professional development | | | |
| 4. **Certification** – achieving certification in an appropriate field/specialty | | | |
| **II. CAREER PLANNING** | | | |
| 1. **Knowing your role** – understanding current job description/requirements and comparing those to current level of practice | | | |
| 2. **Knowing your future** – planning where you want to go in your career and what you need to get there; what are the needs of health care in the future and where will you fit? | | | |
| 3. **Positioning yourself** – the development of a career path/plan for you that provides direction while offering flexibility and capacity to adapt to future scenarios | | | |
| **III. PERSONAL JOURNEY DISCIPLINES** | | | |
| These skills assist in developing the individual strengths of a leader. | | | |
| 1. **Shared leadership/council management** – includes knowledge of, and skill in, managing councils that promote shared leadership | | | |
| 2. **Action learning** – includes use of techniques of "action learning" to problem-solve and personally reflect on decisions | | | |
| 3. **Reflective practice** – includes knowledge of, and active practice of, reflection as a leadership behavior | | | |

Appendix P - ANM Leader Development Learning Sessions
Course Curriculum

**Day 1**
**Manager as a Leader – understanding the leader within and the art of nursing management**
Objectives:

1. Understand the challenges that healthcare and nursing are currently facing
2. Identify the factors contributing to a healthy work environment
3. Discuss communication strategies as they apply to various workforce generation

Schedule:

8:00 – 8:15 Introductions
8:15 – 9:00 IOM Report Future of Nursing
9:00 – 9: 45 *****Attributes and Responsibilities of a Leader - self-awareness, emotional intelligence
*AACN Healthy Work Environment Standards
9:45 – 10:00 Break
10:00 – 10:30 *Strategic Planning
10:30 – 11:00 *Generational Leadership
11:00 – 12:00 Professional Practice Model Voice Of Nursing
12:00 – 12:30 Lunch
**Service – Care Experience**
12:30 – 13:15 AIDET/AHEART
13:15 – 14:30 Fundamental Fours of Care Experience
14:30 – 14:45 Break
14:45 – 15:45 Summary Star Overview
15:45 – 16:30 Scenarios/Simulation

Day 1 Homework and Mentoring Activities:

1. Complete module on HealthStream:
    a. Professional Nursing Practice, An Update 2017 (NPCS) – module on PPM
2. Complete full day CE course with CEPL
3. Mentor – shadow half a day with mentor, observe systems and critical thinking

**Day 2**
**Financial Management**
Objectives:

1. Identify key financial concepts in nursing management
2. Develop a simple budget for a department, outlining full time equivalent (FTE) needs based on hours per patient day (HPPD)
3. Describe the impact of financial performance to quality

Schedule:

8:00 – 8:30 Recap of day 1 learnings
8:30 – 10:00 Introduction to Budget
*Operational Budget, *ADC/HPPD, *FTE needs

*Capital Budget/Cost
10:00 – 10:15 Break
10:15 – 12:00 Local Reports: PCSTAR, PRISM, PAPA
OT, productivity, Missed Meals/Missed Breaks (MM/MB)
Position control
12:00 – 12:30 Lunch
12:30 – 14:30 Acuity system
14:30 – 14:45 Break
14:45 – 16:30 Concept Application – FTE calculations, budget build, discussions

Day 2 Homework and Mentoring Activities

1. Mentor go over department reports: MM/MB, OT, productivity. Ask questions on what ANM can do to sustain good performance or improve problem areas
2. Mentor review basic budget per department
3. Review calculations and turbulence information

**Day 3**
**People – Human Resource Management and Safety**
Objectives:

1. Identify the steps in Coaching for Excellence
2. Develop an action plan to address opportunities in improving employee satisfaction
3. Describe steps to engage employees and improve workplace safety

Schedule:

8:00 – 8:30 Recap of day 2 learnings
8:30 – 10:00 *Human Resources - recruitment, retention, interviews, performance evaluations
e-file demo
10:00 – 10:15 Break
10:15 – 12:00 *Labor Relations – union contracts, labor law
- Coaching for excellence, employee engagement
- Exempt pay practice guidelines
- Progressive discipline
- Just Culture Algorithm and scenario
http://kpnet.kp.org:81/california/ncqrs/patient_safety/just_culture.html

12:00 – 12:30 Lunch
12:30 – 13:45 Weingarten rights
- Brinker labor laws
- Templates for progressive discipline – obtain from local HR Leader
- CNA/ NUHW/SEIU union handbook (see HR Labor Consultant

13:45 – 14:00 Break
14:00 – 16:00 Workplace Safety – job safety analysis, CIRAS reporting, workplace violence reporting

16:00 – 16:30 Homework Discussion

Day 3 Homework and Mentoring Activities:

1. Mentor ask questions about Weingarten rights and complete a just culture scenario
2. Mentor practice coaching for excellence with ANM
3. Review people pulse results and take the top 3 opportunities for their dept, come up with action plan.
4. ANM meet with HRC to ask further questions on progressive discipline, contract language, attendance etc…

**Day 4**
**Patient Safety and Quality, Performance Improvement (PI)**
Objectives:

1. Identify tools used in performance improvement
2. Describe the Diablo GPS strategy for performance improvement
3. Develop a PI plan specific to home department

Schedule:

| | |
|---|---|
| 8:00 – 8:15 | Recap of day 1 learnings |
| 8:15 – 9:30 | GPS Diablo Business Strategy – Performance Improvement Tools<br>PDSA, A3, standard work |
| 9:30 – 9:45 | Break |
| 9:45 – 11:00 | Intro: To Err is Human, Crossing the Quality Chasm<br>High Reliable Organization |
| 11:00 – 12:30 | Risk Management - eRRF MIDAS<br>Role of ANM in risk management, escalation process |
| 12:30 – 13:00 | Lunch |
| 13:00 – 14:30 | Performance Improvement – departmental PI and true north<br>CQC/Statit – QI reports<br>*homework on PI |
| 14:30 – 14:45 | Break |
| 14:45 – 16:30 | Utilization Management Review/Continuum of Care/Role of PCC |

Day 4 Homework and Mentoring Activities:

1. Mentor review escalation process, role of manager in risk review and PI
2. Review of department PI

**Day 5**

**Wrap Up and Insights – off-site**

*****Systems Thinking and how to support staff

Career planning for the future

- Create a path for personal growth

Plus/Delta on learning sessions

Individual presentations of projects or learnings.

*Blend with ENMO topics and modules

Appendix Q - Results

Nurse Manager Inventory Tool Results

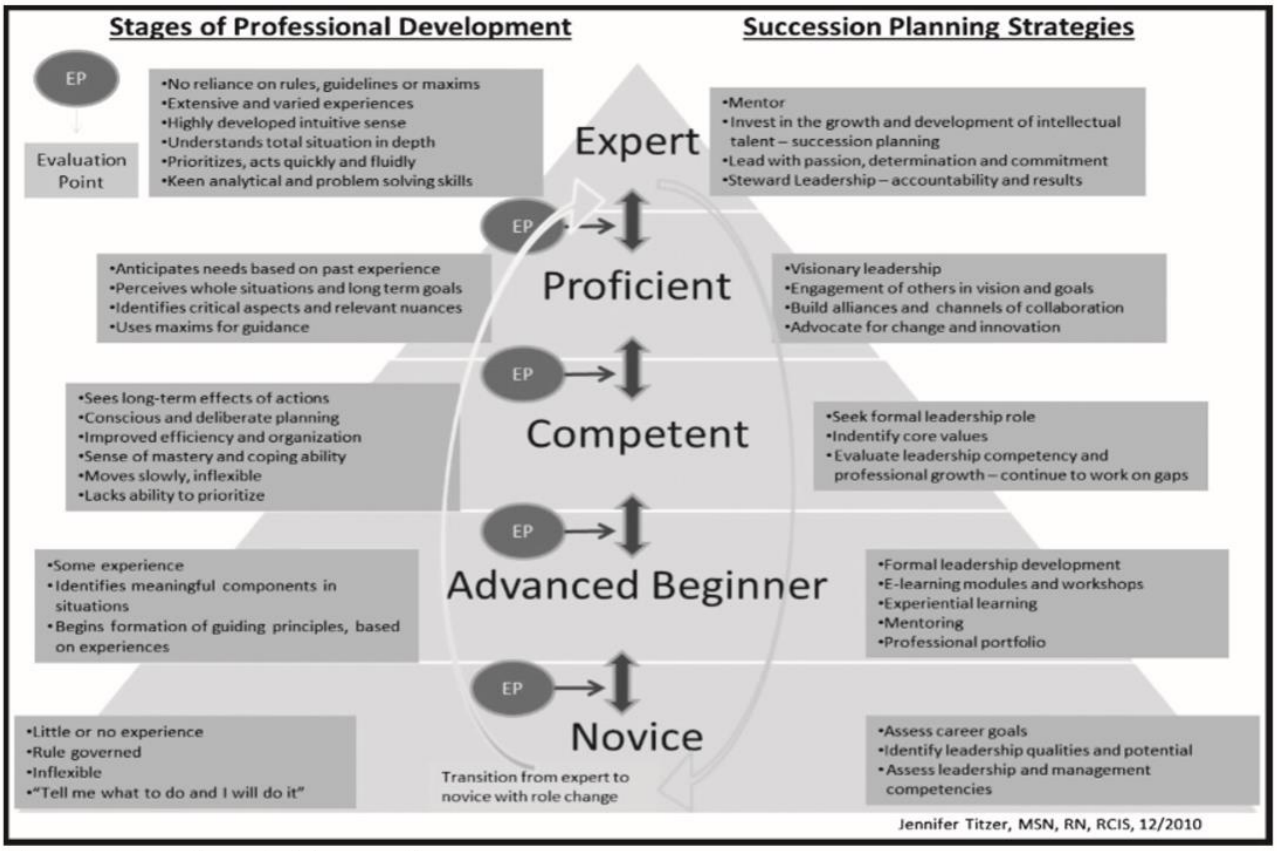
| | Pre-Intervention Assessment, Mean | Post-Intervention Assessment, Mean | Variance |
|---|---|---|---|
| **The Science: Managing the Business** | **1.84** | **3.02** | **1.18** |
| Financial Management | 1.12 | 2.47 | 1.35 |
| Human Resource Management | 1.52 | 2.87 | 1.35 |
| Performance Improvement | 1.88 | 3.25 | 1.37 |
| Foundational Thinking Skills | 1.65 | 2.96 | 1.31 |
| Technology | 2.45 | 3.52 | 1.07 |
| Strategic Management | 1.82 | 2.94 | 1.12 |
| Appropriate Clinical Practice | 2.45 | 3.46 | 1.01 |
| **The Art: Leading the People** | **2.24** | **3.34** | **1.1** |
| Human Resource Leadership Skills | 2.22 | 3.24 | 1.02 |
| Relationship Management and Influencing | 2.27 | 3.30 | 1.03 |
| Diversity | 2.27 | 3.59 | 1.32 |
| Shared Decision-Making | 2.18 | 3.24 | 1.06 |
| **Creating the Leader In You** | **2.13** | **3.36** | **1.23** |
| Personal and Professional Accountability | 2.11 | 3.36 | 1.25 |
| Career Planning | 2.17 | 3.48 | 1.31 |
| Personal Journey Disciplines | 1.94 | 3.26 | 1.32 |
| Reflective Practice | 2.3 | 3.34 | 1.04 |

ANM Satisfaction

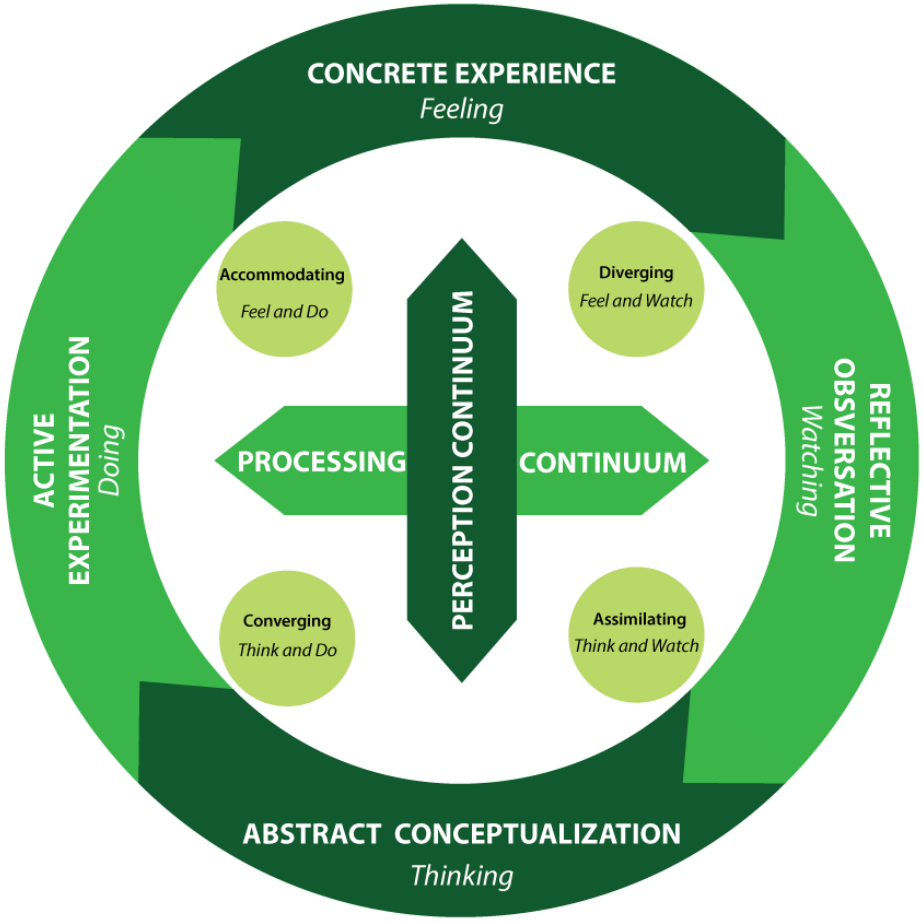
| | Pre-Intervention Assessment, Mean | Post-Intervention Assessment, Mean | Variance |
|---|---|---|---|
| ANM satisfaction with on-boarding process | 6.3 | 6.7 | 0.4 |
| ANM satisfaction with role | 6.4 | 6.5 | 0.1 |

Appendix R – Benner's Novice to Expert Theory /

Nurse Manager Succession Plan



Appendix S - Kolb's Experiential Learning Cycle



Appendix T – Professional Practice Model